



# Building and sustaining partnerships

## Introduction

Building and sustaining partnerships is important to ensure collaborative practice functions effectively across the entire integrated service system and patients are provided a pathway to the necessary specialist family violence support. Working in partnership with other agencies recognises the diverse expertise within the wider service and family violence sectors and strengthens the ability of hospitals and health services to respond to victim survivors of family violence and keep perpetrators in view and accountable for their actions.

Traditionally partnerships between agencies responding to family violence have been between those organisations and agencies within the family violence integrated sector. The Royal Commission into Family Violence identified that closer relationships must be built between all services that support victims of family violence, inclusive of health (State of Victoria, 2016). In doing so, this broadens the responsibility for addressing family violence and encourages collaborative learning, innovation and consistency of practice.

With the implementation of the Victorian Governments Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM), prescribed services will now be required to support victim survivors of family violence and build a workforce who actively collaborate externally with a range of prescribed organisations (Victorian Government, 2018); recognising the importance of collaboration between the health, justice, education and human services sectors. In order to meet the requirements of MARAM, hospitals are required to review their existing and potential partnerships to ensure they are moving towards a coordinated and collaborative system wide approach to family violence identification, response and management.

This resource outlines:

- types of partnerships
- benefits and challenges of partnerships
- ways to sustain partnerships

This resource is intended to be used in conjunction with the MARAM Alignment Supporting Resource E – Facilitating Collaborative Practice in the SHRFV toolkit. The Facilitating Collaborative Practice resource supports hospitals to map connections and relationships with external services and understand the mechanisms that facilitate collaborative practice. Health services can then use this resource to consider the types of partnerships that can be used to build, strengthen and sustain relationships and support the implementation of the mechanisms and actions required to enable health services to meet their organisational responsibilities to align to MARAM.

## Types of partnership

Working in partnership can be represented in various forms and hospitals should develop a partnership that best fits the purpose and nature of their work. There are four common types of partnerships that are detailed below in Table 1 (Vic Health, 2011 & VCOSS, 2018). It is important to note that each hospital and health service will develop and manage their partnerships differently as their catchment and service models will vary. In addition, it is often found that teams operating in partnership find themselves working across the four styles on a continuum dependent on their goals and how they facilitate coordinated and collaborative practice. Building these partnerships will strengthen the capacity for health services to contribute to meeting their MARAM responsibilities, in particular

- Responsibility 5 & 6: Information sharing with other services, seeking secondary consultation and making referrals.





- Responsibility 9 & 10: Contribute to coordinated and collaborative risk management including ongoing risk assessment and coordinated risk management and to collaboratively monitor, assess and manage family violence risk for patients.

Below are some examples of informal and formal partnerships between hospitals and other organisations to promote the safety, health and wellbeing of people who are experiencing family violence.

Table 1: The continuum of partnerships

Type of partnership	Example	How this facilitates Collaborative Practice
<p><b>Networking:</b> Involves the linking up with services to build relationships around a common purpose.</p>	<p>This type of partnership may involve attending or hosting a meeting with key local services i.e.</p> <ul style="list-style-type: none"> <li>• Family violence services</li> <li>• Youth and family services</li> <li>• Multicultural services</li> <li>• Aboriginal and Torres Strait Islander services</li> <li>• Services that specialise in working with people with disability</li> <li>• LGBTIQ specialist services</li> </ul>	<p>Networking provides informal opportunities to strengthen relationships, improve communication, facilitate broader cultural change and ensure knowledge of services and referral process are kept up to date to enable organisations to work collaboratively.</p>
<p><b>Cooperating:</b> involves exchanging information, altering activities and sharing resources for a common purpose.</p>	<p>A Health Justice Partnership (HJP) within a hospital or health service is an example of a cooperative partnership. An HJP often involves co-location of a community legal service, establishment of referral pathways, and direct client contact where external legal practitioners are included as honorary hospital staff members.</p>	<p>Cooperating provides opportunities to:</p> <ul style="list-style-type: none"> <li>• Establish partnerships and processes for referral, secondary consultation and working collaboratively with local agencies</li> <li>• Meet broader patient needs and address barriers to accessing services</li> <li>• Enable proactive and timely interventions to enhance patient safety that draw on the expertise and functions of the integrated service system.</li> </ul>
<p><b>Coordinating:</b> Involves exchanging information and coordinating activities for a common purpose. It requires a more formal understanding and a significant commitment of</p>	<p>A multi-sector case planning meeting or complex case review clinical meeting is an example of a coordinating partnership. This type of partnership often involves external services and/or specialist services within a health service being invited to</p>	<p>Coordinating provides opportunities to:</p> <ul style="list-style-type: none"> <li>• Establish and strengthen strategies and processes for working collaboratively with key local partners</li> <li>• Clarify roles and responsibilities and strengthen mutual accountability for responding to family violence</li> </ul>





<p>time and trust between partners.</p>	<p>attend and provide expertise, advice and contribute to a collaborative and coordinated multi-agency risk assessment and risk management response to enhance patient care, outcomes and safety.</p>	<ul style="list-style-type: none"> <li>• Share information to understand and monitor family violence risk and safety and maintain perpetrator visibility</li> <li>• Contribute knowledge, and expertise to the development of coordinated and collaborative risk management strategies that promote victim survivor agency and perpetrator accountability</li> <li>• Develop practice and protocols which ensure cultural safety, inclusivity and access and engagement with services for patients</li> </ul>
<p><b>Collaborating:</b> Involves a high level of integration, interdependency and comprehensive planning. Partner organisations must have high levels of commitment, time and responsibility. These partnerships create opportunities to strengthen system accountability and the way in which the integrated system responds to family violence.</p>	<p>The Risk Assessment and Management Panel (RAMP) is a multi-agency response to family violence. A RAMP is a formally convened meeting made up of senior staff across key agencies. Information sharing and comprehensive risk assessment is undertaken and coordinated risk management plans are developed across participating organisations to lessen or prevent serious threat posed by the perpetrator to a victim survivor's life, health, safety or welfare.</p>	<p>Collaborating provides opportunities to:</p> <ul style="list-style-type: none"> <li>• Strengthen formal strategies and processes for working collaboratively with key local partners</li> <li>• Clarify roles and responsibilities and strengthen mutual accountability for responding to family violence</li> <li>• Share information to understand and monitor family violence risk and safety and maintain perpetrator visibility</li> <li>• Contribute knowledge, and expertise to the development of coordinated and collaborative risk management strategies that promote victim survivor agency and perpetrator accountability</li> <li>• Develop practice and protocols which ensure cultural safety, inclusivity and access and engagement with services for patients</li> </ul>

Determining the best type of partnership for your hospital will be dependent on a number of factors. When reviewing an existing partnership or preparing to partner, your hospital and health services should consider the following:

- What is the purpose of the partnership?
- What are the common goals between the hospital and external agencies?
- How will the partnership benefit victim survivors of family violence?





- How will this partnership support working with Aboriginal and diverse communities (for example, LGBTIQ services, disability services, multicultural services)?
- What resources are available to commit to the partnership?
- What level of trust will this partnership need to effectively function?
- Does the partnership require a governance structure? How will it be monitored, evaluated and reviewed?

Not all partnerships are expected to work at a collaboration level. Some organisational partnerships are most effective at a networking level, however services that your hospital is more dependent on will need a more robust partnership. The nature of the partnership depends on the purpose and willingness of organisations to participate. Hospitals and health services are large organisations with competing priorities, and therefore it may not be feasible to move all partnerships towards collaboration. When undertaking mapping consider what type of partnership the organisations are aspiring to and committed to achieving.

## Benefits of partnering

The Royal Commission into Family Violence clearly identified the need for a coordinated community response to family violence (State of Victoria, 2016). With careful planning, resourcing and leadership, partnerships provide an invaluable opportunity for multi-agency collaboration to bring together diverse skills and improve service delivery and outcomes for family violence risk assessment and management. This effective coordination between services will keep victim survivors safe and create opportunities to keep perpetrators in view and accountable. Partnerships reduce barriers to service integration, build accountability and encourage participation across sectors that impact the health and wellbeing of those who experience family violence. Strengthening these relationships is an important step in sustaining the improvements and changes made across health services resulting from both the SHRFV initiative and MARAM alignment. By linking with other services, hospitals can share and have improved access to knowledge, resources and training which in turn can reduce duplication of work between partners.

The resulting impact of hospitals working effectively with external organisations and agencies is that the care and management of people experiencing family violence will be improved. High functioning and trusting relationships between hospitals and the wider service sector directly and indirectly improves the experience and outcomes for victim survivors of family violence. These partnerships aim to create well-established pathways for information sharing, secondary consultation and for victim survivors to receive comprehensive risk assessment and management where appropriate. In addition, these partnerships will encourage participation in joint action planning, coordination of clinical and organisational responses and collaborative action.

## Challenges of partnering

Throughout the partnership journey challenges are likely to arise. Being aware of these early on assists in developing strategies to mitigate them. Consistency of membership from a hospital staffing perspective is important to maintain good working relationships. In a hospital setting this can be difficult as staff participating in the partnership may be contracted via short-term project funding or their roles have limited non-clinical time allocated. Consider what ongoing roles exist within the hospital that would have capacity to commit to the partnership. Is the current expectation of the partnership feasible within the constraints of the hospital system? For example, clinical staff who provide face to face care must be replaced to attend training and meetings.

Trust is a key partnership enabler; however this can often be difficult to build if organisations have not previously worked together or if there has been a history of tension between them. Mistrust can be present at both an individual or organisational level and threatens the productivity of the partnership. This, combined





with entrenched siloed thinking can lead to partner organisations failing to identify co-benefits of the partnership and potentially withholding resources. These potential barriers threaten the sustainability of the partnership.

## Sustaining partnerships

The success of a partnership will depend on addressing and overcoming any real or perceived challenges in order to sustain the process. Early engagement by all participating organisations or agencies is necessary for the commencement phase, however other measures are needed to ensure the longevity of the partnership to allow the goals to be met. The following elements are considered critical to the success of the partnership.

**Partnership structure:** Once a partnership has been decided upon, together partners should make agreements on strategic direction, roles and responsibilities and a workplan. If feasible, a Memorandum of Understanding (MOU) can be used to capture the purpose, level of commitment and contribution from members. A Terms of Reference (ToR) can also assist in defining how members of the partnership will work together. Partnerships can also be supported at an organisational level by including agreements for working collaboratively in internal policies and procedures. These tools can support partnering organisations working towards shared missions, aims, values and approaches to family violence and protocols.

**Leadership:** Effective leadership will influence both the organisation's ability to work cohesively and also the outcomes of the partnership. Hospitals may not have the expertise to be the lead agency in family violence partnerships, however it is important that leadership is demonstrated across all organisations or agencies. This may include, but is not limited to fostering respect, trust, inclusiveness and openness in the partnership; creating an environment where different opinions can be shared; inspiring and motivating partners; encouraging creativity and innovation and a shared focus on victim survivor safety and perpetrator accountability.

**Communication:** Comprehensive communication strategies should be established at the commencement of the partnership. Good communication flow promotes a trusting and productive working environment and helps to reduce conflicts. To facilitate regular participation in interagency and network meetings, a communication plan should be established to determine who is responsible for communication between partners and what information needs to be shared.

Collaborative practice across the family violence service system is a foundational principle of the MARAM Framework. Universal services such as hospitals, have an important role to play in promoting safety for all at risk of experiencing, or experiencing family violence. Meaningful partnerships, at any and all levels, will ensure that collaborative practice can be achieved.

## Endnotes

1. State of Victoria (2016) *Royal Commission into Family Violence: Summary and recommendations*, Parl Paper No 132 (2014–16) Royal Commission into Family Violence, p 10.
2. VCOSS 2018. Partnership practice guide. Melbourne: Victorian Council of Social Service.
3. VicHealth 2011. The partnerships analysis tool. Melbourne: Victorian Health Promotion Foundation.
4. Victorian Government, Family Safety Victoria. (2018). Family Violence Multi-Agency Risk Assessment and Management Framework.

