

May Do, Should Do, Can Do: Collaboration Between Commonwealth and State Service Systems for Vulnerable Children

Gail Winkworth and Michael White



ABSTRACT

The National Framework for Protecting Australia's Children 2009-2020 (Council of Australian Governments [COAG], 2009) recognises that, despite significant investment in family support and child protection, separate efforts by service systems still fail many children and young people. A major shift in government policy, it lays a foundation for working together across Commonwealth and state boundaries. However, collaborative models within state jurisdictions are at best emergent in Australia and are even more scarce across Commonwealth and state jurisdictions. In this paper, the authors set out the case for collaboration between Commonwealth family relationship and state child protection and family support systems. Drawing on Moore's Public Value model (Moore, 2000), together with other literature of specific relevance to collaboration, they propose a theoretical framework for examining the status of collaboration across these systems in two Victorian localities.

Consultations with service providers indicate that there are lessons to be learned from existing successful partnerships, especially the use of multiple channels for communication. These are dedicated positions that work in the interface between systems and roundtables which regularly bring people together to address complex issues. However, in specifically answering the questions posed by the theoretical framework, the authors found that although there are creative examples of working together within and between services, overall collaboration between state and Commonwealth systems is at best emergent. The authors argue that, if these emergent collaborations are to expand, there is a need for action in three key areas: policy and legislative authorisation of collaboration (what may be done); common agreement on the value of collaboration (what should be done); and specific actions to support collaboration (what can be done). The paper proposes that the elements of the framework used in this project could also provide the basis for analysing the status of cross-sectoral collaboration and for implementing improved collaboration in other localities and contexts.

With this in mind, the authors have included a tool that services and funding agencies can use to assess the readiness of service systems to undertake collaborative engagements.

KEYWORDS

Collaboration, cross-sectoral, child protection, family relationships, family support, public value

A central principle of the National Framework for Protecting Australia's Children 2009-2020 (COAG, 2009) is that the responsibility for keeping children safe and well does not rest with a single agency but is shared among families and communities and government and nongovernment agents at different levels of the so-called "pyramid of prevention" (Allen Consulting Group, 2009). The framework recognises that, despite significant investment in family support and child protection, separate efforts by service systems still fail many children and young people. In a major shift in government policy, it argues the case for working together across jurisdictions and commits to better linkages between the supports and services that are provided, "avoiding duplication, coordinating planning and implementation and better sharing of information" (COAG, 2009:7). An early example of the latter are recent changes to enable information sharing between Centrelink and state child protection services seeking locational information about families. For the first time, the safety and wellbeing of vulnerable children is regarded as the business of all, including state and Commonwealth agencies.

However, the practice of collaboration, even within jurisdictions, is at best emergent in Australia. Across Commonwealth and state agencies, it is relatively uncharted territory. In this regard, the Australian context differs markedly from the United Kingdom (UK) and the United States (US). For example, the UK's Keeping Children Safe legislative and policy reforms build on years of collaborative efforts, underpinned by extensive research, to draw in the systems that have the potential to improve the lives of vulnerable children. These systems include the social security, social care, education, justice and health systems (Axford & Little, 2006). Despite a growing awareness that the broad social visions

of government, such as improved outcomes for vulnerable children and social inclusion, do not easily align to the agency structures that are in place to deliver them (Little, 2008; White, 2006), it is only recently that this understanding has extended across state and Commonwealth government jurisdictions in Australia. It is not surprising that collaborative service delivery models in Australia are still emerging. Theoretical frameworks and conceptual models as well as the practice based research that builds knowledge about possible models are, with some notable exceptions (Darlington, Feeney & Rixon, 2004; Darlington, Feeney, & Rixon, 2005; Scott, 2005; Winkworth, 2005), scarce in Australia.

In this paper, we present a way of understanding key enablers and barriers to the development of collaborative models for supporting vulnerable children and their families. To do this, we combine Moore's (2000) conceptual framework for creating "public value" and perspectives from the literature on collaboration to create a framework for analysing how Commonwealth family relationship and State child protection and family support systems currently work together.

VULNERABLE CHILDREN ACROSS STATE AND COMMONWEALTH SERVICE DELIVERY SYSTEMS: THE CASE FOR COLLABORATION

Most studies of collaboration in Australia concentrate on the interface between state agencies, such as child protection, mental health and drug and alcohol services (Darlington et al., 2005; Scott, 2005). Apart from a few studies (Brown & Alexander, 2007; Humphreys, 2008), there is an absence of discourse about the interface between the state and territory service systems for vulnerable children and families (e.g., child protection and state funded family support services) and Commonwealth service systems for children and families (e.g., Centrelink, child support and family relationships).

Although this discussion is underdeveloped in Australia, the case for collaboration across these systems can be readily argued. Both Commonwealth and state governments fund or directly provide services to respond to the needs of vulnerable

children and their families. The Commonwealth funds a range of services associated with the operation of the Family Law Act to support families in their parenting roles before and after separation. It also provides services through its Family Relationship Services as well as significant income support programs. Similarly, state governments provide a wide range of family support programs and statutory child protection services to intervene directly in families where children are at significant risk of harm.

A further argument for collaboration across jurisdictions, and a powerful one, is that changes to the Family Law Act make information sharing between systems critical for children's safety. The 2006 changes create a rebuttable assumption that parents will equally share parental responsibility for their children after separation. The presumption does not hold if family violence and/or child abuse is found to have occurred. The system requires the issue of family violence and child abuse to be explicitly considered at several different points, including where families present at the 65 new Family Relationship Centres across Australia or other nominated providers for dispute resolution (Kaspiew, 2008; Moloney et al., 2007). Family Dispute Resolution (FDR) practitioners are now required to ascertain risks that were often previously assessed in the Family Court setting (including where the court called for information from the state child protection agency about risks). FDR and other practitioners in the family relationship system require information about risks to children to ensure the development of safe parenting plans.

Other data indicate the likelihood of vulnerable children crossing between both systems. For example, emotional harm is increasingly recognised as occurring within the context of relationship problems in the family (Brown & Alexander, 2007; Grimes & McIntosh, 2004; McIntosh, 2002, 2005), especially when they are exposed to domestic violence and sustained high conflict. Emotional abuse is now the most common type of substantiated child maltreatment in most Australian states and territories (Australian Institute of Health and Welfare [AIHW], 2010), and exposure to domestic violence is a common form of emotional abuse. Physical

harm to children has also previously been discussed as incidental to separation (Brown & Alexander, 2007) whereas the evaluation of Project Magellan found that "child abuse is a major cause of parental separation" (Brown, 2002:326).

Neither does the mere fact of parental separation overcome these problems. Harm to children may continue after separation when children live alone with the parent or while in contact with the other parent. Eighty per cent of families in the Family Court Magellan project reported experiencing this problem (Brown & Alexander, 2007). Compared with the distribution of family types in the Australian population, a relatively high proportion of substantiations of harm to children involve those living in separated families and in two-parent step or blended families. Parents raising children on their own are particularly overrepresented in notifications and substantiated notifications of child abuse. These families are often financially stressed and suffer from social isolation, factors that have been strongly associated with child abuse and neglect (AIHW, 2009; Coohy, 1996, as cited in AIHW, 2009).

One problem that the National Framework for Protecting Australia's Children 2009-2020 seeks to address is the high number of children in out-of-home care (COAG, 2009). Almost half these children now live with grandparents and other extended family (AIHW, 2010) and will often continue to do so for the duration of their childhood¹. With the knowledge that children in out-of-home care experience significantly poorer outcomes than other children, especially where there is substantial placement instability (Mendes, 2007; Osborn & Delfabbro, 2007), there are good reasons to provide parents, grandparents and other kin with high quality assistance in the development of parenting plans, particularly as transitions such as children reconnecting with one or both of their parents are navigated. The expertise to help families work out parenting plans that are safe and take into account children's need for contact with people who are important to them is arguably a joint responsibility of the relevant state and Commonwealth agencies.

¹ Most children in the child protection system are under the age of 10 years, and the greatest proportion are aged between 1 and 4 years (COAG, 2009)

THE PROJECT

The Victorian Community Linkages Project is 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 Institute of Child Protection Studies, Australian Catholic University and the MW Group Consulting Pty Ltd were commissioned by FaHCSIA to propose a model that 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 could potentially be replicated across other systems.

Although the project also led to the development of a proposed model, the focus of this paper is the theoretical approach we used to frame questions and order our findings from consultations about collaboration with a range of government and nongovernment service providers. Specifically, the approach enabled us to analyse the status of collaboration, including barriers and enablers within and between State and Commonwealth systems in two Victorian localities. It also enabled us to identify successful practice mechanisms that could be usefully deployed between systems in the future. We argue in this paper that the framework used in this project could provide the basis for analysing the status of collaboration in other localities and contexts.

The project was designed to safeguard the rights of all who were involved and was conducted with the approval of Australian Catholic University's Human Research Ethics Committee. State and Commonwealth funded service providers in two Victorian localities were chosen to participate as consultation participants in this study. In addition, we sought to engage a wide range of other organisations funded by both Commonwealth and State programs. These organisations included Commonwealth government service providers (e.g., the Child Support Agency, Family Relationship Centres, Family Relationship Services, the Federal Magistrates Court); state government service providers (e.g., the Department

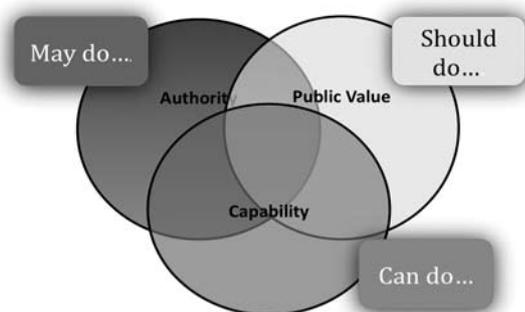
of Human Services, Community Health, Indigenous Child Welfare); local government agencies (e.g., Maternal and Child Health); and state government funded nongovernment service providers (e.g., Child FIRST agencies). In all, 32 organisations were invited to participate in the consultations, and 59 people participated in agency, cross-agency meetings or individual interviews. Twenty-two consultation participants were from government service delivery agencies and 37 were from nongovernment agencies. All meetings and interviews were audiotaped with the permission of participants. The data from the groups and interviews were analysed using the framework discussed below.

A FRAMEWORK FOR IDENTIFYING THE STATUS OF COLLABORATION BETWEEN SYSTEMS

To identify the status of collaboration within and between systems, we turned to a conceptual model that identifies requirements for any public sector enterprise to succeed. Moore's (2000:196) "public value paradigm for strategy development" identifies three key elements: firstly, the extent to which an enterprise—in this case, collaboration between the Commonwealth and state systems—has legitimacy and support (also called an "authorising environment"); secondly, whether it has public value; and, thirdly, whether the operational capacity exists to actually implement it. In essence, Moore (2000) is claiming that for any enterprise or strategy to be effective and sustainable, it has to be valuable, able to be authorised and doable.

These elements are represented in the following diagram as three spheres. The potential for any enterprise to succeed is increased by maximising the areas of overlap among the spheres. The alignment of the spheres represents the areas where the enterprise has the capacity to be successful and sustainable. In this diagram, the authority to (in this case) collaborate is labelled *what may be done*; the public value of the collaboration is labelled *what should be done* and the capability to collaborate *what can be done*.

Figure 1. Enabling Action for Public Value
(adapted from Moore, 1995)



1 White, M. & Shelton, J. (2008). *Writing Briefs for Decisionmakers*. Melbourne: Institute of Public Administration Australia.

Drawing on this work and that of others who specifically identify enablers and barriers to collaboration (Darlington et al., 2005; Gajda, 2004; Horwath & Morrison, 2007; Huxham, 1996; Mattessich & Monsey, 1992; Scott, 2005), we developed a framework for analysing the collaborative capability of Commonwealth family relationships and state child protection and family support systems. To Moore's model we added a fourth element for analysis—namely, factors that predispose the success of collaborative efforts. This fourth element provides policymakers with some capacity to analyse the extent to which the other three circles overlap and, therefore, what opportunities there might be to implement a proposed program. For example, in a situation where predisposing factors mitigate against the implementation of the program, figuratively speaking, the circles *may do*, *can do* and *should do* may not overlap, so policymakers may need to address these before attempting further implementation.

In the following section, we discuss each of the four elements of the framework—predisposing factors, the authorising environment, public value and capacity to implement—in more depth (see table overleaf). Using these elements as the basis of the consultation questions and analysis of findings, we also identify current enablers and barriers to collaboration within and between the Commonwealth and state systems.

We also use three of the key elements in the table as the basis for a tool that we propose could be used in other contexts to monitor the status of collaboration between services and systems (see Appendix A).

PREDISPOSING FACTORS: CAN YOU BUILD COLLABORATION ON THIS FOUNDATION?

Collaborative efforts are most successful if they are built on a strong foundation that is influenced by the cohesiveness of agencies involved, the history between potential partners, the existence or otherwise of informal networks and whether or not leaders really want the collaboration to occur. Horwath and Morrison (2007) argue that it is important to understand the history of partnerships and how potential partner agencies make sense of, and feel about, each other. Do agencies appreciate the different structures, decision-making processes and cultural values of their partners? A history that has eroded credibility and trust means that additional work may be needed to resolve some of these issues before more formal levels of collaboration can commence.

Our consultations confirmed the value of agencies having an established history of cooperation and the importance of existing informal networks. Of particular importance was the history of joint tendering/funding arrangements that took account of agency and place-based histories of collaboration. Conversely, consultation participants told us about imposed models that actually reduce collaboration. When a previously cooperative model of partnership was changed to one whereby one agency was lead agency with contract management responsibilities, this significantly shifted formal and informal relationships from collegial to subservient:

When we started with Innovations, we were true partners. Then the funding model for Child FIRST changed to nominating a primary funds holder which brokered with family support services to deliver services. These services were then regarded in the funding agreement as subcontractors to [lead agency], which can imply subservience and can alter relationships (Participant from nongovernment organisation).

Table 1: Key Enablers and Barriers to Collaborative Approaches

	Enablers of collaboration	Barriers to collaboration
Predisposing factors: Can you build collaboration on this landscape?	<ul style="list-style-type: none"> • Agencies have a history of co-operation • Informal networks exist • Individual agency cohesion and willingness to take risks • Tendering and funding processes take account of agency or place-based history of collaboration 	<ul style="list-style-type: none"> • Lack of trust and eroded credibility between agencies • Agency culture has not encouraged networking • Individual agencies which are paternalistic or adversarial • Funding and tendering ignores history of collaboration and established networks
The authorising environment: Sources of support for collaboration?	<ul style="list-style-type: none"> • Legislation, policy statements public inquiries endorse collaboration • Stakeholder groups endorse collaboration • Experts advise on evidence informed collaboration • Shared recognition by member agencies of the need to collaborate • Service users are involved in the collaboration from the outset 	<ul style="list-style-type: none"> • Legislative and policy barriers e.g., privacy and information sharing, conflicting government initiatives • Stakeholder groups ambivalent or resistant to collaboration • Notions of collaboration driven by personal or political agendas • Member agencies do not accept rationale for collaboration or the role of other members in it • Lack of service users as partners means collaboration remains focused on meeting the needs of agencies involved
Public value-commitment to shared outcomes	<ul style="list-style-type: none"> • Leadership communicates a compelling shared narrative—collaborative ‘champions’ • Clearly defined shared goals, principles and evaluation frameworks • Shared planning and other governance mechanisms • Process measures and outcome measures of success support the collaboration (agencies are accountable for achieving some common outcomes) • Management accountable for managing for collaboration 	<ul style="list-style-type: none"> • Leaders unable to tell a convincing story and do not champion the need for collaboration • Fundamental differences in aims and main focus (e.g., adult vs. child focus) • Joint planning or governance mechanisms do not exist or are at best token • Measures have no relationship to collaboration or actively discourage it • Performance frameworks reward competition over collaboration, especially at senior levels
Capacity to implement- is there sufficient ‘know how’ and capability to make collaboration work?	<ul style="list-style-type: none"> • Organisational cultures which focus on relational and interactional processes • “System bridgers’ in the interface between systems assist others to understand and navigate other systems • Shared practice frameworks – jointly developed principles, domains of practice, mechanisms for information sharing, common intake and referral processes • Individual agency boundaries are co-terminus (compatible) with partnership boundaries • Resources and Infrastructure support time and skills needed –additional resources are provided as an incentive for collaboration 	<ul style="list-style-type: none"> • Tension between autonomy and accountability, rigid adherence to regulations • There is no accelerated, relationship based way in to other systems. All staff expected to have full knowledge and resources needed to navigate other systems • No formal agreement about principles or practice • Agencies and partnerships have different geographical boundaries • Benefits of collaboration do not outweigh the costs involved.

Although some state agencies were sensitive to the in-principle need to work together with the Commonwealth service system, there were uncertainties about the benefits of working across systems. There was also caution about who new partners might be and what expectations might be placed on them to develop relationships or working arrangements quickly. Some services felt they were already involved in many partnerships and that the efforts required in developing and sustaining these were underestimated. Consultation participants in existing collaborations reminded us that building collaboration between services and systems takes a great deal of time and resources. One consultation participant said, “It takes patience, patience, patience!”.

It was also apparent from our consultations that the processes used by government to implement programs are also critical in establishing the right predisposing factors for collaboration. As an example of this, agencies highlighted the inconsistency between the expectation of government that agencies would develop effective collaborative relationships and the reliance on tendering processes which require them to compete. In their view, the latter undermined efforts to build open and trusting relationships between these agencies.

THE AUTHORISING ENVIRONMENT: WHAT IS THE MANDATE AND LEGITIMACY OF THE COLLABORATION?

The authorising environment, (*what may be done*) refers to the need for high-level authorisation for an activity (collaboration) to occur. Even where practitioners across agencies are committed to working collaboratively, without an environment which authorises this, levels of collaboration will remain low. Collaboration is likely to be ultimately unsustainable if it is dependent solely on the work of individuals without broader systemic authorisation.

The elements of an authorising environment identified in the literature include: a formal mandate through legislation, public inquiries, policy documents, memoranda of understanding, and information sharing protocols. The authority to

change, and in this case become more collaborative, is further strengthened by the approval of other stakeholder groups, such as all member agencies and experts from the field who ensure that directions are underpinned by documented practice experience and empirical research (Darlington et al., 2005; Gajda, 2004; Horwath & Morrison, 2007; Huxham, 1996; Mattessich & Monsey, 1992; Scott, 2005). Many studies also show the importance of involving service users themselves in the collaboration. Without their involvement, there is a tendency for agencies to remain focused on models that are in the best interests of service providers rather than responsive to the changing circumstances of their clients (Horwath & Morrison, 2007).

The consultations did indeed indicate the importance of legislation, policy statements and stakeholder groups that endorse collaboration. For example, in Victoria, there is a strong authorising environment for the recent child and family welfare legislative and policy reforms. The Victorian Child Wellbeing and Safety Act 2005 and the Children, Youth and Families Act 2005 plus regular formal interdepartmental discussion provides a strong legislative base and leadership focus on strategies to continually improve children’s wellbeing. Strategic plans and substantial change management strategies have been implemented in partnership with leaders across state funded agencies. This has been critical to the successful development and implementation of the state government reform agenda over a period of years.

State services particularly identified the value of this work in providing a strong mandate and legitimacy for the reform process. The collaborative work carried out at the state level has also been legitimised through key stakeholder groups, such as, for example, the Centre for Excellence in Child and Family Welfare, the peak body for services providing family support and out-of-home care in Victoria. A robust consultation process regarding the legislation and policy directions was undertaken over a number of years, commencing with the initial white paper that was produced when the new legislation was first under development. On the other hand, the consultations revealed concerns that the collaboration between Commonwealth and state

services were hindered by a lack of a joint policy on the best interests of children. Consultation participants saw differences between Commonwealth and state policy and legislation on this issue and, therefore, believed that their mandate to collaborate was compromised.

The signing of the national framework by the Commonwealth, state and territory governments signals a strengthening of the authorising environment for collaborative practice. The interest demonstrated by the Commonwealth in developing collaborative services across both the Commonwealth and state domains is indicative of a strengthening of the current authorising environment. However, services consulted in both systems indicated that there was room to strengthen the way in which they engage families and children as actual partners in the way they work. Most services had not found ways to elicit feedback from service users; most of their collaborative effort was channelled into working with other services. One participant observed:

The voices of service users in the development of our model has been less of a focus and needs to take more of a primary position. We need to have much more discussion about how we listen to what people say.

PUBLIC VALUE: A COMMITMENT TO SHARED OUTCOMES UNDERPINS COLLABORATION BETWEEN AGENCIES?

Political support, legislation and public mandate, although important, are not enough to embed collaborative approaches. Moore (2000:197) argues that any successful enterprise requires a “story, or an account, of what value or purposes the [activity or enterprise] is pursuing”. There must be a reason to do it and a claim about the way in which the world is better because of it. When the story is about collaboration between agencies and systems in the interests of children, it is axiomatic that this story must be shared between the participants.

Drawing on the literature and the consultations with services, we identified three ways in which collaboration between Commonwealth and state providers could be promoted by a common vision

for children’s wellbeing. These are:

- a focus on agreed outcomes for children and families in describing program success
- transparent performance management systems which measure these outcomes
- a balance between the achievement of outcomes and the cost of collaboration (applying the highest levels of collaboration to clients at greatest risk of not achieving outcomes).

A FOCUS ON OUTCOMES FOR CHILDREN

It has been argued that the two most significant shifts in contemporary child welfare are the move towards integrated or collaborative ways of working and the increasing emphasis on improving outcomes for children (Frost & Stein, 2009). Increasingly, governments are attempting to move beyond limited output measures (which describe the activities of individual services) towards developing more broadly based outcome statements (which focus on the wellbeing of clients) (Baehler, 2003).

In the Victorian context, this approach can be seen in the development of two policy documents—namely, the Outcomes Framework for all Victorian Children and Youth (Victorian Department of Human Services, 2006) and the Best Interests Case Practice Model (Victorian Department of Human Services, 2008)—along with a number of key state policy documents and practice frameworks.

Through these two documents, the Victorian state government has not only committed itself to promoting children’s best interests, but has developed a comprehensive outcomes framework to describe in detail what this concept means in terms of children’s safety, health, learning, development and wellbeing. Indicators from this framework are being used to evaluate the effectiveness of the state reforms in the child protection and family support systems (Victorian Department of Human Services, 2006; White, 2006). The state participants in these consultations identified the use of this overarching outcomes framework as a basis for working together to achieve performance targets and shared resources to achieve them.

At the Commonwealth level, agreed measures to demonstrate progress have also been identified within the national framework, which draws on a similar set of indicators (COAG, 2009). In addition, the Family Relationship Services Program has developed a performance framework that includes outcomes, processes and outputs (Department of Families, Housing, Community Services and Indigenous Affairs, 2006). However, although attention to an outcomes framework will provide the basis for collaborative approaches between Commonwealth and state systems in the future, our consultations indicated that this will require the negotiation of an agreed set of outcomes that all services will use to measure performance.

This need for commitment to agreed outcomes was highlighted in our consultations when agencies reported conflicts and inconsistencies in the definition of *best interests* in Commonwealth and state jurisdictions. For example, both Commonwealth and state agencies reported a particular case where the Commonwealth system's priority for shared parenting resulted in the placement of a child in a situation which conflicted with the state agencies' view of the child's best interests for educational development and personal wellbeing.

It was not the role of the authors to make judgements on the interpretation of *best interests* in this case. However, it was clear that collaboration among agencies was strongly compromised by a lack of agreement about how this was defined by the two jurisdictions. The key point here is that the disjunction between the agencies was not a difference of professional assessment but the result of conflicting system priorities.

TRANSPARENT PERFORMANCE MANAGEMENT SYSTEMS

A second way in which collaboration can be promoted by a shared set of outcomes is through embedding these outcomes into a performance and accountability framework. The use of higher level outcome measures as a way of monitoring performance requires that services collaborate to achieve common goals rather than simply compete for funding to deliver outputs.

Clarity about shared goals from the beginning is important in setting realistic interagency performance indicators. Shared planning and other governance mechanisms are also essential because these provide the vehicle for resolving language problems and for articulating a shared understanding of needs, goals and measures of success. Conflicting performance targets and funding streams as well as performance frameworks that reward senior management for competitive rather than collaborative behaviour have been identified as barriers to collaboration (Horwath & Morrison, 2007).

Our consultations demonstrated the existence of many positive factors (leadership, governance, planning, data and performance) in existing collaborations within systems. For example, strong multilayered planning and governance mechanisms were in place at three different levels in ChildFIRST—child protection partnerships, including a governance group (at the executive level); an operations group (of team leaders); a practitioner network; a consultancy panel (which includes representation from other sectors); and case allocations meetings involving all the partners.

Generally, however, we found an absence of governance mechanisms and performance management frameworks across Commonwealth and state systems. For example, the absence of data collection was a frequent point of discussion in the consultations. State partners indicated that they currently have no capacity to collect data on the number of referrals being received from Family Relationship Centres. Although the federal system attempts to collect information on whether a child has contact with the child protection system, this appears to rely on information supplied by families, is not actually asked of them in a systematic way and relies on data that is sometimes not relevant to better understanding the families involved. For example, the postcode of the solicitor representing the family was entered into the database rather than the postcode of the family itself.

BALANCING THE ACHIEVEMENT OF OUTCOMES WITH COST

Collaboration and integration have become the

catchcry of public policy across many domains (O'Flynn, 2009). Indeed, the national framework clearly articulates collaboration as an essential starting point for better childhood outcomes. However, the proposition that fully integrated service systems always lead to improved outcomes is contested (Frost & Stein, 2009; Glisson & Hemmelgarn, 1998).

Ultimately, the worth of collaboration should be demonstrated by a credible cost-benefit analysis. At the very least, service providers and professionals need to be convinced that the efforts and energies directed towards collaboration deliver appropriate value to their clients. As one example of the negative unintended consequences of collaboration for children and families, Parton (2009), referring to the UK experience, warns that systems overly focused on coordination 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.

In this project, consultations indicated that there are significant costs to collaboration. Service systems have sometimes been developed in a fragmented way, built off different funding models and from different professional perspectives and frameworks. Consultation participants indicated that it is no simple matter to align these into a single integrated service model. It is arguably not cost effective to do so. Rather, there is a need to balance collaboration and risk in the development of collaborative models. Consultation participants also indicated that, in many instances, networking and other communication mechanisms, such as interagency forums and meetings between agencies, provide a sound basis for these agencies to build a better understanding of the issues confronting children and families and to build a foundation for future partnership activities. These activities have the capacity to make the service system more responsive to the needs of most 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 are higher.

CAPACITY TO IMPLEMENT: IS THERE SUFFICIENT KNOWHOW AND CAPABILITY TO MAKE COLLABORATION WORK?

Many reforms fail simply because they cannot be delivered either through lack of resources or lack of skill on the part of those who are required to deliver them. The broad category of enablers—capacity to implement—invites questions about whether sufficient knowhow and capability exist to achieve the desired results (Moore, 2000) and, indeed, whether those charged with implementing the initiative can actually do so.

Relational and interactional style (Gadja, 2004; Horwath & Morrison, 2007; Huxham, 1996; Scott, 2005), shared practice frameworks and sufficient resources and infrastructure have all been identified in the literature as the most important elements of implementation capacity in service delivery systems that are able to take a collaborative approach. Of particular importance are processes that facilitate the exchange of information between agencies and the resources needed to support information exchange on all levels (Hallett & Birchall, 1992).

A very strong message from the consultations was the need for an accelerated way into other systems through dedicated staff who transfer knowledge between systems and consistently nurture the collaboration. Several effective practice strategies to achieve this were identified in both localities: dedicated community based child protection workers; portfolio positions within child protection services; co-location of staff across services; and formal, cross-sectoral roundtable forums.

Dedicated community based child protection workers (CPWs) were regarded as highly successful by consultation participants. These workers provide expert advice on a range of issues relating to child protection and the statutory child protection system. A community based child protection worker in the consultations described her role in the following way:

The CPWs facilitate referrals from Child Protection Services into Family Services (from the Child Protection intake or case management). As part of operating the ChildFIRST gateway

to services, 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 (DHS Community Partnership Manager).

A second strategy involves the creation of a portfolio system at a management level in child protection services that aims to build bridges between systems and address barriers to service provision. Portfolios include other state agencies, such as the police, mental health and education services as well as indigenous and culturally and linguistically diverse portfolios. This approach was regarded by consultation participants as an effective way to identify and resolve system and individual case issues.

Co-location of staff in one another's services was also regarded as a powerful strategy for increasing the capacity of services to collaborate. For example, the co-location of a family relationships worker in a state funded health service increased the accessibility and capacity of a men's behavioural change program and increased pathways to other men's family violence services. One participant described the benefits:

What we've been able to do with men's services has been very impressive. We took the position that we didn't want to compete with existing men's or family violence services. There was a limited [men's] service [in this locality]... we would add our men's worker to that state funded program at Community Health so that the program became more viable.

Finally, consultation participants consistently identified the need for roundtables with other services to address complex issues faced by children and their families. One such roundtable, the Consultancy Panel, had been operating for three or four years in one locality and was regarded as instrumental in achieving stronger partnerships between the state funded services and child protection 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, Child Protection. With the permission of the family, other services are invited as required. The panel meets bimonthly. [Family issues] are discussed in detail and the focus is on finding solutions.

This panel also works to identify and resolve system issues as well as to improve client specific outcomes.

BARRIERS TO COLLABORATION ACROSS COMMONWEALTH AND STATE SYSTEMS

In this paper, we have largely focused on examples of collaboration within systems and the enablers of these collaborative approaches. However, it is apparent that collaboration between Commonwealth and state systems is not strong and that the reasons for this largely fall into the authority and public value spheres of Moore's model (Moore, 2000).

Although we met a number of collaboration champions in the consultations, there was an absence of a compelling narrative or vision expressed in policy or legislation that described what the collaboration between Commonwealth and state services could achieve and, therefore, why services should collaborate. A convincing shared vision is an essential starting point for collaboration. The lack of a shared vision and an agreed description of outcomes is in part affected by an absence of data about the existence of shared clients or clients who could benefit from collaboration between systems.

The project also revealed some preconceptions of "the other" in each system that are not in step with recent policy changes and increased service delivery by Commonwealth funded Family Relationship Services (and the changing roles of Centrelink and the Child Support Agency). Family Relationship Services demonstrated a limited understanding of child welfare legislation and thresholds for intervention. Child protection and family support agencies showed little understanding of changes to the Family Law Act, including the requirement that families, including vulnerable families, take part in

formal dispute resolution processes before taking matters to the Family Court. We also found that some services were not well informed about one another's structures, cultures and decision-making processes.

Consultation participants in existing collaborations reminded us that building collaboration between services and systems takes a great deal of time and resources. Services want to partner with those who are genuinely interested in working differently for children and families. This requires identifying common goals, sharing a common language, using a common practice framework and sharing a commitment to an equal partnership.

CONCLUSION

This paper uses Moore's Public Value model (Moore, 2000), together with other literature of specific relevance to collaboration, to propose a framework for examining the status of collaboration within and between state and Commonwealth systems in two Victorian localities. Consultations with service providers revealed that there is much to be learned from existing successful partnerships and the factors that consultation participants identify as improving the way services work together. Using multiple channels for communication is consistently identified as the most important foundation of successful collaborative models. Dedicated positions, such as community based child protection workers, portfolio positions within child protection services, co-located positions across services and roundtables which bring people together, all build relationships and enable complex issues to be more creatively addressed.

However, in specifically answering the questions posed by the theoretical framework developed from the literature, we found that although there are creative examples of working together within and between services, overall collaboration between state and Commonwealth systems is at best emergent. More attention needs to be given to demonstrating the public value of collaboration (including shared outcomes, governance and a performance framework). While an authorising environment for collaboration now clearly exists with the new national framework, there are barriers

to increased collaboration which include a lack of actual processes in place and confusion about the legalities of information sharing. Building the capability of systems so that they can collaborate also requires shared practice frameworks and the acknowledgement of the time needed to develop partnerships.

Finally, most consultation participants in this study indicated that there was room to strengthen the way in which they engage families and children as partners. Other research indicates that it is important for the development of collaborative approaches to build in shared mechanisms for communicating with service users at both the strategic and service delivery levels (Horwath & Morrison, 2007). The voices of service users, parents and children are still largely silent in existing collaborative models within and across the Commonwealth and state service delivery agencies which took part in this project.

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AUTHORS

Gail Winkworth
Senior Research Fellow
Institute of Child Protection Studies
Australian Catholic University
Gail.winkworth@acu.edu.au

Michael White
MW Group Consulting Pty. Ltd
Level 4, 411 Collins Street
Melbourne Victoria 3000
michael@mwgroup.net.au

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ADMINISTRATOR'S PARTNERSHIP TOOL

Which of the following best describes your position: Please mark one box.

CEO Senior manager Middle manager Team leader Other

Are you from a government or non government organisation? Please mark one box

Government Non government

SHARED VISION - PURPOSE AND OUTCOMES (refers to common agreement on the value of this collaboration)

Please tick the box, 0, 1, 2, 3, or 4, which best describes your response to each of the statements below	0 Strongly disagree	1 Disagree	2 Neither Agree nor Disagree	3 Agree	4 Strongly agree
System leaders communicate a compelling shared story about the need for the partnership					
Partners have a shared understanding of the problem the partnership is addressing					
Partners agree on the purpose of the partnership and the outcomes to be achieved by the partnership					
Shared planning and other governance mechanisms exist					
Evaluation framework contains process and outcome measures for children and families and the partnership					
There is a way of reviewing the range of partners and bringing in new members or removing some 12					

Comments

EXISTENCE OF A STRONG AUTHORISING ENVIRONMENT – (refers to the policy and legislative authorisation of collaboration)

Please tick the box, 0, 1, 2, 3, or 4, which best describes your response to each of the statements below	0 Strongly disagree	1 Disagree	2 Neither Agree nor Disagree	3 Agree	4 Strongly agree
Legislation, policy statements and other formal documentation endorse collaboration					
All major stakeholder groups endorse the partnership					
External 'experts' (critical friend) advises on collaboration					
Management is held accountable for managing for collaboration					
Staff within partner organisations support the collaboration					
Service users involved in collaboration					

Comments

THE CAPACITY TO IMPLEMENT (specific actions to support collaboration)

Please tick the box, 0, 1, 2, 3, or 4, which best describes your response to each of the statements below	0 Strongly disagree	1 Disagree	2 Neither Agree nor Disagree	3 Agree	4 Strongly agree
A shared practice framework across the partnerships (e.g., principles, intake, assessment, referral processes, information sharing etc.)					
Shared training supports the collaboration					
Dedicated positions are assigned to assist others navigate systems					
Resources and infrastructure support time and skills needed for collaboration					
Opportunities exist for staff and managers in the partnership to meet (regular forums at the executive, program management and service delivery level)					
Structures are in place to resolve conflict					

Comments

APPENDIX A

Administrator's Partnership Assessment Tool

(Endnotes)

1 From Vic Health Partnership Tool

2 NOTE: This tool is designed to be used by CEOs and other senior managers as the basis for workshop discussion about the state of collaboration between services and systems. It should be completed in conjunction with , which provides more detail on the enablers and barriers to collaboration. Scores will indicate areas of strength and what elements of the partnership require continued analysis and attention