



Family Relationship Services  
A U S T R A L I A

# What Helps and Hinders

## FRSA Linkages and Collaboration Project Report

A consultation project exploring collaboration between community services working with families, children and young people in 5 communities

**October, 2010**



Supported by:



**Australian Government**

**Department of Families,  
Housing, Community Services  
and Indigenous Affairs**

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**October, 2010**

### **About Us**

Family Relationship Services Australia (FRSA) provides national leadership and representation for services that work to strengthen the wellbeing, safety and resilience of families, children and communities. To achieve this, FRSA draws on the expertise of service providers to understand the changing needs of families accessing services and to inform public policy. FRSA receives Federal Government funding through the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to provide industry representation and support.

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# Table of Contents

<b>1</b>	<b>Executive Summary</b>	<b>5</b>
<b>2</b>	<b>Introduction</b>	<b>9</b>
<b>3</b>	<b>Key Concepts</b>	<b>13</b>
3.1	Understanding Collaboration	13
3.2	Levels of Collaboration	13
3.3	Factors that Impact on Collaboration	14
3.4	Services Types	15
3.5	Policy Context	16
3.6	Applying Knowledge	17
<b>4</b>	<b>Community Case Studies</b>	<b>19</b>
4.1	Blacktown, New South Wales	19
4.2	Geelong, Victoria	24
4.3	Murray Bridge, South Australia	29
4.4	Logan City, Queensland	34
4.5	Ringwood, Victoria	38
<b>5</b>	<b>Analysis of Collaboration Examples</b>	<b>43</b>
5.1	Level 1 - Networks	43
5.2	Level 2 - Coordination	45
5.3	Level 3 - Service Integration	48
<b>6</b>	<b>Analysis of Contributing Factors</b>	<b>50</b>
6.1	Factors Identified by Participants	50
6.2	Internal Enabling Factors	51
6.3	External Enabling Factors	52
6.4	Internal Restraining Factors	54
6.5	External Restraining Factors	56

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**7 Future Directions 60**

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7.1 Recommendations	60
7.2 Summary of Key Findings	61
7.3 Reflections on this Project	63

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**8 References 64**

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**9 Appendices 66**

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9.1 Appendix 1: Key enablers and barriers to collaboration	66
9.2 Appendix 2: Online Survey Questions	68
9.3 Appendix 3: Semi-Structured Interview Questions	70

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**Table of Figures**

---

Figure 1: Levels of Collaboration - from Winkworth & Healy (2009)	14
Figure 2: Moreton Bay Community Consortia (MBCC)	15
Figure 3: Enabling and Restraining Factors Identified by Project Participants	50
Figure 4: Key enablers and barriers to collaboration, Winkworth & White (2010)	66

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**Practice Examples**

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Example 1: Western Sydney Men and Family Relationship Network	20
Example 2: Pangari Koori Women's Domestic Violence Support Group	21
Example 3: Geelong Settlement Planning Meeting	25
Example 4: Secondary Consultation	27
Example 5: Learning Together Program	30
Example 6: RASA & Centacare Family Relationship Centre Collaboration	31
Example 7: AC Care and the Murray Bridge Communities for Children Initiative	32
Example 8: Logan Integrated Network Combining Strengths (LINCS)	34
Example 9: Coordinated Response to Young People At Risk (CRYPAR)	35
Example 10: Youth and Family Service (YFS) & ACCES Service Inc	35
Example 11: Reachout For Kids	39
Example 12: School Focused Youth Services Project	40
Example 13: Family Violence Integrated Partnership	41

# 1 Executive Summary

## Introduction

The purpose of this project is to explore service linkages and collaboration between Family and Relationship Services (FRS) and related community service sectors such as health, mental health, child welfare, family law and community or neighbourhood networks. The nature of linkages and collaborative activity was examined in 5 different community settings. Factors that contribute to linkages and others that prevent linkages from developing were investigated to better understand the nature and current level of collaboration and to inform possible future sector development initiatives.

FRSA adopted a 'Community Case Study' approach to explore the extent and nature of current linkages and collaboration in a sample of five communities including Blacktown in Western Sydney, NSW; Logan City, south of Brisbane, QLD; Ringwood, East Melbourne, VIC; Geelong, south west of Melbourne, VIC and the regional city of Murray Bridge, south east of Adelaide in SA.

In each of the selected communities, consultation was undertaken with service providers that work with families, children and young people. Some participants chose to complete the online survey (Appendix 2), others participated in a telephone interview while the majority were interviewed face-to-face on site (appendix 3).

FRSA sought to identify current service linkages in each community case study location, including; referral networks and pathways, consortia and/or partnership relationships, interagency models of service delivery, shared resource / case management approaches and cooperative initiatives and projects between agencies.

FRSA also consulted organisations on factors that contribute positively or negatively to service linkages and collaboration. The semi-structured Interviews explored, in some depth, the history of relationships between organisations, services and programs to identify enabling and restraining influences. Comparisons between study areas have then been used to identify common themes in both success drivers that facilitate linkages and restraining factors that prevent them.

## Key Findings

This project identified a diversity of collaborative activity that family and relationship services are engaged in across the five Community Case Studies. From the examples highlighted in case studies and participant responses to questions regarding enabling and restraining factors a consistent set of contributing factors has emerged. These are captured in the findings summarised below:

1. Family and relationship services canvassed in this project were actively engaged in collaborative networks that facilitate information sharing and the development of cooperative relationships.
2. Successful networks often have dedicated network coordination or support that ensures content is meaningful, meetings are convened regularly and actions are followed through.
3. Practitioners are not always sure that their participation in collaborative networks is valued by senior management and/or external funding bodies; collaboration is not typically recognised in internal and external performance measurement frameworks.
4. The majority of organisations canvassed in this project, were actively involved in one or more service coordination initiatives with other local providers to better meet the needs of families.
5. Examples of successful service coordination occur across different service types and organisations but generally rely on a champion or enabler to work through any difficulties.

6. Some service coordination can be more difficult to initiate and sustain - examples where organisations have overcome significant challenges deserve recognition and could assist others to work through difficult stages of collaboration.
7. There were examples in each of the community case studies where multiple services came together to integrate programs, share premises and co-locate staff.
8. While often born of necessity or opportunity, service providers were generally supportive of service integration where it enables more holistic support for families.
9. The benefits of service and system integration are clearly recognised, but there are considerable risks and challenges to be overcome.
10. Significant **internal** factors that **enhance** the capability of an organisation or service to work collaboratively with others, include:
  - Organisation culture that authorises and supports collaboration;
  - Encouragement and support for staff that 'champion' collaboration;
  - Dedicated resources for collaborative activity;
  - Performance development that includes collaboration and partnership; and
  - Respectful relationships with other organisations.
11. Significant **external** factors that **enhance** the capability of an organisation or service to work collaboratively with others, include:
  - Catalysts or incentives in the form of opportunities to better meet client needs;
  - Alignment of goals and values across organisations or collaborative initiatives;
  - Dedicated resources for network support and coordination; and
  - Local Government support, including capacity building.
12. Significant **internal** factors that **restrain** the capability of an organisation or service to work collaboratively with others, include:
  - Capacity restraints including workload demands;
  - Workforce constraints such as staff turnover or loss of momentum;
  - Lack of clarity regarding decision making authority;
  - Poor administrative practice; and
  - A history of difficult interagency relationships.
13. Significant **external** factors that **restrain** the capability of an organisation or service to work collaboratively with others, include:
  - The size and complexity of the service sector and local community;
  - Competition for funds between provider organisations, particularly when funding for 'core services' is short term or insecure;
  - External performance measurement frameworks that constrain service delivery and limit opportunities for innovation and collaboration; and
  - Failure of system design to support responsiveness across provider agencies.

## Recommendations

Building on the key findings above and our knowledge of Family and Relationship Services, FRSA has developed the following recommendations for policy makers, funding bodies, service providers and those involved in research or sector development. These are intended as useful contributions to development of collaboration in this area, based on what we have heard from participants in this project.

### FRSA recommends that policy makers:

- 1.1 Demonstrate leadership working to forge collaborative relationships across levels of government, policy portfolios and programs.
- 1.2 Ensure that policy and program frameworks support collaboration at all levels (networks, coordination, integration) both within and across systems.
- 1.3 Recognise the time and resources needed to achieve more sophisticated collaborations in funding models and performance frameworks.
- 1.4 Understand the systemic influences on collaboration and work to create service systems that increase incentives and reduce barriers.
- 1.5 Recognise the importance of community characteristics and the potential role of Local Government in fostering collaboration.

### FRSA recommends that government funding bodies:

- 2.1 Reduce competition between service providers through longer term contracts, alternatives to competitive selection processes and mechanisms to support and reward collaboration.
- 2.2 Acknowledge the cost of collaboration as a legitimate cost of service delivery to be included in service cost modelling and funding formulas.
- 2.3 Explore alternative approaches to risk management to reduce prescriptive conditions on funding to allow more flexibility in service responses, reducing barriers to service coordination and integration.
- 2.4 Develop systems for engaging with service providers to re-design funding and performance measurement arrangements to support collaboration and innovation, where appropriate.

### FRSA recommends that Family and Relationship Service Providers:

- 3.1 Foster leadership that values collaboration and creates an authorising environment for cooperation and partnership.
- 3.2 Incorporate collaboration in internal performance measurement and workforce development to recognise and support 'collaboration champions'.
- 3.3 Allocate dedicated resources to collaboration and partnerships, with clear communication to staff that collaborative activity is supported.
- 3.4 Develop good practice in collaboration, including good administrative practice and clarity regarding delegated authority for decision-making.
- 3.5 Engage with funding bodies to negotiate changes to funding agreements and external performance measures to support collaboration.
- 3.6 Identify and implement strategies to enhance organisation capability, including those that address historical barriers between agencies.



**FRSA recommends that researchers and sector development workers:**

- 4.1 Develop practical resources to support collaborative networks including guidance for network participants and coordinators and evaluation tools for organisations assessing the value of network participation.
- 4.2 Build the evidence base for higher order collaboration and investment in building capability.
- 4.3 Identify and disseminate examples of collaboration, particularly those that have overcome difficulties, serving as examples to others who may be facing similar challenges.
- 4.4 Identify and implement strategies that enhance the capability of sectors or service systems to engage in higher order collaborations and system improvements.

**Conclusion**

This was a very successful and informative project which is due in large part to the enthusiastic participation of service providers including FRSA members and other service providers from across different service systems. The five case studies included in this project each demonstrated a broad and rich investment in linkages and collaboration. In keeping with the literature, it was evident in each location that a range of internal and external factors influence collaboration and many of these factors are outlined and analysed in this report.

The key findings identified in this project have informed FRSA's understanding of the many and varied collaborations in which Family and Relationship services are engaged. The recommendations are made in the spirit of further enhancing collaboration that will have an ongoing benefit for families and communities.

## 2 Introduction

### Background

The Federal Government Department of Families, Housing Community Services and Indigenous Affairs (FaHCSIA) administers funding to 104 organisations that deliver Family and Relationship Services under the Family Support Program. FaHCSIA also fund Family Relationship Services Australia (FRSA) to provide sector representation and support. Under the current funding agreement FRSA undertakes a project each year that involves sector consultation and engagement. FRSA and FaHCSIA seek to identify and agree on a project that will be of mutual interest to service providers and the funding body<sup>1</sup>. These projects are modest in scale and are undertaken by FRSA staff working collaboratively with the sector.

In 2010, it was agreed there is strong interest in understanding the extent and nature and the enabling and restraining factors to current service linkages and collaboration across the service systems in which Family and Relationship Services operate - Family Law, Family Support, and Child Protection. The 'Linkages and Collaboration' project evolved from these discussions and was undertaken between April and September 2010.

### Purpose

The purpose of this project was to explore service linkages and collaboration between Family and Relationship Services (FRS) and related community service sectors such as health, mental health, child welfare, the family law sector and community or neighbourhood networks. The nature of linkages and collaborative activity was examined across different community settings. Factors that contribute to linkages and others that prevent linkages from forming or developing were investigated to better understand the nature and current level of collaboration and to inform possible future sector development initiatives.

### Project Design

FRSA adopted a 'Community Case Study' approach to explore the extent and nature of current linkages and collaboration in a sample of five communities:

- Blacktown, Western Sydney NSW
- Logan City, QLD
- Ringwood, Eastern Melbourne, VIC
- City of Geelong, VIC
- Murray Bridge, SA

A mix of communities were selected based on geographical characteristics, population size and socioeconomic status. FRSA recognises that this is not a representative sample and does not capture the full diversity of Australian communities. In a project of this scale it was not possible to include remote or dispersed communities where the factors that impact on relationships between services are likely to be quite different to metropolitan communities.

### Key Concepts

A short review of relevant research literature was undertaken to inform the project design and provide a context for the analysis of the data collected through consultation.

<sup>1</sup> In 2009, FRSA undertook a project on 'Leadership and Governance', the report is available on our website at [www.frsa.org.au](http://www.frsa.org.au)

## Methodology

In each of the selected communities, consultation was undertaken with service providers that work with families, children and young people. Some participants chose to complete the online survey (Appendix 2), others to participate in a telephone or face-to-face interview (Appendix 3). Overall, a total of 60 face-to-face interviews were conducted, another 4 telephone interviews and 36 online survey responses were received. Participating organisations deliver a range of services, primary service types included<sup>2</sup>:

- Federal Government funded Family and Relationship Services (27) including Family Relationship Centres (5); and Communities for Children sites (3)
- State funded Family Support & Child Welfare (18)
- Legal Assistance Services (8)
- Migrant Resource Centres / Migrant Support Services (5)
- State Government Agencies (Community Health & Child Protection) (5)
- Family Court Registries (4)
- Aboriginal & Torres Strait Islander Services (3)
- Family Violence Services (3)
- Community Networks (2)

In addition to contacting member organisations, FRSA used various community service directories to identify local service providers across the range of service systems described above. Initial contact with providers was made via telephone with an invitation to complete the online survey and/or participate in a semi-structured interview. The majority of those contacted preferred to participate in an interview rather than complete the survey, with a small number choosing to do both. Participation was voluntary and the intention was to engage a cross-section of providers in the consultation with a focus on qualitative data and examples of collaboration. To this end, the online survey data has been used to augment the interviews and include participants who were unavailable for interview.

Project staff spent between 2 and 4 days in each location undertaking face-to-face interviews. Each interview was conducted by 1 or 2 members of the FRSA project team who sometimes met with one representative from the service delivery organisation and sometimes with more than one representative. The representatives were typically Senior Executives and/or Program Managers.

The interviews were semi-structured and were based on a set of interview questions (Appendix 3) but also allowed for the discussion to be free flowing and for additional or alternative questions to be used. Notes of each interview were taken and later used to develop summary reports (interviews were not taped). Participants were informed that the information gathered during interviews would be used to identify linkages, examples of collaboration, driving and restraining factors that have influence on this. An undertaking was also given that specific comments would not be attributed to individual participants without their permission and the draft report will be circulated to them for comment before being finalised.

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2 Most organisations that participated in this project provide multiple services and programs.

### Community Case Studies

For each community included in the project, FRSA sought to identify current service linkages including:

- Referral networks and pathways
- Consortia / partnership relationships
- Interagency models of service delivery
- Shared resource / case management approaches
- Cooperative initiatives and projects between agencies

FRSA also consulted organisations on factors that contribute positively or negatively to service linkages and collaboration. The semi-structured Interviews explored, in some depth, the history of relationships between organisations, services and programs to identify enabling and restraining influences. Comparisons between study areas have then been used to identify common themes in both success drivers that facilitate linkages and restraining factors that prevent them.

### Reporting

This report brings together the literature review, a summary of the five community case studies and our analysis of the common themes identified. A number of recommendations for enhancing linkages and collaboration are also provided. Participants in the project will have an opportunity to comment on the draft report as will members of the Project Reference Group.

### Acknowledgements

FRSA is very grateful to the individuals and organisations that participated in this project. We also appreciate the guidance, advice and feedback provided by members of the Project Reference Group:

- Judi Geggie, Director, Family Action Centre & FRSA Board Member,
- Gail Winkworth, Institute of Child Protection Studies, Australian Catholic University
- Tony O'Hare, CEO Community Services Australia & FRSA Board Member
- Michael King & Sue Harris, Attorney-General's Department
- Rose Beynon, Tracey Armstrong & Michelle Wilson Department of Families, Housing, Community Services & Indigenous Affairs

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## 3 Key Concepts

### 3.1 Understanding Collaboration

Emeritus Professor Dorothy Scott (2005) describes collaboration as *“all interaction aimed at working together, both informal and formal, which occurs across the boundaries of different organisations and sectors”*. This definition guided FRSA's approach to this project. The consultation tools (online survey, interview questions) sought to identify all forms of collaboration involving family and relationship services across the five community case studies.

In addition to the idea of 'crossing boundaries' most definitions in the research literature signal that collaboration results in an outcome greater than that which any sector, organisation or individual can achieve on its own. Collaboration has been described as a *'process through which parties who see different aspects of a problem can explore constructively their differences and search for solutions that go beyond their own limited vision of what is possible'* (Gray, 1989 cited in Sowa, 2008). Another consideration for public policy is the case for using collaborative approaches to increase public value. Collaboration therefore involves *'any joint activity by two or more agencies working together that is intended to increase public value by their working together rather than separately'* (Bardach 1998 in Sowa, 2008).

Ultimately, Winkworth & Healy (2009) argue that a genuinely collaborative approach would engage children, young people and families themselves as partners in the collaboration: *'Collaboration is a strengths based approach to working together with children, families and communities and the agencies and institutions which support them, which recognises the importance of sharing human, social, physical and financial resources to achieve outcomes that go beyond what any person or group can achieve on their own'*.

Against this background, FRSA sought to explore with project participants the extent to which collaboration is providing benefits such as outcomes beyond those that individual services could achieve, increased public value or the engagement of families and communities in decision-making and resource sharing. Questions regarding the benefits (and risks) of collaboration were incorporated into the consultation tools.

### 3.2 Levels of Collaboration

In a recent study of collaboration between family relationship services and child protection services in two Victorian locations, Winkworth et al (2009) undertook a comprehensive review of the literature and describe a useful model for categorising collaborative strategies such as 'networking and communication'; 'cooperation and coordination'; 'collaboration, integration and whole of community 'partnership'. Drawing on the frameworks of Horwath and Morrison (2007), Corbett and Noyes (2008) and others, they take this further to identify three developmental levels of collaboration: Communicating (level 1), Collaborating (level 2) and Integrating (level 3). These levels are described briefly in the following table.

**Figure 1: Levels of Collaboration - from Winkworth & Healy (2009)**

Purpose (focused on children and families)	Level of Development	Examples of Activities
<b>Level 1- Networks</b>		
<b>Networking/ communication</b>	To gain information and build a better understanding of the issues confronting children and their families.	Interagency forums, joint information sharing, and meetings between agencies.
<b>Co-operation</b>	To choose partners and build trust- the foundation for future partnership activities.	Joint service expos, more purposeful networks such as advisory, planning and reference groups.
<b>Level 2 - Co-ordination</b>		
<b>Co-ordination</b>	To make information and services more accessible for children and families.	Outpost key staff (such as community child protection worker) in other services, MOUs, case co-ordination protocols, facilitated referral to other services.
<b>Forming Coalitions</b>	To meet unmet needs of children and families by changing service design and addressing service gaps.	Joint funding submissions, complex new models of working which involve more than one service (e.g. Family decision making involving Commonwealth/ State systems).
<b>Level 3 - Integration</b>		
<b>Service Integration</b>	To reduce service complexity.	Pooled resources (e.g. shared staff on common intake), multiple services delivered from the same venue.
<b>System integration</b>	To increase participation and social inclusion through the involvement of a broader range of community partners.	The integrated service system partners with community agencies (schools, clubs) to provide increased opportunities for participation and reduced reliance on service system. Children and families are also key partners.

A more detailed description of each level is provided in Winkworth & Healy (2009) together with some examples of activities in the family services context. It is important to note that the strategies described in each level build upon each other along a continuum of complexity and commitment. The higher level collaboration relies on relationships developed at the previous stage.

### 3.3 Factors that Impact on Collaboration

Winkworth & Healy (2009) provide a comprehensive review of enablers and barriers to collaboration, which they summarise in the table reproduced at Appendix 1. The table lists enablers and barriers under four main headings:

- Predisposing factors - can you build collaboration on this landscape?
- The authorising environment - sources of support for collaboration?
- Public value - can we show it is worthwhile?
- Capacity to implement - is there sufficient 'know how' and capability to make collaboration work?

FRSA has not sought to test or explore each of these but rather encouraged project participants to identify enablers and barriers to collaboration and then looked for common themes across the data collected and examples provided.

A complexity in this area of inquiry is that some external factors, such as the way in which programs and funding are administered by Federal and State Government agencies, can have a multiplicity of impacts. This is highlighted in a paper by Rose (2010) detailing the journey of the Moreton Bay Community Consortium. Rose describes how the way in which the funding was made available at a regional level encouraged the consortia to form, yet the contractual arrangements were difficult to adapt to a consortia model in which multiple agencies deliver the funded services. The lead agency had to assume a role not initially envisaged by the consortia, but a strong commitment to working collaboratively saw the partnership survive the challenges arising. A summary is provided in the table below.

#### Figure 2: Moreton Bay Community Consortia (MBCC)

The Moreton Bay Community Consortium (MBCC) emerged because no individual partner organisation covered the geographical area specified by FaHCSIA, and thus a consortium was required in order for the agencies to access the (family and relationship services) early intervention funding. The establishment of the consortium included the nomination of one partner to be the lead agency. This was not a role that Pine Rivers Neighbourhood Centre (PRNC) would have chosen in other circumstances, but it was necessary if the early intervention services FaHCSIA proposed to fund were to be delivered by the organisations most in touch with the needs of their local communities. The MBCC is a framework which allows the partner agencies to implement their vision of "Staying Local, Thinking Regional".

The consortium partners cede to the lead agency the right to monitor their performance, their compliance with the FRSP Approval Requirements, and their expenditure against the budget. The lead agency has, of necessity, developed ever more rigorous tools and processes over time to assist in its managerial and monitoring role. The increasing level of responsibility which the lead agency has been required to assume in relation to the performance of the other consortium partners had the potential to damage organisational relationships, or to fragment the consortium. This has not occurred; it has been accepted, and supported, by the steering group and the partner agencies as a necessary component of the consortium arrangements.

While rigorous documentation has helped to clarify expectations and obligations, the success of the consortium owes more to the pre-existing connections between the agencies in the region, and to the strengths-based approach used to address the challenges implicit in the consortium/ lead agency model. The partner agencies in the MBCC have addressed and overcome these challenges because of their shared vision and values, and their commitment to the partnership, to their discrete local communities, and to the delivery of high quality early intervention services in this region.

Adapted from Rose, P (2010) *A Delicate Balance: Accountability and Partnership in the Moreton Bay Community Consortium*, Prepared for the Pine Rivers Neighbourhood Association Inc



### 3.4 Services Types

FRSA sought to include a broad range of services in this project in recognition that there are a diversity of services working with families in any community and all have an important role to play. For example Winkworth & Healy (2009) identify studies which indicate the multiplicity of family support needs and responses. These studies show: *“that vulnerable families need, first, enough money to live on and somewhere safe to live (Bartholomew, 1998; Bray, 2003; Butterworth, 2003; Freiberg & Homel, 2007; Vinson, 2007). They also need access to health care for themselves and their children and information and advice about parenting. They need practical help in the home and relief from parenting, especially when children are young (Winkworth, Layton-Thompson, McArthur, Thomson & Wilson, 2009). If parents separate, they may need help with their child support and with the development of safe parenting plans particularly where there is a history of high conflict, family violence or other forms of child abuse and/or neglect (Australia. Attorney-General’s Department, 2004; Murphy, Campbell & Pike, 2005). Parents and other family who may be caring for children need help focusing on children’s emotional needs where there is sustained high conflict between partners or where children are unable to live with either of their parents (McIntosh, 2002; McIntosh & Long, 2005). A few families may need the intervention of legal systems at both the State and Commonwealth levels to ensure that children are safe (Moloney et al., 2007; Victoria. Department of Human Services, 2003) (Winkworth & Healy, 2009, p. 10).”*

In setting out to include a broad diversity of services it must be acknowledged that FRSA has strong pre-existing relationships with services that receive Federal Government funding under the Family Support Program<sup>3</sup>, including post separation services that are part of the Family Law System and early intervention services that provide family counselling, education and parenting support. It is likely that our capacity to engage those services was greater than our capacity to engage state funded services and/or groups that don’t receive Federal government funding.

### 3.5 Policy Context

#### Social Inclusion

There is an increasing focus in public policy on achieving more integrated responses to complex social issues; recognising that cross-disciplinary expertise and coordinated effort is needed if progress is to be made (Cashmore et al., 2001, Vinson, 2007, in Winkworth & Healy, 2009).

At the macro level the Australian Government has established the Australian Social Inclusion Board<sup>4</sup> to advise the government on ways to achieve better outcomes for the most disadvantaged in our community and to improve social inclusion in society as a whole. The Social Inclusion Board brings research and public policy leaders together with experts from the community services and education sectors. The ‘Social Inclusion Agenda’ recognises that it is not sufficient for service systems to deliver effective responses to individuals; it is also necessary to create the environments that increase citizens’ social, economic and civic participation in their communities. In this context, collaboration aims to link people to the civic life of their communities and increase levels of human and social capital and social connectedness (Winkworth & Healy, 2009 page 8).

This concept is not new to community based not-for-profit organisations that have evolved to address social and economic disadvantage; typically within a community defined either by geography, culture or common experience. Whether secular or church affiliated, community organisations have a sense of purpose that encompasses the promotion of civil society and social inclusion. These organisations rely on public support including volunteers, donations and client co-contributions. Their ability to effectively communicate their mission and harness the resources of the community towards its achievement will fundamentally impact on their ongoing effectiveness. The delivery of government funded services and activities are a significant part of what they do but not the whole picture.

3 For more information on the Family Support Program visit [www.fahcsia.gov.au](http://www.fahcsia.gov.au)

4 For more information on the Social Inclusion Board visit [www.pmc.gov.au](http://www.pmc.gov.au)

The recent *Review of the Contribution of the Not-for-profit Sector* by the Productivity Commission (2009) has highlighted the difficulty of systematically measuring the more intangible outcomes and broader impacts of not-for-profit organisations including the benefits that flow from volunteering, advocacy and social innovation. The review also considers the complexities involved in relationships between government funding bodies and not-for-profit organisations. The Productivity Commission identifies that processes used for allocating funding, regulating service providers, ensuring compliance and collecting data on service delivery all have an impact on productivity and efficiency. These are also important contextual factors that can support or restrain collaboration.

### Safety and Wellbeing of Children

It was a coalition of community organisations and experts in child safety and wellbeing that urged the Australian Government to take a leadership role by developing a national approach to protecting children. The *National Framework for Protecting Australia's Children 2009-2020* developed jointly by the Australian and State/Territory Governments was very strongly influenced by this advocacy. The framework recognises that despite significant investment in family support and child protection across jurisdictions, separate efforts still fail many children and young people. The National Framework acknowledges that the safety and wellbeing of children is the responsibility of all levels of government and society more broadly. It specifically aims to deliver a more integrated response which does not change the responsibilities of governments but focuses efforts on working together better in areas of shared responsibility. It includes a commitment to better linkages between the supports and services that are provided –‘avoiding duplication, coordinating planning and implementation and better sharing of information and innovation’ (Commonwealth of Australia, 2009).

The Framework has been welcomed by those working at the front line of child safety and family wellbeing.

## 3.6 Applying Knowledge

The brief review of the research literature and policy context summarised above assisted FRSA to develop the consultation questions used in both the online survey and the interviews. It also helped with structuring the report. In particular, FRSA has drawn on the three levels of collaboration described above by Winkworth and Healy (2009) to structure the Community Case Study reports by separating examples of ‘Networks’, ‘Coordination’ and ‘Integration’; followed by a summary of enabling and restraining factors identified by project participants.



## 4 Community Case Studies

### 4.1 Blacktown, New South Wales

FRSA recognises the people of the Darug nation as the traditional custodians of the Western Sydney region that takes in the Local Government Area of Blacktown; we pay respect to their elders past and present.

#### Community Profile

Blacktown City is located in Sydney's western suburbs - approximately 35 kilometres from the centre of Sydney, bounded by Hawkesbury City, the Hills Shire, Parramatta City, Holroyd and Fairfield Cities and Penrith City. The 2006 Census projected that Blacktown's population would reach 300,000 people by 2010, growth of more than 17.6% since 1996 - primarily due to the establishment of new residential estates on areas formerly used for small scale agriculture. Blacktown is a predominantly residential area, with significant rural areas to the north and substantial industrial and commercial land use within its boundaries. Blacktown is currently the most populous City in NSW, the third largest in Australia behind Brisbane City and the Gold Coast, and the eighth largest growing City in Australia. Large scale urban development has contributed to this continued population growth.

Blacktown's population is predominately young with over half being under 30 years of age. The SEIFA Index of Relative Socio-Economic Disadvantage has Blacktown LGA ranked the tenth most disadvantaged out of over 30 LGAs in the Sydney Statistical Division. The city is culturally and linguistically diverse with over 184 countries and 156 languages represented within the community. After Campbelltown, Blacktown LGA has the highest proportion of Aboriginal and Torres Strait Islander people's in the Sydney metropolitan area (2.6% of total population). In addition there is a high proportional representation of people from the Philippines, India, New Zealand and Fiji.

#### Services Profile

As a major metropolitan city Blacktown has a comprehensive range of Commonwealth and State Government agencies with a significant number of national, regional and local organisations providing social services. Blacktown City Council is an active contributor and coordinator of local service planning. The local generalist community interagency is convened by the Community Resource Network (CRN) that distributes a list of local community service providers annually. The 2010 list includes over 200 separate services operating in and around the Blacktown LGA.

#### Collaborative Networks

There are over 30 interagency groups or networks that meet regularly across the Blacktown LGA including several generalist interagency meetings that also cover surrounding districts, the Migrant Interagency, the Youth Service Network, the Outer West Domestic Violence Network, the HACC Forum, the Koori Interagency and the SydWest Child Protection and Family Interagency, to name a few.

Community service workers identified that attendance at interagency meetings serves a number of important functions. Interagency attendance allows information to be shared between organisations to facilitate better referral pathways; it also provides opportunities for making connections and discussing emerging needs. This can 'set the scene' for more collaborative service responses. As one provider said "*... equally important is that these meetings can be an opportunity for us to get a sense of how our organisation might work with staff from another, during casual conversation about broad issues before entering into formal discussions about specific possibilities for collaboration*".

The local Family Court Registry and Federal Magistrates Court is located in Parramatta, 15kms from Blacktown. A senior Family Court Consultant spoke of good links with local services including regular information exchange on local group programs available to separating families as well as up-to-date waiting list information that assists the court to make appropriate and timely referrals and/or orders. The same Consultant indicated that over the past 3-5 years there has been a marked increase in Family Lawyers' awareness of post separation support services and that strategies for representing clients now include referral to family relationship service providers. Collaborative training events held by the Family Law Pathways Network 'Greater Sydney Families in Transition (GSFIT)' was also identified by the Court and several providers as playing a significant role in a more coordinated service system. A number of the interviewees indicated they were on the Blacktown FRC Reference Group and that this helped them understand the role of the Centre and gave them a good link in when a client had family relationship and separation issues.

The importance and complexity of collaborative networks was summed up by one respondent; *"Like anything you have to work at it. If we want to have resources, contacts and other support provisions for our families we need to be in our communities and know what is out there. This means networking, meetings, inter-agencies, working parties, training and inviting others to know what you do. Managers and Coordinators can't do it all so it is important to have the team out there doing their share. When you make a face to face contact with another service/government department it is so much easier to phone or email them for assistance when you know them. Good sound relationships are imperative."*

### Service Coordination

Each of the organisations interviewed for this project gave a range of examples of local links and collaboration between and across services in the local area that respond to the needs of local families. These include needs raised by families themselves when accessing existing services as well as those identified through formal research and statistical information that has led to the roll out of a range of State and Federal Government initiatives. The extent of formal links and collaboration varied significantly but most services (regardless of size) were involved in at least one or two joint service delivery projects with a number of other local providers to better meet the needs of local children and families.

#### Example 1: Western Sydney Men and Family Relationship Network

The Western Sydney Men and Family Relationship Network has been meeting bi monthly in the Blacktown LGA for over 7 years and the Network's membership includes Local Government, State and Federally Government agencies as well as not-for-profit community organisations. This group has been part of a unique partnership with the local City Council in supporting the creation and printing of the 'Blacktown Blokes Book', a male friendly resource book with information on services that assist men and fathers. The Network is in the process of updating this resource with some funds provided by the NSW Government to one of the Network's member organisations.

The Blacktown FRC has built links with local lawyers and legal assistance services including the Hawkesbury Nepean CLC and NSW Women's Legal Services. A recent Pilot Project between the FRC and the CLC and Women's Legal Services has increased access to legal information and advice for separating families accessing family dispute resolution.

There were several examples where co-location positively influenced collaboration between organisations. This includes the FRC sharing the same building with the local Migrant Resource Centre and several coordinated projects including joint information sessions and/or promotions that have been conducted in the building and at outside expos. The Children's Contact Service (CCS) that offers weekend service to families, shares the cottage used by child protection workers

for similar work during the week leading to cross referral and reduced infrastructure costs. The established connection between the local community health centre, mental health professionals, drug and alcohol services and generalist medical services on the grounds of the Blacktown Hospital is another good example of this influence.

### Service Integration

Many local family support service providers collaborate with each other to provide programs for parents and/or children that would not otherwise be possible or sustainable. These are offered in school settings, community centres and/or in one of the facilitating organisation's premises. Ongoing programs include:

- A wide range of facilitated support and education groups for parents like the Triple PPP Positive Parenting Program and 'new parents' support groups,
- Social and language skills workshops for pre-school age and infants;
- Domestic violence support groups;
- A program for parents raising children with Attention Deficit and Hyperactivity Disorder and various other challenging behaviours,
- Various after school hours programs to foster school attendance with 'at risk' children;
- Drop-in programs for young people; and
- Various self-help and peer support groups.

Another good example of service integration is the partnership between 7 organisations to offer an Indigenous Domestic Violence Support Group, as described in the box below.

### Example 2: Pangari Koori Women's Domestic Violence Support Group

The Pangari (meaning 'of the soul') Koori Women's Domestic Violence Support Group was formed in 2005 following a "Koori Yarn Up Day" organised by a local Domestic Violence Service. It includes local Aboriginal women and service providers who all identified support for local Koori women affected by domestic violence as a major local need. Five years on seven service providers across different program and funding areas (including Junaya for Families - who were interviewed) share the coordination, facilitation, hosting and costs of the group between them within existing budgets and some limited 'one off' supplementation from time to time. Resources remain an issue with the capacity of organisations to continue funding this partnership being the most significant threat to its longevity.

A well resourced collaboration funded by FaHCSIA is the Blacktown Communities for Children (C4C) initiative that targeted the Mt Druitt area and 7 surrounding postcodes in the first round of funding (increased to 11 postcodes in the second round). C4C is an early intervention and prevention program that aims to improve the development, health and well-being of children (originally targeting children aged 0-5 years and now expanded to children up to 12 years of age). As part of the funding agreement the facilitating partner was required to establish and coordinate a local C4C Committee to develop a community strategic plan based on local needs and to provide priority early intervention and prevention work with local children and families in the target range. Despite the specific funding for this collaboration, the tight roll out timeframe after the appointment of a lead agency via the competitive process meant there was little time for relationships and trust to be attended to before the establishment of the C4C Committee to develop the local strategic plan. This was an issue because the selected lead agency was a large national organisation that had been in the area for many years but without delivering children and parenting services. The local C4C was described by both members and other organisations as an example of a collaboration that would have benefited from more establishment time and an equal power relationship between the organisations involved.

## Enabling and Restraining Factors Contributing to Collaboration

### Enabling Factors

Many providers interviewed indicated that much of their collaboration or links with other services have developed out of responding to the unmet needs of clients particularly when waiting lists for services are long and there are few other options available. A number of those interviewed stated that for collaboration to be successful, *“Organisations had to work outside the square”*. While a number of organisations indicated the development of Terms of Reference and/or Memorandums of Understanding was important to successful ongoing collaboration, most agreed this was not usually the starting point but rather necessary for sustainability when staff moved on.

Most respondents mentioned the importance of respect and the potential negative impact if staff were not fully supportive of the principles of collaboration. While many agreed it was necessary to have the environment within an organisation that supports collaboration, it was considered equally important to have local people who are personally committed to the benefits for families of such collaboration and be prepared to drive this, often beyond the parameters of contracted client targets.

One provider said, *“The outcomes are very much improved for our families when we have confidence in other services/individuals we engage to help us support them. This means we need to do our homework to find the best supports and maintain connections with them.”*

### Restraining Factors

When asked about barriers to collaboration, most respondents said - *“You mean besides lack of resources (funding, money, dollars)!”* Clearly there is a significant impact of limited financial and human resources on the ability of any organisation to collaborate. All interviewees articulated that any form of collaboration takes time and commitment to achieve and that this effort usually takes place in the context of competing priorities and the demands of meeting the requirements of funded service delivery (client targets or caseloads). While participation in a network can contribute to job performance it doesn't yield a service output that can be included in performance reports.

It was acknowledged that sometimes there are challenges within larger parent organisations with staff from different program types who find linking in across the program areas difficult because of different processing and reporting systems, different expectations from funders and/or culture differences across professional disciplines.

Several participants spoke specifically of the impact of competitive tendering as a significant barrier to collaboration, particularly when the 'winner' must rely on the support of competitors to deliver a successful service. This is true for C4C and FRC services that provide a gateway or engagement function but rely on other providers to deliver coordinated supports to families.

A number of participants also raised performance measures and targets as creating barriers to collaboration. Services that collaborate to meet the needs of families can find themselves unable to record that activity as a service output, this can jeopardise their capacity to fulfil funding contract requirements (i.e. meet client targets). Performance measures can also tie services to a particular model of delivery that does not accommodate new approaches involving collaboration. Collaborative service models can involve complexities regarding which agency holds the client's information and can 'count' the client or service output in their performance data.

## Acknowledgments

**FRSA is grateful to all those who participated in consultations on behalf of following organisations:**

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|--|--|
| <ul style="list-style-type: none"> <li>• Anglicare - Mt Druitt</li> <li>• Blacktown Brighter Futures, Wesley Family Services</li> <li>• Blacktown Community Health Centre</li> <li>• Blacktown FRC (RANSW)</li> <li>• Children's Contact Service (RANSW)</li> <li>• Community Resource Network</li> <li>• Dept. of Community Services (Blacktown)</li> <li>• Family Court &amp; Federal Magistrates Court Parramatta Registry</li> <li>• Family Referral Service</li> <li>• Hawkesbury Nepean Community Legal Centre</li> <li>• Hills and Quakers Hill Family Services Wesley Mission</li> </ul> | <ul style="list-style-type: none"> <li>• Interrelate Family Centres</li> <li>• Junaya for Families</li> <li>• Mission Australia</li> <li>• Mt Druitt &amp; Area Community Legal Centre</li> <li>• NSW Legal Aid - CLC / FRC Legal Services Pilot Project Coordinator</li> <li>• Relationships Australia NSW</li> <li>• SydWest Multicultural Services Inc. (MRC)</li> <li>• Unitingcare Burnside - Newpin</li> <li>• Wesley Mission - Rouse Hill Families Connect</li> <li>• Western Sydney Men &amp; Family Relationship Network</li> </ul> |
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## 4.2 Geelong, Victoria

FRSA recognises that the Wathaurong people are the traditional custodians of the land in the region of Geelong and surrounding areas and we pay respect to their elders past and present.

### Community Profile

Geelong is a Victorian port city located on Corio Bay and the Barwon River, 75 kilometres South-West of Melbourne. With an estimated population over 250,000 this is the second most populated city in Victoria and the fifth largest non-capital city in Australia.

Geelong is a major industrial and manufacturing centre as well as a busy port. There has been significant residential development both within the city and in the major outlying commuter centres of Lara and Leopold as well as in the resort areas of the Bellarine Peninsula. Population growth has been strong over the last five to ten years and that is predicted to continue on the back of employment growth in service industries, as well as increased demand in coastal resort areas. The more rural parts of the city are also attractive to families seeking lifestyle options and the coastal resort areas attract both family households as well as retirees.

Historically, Geelong has not been characterised by cultural diversity, however, there are some notable ethnic groups - the Croatian community, who first came to the city in the 1850s and are now the largest Croatian community in Australia, and the German settlers who founded Germantown (now Grovedale) in 1849. Geelong also has communities of newly arrived refugees and migrants bringing a contemporary cultural mix to the area. A number of service providers indicated that the cultural diversity of client populations has been increasing over recent years and that there is quite a large refugee and migrant population moving between Geelong and Melbourne through public housing placements.

### Services Profile

As a major regional city Geelong has a large number of government agencies and non-government social services. FRSA met with local community organisations that work only in Geelong as well as those that operate across regions and/or across the State of Victoria. Families seeking relationship support or services related to separation are supported by a large number of local organisations including Bethany Community Support (Bethany), Glastonbury Child and Family Services, Bellarine Community Health Inc, Wathaurong Aboriginal Cooperative, Community Connections, Diversitat and Time for Youth, Centacare Catholic Family Services, Lifeworks **Relationship Counselling and Education Services** and Relationships Australia - Victoria.

The Federal Magistrates Court visits Geelong on circuit four times a year. The local Magistrate's Court deals with family law matters one day per week including urgent matters, recovery orders and consent orders. Legal Support is provided by Victorian Legal Aid, the Barwon Community Legal Service and private legal practitioners.

### Collaborative Networks

Project participants described relationships between local service providers very positively. Reports of strong collaboration between family services seem to be underpinned by the distinct regional identity of the Geelong. Many comments reflected a professional population that is quite stable with workers often staying in the area even if they change employers. Many talked about living in Geelong or close by so they could enjoy the regions recreational opportunities or other life style features and still have the amenities of a major population centre.

There are a large number of interagency networks operating across the Geelong and Barwon regions - one participating organisation had identified 97 in a recent audit of network participation, others were typically aware of multiple networks and demonstrated good connections across

organisations. As one participant said *“most agencies [in Geelong] have a commitment to networking, we all want the best outcome for the client, relationships between service managers and practitioners are very important - being able to pick up the phone and speak to someone you know makes a difference”*.

Some of the interagency networks involve practitioners working with a common client group. For example, participants spoke highly of the local interagency for people working with children. These meetings are attended by family counsellors, children’s workers, schools, community support services and mental health services. The group discusses case presentation and provides peer support. It has facilitated relationships of trust between practitioners and enhanced confidence in referrals between services. The person who coordinates and ‘champions’ the group is seen as pivotal, she keeps these meetings booked in and has a commitment to evidence based practice that inspires others and gives the meetings a professional development focus.

Other networks are based on a service type or service system. The Family Relationship Centre (FRC) facilitates a reference group that involves local providers of post separation and family law services; there is also a local Family Law Pathways Network. Centrelink hosts quarterly liaison meetings with community services providing welfare and crisis support services - each meeting is held at a service and includes a presentation by that organisation on the services they provide. Several participants spoke positively about the Geelong Settlement Planning Meeting, described in the box below.

### Example 3: Geelong Settlement Planning Meeting

The Geelong Settlement Planning Meeting meets monthly and is chaired by Diversitat. Meetings are attended by over 20 organisations including Local and State Government agencies (e.g. Police, Department of Human Services) as well as not-for-profit organisations delivering a diversity of social services. Each meeting considers the needs of migrants and refugees with a commitment to foster cooperation across agencies. There are sub-committees that undertake specific work, for example one just conducted a survey of GPs and counselling services regarding their cultural responsiveness. Through this meeting participating organisations developed a ‘Cultural Diversity Action Plan’. While it is difficult to assess the extent to which the aspirations of this plan are being met, it does provide a basis upon which to build service system improvements.

At a higher level several participants spoke very positively about a very good ‘Community Services Forum’ that the City of Geelong (Local Government) used to run, before council mergers. This forum brought the 3 levels of government together - Federal, State and Local as well as all major local provider organisations. There is now a G21 - which involves 5 local government councils and articulates 7 pillars of which ‘Health & Wellbeing’ includes ‘Social Connectedness’. Local organisations including Centacare are contributing significantly to the G21 planning process which will provide a higher level framework for addressing local community needs; however, this has not replaced the Community Services Forum which many had found particularly valuable.

### Service Coordination

The collaborative relationships between agencies in Geelong have given rise to a number of joint projects and partnerships. For example, the Department of Human Services has a community based Child Protection worker co-located at Bethany. In addition Wathaurong Aboriginal Cooperative has an Indigenous tenancy worker collocated with the Bethany Housing Team. Bethany also collaborates with St John of God Hospital to deliver the ‘New Dads’ evening program.

The Federal Magistrates Court is the focus of a pilot project which has been independently evaluated<sup>5</sup>. The project involved collaboration between Geelong FRC, Barwon Community Legal service and Legal Aid Geelong to provide advice to clients attending the court and also up to date information to the Federal Magistrate on service details including waiting times and changes to services available. Legal Aid and Barwon Community Legal Service also both participate in information sessions at the FRC and training staff in topics like the preparation of parenting plans.

Centacare also have drought response teams posted in areas to the North - Whittlesea, Duncan Grover and Drysdale. These programs are co-located with other community organisations. The benefits of co-location were identified as increasing the proportion of successful referrals and demonstrating trust between professionals which has an impact on clients.

There were two examples of services developing a 'secondary consultation' role. This is a process where one service is able to draw on the expertise of another rather than always having to refer the client on. In both cases the 'Secondary Consultation' role relies on having an established relationship between the providers and protocols for managing client information, consent and professional advice. It is a very promising development in service delivery but there are some complexities, services may need to establish whether a secondary consultation is an approved output that can be accommodated in performance measurement systems and/or whether the provider of the secondary consult needs to be an approved sub-contractor under funding contracts.

#### **Example 4: Secondary Consultation**

The first example of 'Secondary Consultation' was between Bethany and Child and Adolescent Mental Health (CAMS). Bethany support workers can now contact CAMS and seek advice on case management and support for children and young people experiencing difficulties. This is done with the consent of the client, some clients may never be seen by a CAMS practitioner, others will be assessed but may continue to receive most of the support they need from Bethany while a small number transfer into CAMS.

Diversitat described a similar 'Secondary Consult' role in which their migrant support workers can provide advice to other organisations to improve the way they provide services to refugee and migrant clients rather than have these clients referred to specialist migrant programs. The goal is to build the capacity of mainstream services and improve access to services. Diversitat reported some frustration with local providers; referrals to other services (including family and relationship support) can be problematic, services are often reluctant to use interpreters and often won't take on cases where there are communication issues. There is a perception that adults and families are clients of Diversitat rather than clients of the mainstream service (example given of services wanting Diversitat to follow-up when clients don't attend appointments rather than following them up directly).

#### **Service Integration**

Bethany reported on an integrated response to family violence that involves counselling for women and children, outreach, crisis accommodation for refugees, an after hours response service and finally, men's behaviour change programs

This integrated response has a governance structure that includes the CEOs of major provider organisation and this is chaired by the Victorian Government Department of Human Services. The Police are involved and they make a concerted effort to notify services and involve them in responding to family violence.

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5 'Walking the Talk' of Integrated Service Delivery. Evaluation of the Federal Magistrates Court (Victoria) - Geelong Family Relationship Centre Collaboration Pilot Project. Prepared for the Victorian Family Law Pathways Network by Georgina Dimopoulos (2009)

North Geelong has a very low socio-economic profile, described by Tony Vinson (2007)<sup>6</sup> as one of the most disadvantaged communities in the country. This region has very depleted resources compared to the rest of Geelong and the needs are complex, there is a relatively high proportion of Aboriginal and Torres Strait Islander families as well as a high and growing refugee and migrant population. Centacare spoke of a number of integrated service hubs developed to better respond to client need by taking services out to where clients are at, collocating with other centres including Neighbourhood Houses to run a diversity of programs from various locations. Centacare has also formed a Community and Family Hub in order to provide the best possible service to clients. Hub partners include Centacare, City of Greater Geelong - early childhood/kinder staff, Best Start Partnership personnel, Dept. of Education and Early Childhood Development representatives and a Neighbourhood House all offering a variety of services.

These services include training courses, provided by a local Registered Training Organisation, free counselling, parenting programs and family support offered by Centacare and some facilitated playgroups and other sessional programs run by the City Council. There is active cross-referral between programs and the benefits of collocation are substantial with effective partnerships built across these agencies helping clients to develop a sense of belonging where multiple referrals can be streamlined with a minimum of stress for families and children.

### Enabling and Restraining Factors Contributing to Collaboration

#### Enabling Factors

*“You need to foster relationships at the highest level”* said one of the project participants and they went on to talk about the importance of an authorising environment that supports collaboration with other organisations and encourages staff to be involved in collaborative activities. Another participant talked about the importance of the relationships between organisation leaders (CEOs and Senior Executives) noting that when CEOs were highly competitive it can make collaboration more difficult. Staff involved in direct service delivery roles identified shared and clearly articulated goals, philosophical alignment and common values as fundamental to effective collaboration.

#### Restraining Factors

It is important for staff to know when they do or do not have the authority to commit the organization to decisions such as joint projects, for without this there is a risk that time spent in working together ends up being frustrating and unproductive. Direct service delivery staff identified other barriers to collaboration as being mostly related to competing priorities, including insufficient time due workload pressures and a lack of resources to follow through with possible collaborative options.

### Acknowledgements

**FRSA is grateful to all those who participated in consultations on behalf of following organisations:**

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|---|---|
| <ul style="list-style-type: none"> <li>• Barwon Community Legal Service</li> <li>• Bethany Community Support</li> <li>• Centacare Catholic Family Services</li> <li>• Diversitat</li> <li>• Geelong FRC (operated by Barwon Consortium with Centacare Melbourne as lead)</li> </ul> | <ul style="list-style-type: none"> <li>• Glastonbury Child and Family Services</li> <li>• MacKillop Family Services</li> <li>• The Salvation Army Geelong</li> <li>• Wathaurung Aboriginal Co-operative Ltd</li> <li>• Victorian Legal Aid</li> </ul> |
|---|---|

<sup>6</sup> Vinson T (2007) Dropping off the Edge

## 4.3 Murray Bridge, South Australia

FRSA recognises the people of the Ngarrindjeri Nation who are the traditional custodians of the land upon which Murray Bridge and the greater Murraylands reside and we pay respect to their elders past and present.

### Community Profile

Murray Bridge is located approximately 80 kilometres from Adelaide along the South Eastern freeway, and is the major centre on the Murray River north of Lake Alexandrina. It has a population of 18,000 people which is predicted to grow to 30,000 people by 2025 and covers 1,828sq/km. There are a number of smaller surrounding towns or villages including Monarto, Callington, Riverglades, Jervois, Mypolonga and Wellington, Tailem Bend, Coorong Council District and Mannum.

The city is the centre of a major agricultural district and is the largest Murraylands Council area. As the regional administrative and business hub, Murray Bridge and district includes some of the largest businesses in regional South Australia, with light industry (manufacturing) and or food production comprising many of the local employment opportunities.

Murray Bridge has a relatively high proportion of Aboriginal families with 4.5% of people identifying as Indigenous Australians in the 2006 Census. While the population is primarily Australian born (83.9% compared to 70.9% nationally) several hundred Afghan and Sudanese people have settled in Murray Bridge over recent years through humanitarian entrance visas arranged by local industry.

### Services Profile

Until the late 1990's Murray Bridge had become a low socio-economic area with a wide range of poor outcome indicators of community well-being. Understanding the importance of Murray Bridge as a major rural city, both State and Federal Governments have invested heavily in the district over the past decade to upgrade health services, education facilities, community service programs and migrant services.

Murray Bridge now has a comprehensive range of Federal and State Government agencies and local community organisations providing social services. The Murray Bridge City Council is also an active contributor and coordinator of local service planning. Strong population and economic growth, reduced crime rates and increases in small business development have all combined to improve outcomes for the district.

Federal Government funded Family and Relationship Service providers in the area include ac.care, Centacare, Lutheran Community Care, and UnitingCare Wesley Adelaide. State health care agencies provide a wide range of local services including mental health, drug and alcohol, disability, aboriginal primary health care and maternal health services. State funded family support services are provided by a combination of small local service providers and some larger state based organisations.

### Collaborative Networks

Each of the organisations interviewed for this project spoke positively about their colleagues in other local services, explaining that in such a small rural community, local people who live and work in the community have a vested interest in maintaining strong positive relationships with others in the area. Participants gave many examples of local links and collaboration between services in the area that respond to the needs of families. The extent of formal links and collaboration varied between organisations but a constant was that most service personnel know those from other organisations and have become accustomed to working together in cooperative ways over many years.

There are a number of very active interagency groups and networks that meet regularly across the district. Examples include a generalist interagency meeting, the Settlement Committee for Migrants, Youth Service Network, Domestic Violence Network and Disability Interagency. Participants indicated that although most people attending these meetings know each other pretty well it continues to be valuable because it is an opportunity to get updates on service delivery issues as well as new initiatives across the local area. These meetings also provide a forum for practitioners to consider emerging client needs and any new funding opportunities for the district.

The post separation family support services, legal assistance services and family lawyers that work in this region participate in the South Australian Family Law Pathways Network which meets in Adelaide. This network aims to enhance collaboration between all services to improve pathways for families accessing the family law system.

Another important collaborative network is the Murraylands Regional Development Australia Board (RDA) which has a regional office servicing local business and the community of Murray Bridge with a community minded CEO who encourages involvement of all local services for the combined good of the local area.

### Service Coordination

Most local organisations are involved in some joint service delivery projects with a number of other local providers to better meet the needs of local children and families, including the 'Learning Together' program described below.

#### Example 5: Learning Together Program

The 'Learning Together' program operates out of Fraser Public School and targets young mums aged 17-26 years with pre-school children up to 4 years of age. It is an initiative of the SA Government's Education and Children's Services Department. A range of other health and social service professionals regularly attend the program to offer accessible support services to families in a safe and secure environment. The service coordinator was a great advocate for the needs of both the parent and their children and demonstrated openness to finding whatever support a family needed.

Other local child and family support service organisations also provide a range of interventions to support families across the education, health, welfare, relationship and parenting domains in order to achieve improved outcomes for parents and families. This includes work undertaken with culturally and linguistically diverse communities by Lutheran Community Care and the Migrant Resource Centre in assisting other generalist agencies to work with new entrants.

Several organisations spoke of the successful collaboration of the new Headspace service for young people who work in collaboration with local mental health and drug and alcohol services provided through Community Health.

The Family Relationship Centre (FRC) is participating in a Legal Services Pilot project with the Adelaide North Community Legal Centre (CLC) to provide legal information sessions and legal advice to FRC clients. The logistics around this collaboration have been challenging for both organisations and it has taken a lot of time to work through different professional perspectives to find common ground and agree on the information and materials to be used in joint service delivery activities.

Separately, The Federal Magistrates Court in Adelaide and South Australian-based FRC's have developed a specific 'court referral to FRC' form and this is used once the Family Consultant has confirmed availability so the Federal Magistrate can be confident making orders with specific timeframes thus reducing delays.

## Service Integration

There is a considerable amount of service integration in Murray Bridge. Perhaps because of the relatively small size of the community, the high number of outreach services provided here and movement of local staff between agencies.

The Community Health Centre and 'Our Well Being Place' are both located in modern community facilities next to the Murray Bridge Hospital where community services can provide regular or outreach support programs. While 'Our Well Being Place' is a purpose built facility with a mental health focus, it is open to all service providers for community use and was offered as an excellent example of where co-location and combined infrastructure funding has positively influenced collaboration between organisations.

### Example 6: RASA & Centacare Family Relationship Centre Collaboration

Murray Bridge is served by the Adelaide Family Relationship Centre located in Adelaide which is operated by Relationships Australia South Australia (RASA). RASA does not have a presence in Murray Bridge but provides outreach to this area through a collaborative arrangement with Centacare Adelaide. RASA contract Centacare Adelaide to deliver the FRC outreach services several days per week in Murray Bridge, these services are delivered by Centacare staff who have spent time with RASA in Adelaide to familiarise themselves with the FRC operations and administrative processes. A combined supervision model is being developed to support staff both clinically and procedurally.

Another very successful collaboration that includes almost all child and family services in the Murray Bridge region is the Communities for Children (C4C) initiative that is funded by the Federal Government. C4C is an early intervention and prevention program that aims to improve the development, health and well-being of children aged 0-12 years. As part of the funding agreement the facilitating partner is required to establish and coordinate a local C4C Committee to develop a community strategic plan to provide priority early intervention and prevention work with local children and families in the target range.

### Example 7: ac.care and the Murray Bridge Communities for Children Initiative

When it first became known that Murray Bridge was likely to receive C4C funding the City of Murray Bridge convened several consultation meetings (as the tender process began) to discuss a possible consortium bid and to get input from local providers and people about their vision for children and families in the community. Despite 5 separate tenders being submitted the initial discussions about the community vision gained strong support. When ac.care won the tender process they immediately went out to the community and invited participation on the C4C Community Strategic Planning Committee with a commitment to continue the visioning process that had been initiated before the tender was awarded. Ac care held a meeting of 25 interested local service providers to discuss project options which allowed 5 projects to proceed with the consensus of the sector.

ac.care's willingness to adopt an inclusive approach using a collaborative learning model achieved positive buy-in from the local community and the community sector. Other service providers to feel they had the opportunity to be partners in the C4C and relationships of trust and respect were enhanced while working through the logistics of planning and implementation of the funded projects.

## Enabling and Restraining Factors Contributing to Collaboration

### Enabling Factors

One participant commented that, *“the best partners are those who can put aside personal and organisational ego and just focus on what’s best for the local children and families.”* Also, *“It’s important not to be too precious - I tell parents when I don’t have the skills or knowledge to help them but say I know someone who can so how about we give them a call and we’ll arrange a time for them to see you?”*

Another comment was, *“Everyone is so busy, having an engine driver with the financial capacity and commitment to encourage inclusion and collaboration is essential.”* Also, in terms of collaborative projects another suggestion was, *“You must do the visioning work - involve the families and the kids - encourage creative expression of ideas - it’s like creating a kite, and then flying it all together!”*

While people at different levels within organisations may have had different views on the value of collaboration, the local community workers in Murray Bridge seemed to be in agreement on the better outcomes being achieved for children, families and the community more broadly. One participant commented that, *“High level managers have similar motivations in the country - that is to develop the town - and they are committed to working well together to achieve that common goal.”* Another suggested there is a huge advantage in smaller local communities because of regular face to face contact.

### Restraining Factors

It was generally acknowledged that difficult personalities can derail even the most secure collaborations and many spoke of the extra incentive to make things work when you live in a small rural community where most workers have been around a long time and could be your neighbour or have children at the same school or sports team.

All interviewees spoke of workload and time constraints being a major barrier to partnerships and collaboration, identifying ‘lack of resources’ as the most significant barrier. Clearly there is a significant impact of limited financial and human resources on the ability of any organisation to collaborate effectively over the long term.

## Acknowledgements

**FRSA is grateful to all those who participated in consultations on behalf of following organisations:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Aboriginal Primary Health Care Unit</li> <li>• ac.care (Anglican Community Care)</li> <li>• Adelaide FRC (operated by RASA)</li> <li>• Centacare Adelaide</li> <li>• Centacare Murray Bridge</li> <li>• Community Health SA - Murray Bridge</li> <li>• Federal Magistrates Court SA</li> </ul> | <ul style="list-style-type: none"> <li>• Learning Together - Fraser School</li> <li>• Lutheran Community Care</li> <li>• Murray Mallee Community Health</li> <li>• Murrayland Migrant Resource Centre</li> <li>• Our Wellbeing Place</li> <li>• Relationships Australia SA (RASA)</li> <li>• UnitingCare Wesley Adelaide</li> </ul> |
|---|---|



## 4.4 Logan City, Queensland

The original inhabitants of the Logan area are the Yugambeh and Jaggera Aboriginal people; FRSA takes this opportunity to recognise the strength of their culture and pay respect to their elders<sup>7</sup>.

### Community Profile

Located to the South of Brisbane, between Ipswich and the Gold Coast, Logan City encompasses over 60 suburbs and rural localities. In 2010, Logan City is home to over 265,000 people and is continuing to grow. The population profile is relatively young with 30% of residents aged 25-44 years and 20% aged 0 - 14 years. The median age of Logan's population is 33 years.

There are more than 185 ethnicities represented in Logan, making it one of the most multicultural districts in Australia<sup>8</sup>. The diversity of the Logan community is represented in the variety of services available to support families. There are more than 160 social services, community groups and associations working in Logan and surrounding regions. Logan City Council plays a key coordination role in this community and is actively involved in supporting community services and facilitating inter-agency networks.

### Service Networks

When asked about service linkages, almost every participant identified the 'Logan Integrated Network Combining Strengths (LINCS)' as an example of a highly valued and effective service network.

#### Example 8: Logan Integrated Network Combining Strengths (LINCS)

The Logan Integrated Network Combining Strengths (LINCS) is facilitated by the local domestic violence support service WAVSS (Working Against Violence Support Service Inc). The aim of the network is to strengthen referral pathways for clients, reduce duplication, strengthen partnerships and improve the efficient use of resources. The network meets once every 6 to 8 weeks and draws representatives from a wide variety of services including family support, neighbourhood centres, health and legal services. It has also developed useful products such as a resource card that includes vital emergency contact details of relevant services within the Logan and Beaudesert regions. *"LINCS enables services to make appropriate and timely referrals for positive client outcomes"* said a local provider, a sentiment echoed by many others. WAVSS has been around for a long time and provides strong leadership for LINCS; they also receive funding to facilitate the network.

Participants working in the family law and post separation services also identified regular Family Pathways Network meetings as having a positive impact on linkages between the Family Courts, Legal Assistance services and Family Relationship Services. Regular meetings between the staff from the Family Court and community organisations operating in Logan occur in Brisbane. Participants indicated that these meetings have fostered a better understanding of each other's roles within the family law system and provided a basis for sharing relevant information such as current service capacity (vacancies / waiting lists) to support effective referral. This has clear benefits for all those involved - the court staff felt better informed and better able to draw on 'insights and expertise' of family relationship services. The Family Relationship Services felt that courts had developed a more in-depth understanding of the services available and limitations on the service system and this resulted in better referrals. Several participants commented on the value of the cross-disciplinary respect that has grown from social workers and lawyers in the area working together over many years.

7 For more information on the Aboriginal heritage of the Logan area see Buchanan R (1999) *Logan: Rich in History Young in Spirit*, available at [www.logan.qld.gov.au/lcc/logan/history/publications/richinhistory.htm](http://www.logan.qld.gov.au/lcc/logan/history/publications/richinhistory.htm)

8 Logan City Council 2010 ([www.logan.qld.gov.au/lcc](http://www.logan.qld.gov.au/lcc))

### Service Coordination

The Coordinated Response to Young People At Risk (CRYPAR) was consistently identified as an example of effective service collaboration in Logan.

#### Example 9: Coordinated Response to Young People At Risk (CRYPAR)

The Coordinated Response to Young People At Risk (CRYPAR) supports police officers to refer young people (aged 6 - 25) to an agency that can assist them. The governance of this network is provided by a multi-agency steering committee that meets on a regular basis. All agencies involved ensure prompt replies, responding to referrals within 48 hours. This project links government and non-government agencies, and aims to address the social causes of crime, recognising that a child's circumstances and life may predict later offending. CRYPAR responds to young people who are not necessarily offenders but have significant issues in their lives which, if left unaddressed, may contribute towards future criminal behaviour. Strong partnerships have been formed between police, government agencies and social services, focusing on integrated service responses that meet the needs of young people.

### Service Integration

An excellent example of service integration in Logan was between Youth and Family Service (YFS) a mainstream family and relationship service provider, and ACCES Service Inc, a refugee, humanitarian entrant and migrant settlement service.

#### Example 10: Youth and Family Service (YFS) & ACCES Service Inc

ACCES and YFS identified needs within the newly arrived migrant and refugee communities in Logan including issues around adapting to life in Australia and Australian law, particularly related to family relationship and family violence issues. These two services committed to an investment of time and effort to collaborate and co-facilitate sessions for families with men, women and teenagers in separate sessions, and childcare offered for younger children. This initiative aimed at providing a program to address the issue of family violence in culturally and linguistically diverse communities. The program draws on existing service delivery models and utilises community elders and cultural leaders to adapt them within a program that is responsive to the needs of different cultural groups. These sessions, the 'Healthy Family Relationships Program', enhanced participants understanding that a healthy family is one where all family members are free from abuse. This includes learning about the rights of children and parents responsibility in relation to all aspects of family life, and how to access support services in their new community.

The services now experience a strong working relationship, but initially there were many differences including whether a feminist, holistic or humanistic approach should be applied, and how the program would be implemented. One unifying factor was that both agencies believed in the core integrity of what they wanted to achieve and whilst content of the program was ever changing, endorsement and commitment from the CEOs meant that the staff had time to get to know each agencies needs and work on achieving the partnership. It took over a year to get the project off the ground and senior managers from both organisations gave it a lot of time and energy.

At one point the services could not reach an agreement and sought the help of an external facilitator - *"We hung in there and kept trying to make it work"*. Having conflict resolution as an option was identified as a constructive way to build service integration when agreements cannot be reached. Staff changes and some new managers meant that the agencies could also work through

some of the tensions and problems and arrive at a point where all involved were satisfied with the program, despite coming from differing philosophical perspectives.

This partnership is now very strong and highly valued by all involved. The benefits are multi-layered with YFS staff commenting *'for us, our staff learnt about cultures in great depth, much more than you can get in a half day workshop'*. This case in particular outlines the complexities of multicultural work, and how respect amongst workers and agencies can lead to sustainable collaboration over the long-term.

## Enabling and Restraining Factors Contributing to Collaboration

### Enabling Factors

A common 'success factor' identified by participants was that both these service networks are based on achieving better outcomes for clients. In the words of one participant *"great linkages happen when we agree on an outcome for the clients and/or the sector, not improved outcomes for individual agencies"*.

Two survey responses illustrate this:

*"By introducing ourselves to specific services, we make a point of contact with particular people in that service. We find that once we build rapport we can work in a more efficient way, to provide adequate service to our clients. Attending and participating in workshops/ info sessions by local services assist us in meeting people working in the local area and allows us to share and exchange information, issues and make suggestions."*

*"Monthly inter-agencies and regular contact between all agencies within the area enables services to make appropriate and timely referrals for positive client outcomes. Understanding of changing and emerging trends, updated knowledge of funded activities, is achieved through this. Effective coordination assists with local agencies using a no wrong door policy."*

### Restraining Factors

Staff turnover was identified by several participants as a barrier to collaboration, while others saw it as sometimes bringing opportunity. Various interviewees expressed frustration at having to reintroduce staff in network meetings and wait for new network members to get up to speed with programs and structures before being in a position to contribute effectively. In contrast, there were a number of examples where a change of leadership or representation had allowed for stronger collaboration and "moving on" from old grievances or disputes.

Many of the participants identified competitive tendering as a significant disincentive to collaboration. Logan has a high number of service provider organisations, each with an interest in enhancing their capacity to service their community. If sharing information or developing shared resources is likely to undermine a competitive advantage one agency might have over another it can be counter-productive. Participants gave several examples of competition having a negative impact on inter-agency relationships and willingness to collaborate. In particular, participants questioned the logic of Federal and State Government funding bodies awarding tenders to organisations that have no history in the area when there are local organisations well placed to deliver the funded programs. This creates duplication and fragmentation; it has also resulted in tensions within some service sectors where 'new comers' seek to draw on the support of established providers who have strong connections into the local community.

Tensions arising from competition tend to be most obvious at CEO and Senior Executive level. At the front line or practitioner level, relationships between services are often collaborative despite these tensions. Networks involving practitioners (e.g. men and family workers, counsellors or child protection workers) can sometimes overcome the barriers to inter-agency cooperation. However, this can depend on the extent to which agencies are willing and able to invest time and other resources in network participation.

## Acknowledgements

**FRSA is grateful to all those who participated in consultations on behalf of following organisations:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Communities for Children (Salvation Army)</li><li>• Community Services Australia</li><li>• Kyabra Community Association</li><li>• Logan FRC</li></ul> | <ul style="list-style-type: none"><li>• Youth &amp; Family Services</li><li>• Multilink</li><li>• Relationships Australia QLD</li><li>• Federal Magistrates Court - Brisbane</li></ul> |
|---|--|

## 4.5 Ringwood, Victoria

FRSA acknowledges that the Wurundjeri people have been custodians of the land known to us as Eastern Melbourne for many centuries. We offer respect to their cultural heritage and honour their elders past and present.

### Community Profile

The Ringwood catchment area starts just 15 km's east of the Melbourne CBD and includes the outlying suburbs in the growth corridor up to 40 kilometres east. While the main local government areas are Maroondah, Knox and Whitehorse the catchment also includes part of the Manningham and Yarra Ranges Shires. The Melbourne end of the corridor is mainly housing on large suburban blocks (circa 1920) while the Eastern reaches are in rolling hills with large recently developed subdivisions and "lifestyle" blocks. There are pockets of commercial property but no notable heavy industry.

The total population of this area is over 800,000. The demographic profile for each municipality varies with the inner suburbs being at the upper end of the socio-economic indices (i.e. very advantaged) and the outer suburbs at the lower end (i.e. more disadvantaged). The outlying areas are characterised by new residential settlements with an older median age, younger families and lower household incomes. Across the region family households are in the majority with only about one-quarter being lone person households.

### Services Profile

The Eastern suburbs of Melbourne are serviced by a mature social service sector that has a history of innovation and community involvement. State and Federal Government agencies also have a long established and relatively well resourced presence. The Municipal Councils have active social service departments. Over the last sixty years the area has often been amongst the first to introduce new approaches such as a Citizen Advice Bureau and Municipal Social Workers.

There are at least 6 major community organisations funded under the Federal Government's Family Support Program to provide services to families in the Ringwood catchment area. Two of these are based in the local area and work only in this region. The others work across Melbourne and/or Victoria. The full range of family relationship services<sup>9</sup> are delivered locally with one exception - the absence of a Children's Contact Service in the Eastern corridor was consistently identified as a serious gap. There are two Family Court registries in the greater Melbourne area, Melbourne and Dandenong. The Federal Magistrate based in Dandenong is actively involved with the community based organisations working with Family Law clients. Family Law clients can also access legal advice through a number of organisations including Eastern Community Legal Service in Box Hill, Women's Legal Service, Aboriginal Legal Service and Victorian Legal Aid in Ringwood.

The importance of collaboration to family and relationship services in the Ringwood area was summed up by one participant "*collaboration is integral to what we do*". This organisation runs 65 programs and the collaborative approach enables them to do a lot of successful cross referral both within the organisation and out to other services. The collaborative relationships have been built up over years and their strength is seen as supported by having a respected CEO who has worked in the area for over 20 years.

9 Family Relationship Centre (FRC) at Ringwood, Family and Relationship Counselling at Croydon and Mitcham, Family Dispute Resolution at Ringwood and Croydon, Parenting Orders Program at Boronia, Family Relationship Education and Skills Training at Mitcham and Supporting Children After Separation at Ringwood.

## Collaborative Networks

There are a number of successful collaborative networks, including the Whitehorse Counselling Alliance Network which brings together representatives from 19 organisations who share service information, identify gaps to facilitate planning, develop protocols to improve referral practices and test ideas for innovative approaches to improve outcomes for clients.

### Example 11: Reachout For Kids

Another network, 'Reachout For Kids', set up with Box Hill Council support to target resources in children's services has encouraged service providers to commit time to the project because there are resources to ensure it is actively managed. This has led to both better use of scarce resources and also supported a collaborative approach so that outcomes for children are maximised.

Some networks occur across different regions. For example, the Eastern Community Legal Service described how a major collaboration with the Bendigo Community Legal Service has enabled the successful set up of the Elder Abuse Response Service with Council for the Aging as one of the partners.

One respondent wrote of the benefits of networks and coordination, *"Co-ordination of local agencies is essential in the development and provision of high quality services to children and families. Using reciprocal referral networks and sharing of information about services, scarce resources are better utilised to provide a range of services across the sector - i.e., we do not 'reinvent the wheel' but utilise the best of what each agency has to offer. Additionally, by collaborative support professional development opportunities are provided to workers. The Whitehorse Counselling Alliance Network has been operating for many years and has provided opportunities for agencies to work collaboratively together. Membership of the FRC Reference Group also provides valuable contacts."*

There were a range of views on collaboration between the family support sector and legal services. The Ringwood Family Relationship Centre has built strong links with lawyers which they attribute to initiatives like client information sessions. Both Victorian Legal Aid (VLA) and Eastern Community Legal Service provide lawyers for these sessions. The Ringwood FRC Reference Group was also mentioned by a number of participants as a collaboration that has worked well because it has a specific focus and includes key stakeholders from both the community and government agencies.

## Service Coordination

Several participants cited examples of good collaboration between organisations at the service delivery level. The Men's Behaviour Change Services Group was given as an example of collaboration that has improved outcomes for clients. This and other collaborations has involved the identification of shared values as well as common protocols for service delivery. The process of developing Terms of Reference or Memorandums of Understanding can also contribute to successful collaboration; indeed some participants felt that the process of developing and negotiating agreements between organisations was more important than the content of the agreements because it contributed to improved understanding and respectful relationships.

One survey respondent wrote, *"Co-ordination of local agencies is essential in the development and provision of high quality services to children and families. Using reciprocal referral networks and sharing of information about services, scarce resources are better utilised to provide a range of services across the sector - i.e., we do not 'reinvent the wheel' but utilise the best of what each agency has to offer. Additionally, by collaborative support professional development opportunities are provided to workers. The Whitehorse Counselling Alliance Network has been operating for many years and has provided opportunities for agencies to work collaboratively together. Membership of the FRC Reference Group also provides valuable contacts."*

The Federal Magistrates Court at Dandenong has started a collaborative project based on the Geelong pilot. It involves the provision of a court located worker from the three regional FRCs (Ringwood, Berwick and Frankston), the Family Mediation Centre and Centacare to provide services information to clients. The project has administrative support from the Federal Magistrates Court and is endorsed by the Federal Magistrate and the management of each contributing organisation.

The benefits to families were highlighted in the following response, *“Organisations such as EACH, Relationships Australia, Anglicare, Maroondah Council all provide support services to families with many providing free services. Within the region Victoria Legal Aid and Eastern Community Legal Centre provide clinics and advice services relating to family law issues. The Ringwood Family Relationship Centre hosts two lawyers forums per year for local private lawyers with guest speakers, the most recent being Federal Magistrate O’Sullivan. This has strengthened relationships with lawyers gaining more knowledge about the service resulting in an ease when referring clients to the FRC. Eastern Domestic Violence service and the FRC staff routinely consult RE: Clients and provide support to women who have experienced Domestic Violence to engage with the FRC.”*

### Service Integration

During interviews with organisations in the Ringwood case study, two examples of collaboration involving service integration were provided:

#### Example 12: School Focused Youth Services Project

Centacare were enthusiastic about the School Focused Youth Services Project which involves local service providers, the Education Department and Monash University. This is an integrated response which has led to better targeting of resources in child and youth support. This has also contributed to enhancing the effectiveness of Centacare’s school referral program which provides early intervention for families where the children are identified as vulnerable by the schools.

A number of participants spoke of the implementation of a regional response to family violence which is being coordinated by Eastern Domestic Violence Service (EDVOS) with Victorian Government funding.

#### Example 13: Family Violence Integrated Partnership

The Eastern Domestic Violence Service (EDVOS) has received funding from the Victorian Government for the past six years to support the “Family Violence Integrated Partnership”. The Partnership has a paid Chairperson and members from organisations working in the family violence area including crisis response, women’s and men’s services support services and the police. The critical nature of family violence combined with the professional and ideological differences across the participating organisations meant that an enormous amount of groundwork had to be done before sustainable changes could be achieved. The collaboration is focused on working strategically to implement the reforms with the best outcomes for clients as the common goal. Although different ideological positions have meant that at times it has been difficult to find common ground the collaboration has worked because it has had the resources including a long time frame to allow the partnership to evolve. There was time for relationships and trust to be established before the start of operational changes. This partnership was described by both members and interviewees from other organisations as a collaboration that has worked well.

## Enabling and Restraining Factors Contributing to Collaboration

### Enabling Factors

The linkages and collaboration described by participants varied enormously and reflected both the size and purpose of the organisations and the duties and responsibilities of the participant. The level of responsibility of the respondent seemed to influence their view of the value of collaboration. Practitioners mainly working directly with clients valued collaborations that had more immediate benefits (like joint professional development) than meetings dealing with policy or structural change.

Experience also seems to be important, with those who are new to the sector more likely to be sceptical (e.g. “lawyers and early intervention services can’t come together”) while those who have been around longer and are familiar with successful examples of collaboration, more likely to champion collaborative practice.

An enabling factor mentioned by almost everyone interviewed was the importance of making a contribution as it provided a sense that collaboration was worthwhile. This was seen as complementary to the benefits of gaining knowledge and exchanging information which were also cited as marks of successful collaboration. The importance of a shared or well understood history was also frequently mentioned especially when group participants change over time.

### Restraining Factors

Some participants spoke of the competition for resources as a barrier to true collaboration. Other barriers identified included poor coordination and administration (e.g. insufficient notice for meetings, no agendas, and inadequate minutes) which can leave participants feeling disrespected.

Several participants talked about the need to recognise that sometimes there can be “over collaboration”, or lots of talking, with no improved understanding or useful outcomes. Most respondents mentioned the importance of respect and the negative impact if dysfunctional personalities are not addressed by responsible chairing or shared group responsibility. This was succinctly summarised by the comment “*collaborations need to be managed*”. A number of participants spoke of the risks of consortia arrangements, citing a local consortia in which one member had experienced financial difficulties that could have impacted on the other organisations involved if the governance, contractual and corporate structures had not been adequate.

## Acknowledgements

**FRSA is grateful to all those who participated in consultations on behalf of following organisations:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Centacare Catholic Family Services</li> <li>• Dandenong Registry Family Courts</li> <li>• Eastern Community Legal Service</li> <li>• Eastern Domestic Violence Service (EDVOS)</li> <li>• Family Mediation Centre</li> </ul> | <ul style="list-style-type: none"> <li>• Gordoncare</li> <li>• Relationships Australia VIC</li> <li>• Ringwood FRC (operated by Eastern Area Community Health)</li> <li>• Legal Aid Victoria, Ringwood</li> </ul> |
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START-UP

RESEARCH

STRATEGY

## 5 Analysis of Collaboration Examples

Returning to the conceptual framework provided by Winkworth & Healy (2009) and Winkworth and White (2010), FRSA has found it useful to distinguish collaboration across three levels, as described in Figure 1 (see page 14). In this section, we provide an analysis of the collaboration identified in the five Community Case Studies. This analysis draws on the information provided by project participants as well as observations of the FRSA project team.

### 5.1 Level 1 - Networks

Across the five community case studies the most common form of collaboration between family and relationship services and other organisations occurs through collaborative networks such as interagency and practitioner forums, FRC Reference Groups and Family Law Pathways Networks.

Collaborative networks vary in their size, scope and degree of formality. Most convene regular meetings (usually every 6-8 weeks) which bring together representatives from local organisations. Meetings typically have dedicated time for:

- Providing agency updates;
- Discussing any changes in service delivery or client needs;
- Talking through developments in practice;
- Sharing information on professional development opportunities; and
- Identifying activities or projects that have the potential to enhance service delivery and benefit clients.

Networks vary in form and function. Some networks involve a diverse range of participants working across service systems; these networks can facilitate good links across different systems creating shared understanding that helps build a 'no wrong door' culture. Whereas 'issue specific' networks engage practitioners working with a common client group (eg children) or performing similar work (eg counselling); these networks can provide peer support, improve responses to specific client needs and support the development and adoption of 'good (best) practice'.

Networks that typically involve CEOs or equivalent level management often focus on issues at a more strategic level. These can be very productive for the sector as they can produce longer term solutions that lead to improved systems as well as client services through influencing social policy.

Participants in this project reported significant benefits from participation in collaborative networks. They spoke of the value of developing relationships with professionals across organisations and practice disciplines, this builds trust and confidence that facilitates effective referral and service coordination. They also identified efficiencies in sharing information on developments across service systems, including information on training or funding opportunities.

Participating in a network meeting can be much easier than sending and receiving multiple communiqués between individual agencies.

Many of the networks were seen to have added value through projects or initiatives such as:

- Pooling resources to create training or professional development opportunities;
- Developing shared products or resources such as service directories;
- Identifying new or emerging community needs and potential responses;
- Eliciting a shared commitment to service system improvements and agreement on 'good practice'; and
- Supporting the development of compatible procedures and templates for referrals between services.

Examples 3, 8 and 11 in the case studies all highlight various local networks that have achieved improved collaboration between services for the benefit of clients.

The networks identified as being the most effective were those that have dedicated resources for network support. For example, many participants spoke highly of the value and effectiveness of the Family Law Pathways Networks and Domestic Violence Integrated Service Networks which receive funding from government (Federal and State Governments respectively) to resource network coordination. The resources that are invested in network coordination do not need to be high to make a positive difference; just enough to fund coordination that ensures meetings are properly convened, topics and speakers organised and actions arising are followed up.

Participation in collaborative networks can be constrained by lack of time and resources. Organisations with stretched resources, high staff turnover and/or high case load demands may be less able to support practitioners to participate in networks.

An internal authorizing environment that encourages staff participation in networks was also identified as important by contributors to this project. There is scope for some organisations to be clearer about their support for network participation and also their expectations. Practitioners are sometimes not clear about the extent to which time spent at network meetings is valued by senior management, there were also examples of a lack of clarity about authority to speak for or commit the organisation to collaborative activities that arise from networks.

Some participants also expressed concern that time spent attending network meetings is not an activity recognised or supported in service delivery contracts with State and Federal Governments and therefore not taken into account in funding models that underpin service delivery. More dialogue between funding bodies and service providers may be needed to address these perceptions and clarify expectations around participation in collaborative networks. Acknowledging the value of collaborative activity in service agreements and performance frameworks would help to address the concerns raised by practitioners. It is not suggested that attendance at network meetings becomes a deliverable or service output but rather that it is recognized as a legitimate activity that can be appropriately resourced in services that receive government funding.

To an outside observer it could seem that there are a very high number of networks and forums in some communities, with the potential for overlap or inefficiency. However, this was not the view of the participants in this project. Participants spoke very positively about the networks operating in their local area; they saw each network as having a specific purpose and involving staff or managers from different programs and/or different levels of responsibility within organisations. Networks vary across regions and may reflect both the size and complexity of the local communities and social service sector as well as current priorities. It was common for networks to have evolved, expanded, contracted and re-formed over time.

Organisations regularly review their participation in local networks and inter-agency meetings and prioritise those most appropriate for supporting their clients. A mix of management and service delivery representatives attend different networks in order to ensure organisational knowledge of new and emerging needs is current and that relationships are maintained for appropriate client referral pathways, shared work practices are developed and possible combined service responses are coordinated and facilitated.

The rich tapestry of linkages provides a foundation for collaboration and partnership in responding to a diverse range of new and existing client and community needs.

## Key Findings

1. Family and relationship services canvassed in this project were actively engaged in collaborative networks that facilitate information sharing and the development of cooperative relationships.
2. Successful networks often have dedicated network coordination or support that ensures content is meaningful, meetings are convened regularly and actions are followed through.
3. Practitioners are not always sure that their participation in collaborative networks is valued by senior management and/or external funding bodies; collaboration is not typically recognised in internal and external performance measurement frameworks.

## 5.2 Level 2 - Coordination

The majority of organisations consulted in this project were actively involved in one or more service coordination initiatives with other local providers.

The catalyst for service coordination and partnerships was often a shared interest in improving service responses to families; sometimes in response to a new or newly defined need that no single agency can adequately address on their own. There were several examples of service managers and practitioners identifying a gap in the service system and then working creatively with others in a coordinated way to apply existing resources or 'one off' targeted funds to run a program, group or service to address the gap. In most cases there was further interest in attracting sustainable sources of income to continue and/or expand the program. However, even when unable to attract funds, organisations can succeed with significant good will and commitment to offer service.

Examples 2, 5, 7 and 10 detailed in the case studies all reflect various local responses that achieve service coordination in the areas of responding to domestic violence, supporting parents with young children, coordinating support for young people and engaging families. These examples illustrate that coordination can occur across a diversity of service types and systems and can be led by either a community organisation or a government agency.

From these examples, it is clear that high importance is given to the strength of relationships and trust between the main players in organisations when considering the potential for undertaking collaboration. Across the community case studies there were some organisations that have clearly found a way through these difficulties and forged collaborations with a wide cross-section of other organisations. These organisations are generally known for their collaborative approach and respected within the region. Characteristics include:

- Genuine respect for other organisations and professionals;
- Leadership that supports and values collaboration (authorising environment);
- Strong sense of purpose that includes working cooperatively to benefit clients;

The experience of participants in this project clearly indicates that some collaborations are more difficult than others. Collaboration can be more difficult when service systems are under pressure, resources are tight or service activities are highly prescribed by legislation with little room to move. For example, pressures on the mental health system, including high demand for mental health services, were consistently raised by project participants as a barrier to service coordination and integration. The development of 'secondary consultation' between Bethany Community Services and the Child and Adolescent Mental Health Service in Geelong (Example 4), sought to improve collaboration without increasing demand pressure on the mental health service and may have broader applicability across service systems under pressure.

Participants in this project also described more difficulties experienced in collaborations involving organisations that are very different in function, values, practice and culture. For example, collaborations involving police, courts and child protection authorities can be more difficult because of differences in function - a family support worker gathers information, police gather evidence, there is a significant difference between those two approaches.

There can also be challenges in collaboration between 'specialist' and 'mainstream' providers operating under very different frames of reference. Frustrations can arise on both sides, collaboration may require considerable time be spent building a shared understanding and commitment to keep working together. Example 10 from the Logan Community Case Study, describes the challenges of forging a successful long-term collaboration between Youth and Family Service (YFS) & ACCES Service.

The difficulties described above are not insurmountable and there are many positive examples of successful service coordination that has overcome such challenges.

### Key Findings

4. The majority of organisations canvassed in this project, were actively involved in one or more service coordination initiatives with other local providers to better meet the needs of families.
5. Examples of successful service coordination occur across different service types and organisations but generally rely on a champion or enabler to push through any difficulties encountered.
6. Some service coordination can be more difficult to initiate and sustain - examples where organisations have overcome significant challenges deserve recognition and could assist others to work through difficult stages of collaboration.

### 5.3 Level 3 - Service Integration

Service integration is characterised by services coming together to share resources and develop common response to meet the needs of families and communities. While not all family and relationship services canvassed in this project were involved in service integration there were some examples of this in each of the community case studies.

Examples 2, 5 and 10 describe multiple services coming together to integrate programs, share premises and/or co-locate staff for specific programs. In each example, participants reported that this has substantially improved the capacity of services to support 'hard to reach' clients, by delivering programs in locations where the clients feel supported and 'safe'.

Service integration is often born of necessity or opportunity and sometimes a combination of both. Services seeking to establish programs in a geographic region where they do not already have a presence may readily partner with other organisations to share premises or staff in order to get established, particularly if resources are limited or services stretched across a large region. Similarly, services working in an area not well serviced by other programs may offer the use of premises or staff to bring new resources to the area to better meet the needs of local families. In several examples, Local Government played a significant role, putting in place infrastructure such as multi-purpose buildings to support co-location or bringing agencies together to discuss potential partnerships. Local Government is often seen as an important partner, understanding the needs of the local community with the capacity to contribute infrastructure and without the complexities of being a major funding body or competing for State and Federal Government funding.

Context can also play a role. While the size of this Linkages and Collaboration project is too small to be definitive there were some indications that smaller or more clearly defined communities have a higher level of collaborative activity, particularly in the area of service coordination and integration. Participants in Murray Bridge, the smallest of the communities included in this project agreed that there is a lot of service integration there. This is partly born of necessity, there are limited resources and many programs would be too small to be viable on their own so sharing premises, staff and other resources is more 'the norm' than in metropolitan areas. There is also an expectation in rural areas that people will get along with one another and work together, as one participant said '*the sense of community is high in the country.*'

There are detailed logistics to work through in any integrated approach, particularly when they involve co-location or pooled resources. The overall benefit to children and families remains the guiding principle from which to judge the appropriateness of such location initiatives, the increased capacity to meet client needs must be significant to warrant the investment of time and resources.

Organisations readily see the potential benefits of service integration - better outcomes for clients, learning opportunities for staff, potential efficiency gains etc. These benefits go beyond simply streamlining the delivery of programs - many of the benefits stem from bringing together different organisations with a diversity of expertise and experience to develop new approaches and responses, drawing on the various resources that organisations bring to the collaboration.

The benefits of collaboration may be clear but there are also very real risks and challenges. Some examples identified by participants included:

- Service providers have obligations regarding client and staff safety, client confidentiality, service quality standards etc. that can be more difficult to meet when support is dispersed or jointly delivered with other providers.
- Contractual requirements can limit flexibility with regard to how services are delivered and how funding can be used.
- Data collection and performance reporting can be more difficult when sharing clients and/or providing services such as a 'secondary consultation'.
- In a competitive environment organisations need to protect any 'edge' or advantage they have over competitors, acting as a disincentive to sharing information and working collaboratively.
- Across organisations there are subtle differences in mission, values, practice and administrative controls that can lead to problems and disagreement.
- Individuals and organisations can be concerned that integration will reduce responsiveness or limit their capacity to be flexible, one participant expressed this concern "*collaboration keeps the richness where as integration distils individual responses down to the common denominator*".

To assist organisations to manage risks and pursue service integration there may be value in continuing to identify successful collaborations and how they were achieved, including examples of challenges being overcome. There may also be benefit in working with Federal and State Government funding bodies to ensure that service contracts and performance frameworks support rather than constrain collaboration.

Winkworth & Healy (2009) describe 'system integration' as the ultimate form of collaboration, bringing together service systems as well as involving families and community leaders in system design. There were no clear examples of this in any of the five community case studies. This level of collaboration is beyond the influence of one or more organisations; it requires a large-scale effort across funding bodies, service providers and community groups. Large scale coordination efforts such as the COAG initiated Coordinated Care Trials (Australian Government, 2007) demonstrate how complex this can be with benefits likely to be long-term rather than immediate.

## Key Findings

7. There were examples in each of the community case studies where multiple services came together to integrate programs, share premises and co-locate staff.
8. While often born of necessity or opportunity, service providers were generally supportive of service integration where it enables more holistic support for families.
9. The benefits of service and system integration are clearly recognised, but there are considerable risks and challenges to be overcome.



## 6 Analysis of Contributing Factors

### 6.1 Factors Identified by Participants

Despite there being a diversity of factors that can impact on collaboration, there was considerable consistency in interviews and survey responses about the factors that most often have an impact. Examples of successful and failed collaborations further emphasised the importance of these factors. Table 3 below summarises the main factors identified by participants, categorised as either 'internal' or 'external' and 'enabling' and 'restraining'. In many instances the opposite of an enabling factor was clearly a restraining factor and vice versa. The most commonly identified enabling and restraining factors (in bold in Figure 3 below) are examined in more detail.

**Figure 3: Enabling and Restraining Factors Identified by Project Participants**

	Enabling Factors	Restraining Factors
Internal	<ul style="list-style-type: none"> <li>• <b>CEO/Leadership - authorising environment</b></li> <li>• <b>Specific positions for collaboration / partnerships with dedicated resources</b></li> <li>• <b>Relationships of trust and respect developed through investment of time, money and staff</b></li> <li>• Clear focus on project outcomes</li> <li>• Sufficient organisation capacity - time, location, money</li> <li>• Skills/knowledge/staff</li> <li>• Information / giving &amp; receiving</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Insufficient time due to workload</b></li> <li>• <b>Organisation Culture:</b> <ul style="list-style-type: none"> <li>- focus on growth/competition</li> <li>- difficult relationships with other organisations/professionals</li> </ul> </li> <li>• <b>Lack of clear delegated authority</b></li> <li>• <b>Poor administrative practices - notice of meeting Agendas etc</b></li> <li>• Lack or loss of a champion - staff changes and lack of continuity</li> <li>• Staff performance management not requiring collaborative efforts</li> <li>• Part time staff/high case load/ inexperience</li> </ul>
External	<ul style="list-style-type: none"> <li>• <b>Reasons to collaborate - catalysts and incentives.</b></li> <li>• <b>Alignment of goals and values and/or shared vision for project outcomes</b></li> <li>• <b>Dedicated resources - (eg funding to support networks or consortia)</b></li> <li>• <b>Neutral capacity building - the role of Local Government</b></li> <li>• Strong committed and trusted participants with delegated authority</li> <li>• Acknowledgement of service interdependency</li> <li>• Identified local community need(s)</li> <li>• Strength of local community</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Competition between agencies and power imbalances</b></li> <li>• <b>Size and complexity of community or client group</b></li> <li>• <b>Risks in shared decision making etc</b></li> <li>• <b>Funding contract issues -</b> <ul style="list-style-type: none"> <li>- cost and/or value of collaboration</li> <li>- impact on targets</li> <li>- non-alignment of 'geographical client targets' across programs</li> </ul> </li> <li>• <b>System design</b></li> <li>• Lack of goal alignment</li> <li>• Cost of distance in regional areas</li> <li>• Lack of resources to support collaboration</li> </ul>



## 6.2 Internal Enabling Factors

### Authorising Environment

Organisations that have successfully achieved collaborations with a diversity of other organisations typically place a high value on collaboration. They have developed an organisational culture that supports partnership and are willing to commit to working collaboratively despite difficulties arising. The CEO is a key influencer, they clearly value collaboration and create an environment that supports and authorises collaborative activity. A collaborative organisation culture will tend to discourage criticism of other organisations, avoid unnecessary competition and often provide the 'champions' for collaborative networks and collaboration projects.

### Collaboration Champions

Participants in this project consistently suggested that whatever the catalyst for collaboration - this can be a person, an idea, a new direction or a response to an emerging need - once initiated, the collaboration needs 'someone to drive it'. The driver or champion needs to have the authority within their organisation to give time and resources to foster the collaboration; they also need the respect of their peers across other organisations to generate shared commitment.

The characteristics of individuals considered collaboration 'champions' included:

- Skilled communicators;
- Good at building consensus and selling ideas;
- Capable of engaging with multiple stakeholders - respectfully and with an understanding of power differences;
- Passionate about outcomes - committed to the benefits of the collaborative.

### Dedicated Resources (Internal)

The capacity of individual organisations to engage in collaborative initiatives can be substantially enhanced when dedicated positions or resources are committed to collaboration. This is particularly true for higher levels of service coordination and service integration. Service models that rely on cross-agency collaboration (eg Family Relationship Centres, Communities for Children and central intake models like Child First) often have dedicated resources for network development. Formal partnerships such as consortia arrangements often need a dedicated coordination position to maintain open communication and facilitate shared decision-making.

### Performance Development

On the ground, individual practitioners and program managers can have a significant impact on collaboration. Staff who are respected and well regarded across other organisations can build trust and foster inter-agency collaboration. Difficult personalities or inter-personal issues between staff from different agencies can undermine trust and make collaboration harder. It is not uncommon for divergent views on 'best practice' or differences in therapeutic approach to influence referral patterns and damage relationships. There may be value in developing more formal approaches to regularly assess individual and service performance in the area of collaboration to identify and address problems before there is an impact on inter-agency relationships.

A more formal approach to achieving continuity 'beyond personalities' is the development of protocols for service delivery including clear Terms of Reference or MOU's. While many organisations interviewed indicated this development process is seen as more important than the content of agreements because it contributed to improved understanding and respectful relationships between organisations, it also contributes to longevity and ongoing success of the collaboration beyond the initial drivers (or 'champions').

## Respectful Relationships

When organisations have a history of trust and respect towards each other, cooperation, coordination and service integration is much more likely to occur. This is where collaborative networks are very important, facilitating information sharing and the development of relationships based on shared understanding and goodwill.

### Key Findings

10. Significant internal factors that enhance the capability of an organisation or service to work collaboratively with others, include:

- Organisation culture that authorises and supports collaboration;
- Encouragement and support for staff that 'champion' collaboration;
- Dedicated resources for collaborative activity;
- Performance development that includes collaboration and partnership; and
- Respectful relationships with other organisations.

## 6.3 External Enabling Factors

### Catalysts and Incentives

When asked to identify external factors that enable collaboration, participants typically identified both "need" and "opportunity". Common examples of catalysts or incentives for collaboration included:

- A person, idea or project offers benefits to clients and/or practitioners;
- There is agreement across agencies on emerging community needs that cannot be met by individual services, prompting a coordinated response;
- A demand pressure or gap in services prompts dialogue between services and agreement on priority areas of needs;
- An opportunity arises to secure funds for a project, network coordination or infrastructure through collaboration; and/or
- Funding is built into service models to support collaboration.

Higher level collaboration such as service integration tends to build on the success of lower level collaborations (networks and service coordination) but also occur in response to both need and opportunity. During an interview one participant described the evolution of a new program of support for young parents that had occurred in another region. First there was consensus between family services participating in a local interagency that more support should be provided to young parents (17-25 years), services then began canvassing potential funding bodies for additional resources, an opportunity arose to work with the Education Department to support young parents re-connecting to two local high schools, services collaborated to provide staff and design the support model but also chose to draw on existing resources to extend this support to other young parents (ie those not reconnecting to school) identified through peer connections. This example illustrates how collaboration can evolve over time.

Project participants consistently reported frustration with the difficulties involved in securing resources for new service delivery initiatives - collaborations often pull together small amounts of funding and infrastructure from multiple agencies to enable a project to go ahead but sustaining the effort can be hard work. It is particularly frustrating when good 'grass roots' initiatives have to be abandoned for lack of resources while new funding programs direct resources to other needs, not always aligned to local priorities. Greater flexibility in funding programs and more consultation on local needs were identified as strategies to optimise collaborative effort.

### Alignment of Goals and Values

There was strong consensus amongst project participants that collaboration is easier and more likely to succeed when organisations have similar or aligned goals and values, particularly where these incorporate a commitment to working cooperatively with other organisations to enhance outcomes for clients. It can be more difficult to achieve collaboration between very different organisations, across disparate professional disciplines or services working with distinct client groups.

Though more difficult, collaboration that includes key stakeholders across disparate service systems, including both community organisations and government agencies, can achieve the most beneficial outcomes. Service cooperation and systems integration recognise that people's lives are complex and require multi-layered responses, facilitating a 'no wrong door' culture. This can be achieved through the identification of shared goals and values or principles underpinning collaboration - such as a shared commitment to achieving specific outcomes for a specific client group. This provides a touchstone to come back to if challenges arise.

### Dedicated Resources (External)

There was broad consensus on the value of having dedicated resources for the coordination of collaborative networks and collaborative projects across service sectors or systems. This can be particularly important when there are power imbalances between organisations, a neutral or dedicated coordination role that values all participants can make a significant difference to the success of the collaboration. Examples such as the Family Law Pathways Networks and Regional Domestic Violence Networks were often identified, with some discussion on the relatively modest investment required to support an effective collaborative network.

### Supportive Local Government

The support of Local Government was described in many locations as a significant contributing factor to greater collaboration between local organisations.

Local Governments that consult and understand the needs of the local community can help to inform collaboration. Local Government is generally considered more 'neutral' than State or Federal Government because it doesn't fund family and relationship services directly or compete for funds with community organisations. Local Government agencies are therefore well placed to facilitate collaborative networks and broker service coordination or integration.

Local Government also has the capacity to support service coordination and integration through the provision or management of local infrastructure (buildings, transport, equipment etc.) as well as small grant programs that can fund projects or start-up costs for new initiatives.

### Key Findings

11. Significant external factors that enhance the capability of an organisation or service to work collaboratively with others, include:

- Catalysts or incentives in the form of opportunities to better meet client needs;
- Alignment of goals and values across organisations or collaborative initiatives;
- Dedicated resources for network support and coordination; and
- Local Government support, including capacity building.

## 6.4 Internal Restraining Factors

### Capacity Restraints

Workload and time constraints are consistently acknowledged, both in the literature and by participants in this project, as a major barrier to collaboration and partnerships. When asked about what was the main barrier to collaboration, most respondents said - *“You mean besides lack of resources (or funding)!”* The ongoing challenge of keeping up with constant client demand has a very practical impact on the ability of those actually doing the work with clients to participate in collaborative activities without reducing face to face hours.

This can be particularly problematic for services that operate in a climate of high demand and unmet need, manage high caseload requirements and/or rely on a largely part-time workforce. A common thread across case study interviews was the need to address fundamental resource issues to enhance the capacity for collaboration, particularly where services are under considerable strain (mental health, child protection, contact services etc.).

### Workforce Constraints

Staff changes can mean the loss of history, knowledge and commitment to a collaborative process that may have been ‘in the making’ (and/or in practice) for months or many years, particularly if the individual concerned was a collaboration ‘champion’. It can take some time for new staff to take up the running with the same degree of enthusiasm, during which time momentum can be stalled or lost altogether. Further, if the organisation does not clearly articulate the need for a collaborative approach to the role, supported by a performance management approach that requires collaborative efforts, there can be little incentive for picking up where someone else has left off.

Another barrier to collaboration is when new or inexperienced workers take up roles in potential partner organisations and are unfamiliar with the area, the clients or the partners. This can understandably make potential collaborative partners wary and slow or even halt existing or developing collaborative activity.

### Decision Making Authority

A significant barrier occurs when organisational representatives at the collaborating table do not have the delegated authority to make decisions or commit to action. This can slow the process down and lead to misunderstandings, it can also be frustrating as time spent discussing or planning collaborative action have to be repeated up the line of authority until a decision can be made.

Several experienced Senior Managers spoke of the importance of being clear from the outset about who can make decisions and therefore who needs to be involved in collaborative networks or projects in order to ensure that decisions can be made.

### Risk Management

Good governance requires considering risk at each developmental stage of any project. Risk is increased in a business contract climate (purchase/provider model) that involves cooperative tendering. When taking on a collaborative partner or entering an integrated model of service delivery the added complexity of shared decision making increases risk and requires specific risk management strategies which has resource implications.

Collaborative projects can also increase risk by decreasing controls and expanding the scope of activities undertaken across diverse contexts. For example, it is one thing to manage a team of family counsellors working 9am - 5 pm within a purpose built facility under the immediate direction of a manager qualified to provide clinical supervision or advice on case management. It is quite another prospect to manage that team of family counsellors dispersed across community and school settings, working evenings and weekends, sometimes involved in providing advice to other professionals such as teachers and health nurses. The management of occupational health

and safety, client confidentiality and record keeping, clinical supervision and quality control all become more challenging under the dispersed model. This complexity would increase further if the dispersed model were to involve brokerage or sub-contract arrangements across multiple organisations. Time and resources need to be invested in developing risk management controls for coordinated and integrated service delivery models to ensure that management and governance responsibilities can be met.

### Poor Administrative Practice

Poor administrative practice including lack of notice of upcoming meetings and/or agenda / minutes distribution where those being asked to participate were limited due to prior engagement or insufficient preparation was very frustrating to collaborative efforts. These problems were usually aligned with either lack of adequate resources and/or lack of leadership.

### Difficult Interagency Relationships

A history of tension between organisations critical of each other's practice or regularly in competition for funding or staff can be difficult to overcome. Similarly organisations that tend to see themselves as working alone on behalf of a particular client group not well served by the broader service system can be less likely to engage in collaboration with those services that they see as 'failing' their constituency.

Collaboration can sometimes occur in these circumstances when there is a very clear focus on the potential to improve outcomes for clients, but it may take more time and more incremental change than would be necessary if relationships were more positive. Project participants provided examples of relationship difficulties being overcome at different levels within organisations, for example, two CEOs may not get along but their staff come together to collaborate despite this; in another case two program managers worked collaboratively to overcome a history of rivalry between their respective staff teams. Leadership changes can provide an opportunity to rebuild difficult relationships and move on from past tensions.

## Key Findings

12. Significant internal factors that restrain the capability of an organisation or service to work collaboratively with others, include:

- Capacity restraints including workload demands;
- Workforce constraints such as staff turnover or loss of momentum;
- Lack of clarity regarding decision making authority;
- Poor administrative practice; and
- A history of difficult interagency relationships.

## 6.5 External Restraining Factors

### Sector Size and Complexity

The size and complexity of the local community services sector can have a significant influence on collaboration. The number of providers working in the area, the location of key staff, the complexity of the services being delivered are all factors that can impact on the capacity of organisations to work together.

The way in which sectors are 'defined' or organised can also have an influence. Service networks and collaborations can follow funding programs (eg FRC Networks) or macro definitions of 'sector' (eg Family Law Pathways Networks) or they can follow function (eg counselling services) or geographic boundaries (eg community service interagency). Communities with high social capital - interconnectedness between people, stable population, sense of community value; may be better

able to support multiple networks and collaborations. Communities with low social capital and high disadvantage may need more assistance or investment, particularly if service systems are swamped and struggling to meet basic needs.

Particularly complex needs and challenges for service delivery can both enable and restrain collaboration. This can act as a catalyst to bring services together to develop new approaches or it can overwhelm service capacity and reduce the potential for collaboration. This is likely to be significantly influenced by the strength of collaborative networks and relationships between providers.

### Competition for Funds

The impact of competitive tendering as a significant barrier to collaboration was specifically referred to by a majority of project participants in each Community Case Study. Tensions arising from competition tend to be most obvious at CEO and Senior Executive level but can permeate through organisations, particularly when service contracts are short term meaning that service continuity and staff positions are continually insecure. Tensions are also fuelled when services lose funding to other organisations who then seek to re-engage them in service delivery through local planning committees and/or sub-contract arrangements.

Organisations that actively compete for funds are pursuing their mission to provide adequate services to the community which is not in itself problematic. Problems arise when other organisations are seen as 'competitors' and therefore a threat. This discourages information sharing, creates distrust and reduces the potential for collaborative responses to client needs. A dilemma can arise for organisations that are committed to working collaboratively but also seek to maintain or expand the services they provide to clients. Success in competitive tendering can rely on maintaining an edge or a unique advantage; whereas success in collaboration can rely on sharing information and resources, developing common practice etc. Striking a balance between these competing interests can be difficult.

There are a number of factors likely to influence how an organisation will react to the impact of funds being allocated to a competitor through a selection process:

- Size and stability of the organisation and the impact of the tender outcome on its' capacity to continue to support families effectively;
- Value of the funds being awarded and amount of effort and resources invested in the tender application;
- Alignment between the funds being awarded and the organisations core mission or function;
- Sense of fairness in the tender process and outcome; and
- Assessment of the capacity of the other organisation to deliver the service.

Across 3 case study locations, project participants questioned the logic of tenders awarded to organisations that have no history in the area when there were multiple local organisations well placed to deliver the new programs. This was seen to create duplication and fragmentation resulting in tensions in some service sectors where 'new comers' seek to draw on the support of established providers who have strong connections into the local community.

Competition for funding has increased as more human service delivery has moved out of government and into the community sector. Problems arising from competitive tendering, short term contracts and overly prescriptive contracts have been well canvassed in other reports<sup>10</sup>. Alternatives include local planning mechanisms that engage local providers and advocacy groups in consultation on local needs and service responses as well as less resource intensive 'Expression of Interest' processes. Longer term funding agreements would also help to reduce competition between organisations and better reflect the long-term relationship between funders and providers responsible for delivering effective support to families and children.

<sup>10</sup> See Productivity Commission (2009) Review of the Contribution of Not-for-Profits, particularly chapter 12 'Delivery of Government funded Services' available from [www.pc.gov.au](http://www.pc.gov.au); also FRSA's Response to the Family Support Program Discussion Paper, available from [www.frsa.org.au](http://www.frsa.org.au).

There is also room to improve competitive selection processes to minimise negative impacts on inter-agency relationships. Selection criteria could place a higher value on collaboration and the strength of inter-agency relationships; encourage genuine consortia or partnership applications and reduce controls that limit flexibility such as dispersed service coordination.

### Contract Issues

Service delivery contracts with government agencies typically include output targets and data collection systems as part of performance measurement frameworks used to monitor both individual agency performance but also broader program performance.

Performance measurement can constrain developments in practice by tying funding to a historic model of service delivery based on measures such as the number of clients seen or the hours of service delivered, or being very prescriptive about where and how services are to be delivered. The more prescriptive and narrowly defined the performance measures the more difficult it can be to develop new approaches to service delivery involving service coordination and integration, such as the 'secondary consultation' approach described in Example 4. Similarly, organisations working across slightly different geographical target areas (inevitable as different funding programs define catchments differently) can face barriers to service coordination or integration unless able to renegotiate aligned catchments or accept 'out of area' referrals. Flexibility is often needed to foster collaboration, which poses challenges for program administrators. Service coordination and integration complicate issues such as data collection and reporting, requiring the engagement of both providers and funding bodies to design performance measurement systems that are outcome focused and support collaboration.

Historically funding models have typically not included costs for service linkages and collaboration. Indeed the majority of participants in this project believe that most collaborative effort takes place without specific funding or the support of funding bodies. Exceptions include service models funded in recent years with a clear emphasis on service coordination, Family Relationship Centres and Communities for Children initiatives being the two most common examples. Participants in this project identified scope for collaboration and innovation to be better recognised in funding models and performance measurement frameworks.

### System Design

There can also be systemic issues across service systems that make collaboration more difficult. If service providers lack confidence and fear that other services or agencies will jeopardise outcomes for clients they may be reluctant to work cooperatively.

This is perhaps best illustrated by the history of responses to domestic violence. In the past community services for victims of domestic violence had a difficult relationship with the police because they did not feel victims were well served by the justice system. Substantial work has been done to develop improved legislation, police and court processes to improve responses to domestic violence. Integrated service responses involving police, therapeutic support services and services for other family members including children are now much more common. Substantial investment in local networks involving policy makers, services providers, advocacy groups and has contributed to these system-wide improvements.

In the family support sector there is scope for greater investment in systemic improvements. For example, if a parent reveals a history of substance misuse and violence during family counselling the counsellor can assist them to access drug rehabilitation, behaviour change programs and therapeutic support for children to avoid these problems re-occurring. In some jurisdictions a mandatory notification to child protection by the counsellor could trigger an investigation may cause the parent to withdraw from counselling, deny any admissions and refuse any further assistance which could put children at greater risk. In other jurisdictions, there is more scope for the counsellor and child protection agency to work together to maintain engagement in therapeutic programs while monitoring the safety of children.

The capacity to provide a coordinated response relies on much more than goodwill between individual practitioners or their agencies, changes to legislative and policy frameworks may be necessary to increase flexibility and options for sharing case management responsibilities. Service system design is critical to enabling collaborative responses involving government and non-government services.

### Key Findings

13. Significant external factors that restrain the capability of an organisation or service to work collaboratively with others, include:
  - The size and complexity of the service sector and local community;
  - Competition for funds between provider organisations, particularly when funding for 'core services' is short term or insecure;
  - Funding contracts and performance measurement frameworks can constrain service delivery and limit opportunities for innovation and collaboration; and
  - Failure of system design to support responsiveness across provider agencies.





## 7 Future Directions

### 7.1 Recommendations

Building on the key findings (summarised below) and our knowledge of the Family and Relationship Services, FRSA has developed the following recommendations for policy makers, funding bodies, service providers and those involved in research or sector development. These are intended as useful contributions to development of collaboration in this area, based on what we have heard from participants in this project.

#### 1) FRSA recommends that policy makers:

- 1.1 Demonstrate leadership working to forge collaborative relationships across levels of government, policy portfolios and programs.
- 1.2 Ensure that policy and program frameworks support collaboration at all levels (networks, coordination and integration) both within and across service systems.
- 1.3 Recognise the time and resources needed to achieve more sophisticated collaborations in funding models and performance frameworks.
- 1.4 Understand the systemic influences on collaboration and work to create service systems that increase incentives and reduce barriers.
- 1.5 Recognise the importance of community characteristics and the potential role of Local Government in fostering collaboration.

#### 2) FRSA recommends that government funding bodies:

- 2.1 Reduce competition between service providers through longer term contracts, alternatives to competitive selection processes and mechanisms to support and reward collaboration.
- 2.2 Acknowledge the cost of collaboration as a legitimate cost of service delivery to be included in service cost modelling and funding formulas.
- 2.3 Explore alternative approaches to risk management to reduce prescriptive conditions on funding to allow more flexibility in service responses, reducing barriers to service coordination and integration.
- 2.4 Develop systems for engaging with service providers to re-design funding and performance measurement arrangements to support collaboration and innovation, where appropriate.

#### 3) FRSA recommends that Family and Relationship Service Providers:

- 3.1 Foster leadership that values collaboration and creates an authorising environment for cooperation and partnership.
- 3.2 Incorporate collaboration in internal performance measurement and workforce development to recognise and support 'collaboration champions'.
- 3.3 Allocate dedicated resources to collaboration and partnerships, with clear communication to staff that collaborative activity is supported.
- 3.4 Develop good practice in collaboration, including good administrative practice and clarity regarding delegated authority for decision-making.
- 3.5 Engage with funding bodies to negotiate changes to funding agreements and external performance measures to support collaboration.
- 3.6 Identify and implement strategies to enhance organisation capability, including those that address historical barriers between agencies.

#### **4) FRSA recommends that researchers and sector development workers:**

- 4.1 Develop practical resources to support collaborative networks including guidance for network participants and coordinators and evaluation tools for organisations assessing the value of network participation.
- 4.2 Build the evidence base for higher order collaboration and investment in building capability.
- 4.3 Identify and disseminate examples of collaboration, particularly those that have overcome difficulties, serving as examples to others who may be facing similar challenges.
- 4.4 Identify and implement strategies that enhance the capability of sectors or service systems to engage in higher order collaborations and system improvements.

## **7.2 Summary of Key Findings**

Overall this project identified a diversity of collaborative activity that family and relationship services are engaged in across the five Community Case Studies. From the examples highlighted in case studies and participant responses to questions regarding enabling and restraining factors, a consistent set of contributing factors has emerged, these are captured in the findings summarised below.

1. Family and relationship services canvassed in this project were actively engaged in collaborative networks that facilitate information sharing and the development of cooperative relationships.
2. Successful networks often have dedicated network coordination or support that ensures content is meaningful, meetings are convened regularly and actions are followed through.
3. Practitioners are not always sure that their participation in collaborative networks is valued by senior management and/or external funding bodies; collaboration is not typically recognised in internal and external performance measurement frameworks.
4. The majority of organisations canvassed in this project, were actively involved in one or more service coordination initiatives with other local providers to better meet the needs of families.
5. Examples of successful service coordination occur across different service types and organisations but generally rely on a champion or enabler to push through any difficulties encountered.
6. Some service coordination can be more difficult to initiate and sustain -examples where organisations have overcome significant challenges deserve recognition and could assist others to work through difficult stages of collaboration.
7. There were examples in each of the community case studies where multiple services came together to integrate programs, share premises and co-locate staff.
8. While often born of necessity or opportunity, service providers were generally supportive of service integration where it enables more holistic support for families.
9. The benefits of service and system integration are clearly recognised, but there are considerable risks and challenges to be overcome.

10. Significant **internal** factors that **enhance** the capability of an organisation or service to work collaboratively with others, include:
- Organisation culture that authorises and supports collaboration;
  - Encouragement and support for staff that 'champion' collaboration;
  - Dedicated resources for collaborative activity;
  - Performance development that includes collaboration and partnership; and
  - Respectful relationships with other organisations.
11. Significant **external** factors that **enhance** the capability of an organisation or service to work collaboratively with others, include:
- Catalysts or incentives in the form of opportunities to better meet client needs;
  - Alignment of goals and values across organisations or collaborative initiatives;
  - Dedicated resources for network support and coordination; and
  - Local Government support, including capacity building.
12. Significant **internal** factors that **restrain** the capability of an organisation or service to work collaboratively with others, include:
- Capacity restraints including workload demands;
  - Workforce constraints such as staff turnover or loss of momentum;
  - Lack of clarity regarding decision making authority;
  - Poor administrative practice; and
  - A history of difficult interagency relationships.
13. Significant **external** factors that **restrain** the capability of an organisation or service to work collaboratively with others, include:
- The size and complexity of the service sector and local community;
  - Competition for funds between provider organisations, particularly when funding for 'core services' is short term or insecure;
  - External performance measurement frameworks that constrain service delivery and limit opportunities for innovation and collaboration; and
  - Failure of system design to support responsiveness across provider agencies.

### 7.3 Reflections on this Project

FRSA found the conceptual framework of three levels of collaboration, as described by Winkworth & Healy (2009) to be useful in conducting this consultation project. Examples of collaboration were found across the three levels:

- Collaborative Networks
- Service Coordination
- Service Integration

The Community Case Study approach assisted the identification of collaborative activity but also an understanding of the context in which it occurs. This helped the analysis of enabling and restraining factors, it also allowed for some comparison across the 5 locations. Resources and time limitation prevented more locations being included - there would be value in including a larger and more diverse sample of communities in any future work of this kind.

Consultation through interview allowed for common threads and themes to be explored with participants. Though this did create a very large volume of qualitative data not easy to manage or analyse. A larger scale study would need to develop systems for managing data collection and analysis.

This project has given us an insight into the practical realities facing service providers across several service systems when creating links and working in collaboration with others in a community. Ideally, FRSA would have had more time and resources to visit more services within the 5 case study locations and include at least another 5 locations to achieve a more representative mix of the diverse communities across Australia.

One of the project's major findings that most collaborative work takes significant time and resources and always involves 'hands on' relationship building is perhaps well exemplified in the preference of most participants to attend a more time consuming interview about linkages and collaboration rather than completing the online survey. The wealth of data collected and reported from both the face-to-face interviews and online responses clearly demonstrates the high level of activity that takes place in communities to achieve strong links and productive collaborations for the benefit of children, families and communities.

The FRSA project team is very grateful for the time and enthusiasm that all participants gave to this project. The depth and richness of the information provided in this report is due to the significant work of local service providers and their willingness to invest in collaborative efforts and to share the broad range of their experiences with us.

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## 9 Appendices

### 9.1 Appendix 1: Key enablers and barriers to collaboration

Winkworth & Healy (2009) provide a comprehensive review of enablers and barriers to collaboration, which they summarise in the table reproduced below.

**Figure 4: Key enablers and barriers to collaboration, Winkworth & White (2010)**

	Enablers of collaboration	Barriers to collaboration
<b>Predisposing factors - can you build collaboration on this landscape?</b>	<ul style="list-style-type: none"> <li>• Agencies have a history of co-operation</li> <li>• Informal networks exist</li> <li>• Individual agency cohesion and willingness to take risks</li> <li>• Tendering/funding processes take account of agency / place based history of collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of trust and eroded credibility</li> <li>• Agency culture has not encouraged networking</li> <li>• Individual agencies which are paternalistic / adversarial</li> <li>• Funding/ tendering ignores history of collaboration and established networks</li> </ul>
<b>The authorising environment - sources of support for collaboration?</b>	<ul style="list-style-type: none"> <li>• Legislation, policy statements public inquiries endorse collaboration</li> <li>• Stakeholder groups endorse collaboration</li> <li>• Experts advise on evidence informed collaboration</li> <li>• Shared recognition by member agencies of the need to collaborate</li> <li>• Service users are involved in the collaboration from the outset</li> </ul>	<ul style="list-style-type: none"> <li>• Legislative and policy barriers e.g. privacy/ information sharing, Conflicting government initiatives</li> <li>• Stakeholder groups ambivalent or resistant to collaboration</li> <li>• Notions of collaboration driven by personal or political agendas</li> <li>• Member agencies do not accept rationale for collaboration or the role of other members in it</li> <li>• Lack of service users as partners means collaboration remains focused on meeting the needs of agencies involved</li> </ul>



	Enablers of collaboration	Barriers to collaboration
<b>Public value - can we show it is worthwhile?</b>	<ul style="list-style-type: none"> <li>• Leadership communicates a compelling shared narrative -collaborative 'champions'</li> <li>• Clearly defined shared goals and principles and evaluation frameworks</li> <li>• Shared planning and other governance mechanisms</li> <li>• Process measures and outcome measures of success support the collaboration (agencies are accountable for achieving some common outcomes)</li> <li>• Management accountable for managing for collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Leaders unable to tell a convincing story and do not champion the need for collaboration</li> <li>• Fundamental differences in aims and main focus (e.g. adult vs child focus)</li> <li>• Joint planning/ governance mechanisms do not exist or are at best token</li> <li>• Measures have no relationship to collaboration or actively discourage it</li> <li>• Performance frameworks reward competition over collaboration especially at senior levels</li> </ul>
<b>Capacity to implement - is there sufficient 'know how' and capability to make collaboration work?</b>	<ul style="list-style-type: none"> <li>• Organisational cultures which focus on relational and interactional processes</li> <li>• 'System bridgers' in the interface between systems assist others to understand and navigate other systems</li> <li>• Shared Practice Frameworks - jointly developed principles, domains of practice, mechanisms for information sharing, common intake and referral processes</li> <li>• Individual agency boundaries are co-terminus (compatible) with partnership boundaries</li> <li>• Resources and Infrastructure support time and skills needed -additional resources are provided as an incentive for collaboration</li> <li>• Individual agency boundaries are co-terminus (compatible) with partnership boundaries</li> <li>• Resources and Infrastructure support time and skills needed -additional resources are provided as an incentive for collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Tension between autonomy and accountability, rigid adherence to regulations</li> <li>• There is no accelerated, relationship based 'way in' to other systems. All staff expected to have full knowledge and resources needed to navigate other systems</li> <li>• No formal agreement about principles or practice</li> <li>• Agencies/ partnerships have different geographical boundaries</li> <li>• Benefits of collaboration do not outweigh the costs involved.</li> <li>• Agencies/ partnerships have different geographical boundaries</li> <li>• Benefits of collaboration do not outweigh the costs involved.</li> </ul>

## 9.2 Appendix 2: Online Survey Questions

FRSA is undertaking this project in 5 locations around Australia as part of our contract with FaHCSIA . The purpose of the project is to identify driving and restraining factors to linkages and collaboration between services. In order to achieve this we are surveying and interviewing a range of service providers in each location to identify the connectedness of family support services in each area and the extent to which linkages and collaboration are promoted between service providers across different service sectors.

This project is being conducted in a time of rapid change within the sector and your input will help shape our understanding of successful approaches to collaborative service delivery at the local level.

### 1. Please select the case study location for which you are completing this survey - based on the options below

- Blacktown area (Sydney NSW)
- Geelong area (Melbourne VIC)
- Ringwood area (Melbourne VIC)
- Logan/Kingston area (Brisbane QLD)
- Murray Bridge area (Adelaide SA)

### 2. Please provide us with some information about your role and your organisation / service

- Service Location - City
- Organisation (optional)
- Service Name (if different to above)
- Service Type
- Name (optional)
- Role (title)
- Length of Time in your Role

### 3. Please list as many local family, relationship and support services that come to mind in your area (in no particular order)

### 4. Please rate the frequency of contact with the following service types in your area:

**No Contact - Occasional - Regular - High - Unfamiliar with this service - Not Applicable**

- Aboriginal support service
- Care & Protection - Gov't agency
- Care & Protection - Non Gov't
- Child & family service
- Children's Contact Service
- Communities 4 Children service
- Community Legal Centre CLC
- Disability service
- Drug & Alcohol service
- FaHCSIA State Office
- Family Court of Australia
- Family Law Pathways Network
- Family Relationship Centre
- Family Relationship Counselling Service
- Family Support Service (State funded)
- Family, parenting, relationship Education service
- Federal Magistrates Court
- Legal Aid Service
- Local Court
- Local Interagency/Network
- Maternal & Child Health Care service

- Men's service
  - Mental Health service
  - Migrant service - settlement or resource centre
  - Welfare/Emergency Relief service Women's health, housing service
  - Women's legal Service
  - Youth Service
5. **Please describe examples of collaborative partnerships between service types in your area (For example: referrals, combined projects, joint events, co-location, inter-agency connection)**
  6. **In your local area, which services/people are the main drivers of coordination of support services to families, children and young people - particularly those dealing with relationship issues and/or family law issues?**
  7. **How effective is this coordination in improving outcomes for children and families?**
  8. **Please provide some examples of effective coordination that occurs locally (For example: Local area planning, combined approaches to local needs, rostered attendance at events)**
  9. **What are some of the obstacles that your service faces in working with others in the area?**
  10. **Are there specific service types which you find particularly difficult to work with and why?**
  11. **Do you know of examples where families are unable to receive the relationship support they need from local services and if so, how could improved collaboration assist in meeting those needs?**
  12. **Please enter any further comments that you have about collaboration in your area:**
  13. **If you are prepared to participate in a follow up phone or face to face interview please provide your contact details**
  14. **If you would like to receive the combined case study report please enter your preferred contact details.**

Thankyou for participating

### **9.3 Appendix 3: Semi-Structured Interview Questions**

FRSA project staff spent between 1 to 2 hours with each organisational representative(s) onsite to conduct semi-structured interviews. While all the questions below may not have been asked directly or in the order listed - project staff directed conversation back to gaining information on these underlying questions.

1. **Please describe the main work you are involved in with families and children**
2. **Please tell us about some of the links and collaboration your organisation shares with others in the area?**
3. **What are some of the main factors that encourage links and collaboration with other organisations?**
4. **What are some of the main factors that discourage or restrain links and collaboration with other organisations?**
5. **Who (what service types) are the best partners and why?**
6. **How would you rate service links and collaboration in this area?**
7. **Any other comments you would like to make?**