

Partnership Practice Guide

Guide 4: Partnership Governance, Models and Leadership

Guide 1 Preparing to Partner

Content

- Definition
- Principles
- Types
- Benefits
- Challenges
- Exploratory meetings

Tools

- Assessing the Need for Partnerships
- Continuum of Joint Effort

Guide 2 Commencing the Partnership

Content

- Questionnaire
- Mapping
- Communication
- Reporting
- Managing conflict

Tools

- Partnership Working Guide
- Progress Report
- Terms of Reference

Guide 3 Sustaining the Partnership

Content

- Partnership lifecycles
- Support Strategies
- Evaluation

Tools

- Brief Partnership Questionnaire
- VicHealth Partnership Analysis Tool
- New York Partnership Self-Assessment Tool

Guide 4 Partnership Governance, Models and Leadership

Content

- Partnership governance
- Leadership roles and responsibilities
- Sustainability
- Exit strategy

Tools

- Re-engagement survey
- Communication strategy template

Introduction

Welcome to the fourth Partnership Practice Guide which is designed to complement the three existing guides on Partnering¹ released in 2009. This Guide builds on the content from the previous three guides and focuses on partnership governance options and models to suit different partnering arrangements in the health, housing and community services sector.

The integration and collaboration between community sector organisations over the past decade in Victoria has been based on an underlying expectation and premise that collaboration will deliver better outcomes for people accessing services within a cost effective framework. Many qualitative and quantitative evaluations undertaken to date hold true this premise.

This Guide appraises some of the partnership models and structures in existence across health, housing, education and community services and offers an analysis of, and insight into, these models; their key to success and the evolution of the governance arrangements and the environmental and political factors impacting on how the partnerships are structured.²

Who is the Practice Guide for?

This Guide has been designed for members of new partnerships that may be considering structure options, or existing partnerships that may be looking to change their structure or reconfigure the leadership to strengthen the partnership. In addition this Guide may appeal to a broader audience who are contemplating partnering models to support service delivery.

Many of the issues of our community can be termed 'wicked problems'. A wicked problem *"... comprises multiple, overlapping, interconnected subsets of problems that cut across multiple policy domains and levels of government."* Partnerships attempt to provide a solution to these problems.

Weber & Khademian, 2008, p. 336

¹ The project was an Department of Human Services and Department of Health initiative of the Human Services Partnership Implementation Committee (HSPIC) which has representatives from peak bodies, including the Victorian Council of Social Service (VCOSS).

² Contributors are listed in reference section.

Partnership Practice Guide

Guide 4: Partnership Governance, Models and Leadership

Inside this Guide

Content

- Partnership Governance – Current Options and Models: Showcasing sustainable partnerships in Victoria
 - Unincorporated voluntary alliance
 - Subcontracted partnership
 - Informal strategic partnership
 - Incorporated partnership
 - Why Partnerships continue to succeed in Victoria
 - Factors impacting on structure type
- Leadership Roles and Responsibilities
 - Leadership skills
 - Chair in leadership role
 - Partnership resourcing
- Sustainability – Partnerships down the track
 - Tools to reinvigorate partnership
- Exit Strategy – Breaking up is hard to do
- Further Resources

How are the Practice Guides linked?

The following guides comprise the series:

Guide 1: Preparing to Partner provides a description of the critical factors to consider in the preparation for partnering.

Guide 2: Commencing the Partnership provides suggestions and tools in the early stages of the partnership, including setting up systems and workflow processes.

Guide 3: Sustaining the Partnership provides hints on how to keep the partnership alive, troubleshooting strategies, and finally, evaluation techniques to measure success.

Guide 4: Partnership Governance, Models and Leadership showcases different partnering arrangements, rationale for choosing one model over another, successes and challenges a decade on, and the role of leadership in partnership.

Victorian Context

Today, Victoria enjoys a strong partnership culture between community sector organisations (CSOs) and the Victorian Government. The Department of Human Services (DHS) (then incorporating Health) signed the first Partnership Agreement in 2002 with the Victorian Council of Social Service (VCOSS) on behalf of the sector, and was signed again in 2005 and 2009. Similarly the Municipal Association of Victoria (MAV) on behalf of all local government areas also signed their first agreement in 2002 with DHS. More recently the Department of Education and Early Childhood Development (DEECD) and VCOSS signed a Partnership Agreement in 2010.

These agreements signify a shared commitment to reform – that is jointly agreed, documented and actioned, and acknowledges and respects respective roles, boundaries and constraints.

These formal partnership agreements are a whole of sector, whole of organisation and whole of Department commitment to the partnership – from the DHS Secretary taking an active interest and engaging in ongoing and meaningful dialogue with the sector, to the Co-Chairing of the partnership governance body – in DHS/VCOSS example the Human Services Partnership Implementation Committee, and jointly determining the agenda and workplan priorities.

Acronyms

The following acronyms are used in this Guide:

CSO	Community Sector Organisation
DHS	Department of Human Services
HSPIC	Human Services Partnership Implementation Committee
MoU	Memorandum of Understanding
PCP	Primary Care Partnership
SCOP	Stronger Community Organisations Project
SSA	State Services Authority
TOU	Terms of Reference
VCOSS	Victorian Council of Social Service

Why Partnerships continue to succeed in Victoria

Five partnership models will be showcased in this Guide. While the structures of the five models differ, there are a number of common factors underlying them which have led to their success.

In interviewing and surveying representatives from the five profiled partnership models in Victoria, key factors emerge that have led to their success and sustainability over time. Included in this section is an outline of these factors and those factors impacting on why a partnership has changed or evolved over time.

The five partnership models profiled contained the following common factors which have led to their success:

Research by the Victorian Department of Planning and Community Development across ten of its major partnership initiatives identified key factors for effective partnership:¹

- a good broker/facilitator to build relationships;
- the right decision-makers at the table with a commitment to contribute;
- a clear vision and objectives;
- good processes; and
- ongoing motivation through evaluation and champions.

¹ J Pope and J M Lewis, 2008, "Improving Partnership Governance: Using a Network Approach to Evaluate Partnerships in Victoria", *Australian Journal of Public Administration*, 67, 4, p. 443–456. This article is available online at Blackwell Synergy.

Working relationship is stronger than structure

The capacity to effectively work together and develop robust working relationships to achieve outcomes overrides the structure type or level of funding, including lack of funding, as the key criteria for longevity of a partnership across the partnership models. The development of processes and guides strengthens a partnership more than how a structure is conceived or how formal or voluntary it is for members. The key to developing strong working relationships is also dependent on the following criteria.

The Chair as Leader

All partnership models identified the importance of the Chair's skills, personality and ability to offer strong leadership and utilise inclusive processes and practice to continually engage all members. This is discussed in more detail in the leadership section. The opportunity for members to develop strong relationships over time beyond the interests of their own CSO and agenda and to contribute to a shared agenda was seen as being strongly influenced by the Chair.

Level of representation and participation

Ensuring all members of a partnership had the authorisation and autonomy to facilitate the function of the partnership was identified as critically important and influenced the making or breaking of the partnership. Membership and commitment to partnership fluctuated in direct relationship to the level of seniority of those attending and the regularity of which they attended and participated. High member turnover

also impacted negatively on the partnerships' capacity to achieve its goals.

Capacity to influence

The degree to which partnerships believe they can contribute and influence sector and government planning and policy development has a positive impact on the energy and morale of the group. The capacity of the partnership to link with government and resourcing promotes stronger partnership activity.

Recognition that partnerships take time

The forming of new partnerships and the inclusion of new members to an existing partnership takes time for members to 'jostle', adjust and establish a culture. This stage of group dynamics takes a number of meetings to process and is often reflected in the earlier agendas and discussions. Successful and ongoing partnerships recognised and accommodated this process in the lifecycle.

Partnership Governance, Models and Leadership

There are many examples of experienced and sophisticated formal and informal partnerships, networks and alliances (hereon referred to as 'partnerships') operating in Victoria across all sectors. These partnerships are characterised by a high degree of integration and collaboration with regard to the planning, management and provision of services, and as a vehicle for driving initiatives.

A partnership is defined as a joint working arrangement where the partners:

- Are independent bodies;
- Agree to cooperate to achieve common goals;

- Create a new organisational structure or process to achieve outcomes;
- Accept shared responsibility for decision making and the delivery of

actions and outcomes;

- Plan and implement a jointly agreed plan with joint resources; and
- Share relevant information, pool risks and rewards.³

Partnership Governance – Current Options and Models

What is not considered a partnership?

The word partnership is used with increasing frequency by government and sector organisations alike to describe an array of arrangements. The arrangements below would not be described as a partnership for the purpose of this Guide:

- The contracting of a third party by a local or state government or CSO to deliver one or more services on its behalf - this would be best described as a contract for services;
- A peak organisational body or representational body;

- The coming together of CSO members for a single forum, event or as a group to discuss forthcoming issues, policy or strategy; and
- A knowledge sharing network.

In a move to address more complex, cross organisational and sectoral issues - what has been described as 'wicked problems' within the service system, both government and sector organisations continue to develop partnering models to achieve collaborative and integrated service system so as to support improved outcomes for people accessing services.

The structures of these partnering models may differ in the types and number of governance committees, in the kinds of CSOs represented, the sector to which the auspice CSO belongs, the organisation to which the chair is affiliated, the membership of the executive or board and the level of representation from CSOs. Some partnerships have a model of tiered membership, with CSOs choosing to be signatories to an Memorandum of Understanding (MOU) or not as best fits the partnership. It is not possible to describe a single "best" governance arrangement and structure.⁴

This section will examine more common types of partnerships and provide an example of different structures.

Partnership Structure

Many current partnerships lean towards a more formal collaborative arrangement with a high degree of integration as opposed to an informal arrangement of working together with other CSOs on common goals. This is due to the complexity and type of issues and problems emerging within and across sectors and governments that requires a well organised approach to and clarity around the working arrangements.

The formality, frequency, purpose and the level of involvement, commitment and contribution from members of the partnership is often captured in a Memorandum of Understanding (MOU)⁵ or a Partnering Agreement. This is the more formal arrangement and a less informal partnership may only have

terms of reference or 'rules' of how members of the partnership will work together.

The following are a description of the more common partnership structures operating in Victoria.

³ Northamptonshire County Council Partnership Protocol (available online)

⁴ 'Adapted from An Evaluation of the Primary Care Partnership Strategy Report', p.7 October 2005 Australian Institute for Primary Care (AIPC) based at La Trobe University.

⁵ For information on developing an MOU, refer to *Partnership Practice Guide 1: Preparing to Partner*

Unincorporated Voluntary Alliance

This model requires each CSO or 'member' to be a legal entity. Members maintain a separate legal, cultural and organisational identity and, for the purpose of partnering, come together voluntarily to participate in setting and implementing key goals, policy direction or service delivery – it is a non-legal partnership.

A formal governance structure is established for internal management and accountability, as well as mechanisms to enable coherent business planning and effective project management. For the purpose of funding the partnership, a contact or lead CSO is nominated to administer the funding from government on behalf of the partnership in the form of a service agreement signed with the CSO. In addition, the contact or lead CSO may be the direct employer of any secretariat support and/or partnership staff. An administrative fee may be charged by this CSO to operate and manage the resources and funds. All member CSOs have separate service agreements with their funding body for service delivery outside of partnership deliverables.

A Memorandum of Understanding (MOU) and Terms of Reference (ToR)⁶ guide member CSOs' strategic and operational working arrangements. Targets and performance accountability identified in the service agreement between the lead CSO and the government is seen as a shared responsibility between member CSOs.

Governance Structure – How it works

The governance structure comprises an overarching strategic group of member CSO representatives and departmental representative(s) that sets the direction for the partnership via a process of consultation and negotiation with partnership members. An Executive or Project Officer is often funded to, amongst other tasks, provide support to the group and to the implementation of the strategic plan. In some alliances, there is no funding allocated for this role, in which case members agree to contribute a small fee to fund the partnership position.

Chair

The role of the Chair, nominated by the member CSOs, is appointed to create a unified and cohesive 'board' or committee to help fulfil its obligations, and ensure the Board's or strategic group's effective operation - its structure, goals, decision making, and professional internal and external relationships.

Operational Arm or Working Groups

In addition to the Board or strategic group, an unincorporated voluntary alliance may establish designated management groups or one or more sub-groups which are project or functions based. These groups exist as the operational arm responsible for the implementation of joint work, identifying practice issues, policy gaps, and trends and to monitoring progress or finances. These groups may be referred to as the operations group; sub-working groups, and/or practitioner groups.

Other Partners

Whilst the core group of member CSOs are signatory to an agreement, other partners may be affiliated with the group and invited to participate in joint projects or activities, but are not members, or held accountable for deliverables.

Why Choose This Model?

- Suits sector organisations and government wanting to create a cross sectoral service system across local government areas which is influential in developing policy directions; and
- Fulfills a need to foster local relationships and strategies between organisations where improved linkages across and joining-up of services is required.

Advantages and Disadvantages

Advantages

- Each CSO remains autonomous and retains responsibility for the management, organisation, delivery and funding of its own services;
- Partnership provides the capacity to participate in planning across broader regional local government area-based catchments;
- Consistent approach for service delivery;
- Opportunities to implement practice, protocols and systems for facilitating access to services;
- Mutual accountability for high quality service delivery; and
- Fosters improved linkages across services in an area.

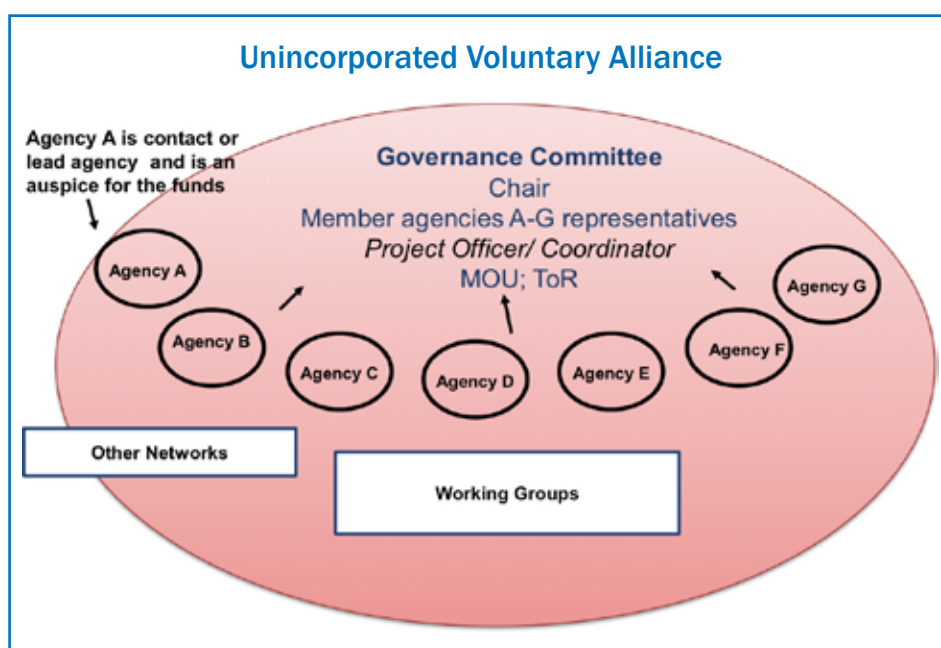
⁶ For information on developing a ToR, refer to *Partnership Practice Guide 2: Commencing the Partnership*

Partnership Practice Guide

Guide 4: Partnership Governance, Models and Leadership

Disadvantages

- Varying levels of membership – from single level to complex membership requiring high maintenance;
- Potential that smaller organisations will be overlooked by larger or statewide organisations;
- Role of contact CSO as fund holder may carry more power; and
- Requires clear reporting lines for Project Executive Officer.



Showcase 1: North East Primary Care Partnership - An example of an unincorporated voluntary alliance or non-incorporated consortia

The Primary Care Partnerships (PCP) Strategy commenced in April 2000 by the Department of Human Services with the goal of improving the planning and delivery of primary care services, strengthening relationships, improving service coordination, integrating health promotion activities and reducing the preventable use of hospital services, to achieve better health and wellbeing outcomes for the community.

The North East Primary Care Partnership (NEPCP) is a voluntary alliance of service providers in north east metropolitan Melbourne operating within the local government areas of Banyule, Darebin and Nillumbik. Members include – Austin Health, Banksia Palliative Care, Banyule City Council, Banyule Community Health Service, Darebin City Council, Darebin Community Health Service, Neami, Nillumbik Community Health Service, Nillumbik Shire Council, North East Valley Division of General Practice, North Western Mental Health, Northern Division of General Practice, Northern Health, Royal District Nursing Service, Spectrum Migrant Resource Centre, and Women's Health in the North. Other CSOs become Affiliate Members and participate in NEPCP activities as they are relevant to their services.

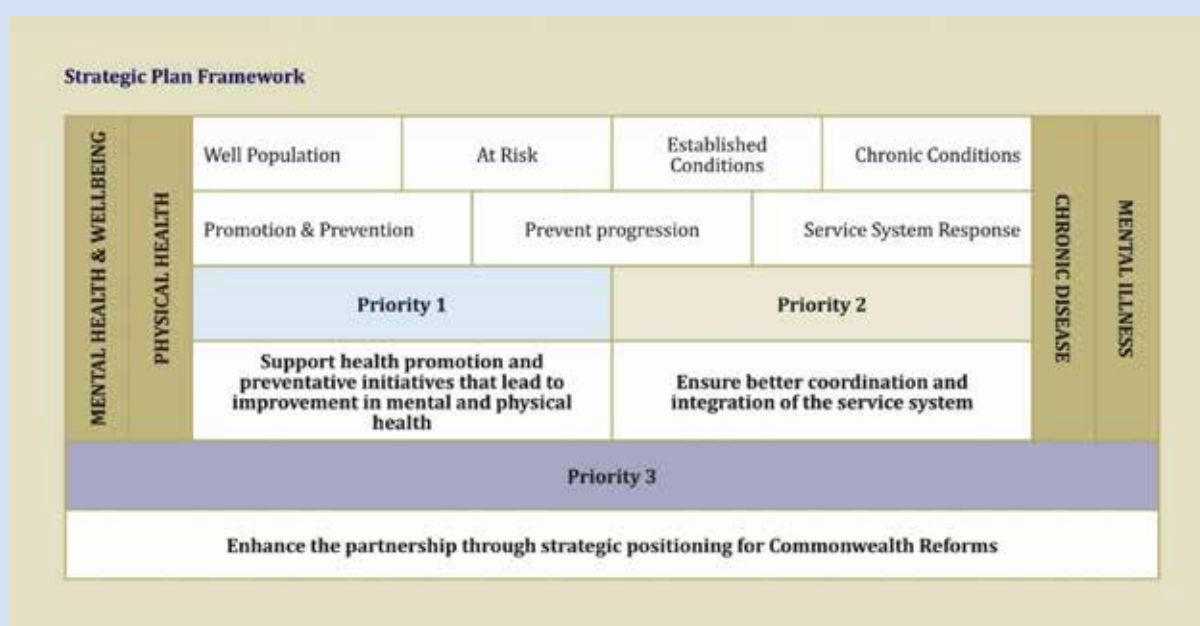
Key Changes

- Adoption of a robust formal, legally binding Partnering Agreement for 2010 – 2012.
- A more sophisticated structure with multiple levels of membership.
- Change in the guiding planning methodology - moved from a Community Health Plan that outlined the work in four portfolio areas of partnership, service coordination, integrated health promotion and integrated chronic disease management to a strategic plan that is based on the population health needs of the catchment and is a higher level plan supported by an operational plan with more detail of strategies and actions.

Showcase: North East Primary Care Partnership (continued)

Key Changes (continued)

- Moved from regular Working Groups that had existed for many years to topic specific, time limited Task Groups, for example Health Promotion Planning Task Group formed to consider directions for integrating the health promotion work for the partnership, Care Planning Task Group is working together to implement inter-agency care planning.
- Development in understanding of what integrated health promotion can be, from funding small CSO projects, to identifying work in CSOs against shared health promotion priorities, to trying to plan together to integrate some work together.



NEPCP Strategic Plan Framework 2010 - 2012

Success Factors

- Development of trust between core member organisations, now having worked together for over 10 years.
- Members seeing successful outcomes from the partnership work undertaken that could not have been achieved on their own, for example centralised service access in many CSOs that has improved the individual's experience in identifying needs and obtaining the support required to address these needs.
- Transparent processes outlined in Partnership Agreement and in their application.
- Ensuring communication between and throughout member organisations about activities.

Continuing Challenges

The following are potential challenges for the NEPCP:

- Keeping a wide range of member organisations committed to partnership vision and goals.
- Alignment of current goals to new innovations and policy directions from state and federal government, for example Medicare Locals.
- Provision of appropriate resources to ensure the NEPCP remains sustainable.

Subcontracted Partnership

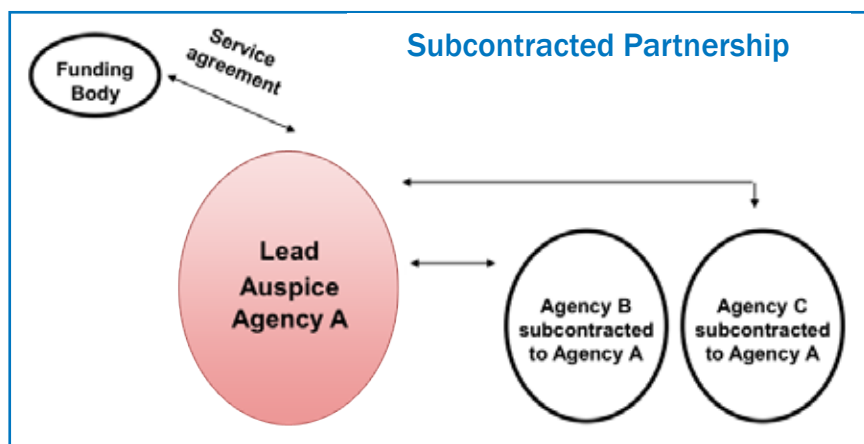
Similar to the Unincorporated Voluntary Alliance, the Subcontracted Partnership model is a group of independent and legally incorporated CSOs that come together to create a new organisational structure to achieve specific outcomes. Again this arrangement can often be specified by State Government through linking funding to the model. A lead auspice CSO is nominated to administer the funding from government on behalf of the partnership, in the form of a service agreement signed with the CSO. This is similar to the contact CSO role in an Unincorporated Voluntary Alliance, but differs in its relationship to member CSOs by way of a sub-contracted arrangement.

The partnership is made up of member CSOs and representatives from the State Government.

Governance Structure – How it works

The governance structure is similar to the model above with a strategic group responsible for overseeing the integrated service model, including achieving allocated targets and complying with service standards. A Project Officer⁷ is often funded to provide support to the group and to the implementation of the strategic plan.⁸ In addition, working groups are established.

The critical difference in this model is the sub-contracted component - one CSO takes lead responsibility and liability for the delivery of outputs and targets through the service agreement with the funding body. The lead auspice



CSO sub-contracts CSOs to co-deliver on outputs and targets. Up to eight CSOs may be sub-contracted to the lead CSO.

A MOU and ToR guide the strategic and operational working arrangements between all CSOs for achieving targets. The lead auspice CSO then is held accountable for the successful implementation of the service model.

Chair

The role of the Chair is nominated by the member CSOs.

Operational Arm or Working Groups

In addition to the Board or strategic group, the sub-contracted partnership may establish designated management groups or one or more sub-groups which are project or function based. These groups exist as the operational arm responsible for implementing joint work, identifying practice issues, policy gaps, and trends, and, monitoring progress or finances. These groups may be referred to as the operations group, sub-working groups, and/or practitioner groups.

Other Partners/Networks

Other partners may be affiliated with the group and invited to participate in joint projects or activities, but are not members.

Why Choose This Model?

- To deliver a coordinated and streamlined service response;
- For establishing an integrated service model; and
- The structure assists government to enact legislation, i.e. mandatory partnerships to achieve goals.

Advantages and Disadvantages

Advantages

- Each CSO remains autonomous and retains responsibility for the management, organisation, delivery and funding of its services; and
- Capacity for smaller CSOs to gain access to resourcing.

Disadvantages

- Potential for smaller CSOs to be swallowed up by larger or statewide organisations;
- Lead CSO has burden of reporting to funding body and responsibility for delivery of all targets; and
- Power challenges with the lead CSO model.

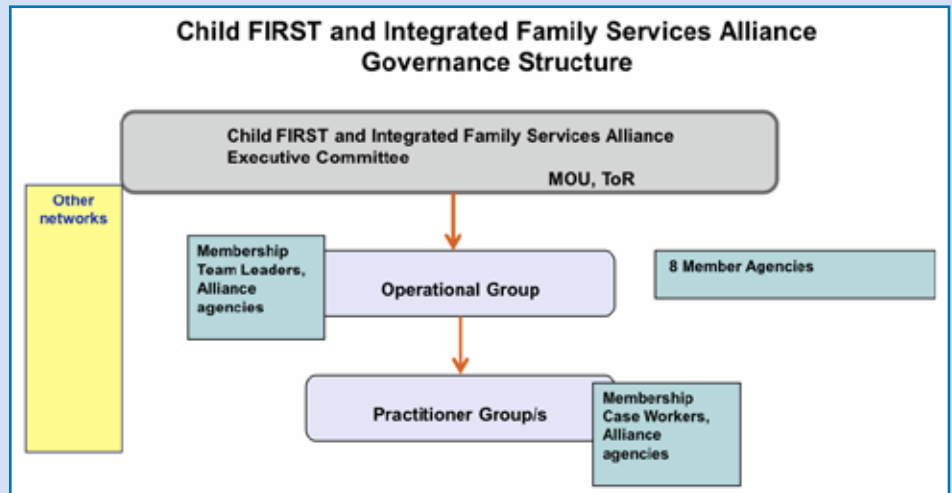
⁷ Financed by contributions from member CSOs and government.

⁸ For information on strategic planning refer to *Partnership Practice Guide 2: Commencing the Partnership*.

Showcase 2: Child FIRST (Child and Family Information, Referral and Support Teams) - An example of a sub-contracted partnership

Background to Partnership

Child FIRST was an outcome of the *Child, Youth & Families Act 2005 (CYFA)* which established a community based referral point and pathway into family services. It requires CSOs providing family services in a defined catchment area to work together to actively engage with families with complex needs, connecting them to specialist and universal services as required.



Rationale for Partnership Structure

Each Child FIRST Alliance is a partnership made up of member CSOs and representatives from the Department of Human Services (DHS). Initially DHS required each alliance to nominate a lead CSO, accountable to the DHS through a service agreement, to sub-contract with other CSOs to deliver the service targets identified within the service agreement. This has since been reviewed, see Changes/Developments below.

The governance structure consists of an executive team comprising senior members of each CSO, an operational group also comprising members (Team Leaders) of CSOs, and a Practitioner Group or Intake Group comprising DHS Child Protection workers and CSO workers who allocate cases. The group is governed by an MOU and ToR which guide member CSOs in strategic and operational working arrangements.

Changes/Developments

A number of Child FIRST alliances have moved away from the lead/sub-contracting arrangement. Lead CSOs cite difficulties with this role of being held responsible for the delivery of sub-contracted CSOs' targets through the service agreement. The onus of monitoring the subcontracting arrangements has proved difficult for some lead CSOs. The DHS, as funding body, has responded positively to this situation and has renegotiated individual service agreements and funding with each CSO in the alliance. Whilst this 'back of house' change may impact on the delicate relationship between CSOs, it has not altered the streamlined service offered to those seeking family services. An MOU and ToR guide the work of the CSOs within the Alliance.

Success Factors

Child FIRST Alliances consider the following criteria for success:

- Recognition of each CSOs' individual service expertise;
- The need to extend the alliance scope to include the expertise of other service providers within the local area; and
- Executive Management (governance group) operating with a degree of formality and authority.

Partnership Practice Guide

Guide 4: Partnership Governance, Models and Leadership

Continuing Challenges

The following are challenges faced by Child FIRST alliances:

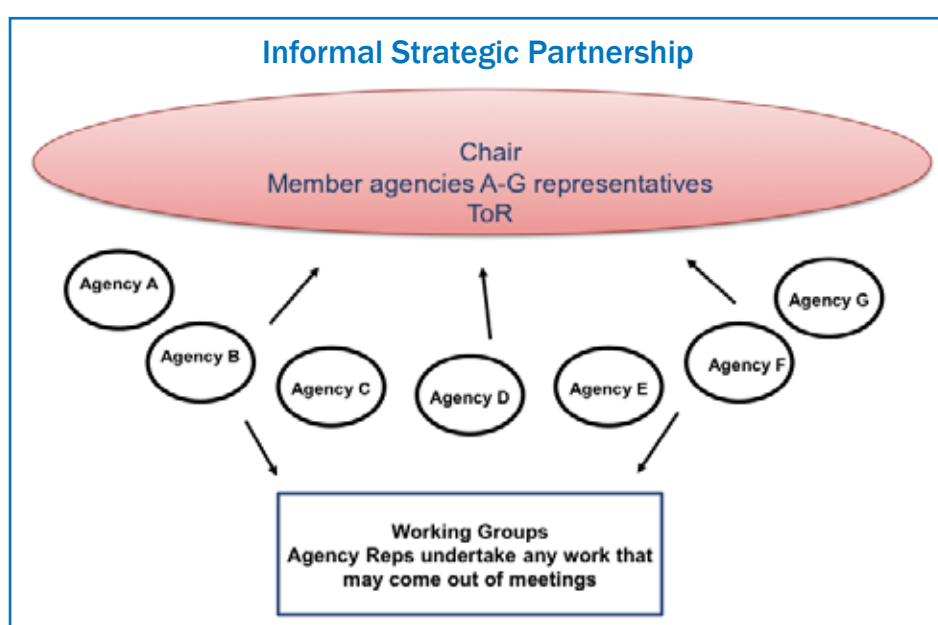
- Ensuring specialist CSO involvement in the alliance, for example education, youth, early childhood and Aboriginal specific services;
- Capacity of the partnership to maintain links with other networks and partnerships due to time and resource constraints;
- Lead CSO role responsibility and funding obligations can be over-burdening;
- Ongoing issues of partner performance; and
- Lack of specific funding for a coordinator role.

Informal Strategic Partnership

This model suits CSOs that have a shared or common interest in providing broad direction to their sector's strategic planning and development processes and may also act as a conduit for local area representatives to raise and discuss like issues to further inform policy and practice.

At its most joined effort, it may have a strong link with representatives from local and state government and regional department offices who attend the meetings to provide information on key policies and direction, seek views on policy planning and development, and input to draft documentation. Often these informal partnerships are program orientated, for example a disability partnership or catchment area group.

The strength of the group is in its commitment to share information and resources, influence policy direction and act as a representative 'voice' for a cohort, place-based projects or other key sectors. Its challenges stem from the absence of any sufficient and sustainable resources. There is an assumption that participation is cost neutral. Feedback from the Partnership



Evaluation surveys suggests resourcing of partnerships is a significant factor to success.⁹

Governance Structure – How it works

The governance structure is more informal and CSOs choose to contribute and engage with the partnership because of its purpose and agenda and its collective capacity to influence

changes. Funding bodies (local and state governments) are invited to meetings but do not drive the meeting. An MOU and ToR may define the groups' actions, or meeting minutes and planning sessions may do this.

Chair

A member representative is nominated to chair meetings and provide secretariat activities such as coordinating minutes and agendas amongst the group.

⁹ Under the auspice of HSPIC, three state-wide surveys were undertaken in 2002, 2005 and 2008 to gauge levels of satisfaction with the partnership between DHS and the Health, Housing and Community Sectors. HSPIC, Partnering in Progress Evaluation, 2009 [Available online - http://www.vcross.org.au/documents/VCOSS%20docs/HSPIC/Partnering%20in%20Progress_Final_091029.pdf]

Operational Arm or Working Groups

Work generated by the group is undertaken by either the members or delegated within member CSOs to manage and report back to the group. One or more sub-groups may be established.

Other Partners

The informal partnership may also establish connections or networks with local groups in the community as required to progress key issues.

Resourcing the Partnership

The DHS and CSOs agree that adequate resourcing of the partnership is essential to provide the timely administrative support required to sustain the partnership. Resourcing is recognised as a multilayered approach involving the coordination of meetings and forums, active engagement with small and large CSOs, and the dissemination of relevant information. Government funds a contribution to the partnership, and often requests CSO members of the partnership to contribute either funds or in-kind support to resource the partnership. In some cases, smaller CSOs host a worker through the provision of office space, or secretariat support per forum.

Why Choose This Model?

- Response to government initiatives to meet challenges identified; and
- Seek to influence a government agenda through CSOs within a sector joining-up.

Advantages and Disadvantages

Advantages

- Does not require any changes to the autonomy of participating CSOs;
- CSOs choose to contribute and engage with the partnership; and
- No lead or contact CSO, therefore more equal roles.

Disadvantages

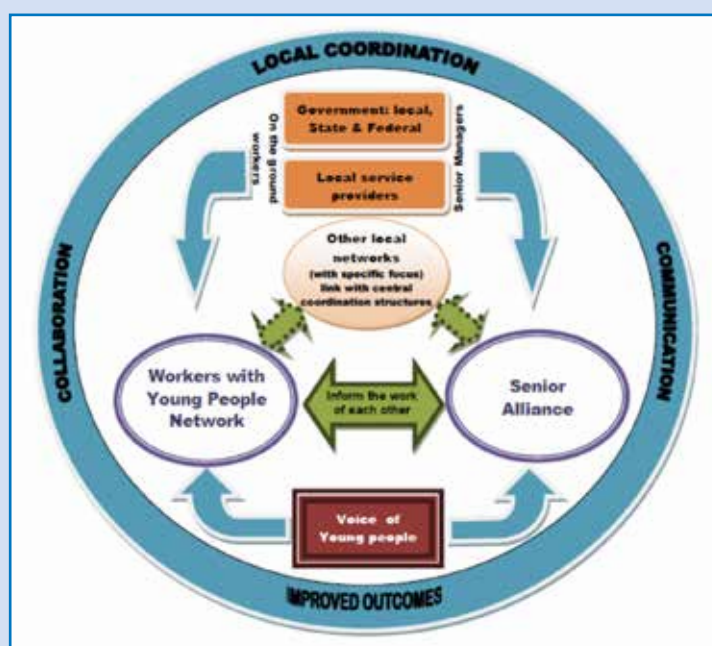
- Absence of any sufficient and sustainable resources.

Showcase 3: Wyndham Youth Services Senior Alliance - An example of an informal strategic partnership

Background to Partnership

The Wyndham Youth Services Senior Alliance (WYSSA) was established in September 2009 as an informal voluntary partnership to oversee the Wyndham Better Youth Services Pilot (BYSP) Project: Phase 2. The BYSP Project was a Victorian Government initiative recommended through the *Vulnerable Youth Framework Discussion Paper*. The intention of the BYSP was to improve coordination, collaboration and planning at a local level across stakeholders from government, schools and community sector organisations providing services to young people.

The WYSSA comprises senior managers and/or CEOs from a range of organisations in the Wyndham municipality. Service areas represented included health, mental health, generalist youth services, family services, education/employment/training, housing, justice/law, and culturally specific services. It is supported by a Project Convenor.



Partnership Practice Guide

Guide 4: Partnership Governance, Models and Leadership

Showcase: Wyndham Youth Services Senior Alliance (continued)

Rationale for Partnership Structure

Following the completion and submission of the Final Report for the Wyndham Better Youth Services Pilot: Phase 2 to the Office for Youth, then in the Department of Planning and Community Development, the Alliance work was complete and it could have dissolved. However, members expressed an interest in continuing the Alliance in some configuration to build on the partnership work that had been initiated through the BYSP project.

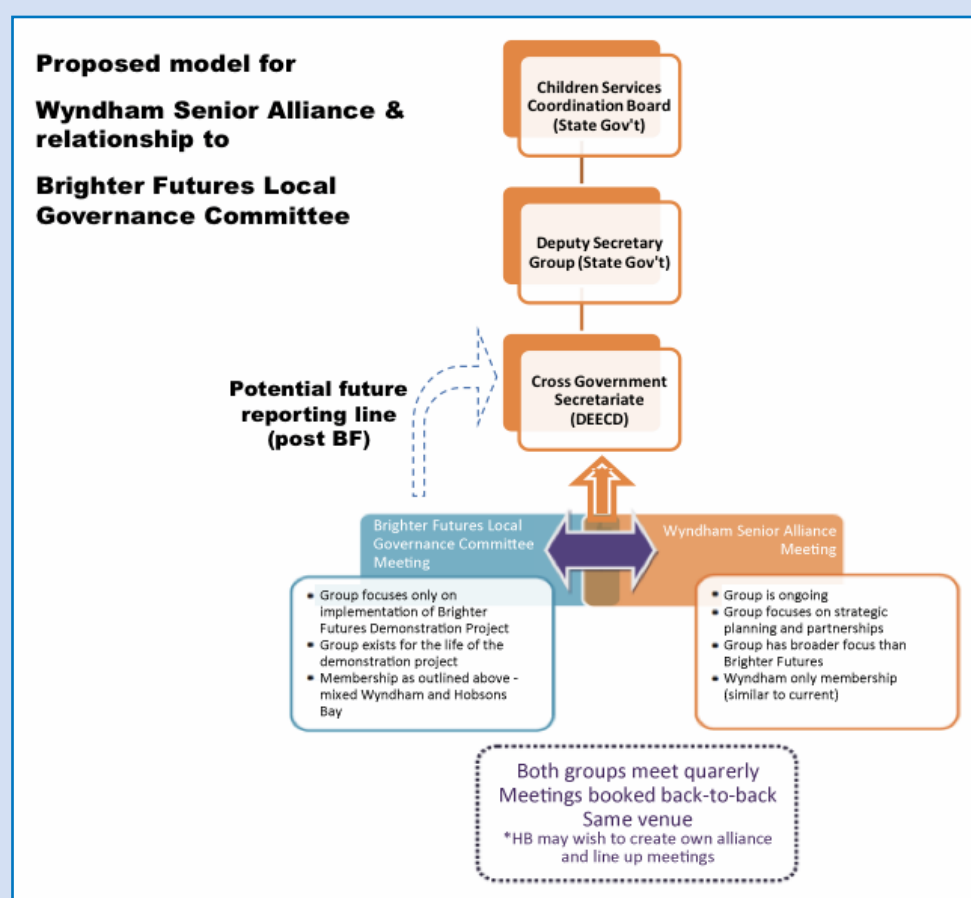
Changes/Developments

It was announced at the conclusion of the second phase of the BYSP that the pilot would not be extended again, but instead the Brighter Futures initiative (now called Youth Partnerships) – led by the Department of Education and Early Childhood Development (DEECD), would build on the pilot findings. While the projects are strongly linked, there are key differences between the two¹⁰ and a new governance structure is proposed for the demonstration project. As a result the WYSSA needed to consider whether there was value in having the WYSSA as a separate entity to the governance structure for the demonstration project – given likely similar membership and similar focus of work/goals.

Key planning was undertaken

by the WYSSA to compare the roles of then Brighter Futures project and WYSSA governance structures. The WYSSA found that the differences between the focus of the each was significant enough for the two structures to remain distinct yet overlapping in membership and key focus areas. Key differences in the two partnerships include:

- Different roles - the WYSSA is an ongoing group with a longer term strategic planning and partnership focus that is broader than the Youth Partnerships initiative, with specific goals and defined timeframes; and
- The WYSSA is Wyndham specific, while the Youth Partnerships demonstration site also includes the Hobson's Bay local government area.



¹⁰ Key differences were understood to be: DEECD is the lead department for Youth Partnerships, the site incorporates Hobson's Bay as well as Wyndham, age range for Youth Partnerships is 10-18 years while the BYSP was 10-25 years, there is a distinct governance structure including the formation of a Secretariat within DEECD to oversee all of the Youth Partnership projects.

Showcase: Wyndham Youth Services Senior Alliance (continued)

The reconfigured structure proposed by the WYSSA retains the two governance models as distinct groups with strong cross-communication between the groups, different level of representatives or even same representatives on both groups. The WYSSA proposed holding back to back meetings and ensuring clear communication between the governance structure for the Youth Partnerships demonstration project and the WYSSA.

The proposed model is based on information that was available at the time of planning, prior to the commencement of the Youth Partnerships initiative. As a result, the model is still to evolve.

Success Factors

The reconfigured Alliance is in its infancy, yet the commitment to the structure has been positive and involved key representatives from the WYSSA, DEECD, and the Office for Youth, now located in the Department of Human Services. The strength to date of the WYSSA has been:

- No duplication of other alliances, and its role is of interest to the membership – it is the only cross-sectoral youth sector group in Wyndham with a strategic focus;
- Direct association with a State Government project that sought recommendations about how to improve service coordination and planning at a local level;
- 'Closed' membership, with one relatively senior representative from each member organisation;
- Strong and committed senior staff member as Chair, and
- Focus on action around sector improvement specifically in Wyndham, with all actions informed by the membership and other local organisations.

Continuing Challenges

The following are potential challenges for the reconfigured Alliance:

- Broad membership and consistent attendance – it is essential that the key organisations in each of the relevant sectors have a presence or connection with the Alliance – a valuable step would be for the partnership work to be written into position descriptions;
- Relevance of meetings for members;
- Ongoing support for the Alliance and recognition and/or endorsement of the group by State Government as a key strategic alliance for Wyndham; and
- The nature of 'voluntary' vulnerability – there is an absence of accountability and no signatory document.

Incorporated Partnership

An Incorporated Partnership has a more formalised structure that involves the establishment of a separate legal entity, incorporated association or a limited liability company that member CSOs are signatories to. This model increases the accountability of members to each other and legally — either through the *Incorporations Act 1981* or the *Corporations Act 2001*. In addition, the corporate structure may place the partnership in a strong position for future initiatives and reform agendas driven by government. The major types are:

(1) Incorporated Association

This requires the establishment of a committee of six members that includes the following roles — President, Vice-President, Treasurer and Secretary. The partnership is required to conduct annual general meetings, lodge annual statements with the Registrar, and ensure the conduct and reporting of financial affairs. In addition, this legal entity can sign contracts in its own right, hold property and employ staff.

(2) Limited Liability Company

The duties differ for directors of an incorporated company established under Commonwealth law. The *Corporations Act 2001* specifies the duties of directors:

- A duty to act in good faith;
- A duty to act with due care and diligence; and
- A duty not to trade while insolvent.

Directors can sign contracts, hold property and employ staff. However there is increased reporting and administrative duties for 'Board' members, including a responsibility

for ensuring that their Board is legally compliant with legislative requirements such as *Occupational Health and Safety Act 1985*; employment law; environmental law; *Trade Practices Act 1974*; discrimination law; taxation law; fundraising law; contracts law; privacy law and negligence.

Governance Structure – How it works

The governance structure comprises an overarching 'Board', which may include member CSO representatives as Directors and individuals with a commitment to the sector who have the skills and expertise to contribute to the governance of the Board and, in some instances, can represent the views of the community.

Strategic service planning is conducted in partnership with state and local (and sometimes federal) departments and is constructed within the context of key policy directions. In addition, research and consultation may be tasks undertaken by the Board with key alliances.

Chair

The Chair is nominated by the Board through a democratic process.

Executive Management

An executive management team is established comprising either paid staff or staff provided in-kind from member CSOs, who oversee program responsibilities. Their role is to implement the strategic plan developed by the Board.

Why Choose This Model?

- The partnership would be placed in a stronger position as a corporate structure for future initiatives and reform agendas driven by government (for example Medicare Locals); and
- All partners have equal accountability and responsibility.

Advantages and Disadvantages

Advantages

- Removes one CSO (lead CSO) as fund holder;
- Stronger reporting lines for funded positions, i.e. CEO and partnership staff, to a Board;
- Strong financial accountability; and
- In-kind support and real costs of partnership are exposed.

Disadvantages

- Increased reporting and administrative duties for 'Board' members;
- Loss of 'charity' status; and
- Enters a competitive space as corporate body.

Partnerships function most effectively by:

- Ensuring broad membership and consistent attendance;
- Having regular meetings;
- Developing a central plan for the partnership; and
- Being recognised as a formal coordination structure with links to existing structures.

Factors impacting on structure type

The choice of partnership, alliance or network structure to suit purpose and needs is not always a clear decision. Initial configurations were conceptualised in the absence of tried and true examples. The early partnership structures in Victoria were based on international research that existed at the time, some local innovative thinking, and a 'learn by doing' approach with a review built in.

The following factors have determined the type of structure adopted for the varying partnerships in Victoria:

Funding body stipulation

For some partnerships, the funding government department needs to deal with a legal entity. This will either be an individual (a 'natural person') or a 'body corporate' formed under state or Commonwealth legislation, such as a company, government, CSO, or incorporated association. In these instances, partnerships are constructed to identify one CSO with which to develop a funding and service agreement and to hold accountable for outputs, service standards and financial and performance related accountability requirements.

The Statewide Primary Care Partnership (PCP) Chairs and Executive Officers Network have identified leadership of PCPs as a key factor in their success. To this end they have developed the key competencies required for both roles, broadly indicating that the PCP Chair has a role in leading the development of the vision of the PCP and the Executive Office in overseeing the operational implementation.

The focus on partnerships recognises the important role undertaken by CSOs. The Victorian Auditor-General's May 2010 report identified:

'The significant role played by CSOs in delivering services to the community on behalf of the state highlights the importance of a strong partnership between the departments and CSOs. The government has emphasised the importance of this partnership relationship and wants to make its interactions with CSOs streamlined, easy to navigate, and designed to optimise value to the community. A partnership memorandum of understanding is in place between DHS and the sector.'¹¹

Cross sectoral needs

The opportunity to coordinate initiatives and activities across particular sectors or services to provide a seamless integrated service system for the service user is facilitated through the partnership models. Through the development and sharing of practices, processes, protocols, and systems, such models can offer consistent pathways, joined-up services across diverse programs and more streamlined service responses for members of the community – in essence, simplifying the experience for a person accessing services.

Centrally driven

The challenge for the Government is to coordinate its policy efforts and relationship with CSOs. A large number of government departments have funding and other relationships with CSOs, and many CSOs receive funding and have relationships with multiple departments. The need for structures and processes that provide a more coordinated approach across government was recommended by both the Strengthening Community Organisations Project (SCOP) and the State Services Authority's Review of Not-for-Profit Regulation.¹²

Pitching the Partnership

Determining the level of planning in which a partnership would operate is a key factor in the type of structure established. For example, is the partnership to operate at a regional or narrower local government area-based catchment level? The question here is what can be locally driven and what is mandated at a state or central level?

Level of Partnership resourcing

The level of financial assistance to support any partnership impacts on its ongoing viability and sustainability. The capacity of local, state and federal governments, and CSOs themselves, to contribute resourcing to continue to build and maintain a partnership and the relationships between CSOs influences the partnerships' nominated projects and key activities.

¹¹ Victorian Auditor-General's Office, *Audit summary of Partnering with the Community Sector in Human Services and Health*, tabled in Parliament 26 May 2010.

¹² The SCOP and the SSA Review contributed to the development of the *Victorian Government's Action Plan: Strengthening Community Organisations* – for further information see: www.dpcd.vic.gov.au.

Leadership Roles and Responsibilities

Leadership Skills

The degree of partnership synergy is largely influenced by the effectiveness of its leadership. Leading a successful partnership requires specific skills similar to the leadership attributes required in a successful organisation.

These skills include:

- 'taking responsibility for the partnership;
- inspiring and motivating partners;
- empowering partners;
- working to develop a common language within the partnership;
- fostering respect, trust, inclusiveness and openness in the partnership;
- creating an environment where differences of opinion can be voiced;
- resolving conflict among partners;
- combining the perspectives, resources and skills of partners; and
- helping the partnership look at things differently and be creative'.¹³

Leadership skills also encompass analytical skills and problem solving focussed on the service context, community and political environment, and task focussed skills concerned with meeting processes, such as facilitating meetings.

Chair in Leadership Role

The Chair of a partnership needs to be a highly skilled leader to ensure that the partnership is strong and most likely to endure.

The role of the leader or Chair requires a high level of credibility, influence, integrity, reliability, and trust. The leadership qualities must be recognised both internally and externally by other CSOs.

The role of the chair of a partnership is challenging and has different challenges to that of being a chair of a CSO's board, as while the partnership governance operates as a 'virtual board' and conducts their meetings under the same principles, the members are aligning their organisations' interests to that of the partnership to achieve the shared vision through collective action.

This role plays a pivotal role in developing and influencing a 'working together' culture devoid of 'turf' issues and funding 'bun fights' (but not a sole role). More often than not, the Chair has a high level of seniority in their own organisation which is recognised by all members internally and externally. The Chair at times needs to bring together diverse views and encourage the group to think beyond their organisation's perspective or outcome to the 'good' of the partnership. This involves fostering loyalty to the partnership while upholding the autonomy of each member CSO present.

As a skilled leader, the Chair facilitates the constructive, continued and consistent representation of key members. Without this leadership, members may disengage from accountability requirements and exhibit low meeting attendance, and issues can develop between other partner organisations with the auspice organisation (contact or lead CSO).

Nominating the Chair

Many of the partnerships profiled have appointed a Chair from one of the sector organisations rather than the funding department making the appointment. This decision is generally about locating ownership for the partnership within the sector, and is often vital to the partnership success.

In many of the partnerships, a natural leader has been identified and nominated by members for the Chair role.

Partnership Resourcing – Executive Officer / Project Officer/ Coordinator Role

Partnerships may receive varying levels of funding from local, state or federal government to undertake key projects. This funding may be a one-off or ongoing contribution at the minimalist end that resources administrative functions associated with the partnership (secretariat), through to the high-end that enables the recruitment of a Project Officer, Executive Officer or Coordinator – depending upon the establishment terms of the partnership – to support the activities of the partnership.

¹³ E S Weiss, R Miller Anderson & R D Lasker, Making the Most of Collaboration: Exploring the Relationship Between Partnership Synergy and Partnership Functioning, *Health Education and Behaviour*, 29 (6), p688, Dec 2002.

This latter role ranges in responsibility from a Project Officer who may operationalise and implement the strategic goals, support members in between meetings, seek individual feedback, gauge views, canvass ideas and day to day liaison. The Executive Officer role is generally a more senior appointment that focuses on building relationships across members of the partnership and the broader sector, conducting analysis of data, information and trends impacting on the sector and across sectors, have strong project management skills, and ensure strong communication processes across stakeholder groups. The importance and value of adequate resourcing, including in-kind support from organisation members, is seen as pivotal to the success of partnerships.

Working Groups

Working Groups are typically created to support the overall work of the partnership to address a specific problem or to produce one or more specific deliverables, such as a guideline, standards specification, etc. Members of a working group are chosen with diversity aimed at forming an effective team that has a range of complementary skills and resources to ensure the deliverables produced are well informed and reflective of the specific population or cohort under examination.

The lifespan of the working group can last anywhere between a few months and several years, depending on a range of factors such as nature and complexity of task and the goals of the task.

Chair – Executive Officer/ Coordinator/Project Officer Relationship

A healthy Chair –Executive Officer/ Coordinator/Project Officer relationship is critical for the success of the partnership. Each relies on the other to undertake their role and responsibilities for the cohesion of the group.

At best, the relationship is respectful and complimentary, roles are clear and distinct, and there is an honest working relationship where any issues and broader partnership problems can be discussed without fear or favour and addressed jointly. At worst, a poor relationship breeds a lack of respect from one or both sides, in-fighting and an undermining of each other, which ultimately undermines the effective functioning of the partnership.

Members' Role

The capacity to achieve shared goals lies in the composition of appropriate members and their constructive contribution. The first step is to identify the key organisations that need to be at the table, with the second step being to engage the appropriate levels of representation and participation.

The success of the partnership hinges on the consistent engagement and contribution of cross-sectoral members over a long period of time. Retaining members' commitment over this time requires inspirational leadership and an agenda that changes in response to the context in which the partnership is operating. The capacity to which members attend and contribute to meetings and activities defines the strength of the partnership.

Partnerships work best where members make critical links across the external environment and back into the partnership environment. Members who operate in this way have been referred to as 'boundary spanners'¹⁴ – members who seek to bring information from the outside environment into the partnership environment in addition to taking information out to the external environment or sector.

¹⁴ This term was coined by Paul Williams in an article titled 'The Competent Boundary Spanner' first published online in Dec 2002, *Public Administration* 80, 1, p.103–124.

Sustainability - Partnerships down the track

Ensuring partnership sustainability requires members to continually assess both its purpose and capacity to deliver outcomes.

A range of issues have emerged over a period of time for long-term partnerships that impact on the sustainability of the partnership. These include:

Partnership staying focused on its purpose and remaining relevant

Partnerships have a lifespan and need to regularly review their purpose and membership to ensure the partnership remains focused on its purpose and remains relevant. It is quite possible that different members are needed for different stages of projects and activities.

Membership - What to do with partnership members who don't do anything

There are a number of effective strategies to manage a situation where a member of the partnership is not dependable or fails to consistently follow through an action which impacts on the achievement of the partnership goals. This situation is not unrealistic as each member has their own responsibilities to their organisation and work pressures in addition to contributing to the partnership.

Every member shares in the responsibility to involve other members in the partnership. Non-participating members or consistent non-attendees can have a demoralising impact on members. In some situations the member may need a little reminder of their role as part of the partnership.

In the short term, possible strategies may include:

- Addressing absences with the member – is it temporary or modifiable?
- Ascertaining the reasons for non-attendance.
- Revisiting expectations of members.
- Requesting an 'at level' proxy to attend.
- Reaffirming roles and importance of cross-sectoral representation.

Over a longer term, the Chair might consider:

- Suggesting a 'leave of absence' from the partnership if health, work, or other reasons are preventing full participation.
- Conducting a board discussion or a survey (see Tools to reinvigorate partnerships) on what makes it difficult for people to participate fully.
- Revising members' expectations of responsibilities - are tasks unrealistic; could there be more working groups?
- Changing the membership status to 'affiliated member'.

Tools to reinvigorate partnerships

Following are two key tools to utilise at the point where the partnership is stagnant.

Survey to re-engage members

It may be time for the partnership to cease or to change direction. Survey questions distributed to members that review the partnership process and membership commitment will provide feedback.

Questions may include:

- *What has changed in the current environment or partnership space since the inception of the partnership?*
- *What are the new drivers?*
- *What do you think are the key challenges for the partnership over the next one to two years?*
- *What do you think the strategic vision of the partnership should include over the next one to two years?*
- *How do you think the partnership should operate in the future?*
- *What lessons from the partnership to date could we apply in the future?*
- *How well will the current membership mix (skill and broad coverage) meet the future challenges?*
- *Are there things that could be changed about the frequency, day, time, or length of meetings that would make it easier for you to attend?*
- *Are there things about the way that meetings are conducted that would make it easier for you to attend and participate or that would give you more reason to want to attend?*
- *Who do you think are the key organisations or sector bodies necessary for this next period?*
- *What do you see as your contribution over this next period?*

Communication Strategy

The communication between members of the partnership, and between members and other sector organisations outside of the partnership, plays an important role in the success of the partnership. Whilst not all communications need documentation and formality, it is helpful to determine information flow on particular topics and identify responsibility for communication. Some partnerships have developed a communication strategy to clarify this. Below is an example of a Partnership Communication Strategy describing what, how and to who information is disseminated.

Example of a Partnership Communication Strategy

Meeting	Whose responsibility	When	Method	Governance Group	Affiliate Members
Governance Group	EO/Project Officer/ Coordinator	Bi-monthly	Email		
Agenda	Chair/EO/PC	Bi-monthly	Mail for those without email	✓	
Minutes	EO/Project Coordinator	Bi-monthly	Mail for those without email	✓	
Partnership Budget	EO/Project Coordinator	Bi-monthly	Mail for those without email	✓	
EO Report to Governance Group/ Other Governance Group Papers	EO/Project Coordinator	Bi-monthly	Mail for those without email	✓	✓
Partnership agreement	EO/Project Coordinator	6 monthly or annual review & every 2-3 years	Email hardcopy	✓	
Working Group	Chair Working Group	Fortnightly		Tabled at Governance Group bi-monthly meeting	
Agenda	Chair Working Group	Fortnightly	Mail for those without email	✓	
Minutes	Member, working group	Fortnightly	Mail for those without email	✓	

Source: North East Primary Care Partnership Agreement 2010-2012, 2011.

Exit Strategy – Breaking up is hard to do

Some partnerships will naturally conclude – their purpose has been achieved, the purpose is no longer relevant or the partnership has morphed into another arrangement. For those partnerships that cease, there are a number of tasks or obligations to close the partnership. These tasks include:

Completion of the partnership obligations

This task relates to the achievement and completion of the partnership's legal and financial obligations, including final reporting requirements to the funding body, returning any unspent funds, collating files and archiving, and determining a location for the storage of files.

Recognition and thanks to Partnership members

Activities may include formal recognition and thanks to members for their participation, celebrating the completion of key work undertaken and successes along the way.

Post Partnership Review or Evaluation

The post review or evaluation is usually developed once the partnership has ceased and all the project deliverables have been finalised.

The final review or evaluation is both a history of the partnership and a final evaluation of its performance. The objectives are to determine if the partnership achieved what it was designed to do. The review should

assess how successful the project was in terms of functionality, performance, and cost versus benefits, as well as assess the effectiveness of the life-cycle development activities. This may involve seeking input from members via a brief written report, the completion of simple questionnaire or holding a meeting with key members to seek their input and opinions about the partnership and what they would do differently next time.

A post review is generally conducted up to 3 months after the partnership has ceased to enable objectivity and reflection time. The report is provided to members, the funding body or government which may jointly use the findings to initiate new actions or to inform future partnerships.

Further Resources

1. Australian Institute for Primary Care (APIC), *An Evaluation of the Primary Care Partnership Strategy Report*, 2005, p. 7.
2. CompassPoint Nonprofit Services: www.compasspoint.org, 2007.
3. E S Weiss, R Miller Anderson & R D Lasker, Making the Most of Collaboration: Exploring the Relationship Between Partnership Synergy and Partnership Functioning, *Health Education & Behaviour*, 29 (6): P688 Dec 2002.
4. T Morrison, 'Understanding & Leading Inter-agency Partnerships: Support Materials' presented in partnership with Berry Street at Partnership Conference 29 January 2009, Ivanhoe Victoria.
5. Northamptonshire County Council Partnership Protocol: <http://www.northamptonshire.gov.uk/en/councilservices/Community/sic/Pages/PartnershipProtocols.aspx>.
6. P and L, 2008, "Improving Partnership Governance: Using a Network Approach to Evaluate Partnerships in Victoria", *The Australian Journal of Public Administration*, vol. 67, no. 4, pp. 443–456. This article is available online at Blackwell Synergy
7. E P Weber, & A. M. Khademian, Wicked problems, knowledge challenges, and collaborative capacity builders in network settings. *Public Administration Review*, Mar/Apr 68(2), 2008, 334-349.
8. P Williams, 'The Competent Boundary Spanner', *Public Administration Volume 80*, Issue 1, Dec 2002, pages 103–124 <http://onlinelibrary.wiley.com/doi/10.1111/1467-9299.00296/abstract>

Special Thanks

Special thanks for their contribution to the partnership structures and analysis:

- Erin Clark, Coordinator Family Services – Youth, Youth Services, City of Wyndham
- Julie Watson, Executive Officer, North East Primary Care Partnership
- Lee Kennedy, outgoing Executive Officer, HealthWest Primary Care Partnership