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ENABLING PLACE-BASED SOLUTIONS

Introduction

Collaboration is all about ‘doing with’, not ‘doing for’ or ‘doing to’, and one of its strengths is the potential to develop bespoke solutions that reflect local circumstances and preferences. Whereas bureaucracies traditionally favour standardised systems for service delivery in which treatments of social problems are constrained by organisational, portfolio and/or programmatic silos, collaboration can create opportunities to involve a set of diverse actors in processes of defining problems and agreeing on strategies.

One needs to bear in mind that collaboration is sometimes offered either as a remedy for resource scarcity or when traditional approaches have demonstrably failed. Understandably, past failures might predispose some stakeholders to scepticism. In addition, collaborative approaches can reveal tensions within and between partner organisations and within communities.

In this chapter, we consider the Community-Based Emergency Management (CBEM) initiative in Victoria, which has embraced a community-led approach to disaster readiness and community resilience. We also look at the Whole of Systems Trial of Prevention Strategies for Childhood Obesity (WHO STOPS Childhood Obesity, or WHO STOPS), operating in two communities in the Southern Grampians and Glenelg shires, in Western Victoria.

We reflect on the inherent difficulties of mandating a standardised format for collaboration. In this regard, we consider the experience of New Zealand's Children's Action Plan, for which attempts to impose a standardised operating framework for local Children's Teams met with resistance from community stakeholders.

What do we mean by 'place-based solutions'?

Place-based approaches reflect an understanding of the particular circumstances that shape the lives of a community and its people. They offer a customised response rather than a one-size-fits-all program. Ideally, a place-based model engages with a community and utilises existing social and physical assets in ways that are beneficial to the community generally, and to the intended beneficiaries of the approach in particular (House of Representatives Select Committee on Intergenerational Welfare Dependence 2019: 35–36). Place-based approaches are grounded in the lived experiences of people and communities.

The Australian Institute of Family Studies (AIFS) defines place-based initiatives as

programs designed and delivered with the intention of targeting a specific geographical location(s) and particular population group(s) in order to respond to complex social problems. [Place-based initiatives] typically focus on areas and communities with entrenched disadvantage or deprivation. (Wilks et al. 2015: viii)

Place-based approaches might be employed in circumstances in which:

- problems are complex and multifactorial
- the service system is fragmented
- policy silos are unconnected and poorly coordinated
- there are multiple sources of advocacy
- programs, eligibility and intake rules are highly segmented
- knowledge and trust deficits create barriers to access.

The Queensland Government's framework for place-based approaches employs the following definition:

Place-based approaches join up the efforts of all community stakeholders (citizens, industry, diverse non-government organisations and all levels of government) to improve the social, economic and physical wellbeing of a defined geographical location. These approaches are highly collaborative, take time and are ideally characterised by partnering and shared design, shared stewardship, and shared accountability for outcomes and impacts. Place-based approaches are often used to respond to complex, interrelated or challenging issues such as social and economic disadvantage, natural disasters or environmental problems. (Department of Communities, Disability Services and Seniors 2019)

Griggs et al. (2008) observe that, ‘for the most part, person- and place-based policies have been developed separately and sometimes in isolation from each other’. This, they say,

reflects the responsibilities of government departments influenced by their different approaches and traditions. The reality, of course, is that all people live in places, contribute to places and are affected by places. Poverty and disadvantage are mediated by place, and places are affected by the poverty or otherwise of their inhabitants. Hence, it is reasonable to suspect that policies that dissociate people from places and vice versa may perform poorly. (Griggs et al. 2008: 1)

Griggs et al. (2008) note that different place-based policy responses embody different priorities and assumptions concerning the interactions between people and places. They categorise policy responses into five broad policy types, which are set out in Table 9.1.

Table 9.1 Person and place: Policy types

Policy type	Major focus	Functional description
Type 1	Major focus on place to impact place	Initiatives that seek principally to enhance local infrastructure or improve degraded land as a precursor to redevelopment while paying comparatively little attention to effects on resident populations who might be affected, either positively or negatively
Type 2	Major focus on place to impact people	Initiatives that aim to improve local infrastructure but do so in ways that explicitly enhance the lives of existing and future residents
Type 3	Major focus on person to impact place	Initiatives that specifically target residents to improve an area—for example, actions that seek to prevent or reduce antisocial behaviours or otherwise enforce changes in individual behaviour for the benefit of the neighbourhood

Policy type	Major focus	Functional description
Type 4	Major focus on person to impact person	Initiatives that address individual welfare without explicit regard to local circumstances or consequences—for example, the payment of benefits that directly affect the material circumstances of individuals and families, while having incidental positive effects on place
Type 5	Simultaneous major focus on place and person to impact both	Initiatives that seek simultaneously to assist disadvantaged people and improve the built and social environments of places

Sources: Griggs et al. (2008: 2–3); Wilks et al. (2015).

What kinds of problems suit place-based approaches?

The concept of a place-based approach to problems in public policy has been around for a long time. It is possible to find in the research literature examples of the application of place-based approaches in a variety of policy settings. Examples include:

- injury prevention (Roeh et al. 2006)
- energy use (Parkhill et al. 2015)
- employment, education and income disadvantage (Griggs et al. 2008)
- regional development (Barca et al. 2012)
- indigenous programs (Marsh et al. 2017)
- environmental education (Gruenewald 2005)
- child health and community health (Moore et al. 2014)
- community resilience to natural disasters (Cutter et al. 2008)
- child and family health (Moore and Fry 2011).

Other policy areas typically targeted by place-based initiatives include health, education, child development, family wellbeing, community strengthening, housing, urban regeneration, liveability, crime, employment and participation, economic development, immigrant communities, social inclusion and social exclusion (Wilks et al. 2015: viii).

It should also be noted that place-based approaches are often associated with the collective impact framework developed by Kania and Kramer (2011; AIFS 2017). Collective impact adheres to the following broad principles of practice:

- Design and implement the initiative with a priority placed on equity.
- Include community members in the collaboration.
- Recruit and co-create with cross-sector partners.
- Use data to continuously learn, adapt and improve.
- Cultivate leaders with unique systems leadership skills.
- Focus on program and system strategies.
- Build a culture that fosters relationships, trust and respect across participants.
- Customise for local context (Collective Impact Forum 2014).

Where can policy and practice guidance be found?

In their review of the conceptual and empirical literature on place-based approaches, Moore and Fry (2011: 77–78) identified the following policy considerations:

- Implementing a comprehensive place-based approach is a formidable undertaking that requires sustained commitment by many stakeholders.
- Effective, integrated place-based planning and service delivery are difficult to sustain without fit-for-purpose governance structures that are sufficiently comprehensive and binding to ensure sustained collaboration by various stakeholders and service providers.
- The incidence of disadvantage is complex and by no means homogeneous; social problems are spread across all socioeconomic strata and some geographic areas might be more likely than others to benefit from place-based approaches.
- While the literature provides some guidance about how a comprehensive community-based approach might work, there are no fully developed Australian models from which to learn, meaning it is critical to document the learnings from place-based initiatives.
- Ways of gathering and accessing small-scale data at the level of a neighbourhood or sociogeographic locality need to be developed to assess the impact of community-based approaches.
- The implementation of place-based approaches should not lead to the neglect of person-based interventions; the two complement and reinforce each other.

There are numerous sources of policy and practice guidance in an Australian and international context. A small sample of these is set out in Table 9.2.

Table 9.2 Policy and practice guidance on place-based approaches (Australian and international experience)

Title	Description	URL/hyperlink
Queensland Council of Social Service (QCOSS): Place-based approaches	QCOSS focuses on place-based work because it offers an effective platform for building strong, cohesive communities. As the state's peak body for the community sector, QCOSS seeks to support and enable place-based approaches across Queensland.	www.qcoss.org.au/our-work/place-based-approaches/
Commonwealth Place-Based Service Delivery Initiatives: Key Learnings project	Sets out the findings of the Commonwealth Place-Based Service Delivery Initiatives: Key Learnings project commissioned by the Department of the Prime Minister and Cabinet and undertaken by the AIFS. The project aimed to identify key factors associated with successful outcomes of place-based initiatives to inform the future design, implementation and delivery of such programs.	aifs.gov.au/publications/commonwealth-place-based-service-delivery-initiatives/
<i>Place-based Initiatives Transforming Communities: Proceedings from the Place-based Approaches Roundtable</i>	Place-based reform poses many challenges for governments and communities. This invitation-only roundtable brought together people from different levels of government, academics and community leaders to share knowledge and insights and forge a common framework.	www.rch.org.au/uploadedFiles/Main/Content/ccch/CCCH_Place-based_initiatives_report.pdf
<i>Place-Based Approaches to Child and Family Services: A Literature Review</i>	This publication synthesises the conceptual and empirical literature on place-based approaches to meeting the needs of young children and their families, with a focus on the potential contribution of place-based approaches to service reconfiguration and coordination.	www.rch.org.au/uploadedFiles/Main/Content/ccch/Place_based_services_literature_review.pdf

Title	Description	URL/hyperlink
<i>Big Thinking on Place: Getting Place-Based Approaches Moving</i>	This publication has been developed by the Centre for Community Child Health at The Royal Children's Hospital Melbourne and the Murdoch Children's Research Institute. It summarises expert views on the issues and opportunities using place-based approaches to promote children's wellbeing.	www.rch.org.au/uploadedFiles/Main/Content/ccch/CCCH_Collaborate_for_Children_Report_Big_Thinking_Nov2014.pdf
Place-Based Working	This resource explores the potential for a place-based approach to enable effective work with people and communities to improve their health and wellbeing through asset-based, locally embedded, cross-sector working.	www.iriss.org.uk/resources/irisson/place-based-working
Person- or Place-Based Policies to Tackle Disadvantage? Not knowing what works	This study reviews evaluations of person-based policies (targeted directly at individuals) and place-based policies (designed to tackle neighbourhood deprivation) to draw out key messages about what works, comparing and contrasting the effectiveness of person-based and place-based interventions. The review concentrated on policies to improve employment and educational outcomes and to increase incomes.	www.jrf.org.uk/report/person-or-place-based-policies-tackle-disadvantage-not-knowing-what-works

What the cases tell us

Four of the five cases investigated for this study focus on problems that are clearly influenced by the characteristics of the places in which they are situated. For instance, CBEM (with its focus on community resilience), WHO STOPS (childhood obesity) and New Zealand's Children's Teams (offering multidisciplinary early intervention for children and families 'at risk') each exhibit a strong appreciation of the ways in which the characteristics of place contribute to and reinforce social problems.

One of the cases, Throughcare (which offers postcustodial support for offenders), occurred in a small jurisdiction (the Australian Capital Territory), where geographic and socioeconomic differentiation are less pronounced (hence, 'place' was effectively defined by the territorial

boundary). The fifth case, *Change the Story*, was, in effect, a meta-collaboration insofar as it brought together diverse interests to reach consensus about a national practice framework rather than to implement solutions on the ground (although place-based approaches inform the practice model).

Of the four cases that exhibited a clear appreciation of the factors associated with place and the ways in which they contribute to the social problems being addressed, and offer potential pathways to address them, only one, *WHO STOPS*, explicitly modelled its approach on the collective impact model. And, in some respects, this is unsurprising, because the collective impact framework is an eminently rational approach. One might, therefore, expect rational actors pursuing collaborative approaches for social impact to adopt similar strategies.

Our study did not expressly test whether or not the cases adopted a place-based approach. For most, a focus on the characteristics of place was the default position. We *were* interested to understand how each of the collaborations framed the problems they were seeking to address as well as the dynamic relationship between that framing and the authorising environment in which the collaborations occurred. And in that regard, we look to the cases to gain insight into four key processes:

1. *Top-down versus bottom-up*: Is the model of collaboration a product of executive edict or has it been allowed to develop organically within a more 'permissive' authorising environment?
2. *Central control versus local control*: Are local collaboration partners authorised to make decisions and pursue strategies they deem to be appropriate to local circumstances and the preferences of local stakeholders?
3. *Encourage, enable and reward local innovation*: Is the capacity for local innovation encouraged or inhibited by the authorising environment in which the collaboration is obliged to operate?
4. *Scalability*: Can a fixed template for collaboration be imposed on communities without regard for local circumstances, or can collaborative actions taken in one locale be transplanted to other locales?

Bottom-up versus top-down

The collaborations represented in the cases each exhibit elements of both bottom-up and top-down approaches.

CBEM

Both CBEM and WHO STOPS emphasise the importance of local empowerment and leadership. One member of a local backbone group associated with the CBEM offered a forthright view about the importance of local leadership:

For some of the bureaucracies it is that ‘we want the community to help us do what we need to do’—and there’s nothing wrong with that—but, ‘We don’t want them to play the game any other way except the way we play it.’ Effective community work means that you take a stick to bureaucracies and you get them out of the way and realise they’re a resource and not the main game. They’re not the end game.

This is a message that Emergency Management Victoria (EMV) has clearly taken on board. In 2017, EMV canvassed opportunities to reform Victoria’s relief and recovery arrangements (EMV 2017b). It proposed a Resilient Recovery Model (EMV 2017b), intended to create a community-focused and community-driven relief and recovery system that empowers communities, government, agencies and business to provide a pathway from recovery to resilience:

The development of a modern, resilience-based relief and recovery system for Victorian communities is needed. We require a model that moves arrangements from welfare to wellbeing, disconnected activities to connected systems and services, unclear roles and responsibilities to agreed accountabilities, inconsistent capability to collaborative partnerships, and disparate to sustainable funding arrangements. (EMV 2017b: 5)

The Community Resilience Framework for Emergency Management formulated by EMV relies on eight guiding principles:

- Each community is unique, with existing and evolving levels of safety and resilience.
- Locally tailored planning and engagement processes are to support community and organisational leadership, through the development of mutual goals and solutions.

- These processes draw on combined community and organisational strengths.
- Information may be captured in a plan, but developing a plan is not the reason to work together.
- Collaborative processes aim to support people to manage long-term challenges (chronic stresses) while better preparing to cope with and recover from emergencies (acute shocks).
- Integrated community development principles, approaches and methodologies such as asset-based community development and appreciative inquiry also underpin this approach.
- This approach can be adapted for use before, during and after emergencies.
- Not all communities are interested or have the ability to undertake collaborative community-based decision-making processes (EMV 2016: 7; 2017a: 7).

The framework encourages local communities to develop bespoke responses to the tasks of building community readiness and resilience and putting in place sustainable local arrangements for the mobilisation of community assets and infrastructure. At the time fieldwork for this study was undertaken, local initiatives were under way in five communities—supported by EMV staff working with key actors in each community to commence, and sustain, conversations about the practical meaning of readiness, resilience and recovery in a local context.

Because trauma associated with recent Victorian experiences of disaster is the starting point for the conversation in many of these communities, and because the physical terrain (both the natural and the built environments) shaped the course of those events, the emphasis on the characteristics of place is especially profound.

WHO STOPS

Whereas the CBEM resilience framework arose as a consequence of intensive reflection on a series of extreme events and on the organisational and institutional factors that contributed to the loss of life and property, WHO STOPS has sought to proactively respond to a looming community health issue, childhood obesity.

WHO STOPS is a partnership between Deakin University, Primary Care Partnerships (PCPs) and their partners, including local councils and health services. The collaboration proceeds from an 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 on efforts to apply systems thinking to community-wide childhood obesity prevention (Allender et al. 2016).

WHO STOPS has employed a facilitated community engagement process involving the provision at a community level of intensive training and support oriented around strengthening a set of building blocks adapted from the World Health Organization's building blocks of health systems: leadership, workforce, resources, partner networks and intelligence (WHO 2010). Researchers from Deakin University co-designed the tools and training with local community leaders and stakeholders based on systems thinking and collaborative impact models.

Deakin University is leading a five-year study funded by the National Health and Medical Research Council (NHMRC) to 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 (ANZCTR 2016).

This quasi-experimental interventional study will:

1. assess whether the adoption of systems change interventions rapidly increases community capacity to apply evidence-informed action across community systems and affect the prevalence of childhood obesity
2. test the proposal 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 and sustainable in its longevity:

The goals of this grant are to: 1) strengthen community action for childhood obesity prevention, and 2) measure the impacts of increased action on risk factors for childhood obesity.

... [W]e have evolved a facilitated, community engagement process which: creates an agreed systems map of childhood obesity causes for a community; identifies intervention opportunities through leveraging the dynamic aspects of the system; and converts these understandings into community-built, systems-oriented action plans. Throughout this process systems data are collected for measuring systems changes over time. Our experience to date has been that this process rapidly increases [the] capacity of community leaders to use systems thinking for community-wide obesity prevention. (ANZCTR 2016)

Partners will convene new and existing coalitions of community leaders and members (parents and leaders from local government, schools, clubs, agencies and business) who have the capacity to influence the complex drivers of childhood obesity. Examples of community-led interventions include:

- removing sugar-sweetened beverages from health services, schools and local council workplaces
- introducing healthy procurement processes for local governments
- making drinking water freely accessible in public places
- setting up 'no drive' zones 800 metres from schools to encourage active transport.

At the time fieldwork was undertaken, collaborative initiatives had been established in Portland (SEA Change) and Hamilton (GenR8 Change). Although both initiatives have the same focus (prevention of childhood obesity) and utilise a systems change approach, each has a slightly different way of operating as well as different emphases and mixes of activities. Both local initiatives have a working/steering group that provides oversight and governance and is self-sustaining and self-directed. Both groups primarily comprise mid-level state and local government officers and both rely on local ambassadors (senior-level leaders) to socialise their aims and objectives in the community and in participating organisations.

Observations

Although both CBEM and WHO STOPS have cascaded to local communities as a consequence of decisions taken at higher levels, both have fostered a locally led, bottom-up approach. In both cases, being locally led has meant encouraging the establishment of local governance/

backbone groups whose task it is to engage a wide range of stakeholders in a conversation about how community groups, institutions and interests can work together to address a set of agreed problems.

The people to whom we spoke also emphasised the importance of having a flexible attitude when it comes to how we think of ‘community’ and to resist the temptation to impose a particular construct. For instance, a member of the GSC Change partnership—the group overseeing the implementation of the WHO STOPS framework in Portland and Hamilton—made the following observation:

We have quite a broad definition of ‘community’. Often, it’s geographically defined, and our starting point is leaders within the community with no particular requirement that they be from any specific organisation. But, of course, it tends to be the health services, primary care organisations, the local governments that already have an interest in this space and that we start working with initially. But, by design, we are trying to be as broad about where that leadership comes from as we can, and that’s reflected in the group model-building processes that we run and who participates in those. (WHO STOPS, GSC Change)

Another member of the same group characterised the process of local engagement thusly:

The building process that we go through is about bringing whoever is a potential partner or anyone passionate from the community together, and the process itself is actually understanding all those interrelationships between factors that influence obesity.

Then what happens is the community self-identifies, so through the process ... 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. (WHO STOPS, GSC Change)

In the context of CBEM, one member of a local governance group emphasised the importance of harnessing the lived experience of local people who possess both authenticity and an intimate knowledge of ‘how fire behaved in the local landscape, how communities behaved, how agencies and governments behaved’. Another pointed to the inherent fragility of local networks in the face of extreme events, and emphasised the importance of building networks that will function in a disaster recovery space:

It’s very simple: recovery needs to start before the event. In other words, the more organised, the more discussion that happens, the more involved people are in thinking about recovery before an event, the better.

We know that when a community goes through a disaster and they come out the other end the local networks almost disappear for a short period ... if there hasn’t been work done beforehand, it’s very easy for what they call fracture lines to occur within the community.

Our networks as they stand at the moment have the capacity to withstand some events but not a catastrophic event. (CBEM)

Sometimes, however, the peculiar dynamics of communities present obstacles to community-led collaborative actions. As one member of a group of ‘community nudgers’ wryly observed of their regional community:

This town has been through several iterations of attempting to do community committee groups, and it’s never worked—we think because it’s too fractured and because often if you try this you get into, ‘Who appointed you to be the committee’, or ‘How did you get elected to take charge and make these decisions?’. (CBEM)

The take-home messages from the preceding observations and quotes are:

1. It is essential to win community support for collaborative initiatives that aim to tackle problems in place.
2. Harnessing local insight into community dynamics, history, relationships, sensitivities and perspectives is critical.
3. It might be necessary to both invest in capacity-building and offer skilled facilitation to assist local actors to develop a workable strategy for community engagement and action.

4. One-size-fits-all approaches to locally led collaboration should be avoided; bespoke approaches that speak to the concerns of local stakeholders will enjoy greater acceptance and be more durable.

Central control versus local control

The establishment of Children's Teams in 10 New Zealand communities offered signposts to the tensions that might arise in a case where decisions about a collaborative framework are taken centrally and elements of that model are mandated locally. In the case of the CAP, there was an evident tension between the CAP directorate (later re-established as the Ministry for Vulnerable Children/Oranga Tamariki and now the Ministry for Children) in Wellington and some of the local Children's Teams and their governance groups (see Chapter 6).

Clearly, these tensions came at a cost. Fundamentally, the tensions arose because of a set of expectations arising as a result of a core policy commitment to the establishment of Children's Teams that would be nationally supported and locally led. One interviewee told us:

It's got to be locally driven and you have to have the right people and your community should know who they are, but you have to resource external influences strongly. So, it's got to be your way, otherwise we're just following another model from somewhere else that [doesn't] fit ... we drafted our own terms of reference the way we wanted them to be. It just becomes an issue about fighting for your rights. (CAP)

Staff in the CAP directorate clearly had some sympathy for the frustrations experienced by frontline Children's Team workers and members of local governance groups, as evidenced by the following reflections on the challenges inherent in finding a workable balance:

There's a kind of constant tension, which detracts in some respects from that idea of locally led—in my mind, at least. 'Locally led' would suggest that those who were closest to your customer and the environment that the customer is in should be the best place[d] to know how to deliver what you're wanting delivered to those people. My observation and experience has [sic] been that the gap between a national office local understanding and being able to really make the collaboration work is challenging. (CAP)

This echoes a 2015 review of the CAP that found that the principal of ‘nationally supported, locally led’ proved difficult to manage at times. While accepting the Children’s Teams’ need to work in ways that suited local circumstances—in part, to gain stakeholder support—the review also concluded that ‘a degree of national direction is also required to make sure the Children’s Team model is implemented consistently’, thus limiting the ‘amount of local autonomy possible’ (New Zealand Government 2015: 14).

These tensions were still in evidence in each of the three Children’s Teams considered for our study. It is probably no coincidence that each was based in a region a long way from the capital, Wellington, and in places where Māori form a significant share of the total population and a disproportionate share of the at-risk population. For many Māori, contact with government agencies is viewed through a postcolonial lens. More so than in Australia, indigenous New Zealanders consider themselves to have a special relationship with the Crown, and significant progress has been made in recent decades in creating avenues for Māori self-determination. The promise of Children’s Teams that are locally led was understandably embraced by Māori elders and leaders as another opportunity to address problems of social exclusion and economic dislocation in culturally appropriate ways. As we were told by one interviewee:

There was one [Children’s Team] that had very, very good trust in the community and was doing a really good job of it. But the relationship with the directorate wasn’t good because they were fighting all the time to keep that local autonomy and resisting that national consistency thing. So that was probably a very successful Children’s Team but there was a lot of tension with the centre. But [the team’s Director] had quite a bit of support from quite senior people locally to push back against the directorate. (CAP)

In each of the communities we visited, respected and skilled Māori leaders, elders and frontline workers (including uniformed police) spoke passionately about the importance of bespoke local solutions. And in each, the local director of the Children’s Team was significantly bolstered by the support of their governance group, which in turn derived its legitimacy from the wider Māori community, or *iwi*. Having said that, the role of a Children’s Team director is still a challenging one, as described by another interviewee:

I think the director was very good at managing [the tension] but was certainly hamstrung in terms of being a little bit of having two masters because she had the master at the national office level, but also you had masters around the governance table. That is a very unenviable space, I think, to be in. (CAP)

Encourage, enable and reward local innovation

Following on from the foregoing discussion, it is important to reflect on the potential costs of prescribing a standardised collaboration framework. A capacity for innovation is one of the likely casualties of any requirement imposed on local backbone/governance groups to adhere to a mandated way of working. To a large degree, this is about authorisers having confidence in the skills and judgement of people on the front line of collaboration. It also requires authorisers to embrace the principle of ‘safe to fail’ (as opposed to failsafe). We believe a safe-to-fail approach to social-purpose collaboration is achievable—and the attendant risks are manageable—provided the governance framework is fit for purpose (see Chapter 6).

This might be considered part of the collaboration ‘journey’. As frontline collaboration partners grow in confidence and capability, authorisers recalibrate the amount of operational control they choose to exert. These are difficult trajectories to anticipate or predict, and ongoing adjustments might need to be made. A former CAP official neatly encapsulated the process:

So, the kind of cycle of the approach became self-evident after a time and you didn’t need to be so prescriptive about the number of days, weeks, that you spend at each step. You could loosen up on that. So, people stayed within that framework. It allowed a lot more innovation to occur without departure from the overall model. That was what became a review of the manual to become more descriptive rather than prescriptive and allow much more piloting of approaches and the ‘locally led’ factor to emerge and become stronger.

That has happened and I think for the better. I suppose when you look at it now after three and a half years, that happened quietly as well, that loosening up was allowed to happen. There are regional differences. New Zealand might be quite small, but there are regional differences as you go north to south about your clientele, about the services that are available, and the ways that people can collaborate together are quite different.

Local innovation is a precious commodity in social policy spaces dominated by actuarial thinking and ‘big data’. Of course, innovation sometimes happens under the radar and without express authority, often because of people who are adept at recognising and exploiting opportunities presented by gaps in the governance framework (often, too, these are the very people who show the greatest aptitude for collaboration).

In this sense, innovation is about accurately reading the service delivery landscape and recognising potential points of leverage, as noted in connection with the CAP:

There are pockets of innovation that occurred even though those barriers were evident. What we tried to do was link up those that felt more uncomfortable with the constraints with those that felt less uncomfortable and had found a way to overcome it locally. So, there’s some pockets of innovation that are occurring that are leading the way. (CAP)

Our observation is that, where innovation is pursued as a ‘guerilla tactic’, the incentives are generally about achieving results that might not otherwise have been achieved. Since the rewards and incentives flow primarily from the inherent satisfaction of finding a better way of working, this implies an essentially altruistic impulse. However, innovation can also be a consequence of deliberate design.

Innovation needs to be encouraged, enabled and rewarded. To have innovation as an integral element in collaborative work, appropriate incentive structures need to be built into the governance framework.

Scalability

One question that arose in several of the interviews was whether collaboration works better at some scales than others—or whether it is indeed ‘scalable’. Four of the five cases involved collaborations operating at a local community scale. Three of these involved ‘sponsor organisations’ (in this case, government departments) providing the policy framework and executive authority for community-level collaboration to occur in a number of sites. Each of these—WHO STOPS, CBEM and the Children’s Teams—has adopted a different approach.

WHO STOPS

WHO STOPS, influenced by the collective impact framework (Kania and Kramer 2011), has sponsored two linked but separate collaborative initiatives in two regional communities in western Victoria, Portland and Hamilton. In both communities, backbone groups have been established to encourage the formation of local networks and to devise feasible initiatives to target the root causes of childhood obesity.

The backbone groups mainly comprise people drawn from local government and regional health authorities (with ad hoc involvement by community sector organisations). These local backbone groups are, in turn, overseen by a governance group constituted under the terms of an MOU between the Geelong office of the Victorian Department of Health and Human Services (DHHS), Deakin University and the Southern Grampians and Glenelg PCP.

The PCP representative from the governance group also participates in meetings of the two backbone groups and acts as the principal conduit for information between the three. In addition, researchers from Deakin University have provided expert facilitation in each community to raise awareness about the contributors to childhood obesity and facilitate conversations about possible community-led responses.

Both the Portland and the Hamilton backbone groups have established their own local ‘identity’ and have looked to capitalise on community strengths. Both have sought to identify local influencers, ambassadors and champions to help gain legitimacy and buy-in from the community and key stakeholders. Neither appears to be conforming to a particular model or template for collaboration, although both have embraced a systems model for community-based approaches to chronic disease prevention (Allender et al. 2016; Nicholas et al. 2017).

CBEM/Community Resilience Framework

EMV is the key sponsor of the CBEM framework. The framework seeks, ostensibly, to promote community-led initiatives aimed at building community resilience by facilitating self-organising networks of individuals, groups and organisations within communities that can be mobilised to deal with disruption and dislocation caused by adverse events such as natural disasters or the loss of major employing industries. CBEM has fostered a number of local initiatives.

Our study interviewed participants in three community initiatives: one in the inner-city suburb of North Melbourne, another in the outer metropolitan community of Emerald and the third in the south coast community of Anglesea. Each of these initiatives has taken a bespoke approach to collaboration that reflects participants' perspectives on the nature of their risk environment and the character of their communities.

The North Melbourne initiative is auspiced by Arts House (City of Melbourne) and seeks to raise community awareness of the potential impacts on the community and society of severe climatic events such as climate change. It operates by organising themed events that bring together artists, thinkers, first responders and cultural leaders to explore the lived experiences of people and communities affected by extreme events. The initiative uses art practice as a lens through which to process that lived experience in the expectation that it contributes to broadened awareness and insight and, therefore, resilience.

The initiative in Emerald, on the other hand, takes a more conventional approach. Its focus is on mobilising community assets to build 'recovery readiness', supporting vulnerable residents who are unable to adequately safeguard against the effects of extreme events and a volunteer Emergency Support Team to supplement formal emergency services. Auspiced by Echo Youth and Family Services, this collaboration reaches out to other established community groups, organisations and influencers.

In contrast, the Anglesea Community Network (ACN) portrays itself as a 'nudge group' that seeks to facilitate connectedness by encouraging the sharing of skills, experience, knowledge and resources across community groups and organisations. The ACN comprises a small number of influencers with links to and across the Anglesea community. Although the ACN has steadfastly resisted pressures to formalise its status as a committee or legal entity, it nevertheless works closely with EMV and the Country Fire Authority to identify issues and opportunities as well as capabilities and connections.

Children's Teams

The CAP is an initiative of the New Zealand Government to provide cross-disciplinary early intervention for vulnerable children and their families. The CAP called for the establishment of Children's Teams in 10 New Zealand communities. Our study interviewed participants in three regional communities in the North Island that were among the first to establish a Children's Team: Rotorua, Gisborne and Whangarei.

Each of the local Children's Teams has worked hard to develop workable operating and practice models, and to establish credibility and legitimacy with stakeholders. Interviewees spoke of the tensions between local Children's Teams, their respective governance groups (largely comprising partner agencies in health, education, justice, police and social services) and the Ministry for Vulnerable Children/Oranga Tamariki (now the Ministry for Children) in Wellington; and between the desire for local autonomy to develop bespoke approaches and what Children's Teams regard as the imposition of a rigid, prescriptive approach from Wellington. People interviewed for each of the Children's Teams expressed a determination to develop ways of working that best reflect the needs of their communities.

What this suggests

The three cases outlined above underscore the reality that there are multiple pathways to, and organisational expressions of, collaboration. In the WHO STOPS case, an overarching governance group exerting a light touch has been effective in supporting local actors and influencers to explore approaches appropriate to their communities and form partnerships with a high degree of local ownership while still being able to provide comparable forms of assurance. The CBEM case differs again in that the two-person team responsible for facilitating community-led initiatives has shown a greater appetite for experimentation and innovation. The North Melbourne Arts House initiative, with its emphasis on looking to artists to produce works that stimulate discussions about the meaning of disaster and resilience, sits at one end of a spectrum, which also includes more traditional approaches focusing on the mobilisation of essential community assets.

The Children's Team case, on the other hand, illustrates the problematic nature of expecting community-led collaboration to exhibit organisational and operational consistency. In large part, the tension between the original desire for community-led approaches and top-down pressures for consistency was driven by political impatience for results and the desire to realise impacts on a larger geographical scale. This was neatly summarised by a former CAP official:

We became locked into more of a managerial approach because we'd got past that first excitement and passion and we were getting into the hard yards of 'So the minister wants to see this rolled out across the country. We need to get to more sites. The only way we can get to more sites in the time span that the minister

is specifying is to make things more consistent and to be more stipulative. Because if we give everyone the time to evolve their own local version of this, we won't get there in time.' So, those [were] very practical drivers. Big change always takes longer than people want it to take.

Clearly, collaboration can operate at different organisational and geographical scales. However, collaboration frameworks cannot necessarily be transplanted from one location to another nor is it feasible to replicate a standardised collaboration framework with little regard to local circumstances and local aspirations. A major strength of collaborative approaches is the capacity to allow for the crafting of bespoke local solutions addressing local priorities with local stewardship.

When thinking about scale, we need to distinguish between processes of 'scaling down' versus those of 'scaling up'. We can think of scaling down as a process through which a model for collaboration is offered for implementation in multiple locales. The experiences of New Zealand's Children's Teams offer some cautionary lessons about top-down prescription. Scaling up, on the other hand, entails difficulties associated with trying to replicate the actions taken in one locale in other locales that might have altogether different circumstances, connections and histories. In the case of CBEM, for example, participating communities have been encouraged to draw on local knowledge and experience to develop localised strategies without any expectation that they will be upscaled. And, in the case of WHO STOPS, participating communities have been encouraged to pursue bespoke approaches informed by a consistent methodology, thus exhibiting elements of both scaling down and scaling up.

As a final observation, in scaling down place-based approaches, care should be taken to avoid restrictive operational prescription. Of course, governance arrangements need to be capable of providing assurance to authorisers but, at the same time, local collaboration partners need to be given authority to put into place localised arrangements and processes that work. On the other hand, scaling up place-based collaborations requires an acceptance of diversity in arrangements at the coalface. Understandably, bureaucracies tend to favour more uniform approaches that are subject to consistent and comparable impact metrics. However, as discussed in Chapter 2, conventional measures do not necessarily offer a definitive picture of collaborative impact.

Final observations

Drawing on the foregoing discussion, we offer a number of observations that we believe will come into play with many social-purpose collaborations:

- *Top-down versus bottom-up:* In each of the cases we examined, the decision to collaborate emanated from an overarching policy setting and, in that sense, each was ‘government-led’, albeit with strong community and not-for-profit sector engagement. In addition, most depended on practical implementation ‘in place’ by people, organisations and groups situated on the front line. In some instances, tensions arose when the expectations of authorisers were out of step with circumstances on the ground. Undoubtedly, one could find examples of collaborations that originate organically in place and which are later embraced within a policy and practice framework established to foster and sustain the collaborative action. Conversely, collaborations that have their origins in executive-level bureaucratic decisions might struggle to accommodate a focus on place within a received collaboration template.
- *Central control versus local control:* Just as the design of the collaborative practice framework might exhibit tensions between the normative expectations held by those at the top and the judgement and lived experiences of those at the bottom who are charged with the task of implementation, so, too, tensions might arise in relation to control, by which we mean the ability of frontline collaborators to exercise judgement and delegated authority for decision-making. As we have observed elsewhere, collaboration often occurs in a secondary operating space in which participants are to some extent freed from the operational constraints that usually apply in the partner organisations.
- *Geography matters:* Building and sustaining collaborative approaches require significant investments of time and energy in regional areas where distance, terrain and community identities can create multiple barriers.
- *Encourage, enable and reward local innovation:* Related to the foregoing observations is the tension that sometimes arises between authorisers’ desire to standardise the collaborative practice framework. Authorisers might argue that standardisation is necessary for the purposes of comparing performance and outcomes (for example, where collaboration occurs in multiple sites under an overarching policy

framework). It might also be argued that standardisation provides a platform for the replication of successful collaborations. Sometimes, the motive for standardisation results from an insistence on adherence to established processes or operational rules (heedless of the value delivered by a more permissive approach).

- *Upscaling collaboration:* Traditional bureaucratic service delivery architectures have long relied on standardised systems and modes of intervention. For the most part, this has been driven by considerations of geographic equity (offering similar services in different locations) and economic efficiency (by taking advantage of scale effects). To the extent that collaboration for social purposes is most often associated with the pursuit of bespoke strategies ‘in place’, collaboration sometimes sits uncomfortably with authorisers and partner agencies—particularly those in government. Authorisers might look on collaborative initiatives as pilot programs that, if proven successful, might be rolled out at a larger scale. However, collaborations might have unique features owing to the characteristics of the places in which they are situated and the relationship dynamics at work. Although it is possible to replicate collaborative approaches, the realisation of consistent outcomes or scale economies might not be possible.

Practice considerations

1. Carefully consider all of the potential characteristics of place that might have some bearing on: a) the prevalence and severity of the social problems the collaboration seeks to address; and b) the engagement of diverse local stakeholders in articulating the aims and objectives of the collaboration.
2. Factors that might have some bearing include: a) geographic factors such as distance and community infrastructure; and b) socioeconomic factors such as levels of economic participation, educational attainment, social cohesion and social exclusion.
3. Identify potential sources of relevant knowledge and expertise both within and external to the community that might be brought to bear on: a) appropriately framing the problem/s to be addressed; b) facilitating the establishment of the collaboration; c) identifying and communicating the range of feasible options; and d) articulating potential indicators of impact.
4. Identify and wherever possible co-opt influencers from within the community whose involvement or endorsement has the potential to confer informal authority and legitimacy on social-purpose collaboration and facilitate access to sections of the community that might otherwise be hard to reach.

5. Develop a communication strategy that will speak to the range of audiences that have an interest in the purposes of the collaboration, taking into account issues such as access to digital media, levels of literacy and the proportion of the population from non-English-speaking backgrounds.
6. Prior to the commencement of the collaboration, seek clarity from authorisers/partners about the authority of frontline collaboration partners to exercise decision-making and shape the collaboration in such a way as to meet the needs of place and earn the trust and cooperation of community stakeholders.

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