

Practicing Partnering Principles NEWSLETTER

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What partnering is NOT!

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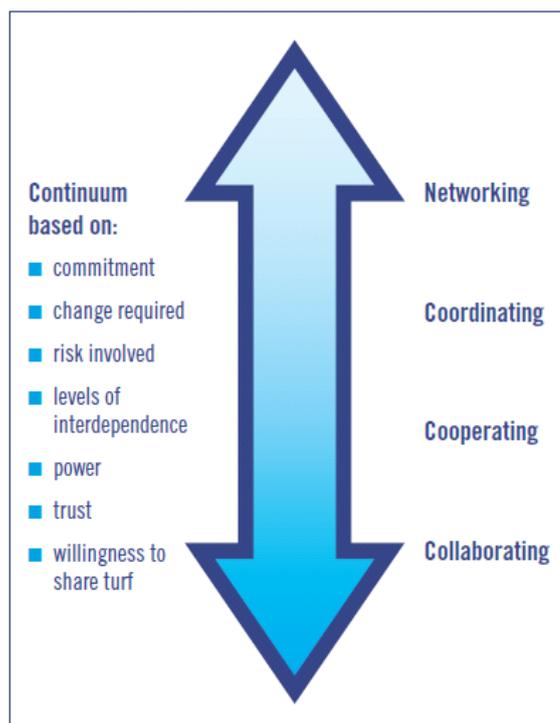
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Hello again everyone. Welcome to the second PPP newsletter, a joint initiative between Centacare and CQML.

Last month we talked to you about what partnering **IS** (at least for our two organisations), and the difference between partnering vs **partnership**. This month we are going to talk to you about what partnering is **NOT**. Often we hear people saying that they are partnering when in fact they are engaging in other activities such as networking. And while you can use partnering principles in a multitude of situations, an active partnership has different characteristics. We like to think of partnering as existing on a continuum, where engagement grows stronger as you move along it.





Networking – network meetings

For CQML and Centacare, we see work related networking as being a pretty informal gathering. This can be anything from a coffee catch up at a local café, drinks and nibbles on a Friday night, to a meeting hosted at another organisation's office. The characteristics of a networking meeting are that it's very informal, with a larger group of people, and generally with little to no formal record keeping. These meetings tend to be more **transactional** in nature; meaning that you are often just exchanging information with each other. There is generally minimal risk involved in attending this kind of meeting, and likely no change to work practice that will result. Other meetings that fit this more informal characterisation include interagency meetings and team meetings. This type of meeting serves a valuable purpose in the workplace, ensuring that staff are kept up to date with what's going on in the sector and has direct impact on work practice.

Coordinating/Cooperating - Communities of Practice

Another group that you might have heard of is a Community of Practice. Communities of practice are a great example of a coordinating/cooperating group. The characteristics you might observe here include a slightly more formalised meeting structure, an emphasis on shared learnings and peer support, a common passion (like improving Allied Health collaboration) for members, good record keeping, and a facilitator. Communities of practice foster cooperation, meaning that they require some level of risk taking in terms of sharing organisational knowledge, there is more trust between members, and there is a level of mutual benefit to be gained by attending. Again, this kind of group has a great deal of value and it suits a particular purpose.

Collaborating/Transforming - Partnerships

A partnership has different characteristics again. Partnerships are very formalised, with signed partnering agreements or terms of reference, often focused on a specific project, timeline or goal, have a small number of partners, stringent record keeping, and enable partners to achieve goals they would not have been able to achieve alone. While partnerships require great collaborative involvement from members, they are more than just collaborative, they are transformational. They require all partners to be committed and share risk. According to Ian Dixon, some typical benefits to cross sector partnering include:

- The ability to bring more resources and capacity to programs and projects
- To enable partners to develop more creative and innovative solutions
- The opportunity to better integrate economic, social and environmental objectives
- The ability to develop the skills and capacity of individual partners, and
- To reach across broader areas or regions.



Let's see what this looks like in the real world.....

Both CQML and Centacare are members of the Central Queensland Primary Care Partnership (CQPCP). CQPCP is a strong and committed Partnership with over five years' experience in working together to identify, develop and implement innovative solutions to health issues within Central Queensland. Membership is comprised of senior executives, providing broad representation from among key stakeholders in the health and community services industry. When CQPCP first came together as a group they were basically told to 'go forth and partner' but they didn't have the knowledge or capacity to do so effectively.

Ian Dixon speaks about the 3P's of partnering:

- **Purpose:** being clear about what the group aims to do
- **People:** identifying the appropriate people to be involved and engaging with them effectively; and
- **Process:** understanding and developing a process for partnering and other key activities.

For quite some time, CQPCP didn't have the 3 P's sorted out. So you could say we weren't partnering or at least not partnering effectively. This is how we addressed the 3Ps:

- Developed and agreed on a purpose statement (**purpose**)
- Identified and engaged a broader stakeholder base (new members - **people**)
- Developed a Partnering Agreement (**process**) within which we defined what we meant by partnering and committed to working within the best practice partnering principles (transparency, mutual benefit and equity).

Once the CQPCP got the 3P's sorted, they had an increased capacity to partner effectively, a framework around which to minimise activities that 'weren't partnering' and of course built-in mechanisms to review the 3P's regularly.

What Partnering isn't on a day to day basis

Now that we've talked about what Partnering **ISN'T** in terms of different groups you might be involved in, let's stop and consider for a minute what partnering **ISN'T** in terms of behaviour. As Partnership Brokers employed by our organisations, we both take our responsibility to role model best practice partnering very seriously.

These are some of the things that may happen that are definitely **NOT** examples of good partnering practices:

- Not following through - someone saying they will do something and then not doing it
- Saying negative things behind one partners back to another partner, or favouring one partner over another (***you need equity in a group because it leads to respect***)
- Being openly secretive about issues affecting the partnership leading to mistrust between partners (***you need to develop transparency in a group because it leads to trust***)
- Trying to push one agenda without considering other options or view points (***all partners need to see mutual benefit in the partnership as this leads to sustainability of the group***).



When these things happen, strategies you can use to address them include: role modelling, referring to the Partnering Agreement and its references to conduct, shared decision making and ensuring everyone at the table gets an opportunity to share their point of view. Following through on commitments, being open and transparent with your processes and decision making, legitimately considering the views of others, these are all simple partnering practices that you can do in the workplace. We have a great example of this below.

Partnering Principles Showcase

This month we'd like to showcase the work of a Centacare staff member who used some simple techniques and partnering principles in her work and achieved some great outcomes. Susan Ryan is a case manager in the Centacare Community Care team. In the process of working with a client Susan discovered a gap in service provision existed for clients required to travel to Brisbane for specialist medical services. Elderly clients who experienced financial hardship struggled to afford the transport costs of travelling to and from the airport for appointments at the hospital.



Susan began to look into this issue and started talking to other agencies locally, and in Brisbane. Through her conversations Susan found an organisation in Brisbane that was willing to work collaborative with her to address this gap. Over many months Susan utilised her skills in relationship building, networking and negotiation in an effort to collaboratively develop a sustainable solution to this identified gap. Susan used the partnering principles of transparency (communicating openly and regularly with all interested parties) and mutual benefit (all those involved in addressing this gap gained something positive from their involvement) to gain a successful outcome for her client. As a result of the work Susan put in, the organisation in Brisbane has recently formalised this service, and now offers a subsidised travel service for clients with medical or chronic health issues who need to travel to Brisbane for treatment. This is a fantastic outcome for all parties involved in this process. We'd like to congratulate Susan for a job well done!

Hopefully this discussion has highlighted how our organisations see the difference between the varied groups that you might be involved with on a day to day basis. Do you have an example of a network or community of practice that you are involved with? We'd love to hear about it!

Want more?

Stay tuned for next month's newsletter where we talk about 'Transparency'!

Thanks for your time!!!!

Rox and Victoria

PS. Please contact us with any questions and we will do our best to address them. We can be contacted via email at rhodda@cqmedicarelocal.com and victoriah@centacare.net