

Nāu te rourou, nāku te rourou, ka ora ai te iwi

**"With your food basket and my food basket
our people will flourish!"**



Collaborating for Youth Success:

Developing Community-Led, Collaborative Approaches to
Improve Outcomes for Dunedin's At Risk Youth

September 2016



COLLABORATING FOR YOUTH SUCCESS

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Report available from: www.dunedin.govt.nz/collaborating-for-youth-success

PROJECT OVERVIEW

1. Background

The South Dunedin Social Sector Trial, known as BASE, has been in place since July 2013 and is one of 16 Social Sector Trials around New Zealand. The Social Sector Trials are a joint initiative of the Ministries of Social Development, Education, Health, Justice and NZ Police. BASE is working with a wide range of partners across Dunedin to improve outcomes for young people. The initiative's outcomes have focused on reducing truancy, youth offending, and alcohol and drug use; increasing participation in education, training, and employment; and enhancing collaboration, coordination, and communication. The Trial is in the process of transitioning from being a government-led, community-influenced initiative to becoming a community-led initiative by January 2017 and the recommendations in this report will inform that process.

A key aim of BASE has been to strengthen coordination at every level of government, the social sector, and within the community. The need for a coordinated response to ensure all young people and their families are able to thrive and fulfil their potential has come up repeatedly in discussions within the BASE Advisory Group, through consultation with young people, and through discussions with stakeholders working with young people. The Advisory Group has reviewed case studies of young people who have experienced difficulties accessing the right support at the right time and tried to identify how and when government and/or other agencies could work together better to address the barriers and issues identified. These case studies have highlighted the need to find a collaborative way to address the systemic barriers that can prevent young people and their families from reaching their full potential.

In February 2016, the Southern District Health Board and Dunedin Secondary Schools' Partnership provided funding to the BASE Advisory Group to enable a scoping project to take place to look at the systemic barriers that prevent an effective response to at risk young people and their families/whānau. The BASE Advisory Group provided oversight of the project, while a smaller Steering Group (**Appendix A**) provided leadership and guidance to the scoping project over the course of four months. The Steering Group worked with a freelance consultant, Amber Ptak, to agree on the project's vision and goals, determine and manage the scope, identify key stakeholders to interview, and shape the final report.

2. Methodology

The project took place between March 2016 and June 2016. It included a review of relevant literature; interviews with key stakeholders across Dunedin (see **Appendix B**); focus groups with young people to gain their insights; and a report of recommendations and future considerations. The project focused on the following question, which refers to local and central government ("government sector") and not-for-profit/non-governmental organisations ("social sector"). When used in this

report, the term “sectors” refers to both local and central government as well as the social sector.

How can local and central government and the social sector strengthen their collaborative approach to working with each other in order to improve outcomes for vulnerable youth and their families/whānau in Dunedin?

This report includes results from the key stakeholder interviews; recommendations for government and social sector leaders on developing a community-led, collaborative approach to improving youth outcomes; recommendations for funders as partners in strategic efforts; an overview of collaboration; and an appendix outlining future considerations and tools to support the community as it embarks on a journey towards transformation.

3. Current Landscape: Imperatives to Change

The intent of the scoping project is not to present a “one-size fits all” approach to solving the community’s most complex social problems concerning youth, as it is recognised that there is no silver bullet. The intent of the project is a local call-to-action for community-led, transformative leadership so that Dunedin is effectively positioned to respond to the changes within and across the government and social sectors. In order to do this effectively, the community must come together and lead in the midst of uncertainty. While central government is creating the imperative for the sector to change, there are also moral and social imperatives to do so as well.

Improvements in social economic status (SES) among Māori in New Zealand may, to some extent, ameliorate the long-standing disparities in psychosocial well-being between Māori and non-Māori. However, efforts to improve Māori well-being will require an approach that moves beyond a sole focus on rectifying socio-economic disadvantage or the position of Māori youth. Evidence suggests that approaches that privilege SES, gender or other characteristics, such as youth as distinct from its socio-cultural context, will not enhance well-being (i.e. whānau risk reconfirming ideologies that position Māori as passive recipients of non-Māori or statutory benevolence).¹ In short, Māori are not likely to respond positively to efforts to purchase and deliver services intended to benefit them and their whānau.

The ongoing development of strategies intended to benefit youth as a category have been shown to increase the burden of inequalities for whānau generally. This is because the role of whānau continues to be under-valued in responses designed to contribute to youth development. Recent reports that identify the over-representation of Māori across all indices, age, gender and SES consistently fail to register with policy makers, funders and the government and non-government

¹ Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare. (1986). *Puao-Te-Ata-Tu (Day Break). Report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare.* Department of Social Welfare, Wellington, New Zealand.

sectors. Instead, youth divorced from their context and idealised as a category in their own right becomes an alibi for deeply entrenched institutional bias.²

The BASE Advisory Group acknowledges these imperatives, as they have an impact on the community's capacity to initiate, lead, and sustain change. Current processes and changes that are affecting how this community comes together to respond to at risk youth and their whānau include the following:

"The secret of change is to focus all of your energy, not on fighting the old, but on building the new."

Socrates

- ❖ In contemporary New Zealand society, the Treaty of Waitangi has a particular whānau policy focus as New Zealand's founding document. It establishes the relationship between the Crown and Māori as tangata whenua and affirms Māori whānau rights. The Treaty of Waitangi relationship has significance to Crown agencies and the ways in which communities are configured and governed. Any discussion on rangatahi should begin with the Treaty of Waitangi and the rights and responsibilities of whānau.
- ❖ The transition of the local Social Sector Trial from government-led and community-influenced to community-led has an impact on current and future work focused on at risk youth and is an opportunity for the community to come together in new ways that are locally determined to solve local problems.
- ❖ The Productivity Commission Report, "More Effective Social Services", looked at ways to improve how government agencies commission and purchase social services. Released in September 2015, it makes several recommendations about how to make social services more responsive, client-focused, accountable and innovative³. Central government is currently responding to the recommendations outlined in this report.
- ❖ The government's intent to more effectively implement Results Based Accountability with its contractors signals changes in funding priorities and will require much greater accountability and a greater focus on outcomes from community-based organisations.
- ❖ The Child, Youth and Family Services (CYFS) overhaul, which calls for a new structure (Oranga Tamariki/ Ministry for Vulnerable Children) that will be child-centred and use evidence-based targeted interventions, will have an impact on how the sector addresses the complex needs of youth and their whānau⁴.
- ❖ Despite central government's significant investment in social problems, the nation has seen poor, and sometimes negative, results from social sector

² Office of the Children's Commissioner. (2015). *State of Care 2015: What We Learnt from Monitoring Child, Youth and Family*. Wellington, NZ.

³ Productivity Commission. (2015). *More Effective Social Services*. Wellington, NZ.

⁴ Expert Panel. (2015). *Modernising Child, Youth and Family*. Wellington, NZ.

spending in recent decades⁵. How central government responds to these criticisms will have an impact on local service delivery.

- ❖ Government is developing a centralised data infrastructure that increases information sharing about high risk populations – this has been received by many as a significant move in the right direction but has raised privacy concerns among others⁶.
- ❖ There is demand for more collaboration at all levels of government and within the social sector, but there are few instances of effective collaboration at any level, and it is not resourced adequately across the sectors.
- ❖ Communities are beginning to organize around community-led initiatives, but many do not have supported and trusted leaders, and there are few opportunities to gain the required capacity to become an effective collaborative partner⁷.
- ❖ Budget cuts from funders, and a demand to do more with fewer resources, are threatening organisations' capacity to deliver high-quality services.
- ❖ There is increasing availability of high-quality research and evaluation that promotes informed debate on key social issues and facilitates the use of evidence by sharing and supporting its use in decision-making through the government's Social Policy Evaluation and Research Unit (Superu). Communities across the country are trying to understand how this research can best inform practice.

Despite the uncertainty and ambiguity that change often brings, local stakeholders are responding to a sense of urgency to re-organise now in a way that responds most effectively to local young people's needs.

⁵ Deloitte. (2016). *State of the State New Zealand 2016: Social Investment for Our Future*.

⁶ Statistics NZ. *Integrated Data Infrastructure*. Retrieved online on 16 July 2016 from: http://www.stats.govt.nz/browse_for_stats/snapshots-of-nz/integrated-data-infrastructure.aspx.

⁷ Superu, (2015). *Effective Community-Level Change: What Makes Community-Level Initiatives Effective and How Can Central Government Best Support Them?*. Retrieved online on 10 June 2016 from: http://www.superu.govt.nz/publication/effective_community_level_change_summary.

EXECUTIVE SUMMARY

1. Introduction

In May 2016, the Minister for Social Development, Anne Tolley, announced that the Social Sector Trials would begin a transition over the course of six months from being a *community-influenced* model (led by government) to becoming *community-led*. As BASE begins the transition, local leaders are asking themselves, “What are the elements of an effective community-led, collaborative approach in order to improve outcomes for Dunedin’s at risk youth and their families/whānau?”

Community-led development is not a model or a service; it is a local approach to solving a community’s greatest problems. Inspiring Communities, an organisation working to catalyse local change in New Zealand, reviewed community-led initiatives across the country and five core principles emerged as critical to success⁸:

- ❖ Shared local visions drive action and change.
- ❖ Utilization of existing strengths and assets.
- ❖ Many people, groups and sectors working together.
- ❖ Building diverse and collaborative local leadership.
- ❖ Adaptive planning and action is informed by outcomes.

The BASE Advisory Group believes that Dunedin has a tremendous opportunity to design a system that reflects the lessons learnt from the Social Sector Trial and other local initiatives about what works for at risk youth and their families/whānau. The systems changes that need to occur to improve outcomes for young people are massive. However, there is a strong sense of optimism and a sense of obligation to young people and their whānau to improve the entire system, not just focus on individual organisations, so that young people can reach their fullest potential.

In order to begin making the necessary shifts in thinking and organisational structures, Dunedin’s government and social sector leaders must come together in ways they have not yet imagined. In addition to public will, these changes require:

- ❖ A commitment to put youth and their whānau at the centre of planning and service delivery (see **Appendix C** for information on Whānau Ora, Family-Centred Practice, Integrated Services, and Systems of Care). This approach requires meaningful engagement and partnerships so that young people and their whānau are recognised as experts in determining what is best for them.

⁸ B. MacLennan, Bijoux D., & Courtney, M. (2015). *Community Development and Community-Led Development: What’s the Difference?* Prepared by Inspiring Communities for the Auckland District Council of Social Services, Auckland, NZ.

- ❖ A locally developed, long-term vision and plan to improve the lives of young people.
- ❖ A theory of change process that illustrates data-driven outcomes and leads to the development of coordinated strategies across the government and social sectors.
- ❖ A willingness to move beyond cooperation and coordination into real collaboration when the solutions require it and when it is in the best interests of young people, recognising that collaboration requires an effective governance structure focused on action and accountability.
- ❖ Bold, courageous leaders who have the ability to inspire others, both within and outside their organisations, to achieve desired outcomes, and specific tactics to move us from operations and processes to strategies and measurable outcomes.

In order to create a successful community-led initiative, leaders must commit to the true essence of collaboration:

“When your organization becomes a partner in a collaboration, you expect to change some other organization, or some system or problem other than your own organization. However, when you create a nimble collaboration, you change YOUR operations, programmes and services. You stop thinking of the people you serve in terms of their experience with you; instead, you think of them in terms of their experience with *the system*. You influence other agencies to change, and you accept the feedback about changes you need to make. You change your financing and budgets to reflect what you learn about best practices and client success. You look different ‘three years or five years’ from how you looked at the beginning of the collaboration.”⁹

The BASE Advisory Group urges local leaders, both traditional and non-traditional, to join them in developing a mechanism to enable the community to identify and commit to specific actions that lead to community-led, collaborative leadership. The aim will be to further the dialogue about the shifts required to improve the system’s response to young people, suggest enhanced ways of working to get the community on the right path, and embolden local leaders to take ownership for the changes that need to occur.

The Advisory Group views this document as a key point of reflection and a commitment to action as part of the transition of BASE to becoming community-led.

⁹ Ray K. (2002). *The Nimble Collaboration: Fine-tuning Your Collaboration for Lasting Success*. Fieldstone Alliance. St. Paul, MN, USA.

2. Results

The scoping project included key stakeholder interviews with more than 45 individuals representing 31 different organisations and/or initiatives. The interviews included Chief Executive Officers/Executive Directors, mid-level managers, project coordinators, and frontline workers from government and non-profit organisations. Two focus groups were also conducted with young people aged 15-20 years old to hear their views about what is working and not working well in terms of accessing services and/or support in Dunedin (see **Appendix D**, Dunedin's Youth Voice).

What is Working Well?

(See **Appendix E**, Dunedin's Community Assets: Voices from the Sector)

- ❖ **Enormous Goodwill:** The government and social sectors are filled with highly qualified and compassionate individuals who work tirelessly each day to benefit their community. Young people identified a number of service providers who "have their back".
- ❖ **Relationships Built On Respect and Trust:** Frontline workers regularly identified the respect and trust they have with other providers because of the relationships they've built over the decades and, as a result, there are strong referral and triage systems in place for young people and families. Young people identified relationships as the key to agencies working with them meaningfully.
- ❖ **Quality Providers and Services:** Many providers have existed for decades and are well established. Families have high-quality options to access services and support in Dunedin. According to young people, Dunedin's relatively small size is an advantage because they can use public transport to access the "multiple service providers they are required to access".
- ❖ **Strong Coordination and Innovation in the Sectors:** Projects cited as positive models of local coordination include, but are not limited to: Community Advisory Panel, Family Violence Collaborative, Otago Youth Wellness Trust, North East Valley Project, South Dunedin Social Sector Trial (BASE), Strengthening Families, Youth Alcohol and Drug Multi-Agency Group, and the Youth Employment Strategy.
- ❖ **Leaders Remain Positive About the Changes Happening at the Local and National Levels:** Management and CEO-level leaders recognise that, while change is difficult and could take years to achieve, many of the changes are necessary to improve outcomes for at risk youth.

What Challenges Need to Be Addressed?

(See **Appendix F**, Challenges to Effective Collaboration: Voices from the Sector)

- ❖ **Stakeholders Have Difficulty Identifying Local Change Champions:** Strong leaders and champions are critical to any change effort. Communities need champions to understand the problems, initiate change, coordinate change efforts in the wider community and in their organisations, sustain enthusiasm for the changes, set the direction and influence people to follow that direction, and model respect and integrity throughout the process. Many interviewees could not identify a community leader fitting this description.
- ❖ **Few Examples of True Collaboration:** While Dunedin has pockets of strong coordination, there are few examples of true collaboration in systems change efforts. In order for collaboration to be successful, leaders must be willing to address three common barriers: time, trust, and turf. Leaders must also come together around a common vision and purpose, meaningful power-sharing, mutual learning, and mutual accountability for results while developing a sound governance structure. One stakeholder noted “It is difficult to build a car if you have never been in one.”
- ❖ **Funding Models Limit Progress:** Funding was the challenge most cited during the stakeholder interviews. The funding challenges exist across distinct domains:
 - *Transparency:* It is unclear how much money is allocated from different government and local/regional funders to provide support and services to Dunedin’s youth. It is also unclear who receives this funding, how decisions to fund specific projects/providers are made, and if funders are able to demonstrate progress as a result of their funding models.
 - *Funding for Services:* The current funding for service delivery does not take into account young people’s complex needs that may require access to a range of services over a sustained period of time and not demonstrate positive outcomes quickly. In order to respond to youth with complex needs, funders need to adopt new ways of funding and working with providers to organise services, which include flexible funds, collaborative teams, and single plans across multiple agencies.
 - *Funding for General Operating Support and Capacity Building:* There are few funders in the region who provide access to general operating and/or unrestricted funding and it puts a strain on organisations’ abilities to grow, change, adapt, and increase their effectiveness. Capacity building is fundamentally about improving effectiveness. For the sector and individual organisations to innovate

and operate, access to general operating and capacity building support is critical¹⁰.

- *Funding for Long-Term Systems Change, including for Collaboration and Infrastructure*: Solving complex social problems takes time and an incredible amount of resources. Many funders do not fund beyond 12-month grant cycles and this places a significant burden on the social sector to demonstrate longer-term outcomes. The sector needs funders who are willing to invest in long-term systems changes in order to move from outputs to outcomes. Additionally, collaboration puts a significant strain on an organisation's resources and funding is often required – but not provided – to support the various leadership roles, including the convener, technical assistance providers, facilitators, and capacity-builders.
- ❖ **Too Much Attention on Process Improvement and Not Enough on Strategy Development**: Leadership deals with strategy; management and frontline workers deal with tactics. If executive-level leaders are not at the table developing strategy and managers are not developing new tactics based on these sound strategies, then progress is nearly impossible. Many local initiatives lack a strong strategic vision for change. Executing a strategy (process) demands sustained leadership commitment, resource allocation, continuity, metric and time-horizon precision, and mass participation; however, more attention is being paid to execution versus developing and/or correcting strategy first.
- ❖ **The System Is Built Around Equality, Not Equity** (See **Appendix G** for more information on equality versus equity): The entire system must shift its thinking, structures, and practices from equality to equity. Equality aims to ensure that everyone gets the same things in order to enjoy full, healthy lives. Equity, in contrast, involves trying to understand and provide what people need to enjoy full, healthy lives. The concept of equality is damaging, particularly for already disadvantaged people. Investing resources from an equity perspective improves outcomes. Investing resources from an equality perspective prevents the system from addressing the real challenges people face and perpetuates the issues it is supposed to address. When communities approach this work to benefit “all”, they leave the most disadvantaged behind.
- ❖ **Government and Social Sectors Lack the Capacity to Collect, Analyse and Disseminate Data and/or Evaluate Progress**: Data and evaluation are necessary tools for understanding and solving complex problems. The sectors need greater capacity to evaluate what is working so that the community can better understand and analyse the problem(s) it intends to solve, monitor progress, make course

¹⁰ Pond, A. (2015). *Supporting Grantee Capacity: Strengthening Effectiveness Together*. GrantCraft, A Service of the Foundation Center, New York, NY, USA.

corrections, and replicate or scale successful initiatives across the community/region. Local change initiatives are not using data to improve process outcomes; they are simply adding new tactics and many of the tactics are not yet proven to work. As a result, it feels as though initiatives are spinning in circles with no forward advancement.

- ❖ **Change Fatigue:** Change is inevitable, but progress is not. Many frontline workers and mid-level managers are tolerating uncertainty and ambiguity with a sense of paralysis and/or frustration. Rather than change helping the sectors move forward, there is a sense that it is tearing them apart. In order for change to be successful, leaders need to communicate where “we” are coming from, be clear about where we are heading and why, and have a sound approach to managing the transformation that ensures we get there. Leaders also need to include others in the change process versus forging ahead without an attempt at building consensus around the direction. Attention to change management is critical during any change effort, as is celebrating both large and small successes along the way.
- ❖ **Government, Funders, and the Social Sector are Averse to Risk and Failure:** Progress cannot happen if the sectors do not embrace risk and failure. Unfortunately for too many non-profit organisations, failure is perceived as more than an uncomfortable and painful outcome, but a grave and dangerous one. Yet failure is critical to innovation and learning. One of the most common reasons that non-profit organisations fear innovation is the tenuous nature of social sector and government funding¹¹. (See **Appendix H** for more information on risk and failure in the social sector).

3. Overview of Recommendations

The scoping project illuminated many systemic barriers to providing a consistent and effective response to young people and their whānau. While there is no single approach that will address all these barriers, the BASE Advisory Group recommends a strategic approach that is community-developed, leadership and governance-focused, and action-oriented. The BASE Advisory Group recommends the following (See **Recommendations** section for more detail on each recommendation):

I. Understand what it means to collaborate (versus cooperate or coordinate)

II. Meaningfully engage with community and develop a partnership with Iwi to identify the problems to solve and build the public imperative for change

¹¹ Williams, E. (2011). *Taking on Failure – and Innovation – in the Social Sector*. Harvard Business Review. Retrieved online on 19 August 2016 from: <https://hbr.org/2011/05/taking-on-failure-and-innovati>

III. Identify, recruit and invest in the right leaders

IV. Agree on and analyse the problems we are trying to solve

V. Develop a shared long-term vision and theory of change

VI. Develop and invest in a collaborative framework to guide the work

VII. Create a governance structure rooted in accountability and action and embrace the role of culture

VIII. Work with funders as partners in strategic efforts

4. Conclusion

The report *The Healthy Communities Movement and the Coalition for Healthier Cities and Communities* states that, to sustain community initiatives, practitioners must move from projects that address symptoms of social problems to changing the underlying community cultures, incentives and settings that give rise to these symptoms¹². A community-led initiative's relevance depends on its ability to help leaders make that transition.

Growing a healthy community is a lifelong process, one that requires constant nurturing and vigilance. Healthy communities are powerful because they help unleash human potential. They build trust and relationships. They mobilize the creativity and resources of the community toward a shared vision for the future. Healthy communities call for inspired leadership from every corner of the community.

The BASE Advisory Group is advocating to build a community that is capable of addressing local problems by engaging the voices and talents of the community. Healthy communities generate ideas and relationships across the lines that divide us; they lead to action for positive change by giving a focus to what communities aspire to and building on what they are achieving. Acting upon a shared vision for the future is the foundation upon which a healthier community is built.

With this report and its recommendations we are striving to inspire and galvanise engagement around a vision for a healthy community with a focus on our most vulnerable, including young people, and their whānau.

¹² T. Norris and M. Pittman. (2000). The Healthy Communities Movement and the Coalition for Healthier Cities and Communities. *Public Health Rep.* Mar-Jun; 115 (2-3): 118–124.

RECOMMENDATIONS FOR AN EFFECTIVE COMMUNITY-LED, COLLABORATIVE APPROACH

I. Understand What It Means to Collaborate

*Collaboration is not the outcome:
it is a mechanism used to accomplish outcomes.*

If there was one word that inspired local providers as much as it frustrated them, it was the term “collaboration”. The term means different things to different people. It is understood how difficult it is to truly collaborate and many providers do not believe they have the capacity to engage at this level. In addition, the system wasn’t structured in a way to reward collaboration. Since effective collaboration is often required when solving complex social problems, it is necessary to understand what it is, what it takes, and how it is different from cooperation and coordination (see **Appendix I** for more information on collaboration).

COOPERATION	COORDINATION	COLLABORATION
<ul style="list-style-type: none"> • Loose connections, low trust • Tacit information sharing • Ad hoc communication flows • Independent goals • Adapting to each other or accommodating others actions and goals • Power remains with organisations • Resources remain with organisation • Commitment and accountability to own organisation • Relational timeframe short • Low risk/low reward 	<ul style="list-style-type: none"> • Medium connections, work-based trust • Structured communication flows, formalised project-based information sharing • Joint policies, programs and aligned resources • Semi-interdependent goals • Power remains with parent organisations • Commitment and accountability to parent organisation and project • Relational timeframe medium-based on prior projects 	<ul style="list-style-type: none"> • Dense interdependent connections, high trust • Frequent communication • Tactical information sharing • System change • Pooled, collective resources • Negotiated shared goals • Power is shared between organisations • Commitment and accountability to network first and community and parent organisation • Relational timeframe—long term (3 years) • High risk/high reward

From *Collaboration for Impact*¹³

For collaboration to work, the community and government need to enhance their capacity to work together and deliver. For government, this may mean establishing roles and processes to facilitate collaborative cross-sector work at the local level. In communities this can include training, mentoring, and technical support. The Māori and Pacific Education Initiative is an example of

¹³ Collaboration for Impact. Retrieved online on 19 August 2016: www.collaborationforimpact.com

how a funder can adapt its culture and processes to better support Māori and Pacific communities¹⁴.

The stakeholders interviewed for this scoping exercise recognised that collaboration “needs to be our way of working, but that it cannot be so agency focused that we ignore the broader community and the people we are coming together to help.”

The BASE Advisory Group adopted the following definition for collaboration¹⁵:

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organisations to achieve results they are more likely to achieve together than alone. The organisations believe they are interdependent. Partners agree that each organisation has a unique role to play to address the issue. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; and sharing of resources and rewards. Partners focus on the way in which the current system can be improved by changing individual organization policies and procedures.

Collaboration is a very intense way of working together while still retaining the separate identities, autonomy, and decision-making authority of the organisations involved.

The beauty of collaboration is the acknowledgment that each organisation has a separate and special function, a power that it brings to the joint effort. When the problems have been addressed, or the system has been improved, the collaboration comes to an end.

II. Meaningfully Engage with Community and Develop a Partnership with Iwi to Identify the Problems to Solve and to Build the Public Imperative for Change

A successful collaboration must take into account the issues that people in the community care about (e.g. safety, education, housing, health) and how important these issues are to the community (perceived importance and consequences to the community). Community includes youth, whānau, Iwi, government and nonprofit partners, funders, civic leaders, and local business leaders.

Unfortunately, those who are socially and economically powerful, such as government officials or traditional community leaders, often define these

¹⁴ Superu (2015). *Effective Community-Level Change: What Makes Community-Level Initiatives Effective and How Can Central Government Best Support Them?* Retrieved online on 10 June 2016 from: http://www.superu.govt.nz/publication/effective_community_level_change_summary

¹⁵ Winer, M. & Ray, K. (1994). *The Collaboration Handbook*. Fieldstone Alliance. St. Paul, MN, USA.

problems - and their solutions – for the population they are trying to “help.” While everyone is indirectly affected by social problems, those who are directly experiencing particular issues are often left out of the process of identifying what the problem really is. It is important to work with the people who are most affected by the problem that the community is trying to solve (see **Appendix J** for more information on Human-Centred Design).

Develop meaningful strategies to engage youth and their whānau, and meet them where they are to better understand the context in which they live. To do this well, consider the obstacles that may inhibit participation of the people affected by the problem, including their history of being ignored, institutional or personal biases, sense of powerlessness, lack of time/transportation/childcare, and experiences of ineffective engagement.

Tactics:

Develop methods that could be used to **listen to the community and Iwi**, including listening sessions, public forums, interviews, surveys, and focus groups. The community should ask, “Who are the stakeholders who care about the issue? What do stakeholders know about the situation (e.g. who is affected, how many are affected, what factors contribute to the problem)?” Social or community problems are problems that by their very definition concern a large number of people.

Community mobilisation is based on the simple premise that human beings are by nature social creatures whose behaviours, attitudes and beliefs are profoundly affected by the norms and values of the communities in which they live. It is the process of engaging communities to change the norms within their own communities. By its very nature it tends to be a primary level intervention. The goal is usually structured to successfully mobilise and support:

- ❖ The “grass tops” decision makers and gatekeepers at the national and local levels, those who ensure financial, policy, and resource support.
- ❖ The “grassroots” local community influencers, those highly respected community members who provide support for culture change.
- ❖ Local people (e.g. young people) to build participation in programmes, promote use of services, and offer support for change¹⁶.

Civic engagement means working to make a difference in the civic life of communities and developing the knowledge, skills, values and motivation required to make that difference. It means promoting the quality of life in a community, through both political and non-political processes. A morally and civically responsible individual recognizes himself or herself as a member of a larger social fabric and therefore considers social problems to be at least

¹⁶ Advocates for Youth. *Strategies Guided by Best Practice for Community Mobilization*. Retrieved online on 1 August 2016: <http://www.advocatesforyouth.org/publications/publications-a-z/2398-strategies-guided-by-best-practice-for-community-mobilization>.

partly his or her own; such an individual is willing to see the moral and civic dimensions of issues, to make and justify informed moral and civic judgments, and to take action when appropriate¹⁷.

Community organising is the process by which people come together to identify common problems or goals, mobilise resources, and, in other ways, develop and implement strategies for reaching the objectives they want to accomplish. An important point to remember is that community organisation is fundamentally a grassroots process. It's not about an outside "expert" or funder telling a community what it should work on. Instead, it's about community members getting excited about something and using that energy to create change. In short, community organisation is all about empowering people to improve their lives, however that might be best done¹⁸. Community organisers are often at the core of community organising.

Campaigns for change: Building public will by increasing awareness around an issue is important to the success of any collaborative. Social marketing is a campaign for change and is used to change hearts and minds by instilling empathy and shared understanding or developing a call-to-action. Elements of successful communications include developing a communications plan, developing local stories using data that highlight the issue the community plans to address, and sharing plans and progress. Social marketing and campaign structures are useful tactics when engaging the public.

III. Identify, Recruit and Invest in the Right Leaders

Change initiatives fail when they engage the wrong people. Effective leadership is critical to community-led initiatives; having people with influence, those who have the influence to make change in the community and within organisations, is the single most important variable to making change. Dunedin must identify the right leaders to have at the table to solve its most complex problems, particularly concerning young people. These people could include elected officials, business people, nonprofit organisations, grassroots leaders, and ordinary citizens who have influence when it comes to what decisions get made and how things can change. These are the people whose opinions are respected, whose insights are valued, and whose support is almost always needed to make big changes. They have their finger on the pulse of the community, they are able to express the point of view of the public, and have some influence over public opinion. These people have vision and know how to get things done. This process takes time and commitment and must be done well.

¹⁷ *Civic Responsibility and Higher Education* (2000). Ed. Ehrlich, T. The Oryx Press, Phoenix, AZ.

¹⁸ The Community Toolbox. *Communications to Promote Interest and Participation*. Chapter 7 – Encouraging Involvement in Community Work. Section 7 – Involving People Most Affected by the Problem. Retrieved online on 16 July 2016: <http://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/involve-those-affected/main>

Leaders create the culture of a community-led initiative, model positive behavior, and influence change. Leaders build and maintain relationships, deal with conflict, facilitate difficult conversations, and stay on course. It is important that leaders within the collaboration are able to (a) speak for their respective agencies, (b) make policy and practice changes, and (c) commit resources. It is also important to understand the dynamics that can emerge when everyone around the table is a leader and used to being in charge. In collaboration, leadership is distributed. Members step forward to take the lead on different aspects at different times.

"In order for anything to change, someone, somewhere has to start acting differently."

Key Stakeholder Interview

Leaders are often challenged by issues relating to driving change, aligning programmes with mission, thinking generatively, creating a desired culture, developing strategic partnerships, and understanding one's impact on others. Leaders must also demonstrate results, develop tactical solutions, supervise individuals and teams, and manage resources well. Strong leaders have the ability to increase the understanding and awareness of the issues facing the community, instill empathy and bring people together to solve problems. This job isn't an easy one, so communities must choose wisely, and everyone sitting around the table must be aware of their task (see **Appendix C** for more on generative services and **Appendix K** for Leadership in Collaborative Efforts)¹⁹.

IV. Agree On and Analyse the Problem We Are Trying to Solve

Stakeholder interviews have shown there is not a consistent view across the community on the most significant problems facing youth in Dunedin. Also, defining the problem broadly ("all youth fulfil their greatest potential") fails to engage the right leaders and uses an equality approach, rather than an equity approach, to problem-solving. In order to solve complex problems concerning youth, leaders need to agree on and understand the problem they intend to solve.

Tactics:

Define the problem in terms of needs, not solutions. For example, "Youth truancy in our schools is unacceptably high" (describing the problem) offers space for many more possible solutions than "We need more youth to stay in school" (jumping to the solution). Define the problem as one everyone shares and avoid assigning blame for the problem. This is particularly

¹⁹ Lobell, J., Menon, P., & Sikka, M. (2016). Self-Coaching Strategies for Nonprofit Leaders. *Nonprofit Quarterly*. Retrieved online on 1 August 2016: <https://nonprofitquarterly.org/2016/04/18/self-coaching-strategies-for-nonprofit-leaders/>

important if different people (or groups) with a history of bad relations need to be working together to solve the problem.

- ❖ **What is the problem?** Youth truancy is often not the problem to solve, it is a symptom of a larger issue. The community must come together around the real, underlying problems if it hopes to address them.
- ❖ **Why does the problem exist and who is causing the problem?** There should be agreement among participants as to why the problem exists to begin with, which should lead to identifying root causes of the problem and who or what needs to change to address it.
- ❖ **How much, or to what extent, is this problem occurring?** How many people are affected by the problem? How significant is it? During the stakeholder interviews, many people identified teen pregnancy as a key issue. However, data tells a different story: the rate of teen pregnancies is quite low.

Use data and evaluation as a tool for change: the absence of data was an issue identified regularly during the key stakeholder interviews. Data should be used as a tool for change in any community-led, collaborative approach. In order to improve outcomes and make course corrections, access to and sharing information is critical.

There are many questions to ask when the collaboration begins to analyse the problem it intends to solve. Helpful questions include²⁰:

- ❖ Who currently collects data relating to the focus of the collaboration and/or the problem the community intends to solve?
- ❖ How are data collection procedures aligned across systems or agencies?
- ❖ What baseline information does the collaboration need to understand the problem? What kind of information is needed (qualitative and quantitative) to help the collaboration develop an implementation plan?
- ❖ How does data inform current practice? How does it drive actions the collaboration currently takes towards addressing the focus of the collaboration? How is data utilised?
- ❖ What is the data's relevance to the collaboration's vision and what story does it tell? Is the data culturally relevant?
- ❖ Does the collaboration have access to a local researcher or evaluator who can be a partner in the work?

²⁰ Allo, J. and Ptak, A. (2009). *If I Knew Then What I Know Now: Project Leadership in Multi-Level Change Efforts to Address the Co-Occurrence of Domestic Violence and Child Maltreatment*. National Council of Juvenile and Family Court Judges. Reno, NV, USA.

- ❖ How does the collaboration define success as it relates to each initiative?
- ❖ How will the collaboration measure success?

Invest in cross-system dialogue and training to understand the system's current response to the problem you are trying to solve. Cross-training has the potential to create empathy for the other partners and to actually change practice. When one agency worker understands more fully what the others do and why they do it, change happens in one's own practice. Cross-system dialogues promote philosophical discussions about the people, policies, and practice of each agency. These dialogues are invaluable to create common ground, common vision, and a place from which the partners can reach agreement on an issue.

V. **Develop a Shared, Long-Term Vision and Develop a Theory of Change**²¹

Collaborations are formed once the right group of committed individuals has identified the problem they want to solve. The next step is to develop a vision. A vision statement is the community's dream; it is understood by all members of the collaborative, it is inspiring and "short enough to fit on a t-shirt". Vision statements reflect a long-term time horizon.

Once the vision is agreed upon, there are a number of strategies to use to move to next steps. It is common to move into developing mission statements, objectives, strategies, and action plans. While this process has merit, it often fails to engage the collaborative critically around what is required for the social change to occur. The development of a **theory of change** is a useful tool to bridge the gap between what changes need to occur and to whom, and the coordinated strategies that need to be developed to achieve them.

A theory of change is useful for organisations or initiatives to use when they begin to plan. It is a process designed to depict how a complex change initiative will unfold over time. It creates an illustration of all the various moving parts that must operate in concert to bring about a desired outcome. The Community Builder's Approach to Theory of Change is a useful document to review to gain context prior to agreeing to develop a theory of change²². The process is intense and usually takes place over three to six months. The rewards for using a theory of change outweigh the time used for planning. The process requires participants to adhere to a level of conceptual clarity that they are often not accustomed to, which is why it is necessary to have a skilled facilitator at the helm, managing the process.

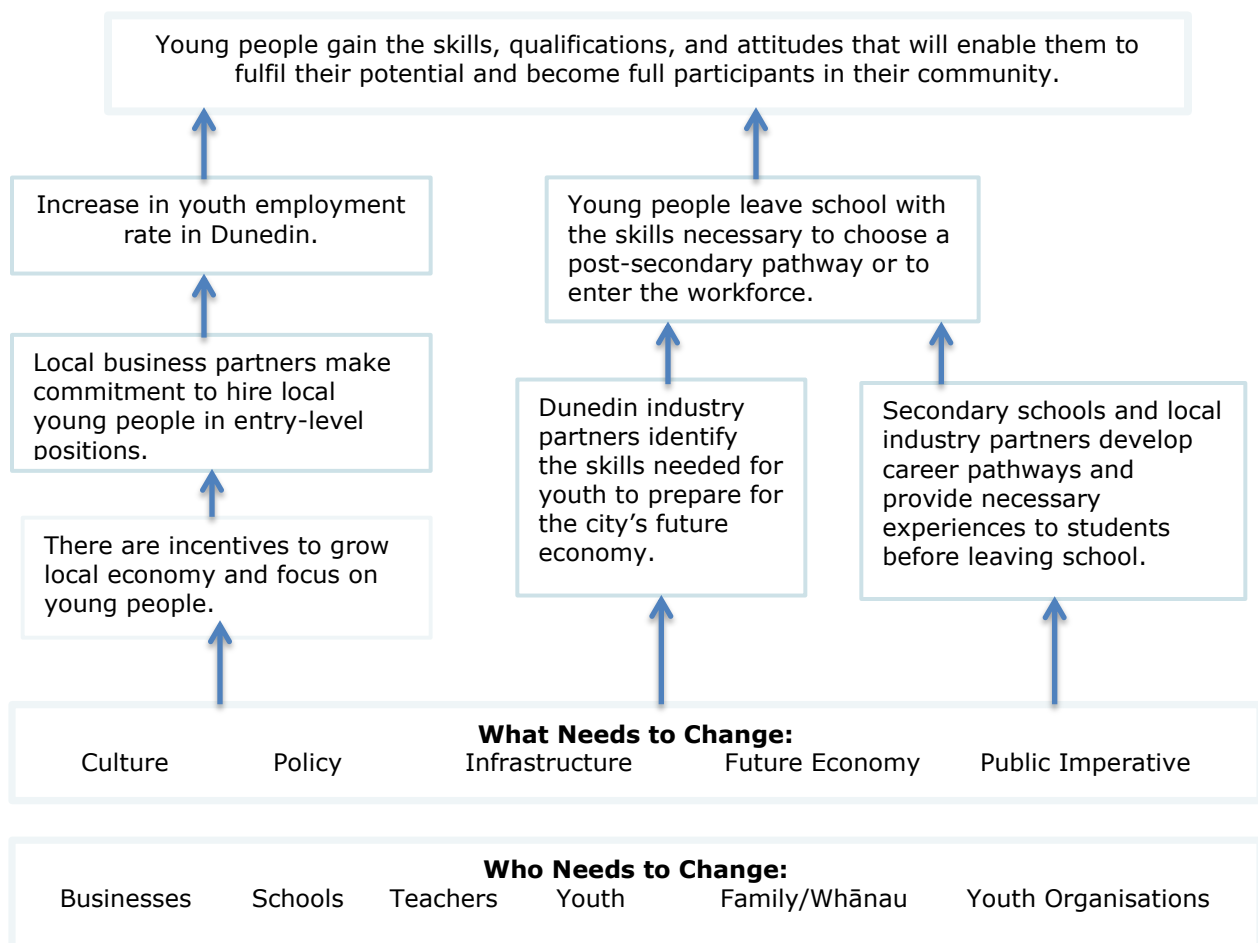
²¹ The Community Toolbox. Retrieved online on 16 July 2016: <http://ctb.ku.edu/en/table-of-contents>

²² *The Community Builder's Approach to Theory of Change*. (2009). Aspen Institute. Retrieved online on 1 August 2016: <https://www.aspeninstitute.org/publications/community-builders-approach-theory-change-practical-guide-theory-development/>

A narrative that describes each outcome in greater detail and includes indicators for each outcome accompanies the illustrated theory of change. While there are multiple ways to build out indicators, one suggested indicator framework includes:

- ❖ Who is the target of the outcome? (population)
- ❖ What is the threshold for change? (how good?)
- ❖ How many need to change? (target)
- ❖ By when? (timeline)
- ❖ What progress is being made? (data sources to measure over time)

Simplified Example of a Theory of Change for Increasing Participation in Education, Training and Employment



When the theory of change illustration and narrative are complete, the collaborative identifies the outcomes it will work on in “logical order” and begin to develop coordinated strategies to achieve the outcomes.

VI. Develop and Invest in a Collaborative Framework to Guide the Work

In order for community-led, collaborative approaches to be successful, they need strong leaders, a governance structure rooted in accountability and action, an evidence-based collaborative framework that puts the people they are influencing at the centre, and effective tactics to increase public will. During the stakeholder interviews, providers and others identified the following as important elements of a collaborative framework:

- ❖ The framework must be a template for identifying the key problem(s) the community is trying to solve.
- ❖ The framework must provide the opportunity to think long-term and strategically versus short-term and operationally.
- ❖ The framework must put the people the community is trying to support at the centre and be participatory in nature.
- ❖ The framework must emphasize community ownership and locally identified and driven solutions.
- ❖ The framework must help the community understand and target “root causes,” which will help shift thinking from equality to equity.

There are multiple collaborative frameworks to use when developing a community-led initiative. See **Appendix L** for a description of five popular approaches, including:

- ❖ Community Toolbox
- ❖ Collective Impact
- ❖ PRECEDE/PROCEED
- ❖ Community Health Improvement Process
- ❖ Addressing Social Determinants of Health

VII. Create a Governance Structure Rooted in Accountability and Action and an Understanding of Culture

Governance structures encompass how collaboratives are organised to address their goals. Creating an effective governance structure is important and often overlooked. Strong governance focuses on accountability, whereas leaders are accountable to the collaboration and to each other. Effective governance focuses on action; in order to be effective, the collaboration must achieve something in the end. Typically, collaborations are framed to be problem-driven (“we are here to address a specific problem together”) or opportunity-focused, which means the group convenes to address a shared opportunity. Understanding the nature of different organisations’ cultures helps governing bodies to develop and oversee change (see **Appendix M** for more on governance).

There are a number of roles and/or responsibilities within governance that should be discussed by all members of the decision-making body.

Structure

Many collaborative structures have a shared leadership structure that may include the following:

- ❖ **Convenor:** These individuals/organisations hold everything together. They have a lot of responsibility, but often very little authority to make change. They are connectors who oversee and connect all details associated with the collaborative. They have the difficult task of balancing neutrality with their own level of expertise and moving the collaborative towards action.
- ❖ **Chair/Co-Chairs:** These individuals have significant influence in the community. They are ultimately the collaborative's spokespeople and champions. They are skilled facilitators. They understand the vision well and are action-oriented. They know how to bring people together and maintain momentum while staying on course.
- ❖ **Executive Committee:** This is a smaller group of individuals from the Advisory Committee and they meet to set agendas, check-in on progress, deal with conflict, and make course corrections when needed. A lot of accountability for the collaboration rests with this committee. The Executive Committee provides the convenor with the support they need to manage the project. This committee tends to focus on process as well as action. These individuals often have significant influence to make change within their organisations and/or defined community.
- ❖ **Advisory/Oversight Committee:** This is a larger group of committed stakeholders who provide oversight to the project. This group typically meets monthly and meetings are structured around action and decision-making associated with the long-term strategic plan (i.e. less process). The reason the group meets is to understand what work is underway, to celebrate successes, to highlight and make decisions on how to address challenges and failures, and to connect the sub-committee work back to the larger group. Advisory Committee members commit to the collaboration, usually through a formal pledge of participation, and they have influence to make or influence change within their organisations (CEO or COO-level).
- ❖ **Sub-Committees, Working Groups or Task Groups:** Sub-committees are where the work gets done. An Advisory Committee member often chairs subcommittees so that there is continuity and leadership across the governance structure. The sub-committees also involve members of the community outside the formal structure. A charter that outlines goals, objectives, leadership, timelines, and specific activities should guide the sub-committee work. The sub-

committee typically comes back to the Advisory Committee with recommendations so that the influencers have the final decision and authority to make change happen. Sub-committees provide an opportunity to engage mid-level managers and frontline workers.

- ❖ **Community Partners:** there is an important role for agency partners and other community stakeholders (informal/formal and non-traditional/traditional) to engage in the collaborative process without having a layer of accountability within the governance structure above. Finding meaningful ways for these individuals/organisations to contribute is critical to the success of the collaboration.
- ❖ **Other Leadership Roles:** the list of potential leadership roles in a community-led, collaborative approach is endless. The ultimate goal is that the collaborative is rooted in a long-term vision and strategy to accomplish results. Other leadership roles may include: catalyst, advocate, community organiser, capacity-builder, and technical assistance provider.

All partners outlined above are accountable to each other and to the collaboration as a whole. They share the risks and the rewards. They, too, are spokespeople and champions for the work.

Culture

According to Collaboration for Impact, culture is the secret sauce of every successful community collaborative: it is difficult to define, difficult to develop, and yet one of the most powerful enablers of high impact (see **Appendix N** for more information on the role of culture)²³. Research conducted by Bridgespan found that collaborations that facilitated significant social impact displayed at least three cultural traits²⁴:

- ❖ **Trust:** Successful collaborations develop deep relationships and trust among collaborators. The things that help build these authentic relationships are:
 - The goodwill of the participants
 - The process of problem solving together – grappling with data and research to unlock a solution to the issue.

Once these relationships are established, ongoing communication between partners is critical to maintain trust.

²³ Collaboration for Impact. Retrieved online on 19 August 2016: www.collaborationforimpact.com

²⁴ Bridgespan Group. *Needle-Moving Collective Impact Guide: Capacity and Structure*. Retrieved online on 19 August 2016: <http://www.bridgespan.org/Publications-and-Tools/Revitalizing-Communities/Community-Collaboratives/Guide-Capacity-and-Structure.aspx#.V7F-UY6OuRs>

- ❖ **Modesty:** The lead conveners of successful collaboratives place collaborators and the collaborative out front for publicity and credit. Sharing credit helps create a sense of cohesion and mutual value among collaborators.
- ❖ **Maturity:** Collaborators willingly suppress their institutional or individual agendas in support of the common agenda. One hallmark of a mature collaborative is that collaborators take a coordinated approach to funding. With money and jobs potentially at stake, this is a true test of trust. Collaborators may write a joint application, the group might jointly agree on which organisation should apply for the funding, or the lead convener may apply for funding with the intent of subcontracting portions of the funding to partner organisations. This absence of competition is a symptom of both a strong culture and a collective endorsement of the collaborative's common agenda ²⁵.

When governance is given the attention it deserves, collaboratively-led projects can accomplish the results they set out to achieve.

VIII. Work with Funders as Partners in Strategic Efforts

Funders (i.e. government, local trusts, philanthropists, businesses) play a critical role as partners in systems and culture change efforts. When the collaborative is structured appropriately, strategic funders become allies within the change effort and they use their financial influence to drive change. In large-scale, community-led initiatives, funders should be at the table and supporting initiatives that lead to long-term, systemic change. Funders' grantmaking strategies should align to the strategic direction of community-led initiatives and leverage the unique needs and assets of the communities they serve.

Unfortunately, there are many barriers that prevent this type of partnership from happening, including the inherent imbalance of power; local boards of trustees may not be connected to the problems the community is trying to solve; and the grantmaking/ funding process is not equitable.

Since funding came up as an issue throughout the local interview process, it is important to highlight what the community identified needing from local and government funders with the goal that funders become partners alongside the community.

When done well, collaboration allows funders to leverage the contributions of multiple players to make more progress toward shared goals. For funders, working collaboratively means deepening relationships with partners and putting a common vision ahead of individual organisations or agendas. Funders can effectively support grantee collaboration by funding

²⁵ Collaboration for Impact. Retrieved online on 19 August 2016: www.collaborationforimpact.com

infrastructure that enables these efforts to thrive, connecting people and groups working in common areas, and emphasizing long-term learning and impact over short-term gains²⁶.

Restricted funding, lack of capacity-building support, and the current government funding model were the most cited structural barriers to effective collaboration and practice. In *Good to Great and the Social Sector*, Jim Collins writes, "Restricted giving misses a fundamental point: to make the greatest impact on society requires first and foremost a great organization, not a single great programme."²⁷

The challenges associated with restricted funding cited in the interviews include:

- ❖ **It prevents funding for critical staff and infrastructure required to do the work:** Without people, a roof over their heads, equipment, the use of technology, and other critical resources, organisations would not be able to function. "While we understand your concerns around sustainability, believe us when we say we are even more concerned about maintaining the resources needed to run our business. Tell a for-profit business that you will invest in a product, but you will not fund people, technology, or costs related to operating their business and I guarantee that business will collapse. Why do we treat nonprofit businesses so differently?"
- ❖ **It wastes time and distracts from "the work":** Service providers spend thousands of hours each year managing funders' grant applications, unique outputs and outcomes, reporting mandates, and separate accounting procedures. It also leads to burnout. "Paperwork doesn't improve outcomes, relationships do. Our staff spend more time managing funders' expectations than meeting with the people we serve."
- ❖ **It positions the funder as the expert:** Local service providers have an in-depth understanding of the people they serve and the complex issues they face each day. "The message from central government and our funders is to collaborate, to implement family-centred care, and to work towards an integrated services model. We know all of this, but the current funding model not only discourages it, it prevents it from happening. If we had more flexibility, we could improve outcomes. But, unfortunately, we cannot separate control from funding." "The distrust, suspicion, and micromanagement of how nonprofits spend funds needs to end. Do they think we are buying too many pens or actually paying someone a living wage?"

²⁶ Grantmakers for Effective Organisations. Retrieved online 13 May 2016 at <https://www.edfunders.org/>.

²⁷ Collins, J. (2005). *Good to Great and the Social Sectors: Why Business Thinking is Not the Answer*. <http://www.jimcollins.com/books/g2g-ss.html>.

- ❖ **It limits creativity and innovation, as well as family/whānau-centred care:** Innovation cannot happen if people are not allowed the flexibility to adapt to changing circumstances. The current funding model stifles innovation. “We are unable to try new things. No one is encouraged to fail, which prevents us from learning what works.” “We just do what we are funded to do. This is a horrible place for the sector to be.”
- ❖ **It is inequitable:** Restricted funding is in opposition to the deeply held values in the sector. The burdens placed on small organisations and those serving disadvantaged populations are significant. “When funders refuse to pay for or limit what we can spend, it widens the gap between large, well-resourced organisations serving mainstream populations and small organisations serving communities of colour, rural communities, the disabled, and other already disadvantaged populations.”

Recommendations for Funders

1. Support efforts to enhance the non-profit infrastructure in communities. Organisations like the Dunedin Council of Social Services are critical to providing professional development and public advocacy on behalf of the sector.
2. For government, consider a single funding stream that is managed by a local managed care entity. For community-led projects to occur, local control over how money is spent is crucial to improving outcomes.
3. Fund operations (overhead and full costs), in addition to programme support. Organisations cannot run without a talented team of professionals and critical resources.
4. Fund coordination and collaboration adequately. Any time collaboration is suggested or mandated, it is time away from “working with people.” Additionally, collaboration is not successful unless organisations and the system changes, so understanding and funding these changes are necessary to institutionalise the efforts.
5. Develop a funding strategy that aligns with organisations and/or collaborative efforts. Come to the table as a strategic partner to increase the opportunities for change to occur.
6. Work with other funders to develop common outcomes, grant applications, and reporting forms. When funders collaborate in this way, it reduces the time nonprofits spend on paperwork and increases the time spent with families.
7. In addition to funding operations, fund capacity-building projects. This includes professional development for leaders, managers and frontline

staff; one on one technical assistance; support to enhance technology capabilities or evaluation capacity; and staff to run collaborative projects.

8. Invest in long-term systems change initiatives. While funding short-term pilot projects to encourage innovation and new ways of working can be fruitful, the sector needs funders who understand that systems change efforts take years and often decades. Twelve-month grant applications prevent the sector from developing and implementing a long-term vision for change.
9. Enhance local community philanthropy by (a) working with local businesses to partner with the nonprofit sector, and (b) building public will to encourage individual/community philanthropy. Public/private partnerships have the potential to transform community outcomes.
10. Share what you are learning as a result of your funding. Who and what did you fund that had impact? What did you fund that may have failed? Lead the conversation around flexibility, innovation, and long-term investments and why these things matter.
11. Shift to equitable funding practices. Review your grant applications, efforts to engage community, and decision-making processes. How are you working to resource efforts that benefit those with the greatest needs?

APPENDIX A: Steering and Advisory Groups

Scoping Project Steering Group:

Thelma Brown, Southern District Health Board
Moyra Crum, Ministry of Social Development
Mary-Ann McKibben, BASE (South Dunedin Social Sector Trial)
Donna Matahaere-Atariki, Ōtākou Runaka, Ngai Tahu
Kathryn Palmer, Ministry of Education
Liz Waru, NZ Police
Gordon Wilson, Dunedin Secondary Schools Partnership

BASE Advisory Group:

Dave Cull, Chairperson	Dunedin City Council - Mayor
John Allen	Service Delivery, Ministry of Social Development - Regional Commissioner (Southern)
LJ Apaipo	Youth Action Committee - Chair
Thelma Brown	Southern District Health Board - Portfolio Manager Child, Youth and Maternity
Raymond Clark	Department of Corrections - Area Manager
Colleen Coop	Child, Youth & Family, Ministry of Social Development - Operations Manager
Judith Forbes	Bayfield High School - Principal
Aaron Hawkins	Dunedin City Council - Councillor
Jinty MacTavish	Dunedin City Council - Councillor
Mary-Ann McKibben	Ministry of Social Development - Social Sector Trial Manager
Donna Matahaere-Atariki	Ōtākou Runaka, Ngai Tahu - Chair
Kathryn Palmer	Ministry of Education - Manager Education
Alan Shanks	Dunedin Council of Social Services - Executive Officer
Liz Waru	NZ Police - Senior Sergeant, Youth and Community Services
Chris Williamson	Otago Polytechnic, School of Social Services - Head of School
Gordon Wilson	Dunedin Secondary Schools Partnership - Manager

APPENDIX B: Key Stakeholder Interviews

- **Adventure Development** - Scott Blair
- **BASE** - Mary-Ann McKibben
- **Child, Youth and Family, Ministry of Social Development** - Moyra Crum, Colleen Coop, Garry Linton and Christine McKenna
- **Community College** - Michelle Brunton and Susan Graham
- **Community Probation Services** – Cathryn Elsworth and team (Gabby, Candy, Kellie, Mike, Tenille and Lisa)
- **Corstorphine Community Baptist Trust** - Jermund Norberg and Anne Kokoau
- **Maori Mothers and Caregivers of Rangatahi** - Donna Matahere-Atariki (Ngai Tahu), Cherry Bertanees (Tainui), Raewyn Nafatali (Samoan, Nga Puhi), Tracey Potiki (Ngai Tahu), Shelley Kapau (Te Arawa), Paulette Tamati-Elliffe (Ngai Tahu)
- **Dunedin City Council**: Mayor Dave Cull, Councillor Aaron Hawkins, Councillor Jinty MacTavish and Sue Bidrose
- **Dunedin Council of Social Services** – Alan Shanks and Rob Tigier
- **Dunedin Secondary Schools Partnership** – Gordon Wilson, Judith Forbes (Bayfield High School), Linda Miller (Otago Girls’ High School), Jane Johnson (Logan Park High School), and Rick Geerlofs (Kaikorai Valley College)
- **Dunedin Training Centre** – Laurence Potter and Youth Focus Group
- **Enterprise Dunedin** - Chanel O’Brien
- **IDEA Services Dunedin** – Anna Henderson
- **Malcam Trust** - Andy Kilsby and Fiona Gill
- **Methodist Mission** – Jimmy McLauchlan
- **Ministry of Education** – Julie Anderson, John Hogue and Kathryn Palmer
- **MiraMare** - Kerry Hand and Rob Willers
- **Mirror Services** – Deb Fraser
- **NZ Police** – Liz Waru, Michael McIlraith, Toni Wall, Rene Aarsen and Karen Hodgkinson
- **Otago Community Trust** – Barbara Bridger and Carol Melville
- **Otago Polytechnic** - Chris Williamson, Harriet Walsh and Patricia Quensell
- **Otago Southland Employers Association** - John Rigby
- **Otago Youth Wellness Trust** - Barbara Payton, Board of Trustees, Dame Pat Harrison, staff (Jo, Louise, Jenny and Micaela) and Youth Focus Group.
- **Presbyterian Family Support** – Melanie McNatty
- **Richard Joseph and Associates** - Anna Nielsen, Richard Joseph and Sarah Cross
- **Southern District Health Board** - Thelma Brown, Judy Walker, Michelle O’Brien, Jude Wall, Mike Hammond, Karen Ramsey, Shirley Bell, Caroline Folland, Tom Scott, Kathy Jansen and Morva Wood
- **Strengthening Families** – Megan Weir and Michael Gaffney
- **Te Hou Ora Whānau Services** – Terri-Lee Nyman and Kaikatea Knight
- **The PACT Group** – Dion MacLeod, Donald Shand, Matthew Scoones, and Korozaan Fourie
- **Youth Specialty Services, Southern DHB** - Greg Paris
- **Youthline** - Brian Lowe

APPENDIX C:

An Overview of Whānau Ora, Family-Centred Practice, Integrated Services, and Systems of Care to Improve Outcomes for Youth

Introduction

This section is intended to provide an overview of each model, highlight characteristics and barriers to implementation, and to encourage more in-depth exploration to assess which, if any, would work best for Dunedin's most at risk youth. The sections are adapted from other reports that provide a more thorough evaluation of each model. In order for any model to be implemented successfully, true collaboration is required.

Overview: Whānau Ora

In contemporary New Zealand society, the Treaty of Waitangi has a particular whānau policy focus as New Zealand's founding document. It establishes the relationship between the Crown and Māori as tangata whenua and affirms Māori whānau rights. The Treaty of Waitangi relationship has significance to Crown agencies and the ways in which communities are configured and governed. Any discussion on rangatahi should begin with the Treaty of Waitangi and the rights and responsibilities of whānau.

Improvements in social economic status (SES) among Māori in New Zealand may, to some extent, ameliorate the long-standing disparities in psychosocial well-being between Māori and non-Māori. However, efforts to improve Māori well-being will require an approach that moves beyond a sole focus on rectifying socio-economic disadvantage or the position of Māori youth. Evidence suggests that approaches that privilege SES, gender or other characteristics, such as youth, as distinct from their socio-cultural context, will not enhance well-being (i.e. whānau risk reconfirming ideologies that position Māori as passive recipients of non-Māori or statutory benevolence)²⁸. In short, Māori are not likely to respond positively to efforts to purchase and deliver services intended to benefit them and their whānau.

The ongoing development of strategies intended to benefit youth as a category have been shown to increase the burden of inequalities for whānau generally. This is because the role of whānau continues to be under-valued in responses designed to contribute to youth development. Recent reports that identify the over-representation of Māori across key indices consistently fail to register with policy makers, funders and the government and non-government sectors. Instead, divorcing youth from their context and idealising them as a category in their own right becomes an alibi for deeply entrenched institutional bias²⁹.

²⁸ Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare. (1986). *Puao-Te-Ata-Tu (Day Break). Report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare*. Department of Social Welfare, Wellington, New Zealand.

²⁹ Office of the Children's Commissioner (2015). *State of Care 2015: What We Learnt from Monitoring Child, Youth and Family*. Wellington, NZ.

In June 2014, the New Zealand Productivity Commission (NZPC) was asked to look at ways to improve how government agencies commission and purchase social services. The final report released in September 2015 makes several recommendations about how to make social services more responsive, client-focused, accountable, and innovative. In particular, emphasis was placed on the role of whānau ora as an innovative and integrated approach to social service delivery.

The report highlighted the disadvantage that existing systems produced for at risk whānau and their children and noted that 'tinkering with the system' would make little difference for the vulnerable³⁰. Structural discrimination occurs because an entire network of rules and practices disadvantages Māori while serving at the same time to advantage all other groups.

The NZPC noted the need for Māori to be designing and purchasing services that are relevant and whānau-centred, holistic and integrated quoting in detail the outcomes from the Whānau Ora Taskforce. For whānau ora – the outcomes are that whānau will be:

- Self-managing
- Living healthy lifestyles
- Participating fully in society
- Confidently participating in Te Ao Māori
- Economically secure and successfully involved in wealth creation
- Cohesive, resilient and nurturing

Whānau Ora is an approach endorsed by iwi, hapū and Māori communities in response to the failure of mainstream services to deliver effectively to whānau. In relation to provision of services, the relationship between the Crown and Māori is particularly important because of the major funding and delivery role that Government has in health, education, and wider social services. Equally, Māori are looking for opportunities to participate actively in this process. Both partners are motivated by a desire to lift the overall wellbeing of Māori and extends to 'active steps to protect Māori interests'³¹. Ngāi Tahu submitted that, under the Treaty, the Crown has duties of active protection of Māori interests and protection of mana motuhake – self-determination.

The Crown has an on-going obligation and forward-looking duty to support iwi interests in their own social and economic development under the principle of Active Protection of Māori Interests and protection of mana motuhake in Article Two of the Treaty. Failure to provide this active protection, leading to loss of land, culture and

³⁰ Productivity Commission (2015). *More Effective Social Services*. Retrieved online on 5 April 2016 from: www.productivity.govt.nz.

³¹ Ngai Tahu Maori Trust Board v Director-General of Conservation (1995) 3 NZLR 553

responsibility for mokopuna and rangatahi, is the basis for much of the redress through the Treaty settlement process.

But active protection is also a forward-looking duty, and includes Māori interests in its development (both social and economic). While settlements provide a basis for social and economic development, they do not affect the rights of Māori to access government-provided or government-funded social services on the same basis as other New Zealand citizens. As iwi and other structures within Māori have increased opportunities to lead their own economic and social development, boundary issues can arise between the role of iwi and the Crown.

In particular, enabling greater autonomy for whānau in the commissioning of social services inherently requires the Crown and mainstream services to step back from “deciding for” and often “doing for” Māori. Creating opportunities for Māori to exercise mana whakahaere – leadership - in purchasing social services has the potential to both improve outcomes and lead to more effective exercise of mana motuhake. Increased delegation of commissioning decisions to Māori would help create such opportunities.

Whānau Ora commissioning agencies are one example of devolution that is currently being explored in the broader environment of procurement. They are an active expression of the Treaty of Waitangi and the Crown’s obligation to enable and protect the rights of whānau to be present in any discussion of their rangatahi.

The Whānau Ora Taskforce identified **five key elements** of a whānau-centred approach to service delivery:

- ❖ **Whānau action and engagement:** an environment will be created where whānau strengths are endorsed, whānau ownership of solutions and actions is encouraged, and partnerships between whānau and providers are the norm. Whānau should have the opportunity to extend their own resources and expertise while also addressing the needs of individual members.
- ❖ **Whānau-centred design and delivery of services:** the design and delivery of services will place whānau at the centre and build on the strengths and capabilities already present in whānau. Building whānau capability to prevent crises, manage problems, and invest in their futures, should underpin whānau interventions.
- ❖ **Iwi leadership:** while government funded whānau-centred services and initiatives are supported, whānau, hapū and iwi have critical and distinct roles to play in facilitating whānau ora. These roles, relationships and responsibilities are based on whakapapa connections and lie largely outside government interventions.
- ❖ **Active and responsive government:** government agencies should be responsive and flexible enough to align with and support whānau, hapū and iwi aspirations.

- ❖ **Funding:** funding arrangements should be consistent with a whānau-centred approach to service delivery. The focus should be on the relationship between providers and government agencies, which focuses on best outcomes for whānau³².

In 2010, the Ministry of Health published, *Whānau Ora Integrated Services Delivery*.³³ In it, they describe He Korowai Oranga: Māori Health Strategy. The strategy provides a framework for the public sector to take responsibility for the part it plays in supporting the health status of whānau.

He Korowai Oranga recognises that health and wellbeing are influenced and affected by the collective as well as the individual. It further recognises the need to work with people within their own contexts, not just with their physical symptoms. He Korowai Oranga has two purposes:

- ❖ **Affirm Māori approaches.** The strategy strongly supports Māori holistic models and wellness approaches to health and disability. He Korowai Oranga seeks to support Māori-led initiatives to improve the health of whānau, hapū and iwi. It recognises the desire by Māori to have control of their future direction and is therefore a strong motivation for Māori to seek their own solutions and to manage their own services.
- ❖ **Improve Māori outcomes.** Fulfilling this purpose will involve a gradual reorientation of the way that Māori health and disability services are planned, funded and delivered. Government, District Health Boards and the health and disability sector will continue to have a responsibility to deliver improved health services for Māori and improve Māori outcomes.

He Korowai Oranga provides a framework for the public sector to take responsibility for its role in supporting the health status of whānau. This framework includes public policies that actively promote:

- Whānau wellbeing
- High-quality education
- Employment opportunities
- Suitable housing
- Safe working conditions
- Improvements in income and wealth
- Addressing system barriers, including institutional racism

³² Whānau Ora Taskforce (2009). *Whānau Ora: A Whānau-Centred Approach to Māori Wellbeing*. Wellington, NZ.

³³ Ministry of Health, Wellington, New Zealand (2010). *Whānau Ora Integrated Services Delivery*. Retrieved online on 1 August 2016: https://www.health.govt.nz/system/files/documents/publications/whanau-ora-integrated-services-delivery2010_1.pdf

Summary of Whānau Ora:

- ❖ Efforts to improve Māori wellbeing will require an approach that moves beyond a sole focus on rectifying socio-economic disadvantage or the position of Māori youth.
- ❖ Youth divorced from their context and idealised as a category in their own right becomes an alibi for deeply entrenched institutional bias.
- ❖ Whānau Ora is an approach endorsed by iwi, hapū and Māori communities in response to the failure of mainstream services to deliver effectively to whānau.
- ❖ Creating opportunities for Māori to exercise mana whakahaere – leadership - in purchasing social services has the potential to both improve outcomes and lead to more effective exercise of mana motuhake – self-determination.
- ❖ The design and delivery of services must build on a resilience approach: a trauma system of care that will enhance the strengths of whānau, hapū and iwi to prevent crises, manage problems and invest in their futures. Opportunities to exercise leadership must be given to Maori, to purchase social services, whereby improving outcomes for Maori.

Overview: Family-Centred Practice

"Family-centred care is neither a destination nor something that one instantly becomes. It is a continual pursuit of being responsive to the priorities and choices of families."

Bissell

What is Family-Centred Practice?

Family-centred practice is a familiar term to professionals who educate and support vulnerable children and youth and their families/whānau. Family-centred practice is a systematic way of creating a partnership with families that: (a) treats them with dignity and respect, (b) honours their values and choices, and (c) provides supports that strengthen and enhance their functioning as a family. At this point in time, we know a great deal about family-centred practice: its history, underpinning principles, and impacts³⁴.

Professional practices have been described as falling on a continuum, from a professionally-centred model at one end to a family-centred model at the other. The models on the continuum are distinguished by the roles, use of expertise, and decision-making power of families³⁵.

- ❖ *Professionally-centred model*: Professionals are the experts who determine what the child and family needs and how to meet those needs. Families are expected to rely and depend upon the professional, who is the primary decision-maker.
- ❖ *Family-allied model*: Professionals view families as being able to implement intervention, but the needs of the child and family and intervention continue to be identified by the professionals.
- ❖ *Family-focused model*: Professionals view families as consumers who, with assistance, can choose among the various options identified and presented to the family by the professionals.
- ❖ *Family-centred model*: Professionals view families as equal partners. Intervention is individualised, flexible and responsive to the family-identified needs of each child and the family. Intervention focuses on strengthening and supporting family functioning. Families are the ultimate decision-makers³⁶.

Within the family-centred model, seventeen evidence-based, family-centred practices have been identified and they are grouped into four categories³⁷:

³⁴ Trivette, C.M., Dunst, C.J., & Hamby, D.W. (2010). *Topics in Early Childhood Special Education*. 30, 3-19.

³⁵ Dunst, C. J., Johanson, C., Trivette, C. M. and Hamby, D. (1991). Family-Oriented Early Intervention Policies and Practices: Family-Centered or Not? *Exceptional Children*. 58, 115-126.

³⁶ Espe-Sherwindt, M. (2008). Family-Centred Practice: Collaboration, Competency and Evidence. *Support for Learning*. 23, 136-143.

³⁷ Dunst, C. J., Trivette, C. M. and Deal, A. (1994). *Supporting and Strengthening Families (Vol. 1): Methods, Strategies and Practices*. Brookline Books. Cambridge, MA, USA.

1. *Families and professionals share responsibility and work collaboratively*: This group of practices focuses on the development of relationships, shared power and control, and professionals' complete sharing of information so that families can make informed decisions.
2. *Practices strengthen family functioning*: This group of practices emphasises providing supports and resources in ways that build parents' sense of confidence and competence, using both formal and informal supports and resources, and enhancing families' abilities to have what Carpenter describes as 'a normal life'³⁸.
3. *Practices are individualised and flexible*: This group of practices underscores the importance of shaping intervention to fit the needs, priorities and values of each child and family; of not making assumptions about the family's beliefs and values; and of providing supports and resources in ways that do not add stress.
4. *Practices are strengths-based and assets-based*: This group of practices stresses not only identifying the strengths of each child, youth, and family, but *using* those strengths as the building blocks for intervention.

Despite knowing a great deal about it, we have not yet effectively dealt with the structural barriers that exist to building a family/whānau-centred model for those young people who need it most: we continue to operate from an inflexible funding model that uses a service-oriented and a family-allied approach; providers are not collaborating with whānau effectively; and providers are not as family-centred as they think.

Espe-Sherwindt explored the multiple reasons which have been proposed to explain the lag in implementation³⁹. A frequently cited reason has to do with the *gap between research and practice*. On the one hand, researchers often describe variables and results rather than concrete practices that practitioners can put into use; on the other hand, professionals may not have the time for or interest in reading research⁴⁰. McWilliam further speculates that professionals who do have the time and inclination to keep up with published research often tend to believe only the research that supports their values⁴¹.

A second reason appears to be a *lack of effective and available training in family-centred practice* at both pre-service and in-service levels. Training tends to focus on discipline-specific skills and credentials and may include little direct contact with families.⁴²

³⁸ Carpenter, B. (2007). The Impetus for Family-Centred Early Childhood Intervention. *Child: Health, Care and Development*. 33, 6, 664–669.

³⁹ Espe-Sherwindt, M. (2008). Family-Centred Practice: Collaboration, Competency and Evidence. *Support for Learning*. 23, 136–143.

⁴⁰ Bruder, M. B. (2000). Family-Centered Early Intervention: Clarifying Our Values for the New Millennium. *Topics in Early Childhood Special Education*. 20, 2, 105–115.

⁴¹ McWilliam, R. A. (1999) Controversial Practices: the Need for a Re-Acculturation of Early Intervention Fields. *Topics in Early Childhood Special Education*. 19, 3, 177–188.

⁴² Bruder, M. B. (2000) Family-Centered Early Intervention: Clarifying Our Values for the New Millennium. *Topics in Early Childhood Special Education*. 20, 2, 105–115.

Third, *national and local rules and regulations* have tended to focus time and attention more on billable services for the child/youth than family-centred practice⁴³. Professionals describe being caught up in paperwork and productivity⁴⁴.

Fourth, professionals trained in and committed to family-centred practice have encountered obstacles in day-to-day implementation due to *limited understanding and lack of support from colleagues and administrators*⁴⁵.

Finally, *professional attitudes* can make it difficult to view families as 'experts' and 'equal' members of the team. Unfortunately, attitudes not only impact on family outcomes, but are at times almost impossible to change⁴⁶.

Although the concept of family-centred practice continues to accumulate evidence supporting its positive impact on child and family outcomes, the reality is that family-centred practice can be characterised as having a 'slow rate of adoption'. Despite the emphasis on, and efforts to define and operationalize, family-centred practice, certain aspects continue to be used infrequently by professionals⁴⁷.

Summary of Family-Centred Practice:

- ❖ Family-centred practice is a systematic way of creating a partnership with families that: (a) treats them with dignity and respect, (b) honors their values and choices, and (c) provides supports that strengthen and enhance their functioning as a family.
- ❖ Despite knowing a great deal about it, we have not yet effectively dealt with the structural barriers that exist to building a family/whānau-centred model for those youth who need it most: we continue to operate from an inflexible funding model that uses a service-oriented and a family-allied approach; providers are not collaborating with whānau effectively; and providers are not as family-centred as they think.
- ❖ Services must be collaborative, roles are clearly defined, and the model of care is culturally and professionally responsive to the shift for increased involvement of whānau as key components of this system.

⁴³ Bruder, M. B. (2000) Family-Centered Early Intervention: Clarifying Our Values for the New Millennium. *Topics in Early Childhood Special Education*. 20, 2, 105–115.

⁴⁴ Neil, M. E., Palisano, R. J. and Westcott S. L. (2001) Relationship of Therapists' Attitudes, Children's Motor Ability, and Parenting Stress to Mothers' Perceptions of Therapists' Behaviors During Early Intervention. *Physical Therapy*. 81, 8, 1412–1424.

⁴⁵ Murray, M. M. and Mandell, C. J. (2006) On-the-Job Practices of Early Childhood Special Education Providers Trained in Family-Centered Practices. *Journal of Early Intervention*, 28, 2, 125–138.

⁴⁶ Dunst, C. J., Boyd, K., Trivette, C. M. and Hamby, D. W. (2002) Family-Oriented Program Models and Professional Help Giving Practices. *Family Relations*. 51, 3, 221–229.

⁴⁷ Crais, E., Roy, V. & Free, K. Parents' and Professionals' Perceptions of the Implementation of Family-Centred Practices in Child Assessments. *American Journal of Speech-Language Pathology* (2006) 15, 365–377.

Overview: Integrated Social Services

*This section of the report was adapted from Superu's 2015 publication, **What Works: Integrated Social Services for Vulnerable People**⁴⁸.*

In 2015, Superu published, *What Works: Integrated Social Services for Vulnerable People*, which defines integrated services as "Joined-up social services, for the benefit of service users and to improve efficiency in delivery by providers." While provision of integrated social services is not new, it is, however, increasingly being seen as key to addressing service fragmentation and inefficiencies.

But what do we know about how well social service integration works to improve outcomes for vulnerable groups of people, in New Zealand and internationally. The following was adapted from the report section: "What They Found":

1. *Evidence on the effectiveness of integrated social services for vulnerable groups is emerging.*
 - ❖ Integrated social services have been developed to provide holistic services to vulnerable individuals, families and whānau who have multiple needs.
 - ❖ There are few rigorous quantitative outcome evaluations of integrated services, and we have been unable to identify any quantitative evaluations in New Zealand. Evidence of effectiveness for vulnerable groups is emerging and mixed.
 - ❖ Although there is limited research on the outcomes of integrated social services, fragmented services are associated with poor outcomes, especially for children and young people.
 - ❖ With whānau, integrated services are best delivered as part of a whānau-centred approach. This includes focusing on whānau wellbeing, greater collaboration between state agencies, and stronger relationships between government, communities and providers.
2. *Implementation factors play a critical role in the success of integrated social services.*
 - ❖ Factors that facilitate effective implementation include: sufficient funding and time for detailed planning and implementation; strong leadership; excellent communication; and flexibility of service design.
3. *Integrated social services are one option available to decision-makers, but may not always be the best approach.*
 - ❖ Integrated social services may be appropriate when providing services to people with multiple and complex needs, and when integration is likely to reduce duplication.

⁴⁸ Superu 2015: What Works: Integrated Services for Vulnerable People. Accessed on 1 August 2016 from: <http://www.superu.govt.nz/what-works-integrated-social-services-vulnerable-people>

- ❖ Consideration needs to be given to the optimal extent of integration needed to meet the particular needs of the target group and for the community or location.
- ❖ Multiple social service integration initiatives within one location need to be carefully managed to avoid service fragmentation and inefficiencies.
- ❖ Further evaluations are needed so we can be confident that integrated social services improve vulnerable people.

The report goes on to say that whānau-centred approaches to social service delivery have long been advocated by those involved in working with Māori families, including whānau themselves, hapū, iwi, Māori researchers, policy developers and service providers. A whānau-centred approach to service delivery has been derived from well-established holistic Maori models of health and well-being. The principles underpinning whānau-centred delivery should be implemented at every stage – from provider collectives and service delivery right through to the way wellbeing is measured and defined in programme evaluations, and how whānau outcomes are reported.

Superu introduces the Human Services Value Curve Model (Figure 1) from the United States that describes four stages social service providers must move toward in order to achieve greater integration and improved efficiency in achieving outcomes:

- ❖ **Regulative** services are delivered within the confines of a single agency.
- ❖ **Collaborative** services work across agency boundaries to provide a mix of services.
- ❖ **Integrative** services organise and coordinate services around client needs.
- ❖ And finally, **generative** services involve agencies working together with vulnerable groups to identify and address the underlying determinants of community health and wellbeing⁴⁹.

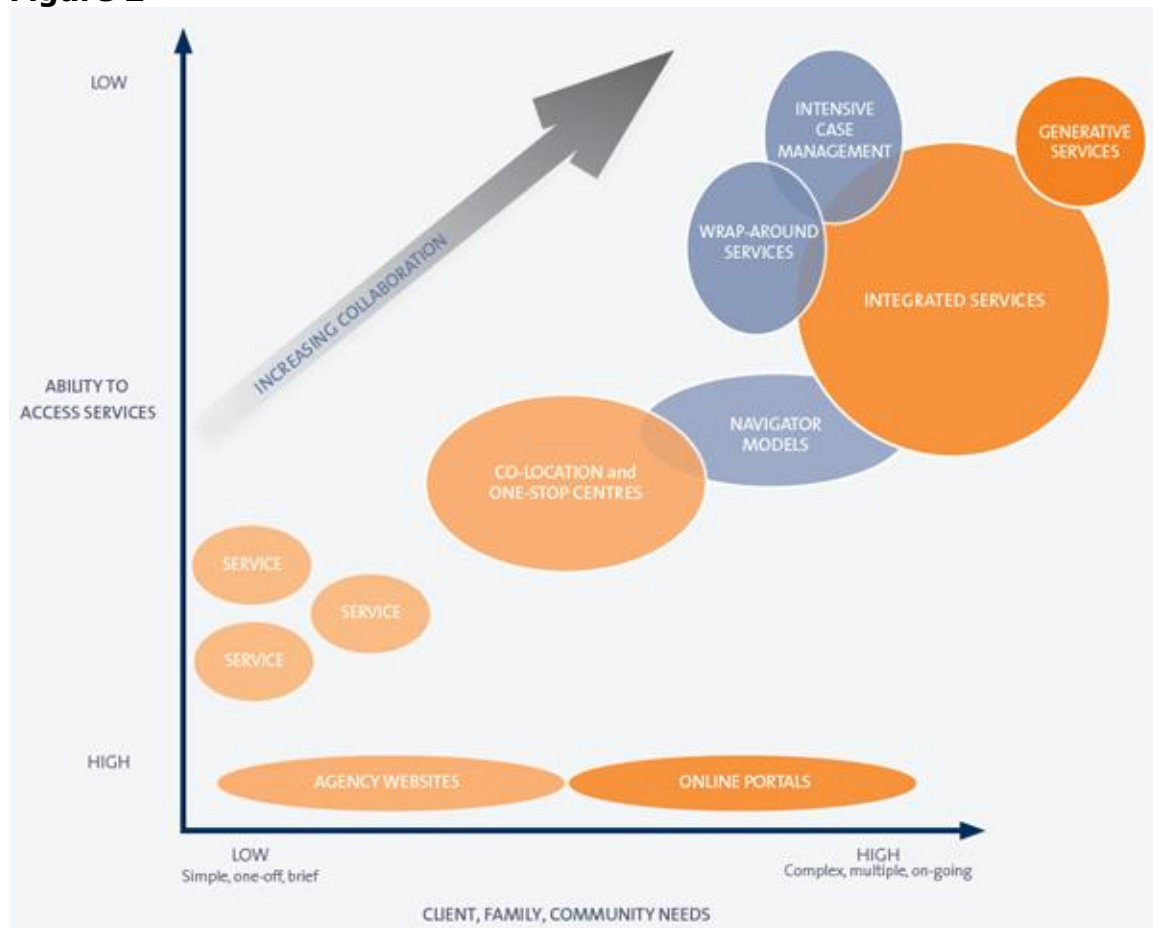
⁴⁹ American Public Human Services Association. (2015). *Toolkit: Moving through the Value Curve Stages*. Retrieved online on 1 August 2016: http://www.aphsa.org/content/dam/aphsa/pdfs/Resources/Publications/TOOLKIT_Moving%20through%20the%20Value%20Curve%20Stages_.pdf

Figure 1: Human Services Value Curve Model



Figure 2 illustrates the broader context in which integrated services are situated. There are a large number of service designs and service delivery models in operation designed to meet the needs and access requirements of the population. Integrated social services require greater collaboration in service delivery.

Figure 2



Collaboration can occur in the delivery of separate services, but they are not designed for collaborative delivery. Similarly, co-location of social services can promote collaboration, but it is not a guaranteed outcome. Collaboration is, however, central to integrated social services. Generative services go beyond integrated social services to include co-development of services between communities and providers.

Integrated social service designs often sit alongside service delivery models such as individualised funding, wraparound services, intensive case management and navigator models. These are shown in Figure 3 and describe ways in which clients interact with services. They are often packaged together so that, for example, a navigator may support a client with their individualised budget. Integrated services often include these elements in the mode of delivery, but alone they do not meet the OECD definition of integrated services. In the OECD definition the services themselves are joined-up, rather than navigated between.

Figure 3

<p>Intensive case management or navigator models are an important component of many integrated services. They involve assessing a person's or family's needs, and coordinating services to meet those needs. A New Zealand example is Intensive Case Workers for teen parents .</p>	<p>Wraparound services involve assessing a vulnerable person's needs and providing comprehensive services to meet those needs. The Intensive Wraparound Service for children and young people in schools is a New Zealand example.</p>
<p>Co-location in its most basic form is where agencies are housed in one building, but do not necessarily provide coordinated services. Although co-location can facilitate collaboration, it does not guarantee it. Early Years Service Hubs and Youth One Stop Shops are New Zealand examples of co-location.</p>	<p>Individualised funding enables people to select and coordinate their own services. The Ministry of Health Individualised Funding programme and Enabling Good Lives, which enables people with disabilities to purchase home and personal care and other services, are New Zealand examples of this approach.</p>

There is an emerging consensus about what works best in implementing integrated services. These factors do not guarantee that integrated services will be effective, but poor implementation can undermine effectiveness. Careful planning and resourcing of any service integration initiative is vital to maximise its chances of success:

- ❖ Strong leadership to forge a new way of working.
- ❖ Time to plan and implement integration.
- ❖ Fully funded to meet additional start-up and on-going costs.
- ❖ A shared understanding of the purposes and expected outcomes of integration.
- ❖ Trusting relationships among agencies.
- ❖ Good communication and information sharing.
- ❖ Joint staff training.
- ❖ A shared needs assessment framework.
- ❖ Full commitment to integrate.
- ❖ Realistic goals within given resources.
- ❖ Clear roles, procedures and protocols.
- ❖ Flexibility to adapt.
- ❖ Inclusion of a key worker or navigator.
- ❖ Working in partnership with people using the services.
- ❖ Approaches that are culturally responsive to Māori.

There are also serious and systemic challenges to effective integration. Barriers can include:

- ❖ Complexity of integration processes, funding and relationships.
- ❖ Different organisational or professional cultures and procedures among agencies.
- ❖ Inability or unwillingness to share confidential information.
- ❖ Potential to increase staff workloads.
- ❖ Multiple integration initiatives targeting the same people or groups.

The Taskforce on Whānau-Centred Initiatives, that led to Whānau Ora, noted in 2010 that the *“lack of coherence between sectors, and even within sectors, has led to multiple separate contracts, each with different reporting requirements and expectations that have precluded an integrated approach to service delivery”*⁵⁰. Moreover, the siloed nature of many government agencies, narrowly specified budget lines, data silos and organisational cultures can all be barriers to integrated approaches.

⁵⁰ Whānau Ora Taskforce (2010). *Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives*. Wellington, NZ.

Summary of Integrated Social Services:

- ❖ Integrated social services is defined as “joined-up social services, for the benefit of service users and to improve efficiency in delivery by providers.”
- ❖ Integrated social services may be appropriate when providing services to people with multiple and complex needs, and when integration is likely to reduce duplication.
- ❖ Integrated social services follows the Human Services Value Curve Model (Figure 1) from the United States that describes four stages social service providers must move toward in order to achieve greater integration and improved efficiency in achieving outcomes: regulative, collaborative, integrative, and generative.
- ❖ Integrated social service designs often sit alongside service delivery models such as individualised funding, wraparound services, intensive case management and navigator models.
- ❖ Careful planning and resourcing of any service integration initiative is vital to maximise its chances of success.

Overview: Systems of Care and Wraparound

In 1984, the National Institute of Mental Health, U.S. Department of Health and Human Services, initiated the Child and Adolescent Service System Program to help States plan for and design systems of care to address the mental health needs of children who were experiencing a serious emotional disturbance. The systems of care approach was originally created in response to concerns that:

- ❖ Children in need of mental health treatment were not getting the services they needed.
- ❖ Services were often provided in restrictive out-of-home settings.
- ❖ Few community-based services were available.
- ❖ Service providers did not work together.
- ❖ Families were not adequately involved in their child's care.
- ❖ Cultural differences were rarely taken into account⁵¹.

The system of care framework is a set of values and organizing principles that guides an approach for communities to build comprehensive, effective community service delivery systems for our most vulnerable children and their families. By definition, a system of care is:

*"a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them function better at home, in school, in the community, and throughout life"*⁵².

The framework focused on children with serious disorders. The systems of care approach is now being applied to other target populations who depend on public systems for services. Historically, systems of care have focused on improving access to, and availability of, services and on reducing service and funding fragmentation. In addition, systems of care have focused on improving the skills, knowledge, and attitudes of frontline service providers. Increasingly, systems of care are concerned about "treatment efficacy," ensuring effective therapeutic interactions between practitioners, young people and their families/whānau, and system reform. Systems of care fundamentally are about reforming or transforming systems (for an example of a community-based managed care entity, see **Appendix O**).

⁵¹ Stroul, B., & Friedman, R. M. (1986 rev ed). *A System of Care for Children and Adolescents with Severe Emotional Disturbances*. Georgetown University Center for Child Development, National Technical Assistance Center for Children's Mental Health. Washington DC, USA.

⁵² Pires, S. (2002). *Building Systems of Care: A Primer*. National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development. Washington, DC, USA.

Operational characteristics of a system of care as a customized approach to service delivery for children and youth with multiple systems needs and their families are identified below⁵³.

Table A: Operational Characteristics of Systems of Care
• Collaboration across agencies
• Partnerships with families and youth, including with family- and youth-run organisations
• Cultural and linguistic competence: understanding the role of culture
• Blended, braided, or coordinated funding
• Shared governance (and liability) across systems and with families and youth
• Shared outcomes across systems
• Organized pathway to services and supports
• Staff, supervisors, providers, and families trained and mentored in a common practice model based on system of care values
• Child and family service-planning and service-monitoring teams across agencies
• Single plan of services and supports
• One accountable care manager
• Cross-agency service coordination and case management
• Individualized services and supports “wrapped” around children, youth, and families
• Home and community-based alternatives
• Broad, flexible array of services and supports
• Integration of formal services and natural supports and linkage to community resources
• Data-driven systems supported by cross-system management information systems and focused on continuous quality improvement
• Integration of evidence-based and promising practices

Over the past two decades, systems of care have moved closer to a public health framework, focusing not only treatment for individual youth, but also encompassing promotion, prevention, early intervention, and education to improve outcomes and health.

Pires states that in systems of care, transformation focuses on four levels of change: policy, management, frontline practice, and community-level support. Systems of care ask themselves, “What outcomes do we want to see for this population? What will our system look like for this population?”

⁵³ Pires, S. (2002). *Building Systems of Care: A Primer*. National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development. Washington, DC, USA.

Policy Level (e.g. system design, financing, regulations, and rates)

- ❖ What systems (i.e., housing, employment services, mental health, substance abuse, secondary and tertiary education, physical health, juvenile justice, child welfare) need to be involved?
- ❖ What dollars/resources do they control?

Management Level (e.g. data systems, quality improvement and human resource development)

- ❖ How do we create a locus of system management accountability for this population (e.g. in-house, lead community agency)?

Frontline Practice Level (e.g. assessment, care planning, care management, and services and supports)

- ❖ Are there evidence-based/promising approaches targeted to this population?
- ❖ What training do we need to provide, and for whom, to create desired attitudes, knowledge, and skills about this population?
- ❖ Which providers know this population best in our community?

Community Level (e.g. partnership with families, youth, whānau and other natural helpers, and community buy-in)

- ❖ What are the partnerships we need to build with youth and families?
- ❖ How can natural helpers/whānau play a role?
- ❖ How do we create larger community buy-in?
- ❖ What can we put in place to provide opportunities for youth to contribute and feel part of the larger community?

What is Wraparound?

Another term used frequently by local service providers is “wraparound.” Wraparound is a definable planning process that results in a unique set of community services and natural supports that are individualized for a child and family to achieve a positive set of outcomes (Pries, 2002). **Wraparound puts system of care values into practice for the development and implementation of individualized care plans.** It is a collaborative, team-based approach that is grounded in 10 key principles:

- Family voice and choice
- Team-based
- Natural supports
- Collaboration
- Community-based
- Culturally-competent
- Individualized
- Strengths-based

- Persistence
- Outcome-based

Wraparound is not equivalent to a system of care. It is a practice approach to a system of care. It is an approach to working with families using the system of care philosophy. Providing comprehensive care through the wraparound process requires a high degree of collaboration and coordination among the child-and family-serving agencies and organisations in a community. The values of wraparound are aligned with the system of care framework.

In Measuring Fidelity of Wraparound, Bruns and Walker state⁵⁴:

“Wraparound has continued to be embraced by communities because its principles make sense to families, and its procedures are supported by basic research. In addition, wraparound has provided many compelling community success stories. Wraparound seems to succeed when it is implemented well *and when* it is implemented for populations for which it is suited. These populations tend to be youth with serious and complex needs for whom intensive, coordinated support helps to keep them in the community, avoiding costly and unnecessary placements, or disruptions in placement”.

However, studies show that even when a community understands wraparound and attempts to do it in a way that reflects its core principles, actually *doing* high quality wraparound is tremendously difficult. The list of challenges is extensive and includes the following.

- Implementing wraparound requires providers who are well-versed in its value system, yet most higher education programmes do not teach family-driven, community- based principles and strategies.
- Wraparound requires intensive and ongoing training, supervision and administrative support, yet many wraparound programmes do not provide this to the staff that are asked to implement the process.
- Implementing wraparound requires adoption of new ways of funding and organising services, such as the availability of flexible funds for teams, strong collaborative relations, and single plans across multiple agencies; yet wraparound initiatives remain vexed by agencies that operate in isolation and traditional reimbursement procedures.

As its popularity has grown, wraparound has often been attempted by only one child-serving system in the absence of partnerships with other systems. Unfortunately, this is not operating wraparound with fidelity.

⁵⁴ Bruns, E. & Walker, J. (2008-2015). *Resource Guide to Wrap-Around, Chapter 5e.1: Measuring Wraparound Fidelity*. The National Wraparound Initiative Advisory Group. Washington, DC, USA.

Otago Youth Wellness Trust recently commissioned an evaluation of its Wraparound Service, *Holding Hope*⁵⁵. The document highlights voices of young people; parents and families/whānau; the organisation's caseworkers and management; community stakeholders; government co-funder stakeholders; and policy stakeholders. The document includes a number of recommendations for the community to consider as it works alongside OYWT to implement wraparound with fidelity.

Summary of Systems of Care and Wraparound:

- ❖ The system of care framework is a set of values and organizing principles that guides an approach for communities to build comprehensive, effective community service delivery systems for our most vulnerable children and their families.
- ❖ Over the past two decades, systems of care have moved closer to a public health framework, focusing not only treatment for individual youth, but also encompassing promotion, prevention, early intervention, and education to improve outcomes and health.
- ❖ In systems of care, transformation focuses on four levels of change: policy, management, frontline practice, and community-level support.
- ❖ Wraparound is a definable planning process that results in a unique set of community services and natural supports that are individualized for a child and family to achieve a positive set of outcomes.
- ❖ Wraparound puts system of care values into practice for the development and implementation of individualised care plans.

⁵⁵ Otago Youth Wellness Trust (2015). *Holding Hope: An Evaluation of the Otago Youth Wellness Trust Wraparound Service*. OYWT, Dunedin, NZ.

Summary

In summary, moving towards any of the frameworks identified above is a multifaceted, multi-level process. The process involves:

- ❖ Making changes in national policies, financing mechanisms, training, and other structures and processes to support infrastructure changes.
- ❖ Making changes at the local system level to plan, implement, manage, and evaluate the system.
- ❖ Making changes at the service delivery level to provide a broad array of effective, state-of-the-art treatment services and supports to youth and families in an individualized and coordinated manner.

Shifting to a family and whānau-centred practice model, and considering integrated services and/or systems of care, is not something that can be achieved overnight. It often takes decades for “the ship to turn,” as one key stakeholder noted. However, as a community, we must begin to make the shift in thinking and structures if we truly want what is best for our youth and their whānau.

APPENDIX D: Dunedin's Youth Voice

As part of the scoping project, we held focus groups with 15 young people. Some of these young people are current students at the Dunedin Training Centre, while others have a relationship with Otago Youth Wellness Trust.

The focus groups were each an hour long and explored a variety of questions relating to the participants' perceptions of Dunedin, their experiences at school, the opportunities available to them, the challenges they face, and potential solutions to the challenges identified. All participants were under 20 years of age (for more on Generation Z, see **Appendix O**). Their collective feedback is grouped by topic:

What Works Well for Youth in Dunedin

Overall, the young people interviewed said their needs are met when they have a close relationship with a provider:

- ❖ "When someone knows my name and understands all the issues I am dealing with, I can access the help I need. It's all about the relationships I have with people."
- ❖ "I feel like the people really care for me here (Dunedin Training Centre). They notice me. They understand that I've got a lot going on at home and they really make me feel like they've got my back."
- ❖ "I actually want to go to school because my tutor cares about me. I go to class because I want to learn now and they teach in my learning style. She goes out of her way to make sure I am OK."
- ❖ "I really like the Polytechnic because I know how my day will be. I have severe mental health issues and having structure, knowing what I am supposed to do each day and what is expected of me, is really important. They understand my issues and work with them."
- ❖ "Being able to communicate with my lecturer via text is a great option at the Polytech. When I was not doing well emotionally, I could send a text, which was way less intimidating and I didn't have to be interrogated. He just trusts me to know when I can't be there as long as I let him know."
- ❖ "Having a relationship with my counsellor allows me to really open up. Otago Youth Wellness Trust really supports me with my study and employment. The CV/job skill support that I had from my counsellor there was much better than what I received at school."

- ❖ "I really like the structure of the Polytech. They have smaller classes and I can have one on one relationships with the teachers. It's actually about *you*; personal approaches, realistic, and they give you what people need versus 'one way of doing things.' The smaller classes are a motivation to me too."

Youth-Identified Gaps in School

- ❖ "I didn't feel as though anyone really cared for me there. They saw me as someone who likes to start trouble and so I felt like they didn't want to help."
- ❖ "I just didn't feel as though what I was learning there would help me. I want to learn things that will actually help me one day, like life skills. I want to know how to manage money and time. I want to know how to access things in my community. I want to know how to ride the bus. These are the things that will help me survive here."
- ❖ "Looking back, I wish someone would have tried to talk me out of dropping out of school. I was having a lot of trouble at home and started missing school. I had to get a job to pay some bills and went into school to drop out and no one tried to get me to stay. They just signed the paper and let me walk out."
- ❖ "I got kicked out of school and that was really hard. Everyone labels you as a 'drop-out' and it is really hard to get help or a job after that happens. I think it would have been better if they talked to my Mum before I got kicked out. It really made the situation worse at home. She didn't even know for two months."
- ❖ "It was better for me to drop out before I got my NCEA Level 1 because then I could come here (Dunedin Training Centre) to get Levels 1 and 2, as well as job training all for free. If I had Level 1 in school, I wouldn't be allowed to come here. It's like they want us to drop out."
- ❖ "Yeah, I was able to come here (Dunedin Training Centre) and get Levels 1 and 2, but I am turning 20 next week and the government is going to kick me out before I complete my job training. When I turn 20, they will no longer pay for it. So, now what? I did everything I was supposed to do and now they want to kick me out for doing well."
- ❖ "I think there is a big issue with the school counsellors. Like, every school has one, right? But no one knows how to get to them. They should really have more than one. And I didn't even know where the school counsellor's office was! They told us at the beginning of school they had one, but I never saw one."

- ❖ “My anger was really out of control once and I wanted to talk to someone, but I didn’t want to ask my mates where the school counsellor was because that would be embarrassing. They should really come to every class to introduce themselves and tell us how to find them.”
- ❖ “If school counsellors aren’t doing anything, then teachers need to do it. Teachers need to know stuff about us. Teachers need to care and engage with us personally. The counsellors have been useless. They need to be more proactive. They just act like a fire extinguisher.”
- ❖ “I really wish I had more sex education in high school. When I learned it later I was like, ‘This would have really helped me earlier!’ They should really be talking to us about sex and stuff in high school.”
- ❖ “I wish the teachers or the school had helped me develop a support plan. Something that helped me understand my issues and where I could go for support. I left with nothing.”

Safety Issues in Dunedin

- ❖ “I do not feel safe in Dunedin. I don’t feel looked after at all. There just isn’t enough prevention in place or ways to resolve the safety issues.”
- ❖ “I will not walk around ‘Studentville’ at night. The university students are yelling at me all the time. I’ve been jumped twice by students just walking down the street at night.”
- ❖ “My friend was raped there (“Studentville”). As a girl, I would never walk around downtown or near the university at night.”
- ❖ “If I could change one thing about Dunedin, it would be the safety. Studentville is the most unsafe area. It should be widely known not to be there.”
- ❖ “I wish I learned about this stuff in school. Why don’t they teach you about healthy relationships? I was in a violent relationship and honestly didn’t know that it was that bad until much later. I wish I had known how to protect myself.”
- ❖ “As a couple of guys, we can tell you we would never walk near the student section. We avoid it every chance we can because it is so violent down there.”

Accessing Services and Support

- ❖ “I don’t even know where to go for help if I needed it. I mean, my friend who was raped, we didn’t know who to call. We didn’t want to call

the police, we just wanted to talk to someone. Maybe put posters up so we know how to access someone. Or put something up online so we can search for it ourselves."

- ❖ "Because of my mental health issues, I know about a lot of services in town. But if I didn't have these issues, I would have no idea where to go. It's like the system is accessible to only those who are already in it."
- ❖ "Why is it so hard for people around here to use technology? I don't want to call someone for help, I want to text someone. These guys could get a little savvier with their use of technology. They could use different ways to contact or educate us."
- ❖ "Yeah, when I have an issue I go to Youthline. I can talk to someone and get really good help without having to figure out how I am going to get there and I don't have to be worried about getting stereotyped one more time."
- ❖ "The messengers are really important. If someone comes to talk to me, I want them to reflect me. I want them to understand my experience, or look like me, or relate to me in some way. Most of these people have no idea what it's like to be poor."
- ❖ "I just feel like I'm out there on my own. I have to learn it all by myself. For me to get what I want or need rests with me. All of these people are going into their jobs every day to help people like us and I don't even know that their organisation exists."
- ❖ "I don't feel there are many organisations who understand LGBT issues at all, especially teachers and in high school. Once I got out of high school, then I could talk to someone and I feel like it is so much more accepted. But if I went to my teacher or to someone in high school and told them I was gay...no way."
- ❖ "I think my parents would appreciate knowing where to get help too. They are really struggling and don't know where to go."

Employment and Job Training

- ❖ "I feel really good about the education I got, but finding a job when you have a mental illness is really hard."
- ❖ "The university students are taking all the jobs we want. And employers see them as being more reliable than a dropout. I mean, I get it sometimes, but take a chance on me. Let me prove you wrong. I may have dropped out of high school, but I went back to school and got what I needed."

- ❖ “I feel like employers pretend we don’t exist because we are young. They are always saying, ‘You lack experience,’ but where are we supposed to get experience? You have to start somewhere.”
- ❖ “When I leave DTC (Dunedin Training Centre), this is what I want to do for the rest of my life. I know I will be good at it. But I am really worried that no one is going to hire me.”
- ❖ “I think finding a job would be so much easier if we learned life skills along the line somewhere. When we do learn it, it is often too late.”
- ❖ “I want to start my own business, but I wouldn’t even know where to start. Where do you learn how to run a business?”

What We Learnt from Young People:

- ❖ The voices of Dunedin’s youth must be heard alongside the voices of their families/whānau.
- ❖ Relationships with young people are critical to improving their outcomes.
- ❖ Enhancing the role of school counsellors is important to young people.
- ❖ Young people wish they had access to ‘life skills’ in high school (i.e. how to navigate the bus system, how to manage finances).
- ❖ Safety is a top concern for young people in Dunedin.
- ❖ Young people are generally not aware of the services and supports available to them unless they are “already in the system”.
- ❖ Technology is a critical tool for communicating with young people.
- ❖ Young people feel discriminated against by employers. They want employers to “take a chance on us.”

APPENDIX E:

Dunedin's Community Assets: Voices from the Sectors

As part of this scoping exercise, 45 stakeholder interviews were conducted with local service providers to assess what is working well in Dunedin's government and nonprofit sectors, particularly as it relates to collaboration. The themes that emerged from these interviews speak to the incredible work that is happening across the community. The themes included:

Enormous Goodwill

The sectors are filled with highly qualified and compassionate individuals who work tirelessly each day to benefit their community. These individuals all want what is best for youth and families. Despite significant ambiguity about the sectors' future, these individuals care deeply about doing their best work.

Relationships Built On Respect and Trust

Frontline workers regularly identified the respect and trust they have with other providers because of the relationships they have built over the decades. They cite the community's small size as an advantage of working closely with other providers. When respect and trust are present, coordination is effective. As a result, frontline workers feel as though there are strong referral and triage systems in place for families.

One worker stated, "I just know who to go to in order to get things done. Families cannot wait while I jump through bureaucratic hoops. I rely on the same people because things have to happen faster than the system allows."

Many Quality Providers and Services

Many of the providers and organisations in Dunedin have existed for decades and are well-established. Newer providers are filling a gap and fitting well into the overall nonprofit ecosystem. Families have many high quality options to access services (which, as expected, was also cited as a challenge).

Pockets of Strong Coordination and Innovation

All interviewees recognised that strong coordination and collaboration is essential when working with vulnerable families and there are pockets of great working happening locally. Projects cited often as positive models include, but are not limited to: Social Sector Trial, Strengthening Families, Advisory Community Panel, Family Violence Collaborative, Otago Youth Wellness Trust, Multi-Agency Youth Alcohol and Other Drug Group, Youth Employment Strategy, and the North East Valley Project. Interviewees said that coordination is most effective when relationships already exist, there is a mandate "from above" to come to the table, the incentive to collaborate is clear, and there is a coordinator connecting all the work.

In addition to pockets of good coordination, there are examples of innovation happening across Dunedin in the private and government sectors that are making their way into the nonprofit sector. Some organisations are exploring social enterprise as an extended revenue stream, social entrepreneurs are working in the start-up space, and attention is focused on expanding the Maker Movement with a focus on young people. One community leader said, "When we get out of the way and let young people lead, we see innovation happen right before our eyes."

Most Leaders Remain Positive About the Changes Happening at the Local and National Levels

Management and high-level leaders recognise that while change is difficult and will take years to achieve, many of the changes are necessary to improve outcomes for at risk youth. The effort to modernize Child, Youth and Family was most often cited as a change in a positive direction. While there is concern over the ambitious timeline, there is a common belief that these changes are necessary in order to improve outcomes for our community's most vulnerable and a hope that other government departments follow suit. Leaders are also aware that the "pressure to collaborate" is rooted in the belief that we cannot achieve our goals alone; we must work together and do the hard work if we truly want to improve outcomes.

Managers also said that they are diligent about working towards change within their organisations: "Attention is given to identifying and fixing the problems at the local level. While the will exists, we just aren't entirely sure of the way."

Other local leaders refer to Dunedin as "a community at a tipping point for change." There is recognition that, in order for the sectors to tip, there has to be local ownership of the issues and the strategies we deploy. "We cannot wait for central government to decide what is next for us. It's our time. We know what we need here; we just need to do it."

APPENDIX F:

Challenges to Effective Collaboration: Voices from the Sectors

In addition to identifying what is working well, interviewees across the sectors highlighted major challenges to collaboration that must be overcome in order to improve outcomes for youth and their family/whānau. The Advisory Group's recommendations, outlined in the Executive Summary, were developed with these challenges in mind.

The Funding Model Does Not Support Family/Whānau-Centred Practice or Collaboration

Every interviewee cited the current funding model as the biggest barrier to working collaboratively. In addition to creating silos that prevent organisations from working together in an open and transparent way, the model encourages duplication of services and unnecessary competition between providers that should be working together; it also limits access to the most appropriate providers, encourages families with multiple issues to address one issue at a time through single-service contracts, and makes it very difficult for families to navigate a very complex system.

The Otago Youth Wellness Trust document, *We Know Their Names*, argues that "Service design is strategically driven by siloed funding rather than addressing the people who we are attempting to serve; service purchasing and funding streams reflect flawed design and do not align with integrated models of care; and community service delivery is determined by the government sector and not designed to be family-centred."⁵⁶ Interviewees across the sectors echoed this assessment.

Local philanthropy is also limited in Dunedin. Otago Community Trust and other philanthropic funders are seen as trusted partners, but they are limited in their ability to fund beyond short-term programme support. Additionally, community philanthropy is low in Dunedin. In comparison to the United States, where individual giving makes up, on average, 80 percent of a nonprofit's income, individual giving to nonprofits in Dunedin is low.

Interviewees cited the additional challenges around the funding model:

- ❖ "As a community, we have no idea how much money is coming into Dunedin for health and social services, how it is spent, what we are learning about what works and what doesn't, and what we should scale up due to its proven effectiveness. There is a serious lack of transparency among government funders and that seems counterintuitive to collaboration."

⁵⁶ Otago Youth Wellness Trust (2012). *We Know Their Names*. OYWT Briefing Paper on Integrated Services.

- ❖ "Collaboration is not incentivized as part of our funding. The funding model rewards compliance and competition, not working together to improve outcomes for families. We are mandated into collaboration by some funders, but they aren't willing to fund it. Collaboration is a huge strain on our resources."
- ❖ "Because of the funding limits, our organisation will only do what we are funded to do. I know this isn't what is best for families, but we don't have the resources or encouragement to do things differently. Our flexibility, creativity and innovation are stunted within this funding model."
- ❖ "There are so many limitations on who I can refer to because my contract tells me who I can engage. I know there are better organisations out there, but I simply cannot refer to them and many of them are closing their doors. Managing the funders and their red tape takes up most of my job."
- ❖ "We know what works. This community knows what it needs to provide real help to young people and their families. But we can't implement what works because it would go against what our funders are telling us to do. If we could create a local entity that gave us permission to plan and implement community-driven solutions, we would make significant progress."

Information Sharing and the Privacy Act

Frontline workers cited lack of information sharing as their most significant operational challenge. It appears as though confusion exists with respect to many aspects of the Privacy Act: interpretation, consent, internal policies, worker liability, process of sharing information, protecting data, and privileged communication. There are also deeply held philosophical beliefs that information should never be shared unless consent is given by the family/whānau.

According to the Children's Action Plan:

"Sharing information between appropriate practitioners and agencies about a vulnerable child is essential in order for them to identify risks and the needs of the child early. It is essential for understanding the underlying issues of the child and family/whānau so that services can fully address their needs."⁵⁷

The Privacy Commissioner also states:

"Sharing information about an individual is often essential to their health,

⁵⁷ *Children's Action Plan: Identifying, Supporting and Protecting Vulnerable Children. The White Paper for Vulnerable Children* (October 2012). New Zealand Government. Retrieved online on 12 May 2016 from <http://childrensactionplan.govt.nz/supporting-childrens-teams/info-sharing/>

safety and wellbeing. It can take the effort of a number of service agencies working effectively together to address the multiple and complex needs of that person or family. This collaborative approach can not only improve the service provided to the client, but also enhance the working relationships and practice of the professionals involved. It can be difficult for these agencies to make decisions about whether sharing the information is both appropriate and legal.”⁵⁸

The Privacy Commissioner has created a guide to help workers make decisions on unique circumstances of each case which can be found here: <https://www.privacy.org.nz/how-to-comply/sharing-information-about-vulnerable-children/>

While it appears central government and local agencies are attempting to provide clarity around this issue, more action needs to take place to understand and address the problems. Interviewees said:

- ❖ “This community is small enough to know who our most vulnerable youth are right now. Most of us know these young people. However, we have few defined processes to bring multiple agencies together to discuss these cases even when families give their consent. Strengthening Families is a good model, but it is limited in terms of the number of families it engages. Our organisation wants to come to the table to discuss these youth, but some organisations flat-out refuse to bring information to the table when they should.”
- ❖ “I worked with a young person who disclosed very serious information to me about what was happening at home. I contacted a worker from another organisation who was working with this person regularly and I told her I had information to give her. The young person gave me consent, but the seriousness of the information did not mandate that I needed the consent. This worker still refused to talk to me. She asked me to fill out a form, fax it to their office, and the organisation would get back to me within 21 to 28 days. I reiterated that I did not need information from her. I just felt it was critical for her to know, but she still refused to talk to me.”
- ❖ “I will only share information with a person I know and trust. I will not go out of my way to share information with someone I don’t know because I do not know what they will do with the information.”
- ❖ “The families we serve are left to complete multiple assessments, talk to multiple providers about the same issues, and have to navigate this very scary system on their own. I think we could improve the system’s response if we were willing to come together to help these families and

⁵⁸ New Zealand Privacy Commissioner. Retrieved online on 5 May 2016 from: <https://www.privacy.org.nz/how-to-comply/sharing-information-about-vulnerable-children/>.

that may require sharing information without putting their privacy at risk.”

- ❖ “In some cases there is reluctance by service providers to share knowledge and this is partly driven by funding models, competition, and scarcity of funding.”
- ❖ “You should never share information, ever, about a family without their consent.”

Communication Within Organisations

While information sharing about cases was most often identified as a frontline worker challenge, communications between CEO-level leaders and mid-level managers about community meetings and initiatives was also cited as a challenge. This challenge is very common in collaborative initiatives where only one person is the identified representative from an entire organisation. These individuals are often identified because he/she has influence to make decisions within the collaborative body. The challenge, however, is that this information rarely makes it back to others within the organisation. We often fail to bring the rest of our organisation along on the journey.

Communication issues are constant, frustrating and incredibly important to resolve. Like the initiative itself, communication systems are quite complex. There needs to be communication between governance structures, committees, initiative staff and their partners, and between individuals and their organisations. Effective communication is inherent in progress:

- ❖ “We need to share more information internally, particularly about local collaboratives. Our leaders are attending these meetings and not coming back to share what they are learning. We want more communication from our leaders about the purpose, processes and outcomes of these meetings so that our thinking and practice evolves too.”

Lack of Data and Evaluation Capacity

Data, or the lack thereof, was identified as a barrier to effective collaboration. Shared metrics enable collaboration. Data allows us to better understand the problem we are solving, helps us track progress toward our shared goals, forces us to course correct when we are getting it wrong, and inspires action. Collaboration without access to strong data limits accountability. In any collaboration, assessing the effectiveness of our interventions gives partners the motivation to keep moving forward.:

- ❖ “Most organisations aren’t collecting good data because they don’t know how. We simply do not have the capacity to collect, analyse, report and

evaluate everything we do. We also have more than 25 different funders and they all want different data. We could do better if funders could agree on common outcomes and reporting mechanisms.”

- ❖ “The data issue is really big. It feels overwhelming and expensive to figure out how to collect and share meaningful information.”
- ❖ “Quantitative data is valued so much more than qualitative, but when it comes to the families we are working with, it’s the qualitative data that matters most.”
- ❖ “We collect it. We analyse it. We share it. It goes nowhere.”

Collaboration is Very Difficult

While most people believe that collaboration is what we should be working towards, there is a shared belief that organisations do not have the current capacity to engage in it meaningfully. Interviewees said the following about engaging in collaboration:

- ❖ “There are very few examples of true collaboration in Dunedin and/or across the sector. We cooperate and coordinate well, but we haven’t figured out how to really collaborate in a way that changes the system in some way.”
- ❖ “Collaboration, shared outcomes, and theories of change...this is not how you engage Māori . In fact, it is the opposite of all of that.”
- ❖ “It is really hard to make time for ‘collaboration’ when some CEO-level leaders can’t sit in the same room with each other. We really haven’t figured out a way of disagreeing with and challenging each other. In order to make this process meaningful, we need to get past previous and/or current conflicts and move forward. If we want to make a difference, we need to get over ourselves.”
- ❖ “You want to do your best, but *how* you get to that next stage is really difficult. We spend most of our time fighting fires or dealing with day-to-day crises. The quest to become more strategic is lost when we are constantly being asked to do more with less. Funders want us to collaborate, but we simply don’t have the time or resources to make this work.”
- ❖ “When our funders and central government can demonstrate what effective collaboration looks like, we will follow suit. But if they can’t figure it out, how are we supposed to get it right? We want everyone to model positive communications, operate from a place of transparency, and to openly discuss our failures. This would be a huge culture shift for New Zealand.”

We Lack a Community Owned and Led Plan

One of the goals of the South Dunedin Social Sector Trial has been to increase coordination and communication across multiple service providers around a structured action plan. The Advisory Group provided oversight to a comprehensive action plan that was developed within the parameters of the Social Sector Trial's requirements.

As a coordinated entity, they accomplished most of what they set out to do by 2016. During a recent future focused workshop, the Advisory Committee and other local leaders identified a "joint youth action plan" as the next phase of the work. These leaders identified the need for greater input from community; a plan that encompasses a shared agenda, aligned strategies, and metrics; and a model that reduces reliance on outside funders.

While this is significant progress, very few interviewees outside of the Advisory Group could articulate a vision for youth, particularly for Dunedin's most vulnerable.

- ❖ "As a community, we can't see the forest for the trees. We are off doing things that don't feel aligned or coordinated. We can't demonstrate we are making a difference. It all feels disjointed."
- ❖ "We are constantly getting bogged down by process. There are very few conversations that happen at a strategic level: visioning for long-term success, focusing on outcomes, designing the system for success, focusing on leadership and professional development. We get side-tracked by immediate problems versus paying attention to our long-term goals and it all feels piecemeal. We are reactive, rarely proactive."
- ❖ "We have so many White Papers, research documents, evaluations, in-depth articles. Our response to most things is, 'Let's research it and develop recommendations.' I can't name many instances when these documents led to action. We know our problems. We know what we want for the future. What's stopping us? We fail to act."

The System is Complex and Organisational Cultures Vary

Systems are complex by design. They are made up of multiple providers, each with their own values, operating models, and structure. Organisational cultures also vary widely and these differences impact how individuals approach collaborative work, their comfort level with collaboration, and the way in which collaborative initiatives can be taken back to the individual organisations. When members become frustrated with each other (e.g. over the pace of change) the influence of organisational culture must be taken into account.

There is recognition that, while the system is hard to navigate for all involved, there is no easy fix. Interviewees commented:

- ❖ "I feel paralysed in the midst of all the changes. I am not sure if I am going to have a job in a month. But it isn't just about the current funding issue. It feels like this all of the time. When a new initiative or model is introduced, we all have to turn our attention there. We might work on that for a year or two, the funding goes away, and we wait for the next 'shiny new model.' Everything feels unmanageable at the moment. The 'system' is so big and complex, I am not sure I could even imagine redesigning it."
- ❖ "We have too many models, too many providers, multiple government funded projects with different outcomes, too many local initiatives...if I can't keep them straight, I guarantee a family can't keep them straight. I've worked in this sector for 23 years and I am still confused as to how it all works and the unfortunate reality is that it only works for certain young people and not for those that need it most."
- ❖ "Because the system is so complex, we inadvertently perpetuate the inequities that exist. We end up creating a greater divide between classes; we really aren't dealing with the institutional racism that exists in these organisations. You want to support Māori families? I have an idea: it isn't going to be your system. Bureaucracy stands in the way of family-centred work."
- ❖ "As a community, we haven't figured out a way to solve problems. We need to move from discussing gaps in practice to redesigning the system. When we use the language, 'falling through the cracks,' this is really just the system continuing to fail these young people. But, we continue to pass the buck. I continue to hear, 'It isn't my responsibility, it is too hard to address, I am not allowed to share information, I can't envision what is possible'. We need leadership right now."

APPENDIX G: Equity versus Equality

I want you to imagine the world that you can help create. It's twenty-four hours before you were born. A genie appears, and says: "You get to set the rules of the society into which you will be born. You can set the economic rules and the social rules and all the other rules. The rules you set will apply during your lifetime and for the lifetime of your children and even grandchildren.

Just imagine how thrilled you are with this offer! But you're smart. You ask, "What's the catch?"

And the genie says: You don't know if you're going to be born poor or rich, white or of color, infirm or able bodied, mentally challenged or of average or high mental capacity, gay or straight, female or male, or anywhere in between.

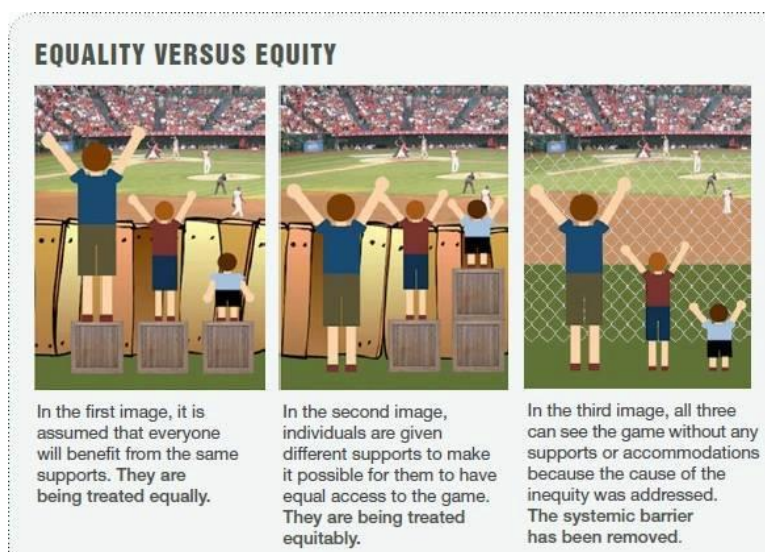
So what rules do you want?

A Theory of Justice - John Rawls⁵⁹

There has been a lot of conversation locally about the differences between equity and equality. The terms are often used interchangeably, but they mean different things. If the community is ready to address the system's failures around our response to the city's most disadvantaged populations, understanding the differences and restructuring our systems and funding models to address root causes is critical.

The graphic below is a popular one when illustrating the differences between equality and equity. The picture on the left is equality: all three boys have access to the same resources, but the shorter boy is clearly still at a disadvantage. The middle picture illustrates equity: the shortest boy has access to more resources and all three are able to participate "in the game." The picture on the far right is beyond equity: when we've worked to address root causes, we remove the systemic barriers for all three children.

⁵⁹ Rawls, J (1971). *A Theory of Justice*. Harvard University Press, Cambridge, MA, USA.



Equality aims to ensure that everyone gets the same things in order to enjoy full, healthy lives. Equity, in contrast, involves trying to understand and provide what people need to enjoy full, healthy lives. Like equity, equality aims to promote fairness and justice, but it can only work if everyone starts from the same place and needs the same things. For example, people who live in poverty are frequently less healthy than those with more resources. As a result, they may need additional services and programmes to offset the impact of substandard housing, limited access to nutritious foods, and exposure to unsafe environments. This is equity: making sure these families have what they need to achieve and maintain health and well-being.

Once everyone enjoys a similar level of health and well-being, we can focus on preserving fairness by giving everyone the same things: this is equality. As the Pan-American Health Organization puts it, equity is the means and equality is the outcome.⁶⁰

Making this shift is incredibly important but difficult. Our systems and processes were built from a place of equality. We created processes that are equally accessible to all in the values, hiring practices, service delivery, and governance of our organisations. It is ever present in our grant applications and reporting systems.

However, the concept of equality is quite damaging, particularly for already disadvantaged people. Investing resources from an equity perspective improves outcomes. Investing resources from an equality perspective prevents us from addressing the real challenges people face and perpetuates the issues we are supposed to address. When we approach this work to benefit “all,” we leave the most disadvantaged behind.

⁶⁰ SGBE e-Learning Resource. *Rising to the Challenge: Distinguish Between Equity and Equality*. Retrieved online 23 May 2016: <http://sqba-resource.ca/en/concepts/equity/distinguish-between-equity-and-equality/>.

“After talking to organizations led by communities that are of color, LGBTQ, disabled, rural, or some combination of the above, we are all still frustratingly governed by equality. The concept of equality is compelling because it is easier to understand, less messy, and less risky than equity. Equality requires less effort to grasp. True equity takes time, energy, and thoughtfulness. It requires us to reexamine everything we know and change systems and practices that we have been using for hundreds of years. It leads us to understanding the root causes to social problems. This is often painful and uncomfortable. So we openly flirt with equity while still staying firmly in the arms of equality. The boxes are rarely moved. The small child still struggles to see over the fence.”⁶¹

Government, national and local funders should pay particular attention to this shift if their funding is intended to have an impact. Many philanthropic organisations continue to operate from a place of equality and are leaving the communities they serve behind. From their grant application processes, to their staffing and governance, foundations and other funders should begin to look at their funding practices using an equity, not equality, lens.

Summary of Equity Versus Equality:

- Equality aims to ensure that everyone gets the same things in order to enjoy full, healthy lives. Equity, in contrast, involves trying to give people what they need to enjoy full, healthy lives. We must shift our emphasis, and allocation of resources, from equality to equity.
- Making this shift is important but difficult because our systems and processes were built from a place of equality.
- The concept of equality is damaging for already disadvantaged people. Investing our resources from an equity perspective improves outcomes among those who are more disadvantaged. Investing our resources from an equality perspective prevents us from addressing the real challenges people face and perpetuates the issues we are supposed to address.
- When we approach this work to benefit “all,” we leave the most disadvantaged behind.

⁶¹ Le, V. (2015). *Why Equality is Actively Harmful to Equity*. Rainier Valley Corps. Seattle, WA, USA.

APPENDIX H: Risk, Failure and the Social Sector

This section sets out two articles which focus on the key issues in considering the important role of failure in success.

The first article, by Erica Williams in Harvard Business Review, sets out some key issues in understanding how failure is a critical part of innovation in the social sector.

The second article, by Larry Weinzimmer and Jim McConoughey in Forbes Magazine, talks about the failure paradox, whereby in order to succeed we need to know failure.

Taking on Failure — and Innovation — in the Social Sector⁶²

Innovation, in word and deed, has been a golden calf of the business world for decades. Companies like Apple and Google are prized and admired for their unending commitment to introducing new services, products, methods and strategies. Now the concept has taken on a second life in the social sector, where a tougher than tough economy has made “innovation” the theoretical one-size fits all answer for every challenge, with little discussion about the associated costs and challenges. Donors no longer supporting your work? Innovate! A harsh, unyielding, volatile political climate? Innovate! Shrinking staff? *Innovate!*

I myself, charged aggressively into this recession with all of my 22-year old energy and generational swagger, armed with Seth Godin books, ready to innovate and “change the game”, despite never having played it before. Working for the nation’s oldest and largest civil and human rights coalition, I ran head first into the reality that innovation, however sexy and necessary, is much easier said than done. Since then, I’ve founded a new project and brand within the country’s largest progressive think tank and am now working with ambitious social entrepreneurs to develop, experiment with, and incubate new ideas. In other words, I’ve seen how hard innovation can be in every possible social sector setting.

Why is this? Well, for starters, failure is a critical part of innovation. In order to try something new, one must be willing to fail on the path to success. Unfortunately for many non-profits, failure is perceived as more than an uncomfortable and painful outcome, but a grave and dangerous one. There are two huge reasons why failure is seen as so negative in the social sector:

1. There is too much at stake. Businesses risk money. Non profits risk political capital that can take years to rebuild, and in many cases, the very

⁶² Williams, E (9 May 2011). *Taking on Failure – and Innovation – in the Social Sector*. Business Review. Retrieved online on 1 August 2016: <https://hbr.org/2011/05/taking-on-failure-and-innovati>

lives of the people they serve or advocate on behalf of. Failure in our world can mean less effective services to the homeless, less responsive assistance for victims of domestic violence, the squandering of funds for public education, and so and so forth. This is not a game. But the problem with this seriousness, no matter how accurate it may be, is that it is often applied with such tenacity and to such great extent as to morph into a self-righteous excuse to settle for the status quo. Will people really die if you reformat the way you send out an email? Will genocide be any more intense if you try a creative online action for your organizations? Will the world really end if you try to engage students in their own advocacy vs. just parents? Probably not. What many don't understand is that while our issues may seem too important to risk failure in the short term, their importance has kept many in the sector from experimenting and innovating fast enough to succeed in the long term.

2. No one wants to pay for failure. One of the most common causes for non-profits to fear innovation is the tenuous nature of social sector funding. In our world, there is a looming, ever present concern about how risk and failure can negatively impact the bottom line. Will donors question our skill, our competence, or even our value in an already crowded field? If we don't show "success" fast enough – no matter how small – will they lose interest in our cause altogether and move on to the next hot issues of the month? These are very real questions that social sector CEOs, Presidents and project managers ask themselves daily. And while some donors say that they do indeed want to fund the next big idea, many organizations fear that donors will not fund the risk-heavy process behind every big idea.

Both of these conditions make the necessary failures that lead to innovation a high hurdle for most companies in the social sector. In my experience, however, I've seen real progress made when companies can take small-but-meaningful first steps down this path. Consider these suggestions as first steps to help your organization chart a more innovative course toward developing new ideas and making your work more impactful, creative and efficient:

1. Ask a simple question. Encourage everyone to frequently ask the question: Is there a better way to do this? This creates a culture that is constantly evaluating methods and fostering ideas. Allow employees to experiment with new ways to accomplish their goals and work – especially young, entry-level and junior staff who are often eager to contribute ideas. You'd be surprised how much the tiny, seemingly unimportant changes can lead to "the big idea" down the road that will completely revolutionize the way you do business.

2. Engage members. Don't allow the pressure for innovation to rest solely on the shoulders of the staff. Encourage local affiliates, partners, board members and even beneficiaries (clients, constituencies, etc.) to brainstorm and experiment. Periodically ask: What are some ways that we can better

serve you? What are ideas that you have developed in your local chapter/organization/community that if brought to scale could radically change the way we advance our cause? Allow everyone in your sphere to recognize their role in innovation and value their responses. You never know – A new idea could bubble up from the field at no cost to you, tested and member approved.

3. Partner, partner, partner. If the goal is truly to change the way business is done in your field, there's no reason to be proprietary over the experimentation and resulting innovations. Chances are that others in your space or in adjacent areas are strapped for resources like yourself. So bring together likeminded partners to discuss new ideas and share resources to test them out. This balances the risk and spreads the impact of possible failure — and eventual success! — amongst everyone.

There are many more reasons why innovation in the social sector is hard. But finding ways to take small steps to help overcome the fear of risk can lead to more audacious experimentation and ultimately, bigger and better results.

Failure Is The Only Option, If Success Is The End Goal: If Learning Happens Through Trial and Error, Then You Need to Try, and More Importantly, You Need to Err⁶³

There are two sides to every story: it was the best of times, it was the worst of times; you take the bitter with the sweet; every rose has its thorn. However, in leadership, we often miss out on half the story. Most discussions focus on what leaders "should do" rather than on what they "should avoid." The result? We talk about success, but seldom talk about failure.

In *The Wisdom of Failure*, the authors discuss a common theme among industry's greatest leaders - their most important lessons have come from trial and error. Unfortunately, many of us don't pursue the trial because we are fearful of making error. Jim Owens, former CEO of Caterpillar Inc., told us we actually learn more from our failures than we do from our success. He states that our most important lessons as leaders come from our toughest losses.

Mistakes are part of taking healthy risk. They provide us with new ways of thinking and give us new insights into how we can improve as leaders. Real failure doesn't come from making mistakes; it comes from avoiding errors at all possible costs, from fear to take risks and from the inability to grow.

⁶³ Weinzimmer, L and McConoughey, J (7 September 2012). Failure is the Only Option, If Success is the End Goal: If Learning Happens Through Trial and Error, Then You Need to Try, and More Importantly, You Need to Err. Forbes Magazine. Retrieved online on 1 August 2016: <http://www.fastcompany.com/3001086/failure-only-option-if-success-end-goal>

Being mistake free is not success. Still, we avoid challenges and hide mistakes. We don't like to talk about them and bring attention to them. It's safer to look the other way or sweep them under the rug. That's why so many leaders have the same struggles over and over again.

So, why don't we embrace challenges and become accepting of mistakes—to learn from them and ultimately grow from them? And if learning from mistakes has so much value, why is it taboo to even talk about mistakes in the context of business and leadership?

What Have You Done for Me Lately?

We are all evaluated on how well we perform our jobs. Not surprisingly, companies pay their employees to succeed, not to fail. The better the performance review, the better we are compensated. However, performance reviews inherently reward us on our short-term success and penalize us for our short-term mistakes. Rarely does someone receive a performance review spanning several years. And personal growth from mistakes is an evolutionary process. It takes time. Mistakes today usually hurt our performance evaluations in the short term. Moreover, in entrepreneurial firms, making leadership mistakes are not only amplified, they can destroy an entire company. So what do we do? We avoid them. Consider the Thomas Edison quote "I have not failed. I've just found 10,000 ways that won't work." Do you think he would have lasted in today's business environment? We have created an evaluation platform where successes are celebrated and failures are not. Remember, "failure is not an option."

IDEO founder David Kelley believes failure is not only an option, it is a necessary ingredient for success. Rather than punishing employees for failure, he and his leadership team encourage employees to be comfortable with bad ideas—one of the reasons IDEO is one of our most innovative companies. He believes that without freedom to pursue bad ideas, employees will miss many good ideas.

A Culture of Perfectionism

We live in a culture that values perfectionism. As children, we were told "practice makes perfect." We learned that making mistakes was bad, that we need to always "color inside the lines." We learned that to succeed we needed to "strive for perfection."

Perfectionism is one of the biggest deterrents of learning from mistakes. People become so fixated on not failing that they never move forward. They focus on the upside risk associated with failing, rather than the downside risk of not trying at all. How did Tom Watson, former CEO of IBM, react when one of his executives made a \$10 million mistake? Instead of firing him, he viewed the mistake as an investment in training and development. Why?

Watson realized taking healthy risk will often result in failure, and that a culture of perfectionism can be paralyzing to progress.

Losing Balance Between the "What" and the "How"

To advance our careers, we are encouraged to build social capital, to gain respect, and to create an image of professionalism. Managing the way others view us becomes larger than reality. The result—we become overly concerned with achieving the goal rather than considering the process—and the goal is to succeed. Rather than focusing only on the what, great leaders also focus on the how. If aspiring leaders are too driven to succeed, they may lose sight of what is most important. They become so enamored with success that they avoid failure. What was once considered a strength, eventually becomes a detriment. The more success they achieve, the more failure becomes unthinkable - and the downward spiral begins.

The Failure Paradox and Its Irony

The truth is every great leader makes mistakes. Unfortunately, there are only a limited number of mistakes you can make before proving yourself an unworthy leader - you can only fall off the corporate ladder so many times before your climb is finished. And the higher you get, the more severe the fall. The failure paradox is that in order to succeed we need to know failure. And here is the irony. There are critically important lessons to be learned from failures.

APPENDIX I: Collaboration as a Strategy to Improve Outcomes for Youth with Complex Needs

What is Collaboration?

Collaboration for Impact is a great starting point to explore the basics of collaboration. It provides an overview of Collective Impact, which is explored in greater detail in Appendix L: Collaborative Frameworks. The following section was adapted from the Collaboration for Impact website⁶⁴:

If you can tackle a social problem alone, you should. If you can't tackle a social problem alone, it does not necessarily follow that you should collaborate.

Working with others can be difficult, costly, and take more time than working on your own. There are many ways of working with others and it is important to decide which one is the most appropriate.

First determine what type of problem you are trying to solve. A very useful tool to help you with this determination is the Cynefin Framework (see [Cynefin framework](#) for a You Tube video on the framework and <https://hbr.org/2007/11/a-leaders-framework-for-decision-making> for an introduction to understanding the framework).

Many social problems are **technical problems**, meaning they are easy to identify and we often know, through best practice or technical analysis, the best ways to solve them. Technical problems require change in one or a few places, often within organisations. In the Cynefin framework, technical problems are 'simple' or 'complicated'. In such instances, the most appropriate response might be to work with others to share information or expertise and adjust actions (coordinate), and for others the most appropriate response might be to align resources and activities, such as service integration (cooperation and coordination). In this way, both cooperation and coordination are essentially about operating as normal but more efficiently.

However, other social problems are **complex problems**, meaning they are difficult to identify and we do not 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

⁶⁴ Collaboration for Impact. Retrieved online on 1 August 2016: www.collaborationforimpact.com

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.

If you have identified the problem you are trying to solve as being complex, you should invest the time in learning how to do collaboration well.

Collaboration is not the outcome; it is a mechanism used to achieve an outcome.

For the purpose of this scoping exercise, the Steering Group agreed on the following definition of collaboration⁶⁵:

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organisations to achieve results they are more likely to achieve together than alone. The organisations believe they are interdependent. Partners agree that each organisation has a unique role to play to address the issue. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; and sharing of resources and rewards. Partners focus on the way in which the current system can be improved by changing individual organisation's policies and procedures.

Collaboration is a very intense way of working together while still retaining the separate identities, autonomy, and decision-making authority of the organisations involved.

The beauty of collaboration is the acknowledgment that each organisation has a separate and special function, a power that it brings to the joint effort. When the problems have been addressed, or the system has been improved, the collaboration is over.

⁶⁵ Winer, M. & Ray, K. (1994). *The Collaboration Handbook*. Fieldstone Alliance. St. Paul, MN, USA.

Definitions of Ways of Working

A common issue across sectors is the varying language and definitions relating to ways of working. For the purpose of this document, the Steering Group agreed the following definitions⁶⁶:

Partners are two or more organisations that agree to work together in a mutually defined and implemented relationship.

An **alliance** is a relationship between partners that is formed to benefit the community and strengthen each partner. More complex alliances are more intense; they take more time, more effort, and more commitment.⁶⁷

A **system** is the universe of services, projects, and programmes offered by organisations for a particular set of consumers. A system is made up of organisations.

Cooperation is characterized by informal relationships that exist without any commonly defined mission, structure, or planning effort. Information is shared as needed, and authority is retained by each organisation so there is virtually no risk. Resources are separate, as are rewards.

Coordination is characterised by more formal relationships and an understanding of compatible missions. Organisations that coordinate are usually completing some task or project. Everyone agrees that this is a good task to do. Some planning and division of roles are required, and communication channels are established. Authority still rests with the individual organisations, but there is some risk to all participants. Resources are available to participants and rewards are mutually acknowledged.

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organisations to achieve results they are more likely to achieve together than alone. The organisations believe they are interdependent. Partners agree that each organisation has a unique role to play to address the issue. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; and sharing of resources and rewards. Partners focus on the way in which the current system can be improved by changing individual organisation's policies and procedures.

Strategic restructuring is a more permanent partnership of two or more organisations that involves a commitment to continue, for the foreseeable future, shared or transferred decision-making power, and some type of formal agreement. In strategic restructuring, organisations might consolidate

⁶⁶ Winer, M. & Ray, K. (1994). *The Collaboration Handbook*. Fieldstone Alliance. St. Paul, MN, USA.

⁶⁷ Mattessich, et al. (1992). *Collaboration: What Makes It Work*. Fieldstone Alliance. St. Paul, MN, USA.

their administrative functions, or they might jointly launch and manage programmes consistent with their missions.

Merger is a strategic restructuring of two or more organisations that involves the integration of all programmatic and administrative functions to increase administrative efficiency and programme quality. One or more of the organisations is dissolved during the process, or a completely new merged organisation may be created as a result.⁶⁸

While this research did not begin to explore strategic restructuring or mergers, there was acknowledgement by the Steering Group that organisations within the sector may need to explore these options in the future.

There is local agreement that we are working on “a continuum of organisational relationships from single services provided by individual agencies to meet one need for service users through to a group of agencies who jointly provide a range of services to meet multiple needs of service users.”⁶⁹ These models of relationships “describe the extent of integration and the typologies have been developed to describe the progression towards multi-agency working. The concepts of cooperation, coordination, and collaboration describe steps along the way to becoming integrated.”⁷⁰

There have been numerous studies in New Zealand designed to assess whether collaboration would ultimately improve outcomes. The Ministry of Social Development published an article that provides an overview of collaboration across organisational boundaries on the basis of an in-depth review of international and New Zealand literature⁷¹. The purpose of the research was to identify the conditions for, the barriers to, and the mechanisms contributing to the success of collaboration here and elsewhere. They concluded with some common principles that characterise successful collaboration:

- ❖ Closer working relationships, characterised by interdependence, commitment, and mutual understanding, trust and respect
- ❖ Participative decision making

⁶⁸ Adapted from David La Piana (2000). *The Nonprofit Mergers Workbook Part 1: The Leader's Guide to Considering, Negotiating, and Executing a Merger*. Fieldstone Alliance. St. Paul, MN, USA.

⁶⁹ KPMG. (2013). *The Integration Imperative: Reshaping the Delivery of Human and Social Services*. Retrieved online on 1 August 2016 from: <https://www.kpmg.com/Global/en/IssuesAndInsights/ArticlesPublications/Documents/integration-imperative.pdf>

⁷⁰ Superu 2015. *What Works: Integrated Social Services for Vulnerable People*. Retrieved online on 1 August 2016 from: <http://www.superu.govt.nz/integratedservices>

⁷¹ Ministry of Social Development. Collaboration Among Government Agencies with Special Reference to New Zealand: A Literature Review. Retrieved online on 1 August 2016 from: <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj27/collaboration-among-government-agencies-27-pages183-198.html>

- ❖ Open and frequent communication
- ❖ Complementarity in terms of resources and skills
- ❖ Strong, shared leadership.

Superu recently published research about community-led initiatives and highlighted that successful collaboration between communities and central government (and between government agencies) is most evident at the local level, where the public-sector is often a key enabler of successful community-level initiatives⁷².

According to the document, central government can support collaboration at the project level by:

- ❖ Mandating collaboration
- ❖ Recognising the time and resources required and funding appropriately
- ❖ Encouraging government agencies at the local and regional level to support the initiative and work together.

⁷² Superu. (2015). *Effective Community-Level Change: What Makes Community-Level Initiatives Effective and How Can Government Best Support Them?* Retrieved online on 20 April 2016 from: http://www.superu.govt.nz/effective_community_level_change

APPENDIX J: An Overview of Human Centred Design

The following was adapted from The Design Kit: The Course for Human Centred Design, developed by +Acumen and IDEO⁷³.

Human Centred Design is a process that starts with the people you're designing for and ends with new solutions that are tailor-made to suit their needs. Human-centred design is all about building a deep empathy with the people you are designing for; generating lots of ideas; building a bunch of prototypes; sharing what you have made with the people you are designing for; and eventually putting your innovative new solution out in the world.

The design thinking process is best thought of as a system of overlapping spaces rather than a sequence of orderly steps. There are three spaces to keep in mind: *inspiration*, *ideation* and *implementation*. Think of *inspiration* as the problem or opportunity that motivates the search for solutions; *ideation* as the process of generating, developing, and testing ideas; and *implementation* as the path that leads from the project stage into people's lives.

A Human-Centred Designer has specific mindsets that provide opportunities for success. These include:

❖ **Learn from Failure**

- "Don't think of it as failure, think of it as designing experiments through which you're going to learn."
- Failure is an incredibly powerful tool for learning. Designing experiments, prototypes, and interactions and testing them is at the heart of human-centred design. So is an understanding that not all of them are going to work. As we seek to solve big problems, we're bound to fail. But if we adopt the right mindset, we'll inevitably learn something from that failure.

❖ **Make It**

- "You're taking risk out of the process by making something simple first. And you always learn lessons from it."
- As human-centred designers, we make because we believe in the power of tangibility and we know that making an idea real is a fantastic way to think it through. When the goal is to get impactful solutions out into the world you cannot stay in the realm of theory. You have to make your ideas real.

❖ **Creative Confidence**

- "Creative confidence is the notion that you have big ideas, and that

⁷³ +Acumen and IDEO. *The Design Kit: The Course for Human Centered Design*. Retrieved online on 1 August 2016 from: <http://plusacumen.org/courses/hcd-for-social-innovation/>

you have the ability to act on them.”

- Anyone can approach the world like a designer. Often all it takes to unlock that potential as a dynamic problem solver is creative confidence. Creative confidence is the belief that everyone is creative, and that creativity isn't the capacity to draw or compose or sculpt, but a way of approaching the world.

❖ **Empathy**

- “I can't come up with any new ideas if all I do is exist in my own life.”
- Empathy is the capacity to step into other people's shoes, to understand their lives, and start to solve problems from their perspectives. Human-centred design is premised on empathy, on the idea that the people you are designing for are your roadmap to innovative solutions. All you have to do is empathise, understand them, and bring them along with you in the design process.

❖ **Embrace Ambiguity**

- “We may not know what that answer is, but we know that we have to give ourselves permission to explore.”
- Human-centred designers always start from the place of not knowing the answer to the problem they are looking to solve. And though that is not particularly comfortable, it allows us to open up creatively, to pursue lots of different ideas, and to arrive at unexpected solutions. Embracing ambiguity allows us to give ourselves permission to be fantastically creative.

❖ **Be Optimistic**

- “Optimism is the thing that drives you forward.”
- We believe that design is inherently optimistic. To take on a big challenge, especially one as large and intractable as poverty, we have to believe that progress is even an option. If we did not, we would not even try. Optimism is the embrace of possibility, the idea that even if we do o't know the answer, that it is out there and that we can find it.

❖ **Iterate, Iterate, Iterate**

- “We may not know what that answer is, but we gain validation along the way. We must listen to the people we are designing for and we must give ourselves permission to explore and constantly try harder.”

Human-centred design is an inherently iterative approach to solving problems because it makes feedback from the people we are designing for a critical part of how a solution evolves. By continually iterating, refining, and improving our work we put ourselves in a place where we all have more ideas, try a variety of approaches, unlock our creativity, and arrive more quickly at successful solutions.

APPENDIX K: Leadership in Collaborative Efforts





Leach and Mazur conducted research on *movement networks*, another form of collaborative action⁷⁴. Through their research, they found two foundational tasks for leaders: building trust and embracing change (see Table 1).

TABLE 1 Foundational Tasks for Leaders in Movement Networks	
Tasks	How Effective Leaders Manage Them
Build Trust	<ul style="list-style-type: none"> • Building, investing in relationships • Modelling personal integrity • Valuing what each network member brings to the table • Ensuring transparency and accountability • Clear, straightforward, accessible communications • Beginning with a trusted group
Embrace Change	<ul style="list-style-type: none"> • Willingness to try new things and risk failure • Ability to learn from mistakes • Continual rethinking, reshaping of network structures • Openness to learning • Remaining calm and unflappable in crises

Recognising that tension is inherent within collaboration, Leach and Mazur also identified these tensions and how effective leaders approach them (see Table 2).

TABLE 2 Ongoing Tensions in Movement Networks	
Tensions	How Effective Leaders Approach Them
<p>Dealing constructively with conflict in the network</p> <p>Accommodating/smoothing</p> <p style="text-align: center;">↕</p> <p>Surfacing healthy disagreement</p>	<ul style="list-style-type: none"> • Identifying and naming conflicts • Facilitating difficult conversations and interventions • Modelling assertiveness without escalating tension

⁷⁴ Leach, M. and Mazur, L. (2013). Creating Culture: Promising Practices of Successful Movement Networks. *Nonprofit Quarterly*. Retrieved online on 1 August 2016 from: [Promising Practices of Successful Movement](#)

<p>Balancing organisational and network goals and priorities, including fundraising</p> <p>Organisational interests</p>  <p>Network/movement interests</p>	<ul style="list-style-type: none"> • Maintaining deep commitment to movement building • Enlarging definition of organisation's constituents to pursue larger issues • Collaborative fundraising, negotiating with funders to reduce competition for funds • Setting the terms of relationships with funders • Ensuring network is not funded at expense of members • Seeing long-term implications of supporting network for movement and own organisation
<p>Building and sharing leadership within the network</p> <p>Leaders' control, autonomy</p>  <p>Involvement, buy-in, leadership capacity building of others</p>	<ul style="list-style-type: none"> • Sharing power, cultivating leadership at every level • Non-attachment to ego
<p>Consolidating and distributing power</p> <p>Leveraging power the bigger groups have amassed</p>  <p>Ensuring leadership, engagement, and growth of smaller, grassroots, marginalised groups</p>	<ul style="list-style-type: none"> • Bridging grassroots and power brokers • Leveraging power of larger groups/ movements in support of grassroots
<p>Balancing short- and long-term goals for the network</p> <p>Forcing transactional alliances/ pursuing short-term wins</p>  <p>Building long-term relationships that can advance major transformations</p>	<ul style="list-style-type: none"> • Articulating the vision • Keeping an eye on the prize • Combining long-term vision with short-term benchmarks and concrete "wins"

David Chrislip and Carl Larson's *Collaborative Leadership* helped distinguish the unique characteristics and practices of collaborative leadership in coalitions, including the skills and functions of a collaborative leader and how they differ from traditional hierarchical leadership⁷⁵. Collaborative leaders themselves often emerge from traditional top-down, non-profit organisations and need to learn a new style of leadership that facilitates ownership and leadership by the members. We have seen powerful charismatic coalition leaders who can energize a coalition but then fail when they cannot organise the energy that they stir up and delegate the responsibility⁷⁶.

When thinking about who the leaders are, they do not always have to be people with positional power. The Social Change Model promotes a particular approach to leadership and leadership development⁷⁷. It is a nonhierarchical approach, meaning it is not necessary to have authority, an elected position, or a title in order to participate in a group's leadership processes.

The model emphasises mutually defined purposes and commitment to making a difference rather than pursuit of position of power. Its major assumption is that leadership is ultimately about change, particularly change that benefits others in our local and global communities.

The model examines leadership development from three perspectives:

- ❖ **The Individual:** What personal qualities are we attempting to foster and develop in those who participating in the change effort? What personal qualities are most supportive of group functioning and positive social change?
- ❖ **The Group:** How can the collaborative leadership development process be designed not only to facilitate the desired development of the individual, but also to effect positive change?
- ❖ **The Community/Society:** Toward what social ends is the leadership development activity directed? What kinds of service activities are most effective in energising the group and in developing desired personal qualities in the individual?

⁷⁵ Chrislip, D.D., Larson, C.E. (1994). *Collaborative Leadership: How Citizens and Civic Leaders Can Make a Difference*. American Leadership Forum, Stanford, CA, USA.

⁷⁶ Wolff, T. (2016). Voices from the Field: 10 Places Where Collective Impact Gets It Wrong. *Nonprofit Quarterly*. Retrieved online on 1 August 2016 from: <https://nonprofitquarterly.org/2016/04/28/voices-from-the-field-10-places-where-collective-impact-gets-it-wrong/>

⁷⁷ Wagner, W., Ostick, D., & Komives, S. (2005). *Leadership for a Better World: Understanding the Social Change Model of Leadership Development*. National Clearinghouse of Leadership Programmes. Retrieved online on 1 August 2016 from: https://nclp.umd.edu/include/pdfs/publications/leadership_for_a_better_world.pdf

The Social Change Model emphasises the 8 Cs of Leadership:

1. Consciousness of Self
2. Congruence
3. Commitment
4. Collaboration
5. Common Purpose
6. Controversy with Civility
7. Citizenship
8. Change

For collaborations to be successful, leaders are critical. We need a strong group of leaders to come out strongly in favour of a vision around this work:

This is what success looks like, this is what I and/or my agency is going to do differently, and this is how I am committed to change.

APPENDIX L: Collaborative Frameworks

A. The Community Toolbox⁷⁸

Overview: Building healthier cities and communities involves local people working together to transform the conditions and outcomes that matter to them. That civic work demands an array of core competencies, such as community assessment, planning, community mobilization, intervention, advocacy, evaluation, and marketing successful efforts. Supporting this work requires widespread and easy access to these community-building skills.

The Community Toolbox is an internet-based resource for community change and improvement, and its mission is to promote community health and development by connecting people, ideas, and resources. The Toolbox focuses on developing practical information for community building that both professionals and ordinary citizens can use in everyday practice - for example, leadership skills, programme evaluation, and writing a grant application. The emphasis is on these core competencies of community building, transcending more categorical issues and concerns, such as promoting child health, reducing violence, or creating job opportunities.

Its content is organized by five key functions: (1) the “Table of contents” has 46 chapters and over 300 sectors or lessons, (2) “Do the work” contains toolkits for 16 core competencies, (3) “Solve a problem” features 13 troubleshooting guides, (4) “Using promising approaches” provides links to databases of evidence-based practices, and (5) “Connect with others,” provides ways to network with others doing similar work.

Key Elements: A conceptual framework or model for building healthier communities guides choices for core content in the Community Toolbox. The current framework outlines a dynamic and iterative process with six phases, and related competencies, associated with facilitating community change and improvement:

- Understanding Community Context (e.g. assessing community assets and needs)
- Collaborative Planning (e.g. developing a vision, mission, objectives, strategies, and action plans)
- Developing Leadership and Enhancing Participation (e.g. building relationships, recruiting participants)
- Community Action and Intervention (e.g. designing interventions, advocacy)

⁷⁸ The Community Toolbox. *Communications to Promote Interest and Participation. Chapter 7 – Encouraging Involvement in Community Work. Section 7 – Involving People Most Affected by the Problem.* Retrieved online on 16 July 2016: <http://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/involve-those-affected/main>

- Evaluating Community Initiatives (e.g. programme evaluation, documentation of community and system change)
- Promoting and Sustaining the Initiative (e.g. social marketing, obtaining grants).

The Community Toolbox is incredibly comprehensive and includes toolkits, ready-to-use PowerPoint presentations for training, real world illustrations or stories, and a trouble-shooting guide that identifies common problems and related solutions. The Toolbox can be used as learning modules, textbook readings, and as a way to build capacity of community-building initiatives.

Potential Pitfalls: A user could get overwhelmed with the number of resources in the Toolbox. To its credit, it identifies the need to enhance the **breadth** of content topics, the **depth** of how-to information, examples, stories, and tools, and the **generality** of application with different issues (e.g., child health, violence), cultures (e.g. Africa, Middle East), languages (e.g. Portuguese, French), and contexts (e.g. urban, rural, global).

B. Collective Impact⁷⁹

Overview: Collective Impact, as a framework for community change and impact, consists of three pre-conditions and five conditions. The three pre-conditions include having influential leaders, a sense of urgency for the issue, and adequate resources. The five conditions include: a common agenda driving collective action, shared measurement to assure progress is being achieved, mutually reinforcing activities that ensure alignment and contribute to the goals, continuous communications, and a backbone infrastructure that coordinates and supports the collective efforts.

Key Elements: The promise of Collective Impact lies within the simplicity of the approach or framework that, when executed effectively, can lead to progressive and substantial community impact at scale. Its application, employing all five conditions effectively and simultaneously to drive change forward, requires working simultaneously within two spheres – both from an organisational impact perspective and with a systems level lens.

Potential Pitfalls: While Collective Impact is showing promise and starting to deliver results, this approach is still in its early days, in large part because the problems that we are trying to tackle are large, complex, and challenging. While our society often seems to demand quick action, instant solutions, and immediate evidence of outcomes, Collective Impact initiatives require up to five years to fully develop and to begin showing concrete results.

⁷⁹ Weaver, L. (2014). The Promise and Peril of Collective Impact. *The Philanthropist*. Issue 1, Vol 26. Canada.

The longer-term nature of these initiatives needs to be understood by communities, participants, and funders because it requires commitment, investment, and determination. But the payoff could also be long term, as root causes are addressed, lives and systems are changed, and communities thrive.

In addition, current systems and structures create barriers to the effective implementation of the five conditions of Collective Impact. These barriers include: funding mechanisms that are short-term and focused on individual organisational outcomes; the need to get credit for the collaborative work; and, internal organisational structures that have a low tolerance for risk.

Another issues is that implementing Collective Impact requires a different set of leadership skills. Finally, a recent article in *Nonprofit Quarterly* identifies 10 Places Where Collective Impact Gets it Wrong⁸⁰, including the essential requirement to meaningfully engage those in the community most affected by the issues; the fact that it does not include policy change and systems change as essential and intentional outcomes; and the assumption that most coalitions are capable of finding the funds to have a well-resourced backbone.

C. PRECEDE-PROCEED⁸¹

Overview: This is a logic model that was developed for use in public health but is transferable for use with other community issues. It provides a structure for assessing needs then designing, implementing, and evaluating programmes to meet those needs. A guiding principle of model is to ensure a focus on outcomes at the outset. It provides a process that starts with desired outcomes and then works backwards to identify a mix of strategies for achieving those outcomes. It assumes the active participation of its intended audience and that they will be involved in defining the issues that need addressing and and developing their solutions.

PROCEED stands for Policy, Regulatory, and Organisational Constructs in Educational and Environmental Development and describes how to proceed with the intervention itself. The PRECEDE element has four phases:

- **Phase 1:** Identifying the ultimate desired result.
- **Phase 2:** Identifying and prioritizing health or community issues, and the behavioral and environmental determinants that stand in the way of achieving the desired result, or conditions that have to be attained to achieve the desired result; and identifying the behaviours,

⁸⁰ Wolff, T. (2016). Voices from the Field: 10 Places Where Collective Impact Gets It Wrong. *Nonprofit Quarterly*. Retrieved online on 1 August 2016 from: <https://nonprofitquarterly.org/2016/04/28/voices-from-the-field-10-places-where-collective-impact-gets-it-wrong/>

⁸¹ Freire, K., and Runyan, C.W. (2006). Planning Models: PRECEDE-PROCEED and Haddon Matrix. In A. C. Gielen, D. A. Sleet, and R. J. DiClemente (Eds.) *Injury and Violence Prevention: Behavioral Science Theories, Methods, and Applications*. 1st edition, pp. 127–158. Jossey-Bass, San Francisco, USA.

lifestyles, and/or environmental factors that affect those issues or conditions.

- **Phase 3:** Identifying the predisposing, enabling, and reinforcing factors that can affect the behaviours, attitudes, and environmental factors given priority in Phase 2.
- **Phase 4:** Identifying the administrative and policy factors that influence what can be implemented.

A key premise behind PRECEDE-PROCEED is that a change process should focus initially on the outcome, not on the activity. Many organisations set out to create community change without stopping to consider either what effect their actions are likely to have, or whether the change they are aiming for is one the community wants and needs.

PRECEDE's four phases move logically backward from the desired result, to where and how you might intervene to bring about that result, to the administrative and policy issues that need to be addressed in order to implement that intervention successfully. All of these phases can be thought of as formative.

PROCEED has four phases that cover the actual implementation of the intervention and the careful evaluation of it, working back to the original starting point – the ultimate desired outcome of the process:

- **Phase 5:** Implementation – the design and actual delivery of the intervention.
- **Phase 6:** Process evaluation - are you actually doing the things you planned to do?
- **Phase 7:** Impact evaluation - is the intervention having the desired impact on the target population?
- **Phase 8:** Outcome evaluation - is the intervention leading to the outcome (the desired result) that was envisioned in Phase 1?

Key Elements: Over and above the advantages of using logic models in general, there are some good reasons for using PRECEDE-PROCEED specifically:

- It provides a template for the process of conceiving, planning, implementing, and evaluating a community intervention.
- It is structured as a participatory model, to incorporate the ideas and help of the community. That means that its use will provide you with more, and more accurate, information about the issues in question, as well as with a better understanding of their history and context in the community.

- Community involvement is also a means of building community ownership of the intervention, leading to more community support and a greater chance of success.
- The model considers the ways in which administrative and policy guidelines can limit or shape an intervention, an area of planning too often ignored.
- It incorporates evaluation of the process, the intervention itself, and the final outcome. That allows the intervention to be monitored and adjusted to respond to community needs and changes in the situation, and checks that its accomplishments actually lead to the projected goal.
- Although PRECEDE-PROCEED sets out a strict process, it specifies much less about content. It leaves plenty of leeway for adapting an intervention's design and methods to the situation, the needs of the community and other key factors.

Potential Pitfalls: The model is designed for health programmes and provides a comprehensive structure for assessing health and quality of life needs, and for designing, implementing, and evaluating health promotion and other public health programmes. The model itself is multi-dimensional and is based on the premise that behavior change is by and large voluntary. While this evidence-based framework has been used to guide thousands of programmes, and is valued because of its participatory approach, whether or not it is the right model depends on the scope of the problem the community is solving.

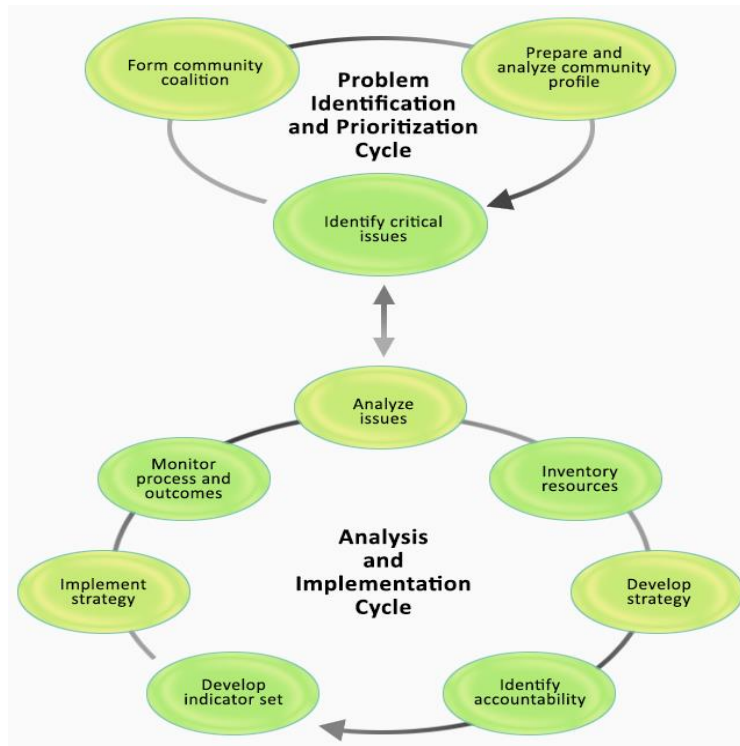
D. The Institute of Medicine's Community Health Improvement Process (CHIP) (Adapted from The Community Toolbox⁸²)

Overview: CHIP is a framework for a process for building community health. It is specific about process – the way you go about creating a community health effort – but not about content – the issues you might tackle or the methods you might use to tackle them. Content is left up to individual communities.

The “problem” is assumed to be an aspect of a larger concern (specifically health). It may also be an actual specific problem – e.g. teen pregnancy, homelessness or violence – but could also be a community asset that needs to be developed – e.g. youth leadership, an empty historic building – or the creation of something new that contributes to the health and well-being of the community – e.g. a community arts centre.

⁸² The Community Toolbox. *Communications to Promote Interest and Participation. Chapter 7 – Encouraging Involvement in Community Work. Section 7 – Involving People Most Affected by the Problem.* Retrieved online on 16 July 2016: <http://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/involve-those-affected/main>

The diagram below illustrates the CHIP model:



Key Elements: CHIP is useful for many reasons. (1) It takes a community perspective and asks you to consider the whole community when you address an issue; (2) It's inclusive and participatory. The CHIP model not only considers but involves the whole community in generating strategy and carrying it out; (3) It demands a comprehensive view of health and views health in all senses – social, economic, political, ecological; (4) It sees equity as a key. The fostering of equity is crucial to the creation of a healthy community, and to the establishment of social justice in a community or a society; (5) It's flexible and leaves the community to determine structure; (6) It builds in accountability; (7) It builds in performance monitoring; (8) It can incorporate or fit in with other models; and (9) it sees the process as ongoing and long-term.

Potential Pitfalls: Perhaps the model's biggest drawback is that, while it advocates inclusiveness and participatory planning, it is essentially top-down. It assumes that the initial planning and spearheading of the effort will be done by "experts" of some sort – public health officials, medical administrators or legislators. Although others are invited to join, the group that does the inviting will have already formed, and will undoubtedly have its own ideas about how things should go. This is different from gathering a large number of participants from diverse backgrounds at the very beginning, and hashing out where to start and how to proceed.

E. Addressing Social Determinants of Health in Your Community

(Adapted from The Community Toolbox⁸³)

Overview: Social determinants of health refer to access to power, money, and resources and the conditions of daily life that affect health and well being for groups of people⁸⁴. These conditions support or limit the health of a community or a population. Health disparities or inequalities occur when there are differences in conditions - where people are born, live, work, and play - between different groups. For instance, racial/ethnic minorities experience poorer health when they are more:

- Exposed to hazards through poor housing and working conditions
- Vulnerable due to poor education and limited resources
- Likely to have adverse consequences due to lack of access to adequate services

To address social determinants requires a whole community approach in which different sectors - health, education, housing, labour, justice, transportation, agriculture, and the environment - all work together to assure conditions for health. To be successful, this approach requires changes at the levels of individuals, relationships, communities, and broader systems. It requires environmental, economic, and policy strategies along with individual behavioural change and health services. The approach also requires developing partnerships among different groups including public health, community organisations, education, government, business, and civil society.

Key Elements:

- Initiatives focused on social determinants of health use a **participatory process** that involves all sectors of the community. Involvement by individuals, groups, and organisations from all backgrounds and sectors of the community leads to community ownership. When affected groups are involved in the planning, implementation, and evaluation, the effort can best meet the needs of the community.
- Aiming at social determinants gets at **the root causes of inequity**. Social determinants, such as income inequality, underlie many different problems in health and development. You can address the results but, unless you address the determinants directly, your effort is not likely to have long-term effects.

⁸³ The Community Toolbox. *Communications to Promote Interest and Participation*. Chapter 7 – *Encouraging Involvement in Community Work*. Section 7 – *Involving People Most Affected by the Problem*. Retrieved online on 16 July 2016: <http://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/involve-those-affected/main>

⁸⁴ Solar, O. & Irwin, A. (2010). *A Conceptual Framework for Action on the Social Determinants of Health*. Social Determinants of Health Discussion Paper 2 (Policy and Practice). WHO.

- **A social determinants effort addresses social change through the development of greater equity.** Greater equity in societies has been shown to lead to longer life expectancy for everyone, and makes for greater peace and stability by lessening resentment and strengthening social ties.
- **It helps create community partnerships that can endure, and be directed to other issues as well.** The base of community collaboration and leadership that is built through this effort can carry over to build community resources and address other concerns.
- **A social determinants effort uses the knowledge of those most affected, as well as that of others in the community.** It takes advantage of the accumulated wisdom of the community.
- **Such an effort educates the community about health inequity and its consequences.** Many citizens, even some in the partnership that coordinate the effort, may not be aware of the level and consequences of health inequity in the community. By drawing attention to and explaining these issues, the initiative can help the community to understand and deal with them whenever and in whatever forms they arise.
- **As a result, a social determinants initiative can help to create a fairer, more equitable community that deals with discrimination and other equity issues.** Once the community understands social determinants and the results of inequity, and sees how dealing with these factors can improve quality of life, it may be more willing to address persistent barriers to equity, such as discrimination, that it has been unable or unwilling to address before.
- **A participatory effort can build new community leadership.** By including in the partnership people who might not normally be in such a position, the effort can encourage new leadership and prepare the community to continue efforts into the next generation.

Potential Pitfalls: It requires a long-term investment in time and resources and it is difficult to maintain momentum. Focusing on social determinants of health also requires significant resource support from all agencies involved.

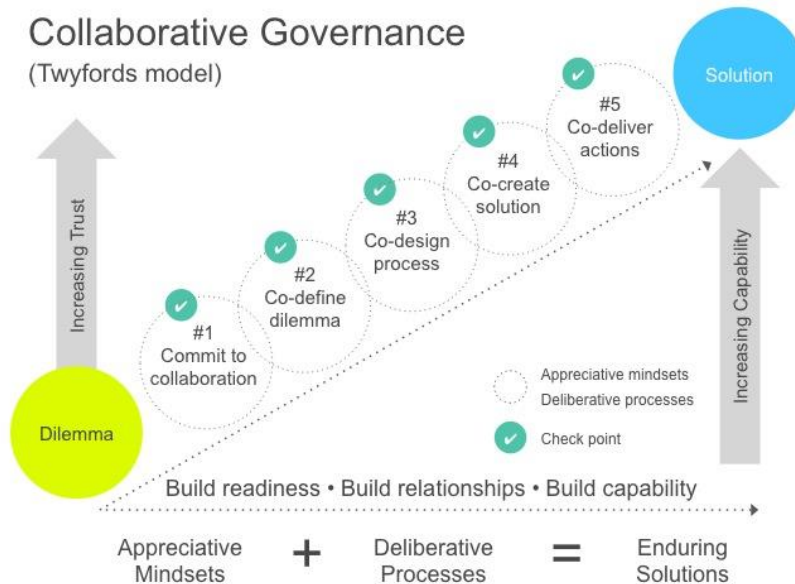
APPENDIX M: Effective Governance in Collaborative Efforts

Twyfords Cascading Levels of Collaboration is a useful guide to governance⁸⁵:

Cascading Levels of Collaboration



Twyfords describes the nature of collaborative governance, as follows:



⁸⁵ Twyfords. The Power of 'Co': The Smart Leaders' Guide to Collaborative Governance. Retrieved online on 1 August 2016 from: <http://www.twyfords.com.au/>

The following are some tips for successful governance:

- ❖ Participation should be diverse and include the people you are attempting to change or influence.
- ❖ Understand the difference between governance, management, and operations. Practice good governance within the collaboration.
- ❖ People should not expect to come to the table to change or influence any organisation other than their own.
- ❖ All participants are responsible for ensuring authentic participation and shared decision-making.
- ❖ It is each individual's responsibility to define your value and role within the collaboration. Do not wait for someone to define what you bring to the table. Be transparent about your agenda and how you will contribute to the success of the initiative.
- ❖ Frame conversations around investing resources in what works, while using an equity lens.
- ❖ Navigate power and politics: while the desire for equity of power at the collaborative table is understandable, it is also unreasonable. Recognise power differentials within the collaboration and among community partners. Smaller agency partners may hold contracts from larger agency partners that are critical to their budget and operations. Some leaders may be more politically well-connected than others. Whatever these differences may be, it is important to be aware that they exist and be sensitive to when these differences are affecting the work of the collaboration.

APPENDIX N: Embracing the Role of Culture in Change Management

Culture must be understood and defined broadly.

There are many ways to define culture and the more narrow the definition, the less useful it is in framing systems change efforts. Every assessment, every focus group protocol, every tool, every survey has a legitimate cultural component in fulfilling its specific purpose. The role and understanding of culture has to be infused throughout collaboration, practice and evaluation.

How do agencies and individuals assess their levels of “cultural competence?” How will you deal with barriers that relate to broader institutional racism or classism? What is the catalyst for introspection within organisations? Who will ask the hard questions, provide guidance to help organisations and individuals to see their own biases and blind spots, and challenge practice in ways that might be hard for partners to do with each other – particularly at the early stages of a collaboration⁸⁶?

Multiple ways must be found to incorporate representatives of multiple cultures and culturally-specific organisations that is genuine and inclusive; ways that do not tokenise. This means listening as well as asking, and equity of partnership, not “please bring your perspective to inform what we have already decided to do.” Youth must also guide and support efforts towards increased understanding and competence.

Organisational culture is as important an issue as any other cultural issue.

Organisations differ in communication patterns and systems, decision-making, pace and acceptability of change, values, the importance of artefacts and many other elements of organisational culture in some very entrenched ways. The larger and more bureaucratic the system, the more time it takes to identify, understand, and begin to work through these differences. Some partners at the table may be taking significant risks in advocating for change within their organisations – this must be recognised and supported. Partners must learn to hear this as a truth, not an excuse, from some of their colleagues at the table.

As organisations move their way through difficult change processes, it is also imperative to **develop change management processes** to support the people on the ground. PROSCI, a leading change management firm in the US, says, “When your organization undertakes projects or initiatives to

⁸⁶ Allo, J. & Ptak, A. (2009). *If I Knew Then What I Know Now: Project Leadership in Multi-Level Systems Change Efforts. Lessons from the Greenbook Initiative*. National Council of Juvenile and Family Court Judges. Reno, NV, USA.

improve performance, seize opportunities or address key issues, they often require changes; changes to processes, job roles, organizational structures and types and use of technology. However, it is actually the employees of your organization who have to ultimately change how they do their jobs. If these individuals are unsuccessful in their personal transitions, if they don't embrace and learn a new way of working, the initiative will fail. If employees embrace and adopt changes required by the initiative, it will deliver the expected results.⁸⁷

There is an abundance of research that reinforces that a focus on culture predicts effectiveness and an organisation's ability to respond to change. Ignoring culture can put any collaboration or organisation at a disadvantage.

⁸⁷ PROSCI. *What is Change Management?* Retrieved online on 1 August 2016 from: <https://www.prosci.com/change-management/what-is-change-management>

APPENDIX O: Joint Initiatives for Youth & Families

Building a Healthy Community Through Collaborative Leadership

Joint Initiatives for Youth & Families (JI) is a model programme based in Colorado Springs, Colorado, USA⁸⁸. This nonprofit membership organisation is designed so that it can be an innovator around social change and works to build community partnerships to achieve positive outcomes for children, youth, and families. Its focus is on the system as a whole with very little focus on providing direct service.

JI is a membership organisation of senior leaders (CEOs, Presidents and Executive Directors) of Health, Human Services, Education, and Public Safety agencies who, through community-wide collaboration, work to achieve positive changes in the lives of children, youth, and their families. JI acts as a resource for community leaders, elected officials, and policy makers on children and youth issues.

Community leaders work to build an integrated network of services and advocate for policies for positive outcomes for children, youth and their families. They are also the fiscal agent for grant dollars allocated for the community. As a trusted membership organisation, community leaders reallocate grants to community initiatives and/or organisations that are philosophically aligned with their system of care. The organisation is funded in a variety of ways, including: state funding; Department of Human Services (child welfare); Youth Corrections; philanthropic foundations; Department of Education; membership dues; and administration fees to act as fiscal agent.

The membership of Joint Initiatives works to:

- ❖ Improve relationships and communication among the agencies concerned with the delivery of health, human services and education.
- ❖ Leverage community resources to ensure that children, youth, and families in need receive family centred, strengths-based services.
- ❖ Identify gaps in care and barriers between agencies that impact clients.

Joint Initiatives has two strategic focus areas:

Developing an integrated and seamless system of community based services and supports for children and young adults (prenatal to 21 years) and their families.

The ultimate and ongoing goal is to improve services for children and their families that result in positive and measurable outcomes for the child, the

⁸⁸ Joint Initiatives for Youth & Families. Retrieved online on 1 August 2016 from: <http://www.jointinitiatives.org/>

family and the community. A secondary goal of integrating services is the cost savings to both the community and the individual service providers in the face of deep and continuous budget cuts.

Service integration is an on-going process that begins by:

- ❖ Building trust and exploring common interests among JI member agencies
- ❖ Understanding programmatic and fiscal mandates
- ❖ Identifying both redundancy and gaps where member agencies serve children and youth
- ❖ Engaging families in the process

Effective service integration results in:

- ❖ A common vision for the community
- ❖ Effective communication between partners
- ❖ Improved and/or expanded services
- ❖ A reduction in duplication and fragmentation of services
- ❖ Results based accountability that includes performance and outcome measures

Supporting legislation and public policy that provides for integrated and high quality services.

JI uses its collective voice to impact legislative and public policy decisions that support integrated, high quality services that are important to the health and well being of children, youth, and their families. Services that are not integrated, but rather are siloed, create barriers, increase costs, and do not promote positive outcomes for children, families, or the organisations that serve them.

JI believes that:

- ❖ It is the responsibility of all society, including government, to provide a voice for the interests of children and youth.
- ❖ JI's collaborative voice and leadership can be used to educate elected and public policy leaders about the importance of integrated service systems that improve the quality of life and support positive, sustainable outcomes for children and their families.
- ❖ We recognize the diversity of political opinions and differing views that exist among individual board members and member organisations.

In developing public policy statements JI focuses on:

- ❖ Non-partisan issues related to children and their families.
- ❖ Prevention and intervention programmes, effectively implemented, to provide for long term benefits to children and cost savings.
- ❖ Adequate funding and support of comprehensive programmes with positive outcomes, based on evidence of effectiveness and best practices.

- ❖ Highlighting that state agency rules need to be an incentive to collaborate rather than be an impediment to effectively implement services at the local level.
- ❖ The long term impact on children as the primary consideration in developing state fiscal policies.
- ❖ Drawing attention to the fact that short term and short sighted budget solutions often have a long range increased cost.
- ❖ The need for legislation to be viewed through the lens of “cross systems” efforts that insist upon collaboration rather than duplication and/or fragmentation.

APPENDIX P: Generation Z

This section outlines two online articles which highlight some of the key characteristics of Generation Z.

Generation Z: Characteristics⁸⁹

Gen Z is part of a generation that is global, social, visual and technological. They are the most connected, educated and sophisticated generation ever. They are the up-agers, with influence beyond their years. They are the tweens, the teens, the youth and young adults of our global society. They are the early adopters, the brand influencers, the social media drivers, the pop-culture leaders. They comprise nearly 2 billion people globally, and they don't just represent the future, they're creating it.

Gen Z's have been born into the crisis period of terrorism, the global recession and climate change. They are predicted to spend their young adult years in a time of economic and social renewal. They are also living in an era of changing household structures, and are the students of today and university graduates, employees and consumers of tomorrow.

Everything You Need to Know About Generation Z⁹⁰

Facebook? Of course. Books? Definitely not. Video games? For sure. Sport? No way. Speed? Yes. Patience? Not so much.

This, in a nutshell, is the life of the "Generation Z" - independent, stubborn, pragmatic and always in a rush. These youngsters, born after 1995 and unaware of a world without Internet, live a life that seems a million miles removed from the hopes, dreams and morals of previous generations. They are so hooked into the digital world that some academics have nicknamed them "the mutants." Here are a few of the habits of Generation Z:

Daily life

They want everything, everywhere and immediately. They surf on two screens simultaneously. They don't mind paying through the nose for the latest smart phone but turn up their nose at paying for a film or a song when you can get that for free online.

Aged 13 to 20, they get all the latest trends from social media and find the morals of their elders out-of-date. Their fashions are those found worldwide over the web: they watch American blockbusters like "Hunger Games" or

⁸⁹ Generation Z. Retrieved online on 1 August 2016 from: <http://generationz.com.au/characteristics/>

⁹⁰ Laurence Benhamou, AFP, 12 February 2015. Business Insider. Retrieved online on 1 August 2016 from: <http://www.businessinsider.com/afp-generation-z-born-in-the-digital-age-2015-2?IR=T>

"Divergent", listen to Korean K-pop and, when they dance, they "twerk". When they speak, their vocabulary is peppered with acronyms, incomprehensible to those not in the know. "Swag" is the new "cool".

And their new idols are Internet stars, like PewDiePie, who has the world's most subscribed YouTube channel.

Their friends

People from Generation Z find it easier to talk online than in person. Their friends on social media are as important to them as their friends in real life but sometimes they do actually meet up in person with these "virtual" pals. More than eight out of 10 are hooked on social networks and more than half of them think that this is where their real social life takes place. They are on dating websites from the age of 16 - sometimes before.

What they know

Even as young as they are, they have already seen so many technologies become obsolete. For this reason, they have become the ultimate "self-educators", learning how to use new stuff via self-help videos on YouTube. As for the web, violence, porn, they've already seen it all.

What they watch

According to US consultancy Sparks and Honey, the average Generation Z-er spends more than three hours a day in front of a screen. They live in constant "FOMO", fear of missing out. They can't stand the idea of not being in the loop when something new and exciting comes out. Facebook is their main poison, despite its flagging popularity among many. Photos on Instagram, quick messages on Snapchat. Twitter and Tumblr are omnipresent. But it's not all passive: Generation Z are also putting themselves out there on YouTube or "Vlogging" (video blogging), hoping to become the next "Fred" (Lucas Cruikshank), who made his name at the grand old age of 13. Everyone surfs the web while watching the TV and they think that everything is possible with technology. But, they have a short attention span and tend to skim-read rather than read properly, which can lead to difficulty at school.

Generation Z at work

This is a generation that wants to create their own company - between 50 percent and 72 percent want to run their own start-up. The idea of "business" brings up negative responses: "complicated", "brutal", "a jungle". They believe success comes from their "network" rather than from qualifications and they prefer a flat organisation to a hierarchy at work. They want to succeed and achieve, with 76 percent aiming to make their hobby their job.

The future of Generation Z

These are children of the crisis and it shows in their outlook. Most of them say they are "stressed out" by what they see as a bleak future, especially in

terms of economy and environment. Given the same pay, 25 percent of the Generation Z in France would choose the most "fun" company, 22 percent the most innovative and 21 percent the most ethical. But like any idealistic generation, they want to change the world and love the idea of volunteer work, which a quarter of Americans in their late teens are already doing.

Other Useful Resources:

<https://www.visioncritical.com/generation-z-infographics/>

<http://www.popsugar.com.au/smart-living/What-Generation-Z-40112790>