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| A review of the literature on key elements of effective organisational collaboration involving non-government organisations. |
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# Introduction to the review

There has been growing recognition internationally and within Australia, that complex social problems can seldom be resolved by a single service or organisation alone.[[1]](#footnote-1) As a result, opportunities to increase interagency collaboration are increasingly being explored.

For some time, non-government organisations have been engaged in collaborative work within their own sectors but are now looking for opportunities to work across sectors and disciplines. One area where collaboration has beenseen as particularly beneficial is in the support of vulnerable families and children in recognition that ‘single input services based on categorical funding’ will never be an adequate response to families where parents and children are experiencing a range of complex and intersecting needs.[[2]](#footnote-2)

It has been suggested that a more streamlined and coordinated service system has the potential to meet the needs of families in a more comprehensive and seamless way.[[3]](#footnote-3) In recognition of the potential benefits of collaborative work for improving outcomes for vulnerable children and families, three peak organisations have come together to develop the *Tri-Peaks Initiative*: the Centre for Excellence in Child and Family Welfare; Victorian Alcohol and Drug Association and the Victorian Healthcare Association.

To support the development of the Tri-Peaks initiative, this review summarises key literature about organisational collaboration. The review focuses on exploring the characteristics of successful collaboration, how success is measured, and some of the associated challenges of this type of work.

As the volume of research available about interagency collaboration is particularly large, a selective process has been undertaken to locate material which focuses on collaborative work that is most relevant to support planning around the formation of the Tri-Peaks initiative including:

* Strategic collaboration rather than collaboration at the individual practitioner level,
* Initiatives that support clients across the health and/or human services sectors,

Collaborations that include organisations across different sectors or disciplines. This report highlights some examples of existing collaborations within Australia and overseas. It is not intended to be a comprehensive summary of literature in this space. It is also beyond the scope of this work to undertake interviews with the collaborations highlighted to understand the outcomes they have achieved or to assess their degree of success. This task might be considered in subsequent stages of this project.

# About collaboration

A scan of the literature finds a multitude of definitions, terms and models used to describe interagency collaboration.[[4]](#footnote-4) Collaboration is sometimes referred to as coordination; joined up working; partnerships; alliances; multi-and cross-agency working; multi-disciplinary working; cross-boundary working; integration and networks.[[5]](#footnote-5) Collaboration has also been described as one measure on a continuum comprising cooperation, coordination, collaboration and integration.[[6]](#footnote-6) Many papers have attempted to define and differentiate these terms from one another but when these definitions are overlaid across the Australian policy context, it becomes clear that these differentiations do not hold, and it is more common that terms such as coordination, collaboration, alliances and partnerships are used interchangeably.[[7]](#footnote-7)

There are many examples of collaboration occurring between government, non-government organisations and the private sector in Australia, with growing expectation that organisations engage in cross-sector collaboration to achieve community-level public service and policy goals[[8]](#footnote-8).

## Collaboration in the non-government sector

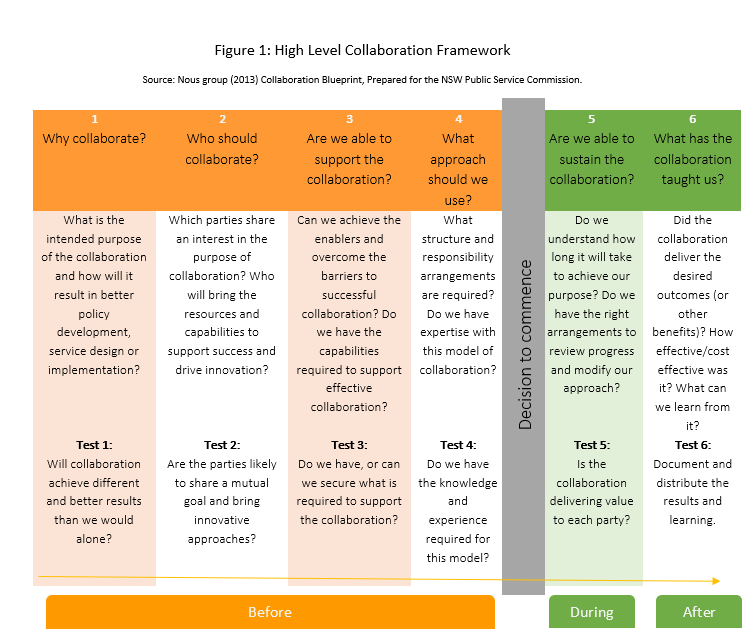
The non-government sector is made up of organisations delivering a broad range of services to the community. This sector receives funding from multiple sources including philanthropic donation, local, state and federal funding. While there may be a range of external influences placing pressure on non-government organisations to enter into collaborative arrangements,[[9]](#footnote-9) the literature suggests that non-government organisations are also choosing to form partnerships for a range of strategic reasons. For example, it has been noted that Australian children and families are increasingly experiencing a mix of intersecting issues that place additional burdens on social services[[10]](#footnote-10). More families are seeking support[[11]](#footnote-11)and this support is more likely to be crisis-focused than delivered earlier to promote healthy functioning.[[12]](#footnote-12) As a result, the service system is often described as complicated and siloed.[[13]](#footnote-13) Collaboration offers non-government organisations the potential to increase their capacity to support complex families by leveraging relationships, and increasing solidarity, information sharing, resources, and influence.[[14]](#footnote-14)

It has been suggested that real progress toward large-scale comprehensive service delivery is only possible when communities move beyond cooperation to genuinely collaborative ventures at the service delivery and system level.[[15]](#footnote-15) However while non-government organisations are increasingly engaging in collaborations, there is very little documentation or consistency in how decisions are being made to enter into partnerships. In response to this identified gap, in 2013, Nous group prepared a ‘Collaboration Blueprint’ for the NSW Pubic Service, which emphasises the importance of establishing clear justifications for entering into collaboration.[[16]](#footnote-16)

The framework suggests that organisations consider questions such as:

* What social problem / issue is the focus of the intended collaboration, and what do you intend to achieve by collaborating to address that problem / issue?
* Are there other organisations who are motivated to achieve this purpose?
* What aspect of the problem / issue could be addressed or assisted by involvement of those organisations?
* What benefits does collaborating with those organisations deliver over and above working alone to achieve the purpose?
* What are the intended results of collaboration (for example, better, different or new service approaches)?
* How long would it reasonably take before a collaborative approach would realise those results? Is that period longer than working on the problem / issue alone? If so, are there some indirect benefits of the collaboration that will assist future efforts to address that or another social problem / issue?
* Will collaboration achieve different and better results than we would have achieved alone?

Figure 1 gives an overview of the collaboration framework structure from planning through to during and after the collaboration along with some key questions for reflection. [[17]](#footnote-17)



In Australia and overseas there are a number of research alliances that generally coordinate research and influence policy by bringing together a range of researchers across different disciplines to increase collaboration and knowledge sharing.

Examples include:

**Australian Research Alliance for Children and Youth (ARACY):** brings together researchers, policy makers in government, people delivering services, children and youth to learn from each other to focus on preventing problems.

**Melbourne Research Alliance to End Violence against women and their children (MAEVe):** which brings together researchers from a range of disciplines across the University of Melbourne in partnership with community, industry and government agencies, to tackle the problem of violence against women and their children through facilitating the open exchange of ideas and resources.

**Scottish Collaboration for Public Health Research and Policy (SCPHRP)**

The SCPHRP was founded in 2008 as one of six UK-wide Centres of Excellence to build capacity for more informative public health research and to address and prevent disease and health inequalities across Scotland. SCPHRP utilised stakeholder consultations to identify major Scottish health problems and devise with community groups and NGOs, policy makers and public health professionals, innovative programs and policies to tackle the problems and evaluated these interventions. [[18]](#footnote-18) SCPHRP is funded by the Medical Research Council of the UK and the Scottish Chief Scientist Office. This joint funding has been a key element in the collaboration’s growth and sustainability.[[19]](#footnote-19)

These research alliances aim to bring together researchers across different disciplines and sectors and there are potential lessons that could be learnt from this work, however there is very limited documentation about how these alliances were established, the challenges they have faced and what they have achieved. The limitation of this work is that research collaborations are generally about bringing together small numbers of individual researchers with different theoretical lenses rather than changing practice or service delivery more generally.

## Collaboration between non-government peak bodies

A non-government peak body is defined as an organisation:

whose membership consists of smaller organisations for allied interests. The peak body offers a strong voice for the specific community sector in the areas of lobbying government, community education and information sharing between member groups and interested parties.[[20]](#footnote-20)

When a literature search was undertaken to explore partnerships, collaboration and alliances between peak bodies across the health and welfare sectors it was difficult to locate relevant information. It is important to note that the term ‘peak body’ does not appear to be used beyond Australia; instead terms such as ‘umbrella organisations’ or ‘industry/trade organisations’ are used which has the effect of diffusing the literature.

A 2010 report on the Contribution of the Not-for-profit Sector by the Productivity Commission suggested that while peak bodies can provide a mechanism for coordination, they often focus on managing relationships with governments rather than promoting collaboration between non-government organisations, with the sharing of resources relatively uncommon.

An internet search suggests that over the past nine years since the Productivity Commission report was written, peak bodies are more readily engaging in partnerships and alliances with other non-government organisations. However little information is available about the structure, purpose or operation of those alliances and any successes or challenges they have faced. For the most part, many of these ‘alliances’ appear to be arrangements established for one-off initiatives such as preparing submissions for public inquiries or to lobby government on a particular issue in a unified way rather than long term collaborative efforts. Two examples of collaborative arrangements with advocacy as its central goal are the National Disability and Carer Alliance and the Western Australian Alliance to end Homelessness outlined below.

**The National Disability and Carer Alliance**

The National Disability and Carer Alliance was established in 2009 to bring together three peak bodies for advocacy purposes in the disability sector. These organisations included Australian Federation of Disability Organisations (AFDO) – representing people with disability; Carers Australia – representing families and carers;[[21]](#footnote-21) and National Disability Services (NDS) – representing disability service providers.

The Alliance created the *Every Australian Counts (EAC)* campaign, which was one of the driving forces behind the development of the National Disability Insurance Scheme (NDIS). It has a number of spokespeople who all have a disability and live across Australia.

**Western Australian Alliance to End Homelessness**

The Western Australian Alliance to End Homelessness is comprised of a group of individuals and organisations that came together following an 18-month community consultation and engagement process. The Alliance developed the WA Strategy to End Homelessness, collectively developed by representatives from homelessness services, people experiencing homelessness, service funders and members of the community. This partnership is funded by Lotterywest and the backbone organisation is Shelter WA.

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# Conditions for successful collaboration

The literature suggests that high-quality functioning is an important precursor to success.[[22]](#footnote-22) The summary below outlines some of the key factors which authors have identified as important conditions to enhance the potential for collaborative efforts to be sustainable and effective. Much of the literature focuses on the things that need to be in place during the ‘formation’ or early planning stages for a collaboration. This includes having a shared vision and goals, adequate resourcing, and agreed governance arrangements. While elements of effective collaboration are summarised separately, it is important to remember that there is and should be, a great degree of connectivity between them.[[23]](#footnote-23)

## Shared vision and goals

One of the fundamental elements of a successful collaboration is starting with an agreed strategy and identified need for the collaboration to be established.[[24]](#footnote-24) The literature suggests the development of a shared vision is a key driver for the process of inspiring partners and should be based on joint values.[[25]](#footnote-25) The process of deciding on an agreed vision can be an important step towards the development of openness and respect between partners which can then ‘provide a reference point for subsequent decision-making within the partnership.’[[26]](#footnote-26)

The literature also highlights the importance of clarity and agreement over a collaborative arrangement’s purpose and goals.[[27]](#footnote-27) However few studies have explored how to go about collectively defining purpose, and have found that this activity can be ‘fraught with difficulties.’[[28]](#footnote-28)

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## Trust

The development of trust and mutual respect is also described as a key ingredient in successful collaborations, while distrust and tension are key reasons for organisations disengaging from collaborations.[[29]](#footnote-29) The literature suggests that trust can take considerable time to build and leaders of organisations can be central to these efforts by encouraging their staff to work cooperatively.[[30]](#footnote-30)

An action research project in NSW aimed to increase collaboration between the domestic violence and mental health sectors.[[31]](#footnote-31) This project began by convening focus groups with practitioners from both services to discuss existing factors that facilitate or impede collaboration. It then invited some of these practitioners to form a working group, which met monthly for a year to generate initiatives aimed at developing and improving collaboration between the two sectors. These initiatives were then evaluated using action research methods. The research found that this organised process and the commitment it entailed had played a crucial role in building trust and a shared sense of commitment.

As one author suggests:

Networks composed of members who trust each other require fewer resources on the part of network managers, as they can have greater confidence that others share common purposes and beliefs.[[32]](#footnote-32)

In terms of how collaboration partners can build trust, the literature suggests that key strategies should include sharing knowledge, demonstrating competency, displaying good intentions and following through on promised actions.[[33]](#footnote-33) The sharing of information has also been identified as a mechanism for building trust but is also extremely important in terms of gathering baseline data to support monitoring progress.[[34]](#footnote-34)

## Authorisation, Governance and Accountability

The literature suggests that successful and enduring collaborations have a strong authorising environment, which might include legislation, policy frameworks or funding requirements and strong organisational support and leadership.[[35]](#footnote-35) In addition, collaboration need to be supported by clear governance structures, and shared understanding of roles, responsibilities and accountabilities to facilitate effective decision-making.[[36]](#footnote-36)

Often collaborations are constructed or conceptualised as non-hierarchical or horizontal systems that can make governance challenging. There are several ways to structure governance arrangements based on the nature of the collaboration and partners. The first is where the collaboration is self-governing through regular meetings of members, the second is by one organisation taking on the role of ‘lead organisation’ and the third is where a network organisation is established separately to oversee the affairs of the collaboration. Each of these methods has a range of benefits and challenges that need further exploration and thought in the context of specific collaborations.

The establishment of accountability mechanisms can be complicated in the context of collaboration due to multiple and competing stakeholder interests and perceptions, and the challenges of clearly defining ‘who is accountable to whom and for what’.[[37]](#footnote-37) It has also been suggested that accountability mechanisms need to be tailored to encourage adequate information sharing with the executives of partner organisations but also to external stakeholders and funders. Accountability mechanisms might be established that relate to inputs, processes or outcomes.[[38]](#footnote-38)

An interesting paper that has recently been published explores the role of boards of directors in cross-sector non-profit collaboration.[[39]](#footnote-39) The authors suggest that non- government organisation board members can bring significant social capital, which can be useful in collaboration. This may include affiliations, ties or in-depth knowledge of other potential partner organisations or connections and insights into potential funding sources within government. Given the significant resources and effort required to undertake collaboration, these insights can be powerful when an organisation is deciding who they should collaborate with and the potential gains for them in doing so. Boards with this type of insight may also prevent organisations from entering into unnecessary collaborations with low chances of positive gain.[[40]](#footnote-40)

## Resources

1. One of the more consistent messages from the literature about effective collaboration is that it is resource intensive and that this needs to be recognised at the commencement of any collaborative work.[[41]](#footnote-41) In addition, studies of non-government organisational collaborations suggest that, where resources are made available to support attainment of the goals, such funding needs to be flexible. Inflexible funding streams has been found to be a major source of frustration, limiting the ability of non-government organisations to bring funding together to finance effective interagency work.[[42]](#footnote-42)

One of the ways in which successful collaborations use funding is to support an identified person (the integration coordinator) to facilitate the collaborative process.[[43]](#footnote-43) This person is sometimes called a ‘Champion’ whose role is to focus on keeping the collaboration working effectively.[[44]](#footnote-44) Sometimes the Champion is supported by a high profile ‘Sponsor’ with the authority to make sure priority and status are given to the partnership and its work. Family Relationship Services Australia explored collaboration between Family and Relationship Services (FRS) and related community services working with families, children and young people (including health, mental health, child fare, family law and community networks) across five communities in Australia.[[45]](#footnote-45)

The focus of the work was ‘what helps and what hinders’. They found that one of the key enablers of collaborative practice was a dedicated network coordinator to convene meetings regularly and make sure actions were implemented. The study also found that collaboration was most successful when it was spearheaded by a champion or enabler with the capacity to work through difficulties as these arose.

# Identifying challenges to effective collaboration and how these can be addressed

The literature emphasises the challenging nature of collaborations and high rates of failure, however less is known about the factors that lead to partnerships breaking down. The literature suggests that failed collaborations are not often written about and their lessons not often shared publicly. It can be surmised, however, that an absence of some of the factors identified in section three, which relate to increased success of collaborations, may be crucial. The following section outlines some of the challenges faced by organisations when they enter into collaborations and strategies for addressing issues either before or after they arise.

Throughout the literature the word ‘clarity’ is often mentioned when discussing factors that can lead to collaborations breaking down. This ambiguity about the purpose of the collaboration and outcomes being sought can lead to considerable conflict down the track.[[46]](#footnote-46) For non-government organisations, their ‘reason for being’ and strategic direction are pivotal but also strongly associated with their identity and culture. It is therefore more difficult than it would seem to align one organisation’s purpose and direction with another’s, especially if the values are different or where one organisation is unwilling or unable to voice its core values.[[47]](#footnote-47) A collaboration designed to reduce child neglect in the United States found that having all partners ‘on board’ with the key principles and vision of the collaboration was crucial to the success of the collaboration.[[48]](#footnote-48) Further detail about where potential conflict can arise in collaboration can be found in a 2005 framework developed by Professor Dorothy Scott.[[49]](#footnote-49)

Conflict is identified in the literature as a key barrier to collaboration. Conflict can arise when partners have differing aims and expectations, and when partnering organisations are of different size or status.[[50]](#footnote-50) The literature recommends organisations spend considerable time on developing and growing relationships between individuals so that conflict resolution can occur in a constructive way rather than be avoided for fear of causing offence. In the United States, one study based on interviews with members of a collaboration designed to deliver services to families involved in the child welfare system, [[51]](#footnote-51) found that where conflict arose the most effective means of keeping discussions productive and respectful was to encourage a focus on the best interests of the child or family and case goals.[[52]](#footnote-52)

Another pitfall for collaborations is a lack of agreement and clarity about the roles of each organisation. The roles and responsibilities of leaders and key people in the organisations that contribute to the collaboration need to be clearly defined.[[53]](#footnote-53) It is also important that each organisation is aware, at least on a macro level, of what the others are doing and how they are doing it. Understanding the roles and responsibilities of individuals, and more generally the operations of the organisations, will help prevent ambiguity and encourage transparency and accountability. Regular and responsive communication has been identified in some studies as a crucial element of this process but challenging across the child and family welfare sector locally and internationally:

the proliferation of modern technology, information sharing needed for collaboration can occur in a variety of ways including multiple meetings, phone calls and e-mail. Workers can become overwhelmed with receiving information and up-dating stakeholders, which leaves greater risk for miscommunication. When this happens, the needs of children and families can be overlooked, which, paradoxically, is one of the issues that collaboration seeks to redress.[[54]](#footnote-54)

A desire to make funding and resources go further is often a key driver for organisations entering into a collaborative arrangement. However, collaborative processes also need considerable resourcing particularly in the establishment phase.[[55]](#footnote-55) A study of interagency collaboration between drug and alcohol services for parents involved in the child welfare system in United States found that shared funding and co-located services were key strategies in using resources in flexible ways and contributed to better service delivery to clients.[[56]](#footnote-56) An example of a large collaboration that faced challenges juggling federal and state funding is outlined below.

**Partners in Recovery (PIR) Program**

The Partners in Recovery (PIR) program commenced in 2012. The Australian government to provide care coordination to facilitate access to health and social support services for people with severe and persistent mental illness. Of the 48 PIR programs across Australia, 35 were led by Medicare Locals, the previous Australian regional primary health care organisation) and nine involved Medicare Locals as partner organisations. A study was undertaken to identify features that enabled and hindered collaboration. [[57]](#footnote-57)

The study used service data and feedback from key stakeholders including consumers, carers and practitioners. It found that successful PIR programs were based upon effective collaboration including dedicated funding, a shared understanding of PIR aims, joint planning and decision-making, effective network management, mutual respect and effective communication. Collaboration was also enhanced by the local knowledge and population health planning functions of Medicare Locals.[[58]](#footnote-58)

Issues around jurisdictional boundaries and funding were identified as barriers where state funding was discontinued once Federal funding was made available and a lack of flexibility around how funding could be used. A lack of interprofessional integration was also a challenge with community organisations feeling that their views and expertise were not being considered by clinical partners.[[59]](#footnote-59)

One of the purposes of collaboration in the child and family welfare sector is to bring together a range of professionals and practitioners from different disciplinary backgrounds and sectors. This diversity is often described as one of the benefits of collaboration but can also pose some significant additional challenges. [[60]](#footnote-60) An example comes from an Australian collaboration that faced the challenges of multi-disciplinary work while trying to deliver an improved response to children in out of home care with a disability and complex behaviours.[[61]](#footnote-61) This collaboration found that when practitioners with a clinical background interacted with educational staff there were some significant differences in their focus and approach to issues such as classroom management. Organisational variations in terms of processes, policies and communication mechanisms were also noted. The significant variation in caseloads between organisations was also mentioned as an issue that caused frustration in terms of the inability of some service providers to be as responsive as other services would have ideally liked.

The additional challenges identified when collaboration is occurring between services that see the child as their client and services that see the adult parent as their client are well documented.[[62]](#footnote-62) One of the issues that leads to tension is the fact that adult-focused services can be:

concerned that confidentiality will be compromised and their often tenuous relationship with the parent threatened if they are seen to be too closely aligned with the child-focused agencies. They often see the latter as exacerbating their client’s substance dependence or mental health problems because of the intense fear and sense of loss elicited by the possibility of a child being placed in out-of-home care. Alternatively, the child protection service will frequently want evidence from the adult mental health or drug treatment service to assist in determining whether the child is at risk because of the parent’s condition.[[63]](#footnote-63)

Another key challenge to sustaining collaboration noted in the literature is the turnover of staff.[[64]](#footnote-64) When key partners or individuals leave, they often also take their buy-in and expertise. To prevent this, organisations can implement strategies to retain institutional memory and build collaborative capability throughout the organisation. Strategies used by some collaborations have been to keep former workers engaged as consultants and providing ongoing training to maintain the capacity and support for interagency collaboration as new staff enter the workforces.[[65]](#footnote-65)

# Measuring success

Much of the literature about collaboration assumes that coordinated action will result in benefits in terms of effectiveness, efficiency and equity with little exploration about whether these anticipated benefits are realised.[[66]](#footnote-66) Some commentators have described this assumption as problematic given insights that collaboration is seldom easy and has the potential to be extremely time consuming and frustrating for participants.[[67]](#footnote-67) The literature acknowledges that collaboration is challenging and resource intensive but suggests that the question of whether the investment of time and effort is worth it is only recently being asked.[[68]](#footnote-68) One author wonders whether this is because some partners may have a ‘vested interest in portraying the partnership as a success’ rather than actively seeking to measure whether this is actually the case.[[69]](#footnote-69) The literature is also limited in terms of any agreement about how collaborative success or effectiveness should be defined or measured.

Evaluating collaborations can be challenging because partnerships do not operate in isolation, and other factors might contribute to achieving or not achieving desired outcomes. Other challenges include a lack of validated tools, undefined or immeasurable outcomes being sought from the collaboration, the dynamic nature of collaborations and the considerable time that collaborations can take to impact community outcomes.[[70]](#footnote-70)

It has been suggested that collecting baseline date and tracking the results being achieved by a collaboration can be useful to help members see the good work that is being done and can provide data for reporting back to management and the public.[[71]](#footnote-71) If progress is being made, trust will continue to grow among members, which can be an important element for sustainability.[[72]](#footnote-72)

To assist collaborations assess their impact, a number of self-assessment tools have been developed. These usually consist of a series of standards with members of collaborations being asked to indicate the extent to which the standard has been achieved.[[73]](#footnote-73) A partnership analysis tool has also been developed by VicHealth to help organisations reflect on their partnerships.[[74]](#footnote-74)

Another tool has been developed to evaluate a specific collaboration designed to reduce the incidence and prevalence of adolescent drug use and criminal behaviour in Pennsylvania, USA. The developers of this tool note that selection of measures to include in the tool was challenging given the lack of data available to support the reliability and validity of measure being selected.[[75]](#footnote-75) The tool aimed to measure coalition functioning through examining psychometric properties through self-completed questionnaires over six years across key domains including:

* Leadership Style
* Interpersonal Relationships
* Coalition Efficiency
* Participation Costs and Benefits
* Sustainable planning
* Community/Sector support

While this research is comprehensive, the tool has been developed to evaluate one specific and highly structured collaboration, which means it is difficult to extrapolate these findings to broader context and partnership environments. This study found that the degree of perceived benefits of participation in the coalition significantly affected whether organisations stayed engaged or not.[[76]](#footnote-76)

Another study has explored the dimensions of partnership functionality that are directly related to partnership ‘synergy’ or the degree to which the combined perspectives, knowledge and skills of the partners strengthen the thinking and actions of the group and the partnerships’ relationship to the broader community.[[77]](#footnote-77) One Australian study also used a survey and focus groups to explore the impact of collaboration between youth homelessness and employment services. The evaluation used a survey to document the number and type of relationships between agencies and services. Focus groups were used to enhance the validity of the interpretation of the survey findings.[[78]](#footnote-78) This evaluation was very focused on the process of collaboration and outcomes in terms of connections made without consideration of broader outcomes achieved for clients.

The Department of Children and Youth Affairs in Ireland undertook a literature review to understand the evidence around whether interagency working improved outcomes for children and families.[[79]](#footnote-79) The review found that collaborative working had positive impacts in terms of access to services for clients, increased knowledge and skills for professionals and greater efficiencies for organisations.

One author stresses that it is important for partnerships which are designed to improve outcomes for children to actually measuring the impact of partnership activity not only in terms of direct outcomes for children and young people, but also whether or not strategic partnerships facilitate the development of effective operational arrangements that, in turn, deliver better services to children.[[80]](#footnote-80) Others have recommended that consumers should also be engaged in collaborative work to ensure that their perspectives can feed into the process and evaluation.[[81]](#footnote-81) A recent Australian study explored the effects of interagency working from the perspectives of victim/survivors of domestic violence.[[82]](#footnote-82) The study used workplace observations and interviews to explore what collaborative practice looked like from the victim perspective but it is important to note that this study was observation and did not directly ask the client about their experiences which was a crucial limitation of the study.

# Conclusion

This review has explored insights from the literature to support cross-peak collaborative work to make a positive difference in the lives of children, young people and their families. It proved difficult to locate information about strategic collaboration between peak bodies for a number of reasons, some of which related to variety of terms used to refer to collaboration and the lack of consistency in how peak organisations are described internationally.

Therefore a wider net was cast to explore what factors have enhanced or inhibited collaborative work between non-government organisations. The literature gives consistent messages about the factors that can lead to more effective collaboration across a range of social welfare organisations. These include having a unified vision, a clear purpose, adequate resources, strong governance, trust, and an agreed focus on intended outcomes.

Some examples of collaborations occurring across non-government organisations are highlighted throughout the report but the information that is publicly available about how these collaborations are functioning is scant to non-existent. To gain additional information about how these collaborations are working in practice, it is recommended that conversations be held with some of the key stakeholders involved in this work. Questions could focus on how decisions were made to enter into a collaboration, the value that has been created by the collaboration, whether the resources allocated have been adequate, whether the model of collaboration chosen was effective or best suited to the work, and any other lessons that have been learnt from the collaboration that could be useful to inform the Tri Peaks Initiative.

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# References

Andersson, J., & Wikstrom, E. (2014). Constructing accountability in inter-organisational collaboration, *Journal of Health Organization and Management*, vol.28 (5) pp 620.

Andrews, R., & Entwistle., T. (2010). Does Cross-sectoral Partnership Deliver? An Empirical Exploration of Public Service Effectiveness Efficiency and Equity, *Journal of Public Administration Research and Theory,* vol. 20 pp 679-701.

Bromfield, L., Lamont, A., Parker, R., & Horsfall, B. (2010). Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems, National Child Protection Clearinghouse Australian Institute of Family Studies, no 33.

Brown, L., Feinberg, M., & Greenberg,M. (2012). Measuring Coalition Functioning: Refining Constructs Through Factor Analysis, vol. 39 (4) pp 486-497.

Bryson,J., Crosby,B., & Middleton Stone, M. (2015). Designing and Implementing Cross-Sector Collaborations: Needed and Challenging, *Public Administration Review,* vol. 75 (5) pp 647-663.

Bunger., A Collins-Camargo.,A., McBeath,B., Chuang,E., Perez-Jolles, M., & Wells, R. (2014). Collaboration, Competition and Co-opetition: Intergorganziational dynamics between private child welfare agencies and child serving sectors, *Children and Youth Services Review*, vol. 38 pp 113-122.

Butcher, J., & Gilchrist,D. (eds) (2016). The three Sector Solution, Australian National University, Canberra.

Chapman,C., & Varda, D. (2017). Nonprofit Resource Contribution and Mission Alignment in Interorganizational. Cross-Sector Public Health Networks, *Nonprofit and Voluntary Sector Quarterly*, vol. 46 (5) pp 1052-1072.

Chandler, S. (2017). Managing Innovative Collaborations: The Role of Facilitation and Other Strategies for Working Collaboratively, Human Service Organizations: *Management, Leadership & Governance*, vol 41(2) pp 133-146.

Churchill, H., & Fawcett, B. (2016). Refocussing on Early Intervention and Family Support: A Review of Child Welfare Reforms in New South Wales, *Social Policy & Society*, vol. 15 (2) pp 303-316.

Cloutier,C., & Langley, A. (2017). Negotiating the Moral Aspects of Purpose in Single and Cross-Sectoral Collaborations, *Journal of Business Ethics*, vol. 141 p 104.

Eden,C., & Huxham, C. (2001). The Negotiation of Purpose in Multi-Organizational Collaborative Groups, *Journal of Management Studies*, vol 38 (3) pp 373-391.

Family Relationship Services Australia. (2010). What Helps and Hinders: FRSA Linkages and Collaboration Project Report, Australian Government, Canberra.

Frost,H., Geddes,R., Haw,S. et al. (2012). Experiences of knowledge brokering for evidence-informed public health policy and practice: three years of the Scottish Collaboration for Public Health Research and Policy, *Evidence & Policy: A Journal of Research, Debate & Practice*, vol. 8 (3) pp 347-359.

Gazley, B. (2010). Linking Collaborative Capacity to Performance Measurement in Government-Nonprofit Partnerships, *Nonprofit and Voluntary Sector Quarterly*, vol. 39 (4).

Grace,M., Coventry, L., & Batterham, D. (2012). The role of interagency collaboration in “joined up” case management, *Journal of Interprofessional Care*, vol. 26 p 131-149.

Green,A., Trott,E., Willging, C, Finn, N et al. (2016). The role of collaborations in sustaining an evidence-based intervention to reduce child neglect, *Child Abuse & Neglect* vol. 53 pp 4-16.

He, A. (2017). Interagency collaboration and receipt of substance abuse treatment services for child welfare-involved caregivers, *Journal of Substance Abuse Treatment* vol. 70 pp 20-28.

Henderson,J., Javanparast,S., Baum.,F., Freeman.,T., Fuller,J., Ziersch., A. & Mackean., T. (2019). Interagency collaboration in primary mental health care: Lessons from the Partners in Recovery Program, *International Journal of Mental Health Systems*, vol 13(37).

Horwath, J., & Morrison, T. (2011). Effective inter-agency collaboration to safeguard children: Rising to the challenge through collective development, *Children and Youth Services Review*, vol. 33 p 371

Ihm., J. & Shumate, M. (2019). How does a board of directors influence within-and cross-sector non-profit collaboration?, *Nonprofit Management and Leadership*, vol. 29 pp 473-490

Keast, R., Charles., M & Modzelewski, P. (2017.) The Cost of Collaboration: More than Budgeted for? www.powertopersuade.org.au (April 13, 2017).

Laing, L., & Irwin, J., & Toivonen, C. (2012). Across the Divide: Using Research to Enhance Collaboration Between Mental Health and Domestic Violence Services, *Australian Social Work,* vol. 65 (1) pp120-135

Lee, H., Robertson,P., Lewis., L., Sloane, D., Galloway-Gillam, D. & Nomachi, J. (2012). Trust in a Cross -Sectoral Interorganizational Network: An Empirical Investigation of Antecedents, *Nonprofit and Voluntary Sector Quarterly*, vol 41 (4) p 609-631.

McAteer,J., Di Ruggiero,E., Fraser, A., & Frank, J. (2018). Bridging the academic and practice/policy gap in public health: perspectives from Scotland and Canada, *Journal of Public Health*, fdy127

Marek,L., Brock, D., & Savla, J. (2015). Evaluating Collaboration for Effectiveness: Conceptualization and Measurement, *American Journal of Evaluation*, vol. 36 (1) pp 67-85.

McDonald, M., & Rosier., K. (2011). Interagency Collaboration: Part A. What is it and what does it look like, when is it needed and what supports it?, *AFRC Briefing no 21*, Australian Institute of Family Studies.

Melaville, A., & Blank, M. (1991). What it Take: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services, Education and Human Services Consortium, Washington https://eric.ed.gov/?id=ED330748

Melville., R., & Perkins, R. (2003). Changing roles of Community- Sector Peak Bodies in A Neo-liberal policy environment in Australia, University of Wollongong, ARC Funded study.

Morley, L.., & Myhill, J. (2018). Collaboration in Child Welfare: What Should Practitioners Expect from Themselves, *Communities, Children and Families Australia*, vol. 12 (1) pp 23-42.

National Technical Assistance and Evaluation Centre for Systems of Care, A Closer Look: Interagency Collaboration. (2008). The Children’s Bureau, US Department of Health & Human Services, United States of America https://www.childwelfare.gov/pubPDFs/interagency.pdf

Nous group. (2013). Collaboration Blueprint, Prepared for the NSW Public Service Commission. <https://www.nousgroup.com/insights/event-summary-collaboration-social-outcomes/>

O’Brien, N., Pilny, A., Atouba., Y., Shumate, M., Fulk., J., & Monge, P. (2019). How does NGO Partnering Change Over Time? A Longitudinal Examination of Factors that Influence NGO Partner Selection, *Nonprofit and Voluntary Quarterly,* pp 1-21.

Packard,T., Patti, R., Daly, D., & Tucker-Tatlow., J. (2013). Implementing Services Integration and Interagency Collaboration: Experiences in Seven Counties, *Administration in Social Work*, vol. 37 (4) pp 356-371.

Percy-Smith, J. (2006). What Works in Strategic Partnerships for Children: A Research Review, *Children & Society* vol 20 pp 313-323.

Phillips, J., & Walsh, M. (2019). Teaming up in Child Welfare: The perspective of guardians ad litem on the components of interprofessional collaboration, *Children and Youth Services Review*, vol. 96 pp 17-26.

Pinnington., B. (2017). Antecedents of Value from Inter-Organisational Collaboration, *PhD thesis*, University of Liverpool: UK.

Scott, D. (2005). Inter-organisational collaboration in family-centred practice: A framework for analysis and action, *Australian Social Work*, vol. 58 (2) pp 132-141.

Shepherd, N., & Meehan, T.(2012). A Multilevel Framework for Effective Interagency Collaboration in Mental Health, *Australian Journal of Public Administration*, vol 71 (4) pp 403-411.

Stewart, S. (2019). Enacting Entangled Practice: Interagency Collaboration in Domestic and Family Violence Work, *Violence Against Women*, pp 1-22.

Statham, J. (2011). A review of international evidence on interagency working, to inform the development of Children’s Services Committees in Ireland, Department of Children and Youth Affairs, Dublin.

Snavely, K., & Tracy, M. (2002). Development of Trust in Rural Non-profit Collaborations, *Nonprofit and Voluntary Sector Quarterly,* vol. 31 (1) pp 62-83.

VicHealth (2011) The Partnerships Analysis Tool, Melbourne

[https://www.vichealth.vic.gov.au/search/the-partnerships-analysis-tool (21](https://www.vichealth.vic.gov.au/search/the-partnerships-analysis-tool%20(21) August 2019).

Walter., U & Petr, C. (2000). A Template for Family-Centered Interagency Collaboration. *Families in Society,* vol. 81(5) pp 494-503.

Weiss,E., Anderson, R., &.Lasker, R. (2002). Making the Most of Collaboration: Exploring the Relationship Between Partnership Synergy and Partnership Functioning, *Health Education & Behaviour*, vol 29 no 6 pp 683-698.

White, M., & Winkworth, G. (2012). A Rubric for Building Effective Collaboration: Creating and Sustaining Multi-Service Partnerships to Improve Outcomes for Clients- Concepts Paper. <https://staff.acu.edu.au/__data/assets/pdf_file/0011/483914/Collaboration_Rubric.pdf>

Zivani, J., Darlington, Y., Feeney,R., Meredith,P., & Head, B. (2013). Children with disabilities in out-of-home care: Perspectives on organisational collaborations, *Children and Youth Services Review*, vol. 35 pp 797-805.

Zufferey,C., Gibson,C., & Buchanan, F. (2015). Collaborating to Focus on Children in Australian Social Work Education, *Social Work Education*, vol. 34 no 1 pp32-45.

1. Janie Percy-Smith (2006) What Works in Strategic Partnerships for Children: A Research Review, *Children & Society* vol 20 p 313. [↑](#footnote-ref-1)
2. Dorothy Scott (2005) Inter-organisational collaboration in family-centred practice: A framework for analysis and action, *Australian Social Work,* vol 58 (2) pp 132-141. [↑](#footnote-ref-2)
3. Myfanwy McDonald and Kate Rosier (2011) Interagency Collaboration: Part A. What is it and what does it look like, when is it needed and what supports it? *AFRC Briefing no 21*, Australian Institute of Family Studies. [↑](#footnote-ref-3)
4. Uta Walter and Christopher Petr (2000) A template for family-centered interagency collaboration, *Families in Society: The Journal of Contemporary Human Services* vol. 81(5) pp 494-503. [↑](#footnote-ref-4)
5. Percy-Smith op cit. [↑](#footnote-ref-5)
6. Walter op cit p.495. [↑](#footnote-ref-6)
7. Carole Zufferey, Christine Gibson and Fiona Buchanan (2015) Collaborating to Focus on Children in Australian Social Work Education, *Social Work Education*, vol 34 (1) pp 32-45. [↑](#footnote-ref-7)
8. Carrie Chapman and Danielle Varda (2017) Nonprofit Resource Contribution and Mission Alignment in Interorganizational. Cross-Sector Public Health Networks, *Nonprofit and Voluntary Sector Quarterly*, vol. 46 (5). [↑](#footnote-ref-8)
9. Alicia Bunger, Crystal Collins-Camargo, Bowen McBeath, Emmaline Chuang, Monica Perez-Jolles and Rebecca Wells (2014) Collaboration, Competition and Co-opetition: Interorganizational dynamics between private child welfare agencies and child serving sectors, *Children and Youth Services Review*, vol. 38 pp113-122. [↑](#footnote-ref-9)
10. Leah Bromfield, Alister Lamont, Robyn Parker & Briony Horsfall (2010). Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems, National Child Protection Clearinghouse Australian Institute of Family Studies , no 33 [↑](#footnote-ref-10)
11. John Butcher and David Gilchrist (eds) (2016), *The three Sector Solution*, Australian National University, Canberra [↑](#footnote-ref-11)
12. Harriet Churchill and Barbara Fawcett (20116), Refocussing on Early Intervention and Family Support: A Review of Child Welfare Reforms in New South Wales, *Social Policy & Society*, vol. 15(2) pp 303-316. [↑](#footnote-ref-12)
13. Marty Grace, Louise Coventry and Deb Batterham (2012) The role of interagency collaboration in “joined up” case management, *Journal of Interprofessional Care,* vol. 26 pp 141-149. [↑](#footnote-ref-13)
14. Nina O’Brien, Andrew Pilny, Yannick Atouba, Michelle Shumate, Janet Fulk and Peter Monge (2019) How does NGO Partnering Change Over Time? A Longitudinal Examination of Factors that Influence NGO Partner Selection, *Nonprofit and Voluntary Sector Quarterly*,pp 1-21. [↑](#footnote-ref-14)
15. Atelia Melaville and Martin Blank, (1991) What it Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services, Education and Human Services Consortium, Washington https://eric.ed.gov/?id=ED330748 [↑](#footnote-ref-15)
16. Nous group (2013) Collaboration Blueprint, Prepared for the NSW Public Service Commission. <https://www.nousgroup.com/insights/event-summary-collaboration-social-outcomes/> [↑](#footnote-ref-16)
17. Nous group op cit. [↑](#footnote-ref-17)
18. Helen Frost, Rosemary Geddes, Sally Haw, Caroline Jackson, Ruth Jepson, John, Mooney and John Frank. (2012) Experiences of knowledge brokering for evidence-informed public health policy and practice: three years of the Scottish Collaboration for Public Health Research and Policy, *Evidence & Policy: A Journal of Research, Debate & Practice*, vol. 8 (3), pp347-359. [↑](#footnote-ref-18)
19. J.McAteer, E.Di Ruggiero, A. Fraser and J.Frank (2018). Bridging the academic and practice/policy gap in public health: perspectives from Scotland and Canada, *Journal of Public Health*, fdy127 [↑](#footnote-ref-19)
20. Rose Melville and Roberta Perkins (2003) Changing roles of Community – Sector Peak Bodies in A Neo-liberal policy environment in Australia, University of Wollongong, ARC funded study. [↑](#footnote-ref-20)
21. Nous op cit [↑](#footnote-ref-21)
22. Louis Brown, Mark Feinberg and Mark Greenberg (2012) Measuring Coalition Functioning: Refining Constructs Through Factor Analysis, vol. 39 (4) pp 486-497. [↑](#footnote-ref-22)
23. Jan Horwath and Tony Morrison (2011) Effective inter-agency collaboration to safeguard children: Rising to the challenge through collective development, *Children and Youth Services Review*, vol. 33 p 371. [↑](#footnote-ref-23)
24. ibid [↑](#footnote-ref-24)
25. Percy-Smith op cit. [↑](#footnote-ref-25)
26. ibid [↑](#footnote-ref-26)
27. Beth Gazley (2010) Linking Collaborative Capacity to Performance Measurement in Government-Nonprofit Partnerships, *Nonprofit and Voluntary Sector Quarterly*, vol. 39 (4). [↑](#footnote-ref-27)
28. Colin Eden and Chris Huxham (2001) The Negotiation of Purpose in Multi-Organizational Collaborative Groups, *Journal of Management Studies*, vol 38 (3). [↑](#footnote-ref-28)
29. Howath op cit. [↑](#footnote-ref-29)
30. Keith Snavely and Martin Tracy (2002) Development of Trust in Rural Non-profit Collaborations, *Nonprofit and Voluntary Sector Quarterly,* vol. 31 (1), pp 62-83. [↑](#footnote-ref-30)
31. Lesley Laing, Jude Irwin and Cherie Toivonen (2012) Across the Divide: Using Research to Enhance Collaboration between Mental Health and Domestic Violence Services, *Australian Social Work,* 65 (1), pp 120-135. [↑](#footnote-ref-31)
32. Hyung-Woo Lee, Peter Robertson, La Vonna Lewis et al. (2012) Trust in a Cross-Sectoral Interorganizational Network: An Empirical Investigation of Antecedents, *Nonprofit and Voluntary Sector Quarterly*, vol 41 (4) p 610. [↑](#footnote-ref-32)
33. John Bryson, Barbara Crosby and Melissa Middleton Stone (2015) Designing and Implementing Cross-Sector Collaborations: Needed and Challenging, *Public Administration Review* vol. 75(5) pp 647-663. [↑](#footnote-ref-33)
34. Michael White and Gail Winkworth (2012) A Rubric for Building Effective Collaboration: Creating and Sustaining Multi-Service Partnerships to Improve Outcomes for Clients, <https://staff.acu.edu.au/__data/assets/pdf_file/0011/483914/Collaboration_Rubric.pdf> [↑](#footnote-ref-34)
35. ibid [↑](#footnote-ref-35)
36. Horwath op cit. [↑](#footnote-ref-36)
37. J. Andersson and E. Wikstrom (2014) Constructing accountability in inter-organisational collaboration, *Journal of Health Organization and Management*, vol. 28 (5) p 620. [↑](#footnote-ref-37)
38. Bryson op cit. [↑](#footnote-ref-38)
39. Jennifer Ihm and Michelle Shumate (2019), How does a board of directors influence within-and cross-sector non-profit collaboration?, *Nonprofit Management and Leadership*, vol. 29 pp 473-490. [↑](#footnote-ref-39)
40. ibid [↑](#footnote-ref-40)
41. Elisa Weiss, Rebecca Miller Anderson and Roz Lasker (2002) Making the Most of Collaboration: Exploring the Relationship Between Partnership Synergy and Partnership Functioning, *Health Education & Behaviour*, vol. 29(6). [↑](#footnote-ref-41)
42. Thomas Packard, Rino Patti, Donna Daly and Jennifer Tucker-Tatlow (2013) Implementing Services Integration and Interagency Collaboration: Experiences in Seven Counties, *Administration in Social Work*, vol 37 pp 356-371 [↑](#footnote-ref-42)
43. Nicole Shepherd and Thomas Meehan (2012) A Multilevel Framework for Effective Interagency Collaboration in Mental Health, *Australian Journal of Public Administration*, vol. 71(4) pp 403-411. [↑](#footnote-ref-43)
44. Bryson op cit. [↑](#footnote-ref-44)
45. Family Relationship Services Australia, (2010) What Helps and Hinders: FRSA Linkages and Collaboration Project Report, Australian Government, Canberra. [↑](#footnote-ref-45)
46. Charlotte Cloutier and Ann Langley (2017) Negotiating the Moral Aspects of Purpose in Single and Cross-Sectoral Collaborations, *Journal of Business Ethics*, vol. 141 p 104. [↑](#footnote-ref-46)
47. ibid [↑](#footnote-ref-47)
48. Amy Green, Elise Trott, Cathleen Willging et al (2016) The role of collaborations in sustaining an evidence-based intervention to reduce child neglect, *Child Abuse & Neglect* vol. 53 pp 4-16. [↑](#footnote-ref-48)
49. Scott op cit. [↑](#footnote-ref-49)
50. Bryson op cit. [↑](#footnote-ref-50)
51. J. Phillips and M. Walsh (2019) Teaming up in Child Welfare: The perspective of guardians ad litem on the components of interprofessional collaboration, *Children and Youth Services Review*, vol. 96 pp 17-26. [↑](#footnote-ref-51)
52. ibid [↑](#footnote-ref-52)
53. Susan Meyers Chandler (2017) Managing Innovative Collaborations: The Role of Facilitation and Other Strategies for Working Collaboratively, *Human Service Organizations: Manangement, Leadership & Governance* vol.41 (2), p 138. [↑](#footnote-ref-53)
54. Louise Morley, and Jennie Myhill, J. (2018) Collaboration in Child Welfare: What Should Practitioners Expect from Themselves, Communities, *Children and Families Australia*, vol. 12(1) p.26 [↑](#footnote-ref-54)
55. Robyn Keast, Michael Charles and Piotr Modzelewski (2017) The Cost of Collaboration: More than Budgeted for? www.powertopersuade.org.au (April 13, 2017). [↑](#footnote-ref-55)
56. A. He (2017) Interagency collaboration and receipt of substance abuse treatment services for child welfare-involved caregivers, *Journal of Substance Abuse Treatment* vol. 70 pp 20-28. [↑](#footnote-ref-56)
57. Julie Henderson, Sara Javanparast, Fran Baum, Toby Freeman, Jeffery Fuller, Anna Ziersch and Tamara Mackean (2019) Interagency collaboration in primary mental health care: Lessons from the Partners in Recovery Program, *International Journal of Mental Health Systems*, vol. 13 (37). [↑](#footnote-ref-57)
58. ibid [↑](#footnote-ref-58)
59. ibid [↑](#footnote-ref-59)
60. Lee op cit. [↑](#footnote-ref-60)
61. Jenny Zivani, Yvonne Darlington, Rachel Feeney, Pamela Meredith and Brian Head (2013) Children with disabilities in out-of-home care: Perspectives on organisational collaborations, *Children and Youth Services Review*, vol. 35 pp 797-805. [↑](#footnote-ref-61)
62. Scott op cit. [↑](#footnote-ref-62)
63. Scott p.133 [↑](#footnote-ref-63)
64. Zivani op cit. [↑](#footnote-ref-64)
65. National Technical Assistance and Evaluation Centre for Systems of Care, A Closer Look: Interagency Collaboration (2008), The Children’s Bureau, US Department of Health & Human Services, United States of America https://www.childwelfare.gov/pubPDFs/interagency.pdf [↑](#footnote-ref-65)
66. Rhys Andrews and Tom Entwistle (2010), Does Cross-sectoral Partnership Deliver? An Empirical Exploration of Public Service Effectiveness Efficiency and Equity, *Journal of Public Administration Research and Theory* vol 20 p 689. [↑](#footnote-ref-66)
67. Bryson op cit. [↑](#footnote-ref-67)
68. B.D. Pennington (2017) Antecedents of Value from Inter-Organisational Collaboration, *PhD thesis*, University of Liverpool: UK. [↑](#footnote-ref-68)
69. Gazley op cit. [↑](#footnote-ref-69)
70. Lydia Marek, Donna-Jean Brock and Jyoti Savla (2015) ‘Evaluating Collaboration for Effectiveness: Conceptualization and Measurement’, *American Journal of Evaluation*, vol. 36 (1) pp 67-85. [↑](#footnote-ref-70)
71. Chandler op cit. [↑](#footnote-ref-71)
72. ibid [↑](#footnote-ref-72)
73. Horwath op cit. [↑](#footnote-ref-73)
74. VicHealth (2011) https://www.vichealth.vic.gov.au/search/the-partnerships-analysis-tool [↑](#footnote-ref-74)
75. Brown op cit. [↑](#footnote-ref-75)
76. ibid [↑](#footnote-ref-76)
77. Weiss op cit. [↑](#footnote-ref-77)
78. Grace op cit. [↑](#footnote-ref-78)
79. June Statham (2011) A review of international evidence on interagency working, to inform the development of Children’s Services Committees in Ireland, Department of Children and Youth Affairs, Dublin. [↑](#footnote-ref-79)
80. Percy-Smith op cit. [↑](#footnote-ref-80)
81. White op cit. [↑](#footnote-ref-81)
82. Sarah Stewart (2019) Enacting Entangled Practice: Interagency Collaboration in Domestic and Family Violence Work, *Violence Against Women*, pp 1-22. [↑](#footnote-ref-82)