

A Health & Disability NGO Working Group interactive South Island workshop

Engagement & Collaboration

Notes from discussion groups on collaboration - Tuesday 12 March 2013, Christchurch

Experience of collaboration

Right Services Right Time

- Social services collaborating
- Providing choice for clients
- Sharing information
- Thinking differently
- Useful in a disaster

Barriers

- Lack of common ground
- Different agendas
- Needs to be person-centric

Good outcome

- Working across sectors
- Using each organisations resources
- Partnership role (as well as funder)
- Shared facilities
- Networks – planning days with shared vision
- Modelling collaborative behaviour
- Building relationships
- Holistic approach

St John of God

- Working with volunteers
- Housing project with various providers
- Opportunities to network/connect in an informal manner
- Share food often – holds people together
- Recognise where your strengths are and what others' strengths are

TROK – Whānau Ora group

- Group of 15 orgs to recognise everyone's areas of expertise
- Explore opps for joint venture projects
- Collaborate on RFPs
- Common vision at start
- Good faith – trust
- Open – no hidden agendas
- Good leadership

SF Nelson TOPS regional alliance

- Collaborate for funding purposes

SF Canterbury

- = Youth Hub
- = Shared location
 - Opportunity to build working relationships with other NGOs
 - Networking = navigation to other services
 - Better outcomes for families
 - Important to plan ahead for future sustainability, identify barriers early

SF West Coast

- Part of NGO networking group
- Identify opportunities for collaboration (new....early stages)
 - Better understanding of other NGOs
 - Opportunity for advocacy

Webhealth (online directory) & Partnership Health Canterbury (PHO)

- Minimal rent
- Reduced isolation
- Brought community into primary care
- Develop a more formal process around joint projects and communication; e.g: regular meeting to update other groups to avoid missing opportunities

Community Care Trust Dunedin (IDS & Autism)

- South Dunedin Business Assn
- Education role in the community re I/D= a normal life
- Contribute to business community
- Works well

NMDHB Planning & Funding

- Empowered providers to develop new framework for own existing services – no extra money
- Ensure all providers understood various packages of care
- Developed interdependency
- Meet regularly with services for feedback
- Reduced 'competitiveness' by working collaboratively
- Move faster next time – helps to provide support so providers feel safe to input ideas, reduce barriers
- IT = using Core hospital model

Aspire Canterbury – Disabled Persons' Centre

- Own large building – leased to 6 other disability groups at discounted rate 'friendly landlord' (up to 50 people)
- Tenants not collaborating as well as they could
- Have collaboration focused meetings
- Maybe need other community groups

Canty MS & Parkinson's and Van der Veer Clinic

- How occurred – both funded by same philanthropy trust
- Value: a clinic and nurse to provide better care to people with Parkinson's

Refugee & Migrant Forum

- Post EQ created an operational group to better inform migrants (non-English speaking)
- Just did it – in spite of bureaucracy and NGO issues
- Went into people's homes to provide info (e.g: water contamination)
- In spite of barriers

Co-location of govt agencies (MSD & Internal Affairs)

- Overcame barriers of past to create opportunities to better connect, and planned shared work

Other barriers to collaboration

- Fear (fear of change)
- It's easier to do it the old way
- Ego and power (knowledge)
- Siloed funding

What helps

- Working differently
- Being innovative
- Time to co-ordinate groups and activities

