

CREATIVE PARTNERSHIPS IN COMMUNITY CARE:

The Challenges Tackled, and Lessons for the Future

INTRODUCTION

The world of community care is changing, and the rate of change seems to continue to accelerate. This presentation will detail some of the influential work undertaken by the Brotherhood of St Laurence and by a range of Victorian and Australian agencies. It will also detail the general characteristics of successful alliances, and the strategies required to implement successful change. It will also raise a range of issues and tensions that community care organisations will face in the next decade.

This presentation focuses upon:

- Innovation and partnerships in community care
- Interagency alliances and collaboration
- Service system reform
- Client centred care for people with complex and multiple needs

DEFINING ALLIANCES

Doz and Hamel¹ provide an excellent summary of the emergence of alliances. While they provide many exciting and interesting examples within the commercial business world, much of their discussion also relates directly to the notion of alliances within the community care sector.

They discuss three distinct purposes for alliances:

1. **Co-Option**
Co-option turns potential competitors into allies, and allows the creation of a 'virtual' organisation that has complementary skills.
2. **Co-specialisation**
Alliances can bring together a range of previously separate resources and skills and knowledge sources. The contributions of the individual kindness becomes substantially more valuable when they are bundled together in a joint effort.

3. Learning and Internalisation

Participating partners in an alliance can learn from each other. What is learned by an individual partner can then be applied into other areas of the activity of that partner.

New Alliances versus Old Joint Ventures

There are a range of characteristics that distinguish the new alliances from the older style of joint ventures. Doz and Hamel² give an excellent summary. Their insights are summarised in the table below:

New Alliances	Old Joint Ventures
<ul style="list-style-type: none">• Alliance is close to the core business of the organisation	<ul style="list-style-type: none">• Typically used to exploit opportunities that were somewhat peripheral to the strategic priorities of the firm
<ul style="list-style-type: none">• Uncertainty in the resources required and the external turbulence faced	<ul style="list-style-type: none">• combined known resources and most often shared risks
<ul style="list-style-type: none">• increasingly involve multiple partners	<ul style="list-style-type: none">• often bi-lateral
<ul style="list-style-type: none">• usually formed to develop complex systems and solutions	<ul style="list-style-type: none">• often formed to co-produce single products or services
<ul style="list-style-type: none">• inherently more difficult to manage as they are less stable, and at the competitive edge	<ul style="list-style-type: none">• relatively more stable

Ingredients for Successful Implementation of Change

In their assessment of major trends in management, Boyett and Boyett distil the practice wisdom of a range of management specialists. They propose a useful summary of the factors that will lead to successful implementation of change³. These include:

1. Establish the need for change
2. Create a clear, compelling vision that shows people that their lives will be better
3. Go for true performance results and create early wins
4. Communicate, communicate, communicate, and communicate some more.
5. Build a strong guiding coalition that includes top management
6. Keep it complex (while this may be counter-intuitive, large-scale, complex change may be easier to achieve than small-scale, incremental change)

7. People do not resist their own ideas

Preparing for Successful Alliances

The table below from Doz and Hamel⁴ gives a useful summary of the characteristics of organisations who are and those who are not ready for success in alliances. It highlights many of the aspects of the organisational culture that need to be addressed before an agency embarks upon the creation of a successful alliance.

Qualities of Firms That Are and Are Not Alliance-Ready	
UNPREPARED	PREPARED
• Protective	• Creative
• Imitative	• Innovative
• Focused on core business	• Focused on core competencies
• Product oriented	• Functionally oriented
• Focused on linear goals	• Focused on nonlinear goals
• Customer-led	• Beyond customers
• Focused on maximising hit rate	• Faster learning
• Define failure as money lost	• Define failure as money forgone

A TRADITION OF INNOVATION

Decades of Innovation

The Brotherhood of St Laurence is a major provider of community services, in metropolitan Melbourne and the adjoining Mornington Peninsula. It also has an ongoing interest in research and social action, with a particular emphasis on people who are disadvantaged.

In its 60-year history, it has had a continual focus service innovation and has assembled an impressive range of "firsts" across Victoria and Australia. The Brotherhood started the first senior citizens centre, free legal aid centre (with the University of Melbourne), family planning clinic, community health centre, free milk scheme for school children, an overnight and weekend respite centre for people with

dementia. It also established Community Aid Abroad, the international aid organisation.

A Decade of Successful Alliances in Community Care

The Brotherhood's work in community care began over ten years ago when it established two of the first three Linkages (Community Options) Projects in Victoria. With a combined budget of over \$3million, these projects pioneered the care management and brokerage approach. Assisting people with complex and multiple needs, these projects offered an option for people who might otherwise have to go to a hostel, nursing home or a disability residential unit.

From these early days the Brotherhood has developed a range of innovative approaches to community care provision. In line with our focus on innovation and demonstration, the Brotherhood has engaged a range of agencies in a number of exciting alliances and partnerships. These include:

- An enduring alliance of more than ten years involving local HACC providers, local governments, assessing authorities and healthcare providers. This collaboration includes streamlined interagency processes for client assessment and intake, processes for care planning, and client review processes. Care management positions are distributed through the local service network, rather than under the direct control of the Brotherhood. It also involves the pooling of \$3.5million of funds from a range of programs including HACC, Community Options and Community Care Packages (formerly CACP) funding.
- From 1987, and in partnership with local providers, the Brotherhood developed a model for provision of flexible respite for socially isolated people, and those caring for a person with dementia. Operating from a centre based respite facility, the Banksia centre offers day care, long day care to 10pm, overnight care, weekend care including overnight stays. Exciting new models are being developed to further extend this good work. Emergency support, outreach to isolated people and small group care on a basis similar to family day care are under investigation.
- With aged and community care agencies across the Mornington Peninsula, a series of interagency protocols have been developed to protect people at risk of abuse maltreatment or neglect.
- With colleagues from Victorian Linkages (Community Options) projects, the Brotherhood developed a software package to assist community care agencies. Known as The Care Manager, the package is having a substantial impact in improving information management in over 140 sites around Australia. By enhancing the administrative efficiency of organisations, it is enabling agencies to spend more of their funds on helping people.
- Development of protocols for interagency client information sharing, as well as guidelines for privacy and confidentiality issues. These relate to 19 agencies around the Horsham district, as well as 7 agencies in Yarrawonga.

- Development of the model and participation in a multi-agency consortium to provide respite co-ordination and 24 hour carer support services across the Southern Metropolitan region of Melbourne.
- Development of an Internet-enabled client information system to facilitate client information transfer and collaborative care planning for clients assisted by multiple agencies.
- Development of computer based publishing and intranets in partnership with the InfoXchange, a not for profit Internet service provider. Electronic publishing of community care policy and procedures manuals. This builds upon the work of the Inner East Community Options program of the Uniting Church, who has made their manual available to colleagues.
- Active participation in the alliance of Linkages Programs who developed Best Practice manuals for community care, as well as the development of templates for accreditation under an ISO 9002 framework.
- The Brotherhood is an active partner in the development of peak body representation for community care agencies. Under the guidance of a national task force facilitated by Aged Care Australia, the development is progressing well. The progress will be accelerated through the injection of substantial funding to employ a high level policy and project officer for the community care portfolio within Aged Care Australia.

ALLIANCES FOR THE NEW MILLENNIUM

Trends in Community Care

Care in Institutions or Care at Home

Provocative debate is raging over the continuing role for institutions in welfare provision. Jack and others present a range of snapshots of recent reforms in community care⁵. They support the contention that residential care has 'no significant role to play in a modern welfare system'⁶. For the last three decades, there has been a concerted shift from:

- ◆ Care in institutions to care at home
- ◆ Care in hospitals to health care at home
- ◆ Care in prisons to punishment in the community

Competition Policy, and Market Testing

It is clear that there is a significant shift in the way in which those who fund services seeking to obtain value for money. The application of National Competition policy is being interpreted in a range of ways. Commonwealth funded Community Care

Packages have been awarded to additional agencies in an area. It is intended that this will stimulate 'competition' between providers, and open up 'choice' for consumers. Whether consumers have any real choice is debatable. They will often go with the first agency that has a vacancy and offers them assistance.

There have also been situations where the Commonwealth has funded agencies to create 'competition' and 'choice'. In one case, the recently approved agency actually spends 16% less on the funding for client care than another funded agency in the district!

Commissioning / Purchasing Frameworks

Many levels of government in Australia are looking at new frameworks for the funding of community care services. While most see themselves as "purchasers" of services, this terminology is not always appropriate. In a wide range of funded programs, the government department provides funds to an agency that may then act as a broker and engage a range of direct service providing agencies. In Victoria, the State and Commonwealth Governments provide funds to Linkages Programs, who then act as brokers and purchase services to meet the individual needs of the clients. The terminology in use in the United Kingdom would see that the government is the 'commissioner' of the services, the Linkages program is the purchaser, and the contracted agency is the provider.

Having established some clarity around terminology, it is important to explore some of the issues that arise from these commissioning / purchasing frameworks. A commissioning model is being developed in The Output Purchasing Framework for Home And Community Care (HACC) services in Victoria. While it places a strong and necessary focus on outputs, it has a number of inherent weaknesses:

- Outputs do not necessarily lead to good outcomes for clients
- Unit prices for services are developed upon supposed industry averages. Some agencies will be better off, and others will lose. This issue is particularly problematic for rural providers. If the industry average is developed around statewide averages for travel, then the extraordinary travel costs for rural projects will not be adequately funded
- Setting single unit prices will create some perverse disincentives against flexibility and innovation. For example if home care is funded at a single rate, then after hours services are likely to be reduced. This is because agencies are not funded to cope with the penalty rates payable to after hours staff
- Some smaller services may prove to be no longer viable because they have relatively higher overheads when compared to larger services. This is an issue for services in smaller rural centres, services for Aboriginal Australians, and services assisting people from non-English speaking backgrounds.

- It is clear that funds are likely to be withdrawn from agencies that under-perform. However, Victorian HACC officials have given no clear statement as to whether additional funds will be passed to agencies who over-perform

Rationalisation and Co-Ordination of Assessment and Intake

There is much discussion and earnest policy development around the issues of duplication of assessments and the multiple points of entry to the service system. Major service redevelopment initiatives aim to address this. The redevelopment of Primary Health and Community Support (PHACS) services in Victoria has a strong emphasis upon attacking the perceived inefficiencies in these areas, as well as addressing other substantial issues of reform of the whole of PHACS system.

Increase of User Pays Principles

Most programs are looking at how people contribute to the cost of the care that they receive. The Brotherhood believes that it is critical that scarce resources are directed to those that need them most. It is also a challenge to accommodate the needs of people with modest resources who require support to stay at home. Australia has yet to grasp this issue, and significant leadership is required to develop a sustainable system for user contributions to the cost of services.

Consolidation or Involuntary Mergers of Smaller Agencies

A range of reforms is underway which will inevitably lead to the consolidation or involuntary mergers of smaller agencies. Many government tender specifications actually prevent smaller, locally focussed agencies from applying. The Rental Housing Support Program was restructured and region-wide projects were sought. Smaller agencies covering part of these regions could not apply to continue to cover the areas in which they had been operating. The possibility of a region-wide alliance of smaller agencies was not possible in the limited time available before the tenders closed.

PRESSURES IN THE NEW MILLENNIUM

Hadley and Clough⁷ give a useful insight into the range of pressures that face community care agencies in the United Kingdom. While they have been established through detailed research into the UK community care system, they have global application that are expected to emerge

- **Market versus Public Service Values**

The emphasis on managerial and market values creates a substantial source of potential conflict for those who work with a public service ethos. This particularly apparent to those who work directly with clients.

- **Increased Demand with Fixed Resources**

The growth in resources does not generally match the growth in demand. Creative strategies are required within agencies that are confronted by demand that greatly exceeds their ability to respond. Governments and communities need to develop long-term strategies for the adequate funding of community care.

- **Needs-led versus Budget-determined Services**

Rationing strategies are put in place by funding bodies and even agency management. These can and often do conflict with what people really need from community care agencies

- **Organisational Change versus Organisational Capacity**

Some organisations and managers will struggle to meet the challenges that will certainly arise from the substantial reform that is expected in the community care system. Organisations must address their capacity to accept change, and enhance their ability to adequately and creatively respond to change.

- **Industrialised versus Responsive Organisations**

Hadley and Clough contend that new funding models impose a 'factory or production model' for community care services. This will be a dramatic point of collision with the flexible and client centred provision that currently exists in some agencies.

- **Treatment versus Prevention**

Funding models will create an environment where direct treatment is favoured over early intervention and preventing the need for intensive support. There are however some positive signs that indicate a willingness to support early intervention. Redevelopment of Primary Health and Community Support services in Victoria has already targeted this as an important area to be addressed.

- **Better Services versus Poorer Working Conditions**

The introduction of market forces in the field of community care has led to the erosion of a number of working conditions of staff. Non-professional staff in community care are often paid at very low wages. It is critical that their conditions are not further eroded.

- **Competition versus Collaboration**

'Market forces' have led a number of agencies to become more isolated and competitive. They assert that their experience and knowledge gives them a competitive advantage.

However, it is encouraging to see a number of agencies that are willing to share their expertise. Agencies such as the Brotherhood of St Laurence and Inner East

Community Options believe that they can demonstrate their leadership in the field by sharing, and by having other agencies adopt their material.

- **Defensiveness versus Learning**

In times of substantial reforms, there is a tendency for key stakeholders to adopt a defensive stance. This can be counterproductive and all involved should embrace the opportunities for learning and for improving the ability to respond to the needs of real people

CONCLUDING REMARKS

While dramatic and substantial change is ahead, the Australian Governments, (and indeed the whole community), have an exciting opportunity to further improve the system of community care. With compassion, creativity and a commitment to people, the new millennium will provide all agencies with many opportunities to provide quality care

Brendan Walsh

Senior Manager, Community Care

Brotherhood of St Laurence

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8 Anderson Drive, Victoria, Australia

Telephone: +61 3 9782 1000

Facsimile: + 61 3 9782 0493

Email: communitycare@bsl.org.au

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 - 2 Ibid., Pp.6 - 7
 - 3 Boyett, Joseph and Boyett, Jimmie. *The Guru Guide: The Best Ideas of Top Management Thinkers*, New York: John Wiley and Sons, Inc. 1998. Pp.57 – 72
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