

## Partnerships in action—development of quality human services in remote communities

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The paper describes an integrated services planning model to improve the health and wellbeing of remote communities in South Australia, based on a partnership approach between participating government and non-government agencies. Drawing upon evidence from two remote sites, Coober Pedy and Ceduna, the paper discusses innovative changes in governance and program management to enable local co-ordination and leadership, and to improve community access to human services.

The model was implemented congruent with the Commonwealth Regional Health Service program. This provided the opportunity to address constraints arising from program funding and boundaries, as well as increasing the focus on primary health care.

Analysis of the policy and practice implications of these developments for non-government, local government and state agencies, and potential outcomes for communities are discussed. In addition the model is described within planning frameworks, which include the principles of organisational change management, community development and primary health care, social justice, social determinants of health and principles for effective partnership with Aboriginal communities.

Further investment in the model will be informed by the experience and learning within Coober Pedy and Ceduna thus far and reflect the changes necessary to enable the development of innovative and locally appropriate sustainable models of remote human services.

### INTRODUCTION

Integrated service development and partnerships are key policy directions in government and non-government agency documentation and principles<sup>12345</sup>. This paper describes a model that evolved from the development of a partnership between Commonwealth and State departments, funded authorities, local agencies and Aboriginal controlled agencies in remote communities of South Australia. The process of operationalising these themes in a remote community provides learning which

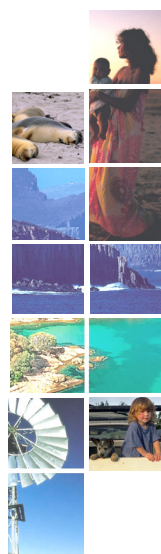
<sup>1</sup> *Regional Health Services Program, Regional Health Strategy*, Commonwealth Department of Health and Ageing (2000)

<sup>2</sup> *Healthy Horizons – A Framework for Improving the Health of Rural, Regional and Remote Australians – 1999–2003 National Rural Health Policy Forum and the National Rural Health Alliance* (1999)

<sup>3</sup> *Department of Human Services Strategic Directions 2003–2006*, SA Department of Human Services (2002)

<sup>4</sup> *Working Together: A Framework for the Relationship Between DHS and Non-Government Community Service Providers*, SA Council of Social Service and the DHS (2001)

<sup>5</sup> *Improving Government' Response to Local Communities – is Place Management an Answer?* Peter Walsh, National Journal of Public Administration, June 2001



should be integrated into practice at all levels of implementation to achieve desired outcomes.

The partners in this approach have possibly generated more questions than answers, but have identified a model for working together which may provide a framework for application to other similar complex service issues in remote areas. The unique challenges posed by remoteness cannot be underestimated and the commitment to work in partnership towards whole of community outcomes is a tender concept to be nurtured.

## BACKGROUND

### The communities

The model draws upon the experience of partnership development in two remote sites in South Australia:

**Coober Pedy** is a remote opal mining community situated 845 kilometres north of Adelaide. It was settled by men of mainly European background, who contributed to the development of an independent frontier community. It has a population of 3,062<sup>6</sup> people although postal information suggests this population may be as high as 4,500 people. Coober Pedy has a diverse population, with fifty-two nationalities represented. ABS statistics show that 11.7% of population (or 337 people)<sup>7</sup> identifying as being of indigenous origin in the last census. The local community suggests that 600 people from the Umoona Aboriginal Community live in Coober Pedy and many more people from the Anangu Pitjantjatjara Lands travelling to Coober Pedy and receive services. More than fifty thousand tourists travel through Coober Pedy each year.

**Ceduna** is a hub town that serves the far west coastal areas of South Australia, located on the western edge of Eyre Peninsula, 775 kilometres north west of Adelaide. It is one of the main overnight rest stops for travellers crossing the Nullarbor Plain in either a Western or Easterly direction. Aquaculture is a major industry with more than twenty million Pacific Oysters grown each year. Other local industries include wheat farming, gypsum and salt mining and commercial fishing. Ceduna has a population of 3,697<sup>8</sup>, with 22% (or 824 people)<sup>9</sup> identifying as being of indigenous origin. Ceduna is also a service hub for the Aboriginal Populations at Yalata and Oak Valley.

The communities of both Ceduna and Coober Pedy share a strong sense of ownership – “this is our town and we do it our way.” In addition, huge levels of historical distrust exist between:

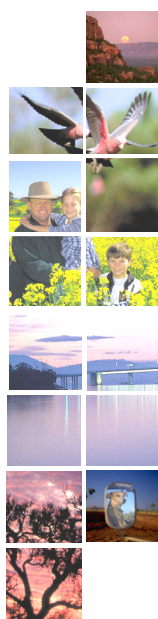
- mainstream and Aboriginal specific services at the local level
- government and non-government services at all levels
- local and regional agencies and central agencies.

<sup>6</sup> ABS census 2001

<sup>7</sup> ABS census 2001

<sup>8</sup> ABS census 2001

<sup>9</sup> ABS census 2001



While the high level of ownership is an underlying strength and foundation for partnership development, the levels of mistrust need to be openly acknowledged to enable partnership to progress.

## Partnership—a reason for change

Consistent with government policy directions, remote communities such as Ceduna and Coober Pedy have become a focus for city-based services from socio-economic, health and university disciplines wishing to engage with rural and remote locations. One-off project funds to consult and make recommendations about a range of issues had been made available, but no sustainable changes had been achieved.

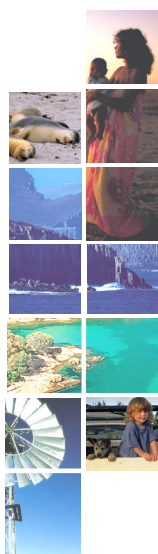
The coincidence of several initiatives with similar partners at the planning table, in various stages of development, provided the context for partnership in remote South Australia. If not addressed in a co-ordinated approach, these programs had the potential to further divide and fragment resources and the capacity of agencies at the local and central levels to address service objectives. The potential for mixed agendas and miscommunication was compounded by multiple central agencies flying in for meetings and flying out next day.

In the case of Coober Pedy, a crisis in the provision of medical services was the catalyst to bring the partners to the table. The opportunity was seized to turn a potential crisis into an entry point for change and service development, offering the community a reason to consider doing things in a different way. Through partnership, other related issues could also be addressed, including recruitment and retention of a skilled workforce and building capacity to forward plan while still addressing the ongoing pressures of service demand.

The partnership process moved the range of agencies from operating separately to shared service provision relationships. Recognition of the needs of the community and service providers, and acknowledgment that chaos and crisis management were no longer acceptable were key starting points for change. Taking actions to achieve the shared goal of improved health services had the flow on effect of energising and empowering the community, and developing a trust that agreed actions would be implemented.

The importance of building trust and respect between government and non-government agencies, local and central agencies, is based on explicit commitments, acting on agreed outcomes and “being there”. The removal of “barrier behaviour” and “turfism” and focusing on shared responsibility for achieving outcomes are consistently reinforced as operating principles.

The partnership process has not been without its cost. Local service providers and managers have often felt the demands of juggling system changes with existing roles and responsibilities, and the relevance of change and day-to-day demands is not always clear. The process is about the move from crisis management to planned priority setting and identifies the need for adequate support and extra resources throughout the change process.



## THEORETICAL FRAMEWORKS

The indicators of quality service provision that may be used for metropolitan and larger regional locations may not exist in remote areas, or may be so severely skewed by remoteness that they do not apply and require creative re-engineering of the “rules”.

As a result, the model utilises a number of key principles to underpin the process of partnership. These include the principles of primary health care, social justice, community control, access and equity. The DHS commitment reflected in its Statement of Reconciliation<sup>10</sup> and the objectives of the Iga Warta principles<sup>11</sup> provide an important foundation to the development of partnerships with Aboriginal specific organisations. Particular consideration needs to be given to ensuring the process is pro-active and empowering for Aboriginal people and that service development outcomes resulting from the partnership are accessible, sustainable and available to Aboriginal people.

Early interventions in, and prevention of health problems, informed by a social view of health, are critical elements within the service model. The Ottawa Charter for Health Promotion<sup>12</sup>, provides a framework for analysing the model and its components, with the ongoing role of the partners certainly being to enable, advocate and mediate, focusing on:

- developing healthy public policy
- strengthening community action
- developing personal skills
- re-orienting health services
- creating supportive environments.

An Action Research approach<sup>13</sup> informed the process of the model development. The cyclic process of reflection and analysis was integral to the step-by-step achievement of outcomes and the ongoing process of collaboration. The lessons learned through each step have informed the planning for the next step. This could be why some partners in the model have described it as very much a “one step forward, two steps back” process.

Building sustainable community capacity and social capital beyond the immediate and medium-term outcomes is the key result area to be achieved. Leadership within the partnership model has been based on Situational Leadership<sup>14</sup> and the concept of developing effective health teams<sup>15</sup> assists in the progression of the partnership and skill development for local managers and workers. These models encourage partners

<sup>10</sup> <http://in.dhs.sa.gov.au/reconciliation/dhs.htm>

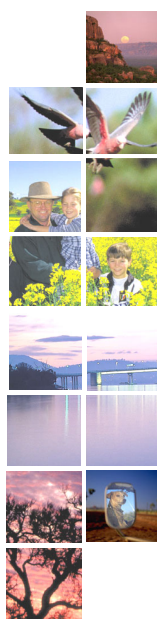
<sup>11</sup> <http://in.dhs.sa.gov.au/reconciliation/dhs.htm>

<sup>12</sup> *Ottawa Charter for Health Promotion*, World Health Organisation (1986)

<sup>13</sup> <http://www.scu.edu.au/schools/gcm/ar/arp/arfaq.html>

<sup>14</sup> Paul Hersey & Ken Blanchard (2002) *Management of Organisation Behaviour: Leading Human Resources – 8th Edition*

<sup>15</sup> Rotem, A (1988) *Developing effective health teams* University of NSW



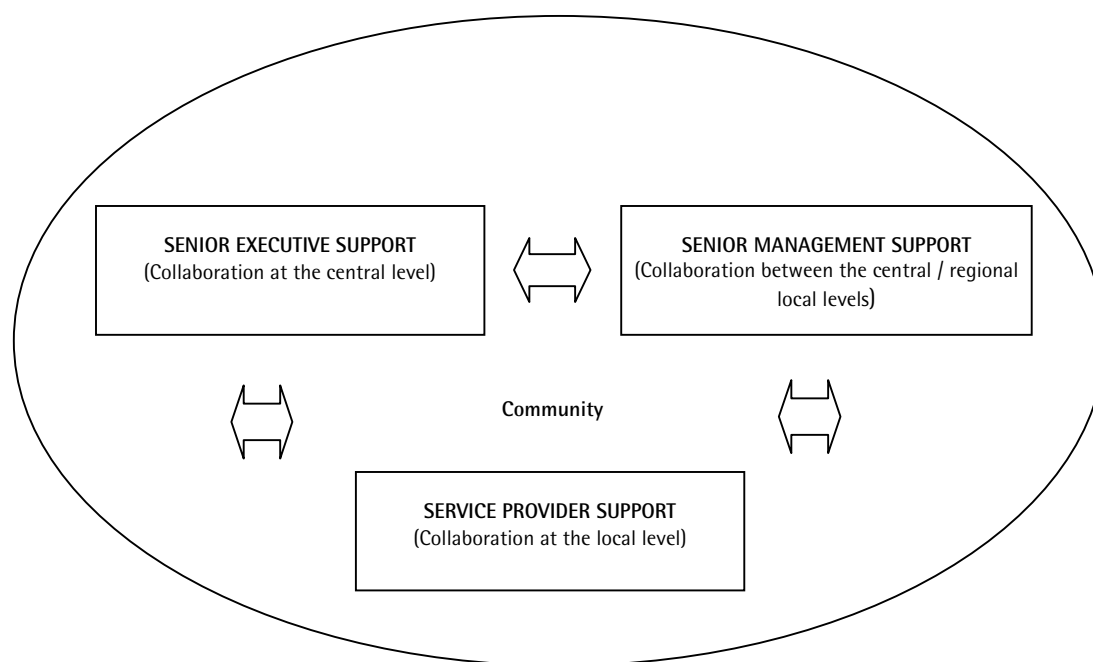
to view situations and issues objectively, as part of the process of change, rather than in a subjective and conflictual context.

## THE PARTNERSHIP MODEL—A STRUCTURE

The model focuses on local ownership, with formalised support structures and leadership at the local and central level to develop strong commitment through visible leadership. It recognises that no one agency possesses all the information or skills required to address the human services needs of any community and that partnership creates highly complex social systems with resultant process issues that must be addressed<sup>16</sup>.

The model facilitates channels of communication between service providers, management and central agencies and formalises commitment toward a common vision for service development. Having the right people, in the right place, at the right time can enhance outcomes and give individuals good reason to commit their time and expertise to the partnership process.

In its most basic form, the model operates at three levels, with the flexibility to be adapted to suit the local situation and relevant service development issues.



<sup>16</sup> Rotem, A (1988) *Developing effective health teams* University of NSW

## Community

The community provides the environmental context for the development of the partnership. The particular characteristics of the community structure, population composition, industry and socio-economic profile form the basis of how the partnership model operates.

The people and service providers that make up the community are the experts in identifying the service gaps that exist and recommend how these gaps should be addressed through service development responses. If these responses are not what the community want or expect once operational, the community will “vote with their feet” and not use or support them.

## Service provider support

Service providers at the local level have the ultimate responsibility for implementing the changes demanded by the service development process. Their support cannot be underestimated, as they often have the most relevant knowledge of the local system as well as the ear and the trust of the community. Their commitment is crucial in making the changes work, and modelling the new behaviours and operational systems that are being developed. Their active role in decision-making needs to be recognised and their involvement enhanced through facilitated capacity building strategies.

Any service development activity will bring with it a change in process and/or culture. The model recognises that service providers at the local level may require support for promoting the agreed outcomes from Senior Management to their community. A structure for planning a change management process with associated support provisions therefore needs to be implemented simultaneously.

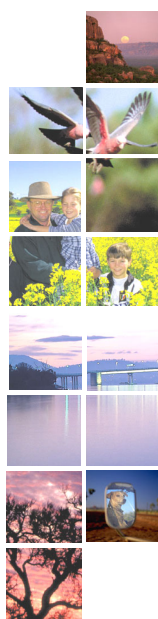
## Senior management support

The model requires commitment and active involvement of Managers from Central and local agencies. They need to be visible at the local level, creating a high profile for agencies in the change process, establishing credibility, modelling agreed behaviours and demonstrating outcomes. Central agencies need to clearly demonstrate funder expectations and accountability, while facilitating local capacity building to meet these expectations at the local level.

The experiences of both Coober Pedy and Ceduna, confirmed that consistency in membership at this level and commitment to developing a shared vision was essential. When this consistency and commitment were present, a cohesive and more trusting team environment developed. Membership changes resulted in delay and frustration through constantly revisiting commitment to agreed outcomes.

## Senior executive support

Visible high-level leadership is a key component of the model, with the Senior Executive viewed as the “enablers” within the system. This group has the control of resources as well as a greater ability to address systemic issues which have the potential to block collaboration at the local level.



As this model developed congruent to the implementation of the Commonwealth Regional Health Services Program, for both Ceduna and Coober Pedy, this group included representation from the Commonwealth Department of Health and Ageing and the Department of Human Services.

The Executive Directors from both the Aboriginal Services and Country Health Divisions of DHS provided a visible presence at critical times in the process, such as the signing of the Memorandum of Understanding. It was essential that Executive Support included participation, collaboration and consistency across divisions.

The Senior Executive group provided endorsement for change, with a willingness to commit resources to achieve defined outcomes.

## THE PARTNERSHIP MODEL—AN ONGOING PROCESS OF ANALYSIS

Throughout the implementation of the model, it was important to be aware of the complexity of the partnership and encourage partners to view situations and issues objectively, as part of the process of change, rather than as a failure of the partnership. For this purpose, a hierarchy of interaction was adopted,<sup>17</sup> which identified a set of interrelating issues to consider when working in partnership. This interaction was modelled throughout the development of the partnerships in Ceduna and Coober Pedy. The issues included:

**Environmental issues**, which are out of the control of any of the partners within the process. This includes changes in government or legislation or changes to the community due to drought, industry etc.

**Goal related issues**, including the development of clear and agreed goals and objectives, which have specified timeframes.

**Role related issues**, including clearly defined and agreed roles and responsibilities for each of the partners, which are easily identifiable and the linkages understood.

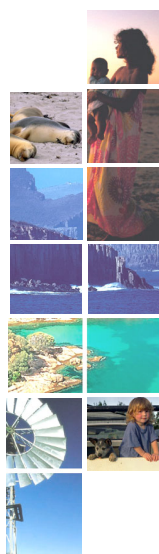
**Procedural issues**, such as how the partnership will make decisions, including resolving conflict, as well as developing mechanisms for communication.

**Relationships and interpersonal issues**, including the support that is provided between the partners, identifying conflict as a way of resolving issues and valuing each other as having a positive contribution to the partnership.

Rotem<sup>18</sup> suggests that there is the potential for partners to focus on the interpersonal issues that arise from partnership and indicates that these may be occurring as a result of other issues such as poorly defined roles, procedures or support systems. Addressing these issues may enable the partnership to progress past perceived “personality conflicts”.

<sup>17</sup> Rubin, Fry & Plovnick in Rotem, A (1988) *Developing effective health teams* University of NSW

<sup>18</sup> Rotem, A (1988) *Developing effective health teams* University of NSW



## CRITICAL LEARNING FROM IMPLEMENTATION

### Remote community issues

The development of a partnership within remote communities was a key environmental factor to be addressed in both Ceduna and Coober Pedy. Workers from central agencies needed to develop an awareness of specific issues for people who live and work in remote communities.

Often the practice has been for workers from central agencies to fly-in and fly out of remote communities, and expect the community to have the capacity to continue to work on new concepts and behaviours without adequate support and facilitation.

The difficulties that confront remote workers may not be familiar to regional or metropolitan workers. The lack of anonymity or escape from the work place identity and role can result in stress from high levels of personal responsibility, particularly in situations where the change process has created conflict within the community.

Centrally based partners in the process cannot presume that negotiated decisions and agreements within a meeting can be continued and implemented without the local service providers having the tools and capacity to do so. Central agencies need to be aware of the impact change has on a small community and provide workers with the tools and ongoing support to enable them to manage these demands.

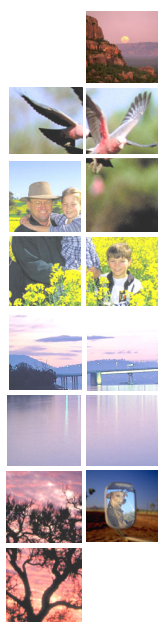
### Memorandum of Understanding

A Memorandum of Understanding (MOU) was found to be an effective and structured way of addressing the goals, roles and processes within the partnership. The MOU progressed the agreements and working relationships within the partnership beyond goodwill to commitment, action and accountability.

The MOU provided the foundation for the ongoing work of the members within the partnership, with its purpose being to clearly describe the agreed:

- vision for the partnership
- roles, responsibilities and relationships within the partnership
- principles / values that partners will use to guide the partnership process
- process for decision making
- process for communication.

In Coober Pedy, the MOU was the outcome of considerable negotiation, with many of the specific operational issues not clearly identified by the partners until it was “put in writing.” The process was, in many ways more important than the outcome, as it demonstrated the partnership in action. The symbolism of signing the agreed document by all partners was a specific measure of commitment from all levels. Once completed, the MOU could be used as a concrete reference to guide relationships, behaviours and decision-making processes.



## Communication

The process of negotiating the direction and roles within a partnership requires consideration of effective communication, negotiation, mediation and conflict management. Planned communication strategies assist in keeping partners in the process informed, facilitate the capture and exchange of knowledge, as well as communicate changes in practice to the whole community.

Formal and accurate record keeping as well as formal meeting procedures, assist in confirming the joint understanding of agreements that have been made. Minutes of meetings, which summarise the discussion, detail decisions that have been made, as well as clearly indicating responsibilities and timeframes for action are crucial.

Regular updates on the process of decision making that is guided by the funding agencies as well as the progress towards implementation of the desired outcomes, updates partners as well as community members. Concerns, which may arise from uncertainty, will be allayed if the community knows that there will be timely and comprehensive processes for communication and consultation.

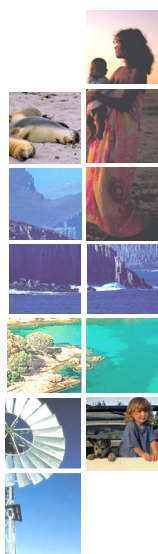
For example, the constructive progress that was made for the development of the MOU in Coober Pedy, clarified the roles and practices within the health services, but was almost lost through resultant anxiety and perception of decreased services from the community. The link here to change management processes and effective communication strategies became clear.

A formal communication structure was developed which ran parallel to each meeting. Important messages were summarised and included in relevant newsletters, as well as in the local newspaper.

Recognition must be given to the appropriate use of language for different circumstances. Acronyms and jargon must be avoided and consideration given to bureaucratic or colloquial language which may have different meanings and interpretations in different contexts.

For example, the term “integration” has a range of degrees and interpretations. Integration can occur at a range of levels from planning to service provision but to some can suggest “takeover”. In the experience of Coober Pedy, “ownership” versus management and ownership of workers in an employment related sense, created confusion, concern and debate that required significant effort to overcome. The understanding and interpretation of language must be constantly revisited for accuracy and mutual agreement.

The different communication styles, needs, processes and expectations of Aboriginal community controlled agencies must also be acknowledged and respected. Representation on committees needs be inclusive of the Aboriginal community as opposed to having a delegate with responsibility to make decisions on behalf of Aboriginal communities/agencies. In Ceduna, the Regional Health Service steering committee decided to have one management and one community representative from each organisation, with the Aboriginal organisations choosing the most appropriate voting member for the purposes of decision making. This aimed to provide better Aboriginal community representation as well as assisting with appropriate feedback to the Aboriginal communities.



## Governance within the partnership

The model provides a basic framework for developing a structured partnership and distributing responsibility for producing quality outcomes across levels within the system. The process of partnership development in Ceduna and Coober Pedy identified systemic issues, which made moving toward flexible integrated service models difficult at the local level.

Program and funding boundaries applied from central agencies for example, tended to block local options for service development and were often not applicable in the context of a small remote population with a diverse community. This presented a range of cross service delivery problems that required new strategies to enable agencies to work collaboratively.

In the development of the Coober Pedy alcohol strategy for example, a group of heavy substance misusers were identified as consistently being unable to meet their own basic needs for food and shelter. The partnership proposed the development of a meals program which, while not the core purpose of the program, could be included as part of a harm minimisation strategy as well as providing an opportunity to engage individuals.

Working outside of service delivery silos in order to achieve co-ordinated responses for remote communities requires movement beyond the concept of “buckets of money” toward a focus on desired client outcomes. The partnership model offers support from central agencies to explore flexible service models that provide local solutions to local problems and develop community capacity.

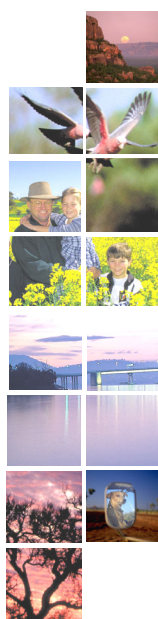
Establishing the role of Aboriginal community controlled agencies as partners is a new concept and raises specific issues for those agencies within the partnership. Concern about losing community control, and having others making decisions for the service are issues, which require sensitive consideration. The concept of providing services for Aboriginal people, by Aboriginal people must not be jeopardised through the partnership process.

The partners in the process must develop ways of working which respect difference in consultation processes, time frames, and accountability structures. Concerns must be addressed with respect to managing the balance between partnership approaches and community control.

## SUMMARY

This process of partnership is a constant work in progress. It is about seizing opportunities that arise and using a potential crisis as the entry point for change and development of a shared vision. Establishing communication processes within a change management process, brings the community along with the vision and keeps the focus on building community capacity.

Given the issue of remoteness, it is critical that local ownership needs to be generated through the partnership process. This has been made explicit through the development of memorandum of understanding, and in operationalising a change process. Key action principles of the Ottawa Charter of “enable, mediate and



advocate" for and with the community have underpinned the partnerships. The long-term aim of the process is to build the social capacity of the community to enable sustainable improved human services and human service outcomes.

The need to improve the human services available to the townships and eventually to surrounding areas was the initial purpose for bringing the partners together. In order to ensure the sustainability of these services, the service managers, workers and wider community must develop the tools and processes to maintain and enhance the services' strategic directions. Central agencies have a responsibility to resource remote communities creatively, flexibly and equitably in ways, which empower the community, build on its strengths and develop local ownership.

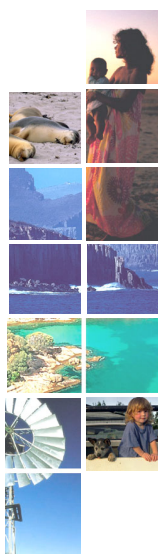
Through partnerships, local services and central agencies are learning together about how to best make this happen. The experiences to date have shown that it is hard work, challenges conventional bureaucratic structures and processes and stretches personal capacities. They have also shown that it is okay to develop and test the best answers for the local community on the journey together.

For those workers who have participated from central agencies, it has provided the opportunity to work with some committed, courageous and tenacious people who are tough enough to carve out new territory in what is often a thankless environment. It's the shared vision and the commitment to sustainable rural and remote communities that sustains the process of partnership.

The learning and developments are as much about managing change and development of skills and competencies inherent in that, as it is about demonstrable outcomes. It has required behaviour change at local and central agency level, tolerance, perseverance and respect.

## OTHER REFERENCES

1. *Country and Disability Division Business Plan 2000/01*, Department of Human Services.
2. *Aboriginal Services Division Business Plan; "The Journey Plan" 2000/01*, Department of Human Services
3. *Organisational Change by Choice*; Dunphy, D. McGraw-Hill Book Company; Sydney (1993)
4. Coleman, Dylan (2001) *Substance Misuse Strategy For The Aboriginal Community Of Ceduna And Surrounding Areas : A Time For Healing : Creating Safe Spaces In Which We Can Heal Together*, Aboriginal Services Division, Department Of Human Services, And Drug And Alcohol Services Council.
5. *Cooper Pedy Alcohol Strategy (2001)* Crime Prevention Unit Attorney-General's Department.



## PRESENTER

**Rachel Beisiegel** completed a Bachelor of Applied Science (Developmental Disabilities) in 1992 and has worked in various positions in rural NSW, supporting people with disabilities to achieve success in their employment, leisure and home life.

In 1998, Rachel took up the position of Regional Planning Officer for a NSW Government Department, planning for services to older people and people with disabilities across rural and remote NSW.

Rachel is now working for the SA Department of Human Services as a Senior project Officer. She is currently working on strategies that support collaboration and integration in rural locations across South Australia.

