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DESIGNING IMPACTFUL COLLABORATION

Introduction

A core purpose of collaboration is to bring diverse capabilities to bear on complex problems that are beyond the ability of any single organisation to solve on its own. However, collaborative approaches often represent a major departure from traditional, siloed, programmatic service delivery architectures. For this reason, and because collaboration operates outside the usual incentive structures that apply in primary operating spaces, collaborative strategies are sometimes subject to enhanced scrutiny.

Collaborations operate with a heightened sense of urgency concerning tangible demonstrations of impact. Clarity about the expected impact of collaboration is critical, and clear pathways to impact are essential. In addition, a strong evidential base is important for sustaining the confidence and ongoing support of partners and other stakeholders.

In this chapter, we consider the challenges of demonstrating the impact of collaboration. These include:

- a lack of clarity or agreement about desired or expected outcomes
- problems of definition and measurement
- a reluctance to share information
- impatience for results on the part of authorisers.

With regard to the last point, it is important to bear in mind that collaborations typically take two to three years to mature. Sometimes, too, ‘impact’ is narrowly defined so as to exclude significant indicators of important, and necessary, organisational and behavioural adaptations.

We give particular attention to the experience of one of our cases, the Whole of Systems Trial of Prevention Strategies for Childhood Obesity (WHO STOPS Childhood Obesity, also known as WHO STOPS), which has modelled its approach on the ‘collective impact framework’ pioneered by Kania and Kramer (2011).

Collective impact framework

The collective impact framework works on the premise that social change cannot be created by individual entities operating in isolation. Rather, enduring change requires the collective efforts of multiple actors all working towards similar and/or complementary goals. Such collective efforts—which entail improved coordination, cooperation and collaboration—provide a foundation for ‘collective impact’. As defined by Kania and Kramer (2011: 39), collective impact is a form of collaborative initiative that involves:

long-term commitments by a group of important actors from different sectors to a common agenda for solving a specific social problem. Their actions are supported by a shared measurement system, mutually reinforcing activities, and ongoing communication, and are staffed by an independent backbone organisation.

This type of collaboration focuses on supporting diverse stakeholders—drawn from civil society, not-for-profit organisations, the public sector and the business community—to work collectively, focusing on ‘a single set of goals, measured in the same way’ (Kania and Kramer 2011: 36). The collective impact model seeks shared solutions for complex social problems that are beyond the capacity or capability of any single entity to address alone (Kania and Kramer 2011).

Collective impact is framed around five principles. These are set out in Table 3.1.

Table 3.1 The collective impact framework

Framework elements	Practice considerations
1. Common agenda	It is essential for all participants to agree on the primary goals for the collective impact initiative.
2. Shared measurement systems	Identify a short list of indicators for which data can be collected consistently at the community level and across all participating organisations. This ensures that all efforts remain aligned and enables the participants to hold each other accountable and learn from each other's successes and failures.
3. Mutually reinforcing activities	Each stakeholder's efforts should fit into an overarching plan within which their differentiated activities are coordinated and mutually reinforced.
4. Continuous communication	Collective impact depends on continuous and frank communication between partners and stakeholders. Communication is an essential component of providing assurance to participants, some of whom might come to the table with incompatible priorities and operational norms. It might require several years of regular meetings for participants to overcome doubt, cultivate constructive relationships and recognise the common motivation behind their respective efforts. Participants need assurance that their own interests will be treated fairly, that decisions will be made on the basis of objective evidence and the best possible solution to the problem and the priorities of one organisation will not be favoured over those of another.
5. Backbone support organisation	Establishing a backbone support organisation is critical to the creation and management of any collective impact initiative. The backbone organisation provides the supporting infrastructure for collaboration. It should have a discrete identity that distinguishes it from any of the partner organisations and it should comprise people who have skills in adaptive leadership: the ability to focus people's attention and create a sense of urgency, the ability to apply pressure to stakeholders without overwhelming them, the competence to frame issues in a way that presents opportunities as well as difficulties and the strength to mediate conflict among stakeholders.

Source: Kania and Kramer (2011).

Performance measures

The capacity for collaboration to deliver results is not universally accepted. Pell (2016), for example, offers a pessimistic view of collaboration, which, she suggests, is often uncritically promoted as being an inherently 'good thing' that is pursued as an end in its own right without demonstrable benefit. In Pell's view, collaboration as a policy goal does not resolve the inherent functional limitations of programs designed to deliver standardised transactional services. Pell suggests that no one knows whether collaboration

‘works’ because the ‘impact from the citizen’s point of view is not studied empirically’; the ultimate arbiter of effectiveness ‘is always the funder, the government agency or those collaborating’ (Pell 2016: 5). Pell’s reservations about collaboration reflect a realistic concern about the potential for collaboration to be subverted by partner organisations and made into a ‘tick a box’ exercise that has little genuine impact.

In their investigation of the impact of sectoral partnerships, Andrews and Entwistle (2010) found a positive association between public–public partnerships and public service effectiveness, efficiency and equity. They also found that public–private partnership is negatively associated with effectiveness and equity. However, they found

no statistically significant relationship between partnering with the nonprofit sector and performance. These findings held true even when controlling for past performance, service expenditure, and organisational environments. (Andrews and Entwistle 2010: 693).

Despite this, government and not-for-profit groups continue to work together. Andrews and Entwistle (2010: 689–90) postulated that, as not-for-profits often specialise in the ‘delivery of bespoke or very personalized services, it may be that improvements in effectiveness do not show up in the “hard” performance indicators collected by central government’.

In other research, Babiak and Thibault (2009) contend that multiple cross-sector partnerships involving public, non-profit and commercial sectors have not been well canvassed in the literature. They suggest that multisector partnerships formed across multiple boundaries involve the union of different—and potentially incompatible—missions, goals and values (Babiak and Thibault 2009). They also contend that ‘feelings of ambiguity, resentment, uncertainty, and suspicion’ can result from ‘perceived power imbalances’ arising from resource inequities and political backing (Babiak and Thibault 2009: 137).

Drawing on the work of Carter (1989), Power (1994) and de Bruijn (2007), Koppenjan (2008: 704) points out the principal disadvantages and risks of using performance measures in a collaboration context:

- In many cases, it is impossible to agree upon performance measures; since policy making is in essence a political bargaining game and parties have an interest in safeguarding their discretionary powers and keeping objectives vague.

- Policy outcomes are complex and multidimensional. Not all outcomes can be defined and quantified. Focusing on hard, quantified outcomes may result in neglecting softer, more abstract values, often related to quality, resulting in the neglect of important (public) values and poor quality of performance.
- Since the causality between policies and outcome tends to be unknown, the risk of using performance indicators is that the focus on activities (outputs), which are relatively easy to specify, will drive out the attention for outcomes.
- Since policy making is complex, involving many objectives and regulations that may be conflicting and that have to be implemented in different cases and situations, operational decisions are assigned to professionals who make trade-offs on the basis of their professional values and expertise, aligning policies with concrete situations. Ex ante formulated outcomes reduce their possibilities of doing so.
- Collaboration implies that actors are dependent on the efforts of others in order to perform. Furthermore, policy outcomes are influenced by autonomous developments in the environment. Holding parties accountable for outcomes of policies may therefore be unfair.
- Using performance indicators may tempt monitoring actors to use hierarchical interventions and micromanagement. Collaborating parties may be tempted to ‘toy the numbers’ in order to create an image of effectiveness.
- The use of performance measures may create disincentives for actors to engage in experiments, to invest in innovations or to be responsive to new demands and unexpected developments.

The elusive ideal of tangible impact

All collaborations set out to deliver tangible impacts. By ‘tangible’, we mean that the effects of collaboration are observable, potentially measurable and positive (insofar as they contribute to the realisation of the goals of the collaboration). Collaborations commonly take a long time to establish. As will be discussed in Chapters 5, 8 and 10, designing the collaboration, engaging with stakeholders, building trust and establishing legitimacy and credibility require significant investments of time and energy. It is, therefore, unrealistic to expect demonstrations of tangible impact in the early stages of collaboration. Despite this, it is often in the nature of authorisers—who are sometimes blinkered by short-termism—to be impatient for ‘results’.

What the cases tell us

Collaboration partners sometimes come under a lot of pressure to demonstrate tangible impact early in the life of the collaboration. Conversely, ‘intangible’ impacts—such as new ways of working, cultural or process change and revitalised stakeholder relationships—are not always accorded the importance they deserve. Furthermore, a number of interviewees pointed out that authorisers often do not understand that collaborations require intensive—and complex—processes of relationship-building, establishing legitimacy and trust, collectively framing the problem and agreeing on ways of working.

Demonstrating impact

A recurring theme in each of our cases is the importance, and problematic nature, of ‘evidence of impact’. There is often institutional impatience around evaluation and impact measurement. As suggested by one interviewee:

I get annoyed sometimes about, ‘Can you evaluate it? Can you tell us what’s happening?’ These things take time in terms of how you manage them. And it takes away the human context.

It takes time to establish a different way of working and it is not always possible to immediately attribute observable changes to this or that element of the new system, assuming there *are* observable changes in the short to medium term. The reality is, with regard to longstanding entrenched social problems, a long-term perspective is required.

Path to impact

For each of the cases investigated for this study, the object of collaboration was to achieve beneficial outcomes at the individual and community levels that could not be realised by organisations or sectors acting on their own and working within the bounds of prevailing institutional and programmatic structures. Participants in each of the collaborations displayed an acute awareness of the importance of ‘evidence of impact’ and each confronted the challenge of demonstrating impact to the satisfaction of authorisers and stakeholders.

The ‘path to impact’ for each of the collaborations is briefly summarised below.

Throughcare

Throughcare arose from the recognition that, without coordinated support, offenders returning to the community following release from a custodial sentence were at high risk of violating parole conditions or reoffending, resulting in a return to prison. Offenders might have multiple complex needs pertaining to housing, income, employment, education, drug and alcohol dependence, family violence and mental health. Throughcare aimed to assist offenders to navigate the complex maze of supports and services and so re-establish positive connections with their families and the community. Key indicators of impact would include greater success in accessing relevant services, compliance with parole conditions and reduced rates of recidivism. Understandably, it might take a number of years for a coherent picture to emerge from the data.

Change the Story

Change the Story came about because of a recognition that Australia lacked a coherent and consistent practice framework for the prevention of violence against women and their children. The aim of the collaboration was to articulate an evidence-based practice framework and win support for the framework among diverse stakeholders, including state and territory governments, epistemic communities (academic researchers and practitioners), advocacy groups and community sector organisations. Measures of success included the results of exhaustive expert peer review of the framework, support for the framework from advocacy groups, clinical practitioners and not-for-profit organisations supporting women and their children and the adoption of the framework by state and territory governments.

Community-Based Emergency Management

Community-Based Emergency Management (CBEM) came about as a response to intensive government and community soul-searching in the wake of natural disasters that resulted in significant loss of life and livelihood; widespread individual, family and community trauma; and extensive damage to property and infrastructure. CBEM seeks to support communities to become more resilient and to more effectively mobilise a range of community assets when confronted by, or recovering from, extreme events. Because CBEM takes a 'bespoke' approach that encourages community actors to frame their own needs and responses,

it is difficult to identify direct and comparable measures of impact. For the most part, evidence of impact resides in the subjective judgement of key actors and communities.

Children's Teams

The establishment of multidisciplinary Children's Teams in 10 New Zealand communities was a key plank of a national response to perceived failures to protect vulnerable at-risk children. Children's Teams were intended to provide improved coherence and coordination in a fragmented and siloed service delivery system. The aim was to establish a more accessible, responsive and culturally appropriate gateway to the services and supports offered by multiple statutory and community services and so improve service outcomes for vulnerable children and their families. Guided by the maxim 'nationally supported, locally led', Children's Teams were encouraged to take into account the needs, preferences and characteristics of local communities. Children's Teams came under pressure to provide early evidence of impact even though the reality is that it might take a number of years for clear trends to emerge. Concrete measures of impact are varied and will be difficult to attribute.

WHO STOPS

The acronym 'WHO STOPS' refers to the Whole of Systems Trial of Prevention Strategies for Childhood Obesity and provides the framework for the oversight of two community initiatives in Victoria: SEA Change, based in Portland and established in 2014,¹ and GenR8 Change, based in Hamilton and established in 2015.² WHO STOPS was established as a partnership between Deakin University and the Victorian Department of Health and Human Services (DHHS) with the aim of identifying the incidence of, contributors to and possible solutions for childhood obesity. Key partners include the Western District Health Service Primary Care Partnership (PCP), local councils and community health services. The WHO STOPS model offers a prime example of collaboration informed by research and the application of a robust evidential base. We expand on the WHO STOPS experience in the following sections.

1 See seachangeportland.com.au.

2 See www.genr8change.com.

WHO STOPS: Research-led design

WHO STOPS is a community-based initiative that enables local community leaders and members to work together to address complex local drivers of childhood obesity. WHO STOPS proceeds from the understanding that any attempt to address the systemic determinants of noncommunicable disease at a population level requires the strengthening of existing community capacity and conferring community ownership of efforts to apply system thinking to community-wide childhood obesity prevention.

WHO STOPS stands out among the five cases we investigated for the intellectual rigour of its design and implementation. The local initiatives in Portland and Hamilton embody ‘systems thinking’ based on understandings of community agency and local ‘ownership’ of priorities and approaches. Researchers from the Global Obesity Centre (GOC) at Deakin University have played a significant role with respect to design, facilitating community consultation, measurement and evaluation.

WHO STOPS is a quasi-experimental interventional study—funded by the National Health and Medical Research Council (NHMRC)—intended to assess whether the adoption of ‘systems change interventions’ increases the capacity of communities to apply evidence-informed action across community systems and consequently affect the prevalence of childhood obesity (Allender et al. 2016).³ The study will test whether it is possible to:

1. strengthen community action for childhood obesity prevention
2. measure the impact of increased action on risk factors for childhood obesity.

The research project will test the proposition that permanent reductions in childhood obesity are possible if the complex and dynamic causes of obesity are well understood and addressed through increased community ownership and responsibility. It is hypothesised that a systems intervention for childhood obesity will be:

- effective in its impact
- efficient in its implementation
- scalable in its delivery
- sustainable in its longevity.⁴

3 Also see ANZCTR (2016).

4 See *ibid.*

The WHO STOPS approach was described in lay terms by one of the lead researchers:

We think that multiple-setting, multiple-strategy interventions are what the literature suggests are best-practice approaches for childhood obesity prevention. We are also of the view that communities themselves need to be empowered to act on issues like childhood obesity because of their complexity. That raises another perspective—and this is really what we’re testing with the grant: that we have a systems thinking approach that we believe helps communities manage complexity and changes in causation over time. So, what the grant is really trying to measure is whether this approach to understanding and visualising that complexity allows communities to own the issue, to take action more rapidly, more effectively and in a more sustainable way.

Establishing a common agenda for change

The key to getting the WHO STOPS initiatives off the ground was demonstrating that childhood obesity was a problem that needs to be addressed. One of the researchers from the GOC encapsulated the importance of establishing the nature and extent of the problem:

Around an issue like obesity ... there needs to be some awareness of the size of the problem and who it’s relevant to and that it’s something that we should be doing something about. So that requires data.

... We have accurate data that show children are overweight in this region. We have ideas for how we might be able to fix that. So, I guess at that point there’s an invitation from the community: ‘We want to hear more about this process.’ And leaders within the community ... will say, ‘Yes, this is a priority for us, for our health service, for our PCP’—whoever it is.

Drawing on the baseline data—and assisted by researchers from the GOC—SEA Change and GenR8 Change employed a facilitated community engagement process to create a shared understanding of the problem and identify the range of potential actions available to the community. It has been particularly important to explain and make sense of the problem in a localised context to bring people in. As a member of the Great South Coast Change backbone group observed:

It's not just the data, it's actually the analysis, it's making meaning of the data. I think that's been really important. So, that initial connection around it being local data, so you're telling people about their own community and it's being interpreted by someone who's respected [the GOC] and in a way that makes sense. I think that that ability to tell that story in a local way is really important.

Utilising a 'systems change intervention' approach, members of the community (parents and children), local stakeholders (schools, sporting groups, the local council, health services), leaders (councillors, principals) and influencers (people who 'get things done') were brought together to:

- create an agreed systems map of childhood obesity causes for a community
- identify intervention opportunities through leveraging the dynamic aspects of the system
- convert these understandings into community-built, systems-oriented action plans.

The following excerpts from the websites of the local backbone groups, SEA Change and GenR8 Change, provide some insight into their rationale and approach.

Box 3.1 Excerpt from the SEA Change website

Our community is working together through the SEA Change initiative to make healthy eating and physical activity the easiest choice for a healthier community.

Unhealthy weight affects two thirds of the adult Australian population (and 1 in 4 children) and that figure is rising. Children who are at an unhealthy weight have a 70% chance of being so as adults and over time this can lead to chronic health conditions.

Unhealthy weight is known to take 10+ years off a person's life expectancy. It also has a huge impact on the quality of life.

Bringing it home ...

Weight, height and behavioural data collected in June 2016 shows us that an alarming 40% of Portland primary school-aged children are classified at unhealthy weight. 30 years ago, less than 10% of the population had unhealthy weight.

So where does SEA Change Portland come into this?

SEA Change Portland has started working towards a better future for our families. Our community has been making some big changes so that the healthy choice is becoming the easiest choice, especially for our children.

What have we done so far?

Community workshops in 2014 & 2016 have involved people from schools, families, businesses, clubs and the general community, in identifying many factors influencing unhealthy lifestyles. Actions to address these issues as a community began.

Where are we at right now?

Individuals and groups are making sustainable changes in all areas of the community. People are telling their stories and sharing healthy lifestyle news through SEA Change.

Where to from here?

What can you do as a community member?

- promote the vision
- encourage other people to get involved and
- participate or help in any way you can to support community actions.

Source: seachangeportland.com.au.

Box 3.2 Excerpt from the GenR8 Change website

How did GenR8 change begin?

Prompted by local childhood obesity data collected in 2015, the partnership between Southern Grampians and Glenelg Primary Care Partnership, Deakin University, Southern Grampians Shire Council and Western District Health Service continued to evolve as a community led intervention was built according to best available evidence.

Taking some key learnings from SEA Change Portland and the evidence available, GenR8 Change—Making the Healthy Choice the Easy Choice—was developed under the following guiding principles:

- **Children centered:** Evidence indicated the only successful community led interventions have been those centered on addressing obesity in children.
- **Multi-strategy, multi-level approach:** One single program and idea is not going to create sustainable change. We need multiple people and organisations making changes within different environments to embed sustainable change.
- **Whole of System thinking:** GenR8 Change involves the whole community, and considers all factors influencing our food and physical activity choices. It isn't about trying to change individual behaviours; it's about creating an environment that supports healthy choices to be easy choices.
- **Not a project and not funded:** GenR8 Change does not have an end point. This isn't a project so it is not funded, and it won't just stop. It's all about utilising existing community and agency capacity under a collective impact framework to create and embed sustainable change.

Source: www.genr8change.com/history.

Having established the aims of the collaboration and identified the range of possible actions, it is also important for collaboration partners to undertake a ‘collaborative health check’:

In our current action plan, a lot of it is actually how do you make the collaboration work better? That was looking at issues against a checklist of what a good, healthy collaborative group would look like. We actively work at it, too; it doesn’t just happen. But everything from looking at the diversity of the skill sets that we bring and even our thinking styles and those type of things through to communication internally, our different organisations, our different organisations’ expectations. (Member, SEA Change backbone group)

Various backbone group members acknowledged the challenges of adapting to new ways of working that lie outside traditional or familiar control frameworks. The challenge was summed up by a member of the SEA Change backbone group:

One of the things that I find a challenge with that is it’s a lot of talking ... I’m probably used to working with a male industry background and someone makes a decision and then we go off. But this is where we kind of have these conversations and make sure everyone does have the buy-in, and I think the result at the end is good ... I come with a marketing background ... so I want to put a logo and a brand on everything. But if it’s driven from the community, there’s a shift in my head ... to constantly remind me that, ‘Stop, we don’t need to brand this’, ‘Is the community actually driving that’, or to remember that it’s a community-driven project, so don’t own it—let the kids go.

Shared measurement systems

In early 2015, researchers from the GOC at Deakin University, with the cooperation of local agencies, undertook a comprehensive data collection exercise across the five Victorian shires of Corangamite, Glenelg, Moyne, Southern Grampians and the City of Warrnambool. The purpose of the data collection was to obtain an accurate breakdown of the weight and health status of children and so provide a reliable baseline against which any future changes might be assessed.

That said, actions taken to date in Portland and Hamilton do not readily lend themselves to the linear logics of *problem + solution + treatment = impact*. The systems-change approach taken by WHO STOPS commences from the fundamental premise that childhood obesity is a multifactorial

phenomenon. While it is possible to measure the incidence of childhood obesity at a population level and compare data over time, there are many contributing factors; the precise relationships between those factors are not fully understood, and the effects upon the incidence of obesity of changes to any part of the system cannot be predicted with precision. Of necessity, the approach taken by WHO STOPS is long term and exploratory, which might fit uncomfortably with some authorisers. As a member of one of the backbone groups observed:

The starting point was the pressure was on us right at the get-go to get some sort of movement happening, and there was a funding pressure through Portland District Health. They had health promotion funding and they'd appointed staff and they were sitting there saying, 'All right, we need to get some movement and get some runs on the board to keep the department happy.' The issue ... here is that this approach is very, very different in the sense that there's not outcomes and measures that we can specifically aim for. It's like, 'Well, listen, the community and the movement will take it where it needs to go'.

A similar observation was made by a member of another backbone group:

You've got a board of management that oversees a reasonably new executive that has their ideas and what they want to see. And then the Department of Health as well—that you're answering to—that are saying, 'Outputs, outputs, outputs'. And we now know that it is about 'outcomes', and we have to have an outcomes-based approach.

Fortunately, a long-term approach is reinforced by an overarching backbone group, Great South Coast (GSC) Change (see below). GSC Change's backing enables the local backbone groups in Portland and Hamilton to 'stay the course', and the involvement of the GOC in data collection and community engagement provides powerful validation for moving away from project-centric thinking to an enabling approach centred on sustainable actions.

Ultimately, it is expected that these initiatives will be able to demonstrate impact over the longer term, as attested by a member of the GSC Change:

We've gone beyond just reporting process; we're actually going to be reporting on impact and outcome. So, there's much more robust data that's coming out of this project.

... The data has enough in it to be able to say whether or not this has an effect at a population level. And there's very few projects that can really say that with any degree of confidence.

Mutually reinforcing activities

The starting premise of WHO STOPS is that the incidence and prevalence of childhood obesity are a consequence of multiple, mutually reinforcing factors. Allender et al. (2016), referring to the 2015 *Lancet* obesity series (Swinburn et al. 2015; Gortmaker et al. 2011), cite the challenge for community-based childhood obesity prevention initiatives as ‘the creation of sustained, large-scale interventions that work at multiple levels’.

Allender et al. (2016) point to evidence suggesting that population-level interventions depend on

fostering a shared understanding of the systemic determinants of non-communicable disease and asking how existing systems can be strengthened or new systems created to better promote health and prevent disease.

The approach adopted by WHO STOPS seeks to build capacity within communities to bring ‘systems thinking’ to bear on identifying ‘the most important cause and effect relationships within a specific system boundary that create feedback and so amplify or stabilise change across a system’ (Allender et al. 2016). Allender et al. (2016) point out that, whereas more ‘traditional’ interventions have focused on ‘linear cause-and-effect relationships’, systems interventions

focus on non-linear relationships (e.g., tipping points), feedback where a ‘causal’ variable might in turn be impacted by an ‘outcome variable’, and complexity in the multilevel factors involved, as well as multiplex relationships among these factors.

Strong partnerships between researchers and community leaders in the Great South Coast region of Victoria have enabled the following:

1. The establishment in 2015 of a sustainable childhood obesity monitoring system across six local government areas using locally sourced competitive funding to conduct training, manage data collection, conduct analysis and support an in-kind contribution from health services, local government and schools to conduct data collection with commitments from partners to ‘provide in-kind support to collect these data again in 2017 and 2019’ (Allender et al. 2016).
2. The development and piloting of a range of ‘systems action tools and techniques’ for the purposes of building ‘community capacity and ownership of efforts to apply system thinking to community-wide childhood obesity prevention’ (Allender et al. 2016).

Building collaborative relationships with multiple stakeholders around broad goals enables a wide variety of organisations, groups and individuals to get involved in creating change. SEA Change and GenR8 Change each focus on supporting the local community to embrace common goals and to support local actors to take ownership of actions to reduce childhood obesity. As one interviewee said:

Traditionally, I've gone to schools, offered programs, be it accreditation programs or things like that. But you always felt like you were selling it to them. But with the freedom of [WHO STOPS], it's, 'What would you like to do in this space? Where are the gaps? I'm here to support you.'

Accordingly, community members were able to identify multiple systems that impact childhood obesity and possible design interventions such as:

- improvements in individual health literacy
- changes to school food and physical environments
- banning of sugar-sweetened beverages within institutions
- local government regulation for better health (Allender et al. 2016).

Working under the WHO STOPS umbrella, the backbone groups for both SEA Change and GenR8 Change have endeavoured to style their efforts as a community-based 'movement' in which ideas from all quarters are welcomed, rather than as a 'program' bounded by policy prescriptions and operational rules.

Continuous communication

Effective collaboration requires a high standard of communication, both among partners and immediate stakeholders and with the communities in which the collaboration seeks to be embedded. In the case of WHO STOPS, for which the express aim has been to instil an enduring sense of collective community ownership, this has entailed efforts to make the fundamental shift from 'doing to' (which members of the SEA Change backbone group typified as the traditional health system approach) to 'doing for'. And, as one member of the SEA Change backbone group remarked: 'It takes a different skill set to be able to "do with" as opposed to "do for".'

‘Doing with’ often runs counter to the expectations of communities, accustomed as they are to the typical ‘fund and deliver’ approach so often employed by governments. ‘Doing with’ depends on trust, goodwill and reciprocity; it depends on building relationships and establishing connections. And, as another member of the SEA Change backbone group noted: ‘If there’s a connection, it’s been much easier to start a conversation and perhaps easier to sustain a relationship.’ Importantly, ‘doing with’ is about communities participating actively in setting aims, articulating strategies and taking actions within an authorising environment in which government and service providers act as enablers by helping to curate spaces where collaboration can be supported and sustained. As a member of GSC Change said:

Then what happens is the community self-identifies, so through the process they actually see the maps and they actually work out, ‘Well, hey, I can actually make the change here, and I’m actually part of the solution.’ So, then you take them through that solution process and they actually self-nominate where they have an influence or a passion to actually make change. Within a community, that can be agencies, different agencies, through to passionate parents—anyone who wants to sign up and then act in that area. They prioritise those themselves about what they want to work on, and it really just snowballs from there.

Central to the communication task in both Portland and Hamilton are collaboration champions or ambassadors. These are people who ‘hold key influence, just influence and pull within the community’ (Gen R8 Change, backbone group member), who can leverage their position and standing in the community to build community support and build a sense of community ownership of the agenda for change:

They very much influence people that they’re connected to. We don’t have, in a sense, a lot of power and control—and we shouldn’t—over what and how information is disseminated. But the champions do because they’re out in the community. And they’re respected by the community, and they’re seen to be doing things that others would like to follow. So, by, in a sense, using them to start whatever it is—an action—they then work out how that will work in their community, how that will look, whether that’s going to work or be left ... The champions seem to have the capacity to run with the idea, to see something be successful or fail. (SEA Change, backbone group member)

Champions are instrumental in building relationships, creating trust and sustaining the impetus for change:

It's about the relationships and developing the relationships and developing that trust. That's a positive that comes out of a small community—the collaboration and the things that can happen very quickly when people have aligned their objectives can be very quick and very positive and there can be really long, sustainable change if you've got that individual motivation from the champions. (SEA Change, backbone group member)

However, as one SEA Change backbone group member observed:

Constantly building relationships takes time. In a small community, everyone wears a multitude of different hats and most of the people that are in these spaces tend to be in multi-hat spaces.

Continuous communication requires continuous effort; people's attention shifts and memories fade and new players come on board. It is challenging to sustain the communication effort, continually craft the message, maintain consistency and thus ensure that key information pathways (such as social media, websites, electronic bulletins, and so on) are kept up to date. A member of the GenR8 Change backbone group acknowledged the need to continually bring the community back on-message:

There has been a bit of a project-centric mindset that appears every now and again and we'll subtly—through the Facebook page and the blog posts and the articles that are shared—try and gently realign the thoughts to system-level thinking as opposed to project or even individual behavioural change.

Backbone support organisations

WHO STOPS embodies a set of shared aims and these are given local effect by three 'backbone' groups that act as catalysts for action, forums for sharing knowledge and spaces within which collaboration can occur.

The overarching backbone group, GSC Change, was established to 'reduce the levels of childhood obesity across the Great South Coast by facilitating community change', by bringing 'communities and local service providers together, to address multiple complex factors that

influence children's weight'.⁵ GSC Change comprises representatives from the Victorian DHHS, the Southern Grampians and Glenelg PCP and researchers from the GOC, based in the Centre for Population Health Research at Deakin University. Its role is to:

- act as the backbone to GSC Change at a regional scale, including:
 - setting an agreed regional agenda
 - setting indicators and monitoring against agreed regional measures
 - continually communicating regional progress.
- establishing and supporting the Change Ambassadors Group, and forums, to drive actions for higher-level systems change
- harmonise the change with other regional priorities, approaches and activities to maximise multiple outcomes for community health and wellbeing within the region
- build and evolve regional support structures and capacity to support ongoing obesity prevention work beyond the life of the NHMRC grant.⁶

In addition to GSC Change, local backbone groups have been established to guide SEA Change and GenR8 Change. A member of GSC Change who is also employed by the Southern Grampians and Glenelg PCP attends both groups and so provides continuity (of purpose) as well as acting as a conduit for the exchange of information.

In the communities of Portland and Hamilton, the backbone groups encourage and support community actions that contribute to reducing childhood obesity consistent with the collective impact principles of a clear and common agenda for change, a shared system of measurement, mutually reinforcing activities and continuous communication between community stakeholders.

Employing a *capacity-building* approach, researchers from the GOC assisted SEA Change and GenR8 Change to:

1. identify relevant stakeholders
2. recruit community leaders and 'influencers'
3. conduct public workshops for the purposes of identifying priorities and stimulating ideas.

5 'Great South Coast Change Backbone Group: Terms of reference', 2017, Unpublished primary source document.

6 *ibid.*

It is important that the backbone group is inclusive of the range of affected interests/stakeholders:

We found the most effective backbone support is when we get representation from a number of key agencies. If we haven't had that key agency buy-in, if it's feeling like it's being owned or directed or driven by one key agency, it sort of stalls a little bit. (Member, GenR8 Change backbone group)

The same person went on to say:

The first thing in setting up a backbone [group is] you need to have that leadership buy-in. Step one is you've got to have leadership buy-in. So, who are your key agencies, the key players in making sure that there's that commitment?

Final observations

Evidence of impact

A recurring theme in each of the cases is the importance—and problematic nature—of 'evidence of impact'. This is true in equal measure for the WHO STOPS initiatives and for the other collaborations investigated for our study.

It is generally acknowledged that the design of interventions should have a sound evidential base to persuade decision-makers, authorisers and stakeholders about the soundness of the approach. Once collaboration has commenced, authorisers and stakeholders expect the collaboration to produce evidence of impact. This can be problematic in that the relationship-building and trust-building phase of collaboration can take a long time and it can be difficult to reassure authorisers that progress is being made.

In these early stages, collaboration leads and partners are often obliged to rely on anecdotal evidence to make the case for continued support. Although collaboration leads and partners might be able to document systemic or process changes, or offer anecdotal accounts of improved relationships among stakeholders, these might not carry weight with authorisers looking for more conventional measures of impact such as the number of clients served or a reduced incidence of the problems targeted by the collaboration.

There is often institutional impatience around evaluation and impact measurement. Participants in each of the collaborations confirm the problematic nature of anecdotal evidence when seeking ongoing authorisation for continued collaborative action. In some cases, authorisers are impatient for more orthodox measures of impact—notwithstanding the often lengthy process of relationship-building (sometimes in the face of institutional resistance).

An important take-home message for authorisers is that it takes time to establish a different way of working and it is not always possible to immediately attribute observable changes to this or that element of the new system, assuming there *are* observable changes in the short to medium term. The reality is, with regard to longstanding entrenched social problems, a long-term perspective is required. For some social problems, observable, measurable impact might take years to become apparent. In the short term, other, more qualitative measures might need to suffice—measures that gauge the willingness of collaboration partners, street-level service providers and key stakeholders to stay the course (see Chapter 10).

Complexity

Everyone can agree that reducing childhood obesity is a ‘good thing’. Indeed, superficially, it seems to be a simple, bounded problem. The WHO STOPS case reveals, however, that the contributors to childhood obesity are many and varied and range across multiple sectors and policy domains. There is no ‘one-stop-shop’ solution. It is important, therefore, that anyone involved in collaboration is aware of the complexity of the issues that are being confronted. For many social problems, the combined efforts of multiple actors are required to achieve change.

Understandably, authorisers working within traditional operating cultures that emphasise the achievement of fast, demonstrable results will want to ‘claim’ success. However, it can be difficult to attribute improvements to any one party when there are many actors working towards the same outcome. Authorisers, partners and stakeholders need to be prepared to live with ambiguity—and to share accountability—when it comes to the attribution of success or even occasional failures.

Resourcing

Long-term social change is often a journey of discovery. ‘Solutions’ are not always readily apparent, uncertainty is high and occasional U-turns are unavoidable. Many organisations operate within the constraints of budgetary, electoral or contractual cycles and this predisposes authorisers to favour initiatives that exhibit linear ‘problem–treatment–impact’ logics. It can be difficult, therefore, to establish secure ongoing resourcing for a long-term process of social change where it is neither possible to identify any particular solution in advance nor to nominate the time frame within which the problem is likely to be solved (Kania and Kramer 2011).

For collective impact, as for any collaboration, it is necessary that authorisers fully appreciate the time and effort required to establish collaborative ways of working and to sustain collective processes. In the case of WHO STOPS, there was a conscious effort to avoid the perception that the change initiatives in Portland and Hamilton represented a ‘project’ bounded by budgets, dedicated resourcing and time frames. Instead, the emphasis was on achieving ‘systems change’ by forging new relationships, fostering dialogue, reducing barriers and identifying opportunities to work and think differently. The key protagonists realised that project-based resourcing could not sustain the kind of change agenda they were aiming for; these initiatives needed to work within available resources and be self-sustaining:

One thing that I think we were all very consistent on was that we were sick of short-term project-based funding. We were over it, and we were looking for an approach, a way of doing work, sustainably for the long term ... And we were consciously saying: ‘We don’t want funding for this. We actually have to work out how to fund it ourselves sustainably.’ (Member, SEA Change backbone group)

Managing expectations

Collaboration partners sometimes experience significant pressures to get things done to meet the expectations of authorisers and stakeholders. The levels of personal commitment brought to collaboration by those engaged in it, coupled with the demands of the authorising environment and the natural inclination of authorisers to want to see results, can inadvertently give rise to an unhealthy work environment that can leave people feeling depleted and exhausted.

Social change relies on making gradual improvements over time; it is not a quick fix, nor does it rely on a single breakthrough by a single organisation. According to Kania and Kramer (2011: 41): ‘Systemic change, however, ultimately depends on a sustained campaign to increase the capacity and coordination of an entire field.’ The whole-of-systems change to which the WHO STOPS initiatives aspire, for example, means being prepared to play the long game. It might take decades for population-level effects to become apparent, and tangible impacts—in terms of the prevalence of childhood obesity—will be difficult to conclusively demonstrate in the short term. A member of the SEA Change backbone group described the problem in the following terms:

I think people like to see the change. They like to see it to be tangible. So, there’s a leap of faith, and it’s taken me two years to wrap my head around the fact that I’m not visually seeing a huge amount of people changing size or anything like that. And I think in the past that was the old model: you come in, you have a thing, here’s your journey, this is the result you’ll get, do your tests, measure it against this, bang, and you’d see that. So, whether it be figures or whatever, you’d sort of have something to compare against ... you had some tangible thing.

This is asking people to take a leap of faith that change will happen by participating and that, if it doesn’t, that’s okay. And I think that’s certainly what I find when we approach and start doing actions or outputs or different programs. You’ll sit in a meeting and quite regularly what I hear is people going: ‘But what am I doing? What am I going off to do?’ ‘Well, what do you want to go off to do? What is your contribution?’

Practice considerations

1. Establish a baseline against which the impact of collaboration will be assessed. Ask questions such as: a) What is the nature of the problem(s); b) What factors contribute to the persistence of the problem(s); c) What is the nature of the desired change(s); d) How will collaboration contribute to the change agenda; and e) What will a positive impact look like?
2. Identify relevant sources of baseline data as well as any gaps in information. Where there are gaps, investigate whether other indicators or surrogate measures might be used. Identify institutions or people with relevant knowledge and expertise to peer review existing data and advise on cost-effective means for the ongoing collection, interpretation and reporting of data.
3. Engage with relevant data custodians in each of the partner organisations to identify any issues or problems—and solutions. These might include privacy considerations, the de-identification of data, statutory restrictions, the interoperability of data platforms and so on.
4. Is it possible to enlist the assistance or participation of independent researchers or research organisations with demonstrated expertise in the problems being addressed? What sources of external validation are available to affirm the collaborative approach and strategic aims?
5. Identify and evaluate the applicability of all available and relevant tools for the measurement of impact. Investigate resources such as the Social Impact Toolbox developed by the University of Technology Sydney in partnership with Community Sector Banking⁷ or Platform C—a platform created to offer support, learning and connections for people looking to achieve large-scale impact through collaboration.⁸
6. Devise an impact framework for sign-off by authorisers. Have direct and indirect measures of collaboration impact been peer reviewed by people with relevant expertise? Have all relevant internal and external stakeholders been consulted? Have the feasibility and sustainability of data collection been assessed?
7. As part of the impact framework, consider how the impact of collaboration will be reported. Ensure that any reporting of collaboration impact is subject to governance processes agreed by authorisers.
8. Spell out the ‘path to impact’ for authorisers and stakeholders. Keep in mind that collaborations take time to mature and it might be difficult to directly attribute impact to collaboration.
9. What interim indicators might be used to validate the collaboration? How might collaboration be a driver of cultural change, changed behaviour or practice or changes in operational and/or public policy?

7 See www.socialimpacttoolbox.com.

8 See platformc.org.

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This text is taken from *Collaboration for Impact: Lessons from the Field*,
by John Butcher and David Gilchrist, published 2020 by ANU Press,
The Australian National University, Canberra, Australia.

doi.org/10.22459/CFI.2020.03