



# It Takes Two To Tango

Partnerships, Disability and the ACE and TAFE Sectors





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**Published by The ACE Disability Network, Melbourne, October 2005**  
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Authorised by Department of Education & Training,  
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East Melbourne,  
Victoria, 3002

**Acknowledgments:**

The research compiled for this report could not have been completed without the support and contribution of the following people and organisations:

Adult, Community and Further Education (ACFE)  
Office of Training and Tertiary Education (OTTE)  
Those ACE and TAFE providers who contributed to discussions:  
Karen Fairhurst (CAMHA)  
Judy Buckingham (Deakin University)  
Chris Edwards (RVIB, ACE Disability Network)  
Louise Oswald (ACE Disability Network)  
The ACE Disability Network Steering Committee

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# Acronyms

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ACE	Adult Community Education
ACFE	Adult Community and Further Education
ABI	Acquired Brain Injury
ANTA	Australian National Training Authority
CAMHA	Community Access Mental Health Alliance
DEP	Disability Education Partnerships
DHS	Department of Human Services
EACH	Eastern Access Community Health
HGLV	Hume Global Learning Village
NCVER	National Centre for Vocational Education Research
OTTE	Office of Training and Tertiary Education
RMIT	Royal Melbourne Institute of Technology
SERRRG	South Eastern Regions Recreation Reference Group
TAC	Transport Accident Commission
VET	Vocational Education Training

## Introduction

### Project Overview

Following on from the recommendations made in the final report, *Learning and Participation for People with Disabilities in the ACE Sector*<sup>1</sup>, Yooralla Society Of Victoria, as the auspicing agency of the ACE Disability Network, received funding via OTTE to undertake research to identify and establish partnerships and networks across the ACE and TAFE sectors, and the disability and community sectors. This initial research by the Network highlighted the importance of strong and sustainable partnerships across these sectors as being one of the key factors in supporting people with disabilities into inclusive adult education. Herein, this research seeks to explore the extent to which partnerships and networks produce meaningful outcomes for people with disabilities in the area of adult community education. In addition to this, focus is given to identifying critical success factors amongst partnerships of Best Practice across the ACE and TAFE sectors. Finally, effort has been made to gain a better understanding of the way in which inter-organisational relationships and networks enhance the social capital of a community.

The key project objectives as outlined in the DEP project brief are:

- to undertake research into disability networks across the ACE and TAFE sectors as well as community and disability organisations to identify current and potential partnerships;
- to encourage those organisations to build or strengthen partnerships to improve service delivery to people with a disability; and
- to produce a resource list of websites, newsletters, online course development and other relevant resources

This report provides an examination of the approach taken to methodology, an analysis of the policy positioning of partnerships and a discussion of the key research findings across the ACE and TAFE sectors.

## Methodology of the DEP project

### Project Method

The methodological approach to the DEP project drew upon existing survey data collected for the initial project: *Learning and Participation for People with Disabilities in ACE*. Surveys for this initial mapping project were collated and examined for

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<sup>1</sup> This report is based on an initial mapping exercise conducted by the ACE Disability Network. This mapping exercise focused on identifying key issues faced by ACE providers in terms of service delivery to people with disabilities as well as the central barriers to participation by people with disabilities.

the presence of those ACE providers who responded to collaborating in some manner with another organisation. Those respondents who noted the existence of established partnerships between the ACE and community and disability sectors, were contacted in order to participate in a follow-up phone survey. From these phone surveys, a total of twenty Neighbourhood House/Learning Centre coordinators were selected for face-to-face or phone interviews throughout inner and outer metropolitan Melbourne. In addition, those disability and community providers who had established partnerships with ACE providers, as identified during the face-to-face interviews, were approached for consultation. A total of six were interviewed.

In respect to collecting data on the TAFE sector, contact was made with the TAFE Disability Network in order to disseminate a statewide questionnaire to Disability Liaison Officers. In addition to this, a memorandum, along with the questionnaire, was circulated via ACFE and the ACE Disability Network to statewide TAFE Disability Liaison Officers. Information was gathered from six TAFE organisations.

A series of questions for both the ACE and TAFE sectors were structured around exploring the types of partnerships individual organisations had established (see Appendix One). These questions were designed to elicit information regarding the types of partnerships in place, the nature of individual partnerships as well as key success criteria regarding establishing and sustaining partnerships. Participants who were ACE providers were presented with the questions informally in a face-to-face interview. TAFE participants responded either via email or by phone interview. Upon collation of all information, the data was categorised and interpreted according to recurring themes and patterns. Data was examined to identify the key criteria that established and sustained partnerships.

## Policy Context of DEP

### Community Capacity Building, Partnerships and the ACE & TAFE Sectors

The *Disability Education Partnerships* (DEP) project emerged within a context of policy driven initiatives towards social inclusion, along with community capacity building and strengthening.<sup>2</sup> Community capacity building refers to the ability of communities to enhance the quality of their lives. It particularly relates to disadvantaged groups' ability to actively participate in their local communities.<sup>3</sup>

Over recent years, governments have focused on the use of partnerships as a strategy to implement key policy initiatives related to social inclusion and community capacity building<sup>4</sup>. The ACE sector has participated in this strategy and experienced a cultural shift in the process. Training providers in the sector have expanded their

<sup>2</sup> For a detailed summary of the policy directives specifically related to the DEP project refer to page 8.

<sup>3</sup> Reference: [www.communitybuilders.nsw.gov.au](http://www.communitybuilders.nsw.gov.au)

horizons and moved from meeting the enrichment course needs of their communities to meeting their employment, training and educational needs. Within this context, the State Government views partnerships as one of its key strategies, used to implement broader policy initiatives around the inclusion of disadvantaged groups or *priority learner groups*, such as people with disabilities, in terms of vocational outcomes across the ACE sector and beyond.

State government policies that focus on partnerships as a strategy to enhance community capacity building have implications for the ACE sector. Within this current climate, the ACE sector has had to re-examine its own notion of community in relation to learning. For instance, there is growing concern that ‘the increasing social and economic priorities that expound *vocational outcomes* through ACE may exclude a growing number of the same people [that is, people with disabilities] who traditionally accessed ACE’ (Foley, 2004: 4)<sup>5</sup>. This issue needs to be considered in relation to other State Government policy directives towards social inclusion. For example, if the emphasis on VET outcomes functions to exclude or disenfranchise people with disabilities, then it can be seen to be at the expense of broader policy initiatives around inclusion.

## Partnerships and Social Capital

According to Humpage (2005: 10): the recent focus on partnerships as a strategy ‘is based on the belief that communities, as well as individuals, benefit from strong networks and that partnerships play a key role in social capital formation’. Social capital refers to the connections among individuals, social networks and the norms of reciprocity and trustworthiness that arise from them (Nunokoosing 2005). According to Putman (2000: 5), social capital focuses on:

- Participation in interlocking networks
- Strong reciprocity, where people care for each other’s interests
- Trust
- Social norms
- Shared ownership of community resources
- Proactivity

The 2003 NCVER report titled *ACE Outcomes* identifies ‘organisational synergies, connections and *partnerships*’ as one demonstrated community development outcome for the ACE sector in terms of its generation of social capital. Within this context, partnerships were considered an enabling factor in connecting diverse groups of people in an environment that helped to harness ‘existing and new skills’ in an informal learning environment (NCVER 2003: 34).

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<sup>4</sup>See the Ministerial Statement on Future Directions for Adult Community Education in Victoria (2004)

<sup>5</sup>See [www.avestra.org.au/publications/documents/PA042Foley.pdf](http://www.avestra.org.au/publications/documents/PA042Foley.pdf).

In terms of the link between social capital and ACE sector outcomes, Foley (2004) paints a more cautionary picture. She suggests that consideration needs to be taken:

when the individual is ignored in policy priority and the notion of vocational inclusion works to exclude the capacity of ACE to work with individuals. Various authors have argued that social capital can create problems for community well being by restricting individuals capacity to engage in their own communities through a lack of individual freedoms or because of an incapacity to input into economic growth (Foley 2004).

This is particularly the case for people with disabilities whose input in the ACE sector does not necessarily translate into economic input and may, more often than not, be more focused on individual development outcomes such as emotional and physical well being, cognitive development, enhancing personal relationships and communication skills, among others.

## **Policy Directives**

### **(i) Bridging Pathways**

*Bridging Pathways (Revised Document 2004)* key focus lies in its emphasis on providing pathways for people with disabilities into employment through vocational education and training (VET). One of the central strategies outlined in order to achieve this is *Priority Four: Engaging Key Players*. According to this policy document, collaborative working relationships and partnerships between key players lie at the heart of this strategy in order to improve pathways for people with disabilities into education, training and employment. *Bridging Pathways* is about 'building on partnerships involving people with disabilities, training providers, industry policy makers and planners' (ANTA: 2004). Key players may include: 'champions of disability', adult education providers, industry, the disability and community sectors, and government.

### **(ii) Ministerial Statement on Future Directions for Adult Community Education in Victoria**

In 2004 The Department of Education and Training released the *Ministerial Statement on Future Directions for Adult Community Education in Victoria*. This policy statement 'recognises that community-based Adult Community Education (ACE) organisations play a key role in the process of lifelong learning because they are' (Humpage 2005: 9) 'often the first point of contact for people who do not have the personal, social and vocational skills needed for the innovation economy or who have not worked or undertaken structured learning for many years' (Kosky in Humpage 2004).

This statement identifies four key strategies within its policy framework. In broadening the role of ACE, Strategy 1 is closely linked to DEP in its focus on community learning partnerships between ACE organisations, the community sector and government.

Developing community learning partnerships, among other things, means: community resources and groups are harnessed to meet individual and community needs; the 'whole person' approach currently used by ACE organisations is extended; and the social capital of a community is enhanced through increased participation and a community-based approach to social learning. According to this policy document, by increasing government links between community groups and networks, local communities are not only strengthened but social learning outcomes of students can be improved. More specifically, Strategy 2 identifies people with disabilities as a priority learner group. Recognition is made to those ACE organisations that have worked with people with disabilities, and other providers will be encouraged to include people with disabilities into their programs.

### **(iii) State Disability Plan**

Underpinning the aims of both the ACE Disability Network and the DEP project is the Victorian Government's *State Disability Plan*. Their emphasis on active participation, or inclusion, for people with disabilities and the use of partnerships as one key strategy to achieve inclusion, is in line with the philosophy and guiding principles of the Network. Of particular interest here is Goal Two *Building Inclusive Communities* and Goal Three *Leading the Way*. These goals focus on inclusion, specifically 'developing more inclusive and accessible public services, and promoting non-discriminatory practices' such as inclusive education (2002: 11) as a means of strengthening communities. Within this context, partnerships are identified as a key strategy to implement the State Disability Plan and its broader goals of inclusion. Strengthening of partnerships can be utilised in order to develop networks between government and the disability and community sectors.

### **(iv) Shaping Our Future**

This policy is a national strategy commitment by state and federal governments and ANTA to continue working in partnership with industry and other stakeholders to develop VET. *Shaping Our Future* adopts a broad approach, in that it applies not only to education and training but also to employment, regional development, environmental sustainability, innovation and social inclusion (2004: 4). It further recognises that the ACE and TAFE sectors provide valuable pathways for many people, particularly people in regional and remote communities, people requiring language, literacy and numeracy skills and other people with barriers to learning. This policy outline recognises that 'people with a disability are significantly underrepresented in the national system, and their training is not leading to jobs often enough' (2004: 11).

Of importance to the DEP project is: Objective Two *Linking employers and individuals with VET*, and Objective Three *strengthening communities and regions*. These objectives emphasise (i) the need for a 'client-driven' perspective—one that recognises diversity and choice of individual learners; and (ii) VET providers forming partnerships with local government and non-government agencies, businesses and industry.

## Partnerships

### What is a Partnership?

Within the context of the project aims of DEP, the notion of partnerships is based on the idea that 'different types of services bring knowledge, expertise and influence to the development of creative responses to difficulties experienced by people with disabilities' (SERRRG, 2003: 7). Partnerships are thought to 'result in solutions and initiatives which would not be possible within the scope of a single organisation or service' (SERRRG, 2003: 7). They are best seen as processes to build relationships in order to achieve particular outcomes rather than any one prescribed structure.

The actual nature of partnerships varies considerably. VicHealth's Partnership Analysis Tool offers four useful definitions of partnerships as a working concept, these being: networking; coordinating; cooperating; and collaborating<sup>6</sup>. Within this paradigm **networking** is seen to involve the exchange of information for mutual benefit requiring little time and trust between partners; **coordinating** involves the exchange of information and activities for a common purpose; **cooperating** involves exchanging information, altering activities and the sharing of resources. This type of partnership requires a considerable amount of time, a high degree of trust between partners and the sharing of resources and responsibilities. Finally, **collaborating** includes enhancing the capacity of the other partner for mutual benefit and a common purpose.

### Benefits of Partnerships

According to the Western Australian Department of Training (2001: 3), ACE partnerships can be beneficial for the development of a learning society by offering the following advantages:

- Being responsive to what people want to study, that is, starting from a person centred approach
- Being flexible and offering a wide range of learning options
- Promoting a flow on effect back to the community by supporting and encouraging a variety of different learning options
- Promoting the idea of life long learning among disadvantaged groups who have not had the same access to learning opportunities.

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<sup>6</sup>The following is sourced from *The Partnership Analysis Tool* VicHealth (2003)

## Partnership Lifecycle

There are, typically, three key stages in the lifecycle of any partnership. The following is an outline of the expected stages of any partnership.

### 1. Partnership Initiation

In initiating a partnership of any kind it is important to establish clear objectives and goals. This stage is focused on planning. Why has this particular group of organisations come together? Is it to achieve particular project outcomes or to gain funding? What outcomes do the partners want to achieve? What style of partnership is best suited to achieving those outcomes? For example, is a simple networking arrangement the best way of all parties working together to achieve outcomes or is a more formally structured collaborative approach needed?

Once the partnership's objectives and its style have been established a number of things need to take place in order to make the partnership function effectively. These are:<sup>7</sup>

- Explore other partnerships and projects for ideas
- Partners should familiarise themselves with one another in order to understand one another's style of working and their preferred means of communicating
- Conduct a workshop in order to share understanding of problems, projects and activities to meet partner goals
- Set up interim arrangement for making decisions, staffing, administration, project management
- Develop a business plan that includes training and support for partners as well as project development, funding, staffing, constitution or partnership agreement.<sup>8</sup>

### 2. Partnership Development

Once the partnership has been established and key goals identified, consideration needs to be given to a number of crucial factors in order to ensure partnership sustainability and effectiveness. Below is a brief outline of important factors to consider once a partnership of any kind has been established.

Inclusiveness:

- All partners are involved.
- Open communication channels.
- Diversity of interests are recognised.
- How is active participation by all groups facilitated?
- In what ways are individual partners valued?
- Are all partners involved in the decision making process?

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<sup>7</sup>Parts of the following points are sourced from <http://www.partnerships.org.uk/part>.

<sup>8</sup>See page 20 for an example of a sample template to be used in establishing more collaborative based partnerships.

#### Developmental Support:

- Are understanding, knowledge and skills developed to support the partnership working?
- Are/how are partners resourced adequately?
- Strong management and coordination team.

#### Responsibility:

- Each partners role/responsibility needs to be clearly defined.

#### Conflict Management:

- Importance of good, open communication channels.
- Measures need to be put into place when issues arise (see: [www.crnhq.org](http://www.crnhq.org) this website deals specifically with Conflict Resolution techniques).
- Where issues arise in relation to power and control, partners should aim to increase the 'power to' of partners, that is, their confidence and ability to deliver, while avoiding imbalances of 'power over' that are unacceptable to some partners (see: [www.partnerships.org.uk/part](http://www.partnerships.org.uk/part) ).

### 3. Evaluation

A partnership of any kind, be it a networking model or a more formalised collaborative approach, 'will not survive or develop without reflection and review. This requires a willingness to be open, accountable, accessible, and pro-active when it comes to evaluation and change.'<sup>9</sup> For the purpose of this research, evaluation is defined as a process to systematically collect, analyse and interpret information in response to critical questions to inform program and/or organisational decision making, judgement and learning. Evaluation of any partnership should be a shared process that helps steer decisions in order to produce effective outcomes for all parties. Below is a series of questions that may help guide an evaluation process. This evaluation may be of the partnership itself or a project the partnership is working on.

#### Evaluation Questions:

- What needs to be evaluated?
- How will the impact of the project be measured?
- What methodological questions need to be constructed for evaluation?
- What are the broader, more substantive questions being raised and why?
- What will the partners do with the information that is gleaned from the evaluation process? (For example, will it be used to secure further funding? To provide external reporting of accountability? Identify a need for Professional Development?)
- Are partner's interests being met?
- Are resources being used effectively?

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<sup>9</sup>See [www.partnerships.org.uk/part](http://www.partnerships.org.uk/part)

- Is the partnership making progress in terms of its key objectives?
- What difference is the partnership making to the project and/or other outcomes
- Are partners satisfied with the work being done?
- Has this partnership been beneficial in enabling parties to work together to achieve outcomes?
- (More Specifically): Has the partnership helped ACE and TAFE providers in being able to support people with disabilities accessing adult community education? Has it been able to support ACE and TAFE staff in being able to provide more inclusive education for people with disabilities?

## Research Findings

### Discussion

The central aim of this research was to identify partnerships between the ACE and TAFE sectors, and disability, community and other organisations. Rather than simply providing a snapshot of identified partnerships, this research also seeks to provide a better understanding of key criteria around the nature of these partnerships. For example, what are the benefits and challenges of these partnerships? Under what circumstances were they formed? How are they sustained, and so on? It is hoped that an analysis of key partnership criteria will be able to assist ACE and TAFE providers, and others, in initiating new partnerships as well as to develop the potential of current partnerships.

### The 'who' and 'what' of partnerships

After providing an overview of the ACE Disability Network and the DEP project, participants were asked to list the partnerships they currently had in place. All participants stated that they had a myriad of partnerships in place that served them in various ways. The majority of ACE sector participants had a partnership with their local council, although this tended to be restricted to their service agreements, namely the leasing of individual Neighbourhood Houses and Learning Centres. Most participants' partnerships with local councils did not extend further than this, although one ACE provider had established strong links with their local council through ongoing networking. They were now currently in the process of working with them in order to develop a three-year strategic plan thereby cementing their role within their broader community.

In terms of partnerships with the State Government, all participants had strong links with the Department of Human Services (DHS). DHS provides funding for coordination hours and this is formalised in a written agreement between the two parties. For some participants the nature of the partnership did not extend beyond this, although for many others ongoing networking and dialogue was increasing. DHS, in some areas, was increasing its linkages with certain Neighbourhood

Houses, and its networkers with disability issues being a key focus. The researcher is particularly aware of this happening in the Eastern Metropolitan region.

On a Federal level, a small number of participants identified partnership agreements with Centrelink and the TAC. These government agencies acted as referral centres, referring individuals to specific Neighbourhood Houses in order to participate in appropriate programs.

Given that the selection criteria for this research included the identification of a partnership with the disability sector, all participants identified at least one partnership with a provider in this sector. These partnerships operated in various ways—some were loose, informal arrangements, whilst others were structured in formalised agreements. The nature of these partnerships will be discussed further in the results section of this report.

## **Establishment of partnerships**

The most common way in which a partnership established itself was through the initiation of a disability provider seeking the services of an adult community education provider. Typically, disability providers approached the coordinator of a particular learning centre in order to either (i) hire the venue purely as a space in which to conduct a particular program; or (ii) work with the centre itself in order to run specific programs for people with disabilities. In this case both partners usually engaged in a consultation process in order to establish and understand the interests and needs of the group or individual. In other instances, Neighbourhood Houses initiated a partnership by promoting itself as ‘disability friendly’ or offering an inclusive space. The common factor in these cases was a coordinator who either had a disability background or had an individual interest or understanding of disability related issues.

## **Nature of partnerships**

The majority of ACE and TAFE providers interviewed have some form of partnership in place between themselves and the disability and community sectors. In addition to this, other partnerships were identified between individual ACE and TAFE providers and local government, private industry, the tertiary education sector, and various State and Federal government agencies such as Centrelink and the TAC. The prevalence of partnerships across the ACE sector is also recognised in the recent *Outcomes of the Neighbourhood House and Learning Centre Sector* report. This research report identifies the use of partnerships as a key feature of the sector and suggests that they ‘contribute to the community building policy directions articulated by Governments at the Local, State and Federal level’ (Humpage 2005: 46).

Most partnerships between the ACE and TAFE sectors and the disability/community sectors operate in an informal manner. A small number of providers saw the benefits of formalising partnership agreements; however, most providers thought that an

informal arrangement provided a more flexible delivery of service that best suited both the provider and client. This was particularly the case for the ACE sector with one provider stating:

They [informal, networking type of partnerships] just seem to flow. Maybe sometimes more formally structured protocols do not always work because of the informal, flexible nature of Neighbourhood Houses. Things happen organically.

The formally structured partnerships that did exist were usually those required for their leasing arrangements (as in local council service agreements) and funding for coordination agreements (DHS). One Neighbourhood House in particular had successfully built up a number of informal and formal partnerships within its local community. This even extended to the corporate sector where a formal partnership with Shell made possible the establishment of a computer room with updated computers and IT equipment. This allowed classes to be delivered to a greater number of people with disabilities than was previously accommodated for. The house coordinator here was a passionate and committed individual who valued and saw the potential in constant networking within her local community.

In a few cases, Neighbourhood Houses had formalised an agreement with a disability provider in order to seek clarity on their roles within the type of arrangement they had in place. Further to this, a small number of ACE providers saw a need to formalise the networking type of partnerships they had in place so that all parties were clear on their roles and responsibilities. In these cases, a partnership template would be beneficial.<sup>10</sup>

## **Benefits of partnerships**

During the course of the interview, participants were asked to reflect upon both the benefits and challenges of the types of partnerships they have in place. The responses were varied and focused on themes such as inclusion and resource sharing. Below is an outline of quotes that reflect the emerging themes:

- [The partnership/s] allows our Neighbourhood House to be more inclusive of people with disabilities and to reflect changing community needs<sup>11</sup>
- It allows for diversity
- Our Neighbourhood House can respond appropriately and learn a lot from all parties
- Joint funding arrangements can help us meet the selection criteria
- Increases community access
- Disability awareness for staff and the general public
- People with disabilities support program

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<sup>10</sup>See Disability Education Partnerships Toolkit

<sup>11</sup>The use of italics in the following sections indicate quotes by respondents

- People with disabilities support worker knows the students needs and can help to skill up tutors on disability education
- It's a 'win-win' situation: we get the work done and people with disabilities love coming to develop some skills as well gain confidence from being here and mixing with different people
- Good communication with other services
- Ability to deliver programs at a lower cost

## Challenges of partnerships

Whilst ACE and TAFE providers saw the benefits of having partnerships in place, these were not without their challenges. Many participants experienced a number of difficulties at some stage of the partnership, at times impacting considerably on the partnership. Typical responses highlighting the challenges of partnerships included:

- For consultation to become practice [that is, to establish appropriate programs and classes for people with disabilities]
- Resources needed to get partnership and programs up and running
- Time constraints can be very time consuming
- Finding suitable tutors and staff
- Program development, that is, establishing new and innovative programs
- Need more flexible type of delivery in terms of hours that suit people with disabilities
- Ineffective communication between education and disability providers. This was expressed by an ACE provider as: *the Disability sector is not realistic in terms of bringing people with disabilities to Neighbourhood Houses for programs. They expect partnerships with Neighbourhood Houses but they don't reciprocate. Maybe the disability sector needs educating* [in regard to the ACE sector]. Another comment in a similar vein related to 'support worker negligence'—*support workers bring in people with disabilities but lack respect by leaving them here and just disappearing so there's no real support.*
- No disability funding
- To stay abreast of changes particularly in regards to funding, staff and professional development
- Potential for conflict of interest if representation exists on both boards/committees
- Placement of students into suitable programs

## Sustainability of partnerships

Partnerships of any kind are relationships that need ongoing commitment and work in order to fully develop and sustain them. Most respondents were unclear as to what strategies were needed to be implemented in order to effectively sustain the types of partnerships they had in place. Whilst this was the case in most instances,

some respondents made a number of suggestions including:

- Continued networking between partners
- Ongoing funding
- Feedback and reporting
- Continued shared vision and ownership of goals and outcomes
- Allowances for growth and changes within the partnership, with the avenues for change to be discussed and fostered.
- Flexibility
- Appropriate mechanisms in place to sustain, review, and even extend the partnership. This would include regular monitoring and evaluation of progress
- Workshops and regular meetings to discuss partnership project

In addition to this, some respondents suggested that their funding bodies (ACFE, OTTE, DHS) needed to provide more support in terms of training and professional development in order to sustain the partnership.

Finally, partnerships require 'time, effort and resources' (Gibbs et al 2001: 53). These are the qualities found to be present in successful partnerships that are sustained over any lengthy period of time.<sup>12</sup>

## **Summary of ACE and TAFE Sector Partnerships**

Below is an outline of key critical factors that were found to be of significance in the development and sustainability of successful partnerships.

### **Summary of Partnership Benefits and Challenges**

#### **Benefits of Partnerships**

- Exchange of ideas
- Sharing of expertise
- Resource sharing
- Disability awareness training for other participants and general public
- Allows ACE providers to be more inclusive of people with disabilities and to reflect changing community needs
- Shared promotion of project/partners
- Joint funding arrangements (the partnership can help all parties meet selection criteria to gain/source resources/funding)

#### **Challenges of Partnerships**

- For consultation to become practice (as demonstrated by tangible results for

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<sup>12</sup>This is also in line with other research findings (see Gibbs et al 2001, Walker 2000)

people with disabilities-classes, etc)

- Cost of resources to get partnership/programs up and running (for example, specialised equipment)
- Availability of venue
- Time management (can be time consuming)
- Need for further Professional Development and disability awareness training
- Inadequate planning
- Lack of commitment and/or trust of one or more parties

### **Key Criteria in Developing Partnerships**

- Networking and communication
- Consultation process (importance of building of mutual understanding between potential partners)
- Planning/working party in place
- Clarification of goals/organisation and delegation of project tasks
- Development of business plan that includes disability awareness training and Professional Development<sup>13</sup> for partners as well as project development, funding, staffing, administration, project management (<http://www.partnerships.org.uk/part.>)
- Sometimes a need for drafted, formalised agreement between all parties to clarify partnership roles
- Dedicated/passionate/creative thinking/generous natured staff!!
- Joint planning with the development of strategies for interaction and collaboration
- Drawing upon Best Practice Models
- Objectives of partnership need to be stated clearly to all stakeholders (mapped out in formal agreement as in a Memorandum Of Understanding)
- Clarify accountability
- Ownership: all partners being involved in developing of project vision, plans, project
- Good management
- Inclusiveness

### **Key Criteria in Partnership Sustainability**

- Continued networking between partners
- Funding
- Feedback and reporting

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<sup>13</sup>ACE Disability Network could facilitate PD/training in disability awareness for partners

- Continued shared vision and ownership
- Appropriate mechanisms in place to sustain, review, even extend partnership
- Workshops and regular meetings to discuss partnership project
- Regular monitoring and evaluation of progress

## Examples of Best Practice: The ACE Sector

### Case Study One: Morrison House and the CAMHA program<sup>14</sup>

The CAMHA (Community Access Mental Health Alliance) service is a partnership between EACH (Eastern Access Community Health), Morrison Neighbourhood House and Eastern Area Mental Health Services. This collaboration, both within and between the Health and Adult Education Sectors, functions to develop flexible, individually based support networks that provide psychosocial rehabilitation within mainstream community environments supporting 'persons to participate actively with others in the attainment of mental health and social competence goals'.

The CAMHA program facilitates community inclusion by: providing fee assistance, transport, outreach, integrated orientation and course application procedures, distribution of service resources in accordance with individual needs, and linking individuals to a community education setting in which extensive education has functioned to deconstruct the stigma associated with mental illness.

Recognising the role neighbourhood houses and learning centres play in community building, CAMHA sought to pilot a partnership project with Morrison House and EACH. This partnership was formalised in a Mission Of Understanding (MOU) in order to 'enable the distribution of each organisations resources, in the following way':

#### **Morrison House**

- Supportive staff during the piloting phase and beyond
- Provides a designated member of staff to represent Morrison House and the ACE sector on the CAMHA Reference Committee and to coordinate Morrison House's involvement in the project

#### **EACH**

- Provides the operating infrastructure of the service. Responsible for: budget management, employment and professional supervision of CAMHA staff, funding for the service brokerage, and adherence to the accountability requirements to DHS through the Funding and Service Agreement for the project
- Provides service integration and professional support in the areas of employment, day programs and accommodation to enable a continuity of service

<sup>14</sup>The following is sourced from *Facilitating Individual and Community Capacity* (CAMHA)

- EACH provides the chairperson and executive support for CAMHA's Reference Committee
- Access to clinical support in the provision of psychiatric evaluation and assessment teams as well as crisis assessment and treatment teams to respond to critical incidents that may occur
- Central service co-ordination and networking points through the Mobile Support and Treatment Team

This partnership between Morrison House, EACH and Eastern Area Mental Health Services has two key impacts. The first is the creation of inter-sectoral networks that shift the focus of rehabilitation to one of choices, competencies and social connectedness creating direct changes in staff perception of both the people being supported and the process of psychosocial rehabilitation. Within this context, the staff of Morrison House:

felt more confident and empowered by their engagement in the project and that their attitudes about working with diversity had moved away from fear to a more positive position.

The second major impact relating to the use of this partnership strategy involved the expansion and utilisation of resources across the ACE and community health sectors. Service delivery was expanded to ten Neighbourhood House locations within the eastern metropolitan area. The overall resource result from an ACE sector perspective included: an expansion of accessible classes and activities along with increased physical provision of buildings, rooms and tutors with expanded expertise and skill sharing.

On a micro level, the partnership between Morrison House and CAMHA allows delivery to a greater number of students as well as a more flexible approach to program delivery due to increased teaching staff, courses and overall House policy.

In terms of building local community capacity to 'understand, accept and engage with individuals managing mental illness', the CAMHA/Morrison House partnership model focused on:

- The provision of relevant professional development for the Neighbourhood House staff, tutors and volunteers
- The provision of Community Education workshops within the Neighbourhood House environment as well as the wider community
- Resource provision where needed

Overall, this partnership increases 'service resources and deconstructs the stigma associated with mental illness through the provision of information and the everyday interaction of people in the Neighbourhood House setting'.

## Case Study Two: Dallas Neighbourhood House

Dallas Neighbourhood House is situated in the northern Melbourne suburb of Broadmeadows—traditionally associated with social and economic disadvantage signified by high unemployment, public housing, and a lack of community-based facilities such as transport and education. Over recent years, the Broadmeadows community has become involved with the Hume Global Learning Village (HGLV). The HGLV is an innovative project, facilitated and supported by Hume City Council, that links learning and education providers from across the Hume Council area. These include public libraries, local schools, Neighbourhood Houses and Learning Centres, TAFE, local businesses, Victoria University and various community groups.<sup>15</sup>

It is within this context that Dallas Neighbourhood House has established itself as a 'learning partner'. Whilst this learning partnership is not necessarily disability specific, it provides links and promotion of its services to those people living within the Hume community. Operating on a model of inclusion, Dallas Neighbourhood House runs programs that are open to all people, irrespective of difference. Its person centred and inclusive approach allows students to be placed in programs that reflect their personal interests.

The overall aim in establishing strategic learning partnerships between Dallas Neighbourhood House and other disability and community providers is to help overcome 'barriers to flexible learning for disadvantaged learners' including those people with a disability (White 2004: 1). Further to this, the partnerships 'have been established at a high level, with representation on the reference group including state government, trade unions, employers, educators, and others. This group adds to the formula insight, experience, innovation, strategic thinking, external connections and influences' (White 2004: 2). The partnerships between these organisations share 'networking activities, information sharing, regular forums with guest speakers, and training opportunities' (White 2004: 2).

The coordinator of Dallas Neighbourhood House identified the following challenges for their organisation and other ACE providers within the Hume Council area:

- Engage and retain learners;
- Build relationships between tutors and learners;
- Access funding for new programs;
- Maintain delivery standards with limited resources; and
- Support learners in developing learning and employment pathways.

With this in mind, 'mutually beneficial partnerships with other organisations' were proven to be instrumental in meeting these challenges. Dallas Neighbourhood House sustains its partnerships through a variety of methods, including:

- Bi-monthly forums and regular meetings

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<sup>15</sup>For an in-depth understanding of the HGLV refer to their official website: [www.humegloballearning.vic.gov.au](http://www.humegloballearning.vic.gov.au)

- Establishing a reference group of appropriate professionals in order to generate ideas and provide critique
- Establishment of a separate steering committee that acts on feedback provided by the reference group
- Provision of a MOU statement that outlines strategies, areas of responsibilities and so on

Dallas Neighbourhood House provides inclusive learning by adopting a variety of methods in addition to partnerships:

- Inclusion is facilitated, in part, by sustaining a solid volunteer base. Volunteers sometimes act as support workers for people with disabilities when required
- Policy and procedure; for example, intake process/form
- Inclusive programs; for example, a group of eight people with ABI participate in a mainstream ceramics class
- Formal and informal Partnerships with: Multicultural groups, TAFE, local job networks, local council, Broadmeadows Disability Services, RMIT, BEST Start Program and Centrelink
- Finally, one of the biggest factors affecting the inclusion of people with disabilities into adult education, along with the promotion of partnerships that facilitate this inclusion, is that the attitude of the coordinator and centre staff is instrumental in providing a welcoming and inclusive space for all people, including those with disabilities

Dallas Neighbourhood House adopts a warm inclusive attitude that is further reflected in its approach to policy and procedure. For example, students, irrespective of disability, participate in an informal intake interview in order to welcome them into the House, and establish any special needs and support required. Staff endeavour to work with clients in order to best meet their needs and this sometimes requires maintaining informal networks with various agencies from the disability sector.

## **Examples of Best Practice: The TAFE sector**

### **Case Study Three: The Building Bridges Program**

Funded by OTTE and developed by Wodonga Institute of TAFE, the Building Bridges program is a collaborative approach aimed at improving equitable access to and participation in education, training and employment as well as improving the life chances for people with disabilities (Building Bridges 2004: 4). Building Bridges emerged in response to inequities faced by people with disabilities trying to access vocational education and training. According to NCVER:<sup>16</sup>

- people with a disability still have the poorest participation rates in VET of any group
- people with a disability have the lowest success rate in both module and course

completion in VET of any group

- graduation from VET courses has little effect on employment outcomes for people with a disability.

In attempting to address the inequity faced by people with a disability trying to access the VET sector, the Building Bridges pilot programs targeted three groups. The three groups involved with the program included: (1) young people with a learning difficulty preparing to move from secondary schooling to further education and training; (2) people with a psychiatric disability; and (3) long-term unemployed people with disabilities.

With the target groups for the pilot programs established, a collaborative style of partnership was adopted in order to harness community resources and provide a more inclusive approach. Key partners involved with the program included: TAFE, local disability providers, local secondary schools and employment agencies. Consultation was also sought with 'community representatives and groups, potential students, families, teachers [and] schools' (Building Bridges, 2004: 11). In addition to this, an MOU was developed so that participating partners could be clear on their roles and responsibilities. The program was further developed by utilising a participatory action research model whereby 'continuous learning and change' were integrated 'into each pilot program' (Building Bridges 2004: 6).

In line with the government policy document Bridging Pathways the Building Bridges partnership focused its objectives on:<sup>17</sup>

- Providing an opportunity for genuine influence by people with a disability by undertaking research that seeks the views of people with a disability to inform actions in the development and provision of the pre-vocational program
- Improving the provision of pre-vocational, preparatory and basic skills training for people with a disability by conducting a program that places emphasis on the developmental needs of students as well as the participant's experiences of barriers to education throughout the stages of transition to mainstream education or employment
- Improving links between agencies such as training providers, employment assistance services, community services and secondary schools by conducting a program that embraces collaborative development, implementation and evaluation process involving participants with disabilities, service providers and other key stakeholders
- Improving availability and awareness of learning supports for people with a disability in education by showcasing throughout the Building Bridges program good practice, inclusive teaching and specialist assistance strategies
- Introducing participants, community services, secondary schools and other key stakeholders to assistive software and equipment and inclusive teaching practices that can remove barriers to participation for people with a disability

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<sup>16</sup>See *Building Bridges* (2004: 4)

<sup>17</sup>The following is sourced from the Building Bridges Facilitator's Manual (2004: 5)

Through a collaborative type of approach to partnerships, Building Bridges was able to facilitate students development of individual skills as well as gain the 'confidence to participate in vocational education and training' as well as enable an educational organisation to provide an accessible and inclusive learning environment (Building Bridges 2004: 6).

## Conclusion

### Project Outcomes against Objectives

The *Disability Education Partnerships* (DEP) project emerged from recommendations made in an initial mapping report titled *Learning and Participation for People with Disabilities in the ACE Sector*. This report recommended that emphasis be placed on establishing community partnerships and networks along with the strengthening of existing partnerships. This is in line with one of the key policy incentives of the ACE Ministerial Statement *Future Directions for Adult Community Education in Victoria*, namely the promotion of 'Community Learning Partnerships'. The strategies outlined to implement this were to focus on:

- Undertaking a mapping exercise in order to identify, establish and strengthen partnerships and networks across ACE and TAFE providers, the disability sector and other community organisations.
- Systematically examining Best Practice models, that is, documenting the dynamics of active participation in specific Neighbourhood Houses and TAFE institutes in order to understand, isolate and record codes of practice and policy that successfully include people with disabilities into programs.

Within this context, the key objective of the DEP project was to focus on mapping partnerships and networks across Victorian ACE and TAFE providers and the disability and community sectors. In addition to this, the DEP project sought to continue initial work begun by the Network around resource and training development.<sup>18</sup> Mapping partnerships across the ACE and TAFE sectors was conducted over a six-month period between January and July 2005. In terms of Outputs (i), (ii) and (iii), the research conducted on partnerships across the ACE, TAFE, disability and community based sectors is outlined in this present report. In terms of Output (ii), it is expected that this report will assist in helping various organisations understand the nature of the partnerships they currently have as well as assist the development of new partnerships across these sectors. In terms of goal (iv), the ACE Disability Network has conducted three skill development sessions specifically designed to increase disability awareness across the ACE and TAFE sectors. These were provided at no cost to attendees. The training sessions conducted by the Network included:

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<sup>18</sup>For a detailed copy of resource listings and information advice geared towards supporting inclusive adult education for people with disabilities contact the ACE Disability Network

- Presentation at the ACEVic Conference in Geelong. The topic: “Fostering Inclusion in ACE”, facilitated by a representative from the Community Access Mental Health Alliance (CAMHA), focused on the inclusion of people with a mental illness in ACE. This session commenced with an overview of the ACE disability Network and its aims and concluded with a question / answer session and informal discussions.
- Presentation at the E.W Tipping Foundation’s “Is our Community Inclusive” Community Forum held in Ballarat in May. The forum, aimed at looking at community inclusion, was intended to start discussion in the Grampian Region around current local work on inclusion. The Network’s involvement included an informative discussion on the ACE Disability Network and its role in disability and inclusion within the ACE sector.
- The Network’s workshop titled, “Community Governance in ACE, Implementing Social Justice” was held at the Yooralla Society of Victoria on the 24th May 2005. This workshop discussed inclusion from a social justice perspective and was presented by Judy Buckingham, a key consultant in the ACE and disability sectors. Promotion of this workshop was made via the ANHLC Network, InfoXchange Australia’s Disability News website and the regional ACFE email listings.

The findings of this research highlight the significance of partnerships across the ACE, TAFE, disability and community sectors in terms of being able to facilitate a broader range of adult education opportunities for people with disabilities. Whilst partnerships are a feature of the sector, the findings of this research conclude that no one single type of partnership enabled ACE and TAFE providers to more effectively deliver programs to people with disabilities. Whilst the findings of this research bring attention to the fact that partnerships are a characteristic of these sectors, the type of partnership that best works for the sector may vary from a networking type of arrangement to something more structured and coordinated.

In the case of this present research, most ACE and TAFE providers conducted their partnerships in an informal manner. For the ACE sector in particular, this reflected the organic nature in which they evolved, perhaps further emphasizing the flexible and fluid nature of this sector in general. For other providers, this level of informality was indicative of an inability to harness a more structured approach that may have produced better outcomes for themselves and people with disabilities in terms of resource allocation, enhanced program delivery and ability to provide a more supportive and educational environment for students.

Whilst partnerships linked ACE and TAFE providers to their wider community, the evidence presented in this report indicated that partnerships alone did not necessarily improve the social learning outcomes of students with a disability nor did they provide a more inclusive environment for students to learn in. Partnerships, rather, were one factor among many that enabled more accessible and, in some cases, more inclusive adult education for people with disabilities.<sup>19</sup> In terms of partnerships enabling an inclusive space for people with disabilities, they had to be supported and directed in key areas. In some cases this may require further support

and training from funding bodies. Within the context of this research, partnerships were most effective with experienced and committed staff and usually adopted a more structured and coordinated approach (as indicated by the examples of Best Practice partnership models cited here).

Regardless of the type of partnership in place, the data presented in this research highlighted a number of key criteria that produce effective and sustainable partnerships. These critical success factors are: trust, open and effective communication channels, good conflict resolution techniques, clear partnership and project objectives, adequate time, evaluation strategies, and good management along with ongoing networking and funding. It is these factors that are crucial to initiating, developing and sustaining partnerships across the ACE, TAFE, disability and community sectors.

## **Disability Education Partnerships Toolkit**

### **Partnership Template**

Where formalising an existing network or embarking on a new formal partnership, all parties would benefit from clarifying their roles and responsibilities in a written agreement. The aims of this Partnership Template Resource Tool are to:

- Assist organisations to clarify the roles and responsibilities of each party in order to avoid possible confusion and conflict
- Clearly outline partnership and/or project goals
- Outline financial and budgetary details

<sup>19</sup>In terms of inclusion many other factors were important to take into account. For example, education to raise understanding of the theoretical and practical implications of inclusion.

## A Sample Agreement<sup>20</sup>

This is an agreement for.....		
The purpose of this partnership.....		
The stakeholders are:		
	Partner A	Partner B
Name		
Organisation		
Postal Address		
Contact Number		
Email Address		
We will work with this group.....		
We know there is a need because.....		
We will use these strategies.....		
We will achieve these outcomes.....		
We will know if our project is successful by.....		
The following have been negotiated and we have allocated responsibility for the tasks:		
Area of Responsibility	Who will be responsible	
Overall coordination		
Finances		
Promoting the course		
Recruiting and liaising with participants		
Facilitating		
Organising venue		
Catering		
Dealing with enquiries about the course		
Taking enrolments		
Keeping attendance and statistics		
Evaluating the course		

<sup>20</sup>This Sample Agreement is sourced from *It takes two: Adult Community Education Provider and Neighbourhood Centres Partnerships*

Taking enrolments	
Keeping attendance and statistics	
Following up participants	
Evaluating the project	
Reporting outcomes to the funding body	
Other (specify)	
<p>If conflict arises we will use the following strategies in order to achieve resolution.....  .....</p> <p>We have planned an interim meeting on.....</p> <p>We have planned a follow up meeting on.....</p> <p>We have discussed the project budget and we will allocate funds in the following manner:</p>	
Management and administration	\$
Venue Costs	\$
Refreshments	\$
Promotion and advertising	\$
Course materials and group resources	\$
Access costs (as needed):	
Childcare	\$
Transport and travel	\$
Interpreters	\$
Personal attendants	\$
Other (specify)	\$
	= Subtotal \$
Training	\$
Facilitator	\$
Other (specify)	\$
	= Subtotal \$
	<b>Total \$</b>
<p>If there are any funds left we will.....</p> <p>We have negotiated this agreement and are committed to fulfilling our responsibilities to the project and to each other</p> <p>Partner A..... Signed.....</p> <p>Partner A..... Signed.....</p>	

## Appendix One: Questions for ACE and TAFE providers

### Purpose

- To gain a Neighbourhood House and TAFE perspective on partnerships between disability specific and other providers
- Gather general information re: partnerships in practice

### General Questions

1. What partnerships do you have in place?
2. Who are these partnerships with?
3. Clarify the types of disabilities people present with who are involved in this partnership?
4. How was this partnership established?
5. How long has this partnership been in place?
6. Describe the nature of this partnership, how it functions (PROBE)
7. What do you see as being the benefits of the partnership for those involved?
8. What are the challenges for you in regard to this partnership?
9. How is this partnership supported and sustained? (For example: Do you have a steering committee? Do you have Professional Development/disability specific training? Do you share resources?)
10. Do you have any type of procedural process in place that facilitates a 'people with disabilities' entry into adult education? For example, is there any sort of case management done to determine appropriate program needs of people with disabilities? How are these needs determined?
11. How do you find your relationship between your organisation and the provider you're in partnership with? What issues, if any, have arisen? How are they resolved?

## Selected References

- ANTA (2000) *Bridging Pathways*, Australian National Training Authority
- ANTA (2004) *Shaping Our Future: Australia's National Strategy for vocational education and training 2004–2010*
- Bentley T (2004) *Learning and Participation for People with Disabilities in the ACE Sector*, ACE Disability Network
- Birch D (1999) 'Principles of Partnership' in *Community Quarterly Issue 50:15-22*
- Buckingham J (1999) *Manual of Good Practice*, ANHLC
- Cavallaro T et al (2005) *People with a disability in vocational education and training: A statistical compendium*, NCVET: Adelaide
- Clemens A (2003) *ACE outcomes*, NCVET: Adelaide
- DET (2004) *Future Directions for Adult Community Education in Victoria*, MacLaren Press: Melbourne
- DHS (2002) *Victorian State Disability Plan 2002–2012*
- Fairhurst K (2004) *Facilitating Individual and Community Capacity*, Community Access Mental Health (CAMHA)
- Gibbbs P, Tower J et al (2001): *Building Collaborative Relationships: An Examination of the VicHealth Recreation Grants Program*, VicHealth: Melbourne
- Humpage L (2005) *Building Victorian Communities: Outcomes of the Neighbourhood House & Learning Centre Sector* CASR
- LCSA (1999) *It Takes Two: Adult Community Education Provider and Neighbourhood Centres Partnerships*
- Learning Centre Link (2001) *Partnerships...The Way to Go*, Department of Training Western Australia
- Nunokoosing K (2005) *Empowerment, Relationship, Social Capital and the Importance of Narratives*, presented at 'One Person at a Time' conference, Melbourne
- OTTE (2004) *Building Bridges*, Facilitator's Manual, Melbourne
- Putnam R.D (2000) *Bowling Alone: America's Declining Social Capital*, Simon and Schuster: New York
- SERRRG (2003) *Partnerships and Possibilities*, DHS
- VicHealth (2003) *The Partnership Analysis Tool*
- White M (2004) *Flexible Learning Leaders Progress Report*

## **Websites Consulted**

[www.partnerships.org.uk/part](http://www.partnerships.org.uk/part)

[www.humegloballearning.vic.gov.au](http://www.humegloballearning.vic.gov.au)

[www.communitybuilders.nsw.gov.au](http://www.communitybuilders.nsw.gov.au)

<http://www.avetra.org.au/publications/documents/PA005Dun-Jenkins.pdf>

[www.crnhq.org](http://www.crnhq.org)

[www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)

[www.avetra.org.au/publications/documents/PA042Foley.pdf](http://www.avetra.org.au/publications/documents/PA042Foley.pdf)

<http://www.each.com.au/camha/index.html>

