

## TABLE OF CONTENTS

Introduction.....	2
Definitions .....	2
Strengthening Families .....	3
Partnerships today.....	4
Aims of the report.....	5
The method .....	5
The findings .....	7
The nature of the ‘partnership approach’.....	7
1. Workshop with organisations from a number of sectors to discuss proposed Strengthening Families projects.....	7
2. The steering committee .....	8
3. The brokerage funding committee and process .....	8
4. Working together in the projects and programs.....	9
Mapping the relationships .....	10
Establishing a purpose .....	13
What worked well .....	13
Challenges.....	14
What was learnt.....	15
Discussion.....	16
Conclusion.....	19
APPENDIX A.....	21
APPENDIX B.....	23

## **The partnership approach in the Strengthening Families Projects ACT 2004-2005**

### **Introduction**

The Institute of Child Protection Studies was asked to provide a focused report that documents the partnership approach adopted in relation to three projects funded by ACT Health in 2004-2005 under the Strengthening Families measure. The report is based on consultations held with the four organisations involved and focused on what has been learnt from this approach, providing a foundation for future work. We have used a broad definition of partnership but acknowledge the wide range of understandings of this concept.

### **Definitions**

The ways in which agencies and organisations work together have variously been described as ‘collaboration’, ‘partnerships’, ‘networks’ and ‘coordination’. Indeed ‘definitional chaos’ has been noted in the international literature on partnerships (Ling, 2000, cited in Larner & Butler, 2003, p. 4). The term ‘partnerships’ can imply a level of formal agreement which goes beyond coordination (Larner & Butler, 2003; Walker, 2000). However, VicHealth takes a pragmatic approach in saying that ‘partnership is a broad term used to describe working with other agencies’(VicHealth, 2004a, p.1).

In this report, we document a ‘partnership approach’, rather than formal partnerships. We focus on understanding the ways in which the participant organisations worked together in the Strengthening Families program in the ACT from June 2004 until November 2005. This very broad definition, which is consistent with that of the VicHealth framework, does not discount the vast literature on partnerships, but is designed to enable the ‘working together’ aspects of these projects to be identified, learnt from and linked to current understandings of partnership working.

## **Strengthening Families**

The ‘Strengthening and Supporting Families Coping with Illicit Drug Use’ (‘Strengthening Families’) measure is part of the Council of Australian Governments (COAG) National Illicit Drug Strategy (NIDS) and was announced in 1999. Funding was allocated to ‘assist families to prevent or deal with problems caused by illicit drug use and to link and coordinate with other services funded under the National Illicit Drug Strategy’ (Health Outcomes International Pty Ltd, 2003, p. 1). In most cases this funding was administered by Australian Government Department of Family and Community Services (FaCS) through the States and Territories.

The ACT Government received funding to implement ‘Families in Action- Parent Education and Support’ program, and a number of Alcohol and Other Drug Agencies (both government and non government) were funded under the program to provide parent education support programs.

The Australian Government’s Australia wide evaluation of the Strengthening Families measure (Health Outcomes International Pty Ltd, 2003), noted no ‘overarching coordinating framework’ between agencies working with drug and alcohol issues and family support in the ACT (Health Outcomes International Pty Ltd, 2003, p. 27). The report suggested a possible role for a consultation process to identify priorities in the area.

A second round of funding in August 2003 resulted in FaCS approving additional funding for the Strengthening Families measure, with ACT Health (Alcohol and Other Drug Policy Unit) funding three new projects. This funding ceases at the end of November 2005. It is the partnership approaches adopted in relation to these three projects which is the focus of this report.

The three projects were:

- Youth Coalition of the ACT: Supporting communities to support young people and families affected by alcohol and other drug use;
- Community Health, Child Health and Women's Health Programs ( part of ACT Health): positive parenting for young people; and
- Canberra Mothercraft Society Inc: Grandparents parenting grandchildren of families affected by alcohol and other drugs.

## Partnerships today

It is recognised internationally that working collaboratively, and often in cross- sectoral relationships is vital in achieving outcomes linked to the social good (Larner & Butler, 2003; Walker, 2000; Williams, Sankar, & Rogers, 2004).

The ACT Government, in a number of key documents, has committed itself to working collaboratively and in partnership with community agencies in order to reduce gaps and duplication of services across a range of policy areas (ACT Government, 2004a, 2004b, 2004c). In addition *The Social Compact* recognises that in order to achieve a 'better, more equitable and supportive community' the Government and community organisations need to work in partnership (ACT Government, 2004d, p. 3). *The Social Compact* sets out principles which can form a basis for government and community organisations to work together.

This report draws on VicHealth's partnership analysis tool (VicHealth, 2004b) as it has the capacity to include a range of relationships labeled as 'partnership'. In this framework, a basic assumption of partnerships or working with other organisations is a 'level of mutuality and equality' between the partners (VicHealth, 2004b, p. 3). Partnerships can move along a continuum which involves degrees of 'commitment, change required, risk involved, levels of interdependence, power, trust and a willingness to share turf' (VicHealth, 2004a, p. 1).

The increasing levels of these dimensions correspond to the activities of networking (exchange of information for mutual benefit), coordinating (networking plus altering activities for a common purpose), cooperating (coordinating plus sharing resources) and

collaborating (cooperating plus a ‘willingness to increase the capacity of another organisation for mutual benefit and common purpose’) (VicHealth, 2004b, p. 3 ). It is important to recognise that the type of relationship will depend upon the goals and purposes of relationships and programs, and no one type of relationship is appropriate for every situation.

## **Aims of the report**

In documenting what has been learnt in relation to the three projects funded by ACT Health in 2004-2005 under the Strengthening Families measure the report aims to:

- describe the nature of the relationships between the organisations in relation to the Strengthening Families projects; and
- describe and discuss what the agencies have learnt about the processes involved in working together, including the challenges and benefits of these ways of working.

It is anticipated that the report will contribute to local knowledge about working towards partnerships involving both government and community organisations. The agencies in self-reporting on their individual programs describe considerable collaborative and cross-sectoral work.

## **The method**

The report describes the range of ways organisations worked together. Each of the organisations was invited to consult with the Institute researcher. The report also documents the agencies’ reflections on what was involved in the partnership practices, and what was learnt during these practices.

The key agency participants were from: ACT Health Policy (Alcohol and Other Drug Policy Unit and ACT Aged and Community Health Policy Unit); QE II Family Centre operated by Canberra Mothercraft Society Inc; Youth Coalition of the ACT; and Community Health, Child Health and Women’s Health Programs, also part of ACT Health.

All agencies, despite the short notice, participated enthusiastically in the one-hour consultations. We sent a brief proforma prior to the consultations (see Attachment A), indicating the general areas of discussion. The proforma was broadly based on VicHealth's Partnerships Analysis Tool (VicHealth, 2004b). The information with the proforma indicated that the report would be about trends, rather than attributing points of view to particular agencies, and that there would be opportunity for the agencies to comment on the report prior to final submission to ACT Health.

Because of the limited focus of the project with a tight time line only a small number of informants were involved. There was the opportunity for agencies to invite other agency representatives to the consultations, but the extremely short notice of the meeting precluded this. The short time frames also limited the possibility of holding a joint consultation between the four agencies, which could have been an alternative approach.

In the time available it was not possible to discuss a formal evaluation of the partnership approach against any outcome measures. It was also not possible to contact other key informants, such as service users and other agencies involved in these projects.

Two important matters need to be noted. Firstly, agencies identified their service users, for example, young parents and grandparents caring for children of parents affected by substance misuse, as key partners in their work.

Secondly, agencies had both similar and different perspectives on aspects of the partnership approaches adopted. This has been noted in research on partnerships elsewhere and is to be expected (Larner & Butler, 2003). This report has attempted to respect the viewpoints of participant agencies within the confines of a time and resource limited project.

## **The findings**

### ***The nature of the 'partnership approach'***

What emerged very early on in the consultations was that there were a number of different levels of working together, each with different features.

#### **1. Workshop with organisations from a number of sectors to discuss proposed Strengthening Families projects**

Preceding this workshop, ACT Alcohol and other Drug Policy Unit consulted with ACT Aged and Community Health Policy Unit about community agencies (not in the Alcohol and other Drug Sector), interested in undertaking projects in the Strengthening Families area, in order to promote relationships between family support and the Alcohol and Other Drug sector. These agencies were approached about the projects.

ACT Health (Alcohol and other Drug Policy Unit) requested that three agencies whose expressions of interest appeared suitable, present the projects to a larger group, in order to assess whether or not the projects met perceived need and to identify what sorts of inter-organisational relationships would be needed.

The attendees at this workshop included, but were not limited to, representatives from:

- Gugan Gulwan Youth Aboriginal Corporation which provides an alcohol and other drug support service for Indigenous people aged 18-25;
- Marymead (family support service);
- Directions ACT (an alcohol and other drug service) who ran the Families in Action Project, initially funded under Strengthening Families measure;
- Office of Child Youth and Family Support (which is the statutory child protection agency in ACT);
- ACT Health including ACT Mental Health and ACT Community Alcohol and Drug Program, also funded under the initial round of Strengthening Families measure to run the Family Drug Support project; and
- Commonwealth Department of Family and Community Services.

Following this workshop, ACT Health decided that the projects proposed by the three agencies were appropriate and appeared to meet community need as indicated by discussion in the workshop. The individual funding agreements were then agreed.

## **2. The steering committee**

A steering committee was formed to oversee the projects and this comprised representatives from the Commonwealth funding body, the Department of Family and Community Services, the Territory funding body, ACT Health Alcohol and other Drugs Policy Unit, ACT Health Aged and Community Health Policy Unit, and the agencies who had received the funding: Youth Coalition of the ACT, Canberra Mothercraft Society and Community Health Child Youth and Women's Health Programs.

The Terms of Reference of this committee can be found at Appendix B.

The Steering Committee met quarterly and oversaw the required quarterly reporting to FaCS. The funded organisations were thus continually involved in the monitoring and discussion of each other's projects and aware of the activities undertaken.

## **3. The brokerage funding committee and process**

As there was funding available after the core funding was allocated, brokerage funding was made available to the projects and the Steering Committee agreed on criteria for the use of brokerage funds.

A successful application for brokerage funds would involve:

- an additional payment required for clients to have timely access to appropriate services and/or
- an additional payment required in order for projects to achieve systemic change.

The brokerage funds were not to be used for:

- items already in project budgets

In order to promote transparency, given that the potential applicants for brokerage funding were on the Steering Committee, the Steering Committee agreed that representatives from Family and Friends of Drug Law Reform, YWCA and ACT Health would form the panel to assess applications for brokerage funds.

However, rather than the three potential applicants submitting separate applications for brokerage funding, a cooperative process was instigated by the applicants themselves. The three organisations (Youth Coalition of the ACT, Canberra Mothercraft Society and Community Health, Child Health and Women's Health Programs) communicated in order to determine the needs of the three projects for brokerage funds, and submitted a joint proposal. This proposal met the criteria and was agreed by the brokerage assessment panel.

#### **4. Working together in the projects and programs**

The principle of forming partnerships and relationships between organisations was fundamental to the three projects. This led to a number of inter-organisational and cross-sectoral relationships, the details of which will be found in the organisations' individual reports.

Some examples of these relationships included:

- In June 2005, the Youth Coalition of the ACT, the Canberra Mothercraft Society formed a relationship with the Alcohol and Drug Foundation ACT to deliver a three part summit series on Drug Use and Families, with each of the

organisations taking major responsibility for one part of the summit (Fowle, 2005).

- The Community Health Child Youth and Women's Health Programs joined with the Youth Coalition of the ACT to run focus groups with young parents and service providers. This enabled the Community Health Child Youth and Women's Health Programs to better understand the needs of young parents who may be living with drug use, and has enabled the program to link with the youth and other services the young people are using, for example the Junction Health Service.
- Youth Coalition of the ACT worked with ACT Health and the Steering Committee to host an Executive Breakfast prior to the Drugs in the Family Summit (12 July 2005) where the three projects presented their work to executives from a number of organisations and government departments.

### ***Mapping the relationships***

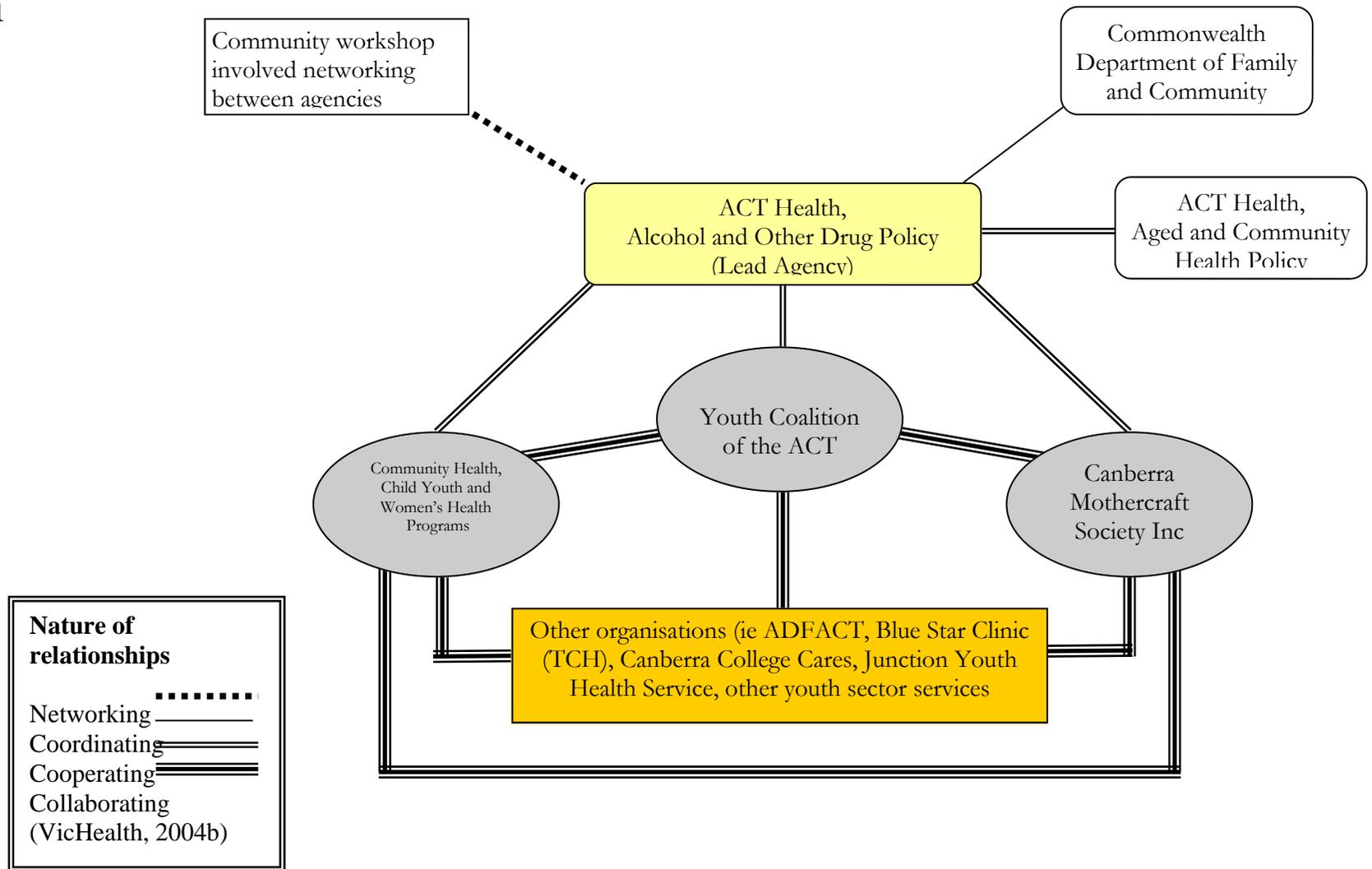
Because of the diverse nature of the ways of working together, it is difficult to draw a single map to represent these relationships. However a diagram presented below attempts to link them together simply (see Diagram 1). Drawing on the VicHealth definitions of relationships in partnerships, we have identified elements of networking, coordination, cooperation and collaboration in varying relationships in this partnership approach, and its four levels described above.

Relationships changed according to purpose and activities undertaken. For example, this method of funding involved some risk for the lead agency, ACT Health, where there was less control but equal accountability for funds than is involved in a more standard request for tender arrangement, particularly in the management of the brokerage funds. This process involved developing a relationship of cooperation with the funded organisations. The Executive Breakfast was a collaborative activity involving all four agencies, including ACT Health.

The decision of the three funded agencies to decide cooperatively on a suitable disbursement of the brokerage funds was a clear example of collaboration: a willingness to increase the capacity of another organisation for mutual benefit and a common purpose. In this case, one agency decided not to request brokerage and to agree to the other two agencies' application for the funds.

Diagram 1 has been completed on the basis of the main relationship patterns, with an acknowledgement that these patterns changed depending on the nature of the activity.

**Diagram  
1**



### ***Establishing a purpose***

It was clear that there was a strong commitment on the part of all the organisations consulted to working across sectors, both in government and community organisations, in order to better meet the needs of families affected by substance abuse. This was evident from the initial planning stages when the two different areas of health policy in ACT government considered how they could work together.

At the July 2004 workshop initiated by ACT Health (Level 1 described above), the purpose was to try to create useful linkages and relationships between individuals and organisations in different sectors, so that services provided could be as valuable as possible to service users.

There was a strong recognition of the benefits of working together, particularly at the project level of this constellation of relationships (Level 4). It was noted that one organisation may be in touch with a group, for example, young people, which other organisations may not have access to and that working together can increase the capacity of the services to better understand and meet the needs of that group.

The enthusiasm for better meeting the needs of families affected by substance use was an effective force which drove the projects and the processes of working together. This was particularly evident at the project level. Also at this level, the community development approaches to working were a source of commonality between the funded agencies.

A clear commonality of purpose (that is, meeting the needs of families) was evident in the cooperative approach taken by the three funded agencies to allocating the brokerage funds (Level 3 above).

### ***What worked well***

The parts of the partnership approach which agencies regarded as working particularly well, were the relationships forged between the three funded organisations as they collaborated

with each other, and other agencies, on aspects of their projects. The agencies appeared confident in the contribution they brought to these collaborative projects, and respectful of the other agencies' knowledge and skills. There was a sense that the job could be done much more effectively together than separately. This included the sharing of networks, and the mutual understanding and appreciation of different paradigms. One organisation described the relationship between the organisations as energy giving rather than energy draining.

In addition, the collaborative, rather than competitive approach to the allocation of the brokerage funds provided an innovative solution to the problem with which all involved parties appeared satisfied. The focus on the needs of the clients and community was paramount so that no one agency exerted any undue pressure or considered that they should have priority.

There was an awareness that a less 'top down' and more equal relationship between ACT Health and the agencies was also an innovative part of the approach and reflected new ways of working for the funding body. Appreciation was expressed regarding the willingness of ACT Health, in particular the Alcohol and Other Drug Policy Unit, to work in this cooperative manner.

An additional feature of the relationships between the agencies was that they were not generally existing relationships; they were built during the life of the projects.

### ***Challenges***

A common theme of the consultations was the extra time it takes to work with a partnership approach in comparison to working as a single agency. The extra time involved in communication, networking and coordination is not necessarily built into funding arrangements. The funding body is also affected by the additional time requirements of working in a consultative manner.

To some extent this time pressure may be mediated by flexibility on the part of the funding body in terms of setting reasonable time frames for reporting. On the other hand, it can be difficult if flexibility leads to lack of clarity regarding time frames for reporting and other accountability requirements. It was generally agreed that organisations working together need clear expectations and planning regarding accountability requirements. In this case study quarterly reports were required to go to FaCS and the Australian National Council on Drugs, and the Steering Committee met quarterly fit with that cycle.

It was noted that where funding arrangements are held up for any reason, including the extra time required to work collaboratively; stress can result for community agencies who are dependent on the funding for the progress of the projects. It would appear that the earlier the consultative approaches to new funding can begin, the smoother the processes are likely to be for organisations needing to employ staff.

In this example of organisations working together, these issues appeared to be managed through both formal (for example, a letter setting out the joint brokerage application) and informal communication (for example, informal discussion between the funded agencies), both of which were driven by a desire to achieve the best outcomes for the client groups.

### ***What was learnt***

For the funded organisations, this experience of working together confirmed that there is value in working cross-sectorally and collaboratively for a joint agreed purpose at a project level. The importance of the shared purpose and shared vision meant that exertion of power by one party over another did not occur: the focus was always on the promotion of the well being of the families at the centre of the Strengthening Families initiative.

The cooperative approach to the distribution of the brokerage funds, within a transparent and accountable process, was an indication to the organisations involved, that cooperation in the sensitive matter of money is possible.

The need to develop systems and planning that can sustain partnership arrangements was identified as both a challenge and something which was learnt. Funding arrangements such as these mean that projects are funded for 12 months, and there is a need for systemic arrangements which can sustain the changes.

This particular group of agencies found it generally easy to find common ground and purpose. However the point was made during the consultations that this may not necessarily be so in future partnership approaches, and then it may be much more necessary to make commonality and difference explicit. Specific attention to creating the joint vision may be required which seemed to come relatively easily in these projects. In future partnerships articulation of the norm of complementing each other rather than competition would be important.

## **Discussion**

The following section is a discussion of the issues identified by the researcher arising from the consultation process.

The overall success of this partnership approach, particularly at Levels 3 and 4 described above appears related to the commonality of purpose and of ways of working. In addition, there was clear support of the organisations' management for partnership approaches. VicHealth and other frameworks identify these as important aspects of successful partnerships (Department of Community and Health Services, 1999; VicHealth, 2004b).

The consultations identified the extra time required for building partnerships for both the community and government sectors. This factor is well acknowledged in literature on partnerships (Department of Community and Health Services, 1999; Lerner & Butler, 2003; VicHealth, 2004b; Williams et al., 2004). For both community agencies and government, the extra time needed for relationship building may need to be built into funding in order to promote sustainable working relationships. Time can also be required after the conclusion of contracts for meetings and other matters related to the conclusion of the contracts. This

involves costs to the organisations involved, which can be particularly significant for community organisations.

Other processes relevant to sustainability include attention to tendering processes which, whether select or competitive do not always foster an environment conducive to organisations working together. This is one of a number of contradictions to be managed when trying to foster partnerships and these have been noted in literature (Larner & Butler, 2003). A non competitive or select tendering process can potentially lead to awkwardness in already established relationships between organisations, if agencies who are not awarded a project do not think that the processes were transparent enough. On the other hand, competitive tendering does not necessarily mean that identified needs are met and can also involve a disruption to established relationships between agencies. For those agencies who are unsuccessful considerable expense is entailed.

Rather than applying for tenders within a sector, cross-sectoral working means that many agencies can apply across sectors, so that all agencies may be pitted 'against' each other in a competitive tendering environment.

The ACT Government's *The Social Compact* acknowledges the different financial and accountability constraints of Government agencies and the community agencies and recognises the need for government and community organisations to work in partnership (ACT Government, 2004d). Mutual understanding between government and community agencies is required for the awarding of tenders to proceed in a consultative and transparent fashion with timely processing of funds. Without this mutuality, the power imbalance which exists due to Government being the holder and disburser of funds can disturb progress towards achieving partnerships and collaborative ways of working. The ACT Government has provided guidance on issues which arise in community-government partnerships in its *Community Engagement Manual* (Community Engagement Unit, 2005).



## **Conclusion**

The overall agreement of the four agencies consulted was that most of the relationships forged in this constellation of working relationships were successful in promoting the goals of the Strengthening Families measure and of the individual projects. The partnership approach adopted has left the agencies; both government and nongovernment, with an enthusiasm for working cross-sectorally and cooperatively in order to achieve agreed goals.

The key features contributing to the successful relationships were a mutual willingness to work together for joint purposes, with a constant focus on what was best for the families and young people who were the clients. This was particularly evident in the collaborative and cooperative approach of the funded agencies to the allocation of the brokerage funding. The challenges experienced, such as the extra time needed to foster the relationships, and the funding procedures required to manage this, are documented challenges of partnerships.

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## **APPENDIX A**

### **CONSULTATIONS WITH ACT STRENGTHENING FAMILIES PROJECTS**

The following provides a structure for the brief consultations to be held with Youth Coalition, Community Health, Child Youth and Women's Health Programs, and Canberra Mothercraft Society, and ACT Health, Alcohol and Other Drugs Policy Unit. Lorraine Thomson, a researcher at the Institute of Child Protection Studies, Australian Catholic University, will be conducting the consultation discussions. Dr Morag McArthur, Director of the Institute will be working with Lorraine on the report commissioned by ACT Health.

The purpose of the consultations is to document what has been learnt from the partnership approach adopted in relation to three projects funded by ACT Health in 2004/2005 under the Strengthening Families measure: Supporting communities to support young people and families affected by alcohol and other drug use; Positive parenting for young people; and Grandparents parenting grandchildren of families affected by alcohol and other drugs.

The numbered questions are the main subject areas we anticipate covering in the discussions.

In writing up the consultation we will be focussing on what has been learnt in the partnership processes adopted. In the report we will be looking to identify trends, rather than attributing points of view to any single agency. We anticipate sending the report to you for comment very early in the week beginning 28 November, prior to submitting our final report to ACT Health.

- 1. What were the purpose and goals of the partnership approach adopted?**
  
- 2. What did the partnership look like (who was involved, what were their roles, how were decisions made)?**
  
- 3. What did the partners bring to the partnership approach?**
  
- 4. How did the partnership work in practice?**

**5. What, if any, were the challenges to working in this approach to partnership, and how were they dealt with?**

**6. What have you or your organisation learnt from working in this approach to partnership?**

Please contact Lorraine Thomson 62091207 with any questions.

## **APPENDIX B**

### **MONITORING COMMITTEE - NIDS STRENGTHENING & SUPPORTING FAMILIES COPING WITH ILLICIT DRUG USE**

#### **Membership:**

ACT Health: Alcohol and Drug Policy and Aged and Community Health Policy Unit  
Commonwealth Department of Family and Community Services (FACS)  
Youth Coalition ACT  
QEII  
Children, Youth and Womens Health, ACT Health

#### **Terms of Reference:**

The monitoring committee will:

- monitor the overall progress made towards achieving the outcomes identified in Schedules 1 and 1.1 of the MOU between the Commonwealth Department of Family and Community Services and ACT Health;
  - Schedule 1: "Parent Education and Support Program"
  - Schedule 1.1: "ACT Family Support Sector Project"
- as necessary, make recommendations to the parties as to the implementation of the Programs by ACT Health; and
- as appropriate, participate in the preparation of the reporting requirements as referred in clause 9 and Schedule 3 of the MOU between the Commonwealth Department of Family and Community Services and ACT Health.