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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:

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<th>Key Elements of High Intensity Collaboration</th>
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<td>Shared outcomes developed with community/end user input</td>
<td>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).</td>
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<td>Start with not knowing what the answers are</td>
<td>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.</td>
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<td>Organisational boundaries blurred across a number of dimensions</td>
<td>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.</td>
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<td>Clear roles and expectations</td>
<td>The shared development of the Ending HIV Strategy and the structured governance process helped to delineate the unique service offering of each NGO.</td>
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<td>Share capabilities and leverage each party’s strengths</td>
<td>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.</td>
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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.
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.”
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...
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
Intervention programs which are more the result of historical factors than conscious design. 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.

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.
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.”
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
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.
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. 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

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.
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).
The HIVE Approach

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.
• **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.

• **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.

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**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.

“**The HIVE’s approach draws on strengths based community work, co-design and collective impact methodologies.**”
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.
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’

“The HIVE sees its role as challenging the status quo, or ‘business as usual’, of NGOs as much as government.”
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.
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
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, statewide 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 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

  “...the Ministry worked with HIV funded NGOs to improve grant administration and introduce Key Performance Indicators (KPIs) into funding agreements.”
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.
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.
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 to 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
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.
COLLABORATION REVIEW
CASE STUDIES

NSW GOVERNMENT
Public Service Commission