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Engaging a Professional Services Community: Collaboratively Responding to the Leadership Development Needs of the Tasmanian Department of Health and Human Services

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Abstract

Leadership, to support university-community engagement, has been the focus of recent research. There is a gap in the literature relating to community engagement in the development and delivery of leadership programs as part of the University curricula.

This paper addresses that gap, in relation to health services leadership, in its consideration of the University of Tasmania *Health and Human Services Management and Leadership* postgraduate course. This course was established, in partnership with the Tasmanian Department of Health and Human Services, as part of its broader management and leadership development strategy.

The original research presented in this paper describes and critically assesses the strategies used for embedding, supporting and sustaining university-community engagement as demonstrated in the collaborative development and delivery of the course.

Key success factors include strategic policy commitments to engagement; resources invested by both organisations to develop mutually beneficial processes; and staff commitment. Despite evidence of success, changes in key personnel; national policies around student financing; and organisational restructures and administrative reviews represent future challenges. Developing the capacity and commitment to evaluation research may provide data and documentation to inform evidence-based policy and make a significant contribution to the literature on university-community engagement and leadership development programs.

This paper takes as its starting point the broad view of university-community engagement as:

> "the cultivation of relationships that lead to productive partnerships which yield beneficial outcomes to universities and their partners through the application and utilisation of university resources including staff, students, infrastructure and knowledge and across the breadth of university activities include Research, Education and Service" (Engagement Australia, 2013).

There is a strong focus within the literature on university-community engagement on promoting, tracking and measuring the collaborative activities involved (Le Clus, 2011, 2012a, 2012b). 'Leaders' and 'leadership' is most often mentioned in the university-community engagement literature within this context. In the annotated bibliography of university-community engagement in Australia (Le Clus, 2012b), the term 'leadership' is mentioned in 16 abstracts: seven instances relating to leadership by universities and nine instances relating to the practice of leadership by other individuals or institutions. The term 'leaders' appears in another four abstracts. Table 1 outlines these results.

Table 1 Abstracts with 'leader' or 'leadership' from Engagement Australia (Le Clus, 2012b)

Author/s (Year)	Title
Arden, C., Cooper, T., & McLachlan, K. (2007).	Evaluating community engagement: lessons for an Australian regional university.
Association of Commonwealth Universities (2001).	Engagement as a core value for the university: A consultation document.
Bernardo, M., Butcher, J., & Howard, P. (2012).	An International comparison of community engagement in Higher Education.
Cleary, M., & Hunt, G. (2010).	Building community engagement in Nursing.
Cuthill, M., & Schmidt, C. (2011).	Widening participation: challenges confronting a research-intensive university.
Duke, C. (2000).	Regional partnership - building a learning region.
Eversole, R., & Allison, J. (2008).	Can regional campuses lead? Leveraging engagement for leadership.
Garlick, S. (2008).	Human capital, innovation and the productive ageing: the role of the HEI in stimulating growth in the lifestyle region through learning in a senior population.
Garlick, S., & Langworthy, A. (nd).	Building a culture of improvement through evaluation in university/regional community engagement.
Garlick, S., & Palmer, V. (2008).	Toward an ideal relational ethic: rethinking university-community engagement.
Garlick, S., & Soar, J. (2007).	Human capital, innovation and productive ageing: growth and senior aged health in the regional community through engaged higher education.
Hudson, P., Craig, R., & Hudson, S. (2007).	Benchmarking leadership in university-community engagement: first steps and future directions for a new regional university campus.
Hudson, P., & Hudson, S. (2011).	Distributed leadership and professional learning communities.

Author/s (Year)	Title
Langworthy, A. (2007).	Education for the public good: is service learning possible in the Australian context?
McCarthy, F., & Vickers, M. (2012).	Positive Community Relations: Border crossings and re-positioning of 'the other'.
Rudd, C., Churchouse, C., & Swift, A. (2007).	Career development in nursing: an integrated and longitudinal community engagement program.
Scott, G., & Jackson, J. (2005).	A proposed framework for effective quality management of community engagement.
Strom, J. (2011).	Leadership and university-community engagement: key elements in building sustainable communities.
Thompson, H. (2002).	A role for universities in sustaining regional ICT initiatives? Exploring the case of the University of Ballarat.
Walters, L., Stagg, P., Conradie, H., Halsey, J., Myer, S., Campell, D., et al. (2011).	Community engagement by two Australian rural clinic schools.

A May 2013 Google Scholar search for additional articles published over the last two years, meeting the criteria of 'university-community engagement', 'Australia' and 'leader' identified another five citations. These are listed, in full, in Table 2.

Table 2 Abstracts published in 2012-13

Abstracts on Australian university-community engagement with 'leader' or 'leadership' published in 2012-13 (full details)
Bernardo, M., Butcher, J., & Howard, P. (2013). The leadership of engagement between university and community: conceptualizing leadership in community engagement in higher education, *International Journal of Leadership in Education: Theory and Practice.* Published online 15 Feb 2013, DOI:10.1080/13603124.2012.761354
Burdett, J., & Crossman, J. (2012). Engaging international students: An analysis of the Australian Universities Quality Agency (AUQA) reports, *Quality Assurance in Education*, 20(3), 207 – 222.
Hudson, P., English, L., Dawes, L., & Macri, J. (2012). Contextualizing a university-school STEM education collaboration: distributed and self-activated leadership for roject outcomes, *Educational Management Administration and Leadership*, 40(6), 772–785.
Jones, S., Lefoe, G., Harvey, M., & Ryland, K. (2012). Distributed leadership: a collaborative framework for academics, executives and professionals in higher education, *Journal of Higher Education Policy and Management*, 34(1), 67-78.
Le Clus, M. (2012). Tracking and measuring engagement: a review of the literature, *Australasian Journal of University-Community Engagement*, 17(1) 21-38.

In all of the results above, there is no citation relating to the collaborative development and delivery of leadership programs across the university-community engagement spectrum. How do universities engage with their communities to deliver leadership development? This paper addresses this gap in the literature, in part, by considering university-community engagement within the health services sector and curricula in Tasmania, in relation to leadership development.

The Tasmanian context

Tasmania, an island state, has a population of approximately 500,000 people. The population is broadly dispersed across the island which, beyond the greater Hobart area, is classified as regional, rural or remote. Demographically skewed, Tasmania has a greater proportion of the population aged 50 years and older than the Australian average. Approximately 51% of the population have a vocational or tertiary qualification – which is 5% less than the Australian average. In 2011, approximately 3% of the population were currently engaged in university-level study (Profile.Id, 2013).

With approximately 2,600 staff, a student population of 26,000, three main regional campuses, a range of dispersed research and teaching sites, a strong domestic and international distance education arm, the University of Tasmania (UTAS) is the only university physically based in Tasmania (University of Tasmania, 2013a). Reflecting the Tasmanian population profile, UTAS has a relatively large cohort of mature-age students. Approximately 40% of UTAS students are over the age of 25 years, and 19% are over the age of 35 years (University of Tasmania, 2013d).

One of the top ten research universities in Australia, UTAS uses the physical location of Tasmania as Australia's Antarctic gateway to advantage, hosting the Institute of Marine and Antarctic Studies (IMAS), the Institute of Antarctic and Southern Ocean Studies (IASOS) and the Antarctic and Climate Ecosystems CRC (University of Tasmania, 2013f). UTAS collaborations with the Tasmanian State Government include TIAR (the Tasmanian Institute for Agricultural Research), TAFI (the Tasmanian Aquaculture and Fisheries Institute) and TILES (The Institute for Law Enforcement Studies) among others. These reflect the UTAS research priority areas: Antarctic and marine studies; environment and wilderness; sustainable primary production; frontier technologies; community, place and change; and population and health.

The UTAS Faculty of Health Science ('the Faculty') is made up of five Schools: human life sciences; medicine; nursing and midwifery; pharmacy and psychology. The Faculty also includes the University Department of Rural Health, the Rural Clinical School, and has a close relationship with the Menzies Research Institute Tasmania and Wicking Dementia Research and Education Centre (University of Tasmania, 2013c).

'Health and social is the largest industry in Tasmania and employs approximately 12% of the workforce (Profile.Id, 2013). The Department of Health and Human Services (DHHS) is the largest single employer in Tasmania, with 11,500 paid employees providing over 1.5 million occasions of service in 2011-12 (Department of Health and Human Services, 2012a). Three-quarters of all DHHS employees are female and almost 60% of all employees are aged between 40-60 years (Department of Health and Human Services, 2012a). The DHHS accounts for approximately one-third of Tasmanian Government expenditure (Parliament of Tasmania, 2012).

Within DHHS, the delivery of health services is responsible for three-quarters of all expenditure. Human services (housing, disability, youth, children and community services) are responsible for 23% of expenditure and an even smaller proportion of total employees as these services have been subject to an 'outsourcing' process whereby the majority of services are

now delivered by non-government organisations (Department of Health and Human Services, 2012a).

Following the dispersed population, the DHHS provides services at 313 different points of delivery across the state. In Tasmania, as in many rural and regional areas, health services providers can be described as a community: they are likely to know (or know of) each other as they interact over time: in relation to client/patient cases; common places of work within and across the private and public sector; or are engaged by government as 'stakeholders' in consultation (Shannon, 2005).

They are also professionals. National data shows that two-thirds of those working within the health services sector workforce are qualified in clinical health occupations such as medical, nursing, and the like. The remaining third includes service workers, clerical workers and managers (Australian Institute of Health and Welfare, 2012). Almost a third of health service managers, however, have a health occupation background and 70% have a university-level qualification (Martins & Isouard, 2012).

The professional skill mix of DHHS, as reflected in the industrial Award structure, has 40% of staff under a general Health and Human Services Award. This includes most administrative, clerical and front-line management at service delivery level. Nursing and midwifery make up 36% of DHHS staff. Allied health professionals (12%), medical practitioners (7%) and ambulance officers 3% make up the next largest groupings (Department of Health and Human Services, 2012a).

The health services professionals (clinical and non-clinical) hold considerable authority and autonomy, often impacting directly on client and budgetary outcomes. This has led to a demand for a focus on health services leadership development as the sector seeks a strategy to address the twin challenges of restraining costs and accelerating quality of care (Health Workforce Australia, 2012).

Australian postgraduate courses for health leadership development

Australian universities offer a range of health services management and leadership courses at a postgraduate level. A search of readily accessible public information about postgraduate study in this area resulted in a list of eight universities and nine postgraduate courses that are either explicitly focused on health service leadership or offer units addressing this knowledge area. Table 3 was developed in May 2013 by searching university websites as identified by:
1. undertaking a Google search using the linked terms 'health services leadership' and 'university'. Further specifications limited the results to the English language, Australian pages, with content updated within the last year.
2. those universities listed as accredited by the Australasian College of Health Service Management (Australasian College of Health Service Management, 2013).
3. those universities listed in the 2010 review of health services management courses (Ritchie & Yen, 2013).

The search excluded postgraduate leadership courses or units that were specific to individual clinical disciplines (eg nursing, public health) or were exclusively focused on clinical leadership.

Table 3 Australian university health services leadership courses, 2012

University	Course (or Units)
Australian Catholic University	Masters Leadership: specialisation Health
Charles Sturt University	Masters Health Services Management (HSM404 Management and Leadership of Health)
Murdoch University	Graduate Diploma Health Management, Quality and Leadership
Queensland University of Technology	Masters Health Management (PUN219 Leadership of Quality and Safety in Health Care, PUN454 Leadership in Disaster Health Management, PUN632 Leadership in Health Management)
University of NSW	Masters Health Management (PHCM9701 Health Leadership)
University of Queensland	Graduate Certificate Health Sciences: specialisation Healthcare Leadership
University of SA	Masters Health Science Health Service Management
University of Tasmania	Masters Health and Human Services Management and Leadership
University of Tasmania	Masters Health: specialisation Leadership
University of Wollongong	Graduate Certificate Health Leadership and Management

When considering this group, the UTAS Health and Human Services Management and Leadership postgraduate course ('the Course') is the only explicit university-community partnership for leadership development listed. The Course website states that the program was collaboratively developed by the Faculty and the DHHS (University of Tasmania, 2013e). The Course has the objective of offering academic and work-integrated learning to develop management and leadership skills, knowledge and capacity within the health and human services sector (University of Tasmania, 2012b).

Other examples of university-community engagement exist in closely related areas. One collaborative effort around health clinical leadership was led by Southern Cross University and planned in collaboration with, and support from the University of New England, the North Coast Area Health Service and the Hunter New England Area Health Service (Southern Cross University, 2013). Another focused on child and family practice leadership, led by La Trobe University, with collaboration from the University of Melbourne, the Department of Human Services and the Victorian Aboriginal Child Care Agency (La Trobe University, 2013).

Even allowing for the possibility that other collaborative efforts have been overlooked due to their lack of visibility on institutional websites, however, this is a very small fraction of the 39 universities listed as based in Australia (Australian Education Network, 2013).

The remainder of this article outlines the development and delivery of the Course in Tasmania, with particular focus on the embedding, supporting and sustaining of this example of university-community engagement. This research has implications for understanding the dynamics of university-community engagement and of leadership development programs.

Policies to embed engagement – a strategic commitment

UTAS is in a unique position to engage with the Tasmanian community and has made this a central commitment to its work. UTAS has a strategic agreement with the Tasmanian Government to engage collaboratively. Page two of the most recent Partnership Agreement pledges UTAS to coordinated action with the Tasmanian Government to "progress the educational, economic, social, cultural, intellectual and environmental development of Tasmania" (University of Tasmania & Tasmanian Government, 2012).

Within UTAS, the Faculty has a similar, long-standing, agreement with DHHS. The 'Partners in Health' policy agreement commits to "work together to contribute to the health and wellbeing of the people of Tasmania through workforce education and development, quality service delivery and health research" (Faculty of Health Science & Department of Health and Human Services, 2011) and is underpinned by a Statement of Mutual Intent (Faculty of Health Science & Department of Health and Human Services, 2003).

The DHHS also supports a 'continuous improvement and learning culture' as one of its corporate values (Department of Health and Human Services, 2012c). One of five strategic directions involves 'enabling our workforce to be properly educated, trained and developed, motivated and appropriately supported to give of its best'(Department of Health and Human Services, 2012b).

Through Partners in Health, UTAS has worked with DHHS to collaboratively develop the Course to further the strategic policy directions of both organisations (Department of Health and Human Services, 2009, 2012b; University of Tasmania, 2008, 2012a). This also acts to support the DHHS workforce, which is typical of a sector where skilled, professional, service providers are promoted into service management positions with little or no management training (Leggat, Harris, & Legge, 2006)

The Course program provides participants with the skills required to further their knowledge in management and leadership, while integrating learning into the workplace. Reflecting the collaborative development process which gave rise to the Course, it is a multi-disciplinary, multi-faculty offering, with units from the Schools of medicine; nursing and midwifery; rural health; management; accounting and corporate governance; and politics and international relations (University of Tasmania, 2012b). While the Course was developed with the DHHS, the course is open for enrolment by any suitably qualified candidate, and is not restricted to DHHS staff only (University of Tasmania, 2012b).

Launched in the latter half of 2010, the Course formed the first of three components in the DHHS Leadership and Management Development program ('the Program'). Other components include an in-house professional development program and a graduate trainee program (Shannon & Burchill, 2013). It marks the movement from an episodic approach to management and leadership development by DHHS to one which is both developmental and, at times, transformative: a sustained organisational direction that seeks to alter behaviour and performance (Grove, Kibel, & Haas, 2005).

A critical analysis of the engagement between the Faculty and DHHS, however, would note that the geographic and psychological impetus towards engagement associated with an island

state is not enough to ensure successful engagement. Location alone does not guarantee engagement (Garlick & Langworthy, 2007).

Figure 1 Strategic policy pyramid of supports for UTAS-DHHS leadership program

Strategic:
UTAS – Tasmanian Government
Partnership Agreement

Policy:
Faculty – DHHS
Partners in Health

Initiatives:
UTAS Course
DHHS Program

Personnel:
Faculty Executives
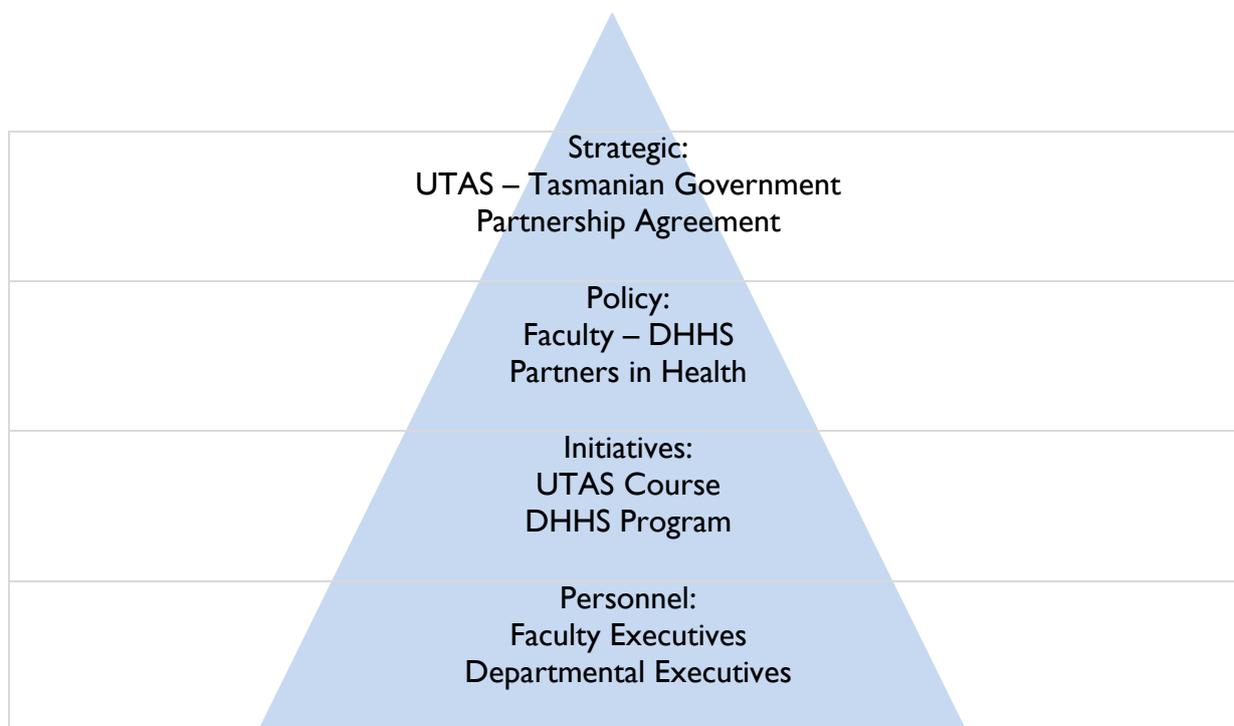Departmental Executives

Figure 1 illustrates the strategic policy pyramid upon which the Course is based. The multi-layered levels of cooperation required represent a barrier to sustainability. In particular, the commitment to the strategic policy directions at executive level must be maintained despite changes in key personnel within both organisations, and of political parties at state level. This commitment must also be reinforce with the commitment of resources to support engagement (Garlick & Langworthy, 2004).

Resources to support engagement – investments in partnership

The Faculty has formally supported the Course with the establishment of the conjoint appointment whereby the Manager of the DHHS Program is also a Senior Lecturer in the UTAS Faculty (teaching within the Course). This three-year, fixed-term contract between UTAS and DHHS funds the equivalent of two days per week for teaching and research associated with the Course.

Conjoint appointments have been an effective way to support teaching and learning across health services in Tasmania, where the economies of scale associated available to larger universities are often unavailable. They have also benefited the DHHS, increasing the ability to attract specialist staff and the capacity to undertake health services research and evaluation (University of Tasmania, 2013b).

Informally, and a reflection of the realities of university engagement with the health services community, the current Faculty Course Coordinator is also a former DHHS manager. This brings to the position a wealth of knowledge and understanding about the historical interaction

between the organisations. This has been highly relevant when resolving specific student queries or issues.

The 'fuzzy boundaries' between organisations that result from formal or informal overlap of staff underpin the relationships that form the basis of university-community engagement.

The Faculty also offers the opportunity for most DHHS employees to apply for a Higher Education Contribution Scheme (HECS) fee waiver to undertake the Course, for up to two units per academic year (University of Tasmania, 2012b). This opportunity for financial support has been of great importance to some students.

Over time, following the establishment of this arrangement for the Course, other Faculty postgraduate courses have been included in what has become a postgraduate study pathway for DHHS staff.

Strategies to sustain engagement – working across the boundaries

The postgraduate study pathway process has been designed to strengthen the value to both organisations. An electronic form has been made available on the DHHS intranet that lists the Faculty courses and units available. DHHS staff indicate what unit they would like to undertake, and in what semester. This assists in planning the effective allocation of Faculty staff. Even when the majority of units are delivered on-line, large class sizes may represent an unreasonable burden on staff time that can be alleviated by team-teaching arrangements. Early notice enables these arrangements to be made in a timely manner.

In order to access the HECS fee waiver, the line manager of the DHHS staff member must approve the study pathway. At the same time, the manager is required to commit to making available the 2.5 days study leave that most DHHS employees are eligible for under their Industrial Award agreements. This assists the DHHS manager to discuss the business needs of the organisation as well as the professional development of the staff member. It also enables the DHHS staff member to assert their claim on allocated study leave. Direct line manager support has been identified as one of the key factors in enabling DHHS staff to engage in further study (Gibbons & Shannon, 2013).

The form contains information of use to UTAS as it includes the student number (if received), student profession (for internal reporting purposes). It also acts to prevent a number of admission delays as it contains information on prior recognition of study, enrolment procedures, and the process of submitting a request for Commonwealth assistance.

Both DHHS and UTAS staff respond to the range of ad-hoc student inquiries regarding the Course and other Faculty postgraduate programs. The DHHS maintains a database of students who have engaged with the Course through the postgraduate study pathway. Current data indicates that 21% of participants in the DHHS Program go on to enrol in the UTAS Course. UTAS staff are invited to speak during the DHHS Program, in order to promote the Course, and the benefit of academic study more generally.

Internal data from the UTAS *inSite* Student Management System verifies the growth of the Course student body: doubling course enrolments each year, from 45 (at the end of 2010) to 96 (end of 2011) and 180 (end of 2012).

The concentration of DHHS staff participating in the Course has meant that there is more opportunity to develop group support. This strategy has been used by many DHHS staff /UTAS students and represents one of the 'wider benefits' of further education (Preston & Hammond, 2003). The development of social support for students has been facilitated by the development of an online 'room' on the UTAS *Desire 2 Learn* software and the delivery of some units as both online and as face-to-face 'intensives' where all course material is presented and discussed over a five day period, with assessment to follow. The 'intensives' have provoked considerable praise from students who found this a useful way to deal with the competing demands of family, work and study.

> "Intensive format provided great opportunities to hear others' experiences and discuss the theory in greater detail. Open, friendly setting and great tutor."

This approach has also led to the nomination of the conjoint appointee for a Teaching Merit certificate and high praise in the electronic student feedback (eVALUate) report.

> "[The lecturer] goes above and beyond, concerned with not only education outcomes, but also with student comfort. Very well prepared, and logical order."

Formal recognition for the DHHS Program has also been provided by the Institute of Public Administration Australia (Tasmania). As one of the three components of the DHHS Program, the UTAS Course shared in the 2012 Public Sector Excellence Award for Best Practice in the Public Service (Institute of Public Administration Australia Tasmania Branch, 2012).

Implications for university-community engagement – success, for now

While the sustainability of any program is maximised when success can be measured and publicised, 'evidence-based policy' is not always the result (Prasser, 2006). The resources that support the Course remain vulnerable. At a national level, recent changes to the Commonwealth Supported Placements arrangements illustrate the fragility of HECS support for postgraduate study. At the university level, the existence of 'soft money' underpins the conjoint appointee contract.

The policies that have embedded university-community engagement, between UTAS and the Tasmanian Government, and between the Faculty and DHHS, are also vulnerable to change, with the most recent Partners in Health agreement about to conclude and, at present, no alternative arrangements in place.

At the DHHS level, the Program is supported through the Education and Training unit and, like all administrative functions, is always potentially vulnerable to change. Within UTAS, the Faculty is undergoing a review, as part of the university's on-going approach to improving efficiencies. These include recent academic re-profiling and professional staff reviews (National Tertiary Education Union, 2012).

The strategies that have been undertaken to sustain engagement, including the capacity to collect evidence supporting successful university-community engagement does, however, provide the opportunity for successful action when the appropriate 'policy window' becomes available. A policy window is the opportunity to take advantage of institutional and

circumstantial openings to implement policy solutions to problems and issues (Howlett, 1998). Without this preparatory evaluative work, however, the opportunity passes.

Implications for leadership development programs – multi-level benefits

In the context of the DHHS Program, the Course represents one strategy for leadership development. The evaluation focus of the DHHS has, however, been on the in-house Program, rather than the UTAS Course. Within UTAS, the usual evaluation mechanisms (eVALUate student surveys) focus on unit level assessment only.

It would appear, then, that the preparatory evaluative work has not been undertaken in relation to the Course. Grove et al (2005), however, outline an evaluation method for leadership development programs (EvaluLEAD) that looks for outcomes in three domains: individual, organisational, and societal/community. This methodology can be considered in relation to the Course and, more broadly to the place of academic study in professional development.

While no survey has been administered specifically to individual Course students, research carried out in 2012 on DHHS staff undertaking academic study provides some indication of the benefits for UTAS, DHHS and students/staff. The strongest result reported by this research was an increased motivation to learn by respondents. In an example of a 'virtuous circle' the experience of academic study gave rise to a sense of a 'love of learning' and the desire for more study (Gibbons & Shannon, 2013). While this is of benefit to the individual, it also has potential benefit for the university in which the student is studying, in terms of student numbers.

The next strongest result in the study was the respondents' belief that participation in academic study had improved their job performance (Gibbons & Shannon, 2013). While subjective, this result suggests that the DHHS, as an organisation, would be a likely beneficiary of their staff engaging in further academic study.

The third strongest response reported was a sense of improved self-esteem (Gibbons & Shannon, 2013). This is a positive individual outcome associated both with academic study and with participation in the DHHS in-house development program (Shannon, Van Dam, & Stokes, 2012).

While organisational benefits can be inferred from DHHS staff responses to the 'benefits of academic study' survey described above, the Course also gives rise to some practical initiatives. One unit in particular, has been designed to act as a bridge between the DHHS in-house program and the UTAS Course program. *Foundations in Health and Human Services* (CAM537) requires students to reflect on their experiences in the DHHS development program. It requires students to undertake and report on a workplace project. It also requires students to undertake and reflect on a workplace shadowing experience, or their experience of being coached in the workplace, or their participation in a DHHS action learning group (Department of Health and Human Services, 2013). These activities are not only valuable individual learning opportunities; they also represent real value to the organisation.

This unit is one example of this approach within the Course. Of the 30 different units available to students, at least one third of these incorporate learning activities that have an impact on DHHS as a workplace.

Determining the broader, societal/community benefits of the Course, or of any leadership development intervention, is challenging due to the difficulty in definitively identifying causality. Demonstrations of shared leadership across organisations and the development of processes that are designed to promote interorganisational learning have been identified as two indicators within the literature (Clarke, 2012). If these are used as indicators, then the Course provides evidence of success, in its embedding, supporting and sustaining of university-community engagement. Without an on-going commitment to evaluation from both organisations, however, it is difficult to gather and promote the evidence of success.

Implications for further research and development

Clearly, the short-term, individual and unit-level evaluation that is currently undertaken in relation to the Course does not capture the longer-term organisational and societal impact of this kind of university-community engagement. Due to its unique partnership arrangements, Tasmania is an ideal site for further research in this area. Success factors in the embedding, supporting and sustaining of the Course could be further investigated through gathering the perceptions of policy-makers, program providers, staff/students, their managers and their colleagues.

Other universities engaging in partnerships for the delivery of leadership programs, such as Southern Cross University and University of New England (clinical leadership), La Trobe University and University of Melbourne (child and family practice leadership), could test the approach described in this paper. Collaborative research between UTAS and these universities could also test the impact of discipline (medicine, nursing, social work), or location (Tasmania, Victoria, New South Wales) on this approach.

Conclusion

This article has provided an example of university-community engagement within the Tasmanian context. As the only university located in the state, UTAS has a unique relationship with the Government of Tasmania, one that addresses the strategic agenda of both parties. Within UTAS, the Faculty has collaborated with DHHS to provide leadership development to the health services professional community in Tasmania. The collaborative process of Course and unit development has been supported by strategic commitments at the highest level. Resources have been invested into the partnership and staff from both organisations have developed strategies and processes to successfully sustain the engagement. Multi-level benefits have been experienced – by individual students and by both organisations, individually and collectively.

Theories of policy change, such as those put forward by Howlett (1998), suggest that initiatives such as these are vulnerable to the impact of on-going institutional and circumstantial adjustments. In this case, key personnel at a local level; national policies around student financing; and organisational administrative review and restructures represent future challenges. Developing the capacity and commitment to a broader, longer-term evaluation will provide the data and documentation that maximise the chance of an evidence-based policy supporting this level of university-community engagement. Further research on this example, and similar cases across Australia, have the potential to make a significant contribution to the literature on university-community engagement.

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