

GANGING UP ON THE PROBLEM

A collaborative approach to improving the lives of veterans and their families through optimising Australia's veteran support system



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Centre for Social Impact

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The secret is to gang up on the problem, rather than each other. – Thomas Stallkamp¹

1. EXECUTIVE SUMMARY

Since Senator Millen’s introduction of the Australian Soldier’s Repatriation Bill to Federal Parliament on 18 July 1917, the health and well-being of veterans and their families has been a feature of the Australian national conscience.² This sense of “national obligation” and “public duty” has endured and led to the establishment of a system of laws, organisations (both public and private) and processes aimed at supporting veterans and their families. The laws, organisations and processes that make up this “veteran support system” have evolved over time to adapt to the changing needs and expectations of veterans, their families and society. This evolution has resulted in an estimated 2,780 ex-service organization locations now established across Australia and a further 3,474 charities with veterans nominated as their beneficiaries.³ The efforts of individual organisations and respective leaders who have led these changes should be a great source of national pride and a confirmation of the nation’s ongoing commitment to those who have served it. Whilst this growth is evidence of the enduring sense of good will and “national obligation” described by Millen in 1917, according to the National Mental Health Commission Review 2017, the service system may be “leading to results that are not necessarily in the interests of former service members.”⁴

The last decade has seen significant public discourse on veteran issues. In general terms, this has been centred on health and well-being issues with a particular focus on Post Traumatic Stress Disorder and veteran suicide. This public interest, in combination with a perception that the needs of contemporary veterans were not being met, catalysed government commitment to review and reinvigorate the Department of Veteran’s Affairs and contributed to the drivers that have seen a growth in the number of Ex-Service organisations⁵, and a concurrent growth in charities with veterans nominated as beneficiaries.⁶ The consequence of growth in the veteran support system has largely been positive, with more choice of service providers, an increased likelihood that veterans can find support services in proximity to their geographic location, a general increase in public goodwill and access to funding, and an increase in what some veterans consider more agile, innovative and responsive support.⁷ However, like many other veteran support systems world-wide, this systemic growth has also created new challenges including the need to recognise and better organise for cross-sector veteran and family needs, and the need to monitor and ensure the effective functioning of the overall system. Without some increased focus on addressing these systemic challenges, the health and wellbeing of veterans and their families may continue to be compromised.

The Australian veteran support system is not broken, but like most growing systems, it is at a natural growth point where an opportunity exists to further mature the overall system and optimise support to current and future generations of veterans and their families. It is at a point where investing more in individual organisations and programs without commensurate investment in the functioning of the overall system would be counter-productive. Any future refinements must add additional value for all stakeholders; take a whole of system approach and appreciate the fact that the veteran support system is made up of many public, private, for-profit and not-for profit stakeholders; and maintain the benefits of community based initiatives by better enabling them within an optimised system. Whilst there is a pressure to act quickly, it is in the interest of current and future veterans and their families to take a longer term strategic approach, ensuring decisions on systemic changes are well considered and drawing on a growing body of evidence based best practice applied globally in other successful and sustainable

social impact systems. To this end, this paper proposes a theory of change model and presents conceptual options for improvement that specifically address the challenges which are facing veteran support services.

2. INTRODUCTION

This paper begins to examine the current Australian veteran support system and proposes conceptual options to improve it and further contribute to better health and well-being outcomes for veterans and their families. It recognises the complexity and interdependent nature of the veteran support system and takes a systemic approach, rather than simply examining one part or one organisation within it. The research methods used include both a broad literature review and a survey of a reference group consisting of 20 stakeholders including veterans and senior leaders from veteran support organisations that span the public, private, for-profit and not-for-profit sectors. The paper deliberately avoids prescribing detailed solutions, as this level of consideration is best initiated by leaders within the extant veteran support system, and would require further research and system wide data that either does not currently exist or is not readily available.

The paper is divided into three parts as follows:

Part 1 – Defining the Problem. This part utilises a broad literature review and a survey of key stakeholders to identify systemic challenges. It does not focus on the performance of any one organisation, but instead elevates the point of reference to a whole of system level and places an emphasis on how stakeholders and organisations interact with each other, and how they collectively interact with their principal beneficiaries, veterans and their families.

Part 2 – Theory of Change. This part of the paper continues to utilise systems thinking and combines it with selected case studies and data collated from reference group surveys to mount a theory of change. This is framed through the discipline of a logic model that proposes conceptual options for improvement that specifically address the challenges defined in Part 1.

Part 3 – Implementation Considerations. Part 3 draws on a broad range literature surrounding best practice collaborative methodologies that are increasingly being used world-wide to respond to complex and cross sector social challenges. As with Part 2, implementation considerations are presented at the conceptual level, to inform and assist leaders and decision makers on potential next steps.

Given the centrality of systems thinking to the theory of change articulated in this paper, it is beneficial to establish a common point of reference. A Centre for Social Impact Discussion Paper provides a comprehensive definition from which we can extract: “*Systems Thinking is a framework for seeing inter-relationships that underlie complex situations and interactions rather than simplistic (and mostly inaccurate) linear cause-effect chains.*”⁸ *Complex systems “consist of interconnected components that work together”,*⁹ and “*The behaviour of the whole cannot be predicted from the behaviour of the parts*”.¹⁰ The lack of systems thinking evident in complex social impact endeavours, such as supporting veterans and their families, can be summarised as follows: “*When studying such [social] issues, researchers and policy makers have traditionally used a reductionist approach “abstracting out what is unnecessary or minor”.*”¹¹ *[We] argue re-conceptualizing Australia’s social purpose system as a complex one can help us better understand how to drive change and improve its effectiveness.*”¹²

3. PART 1 – DEFINING THE PROBLEM

A unifying feature in the various charters, mission statements, and other guiding documents of Department of Veterans Affairs (DVA), ex-service organisations (ESOs) and other veteran support organisations, is the objective of supporting the health and well-being outcomes of veterans and their families. As this is the primary objective of the Australian veteran support system, any systemic analysis needs to start by examining the effectiveness of the overall system in achieving these outcomes.

Studies clearly evidence poor health and wellbeing outcomes for Australian veterans and their families relative to the broader population. A recent study by the Australian Institute of Health and Welfare found:

-Between 2001 and 2015, there were 325 certified suicide deaths among people with at least one day of ADF service since 2001;

-The suicide rates of ex-serving men were more than twice as high as for those serving full time or in the reserve;

-Ex-serving men aged 18–24 were at particular risk—two times more likely to die from suicide than Australian men of the same age; and

-Certain service-related characteristics were associated with higher suicide rates among ex-serving men:

Those who were discharged involuntarily (suicide rates were 2.4 times as high as for those discharged for voluntary reasons), particularly if the discharge was for medical reasons (3.6 times as high as for those discharged for voluntary reasons).

Those who left the ADF after less than 1 year of service (2.4 times as high as for those who had served for 10 years or more).¹³

The National Mental Health Commission (NMHC) Review in 2017 also found:

-Instances of increased distress and suicidal behaviour amongst those having difficulties with the claims systems; and

-The need for closer and more effective engagement with families is to identify and respond to the particular challenges they face both in supporting current and former ADF members and in maintaining their own health and wellbeing.¹⁴

Based on these findings, it is clear that health and wellbeing outcomes for veterans and their families are sub-optimal. The extent to which the Australian veteran support system can more effectively contribute to improving these outcomes is central to this paper.

Cross-Sector Nature of Veteran and Family Needs

Whilst the objective of supporting the health and well-being of veterans and their families is a unifying feature amongst stakeholders in the current Australian veteran support system, it is important to recognise that health and well-being are significantly influenced by numerous factors, which require expertise, resources and supports across multiple departments and sectors. This dynamic is not unique to veterans' services and is perhaps best described by the leading national authority for health, The Department of Health, in their draft Fifth National Mental Health plan:

A person's mental health and wellbeing is influenced by many factors, including life experiences, social and economic conditions, and their broader environment. In particular, a person's mental health and wellbeing can be shaped by income, employment, housing, education, health care and social services... Making meaningful connections between service systems will ultimately improve consumer and carer experiences and outcomes".¹⁵

This is consistent with other international studies into health and well-being: an American study found only 20 percent of the factors that influence a person's health are related to access and quality of health care, with 80 percent being due to social determinants.¹⁶ Despite this, when it comes to veteran health and well-being research, there tends to be a focus on narrow health studies rather than a more comprehensive social view.¹⁷ In reality, a combination of factors, involving multiple departments and sectors, are required to generate sustainable health and well-being outcomes for veterans and their families. Based on this assumption, resourcing the planning and coordination of cross-sector effects may be as important as resourcing those individual organisations responsible for their delivery.

Emerging Systemic Challenges

Public discourse on veteran matters over the last decade has contributed to a growth of not-for-profit organisations seeking to address veteran needs and a refocusing of existing ESOs on their own capacity. However, it is arguable that a focus on the outputs of individual organisations has been at the expense of the broader veteran support system of which they are part. While there is limited evaluative data against which to objectively assess this argument,¹⁸ there are a number of indicators that present this as a significant systemic challenge.

Substantial indicators of emerging systemic challenges include; duplication of services, quality assurance risks, and confusing and conflicting messaging to government, funders, and veterans and their families.¹⁹ The NMHC also found other concerns including; weak corporate governance, management and accountability structures; rivalry between organisations; lack of evidence on the effectiveness of services; and misalignment with, and disconnection from, strategic priorities being pursued nationally and/or state-wide²⁰. Key systemic problems can be grouped into five broad themes of Culture, Connectivity, Structure, Governance and Outcomes.

System Culture

The NMHC noted a number of concerns potentially limiting opportunity for cooperation:²¹

-Hostile and adversarial relationships between ESOs and DVA and other government service providers.

-Rivalry between organisations to differentiate themselves from one another as they compete for funds, attention and market share.

-The well-meaning interventions of some ESOs being counter-productive or even harmful to veterans' welfare: for example focusing on 'disability' to prove entitlement to a Gold Card, rather than a positive and constructive focus on wellness and ability.²²

In the words of one veteran, "the ex-services organisations themselves should stop squabbling and one-upping each other and start focussing on outcomes for veterans".²³ This sentiment of a generally uncooperative culture between stakeholders in the Australian veteran support system is supported by reference group surveys in which 75% of participants identified "unconstructive tension" between DVA, Defence, ESOs and other stakeholders as a problem with the current veteran support system. This was the highest percentage of any of the systemic problems identified. A further 50% of respondents indicated a lack of trust of and within the system.

System Connectivity

The uncooperative system culture identified above further contributes to a lack of connectivity within the overall system. Over 60% of reference group respondents identified difficulty in navigating a disjointed, and 60% identified service gaps and duplication due to lack of overall system coordination. The Australian Charities and Not-For Profit Commission notes that services to the same beneficiaries in the same area can be an inefficient duplication of effort and funds, and it may be best for the charities involved to consider the benefits of collaboration, or even merging.²⁴

Other comments from veterans include:

-Veterans have to explain their emotional trauma and feeling of “failure” each time they approach a charity in the attempt to gain help. Anecdotally up to 90% will initially contact a charity that can neither help them nor direct them to a charity able to help with their specific needs.

-There are no simple/accessible information channels for veterans to gain an understanding, or even synopsis, of what each charity offers.

-Self-directed research is difficult to achieve, when suffering from psychological or physical wounds/injuries, where concentration is a debilitating side effect.

-Without assurance and clearly identified coordination of resources, veterans can fall into ‘survival mode’ with significantly increased stress and anxiety. An example of ‘survival mode’ as described by one veteran, involves the feeling of trusting nothing they haven’t checked or been assured of several times.²⁵

Confusion of information is also symptomatic of a disconnected system in which the stakeholders do not share a common picture informed by research and data. Kel Ryan, a life member of the RSL researching a PhD on advocacy in the Australian Defence Community, concludes that the frequency of conflicting messages to government and the bureaucracy highlights the absence of cohesion, the clash of agendas and the lack of clarity in the signal being sent, supposedly on behalf of the Australian Defence Community, who is becoming increasingly confused as to which organisation represents what and who.²⁶ This reduces public confidence, potentially discouraging investment in the sector. Significantly, 50% of reference group survey respondents identified unified communications as a key to improve the current veteran support system.

System Structure

Veterans and their families are largely left to fulfil the difficult function of cross-sector coordination themselves. This can be highly stressful and overwhelming, even for the most capable of veterans. It often requires them to define the various effects (employment, health, relationships, etc) required for their overall health and well-being, identify who best provides these effects and then coordinate access to them. These challenges can be compounded by a lack of familiarity with non-military support systems (a kind of learned helplessness as a result of their military service), and the fact that the services are spread across federal, state, local, public sector, private sector and community sector resources.

To access these services, veterans and their families are often required to repeatedly tell their story to each organisation. At best, this is frustrating, but for those with mental health conditions it can be debilitating. This challenge is not apparent to individual agencies but an experience of the veteran, which is observable to a systems view. Systems thinking refocuses on interdependent components as a set of relationships and consequences that are at least as important as the components themselves. In the case of the current veteran’s support system, it is not the characteristics of the parts that are most affecting the veteran but the impacts of the whole.²⁷

System Governance

The NMHC has flagged systemic concerns that include weak corporate governance, management and accountability structures.²⁸ Concurrent with this review, the Minister for Veterans Affairs stated that a regulatory regime for the Australian veteran support system was needed.²⁹ Lack of governance was identified as a systemic issue by 60% of respondents in reference group surveys. Assuming an acceptance that cross-sector coordination is an important function to achieve the unifying health and well-being outcome for veterans and their families and to address other systemic performance and governance issues highlighted above, the question remains as to which organisation in the current Australian veteran support system is responsible for enabling this function? The answer to this question is that no single organisation within the structure of the current veteran support system is responsible.

This lack of governance is arguably a reflection of funding, political jurisdictions, free market dynamics and many other complex realities. However, cross-sector coordination, is a key component to achieving the unifying objective of health and well-being for veterans and their families. Failure to adequately resource and organize for this is likely to indirectly detract from each organisation's contribution to this unifying objective. The lack of system governance can further contribute to quality assurance risks that will negatively impact the health and well-being of veterans and their families.³⁰ Striving to organize the problem to fit extant structures and cultures rather than adapting structures, cultures and mechanisms to address the real problem will perpetuate sub-optimal outcomes.

Outcomes Focus

The Australasian Services Care Network (ASCN) study into veterans' healthcare needs, identified 'an apparent lack of evaluation of effectiveness of the many programs on offer' by ESOs.³¹ The failure to measure effectiveness of services is symptomatic of a system or organisation that is more focused on producing individual organisation outputs rather than ensuring these individual outputs are contributing to collective outcomes, in this case for veterans and their families. A further significant impact of a lack of measurement of outcomes, is whether the system and participating organisations are able to collectively learn and adapt.

Duplication of services is also symptomatic of a system that is not measured, monitored, informed and therefore well understood through objective whole of system research and outcomes data. In response to the current situation the NMHC has recommended that government more closely engage with ESOs to harness their expertise, commitment and service footprint as part of a broader veteran-centric service strategy, and to support much needed further investigation to assess the services provided by ESOs for improved insights into, and coordination of, service delivery.³²

Problem Definition Summary

A whole system view of veterans' services, examining how stakeholders and organisations interact with each other, and most importantly how they collectively interact with veterans and their families, presents ample evidence of systemic challenges. The systemic challenges identified relate to culture, connectivity, structure, governance and a lack of outcome focus. Despite sustainable health and well-being outcomes for veterans and their families being dependent on a combination of cross-sector services and effects, the current system remains organised along departmental and sector lines, with minimal investment in effective mechanisms to assist veterans and their families to coordinate access to cross-sector services, causing unnecessary and unintended stress. An increased pressure on individual organisations has had the unintended consequence of reducing stakeholder capacity to focus on these broader cross-sector, whole of system solutions. Finally, there is no entity responsible for the functioning and performance of the overall veteran support system, leading to a lack of clarity on systemic needs, lack of measurement of outcomes, inefficient duplication or gaps in services, unconstructive competitive tension between providers, quality control risks and lack of planning to inform longer term systemic investment.

Many, if not all, of the problems identified were recognised and anticipated by Senator Millen in 1917 when he said:

I think there is now a general belief that to insure the satisfactory solution of the problem, it cannot be left to undirected and uncoordinated private effort. No matter how earnest and how determined that effort may be, it must necessarily lack uniformity and continuity...No government can possibly be asked to carry the responsibility if the work is to be carried out by a number of uncoordinated private committees and organisations. It must have an organisation which it can direct, which will move to a predetermined plan, and which will be responsive to its control.

While acknowledging the significant and valuable contribution of "private voluntary assistance", Senator Millen made the proviso that such "assistance must move as part of a recognised plan. Unless it does, it shall have overlapping in one place, insufficiency in another, and confusion and probably irritation all around".³³

Similar challenges have emerged and been identified in the US, the Chairman of Joint Chiefs in 2014 called for "a mechanism for collaboration among public, private and philanthropic organisations":

*Dozens of offices and agencies and thousands of private organisations are focused on assisting service members, veterans and their families to successfully reintegrate after military service... Successful reintegration of veterans and their families relies on holistic collaboration, improving veteran outreach, easing employment challenges and reducing obstacles.*³⁴

These challenges are also characteristic of many other social impact endeavours that cross organisational, state or national boundaries, and require new knowledge (innovation) and behavioural change to address.³⁵ There are numerous social impact case studies that share a common theme that large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organisations.³⁶

4. PART 2- THEORY OF CHANGE

To address the challenges and ultimately improve the Australian veteran support system, we need to articulate a *theory of change*; an explicit theory or model of how a program [or policy] causes the intended or observed outcomes. For additional clarity, the theory of change presented in this paper is articulated graphically in a *logic model*, which maps the path from inputs to achieving outcomes and impacts, and is supported by a more descriptive narrative with selected case studies. This theory of change continues to take a whole of system approach, recognizing that the needs and challenges can only be solved by cross sector whole of system solutions. Importantly, it does not attempt to naively present specific detailed “solutions from academia”, but rather it presents improvement options at the conceptual level to act as a broad vector for decision makers who are best placed to work through the details.

A theory of change can be used to help determine the social impact a program intends to have, why change may or may not occur and what should be measured. In principle, a theory of change should assist with:

- articulating goals and how they will be achieved;
- developing a better understanding of the policy/program/intervention;
- identifying intended and unintended side-effects and potential risks;
- guiding planning, design and execution of measurement; and
- formulating and prioritising meaningful measurement of outcomes”.³⁷

The logic model presents a visual representation of how a program or initiative should work by linking inputs, actions and outputs with their intended shorter-term outcomes and longer term impacts. These outcomes directly respond to the issues.

INPUTS	ACTIONS	OUTPUTS	OUTCOMES (1-5 YEARS)	INDICATORS	IMPACTS (6-10 YEARS)
PUBLIC/PRIVATE FUNDING FOR WHOLE OF SYSTEM INFRASTRUCTURE	-ESTABLISH ONE STOP SHOPS FOR VETERANS AND FAMILIES	-SINGLE POINT TO UNDERSTAND AND ACCESS SERVICES	VETERAN AND FAMILY IMPROVED	INCREASE IN	IMPROVED HEALTH AND WELL-BEING FOR VETS AND FAMILIES
	-TRAIN AND EMPLOY PROFESSIONAL CASE MANAGERS	-COMPREHENSIVE OUTCOMES FOCUSED PLAN FOR VETERAN AND FAMILY	OUTCOMES REDUCED FAMILIES	-SHORT TERM USE OF SERVICES -USE OF MULTIPLE CROSS-SECTOR SERVICES REDUCTION IN -LONG TERM USE OF HEALTH SERVICES -VETERAN SUICIDE	
SMALL CORE GROUP OF SOCIAL IMPACT LEADERS	-ESTABLISH COLLABORATION MECHANISMS -COLLABORATIVES -BACKBONE ORG	-ENABLED COLLABORATION OPPORTUNITIES -ENABLED COORDINATION OF SERVICE DELIVERY -COMMON UNDERSTANDING AND CROSS-SECTOR PROBLEM SHARING	ESOs/OTHER SERVICE ORGS IMPROVED REDUCED	INCREASE IN REDUCTION IN	MORE EFFECTIVE USE OF WHOLE OF NATION RESOURCES
HEALTHY COLLECTIVE IMPACT CULTURE OF TRUST, HONESTY AND MATURITY					
FOCUS ON COLLECTIVELY ACHIEVING CORE OUTCOMES AND IMPACTS	-ESTABLISH GOVERNANCE MECHANISMS -PEAK BODY	-WHOLE OF SYSTEM DATA AND RESEARCH -SINGLE POINT TO UNDERSTAND SECTOR WIDE NEEDS -CENTRALISED/CONSISTENT NARRATIVE -ENABLED SECTOR WIDE GOVERNANCE AND QUALITY ASSURANCE	GOVT/FUNDING PROVIDERS IMPROVED REDUCED	INCREASE IN REDUCTION IN	INCREASED TRUST AND CONFIDENCE IN SECTOR
EDUCATION	-ENCOURAGING DEMANDING AND STRATEGIC FUNDING CULTURES	-INCREASED FOCUS ON ACHIEVING OUTCOMES -INCREASED CONSIDERATION OF LONGER TERM SYSTEMIC INVESTMENT	ALL STAKEHOLDERS IMPROVED REDUCED TERM	INCREASE IN	

Figure 1 Logic Model

Coordination and Collaboration Mechanisms Underpinning Theory of Change

Management and collaboration literature defines an escalating scale of inter-organisational relationships as follows:

Cooperation usually occurs between organisations that operate in the same environment, addressing a shared issue or population.³⁸ Cooperating organisations exchange information³⁹ through largely informal relationships, maintaining a high degree of independence.⁴⁰ Interactions carry low or no costs and the benefits are mainly constrained to individual organisations and their direct beneficiaries.

Coordination is more formal than cooperation, with frequent and regular communication. The partners share ideas and pool resources to implement activities or programs to achieve a discrete and agreed goal,⁴¹ whilst maintaining individual goals and independence.⁴² Organisations work together to better achieve their goals, programs or services, with potential benefits accruing to the larger community.

Collaboration is the most developed level of working together, with increased “interdependence whereby organisations acknowledge that the success of the work they do is reliant on the actions of other organisations. A collaborative relationship is further defined by trust, power sharing relationships, and frequent communication. Collaborative relationships are usually long-term”.⁴³

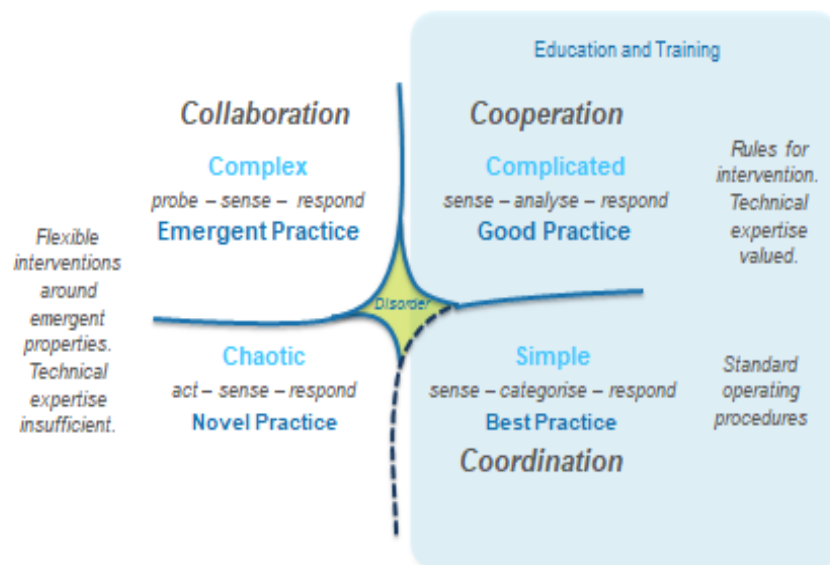
In contrast to cooperation and coordination where the main goal of working together is for the benefit of individual organisation goals, the main goal of collaborating organisations is usually to achieve benefits or pursue change beyond the organisational level for society more generally.

Characteristic	Cooperation	Coordination	Collaboration
Relationships	Informal	Informal to formal	Interdependent
Shared responsibility	None	Partial	Complete
Communication	Ad-hoc	Project-dependent	Frequent and formal
Who benefits	Individuals or orgs depending on activity	Individuals or orgs with possible benefits for broader community	Broader community with possible benefits for organisations

Figure 2 Cooperation, Coordination and Collaboration Continuum

To determine whether the Australian veteran support system requires increased focus on cooperation, coordination or collaboration, it is instructive to categorise the nature of the challenges. A useful framework for this is the Cynefin Framework which categorises problems as simple, complicated, complex or chaotic.⁴⁴

Cynefin



Cynefin Framework by Snowden & Kurtz <http://www.youtube.com/watch?v=N7oz366X0-8>



Figure 3 – Cynefin Framework⁴⁵

In general terms, simple and complicated problems are often easy to identify with known solutions proven through best practice or technical analysis. Generally, the most appropriate way to tackle these types of problems is to work with others to share information or expertise and adjust actions (coordinate), or to align resources and activities (cooperation and coordination). Both cooperation and coordination are essentially about operating as normal but more efficiently. In general terms, complex and chaotic problems are difficult to identify and we don't easily know the best ways to solve them.

Complex problems are often called wicked or adaptive problems. These types of social problems have multiple layers of stakeholders, all with different perspectives and often disagreement about the causes

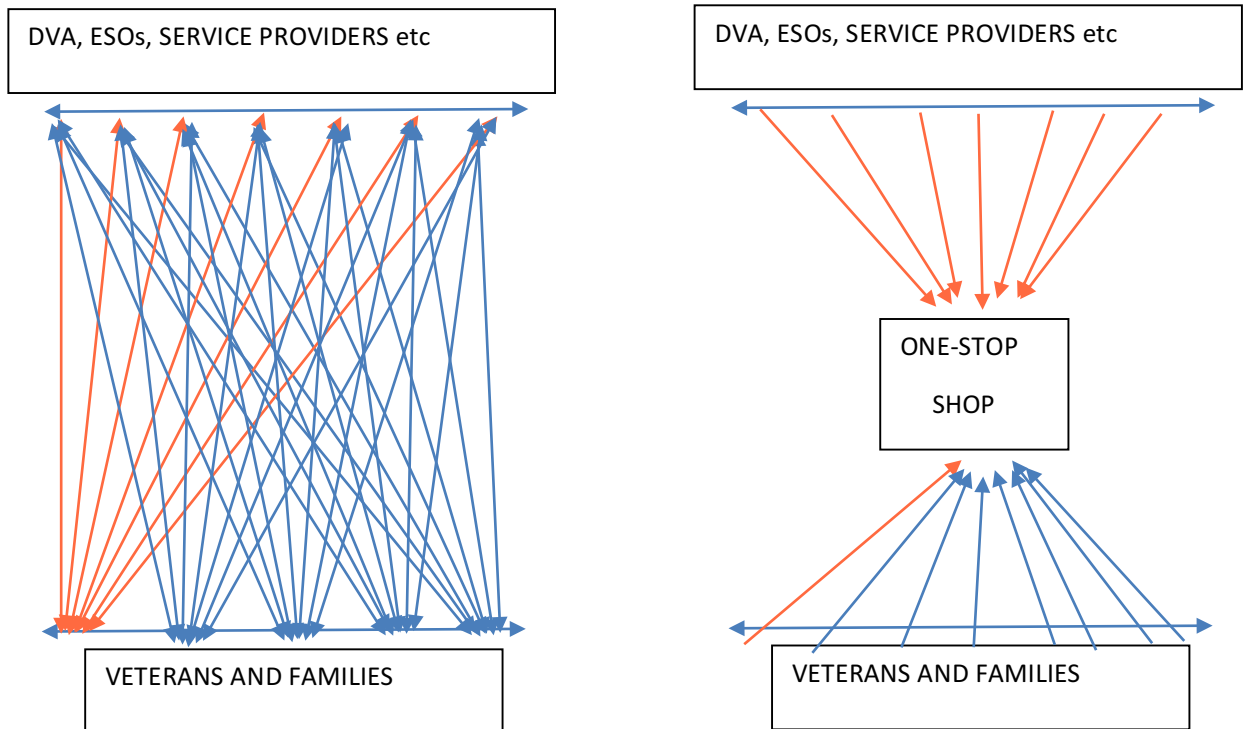
of the problem and the best solutions. They require change in numerous places, often across organisational boundaries, meaning they are beyond the capacity of any one organisation or sector to respond to effectively. Problems such as these require total systems change and innovation. In such instances, collaboration is the appropriate response.

In the case of the Australian veteran support system, the challenges span across the entire Cynefin spectrum. At the low end is the complicated problem of coordinating service delivery and at the high end is the complex problem of improving veteran health and well-being and reducing instances of suicide. For these reasons, a range of improvement options from coordination mechanisms (one-stop shops) to collaboration mechanisms (collaboratives and/or collective impact backbone organisations) are proposed below for future consideration. Whether forming one stop-shops, collaboratives or dedicated backbone organisations, efficiencies would be gained by multi-purposing some of the infrastructure that is required. This would also lead to a further reduction in costs and overheads for individual organisations and a more efficient and effective use of available whole of nation resources.

Establish Coordination Mechanism- One-Stop Shops for Veterans and Their Families

The ultimate reason for the existence of the veteran support system and the organisations of which it is made up, is to support veterans and their families. The veteran support system is not currently optimised to respond to these cross-sector needs with veterans and their families being largely left to fulfil the function of cross-sector coordination themselves. Prior to attempting any self-coordination, veterans struggle to understand what cross-sector services are available to them. Veterans are expected to conduct their own research, develop a degree of knowledge and expertise of the services available, and then individually apply to each service provider. This is stressful and in some circumstances overwhelming. For this reason, there is a compelling argument that the veteran support system should be optimised for the ease of interaction by veterans and their families.

The one-stop shops would aim to develop networks and a thorough expertise of community, state, federal and cross sector services available in a particular region, and then to develop mechanisms that assist veterans and their families to coordinate their access to these services. Whilst the human nature of supporting veterans and their families warrants the establishment of physical one-stop shops, the development of virtual tools is likely to be of benefit. Consideration could be given to reviewing the extant facilities and resources resident in individual organisations (including RSL, DVA, ESOs but also other federal/state/community social service hubs), with the aim of collaboratively pooling these facilities and resources to achieve the functions described above. A one-stop shop would not only ease the burden on veterans and their families but allow for effective evaluation of the services available. This further serves a dual purpose of highlighting duplication of services and reducing costs and overheads for individual organisations, resulting in a more efficient and effective use of available whole of nation resources.



CURRENT SYSTEM

FUTURE SYSTEM

Figure 4 – Conceptual Functioning of Veteran Support System

There is currently no one-stop shop for veterans to gain information about available services but there is also no practical pathway that a veteran can look at, and visually see multiple steps to their recovery/education and advancement of themselves.⁴⁶

In summary, the action of establishing one-stop shops for veterans and their families is expected to:

-produce the output of:

- a single point for veterans and their families to understand and access services
- leading to the shorter-term outcomes of:
 - improved awareness of and access to services; and
 - reduced stress for veterans and their families

ultimately contributing to the longer-term impacts of:

- improved health and well-being; and
- more effective use of whole of nation resources.

Train and Employ Professional Case Managers

Understanding and assessing the comprehensive health and well-being needs of a veteran and their family, and then developing and coordinating a plan to achieve their overall health and well-being outcomes, requires professional case management expertise. Whilst some organisations in the current veteran support system have trained case managers or advocates to access specific services from specific organisations, consideration needs to be given to centralising, expanding and further professionalising this pool of personnel: to enable case managers to be the single interlocutor for veterans and their families with the skillset to (1) define and plan veteran/family overall health and well-being outcomes; (2) identify who best provides the services/effects required to achieve these outcomes; (3) coordinate access to these services/effects; and (4) monitor progress and adjust plans to achieve desired outcomes. The logical place for such a function to reside would be as part of the one-stop shop proposed above, further identifying opportunities for collaboration and general whole of system efficiencies.

In summary, the action of training and employing professional case managers is expected to:

produce the output of:

- comprehensive outcomes focused plans for veterans and their families based on their needs and goals
- leading to the shorter-term outcomes of:
- identification of veteran/ family needs and goals;
- improved veteran/family confidence and commitment to their plan (which matches needs and goals);
- improved achievement of tangible health and well-being outcomes; and
- reduced veteran/family stress.

ultimately contributing to the longer-term impacts of:

- improved health and well-being; and
- more effective use of whole of nation resources.

Establish Collaboration Mechanisms

Collaboration between organisations is found to lead to a number of positive effects.⁴⁷ From a strategic management perspective, collaboration enables organisations to expand their pool of resources and skills, and to develop distinctive capabilities. From a learning and innovation perspective, collaboration engenders synergistic knowledge creation through ‘communities of practice’. Collaboration allows partner organisations to aim for “an objective which no individual organisation could have met alone and achieving the objectives of each collaborating organisation better than it could alone”.⁴⁸ When addressing complex social issues, collaboration is hence an ideal approach as it allows a more holistic provision of services and the synchronisation of efforts and resources.⁴⁹

The good will and efforts of some individuals and organisations has seen cooperation and coordination occur in parts of the veteran support system. Whilst the leveraging effects of cooperation and coordination in the current system are positive, they are generally limited to specific and often relatively

short-term projects and programs. The Australian veteran support system is not resourced or structured to further encourage and enable cooperation and coordination, or more importantly collaboration. The need for collaboration within the system (particularly between Defence and DVA) is highlighted by the NMHC Review.

Perhaps the most striking finding from our Review was the need for ADF and DVA to work collaboratively and to ensure that their respective processes are continuous and seamless from the perspective of the current and former serving members.⁵⁰

Inter-organisational collaborations that span public, private and not-for-profit sectors are inherently difficult to create and even more difficult to sustain.⁵¹ Without a mechanism for collaboration, the collective efforts of stakeholders will remain limited, and whilst the task is difficult the benefits would be significant. Key components of a successful collaboration include: shared goals; dedicated resources; identifying appropriate partners; establishing sound governance around leadership and decision making; and establishing trust between stakeholders.⁵² System wide collaboration requires effective enabling mechanisms. Formal mechanisms that have emerged to implement collaboration include the establishment of collaboratives and/or collective impact backbone organisations.

Establish Collaboration Mechanisms - Collaboratives

In simple terms, collaboratives are a venue in which individual organisations can come together to build relationships and coordinate their efforts. An example is the Los Angeles Veteran's Collaborative (LAVC) which is a structured network of public, private and government agencies, who meet on a monthly basis and work together to address the systemic problems that affect the well-being of veterans and military.⁵³ It is recognised as a US nation-wide best practice model for communities struggling to serve veterans and military families. LAVC was established in response to a study that highlighted many similar challenges to those described in Australia: veterans being unaware of available services, how to access them, and how these services might be helpful to their specific problems; unconstructive inter-organisational hostilities; lack of coordination among community agencies; gaps and duplication of services; and lack of system wide data to drive practices and planning.⁵⁴

Importantly, this collaborative is essentially a venue (hosted by University of Southern California), run by a small number of dedicated staff, which facilitates self-coordination between stakeholder organisations. This hands-off, "neutral facilitator" approach, ensures collective ownership of the challenges, and their solutions, remains with the organisations that make up the veteran support system. Leaders of the LAVC have the view that "over-controlling" an organisation such as the LAVC can simply create yet another stakeholder in an already complex system, further stifling collaboration and reducing agility and innovation. They consider that "soft leadership" is more important than "hard management" in such an endeavour.⁵⁵ Significantly this initiative requires minimal investment.

Establish Collaboration Mechanisms – Collective Impact Backbone Organisations

Similar to collaboratives, collective impact backbone organisations establish dedicated mechanisms and infrastructure to enable system wide collaboration. The key difference between the two is the scale of investment. Unlike most collaboratives, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.⁵⁶ Dedicated backbone infrastructure is a critical element that sets collective impact apart from collaboration.⁵⁷

The creation of collective impact backbone organisations was a response to one of the most documented and common reasons for collaboration failing. That is, (1) coordination between individual organisations takes time; and (2) individual organisations and their leaders have little time to spare for this because they are focused on their own objectives and the demands of their respective boards.⁵⁸ This dynamic can also be seen to be a significant barrier to collaboration within Australia’s current veteran support system. Studies suggest that creating and managing collective impact requires a separate organisation and staff with a very specific set of skills to serve as the backbone for the entire initiative.⁵⁹

Internationally, there are several well documented case studies that describe the benefits of collective impact which include the formation of dedicated backbone organisations. Strive, a collective of local leaders in Cincinnati, produced tangible positive outcomes in what had previously seemed an intractable “student achievement crisis”, within four years. Strive made progress where others failed because; “a core group of community leaders decided to abandon their individual agendas in favour of a collective approach to improving student achievement.”

These leaders realized that fixing one point on the educational continuum—such as better after-school programs—wouldn’t make much difference unless all parts of the continuum improved at the same time. No single organisation, however innovative or powerful, could accomplish this alone.⁶⁰

The Stanford Social Impact Review concludes that shifting from the prevailing, but failing, isolated impact approach where individual organisations in a system attempt to solve parts of complex problems themselves, to a proven collective impact approach to solving complex social challenges, requires the creation of a new set of [nonprofit management](#) organisations (backbone organisations) that have the skills and resources to assemble and coordinate the specific elements necessary for collective action to succeed.⁶¹ Successful collaboration not only requires shared goals and trust, but whole system engagement with inclusion of all stakeholders. As we will discuss further, structural support relies on shared resources and authority, including decision making, while also clearly defining roles and responsibilities, accountability and governance are key components, as are communication, adaptive capacity and leadership.⁶² Regardless of the type of collaborative mechanism adopted, collaboration requires a shift in stakeholder mindset which begins with the acknowledgement that a truly complex problem requires collective and dynamic change.

In summary, the action of establishing collaboration mechanisms (whether they be collaboratives or dedicated backbone organisations) is expected to:

produce the output of:

- enabling cross-sector collaboration opportunities;
- enabling coordination of service delivery; and
- common understanding and sharing of system wide problems and challenges.

leading to the shorter-term outcomes of:

- improved individual business planning;
- reduced service gaps and duplication; and
- reduced unconstructive tension.

ultimately contributing to the longer-term impacts of:

- more effectively using whole of nation resources; and
- increased trust and confidence in sector.

Establish a Governance Mechanism – Peak Body

A recurring theme when discussing complex systems or market places is striking the right balance between the benefits of centralized governance and the benefits of decentralized free market forces. All complex systems or markets, including the stock market, require a degree of central coordination to function effectively; “markets are not self-sufficient but require support from other modes of coordination.”⁶³ There is no evidence that the current Australian veteran support system has any system wide organisation or rules to help it function effectively, beyond charitable status requirements.⁶⁴ Whilst governing and regulatory bodies are a mechanism used in some markets to support coordination and more effective functioning, a more self-regulated approach that is widely used in multi-stakeholder social impact sectors is the establishment of a peak body. This could be a cost effective first step for the Australian veteran support system that enables a dedicated organisation to consider the challenges and improvement options presented in this paper. Both the for-profit and not-for-profit sectors are rich with examples of peak bodies, the following exemplars share common attributes with the Australian veteran support system.

National Disability Services is the Australian peak body for non-government disability services. Its genesis was established in 1945 in response to the need for national coordination of state and territory bodies. Further evolutions recognised both that service providers had many common interests, and the benefits of lobbying government with a united voice on disability issues. Today, National Disability Services represents and provides services to a broad spectrum of non-government, non-profit groups assisting people with disability nationwide. Its stated priorities are to promote quality service provision and life opportunities for people with disability, through:

- a broad and growing membership of organisations and individuals who share our purpose and values;
- influencing policy across all areas of government;
- collaborating with community service organisations, people with disability, families and carers, governments and businesses;
- working to enable sustainable, dynamic services that improve the lives of people with disability; and

- providing advice, evidence and analysis that informs service development.⁶⁵

Whilst not titled a peak body, The Confederation of Service Charities (Cobseo) in the UK, was established to provide a single point of contact for interaction with; Government, including local government and the Devolved Administrations; the Royal Household; the private sector; and other members of the Armed Forces Community, allowing members to cooperate and collaborate in order to provide the best possible level of support to veterans and their families. Cobseo aims to represent, promote and further the interest of the Armed Forces Community by:

- Exchanging and coordinating information internally;
- Identifying issues of common concern and coordinating any necessary and appropriate action;
- Acting as a point of contact for external agencies to the members of Cobseo;
- Representing and supporting the needs and opinions of its member organisations, individually and collectively at central and local government levels and with other national and international agencies⁶⁶.

Cobseo has also established the following values which aim to unify the approach of its members, with a primary focus on: support to our beneficiaries; through cooperation (and collaboration), innovation, integrity, accountability and compliance.⁶⁷

Peak bodies are designed and funded differently, however common aims and aspirational effects include: cross sector coordination/collaboration; governance and quality assurance; a single voice for sector issues; and sector wide research, data and analysis. The need for these effects in the Australian veteran supports system has been established, however, further explanation of the significant benefits of a system informed by sector wide research, data and analysis is warranted. According to the Minister for Veterans Affairs' response to the NMHC Review;

Part of the Government's evolving response to mental health challenges and suicide in the current and former ADF communities is utilising data to improve our understanding of the issue and inform policy decisions.⁶⁸

Likewise a Joint Communique from an International Ministerial Conference on Veterans' Issues held in London in 2017, stated that: "Delegates recognised that to face these challenges and progress reforms it was essential that evidence based research and data informed policy decisions and implementation".⁶⁹

The benefits of better understanding and strengthening the Australian veteran support system through evidenced based research and data are compelling. One of the most significant benefits is having a clear picture of where duplication or gaps in service exist, allowing funders and service providers to coordinate their endeavours to achieve mutual benefit. Research studies into collaborative endeavours, presented in Understanding Collective Impact in Australia, state: "The need for organisations to ensure their activities were mutually reinforcing was implicit, with participants referring to the importance of cooperation".⁷⁰ In addition to the creation of formal mechanisms and communication, coordination reduces competition for funding and aligns organisational goals.

Similar emphasis was placed on the need to avoid duplication of efforts, as one participant put it: “Without the knowledge of what other people are doing, they can miss or can even be working in opposition, which doesn't add very much to the collective good of the community.”⁷¹

Evidenced based research and data is also the cornerstone to establishing shared measurement mechanisms.⁷² Shared measurement establishes a common mechanism with which to quantify the contribution of multiple cross-sector organisations towards achieving overall outcomes. Advances in web-based technologies have enabled common systems for reporting performance and measuring outcomes. In addition to increasing efficiency and reducing costs, these systems can also improve the quality and credibility of the data collected, increase effectiveness by enabling organisations to learn from each other’s performance, and document the progress of the field as a whole.⁷³ Notably, the highly successful Strive case study referred to above, used a carefully structured process to focus the entire educational community on a single set of goals, measured in the same way, rather than trying to create a new educational program or increase funding.⁷⁴

Developing shared measurement mechanisms is not easy.⁷⁵ It requires strong leadership from organisations to coordinate efforts and commit to sharing learning and outcomes. It also requires on-going support from stakeholders and funders to focus resources on the development, collection, analysis and dissemination of results.⁷⁶ This is unlikely to be achieved without establishing dedicated organisations with cross sector responsibilities such as collaboratives, backbone organisations or peak bodies.

In summary, the action of establishing a governance mechanism through a peak body is expected to:

-produce the output of:

- enabling collection of whole of sector data and research;
- enabling a single point to understand sector wide needs;
- enabling the development of a centralized and consistent narrative; and
- enabling sector wide governance and quality assurance.

leading to the shorter-term outcomes of:

- improved evidence of sector needs;
- improved evidence of outcomes based investment performance;
- improved quality of service delivery; and
- reduced service gaps and duplication.

ultimately contributing to the longer-term impacts of:

- improved health and well-being for veterans and their families;
- more effectively using whole of nation resources; and
- increased trust and confidence in sector.

Encouraging Demanding and Strategic Funding Cultures

The veteran support system is broadly made up of three distinct groups; veterans and their families; service providers (including DVA); and funders (including Government). All of the options for

improvement suggested so far seek to address the problems outlined through changes to the service provider group. However, a systems-thinking view highlights the interdependence, or more accurately ‘dependence’ of the service providers group on the funders group. Academic research and various case studies are full of evidence that underline the critical role funders play in shaping systems and generating outcomes: “in addition to providing support to particular organisations, funders may advance the development of nascent fields by bringing together multiple organisations and stakeholders”.⁷⁷ Significant systemic change that ultimately benefits the veterans and families group, can be achieved by making changes to the funders group.

Funders have a huge responsibility to drive positive outcomes for veterans and their families through service providers.

Funding collective impact initiatives costs money, but it can be a highly leveraged investment. A backbone organisation with a modest annual budget can support a collective impact initiative of several hundred organisations, magnifying the impact of millions or even billions of dollars in existing funding.⁷⁸

This requires funders to be both a demanding stakeholder and adopt a whole of system strategic view that in turn generates a systemic focus on achieving measured and proven outcomes, incentivises collaboration and innovation, and balances short term project needs with long term systemic needs. This represents a fundamental change in the funder’s role, from funding organisations to leading a long-term process of social change. It is not enough to fund an innovative solution created by a single non-profit or to build that organisation’s capacity. Instead, funders must help create and sustain the collective processes, measurement reporting systems, and community leadership that enable cross-sector coalitions to arise and thrive:

Until funders are willing to embrace this new approach and invest sufficient resources in the necessary facilitation, coordination, and measurement that enable organisations to work in concert, the requisite infrastructure will not evolve.⁷⁹

There are numerous case studies that highlight the essential leadership role funders play. The Strive network describe the role of funders to incentivize coordination: “Funders can play an important role in getting organisations to act in concert... rather than fuelling hundreds of strategies and non-profits, many funders have aligned to support Strive’s central goals”.⁸⁰

Another important case study is the Organisational Capacity Grants Initiative (OCGI). This involved three funders granting money to 16 human services agencies in the San Francisco region but rather than taking a hands-off approach, OCGI demanded Executive Director level attendance from each of the agencies at a series of regular forums that forced reflection and shared learning between organisations.

The foundations [funders] believed many of the OCGI’s benefits would occur as a result of the conversations that took place at the meetings, and they invested time and money to establish honest dialogue that would facilitate learning... Besides strengthening management, fundraising, and the use of technology, many agencies reported a shift in thinking that significantly increased their capacity to serve clients. Two agencies agreed to merge, and all grantees reported they were more likely to examine “how they do their work,” not just “what they do,” in order to boost efficiency and effectiveness.⁸¹

Transitioning the role of funders from simply being resource providers to one of being important leaders within the Australian veteran support system, comes with enormous organisational and systemic rewards.

Evolving the role which funders play within the Australian veteran support system is likely to come with a degree of friction. However, the Giving Australia 2016 report shows that large businesses increasingly recognise the important role they can play in tackling social problems by becoming engaged with social enterprises, focusing on generating social impact and investing in fewer, better resourced not-for-profit partnerships to maximize social impact.⁸² The Australian Institute of Company Directors 2016 report also indicates that, despite the not-for profit sector finding they are being drawn to short-term or operational matters at the expense of the bigger picture, there are increasing levels of collaboration within the sector with a trend towards performance measurement.⁸³ These are encouraging indications of positive conditions for systemic change, where funders and service providers evolve their traditional roles and approaches in order to create a more effective system, to achieve better outcomes for veterans and their families.

In summary, the action of encouraging demanding and strategic funding cultures is expected to:

produce the output of:

- increased service provider focus on achieving outcomes; and
- increased consideration of longer term systemic investment.

leading to the shorter-term outcomes of:

- improved health and well-being outcomes for veterans and their families;
- improved incentives and general conditions for collaboration;
- increased investment in the overall veteran support system; and
- reduced investment in short term projects that do not achieve sustainable outcomes for veterans and their families.

ultimately contributing to the longer-term impacts of:

- improved health and well-being for veterans and their families;
- more effective using whole of nation resources; and
- increased trust and confidence in sector.

Theory for Change Summary

The Australian veteran support system is at a growth point where an opportunity exists to optimise support to current and future generations of veterans and their families. Through the framework of a logic model supported by selected case studies and academic theory, this paper has taken a systems-thinking approach to mount a theory of change and present options for systemic improvement. The five options proposed for systemic improvement are:

- establishing one-stop shops to better enable veterans and their families to understand and access services, reducing stress, and improving health and well-being outcomes.
- training and employing professional case managers to provide veterans with a single point of contact to co-develop comprehensive outcomes focused plans.
- establishing collaboration mechanisms (collaboratives or dedicated backbone organisations) to better enable cross-sector collaboration and coordination opportunities; developing a common understanding of system wide problems and challenges, reduce service gaps, duplication, and unconstructive tension within the sector.
- establishing a Peak Body to improve cross sector governance and quality assurance, enabling collection of whole of sector data and research that informs a clearer understanding of sector wide needs, and enables the development of a centralized and consistent sector narrative.
- encouraging more demanding and strategic funding cultures to increase service provider focus on achieving outcomes, longer term systemic needs, improved incentives and collaboration.

Importantly, the proposed establishment of a Peak Body, may be a cost effective first step that enables a dedicated organisation to consider all the challenges and improvement options outlined in this paper.

These five options for improvement address the challenges defined in this paper and ultimately contribute to the longer-term impacts of improving health and well-being for veterans and their families, more effectively using whole of nation resources and increasing overall trust and confidence in the Australian veteran support sector. The longer-term impacts however are unlikely to be achieved without strong and committed leadership that extends beyond traditional organisational boundaries and beyond the pressures of political timeframes. This paper now turns to implementation considerations that will assist social impact leaders to take the steps required to tackle the challenges and implement the systemic improvements proposed.

5. PART 3 – IMPLEMENTATION CONSIDERATIONS

Best practice collaborative methodologies are increasingly being used world-wide to respond to complex and often cross sector social challenges. The final part of this paper highlights implementation considerations to instigate the next steps in further evolving Australia’s veteran support system. In particular it focuses on the means and mechanisms for improving collaboration within the system, including the inputs identified in the logic model theory for change. Considerations are presented at the conceptual level to inform, and possibly catalyse, social impact leaders and decision makers who are best placed to consider their utility within the real context of the current veteran support system.

Social Impact Leadership

Social impact leaders have a responsibility not only to understand the complexity of problems but to embrace innovative and collective approaches, through education and inclusion: “The systems leader is ‘a person who catalyses collective leadership’”.

Leaders often face ‘wicked problems’, which are complex problems that are difficult to clearly define, have many interdependencies and are multi-causal. Adopting a systems-mindset changes not only how we think about a problem in the first place, but what the solutions might look like. For leaders, this may mean letting go of the need to find quick, ‘definitive’ answers.⁸⁴

Significantly, a new type of leadership, best described as adaptive leadership, is needed to implement this scale of change:

Adaptive leadership involves managing the conditions that enable people involved with complicated social issues to figure out and undertake solutions that ultimately require changes in their own ways of working. This highly results-oriented process requires one to play a clear, forceful role in keeping interested parties productively focused on the problem at hand. Adaptive leadership achieves positive change by provoking debate, encouraging new thinking, and advancing social learning. It mobilizes the parties to work toward a solution, rather than imposing one.⁸⁵

Education and Diversification

The Australian veteran support system is at a point in its development where it needs to consider new ways in which to improve the health and well-being outcomes for veterans and their families. These innovations may not be apparent through existing knowledge but are more likely to emerge through a focus on education and a diversification of skills and experience within the system, including recruitment from more diverse sectors and demographics. Additionally, there is a growing body of evidence based teaching surrounding best practice cross-sector collaboration. Given the challenges and considerations for improvement, educating leaders on best practice mechanisms for cross-sector collaboration will be an essential pre-condition to positive systemic change and may provide leaders with complimentary tools and knowledge to drive this change.

Collaboration Means and Mechanisms.

In Australia, it is estimated that there are more than 75 collaborative change processes actively applying collective impact and cross-sector collaboration to address complex challenges and drive large-scale systemic change, most of these have some form of backbone infrastructure.⁸⁶ The opportunities that have been evidenced include: increasing stakeholder and system efficiency and effectiveness; individually and collectively delivering better services to customers or beneficiaries; accessing new resources that are not available within individual organisations; enabling the emergence of whole of system innovative solutions that have previously not been identified; and generating wider coverage or deeper impact. The risks and challenges include: individual stakeholders losing autonomy, control and flexibility; professional, institutional and structural barriers; lack of financial resources to enable collaboration; conflicting purpose and understanding of what constitutes success amongst stakeholders; and lack of accountability and measurable progress.⁸⁷

To assist in exploiting these opportunities, whilst mitigating against the risks and challenges, there are numerous collaborative frameworks and collaborative methodologies being taught and successfully put into practice. The collaboration change cycle espoused by Collaboration for Impact, one of Australia’s leading organisations for learning how to respond to complexity through effective collaboration, provides a graphic depiction of this non-linear and dynamic process.⁸⁸

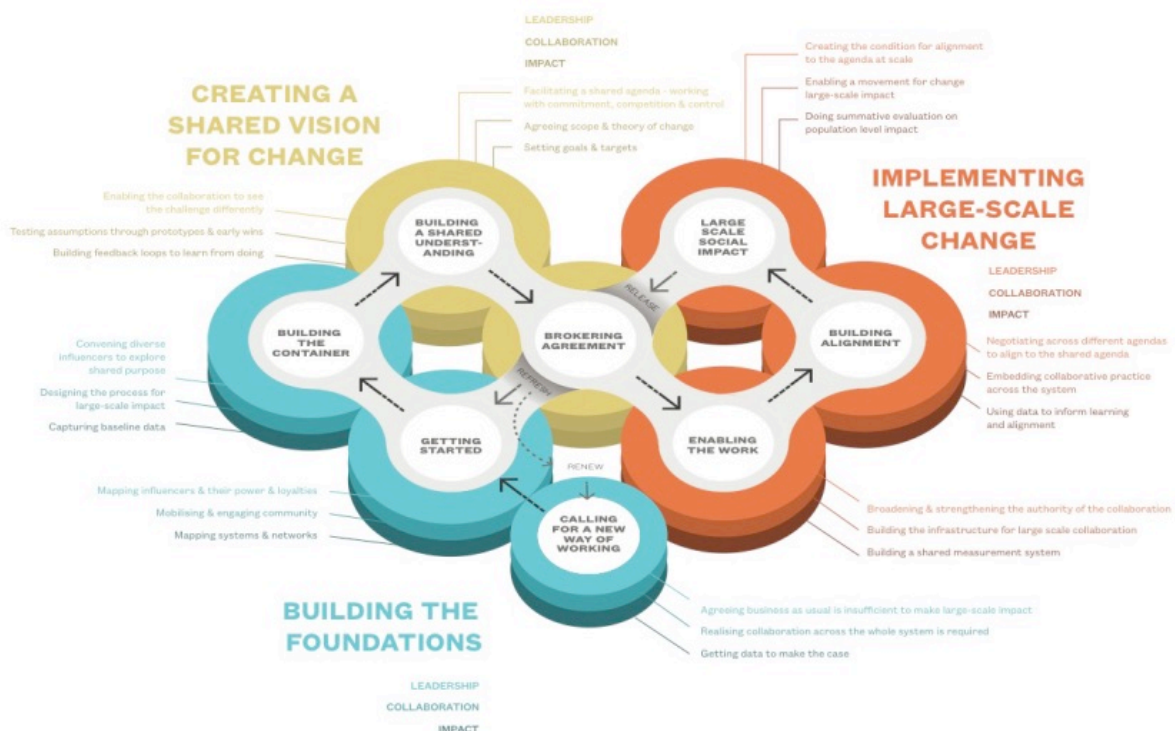


Figure 6 – Collaboration Change Cycle⁸⁹

Rather than highlight each of the points depicted, all of which are important but would be better covered in a sector wide education regime, this paper will now focus on some ingredients common to successful collaboration which were identified in Part 2. These considerations are particularly relevant to a Collective Impact endeavour, which is at the high end of the cooperate, coordinate, collaborate spectrum.

Shared Goals. The purpose of working together should be simple, realistic and collectively produced.⁹⁰ It is also important that all partners are meaningfully involved and maintain active involvement, participation is strengthened if goals are linked to organisations' main activities and budgets.⁹¹ Where variation in individual and organisational philosophy and policies occur, proactive and ongoing training may alleviate differences to cohere and focus on a shared goal.⁹²

Dedicated Resources. The costs of working together increase as we move towards greater collaboration and needs to be considered. Resources are required not just for service delivery but to support bringing people together,⁹³ and the amount of resources available may influence the model of working together that is adopted. However, some of the costs are independent of the mode of cooperation or collaboration.⁹⁴

Appropriate Partners. Identifying appropriate partners to work with is vital; potential partners' contribution towards the shared goal and their expectations, but also whether any key participants are excluded.⁹⁵ The complexity of the problem affects the number of organisations needed to achieve a successful outcome. Coordinators require a dynamic understanding of the system to facilitate communication, build and maintain trust among partners.⁹⁶ Individuals and teams involved in the inter-organisational arrangement need boundary-spanning skills and behaviours to work across organisational, sector, discipline and hierarchical boundaries.⁹⁷

Governance: Leadership and Decision Making. Careful management and clearly delineated governance structures agreed on by all stakeholders are required to work together effectively.⁹⁸ This can include agreements on how to run day-to-day activities, well-defined decision-making processes, conflict resolution mechanisms and clear roles and responsibilities for each partner.⁹⁹ Leadership is needed to facilitate and design effective structures and decision-making processes based on trust and reciprocity.¹⁰⁰ It is therefore necessary to identify individuals with the right leadership skills.¹⁰¹ It is also important to recognise that slow and complex decision-making may be inevitable in the early stages of working together to avoid distrust.¹⁰²

Trust. Trust is a particularly critical element required at various levels of an inter-organisational arrangement:¹⁰³ trust between the front-line staff of different organisations, at higher levels of management, and more generally between different organisations. When people lack direct experience of successful interaction, trust can stem from institutional mechanisms such as contracts or reputation.¹⁰⁴ While this does not necessarily generate trust between individuals, it can produce trust in the organisation's capacity to deliver results. Building trust can be particularly challenging if the problem the partnership is addressing stems from a legacy of mistrust or conflict between different agencies.¹⁰⁵

An outline of the establishment process for a Collective Impact endeavour with clearly defined steps has been provided as an Appendix A. to give a more comprehensive overview of the process in its entirety.

Remembering the words of Henry Ford: ‘Coming together is a beginning; keeping together is progress; working together is success’, and to help ensure collaborations get to and remain in the “working together” phase, it is recommended that in addition to regularly measuring a collaborative endeavour’s outcomes, it is important to regularly measure the health and progress of the collaboration itself. To assist in this, the Centre for Social Impact and Collaboration for Impact developed a Collaborative Health Assessment Tool attached as Appendix B. This is also a good guide to what is important in building and maintaining a collaboration.

Part 3 – Implementation Considerations Summary

It is clear that there are many challenges and considerations to implementing and maintaining a cross-sector collaboration endeavour. These include establishing shared goals, securing dedicated resources, identifying appropriate partners, establishing governance, establishing trust, defining the problem with data, identifying a group of social impact leaders, establishing a healthy collective impact culture, defining and maintaining focus on core outcomes and impacts, resourcing and establishing dedicated structures to drive cross-sector actions, and communicating progress to all stakeholders. This is a tremendous organisational and leadership challenge that requires a systemic approach to social impact which focuses on the relationships between organisations and the progress toward shared objectives. For collective action to succeed it requires the creation of a new set of non-profit management organisations that have the skills and resources to assemble and coordinate the necessary elements.¹⁰⁶ This type of systemic change requires new patterns of thought which are likely to only emerge through a focus on education and a diversification of skills and experience within the extant Australian veteran support system.

6. CONCLUSION

The recent growth in Australia’s veteran support system is a proud reflection of the nation’s commitment to repay the sacrifices made by veterans and their families. However, this growth has also led to an increase in system complexity that can be difficult to navigate and coordinate. Through a systems-thinking approach this paper has identified that veterans and their families would benefit from investment in mechanisms to assist them in planning and coordinating access to services that address their cross-sector needs. It has also identified that investment in systemic governance and collaboration mechanisms combined with a more demanding and strategic funding, culture is likely to benefit all stakeholders, mitigate emerging systemic risks and more effectively focus resources. For these purposes, this paper has proposed that leaders consider the establishing of one-stop shops, collaboratives, dedicated backbone organisations and an independent peak body, the combination of which is likely to contribute to the longer-term impacts of improving health and well-being outcomes for veterans and their families, more effectively utilizing national resources and increasing trust and confidence in the sector.

Considering and potentially implementing these changes will require leaders to further educate themselves in collaborative practices and take a strategic, whole of system collaborative approach, informed by research and data. It is hoped that the theory of change outlined in this paper, in combination with the growing body of evidenced based collaboration literature, will assist leaders in their deliberations and provide them with the necessary frameworks that can further harness the extant national good will and resources to “gang up on the problem” and improve the lives of future generations of veterans and their families.

7. APPENDIX A

Establishing a Collaborative Framework

Below is an outline of the establishment process for a Collective Impact endeavour. There is an implicit timeline for this process, with the initial phase being completed in one to two years and the early development phase moving into a five year range.

- Establishing a core group of dedicated people to “share leadership” from the beginning
- Identify who needs to be at the table and keeping them there
- Identify champions; individuals or small groups that can bring CEO-level cross-sector leaders together and keep them actively engaged over time.
- Maintaining focus on the core goal
- Agreement around the issue and early milestones
- Focusing on people, engagement and infrastructure
- Facilitation; convening, brokering and communicating with individuals, organisations, groups and the broader community
- Mobilising financial resources
- Create and sustain momentum for people and organisations to remain involved
- Secure sustainable funding involving at least one anchor funder
- Mounting the case for change based on data
- Make data as highly visual (graphics/geospatial) as possible
- Consider a high-quality research report

Convene a cross sector leadership group and build the collaborative governance structure

The leadership of the initiative needs to be expanded beyond the individual initiator or core collaborators.

The Convening role; either a backbone organisation or an individual, pulls the collaborative together and organises it. The convener must command great respect and have no political aims or agenda beyond having a positive impact on the issue at hand. This neutrality is absolutely necessary to ensure that the effort moves forward based on the data, not on any preconceived agenda.

Build collaborative governance led by a cross-sector leadership group.

The cross-sector Leadership Group will drive the planning and engagement that is fundamental to the success of the initiative. Ideally the Chair is an influential champion; a respected and engaged business person, philanthropist, or may be the convening leader.

The leadership group needs to:

- Comprise of decision makers and funders from cross sector; with people drawn from different parts of the community such as government, business, philanthropy, nonprofits, citizens, and academia
- Have members that are either chief executives or trusted deputies who can take responsibility for the issue and can influence chief executives

- Not be too unwieldy
- Meet regularly and often, particularly in the initial phase (typically monthly)
- Be flexible and prepared to manage impatience

Establish a collaborative culture

Trust through goodwill, collective problem solving and regular, transparent communication.

Modesty through sharing credit, placing collaborators and the collaborative out front for publicity, and creating a sense of cohesion and mutual value.

Maturity through collaborators willingly suppressing their institutional or individual agendas in support of the common agenda and a coordinated approach to funding

Create common agenda, shared vision and measures

Define the vision with a few key goals to achieve over the next five years

Create a common understanding through both qualitative and quantitative data

Moving beyond different perspectives to a common understanding through data

Collect data about existing resources and assets that could be coordinated to address the problem, such as organisations and agencies, infrastructure, programs, services, groups and individuals

Provide a clear problem statement based on the data and analysis

Develop an Action Plan with a small number of goals (5-7) with specific and measurable objectives

Research the evidence base, integrate information on best practice with local experience in order to determine which policies, practices and programs are the best available to achieve the goals

Create a logic model and apply knowledge

Develop a Work Plan that drives mutually reinforcing activities and describes what, how, who, when

The Work Plan should indicate how community resources, programs, and systems will be aligned and the data metrics that match up with each objective and goal. It is also critical to get commitment or at least common agreement from collaborators on a long-term timeline.

Develop tracking mechanisms and accountability measures

Build the infrastructure for data collection and analysis moving forward

Establish mechanisms, infrastructure and entities to track and monitor implementation

Measure short-term, medium-term, and long-term outcomes

Identify a partner to assist with evaluation

Build the backbone infrastructure

Secure backbone funding for people and infrastructure. It is essential that the backbone organisation be adequately funded in order to successfully support the development of the initiative.

In terms of raising funds for backbone functions and organisations, collaboratives may find funders hesitant because their work is functionally more like overhead than direct program and service delivery.

Three arguments that can be used to increase the appeal of backbone funding:

Traditional funding schemes in individual programs have so far proved unsuccessful in solving large scale complex problems; investment in the supporting infrastructure is also necessary.

Compared to the pool of resources effectively leveraged by the backbone, the cost of setting up the backbone organisation is minimal.

The cost savings resulting from streamlining the actions of multiple partners towards a common goal offset the investment in backbone organisations.

It is highly important that backbone organisations are not seen or perceived to be taking funding away from collaborating organisations. In the ideal, new money is raised for the backbone that would not otherwise have been available to the collaborators.

Develop a communications plan to build public interest and enthusiasm, and to manage perceptions with compelling data and local stories about the problem, as well as planned solutions and commitments from the influential champions.¹⁰⁷

8. APPENDIX B

Table 1: Components of collaboration

COMPONENTS		SUB-COMPONENTS
STRUCTURE	Shared goal	<ul style="list-style-type: none"> • Shared aspiration • Shared understanding of challenge • Shared understanding of approach
	Shared resources	<ul style="list-style-type: none"> • Shared language • Sufficient resources for coordinating infrastructure • Shared data • Financial support • Shared capabilities • Mutually beneficial
	Shared authority	<ul style="list-style-type: none"> • Participatory decision-making • Delegated authority
	Shared accountability	<ul style="list-style-type: none"> • Tracking progress and impact • Shared responsibility • Shared ownership of the final products or outcomes • Planned and systematic evaluation
PROCESS	Whole-system engagement	<ul style="list-style-type: none"> • Stakeholders/community as co-creators • Adequate external communication
	Communication flows	<ul style="list-style-type: none"> • Dissemination of evaluation data • Adequate internal communication • Adequate external communication
	(Building) Adaptive capacity	<ul style="list-style-type: none"> • Safety • Planned and systematic evaluation
	Systems change as a purpose	<ul style="list-style-type: none"> • Diversity of stakeholders • Level of urgency • Holding/authorising environment

Figure 7 – Collaboration Health Assessment Tool¹⁰⁸

9. APPENDIX C

New Perspectives for Collaboration

From	TO
Believing that isolated impact alone can solve 'wicked' problems	Accepting that we must work collectively to achieve impact
Have difficulty grappling with complex issues – want simple + quick solutions	Can weigh things up, hold lots of different views simultaneously and take a longer view
Have views shaped by narrow concerns	Have an ability to consider all perspectives
Take a self interested perspective – always have a personal (or organisation centric) agenda	Are committed to a broader agenda to make a difference even if others get the credit
Risk intolerance	Taking smart risks
Resistant to change – difficulty being objective	Capacity for change – always trying to understand other position
Need to 'own', and control attribution to self or organisation	Willing to give up autonomy and share attribution

Figure 5 – Collaboration Mindset Shift¹⁰⁹

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