COLLABORATION
REVIEW

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1. EXECUTIVE SUMMARY

In August 2016, the Public Service Commission (PSC) Advisory Board commissioned a review on collaboration in the NSW Public Sector. The Review follows on from work commissioned by the PSC Advisory Board in 2013, which resulted in a research report and a guidance tool (known as the Collaboration Blueprint) which collaborative partners can use to guide the collaboration process.

This Review focuses on collaboration in the Human Services sector. Since 2013, the drivers for collaboration in this sector to improve customer, delivery and community outcomes have been given fresh impetus by the Government's commissioning and contestability agenda.

Effective collaboration results in outcomes that could not be achieved otherwise.[1] This is because collaboration draws on a broader pool of ideas and approaches. The Review found that in some areas of the Human Services sector the use of collaboration is growing. There are positive examples of collaborative projects aimed at redesigning services, coordinating place based activities and working across agency siloes.

On the whole however, the Review found that the then Premier's call to action in 2013 to senior public sector leadership to embed a collaborative culture has not been fully realised.[2] The Non Government Organisations (NGOs) surveyed as part of the Review saw their relationship with government as a traditional contracted relationship. NGOs advised they are consulted by government in the areas of service design and delivery but not at the problem identification stage where they can influence and shape what can be delivered.

The Review found the use of collaboration is sub-optimal because:

- Collaboration is ad hoc across the Human Services sector. The Review found no consistent process, model or practices have been developed, following the launch of the Blueprint, to assist agencies.

  - At present there is no whole-of-government lever to motivate the Human Services sector to shift to collaboration as the default mode.

- Collaboration as a capability is not embedded in the NSW Public Sector:

  - There are pockets of leadership excellence in agencies but variable commitment at different organisational levels.

  - NGOs advised they see a lack of leadership accountability for achieving collaboration project outcomes within government.

- Public sector capability gaps include fundamental skills such as understanding NGO frontline delivery, highly developed relationship and commercial design skills.

- NGOs acknowledge their own capability gaps in the areas of governance and risk management, corporate systems and understanding of government agencies.

- Despite more flexible contracting models being available the skills and willingness to apply the models are a gap.

  - An inflexible approach to procurement can inhibit the collaborative development of services/solutions.

- Collaboration is resource intensive and the benefits take time to be realised which can inhibit using a collaborative approach.

To optimise the use of collaboration, the Review proposes recommended initiatives that are clustered in three broad areas. These are not only intended to address the findings of this Review but also to embed the culture and mindset shifts across the sector that will drive collaboration to meet the next range of challenges. These initiatives are:

- Collaboration Process Model to provide a consistent yet configurable approach for differing types of collaboration.

  - Its focus will be around supporting problem identification, vision/outcome development, providing role clarity and on specific design and delivery components.

- Roles and Goals Framework to provide role structure and accountabilities at whole-of-government level and at project level.

  - This approach and model can be used within agencies to complement their existing relationships. The design of any such initiatives will use exemplar models from across the Sector.

- Collaboration Expertise Pool to help build capability across the Sector.

  - Building capability in collaboration across the public sector through learning from highly experienced collaborators as part of collaboration projects. It is expected that some of these initiatives will

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"…the Review found that the then Premier's call to action in 2013 to senior public sector leadership to embed a collaborative culture has not been fully realised."

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support capability development in those who partner with the Sector on collaborative engagements.

The Review report concludes with a set of critical decisions to be considered on the prioritisation and timing of these initiatives. Timing of proposed implementation takes into account work already happening across the sector so there is no overlap or duplication of effort. Implementation of these proposed initiatives will take both time and effort to achieve the shifts required.

"The Review proposes recommended initiatives clustered in three broad areas:

- **Collaboration Process Model**
- **Roles and Goals Framework**
- **Collaboration Expertise Pool."**

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2. **ABOUT** THE REVIEW

2.1 Purpose

This Collaboration Review is focused on two questions:

1. What is the commitment and capability of the NSW Public Service to collaborate within and beyond government to improve customer outcomes?

2. What collaboration capability enhancements are needed for better customer and community outcomes?

The main objective of the Review is to ascertain how the collaboration effort has occurred from the perspective of both government and NGOs in the Human Services sector. For the purposes of this Review, NGOs encompass both Not for Profit (NFP) and private sector organisations as both types of organisations partner with government in the Human Services sector, although the majority are NFPs. The Human Services sector was chosen because of its focus on delivery of services to the community.

2.2 Intent of the Review

Improving Customer Outcomes

The Review's focus is on how effective collaboration can improve customer (end users), and community outcomes.

Commissioning and Collaboration

As the scope is limited to the Human Services sector, much of the work of the Review has focused on collaboration as a critical component of strategic, service and operational commissioning of services across and outside the sector.[a]

However relevant aspects of how the sector collaborates across agencies to achieve service outcomes by sharing expertise, processes and systems and working in joint teams have been addressed in this review to a limited extent.

Partnerships are critical to the delivery of quality and sustainable services, whether they are cross sectoral or cross government. The commissioning process requires public sector agencies to partner with other sectors to design and deliver services.[3]

Some of the findings from this Review are applicable to more commercial aspects of commissioning and in other collaborative endeavours outside of the Human Services sector.

[a]Commissioning definition (NSW Treasury): An approach to considering the outcomes that need to be achieved, and designing, implementing and managing a system to deliver these outcomes in the most effective way. It leverages the strengths of the public sector and where appropriate, involves private and non-government organisations and individuals to transform outcomes for customers.

2.3 Review Method

1. Scope

Key steps:

- PSC Advisory Board endorsed Terms of Reference.

- PSC Advisory Board member appointed as Sponsor.

- Project Charter, including the focus question for the Review, signed off.

- Information gathered and reviewed.

- Review Reference Group set up. The role of the Reference Group was to help shape the direction of the Review and provide insights and feedback on draft recommendations prior to completing the Review report. The Reference Group comprised Public Service representatives and peak body and NGO representatives (see Appendix).

2. Determining Future Directions

Key steps:

- Understanding gained of the future drivers of collaboration in the public sector and their likely impacts.

- Literature review conducted focusing on post 2013 Australian publications on collaboration. Jurisdictional review conducted, focusing on the Western Australia Partnership Forum and developments in the United Kingdom.

- Review and analysis of capabilities

required for collaboration.

- Interviews conducted with Family and Community Services (FACS) and NSW Health representatives to derive case studies. The case studies illustrate both emerging and long standing collaborative partnerships and include one case study of cross agency collaboration. The case study approach was designed to look at collaboration approaches used by the specific programs in FACS and NSW Health. A detailed analysis of each case study is included in Appendix A.

- Surveyed NGOs on their experience of collaboration with government via a brief structured qualitative online survey developed by the PSC. Survey respondents were drawn from the list of organisations who receive funding from FACS and or NSW Health.[b] The PSC sent the survey to approximately 150 organisations and the NSW Council of Social Service (NCOSS) also sent it to their membership (some of which duplicated the PSC list). Survey participants remained anonymous unless they chose to identify themselves. We received 61 fully completed survey responses and 48 incomplete responses. All responses were from the NFP sector with no responses received from private sector organisations. Refer to Appendix E for more detail on the survey.

- Interviewed nine survey respondents who identified themselves to have a more

[b]List of organisations obtained from the Department of Finance and Services (DFSI) Human Services Data Hub.

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nuanced conversation about their survey comments. Interviewees were chosen to represent a diverse range of organisations based on size, program area and location. Interviewees from the NFP sector were very willing to engage on the Review topic and gave free and frank responses.

However, the Review Team found it much harder to engage representatives from the private sector for interviews and interviewed only two private sector providers. They did not see themselves as collaborators but in a commercial relationship with government and provided their feedback accordingly.

3. Current Strengths and Gaps

Key steps:

- Assessed the current capability level of the public sector based on inputs from the public, private and NGO sectors.

- Tested draft findings with Reference Group members who have validated the findings in this Report.

4. Road Forward

Key steps:

- Defined the solutions required to close the gaps and improve collaboration.

- Defined approaches on how to implement the solutions.

- Prepared Report findings and initiatives for consideration by the PSC Advisory Board.

"The case study approach was designed to look at collaboration approaches used by specific programs in FACS and NSW Health."

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3. CONTEXT

This section is intended to provide definitional clarity around the concept of collaboration particularly within the context of the NSW Public Sector delivering services to the community. It explains why collaboration is required, the different types and what it takes to be truly collaborative.

The section's starting point is the Collaboration Blueprint.[c] Developed in 2013, it promotes the need to improve and develop stronger models of collaboration along a continuum.

As the Government has progressed its focus on improved service delivery, including through commissioning of services, the shift along this continuum becomes more important. Hence this section provides some of the criteria for more developed forms of collaboration.

3.1 Collaboration Defined

Collaboration is more than one party within the public sector or within and beyond the public sector working together in the areas of policy development, service design or service delivery. (Collaboration Blueprint)

Collaboration is a critical element in supporting any engagement or project that requires multiple skill sets and capabilities to deliver an outcome. It is required within organisations and teams, within a sector and when working across organisational boundaries.

Collaboration supports commercial partnerships but also those where a policy outcome or human service need is required. Collaboration supports greater efficiency and effectiveness for the NSW public sector where the critical strengths and capabilities are understood and leveraged rather than duplicated.

Collaboration can be used in the policy development phases as much as when a service is delivered. It can be used to build or operate infrastructure. It can be used as a mechanism for sharing scarce resources and building processes, practices and skills.
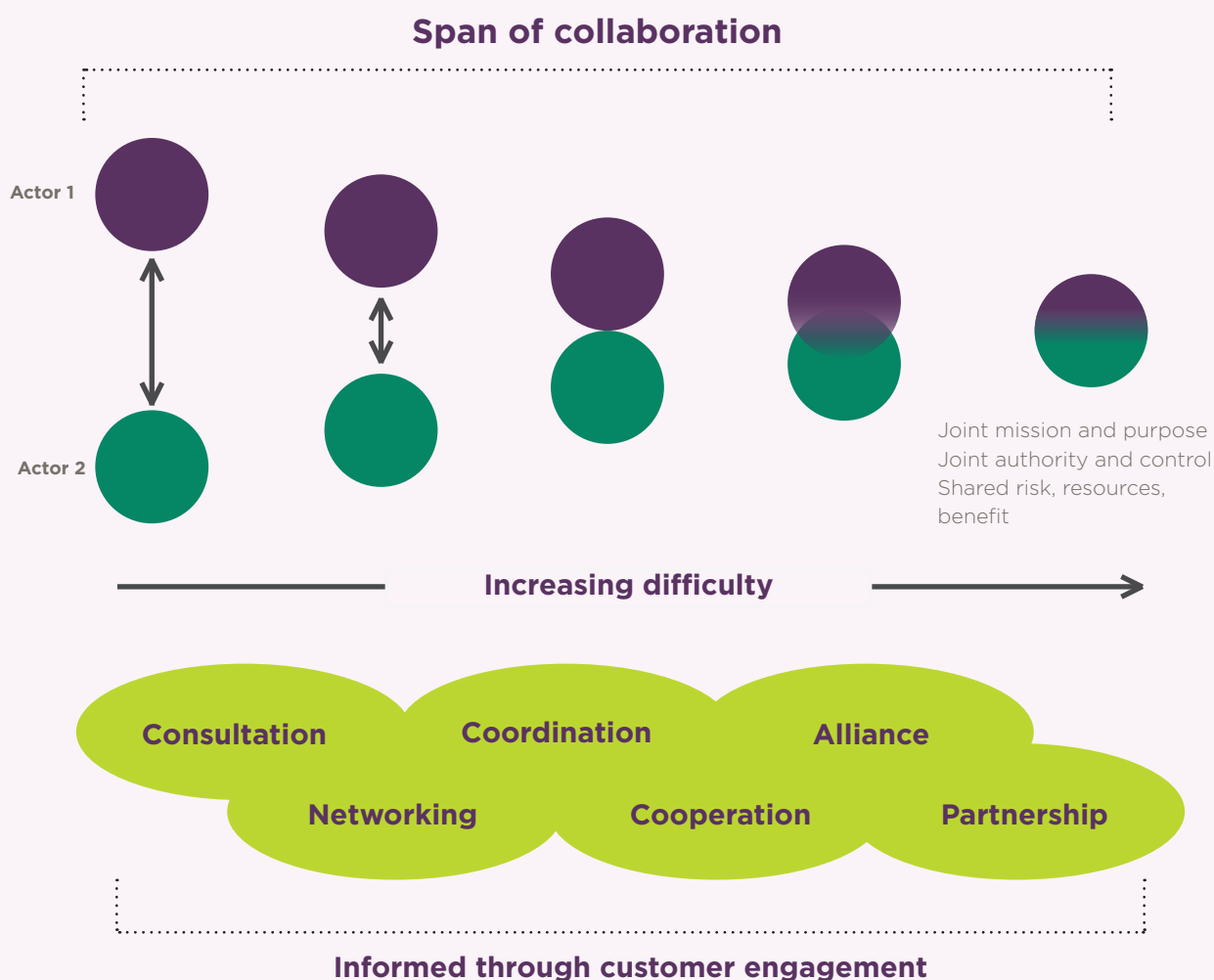
The breadth of collaboration is very broad and is understood by the Review. Because the focus is on Human Services and the trend to commissioning, the Review placed greater focus on these areas while always being mindful of applicability within the broader context discussed above.

3.1.1 The Span of Collaborative Intensity

The Collaboration Blueprint proposed a model of collaboration according to a continuum of intensity from lesser to greater engagement.

[c]The Nous Consultancy Group produced a research report entitled "Collaboration between sectors to improve customer outcomes for citizens of NSW" and a guidance tool called the "Collaboration Blueprint" which partners in a collaborative engagement can use to guide the collaboration process. The Nous documents were widely disseminated across government and other sectors in 2013, and are available on the PSC website.

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Figure 1: The Span of Collaborative Intensity

Span of collaboration

Actor 1

Actor 2

Joint mission and purpose
Joint authority and control
Shared risk, resources, benefit

Increasing difficulty

Consultation **Coordination** **Alliance**

Networking **Cooperation** **Partnership**

Informed through customer engagement

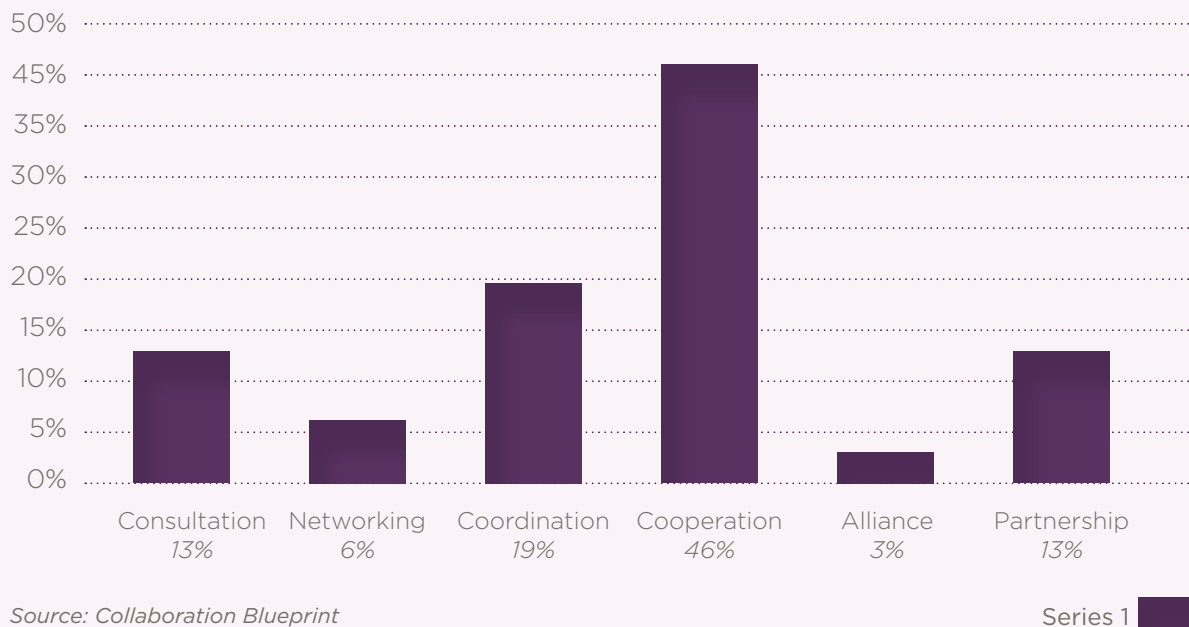*Source: Collaboration Blueprint*

This Review is focused on how to drive collaboration to the right end of the span where there are more intensive forms of collaboration including coordination, cooperation, alliance and partnership. This collaborative intensity will be more critical in an environment where more services are commissioned and scarce capabilities and resources need to be shared across the sector and with other jurisdictions.

The days where collaboration is defined as having a few meetings or managing a contract or grant are gone, if they ever existed.

Sixty five per cent of NGOs surveyed for this Review categorised their relationships in the coordination/cooperation space as typified by contracted services (Figure 2). Relationships still remain in a developing stage and the shift to real partnering is quite some distance away despite the commitment and goodwill.

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Figure 2: Government/NGO relationships across the span of collaboration

Category	Consultation 13%	Networking 6%	Coordination 19%	Cooperation 46%	Alliance 3%	Partnership 13%

Source: Collaboration Blueprint

Series 1

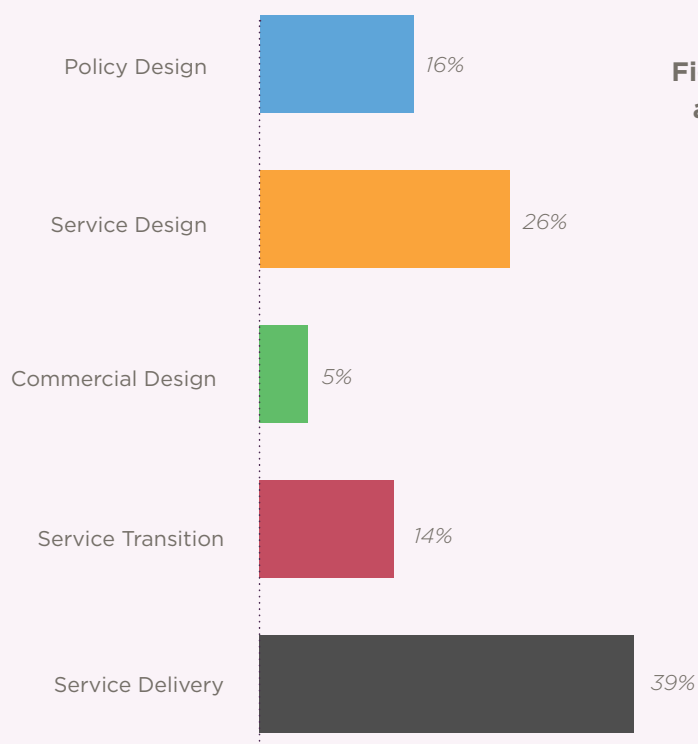## 3.1.2 The Design to Deliver Collaboration Cycle

The service partnership model across the commissioning cycle in the NSW Government Commissioning and Contestability Policy proposes that agencies embrace a partnership approach and engage cross sectoral delivery partners during the different stages of the commissioning and contestability process.[4]

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The Review has developed a Design to Deliver Cycle (Figure 3). The Cycle shows the different stages where collaboration can take place. In this model, the collaborative partnership is a multi-stage process which begins with joint problem identification and shared solutioning all the way through to service delivery and evaluation.

Figure 3: The Design to Deliver cycle

Transitioning from design to delivery stages including to other parties.

Co-delivery, oversight and evaluation of services to the community.

The design of commercial arrangements (contractual, risk and legal) to deliver outcomes for citizens.

Defining a problem and choosing optimal solution to achieve desired objective.

The design of services to meet policy objectives and customer needs.

Service Delivery

Policy Design

Service Transition

Service Design

Commercial Design

NGOs that took part in the survey said they are currently engaged most in the service design and service delivery stages, and not consistently across the whole delivery cycle (Figure 4). This shows that collaboration is not occurring early enough at a stage when problem identification and outcomes can be shaped by all parties.

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Figure 4: Where NGOs are engaged across the Design to Deliver Cycle

Policy Design — 16%
Service Design — 26%
Commercial Design — 5%
Service Transition — 14%
Service Delivery — 39%

These findings are broadly consistent with the findings of the NSW Agency Survey 2016 where collaboration undertaken by government across sectors was far more focused on two main types (1. program design and management and 2. service delivery) rather than in other areas such as policy development.

3.2 Why Collaborate?

Effective collaboration for better service delivery can achieve the following, according to the Nous research:

- Increasing innovation by drawing on a broader pool of ideas and approaches.

- Increasing the effectiveness of services to deliver better outcomes aligned with the policy or program objective.

- Increasing the efficiency of service delivery by delivering the services cheaper than if delivered by the public sector.

- Reducing risk – both political risk from the project failing and direct risks to both public sector employees and to those impacted by the service.

Effective collaboration results in outcomes that could not be achieved otherwise.[5] Key stakeholders interviewed and convened for this Review all believed that successful collaboration requires development of a shared view on the outcomes to be achieved as a result of the collaborative engagement.

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This may mean a community outcome, a benefit to be delivered from new technology or services or an efficiency saving, to name but a few examples.

The 2013 research by Nous also points to the indirect benefits gained via the experience of collaboration. Collaboration results in personal and organisational relationships that operate outside the boundaries of hierarchical relationships and foster a greater sense of voluntary cooperation.[6]

The PSC survey results supported the relationship benefits of collaborating. NGOs rated relationships with government more positively when they were involved more intensive forms of collaboration, such as partnerships and alliances (which lie at the right hand side of the Figure 1 span of collaboration shown on page 10). Refer to Figure 5 below.

Figure 5: NGOs rating of collaborative relationships

Source: PSC Collaboration Survey
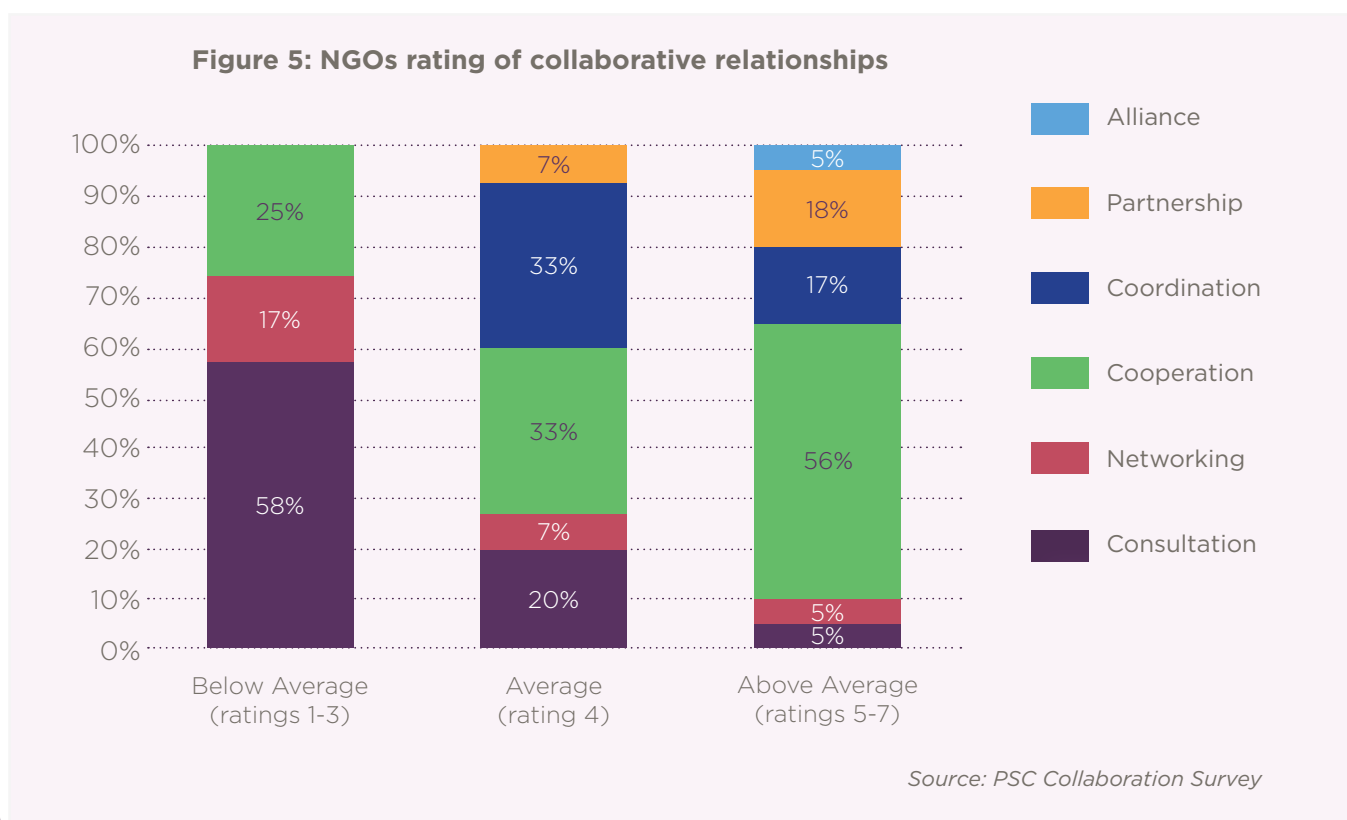
Note: Survey respondents were asked to rate their relationships with government and show where the relationship fitted on the span of collaboration. The graph shows the type of collaboration for each rating category.

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3.3 True collaboration requires fundamental change from all parties

More intensive forms of collaboration (as per Figure 1) require all parties to a collaborative engagement to:

- Work to a shared vision and outcomes, and adapt as this changes at different stages of the engagement lifecycle.

- Ensure any outcomes and vision are centred around the end user and community, and jointly determine how each party can contribute in a coordinated fashion.

- Collaborate early and often, with a focus on jointly defining and solving critical problems: all parties are prepared to come to the table not knowing what the answers are.

- Deliver using a common 'language' of processes, practices, frameworks and systems.

- Bridge organisational boundaries across a number of dimensions including sharing Intellectual Property, contractual risk and personnel to achieve the desired outcomes.

- Work with clear roles and expectations across complex thinking and delivery challenges.

- Share capabilities and leverage each party's strengths and support areas of weakness.

- Take accountability for success and failure and ensure that those with accountability are adequately set up to succeed.

(Refer to Appendix A which details how these elements are demonstrated in the case studies.)

These requirements are as much about shifting culture and mindset as they are about skills, processes and practices. It is about surrendering control. All parties need to be

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"Collaboration results in personal and organisational relationships that operate outside the boundaries of hierarchical relationships and foster a greater sense of voluntary cooperation. NGOs rated relationships more positively when they involved more intensive forms of collaboration."

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prepared to change their operating model and follow through on that change to deliver in a collaborative way. The preparedness to give up organisational autonomy, power and established ways of operating to deliver in a new way is a key issue. This is not an easy task for any sector.

These tasks will also need to filter through all levels of an organisation and, indeed, the sector, to help engineer the required changes by manoeuvring the right expertise to where it is most needed.

The tasks of creating the circumstances for all parties to change and then sustaining this change through the collaborative relationship should not be underestimated. The Review Team found in the case studies that this role mainly fell to the public sector individual leading the collaboration and they used highly developed relationship skills to facilitate that shift.

4. FINDINGS

4.1   Introduction

In the Human Services sector the process of transferring service delivery to NGOs has been an established trend internationally and in NSW.[7]   Funding from the NSW Government to NGOs in the Human Services area is significant. In 2015/16 FACS provided $2.9 billion to NGOs and NSW Health provided $265 million to NGOs.[e]

In its 2016 submission to the Productivity Commission Inquiry into Human Services, the NSW Government highlighted several reforms underway in NSW including the establishment of the Commissioning and Contestability Unit, new social impact investment approaches (Australia's first social benefit bonds) and the Government's 10 year reform strategy for social housing.[8]

The Government noted in the submission that building the appropriate level of capabilities in the public sector will be critical to successfully transition to any new service delivery models. These capabilities included commissioning skills and procurement skills.

The Review found a very high level of commitment and enthusiasm from both the public servants and the NGO representatives consulted to in the Human Services sector for collaboration to achieve better service delivery. Both sectors expressed a passion for finding better ways of achieving social

outcomes and saw that collaborating on problem definition through to service delivery could assist to better achieve those outcomes.

However, the Review found the impetus for collaboration on the public sector side is mainly dependent on individuals or individual program areas within agencies. This means there are pockets of capability in the Human Services sector with no standard collaborative processes and no consistent set of capabilities.

NGOs on the other hand, advised they sometimes struggled to resource collaborative engagements in the face of bigger concerns about how their sector and their own organisation needs to change.

The findings are grouped around a number of overarching themes which focus on collaborative mindset, systems, leadership, procurement models and costs and benefits.

4.2 Collaboration is ad hoc and inconsistently undertaken

If collaboration is to meet many of the required changes described in Section 3 (Context) of this Report, a consistent common language and approach is critical. The Review found that no consistent process, model or practices have been developed following the launch of the Blueprint to assist agencies across the Human Services sector. Instead it appears each collaborative

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[e] Figures sourced from the Human Services Data Hub. NGOs here refer to not for profit organisations.

engagement (be it a place based problem or a piece of commissioning), has been developed from scratch with its own processes without reference to other collaborative work.

This is reflected in each of the case studies which used unique collaboration processes. There was no use of common collaboration terminology or an overarching set of principles or toolkit.

Without greater consistency, it is unlikely that any collaborative engagement will have a common language of processes and practices upon which all parties can engage. This will cause delays, the inability to learn from other engagements, increased likelihood of each party relying on their own proprietary methods resulting in a failure to share or achieve true alliances or partnerships. The outcomes to be achieved are unlikely to be successful.

4.2.1 Triggers for Action

In the Review's case studies and interview, the triggers for collaboration happening at the program level, place-based level or individual service level were identified. The triggers were:

- Problems identified via a review - the Health Grants Management Improvement program drove the development of the NSW HIV Strategy 2012-15 (Appendix A, Case Study: Ending HIV).

"It appears each Collaborative engagement (be it a place-based problem or a piece of commissioning) has been developed from scratch with its own processes without reference to other collaborative work."

- The current approach to service delivery was failing and social outcomes were going backwards (Appendix A, Case Study: Co-Design in Western Sydney).

- Siloed and fragmented service delivery in Mt Druitt wasn't meeting the needs of placed based clients (Appendix A, Case Study: The HIVE).

- Response to crisis (negative publicity) was the impetus for the development of a shared Community Action Plan (Appendix A, Case Study: Coledale Community, Tamworth).

Each collaborative engagement the Review identified used processes designed for that particular engagement. The Review found very limited use of a common guidance tool such as the Collaboration Blueprint. Only 14 per cent of NGO survey respondents had heard of the Collaboration Blueprint.

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It is noteworthy that those organisations who did use it (e.g. NCOSS use it for training purposes, Department of Premier and Cabinet [DPC] Tamworth use it to guide early stages of collaborative discussions) found it very useful.

FACS Western Sydney Nepean Blue Mountains (WSNBM) District engaged an external consultancy to facilitate a co-design process with Human Service agencies and NGOs across the District which resulted in four projects including the Linker Network project. This was an active choice to seek professional external facilitation using a specific process to bring all service partners into alignment. FACS WSNBM and their partner NGOs believed they would not have achieved the progress they have without this professional support.

As part of the Coledale Community case study, which involved NSW public sector agencies and Tamworth Regional Council, DPC commissioned an external consultant to work with the cross agency team to develop a collaborative governance model for the project. This model was informed by the Collective Impact methodology which is often used in place based projects and is outlined in more detail in the HIVE Mt Druitt case study included in Appendix A.

The ad hoc approach was also true of collaboration within the NGO sector. One large NGO adapted their internal "Learn, Design, Implement, Sustain" framework

for collaboration, which they used for all projects. They coupled this with an emphasis on relationship skills focusing on the skills needed for collaborative team members to actively listen to one another, let go of pre-conceived ideas and be prepared to design something new. They viewed this as a sub-optimal solution and would have preferred to use a common approach across their sector.

A fully bespoke approach means that scarce resources are invested in process development each time the need for collaboration is identified. It also means that there is no agreed terminology, no overarching set of principles guiding collaboration and no common collaborative frameworks or toolkits, beyond the Collaboration Blueprint, that can be customised as required. A completely individual approach means there is no mechanism for lessons learned from past projects to inform new projects. The development of each collaboration process is then subject to individual bias.

> **"A fully bespoke approach means that scarce resources are invested in process development each time the need for collaboration is identified."**

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4.2.2 Fragmented whole-of-government action

The ad hoc nature of collaboration is reflected in the broader government context. NSW Treasury has just released (November 2016) their Commissioning and Contestability Policy (CCP) and User Guide which requires government agencies to work in partnership, where appropriate, with customers and other sectors in service design through to delivery. This policy is in the early stages of implementation.

The NSW Government Social Innovation Council (SIC) is working on information support and guidance material for NFPs (private sector organisations are not currently on the SIC) partnering with government in the Human Services sector. The Department of Finance, Services and Innovation (DFSI) provides secretariat services for the Council. The Council has NFP peak body and agency representation. The Council will review its mandate in June 2017.

The authority to proceed with collaboration currently sits within agencies. The approval processes for collaboration can take time, be fragmented and difficult to navigate. FACS have provided senior level support for collaboration within regions. Even so, approval processes can take time. For example, in the Sydney TEI Co-design case study, work originated at the regional level but needed head office approval to give permission to extend funding

timeframes for NGOs and to authorise the move to pilot the model.

At present there is no whole-of-government lever to motivate the Human Services sector to shift to collaboration as the default mode. This will change with the roll out of the CCP which encourages government and NGO collaboration across the service delivery cycle.

Central agencies can play a coordination role in brokering and facilitating system wide collaboration through pooled funding, facilitating place based service delivery (rather than line agency delivery) and collaboration framed around the needs of population cohorts who engage with a number of agencies. The Coledale Community, Tamworth case study demonstrated a more limited role for a central agency with DPC acting as a coordinator with no control of funding and resources. As a result, DPC's role then became focused on seeking compliance from participating agencies who held budget and resources.

A recent consultancy report prepared for FACS on cross government collaboration for assisting vulnerable children and families found that to entrench cross sectoral collaboration in this area there needed to be a state wide governance framework. The report recommends that this framework commence with an authorising environment created at the ministerial level which would

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> **"The approval processes for collaboration can take time, be fragmented and difficult to navigate."**

drive consistency across agencies and within agencies from central offices down to regional offices.[9]

Public sector and NGO interviewees agreed that there needed to be system wide changes to mainstream a collaborative approach to service delivery. The NSW Government is driving efforts to identify opportunities for cross-agency collaboration and coordination through the Human Services Data Hub (HSDH) and the Data Analytics Centre.[10] The HSDH is a central source of information about NGOs that have contracted with government. This allows agencies to more easily identify opportunities for cross agency collaboration and coordination by identifying NGOs who work across multiple agencies, the types of services currently contracted, and aligning funding cycles.

4.3 Collaboration as a capability is not embedded in the Human Services sector

In 2013, in the foreword to the "Doing Things Differently" publication, the then Premier encouraged leaders in all sectors to "adopt collaborative partnerships where it is shown that this will bring the best result".[11] "Doing Things Differently" was commissioned by the PSC Advisory Board and incorporated the Nous research and Blueprint. In the foreword, the Premier asked all government sector employees to consider the collaboration research findings and ask themselves how they could be used to improve the services they provide. He requested all public servants to take positive action on those ideas. The Review found that this call to action to embed a collaborative culture and mindset across the public sector has not been fully realised. The case studies highlight some of the challenges in embedding collaboration as a capability in the Human Services sector:

- Some of the projects are heavily reliant on individuals ("collaboration heroes") to drive change and sustain the collaboration.

- Sustaining the momentum for change and the ongoing commitment of stakeholders to collaboration when the "crisis" has passed is challenging.

- The projects are still at the pilot stage and are not yet scaled up to show meaningful benefit.

The Review looks at three components to building a collaborative culture: 1) leadership

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2) roles and accountabilities and 3) capabilities.

4.3.1 There are pockets of leadership excellence in the Human Services sector

Both NGOs and public sector interviewees agreed that there was an inconsistent approach to collaboration within public sector organisations at different levels. While Executives often "talked the talk" on collaboration, it was the middle management layer that actually managed the service relationship. It was perceived that these staff were not trained or empowered to act in a collaborative way so reverted to the traditional "we will tell you what to do" relationship. Their default mode was to fall back on managing the terms of the contract rather than collaborating on the service.

The view of frontline staff was more mixed with NGOs describing variable experiences and some praising the frontline officers they dealt with. It was agreed by both NGOs and the public sector that these staff needed to be empowered to make decisions, and problem solve as well as manage their probity obligations.

There was a view from public service and NGO stakeholders interviewed for the Review that collaboration is "hero dependent." NGOs and public sector interviewees identified individual Executive leaders in government ("collaboration heroes") who had driven the setup of collaborative programs and shown the courage, commitment and persistence to engage all stakeholders and create the conditions for a true partnership. This was almost in spite of their organisation and not because of it. It was universally agreed that one of their outstanding features was their relationship skills which motivated different parties to come together to develop a shared mission and objectives and to remain in alignment to deliver a changed service.

The impact of a hero driven model is that the collaboration loses energy or fails when the hero moves on. This is partly why our public sector interviewees across Human Services cited instances of successful pilots but no examples of scale up where successful collaborative programs have been leveraged to achieve real gains. FACS WSNBM will scale up the Linker Network Model to all targeted early intervention (TEI) services across the

> **"Both NGOs and public sector interviewees agreed that there was an inconsistent approach to collaboration within public sector organisations at different levels."**

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District in the second half of 2017, following the prototyping phase, and there is potential for FACS to then scale up to the other Districts state-wide.

4.3.2 Roles and accountabilities are not clear to both government and NGO parties

NGOs told us they saw a lack of leadership accountability for driving collaboration projects within government. They wanted to see clear accountability for achieving collaborative outcomes for a specific project. Stakeholders on the HIVE project viewed their objective as improving the school readiness of 0-5 year olds in the Mt Druitt area, to give them the best chance at school, and ultimately, life success. However the HIVE team was frustrated that there was no single organisation within the NSW Government responsible for early childhood education and care which helps prepare children for school. Neither NSW Health, FACS, Education nor any other agency is responsible for the early years, although they have programs for children in this age bracket. The HIVE noted that "when these agencies have other responsibilities they are held accountable for, it is very difficult to make something they are not accountable for their focus."

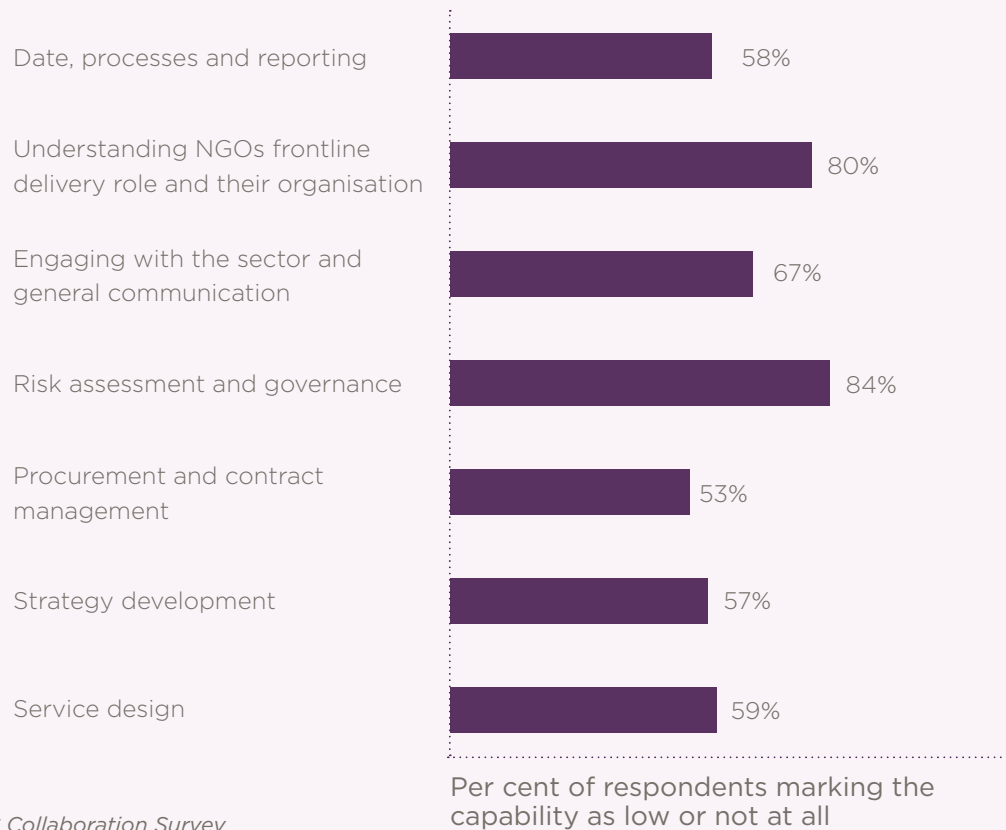## 4.3.3 Public sector and NGOs need to address different capability gaps

The survey asked NGOs to identify the critical capabilities NSW public sector agencies need to collaborate effectively with them. The main capabilities they identified, and how they rated the public sector in performing that capability, are listed in the graph below. For example, over 80 per cent of NGOs that nominated risk assessment and governance as a capability required by the public service, also rated the government performance as low or not existing at all.

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"NGOs told the Review that they saw a lack of leadership accountability for driving collaboration projects within government."

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Figure 6: NGOs rating of Public Service capability gaps

Category	Percentage
Date, processes and reporting	58%
Understanding NGOs frontline delivery role and their organisation	80%
Engaging with the sector and general communication	67%
Risk assessment and governance	84%
Procurement and contract management	53%
Strategy development	57%
Service design	59%

Per cent of respondents marking the capability as low or not at all

Source: PSC Collaboration Survey

Note: The above graph shows the percentage of survey respondents marking the Public Service capability level as 'low' or 'not at all.' (scale: high, medium, low, not at all)

The public servants we spoke to assessed themselves in a way which somewhat aligns with the NGO rating. They discussed the need for public servants to be able to take an external "outside in" view of government, to

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be able to understand the perspective of all sectors and to develop the relationship skills exemplified by the "collaboration heroes" as a default set of skills for all public servants.

NGOs advised the skills that they themselves needed to collaborate included governance and risk management, corporate systems and communication skills. They viewed their largest gaps in the areas of people management, corporate systems and understanding of government agencies. This self-assessment of the NGOs surveyed needs to be seen against the backdrop of the key challenges facing their sector.

Nearly all of the NGO representatives that were interviewed spoke of the paradigm shift currently needed in the sector where NGOs needed to transform to become social entrepreneurs. This meant the development of services that were not solely tied to government contracts but could assist in both meeting societal outcomes and growing

. . . .

"...the need for all public servants to be able to understand the perspective of all sectors and to develop the relationship skills exemplified by the "collaboration heroes" as a default set of skills for all public servants."

. . . .

their revenue streams. They saw some nervousness among NGOs at the Executive and Board level as to how to go about this. Interviewees were also clear that the complexity of today's social problems meant they needed to do more partnering with other NGOs to deliver the most effective, and often, new services.

In this context NGOs felt they struggled with developing capability in the following areas:

- Ineffective governance, especially in smaller organisations where Boards are struggling to identify and drive a changed business model and fulfil their ongoing compliance role.

- The need to use data to drive service design and to invest in data and research functions within NGOs.

- The need to keep their understanding of community needs up to date (some NGOs lose sight of this but this should be their core advantage).

- Lack of investment in staff training. In the past, government had provided greater training support to NGOs but this support had diminished over time.

The ability of the NGO sector to collaborate effectively is dependent on the organisational capacity of those NGOs. There is a broader question here as to the role of government as market steward in supporting a less mature sector in building capability and capacity to help sustain that sector in the long term.

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Certainly the NGOs the Review Team spoke to saw a current need for government to provide increased support, especially in the areas of staff training and governance. The PSC survey found that only 1 in 5 NGO respondents currently had training support from the NSW Public Sector.

The government can play a role in supporting all sectors (the not for profit sector, the commercial sector and the public sector) to cement relationships, share expertise and create opportunities for future collaboration. A number of existing forums could be harnessed for this purpose. For example, one Reference Group member suggested the SIC could be expanded to include private sector members. In addition, existing discussion forums organised by the Australian Institute of Company Directors could be adapted to invite cross sectoral participation and collaboration.

4.4 The application of Procurement requirements impedes collaboration

There is a view from an NGO interviewed for the Review that the "Government identifies need, seeks expert advice, prepares tender specs and then seeks response from NGOs. They then go through the procurement process and manage the contract based on a point in time."

The above quote summarises the traditional procurement role that government plays where the service solution is prescribed by government, often after consultation with independent experts, and the NGO sector is only involved when tenders are called. NGOs usually have no input to the proposed solution, the way the service is to be delivered or the benchmarks for success. In this approach there is also no flexibility to change delivery if the end user or community needs change during the life of the contract.

NGOs in the Human Services sector reported they mostly have this kind of traditional procurement relationship with government, however, survey respondents still rated the overall quality of their relationships positively (69 per cent rated above average).

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Figure 7: NGO view of the quality of their relationships with the NSW Government

| | | | | 22% | 29% | 30% | | 10% |
3% | 1% | | 4% | | | | |
Very Poor | | | | Average | | | | Very Productive
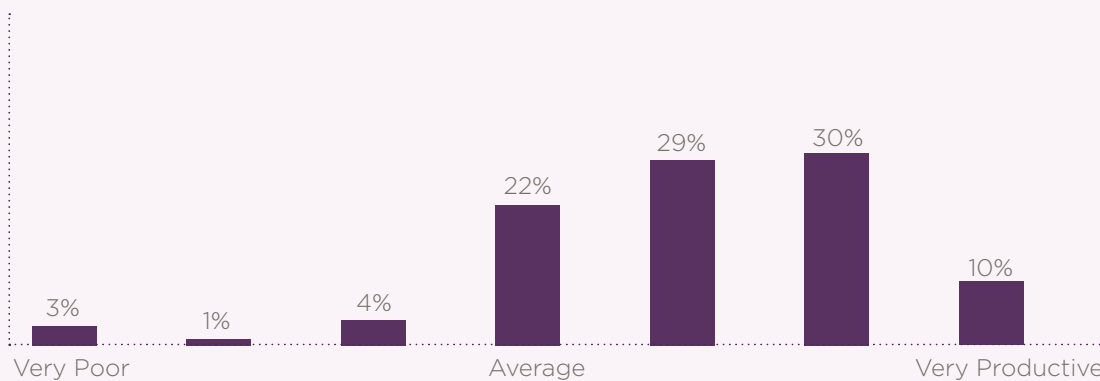
4.4.1 Probity underpins the traditional contracted service relationship

Government is required to be mindful of probity when letting contracts. The NSW Treasury website defines probity as:

"Uprightness, honesty, proper and ethical conduct and propriety in dealings."

This has meant that government has taken a hands off approach in dealing with contracts. Front of mind is potential for conflict of interest and giving an unfair advantage to one potential supplier over another.

The NGOs the Review Team spoke to saw that government had a legitimate probity concern to consider, however, they added other perspectives. One perspective concerned the multiplicity of roles that government could play and the potential problems that created.

NGOs have their own probity issues to consider especially as they are now collaborating more often with other NGOs to deliver. One commented that one day he had an NGO partner and the next day the same NGO would be their competitor. This introduced new complexities into their relationship which took time to work through.

CASE STUDY: Co-design in Western Sydney and Nepean Blue Mountains

Western Sydney FACS saw the need for a new service model which would provide clients with a seamless, flexible experience and enable more children to remain safe at home.
The program approach has driven silos between service providers. Services are hampered by prescriptive funding agreements.

In 2015 the Executive Director FACS WSNBM convened a process to bring all service partners together to jointly redesign the service system from the ground up.
This has meant looking beyond what is specified in current contracts and redesigning services based on the needs of the client.

4.4.2 An inflexible approach to procurement can inhibit the collaborative development of services/solutions

"NGOs have been conditioned to be limited in their thinking as they are reliant on block (government) funding. Good collaboration yields a culture of possibility. At the point of procurement lets redefine the solution. Government can say 'here is the problem, here are the dollars available, lets share ideas about how to best deal with the problem'. For example, if government says 30-55 year old men are the cohort at greatest risk of suicide then convene a forum for all NGOs to consider how best to meet the challenge. NGOs should be prepared to stand up in front of their peers and give it their best shot." (NGO View)

The Review found some evidence that NGOs are trying to innovate within the current traditional model. For example, one NGO chose to tender in partnership with another NGO. Both NGOs submitted separate competitive tenders but advised the government procurer that if both were selected as preferred tenderers in the same geographic location, they would share Intellectual Property and training resources. They saw themselves as offering a joint "value add" and commented that they sought advice as to whether this would be anti-competitive before tendering.

However, there is an appetite on the part of both the NFPs and the small number of commercial organisations the Review Team spoke to participate more fully in innovative design with government. Their comments covered:

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- A place at the table in developing solutions with government:

  - NGOs believed they had many resources to bring to the table especially the deep understanding of community. One interviewee from a large NFP said they had recently increased their investment in internal research capacity because they recognised the need to contribute to creating better solutions (from 1.5 FTE to 8 FTE).

- The opportunity to suggest innovations that go beyond the contracted deliverables:

  - A social housing provider had suggested a way in which to achieve better social outcomes by mixing affordable and social housing as part of a housing development. Because historically, social and affordable housing come from different program areas, the suggestion was not taken up by FACS.

  - A commercial provider in the health sector wanted to suggest a new idea for hospital equipment procurement based on what they viewed as best practice, which was being trialled in another state.

These NGOs saw the barriers they encountered as risk aversion and inflexibility on the part of government. There was no place for providers to bring up innovative ways to achieve either a more efficient service and or broader social outcomes. One NGO interviewee said NGOs should be asked to meet the tender specification but also be asked what else they can do for the same funding. They summarised the current funding system as "prescribed and clunky".

There is nevertheless a growing awareness within the NSW Government of the need for a more proactive approach to risk and an approach to procurement that is fit for purpose. Lifting the capability of staff to apply procurement standards and processes will be critical to improving the collaborative development of solutions.

In June 2016 the SIC released guidelines for engagement with NSW Human Services non-government organisations.[12] The guidelines, and in fact the creation of SIC itself, recognises the benefits of having effective engagement with NGOs throughout the procurement and the broader commissioning process.

"These NGOs saw the barriers they encountered as risk aversion and inflexibility on the part of the government."

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The guidelines set out six principles to guide the way agencies and Human Services NGOs engage. The guidelines note that principles-based engagement allows for maximum flexibility for program, project and services specific requirements and legislative and regulatory obligations. The principles include building a shared understanding of outcomes between sectors and that agencies should minimise (if not remove) administrative barriers to NGO participation.

4.4.3 Contract processes often do not support service efficiency and effectiveness

The making of grants in the community social service space has largely given way to service procurement via contracts, especially in the Human Services space. (Childs 2014; NSW Ministry of Health 2013)[13]

To accommodate a focus on outcomes, government commissioners and purchasers of services are redesigning contracts to directly link payments with outcome improvements (NSW DPC 2015). This can include coupling incentives and sanctions with providers' performance in relation to prescribed outcomes, targets and associated measures. (Tomkinson 2016)[14]

It is beyond the scope of this review to evaluate the contracting processes for human service delivery in the NSW Government. There is a great deal that has already been addressed in the reports cited in Tomkinson's article quoted above. There is also ongoing work happening in the NSW Government such as the work sponsored by the SIC on a standard Human Services contract. What the Review has done is summarise the range of current experiences on contract management shared by our NGO survey respondents and

CASE STUDY: Ending HIV

The Partnerships for Health program has driven a shift away from straight grants to funding agreements. NSW Health worked with AIDS funded NGOs to improve grant administration and introduce key performance indicators (KPIs) into funding agreements. Funding arrangements have shifted from the provision of a simple grant to the purchase of services that have to be defensible and delivered. KPIs were developed to align with the targets in the Ending HIV strategy and NGOs have been actively involved in refining and amending their KPIs since they were first introduced.

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> **"Both NGO and public sector interviewees cited data gaps as a key issue in collaborative engagements."**

interviewees.

All NGO interviewees acknowledged that as the funder and contract manager government had the right to demand performance against the contract deliverables and in fact some commented that government should assert this function strongly to call out poor performance and make NGOs more accountable.

Essentially, the Review found that contract arrangements, and contract experiences, were represented on a continuum from what are technically still grants to service contracts, with an appetite on behalf of some NGOs to move to outcomes-based contracts. It is worth noting that defining service outcomes in a way that can form part of contract specifications and be overtly measured, can be a challenge for both NGOs and government. One Reference Group

member noted that shifting NGOs to more robust performance measures represents a change in practice on the part of NGOs and an increased accountability for NGOs to demonstrate their value. There is much to learn for both NGOs and agencies in the shift to outcomes-based contracts.

A related challenge in the shift to outcomes based contracts, is the need to use relevant data to build an evidence base to underpin outcomes and monitor and evaluate the effectiveness of the services that are delivered. Both NGO and public sector interviewees cited data gaps as a key issue in collaborative engagements. In the case of cross agency projects, individual agency data was not in a format that could be easily shared. In the case of cross sectoral engagements, NGO stakeholders found either that government did not collect the data they wanted or that data could not be shared due to privacy or other reasons. Some of the case studies also highlighted the data gaps in developing an evidence base for collaborative outcomes.

NGOs provided feedback on the whole of the contracting process from tendering to reporting. An interviewee from a large NGO had pro bono help from a former CEO of one of Australia's largest construction companies who commented that the Human Services tender he was working on was the most complex tender document he had ever seen. The commercial providers the Review spoke to reported mixed experiences. One

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praised the due diligence carried out by their government counterparts in managing tender processes but felt the process involved too many agencies. One valued the good commercial understanding of their government counterpart, as the bureaucrat involved had previous commercial experience, but felt the contracting process was far too long. Other feedback related to contracts containing irrelevant (or impossible to meet) Terms and Conditions.

NGOs also commented on contract monitoring processes. Common feedback concerned what NGOs saw as inappropriate Key Performance Indicators (KPIs) set by government without consultation. This made the task of compliance reporting difficult and often very time consuming for NGOs. The view was that inappropriate compliance took them away from their core work. As one interviewee put it "If my health centre has been accredited, why am I reporting on the minutiae of my contract? Don't they trust the accreditation process?"

The impact for government and NGOs of this lack of uniformity is that effort is directed to contract management rather than ongoing service management.

In summary NGOs told the Review Team they are looking for:

- Contemporary contracts that specify outcomes not inputs or outputs.

- Flexibility in contract design that allows

for changes to delivery during the life of the contract, based on changing client needs.

- Relevant and fit for purpose reporting on Key Performance Indicators (KPIs) where the NGOs had input into their development.

- Consistency of reporting across government (preferably using one portal and aligned data collection methods).

4.5 Collaboration is resource intensive and the benefits take time to be realised

Collaboration is resource intensive

Both NGOs and public servants agree that collaboration is very resource intensive and cannot be done on top of a "day job" which can be the expectation. The case studies demonstrate that the collaboration process is long term and resource intensive. At this point it can't be ascertained whether the collaboration projects have been successful.

NGOs advised of two inhibitors to providing resources for collaboration:

- Short term funding cycle

- Inadequate and inflexible timeframes for response

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Jurisdictional Comparison: WA Partnerships Forum and longer term funding cycle

In 2011 the Western Australian Government introduced the Delivering Community Services in Partnership (DCSP) Policy and established a cross sectoral Partnerships Forum to oversight delivery.

One of the elements of the Policy is that it requires government agencies to establish longer-term contracts to give NFPs confidence and longevity of funding and to reduce administrative burden. The implementation of the Policy across government is independently evaluated each year and the 2014 evaluation found that "the intention of agencies was, by and large, to extend these contract periods to reduce the administrative burden attendant on recontracting processes. Some 43 per cent of contracts were three to five years in length, while 11 per cent were reported as extending beyond five years."[15]

The general experience of NGOs was that when their funding agency introduced major service reforms (e.g. NSW Health implementation of the Partnerships for Health program in 2012) the NGOs were then funded on a short term basis while those reforms were rolled out. One NGO advised that their organisation had been waiting over two years for a new service tender to be released as part of a program reform, and that in the interim they were extending staff contracts for three months at a time. This uncertainty has inevitably led to loss of corporate knowledge as staff have sought more secure job opportunities elsewhere.

In some cases the reduced funding timeframes have been used as a deliberate lever by government to motivate the NGO to change the way it performs its service delivery role. However, the NGOs pointed out when they were grappling with short term funding it was difficult for them to resource and support intensive cross sectoral collaboration even though the process could achieve better outcomes.

Some NGOs also brought up the issue of notice periods for government requests for collaboration and were frustrated at the sometimes very short and inflexible timeframes that government expected them to meet.

Public servants interviewed for the Review spoke to the challenges that lay in persuading their organisations that collaboration was a legitimate approach to take and should be resourced appropriately. The case studies demonstrated that many people from all sectors had gone above and beyond in participating in collaborative engagements because they were motivated by a shared commitment to delivering a better service.

The impact of this resource intensive process is that after a period of time in the public sector there can be a tendency to revert to traditional ways of doing things.

FACS has created the role of the "buffer facilitator" to advocate for collaborative engagement within the organisation and help create the circumstances for the collaboration to continue.

The general view was that unless explicitly addressed, there will be tension at some point in the collaboration process because of the resourcing impact and this will affect the chance of a successful outcome.

Benefits of collaboration take time to be realised

"By and large, collaborative partnerships tend to be more costly than classical contracts in respect of defining what is to be done and who is to do it, but then require less effort and cost in ascertaining whether it has been done and in inducing good performance."[16] (Alford and O'Flynn 2012)

The above quote encapsulates the findings from the Review. In addition to being resource intensive collaboration for service delivery does take more (mostly much more) upfront time and effort than traditional procurement arrangements. Part of this is due to the need to "invest in events and mechanisms that build relationships and consensus of purpose, contribution and working arrangement."[17]

In the Human Services sector the outcomes sought from collaboration often take at least a generation to be achieved. The outcomes are also not achieved through one service but through a portfolio of services. For example, in the Ending HIV case study, government/NGO collaboration has occurred since the 1980s through a range of integrated services including medical support, research and community engagement.

Achieving long term outcomes means that effort needs to be expended in ensuring that collaboration endures for the time frame needed. A cost benefit assessment of a collaborative program needs to account for these upfront and enduring costs.

> "For the public servants we spoke to the challenges lay in persuading their organisations that collaboration was a legitimate approach to take and should be resourced appropriately."

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CASE STUDY: Co-Design in Western Sydney & Nepean Blue Mountains

FACS Western Sydney Nepean Blue Mountains (WSNBM) District has invested two years of effort to build relationships with their NGO partners to develop a new service model which is now at the prototype testing phase.

FACS WSNBM has provided considerable support for design (funded an external consultant part time), program management, and change management across the District. NGOs have contributed significant time and energy throughout the co-design process some of which has been unpaid.

As the project moves into the prototyping phase FACS has resourced the Prototyping Project Team: FACS (2 FTE) and backfilled two NGO positions so NGO staff could be seconded to participate more fully in the team.

FACS WSNBM plans an ongoing investment in terms of training support and resources for NGOs as the prototype phases continues.

4.6 Conclusion

There is still a long way to go to embed collaboration across the Human Services sector, although some parts of the sector are more advanced than others. In summary, the use of collaboration can be described as sub-optimal.

One of the positive findings from the Review is that legal and procedural barriers to collaboration do not exist in the way that was originally hypothesised. For example, it is not rigid procurement requirements that inhibit collaboration; rather, it is the way the requirements (which do allow flexibility) have been implemented. This gives scope to build capability rather than needing to change established processes.

Based on all our findings there are three major shifts that the Sector will need to make to achieve the Blueprint's vision of true collaboration based on partnership:

- From ad hoc to consistent yet configurable processes.

- From fragmented or missing accountabilities to structured governance and clear shared outcomes.

- From pockets of excellence to a core capability embedded throughout the Sector.

The initiatives that follow in the next section are intended to address these required shifts.

5. INITIATIVES

The Review proposes a series of pragmatic initiatives which address the three major shifts needed and provide a clear path for sustainable improvement:

• The Collaboration Process Cluster (Section 5.1)

  • Assisting agencies and their partners to develop a core common language of process and practice on a collaborative engagement.

• Roles and Goals (Section 5.2)

  • Providing a clear role structure and powerful accountabilities to support collaboration both at a Sector-wide level and on actual collaborative engagements.

• The Expertise Cluster (Section 5.3)

  • Building capability in collaboration across the Public Sector through learning from highly experienced collaborators as part of collaboration projects.

The initiatives have been developed to align with current initiatives already underway in central government and line agencies (NSW Treasury and FACS).

Please note that the phrase 'collaborative engagements' is a general term used to describe any type of collaborative activity where two parties in separate organisations need to work together to deliver an outcome.

5.1 Collaboration Process Cluster

5.1.1 Description

This cluster of initiatives is focused on assisting agencies and their partners to develop a core common language of process and practice on a collaborative engagement.

Its focus will be around supporting problem identification, vision/outcome development, providing role clarity and on specific design and delivery components.

Where commissioning is the focus, this initiative will develop the next level of detail from the framework and practice guide established by the Treasury Commissioning and Contestability Unit (CCU) and also align/leverage work being undertaken by FACS.

The key design principles for these initiatives are that:

• The processes must enable consistency but be configurable enough to suit the specific needs and purpose of the collaborative engagement.

• The processes must evolve and take on the lessons learned from collaborative engagements: dynamic business process management will need to find a central home to capture findings and insights to continuously improve what is found and

to communicate those changes and ideas.

5.1.2 Findings

FINDING 1: Collaboration is ad hoc and inconsistently undertaken

A common language of processes and practices to provide consistency, NOT uniformity, and to also support the start-up phase of a collaborative engagement.

FINDING 2: Collaboration as a capability is not embedded in the Human Services sector

Defined and designed processes and practices that are used across the Sector and with partners will help to embed desired ways of working. The more these are used across more parts of the Sector, the more the mindset and culture will change. This is especially the case when working on problem definition, jointly defining visions and outcomes which are shared and in sharing lessons learned across the Sector to continue to improve and evolve.

FINDING 3: Application of Procurement requirements impedes collaboration

Process guidance for procurement professionals to apply the potential from more flexible contracting mechanisms already developed by DFSI.

5.1.3 Initiative Summary

There are three initiatives in the Process Initiative Cluster. They are:

a. **End to End Process Framework and Lifecycle for Collaboration**

   Development of a Collaboration Process Framework that is aligned with activity taking place on Commissioning in Treasury, FACS and NSW Health.

b. **Collaborative Procurement Processes and Practices**

   Support the application of Procurement processes for collaborative engagements based on possible changes to policies and development of contractual models.

   Develop Mechanisms to align the PSC's Procurement Capability Set which is part of the PSC Capability Framework.

c. **Processes and Practices for Market Making including convening partnering sessions for potential providers**

   This initiative is intended to help government agencies to understand the different market players outside the public sector and to help them develop partnerships with other potential providers.

   There is potential to explore similar intra government sessions where the Sector

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can learn about specific capabilities, policy instructions on one provider only (e.g. debt is centralised) and other core skills. This could be a joint DFSI/PSC initiative leveraging lessons learned in ICT and Procurement capability analysis.

Broader market making capability will need to be developed based on the expertise developed in FACS and NSW Health and use dedicated coaching from those with experience. Use of those who have been involved in the PSC Business Secondment Program could be utilised to leverage their experience working in external organisations.

5.2 Roles and Goals

5.2.1 Description

This cluster of initiatives is focused on providing a clear role structure and powerful accountabilities to support collaboration at a Sector-wide level and on actual collaborative engagements. This approach and model can be used within agencies to complement their existing relationships. The design of any such initiatives will require agencies considered exemplars to provide their models (e.g. FACS Standard Operating Procedure for Collaboration with its Executive group).

5.2.2 Link to Findings

This cluster of initiatives is intended to address three findings from the Review:

Finding 1: Collaboration is ad hoc and inconsistently undertaken

A common language of processes and practices to provide consistency, NOT uniformity, and to also support the start-up phase of a collaborative engagement.

Finding 2: Collaboration as a capability is not embedded in the Human Services sector

Defined and designed processes and practices that are used across the Sector and with partners will help to embed desired ways of working. The more these are used across more parts of the Sector, the more the mindset and culture will change. This is especially the case when working on problem definition, jointly defining visions and outcomes which are shared and in sharing lessons learned across the Sector to continue to improve and evolve.

Finding 3: Collaboration is resource intensive and the benefits take time to be realised

A consistent approach to benefits modelling for collaboration will support the Sector in understanding true costs and benefits

5.2.3 Initiative Summary

There are three initiatives in the Expertise cluster of initiatives. They are:

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a. **Shared Outcomes and Triggers Statement**

This initiative requires the design and deployment of a statement that highlights the importance of joint definition of a problem, the need to develop outcomes particularly from the point of view of the end user and/or community and also to express how changes over the course of a collaborative engagement may trigger differing outcomes per stage or different needs from partners and how this is to be handled.

It is critical that this statement include the need for the allocation of funding, how data will be shared, how procurement will support collaboration, and the recognition of all parties and their roles.

b. **Collaboration Accountability Model**

This initiative requires the design of a sector-based RACI Matrix (Responsibility, Accountability, Consulted, Informed matrix list for roles, project stages, activities and tasks) for Collaboration that clearly defines the role of central agencies (Broker, Facilitator and Capability Mobiliser) and delivery agencies (who hold the expertise and experience of delivering such engagements but may not have full visibility).

A collaborative engagement Model Accountability Framework will also be designed to assist the setup of

collaborative engagements and to assess any changes over the life of such an engagement.

c. **Broad Benefits Modelling Approach**

This initiative involves the development of an approach to define the upfront costs of collaboration (e.g. more time and resourcing spent upfront in the problem definition and outcome visioning and sharing stages) and the longer run benefits which may not be apparent.

This will involve design of two artefacts:

1. The first is a conceptual model that will show Executives and Funders the typical model of collaboration and how savings and benefits can be extracted and large cost areas can be avoided. This can provide guidance and an influencing tool for senior leaders to drive a collaborative pathway for work and use the more 'collaborative intense' approaches discussed in the context part of this document.

2. The second is a benefits realisation model that can be used by collaborative engagements to estimate the cost of such a project and also to estimate benefits. This would be a spreadsheet model with guided form for a collaborative engagement lead to use when working with partners and potentially end users.

Details and considerations for this were developed for the Review and are being re-shaped in collaboration with other parts of the Sector. This can be done in a phased approach.

5.3 Expertise Cluster

5.3.1 Description

This cluster of initiatives is focused around building capability in collaboration across the public sector. It is expected that some of these initiatives will support capability development in those who partner with the Sector on collaborative engagements.

It should be noted that the Process Cluster of initiatives (Section 5.1) makes a significant contribution to capability building (and culture change) by providing documented, tested and dynamically improving processes and practices that can assist people in knowing what to do.

The focus of this cluster of initiatives is around how to collaborate to deliver outcomes. The implementation approach will be around commissioning as this is where demand is highest but the lessons from this will be applicable in other collaborative endeavours.

5.3.2 Link to Findings

This cluster of initiatives is intended to address findings from the Review:

Finding 1: Collaboration is ad hoc and inconsistently undertaken

A common language of processes and practices to provide consistency, NOT uniformity, and to also support the start-up phase of a collaborative engagement.

Finding 2: Collaboration as a capability is not embedded in the Human Services sector

Defined and designed processes and practices that are used across the Sector and with partners will help to embed desired ways of working. The more these are used across more parts of the sector, the more the mindset and culture will change. This is especially the case when working on problem definition, jointly defining visions and outcomes which are shared and in sharing lessons learned across the Sector to continue to improve and evolve.

5.3.3 Initiative Summary

There are two initiatives in the Expertise cluster of initiatives. They are:

a. Expertise Pool

    This initiative involves:

    • Identifying and setting up a pool of collaboration

    • Using the mobility provisions of the GSE Act to deploy those experts on

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collaborative engagements.

Using these 'pockets of excellence' across the Sector will help develop the capability of collaboration by allowing the experts to lead, coach and advise others without the same experience. They will help people apply the processes and learn by doing.

b. **Sector-wide approach to Capability development**

Although the focus of the initiatives on developing capability will come from a Process Framework and the Expert Pool there is also potential for a Sector-wide approach to building capability.

This will require the development of an Ideal Collaboration Capability Model to support the findings and fact finding stage, and may be turned into a capability set for individuals and support the Commissioning Operating Model work being undertaken by FACS. A draft was developed in the Review but needs updating to reflect the views of stakeholders.

APPENDIX A: CASE STUDIES

An analysis of the case studies in the following pages helps to paint a picture of the current state of collaboration in the Human Services sector. There is a lot that is positive, with the case studies demonstrating many of the elements of high intensity collaboration:

Key Elements of High Intensity Collaboration	Case Study Examples
Shared outcomes developed with community/end user input	In the Ending HIV case study the public and community sectors shared mutually agreed outcomes. The HIVE worked with community to generate a shared outcome (specifically improving outcomes for children 0-5 years in Mt Druitt).
Start with not knowing what the answers are	In the FACS Linker Network case study, both FACS district staff and NGO service providers in Western Sydney and Nepean Blue Mountains were prepared to come together in a co-design process with no preconceived idea of what a changed service design would look like, only a shared vision to improve outcomes for the children, families and young people they works with.
Organisational boundaries blurred across a number of dimensions	In the FACS Linker Network case study, the collaboration partners agreed to a new "linker" brand to identify all parties in the same service system and to sit alongside each individual service brand.
Clear roles and expectations	The shared development of the Ending HIV Strategy and the structured governance process helped to delineate the unique service offering of each NGO.
Share capabilities and leverage each party's strengths	The HIVE has harnessed multi-sector capability by engaging community, public and private sector and academia. In the Coledale Community case study, DPC played a coordinating role to leverage capability across the NSW public sector, local government and academia around a specific location.

LINKER NETWORK CASE STUDY

Case Study: Co-design in Western Sydney & Nepean Blue Mountains

The Safe Home for Life legislative reforms aim at improving outcomes for vulnerable children and young people, with a particular focus on increasing the number of children and young people at risk of significant harm who receive a face-to-face response.

In 2015-2016, the NSW Department of Family and Community Services (FACS) provided face-to-face responses to 31 per cent of children and young people reported at risk of serious harm (ROSH) in NSW.[18] In Western Sydney and Nepean Blue Mountains (WSNBM) District, this number was even lower than the NSW average.[19]

In early 2015, FACS WSNBM District embarked on a multi stakeholder co-design approach to design and test initiatives under the FACS Safe Home for Life Reform (SHFL) legislative reforms. This process was facilitated by an external consultant skilled in co-design methodology, and focused on producing better outcomes for vulnerable children, young people and families across Western Sydney and Nepean Blue Mountains.[20]

Co-design or service re-design is firstly client-centred, and is a form of collaboration, which invites the people who have a stake in a particular product or service, process, system or communication to be actively involved in designing it.

Co-design workshops involving Government and NGO partners across WSNBM were held in March and August 2015. Four focus areas were identified by the group and formed into projects, including improving the experience for clients who need to access and navigate the service delivery system, in particular family early intervention and prevention services.

A project team, made up of the co-design consultant, NGOs and FACS staff, working in partnership, progressed the work focusing on targeted early intervention (TEI) and prevention services. In May 2016 another facilitated multi-stakeholder workshop was held to develop the new service model, now known as the Linker Network, and the project team continued the work to prototype elements of the model in 3 sites into 2017.

How does the Linker Network Model differ from previous approaches to service provision?

The current targeted early intervention (TEI) service system in NSW lacks flexibility and coordination, and it can be difficult for families and young people to access the right support at the right time, leaving client needs unmet and early intervention opportunities are missed.

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The new model is based on the concept that frontline staff of NGOs and agencies will better coordinate with each other and become dedicated 'relationship managers' (or Linkers) for individual families and young people. The Linker is accountable for ensuring families can receive the right service(s) regardless of who delivers it. This means that service providers need to change the way they operate, by working on behalf of the entire service system to help the client.

The Model puts the customer at the centre, unlike the current system where families are made to fit the system, and referred from agency to agency and NGO to NGO, with no single point of contact to help them navigate the system.

In addition to the Linker Concept the Model is based on the following:

- *Place-based Integrated Services:* Community context and population needs and other local factors are taken into account to optimise service delivery.

- *Shared Brokerage:* Sharing resources to enable urgent early intervention and to fill the gap. This includes a shared 'bucket' of funds among NGOs.

- *Family-Centred Plans:* A family profile co-authored with the family, outlining goals and agencies to assist with achieving these goals. This Plan goes with the family from service to service, as needed.

- *Consistent Welcome Approach:* A new culture which ensures 'first contact' is welcoming and helpful rather than assessment focused.

- *An Ethos of Coordinated Family Support:* To develop an overall culture of co-ordinated service support for families. This is the ultimate goal of the Linker Network Model.

> **"The new model is based on the concept that frontline staff of NGOs and agencies will better coordinate with each other and become dedicated 'relationship managers' (or Linkers) for individual families and young people. "**

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Governance
ENABLERS
outcomes-based Contracts

SERVICE PROPOSITIONS
Linkers

EXPERIENCES
Think like a Linker

FAMILY NEEDS

Family-centred Plan

Standard Role Descriptions

Place-based Integrated Services

Common Principles & Standards

Co-ordinated Family Support

Every service feels consistent, supportive & empowering

Proactive help to get the right support

Warm Handover

Begin by Listening

The whole of our family is cared for

Support tailored to our needs that evolve with us

Only tell your story once

Customer Satisfaction Culture

The right services are made available to meet our needs

Training & Common Induction

Common Welcome Approach

Services to meet all needs

No Wrong Door

Collective Brokerage

Common Non-stigmatising Branding

Every interaction is a high point

Shared Systems (New and Old)

Consistent Communication (with Clients)

Source: FACS - The Linker Network Model

Summary of the development of the Linker Network Model to date

March 2015: Three day workshop facilitated by a consultant to explore the optimal experience for children and young people at risk of serious harm. The workshop involved over 40 NGOs and representatives from Health, Justice and Police.

Leading up to the workshop the consultant interviewed a range of stakeholders to obtain a common view of what is working well and not working well in the Child Protection system in WSNBM. The interviewees included senior and frontline staff from FACS and

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NGOs as well as two young people currently in Out of Home Care in the WSNBM Districts.

September 2015: 3 day workshop to expand on focus areas identified in the first workshop (includes preliminary ideas for the Linker Network Model).

May 2016: Three day workshop to develop and refine the Linker Network Model including six service concepts and eight enablers.

December 2017: Work commences on prototyping the model.

Developing a new approach to service provision

FACS has purposefully partnered with their government and NGO partners across WSNBM through a process of design workshops (outlined earlier) and ongoing project team work to co-design the Linker Network Model.

Work on prototyping the new elements in the Linker Network Model is happening between February and August 2017, in three sites:

1. Uniting is a large NGO that is trialling the model to see how it fits with existing procedures and processes and what changes are required to implement the new approach.

2. A community hub at Wilmott (Mt Druitt) is being set up at the community centre and will use the Linker Network Model as an entry point for local community members to access the service system through outreach services.

3. Blue Mountains LGA. The prototype will help demonstrate how the model will work in a geographical area and how a group of service providers can work as one for the benefit of the client.

Lessons learned

The project has already involved a two year commitment, however, it is too early to say whether the perceived benefits of the Linker Network Model will be realised. The co-design methodology is a long term approach, given the time involved to work through this type of process, develop concepts and maintain the ongoing and substantive participation of local service providers, which is critical to getting it right and successful implementation. As such, the project has already achieved some success to have reached the prototyping phase with the sustained and active involvement of so many stakeholders.

There are a number of factors that have led to this success:

Alignment with the FACS Targeted Early Intervention (TEI) Reform (state wide)

Currently FACS has nine Targeted Early

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Intervention programs which are more the result of historical factors than conscious design.[21] FACS is aiming to develop a more cohesive system with common goals and outcomes through shared local/regional approaches to identifying community needs and priorities.[22]

FACS WSNBM District have secured support for the model from FACS Head Office (HO). They have been communicating closely with HO regarding the work being done on the Linker Network Model and how this work ties in with the principles of the state wide reform process.

Dedicated resourcing

- FACS is providing considerable support for design, program management, and change management for this project.

- Dedicated project team: FACS (2 full time), FACS backfilled two NGO positions, (1 full time and 1 part time so NGO staff could fully participate in project), external consultant (part time).

- Additional investment required in terms of documentation, training, branding production etc.

- Many NGO staff have contributed significant time and energy throughout the co-design process both in workshops and as part of the Linker Leadership Team, which is under a collaborative

agreement and unpaid.

Commitment of NGOs and other government agencies to move beyond the concept stage to the prototyping stage

This commitment is a result of:

- A common vision, shared by NGOs, on how the current service model needs to change and a shared desire to achieve better outcomes for clients.

- The progressive leadership in FACS WSNBM District provided throughout the project. The Executive District Director and her team were consistently praised for the strategic role they played in leading the project and the relationships they formed with senior staff in other agencies and the NGO sector. The quality of these relationships has been critical in driving the project forward.

- The co-design process itself and the facilitation skills of the external consultant (refer to Capability Spotlight).

FACS HO has recently announced an extension to contracts until 2019 for all TEI current funded services. This will provide an extension and transition period to support service providers to adopt the Linker Network Model concepts, and renew their funding terms to support the Model and service delivery to better support client and local service needs.

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Challenges for the future Implementation of the Linker Network Model

The implementation of the model in WSNBM is scheduled for the second half of 2017.

The Linker Network Project Manager noted that naturally there would be some challenges in implementing the model across WSNBM. It will be critical to make sure that all relevant NGOs are on board and comfortable transitioning to the model. This will involve much more than one off training, but will require FACS to provide ongoing and intensive support so NGOs can change the way they operate to align with the new model. This work has started with the development of the website www.linker.org. au which provides a range of resources and 'how to' tutorials to assist NGO staff.

Opportunity for scale up

If the model is successfully implemented in WSNBM over a two year period there is potential to roll out the model on a state wide basis.

"It will be critical to make sure that all relevant NGOs are on board and comfortable transitioning to the model."

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CAPABILITY SPOTLIGHT:
LINKER NETWORK

Service Co-design

The case study demonstrates the capability of FACS WS and NBM to engage NGOs and other government agencies through a partnership and co-design process. This capability was strengthened by the support provided by the external facilitator.

FACS WSNBM and the NGOs consulted were positive about the long term benefits of co-design and its ability to foster a shared ownership of the challenge the group is working on, the solution that is developed, and the implementation of the solution in the field.

In summary, there are at least five key features of co-design, including that co-design should:

- Be client centred. Co-design asks service providers and service users to walk in the shoes of each other and to use these experiences as the basis of design changes;

- Start with a desired end state, rather than with what is wrong with the present service. In the process we look to build backwards from the outcomes we are seeking;

- Focus on developing practical real world solutions to issues facing individuals, families and communities. In co-design, prototyping is a method of testing

whether the ideas work in practice, and then refining ideas until solutions that work for service users and providers alike are developed;

- Make ideas, experiences and possibilities visible and tangible using a variety of media, graphic, kinaesthetic and experiential methods. This helps to make solutions tangible and to make complex systems accessible; and

- Have processes that are inclusive and draw on many perspectives, people, experts, disciplines and sectors.

FACS WSNBM were able to overcome a number of challenges posed by the co-design process. All co-design involves some transfer or sharing of power from funders to service providers and citizens. The Executive District Director and her team were able to support and empower service providers and other stakeholders to engage effectively throughout the process, particularly at the co-design workshops. Co-design is time consuming because of the high level of participation in the process. Again, the Executive District Director and her Team have had success to date maintaining the momentum and enthusiasm of NGOs and other stakeholders in the initiative. The use of the external facilitator also helped provide the necessary expertise and support to maintain direction and momentum.

FACS WSNBM noted that to get real

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benefits from co-design there needs to be a willingness to engage with and be open to a wide range of ideas and perspectives. Not all participants are well suited to the co-design process. Working with these people is tough, and the use of highly skilled facilitation helped to counter this problem.

Relationship Skills

Both FACS staff and NGO partners participating in the project have highlighted that relationship skills have been vital to the collaboration. In particular, they highlighted the importance of teamwork, a willingness to work with a range of people and to be flexible and adaptive in the way that they work. The facilitation skills that the external consultant brought to the project were considered critical to keeping the project on task.

As noted previously, the Executive District Director and her team were consistently praised for the relationships they formed with senior staff in other agencies and the NGO sector. The quality of these relationships has been critical in driving the project forward.

Empowered to Collaborate

One of the main design principles highlighted by the case study is being 'empowered to collaborate'. The Executive District Director overseeing the co-design project was empowered to collaborate because of her leadership style and because she was supported by leadership at FACS Head Office to lead the project and bring staff in other agencies and NGO staff on board. The Executive District Director equally has empowered staff on the project to collaborate with NGOs and other agencies.

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THE HIVE CASE STUDY

Background

There is a long history of quality service delivery in the 12 suburbs that comprise the Mt Druitt postcode (2770), but despite significant government investment, outcomes for vulnerable children and their families have not been improving.[23] Having recognised this issue, Family and Community Services provided short term funding to two NGOs (Ten 20 and United Way) in 2014 to develop a business case for a Collective Impact initiative in the area. This initiative is now known as The HIVE.

In Mt Druitt there are hundreds of service providers who have a role in directly or indirectly supporting the development of children, yet there has been no overarching coordination mechanism. The HIVE aims to fill this gap by facilitating coordination and collaboration among local service providers, community members, government agencies, and businesses.

The HIVE is based on an understanding that simply adding more funding, services and programs is not the answer to improving the lives of children and families in Mt Druitt. It is necessary to understand why outcomes for children in Mt Druitt are still well below average, and find new ways of working together to make change happen.

The HIVE's Objectives[24]

The HIVE includes:

- A team to coordinate the work (backbone support).

- A place for people to come together (physical meeting place).

- A process for working collaboratively.

- A network of passionate, committed individuals from Mt Druitt and many different organisations and sectors.

The HIVE's overall vision for Mt Druitt is "A thriving generation of children with diverse life opportunities." Its **five-year goal** is: All children in postcode 2770 start school well. This priority was identified in March 2015 in a two day workshop held with 74 local stakeholders. To meet the goal The HIVE has identified 20 interventions pathways that will support 0-5 year olds to meet developmental milestones. These pathways are based on best practice identified in a literature review.

Over time the HIVE plans to collectively tackle all of these intervention pathways across the 2770 postcode. In the short term, it is focusing its effort by identifying a small number of priority pathways in specific locations.

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Collective Impact

Impact describes a specific way of working together to address complex social issues. It involves working with community members, businesses, non-government organisations, government agencies and others who are interested in creating positive social change in a particular community. It comprises five conditions including a common agenda, shared measurement, mutually reinforcing activities, continuous communication and backbone support.

Summary of the HIVE's work to date

- The focus in **2014** was on scoping a Collective Impact initiative for children in Mt Druitt. This involved meeting with diverse local stakeholders, analysing existing quantitative and qualitative data, and writing a Business Case for the founding parties.

- The focus in **2015** was on co-designing the initiative with local stakeholders, which included conducting research with local families to understand the issues affecting local children. It was important the HIVE initiative was developed in response to local conditions, which are best understood by those who live and/or work in the local community and to foster local ownership of the approach.

- The focus in **2016** was on introducing a community development initiative in Willmot and developing an initiative to improve enrolment, attendance and the quality of early childhood education and care (ECEC).

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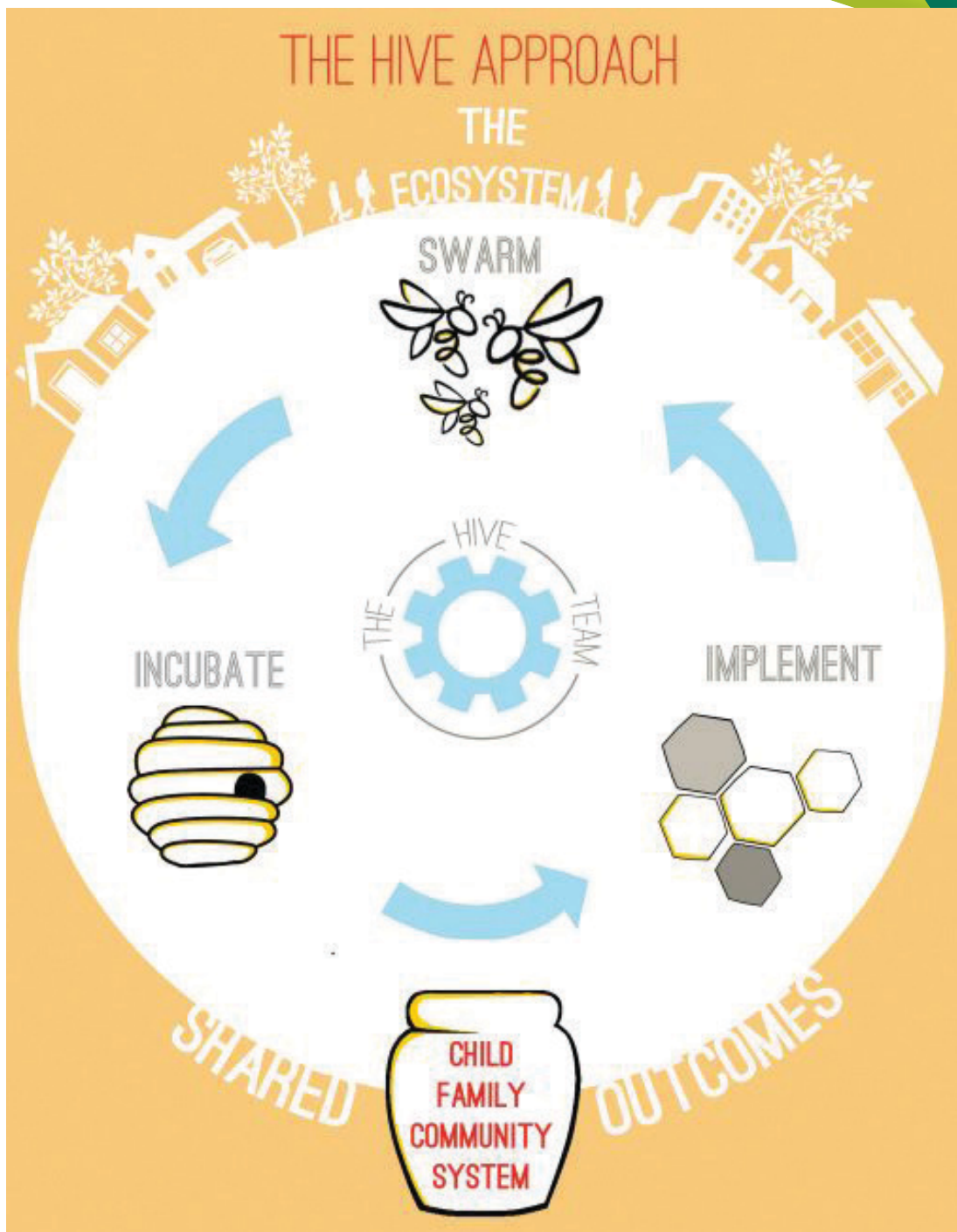
Source: The HIVE Mt Druitt: Five-Year Strategy & Resource Document: 2017 – 2021

The HIVE Approach[25]

The HIVE's approach draws on strengths-based community work, co-design and collective impact methodologies. However, its core approach is a basic innovation cycle.

- **Swarms** bring a large and diverse group of people together at key points in the journey. They provide the opportunity to connect, share insights, identify priority areas for change, align work, and review progress.

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- **Incubation** involves giving more focused attention to areas for collective action. A small and diverse working group is formed to research the relevant issues, causes and potential responses. The group considers baseline data, leading practice, research and local knowledge. The group agrees on a collective response designed for Mt Druitt.

- **Implementation** The HIVE scales, shares and spreads its success. Leadership for implementation transitions from The HIVE Team to whichever community groups or organisations are best placed to make change happen.

- **The HIVE Team** supports the process of working together. This can include hosting events, facilitation, communication and administration.

Collaborative Governance Structure

There are number multi-stakeholder groups involved in running The HIVE, coordinated by the HIVE Team, which is part of United Way Australia.

- The Leadership Group – The Leadership Group exists to own The HIVE Five Year Strategy and its implementation. The Leadership Group includes members across the Community Sector, the Services Sector, the Business Sector and the Government Sector.

- Ambassador Group – exists to enable the strategic direction and decisions made by the Leadership Group.

- The HIVE Team – exists to coordinate the work or to provide "backbone support" for the initiative. The team includes two full time staff and one part time staff.

- Working Groups established to develop and coordinate work in response to priorities determined by the Leadership Group. For example, in 2016 the Early Childhood Education and Care Working Group was formed which has co-developed a two-year plan for improving participation in, and the quality of, early childhood education.

> **"The HIVE's approach draws on strengths based community work, co-design and collective impact methodologies."**

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Outcomes Achieved

The HIVE has met the high-level outcomes identified in the initial business case. However, it is too early to demonstrate the benefits that have been gained from the HIVE's approach to enhancing collaboration between local stakeholders.

In 2016, The HIVE worked with the Centre for Social Impact to develop The HIVE Measurement and Evaluation Framework.

The framework contains three core elements including impact maps (planning), shared measurement (monitoring) and evaluation (assessing).

The Leadership Group will review progress using impact maps and indicators at least annually. The HIVE is also hoping to have external/independent evaluations conducted on a pro bono basis but this is not yet confirmed.

Capabilities central to the Collective Impact Approach

United Way has identified nine capabilities that are central to the collective impact approach.

1. **Community mobilisation.** To ensure alignment of the work with the aspirations of community and build a broad movement for change in the community.

2. **Collaboration.** There needs to be a robust basis for seeking collective commitments and collective action. This is why The HIVE has drawn on co-design methods that facilitate collaborative learning, planning, decision making and action.

3. **Design.** Meetings, documents, services and everything done in Collective Impact must be consciously designed to so that The HIVE facilitates progress towards attaining everyone's shared aspirations.

4. **Innovation.** The HIVE uses a basic innovation model to aid agreement on priorities, incubate solutions on a small scale, and then spread these across the postcode.

5. **Measurement and evaluation.** Must be both simple and rigorous enough. Evaluation should help all those involved in Collective Impact to understand how the initiative is progressing, and how those involved can continuously improve their efforts.

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6. **Mindset and culture.** The HIVE sees its role as challenging the status quo, or 'business as usual', of NGOs as much as government. This includes a persistent and collaborative focus on doing what is required to achieve impact, not simply the delivery of standard programs. Government.

7. **Resource mobilisation.** Ability to harness multiple types of resources to ensure continuity of resources.

8. **Systems Thinking.** Systems thinking can help us to see the bigger picture, and design our initiatives to respond to underlying issues and causes, by taking into account system dynamics.

9. **Adaptive leadership.** Adaptive leadership is a 'distributed leadership' model, which means leadership can be displayed by people across an organisation, not only by those in senior positions. It requires being flexible, being experimental, being facilitative and being agile (learning as you go).

Source: Lilley, D 2016, 'Insights from a collective impact initiative in Australia'[26]

"The HIVE sees its role as challenging the status quo, or 'business as usual', of NGOs as much as government. "

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CAPABILITY SPOTLIGHT:
THE HIVE

Adaptive Leadership

The capabilities above, required for the collective impact approach, also align well with the Ideal Capability Model for the NSW public service. In particular some of the capabilities that the public service would benefit by enhancing include systems thinking, design, the need for a shared mindset and culture and adaptive leadership. The HIVE Coordinator emphasised that adaptive leadership in the public service is a required capability. Public servants need to be flexible problem solvers, who are focused on achieving outcomes and are not hamstrung by bureaucratic processes.

Data sharing and linkage between agencies and external providers

The HIVE noted that data sharing and linkage between agencies and external providers was a capability gap in the NSW Public Sector. The HIVE has encountered significant difficulties trying to obtain data so it could target its efforts to improve participation in early childhood education. To get a complete picture of children's participation in early childhood education in Mt Druitt, the HIVE required combined data sets across three different agencies. The HIVE was ultimately not able to get the data they needed because the agencies were unable or unwilling to coordinate their efforts. It was suggested that an **accountable lead** to drive intra government coordination across the agencies would have resolved the issue.

The HIVE is working with FACS to find creative means of engaging families with young children living in public housing, to support their involvement in early childhood education and care. This may involve FACS distributing information on behalf of the HIVE, for example. However it is in effect a 'workaround', rather than resolving the privacy and confidentiality challenges that are impeding the provision of tailored and targeted support.

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ENDING HIV CASE STUDY

$$\left[\begin{array}{c} \text{TEST} \\ \text{OFTEN} \end{array}\right] + \left[\begin{array}{c} \text{TREAT} \\ \text{EARLY} \end{array}\right] + \left[\begin{array}{c} \text{STAY} \\ \text{SAFE} \end{array}\right] = \heartsuit \begin{array}{c} \text{ENDING HIV 2020} \end{array}$$

Background

There has been a strong history of collaboration between the NSW public sector, NGOs (Community), clinicians and research bodies since the beginning of the AIDS epidemic in the 1980s. This case study focuses on the recent collaboration between the sectors following the introduction of the NSW HIV Strategy 2012-15.

Prior to 2012, grants to AIDS program providers were managed in an inconsistent manner and NSW Health did not provide clear program directions and performance expectations. Providers reported on their performance to NSW Health on an annual basis, and were largely responsible for the kind of information they provided. The HIV strategy was set by NSW Health and circulated to stakeholders for comment.

Since the introduction of the NSW HIV Strategy 2012-15 the Ministry of Health believes the collaboration on the NSW HIV response between NSW Government and NGOs has become stronger. This has been driven largely by the implementation of the Grants Management Improvement Program in the AIDS program area.

Since 2012 NSW Health has worked with NGOs and other key stakeholders to meet an ambitious goal of virtually eliminating HIV transmission by 2020. The NSW HIV Strategy 2012-15: A New Era marked a new approach to Ending HIV in NSW. It was followed by the NSW HIV Strategy 2016-2020 which builds on the earlier strategy.

. . . .

"This case study focuses on the recent collaboration between the sectors following the introduction of the NSW HIV Strategy 2012-15."

. . . .

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The Grants Management Improvement Program and Partnerships for Health

The Grants Management Improvement Program (GMIP) was initiated by the Ministry of Health in July 2012 to improve the administration of funding, including grants, to the NGO sector. The GMIP Taskforce submitted the GMIP Taskforce Report containing 43 recommendations in late 2012.[27]

In March 2013, NSW Health responded to the GMIP Taskforce Report with its "Partnerships for Health" report, which outlined NSW

Health's planned approach to addressing these recommendations.[28] This approach embedded a number of themes in the Taskforce Report.

Since 2013 NSW Health has been progressively working with NGOs, on a program by program basis, to develop and confirm future funding and purchasing arrangements. Program areas for reform included Aboriginal Health; Aged and Palliative Care Services; AIDS; Infectious Diseases and Sexual Health; Chronic Care; Drug and Alcohol; Kids and Families; Mental Health; Multicultural and Refugee Services; and Oral Health.

Why has the collaboration between the NSW public sector and NGOs in the HIV program area strengthened since 2012?

- **A common goal and shared ownership of the strategy**

Since the beginning of the HIV epidemic, the community sector across Australia has been united with the Government in its aim to successfully respond to HIV. The 2012-15 Strategy marked a new approach to Ending HIV in NSW, and this shared goal, further cemented and helped sustain the commitment to the partnership in NSW.

NGOs have been actively involved in the formation of the NSW HIV Strategy though

an Implementation Committee, established in December 2012. Through their involvement in the implementation and monitoring of the Strategy and its targets, NGOs have a clear understanding of where their services fit within the whole service system and their own strategic point of difference. The roles (who leads and partners) on specific areas of work in HIV prevention, testing and treatment are set out in the strategy.

A quarterly report, the NSW HIV Strategy Data Report, is the main mechanism for reporting progress outcomes against the Strategy's targets. It provides detailed information and analyses on progress in the priority areas identified in the Strategy. The Implementation Committee provides an annual report on progress in implementing

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the Strategy, and the latest copy of the quarterly data report, to the Minister for Health.

- **Strong relationships between the two sectors**

Staff in the Centre for Population Health noted that although improved administration processes through the GMIP were important for "getting things done," their ongoing relationship with HIV program providers was critical. Staff have invested a considerable amount of time talking, troubleshooting with NGOs and trying to maintain a strong relationship.

- **Greater transparency on the services NGOs are delivering and clearer performance expectations**

The Ministry has worked with its stakeholders to link the purchasing of HIV program services to support NSW Health priorities across the broader system (NGOs, state-wide services and LHDs). This has reduced duplication, introduced contemporary models of care and closed gaps in services across the system and improved its overall efficiency.

As part of the GMIP, the Ministry worked with HIV funded NGOs to improve grant administration and introduce Key Performance Indicators (KPIs) into funding agreements. Funding arrangements have shifted from the provision of a simple grant to the purchase of services that have to be defensible and delivered in accordance with the priorities of the health system. KPIs were developed to align with the

"…the Ministry worked with HIV funded NGOs to improve grant administration and introduce Key Performance Indicators (KPIs) into funding agreements."

targets in the HIV Strategy and NGOs have been actively involved in refining and amending their KPIs since they were first introduced.

NGOs and the Ministry of Health both have access to quarterly reports that report on the NGO's progress towards meeting their KPIs. This allows a regular dialogue on how services (or KPIs) may need to be adjusted. Prior to 2012 NGOs had no formal KPIs and any discussion on performance was done on an annual basis.

NGOs have also had a financial incentive to meet the requirements of the GMIP. As part of the Reform process, NGOs (including HIV program providers) were initially moved from a three-year grant arrangement to rolling annual agreements. Once NGOs could demonstrate they were delivering services in accordance with the reform objectives the NGOs were moved back to a longer term

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funding approach. Most HIV funded NGOs have now moved back to the longer term funding approach.

- **A new Governance Model to oversee the Strategy**

The Implementation Committee drives the implementation of the Strategy and monitors performance against the Strategy's goals and targets. It also provides advice to the Ministry on new or revised actions to support achievement of the Strategy's targets, including clinical practice, prevention, service arrangements, and surveillance.

The Committee brings together the major implementers of the NSW Strategy from public and private medical practices, affected communities (including NGO representatives), health service administrators and the research sector.

The Committee reports to the Chief Health Officer and Deputy Secretary, Population and Public Health.

CAPABILITY SPOTLIGHT:
ENDING HIV

The case study demonstrates the strong capability of the Centre for Population Health in developing and executing its strategy to End HIV and to use analytics capability to support service delivery.

Developing and executing strategy

The Ministry put in place a strong process to develop and execute its Ending HIV Strategy, and involve all its partners. It set up a Governance body (the Implementation Committee) at the outset of the Strategy which included NGOs delivering services to the community and other key stakeholders.

Throughout the implementation of the Ending HIV strategy the Implementation Committee has focused on strengthening data collection and surveillance systems to enable it to monitor progress against the Strategy's targets and to drive implementation. The quarterly NSW HIV Strategy Data Report has allowed all members of the Committee, including NGOs, clear visibility of the progress that is being made against Strategy's actions and targets.

NGOs agreed that the "Ending HIV model" was effective. One NGO noted that there is frustration among some NGOs operating in different program areas where their funding is not tied to a strategy.

Analytics capability to support service delivery

The Ministry regularly communicates with and shares a quarterly report with NGOs that monitors their progress towards meeting their KPIs. This has helped to motivate NGOs to deliver services in line with expectations set out in the funding agreement and their KPIs, which are linked to the targets in the state-wide strategy.

Relationship skills

Again, the Ministry of Health emphasised that the ongoing relationship and clear communication between the Ministry and AIDS program providers was critical to achieve outcomes in the strategy.

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COLEDALE COMMUNITY, TAMWORTH CASE STUDY

Background

About the Coledale Community

The suburb of Coledale is located approximately 5.5km south west of the Tamworth CBD and 6km east of the Tamworth Regional Airport, in the Tamworth Regional Council Local Government Area.

Coledale is a low density residential precinct of predominantly single storey detached dwellings, with a number of recreational areas and parks. Coledale is relatively isolated from the rest of Tamworth city and is physically bound by the Oxley Highway/Gunnedah Road to the north, a railway line to the east (following the Werris Creek Road), and flood-prone land to the south and west.

At its inception in the 1970s, the Coledale suburb was the biggest social housing estate north of Newcastle with some 600 properties under management. In the beginning, residents were mostly working families and pensioners, however over time the resident mix has changed. The current Coledale community has a complex range of social and economic issues, spanning decades that have impacted generations.

Coledale has a larger proportion of children aged between 0-14 years compared to the broader Tamworth region. This has implications for early childhood, primary and high school education and for pathways into vocational training and obtaining skills.

Around 30 per cent of people living in Coledale identify as Aboriginal and Torres Strait Islander, requiring a particular focus and consideration on health and wellbeing needs and closing the gap of disadvantage.

There is a higher level of unemployment in the community compared to the rest of Tamworth. Less people are employed in full-time work and average weekly earnings are less than that of the rest of the urban community. As a consequence individual and household incomes levels in the community are lower than the rest of Tamworth.

Trigger for collaboration on the Coledale Action Plan

In 2012 there was concern in the Tamworth community about crime levels within Coledale and their impact on the broader Tamworth area. These concerns were raised in the local media and culminated in a Town Hall community meeting attended by the NSW State Attorney General.

Following this meeting, DPC Tamworth convened a workshop to bring together NSW government agencies, Tamworth Regional Council, University of New England and NGOs from the community services sector to see how best to break the cycle of disadvantage.

The workshop used as a base document a draft Action Plan which had been previously prepared to drive cross agency collaboration in Coledale but which had not been fully rolled out.

The workshop was independently facilitated by a consultant who had expertise in place based models for service delivery. The two most significant outcomes from the workshop were:

1. Recognition of the critical need to expand the Coledale Action Plan to incorporate community engagement, capacity building and leadership; and

2. Prioritisation of a coordination and governance model focussed on delivering strategic change at a place level. This was more than developing a new service delivery model which was originally thought to be the required focus. It was found that services were relatively well integrated but that the gaps were in driving strategic change and building community capacity.

New Collaborative Governance Model for Coledale

Following the workshop a new Collaborative Governance Model was introduced with 1) a Steering Committee comprising senior agency and Tamworth Regional Council (TRC) representatives and 2) an operational community engagement team (called the Neighbourhood, Opportunities and Working Together (NOW) Team) made up of operational staff from government agencies and UNE and led by the TRC.

The role of the Steering Committee was to provide strategic oversight and be accountable for delivery of the Plan.

The role of the NOW Team was to lead implementation of the community capacity building elements of the Action Plan.

As part of the Plan, the NOW Team were initially tasked with being co-located in Coledale one to two days per week from December 2012 and with developing a Community Engagement Strategy out to 2014.

Governance and the NOW Team

Co-location had the support of senior management however it did not happen. Given that this role was on top of their other work there was resistance from some members to co-location. The NOW Team did however meet regularly in Coledale.

Although meant to be a self-managing team the NOW Team did not take joint responsibility for developing an Engagement Strategy.

The Steering Committee because they saw the repository of community knowledge lying in the NOW Team did not want to direct the

NOW Team. After some time, as problems emerged, DPC invested in some training for the team in self-managed teamwork but team functioning did not improve. Some three and half years after forming, the NOW Team was disbanded by the Steering Committee.
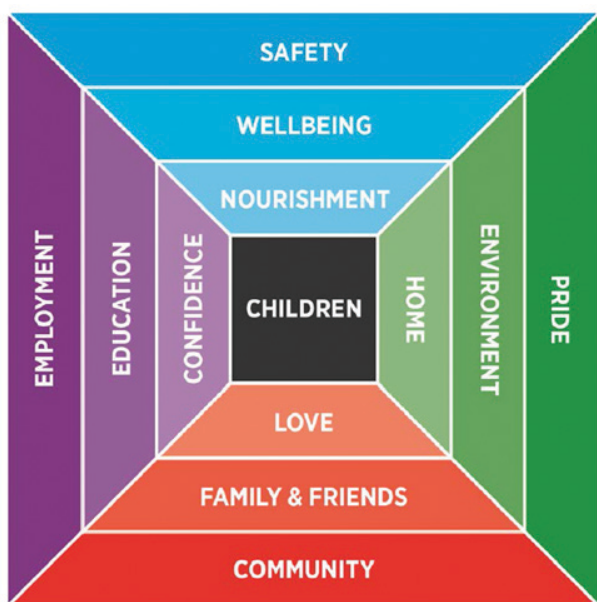
Cross Agency Coledale Action Plan

There have been three strategic Action Plans developed since 2012 covering the following time period:

1. 2012

2. 2013-14

3. 2015 -2017

The overarching objectives in the 2015 t0 2017 plan are:

GOAL 1: REVITALISATION

To revitalise Coledale as a place to live, creating quality streetscapes, vibrant and well-used recreation spaces, good pedestrian amenity and a safe environment to enhance the image and identity of the community.

GOAL 2: ENGAGEMENT

To support and build capacity and individual aspiration through community engagement and fostering strategic change, striving to develop a strong, safe and cohesive community for all residents.

GOAL 3: WELLBEING

To foster a healthy and safe community that supports and educates children, provides opportunity for skills development through training, and facilitates employment opportunities.

GOAL 4: COLLABORATION

Collaborative activities and projects are conducted between agencies and partners to support the Coledale community and facilitate generational change. Collaboration between partners will require regular communication and constant evaluation, ensuring responsibility and accountability.

Achievements from 2012 to 2015

Even though the NOW Team did not function as envisaged there have been many achievements arising from the cross agency collaboration.
The REVITALISATION objective was underpinned by a previous partnership

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between Housing NSW and TRC to use the physical environment as a lever to improve social outcomes in Coledale. This planning work enabled TRC to secure over $10m from the Federal Government under the Building Better Regional Cities program. This funded a new access road into the suburb, the construction of a purpose built Youth Space, an increase in affordable housing and contributed to the release of more land for private development and sale. A substantial amount of money was also provided by the NSW government to provide street trees to improve the landscape.

The WELLBEING objective was achieved by the refurbishing and repurposing of the Coledale Community Centre as a community health hub. UNE provide community health services as part of their student nurse training and a range of other community services are also run out of the centre. In addition other educational initiatives to support early intervention for younger children and get disengaged teenagers back to school were introduced. The Police also led targeted operations and community safety audits in Coledale and introduced other measures such as Education Management Plans as part of bail conditions.

The COLLABORATION achievements have been realised through the success of the Steering Committee as drivers of change.

> Prior to the development of the Action Plan the focus had been on service

delivery, with no one focused on the front end to drive outcomes to achieve inter–generational change.

The current Action Plan frames the outcomes to be achieved around the social determinants of health. Closing the gap on these determinants between Coledale and the broader Tamworth community is the overarching objective.

Lessons from longer term collaboration and issues for inter-agency collaboration

DPC has driven cross agency collaboration since 2012. They advise that keeping the momentum up for collaboration has been difficult particularly as its perceived by stakeholders that the 'crisis' in Coledale has now passed.

Despite the rigour of the Action Plan processes which outline the accountability of each agency, DPC believe that so much still relies on the commitment of the individuals involved to work collaboratively. This becomes more difficult if the focus of the individual agency changes and they don't see collaboration as part of their core business. This belief that collaborative engagements are an "add-on" not a legitimate part of Agency work was more pronounced at the operational level than the Executive level.

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APPENDIX B: REFERENCE GROUP MEMBERSHIP

Name	Position	Organisation
Tracy Howe	CEO	NCOSS
Toby Hall	CEO	St Vincent's Hospital
Paul Orton	Director, Policy & Advocacy	NSW Business Chamber
Tish Bruce	Executive Director	Ministry of Health
Dawn Routledge	Executive Director, Strategic Policy	DFSI
Leilani Frew	Executive Director	NSW Treasury, Commissioning and Contestability Unit
Simone Walker	Executive Director	FACS
Michael Woodhouse	A/Deputy Secretary (Strategic Reform and Policy)	FACS
David de Carvalho	Deputy Secretary (Strategic Reform and Policy) (previous)	FACS
Amy Persson	Executive Director, Social Policy Group	DPC

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APPENDIX C: STAKEHOLDER CONSULTATION

General Consultation		
Name	**Position**	**Organisation**
Amanda Smithers	Senior Project Officer	New South Wales Council of Social Service (NCOSS)
Melanie Fernandez	Deputy CEO	NCOSS
John Mikelsons	Deputy CEO (previous)	NCOSS
Andrew Whitehead	Manager, NGO Reform Program	Ministry of Health
Lam Huynh	A/Principal Policy Officer, Mental Health Branch	Ministry of Health
Mandy Young	District Director	FACS, South Western Sydney
Alanna Maddock	Associate Director	NSW Treasury, Commissioning and Contestability Unit
Kitsa Papadopoulos	Director	NSW Treasury, Commissioning and Contestability Unit
Elizabeth Owers	Acting Principal Policy Officer	DFSI
Carolyn Jackson	Research Advisor	University of NSW

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Co-design in Western Sydney

Name	Position	Organisation
Diana Rochford	Project Manager, Commissioning and Planning	FACS, Western Sydney Nepean Blue Mountains District
Claudia Vianello	Director, Sector Development and Planning	FACS, Western Sydney Nepean Blue Mountains District
Lisa Charet	District Director	FACS, Western Sydney Nepean Blue Mountains District
Damian Cooper	Manager	Mountains Youth Services Team
Pauline O'Neill	Director, Burnside Out of Home Care and Sydney	Uniting

The HIVE

Name	Position	Organisation
David Lilley	The HIVE Leadership Group	Senior Manager NSW (United Way Australia)
Ivan Power	The HIVE Leadership Group	Executive Director, Macquarie Bank
Robyn Reeves	The HIVE Leadership Group	Member, Mt Druitt Community

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Ending HIV

Name	Position	Organisation
Jo Holden	A/Director Population, Health Programs (Centre for Population Health)	Ministry of Health
Tim Duck	A/Manager, Centre for Population Health	Ministry of Health
Craig Cooper	CEO	Positive Life
Nicholas Parkhill	CEO	ACON

Coledale Community, Tamworth

Name	Position	Organisation
Alison McGaffin	Director, Northern NSW	Department of Premier and Cabinet
Lisa Roberts	Senior Coordination Officer	Department of Premier and Cabinet
Bruce Mercer	Gunnedah Council	Formerly of Tamworth Regional Council
Jeff Mills	Operations Director, Hunter New England	FACS
Susan Heyman	Executive Director	Hunter New England LHD
Cath Hastings	Operations Manager	Hunter New England LHD
Phil O'Reilly	Crime Manager	NSW Police

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APPENDIX D: SURVEY AND FOLLOW UP INTERVIEWS

About the survey

The survey was conducted online over three weeks from late October 2016. The survey was designed by the PSC, using terminology from the Collaboration Blueprint. A number of the survey questions were adapted from the Australian Public Service Commission agency capability self-assessment questions.

The PSC sent the survey to about 150 organisations. These organisations were selected to include a representative sample of organisations who receive funding from FACS and/or NSW Health. Over 90 percent of the organisations asked to complete the survey were not-for-profit providers as that reflects the mix of providers in this sector. NCOSS also sent the survey to their membership, some of which duplicated the PSC list.

Survey Respondents

The survey was completed by leaders from 61 not-for-profit organisations. No private providers completed the survey. Respondents were spread across NSW. The majority said their organisation operated in NSW only (69 per cent). About one third of organisations (34 per cent) were operating in non-metropolitan areas only, while 16 per cent were in metropolitan areas only and almost half (49 per cent) were in a mix.

The table below shows that the organisations responding varied according to size. Just over 40 per cent of organisations were small, consisting of less than 20 paid staff.

Table number of paid staff in NSW		
	n	%
5 of fewer	5	8%
6 to 19	21	34%
20 to 49	10	16%
50 to 99	9	15%
100 or more	16	26%
	61	100%

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A breakdown of the amount of funding received in the last 12 months by NSW Health and/or FACS for the 61 responding organisations is graphed below (Figure 8). The second graph (Figure 9) highlights the main agencies the organisations deal with, namely FACS or NSW Health. A significant proportion of respondents dealt with FACS, including 71 per cent which dealt with FACS only or both FACS and NSW Health. The high proportion of organisations dealing with FACS is unsurprising since FACS provides substantially more funding than NSW Health to non-government organisations in the Human Services sector.

Amount of funding received by survey respondents in the last year

Figure 8: Source PSC Collaboration Survey

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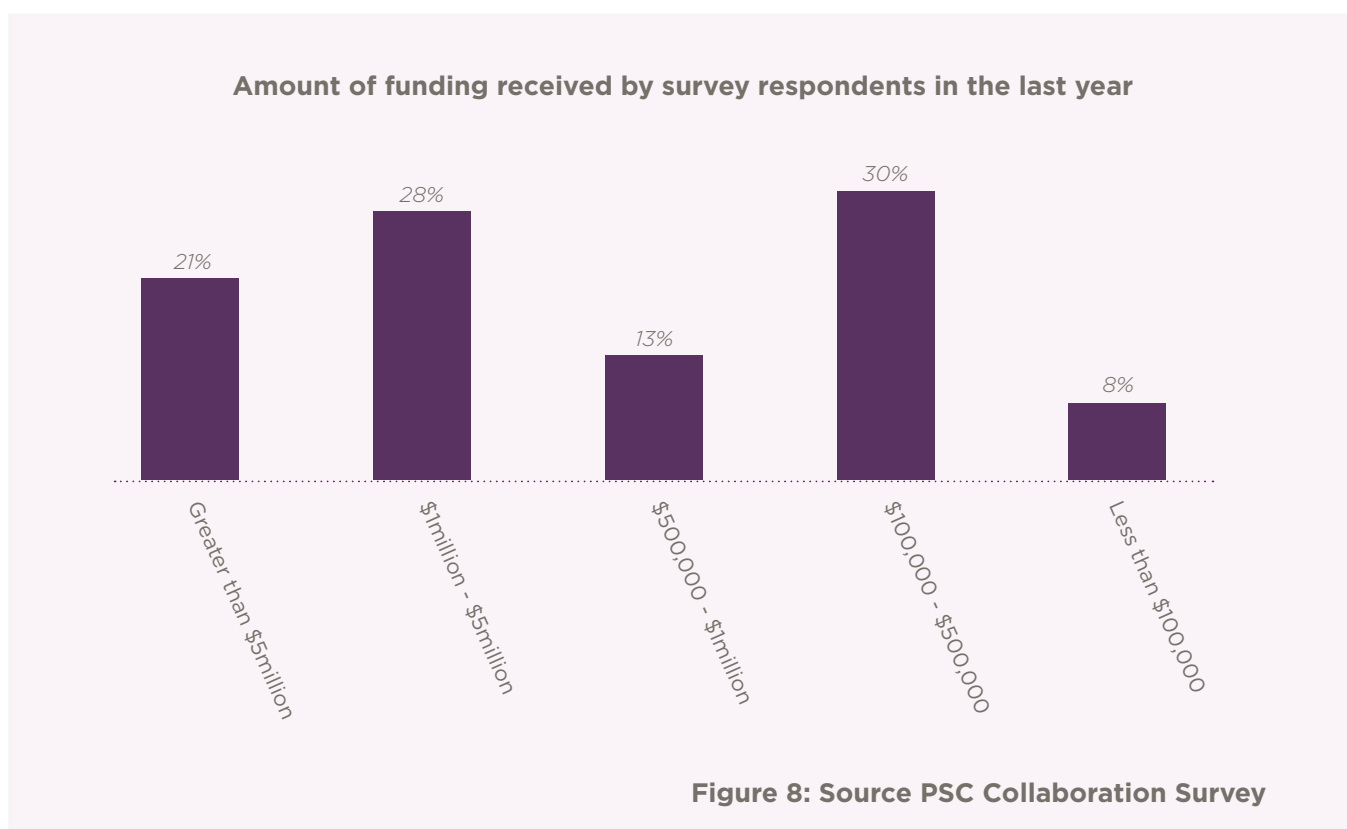
The main agencies survey respondents deal with

FACS: 46%
NSW Health: 18%
Includes NSW Health and FACS: 25%
Other: 11%
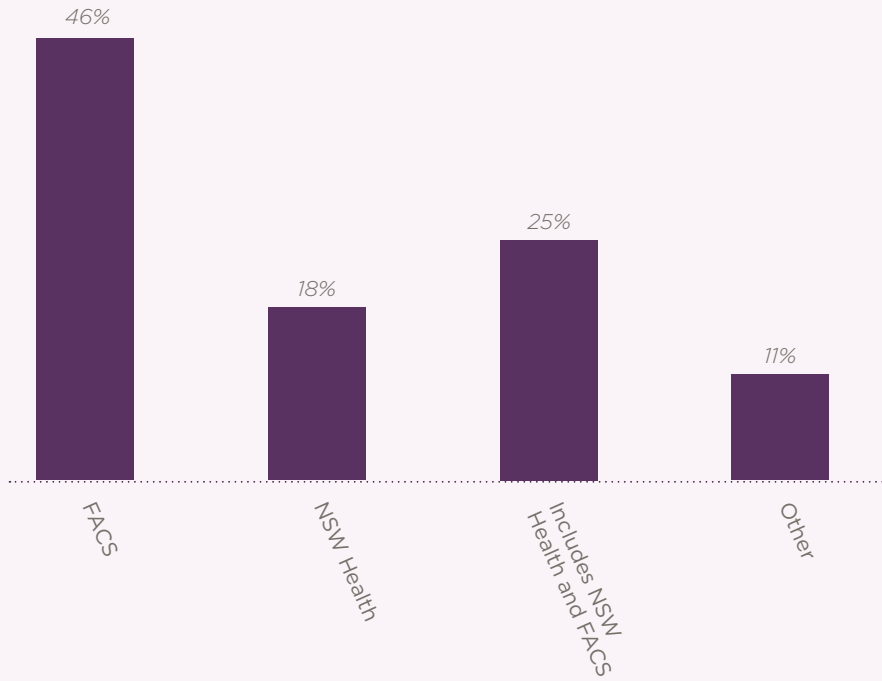
Figure 9: Source PSC Collaboration Survey

About organisations who were interviewed

Nine one-on-one interviews were conducted, with two private providers and seven not-for-profit providers. The interviewees were chosen to represent a diverse range of organisations based on size, program area and location.

The two private providers did not respond to the online survey but agreed to be interviewed. The main agencies all nine organisations work with are listed below.

Table agencies they deal with	
	n
FAC	1
NSW Health	4
Includes NSW Health and FACS	4
	9

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APPENDIX E: MORE DETAILED SURVEY RESULTS
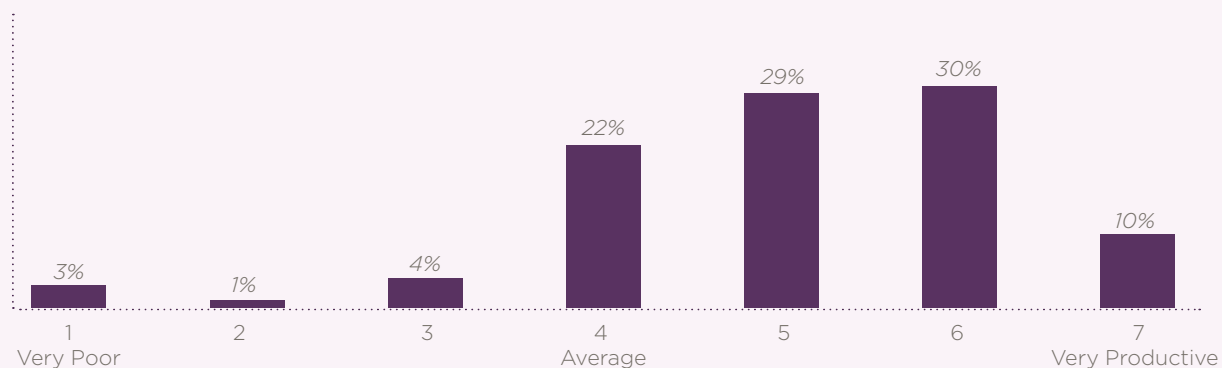
Figure 10: NGO view of the quality of their relationships with the NSW Government
Respondents were able to rate the quality of up to three relationships: 20 per cent of organisations had at least three relationships with the NSW Government and the bulk of relationships were rated above average.
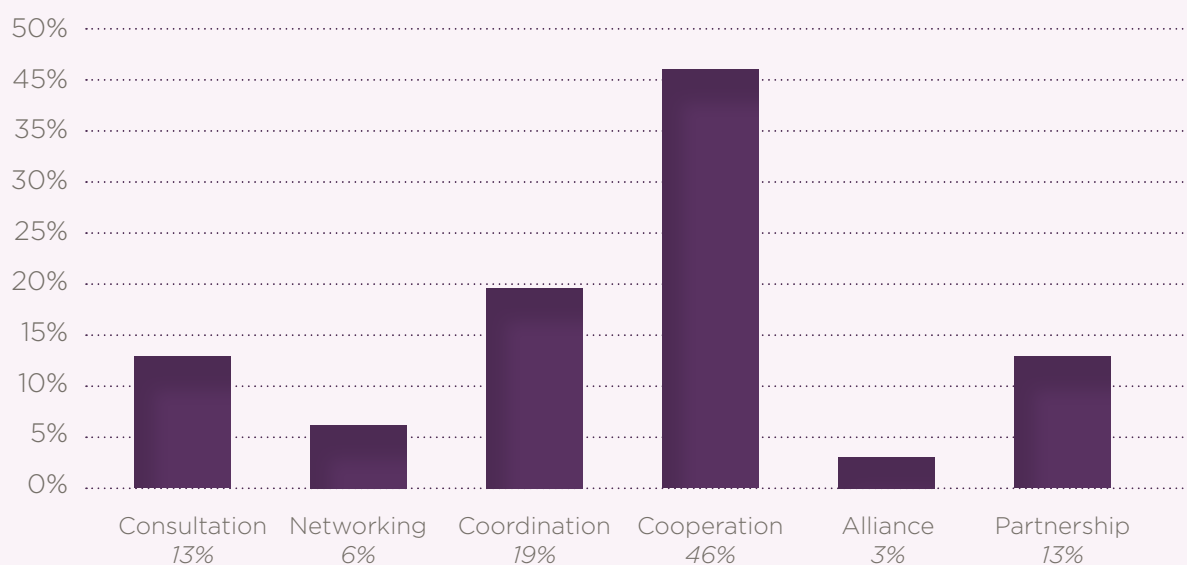

Source: Collaboration Blueprint

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Figure 11: Government/NGO relationships across the span of collaboration
The most common collaboration category is cooperation (rated at 46 per cent) followed by coordination (19 per cent).

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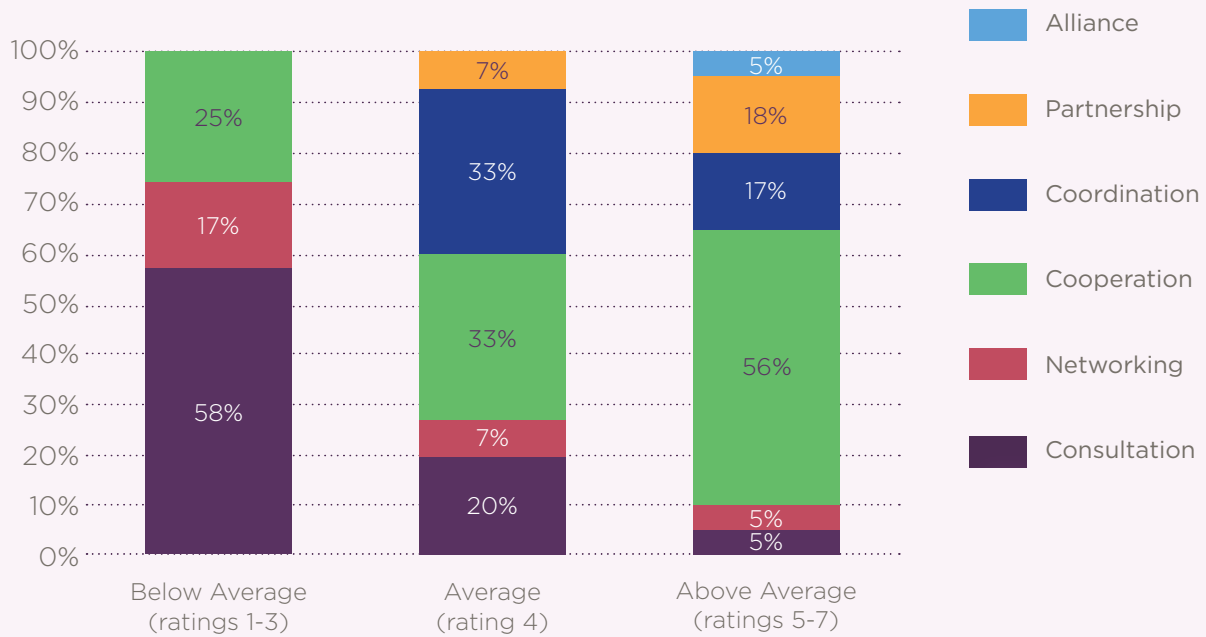
Figure 12: NGOs rating of collaborative relationships

Survey respondents were asked to rate their relationships with government and show where the relationship fitted on the span of collaboration (per graphs above). This graph shows the type of collaboration for each rating category.
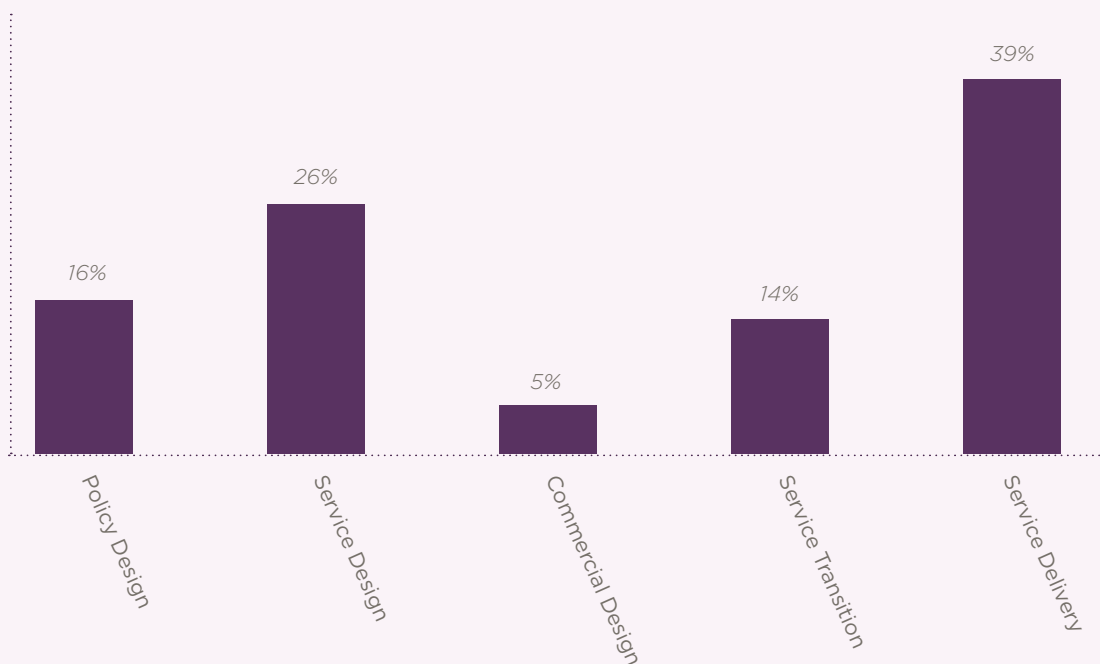
Figure 13: Where NGOs are engaged across the design to deliver cycle

Collaboration happens most often in service delivery and service design.

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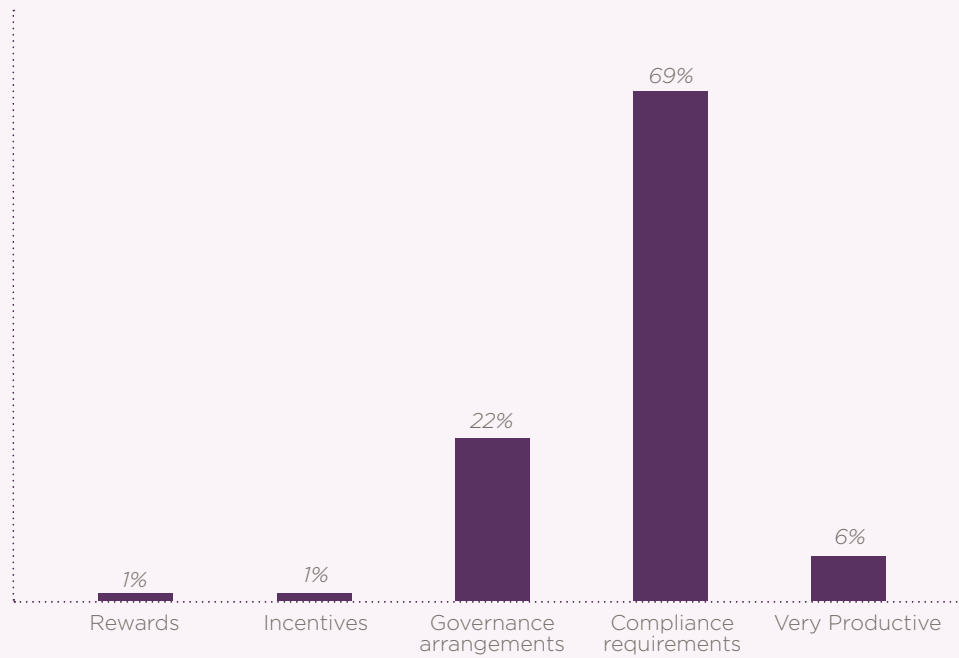
Figure 14: NGO view of the mechanism/s implemented by public sector agencies to help support agreements on roles and accountabilities

a. To what extent do NSW public sector agencies involve your organisation from the earliest stage of policy development and learn from your experience?

| 9% | 46% | 35% | 9% | |

b. To what extent do NSW public sector agencies have clear and well understood service delivery models which assist your organisation to work with them?
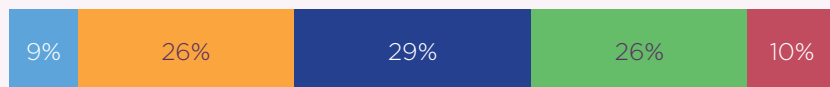
| 7% | 52% | 32% | 9% |

c. To what extent do NSW public sector agencies involve your organisation in service design?

| 6% | 38% | 42% | 14% |

d. To what extent do NSW public sector agencies identify and agree roles, responsibilities and accountabilities for service delivery with you as a partner organisation?

| 19% | 46% | 19% | 14% | |
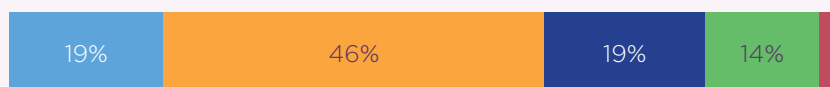
e. To what extent do NSW public sector agencies engage your organisation in design of commercial arrangements including contracts for service delivery?

| 9% | 26% | 29% | 26% | 10% |

f. To what extent do NSW public sector agencies engage your organisation to plan for the transition of services from Government to other sectors?

| 4% | 31% | 26% | 25% | 13% |
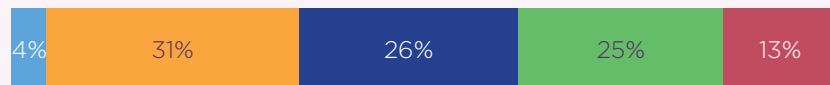
g. To what extent do NSW public sector agencies involve your organisation in the ongoing monitoring and management of your services with are funded by the NSW Government?
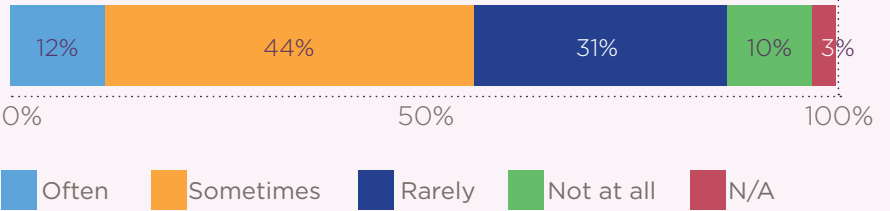
| 49% | 24% | 16% | 12% |

0%   50%   100%

Often   Sometimes   Rarely   Not at all   N/A
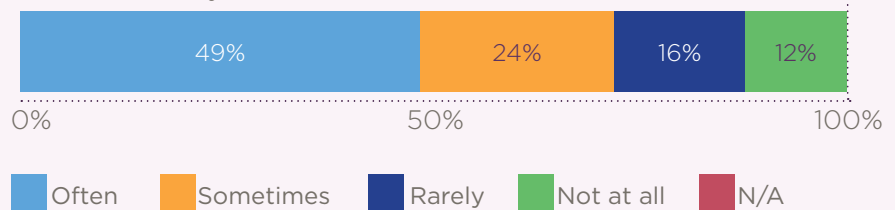
Figure 15: Collaboration across the service delivery cycle

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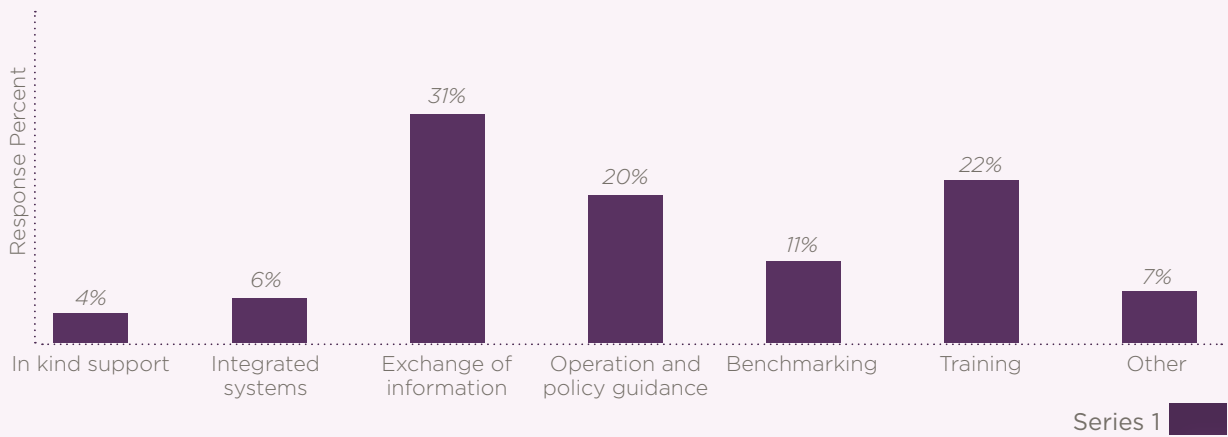
a. To what extent do NSW public sector agencies encourage your organisation and other NGO partners to work together to deliver?

32%	50%	12%	4%	

b. To what extent do NSW public sector agencies foster shared commitment among NGOs to remove obstacles to effective joint working?

12%	44%	31%	10%	3%

0%   50%   100%

■ Often   ■ Sometimes   ■ Rarely   ■ Not at all   ■ N/A

Figure 16: Collaboration within the community sector

Response Percent

In kind support	Integrated systems	Exchange of information	Operation and policy guidance	Benchmarking	Training	Other
4%	6%	31%	20%	11%	22%	7%

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Figure 17: How the public sector supports the effectiveness of their NGO delivery partners

The public sector supports the effectiveness of their NGO delivery partners through information, guidance and training.

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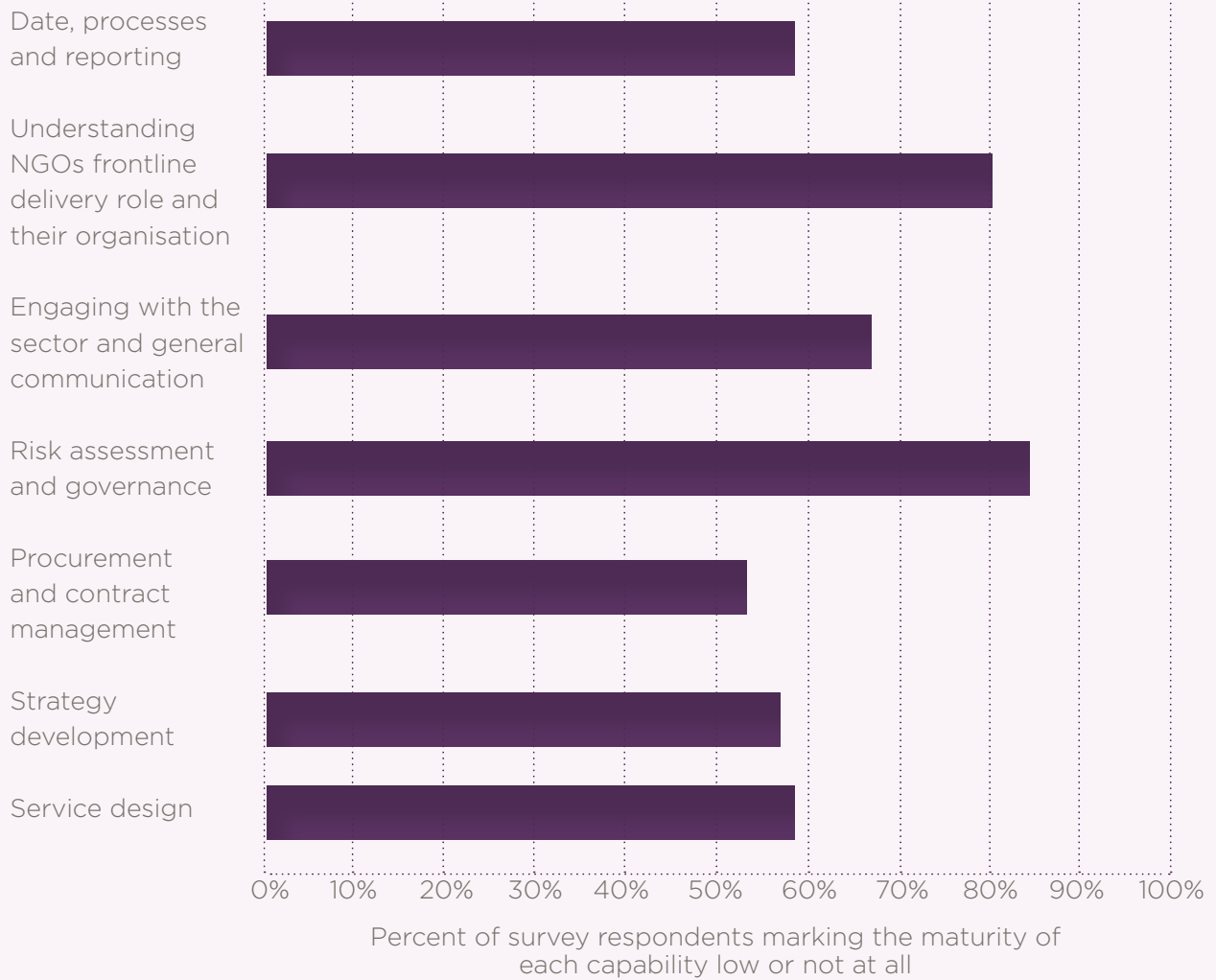
Figure 18: NGOs rating of Public Service capability gaps

The above graph shows the per cent of survey respondents marking the Public Service capability level as 'low' or 'not at all.' (scale: high, medium, low, not at all).

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Figure 19: How NGO capabilities were rated by NGOs

The above graph shows the per cent of survey respondents marking the NGO capability level as 'low' or 'not at all.' (scale: high, medium, low, not at all).

APPENDIX F: END NOTES

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[3] NSW Treasury 2016, NSW Government Commissioning and Contestability Policy, p10

[4] NSW Treasury 2016, NSW Government Commissioning and Contestability Policy

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[8] NSW Government 2016, Productivity Commission Inquiry into human services NSW Government submission

[9] Nous Group 2016, Cross-agency collaboration to improve wellbeing and safety outcomes for vulnerable children and families for the Department of Family and Community Services, p12

[10] Department of Finance Services and Innovation 2016, Guidelines for engagement with NSW human services non-government organisations, p10

[11] NSW Public Service Commission 2013, Doing Things Differently: Raising Productivity, Improving Service and Enhancing Collaboration across the NSW Public Sector, Foreward by the Premier

[12] Department of Finance Services and Innovation 2016, Guidelines for engagement with NSW human services non-government organisations

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[23] The HIVE 2017, The HIVE Mt Druitt: Five-Year Strategy & Resource Document: 2017 – 2021

[24] This section draws heavily from The HIVE Mt Druitt: Five-Year Strategy & Resource Document: 2017 – 2021

[25] This section draws heavily from The HIVE Mt Druitt: Five-Year Strategy & Resource Document: 2017 – 2021

[26] Lilley, D 2016, 'Insights from a collective impact initiative in Australia,' Wumen Bagung Communication for Development and Social Change Bulletin, Issue 2, pp 33-36

[27] Grants Management Improvement Program Taskforce (GMIT) Report, November 2012

[28] NSW Ministry of Health 2013, Partnerships for Health: A response to the Grants Management Improvement Program Taskforce Report March 2013, NSW Ministry of Health, Sydney

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