

16th Annual Conference

Multi-Organisational Partnerships, Alliances and Networks (MOPAN) 2009

National University of Ireland, Maynooth, 17th-20th June 2009

Title ; Some perspectives on collaboration within the community and voluntary sector

Key Words : productive collaboration – alliances - not-for-profit – measuring outcomes – family carers

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Abstract

Inter-agency collaboration, particularly in the not-for-profit sector has long been widely advocated as a means of achieving more significant impact for respective constituents. How do we know this to be the case? In an attempt to answer this question, we look closely at three examples of collaboration that are currently being undertaken by a small not-for-profit organisation, Care Alliance Ireland, one of whose stated objectives is to co-ordinate a national network of voluntary organisations supporting family carers.

These projects are i) National Carers Week, ii) a joint conference and iii) a joint piece of research. We reflect on the process, focussing on the collaborative aspects, and estimate the likely impact of these projects on our constituents. We also endeavour to estimate the likely outcomes of these projects had collaboration not been pursued. We use self-reflection and

discussions with key actors to reflect on the projects and whether collaboration was considered valuable or an impediment. We use the stated goals of each project in an attempt to measure impact. Limitations to using this method include the vagueness of some original objectives and the difficulty in measuring impact.

We note the increasing popularity of alliances and ask what the triggers for this may be. We also examine some recent heightened calls for a reduction in certain not-for-profit organisations and pose the question; is this a reasonable proposal or a veiled threat to the strength of the sector?

Slide 1

Opening Page

Introduction

(Slide 2)

I will present a brief outline of the Not-for-Profit sector in Ireland, as I appreciate that most of the audience are neither located either in Ireland and or in the NFP sector.

I will outline Himmelmans simple matrix on co-operation as well as the research on what factors make collaboration successful and what the barriers are. I will present a summary review of the experience and practice of collaboration within the NFP sector in Ireland to-date.

I will present a description of three collaborative projects that our organisation is or has been centrally involved in. I shall pose the question' Have these ventures delivered collaborative advantage for our constituents, namely Family Carers?

I will also reflect on Himmelmans matrix in an attempt to understand and affirm our organisations involvement in these collaborative ventures.

I will end by considering the relationship between collaboration and mergers.

Slide 3 -

Background-Alliances and Umbrella Organisations in the Not-For-Profit Sector in Ireland

The contribution of the not-for-profit (NFP) sector in Ireland, also domestically referred to as the community and voluntary sector, is significant in terms of delivery of social services, lobbying, involvement in social partnership and media attention. Just under 9% of the workforce is employed in the sector.

Currently there are quite a few umbrella organisations, those with the highest profile include The Wheel and The Disability Federation of Ireland. Our own organisation, Care Alliance Ireland is one of the smaller NFP umbrella organisations operating in the state.

The most significant policy document (also known as a White Paper) to come from the state on the NFP sector was published in 2000 and is entitled : *White Paper on a Framework for Supporting Voluntary Activity and for Developing the Relationship between the State and the Community and Voluntary sector.*

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The possibility of innovation is at the heart of some definitions of inter-organisational working. In her seminal work on collaboration Barbara Grey (1989) defined inter-organisational collaboration as

¹ I wish to acknowledge the work of both Ronayne(2007) and Rourke (2007) and their respective papers from a DFI conference in November 2007 and from which the contents of Slides 4 to 11 are significantly based.

“a process through which different parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited view of what is possible (p. 8).”

A similar emphasis is found in the work of Chris Huxham (1993) who has been researching the dynamics of inter-organisational working for the past 15 years. For her it is the possibility of creating collaborative advantage that motivates organisations to work together and provides a rationale for inter-organisational working: She says that collaborative advantage is achieved

“when something unusually creative is produced - perhaps an objective is met - that no single organisation could have produced and when each organisation through the collaboration is able to achieve its own objectives better than it could alone” (p. 603).

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Himmelman is considered a leading authority internationally on co-operation in the NFP sector. He has identified 4 stages of working together – detailed on the slide (Speak on them)

I believe that this is useful matrix to support in identifying where a particular project lies on the continuum of co-operation.

Slide 6

The government rationale for supporting umbrella organisations is clear;

*‘Liaising with Government and undertaking a co-ordinating role for the sector is **time consuming** and resources are required for these tasks.’*

The white paper also says;

*'umbrella bodies have an important role to play in the context of the overall development of the Community and Voluntary sector. They provide support, training, information and other developmental services for the affiliated organisations. Their role is important in reconciling the inherent tension between the autonomy of individual organisations and the need for planning for the pursuit of common Sectoral interests, thus **developing internal cohesion** in the sector.*

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So what do the umbrella groups actually do? Again the White Paper of 2000 clearly articulates this.

'While a prime function of many umbrella bodies is representation, they also undertake significant work in providing support systems and services for member organisations, or for organisations doing like work. The main kinds of support service offered include:

- Provision of information and guidance for member groups
- Provision of education and training programmes for volunteers and staff
- Assistance with organisational and management development, standards development
- Specialist assistance in areas such as recruitment and legal incorporation.

In light of the acknowledgment of both the importance of and the time required to undertake this co-ordination role, the state has provided multi-annual funding to support with this task.

Specifically, since 2003, they have provided in the region of €5m pa. to approximately 60 NFP organisations.² Care Alliance Ireland is one of those organisations funded under this scheme.

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Ronayne (2007) in his insightful commentary on the Irish NFP sector observes;

*“Despite strong political and policy support for adopting inter-organisational working as a strategy to address complex social and economic issues, **harnessing the commitment and capacities of different organisations** to address common issues and developing effective forms of inter-organisational working has proved difficult.”*

(Ronayne, 2007,p2)

In an Irish context, Rourke (2007) reports that on the basis of documented evidence he has reviewed, that it can sometimes take up to 10 years to move through Himmelman’s Continuum of Change Strategies, from informal networking to more intense and structured collaboration.

His review concluded that

‘it is evident that inter-organisation co-operation in Ireland is still at a fairly basic and fundamental level and, in many cases, has not moved much beyond the lowest level of Himmelman’s continuum of collaboration (i.e. the lowest level being informal networking and information exchange)’

(Rourke,2007;p10)

² For a full list of organisations currently funded under this scheme see <http://www.pobail.ie/en/PressReleases/file,8771,en.doc>

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As recently as last Friday, a senior figure in the University sector here in Ireland, Tom Boland, the CEO of the Irish Higher Education Authority spoke about the great need for collaboration within his own sector.

He spoke about unnecessary and inefficient duplication in programme provision.

Light touch regulation of the sector he says ;

“has given us mission creep, inflexible staffing structures and practices and it has given us a fragmented system of institutions which to a very great extent stand apart and aloof from each other.”³

He called for a “greater emphasis on collaboration and consolidation”.

It is indeed interesting how he used both terms together – the terms collaboration and consolidation - perhaps a reflection of the current economic downturn – such that collaboration is perhaps seen primarily as a tool for cutting costs rather than generating greater outcomes per se – although he and others might disagree.

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Before speaking about the three projects that our organisation has worked collaboratively on, I think it would be useful to review some research on the factors that appear to influence the likelihood of success of such collaboration.

³ As reported in an article in The Irish Times, Saturday June 13th entitled ‘Academics worried by spoon fed students’ (Sean Flynn, Journalist)

The framework initially developed by Mattessich and Monsey (1992) and updated in 2004 is helpful in this regard. In their version of the framework 19 individual factors falling into six categories are identified as “factors influencing the success of collaboration”.

The six categories are: Environment, Membership Characteristics, Process / Structure, Communication, Purpose, and Resources.

Drawing on other studies (Ronayne and Creedon, 2003 and WRCsec, 2007) Appendix 1 your handout identifies a total of 26 factors that influence the success of inter-organisational working.

It is important to note that these factors are primarily organisational and do not include the characteristics and capacities of the individuals that carry the task of working across organisational boundaries (i.e., inter-personal factors that influence the success of inter-organisational working).

Table 1

Matrix of Factors Influencing the Likely Success of Inter-organisational Working

Environment	Political Support for inter-organisational working.	The presence of a “crisis” (and a perceived need to respond inter-organisationally rather than intra-organisationally).	Public pressure / pressure from service users for “better” / “integrated” services.	Funding environment oriented to inter-organisational working.		
Membership Characteristics	Credibility of organisations to be members / partners.	Extent of mutual understanding, respect and trust between organisations.	Appropriateness of individual members to role / task in terms of seniority and expertise.	Member organisations see collaboration as in their self interest.	Previous experience of inter-organisational working.	Ability to compromise.
Purpose	Inter-organisational work is a response to issues that are seen and agreed to be beyond resolution by individual member	There is a unique purpose for inter-organisational working (i.e., it differs at least in part from that of each of the member / partner organisations).	Shared vision and common goal.	Clarity in respect of objectives and agreement on achievability of objectives.		

	organisations acting on their own. A response to “wicked problems”.					
Process / Structure	Members are actual stakeholders in process and outcome – members feel ownership of process.	Clarity and agreement on roles and responsibilities.	Consensus approach to decision-making.	Flexibility in respect of organising activities to achieve objectives.	Collective approach to assessing successes and failures and mutual responsibility for same.	Capacity to adapt to changing conditions.
Resources	Funding commensurate with actions required to secure goal and objectives.		Timescales appropriate to achieve goals and objectives.		Mutual agreement and appointment of skilled convenor / effective leader.	
Communication	Content: the five Cs - clear, complete, concise, concrete, and correct.		Structure: established informal and formal communication channels.		Frequency: regular and consistent.	

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Himmelman (1994) has summarised the barriers to effective inter-organisational working under the headings of trust (i.e., lack of trust between organisations), turf (i.e., the unwillingness of an organisation to surrender ground or activities seen as falling within its responsibility or competence), and time (i.e., the inadequate allocation of organisational or individual time to the collective effort).

Ronayne(2007) , details these issues further. Appendix 2 in your handout provided more details on this.

Table 5
Organisational and Individual Barriers to Effective Inter-organisational Working

	Organisational
Trust	Lack of inter-organisational trust is a well documented barrier to effective inter-organisational working. There are many definitions of trust though a common feature is reference to vulnerability or risk. Inter-organisational trust arises when an organisation is willing to make itself vulnerable to the actions of another organisation. Effectively, without trust there is no possibility that an organisation will take risks and risk taking is a feature of effective inter-organisational working. Without risk taking organisations behave within their organisational boundaries and stick to tested and respected intra-organisational ways of working.
Turf	Turf barriers typically concern the perception (real or otherwise) of an imbalance in the benefits of collaboration between the collaborating organisations. In practice they can arise when an: <ul style="list-style-type: none">• organisation perceives another organisation as a competitor for resources;• organisation considers the costs of working with other organisations as greater than the benefits it is likely to receive; and,• organisation perceives another organisation as threatening its raison

	d'etre / trying to take over its functions.
Resources: Time, Finance, Human Resources	Time as a barrier to inter-organisational working essentially arises when insufficient time is allowed for establishing an effective inter-organisational process (e.g., developing collaborative relationships) and when the timescales for achieving the objectives of inter-organisational working are too short. Financial and human resources are also common barriers to inter-organisational working. They arise when there is insufficient recognition of the costs of working together and of the specific costs associated with inter-organisational working (e.g., joint investigations, planning and review meetings, collective evaluation etc). It should also be noted that while generating economic efficiencies is often seen as a goal or benefit of inter-organisational working, there are costs arising in supporting the processes that may generate such efficiencies.

So, collaboration is all good – right?? – well not necessarily...

Huxham and Vangen (2004, 2005) have coined the term **collaborative inertia** to describe the frequent failure of inter-organisational working and initiatives to generate any collaborative advantage: many will recognise this concept more readily under the heading of “**talking shops**”.

So how many of you here today have been involved in a supposedly collaborative venture that you feel went nowhere and was merely a talking shop?

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Care Alliance Ireland

Care Alliance Ireland was set up in 1995, in response to a belief amongst a group of people involved in the voluntary sector, that the voice of Family Carers within various NFP

organisations was limited, with implications for how support was delivered to this important sector of our community.

Currently we have a membership of over 70 NFP organisations, typically but not exclusively organisations with a particular condition specific interest/raison d'être. (e.g. Alzheimers, Cancer etc.) other include generic carer support organisations such as The Carers Association of Ireland.

The vision of the organisation is 'That the role of Family Carers is fully recognised and valued by society in Ireland' Our mission statement is: Care Alliance Ireland exists to enhance the quality of life for Family Carers. We will achieve this by supporting organisations in their direct work with Family Carers through the provision of information, research, the sharing of resources and opportunities for collaboration.

In 2008, Care Alliance Ireland secured funding for the period 2008-2010 from the Department of Community Rural and Gaelteacht Affairs. This funding stream came from the Scheme to Support National Organisations in the Community and Voluntary Sector. This is the scheme that I referred to earlier, that gives expression to the government policy.

So I will now talk about three projects that we in Care Alliance Ireland have undertaken recently.

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Carers week website – theme (show live website if possible)

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What is Carers Week?

The idea of this week came from the UK , where for the past 14 years, a week in June has been dedicated to raising public awareness of the role of Family Carers in our community.

Following a visit in February 2007 to the UK to meet with the manager of Carers Week UK and the CEO of Carers UK, the lead agency in the project, we set up such a week here in Ireland. It was originally limited in its scope, with a small launch in Dublin and 15 events taking place around the country with about 10 NFP groups involved. A cash incentive of €150 was offered to each of our member organisations to organise an event.

Objectives and outcomes

As the week has evolved and grown we have become clearer about our objectives.

So the central objectives of the week are the following ;

1. Run specific events for Family Carers on that week
2. Raise awareness of Family Carers in Ireland
3. Opportunity for member organisations to profile the work they do with Family Carers

The specific measurables included:

1. To have over 70 events for Family Carers
2. To secure media coverage in 80% of local print and radio media

So to be clear, securing a public profile for Care Alliance Ireland was not an objective. Our work is in many ways below the radar. This supports our legitimacy and credibility within the sector,

as such an approach does not threaten our member and or other organisations, who in most cases, on an income/employee measurement, are much much larger.

Fast forward to 2009, and Carers Week 2009 has just finished (June 8th-14th 2009.) Over 95 events took place around the country, including pamper days, lunches, conferences, etc. Over 20 NFP organisations were involved and several thousand Family Carers took part.

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Nature of Collaboration

Well it soon became clear that for the week to be truly collaborative, that we would need to get formal and meaningful buy in from potential partners. Experience from the event in 2007 and more particularly from 2008, suggested to us that to protect the brand and integrity of the project and the goodwill among partners that organisations would need to sign up to a formal protocol and partnership agreement. This reduced the feeling that some organisations were on board for the free ride as it were – specifically with their logos on the posters without actually organising any events. A steering group was set up in early 2008, with the key players in the sector being actively courted to come on board.

For the project to be sustainable, it was important that some financial contribution was made by each partner towards the central costs of co-ordinating the week. We proposed a scale of financial contributions (ranging from €200 to €1,500, based on size and a % of the organisations work devoted to Family Carers). These proposed contributions were presented to the steering group and all present were agreeable. A formal contract was drawn up and duly signed by each of the 10 partners, based in part on the Carers Week UK model.

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Reflection

The objectives were largely met, and in some cases exceeded:

Over 95 events took place around the country. – this could not have been achieved without participation by a large number of NFP groups. One disappointing aspect is the relatively small number of events that were jointly co-ordinated.

Media objectives – final figures on the coverage we secured are not fully available yet, but we did secure considerable media coverage in the local radio and print media. Specifically we secured 26 articles in national, local and regional print media and over 10 local radio stations gave some form of coverage to the week. Key to this I believe was in tailoring the press releases to the local media – so we included the number of Family Carers in their respective county and listed the events for Family Carers that were taking place locally.

Overall it has worked well and there seems to be a good feeling to the week.

Going forward it's important to get the week into more NFP organisational calendars – many have their own day/week that can take up a lot of an organisations time – for example The Alzheimer Society of Ireland has a Big Brew Morning in May. So we need to continue to demonstrate to the sector that participation in Carers Week can add value to their work.

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Joint Conference

Background

The Neurological Alliance of Ireland (NAI) is an umbrella organisation for groups representing the views and concerns of those affected by neurological conditions. www.nai.ie

As part of their own week that takes place each March, namely Brain Awareness Week, their steering group decided to focus on the role of Family Carers for their week in 2009.

In the autumn of 2008, their development manager invited us to organise a joint conference.- the title being ‘ Always on my mind: Caring for a person with a neurological condition’

Objectives

So the objectives of the conference from the perspective of NAI were the following:

1. To organise a well attended, relevant conference on the theme of Family Carers as part of Brain Awareness Week 2009.
2. Secure media coverage
3. Raise the profile of Family Carers in the Neurology sector.

From Care Alliance Ireland’s perspective we could put our name to a significant event and market to our own stakeholders, without significant direct costs.

In addition, it fitted centrally with at least 3 several of our stated strategic objectives;

It also was an opportunity to attract new members. Some but not all of The Neurological Alliance of Ireland’s members are also members of Care Alliance. This fits with another of our strategic objectives;

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Reflection

So how did it go? Pretty seamlessly IMO – both partners had regular meetings, in person, by phone and regular e-mail communication over a period of four months. We agreed a division of

tasks early on, and re-negotiated these on occasions. The issue of who was taking the hit for the direct costs, e.g. venue, meals, speakers costs etc, was not an issue, as the NAI had a dedicated budget for this.

One of the intangible but important benefits was that each organisation provided mutual peer support, and acted as a sounding board in terms of reviewing drafts, dealing with dilemmas etc.

In conversation with the Development Manager of NAI, she made the following observations:

- Our respective personal styles(quite alike) helped.
- Coming together provided a wider audience for potential participation
- It was made easier because both organisations are of similar size and have similar objectives.
- CAI's admin support was helpful. The development manager in NAI has no specific administration support available.
- She reported that it would have been very difficult to deliver alone, as she was already organising several other events during that week as part of Brain Awareness Week.
- The quality of the seminar programme improved – for example CAI accessed volunteers from a member organisation, The Irish Red Cross, to provide therapeutic hand massage to Family Carer participants.
- The feedback from participants via a one page evaluation form in their conference packs was highly positive.
- Attendance was significantly higher than it would otherwise have been if it had been delivered by one organisation alone and or in comparison with similar events in previous years weeks.

On reflection;

The relationship that both organisations had, or more specifically the two managers of each organisation was a strongly positive factor, possibly a crucial one. Indeed, from 2006-2008 both organisations had shared an office.

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Joint Research

In 2008 we completed a quantitative piece of research on the reported health status of Family Carers⁴. It was considered important to build on this work; specifically through a qualitative piece of work which aimed to look more closely at the mediating factors for Family Carers' health and wellbeing.

We were aware that accessing a suitable sample of respondents could be difficult and consequently we reviewed our member organisations, specifically those condition specific ones. We approached The Parkinson's Association. Their Development Manager was open to the idea, and over a period of 6 months, the full sample of 20 Family Carers were recruited and interviewed. The interviews are currently being analysed using a thematic analysis.

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Again, we believe that this piece of work will deliver tangible benefits to each organisation and to our constituents.

From our perspective, this piece of research gives expression to us building on our research of Family Carers to-date and are clearly progressing the Family Carer research agenda, which is one of our strategic objectives.

⁴ To view report see www.carealliance.ie/publications.php

Gaining access to respondents was also crucial in this research, as in any piece of qualitative research. Such access was remarkably easy, thanks to the support of the PAI.

The fact that both organisations operate out of the same building helped. Both organisations reside in The Carmichael Centre for Voluntary Groups.⁵ Both managers of their respective organisations knew each other and got on well.

As the manager of the PAI has since left the organisation, we needed to identify a link person from the organisation – this has been done.

A key piece of work will be how best to publicise this research and how to maximise the likelihood that it will be used to inform policy and practice in a range of areas.

The fact that we were in a position to provide the services of our research and policy officer for free, for a period equivalent to 3 months whole time equivalent, and indeed a smaller amount of time of our Executive Director, was significant. It is unlikely that The Parkinson's Association would have been in a position to fund this. While we have applied for funding for this research to a number of sources, we have not been successful to date. However, the fact that the funding proposal have been joint in nature will hopefully increase our chance of success.

Perhaps we should have looked to ensure that the PAI made a direct financial contribution towards the cost of undertaking the research.

⁵ To find out more about the centre see www.carmichaelcentre.ie/about/index.htm

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Use of Theoretical Models to Review Joint Work.

So we now take another look at the key factors that have been empirically identified by key observers as influencing the likely success (collaborative advantage) or failure (collaborative inertia) of inter-organisational working.

As referred to earlier, the six categories are: Environment, Membership Characteristics, Process / Structure, Communication, Purpose, and Resources.

(Pick out a few aspects and relate them to each project.)

Table 1
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Membership Characteristics	Credibility of organisations to be members / partners.	Extent of mutual understanding, respect and trust between organisat	Appropriateness of individual members to role / task in	Members see collaboration as in their self	Previous experience of inter-organisational working.	Ability to compromise.

		ions. (Joint Conf)	terms of seniority and expertise.	interest.		
Purpose	Inter-organisational work is a response to issues that are seen and agreed to be beyond resolution by individual member organisations acting on their own. A response to “wicked problems”.	There is a unique purpose for inter-organisational working (i.e., it differs at least in part from that of each of the member / partner organisations).		Shared vision and common goal. (Carers Week)	Clarity in respect of objectives and agreement on achievability of objectives.	
Process / Structure	Members are actual stakeholders in process and outcome – members	Clarity and agreement on roles and responsibilities.	Consensus approach to decision-making.	Flexibility in respect of organising activities to achieve objectives.	Collective approach to assessing successes and failures and	Capacity to adapt to changing conditions.

	feel ownership of process. (Joint Research)				mutual responsibility for same.
Resources	Funding commensurate with actions required to secure goal and objectives.	Timescales appropriate to achieve goals and objectives. (Carers Week)			Mutual agreement and appointment of skilled convenor / effective leader.
Communication	Content: the five Cs - clear, complete, concise, concrete, and correct. (Joint Conference)	Structure: established informal and formal communication channels.			Frequency: regular and consistent.

The three projects were also, to varying degrees, clear about the end result – the desired outcomes. This was crucial IMO.

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Critical Components of successful Collaboration – Our experience

1. Never too much focused and purposeful communication – face to face meetings, cc'ing on e-mails, regular checking in on things however small, shared google docs/project management software etc
2. Patience is needed – it takes time to develop real collaboration and

3. Organisations of similar sizes are likely to be more effective at collaborating.- the corollary is that organisations which are vastly different in size will struggle.
4. Individual relationship building is critical.
5. Clarity on objectives, scope, division of tasks is NB

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So how do we know that these ventures have delivered collaborative advantage?

The downsides of collaboration, or collaborative inertia appear to have been largely absent from the projects. Whilst it does indeed take more time to make decisions by consensus/collaboration, the lead in time for each of the projects was extensive, and as such this combined with good planning, agreed objectives and a clear focus all contributed to minimising the costs of collaboration. In many ways our organisational culture has evolved to internalise many of the concepts of collaboration. We have to, to survive and to be effective – as we will always be reliant on what are essentially bigger stakeholders.

It is highly unlikely that the three projects described to in this discussion paper would have developed to the same extent as they have had it not been for their collaborative nature. In addition there is strong evidence that points to both synergies and financial savings being made by such a collaborative delivery model. With some confidence I can say that without the collaboration that has happened, Carers Week would not have developed into what it has and specifically the number of events for Family Carers would not be on the same scale, and media coverage of Family Carers on that week would have been poorer. The research on Family Carers of those with Parkinson's would not have progressed at such speed if at all. The joint conference would have been a much weaker event with less attendees. Yes, the clear impact these projects have on our constituents, namely Family Carers, is difficult to measure. But this will always be the case, whether or not the projects are collaborative in nature.

We see a bright future for productive collaborative ventures.

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And finally... 2010-2020 – The Decade of Mergers and Alliances?

Recently, some politicians have called for the culling/merging of some of the NFP organisations operating in the state. The arguments made relate to the issues of duplication and high unit costs of some aspects of administration.(e.g. HR, Finance,) The evidence is currently being examined by a group led by the Department of Health. This is to be welcomed, so long as the assessment process is transparent. No doubt some duplication does occur and that savings could be made by a better sharing of some administrative functions. Recent and likely future cuts in state funding for the NFP sector, whilst inevitable in the current economic climate, need to be challenged in a professional and evidenced manner such that the sectors credibility remains intact.

Some feel that the NFP's are an easy target. Some in the sector already show good example of sharing costs by using a shared services model, for example the groups based in the Carmichael Centre which houses over 50 NFP's in its two buildings. Others are likely over the coming years to set up similar such shared services.

With less funding around forced alliances may occur, which in itself is not necessarily a bad thing, particularly if the result is a better service for the sectors constituents.

In the sectors that I am most familiar with there seems to me to be a case to be made for consideration be given to the merging of a number of organisations, or at a minimum much closer collaboration.

The primary rationale can be articulated in terms of impact. Effective change in policies are most likely to take place when there is a united voice speaking on a topic. If mergers are not on

the table, then at a minimum collaboration must be. The arrival of Atlantic Philanthropy's on the scene in recent years is significant. This 'by invitation only' organisation has clearly thrown heads together, rattled some cages and put significant amounts of funding into the NFP sector in various fields, most noticeably the ageing sector.

Clearly, should mergers be on the table, then they would need to demonstrate clear financial economies without significant loss in the variety of services being provided.

In some ways collaboration might be viewed as a way of testing the water and identifying areas where there are clearly identifiable win-win-win outcomes, for both of the organisations and more importantly for the constituents they are supposed to be serving.

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Thanks- Questions – Contact Details

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Appendices 1,2 3