Forging Partnerships in Health Care: Process and Measuring Benefits

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Rudd, C. Forging Partnerships in Health Care: Process and Measuring Benefits

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ABSTRACT
Universally, there is concern that much academic learning has dealt mainly in theory, removing knowledge from context with a resultant lack of practical experience. Here, the catalyst for strengthening university-community engagement, emanated from a desire to foster greater propensity within students to make connections between their academic courses and responsibility toward the community and people in need, and thus develop enhanced skills in social interaction, teamwork and effectiveness. This paper explores a variety of models of university-community engagement that aim to achieve and model good practice in policy making and planning around healthcare education and service development. Ways of integrating teaching and learning with community engagement, so there is reciprocal learning with significant benefits to the community, students, the university and industry are described. The communities of engagement for a trans-disciplinary approach in healthcare are defined and the types of collaborative partnerships are outlined, including public/private partnerships, service learning approaches and regional campus engagement. The processes for initiating innovation in this field, forging sustainable partnerships, providing cooperative leadership and building shared vision are detailed. Measuring shared and sustained benefits for all participants is examined in the context of effecting changes in working relationships as well as the impact on students in terms of increased personal and social responsibility, confidence and competence. For the health professions, it is considered vital to adopt this approach in order to deliver graduates who feel aware of community needs, believe they can make a difference, and have a greater sense of community responsibility, ethic of service and more sophisticated understandings of social contexts. In the longer term, it is proposed the strategy will deliver a future healthcare workforce that is more likely to have a strengthened sense of community, social and personal responsibility and thus effect positive social change.

INTRODUCTION

The notion of the ‘engaged university’ is now a key issue for the higher education sector in Australia (Bishop 2006). However, the development of structured strategic approaches and the subsequent realisation of community engagement objectives have been reasonably ad hoc, as has an evidence-based approach to measure progress and assure quality (Association of Commonwealth Universities 2001; Scott & Jackson 2005). The Australian Universities Community Engagement Alliance (AUCEA) highlights that community engagement is more than community participation, community consultation, community development and public relations (AUCEA 2005a, p. 3). In general, university-community engagement is defined as reciprocal (i.e. a two-way relationship) that is mutually-beneficial and knowledge-driven between higher education institutions and the communities they serve (AUCEA 2005a; Garlick & Langworthy 2004).

Adams et al. 2005 highlight it is important to differentiate between community service and community engagement paradigms. For example, community engagement might be characterised by mutual benefit, learning, adapting and responding to new knowledge and processes found within communities, while the service paradigm might be more about meeting needs and solving problems for the community (Gibbons et al. 1994).
Garlick and Langworthy (2004) suggest that community engagement interactions "... are based on an understanding that some elements of academic goals related to leadership, research, teaching/learning, internationalisation, infrastructure, and service can only be achieved successfully through a collaborative relationship with community sources of knowledge and expertise.

The Australian Universities Community Engagement Alliance (AUCEA) proposes that these mutually beneficial outcomes should include:

- Productive research outcomes that are, among other things, socially robust;
- Regional economic growth;
- Linking the community and the world (boosting local/global connectivity);
- Social capital development;
- Progress towards a region’s sustainable development;
- Human capital development;
- Development of corporate and private citizenship attributes;
- Driving social change; and
- Development of the cultural and intellectual fabric of the community.

(AUCEA 2005a, pp. 2-3)

As both method and methodology, community engagement can be seen to be heavily consistent with certain social and economic trajectories such as increasing focus on community-government-industry "partnerships", the downsizing of public sector institutions and increasing outsourcing of funding to industry and community agencies, the move from centralised to regionalised models including community-based ‘grass roots’ service delivery as opposed to state-based, and the assumption that knowledge and learning must be ‘applied’ or ‘commercialised’ if they are to be of value (Sunderland et al. 2004, p. 5). Note this outsourcing of funds, for some, might represent a shift in power and trust away from government-funded organisations, including universities, towards the private sector. While it might also be presumed that governments believe that market forces will ensure quality, relevance and efficiency, undoubtedly this presumption might also be argued by others.

The global and growing interest by universities and communities in building partnerships, that is, relationships of common interest and shared gains, has become well-defined during the last decade. Thus, this paper does not differentiate between the process of developing partnerships in health care as separate to the community engagement agenda in that the examples provided demonstrate how partners have jointly engaged in health initiatives, ensuring alignment with the key messages of the partners and the needs of the broader community, and to date, stayed together. Sustainable partnerships are born, nurtured and maintained through good relationships between partners where there is trust and mutual gain (Burgin et al. 2005). As a result, there is a need for higher education institutions to develop planning, monitoring and evaluation frameworks, including benchmarks and benchmarking partners and processes, in order to define ‘good practice’ models (Garlick & Langworthy 2004).

Adams et al. (2005) suggest that although community engagement is gaining prominence as an important aspect of what universities do, little work has been done on how it can be measured and there is a need to ensure that the net benefits flowing from university partnerships to those involved can be identified, measured and monitored on a continuing basis.

It is widely accepted that performance measurement requires an ongoing collection of information which will provide the basis for program monitoring and evaluation and for judging whether the pre-requisites for implementation of effective strategies and programs are being achieved. In this type of evaluative process, indicators or measures of performance are specified to provide a foundation for the evaluative methodology and define the benchmarks for success of an initiative. The purpose of performance indicators is to provide data that can help form a view about the performance of a program or area. Thus, performance indicators are not measures of activity, as in output such as the number of clients who use a type of service are measures of outcome, but more a measure of achievement or success, that is, how consumers were helped by a service, what improvements were generated and levels of consumer and community satisfaction (Rudd
Thus performance information serves to prompt questions, rather than supply all the answers; performance indicators should be provocative and suggestive, and raise the alert if there is a need to examine an issue further. Performance indicators should not be confused with performance standards; the latter being similar to checklists for service provision in that they indicate the things a good service should have (Rudd 1995). Standards point out what should be measured to determine a quality service; benchmarks of performance may then be established according to pre-determined goals, such as the most efficient, the best quality or the most equitable provision so that cross-industry comparisons can be made (Council of Social Service of New South Wales 1992). So, benchmarking requires both the application of performance indicators to measure outcomes and the effectiveness and efficiency of the processes responsible for producing those outcomes, and the interpretation of the performance indicator information taking into account ‘best practice’ standards – thus assessing the gap between current practice and best practice (Cuttance 1994).

One of the specific challenges in the context of community engagement, is that generally performance indicators are developed in the context of existing strategies (or goals) in order to monitor progress, yet many if not most universities do not yet have formalized community engagement strategies. Thus there are few strategic frameworks (plans) to direct the development of a set of indicators (Adams et al. 2005).

In Australia, the Australian Universities Community Engagement Alliance Inc. (AUCEA) was established in 2002 as an alliance of Australian universities committed to university-community engagement in order to promote the social, environmental and economic and cultural development of communities (AUCEA 2005b). Adams et al. 2005, suggest there are difficulties in consistently defining the notion of ‘community’ as they can be both internal and external, virtual, might be based around a learning precinct, a region, a professional group including its representative bodies, culture and practice, and may include other education institutions.

EMERGENCE OF COMMUNITY ENGAGEMENT ON THE AGENDA

Why did community engagement emerge on the global agenda anyway?

Certainly, on an international scale, the agenda for universities has moved on from a desire to simply increase the general education of the population and the output of scientific research; there is now a greater concern to harness university education and research to specific economic and social objectives (OECD 1999, p. 9). In some countries, there are also considerations such as demonstrating effective community engagement for higher education institutions that is also related to indications from government that universities need to demonstrate a responsiveness and service approach to their communities in order to receive funding allocations, to enhance viability and competitiveness, and to forge stronger and sustainable relationships with regional campuses (which will have a summative impact in improving broader outcomes).

At a personal level, ‘the concern’ referred to in this paper’s abstract has a history based also on the author’s desire to ensure sustainability of a multidisciplinary health school in one of four universities in one state in Australia. Thus engaging with the community and delivering shared benefits was seen as vital to achieve workplace readiness and employability for our graduates and in turn, longevity of the school. This personal interest in university-community engagement was triggered several years ago by an interest in what was happening in the United States with the Campus Compact and service learning agenda. Of course, a commitment to the triple bottom line, a social conscience, building individual and community resilience and social capital (social capital refers to the features of social organisation, such as networks, norms, and trust, that facilitate coordination and cooperation for mutual benefit). Social capital enhances the benefits of investment in physical and human capital, a concern for the environment, and a reaction against materialism and the negative impacts of globalization were major influencers (Putnam 1993). Since 1906, institutions of learning in the United States have been implementing cooperative education or work-based learning schemes in an effort to prepare students for the world of employment (Sovilla in Langworthy 2004, p. 3). In the US, there is now a national coalition of more than 1000 college and university presidents (Campus Compact) that represents some 5 million students and is dedicated
to promoting community service, civic engagement, and service-learning in higher education. Service-learning is a particular form of experiential education that incorporates community service. The International Partnership for Service Learning offers an introduction to the idea of service-learning, explaining that "service-learning responds to students' desire to be in the world, learning from experience as well as classes, and to put their education to use for the good of others." Service-learning involves students in community activities that complement their classroom studies (Bringle & Hatcher 1995).

Campus Compact is the only national association dedicated to this mission in the United States and thus is seen as a leader in building civic engagement into campus and academic life. Colleges and universities have been viewed as the natural locus for advancing civic engagement and through a national office and network of 31 state offices, member institutions receive the training, resources, and advocacy they need to build strong surrounding communities, improve community life and educate students for civic and social responsibility. Campus Compact's membership includes public, private, institutions across the spectrum of higher education. These institutions put into practice the ideal of civic engagement by sharing knowledge and resources with their communities, creating economic development initiatives, and supporting service and service learning efforts in key areas such as literacy, health care, hunger, homelessness, the environment, and senior services (Campus Compact 2006). Campus Compact has been in place for some 20 years, and there have been associated multi-year research projects whereby community engagement practices and programs have been evaluated across the country. For example, indicators and benchmarks for engagement have been developed and successful community engagement practices and programs at community colleges across the country profiled. There are resources that provide specific guidance on creating an engaged campus and resources that explore institutional culture, organisational structures, enabling mechanisms, curricular issues, and partnering strategies as avenues to community and civic engagement. There are self-assessment tools to help campuses evaluate and deepen their own engagement practices.

It was this work in particular that led the author to examine the progress in the area of service learning in the United States given this is where much of the work in this area, to date, has occurred. Indeed, service learning as a term is not that well known outside the United States, even though the concept and practice of establishing and developing partnerships between academic institutions and community agencies to progress a university's community service mission is not uncommon. However, what is considered as innovative in the Australian context is that service learning presents a structured approach to supporting community service learning as an integral element in undergraduate education.

CURRENT MODELS OF COMMUNITY ENGAGEMENT IN HEALTH CARE

There are a number of examples that span the teaching and learning, research and practice continuum, that the School of Nursing, Midwifery and Postgraduate Medicine at Edith Cowan University (ECU), has built during the past two years that are already delivery good results. Of interest, our work has achieved its goals in terms of outcomes, a number of by-products as hoped, and then some additional serendipitous outcomes. That is, our partnership benefits can be described with emphasis on their multiplier effects; the partnerships in themselves created or built on existing synergies and generated additional ventures for both partners and other organisations. Burgin et al. (2005) suggests this multiplier effect is, in itself, evidence of a thriving and sustainable partnership. For instance, we've found that research outcomes can emanate from what was initially a teaching and learning community engagement initiative; and a teaching and learning outcomes can emerge from a clinical community engagement program, and so forth. The examples highlighted in this paper include 1) public/private partnerships for longitudinal clinical placements in industry, 2) an early career development program, 3) a faculty practice program, 4) a regional campus engagement compact, and 5) a community partnerships tool box resource.

1) Public/Private Partnerships
Formalised partnerships across the State now form a significant program offered to ECU undergraduate Bachelor of Nursing Program students that enables them to do all of their practical
rotations within one setting, i.e. a hospital or region. These initiatives create continuity of student placements, a sense of belonging and local ownership for both students and the partner institutions. Partners consider the opportunity to work in partnership with ECU in training their own future workforce as a real benefit. The students who apply for a partnership program feel the consistent learning environment is a real bonus. Also, in the rural programs, students feel they can have a key collaborative role in establishing health promotion projects that are responsive to health issues in the region and the local communities. In addition, agreements have been forged with a number of Local Government Authorities for health promotion placements for the undergraduate students in final stages of the Undergraduate Bachelor of Nursing Program. The School now has partnerships with the Statewide WA Country Health Services, all the major tertiary hospitals, a number of secondary hospitals, local government authorities, the largest private hospital group, and other private corporations, as below:

- Joondalup Health Campus;
- Sir Charles Gairdner Hospital;
- Fremantle Hospital;
- Royal Perth Hospital;
- St John of God Hospital Subiaco;
- St John of God Hospital Murdoch;
- Swan/Kalamunda Health Service;
- WA Country Health Services commencing with the Pilbara Gascoyne Region (including the Population Health Unit, the Shire, Nintirri Neighbourhood Centre, Karingal Neighbourhood Centre, Gumula, Paraburdo and surrounding communities for the Building Health Communities program for health assessment and health promotion placements);
- Pilbara Iron (a member of the Rio Tinto Group that operates and maintains mining, rail and export facilities in the north-west of Western Australia);
- Combined Universities Centre for Rural Health; and
- Local Government Authorities.

2) Early Career Development Program
The School of Nursing, Midwifery and Postgraduate Medicine has been funded by the State Government to provide an educational and clinical work experience program for students wishing to take up nursing as a career. The School will form relationships with young people, and their secondary schools, at an early point in the development of their careers. Year 10 students undertake a one-week placement in the School and participate in a structured program that promotes the diversity of nursing using the School’s simulation learning and scenario based training environment and resources. The School will collect baseline data on participants’ views of nursing before and after the program. In partnership with the State Government, the program aims to increase student enthusiasm for nursing, reduce pressures from hospitals to create work experience placements, increase student satisfaction with ‘work experience’, and enable easy access for students who wish to pursue nursing as a university course and career. The pilot program is commencing now and there is a view to reproduce the model for Year 10 students across the State as well as adapting and rolling-out the program to incorporate other health careers within the Western Australia healthcare system – ECU is the only university funded for this initiative in Western Australia.

3) Faculty Practice Program
In 2005, the School forged a partnership with its neighbouring hospital, the Joondalup Health Campus, to develop and implement a program of faculty practice for its academic staff. This is the first program of its kind in Australia. The partners share a joint appointment, the Faculty Practice Coordinator, and Joondalup Health Campus provides the School’s academic staff with up to date, best practice clinical experience delivered in a supportive environment. ECU’s students benefit as they learn from academic staff that have a clear understanding of contemporary practice in the current workplace. Early results indicate that the academic staff on faculty practice, through their roles of clinician, educator, researcher, consultant and managers/leaders, are in turn providing a valued service to the hospital team. For example, and not surprisingly, faculty practice has the potential to encompass value-adding activities, such as technical assistance (including assisting
staff to access higher education institutions), consultation to individuals, families, groups and communities, as well as the identification of research ideas, study designs and appropriate methodologies (Saxe et al. 2004, p.167).


- enhanced quality of teaching;
- increased opportunity for demonstration of professional characteristics such as autonomy, self concept and self esteem;
- increased credibility in the class room;
- role modeling by both clinicians and academic staff (mutual benefits);
- a closer rapport with industry and service providers;
- improved patient care;
- students observing life long learning in practice;
- a recruitment strategy for both students and clinicians; and
- new sources of research opportunities.

4) Regional Campus Engagement Compact
This research program, currently underway, is developing and refining collaborative strategies and strengthening links between the two faculties at ECU (one regional and one metropolitan) that offer the Bachelor of Nursing. A Partnership Compact (including work plan) of practical initiatives and measures, based on the findings from an analysis of Australian and international university regional campus engagement literature will be delivered. The Partnership Compact will consider assessment processes across faculties in the same courses, the extent and quality of online team teaching and learning and relevant opportunities for regional delivery, shared capacity to extend the internationalisation of courses, and the application of blended teaching and learning modes and innovation, including virtual and real simulated learning strategies.

5) Community Partnerships Tool Box
The School of Nursing, Midwifery and Postgraduate Medicine ECU, was funded in 2006 by the Department of Health Western Australia, to develop, implement and evaluate a Community Partnerships Tool Box. The project comprises a community-based study that will develop and test a new and innovative approach to developing leadership capacity in community nurses and the subsequent development of a resource, the Community Partnerships Tool Box. Given, community nurses are well placed to influence health related behaviour within the community, the Tool Box is being developed in response to the evolving needs and challenges of nurses working in community health, and to enable them to build on their capacity and partnerships within the community. The project is centred on developing a stronger sense of civic responsibility amongst community nurses and in turn, nursing students. The project is unique because it aims to embed a different way for community nurses to view their profession in terms of their role in building social capital and partnerships. While being a generic resource, the Tool Box is being developed to accommodate shifting health priorities and issues, thereby ensuring it is transferable and sustainable.

Measurement of the benefits
The complexity of partnership work as above has presented some challenges and it has been critical to our mutual success to invest however much time was needed to address any issues. For instance, we predicted some challenges and were proactive to address any threats such as differences around power and ownership, organisational cultures, resource inequalities, time commitments, conflicts of interest, and varying budget capacities (Suarez-Balcazar et al. 2005). We also knew and responded to the ongoing need to define and redefine roles and at every stage possible, we’ve celebrated the early victories and milestones.

However, like most of our counterpart higher education institutions in Australia, we are still endeavouring to define the benefits. For instance, Adams et al. (2005) report on developing performance indicators to measure community engagement, and cite a lack of:
• clear definitions of appropriate communities to survey;
• consolidated information on the range and types of partnerships;
• clarity as to how regions were defined (e.g. size, level or purpose);
• understanding of how to scope scholarship of engagement; and
• processes to capture informal work of individuals interacting with external communities as part of professional practice.

For our programs in the School of Nursing, Midwifery and Postgraduate Medicine at ECU, we’re investing energy into defining and assessing those benefits in terms of process, impact and outcome – which undoubtedly adds additional complexity in the first instance, but potentially stronger clarity and direction in the medium to longer term. Thus, of interest for a structured way forward, is the recent work by Garlick and Langworthy (2004) wherein they describe three broad types of assessment that are currently undertaken by higher education institutions:

• guided self-evaluation assessment with expert peer review and iterative agreement;
• metric assessment based on an agreed schedule of measures; and
• a hybrid of a) and b).

The authors (Garlick and Langworthy 2004, p. 2) refer to guided self-evaluation assessment with expert peer review and iterative agreement as a process where participants deliver somewhat subjective points about what they perceive to be working well and then a peer review assessment occurs where a team of exogenous experts test the claims and identify pathways for improvement. The quality assessments required for the Australian Universities Quality Agency (AUQA) (an independent, non-profit national agency that promotes, audits and reports on quality assurance in Australian higher education), and the Institutional Management in Higher Education (IMHE)/Organisation for Economic Co-operation and Development (OECD) program (Supporting the Contribution of HEIs to Regional Development) are examples of this approach. While this approach enables a focus and connection with key community objectives, it does not always auger well for benchmarking as comparability across institutions can be compromised as there are different assessment teams across different higher education institutions (HEIs) and communities who may be influenced by the system and culture in which they normally work. On the other hand, although there are varying degrees of thoroughness of community consultation, the metric assessment based on an agreed schedule of measures approach appears to more readily enable comparative study across institutions, regions, cultures and systems. There are now a number of Framework Metrics being used internationally, such as the Gelmon Assessment Approach and the Manchester University Approach.

In October 2005, a group of Australian Universities (referred to as the New Generation Universities) submitted a paper to the Australian Vice Chancellors’ Committee (the peak organisation representing Australian higher education nationally and internationally) to inform the debate around the introduction of a further stream of funding from the Commonwealth Government to provide incentives for all universities in respect to university-community engagement and knowledge transfer (third stream funding) (New Generation Universities 2005). Accordingly, there is considerable interest in the development of measurement methodologies and consideration of new metrics-based approaches.

The Gelmon Assessment Approach, cited in the Kellogg Commission Report on the Future of State and Land-Grant Universities Report includes specific measurement strategies for quantitatively assessing each indicator in areas such as university-community partnerships, impact of service learning on the preparation of health professionals, faculty commitment, institutional capacity, and impact on community partners (Jacobson et al. 2004). The 1999 Kellogg Commission on the Future of State and Land-Grant Universities Report itself generated a list of seven qualities that characterise the engaged institution. These seven qualities below were considered ideally manifested in university structures, policies, and practices around issues like communication, incentives, community-based research, human resource allocation, and administrative oversight and funding.

• Responsiveness;
- Respect for partners;
- Academic neutrality;
- Accessibility;
- Integration of engagement into institutional mission;
- Coordination; and
- Adequate resources

(Kellogg Commission on the Future of State and Land-Grant Universities 1999).

The Manchester University Approach comprises a quality and metrics matrix for outreach and knowledge enterprise activity aimed at measuring infrastructure, activity and impacts.

In Australia, Garlick and Langworthy (2004, p. 4) have devised a new model of assessment, the Strategic Framework Structure which is based on guiding criteria of core common areas of interest for universities and their communities (and thus is a hybrid of both the earlier two approaches; self-evaluation assessment and metric assessment based on agreed qualitative measures).

The Strategic Framework Structure looks at measurement of engagement in a number of broad areas of core business such as governance and policy (including leadership), communications and dialogue, teaching and learning, research and innovation, infrastructure, internationalization and service provision (including the role of students). This previous work by Garlick and Langworthy (2004) provides a useful foundation upon which this author now builds. It is proposed that measurement of community engagement must be about the ‘end point’; meaning the end point of process, impacts and outcomes as much as possible. For example, considering a key area of community engagement activity such as policy and governance, while measures of good process might mean there are local and regional community representatives on a university council and outcomes of good process might mean there are increased numbers of staff promotions and appointments based on the community engagement agenda, this author is keen to devise a model that monitors and evaluates the impact of those targets and measures. In addition, it is suggested that, at the higher level of targets or core performance indicators, even process and outcome measures need to go beyond items such as the number of x, the amount of funding gained, the proportion of y, or the presence of z. This premise is not dissimilar to the Manchester Approach where measurement is structured under a generic measurement area.

A model of incremental measures building to core performance indicators, the Incremental Evaluation Model (IncrEM), is suggested to offer a model that provides end point targets and measurement of the end points of process, impact and outcome (i.e. the core performance indicators). The concept of an overall hierarchy of progressive measures (or measurement milestones), using standards to guide management and operational processes, and strives towards the attainment of ideal practice, can be graphically presented (see Figure 1).

![Figure 1: Incremental Evaluation Model.](image-url)

For instance, the example below considers a generic management area in a university, such as institutional policy and planning and the integration of engagement into the institutional mission and those arrangements. The following table provides an example of how just one action for this generic area could be shaped as part of an overarching university community engagement strategy. Significant in this example is an attempt to weave in measurements of what might be suggested as the key tenets of community engagement, such as:
Quality of processes (Suarez-Balcazar, Harper & Lewis 2005; Scott & Jackson 2005);
Quality relationships, including awareness of each partners’ organizational structure, culture and governance, capacity and constraints (Holland 2001; Penman & Ellis 2003; Winter & Wiseman 2005);
Collaborative leadership underpinned by common vision and clear direction (Langworthy (n.d.); Sunderland et al. 2004);
Transparent and effective communication resulting in diffusion of innovations and sustainable knowledge transfer (Rogers 1995; Langworthy 2005; Australian Universities Community Engagement Alliance 2005; Bishop 2006);
Mutual benefits in terms of process, impact and outcomes (Totikidis et al. 2005; Winter et al. 2005); and

Note the following example in Table 1 is based on the assumption that the hypothetical university has developed a community engagement strategy document which has now been implemented. In keeping with the quest to measure end points, the goal is assumed to be evaluating the implementation of that community engagement strategy. Table 1 provides a detailed categorisation, whereas Table 2 offers a simplified summary for the same goal. It is suggested that the summarised versions would be useful attachments to the fully detailed tables which would comprise a community engagement strategy.
Table 1: Incremental Evaluation Model – detailed categorisation for Goal 1

<table>
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<tr>
<th>Action area: Institutional policy and planning</th>
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<td><strong>Engagement Goals</strong></td>
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<td>1. The university and its partners have jointly devised an improvement plan based on the results of their participation in a community engagement benchmarking process.</td>
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It is proposed that identifying the high level action areas is both central and challenging even though number of models already exist, such as the Kellogg Commission’s seven qualities (responsiveness, respect for partners, academic neutrality, accessibility, integration of engagement into institutional mission, coordination, and adequate resources) or the United State’s Committee on Institutional Cooperation’s Approach of seven overarching parameters (institutional commitment, resource commitments, student engagement, faculty and staff engagement, institutional engagement, evidence of assessing impact and outcomes, and resource/revenue opportunities generated through engagement) (New Generation Universities 2005).

Whichever framework is developed, or selected, will determine the usefulness of the data gathered and measured. The challenge being, that beyond the example provided in this paper, there is a
myriad of engagement activities across the core business areas of a higher education institution that will need to be captured. For instance, in respect to teaching and learning, such impacts as curricula aligned with needs of industry, business and communities and outcomes such as credentialed professional development offerings from the university result in transfer of business from public and private sectors to the university and student career choices meet emerging workforce trends. For research and development, one would expect to see an impact such as the university's research outcomes are viewed by community as yielding beneficial outcomes for them and outcomes such as the physical, environmental and social changes that have been made in relation to research conducted and how this effectiveness has been measured. For university responsiveness, one might have a process measure such as the level of pro-action where the university stakes its claim of what agenda is and what might be the possible solutions.

CONCLUSION

Higher education institutions will undoubtedly, and increasingly, develop their own community engagement strategies in the short to medium term given the policy context and funding allocation formulae. In addition, partnerships and collaborations will inevitably evolve and change, thus there must be a shared commitment from partners to ongoing, comprehensive evaluation and improvement and knowledge sharing. Accordingly, there are a number of challenges in the next couple of years, not the least being success in articulating clear directions and actions that have partner ownership and are measurable from the outset. In addition, to achieve sustainability, the focus of community engagement strategies on student participation, will be critical. For instance, the development and delivery of community-responsive curricula, that address the theory and impact of service learning and community engagement, may create the need for new competency measures and innovative assessment, graduate attributes and so forth. Further, given student leadership and skills and abilities will be a key component of such curricula then there will be a parallel requirement for the development of leadership capacities inclusive of students and partner organizations, in areas such as communication, community advocacy, organisational skills in community settings, partnership building and working with the media.

Community partner agency education and training in terms of skills and competencies to effectively build partnerships (including developing different types of partnerships), effective teaching and learning strategies for students in community settings, and learning how to ‘navigate’ through their respective systems (e.g. higher education systems, government, not-for-profit sectors) will be critical to facilitating involvement and shared approaches. Certainly, both the academic learning and community based service learning will need to incorporate effective ‘reflection’ strategies for both lecture room (albeit virtual) and community based settings, in order to regularly and progressively ascertain student understanding of the theoretical concepts and issues around practice. Perhaps, a highlight of forthcoming challenges will be that of establishing benchmarking processes that offer just as much to the learning process surrounding community engagement, as they gain from the assessment information. Thus, in the true meaning of partnerships and community engagement, it is proposed that the measurement and benchmarking processes themselves will need to focus on reciprocal, mutually-beneficial knowledge-driven relationships.

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