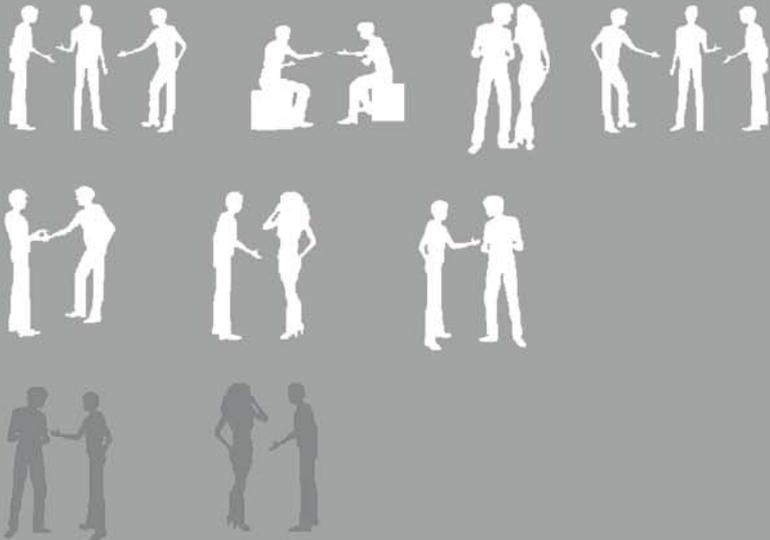


*Networking*  
*Coordinating*  
*Cooperating*  
*Collaborating?*

*Practising Positive Partnerships in the Ethnic and Multicultural Community*

Ms Yoshitha Karunaratna,  
Dr Harriet Radermacher,  
Dr Susan Feldman,  
Healthy Ageing Research Unit,  
School of Primary Health Care,  
Monash University



**ethnic communities'  
council of victoria**



*home and community care*



Prepared by the

Healthy Ageing Research Unit (HARU) Monash University

in collaboration with

Ethnic Communities' Council of Victoria (ECCV) and

Southern Metropolitan Region HACC Cultural Diversity Network (SCDN)

## **ACKNOWLEDGEMENTS**

The authors would like to acknowledge the contribution of the people who were interviewed for the purpose of this research and the invaluable support and guidance offered by the project steering committee. We would also like to thank Nicci Grace who assisted with managing the survey data and writing the report.

### **Steering Committee Membership:**

Barbara Antas, Polish Community Council of Victoria  
Dr Irene Bouzo, Ethnic Communities' Council of Victoria (Chair)  
Mary Chydiriotis, New Hope Foundation (replaced by Maria Tancredi and Ahmed Zeed)  
Helen Dubberley, Ethnic Communities' Council of Victoria (replaced by Kate Ling)  
Dr Susan Feldman, Healthy Ageing Research Unit, Monash University  
Anne Jones, South Eastern Region Migrant Resource Centre  
Peter Kalathas, New Hope Foundation  
Yoshi Karunarathna, post-graduate student/researcher, Victoria University  
Dr Harriet Radermacher, Healthy Ageing Research Unit, Monash University  
Dr N. Shanmuganathan, Tamil Senior Citizens Fellowship (Victoria) Inc

### **This project was part funded by:**

Victorian Department of Health

This report documents the first stage of a project which seeks to deepen understanding of organisational partnerships to inform sustainable inter-agency strategies and protocols towards practising positive partnerships in the multicultural community aged care sector.

© Monash University, Ethnic Communities' Council of Victoria, Southern Metropolitan Region HACC Cultural Diversity Network 2010.

## TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	7
What is the PPP project? .....	7
What is this report? .....	7
What does the pilot study consist of? .....	7
What are the key findings? .....	7
Where to now? .....	9
THE PPP PROJECT – AN OVERVIEW .....	10
PPP Project Structure .....	10
Project background and conception .....	10
Project aims .....	11
Project significance .....	11
STAGE 1 – PILOT STUDY .....	12
Introduction .....	12
Setting the scene .....	13
Australia’s multicultural population .....	13
Home and Community Care Program .....	13
Partnership strategies in Australia .....	14
National CALD partnership programs .....	15
Victorian CALD partnership programs .....	15
Literature Review .....	16
Defining partnership .....	16
Factors impacting partnership .....	17
Limitations of partnerships .....	18
Partnerships for health .....	19
Partnerships for improving service delivery to CALD communities .....	19
Summary .....	20
Research Aim .....	21
Research Methods .....	22
Steering committee .....	22
Literature review .....	22
Study design .....	22
Sampling and recruitment .....	22
Procedure – Surveys and Semi-structured Interviews .....	23
Analysis and report writing .....	23
Profile of participants and their representative organisations .....	24
Research Findings .....	25
Section overview .....	25
DEFINITION AND BENEFITS OF PARTNERSHIPS .....	26
1. Defining Partnership .....	26
2. The benefit of partnering .....	29
INFLUENCES ON PARTNERSHIPS .....	31
1. External influences .....	31
2. Organisational capacity and unequal power .....	34

3. Trusting relationships .....	39
4. Professional capacity .....	41
THE FUTURE OF PARTNERSHIPS .....	42
1. Strategies for more successful partnerships .....	42
2. Towards equality.....	45
Discussion.....	47
Conclusion.....	50
Key Considerations for the Future .....	51
References .....	54
APPENDICES .....	57

## **GLOSSARY AND ACRONYMS**

CALD	Culturally and Linguistically Diverse
DH	Department of Health (formerly Department of Human Services, DHS)
ECCV	Ethnic Communities' Council of Victoria
EMCAC Sector	Ethnic and Multicultural Community Aged Care Sector
ESOs	Ethno-specific Organisations
HACC	Home and Community Care
HARU	Healthy Ageing Research Unit (Monash University)
MCOs	Multicultural Organisations
PAG	Planned Activity Group
PPP	Practising Positive Partnerships
SCDN	Southern Metropolitan Region HACC Cultural Diversity Network

## **EXECUTIVE SUMMARY**

### ***What is the PPP project?***

The Practising Positive Partnerships (PPP) project is a multi-stage project which seeks to deepen understanding of the nature of inter-organisational partnerships within the ethnic and multicultural aged care sector (herein, EMCAC Sector). This work is important in the light of anecdotal evidence that suggests organisations within the EMCAC sector are missing out on partnership opportunities, which in turn may be detrimentally impacting the health of, and access to services for, older people from culturally and linguistically diverse (CALD) backgrounds. It is anticipated that a more comprehensive understanding of the issues will be able to inform strategies and assist organisations within the EMCAC sector to practise positive partnerships in the future.

### ***What is this report?***

This report documents the first stage of the PPP project. This initial stage consists of a pilot study to explore the experiences of partnerships within the EMCAC Sector. The aim is to generate some empirical data which will inform and guide the subsequent project stages.

### ***What does the pilot study consist of?***

The following activities were undertaken as part of the pilot study:

1. Literature review
2. Recruitment and semi-structured interviews with 14 participants
3. Data analysis and report writing
4. Synthesis of key points for future consideration

### ***What are the key findings?***

Participants overwhelmingly spoke of the need for organisations within the EMCAC sector to work together. This provides the context for the presentation of the main themes that were identified in the data, which will be presented in three parts:

The first part, **definition and benefits of partnerships**, sets the scene for the main body of the findings (part two):

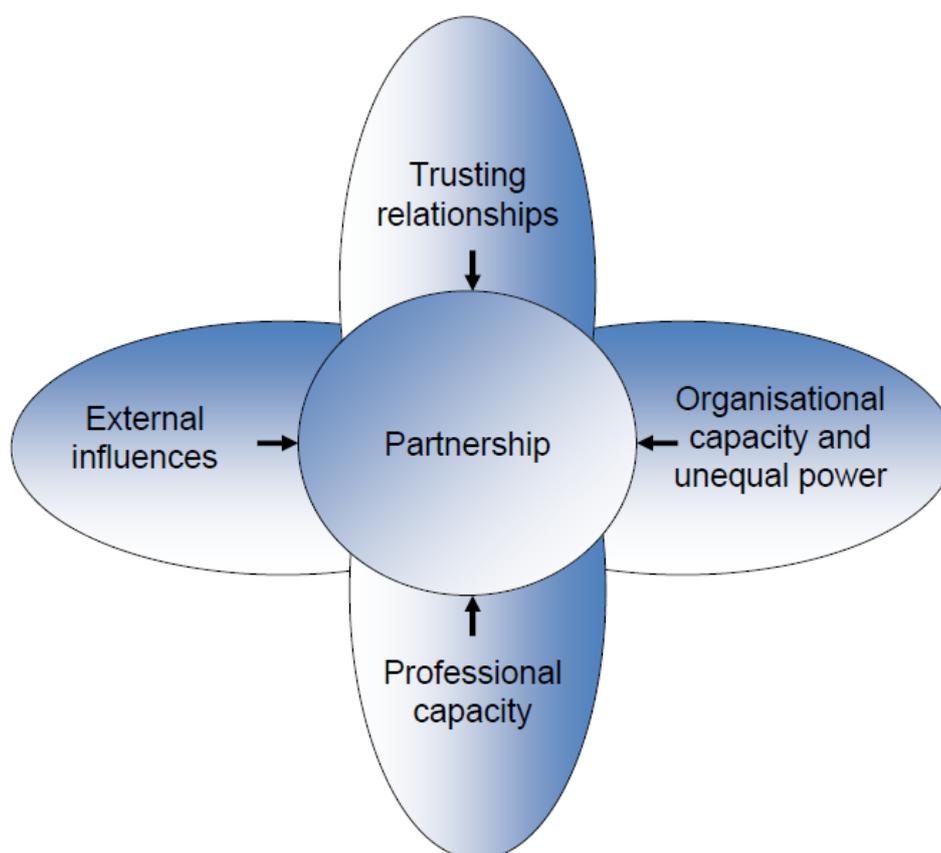
1. What is a partnership?
2. The benefit of partnering

The second part describes the **influences on partnerships** – forming the main body of the findings (see Figure 1) - and these have been organised according to four levels:

1. External influences
2. Organisational capacity and unequal power
3. Trusting relationships
4. Professional capacity

The third part brings together a vision for the **future of partnerships**. This comprises two themes:

1. Strategies for more successful partnerships
2. Towards equality



**Figure 1. Practising Positive Partnerships Model**

### ***Where to now?***

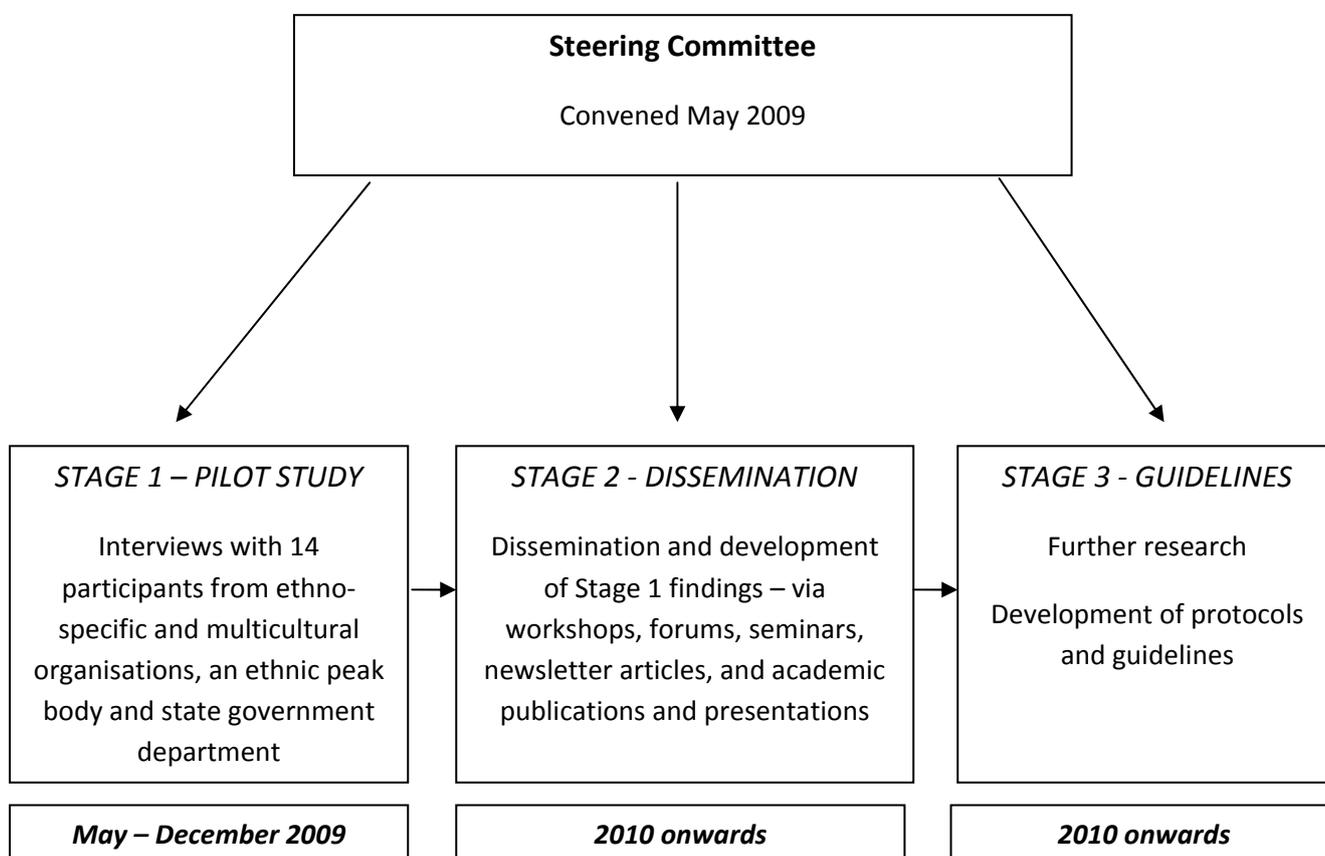
Integral to the project is the dissemination and translation of the pilot study findings to various key stakeholders. This will be achieved through community forums, workshops, debriefings and discussions. This engagement with stakeholders will inform the development of a future collaborative work plan, directed by the steering committee. This may include the development of practice guidelines or extending the empirical data collection to other geographic regions.

## THE PPP PROJECT – AN OVERVIEW

### **PPP Project Structure**

The Practising Positive Partnerships (PPP) project is a multi-stage project. In May 2009, a steering committee, comprised of representatives from HARU, ECCV and SCDN, was convened to oversee and guide the project across all of its stages.

This report documents the first stage of the PPP project. This initial stage consists of a pilot study to explore the experiences of partnerships within the ethnic and multicultural community aged care sector (herein Sector). The aim is to generate some empirical data which will inform and guide the subsequent project stages (see Figure 2).



*Figure 2. PPP project structure and timeline*

### **Project background and conception**

In 2008, ECCV commissioned HARU to conduct a review of the literature regarding the delivery of community aged care services to people from CALD backgrounds (Radermacher et al., 2008). This

review identified that the future of community aged care service delivery lies in the coexistence of mainstream, multicultural and ethno-specific agencies working together and in partnership. The review also highlighted the need for a stronger evidence base, which should be extended and translated into local community contexts. The PPP project builds on this initial review.

The importance of this project is also supported by anecdotal evidence and discussions circulating within the EMCAC Sector which suggests that ethnic and multicultural organisations are either missing out on partnership opportunities, or that existing partnerships could be more effective.

The Southern Metropolitan Region HACC Cultural Diversity Network (SCDN), formed in 2005, comprises members from 18 different ethnic and multicultural community based agencies who have clients from CALD backgrounds living in the southern metropolitan region of Melbourne. SCDN is an activity auspiced by the South Easton Region Migrant Resource Centre and New Hope Foundation. The network is funded by the Department of Health and as such is not a stand-alone network. A focus of the network is to strengthen inter-agency partnerships, and hence why ECCV and HARU approached the network to collaborate on this project.

### ***Project aims***

The aim of the project is to assist organisations within the EMCAC sector to establish and maintain positive collaborations, and in doing so, strengthen service delivery and access to services for older people from CALD backgrounds.

The aim of the first stage of the project is to gather empirical data to deepen understanding of the role and experiences of partnerships from the vantage point of the people who work with and for ethnic and multicultural community aged care organisations. This data will be used to inform subsequent stages of the project, which are likely to involve strategic dissemination of the findings.

### ***Project significance***

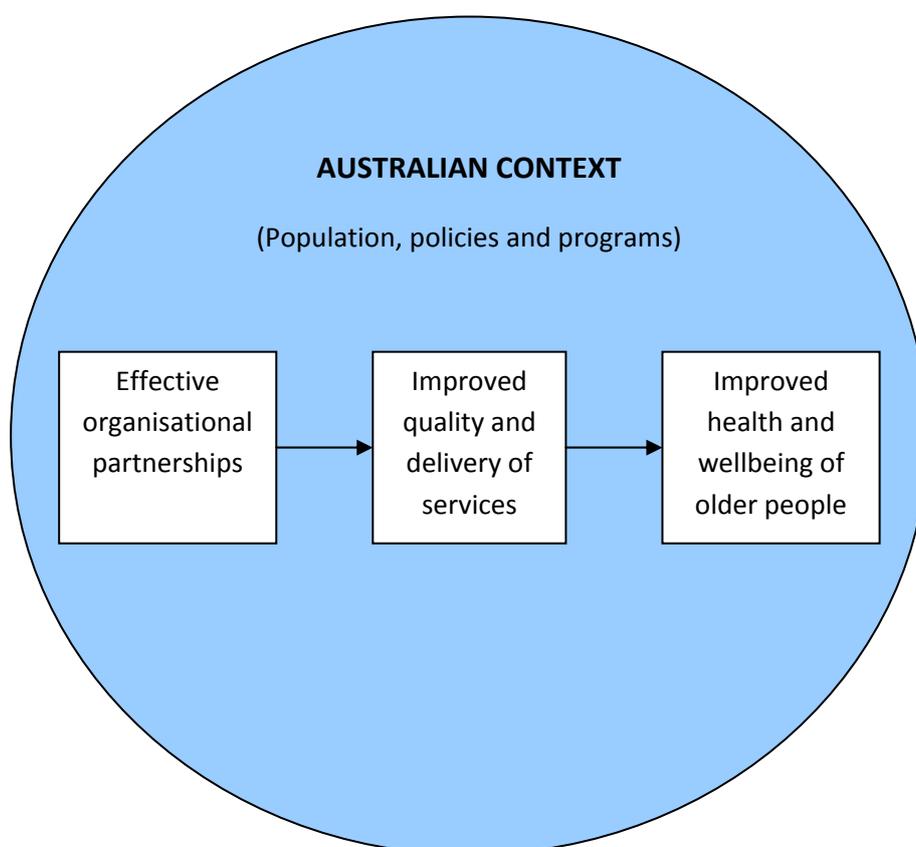
Over the last decades, there has been a shift in Australian and global public policy towards encouraging organisations, both government and non-government, to work in partnership. However, there has been scant work undertaken to explore the impact and effectiveness of such a strategy within the EMCAC sector. This project will enable existing and largely untapped knowledge within the EMCAC sector to be empirically investigated and documented, and make an important contribution to the sparse evidence base.

Gathering such data is likely to lead to the identification of strategies that may better prepare organisations within the EMCAC Sector to work competently with local government, allied health and other organisations. More effective and appropriate inter-organisational partnerships can lead to improved service delivery and access to services for older people from CALD backgrounds. The significance of this project lies in the suggestion that such partnerships can enhance overall quality of life for older people, thus leading to better health outcomes, including the reduction of social isolation and exclusion.

## STAGE 1 – PILOT STUDY

### Introduction

We approached this study on the premise that effective organisational partnerships will lead to improved quality and delivery of community aged care services and delivery, which in turn will lead to improved health and wellbeing of older people. This all occurs and is influenced by Australia's population demographics, policies and programs. Figure 3 provides a pictorial representation of these relationships.



**Figure 3. The role of organisational partnerships for improving services and ultimately the health of older people**

## ***Setting the scene***

This section sets the scene for the subsequent experiences of partnerships within the ethnic and multicultural community aged care sector. As illustrated in Figure 3, the Australian context defines and influences the nature of partnerships within the sector and subsequently impacts on service delivery and health outcomes. As such, this section will provide a brief overview of Australia's population demographics. We will then outline the Home and Community Care (HACC) program which is the main mode of delivering services to older people living at home in Australia. This will be followed by an overview of Australian partnership strategies, and specifically those in relation to service delivery for CALD populations.

## ***Australia's multicultural population***

Although the Australian population as a whole is ageing, the population of people from CALD backgrounds is ageing at a more rapid rate (Australian Bureau of Statistics, 2009). This poses a significant challenge for the Australian government in terms of addressing the diverse health needs of an ageing multicultural society.

A report exploring older immigrant population projections predicted that by the year 2011 22.5% of the older Australian population will be from CALD backgrounds, reflecting a growth rate of 66% compared to the growth rate of 23% for Australian born older population (Gibson et al., 2001). That is, one in every five people aged 80 and over will be from a CALD background by the year 2011. This proportion is likely to increase by the year 2026, with one in every four people over the age of 80 being from CALD backgrounds (Gibson et al., 2001). In Victoria, the number of older people from CALD backgrounds is projected to increase by 71% (between 1996 and 2011) to comprise 31% of the total older Victorian population (Gibson et al., 2001).

Even though older people from CALD backgrounds share similar needs and issues from the ageing process to that of other Australians, they also experience additional needs that need to be addressed (Department of Health and Ageing, 2009). In general, in comparison to their Australian-born counterparts, older people from CALD background are under-represented in the use of services that are available (Department of Health and Ageing, 2009; Radermacher et al., 2008, 2009). As such, specific policies and programs have been implemented by the Australian government to enhance the access of services for older people from CALD backgrounds.

## ***Home and Community Care Program***

The Home and Community Care (HACC) program, jointly funded by Commonwealth and State governments, aims to support people in their own homes and communities by providing services that maintain and promote independence (Department of Human Services, 2008). Approximately \$480 million is allocated to the delivery of HACC program within Victoria alone. HACC services include home support (assessment, domestic assistance, personal care, property maintenance respite and delivered meals), health care (nursing at home and allied health) and social support (planned activity groups and volunteer friendly visiting and transport) for frail older people, younger people with disabilities and the carers of both groups.

In Victoria, over 500 agencies provide HACC services, of which 50 are ethno-specific (Radermacher et al., 2008). Most of HACC funding (75%) goes directly to local government authorities (LGAs), thereby ensuring all geographic locations are covered thus reducing potential gaps in service eligibility and for ease of planning (Radermacher et al., 2008). The ethno-specific agencies are directly funded to provide Social Support, which usually constitutes Planned Activity Groups and Volunteer Coordination services.

The HACC Active Service Model, which was introduced recently by the Victorian State Government focuses on promoting capacity building and restorative care in service delivery (Department of Human Services, 2008). This is based on the vision that the services should supplement the person's 'functional' abilities and thereby promote their capacity to live as independently and autonomously as possible (Radermacher et al., 2008). Although this initiative has no specific reference to people from CALD backgrounds, there is a strong focus on the need to build partnership, not only between agencies, but also between the person, their carers and family and support workers. One of the key principles underpinning the Active Service Model states that "the expertise and options to meet a person's needs and preferences can be located in more than one organisation. Improving the interaction and collaboration between services enables individuals to maximise their opportunities to achieve their goals" (Department of Human Services, 2008, p. 11). Overall, the HACC Active Service Model encourages further development of partnerships utilising the existing frameworks and structures in order to meet the aims and objectives of the initiative.

### ***Partnership strategies in Australia***

In Australia, community health services used partnership strategies from the late 1970s to early 1990s to improve service delivery (Walker et al., 2007). With market reforms in the late 1990s creating tension between partnerships and competition in the primary health care sector, the partnership strategy was abandoned as it was seen as impractical at the ground level even though service linkages was seen as an important strategy in improving health care service (Lewis & Walker, 1997; as cited in (Walker et al., 2007). However, the networks that were developed from this period never dissipated but rather provided a platform for contemporary partnership strategies in primary health care (Walker et al., 2007).

In 2000, the Victorian State government introduced the Primary Care Partnerships (PCPs) strategy in an effort to enhance cooperation between agencies to deliver a more effective health service system (Department of Human Services, 2000). In essence, PCPs strategy fund and support groups of primary care providers that form or have already formed voluntary partnerships in their local communities (Department of Human Services, 2000). These voluntarily formed partnerships or PCPs, usually cover agencies within two or three local government areas. Each PCP develops and implements a community health plan that includes service planning, service coordination and service partnership for their community.

### ***National CALD partnership programs***

Two specific programs have been administered by the Australian government to assist the delivery of culturally appropriate care: the Community Partners Program (CPP) and the Partners in Culturally Appropriate Care (PICAC) program (Department of Health and Ageing, 2009).

CPP provides funding for organisations representing CALD communities to ensure that aged care services are more accessible and supportive for older people from CALD backgrounds (Department of Health and Ageing, 2009). The PICAC program aims to improve the capacity of aged care services to respond to the differing needs of older people from CALD backgrounds by having PICAC coordinators working to improve the partnership between aged care providers, CALD communities and the Australian Government Department of Health and Ageing. This ensures that aged care service providers are informed on best practice in the delivery of culturally appropriate care.

### ***Victorian CALD partnership programs***

The Culturally Equitable Gateways Strategy (CEGS) was launched in Victoria in December 2003. The aim of CEGS was to expand the use of core HACC services provided by local government to people aged 65 and over from CALD backgrounds (Australian Healthcare Associates, 2008). \$2.1 million per annum (over three years) was allocated to 19 councils, 17 ethno-specific agencies, three Migrant Resource Centres, the Municipal Association of Victoria and ECCV. In addition to increasing service usage, the aim of the strategy was to build and strengthen partnerships between agencies. An evaluation of CEGS highlights the many achievements and challenges of the strategy, and offers recommendations for the roles of local government and ESOs in the future delivery of HACC services.

The Supported Access Pilot Projects (SAPP) commenced in January 2008 and emerged in response to CEGS. Funded under the HACC program, SAPP is a 2 year project comprising 8 pilot projects within the Melbourne Metropolitan area. One of its primary aims is to increase the capacity of agencies with the ethnic and multicultural sector to assist HACC eligible people from CALD backgrounds to access and negotiate HACC and other related services. Integral to achieving this aim, and itemised as a key deliverable, is the ability to work effectively with other organisations within the service system.

The Victorian *Cultural Planning Strategy* (CPS), implemented in 1997 and evaluated in 2006-07 (Brooke, 1996; Keating & Barrow, 2007; Loughnan, 2002), focused at the systemic level to address capacity for organisations to deliver culturally appropriate services (i.e. cultural competence). The CPS incorporates the use of the Cultural Planning Tool (CPT) and promotes developing a HACC Cultural Action Plan (CAP) as an annual requirement for services. An evaluation of the strategy indicated that it was not well designed, implemented, or integrated within existing strategies and frameworks and recommended that it requires substantial reworking. The lack of formal links between the CPS and CEGS was also highlighted in the CEGS evaluation (Australian Healthcare Associates, 2008).

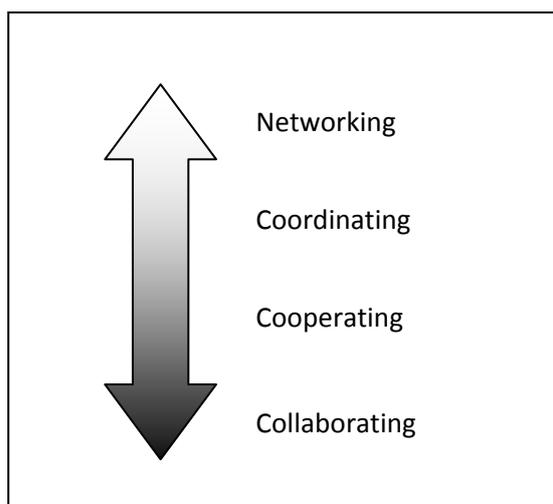
## Literature Review

### *Defining partnership*

In line with Aesop's phrase 'united we stand, divided we fall', developing community agency partnerships is the current in 'vogue' strategy to tackle complex social issues, which is adopted by many governments across the globe (Miller & Ahmad, 2000). Stemming from the Alma Ata and Ottawa Charter for health promotion, the basic tenet underlying the development of partnership is the understanding that adequate response to health cannot be reached by any one individual or a group working alone (Miller & Ahmad, 2000; Roussos & Fawcett, 2000).

Whilst a 'partnership' strategy is embraced by many governments in the service delivery context, defining partnership remains problematic, given that there is no single definition or model of this concept. A literature review found various cognate terms relating to partnerships that attempt to capture the relationship between organisations. The most commonly used terms include collaboration, joint ventures, alliances, coalitions, and cooperation (Dowling et al., 2004; Miller & Ahmad, 2000). Some authors assume these concepts are synonymous and therefore, interchangeable, whilst others argue that there are subtle differences between the various terms (see Miller & Ahmad, 2000). However, the term 'partnership' is the most widely used term, especially in government policies, to connote organisation's working together. The popularity of the term 'partnership' according to (Miller & Ahmad, 2000) is because it captures the involvement of all stakeholders, including the government, service users and other community stake holders.

In the absence of a clear 'partnership' definition, interpretation and generalisation of the literature findings becomes problematic. Therefore, for the purpose of the current research, the term 'partnership' is defined as *"a relationship where two or more organisations with compatible goals, have a formal or informal agreement to work together, in order to strengthen the service delivery for older CALD community members.* In this definition, working together incorporates networking, coordinating, cooperating and /or collaborating with other organisation/s, as set out in the VicHealth (2009) partnerships fact sheet. This model is based on Himmelman's (2001) conceptualisation of partnerships that shows four different levels of engagement (networking, coordinating, cooperating and collaborating) between the partnering organisations depending on time constrictions, degree of trust and sharing of territory. According to this model, the level of engagement between organisations lies on a continuum with networking, requiring less time, trust and sharing of turf placed at one end, and collaboration which requires greater time involvement, trust and sharing of turf, placed at the opposite end and coordinating and cooperating falling in-between (see Figure 4).



**Figure 4. Partnership continuum (Himmelman, 2001; VicHealth, 2009)**

In essence, networking refers to exchanging of information for a common goal, whereas coordinating involves exchanging information and altering of activities for a common goal (Himmelman, 2001). Cooperating involves exchanging of information, modifying activities and sharing of resources for a common goal. Lastly, collaborating refers to exchanging of information, modifying activities, sharing of resources and a willingness to enhance the capacity of another organisation for a common goal (Himmelman, 2001). As such, the level of engagement within a partnership can move up or down this continuum, depending on the degree of commitment, change required, risk involved, levels of interdependence, power, trust and a willingness to share territory (VicHealth, 2009).

### ***Factors impacting partnership***

The literature indicates that there are a range of factors that can influence the development and efficacy of partnerships. Whilst partnerships are primarily formed between organisations, their success often depends on the personal relationships formed between the key individuals who drive the partnership (Newman, 2001). A critical component of this relationship is trust; a lack of trust undermines the partnerships (Tesoriero, 2001; Walker, 2001; Walker et al., 2007). Other influential factors include organisations' previous experiences of partnerships (e.g., whether or not they were positive) (Das & Teng, 2001; Graddy & Chen, 2006) and/or organisational size, which often determines an organisation's available resources and/or need for partnership (Frank & Smith, 2006; Graddy & Chen, 2006).

Many benefits of forming partnerships have been outlined and discussed in the literature (see Frank & Smith, 2006; Miller & Ahmad, 2000; Tower et al., 2003). These benefits are summarised below:

- Working in partnerships enables partners to learn from each other about the nature of the issue, their potential role in relation to the issue and consider creative solutions to address the issue
- Working with other organisations can maximise the available resources for a given project, can increase access to external resources that might not otherwise be available to individual organisations alone and is an effective method of making use of limited resources
- Partnerships provide opportunities for organisations to share resources, which may result in better outcomes for service users – for example, agencies that have specific expertise, knowledge and access to a particular client group can work with other more generic agencies to better meet client needs
- Outcomes of partnerships may see possible increases in profits, increases in jobs and/or training opportunities for staff
- Partnerships can promote and enhance more effective communication internally and externally
- Partnerships can lead to the strengthening and empowerment of communities, via the participation and inclusion of many people and organisations (some of whom might not otherwise have been engaged)
- Avoidance of duplication and inefficiencies of service delivery.

### ***Limitations of partnerships***

In addition to the benefits, academic studies have also drawn attention to the disadvantages and limitations associated with partnership work. A summary of these limitations are outlined below (Dowling et al., 2004; Frank & Smith, 2006; Mayo & Taylor, 2001; Miller & Ahmad, 2000; Newman, 2001; Roussos & Fawcett, 2000; Rowe & Devanney, 2003):

- Partnerships can be very time consuming, especially organising and attending meetings – in particular, decision making processes can be a lengthy affair as it needs to satisfy all stakeholders of different organisations
- Ineffective partnerships can lead to financial losses or decreases in funding for individual agencies
- Unequal power or status between partners, a lack of trust, and difficulties associated with accountability can all negatively impact on the quality and outcomes of partnerships

- People may not always have the same values and interests thereby making it difficult to reach agreement on partnership goals
- The individuals or organisations that are involved may have different and multiple levels of authority which may hinder the partnership processes
- Partnerships can exclude individuals, organisations and communities that are unable or unwilling to conform to conventional processes and procedures.

### ***Partnerships for health***

There is only limited empirical evidence that shows the effectiveness of partnership for improving community-level outcomes (see Dowling et al., 2004; Miller & Ahmad, 2000; Roussos & Fawcett, 2000). That is, whether partnerships lead to better services and/or improved health for the users. Dowling and colleagues (2004) argue that improvements for service users take a long time to materialise and thus it becomes difficult to attribute the improvement to the partnership alone. So, a critical question to address is whether alternative structures or situations can result in similar improvements in the absence of a partnership. In essence, partnerships should not be seen as an end in themselves (with partnerships producing socially desirable benefits for the organisations), but rather they should be driven by the need to improve health or reduce social exclusion (Dowling et al., 2004).

### ***Partnerships for improving service delivery to CALD communities***

In recent times, the need to develop and manage culturally competent health services for CALD communities has been emphasised. An editorial discussing multicultural mental health called for the building of partnerships across a range of sectors (including all levels of government and individuals from CALD backgrounds, together with their families, communities and organisations) in order to provide better services for the CALD community (Griffiths, 2006). Further to this, a recent study by Renzaho (2008) concluded that there is a need for inter-agency partnerships to reduce service duplication and maximise service delivery in CALD communities. This evidence presents a clear argument for developing partnerships when working in the CALD community sector, however, little has been reported regarding the experiences in forming partnership in this sector.

## **Summary**

With population projections showing that, by the year 2011, 22.5% of older Australians will be from CALD backgrounds, addressing the needs of the older CALD population pose a significant challenge for the Australian government (Gibson et al., 2001; Howe, 2006). O’Riordan (1999, as cited in Tesoriero, 2003) pointed out that existing health disparities in health status of different population sub-groups in Australia cannot be tackled by relying solely on health services, but rather requires a combined effort of government and other non-government organisations. As a result, over the last decades there has been a shift within public policy towards encouraging organisations, both government and non-government, to work in partnerships.

Increasingly, partnerships are being employed to address the health and aged care service needs of CALD communities. This is because partnerships have the capacity to streamline processes and services between government departments and local authorities, within and between professions, and between those who deliver services and those who use them. However, bringing together these different players with different interests and cultures can impact on the effectiveness of partnerships (Balloch & Taylor, 2002). Little empirical research has been undertaken to explore the experience of inter-organisational partnerships and their role in addressing the service and care needs of the aged CALD population. This study aims to build upon this important evidence base.

## Research Aim

The primary aim of this research is to explore the role and experiences of inter-organisational partnerships within the EMCAC sector.

This research aim sits within the broader aim of the PPP project which is to assist organisations within the EMCAC sector to establish positive collaborations, and in doing so, strengthen service delivery and access to services for older people from CALD backgrounds.

### Definition of partnership

For the purpose of this research, partnership is defined as:

*“a relationship where two or more organisations with compatible goals, have a formal or informal agreement to work together in order to strengthen service delivery for older CALD community members”*

In this definition, working together incorporates networking, coordinating, cooperating and /or collaborating with other organisation/s.

This working definition of partnership was based on the literature review and discussions with the steering committee.

## **Research Methods**

### ***Steering committee***

A steering committee was convened in May 2009 to oversee and guide the development of the PPP project. The steering committee was comprised of representatives from HARU, ECCV, and SCDN, as well as the post-graduate student responsible for conducting the interviews. The steering committee meets every two months and provides an opportunity to discuss research developments, make decisions about ongoing activities and exchange information and ideas about other issues relevant to the project.

### ***Literature review***

A comprehensive literature search incorporating the relevant published and unpublished (grey) national and international literature was undertaken. Electronic database searches included ProQuest, Web of Science, and Psych Info. Google and Google Scholar were also searched to identify literature that may not have been readily available via other databases. Key funding and service organisations websites (e.g. Department of Health, ECCV, VicHealth, Department of Health and Ageing, Council on the Ageing, and Centre for Culture Ethnicity and Health) were also accessed. The key search terms included: partnerships; collaboration; coalitions, ethnic; CALD; multicultural; ethno-specific; aged care; services; community based services; and community agencies.

In addition to this, any relevant reports known and available to the steering committee were also provided to the researchers to inform the review.

### ***Study design***

This is a qualitative study comprising a brief survey and semi-structured face to face interviews.

### ***Sampling and recruitment***

Identification and targeted recruitment of participants was overseen by the steering committee. Participants were sought who represented both large and small ethno-specific and multicultural organisations with client groups from both emerging and established community groups.

Participants were primarily recruited via SCDN. SCDN was considered an ideal target for recruiting participants for a number of reasons: the readiness and commitment of the network members to participate; its shared vision to strengthen inter-organisational partnerships; the geographically

bounded nature of the network; and its broad representation of large and small ethno-specific and multicultural agencies.

Steering committee members were invited to a SCDN meeting to talk about the aims and scope of the research and the broader PPP project. Written information about the study was distributed to network members in person or via email. Potential participants notified the chair of the network (also a member of the project steering committee) if they were interested in taking part.

Other people working within the EMCAC sector, noted as having key expertise and relevant knowledge, were also identified by the steering committee as potential participants.

A list of potential participants and their contact details was provided to the researchers to arrange the interviews.

### ***Procedure – Surveys and Semi-structured Interviews***

All the surveys and semi-structured interviews were co-ordinated and conducted by the postgraduate student researcher. She made initial contact by phone or email with each participant. The survey, explanatory statement and consent forms were sent out to each participant and an interview time and venue was arranged.

The survey comprised a few initial demographic questions about the participant, his/her background and experience within the EMCAC sector, and details of their employer organisation and existing partnerships. Surveys were returned prior to the interviews and informed the interview process.

The Interviews were generally conducted at participants' place of work, at HARU, or in a public place. Each interview took between 30 to 80 minutes and was audio recorded. The interviewer asked participants to reflect on their experiences within their respective organisations specifically with regard to the role of partnerships, and any specific facilitators and barriers they had faced. A list of the questions that guided the interviews is available in the appendices.

### ***Analysis and report writing***

Survey data were entered into a statistical software package (SPSS) and analysed using descriptive statistics.

The interviews were transcribed. Both the student researcher and one of the HARU researchers listened to the audio recordings and read the transcripts several times. The qualitative data were subjected to a systematic thematic analysis to identify major themes and sub-themes, as documented by (Silverman, 2000). As part of the qualitative thematic data analysis, the interviewer drew together a list of preliminary themes based on their field notes, impressions and direct observations. A thematic map was created and reviewed by all three researchers, with continual rechecking of themes against the transcripts and initial field notes.

A draft report written by the researchers was circulated to the steering committee for comments, who then met to discuss the final draft. All data were de-identified to retain anonymity and confidentiality of all participants and their organisations. Feedback from consultation with the steering committee was incorporated into the final report, and the key considerations and directions were identified.

### ***Profile of participants and their representative organisations***

Fourteen people participated in this study (10 women and 4 men). Participants represented 9 organisations. For the purpose of this report, these organisations are categorised into three groups of organisations: ethno-specific (4 participants representing 4 organisations), multi-cultural (8 participants representing 4 organisations), and state government (2 participants representing 1 organisation).

One of the state government workers had only recently moved into the role, and preferred not to complete a survey. She was included in the study based on her extensive experience working within the EMCAC sector. The following analysis of survey information is therefore based on data from 13 participants.

Participants had worked an average of 10 years (ranging from 18 months to 30 years) in the EMCAC sector. Their current employment positions included: HACC workers, program coordinators, team leaders, and policy workers. The majority had full time positions; four were part time.

Excluding the government department, the 8 organisations represented had been in existence for an average of 26 years (ranging from 16 - 35 years). The majority of organisations were government funded (n=7), with others receiving additional philanthropic funds (n=2) or additional funds from alternative sources (n=2). The MCOs were generally larger with a mean of 95 employees (ranging from 12 to 200) and 104 volunteers (ranging from 0 to 285). By contrast, the ESOs were smaller with a mean of 22 employees (ranging from 6 to 34) and 31 volunteers (ranging from 15 to 50).

As part of their core business activities, all of the organisations were involved in advocacy, with most delivering services (n=7), and a few doing policy work (n=3) and/or other activities (n=4).

From participant responses, it was evident that 8 out of the 9 organisations were involved in formal and informal partnerships with other organisations in the aged care sector. These included partnerships with both ethno-specific (n=5) and generic (n=6) agencies.

## Research Findings

### *Section overview*

Participants overwhelmingly spoke of the need for organisations within the EMCAC sector to work together. This provides the context for the presentation of the main themes that were identified in the data, which will be presented in three parts:

The first part, **definition and benefits of partnerships**, sets the scene for the main body of the findings (part two):

1. Defining partnership
2. The benefit of partnering

The second part describes the **influences on partnerships** – forming the main body of the findings (see Figure 1) - and these have been organised according to four levels:

1. External influences
2. Organisational capacity and unequal power
3. Trusting relationships
4. Professional capacity

The third part brings together a vision for the **future of partnerships**. This comprises two themes:

1. Strategies for more successful partnerships
2. Towards equality

Participant comments are presented in the shaded boxes, with an adjoining commentary which serves to outline and summarise each theme.

## **DEFINITION AND BENEFITS OF PARTNERSHIPS**

### **1. Defining Partnership**

#### What is a 'partnership'?

For the purpose of the research, a definition of partnership was developed and disseminated amongst participants in order to have a common platform from which to generate a discussion about partnerships. Despite providing a definition, it was clear throughout the project that participants held different opinions about what constitutes a partnership. The excerpts in Box 1 illustrate a range of participants' perspectives on this theme which include:

- The proposed definition of partnership (which includes networking, coordinating, cooperating and collaborating) is so broad that it encompasses all of the activities an organisation is supposed to do on a daily basis, hence 'business as usual'
- The word 'partnership' is used too freely – the only true partnership between organisations is akin to a merger
- There is a need to think more like-mindedly across the sector about the different ways of working in partnership.

#### **WHAT IS A 'PARTNERSHIP'? (Box 1)**

##### **Business as usual**

*"Well if you use the definition you've explained there, it's a broad, almost meaningless [definition], because collaborating, coordinating, exchanging information, you really couldn't even run a service if you didn't do that. And for a lot of service organisations say in the home and community care industry, it's actually pretty mandatory, or a government standard, that if you can't deal with a client then you pass them on. You have to make a referral... So if that's the definition of partnership, it doesn't really - it really comes down to business as usual." (MCO)*

##### **Business not partnership**

*"It's our business sort of, but it's not a partnership. It's just, we do the business together. That's what I will call it. They're [council] offering the hall, I'm hiring the hall but because we are special programmes etc. they've got some special money that they can distribute for people like me. But I wouldn't call that partnership either. The same with the Yellow Cab, I use the taxi service, I cooperate with the taxi services, I book those taxis, I try to cope with the sort of disaster service of some of the taxi services, I speak to people, I talk to them practically every day and I write the letters to them but it's how we do the business together but we don't, we are not in any partnership." (ESO)*

**Is service delivery a partnership?**

*"..they [seniors today] prefer to be at home and of course some of them prefer these service providers to come and you know help with domestic cleaning, help with household things like window cleaning and also personal hygiene. So they do, but I wouldn't call that a real partnership in a sense, it's a service they provide and that our people use. So that is why the word partnership in the case of small ethnic communities, it's not a two-way thing in a sense. We have a formal agreement with them, the [health service provider], they come to our meeting talk about this and they visit homes and they give diabetes injections and take care of that, so if you call that a partnership, that is okay, but in my, narrow-sense I wouldn't call that a partnership... No we're not contributing anything at all to them except we invite them and they talk to us, we need their help, that is about all. See? So there is no formal agreement or anything by which we say they are obliged to look after our people." (ESO)*

**The term partnership is used to loosely**

*"...these days you go to the shop and you buy a packet of cigarettes and they say 'Oh you built a partnership with the sales lady,' you know she's got the same goal, I want the cigarettes, she's trying to please me but I think it's too shallow and it's a big cooperation, we cooperate together. We've got the same goal, to help the client, but I don't think you could call it a partnership." (ESO)*

**Like-minded thinking**

*"..there is a range of understanding and so we're keen to perhaps think a little bit more like-mindedly. I mean everybody is going to be different anyway but perhaps if we think a little bit more like-mindedly across community groups in the multicultural sector then we can be a bit more effective in working together. And it's things like, we do a lot of information sharing, shooting around flyers and things like that, promoting launches, promoting forums... with each other. So that is a kind of collaboration, cooperation, partnership and we need to identify that and see that for what it is and then look at the next level and the next level." (MCO)*

**Networking and partnerships**

Although networking was included in our definition of the term 'partnership', networking was not always seen as a form of partnership, but rather an important step for initiating partnerships. The comments in Box 2 illustrate some of these issues, and the key points are as follows:

- There was consensus among participants about the usefulness of networking for sharing information and ideas
- Networking is an important step for establishing relationships and building trust – which may lead to joint working in the future
- At times networking was seen to be tokenistic, especially when meetings were organised to meet funding body requirements.

## **NETWORKING AND PARTNERSHIPS (Box 2)**

### **Networking as the prerequisite to partnerships**

*"These days I think people are more comfortable in crossing over into networking and CALD partnerships is something like what happens at the next stage after networking, so we develop relationships of mutual trust with groups, whether we do or don't have a memorandum of understanding, and then if we find ... that is a partnership and then we can work together."* (MCO)

### **The value of networking**

*"I think networking is about sharing information and experiences and probably the most useful thing any person can do in any field.. I think learning from others is probably the best way that we can work, and the more opportunities there are for numerous organisations, individuals to meet different people that they wouldn't normally meet, to come into contact with different ideas, different processes the better, because you can only enrich yourself"* (DH)

### **Network meetings lead to useful contacts**

*"..it so happened I go to meetings, I meet these people... it's one of the important points about going and attending network meetings or any meeting connected with aged care, is you run into people. Just for example, this [health care provider], I accidentally met with a [person] and of course in our discussion, talk and conversation I said we need some sort of gentle exercise program, can you provide – so like that, the [name of organisation] happened to talk to the team leader there and that initiated a partnership which is now going very strong and I attend meetings, they call me for advice and how to organise meetings and how they can come and have, say a cooking demonstration or something like that. So through contacts at meetings is how I came to know these people and then of course that developed into a partnership."* (ESO)

### **Networking is strategic**

*"I think you do need to network with other organisations, you do need to develop relationships with people outside your organisation, and I think you do need to have a strong view of advocacy, that is you're advocating confidently for your organisation to grow, and to have more resources."* (MCO)

### **Caution about token CALD representation in meetings**

*"..I really wasn't needed for certain things but I was...asked to attend certain meetings for an event that the local government was holding and I thought, "I don't really need to be there" ...they're just - they want to engage the CALD community so they want a representative from [organisation] - just for the books, type thing; just for you know token representation...they're not really interested in what I have to say. And I attended...I wasn't really doing anything there, they were just really discussing it among themselves and because they had a representative, they thought that they'd covered those CALD needs. Do you know what I mean? ..I didn't feel that I was you know a true member of that group. And that happens a bit, you know."* (MCO)

## 2. The benefit of partnering

There was a general consensus amongst participants that ‘you can’t do it by yourself’ and that organisations need to work together in partnership to address the needs of the aged CALD population in Victoria (see comments in Box 3). The key themes identified are outlined below:

- A positive outcome of a partnership should be to enable an organisation to move forward and grow
- Partnerships can facilitate access to resources and to the community
- Partnerships can avoid tokenistic representation of ESOs.

### THE BENEFIT OF PARTNERING (Box 3)

#### **You can’t do it by yourself**

*“Working alone in this vast area, either it’s the geography or the limited funds or a lot of work to do. You can’t do it by yourself. So you have to do it with others” (MCO)*

#### **Facilitating access to the community**

*“I’ve seen big organisations targeting one community and not using an ethnic organisation and they’re failing of attracting one client or two. I have a recent example with one organisation. They were running a day for the ... community. They then put their money and catered for a hundred persons, booked the hall, booked the seven services. They were all there but there were no clients. They couldn’t attract them. And I feel that they didn’t understand the benefit of partner, getting in partnership with ethnic organisation to get the community” (ESO)*

*“..there’s an absolute recognition that you can’t do things on your own and you know for example, my catchment area .. We haven’t done much [in this area], we need to do something next year. I wouldn’t dream of just going up there and finding a venue and organising an activity for older migrants. It would absolutely fail because I don’t know the community. I don’t have strong enough links to different ethnic communities, so it’s totally automatic to me that I will go and meet with the mainstream agencies... see how they will work with me and then I’ll work with any ethno-specific agency that say they’ve got clients that live out there and I’ll contact any ethnic seniors clubs that’s out there and well I’ll jointly organise it with others, I wouldn’t do it by myself” (MCO)*

#### **Sharing access to resources**

*“They [MCO] didn’t have the connection to the community but they had the infrastructure available, like printing. They covered travel, reimbursement. They created a desk for me, or space to work from either here or in another organisation...So they ensured all that is available for me...If it was up to us to complete the project, we wouldn’t have had all this support or all the infrastructure. We couldn’t. And we couldn’t do any part of the project without them. And at the same time...they didn’t have the access to the community. Without us, they couldn’t continue. So we had this understanding, a clear understanding, about who is doing what.” (ESO)*

#### **Benefits for the community**

*“..the result of a good partnership; whatever that may be, whether it’s ...an activity or you know a case work service or information and referral advice. The results, I think, when the partnership is positive, that filters down and the results are always better for the person at the end of the line” (MCO)*

#### **Avoiding tokenism**

*“..we find sometimes there is a level of frustration because people in the CALD community and ethnic welfare organisations, because there are so many of them, I think they really need to work together with other organisations and especially with generic organisations, whether it’s local council or in the health sector or allied health, that’s a big area in terms of supporting aged care, and sometimes you get a lot of passion and commitment on one side and a little bit of disengagement and distance on the other side and we used to call it tokenism. It’s not really a word that’s used much these days, and we don’t like to use it but I suppose a lot of peak organisations, a lot of councils, a lot of other organisations are supposed to have a diversity policy, because with the Victorian Multicultural Act diversity it’s pretty much on the agenda and everybody is supposed to have their diversity policy. So it’s probably in their interests to work together or have some sort of collaboration with ethno specific agencies” (MCO)*

#### **Learning from experience**

*“I think it’s, for us, if we have the opportunity to do the partnership again, probably we’ll have to do more negotiation. Because we’re in a better position now to negotiate because we know what happens on the ground.” (ESO)*

## **INFLUENCES ON PARTNERSHIPS**

### **1. External influences**

#### Top-down forces and restrictions

The comments in Box 4 illustrate, according to the participants, the environmental context in which partnerships operate. In general, participants:

- Perceived a top-down pressure (e.g. from government) to form partnerships
- Spoke of how funding body policies and procedures can restrict the natural (bottom-up) formation and consequent creativity of partnerships
- Indicated that the geographic catchment area of an organisation often determined what work could or could not take place – rather than the work being driven by achieving good outcomes for the community.

#### **TOP-DOWN FORCES AND RESTRICTIONS (Box 4)**

##### **Top-down planning**

*“Eight years ago they used to have an extensive process of getting the people working together, not necessarily to identify what the issue is, but to create the partnership. That’s the way I saw it. When I came into the area of HACC, I remember we had two meetings, two monthly meetings for two or three hours with butchers’ paper putting down, arguing, getting stats, getting people talking. And that creates the partnership. Today we don’t do that anymore. The department, because it has a formula, everything’s prescribed. You come there and they tell you what’s going to happen and then you say something. You don’t say it before it happens because the equalisation formulas and everything else which is necessary because people are then arguing, we’ve got funds. They don’t have funds. They get more because of that. But now the formula organises everything. But when people come together, if everything’s done from the top, the partners are just people to execute, adjust things and be able to manage things and so it’s a different partnership arrangement. And for me, it was a very clear example because those groups now, they’re flagging. They start, at the beginning of the year with twenty people. In the middle of the year they’ve dropped down to twelve, eight. And by the end of the year, we have to send a letter out and get everyone in to say, well, what’s happening? And this is the district planning meetings, the bigger partnerships of HACC agencies. And these, theoretically are the drivers where the critique happens, where the advocacy happens, where the need is defined but everything’s defined now. They’ve become networks of sharing information. When you go to them, there’s no debate. There is some in some areas. But then, there’s more players coming in because the HACC is expanding and who’s going to be heard first and all those sorts of things. And it happens just as a dialogue before we had the papers and much more something formalised and people had a say and now they don’t, the way they used to.” (MCO)*

### **Pressure to form partnerships**

*"..there is a lot of pressure for forming partnerships. I mean a lot of government policy, DHS, which a lot of our PAG funding - well, all the PAG funding comes from... you know everything they talk about is about forming partnerships. So, yes, you know, there is pressure for that. I mean I think it's always useful...since I've worked here in this role, that's almost 9 years, I think working in partnership is a good thing...you can utilise other resources, get other ideas... people have other expertise...in health promotion, for example." (MCO)*

### **Not in our catchment**

*".. we had a very good relationship with one of the health promotion senior people there. He ...wanted to be engaged. He was very involved, very committed. So we actually started talking to him about a number of different partnership initiatives. What hindered us from developing some of those was the Department of Human Services said that they weren't in our catchment ...So the department actually said, "No, you can't get involved with them"... So someone else stepped in to halt that partnership." (MCO)*

### **Flexibility to go beyond geographic boundaries**

*"..first and foremost is the issue of flexibility and the resource allocation. It cuts across the board, and not only with the CALD people, but it's all over the place. It's the issue of catchments. You can't go beyond certain areas as a catchment because that's where you're funded for and that's where you have to work. Although the department and various organisations allow flexibility, when the actual work comes to the ground to become flexible and go beyond your boundaries, you can't do it. I can give you a quick example, I think... We attempted to do something here... the partnership between us, the people, the space and the community health centres. But higher forces didn't allow that because of catchment restraints. And then the issue of within those services is it our catchment again. What are we going to get out of it? Does that complement our funding or goes beyond those parameters? So those discussions and arguments don't allow for that flexibility. And I think the same thing can happen with the CALD communities as well, from my limited experience being involved. And then whenever there's an attempt to go beyond that, that becomes a barrier. It doesn't happen always. But I think it is a barrier that somewhere along the line we have to go beyond the actual catchment. And that's where you have more innovation and you can work. Because I might be funded to work in this area, for example, but if I can't, for whatever reason, personal reasons, other people's restrictions, management's seeing things differently. And if I can do all this work outside the catchment, I should be allowed to do it. Because then it's about the work and the outcomes for the clients and the people and the setups and the learning's that you can bring back and revise things. But if you have those barriers, it can't happen." (MCO)*

### The mosaic of ageing ethnic communities

The political environment was also seen by participants to influence the decision-making of mainstream organisations in relation to which organisations they develop partnerships with (see comments in Box 5). Participants, particularly from ESOs, indicated that:

- New and emerging community groups appeared to be the recipients of intense public attention (and funding) and hence were regarded as the ‘flavour of the month’
- Mainstream organisations are forming partnerships with new and emerging community groups, often to the exclusion of more established groups
- Favouring new and emerging groups was deemed to make it harder for more established groups to access funds to form partnerships – as the demand for resources is greater than the supply.

#### **THE MOSAIC OF AGEING ETHNIC COMMUNITIES (Box 5)**

##### **Targeting new and emerging communities**

*“...they [mainstream organisations] go for the easy way, any organisation in front of them, they go for it [make partnerships]. And that’s very noticeable, that now with the [newly arrived] community. I see it everywhere. They’re working with them.... Like I see them on the same project, that this mainstream organisation is doing it, and this one, and this one, for the same community [newly arrived community groups]. And sometimes even the same group of people, they apply and work with them. It’s easy. They don’t look at the big picture, that’s who they have in the community. ... And there are other communities who are in need of help... It takes more effort to write a good submission to say why you want to work with an old, a community who’s been here for a long time.” (ESO)*

##### **New and emerging versus established ethnic communities**

*“They’re looking for partners but we’re not the right partner, not the right community. So it’s all goes back also to the government, who they want to fund in their planning and whether they want to work with service, on budget to work with communities, emerging communities or settled communities and deal with their problems because it’s nothing to say that if the community has been settled for a long time, they don’t have their own issues, their own problems. We find that they do. But probably most of the funding now is targeting the new emerging communities, over five years...that support is settled and you’re fine. You have no more problems. While, yes, that’s correct for the new generation but for parents and old people, no, it’s not correct. They’re still dealing with many issues, even their old.” (ESO)*

## **2. Organisational capacity and unequal power**

### Limited resources to build partnerships

One of the key themes identified by the researchers relates to organisational capacity, and in particular how limited resources hinder an organisation's capacity to form and sustain partnerships. The key messages conveyed by participants highlight that (see Box 6):

- Smaller organisations, with generally less resources and more basic infrastructure than larger organisations, may be less able to form and sustain partnerships
- Staff members in smaller organisations are primarily occupied with direct service delivery and administrative work, and have less time and opportunities to attend network meetings and engage in partnership work
- Partnership work (e.g. getting to meetings) is time-consuming and costly – and for small organisations that often rely on volunteers financial reimbursement is required.

#### **LIMITED RESOURCES TO BUILD PARTNERSHIPS (Box 6)**

##### **Limited resources hinder partnership building**

*"..they don't have the resources so I guess that limits organisations as well from getting out there and pursuing partnerships" (MCO)*

*"Although I'd say that I went in representing [name of participant's organisation] and spoke to DHS to fund a project to work with the [name of cultural group] community. And I wasn't encouraged to apply by myself. I spoke to someone I know. I was encouraged to go and communicate with mainstream, like she was saying you're not going to be funded if you go this way, down this way. I encourage you to go the mainstream and form partners, partnerships here.. I mean [being] a small organisation, we lacked abilities or the resources to go and initiate and discuss partnerships and look for partners as you would... I'll give you an example, like probably the CEO person [for a big MCO], what she does for the whole week, where over there [small ESO] the one person would be doing different things, a hundred things from working with clients and managing or coordinator or doing anything. So resources, it's back to resources. The lack of resources." (ESO)*

##### **Extensive knowledge of networks but limited resources to act**

*"...hand in hand with funding is resources, information resources, but if you had the funding you would have the staff to find the resources and to find the information. I mean, not that our current staff don't have that information, but when you're working in a partnership and you have some collective goals and milestones that you want to reach, you will then work towards those and build up a knowledge base of that staff. And community organisations, ethno specific, have an enormous knowledge base in terms of, I don't know, a huge amount of experience in networks in the field that shouldn't be disregarded." (ESO)*

**Partnership work is not a top priority in a resource limited organisation**

*"I just see people putting all their time and efforts into direct care services and responding to direct care services and grant submission writing and things like that, so they just don't have the resources, they don't have the people that they can put time in to do things. They've got the expertise, they know the needs but they just haven't got the resources to take part in things like that [e.g. partnerships]." (MCO)*

**Need for training in grant writing**

*"...the small organisations don't have the infrastructure. They don't have the capacity. They're not well trained to write up a very good submission. They can't employ someone to write a brilliant submission to get the funding." (ESO)*

**Time-consuming administration takes away from the client**

*"At the moment it is huge bureaucracy following that. Before it was more relaxed and probably you had more satisfaction because you could spend more time with the client instead of spending time with the computer and papers. Everybody is saying 'we are putting the green light on client', no we don't we're taking the time where we are supposed to spend with the client to organise some nice things for the client because we have to do the paperwork, which has to be done" (ESO)*

**Need for transport**

*"I get every day emails about a meeting here, a meeting there, so sometimes I go, sometimes I ask others to go because it's very difficult to cope with many of these things and it's very difficult also to find people who are prepared to go on a weekday and travelling is another important problem. Few seniors can drive... can't go to these meetings by public transport, it's very difficult...they are those who are keen to, or not keen, can be asked to go – I wouldn't say they are all keen" (ESO)*

**Reimbursement required for travel time and cost**

*"Meetings all over the place. Now if you want to attend, every month there is a meeting in Carlton...I wouldn't try to drive there, you know it's such a complicated place parking and all so expensive and difficult. I'll take two trams...and it will take the whole day virtually and time is very important. You know, it's a long way for me and I don't get anything [reimbursement]. So it is true you know, they have to, all the HACCC people have to provide that funding, you know, to help with transport" (ESO)*

How to find the right partners

Participants, particularly those representing ESOs, talked about the need for information about who to work with and how to communicate with other, generally larger, organisations (see Box 7). The key points include:

- Not understanding how and who to approach in terms of building partnerships
- Not knowing who or which organisations are interested in forming partnerships

#### **HOW TO FIND THE RIGHT PARTNERS (Box 7)**

##### **Where do we go to find partners?**

*"If it is spelled out we would have more direction about where to go, to which one [funding grant] to go instead of us applying for any, and we're not getting a chance. If we knew that they're [mainstream organisations] looking for partners that would be beneficial for us... We don't see advertisements or promotion from mainstream organisations... So we don't know where to search, where to go and it's not out there."* (ESO)

##### **Who do we approach in the organisation?**

*"..we put lots of applications to get grants to do a project. We don't get them.. Yeah, and we hear it all the time, that if you are in partnership you have more chance. But even [when] we approach different mainstream organisations, we find it hard to approach them, hard to know who to approach, at which level, who can decide what. So it's hard for a small organisation to be, let's say, communicating with [name of health care provider]."* (ESO)

#### **Organisational structure and support for partnership work**

It was identified by participants that the organisation's mission and values are important for encouraging and supporting partnership formation at all levels of the organisation. As illustrated by participant comments in Box 8, this requires:

- A management system that supports and acknowledges the time commitments required for their staff to engage in partnership work
- Good leadership and an organisational structure that can support partnership building at all levels of the organisation
- Consideration about how to promote the sustainability of inter-organisational partnerships so they don't stop or break down when individuals leave.

#### **ORGANISATIONAL STRUCTURE AND SUPPORT FOR PARTNERSHIP WORK (Box 8)**

##### **Partnership at every organisational level**

*"..because you've got a focus on partnerships or memorandums of understanding or collaboration on the management level, policy level and then the service delivery and the direct care level and it might actually exist on the policy level in generic organisations but not filter all the way through or it might be the other way around, it might be difficult to work with managers and workers if their policy doesn't support it. So all of it has to be in place to work effectively [in partnership]."* (MCO)

**Acknowledgement and support from management for partnership work**

*“if an organisation agrees to partner another organisation, as well as that agreement from the management, management need to think about the resources that are involved so that the person working in partnership with you actually is able to come, and not just for the meeting, but has time allocated to be able to follow through on the things that have been agreed on, rather than getting back to the office and then just chasing their tail trying to catch up with everything else. To have the resources allocated so that they are able to do whatever it might be.” (MCO)*

**Small organisations require better leadership**

*“..we are even better than some of these [newly arrived] communities you see. Their language problem is one thing, the other thing is they are not organised...one of the things is to know how to, for these ethnic communities to develop leadership. That is a very key important thing you see. Help people attend formal courses in leadership, they may be doing it, but they need to do more, so that they can organise themselves... that will be very useful especially for the newly emerging communities.” (ESO)*

**Partnerships need to transcend individual relationships**

*“Partnerships have to be strong enough, I suppose and have to be built where it’s not just personalities and personal linkages, where it’s organisational linkages, because otherwise people leave and that network’s gone.” (ESO)*

Small organisations are disadvantaged

It was evident in the interviews that participants had experienced power inequities operating in certain partnerships – and it is often the smaller organisation in the partnership that is disadvantaged. The comments in Box 9 are predominantly made by participants representing ESOs, and in this study the ESOs tended to be small organisations (under 15 equivalent full-time employees). The main points discussed included:

- Final decisions about partnership activities are being made by the bigger, more mainstream, organisation
- Bigger organisations who apply for funding and are responsible for reporting back often reap more rewards (e.g. recognition, ongoing funding) from the partnership than their smaller partner organisations – which perpetuates the disadvantage
- It is difficult for smaller organisations to stand their ground because they often depend on the bigger partner organisations for resources.

### **SMALL ORGANISATIONS ARE DISADVANTAGED (Box 9)**

#### **Bigger organisations have the final say**

*“What was a negative is that they [other mainstream partner] had the final say about what we can do or where we can go... there was a bit of consultation. They would take the advice but the final say is for them. It wasn't [ours]. Like who do we meet, where to go, what time and how much we spent here with tender.” (ESO)*

#### **Risk of being overtaken by a mainstream organisation**

*“If we want to run a project and without being dissolved, totally dissolved in their [large mainstream organisation].. bureaucracy. Like we spoke, I initiated a contact and I spoke about running a group together but they want everything to be run from their venue, so from the beginning it's dictating. So we didn't go ahead with that because we found from the beginning there are difficulties. We don't want to lose our groups. And they're already familiar with one [group], they're meeting in one place. We want someone to come and work with them where they are. It's immediately, the request is, them, going there and getting dissolved in whatever they're preparing. So it's not suitable for us because we want the group to stay together because it's an ethnic group. They want to be together. They don't want to be dissolved in different groups, go there and be separated. We want them to stay as they are.” (ESO)*

#### **Small organisations are in a weaker position**

*“..the small organisations are in a weak position at the beginning because they're looking for any funding opportunities. So when they find it, they weigh it up, like we did, do we take the opportunity or do we leave it? And you could feel it from the beginning that this is the offer and it's complete so either take it or leave it.” (ESO)*

#### **Reliance on big organisations for their resources**

*“We could draft it and say to a big organisation, would you like? Invite them to be partners. But even in that regard, we rely on their skills in knowing how to apply. And also in knowing they have already established networks with people in government in higher positions to secure that, secure the approval for the funding.” (ESO)*

#### **It's hard to get a foot on the rung of the funding ladder**

*“..they [larger organisation] are getting all the funding and obviously when you manage a project and you work more and you get funding for it and your project is very successful, you have more opportunity to apply for more funding to grow more. What comes in the report, who did what, that's something else. We have no access to that. We don't know if they're writing the big report, how small the effort of the smallest organisation. I don't know how that will be written in the report so we could easily be just... lost from, yeah, every report every time it goes up a level, you miss something. You miss something until it's in general, it's the work of the big organisation.. You fall always in this hole. You're not accepted because you're not winning. And if you can't report on anything, yeah, no funding body will see that this is what you managed, this is what you did.” (ESO)*

**Bigger organisations may need to give something up**

*“..it wouldn’t be very often the two organisations equally enter a partnership, I’d say with another [similar organisation] you might equally enter a relationship but a lot of other times there will be some different status of the organisations and ... you got to find ways to try to bring about some equity and some equal sense of power, which I think probably whichever is the mainstream agency, the bigger agency...maybe they need to give up something... Whoever initiate the partnership, kind of automatically is in the first spot aren’t they? ... I just think, if they are in the first spot, they are the one that recognised we needed someone else so if someone else is needed then I think that need should be quite elevated and recognised even to the point that the other party should perhaps give way...I could only put it that way ...give way sometimes in making decisions in recognition that the other party would have to know better in this matter. And not insisting upon things being always the way they do it, in their more bureaucratic way perhaps.” (MCO)*

### **3. Trusting relationships**

Interpersonal relationships between individuals were identified by participants as a key ingredient for successful partnerships, as evidenced by their comments in Box 10. The main points are:

- It takes time to build up trust in a partnership, but it pays off down the line, especially with regard to future collaborative projects
- Considerable time, effort and commitment is required to foster and maintain relationships between partners
- Compatible personality styles, sharing common goals, and exchanging personal information all foster trust and promote strong interpersonal relationships which is the foundation for successful partnerships.

**TRUSTING RELATIONSHIPS (Box 10)**

**Partners as friends**

*“I’ve been working a bit with [this person], we’ve been collaborating together because we’re going to run a couple of forums and we got a similar role, our forums have got similar intention but we’ve got slightly different material and we’ve been planning it together. And some of those same ingredients like we trust each other, we share a bit about our personal life, we invest a bit into our relationship as friends as well as working party and I can completely rely on this person if they say they would do any part of what we’ve talked about, I know.. I absolutely know that it would be done and done well. So our working together is very enjoyable, very productive and we support each other ... We are on equal footing, I think that’s another thing, we are not fearing that one is above the other or going to get more out of it than the other, there’s an evenness about it.” (MCO)*

**Takes time to build trust but it’s worth it**

*"..to build up trust with organisations, with individual managers and workers. So it really does take quite a lot of time to build that up and once it's been built up it really pays off because you can actually do collaborative little projects very quickly with just an email and a phone call and say 'Hi, is that you, yes we'd love to do that, when will we meet. Just get this out and we'll talk about it later' so then it works a little bit more smoothly, and that would be nice if everybody got to that stage." (MCO)*

*"It's [trust] already there so you don't spend a lot of time working out who everybody is and what you're way of thinking is. You can progress very very quickly because there are really high levels of trust and credibility. That was really noticeable, that's why I mentioned it. They know the commitment is there and therefore the other partners are willing to really put in 110% and really give a lot of their expertise and their time and so on, because they are convinced that that will be recognised and valued and if it's not going to be recognised and valued then they might start giving up on some of it and withdraw and not follow through or lose interest or feel disheartened. So that is really a big ingredient, that sort of mutual understanding and commitment." (MCO)*

*"We found it very easy [to engage in partnerships] but that is because we've done the back work. We've been around for years and we've spent time with them. It all goes back to that: you need to spend time to develop that trusting relationship. So now they trust us and so that is not a problem." (MCO)*

#### **Relationships require effort and commitment**

*"..relationships are a matter of life or mutual death. You know, you do things for other people, they do things for you. So it's not always a matter of like asking people to do things, it's like building up a relationship by making yourself part of what they do. I mean, in a sense I guess it's like friendships, you know? If you want to have friendships with people then you really have to make the effort to see them more than once a year, and to take an interest in them, and to make a commitment of time to go out with them, or have dinner with them, or ring them up and ask them how they are. Otherwise after three or four months they'll probably just drift away." (MCO)*

#### **Flexible and responsive working relationships**

*"I've got an agency that says I don't like to be micro managed, so you don't do it that way, but then some will like quite hands on. You've just got to know how each partnership works... it's like every friendship, you treat every friendship differently. Some friends would like you to call them every day and some you can go months without calling them, but it's sort of like that I suppose." (DH)*

#### **Partners with shared goals**

*"..if you can find people who have the same goals, and it's of mutual benefit, you're going to stick to them like a marriage" (MCO)*

#### **4. Professional capacity**

The personality and characteristics of the individuals involved in partnerships were identified as a key element of any successful partnership. For example, participants predominantly representing multicultural organisations, spoke about (see Box 11):

- How commitment, enthusiasm, and effort at the individual level drives partnerships
- The importance of identifying and working with individuals you know will deliver.

##### **PROFESSIONAL CAPACITY (Box 11)**

###### **Commitment drives partnership work**

*“..they [individual’s] are committed to their work and they are more committed perhaps because they’re closer to the grass roots, they’re closer to the ethnic constituents, the CALD seniors who have needs that can’t wait. They’re dealing with people’s lives and they can see on a day to day basis there are needs there that can’t wait and their organisations are confronted with them and their organisations need to prepare and have policy statements, have strategy and ways of doing things and in that sense they’re really committed. By themselves they can’t do enough but they’re really keen to get into working groups with other people from other organisations doing similar things and then they can achieve much more. So that’s the ingredient, if they can get that together.” (MCO)*

###### **Can your partner deliver?**

*“..[personality is] a very powerful thing how well people get on together ...There’s something there that you respect and you probably recognise that if you worked together...because you’re not going to work in partnership with someone who you think can’t deliver....” (MCO)*

###### **Enthusiasm and a common goal**

*“I guess the best experience is where participants or members of that partnership are involved on an equal footing...and that depends on personalities as well. I’ve been involved in events with representatives from different councils where the people on there are really committed and they’re really interested in what we’re trying to achieve so you can tell they’re enthusiastic about the common goal. And that’s been fantastic because we’ve had - I mean, I have felt that we have really worked collaboratively in bringing you know a shared goal together. Yeah, that’s been - that’s been where I’ve felt satisfied with it. So that’s - I think that has something to do with you know depending on who the person is, personalities, certain people in their - you know in their role have certain values and so work at that level.” (MCO)*

## **THE FUTURE OF PARTNERSHIPS**

### **1. Strategies for more successful partnerships**

Participants identified a range of strategies to promote more effective partnerships in the future, as illustrated by comments in Box 12. The main points discussed were:

- While flexibility in partnerships was seen to be important to promote creative solutions and problem solving, there was also a consensus around the need for structure – for example, protocols or procedures that clearly outline and define the roles of the individuals involved in the partnership
- Structured processes were seen to provide an opportunity for all involved parties to communicate their concerns and ensure that problems do not arise later in the partnership
- The importance of evaluation to ensure reflection about how to improve the process
- A liaison person to represent small community based organisations may facilitate partnership building
- Having a mind set that recognises the need to engage and work with other organisations – and recognising that other organisations can offer something.

#### **STRATEGIES FOR MORE SUCCESSFUL PARTNERSHIPS (Box 12)**

##### **Clear definition of roles**

*“..there’s still always that definition of roles...it can sound very bureaucratic, but it’s very important to actually have something in place, because dispute will arise” (MCO)*

##### **Establish effective governance**

*“..one of the biggest challenge, basically I’m managing the whole partnership, there is always some conflict of interest because I’m dealing with a lot of organisations at the same time but I have to actually facilitate the whole member to work for the partnership but they have their own interest, they came to the partnership because of their self interest, but I have to extract one common interest. So that was very hard. So in order to do that they must have clear governance. You must often come across conflict of interest, A organisation or B organisation, yes they came in with a good will but you know, can have some conflict. But if we have clear guidelines or each project we undertake have clear governance, or MOU, you know, memorandum of understanding, we can always go back to those guidelines to address that conflict interest. I think, clear governance and MOU is very, very important to dealing with different organisations” (MCO)*

### **Act professionally**

*"..I was saying about the detail in how you would progress something, I know that in these loose sort of coalitions of often rather unprofessional kind of organisations, people with great intentions often, but not very good experience in implementing anything, it just gets lost and they have no idea really how they are going to move forward, and then it become a big in-fight about who did what and who gets what and all the rest of it. So I think maintaining a level of professionalism and actually sitting down and saying 'right, we are going to do it like this. You are going to do this. I'm going to do that, is that Ok?' Having these conversations, having it documented is really important... I think you have to state from the outset if there is a bit of an inequality well what is it? And how are we going to deal with it? Rather than people tend to pretend that it doesn't exist, but yet the sentiment is always there burning away in the background making people angry and frustrated. So, and that's the other thing, you might be trying to achieve a product, or you know, provide a service or achieve a policy change, but really that's all driven by people and each person is an individual and they all have their own individual preferences, ideas, agendas. So I think that needs to be remembered more." (DH)*

### **Clear guidelines for new partnerships**

*"I don't think there are very firm guidelines on partnerships, and perhaps that's actually the problem .... If you are looking at government funding where two organisations or three organisations are funded together to implement a service or program, the government tends to just go 'here, here's the money implement it. We are going to make you accountable for this, but we are not going to tell you, or give you any idea of how you are going to work together.' So I think some real work could be done in developing some sort of guidelines about how do you make them accountable, not just for the end product, but throughout the process, so that it's not such a mess without causing too much stress? ....When you are dealing with new formed partnerships there needs to be some sort of coordination around how, who does what? Who gets what? And I think that needs to be, if you were to develop say a work plan, what tends to happen from my understanding is that the work plan is based on the combined effort of say three organisations. So 'in January we will achieve this together. In February we will achieve this together.' It doesn't actually stipulate that this organisation actually did this part and this one did that part. I think you need more detail, and more clarity so that you can actually see who was responsible for what, and that they are made accountable to each other as well in that process. We have all worked in a team before and we have all felt like we are the only one doing anything, and that's what happens. So if you had a framework where everyone was actually, or should be doing something, that would flow through more and it would make those partnerships more successful." (DH)*

### **Develop toolkit or guidelines for setting up partnerships**

*"..some work around developing some sort of like guidelines, or like a tool kit for setting up partnerships to make sure that niggly fighting and everything doesn't occur." (DH)*

**Develop and identify common goals at the outset**

*“The ideal way probably was if from the beginning before drafting the contract that these organisations would sit together and work on it instead of just taking it and signing it...So the ideal is the possibility to start from the beginning before drafting, having a meeting, agreeing on everything, then starting and have like different dates about the reviewing and discussing.” (ESO)*

**Clarify expectations at the beginning**

*“I think these days people need to know what's expected of them in the beginning. I think there needs to be a bit of understanding and there needs to be guidelines, because people are so busy these days it needs to be; it's not pressure, but I think it needs to be outlined in the beginning what's expected of people in partnerships and that sort of thing.” (DH)*

**Liaison person to represent small community based organisations**

*“..this isn't just ethnic kind of organisations, but also some other small community based organisations were kind of excluded from some larger networks and some partnerships because they just didn't have the people power to attend meetings. So I would like to think that it would be a really good idea that there would be something in place that allowed, like a liaison person that will represent those organisations in those forums.” (DH)*

**Acknowledge ESOs as specialists in cultural competency**

*“Service delivery in the ethnic community really depends on cultural competency, and that's also a term that's been flying around for a while and if partnerships are going to work properly then you need to have diversity strategies of policy, diversity statements at the policy level and strategies at the managerial level and when you get to the actual service delivery level staff need training in cultural competency. And that's one of the specialisations that ethno specific agencies can offer generic agencies, and perhaps that's a kind of collaborative service. Sometimes we find in the, say with local councils, there's not enough cultural competency ... and that's a big hurdle for us and usually ethno specific community based agencies are happy to be asked or be invited to provide cultural competency, cultural awareness training for staff and cultural competency training for staff, managers, organisations, that type of thing, and that's all part of the collaboration and needs to be in everybody's thinking and everybody needs to welcome this and work together on it..” (MCO)*

**Evaluation as reflection**

*“I think evaluating at the end of things is really important, because of that it gives the structure to reflect.” (MCO)*

## **2. Towards equality**

The significance placed on equality in the partnership, and of sharing inputs and outputs cannot be underestimated in this study. Participants' comments in Box 13 illustrate the importance of having equal power and responsibility, and that all partners reap mutual benefits. Some strategies identified by participants to promote more equality in partnerships included:

- Sharing the workload, sharing responsibilities for finances and acknowledging the expertise of all partners
- Given the power differences, there were some suggestions that going into partnerships with organisations that have similar capacity levels or experiences would improve the relationship and therefore lead to better outcomes.

### **TOWARDS EQUALITY (Box 13)**

#### **Equal power and financial responsibility between partners**

*"See with the partnership you've got the power which is divided between the partners. You've got totally different power than working with even half professionals, with the social workers. They have bigger power very often than I have...I think that the power should be equal, if you want to talk about mutual friendly partnership that will be growing strong and effective. So you need that power to be equal and financial responsibility to be equal too".* (ESO)

#### **Establish at outset an equal balance of inputs and outputs**

*"I think you need to clearly state from the outset and have a clear understanding from the outset, that a relationship is very much about what you can get and also about what you can give, and if that isn't sort of equal, and it isn't understood as being equal by all parties, then I think that is one of the critical sort of factors for the demise in a relationship and the partnership." (DH)*

#### **Equal spread of obligations and responsibilities**

*"... that we have the same goal that we put the same amount of work into it, finance, we spread the obligations and the responsibilities equally. It could be some different percentage but more or less equally. That we will expand, that we will do things together to achieve the same goal and that's what I think about partnership." (ESO)*

#### **Shared aims and a shared workload**

*"..It is always helpful if you start off with a shared aim because if it is something that is going to be of benefit to all the different people within that partnership obviously that is a very good starting point. The second is to try and actually share the workload as well. I think that that is an important thing because I don't think that happens all that well as well." (MCO)*

### **Shared ownership and acknowledgement of expertise**

*"...partnerships work well if people take on an equal responsibility, if they do that sharing a decision making sharing of accolades as well, when something is.. a real sense of we've done this together that um... yeah I think it's important if one organisation approaches another for a partnership, that the one they approach has no sense of that they are going to be losing something .. that they are going to be used, that their expertise is going to be used, and not sufficiently acknowledged or remunerated or um... so that again that's a bit about the second agency having the confidence to um.. .expect that to be acknowledged, to be recognised, to be reimbursed and to articulate that as much as the mainstream expecting it...Yeah shared ownership of projects is very important. I think evaluating at the end of things is really important because of that it gives the structure to reflect." (MCO)*

### **Equity versus equality**

*"And also different balances of resources and power, in a way, you can call it power if you like, but different balances of resources will influence how much an organisation can give at a different stage so that needs to be acknowledged and I think if it's acknowledged that's a big breakthrough, even if there isn't any solution there has to be an acknowledgment otherwise the expectations are unrealistic." (MCO)*

### **Partnering organisations with a similar background**

*"I would like to go to the partnership with an organisation who has got the same sort of background as I do, for instance it could be with another ethnic specific organisation, so we cut costs of administration because there will be one administration, we will have one CEO who will look after the spending of the organisation but two different assistants, that the money will be equal, that the power will be equal, that the responsibility and the obligations will be equal... and help will be mutual. But I can't think it would be possible to do something ... well even the mainstream organisation, and the big organisations, but they should leave the independence for this ethno specific groups and not to decide for them, not to tell them how to run. Because of a different culture, you have to take running that kind of a business, you have to take a lot of different things under consideration." (ESO)*

## Discussion

Anecdotal evidence suggests that organisations within the EMCAC sector are missing out on, or failing to capitalise, on partnership opportunities which may in turn be detrimentally impacting the health of, and access to services for, older people from culturally and linguistically diverse (CALD) backgrounds. Whilst there is research evidence examining the role and nature of organisational partnerships in general, there is very little research that specifically focuses on partnerships within the multicultural and aged sector. This confirmed the need to examine more closely the experiences of partnerships within the sector to identify the key steps or elements that may assist the successful practice of partnerships in the future. As such, the aim of this research was to explore the role and experiences of partnerships within the EMCAC sector in addressing the service delivery needs of older people from CALD communities.

The findings of this study highlight that ‘you can’t do it by yourself’ and that organisations need to work together in partnership to address the needs of the ageing CALD population in Victoria. This is consistent with the notion that health issues cannot be tackled by relying solely on individual organisations (Miller & Ahmad, 2000; Roussos & Fawcett, 2000). However, whilst working in partnership may be desirable and good in theory, through participants’ responses it was evident that in practice, forming and maintaining successful partnerships in the EMCAC sector is extremely challenging – and the full potential of partnerships is not being realised.

### Definition and benefits of partnerships

Even though a definition for partnership was provided in this research, it was evident that participants held their own views as to what a partnership entailed. This implies that the conceptualisation of partnership is likely to be different at each level, from the individual service provider through to a government policy perspective. The lack of a consistent and mutual understanding about what constitutes a partnership is also reflected in the literature, where we found no consensus for the term ‘partnership’ and the use of various cognate terms to identify how organisations work together. Having no single definition for partnership may impact the progress of the partnership as it generates different expectations. And importantly, the development of a single definition may serve to further strengthen partnership work in the EMCAC.

### The influences on partnerships

The model in Figure 1 aims to capture the main thrust of participants’ responses regarding the influences on the operation of partnerships in the EMCAC sector. These influences have been categorised according to four main themes: external influences, organisational capacity and unequal power, trusting relationships, and professional capacity. Each of these themes influences the process, quality and outcome of the partnership.



**Figure 1: Practising Positive Partnership model**

Government allocation and structure of resources within the EMCAC sector is an important consideration when working in partnerships. As noted by (Mulroy, 2003) the environmental context (i.e. political and economic environment) sets the scene in which partnerships occur. The political environment identifies the extent to which the government exercise control over policy and planning (Alexander et al., 2003). As indicated by some participants, government policies restrict the flexibility and the natural formation of partnerships, which limits the organisation from achieving the best possible outcome for the service users. As Newman (2001) noted often the issues that are experienced within partnerships originate from the interaction between the external and internal environment created by the policy approach of the government and the impact of funding regimes.

While the environmental and political climate was noted to influence partnership, perhaps the most significant theme identified in this study relates to the organisation's capacity to engage and sustain partnership work. Financial and human resources of an organisation were found to determine the extent to which an organisation can promote and encourage development of partnerships. The importance of financial and human resources has been highlighted elsewhere in the literature (Graddy & Chen, 2006; Horton et al., 2003). In this study, for example, lack of financial and human resources severely restricts the ability of staff to participate in discussions and attend network meetings, as they have to juggle between meeting the demands of service delivery and doing administrative tasks.

The interpersonal relationships between individuals were identified as an important factor in determining the strength of the partnership. In particular, trust was a key ingredient in successful partnerships, where once established it is easier to progress with subsequent partnership work. In addition, establishing trust also increases the possibility for future partnership work, given the positive partnership experience. The key role of trust has been identified in other research (see Tesoriero, 2001; Walker, 2001; Walker et al., 2007).

Finally, whilst this study sought to investigate partnerships between organisations, the individuals involved in the partnerships were seen to be critical to their success (McKenzie & Van Winkelen, 2006; Newman, 2001). Specifically it was the individual's professionalism, passion, values, commitment and enthusiasm that was noted to be an important driver in promoting and maintaining the partnerships in this study.

#### The future of partnerships

During the interviews, participants talked about a range of strategies that might promote more effective partnerships. These strategies ranged from using protocols and procedures to better define roles and responsibilities within a partnership to having a liaison person to represent smaller community based organisations in their networking and partnership work.

Clearly articulating the roles and responsibilities of partners to clarify who will manage the funding, who will be in charge of decision making etc, is likely to help address some of the concerns and expectations that arise during partnership work (Walker et al., 2007). This study also identified a need to educate organisations, in particular ESOs, on how and who they need to be working with and provide opportunities for members of these organisations to further develop their skills relating to leadership and writing funding submissions.

Even though the term 'partnership' implies an equal reciprocity between partners, this was not always the case as evident from participant responses. Power in partnerships exists at an individual and collective level (Frank & Smith, 2006). As reflected in participant comments and the literature, partners who have greater allocation of resources and funding are likely to have a greater influence in determining outcomes, setting time frames and agendas with little consultation and communication from organisations with lesser capacity (Mayo & Taylor, 2001). Therefore, acknowledging and addressing the perceptions of power differences during the initial stages of the partnership is likely to enhance subsequent partnership work.

## Conclusion

Overall, the findings from this study indicate that there is need (and associated benefits) for organisations to work in partnership in the EMCAC sector. There is evidence to indicate that organisations in the sector may need assistance to increase their capacity to do partnership work. There are no blueprints for successful partnerships, as each partnership is unique. However, a number of factors have been identified in this study that may assist organisations within the sector to maximise the benefits of existing or future partnerships.

This study has highlighted some serious concerns and challenges that small and ethno-specific organisations, in particular, face in their attempts to form and maintain partnerships. Given the rapid changes occurring within the delivery of HACC services, it is vital that these concerns are addressed in order for ethno-specific and multicultural organisations to be appropriately and integrally involved in shaping an effective model of service provision to the ageing multicultural population.

## Key Considerations for the Future

This section identifies the key considerations for policy/government, practice in the field, and research. These considerations are intended to form the basis for recommendations to drive systemic change in the community aged care sector.

### Considerations for policy/government

- Organisations within the EMCAC sector require more funding and access to training opportunities to initiate, participate in, and develop partnerships.
- Funding bodies need to increase their own understanding about how partnerships operate, and provide funding guidelines which ask for the inclusion of a partnership plan in all appropriate funding applications.
- Recognition of the key skills and expertise of staff and organisations within the EMCAC sector in providing culturally appropriate care.
- Recognition of the importance of HACC Diversity Networks, such as the SCDN, in supporting and strengthening the EMCAC sector to engage in effective partnerships.
- The Diversity Plans of HACC funded agencies should include initiatives which demonstrate partnership development work, and clearly show how equity between partners is being practised.
- Allocation of resources to assist EMCAC organisations to attend networking opportunities would prove cost effective as networking opportunities are essential for promoting and fostering partnerships.
- More flexible funding conditions for services/partnerships that are less geographically determined and more focused on client outcomes would promote more effective and successful partnerships.

### Considerations for organisational practice in the field

- The development of a Practising Positive Partnerships (PPP) Toolkit to resource HACC funded agencies and aged care service providers to build more effective and positive partnerships. Components of the Toolkit would include:
  - increasing awareness of the benefits and challenges of partnership work;
  - access to protocols and practical workshops to elucidate the 'how to' of partnership work;
  - how to define the boundaries of a partnership (e.g. what it's for, goals, duration, individual roles and responsibilities);
  - self promotion and marketing of organisational expertise (e.g. experts in cultural appropriate care, access to community); and

- showcasing best practice models (e.g. hub or brokerage models which promotes sharing/exchange of knowledge/expertise).
- Provide training and educational opportunities for individual workers and organisations in the EMCAC sector on how to initiate and maintain successful partnerships.
- Partnership work should be recognised as an essential part of an organisation's business. As such, organisations should incorporate partnership activities into their strategic and diversity planning and identify key organisations to work with.
- Specifically allocate time and resources for partnership work (e.g. planning meetings) and factor this into all funding applications and into relevant staff position descriptions.
- When recruiting new staff members, aged care providers and organisations should consider the key skills and attributes associated with partnership work (e.g. commitment, mind set, enthusiasm, interpersonal skills and team work).
- Ethnic and generic mainstream aged care providers would benefit from increased awareness as to the value, nature and need for partnerships.
- Recognition of the importance of partnership development in new initiatives and quality service improvements and subsequent allocation of adequate resources for appropriate training.
- Provide training to mainstream service providers on how to approach and work equitably with organisations in the EMCAC sector for inclusion in the HACC Training Calendar.
- Inter-organisational partnerships would benefit client outcome centred policy directions in the Victorian HACC Program.
- Strategies are required to address the range of inequalities that exist between partner organisations.
- Increased recognition of the role of networking is vital in the development of partnerships. For example, it provides opportunities to make connections with others, identify commonalities, and build trust.
- The fostering of innovative and planning strategies is required to maximize opportunities for meaningful participation and joint working relationships of ethno-specific organisations in aged care networks.
- There is an important role for multicultural peak bodies to take a lead in lobbying government for more resources as well as advocating for greater recognition of the skills and expertise of their constituent organisations; and to strengthen their capacity.
- Partnerships would be more successful via more flexible funding conditions that are less geographically determined and more focused on client outcomes.

### **Considerations for research**

- More research is required to explore inter-organisational partnerships and the relationships between ethno-specific and mainstream/service provider organisations. Some key research questions include:
  - Are these study findings generalisable to other geographic locations in metropolitan areas as well as regional and rural Victoria?
  - How do inter-organisational partnerships impact on older people themselves, the services they receive and their health outcomes?
  - How can more visible, transparent discourse and evaluation of partnerships work be achieved in this sector?

## References

- Alexander, J. A., Weiner, B. J., Metzger, M. E., Shortell, S. M., Bazzoli, G. J., Hasnain-Wynia, R., et al. 2003. Sustainability of collaborative capacity in community health partnerships. *Medical Care Research and Review*, **60**, 4, 130S-60S.
- Australian Bureau of Statistics. (2009). Future population growth and ageing. Accessed November 25, 2009, from [www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10March%202009#1](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10March%202009#1)
- Australian Healthcare Associates. 2008. *Evaluation of Culturally Equitable Gateways Strategy*. Retrieved 1 March, 2010, from [www.health.vic.gov.au/hacc/downloads/pdf/evaluation\\_gateways\\_strategy.pdf](http://www.health.vic.gov.au/hacc/downloads/pdf/evaluation_gateways_strategy.pdf). Melbourne: Aged Care Branch, Department of Human Services.
- Balloch, S. and Taylor, M. (Eds.). (2002). *Partnership working: Policy and practice*. Bristol: The policy press.
- Brooke, L. 1996. *Cultural planning tool: Planning for multicultural HACC services*. Melbourne: Action on Disability within Ethnic Communities for Department of Human Services.
- Das, T. K. and Teng, B. 2001. Trust, control and risk in strategic alliances: An integrated framework. *Organizational Studies*, **22**, 251-83.
- Department of Health and Ageing. 2009. *Community partners program*. Australia: Australian Government.
- Department of Human Services. 2000. *Going forward: Primary care partnerships*. Melbourne, Victoria: Aged Community and Mental Health Division.
- Department of Human Services. 2008. *Victorian HACC Active Service Model Discussion Paper*. Melbourne: Victorian Government.
- Dowling, B., Powell, M. and Glendinning, C. 2004. Conceptualising successful partnerships. *Health and Social Care in the Community*, **12**, 4, 309-17.
- Frank, F. and Smith, A. 2006. *Community development and partnerships: A handbook for building community capacity*. Bentley WA: Curtin University of Technology.
- Gibson, D., Braun, P., Benham, C. and Mason, F. 2001. Projections of older immigrants: People from culturally and linguistically diverse background, 1996 - 2026, Australia. AIHW cat. No. AGE 18. Canberra: Australian Institute of Health and Welfare.
- Graddy, E. A. and Chen, B. 2006. Influences on the size and scope of networks for social service delivery. *Journal of Public Administration Research and Theory*, **16**, 533-52.
- Griffiths, M. 2006. Moving multicultural mental health into the mainstream: Building capacity and facilitating partnerships. *Australian e-Journal for the Advancement of Mental Health*, **5**, 2, 1-4.

- Himmelman, A. T. 2001. On coalitions and the transformation of power relations: collaborative betterment and collaborative empowerment. *American Journal of Community Psychology*, **29**, 277-84.
- Horton, D., Alexaki, A., Bennett-Lartey, S., Brice, K. N., Campilan, D., Carden, F., et al. (2003). Towards Partnership in Organizational Capacity Development. Evaluating Capacity Development: Experiences from Research and Development Organizations around the World. Retrieved 1 January, 2010, from [www.idrc.ca/openebooks/111-6/#page\\_65](http://www.idrc.ca/openebooks/111-6/#page_65)
- Howe, A. L. 2006. *Cultural diversity, ageing and HACC: Trends in Victoria in the next 15 years*. Melbourne: Rural and Regional Health and Aged Care Services Division.
- Keating, C. and Barrow, D. 2007. *Evaluation of the home and community care cultural planning strategy*. Melbourne: Report prepared for Department of Human Services by Effective Change Pty Ltd.
- Loughnan, G. (2002). *The Victorian HACC cultural planning strategies*. Paper presented at the Holistic and creative choices, National HACC Conference
- Mayo, M. and Taylor, M. 2001. Partnerships and power in community regeneration. In S. Balloch & M. Taylor (Eds.), *Partnership working: Policy and practice* (pp. 39-56 ). Bristol: Policy Press.
- McKenzie, J. and Van Winkelen, C. 2006. Creating successful partnerships: the importance of sharing knowledge. *Journal of General Management*, **31**, 45-61.
- Miller, C. and Ahmad, Y. 2000. Collaboration and partnerships: An effective response to complexity and fragmentation or solution built on sand? *International Journal of Sociology and Social Policy*, **20**, 1-38.
- Mulroy, E. A. 2003. Community as a factor in implementing interorganizational partnerships: Issues, constraints, and adaptations. *Nonprofit Management and Leadership*, **14**, 1, 47-64.
- Newman, J. 2001. *Modernising governance: New labour, policy and society*. CA: Sage.
- Radermacher, H., Feldman, S. and Browning, C. 2008. *Review of literature concerning the delivery of community aged care services to ethnic groups*. Melbourne, Australia: Ethnic Communities Council of Victoria and Monash University.
- Radermacher, H., Feldman, S. and Browning, C. 2009. Mainstream versus ethno-specific community aged care services: It's not an 'either or'. *Australasian Journal on Ageing*, **28**, 2, 58-63.
- Renzaho, A. 2008. Re-visioning cultural competence in community health services in Victoria. *Australian Health Review*, **32**, 223-35.
- Roussos, S. T. and Fawcett, S. B. 2000. A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health*, **21**, 369-402.
- Rowe, M. and Devanney, C. 2003. Partnership and governance of regeneration. *Critical Social Policy*, **23**, 375-97.
- Silverman, D. 2000. *Doing qualitative research: A practical handbook*. London: Sage Publications.

Tesoriero, F. 2001. Partnerships in health promotion and the place of trust and equality as obstacles to promoting health. *Health Promotion Journal of Australia*, **11**, 1, 48-55.

Tesoriero, F. (2003). Collaborating for health: A hospital and university social work partnership. Retrieved 7 July, 2009, from [www.sapmea.asn.au/conventions/alliedhealth\\_old/papers/tesoriero\\_frank.pdf](http://www.sapmea.asn.au/conventions/alliedhealth_old/papers/tesoriero_frank.pdf).

Tower, J., Gaskin, C., Morris, T. and Spittle, M. (2003). Evaluation of the 2001 Active Recreation Scheme: Community Report.

VicHealth. (2009). Partnerships. Retrieved 5 August, 2009, from [www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au).

Walker, R. 2001. Trust between primary health care organisations. *Health Promotion Journal of Australia*, **11**, 1, 43-7.

Walker, R., Bisset, P. and Adam, J. 2007. Managing risk: Risk perception, trust and control in a primary care partnership. *Social Science and Medicine*, **64**, 911-23.

## **APPENDICES**

1. Survey
2. Semi-structured interview questions



## **Practising Positive Partnerships in the Multicultural Community Sector Survey**

1. Gender:       Female                       Male

2. How long have you worked in the multicultural community sector? \_\_\_\_\_ years

3. For which organisation do you currently work?

---

---

4. What is your job title in this organisation?

---

5. Work load

Full-time                       Part-time

If part-time, how many days/week do you work in this organisation?

---

6. How long has your organisation (current employer) been in existence? \_\_\_\_\_ years

7. How is your organisation funded?

Self-funded

Government funded

Philanthropic/donations

Other (Please describe) \_\_\_\_\_

8. How many employees EFT (Equivalent Full-Time) in your organisation?

\_\_\_\_\_

9. Total number of employees in your organisation (including full-time, part-time and casual employees)? \_\_\_\_\_

10. Total number of volunteers? \_\_\_\_\_

11. What are your organisation's core activities? (Tick as many as appropriate)

Service delivery

Advocacy

Policy development

Other (Please describe) \_\_\_\_\_

12. Who is your organisation's target group? (include reference to age range and CALD groups)

\_\_\_\_\_

\_\_\_\_\_

13. What regions does your organisation cover?

---

---

14. Does your organisation have any formal or informal partnerships/relationships (e.g. current MOU, receives/provides financial support, auspice arrangements, working relationships with staff members of other organisations, network etc) with other organisations in the aged-care sector?

Yes                       No (Go to question 18)

a) If **Yes**, are they with:

a. Ethno-specific agencies?

Yes                       No

i. If **Yes**, how many (approximately)? \_\_\_\_\_

b. Generic agencies (e.g. Wesley Mission, Brotherhood of St Lawrence etc)?

Yes                       No

i. If **Yes**, how many (approximately)? \_\_\_\_\_

b) In the following table, please list the **key** organisations with which your organisation currently has formal or informal partnerships or relationships and in the corresponding column please indicate the nature of the partnership/relationship (e.g. list types of activities performed together) for each organisation listed.

<b>Name of organisation</b>	<b>Nature of partnership/relationship</b>

15. Any other comments?

---

---

---

---

---

---

---

**End of Survey - Thank you for your participation in the survey.**

**We will contact you shortly to arrange a time for an interview.**

If you have any questions about the survey please contact the Chief Investigator, Dr Harriet Radermacher, on tel. **9501 2435** or email: [harriet.radermacher@med.monash.edu.au](mailto:harriet.radermacher@med.monash.edu.au)

**Please return completed surveys to:**

Healthy Ageing Research Unit  
Monash University  
Primary Care Research  
Building 1 (Rm 29)  
270 Ferntree Gully Rd  
Notting Hill  
VICTORIA 3168  
Australia

Phone: +61 3 9501 2435

Fax: +61 3 8575 2233

E-mail: [yoshitha.karunarathna@live.vu.edu.au](mailto:yoshitha.karunarathna@live.vu.edu.au)

## Semi-structured interview questions

It was our intention for the interview to be a free flowing discussion to explore participants' experiences of partnerships. The following questions were used as a guide for the interviewer and were not necessarily asked in any particular order or in the exact form as written below.

1. How did your organisation come about? And for what purpose?
2. Why does your organisation seek to make partnerships with other organisations?
3. Is building partnerships with other organisations important for your organisation's goals/activities? Why or why not?
4. What are the most positive aspects of forming partnerships for your organisation?
5. What factors influence your organisation's ability to foster partnerships with other organisations?
6. From the experiences of partnerships within your organisation, what do you think are the building blocks of a successful partnership?
7. Are there any issues and/or challenges that your organisation experiences as a result of partnership formation?
8. What factors hinder the formation of partnerships?
9. What can/does your organisation offer other organisations with which you want to create a partnership? i.e. what is the buy-in for the other organisation?
10. What is it that your organisation looks for in another organisation which leads to creation of a partnership? i.e. what is the buy-in for your organisation?

