RESEARCH AND EVALUATION

Australia's Children 'Safe and Well'?[1] Collaborating with Purpose Across Commonwealth Family Relationship and State Child Protection Systems

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So ubiquitous is reference to collaboration in policy documents that it is in danger of being ignored altogether by service deliverers who are not clear about its rationale, how it is built, or its real value. This is evident in the child and family services context where for example the National Framework for Protecting Australia's Children calls for collaboration and a 'shared responsibility' across the state, Commonwealth and the non-government sectors to keep children safe and well. This article describes a project undertaken to analyse and ultimately increase levels of collaboration between state and Commonwealth government family service providers. The research reinforced an important message that levels of collaboration should align with the vulnerability of children and their families: the greater the level of risks to children, the greater the level of collaboration needed within and between systems to keep children safe.

Key words: *collaboration, cross sectoral, Commonwealth and state service delivery, child protection, family relationships, family support*

In the past many human services were designed and delivered based on assumptions that individual programs deliver distinct benefits to particular populations (Scott 2005). At the state level this took the form of separate clearly identifiable organisations working in education, health, mental health, family support, criminal justice, juvenile justice or child protection. This siloed approach was even more evident between Commonwealth and state jurisdictions, with, for example minimal interface between the Commonwealth social security system (Centrelink), the Child Support Agency, and the growing number of Family Relationship agencies, and state and Commonwealth funded child welfare and family support agencies.

This 'logic' is now widely challenged, with recognition that serious social problems are multifaceted, cumulative and interlinked and therefore need to be addressed in ways that cross professional, sector and jurisdictional boundaries (Cashmore et al. 2001; Vinson 2007).

The call to 'collaborate' is not new in the delivery of human services. More than 30 years ago interagency cooperation was hailed as the panacea for duplication, overlap and fragmentation in increasingly complex social service environment. However the language and the narratives have changed over time. For example, by the end of the 20th century and the beginning of the 21st, the United Kingdom (UK)

modernised its response to social exclusion through the rhetoric of 'joined up' thinking (Frost and Stein 2009). In Australia, years of state and territory government welfare rhetoric about 'working together' converged with a new collaborative imperative outlined by Peter Shergold, the then Secretary of the Department of Prime Minister and Cabinet, in the manifesto *Connecting Government* on wicked problems (MAC 2004; O'Flynn 2009). In 2009 the National Framework for Protecting Australia's Children called for collaboration and a 'shared responsibility' across the state, Commonwealth and the non-government sectors to keep children safe and well. More recently there has been a call for greater collaboration both among Australian Public Service (APS) agencies and other sectors and jurisdictions and for public service leaders generally to foster a culture of innovation and collaboration (Moran 2010).

A wide range of terms (such as 'cooperating'; 'forming coalitions', 'networking', 'creating alliances', 'working together', 'working across sectors', 'multi disciplinary approaches', 'partnerships', and, 'service integration' (Corbett and Noyes 2008; Horwath and Morrison 2007; Huxham 1996) are now used somewhat interchangeably to refer to the move away from the 'bureaucratic fiefdoms and competition' of the past (O'Flynn 2009:112). An emerging idea in the collaboration literature is that particular collaborative strategies should be aligned to specific purposes. Although there may be benefits generally in increasing collaborative approaches across the multiple and complex service systems involved in the lives of children and families, research in other fields of policy implementation such as employment, indicate that it is not reasonable to assume that collaboration per se will always have a positive impact or that the impact is always commensurate with the resources expended (Huxham 1996; Lundin 2007; O'Flynn 2009). Since complex partnerships are costly in every sense, good public administration requires that scarce resources be used responsibly and to the maximum benefit of the population.

This article describes a project undertaken to analyse and ultimately increase levels of collaboration between Child Protection, Family Relationship and Family Support service systems involving both state and Commonwealth government services and funded service providers. The article argues the case for a developmental approach to collaboration, and in the case of collaboration to protect children, that the intensity and complexity of collaboration should align with levels of child and family vulnerability and risk.

The Project

The project was a joint initiative of the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and the Victorian Department of Human Services (DHS). The researchers were commissioned by FaHCSIA to propose a model which could advance the level of 'collaboration and integration' between Victorian state funded agencies (Child Protection and Family Services, including ChildFIRST) and Commonwealth funded agencies (Family Relationship Services, including Family Relationship Centres) and which could potentially be replicated across other systems.

Method

Service providers in two Victorian localities participated in the study on the basis of their expressed interest in collaboration and their direct working relationship in child protection and family relationship programs. In addition the researchers engaged other organisations which are direct government service deliverers or are funded by both Commonwealth and state programs and offer a range of related child and family services.[2] Thirty two agencies were invited to take part in the consultations and 59 people actually participated in agency, cross agency meetings (two thirds of participants) or individual interviews (one third of participants). Additionally three phone interviews were conducted with participants who were not able to attend but who requested a further opportunity to take part. In all, the consultations involved 62 people; 22 were from government service delivery agencies and 37 were from non-government agencies.

A focused literature review provided the basis for the development of a semi-structured interview and focus group schedule. Participants were invited to discuss the way services are currently working to achieve more targeted protection and support for vulnerable children and their families. They were specifically asked to consider why collaboration between services is important, the kinds of collaborative activities that currently take place, what enables services to work together and what stands in the way. The focused review of the literature also provided the basis for several 'theoretical constructs' which were used in the interviews and group discussions, and informed data collection and analysis. One of these, a heuristic model of collaboration, was used as a prompt to increase understanding of the practical way collaboration develops within and across these service systems. The model identified three broad levels of collaboration: 'networking', 'coordinating' and 'integrating', which are derived from multiple collaboration typologies (Himmelman 1992; Huxham 1996; Mattessich and Monsey 1992; O'Flynn 2009; Winkworth 2005). This developmental model is discussed more fully later and is the main focus of this article. With the permission of participants all meetings and interviews were audiotaped and transcribed. The transcriptions were coded drawing on the theoretical constructs and other emerging themes.

Also using Mark Moore's theory of change (1995, 2000) the researchers identified the enablers and barriers to collaboration between systems and proposed a model for greater integration (Winkworth and Healy 2009; White and Wookey 2009) including an administrators partnership tool to facilitate better collaboration between systems (Winkworth and White 2010). In short Moore argues that effective action in a complex hierarchical system needs to be a product of three intersecting dynamics. The absence of any one of these will mean that even the best intentions will fail to deliver effective change. At their highest level these dynamics can be described by the concepts of authority, public value and capability:

- **Authority** – without an appropriate authorising environment the momentum for multidisciplinary and multiservice collaboration will be quickly lost and more traditional ways of doing things will emerge and re-establish themselves.
- **Public value** – effective collaboration will only take place if it is seen to produce desirable outcomes. These outcomes need to be agreed between participants and, at best, are able to be described and measured.
- **Capability** – collaborative efforts between agencies and individuals need to be appropriately resourced. Many efforts in this area have failed due to the lack of resources or lack of skill on the part of those who are seeking to collaborate.

Enablers and barriers are discussed more fully elsewhere (Winkworth and White 2010) but are referred to briefly in this article to emphasise that effective collaboration at the three levels in the model will not be sustained without the existence of these intersecting dynamics.

Framing the Policy Problem

In 2008-09, the number of children subject to a child protection notification increased by 6.2% to 207,462, and the number of children subject to a substantiation of a notification increased by 1.7% to 32,641 (AIHW 2009). Multiple system and child death inquiries have pointed to the failure of collaboration between human service systems to prevent or minimise harm to children (Gibbs 2009; Kelly and Milner 1996; Kolasa 2006; Munro 2005). While most attention to these failures in the past has focused on state government service delivery systems, the National Child Protection Framework identifies a lack of collaboration also between Commonwealth and state jurisdictions, not only in the identification and reporting of child abuse and neglect but in working together to support vulnerable families, earlier, and prevent the intrusive levels of intervention in family life that are a necessary part of direct statutory child protection involvement (COAG 2009:5-7).

More specifically there is a strong rationale for collaboration between Commonwealth government family relationship and state government child protection and family support systems which is essentially that many of the same clients are potential users of both systems, and that collaboration between systems could provide more timely, coordinated and effective interventions. These interventions can potentially, firstly, keep highly at risk children safe, and second, provide a greater range of support services to assist vulnerable families. Both jurisdictions fund or directly provide a range of services to respond to the needs of vulnerable children and their families. In particular the Commonwealth funds a range of services associated with the operation of the *Family Law Act* to support families in their parenting roles at the time of separation. The Commonwealth also provides family relationship services through its Family Support Program (FSP). Similarly the states provide a wide range of family support programs as well as statutory child protection services to intervene directly in families where children are identified as at risk of harm.

Although no systematic data of families crossing these two systems are collected, child abuse and neglect data gathered by the state system and relevant family law research provides compelling reasons to assume that many do. For example: it is well established that many children exposed to domestic violence and high conflict situations suffer harm through child abuse and neglect. Emotional harm, which is now by far the most common form of reported harm to children in Australia (AIHW 2008) is increasingly recognised as occurring in the context of family violence and high conflict (Brown and Alexander 2007; Grimes and McIntosh 2004; McIntosh 2002; McIntosh and Long 2005). Additionally, a relatively high proportion of substantiations of child abuse and neglect involve children living in separated families and in two parent step or blended families (AIHW 2009; Coohey 1996 in AIHW 2009). There is also substantial evidence now that children are particularly vulnerable to abuse before, during and after separation (Brown and Alexander 2007; Humphreys and Stanley 2005).

The fact that there is significant potential for children involved in parental separation to be at risk of abuse or neglect has also been recognised in the *Family Law Act* itself for many years. More recently, the 2006 changes to the Act require information sharing between the Commonwealth and state systems to ensure child safety. The law now requires that the issue of family violence and child abuse is specifically considered when families present to Family Relationships Centres or other nominated providers of dispute resolution. Family Dispute Resolution practitioners must now ascertain risks that were often previously assessed in a court setting. Other practitioners within the Family Relationship System also need information about risks to children so as to ensure the development of safe parenting plans (Australian Government 2010)

Against this background, there are good arguments for the Commonwealth and state service systems to provide a more collaborative response to the needs of vulnerable children and families. However in framing this response we argue there is a need to consider two core ideas:

- Firstly, that the implementation of collaborative relationships between services across the many boundaries in human services, will depend on ensuring that the three components of successful implementation identified by Moore (1995) are put in place; and
- Secondly, that collaboration will take different forms depending on the needs of children and families. More vulnerable families will need more complex forms of collaboration, while less vulnerable families will largely manage their own needs more effectively in a loosely networked environment.

Theoretically the intensity of collaboration which accords with different family scenarios increases along a continuum of complexity and commitment (Himmelman 1992). As indicated above we drew on the conceptual work of collaboration researchers (Corbett and Noyes 2008; Darlington, Feeney, and Rixon 2005; Horwath and Morrison 2007;

Figure 1. Collaboration Risk and Vulnerability
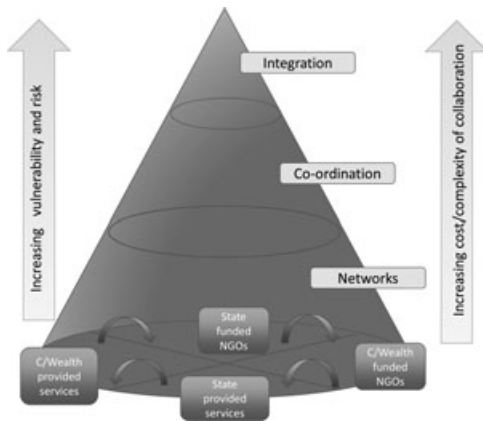
Mattessich and Monsey 1992) to identify a tiered approach to collaboration involving three increasingly complex levels. These levels: 'Networking' (Level 1), 'coordinating' (Level 2) and 'integrating' (Level 3) are not mutually exclusive and the more complex levels rely on successful achievement of the less complex. The different levels of collaboration across state and Commonwealth child and family service delivery organisations and systems are represented diagrammatically above (Figure 1). We used elements of this 'collaboration heuristic' as the basis for discussion with service providers about the way they worked with other services within and across state and Commonwealth service system.

Findings

We found good examples of collaboration *within* Commonwealth and state systems along the theoretical continuum described above but limited collaboration at any of these levels *between* Commonwealth and state systems.

To demonstrate the scope of current collaborative activities and the essential features of a differentiated model we identify the different purposes served by each tier, the theoretical underpinnings of each tier and, examples found *within* systems. We also briefly discuss the barriers and enablers to the development of the tiered approach across systems. Ap-

pendix 1 summarises collaborative levels identified through a synthesis of the literature and the research. It considers these by purpose and structure. Examples at each level in the Family Services context are also identified.

Level 1: Networking

Communication strategies are universally identified as the foundation of collaboration. The set of communication activities, often described as 'networking' is pursued in recognition that collaboration is reliant on individual relationships and reciprocity. Within the child and family context the aim of 'networking' is usually to build knowledge and an initial level of trust between different disciplines, services or sectors, often first undertaken on a person to person basis (Huxham 1996). Increased knowledge about other services, particularly at the local level, greatly increases the range of options that can be offered to parents and families, earlier.

Networking often leads to small scale cooperative activities, often on a case by case basis (Horwath and Morrison 2007), between skilled practitioners regardless of agency policies and procedures (and sometimes in spite of these). At this level there are limited or no formal agreements such as protocols or Memoranda of Understanding (MOU). Agencies may work towards different targets or goals; practice is variable and dependent upon individuals; and affiliations are primarily towards own agency or discipline (Horwath and Morrison 2007:57). 'Cooperating' on small scale ventures is a way in which potential partners test whether the other is likely to be a good partner in more complex collaborations.

Both Commonwealth and state service systems identified examples of this early stage of partnership development *within* each system. For example the Family Services Partners Network in Wodonga[3] is an excellent example of a state government and non-government service system for children and families. Services come together regularly to increase knowledge of the issues confronting families in the many different spheres of their lives (such as health, mental health, education and housing). The

Network has regular forums with expert guest speakers.

Commonwealth funded programs also indicated examples of networking and cooperating with each other. For example the joint information sessions to parents by the Family Relationship Centre in Frankston/Mornington Peninsular is a good example of small-scale cooperation initiated by the Commonwealth Family Relationship Centre with other Commonwealth service delivery agencies to build the foundation for more complex partnerships.

> The Community Legal Service is one where we've actually done some joint service delivery and there's a great awareness of the need to strengthen that as one of the pathways . . . we've actually got a ten point action plan with them to increase cooperation (Family Life participant).

The collaboration between Maternal and Child Health (Victorian local government) and the Frankston Family Relationship Centre also demonstrates how small cooperative initiatives for families can develop from simple networking exercises such as joint information sessions:

> The FRC has been out to talk to the Maternal and Child Health [MACH] Team 3 times over the past two years . . . then we were approached by them to run some Saturday morning sessions for single fathers, jointly with the FRC (MACH participant).

Consultations indicated that within Commonwealth and state systems good examples of networking existed which resulted in a greater level of information about state *or* Commonwealth service delivery options being conveyed to 'clients'. However we found limited examples of networking *between* Commonwealth and state services (with the exception of Upper Murray Family Care in Wodonga where some state and Commonwealth funded non-government services operated from within the same agency).

In practice this meant that families with relationship issues who accessed a state funded family support service would be provided with information about other state services such as child protection or mental health, but were unlikely to be informed about income or child support services, or the range of services that were available in the Commonwealth Family Relationship Centres. Lack of networking *between* systems meant that parents who accessed a range of services from Commonwealth funded agencies were unlikely to be given comprehensive information about state funded family support and child protection services, including how these services actually work to protect children.

Participants from Commonwealth funded services consistently identified a history of difficulties in their interactions with State Child Protection. Several specific issues were identified including a perception that Child Protection lacked appreciation of risks to children before, during and after parental separation; that there was a tendency to regard reported family law related matters as malicious and without real substance; and that there was a lack of opportunity provided to Family Relationship services to engage in 'round table' discussions with them about specific issues of concern. Further, Commonwealth services claimed that state child protection authorities do not provide urgently needed feedback about child abuse histories, the outcomes of current investigations or the status of open cases to Commonwealth funded services, thereby putting families at risk of further harm. Several participants indicated that in their view, state child protection agencies are 'not up to date' with changes to the *Family Law Act* which confer statutory decision-making powers on Family Dispute Resolution practitioners specifically related to the existence of child abuse or neglect and/or family violence.

Our consultations with Child Protection also reflected a lack of information flow between systems including a lack of knowledge about changes to the *Family Law Act* requiring Family Dispute Resolution practitioners to make judgments about the vulnerability of children, and a general lack of awareness of the relevance of services provided through the Family Relationship system of potential benefit to their client group.

Level 2: Coordinating

Activities that move beyond networking to coordination involve a more formal level of organisational involvement and planning (Mattessich and Monsey 1992). While the research evidence in other human services contexts is limited, studies have found that coordination, which requires a higher level of intensity and resources than 'networking' is more effective as the policy implementation challenge becomes more complex. For example a Swedish labour market study found that a higher level of collaboration was required to improve outcomes for 'individuals with especially long spells of unemployment' than for unemployed young people who had not been unemployed for long periods (Lundin 2007:629).

Coordination is also considered particularly important from the point of view of potential service users who find formal systems unfriendly (Huxham 1996) and who tend not to use formal services that are often specifically set up to assist them (Winkworth 2005; Winkworth, McArthur, Layton, and Thomson 2010). For example, agencies which initially network to share information about programs may decide to take this a step further and change their program content and schedules to better serve their mutual client groups (Huxham 1996). In human services contexts coordination may involve changes to intake, assessment and referral processes to take account of the need for clients to move smoothly between services. Similarly collocation of agencies or out-posting of staff to other agencies to form a bridge between services/systems are other examples of coordination to increase service accessibility. Research within Centrelink found that coordinated activities with local agencies such as collocating staff in migrant resource centres and providing a regular space at their offices for state government tenancy officers improved accessibility for mutual service users (Winkworth 2004).

Turning now to the consultations, we found several examples of coordinated activities *within* state or Commonwealth systems which were specifically designed to improve their accessibility to vulnerable families. For example Family Life (Frankston/Mornington Peninsula) has collocated a family violence worker at Peninsula Community Health Service. This has resulted in a more accessible men's behaviour change program that operates in the local area with enhanced pathways to other men's family violence services such as a Men's Helpline. However, the strongest example of service coordination was the state government's decision to base child protection teams in local registered community based providers (state funded non-government agencies). The community based Child Protection worker provides a consultation service to agencies about the best level of intervention to assist vulnerable children:

> The CPWs facilitate referrals from Child Protection Services into Family Services (from Child Protection intake or case management) ... the Department created the role to help the consultation process so that they might do things like hear about a case and provide some recommendations about what should happen for the safety of the child. The case is then better able to be managed in the community or the CPW might recommend that the risk level has become too high and it might need to come back into Child Protection. They will facilitate that report back in ... [Team Leader of Community Based Child Protection Workers].

In striking contrast to the views expressed by Commonwealth providers (above) about the lack of responsiveness of State Child Protection services, these state funded agencies clearly appreciate the role played by the community based Child Protection worker in being able to quickly identify risks to children and young people and the best level of intervention to respond to that risk. Participants consistently indicated the helpfulness of the community based Child Protection worker in facilitating referrals to and from Child Protection Services.

The creation of the 'portfolio' cross sectoral position in the Frankston Office of State Child Protection Services is another example of 'coordination' which has the specific purpose of making information and services more accessible to other service providers and ultimately to children and their families. A number of portfolio positions have been created to facilitate

better liaison and problem solving between Child Protection and other state government service systems that have major roles to play in the protection of vulnerable children (notably the police, health and education systems). These positions were considered important in identifying and resolving both systems and case issues and in providing an entry point for navigating the broader child protection system. The participants noted that no portfolio positions existed to assist in the navigation of the child protection system by Commonwealth service providers.

We were told of a number of 'navigation' problems generally between systems which indicate a lack of coordinated pathways between Commonwealth and state services. One example provided was where an isolated parent with a mental health problem who was struggling to raise very young children on her own, missed an opportunity for much needed family support because the state and Commonwealth systems did not have a process for a joint meeting with her to allay her fears about the involvement of a family support worker from a different agency. A likely outcome of this parent's lack of family support is an intervention by statutory child protection in part because no less invasive, coordinated intervention was available between Commonwealth and state systems.

Level 3: Integrating

We propose that 'system integration', which has become the focus of efforts in the United Kingdom in recent years through *Every Child Matters* and *For Scotland's Children* (in Horwath and Morrison 2007), is a much more resource intensive level of collaboration and should only be the preferred strategy for children and other family members who are highly vulnerable. In the UK system integration is often characterised by formal agreements between services; clearly identified shared goals and targets; legislation which requires partnerships between agencies; some unified management systems; pooled funds; common governance arrangements; and whole systems approaches to training and information (Horwath and Morrison 2007:58).

The best example of integration found in this research was Victoria's Integrated Family Support (IFS) system. The IFS brings together ChildFIRST, Family Services and the former Family Services Innovations Project (FSIP) into one service model. It is delivered at a local place based area level and provides a range of services which adhere to the 'best interests' principles of the Victorian *Children Youth and Families Act 2005* (The Allen Consulting Group 2008). The model, which is written about more extensively in Kolasa (2006) provides a coordinated intake service for specifically funded family services agencies within sub-regional catchment areas for parents, professionals and members of the public who are concerned about the wellbeing of children. These arrangements are designed to increase early intervention and support to families and to ensure that reports to the Child Protection system in DHS are those which genuinely require a statutory response.

A statewide agreement describes business rules between the community and the statutory system across the state – an appendix is then added to describe how these statewide business rules will be implemented locally. For example the ChildFIRST Alliance in Wodonga has recently spent considerable time on the development of a protocol on how the Alliance members work together when cases that are open in ChildFIRST are reported to Child Protection Intake.

A practice example of what is possible through an integrated approach to children at high-risk harm is the Consultancy Panel in Frankston which has been operating for over three years and has been instrumental in achieving stronger partnerships between the Integrated Family Services (including ChildFIRST) group and other state based services:

> The panel is chaired by the manager of ChildFIRST and members include Education, Child and Adolescent Mental Health Team, the Police, Drug and Alcohol Services and Child Protection. With the permission of the family other services are invited as required. The panel meets bi monthly. With the permission of families, high risk situations are discussed in detail and the focus is on finding solutions (ChildFIRST).

However, despite the stated benefits of 'roundtables' to very vulnerable children, Commonwealth service providers were consistently absent from these 'tables'. That Centrelink in particular was not regarded as a partner in family support planning for families is significant given the consistent identification by vulnerable families that income support and employment are among their greatest needs. Discussions about the choice of partners with participants most usually elicited the view that there is a limit to 'collaboration'. It is costly in every sense and unless an agency is required to be part of an integrated arrangement, must report against collaboration in performance frameworks or can clearly see the benefits then it is unlikely to occur.

Reflections

Collaboration – A Process Rather than an Outcome

The idea that fully integrated service systems always lead to improved outcomes is by no means as unanimously agreed in the international research literature (Frost and Stein 2009; Glisson and Hemmelgarn 1998) as the consistent rhetoric in Australian policy documents would suggest. As one example of the negative unintended consequences of 'integration' for children and families, Parton (2009), referring to the UK experience, warns that systems overly focused on integration can become fixed on tracking and surveillance at the expense of relationships and trust. Not only is this financially costly; it can ultimately have negative consequences for children when families become fearful and withdraw contact with services.

This project indicated that there are significant costs to complex collaboration and that it is no simple matter to align fragmented service systems built off different funding models and from different professional perspectives, into a single integrated service model. Collaboration should not be regarded as a desired outcome in its own right, as it is frequently proposed; but rather it is a developmental process towards a shared outcome which should always be clearly articulated.

A Developmental and Purposeful Process

A developmental model of collaboration is most cost effective if each stage of development is purposefully defined and linked to the vulnerability of children and families. For example, participants indicated that, in many instances, networking and other communication mechanisms, such as interagency forums and meetings between agencies, provide a sound basis to build a better understanding of the issues confronting children and families. These activities provide a foundation for future partnership activities and should be valued because they have the capacity to make the service system more responsive to the needs of the vast majority of children and families. However, higher cost coordination and integration activities, such as the outposting of key staff in other agencies, case coordination protocols, facilitated referrals to other services and, at times, the pooling of resources, are more appropriate in situations where the risks to children and others are higher.

Drawing on this research FaHCSIA has incorporated the three tiers: networking, coordination and integration, into the program principles of its new Family Support Program (currently under development). Specifically it will require funded service providers to align the degree of collaboration with benefits to children and families, particularly the need to address safety and vulnerability issues. The three levels and their associated purposes are articulated as:

- Networking to build knowledge of other relevant services and trust between services;
- Coordinating to increase service access and reduce gaps in services; and
- Integrating to provide high level support to very vulnerable families and to ensure family members are safe.

The Enabling Elements within Systems

The research also demonstrated how these processes are built *within* jurisdictions and the key enabling elements of networking, coordination and integration. Within the theoretical framework used to analyse enablers and barriers (ie, Moore's (2000) theory of change together with key messages from the collaboration literature) it was apparent that an appropriate authorising environment, strong leadership which communicated the public value of collaboration and practice frameworks shared across services accounted for the successful developmental model of collaboration we found operating across the state service delivery system. For example, the authorising environment for collaboration in ChildFIRST was strengthened by legislation; public value was demonstrated by performance and accountability mechanisms including: cross sectoral governance at the executive level, an interagency operations group of team leaders, a practitioner network, a multi agency consultancy panel and meetings of agencies in which 'cases' were allocated. Finally, the capacity to implement collaboration was greatly enhanced by various practice mechanisms such as the collocation of staff and the community based Child Protection worker who was able to transfer knowledge between systems and consistently nurture the collaboration. Similarly the 'portfolio positions' in Frankston Child Protection Regional Office were important structures for creating policy and practice bridges between systems.

Barriers to Collaboration across Jurisdictions

The research also showed that although there are creative examples of working together *within* systems that indeed reflect activities at all three levels of collaboration, overall this was not the case *between* state and Commonwealth systems. Even at the most fundamental level networking to build trust and provide a foundation for more complex partnerships – we found minimal activity between Commonwealth and state services, apart from in one of the local areas where Commonwealth and state services were administered by the same management structures. Interagency forums, roundtables to discuss common issues and information about legislative change that critically affects both systems were, in the main, absent between state and Commonwealth funded services. The absence of shared information and networking was reflected in a number of preconceptions of 'the other' in each system that are not in step with recent policy changes such as increased service delivery by Commonwealth funded Family Relationship Services (and also the changing roles of Centrelink and the Child Support Agency). We also found that some services were not well informed about each other's structures, cultures and decision-making processes.

The barriers to collaboration between Commonwealth and state service systems appeared to primarily fall within the authority and public value spheres of Moore's (2000) theory of change. For example, despite many individual champions for building networks and improving access to a much broader range of services, generally there was an absence of a shared narrative or vision that could provide an essential starting point for collaboration. The lack of a shared vision is in part affected by an absence of data about the existence of shared clients or clients who could benefit from the collaboration between systems. The state system indicated it did not have the capacity to collect data on the number of referrals received from the Family Relationship system nor does the Commonwealth system have data on child protection involvement other than what parents self report. The critical issue of information sharing between services and jurisdictions further compounds barriers to networking and communication between Commonwealth and state services, despite evidence that the legalities of sharing information are not as prohibitive as service deliverers often believe (The Allen Consulting Group 2008).

Conclusion

In child and family service contexts across state and Commonwealth jurisdictions references to

collaboration appears to describe a wide range of ideas from networking to full service integration, with little attention to the purpose of particular collaborative strategies or the factors which facilitate or constrain their development. So ubiquitous is the non-nuanced 'cult term' (O'Flynn 2009) of collaboration that it is in danger of being ignored altogether by service deliverers who are not clear about its rationale, how it is built, or its real value for both services and clients.

The research outlined in this article contributes to knowledge about the rationale and methodology of collaboration, specifically that it can be conceptualised as a tiered approach to problem solving, which is built over time and in which each level lays an important foundation for the next. The greater the level of risk to children and other family members the greater the complexity of collaboration needed between those services, regardless of their funding sources.

It is particularly concerning in this research that although some good examples of collaboration at each of the three levels discussed in this model exist within each jurisdiction (more so within the Victorian child protection system than within Commonwealth funded system of services) collaboration is generally not visible between state and Commonwealth systems. At present the preferred method (used by Commonwealth providers) for involving the state system when children and families are vulnerable is through the blunt instrument of reporting to the state child protection authority or (in the case of the state providers) by encouraging parents who have separated to take any concerns they have to the Family Court; both of these options as a first port of call are regarded by participants in this project and other experts (Brown and Alexander 2007; Humphreys and Stanley 2005) as falling well short of an integrated focus on safety and wellbeing of children and other family members who are vulnerable or at serious risk of harm.

Participants in existing collaborations reminded us that building collaboration between services and systems takes a great deal of time and resources. It requires identifying common goals, shared governance, a common language and the use of common practice frameworks (Winkworth and Healy 2009; White and Wookey 2009). The Victorian example indicates that it may also require legislative changes to enable, for example, information sharing without parental consent in high risk situations, and commitment of resources for dedicated positions such as the community based child protection workers in Commonwealth sites. Until recently Commonwealth and state service deliverers did not have a mandate to collaborate. While this has been partly addressed by the National Framework for Protecting Australia's Children, more work is needed to create an 'authorising environment' for collaboration and to demonstrate its 'public value' if these different systems are to share the responsibility to keep children 'safe and well'. With attention to these important drivers of change, the many effective practice mechanisms which already exist could be applied *across* jurisdictions.

Endnotes

1. COAG [Council of Australian Governments]. 2009. *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020*. Canberra: Commonwealth of Australia, 11.

2. For example, Commonwealth agencies (such as The Child Support Agency, Family Relationship Centres, Family Relationship Services, Federal Magistrates Court), Victorian state government service providers (such as Department of Human Services, Community Health, Indigenous Child Welfare), local government agencies (eg, Maternal and Child Health) and Victorian state government funded non-government service providers (such as ChildFIRST agencies).

3. Consists of the Queen Elizabeth Centre, Upper Murray Family Care (UMFC), Gateway Community Health, Central Hume Support Services, Wodonga Council Maternal and Child Health Enhanced Home Visiting (all subcontractors for ChildFIRST) and other members including representatives from education, adult mental health, rural housing and North East Child and Adolescent Mental Health.

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Appendix 1.   Levels of Collaboration

Level of collaboration	Purposes and target groups	Structure and form	Examples
Level 1: Networked	To gain a better understanding of the service systems involved and issues confronting all children and their families. To develop trust between services and build the foundation for more complex partnerships.	Individual relationships and small scale cooperative activities that will benefit all families. No or limited formal agreements. Agencies may work towards different goals, affiliations primarily towards own agency or discipline.	Family Services Partners Network in (services come together regularly to increase knowledge of issues confronting families). Family Relationship Centre and Community Legal Service present joint information sessions to parents. Maternal and Child Health nurses provide information to single fathers at Family Relationship Centre.
Level 2: Coordinated	To make information and services more accessible for vulnerable children and families including those whom formal services find 'hard to reach'.	More complex formal levels of organisational involvement and planning. May involve changes to intake, assessment and referral processes. Collocation or agencies and outposting of staff to form a bridge between services. Simple protocols and MOUs.	A family violence worker from a Family Relationship Service is collocated at a Community Health Service. Child protection workers are based in community settings to consult with agencies about best level of intervention to assist vulnerable families. Portfolio positions (health, housing, police) in state child protection services facilitate better problem solving between services with concerns about vulnerable children.
Level 3: Integrated	To ensure that children, families and service systems are provided with the full range of service options including information sharing and planned intervention when there is a high level of risk.	Formal agreements between services; clearly identified shared goals and targets, legislation which requires partnerships, some unified management systems, pooled funds, shared practice frameworks, common governance arrangements, shared training, shared data systems.	Victoria's Integrated Family Support system (IFS) – provides accessible entry point at a sub-regional catchment area level for parents, professionals and members of the public who are worried about children. As part of the IFS a cross sectoral Consultancy Panel meets bi monthly to consider system responses to specific high risk situations.