Collaboration – Build, support and sustain a culture of collaboration between and within Government and the community services sector.

Literature Review Report

March 2019
Executive Summary

This literature review assesses local, national and international evidence to support collaboration. Collaboration is dynamic and complex (Bryson, Crosby and Stone 2015) and a way of organising across boundaries to achieve outcomes which cannot be easily or effectively achieved working alone (Himmelman 2002; QCOSS 2018). It is a key strategy in responding to complex social and health issues (Jackson et al. 2008).

Collaboration is non-hierarchical and at the high end of a continuum of engagement including cooperation, coordination and networking. Collaboration is characterised by strong and highly interdependent relationships with decentralised power, equity, shared risks, responsibilities, rewards and agenda for change (Keast and Mandell 2013). It is not the strategy for everything, other less complex forms may be more appropriate (O’Flynn 2009).

Collaboration can be focused nationally, regionally, across communities of identity or in identified place-based approaches at the local level. Place-based approaches are more locally focused rather than across a jurisdiction.

It is difficult to distinguish between collaboration and formal partnerships and there is interchangeability of terms (Cook 2015; Huxham 1996). Formalisation of collaboration assists governance and accountability and supports commitment to its vision, agreed collaboration principles, collective goals and actions.

Collaboration requires a high level of trust through risk taking, inclusive participation, extensive dialogue and consensus on shared vision. Previous relationships, prioritisation of efforts and allocation of resources are sound foundations (Bryson, Crosby and Stone 2015). Other key enablers are a supportive policy environment; leadership within the group; collaborative capabilities, capacity and culture (Cary and Crammond 2015; O’Flynn 2014).

Common barriers to collaboration are: lack of capacity to act; acceptance of different values norms and culture; and inclusion and equity in participation. Other barriers are absence of policy directives; strong vision; clear roles and responsibilities; and process and structures. Focus can also be affected by issues of size of membership (Scott and Bardach 2018).

Mechanisms for equity, inclusion and shared power must be in place from the beginning. Collaboration is built on joint action planning about what to do, when and how to do it using inclusive engagement processes such as co-design and co-production (Smart 2017). Bryson, Crosby and Stone identified essential mechanisms from their review. These are effective leadership; ongoing learning to be adaptive; continued involvement of committed sponsors, champions, and facilitators; and flexible governance structures that can adjust to different requirements across the life cycle of the collaboration (2015:1). Mechanisms to cross boundaries are essential. These relational processes are through people who can work adaptively within flexible structures and have formal or informal roles of boundary spanners (Cary and Crammond 2015; O’Flynn 2014; 2015).

In Western Australia (WA), there is a history of cooperation and coordination between and within the community services sector and the WA public sector. Action has been taken to work collaboratively on various concerns and there is a readiness to build on this and do
more to address community priorities. The community needs to be included in determining where “best effort” and use of collaboration has a chance of producing improved outcomes. Design processes and structures then need to be based with the ends in mind.
Collaboration – Build, support and sustain a culture of collaboration between and within Government and the community services sector: Literature review.

1 Background and scope of the literature review

The Supporting Communities Forum (SCF) is a government mechanism that brings together leaders from community services and public sectors to support implementation of the State Government’s Supporting Communities Policy. The policy aims to maximise opportunities to deliver quality services, by building a relationship based on partnership, collaboration and mutual respect between both sectors. To achieve the policy aims, working groups were formed to target each outcome. The Collaboration Working Group was tasked with developing guiding principles for collaboration between government and the community services sector.

The importance of collaboration, continuous learning and looking outside for key ideas are emphasised in the Service Priority Review (SPR) for the Western Australian (WA) public sector (2017). The current WA Government has released ‘Our Priorities’ which are whole of government targets aimed at improving key outcomes for the WA public. The Premier highlighted that achievement of the targets will require collaboration across government and the wider community (McGowan 2019).

This literature review was commissioned by the Collaboration Working Group to identify best practice in collaboration. The principles outlined will assist organisations in building, supporting and sustaining a culture of collaboration between and within the relevant government departments and the community services sector of the SCF.

The aim of the literature review is to assess local, national and international evidence to identify the attributes, enablers and barriers to collaboration that:

- support the delivery of public services to the community;
- help achieve better outcomes for individuals, families and communities;
- build the capacity of mainstream services to collaborate more effectively; and
- embed collaboration within the workplace culture of government agencies and the community services sector across Western Australia.

Increasingly, the focus of national and state strategic plans is on better outcomes for people in the community and responding more holistically to complex needs.

The policy focus on collaboration to address these is also evident in Australia (Wilkins, Phillimore and Gilchrist 2015; 2016) and internationally.

2 Introduction

Over the past three decades, in Australia and internationally, concerted action has been focused on “cross-cutting problems” and reducing silos within government including delivery of health and social services (Jackson et al, 2008). Collaboration is viewed as a key strategy in responding to many issues, such as poverty, unemployment, social inclusion, drug use, family violence, homelessness and young offenders. These issues feature across different sectors and are not addressed by simplistic solutions (Carey, McLoughlin and Crammond 2015). Government agencies aim to respond differently and collectively to
dealing with issues assessed as increasingly complex and “wicked” public and social policy problems (Pollit 2003; Wilkins, Phillimore and Gilchrist 2015, 2016). Carey, McLoughlin and Crammond refer to joined-up government as “a term that encapsulates a desire to achieve vertically and horizontally coordinated action and thinking” (2015:178). They also view it as a way of organising across boundaries to achieve goals.

Collaboration can be focused nationally, regionally or in identified place-based approaches at the local level. Place-based approaches (Bishop 2016; Ham and Alderwick 2015; Humphries and Curry 2011) are more locally focused rather than across a jurisdiction. These policy approaches align with collective impact (Cabaj and Weaver 2016; Hanleybrown, Kania and Kramer 2011; Kania and Kramer 2011). Working with the community encompasses a range of inclusive process such as consumer and stakeholder engagement. More collaborative processes such as co-production (Alekson, Bunnin and Miller 2013) and co-design (Blomkamp 2018; WACOSS 2018) are frequently the basis of bringing together learned expertise of professionals and lived experience of individuals in shared decision making and strategic and operational development. The community sector has been proactive in these inclusive engagement processes that facilitate effective collaboration with the community as well as across sectors.

3 Collaboration: What is it and how is it different to partnerships

Collaboration and partnership

Interchangeability in the use of the term partnership with other terms such as joint ventures, collaboration, alliances and coalitions is common in the early literature (Mitchell and Shortell 2000; O’Riordan 1999; Roussos and Fawcett 2000). Phillips, Lawrence and Hardy (2000) see both collaboration and partnerships as different from other organisational forms. They see collaboration as a complex phenomenon defined as “…a co-operative relationship among organizations that relies on neither market nor hierarchical mechanisms of control” (2000:24). Carnwell and Carson found that both terms have changed in use across time and place (2005:4) and context is useful for understanding the use of both terms to distinguish theory (what it is) from practice (what it does).

Cook (2015) states that partnership working in the UK “...is seen as a means to address a wide range of complex issues from health inequality and local regeneration to increasing employability and decreasing pressure on hospital beds” (2015:1). The term partnership or “partnership working is central to the public service reform agenda across the UK and beyond” (Cook 2015:1). Foundations for partnerships grew from the development of health and social services in the 1990s and were often formally mandated by government policy. The era produced a body of literature on ‘partnerships’, ‘whole-of-government approaches’ and ‘joined-up government’ (JUP) reforms (Audit Commission, 1998; Rhodes, 2002).

Huxham (1996) identified numerous meanings of the term collaboration and interchangeability of terms for different interorganisational structures. She suggested these terms had “slipped into everyday managerial and political vocabulary.” O’Flynn warned of the tokenism and overuse of the term collaboration with “a cult of collaboration where everyone believes but few practice” (2009:112). Cook (2015), in a recent UK evidence review on partnerships, uses the term ‘partnership working’ and states that terms such as
partnerships, collaboration, multiagency working, integration and joint working used without clear distinction. She sees partnership as a messy phenomenon that is not easily defined which is mainly due to differences in policy and practice rather than meaningful distinction between concepts and how they are used.

Bryson, Crosby and Stone (2015:2), researchers from the United States of America (USA), take a similar view and state they use partnerships and collaboration interchangeably. However, they exclude arrangements that have a financial basis and contractual relationships such as public-private-partnerships.

**Defining collaboration**

Bryson et al. use the term cross-sector collaboration to specify differences related to the public sector as “the linking or sharing of information, resources, activities, and capabilities by organizations in two or more sectors to achieve jointly an outcome that could not be achieved by organizations” (Bryson, Ackerman and Eden 2016:2).

Queensland Council of Social Services (QCOSS) defines collaboration as “individuals or organisations ‘working together’ to address problems and deliver outcomes that are not easily or effectively achieved by working alone” (QCOSS 2018). It is a widely used definition but does not indicate its complexity or clarify its difference to other terms such as cooperation, coordination, integration or partnerships.

These definitions support how collaboration is best operationalised and the notion of collaborative advantage which is “achieving something that could not have been achieved by any one of the organizations acting alone” (Huxham and Vangen 2004: 191). This term also has a counterpoint of not working which is “collaborative inertia” where the rate of output is slower than expected (Cook 2015:6). The term captures the features of negligible output and impact of stories of “pain and hard grind” that are often associated with collaborative arrangements in practice (Huxham and Vangen, 2004: 191).

The theory and practice evident in the goal of achieving “more than one can do as a sole organisation” is a cornerstone of collaboration and working across boundaries. Himmelman (2002) described collaboration as:

“... a process in which organizations exchange information, alter activities, share resources, and enhance each other’s capacity for mutual benefit and a common purpose by sharing risks, responsibilities, and rewards (2002:3)”.

He presents collaboration as a higher-order relationship within a continuum of working together: networking, coordinating, cooperating and collaboration. A similar continuum model of cooperation, coordination and collaboration developed by Gray (1989) is also used in the literature (Keast and Mandell 2013; Majumdar, 2006). Gray (1989) states that stakeholders who may see problems differently, can explore their differences, issues and opportunities and find constructive and mutually beneficial solutions, which they may not have otherwise. Collaboration is the most intensive strategy in terms of investment of resources such as time, effort and other transactional costs (Scott and Bardach 2018).

Keast and Mandell build on these models to emphasise the potential for change describing collaboration as:
“... characterised by strong and highly interdependent relationships. Participants realise that to achieve outcomes they have to agree to radically alter the way they think, behave and operate. Collaboration is not about making adjustments at the periphery; it is about systems change and as such participants are involved in a high-risk, high-stakes and volatile environment that can produce results significantly different from those originally intended” (Keast and Mandell 2013:2).

This definition sets out the innovation and change expected from intense and shared effort required in such high-level joined-up working.

4. **What are the basic attributes of collaboration?**

Bryson, Crosby and Stone view collaborations as complex, dynamic, multilevel systems. In some ways, collaboration, at its best, is visionary about systems change and aims to create measurable change. Their review of eight frameworks within the collaboration research literature found that the main attributes are:

- trust,
- inclusive participation,
- shared understanding of the problem,
- commitment to collective goals and actions, and
- formal advance planning or emergent planning. (Bryson, Crosby and Stone 2015)

Agranoff (2007) states that collaborations should be judged on whether they produce ‘public value’ from the standpoint of various stakeholders. Increasingly, both internationally and in Australia, the strategic plans of most sectors promote collaboration to create public value, especially where there is complexity, and cross-cutting approaches are required.

The focus of collaboration is on achieving systems change through mutuality and negotiation across various domains. It requires “interdependence among participating organisations that choose to combine their efforts to achieve better outcomes” (Majumdar 2006:185). At the core of this working together is a reciprocal relationship with joint responsibility for both the outcomes and the process (Carnwell and Carson 2005; Gray 1989; Keast and Mandell 2013).

Implicit in this, is that collaborative relationship between members or partners should be non-hierarchical with shared power based on knowledge and expertise, rather than role or position (Henneman et al. 1995). There has also been a recent reminder from the USA literature of collaboration’s focus on the importance of equity and justice (Wolf et al: 2017). They present a critique of collective impact as failing in this, having a top-down approach and not engaging with the evidence in the literature on collaboration (Cabaj and Weaver 2016; Smart 2018).

Keast and Mandell (2013) state that collaboration has distinct attributes and understanding the difference between relationships can support better use of resources including not using collaboration for all purposes. An attribute that appears evident in the literature is a normative bias towards conceptualising collaboration as “wholly positive” solutions (Bryson et al 2006; Carey and Crammond, 2015). The evidence does not always reflect this outcome. Cook found no discernible differences in the relationship between partnership features and

**Continuums of relationships**

The various continuums and typologies provide clarity on the attributes of collaboration. They explain features of the relationship, the level of integration required and different purposes. Collaboration is a form of engagement and working together for a common goal and has distinct characteristics from cooperation and coordination (Himmelman 2002; Keast and Mandell 2013; Szirom et al 2002). Initially, use of terms such as coordination, collaboration, and networking were used interchangeably to differentiate new ideas from those of competition (Szirom et al 2002:33).

Two continuums that are still commonly used in the literature are Gray’s (1989) relationship continuum of cooperation, coordination, collaboration and Himmelman’s (2002) continuum of networking, coordination, cooperation and collaborating.

Himmelman (2002) presents collaboration as a higher-order relationship within a continuum and describes collaboration as:

> “a process in which organizations exchange information, alter activities, share resources, and enhance each other’s capacity for mutual benefit and a common purpose by sharing risks, responsibilities, and rewards (2002:3)”.

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<th>Networking</th>
<th>Coordination</th>
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<td>an informal relationship in which information is exchanged for mutual benefit.</td>
<td>a more formal linkage in which information is exchanged and activities are altered in pursuit of mutual benefit and achievement of common purpose.</td>
<td>an exchange of information, altering activities and resource sharing for mutual benefit in pursuit of a common purpose. Formal agreements can be used.</td>
<td>Exchange information, Share resources, enhance capacity of another to achieve a common purpose. Formal relationships and structures. Joint planning, and evaluation. Extensive time and trust required. Share risks responsibilities and rewards.</td>
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His model shows relationships vary along the continuum in terms of formality based on factors related to *Time, Trust and Turf* (Himmelman, 2002); and requirements of joint effort (length of relationship, degree of risks and commitment; outcomes sought, and level of organisational autonomy (Victorian State Services Authority 2017). There are many factors impacting on the choice and appropriateness of the level of engagement. Himmelman (2002) identified the most common barriers of working together “time, trust and turf” as the most appropriate factors for deciding on the level/intensity of joint working.
Various authors have used Gray’s (1989) continuum model including the Australian Research Alliance for Children and Youth (ARACY). The differences in the characteristics of collaboration are defined by (Keast and Mandell 2013) in their research for ARACY are:

- the intensity of the relationship
- communication flows and distribution of power between the participants
- length of relationship
- level of risk and reward.

Gray’s model (1989) continuum of cooperation, coordination, collaboration is often referred to as the 3Cs Model (Keast and Mandell 2013; Simonin et al 2016). ARACY provides a clear understanding of the attributes of collaboration:

- Dense interdependent connections, high trust
- Frequent communication
- Tactical information sharing
- Systems change
- Collective resources
- Negotiated shared goals
- Power is shared between organisations
- Commitment and accountability to collaboration first then own organisation
- Relational timeframe – long term (3 years)
- High risk/high reward (Keast and Mandell 2013: 2).

The 3C model is commonly used by non-profits to clarify differences in joint working in Australia and the USA. Simonen, Samali, Zohdy and Laider-Kylander (2016:2) cite the research undertaken by backbone organisations Strive and Bridgspan involved in collective impact in the USA. They found that a very high percentage of non-profit organisations collaborate guided by the 3C model.

Distinguishing collaboration from other forms of engagement is necessary and often not undertaken in the planning stage (O’Flynn 2008). It may be better for less complex endeavours to use another strategy that uses less resources (Keast and Mandell 2013; Scott and Bardach 2018) and possible should be done alone (Huxham 1996; Huxham and Vangen 2004). Collaboration is based on helping the other to “be the best they can be” for mutual benefit and common purpose (O’Flynn 2008: 185-186). These inter-agency relationships build upon each other along a developmental continuum. The literature is clear though that collaboration is not the strategy for everything (Huxham 1996; Mattesich and Monsey 1992; O’Flynn 2009). O’Flynn cautions the popularity of the term and the loose way it is used by academics, practitioners and in government circles (2009: 112), O’Flynn (2008; 2009) also reminds organisations to assess their planning for working together against the characteristics of continuums or collaboration frameworks. This may assist in appropriate planning, implementation and time frames or deciding that other forms of engagement are more appropriate. It can also provide focus and effort in creating ‘real’ collaboration.
5. What characteristics distinguish collaboration and formal partnerships?

Formal partnerships can be a contractual basis, memorandum of understanding, mandated by legislation or formalised through governance arrangements. In terms of formality, the literature shows that there are many partnerships which are informal and others that are formalised by a contract or memorandum of understanding (MoU). Examples are the Vulnerable and Disadvantaged Client Access Strategies funded by the Australian Government through the Family Support Program (FSP) using formal partnerships and MoUs (Robinson et al 2012:13). MoUs are used as a formal agreement in many non-contracted relationships.

According to the Compassion Capital Fund (CCF) “while MOUs are formal agreements that establish the structure and roles and responsibilities of a partnership relationship, they do not establish the “how” of the relationship” (CCF 2010: 21). The CCF, in its partnership framework for the US Department for Health and Social Services, suggests there are other ways to gain agreement such as partnership norms. These are informal standards for how individuals will work together and collectively develop agreed guidelines.

Many community and health care services, nationally and internationally, are now delivered in partnership or integrated models of care and use integrated governance as a formal relationship to manage deliverables, risk and outcomes (Jackson, Nicholson, Doust, Cheung and O’Donnell 2008: 557). Their international study included 16 models: Australia (four); Canada (two); UK (five) and USA (five).

In the UK, health and social care partnerships are mandated by legislation such as the Health and Social Care Act (UK) and the Community Empowerment Act (Scotland). Interestingly, in the What Works Scotland Evidence Review (Cook 2012) an identified success factor was the absence of contractual relationships.

In WA, the Delivering Community Services in Partnership (DCSP) policy was introduced in 2011 for the contracting of services from the not-for-profit sector (Government of WA 2014). This approach has assisted relationship building between sectors along the continuum of relationships. Berends, Ritter and Chalmers (2015) provide a positive review of the collaborative governance through the contracting relationship based on this policy. They found that key stakeholders across government and the sector reported a mutually supportive and constructive relationship and increased capacity and they shared an agenda for change (2015: 137). Their review was based on Emerson et al.’s integrative framework and they noted stakeholder responses of mutually supportive and constructive relationships across organisational boundaries (2015:145).

Like partnerships, there are many collaborations that are not formalised. Gray (2002) sees collaboration as voluntary and rarely based on contractual agreements. However, the benefit of formal agreements is frequently noted in the literature:

- collaboration is more difficult without formal agreements and they support accountability (Babiak and Thibault 2009);
- formal agreements for collaboration can assist buy-in, prioritisation of efforts, ensure sufficient allocation of resources to complete the process (Porter and Birdi 2018: 104); and
• using formal agreements with partners to clarify the Indigenous organisation’s vision, mutual agreements such as intellectual property and project governance; embed community ownership and control and prevent misunderstanding agreements community (Morley 2015:5).

Strong accountability and incentive mechanisms can support integration and create formal relationships and structures between interdepartmental committees, advisory bodies, and departments (Carey, McLaughlin and Crammond 2015: 183).

Formalising of collaboration is generally embedded in structures such as a governance and accountability framework. These have guidelines to inform decision making such as group consensus, based on a best-for-projects basis and explicit core decision-making pillars. Decisions must be transparent, accountable and open for review by external parties. They also need to show a commitment to agreed collaboration principles.

6. What are the enablers for collaboration?

Policy environment and rationale

Government strategic plans are important drivers of both interprofessional and cross-sector collaborations. They tend to aspire to creating “public value” through collaboration and agreed outcomes. However, Bryson suggests, “cross-sectoral collaborations do not solve all of the problems they tackle. Indeed, some are solved badly, and some solutions have created [new] problems” (Bryson, Crosby and Stone 2006: 44). It is the outcomes themselves that commonly provide the rationale that prompts partners to collaborate.

Many not-for-profit organisations collaborate “to leverage their own efforts to achieve broader systems change” such as poverty alleviation; cradle to career development pathways for youth; long term unemployment (Simonen, Samali, Zohdy and Laider-Kylander 2016:2).

Key enablers

A review undertaken for the Queensland Mental Health Commission (QMHC) found the following key features that are either required for collaboration or emerge as enablers of collaborative capacity:

• Skills, capacity, trust
• Persistence and hard work
• Strong political support
• Shared ‘turf’
• Consensus on long-term goals (shared Vision) and objectives while managing diversity of network participants
• Political leadership
• Local capacity building
• Learning orientation
• Clear governance model
• Skills in ‘translation’ across stakeholder groups
• Leadership within group: bridging and mobilising skills (Cunning and Chung 2014).
Cultural change and collaborative capacity

The community sector increasingly identifies collaboration as a viable value proposition for them. Many government jurisdictions, within Australia and internationally, have engaged in collaborative approaches to strategy, policy development and service delivery.

Leveraging inclusive and productive processes and structures is critical in the formation stage. Each organisation’s readiness and capability for collaboration are essential pre-conditions to engage parties and create collaboration (Bryson, Crosby and Stone 2015). These conditions include institutional environments for cultivating collaboration; time for negotiation; previous power sharing experience; and institutional context and conditions outside the collaboration e.g. bureaucratic or democratic (Ran and Qi 2018: 846). Pattern breaking behaviour also appears as a main pre-condition for collaboration and for creating a supportive culture and shared purpose and understanding of objectives and outcomes (Blackman, O’Flynn and Ugyel 2013).

Briggs (2005) has described the preferred culture to support whole of government working as:

- flexible, persistent, adaptable and open to innovation and creativity;
- team focused with the ability to think and act across agency boundaries, to tolerate mistakes and manage risks;
- capacity for building strategic alliances, collaboration and trust and to negotiate to achieve joint outcomes;
- expression of diverse views is encouraged, and different cultures and their strengths appreciated; and
- capacity to balance the tension between short- and long-term goals.

Cultivating readiness for collaboration

An independent review of sustainability and transformation partnerships in London by the charity, the King’s Fund emphasises that pre-existing arrangements for working together cannot be underestimated (Kershaw et al 2018). Other identified key enablers are local leaders committed to improving local services and effective working relationships and shared purpose between sectors and organisations (2018:39). Their findings fit with the notion of collaborative capacity which Cunning and Chung (2014) view as not just an ability, but almost an emergent property for organisations to engage in and sustain inter-organisational collaborative activities.

Leadership is important at all levels including leadership and sponsorship from government, including Ministers (Szirm et al 2002). However, they note that vigilance is needed to ensure they do not become a barrier through implicitly or inadvertently creating a top-down approach. Earlier literature presents frequent commentary on the inability of government to adapt towards collaborative capacity. This is reflected in Rhodes statement of concern that “the government lacks the trust it seeks to inspire” (Rhodes 2000: 14). Keast and Mandell emphasise that:
“For a collaboration to work there can no longer be ‘business as usual’. Collaboration demands participants forge new relationships and learn new ways of dealing with each other” (2013: 2)

Trust and risk taking

Collaboration is highly rewarding but requires development of a high level of trust through risk taking and extensive dialogue between participants (Keast and Mandell 2013). Emisile and Gordon (2008), from workers engaged in partnerships in the UK, identified the factors repeatedly highlighted as crucial to collaborative success: strong leadership, lots of face-to-face communication, clarification of the roles of each party involved and benefits to the end user.

The pre-existing relationships that enable effective partnerships are those that have built trust and understanding, and these cannot be imposed by policy makers (Victoria State Services Authority 2007:2). Having an internal culture that values partnership and collaboration is a determinant of building shared purpose, effective working relationships, performance and outcomes. Mutuality and power sharing are enablers of collaboration and power sharing relies on clear shared purpose, trust and openness (Lightbody 2017:1).

Achieving outcomes, shared leadership and flexible governance

Both formation and action are supported by the enablers of governance arrangements, information and accountability (Wilkins, Phillimore and Gilchrist 2015; 2016). Central to enabling collaboration is jointly designing how the collaboration will achieve the end purpose, its desired outcomes and required accountabilities (Bryson, Crosby and Stone 2015). Processes and structures identified from their review are:

- effective leadership;
- ongoing learning to be adaptive;
- continued involvement of committed sponsors, champions, and facilitators; and
- flexible governance structures that can adjust to different requirements across the life cycle of the collaboration (2015: 1).

The evidence review from What Works Scotland provides research and evidence about the effectiveness of partnerships across the UK public services focused on service delivery (Cook 2015). Key findings are being clear on aims and objectives, roles and responsibilities and flexible and responsive in the way they work. They found that structures are less important than relational factors such as leadership capabilities to understand and work with complexity.

O’Flynn (2014) identified six mechanisms that enable exploration of specific factors that may be either enablers or barriers:

- formal structures;
- commonality/complexity;
- people, culture and leadership;
- power and politics;
- performance, accountability and budgets; and
Mechanisms to cross boundaries are essential and these are primarily relational through people with formal or informal roles of boundary spanners (Cary and Crammond 2015; O’Flynn 2014; 2015) and can work adaptively within flexible structures.

7. What are the barriers to collaboration?

Key areas

The collaboration blueprint developed by the Nous Group for the NSW Public Service Commission emphasises these key areas as barriers for collaboration:

- Power asymmetries and viable alternatives
- Inadequate accountability and responsibility arrangements
- Differences in operating language and culture
- Insufficient investment (effort, time, resources, cost) (Nous Group 2013: 7).

Many of the barriers to collaboration correspond to the enablers, if those that are “fit-for-purpose” are not in place (Keast 2011). In a different field, that of international water management, Porter and Birdi (2018) identified 22 reasons why collaborative-innovations fail. They found that collaborations are not initiated if stakeholders do not feel the need to involve others to innovate; if little incentive exists to challenge the status-quo; if the appetite for risk-taking is low; or if there is a lack of financial support. There was high level of attention and agreement within the top four themes which are:

- stakeholders must have the capacity to act;
- clear roles and responsibilities;
- acceptance of different values, norms and cultures; and
- a clear and strong vision.

Establishing collaboration

Collaborations often occur due to a window of opportunity (Kingdon 1995) and, although this can be an advantage, partners may not have the enablers in place to support collaboration. Leadership to capitalise on the opportunity, resources and partners may not be oriented or ready at that time (Bryson et al 2015; O’Flynn and Wanna 2008).

Developing partnerships and working collaboratively is more complex than many agencies realise. Barriers can derive from the formation of the collaboration and the initial conditions and drivers as well as the implementation processes and structure of the collaboration (formal and informal). Hudson et al. (1998:75) identify this “collaborative deficit” as a barrier. This “deficit” is not necessarily from lack of willingness to collaborate or from the absence of policy directives. Structural barriers may arise throughout the collaboration. The deficit may be due to the nature and culture of organisations, budgets, reporting and organisational capacities.

Another factor is mandated or forced collaboration that can be imposed by funders on factors such as membership, locations, resources, governance and leadership. Wanna (2008) refers to the effect of forced arrangement on creating and sustaining collaboration
and asks, “Can responsibilities be clearly separated in collaborative ventures and can leadership be successfully anointed in an *a priori* manner” (2008:11). Partnerships rely on conditions of trust and understanding, which need to develop between parties rather than being imposed.

**Accountabilities**

There are various barriers identified in the literature that relate to the complex and dynamic nature of collaboration. Organisational capability for collaboration and partnership is a factor that may be in place but can vary overtime. Keast and Brown describe the “…failure to fully adjust to new methods of governance, measurement and evaluation that a collaborative, partnership-based model of operation would require” (2006:42).

Glendinning, Abbott and Coleman (2001), in health and social services partnerships, identified that development of relationships and trust and can be affected by staff changes. These can be from merging of structures and increasing the size of organisations and impact on collaboration due to other priorities. They can also be affected by government changes and reform.

Complexity is increased by the number of partners and can affect focus. Glendinning, Abbott and Coleman (2001) consider that the number of organisations in a partnership affects organisational capacity and found that as the number of different organisations increases then collaboration becomes increasingly complex and time consuming. A more recent study (Scott and Bardach 2018) concurred “that less is better” and more than three partners in a collaboration impacted greatly on effectiveness and increased transactional costs (Scott and Bardach 2018: pp). This was the major barrier in their study with the impact:

“...measured in hours of meeting time, feelings of distrust and uncertainty, disappointments over deadlines missed and promises neglected, and frustrations over compromises not attained” (Scott and Bardach 2018:2).

Targets and inflexible accountabilities can get in the way of relational enablers (Carey et al, 2015; Cook 2015; Victorian Government, 2007). In Cook’s (2015:8) review, the absence of rigid targets was identified as being a central to success. The Victorian Government found that outputs shared across agencies are more difficult to deal with and can be a barrier to various processes in collaboration leading to it becoming a lower priority for them. Carey and Harris (2015) identify leadership barriers to managing change, working across boundaries and resolving other barriers. The solution is leadership based on adaptive management governance approaches for managing uncertain environments.

Other researchers and policy advisors make similar points about the barriers particularly while organisations learn to be adaptive and systems adjust (Carey and Harris 2015). There needs to be a willingness to add, remove or refine what tools or structures are being used or what they are doing as it progresses (Carey and Crammond 2015).
Culture and Power

Keast and Brown (2006) found that the shift to horizontal integration may have created barriers that undermined partnership development with the community sector. These barriers have recurred over the past decade:

“... the processes of public-sector collaborations often continue to reflect implicit hierarchical relationships between the actors. The government (or its public service) often externally imposes the structure of public-sector collaborations” (Shergold in O’Flynn and Wanna 2008:19);

“... the power of embedded ways of doing things restrains innovation and undermines cooperation” (O’Flynn et al. 2011: 253);

“... effective cross-sectoral partnerships can be destabilised by distinctive characteristics of government and its public servants: changing political imperatives, government power as both the rule setter and major funder, an inflexible public sector culture, poor application of accountability requirements, and frequent changes of personnel” (Nous Group 2013: 4); and

“... governments feel that they have to collaborate to provide services (co-produce, co-design, co-deliver, etc.), but have not acquired the necessary skills and capabilities to be able to do so successfully and effectively, and their bureaucratic and traditional accountabilities may act as a gravitational pull against such endeavours” (Wanna 2015: 4).

This lack of cultural change and maintaining public sector dominance that Shergold describes impacts on achieving collaboration and integrated service delivery. It leads to collaborative inertia (Vangen and Huxham 2005). Such barriers are also reported across jurisdictions. Winkworth and White (2011) found a very siloed approach to child welfare and family support between commonwealth and state services.

Interprofessional barriers

Professional boundaries are evident as barriers in providing holistic or integrated treatment and support across health and social care needs. These factors can impact on cross-sector collaboration and are generally related to the historical separation of services. Some of the barriers raised include:

- structural, communication and cultural barriers including ambiguous roles, financial restrictions and fear of change in health and social care (Jackson et al (2008: 558);
- infrastructure such as IT systems not supporting sharing of information, clinical practice and clinical decisions in aged care (King et al. 2012);
- ongoing resource issues in joining-up between housing and mental health affecting caseloads, restrictions on information sharing and developing relationships high caseloads; and differences in working hours and availability (Shepherd and Meehan 2012); and
- similar barriers from a Canadian study of home care for seniors: lack of time, poor team cohesion, and high staff turnover (Gougeon, Johnson and Morse 2017).
8. What can be done to address the barriers to collaboration?

Awareness of potential barriers in collaboration is important but its attributes, particularly complexity and mutuality, inform us that all collaborations are different and there is no single recipe to succeed. Successful collaboration relies on appropriate mechanisms and these can leverage the enablers and reduce impact from the barriers identified. Tesoriero (2001) found mistrust and unequal power in his study of a health promotion partnership in South Australia. However, he maintains that it is misleading to focus on idealistic aspects of criteria for partnerships as this can inadvertently provide a perception of failure. It is how partners manage mistrust and power that is critical.

Pettersson and Hrelja (2018) also emphasise these barriers and see collaboration as a step-wise, trust building and learning process with building blocks that need to be in place. The first step is the building block of conditions for action, described as:

- Impossibility of any of the parties achieving the desired outcome on their own
- Honest, open, respectful and inclusive dialogue to investigate mutual benefits
- Action orientation
- Resources, for example finances, knowledge, mandate, leadership.

Scott and Bardach found that

“working together typically requires mutual adjustment and reconciliation across a number of domains: goals, resources, strategies regarding services or regulatory methods, operational routines, credit claiming and blame sharing, control prerogatives, and others” (2008:2).

Flexibility needs to be inherent in overcoming barriers and involves willingness to adapt; balancing different needs; signalling and maintaining equal responsibility.

Central to the purpose of involvement in collaboration and essential for working out norms, roles and values and creating solutions is having members who are excellent collaborators and can be connectors, adaptive and boundary spanners (Bryson, Ackerman and Eden 2016; Cary and Harris 2015); create a common vision to solve problems; are inclusive, take time to listen and mobilise and facilitate others; and resolve conflict (Keast and Mandell 2013); and show leadership through creating a culture of “collaborative professionalism” and taking responsibility for working collectively (Chapman 2018:3).

Collaboration is dynamic and barriers may arise regardless of awareness in planning for best practice. Keast and Mandell identify four core components of collaboration:

- Governance and structure
- Systems and processes
- Managing and leveraging relationships; and
- People and culture (2013:1).

These are facilitated by having members who are skilled collaborators; who mobilise and energise the group; work across boundaries and frame what is required in joint working; and are able to work flexibly with norms, roles and values as they emerge.
Many of the people, particularly service users, their families and the public, involved in collaboration are groups seen as ‘hard to reach’ or ‘vulnerable’ (Lightbody 2017). People may have various barriers, physical, language, and multiple inequalities to involvement and engagement in collaboration as community people, consumers or carers. Similarly, in terms of accessing services (Robinson et al. 2012), in their paper for the Australian Institute of Family Studies, suggest services can be tailored to improve access using soft entry points, “no wrong door” policies. Other strategies are outreach to increase access; use of digital technology; and action to reduce transport challenges as far as possible and being responsive and sensitive to other accessibility and engagement barriers. Overcoming barriers of inequality is fundamental to ensuring that inclusion in the community is not a one-size-fits-all solution and that it is supportive of participation. Previous experience has many people sceptical of power sharing and these barriers need to respect inclusive practice to facilitate involvement.

Partnerships and collaboration need to embed cultural respect, through cultural safety and responsiveness to support outcomes and benefits for Aboriginal people (Australian Health Ministers’ Advisory Council 2016).

9. What are the mechanisms for achieving, maintaining and enhancing collaboration?

Clear vision and collaborative mindset

Collaborations are started because there is an identified problem or need and a call for action from the people affected, the broader community, service providers or government (Carey and Crammond 2015; Chrislip 2002; Roussos and Fawcett 2002). Despite previous actions they still seem intractable or ‘wicked problems’ (Wilkins, Phillimore and Gilchrist 2015; 2016). Many of the social and community needs identified for collaboration require collective and deliberate action based on interdependence. Using collaboration defined by trust, power sharing relationships and open and frequent communication is appropriate for these purposes (Marjolin, Powell and Muir 2015:12). Mechanisms for equity, inclusion and shared power must be in place from the beginning. This starting point is fundamental, not only for partner engagement but more so for community engagement and people affected by the problems. ‘Wicked problems’ concern those who are often ‘hard to reach’ or vulnerable, so every effort must be focused on engaging people, their families, carers and support and advocacy groups.

Wolff et al. make a strong statement that:

“Once community collaboratives have formed using a top-down approach, converting them to models that involve community residents as equal partners—whereby they have real influence over the agenda, activities, and resource allocation—is very unlikely” (2017:8).

The literature suggests that collaboration has a better chance of being successful if the partners already have a collaborative mindset of valuing working with other organisations and with the community (Chandler 2016; Himmelman 2002; Simonin et al. 2016). Scott and Bardach found the longer the partner agencies have been trying to work together, the more
likely they are to have been able to create the cognitive, emotional, and political ties that facilitate collaborative work (2018:10).

**Collaboration readiness**

The prime purpose of collaboration is to create a shared vision and joint strategies to address problems and deliver outcomes (Chrislip 2002; QCOSS 2018). Each organisation involved needs to understand its “fundamental reasons for working with others” (Simonin et al. 2016:3) and show “acceptance of different values, norms and cultures” (Porter and Birdi (2018: 106). Change may also depend on political leadership or a “soft mandate” from ministers and senior bureaucrats (Cunning and Chung 2014; Szirom et al 2002).

Collaboration readiness in terms of capabilities and competencies can be built within organisations through a core set of competencies:

- an ability to work skilfully across boundaries;
- to frame the operating context in a way that prepares members for joint working; and
- the nimbleness to work with an emerging set of norms, roles and values (Keast and Mandell 2013).

**Key mechanisms**

Key mechanisms for collaboration presented across the literature are:

- A clear and strong vision and values (QCOSS 2018; Roussos and Fawcett 2002), and these need to be agreed (Keast and Mandell 2013), focus on outcomes and making them matter (Roussos and Fawcett 2002). The outcomes can assist marketing the project, participation and momentum;
- Negotiation and communication particularly at the outset around trust and mutual interdependence (Agarwal et al 2015);
- Using processes that create inclusion, equity and are culturally appropriate; (Lightbody 2017; Taylor and Thompson 2011; Wolff et al. 2016;)
- Realistic timeframes with long term commitment from partners including appropriate and sufficient resources (Roussos and Fawcett 2000) and membership reflecting the multiple levels targeted for change (Carey and Crammond 2015).
- Setting up governance structures and formal agreements with clear information and responsibility arrangements, risk management, reporting, communication (Wilkins, Phillimore and Gilchrist 2015; 2016) and collaborative decision-making (Chrislip 2002); flexible governance that adjusts with the progress of the collaboration (Bryson, Crosby and Stone 2015:6).
- Sharing of power works better when there is collective governance and has structures that do not signal hierarchy and privilege (Cook 2015). Power inequalities present risks across all structures and processes including lack of ownership and sense of purpose.
- Shared roles and responsibilities are required including roles such as a convenor role (Agarwal, Caiola and Gibson 2015) and a secretariat or project role (Scott and Bardach 2018). Care needs to be taken to avoid power asymmetries (Nous Group 2013).
• Securing financial and other resources for the collaboration including transactional and coordination costs such as secretariat resources, project management (Scott and Bardach 2018); joint budgets and pooled funding (Keast and Mandell 2013; Szirom et al 2002).

• People with boundary spanning skills and abilities to work flexibly and constructively through the reality of collaboration – complex and dynamic (Carey and Crammond 2015; O’Flynn 2014).

• A learning outlook that builds collaborative capacity and capabilities of members, develops shared leadership and enhances feedback mechanisms, review and adaption (Chapman 2018; Keast and Mandell 2013).

• Collaborative action planning about what to do, when and how to do it using inclusive engagement processes such as co-design and co-production (Smart 2017).

• Developing and supporting shared leadership (diversified and dispersed) (Chrislip 2002; Chapman 2018) and building collaborative leadership skills (Keast and Mandell 2013).

• Sound adaptive mechanisms and an understanding that it is a dynamic process (Bryson, Crosby and Stone 2015). Facilitation is crucial to guide adaptive work based on consensus-based decision making rather than majority rule (Chrislip 2002).

• Appetite for risk taking and sharing risks as well as responsibilities and rewards (Himmelman 2002; Porter and Birdi 2018).

• Technical assistance and support (Roussos and Fawcett 2002).

• Documentation and evaluation systems that capture intermediate outcomes to help document progress, celebrate accomplishments, identify barriers, and redirect activities when necessary; (Wolff 2016).

Enhancing collaboration

There are some clear principles for success that are mechanisms and key processes discussed in recent literature. These include co-design and co-production; learning and leadership; power sharing and boundary spanning mechanisms.

• Co-design and community partnering

Community members, consumers and carers’ involvement is required in deciding the purpose and mechanisms of the cross-sectoral collaboration; and creating momentum. Advanced or emergent planning with the community and relevant stakeholders needs to be occur early in formation. This can assist in social learning for the collaboration members and provide them with broader perspectives, knowledge and support. It helps clarify the problem, both locally and broadly, and produce deeper understanding of public and other values for engagement in the collaboration. It also identifies other useful information and possibilities for action.

Open dialogue can be facilitated through multiple engagement mechanisms and co-design (Blomkamp 2018; Smart 2017; WACOSS 2016); inclusive mechanisms and processes such as deliberative governance (Gollagher and Hartz-Karp 2013); and co-production (Alakeson, Bunnin and Miller 2013; Alford and Yates 2016) which align with collaboration. Using these processes strengthens the genuineness and inclusiveness of collaboration and can differentiate it from the other relationships which are not as strong or interdependent (Smart 2017).
Learning and leadership

Increasingly, the role of leadership capabilities, values and skills are identified as essential to success (Chapman 2018; Chrislip 2002; Rees, Jacklin-Jarvis and Terry, 2018). Leadership and leadership skills are required across members. Keast and Mandell (2013) point out that the competencies and capabilities of partners are the scaffolding or building blocks of effective collaboration (Huxham 1996; Keast and Mandell 2013). In readiness for collaboration, organisations will contribute more effectively if they put resources (time, effort, budget) into developing collaborative capacity across the organisation. Those people with direct involvement will need more specific learning (Keast and Mandell 2013; Chapman 2018).

Sharing of power

Power equity is seen as a necessary mechanism but difficult to create as it is multifaceted, associated with blurred boundaries and dispersed. Unequal use of power risks the collaboration achieving desired outcomes (Cook 2015:12). Huxham and Vangen (2008:32) identify various points of power and note it is not just the ‘purse strings’ that produce power. Resolution is through bridging differences, inclusive structures, communication, legitimacy including, fair hearing in decision-making settings and from exploring norms for the members (Bryson et al. 2015). Chandler (2016) suggests openness to criticism and expecting conflict and to intentionally creating opportunities to talk about trust issues and friction points. She suggests “if you ignore tensions or outright conflict, you’ll miss important signals that can otherwise lead to improvements and better solutions (2016:3).

Boundary spanners

Boundary spanners are involved in the work of the collaboration such as strategic planning, stakeholder involvement. They are people that show these attributes and include various members of the partnership. The strengths they bring are the ability to mobilise and energise others; think broadly; appreciate various perspectives and experiences; constructively resolve conflict, coaching of others to work in more collective styles, align top-down policies and bottom-up issues and exercise ‘political savvy’ (Keast and Mandell 2013). Boundary spanners could be involved from all agencies. These roles can be specific staff, working groups or shared leadership and boundaries are not only structural they are also cultural and functional (Carey, Buick, Pescud and Malbon 2017). They need room to be fluid in their work groups across departments or sectors is critical to the success of whole government and joined up working (Carey et al 2017, Keast, 2010; O’Flynn 2011; 2013). Capability building activity can support skills development.

10. Collaboration in Western Australia

10.1 What are the key factors/conditions that support collaboration between and within the community services sector and Government in Western Australia?

Political will, policy and accountability frameworks

There is a strong history of cooperation and coordination between and within the community services sector and the WA public sector. This has been supported centrally by the Department of Premier and Cabinet, initially through the Partnership Forum of the previous government, and currently through a more focused forum, the SCF. It can be an effective mechanism for building cross-sector relationships, developing understanding
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across sectors and enhancing problem solving and facilitating open dialogue. Importantly, the forum includes health and social services which enhances joined-up government approaches and sub-groups include collaboration. It is part of broader government changes and accountabilities. Other action such as merger of agencies into the Department of Communities may overcome barriers. The purpose of the new department is “collaborating to create pathways that enable individual, family and community wellbeing” (Department of Communities).

The Service Priority Review was set up to look at issues for the design and delivery of services (SPR 2017). Feedback points to a focus on communities, places and people, greater practice of co-design, better community engagement and attention in regional areas. Reform principles of partnerships and collaboration across sectors are high on the agenda.

Other changes that aim to reduce barriers to collaboration include proposed accountability mechanisms with recommendations for whole-of-government targets (State of Western Australia 2017: 15). These are:

- Agree targets for a short list of community priorities that need cross-agency collaboration; and
- Lead the implementation of a whole-of-government targets approach, which includes reducing of accountability barriers such as CEO performance arrangements and the Outcome Based Management (OBM) framework.

Also, within the WA Health Department, the Sustainable Health Review is realigning directions that are potential enablers for collaboration.

**Partnership focus in contracting of services**

The contracting of not-for-profit services by the WA Government has had a focus on building partnerships for some years. Contracting of services will be supported through the updated version of the Delivering Community Services in Partnership Policy (DCSPP) (State of Western Australia 2018), which reframes the previous version (2011) towards collaboration. Berends, Ritter and Chalmers’ (2015) case study of the initial partnership policy, based on the alcohol and other drug sector in WA, showed evidence of shared motivation, trusting relationships, openness and collective planning. The recent version has built on the partnering approach to further support:

- Breaking down of barriers between government and not-for-profit community services sector;
- Promoting flexibility innovation and community responsiveness;
- Genuine stakeholder engagement and co-design;
- Partnership principles include “a collaborative approach to decision-making based on mutual trust and respect” and a sharper focus on community needs; and
- Political will (State of Western Australia 2018).

The new version of the DCSPP provides a more supportive architecture for collaboration as does the work towards accountability barriers for cross-agency work.
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Relationship building – networks, cooperation, coordination collaboration

There is a strong appetite and action in WA for partnerships and collaboration with various fluid relationships across sectors. Many community sector organisation form partnerships for joint tender bids and proposals; are involved in cross sector networks with government; and work together for service delivery through shared facilities or networks. They also develop MoUs to work across organisation and with government around locally or regional service delivery. Various agencies have MoUs for information, sharing placement of staff, joint assessment to enhance holistic responses for service delivery, integration of care and other ‘one stop” shop initiatives. Some examples are Family Support Networks delivering earlier targeted support for families; offender services for reintegration; Partners in Recovery focusing on health and social supports; and Inclusion agency for early childhood educators.

WA health networks have formed groups such as the disability network, mental health network and the obesity collective. Peak bodies, advocacy organisations and consumer organisations such as the Aboriginal Health Council, Carers WA, Consumers of Mental Health WA; Health Consumer Council, People with Disabilities Western Australia, National Disability Service WA, WACOSS; WA Association for Mental Health; and the WA Network of Alcohol and other Drug Agencies are also involved. There are other groups and forums that bring organisations together in working relationship across the continuum of relationships.

Working across sectors in the WA public sector has a long track record of people, at senior levels working together, through networks and committees and other forums such as the Child Safety Directors group; People with Exceptionally Complex Needs, Statewide Aboriginal Health Planning Group, and the Drug and Alcohol Strategic Senior Officers’ Group.

There is a growing maturity in the community sector in relation to co-production and co-design, collective impact and collaboration.

Involvement and proactive engagement in collaboration

Community organisations, particularly in the disability sector have worked in person-centred and holistic ways with people, their carers and families. The health and community workforces in WA have increasingly developed more inclusive and holistic services are less inclined to respond with siloed ‘wrong door’ solutions (Kalveid et al. 2018; Soo, Chen and Edwards 2017; Winkworth and White 2011).

The housing sector has worked jointly across government agencies and between sectors with community organisation around homelessness and presents a “rich service system” of a range of innovate initiatives in its recent evaluation report (Kalveeld L et al. 2018:89). They describe collaborative mechanisms although they are not sure how integrated the different programs are with each other and with health, legal and justice services. The report presents sound examples of joined-up working supported by the WA Implementation Plan for the National Partnership Agreement on Homelessness (NPAH), which was introduced in 2011 (2018:87). Examples of best practice approaches include Anglicare’s Foyer Oxford, Ruah’s 50 Lives, 50 Homes, Street to Home, and Safe at Home. It has been independently evaluated and is achieving successful long-term outcomes for clients.
Other examples of ongoing collaboration are evident in:

- Gollagher and Hartz-Karp’s (2013) use of deliberative collaborative governance in planning and sustainability and have a continuing project in Geraldton. Other projects;
- City of Swan’s work on place management (Bishop 2016); and
- Cross-sector collaboration projects such as the place-based Youth Partnership project (YPP) in the south east corridor of Perth using pooled funding and resources to improve outcomes for young people with complex needs (Youth Partnership Project 2017).

10.2 What are the barriers to collaboration between and within the community services sector and Government in Western Australia?

The main barriers will be those of time, trust and turf and narrowing down collaboratively to identify where, and for what problem, scarce resources will be provided. There is a focus in the SPR on regional areas and distance will be a factor in resources such as time and capacity for engagement. Barriers related to inequality and engaging the community need careful attention and are a key issue to be addressed. Lightbody points out that:

“Inequalities faced at large in society – education, confidence, resources, responsibilities (work and caring), language barriers, disabilities – often constitute the key barriers that prevent people from taking part in community engagement processes in the first instance” (Lightbody 2017:1).

She also emphasises that engagement is not a ‘one-size fits all’ response. Barriers can arise from cultural differences, so that one group do not want to meet on what they see as another’s turf. This can occur between different community groups with a venue not seen as culturally appropriate to their community. Social change to reduce problems involves engaging with those who are ‘hard to reach’ and people are more interested if they know what is involved and they identify a shared purpose. Deep engagement requires varied and flexible approaches to be productive.

Other barriers related to capacity are the resources within the public sector to engage in the collaboration and, to do this effectively, develop competencies and capabilities for collaborative practice. Similarly, within the community sector, there may be too much expected of them without funding to do capacity building and collaborative participation. They may also be stretched with processes of funding bids, implementation and sector changes. There is now a more competitive environment influenced by changes such as the National Disability Insurance Scheme (NDIS) rollout. It has brought in competition from other states and uncertainties relating to the impact of a market based competitive environment (Green C, Malbon E, Carey G Dickinson H, Reeder D 2018).

10.3 What could be done to overcome barriers to collaboration between and within the community services sector and Government in Western Australia?

Nous Group (2013) identified barriers of power sharing; inadequate accountability and insufficient investment and probably to a degree differences in operating language and culture. Ensuring effective collaboration processes and structures are in place, that funding is available, and governance is used based on the attributes of collaboration. Other
resources also need to be in place including accountability and information (Wilkins, Phillimore and Gilchrist 2015) and understanding of collaboration (Lightbody 2017).

Some problems are viewed as intractable and never really given the focus and innovation required. Lightbody uses the term ‘easy-to-ignore’ as she sees the barrier of ‘hard to reach’ as not really identifying the full complexity and that these groups are ignored because it is easier than tackling the diverse and hugely complicated barriers that some people face (Lightbody 2017:6). Collaborative action to gain improvements need to be well resourced and funded.

Place-based approaches are one way of working closely across and within a community to create trust and possibly social cohesion to address the problems being addressed (Ham and Alderwick 2015). However, communities are not only place specific. There are also communities of interest and identity and broader strategies for change through collaboration are required.

**Appropriate governance**

Mechanisms to support governance are processes and instruments for decision-making, project management, stakeholder engagement conflict resolution, accountability, budgets and financial management, risk management, technology use, communication, marketing and reporting. They need to be appropriate to the undertaking, stakeholders involved and the scale of the collaboration (Jackson, Nicholson, Doust, Cheung & O’Donnell 2008).

Reports from watchdogs on accountability emphasise being clear about responsibilities and the roles of central agencies, legislation, formalised agreements, and balanced risk management that allows trust and innovation (Wilkins, Phillimore and Gilchrist 2015; 2016).

**Goal, measures and outcomes**

Effectiveness relies on planned action, implementation, evaluation and measurement of progress and effectiveness and using these mechanisms to provide feedback to the collaboration process. Keast (2011) found that failure in achieving collaboration is generally from a mismatch between set goals and the mechanisms used to achieve them. Bryson, Crosby and Stone emphasise having “the ends in mind and designing processes, structures, and their interactions in such a way that desired outcomes will be achieved and required accountabilities met” (2015:1). Consensus on long-term goals and outcomes is necessary, but there also needs to be intermediate outcomes (Scott and Bardach 2018) and/or process measures. Carey and Harris (2016) believe the focus on end-outcome targets hinders collaboration and process measures are more useful, providing performance information for adaptive management.

**Service Priority Review**

There are some supportive actions that the government has already flagged in *Working Together: One public sector delivering for WA, Service Priority Review, Final Report to the Western Australian Government 2017* and these include:

- strong support for co-design practices in service design and delivery;
- building on lasting partnerships with input from people and community;
• potential changes to the Outcome Based Management (OBM) so that KPIs are designed to be achieved through cross-agency collaboration, which supports alternative budget measures rather than siloed ones;
• Budget approvals and reporting systems designed to actively support agencies to work collaboratively in the budget process;
• Agreeing targets for a short list of community priorities that need cross agency collaboration; and
• Multilateral process for budget bids to support and increase working collaboratively (2017:86).

10.4 What could be done to successfully embed a ‘culture of collaboration’ within government agencies and the community services sector in Western Australia?

A key action is agreeing targets for a short list of community priorities that need cross agency collaboration with funding allocated across the time frame based on financial analysis of fit for purpose resource requirements. Importantly, as resources are limited, it may be necessary to work with a short list of priorities so that decisions can be made collectively. For this to occur there needs to be engagement and open dialogue about possibilities for collaboration such as what problem, what outcomes are required, what is the geographic scope (place-based, if so where or state-wide). This short list has already been flagged in the SPR. Some of this has commenced with the 100 families project announced in May 2018.

Leadership and collaborative capacity building

Cultural change and collaborative capabilities need to be developed in both sectors. There are some essential competencies and roles evident in the literature. It would be useful to work with community sector agencies who have been involved in developing resources, guides and training around collaboration and co-design such as the Connect with me Co-design guide (People with Disabilities WA 2017). A summary table of core collaboration competencies and capabilities is shown below in Table 2.

The review of literature has indicated that capacity building for two key roles – leadership and boundary spanners. These are not roles that all members can have and do. Leadership capacity needs to be developed across the government agencies involved in the SCF and within the community sector. Learning is a central mechanism to embed core collaboration competencies.
Table 2. Summary of core collaboration competencies/capabilities and characteristics (ARACY 2013)

<table>
<thead>
<tr>
<th>Getting things done through others</th>
<th>Analysis and planning</th>
<th>Driving the process</th>
<th>Personal attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communication skills</td>
<td>• Listening and learning Problem assessment</td>
<td>• Vision setting</td>
<td>• Able to ‘read’ interactions and exchanges</td>
</tr>
<tr>
<td>• Relationship skills</td>
<td>• Strategic planning</td>
<td>• Resources</td>
<td>• Trustworthy</td>
</tr>
<tr>
<td>• Build and maintain nurturing</td>
<td>• Strategic relationship building</td>
<td>• Linking and leveraging relationships</td>
<td>• Sense of humour</td>
</tr>
<tr>
<td>• Leadership skills</td>
<td>• Work planning</td>
<td>• Getting ‘buy-in’ from members</td>
<td>• Empathy (step in shoes)</td>
</tr>
<tr>
<td>• Process catalyst</td>
<td>• Performance measurement and evaluation</td>
<td>• Energise and mobilise</td>
<td>• Flexibility</td>
</tr>
<tr>
<td>• Group process skills</td>
<td>• Alignment of top down and bottom up processes</td>
<td>• Building coalitions</td>
<td>• Perseverance</td>
</tr>
<tr>
<td>• Change management skills</td>
<td></td>
<td>• Modelling collaborative practice</td>
<td>• Commitment</td>
</tr>
<tr>
<td>• Negotiation skills (interest based)</td>
<td></td>
<td>• Community building</td>
<td>• Cooperative spirit</td>
</tr>
<tr>
<td>• Deal constructively with conflict</td>
<td></td>
<td>• Managing relationships/ expectations</td>
<td>• Strong personal presence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assignment of tasks and people</td>
<td>• Politically astute/savvy</td>
</tr>
</tbody>
</table>

The influence of leadership skills is evident throughout the review and is presented as different from top down hierarchical leadership. Leadership in creating a culture of “collaborative professionalism” and working across boundaries requires:

- Skilled communicators – emphasise through negotiation and see a situation for a range of perspectives and are genuine and respectful;
- Excellent networkers – gain access to settings, seek out and connect with others with common interests and goals;
- Strategic in orientation – see the big picture and understand how all partners can contribute to achieve common goals;
- Contextually astute – who understand how opportunities and constraints influence behaviour
- Problem-solvers – who think laterally and creatively to seek solutions and connect problems to solutions
- Self-managing – who take risks within and have sound organisational skills (Chapman 2018).
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