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Churchill Fellowship to explore how governments can promote social service integration for people with complex needs

Report by Nick Coxon,
2022 Churchill Fellow

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Social service integration for people with complex needs

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Signed: Nick Coxon

Date: 30 January 2024

3. ACKNOWLEDGEMENTS

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Thank you to the many people who supported my application for the Churchill Fellowship, including by going above and beyond to connect me with the right people overseas. In particular, Professor Helen Dickinson from the University of New South Wales, Thea Snow from the Centre for Public Impact and Brittany Wood.

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Finally thank you to my family and friends for their support, and my partner Grant for putting up with many long days of research and writing, and solo fur-parenting Raffaello while I was overseas.

I acknowledge that this report was written on the land of the Wurundjeri people of the Kulin Nation.

4. INTRODUCTION

I am a manager of the Better, Connected Care reform, a whole of government initiative in the Australian State of Victoria. It focuses on improving service delivery for people with multiple and complex needs. The reform vision is:

> better connected care and services for people with multiple and complex needs, supported by stronger partnerships and earlier intervention, to achieve improved client outcomes and reduce demand on acute services.

To date, key implementation progress has included the establishment of place-based regional strategic governance groups across Victoria and the commencement of an early intervention case management pilot for families with justice system contact.

The Churchill Fellowship topic explores a key aim of the Better, Connected Care reform, related to promoting social service integration across Victoria. The Churchill Fellowship topic is:

> To explore how governments can promote social service integration for people with complex needs.

What problem is the Better, Connected Care reform seeking to address?

Our analysis has shown that accessing a range of services can be difficult for people, particularly those with multiple and complex needs. This can cause frustration as people are often required to undertake multiple assessments, re-tell their story, leave services due to age requirements, and be required to fit into existing service models. The boundaries between delivery partners and program specifications can cause delays or prevent people from accessing the services they need. Others do not meet strict access and eligibility requirements and miss out on services and support.

In the absence of an integrated approach people may not be adequately supported, which can result in increasingly complex support requirements and make it harder to achieve positive outcomes. A more integrated and connected service system that can respond to people earlier and more holistically can help overcome these challenges. The Better, Connected Care reform aims to address the barriers many people experience as they navigate access to multiple services across a range of programs and organisations.

This reform builds on a long and proud history of service delivery innovation in Victoria. There have been several initiatives over time that have considered elements of the problem the Better, Connected Care reform is seeking to address. For example, the Multiple and Complex Needs Initiative, jointly funded by the Department of Families, Fairness and Housing and the Department of Justice and Regulation, commenced in 2004, and provides a specialist service for people who have multiple needs, which is defined as a combination of mental illness, substance abuse issues intellectual impairment, acquired brain injury and forensic issues (Department of Families, Fairness and Housing 2023). The Roadmap to Reform is an example of an end-to-end initiative which seeks to reshape the children and families system in Victoria, overseen by the Department of Families, Fairness and Housing since 2016. Multiple partners have been collaborating to drive the reform, which currently has a focus on earlier intervention to improve long-term outcomes of children and families (Department of Families, Fairness and Housing 2021).

Major recent reforms in social services have been underpinned by Royal Commission inquiries in Victoria and Australia, which have focused on individual service systems and recommended whole scale system redesign. The Royal Commission into Victoria's Mental Health System which was completed in 2021, and the Royal Commission into Family Violence which was completed in 2015 both recommended that those systems provide services that are more integrated, and delivered within people's communities (Royal Commission into Victoria's Mental Health System 2021), (The Victorian Government 2022).

Most recently, the Yoorrook Justice Commission, which was tasked with investigating and reporting on injustice against First Peoples, published the *Report into Victoria's Child Protection and Criminal Justice Systems.* This report recommended transformative change to the child protection and the criminal justice systems, principally by transferring decision-making power, authority, control and resources of the child protection and criminal justice systems to First Peoples. This will give full effect to the right of First Peoples to self-determination (Yoorrook Justice Commission 2023, 86).

How will the Churchill Fellowship contribute to addressing this problem?

This Fellowship assesses service delivery models and governance arrangements from international jurisdictions. It will showcase innovations in social service integration in the United Kingdom and Canada, focusing on successful initiatives that respond to need holistically, and new models of partnership which promote better integration across government, the community sector, and communities. Assessing international practice is the next important stage of inquiry for the Better, Connected Care reform.

The United Kingdom was because it has a comparable system of government to Australia, with notable differences in service delivery responsibilities. The National Health Service is centrally administered in England, Scotland, and Wales, and responsible for a broad range of health services including hospitals. Responsibility for social care and many other social services is held more locally, at the local authority level. This means that integrated health and care reforms have focussed on driving better integration of these central and locally administered systems. The United Kingdom has a strong history of reform of public services including service delivery reform, which has influenced Australian reform trajectories (Dickinson 2015, 5). The current integration of health and social care reform direction in England aims to achieve integration at regional levels through the establishment of Integrated Care Boards. Implementation progress to date has been mixed.

Canada was selected because of its similar system of government to Australia. It has a history of social innovation practice, with initiatives aimed at addressing complex social problems. Like Australia, in Canada each province is responsible for health, justice and social services, meaning that approaches to integration varied significantly across the country. Ontario Health Teams which operate across the province seek better integration across a range of providers. Alberta has some interesting pockets of good integration, and British Columbia has a focus on poverty reduction to address the needs of vulnerable populations. Implementation progress in Canada has also been mixed.

Given the experience and practice of integration of these overseas jurisdictions, I explore promising examples across the following areas, which formed the basis for my research questions:

- Governance structures and partnerships where better collaboration and integration has led to services and supports that work better for people.

- Encouraging service design and delivery approaches which seek to integrate services, and centre the person in the system, with a long-term systems change focus.

- Ways of working and learning which lend themselves to system wide improvements, recognising the complexity of government systems.

Professional background

Over the last 10 years, I have played a role in significant social policy reforms in Australia. I have contributed to the development and implementation of the National Disability Insurance Scheme, advised the Royal Commission into Victoria's Mental Health System, and most recently designed a sophisticated program to support vulnerable families across justice and human services as part of the Better, Connected Care reform.

I hold a Master of Public Policy and Management, a Bachelor of Arts (first class honours) and a Bachelor of Laws with Honours from the University of Melbourne.

The experience of the Churchill Fellowship

The real benefit of a Churchill Fellowship for me, apart from the incredible opportunity to talk to and learn from international experts and change makers, was the ability to 'zoom out' of my current work and life demands and reflect on what is required to drive change in complex systems. I have come to a deeper understanding of the multiple actors that are required to improve the lives of people in our communities who have experienced barriers. The people I met were passionate about improving systems to better address the needs of people. The importance of relationships and collaboration within and across systems, as well as with communities, was a consistent theme of my conversations. The Churchill Fellowship has underscored the importance to me of taking time to pause in our busy day-to-day working lives, to listen deeply in particular to those who do not have loud voices or an existing seat at the table, and to challenge assumptions, both our own and those of the dominant systems we are part of.

5. CONTACT DETAILS

Email: ngcoxon@gmail.com

LinkedIn: www.linkedin.com/in/nick-coxon-79b1874b/

6. KEYWORDS

Multiple and complex needs, social service integration, systems change, service design, social innovation, lived experience.

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8. EXECUTIVE SUMMARY

In the jurisdictions I visited, the needs of populations are changing. There is an increasing number of people who have multiple, complex, and long-term conditions, and systems that were established to focus on singular issues or needs do not adequately respond to this complexity (Charles 2022). Demand is also increasing, and there is a growing desire that services and supports are more person centred (Minitry of Health 2023). I heard consistently that services and supports do not respond to the reality of people's lives, particularly those experiencing multiple and complex needs. Many of these challenges are similar to those faced by people in Victoria.

There are no quick fixes to these system wide issues. Direct applicability to the Australian context should be treated with caution because of differences in structures of government in the UK and Canada. In addition, responding to complexity is contextual, meaning local and community needs to be considered in any proposed response.

Bearing this in mind, the Churchill Fellowship report chronicles several approaches, structures, and ways of working that will provide valuable lessons for the Better, Connected Care reform, Victorian systems more broadly, and other Australian jurisdictions. The intention is that the findings from the UK and Canada can inform efforts to better respond to people with multiple and complex needs in Victoria and Australia.

My key findings have been summarised in the section below. The subsequent recommendations provide a pathway for reform in the Victorian context, building on the implementation progress of the Better, Connected Care reform to date.

Key findings

- **The evidence base for service integration is still emerging:** While benefits of integration are promising, there are areas where the evidence is weak or inconclusive. Most studies have focused on short-term outcomes, making it difficult to assess the long-term benefits and sustainability of integrated care models. A focus on service integration can be helpful in aligning professionals, local services, and policy makers around a common goal, and strengthens the case for more collaborative ways of working.

- **Establishing clear authorisation and governance arrangements for social service integration is important.** However, this is only one building block for improved integration. Allowance for flexibility and creativity at regional levels, so system managers can drive improvements informed by the local context is critical. Genuine collaboration between local system actors was a consistent theme across effective initiatives. Given the complexity of systems change, structural and cultural differences between systems need to be factored into any integration efforts, and this is a long-term task. Progress will be slow without accompanying resources and support.

- **Service design and social innovation approaches that have a whole of systems change objective are required.** Strong service design approaches, which focus on understanding the problem before proposing solutions are key. Deep engagement with people and communities is essential in major change or reform processes. Pilots are valuable for testing different approaches to respond to people with multiple and complex needs. Where the problem is particularly complex, social innovation approaches should be considered, especially where there are supportive environments to enable social innovation to succeed.

- **Responding to people with multiple needs is complex and systemic.** A complexity lens allows for appreciation of the multiple, diverse, and interconnected elements that operate in complex systems. Human Learning Systems is an approach that creates space for continuous learning and adaptation and recognises the importance of human actors and their relationships within systems.

- **Connection to community provides fulfilment outside of service systems.** Some people require ongoing services or support, others may only need episodic help.

> But fulfillment comes from things outside of the service system, such as participation in communities and social connection. Whole of systems change approaches that promote broader community connection are required.

Reflecting the nature of the Churchill Fellowship, this report is structured around key themes related to improving outcomes for people with multiple and complex needs. It is deliberately broad in scope, assessing key areas that are critical to improve systems to support people. Rather than a comprehensive exploration of each theme, key reflections and case studies are included, with conclusions and recommendations to propose a pathway for reform in the Victorian context. Many of the recommendations, as demonstrated through the implementation options section, are in line with the Better, Connected Care reform direction to date.

9. ITINERARY

Date 2023	Organisation	Place	Topic	Contact
22-24 May	23rd International Conference on Integrated Care	Antwerp, Belgium	Best practice of integrated care	N/A
23 May	Edge Hill University	Antwerp, Belgium	Best practice of integrated care	Dr Axel Kaehne, Professor of Health Services Research, Edgehill University
30 May	Tower Hamlets Council	London, United Kingdom	Health and social care integration	Joseph Lacey-Holland Acting Director of Integrated Commissioning Health, Adults & Communities Directorate
30 May	Care City, Barking and Dagenham	London, United Kingdom	Health and social care integration	Matt Skinner Chief Exec Care City Innovation C.I.C

1 June	Tamarack Institute, Canada	London, United Kingdom (virtual)	Collective impact initiatives	Liz Weaver President and Co-CEO, Tamarack Institute Sylvia Cheuy, Consulting Director, Collective Impact, Tamarack Learning Centre
7 June	Plymouth Alliance for Complex Needs	Plymouth, United Kingdom	Health and social care integration	Gary Wallace, Public Health Specialist, Office of the Director of Public Health Plymouth City Council
8 June	Plymouth Veterans and Families Hub	Plymouth, United Kingdom	Service integration	Ann-Marie Woollacott, Veterans Project Manager
9 June	Possibilities, Greater Manchester	London, United Kingdom (virtual)	Innovative disability service delivery	Rachel Law – Chief Executive

12 June	Birmingham Social Services Council (Birmingham Changing Futures Together programme)	Birmingham, United Kingdom	Initiatives addressing multiple disadvantage	Sophie Wilson, Research Director
13 June	University of Birmingham	Birmingham, United Kingdom	Initiatives addressing multiple disadvantage	Dr Samantha Weston, Associate Professor School of Social Policy
14 June	University of Newcastle	Newcastle, United Kingdom	Health and social care integration	Dr Tamara Mulherin, Lecturer, Newcastle Business School
15 - 16 June	Complexity Outcomes Conference, Newcastle	Newcastle, United Kingdom	Complexity lens for public service delivery	N/A
20 June	Mutual Ventures	London, United Kingdom (virtual)	Health and social care integration	Andrew Laird, CEO
20 June	Sally Caldwell Freelance transformation	London, United Kingdom	Innovative service delivery; health and	Sally Caldwell, Freelance transformation,

	and strategy consultant		social care integration	and strategy consultant
21 June	London School of Hygiene & Tropical Medicine	London, United Kingdom	Evaluation of health and social care integration	Professor Nicholas Mays
21 June	Camden Council	London, United Kingdom	Health and social care integration	Henry Langford, Portfolio Lead for Health, Care and Partnerships
21 June	Barking and Dagenham	London, United Kingdom	Digital capability for innovation	Lewis Sheldrake, Lead Commissioner – Innovation and Personalisation
22 June	The National Lottery Community Fund	London, United Kingdom (virtual)	Initiatives addressing multiple disadvantage	Peter Dobson, Funding Manager, the National Lottery Fund
22 June	Former CEO of Wigan Council	London, United Kingdom (virtual)	Innovative service delivery, the Wigan Deal	Donna Hall, former CEO of Wigan Council
23 June	Amazon Web Services	London, United Kingdom (virtual)	Health and care technology	Nicky Murphy, International Government Health Lead

				Anna Townsend, Worldwide Public Sector - Healthcare
23 June	University of Birmingham	London, United Kingdom (virtual)	Youth justice research	Dr Sarah Brooks-Wilson Department of Social Policy, Sociology and Criminology
29 June	Midlothian Health & Social Care Partnership	London, United Kingdom (virtual)	Health and Care technology	Gill Main, Integration Manager, Midlothian Health & Social Care Partnership
29 June	Midlothian Council	London, United Kingdom (virtual)	Health, justice, and social care integration	David Russell Community Safety & Justice Manager
29 June	Changing Futures Northumbria	London, United Kingdom (virtual)	Initiatives addressing multiple disadvantage	Ron Charlton, Data and Information Lead for Changing

				Futures Northumbria
4 July	East Toronto Ontario Health Team	Toronto, Ontario, Canada	Integration of health and other social services	Anne Wojtak, Lead, East Toronto Health Partners Margery Konan, East Toronto Health Partners
4 July	University of Strathclyde	Toronto, Ontario, Canada (virtual)	Monitoring the impact of new and innovative service delivery approaches	Dr Emma Miller, Senior Research Fellow of the School of Social Work and Social Policy, University of Strathclyde
5 July	Greater Hamilton Health Network	Hamilton, Ontario, Canada	Integration of health and other social services	Sarah Precious, Manager of Engagement and Communications
6 July	Tamarack Institute	Kitchener, Ontario, Canada	Lived experience engagement approaches, and complexity in public service delivery	Justin Williams, Associate Director, Public Policy and Government Relations

7 July	Synthetikos Inc.	Toronto, Ontario, Canada	Social innovation approaches to address complex problems	Alex Ryan, CEO of Synthetikos Inc.
10 July	Deloitte	Toronto, Ontario, Canada	Key elements in initiatives addressing multiple disadvantage	Josh Hjartarson, Global Leader for the Human and Social Services, Deloitte Inc.
11 July	Canada Mortgage and Housing Corporation	Montreal, Quebec, Canada	Social innovation approaches to address complex problems	Aleeya Velji, Business Lead, Canada Mortgage and Housing Corporation
13 July	Ministry of Social Development and Poverty Reduction, British Columbia	Edmonton, Alberta, Canada (virtual)	Key elements in initiatives addressing multiple disadvantage	Scott Barillaro, Acting Executive Director, Strategic Initiatives, Ministry of Social Development and Poverty Reduction, British Columbia
13 July	Edmonton North Community Health Hub	Edmonton, Alberta, Canada	Integration of health and other social services	Melissa Jameson, Program Manager, Northeast Home Care Network, Edmonton North

				Community Health Hub
14 July	Skills Society, Action Lab	Edmonton, Alberta, Canada	Social innovation approaches to address complex problems	Ben Weinlick Executive Director, Skills Society Rebecca Rubuliak, Senior Leader of Continuous Improvement & Innovation, Skills Society
14 July	Alberta Health Services	Edmonton, Alberta, Canada (virtual)	Integration of health and other social services	Isabel Henderson, Executive Director, Special Projects, Clinical Operations, Alberta Health Services Shawna McGhan, Senior Consultant, Innovation and Integration, Primary Health Care
17 July	The Alex Community Health Centre	Calgary, Alberta, Canada	Integration of health and other social services	Jennifer Eyford, Associate Director Mental Health,

				Addictions & Outreach
17 July	The Calgary Drop-In Centre	Calgary, Alberta, Canada	Integration of health and homelessness services	Danielle Szabo, Senior Manager of Health Services
17 July	Re-imagining Justice Co-Lead, Reforming the Family Justice Sy stem	Calgary, Alberta, Canada	Multi-sector collaboration to reform the Family Law system in Alberta	Diana Lowe, Kings Counsel
21 July	Ministry of Social Development & Poverty Reduction, British Columbia Provincial Government	Vancouver, British Columbia, Canada (virtual)	Poverty reduction approaches	Whitney Borowko, Executive Director, Strategic Policy Initiatives, Leah Squance, Executive Director, Strategic Policy and Legislation,
24 July	The Summit	Vancouver, British Columbia, Canada (virtual)	Addressing complexity in young people	Andrea Perri, Director, Inpatient and Eating Disorders, Child and Adolescent Addictions, Mental Health and

				Psychiatry Program, Calgary Zone
24 July	Curiko	Vancouver, British Columbia, Canada	Innovative disability service delivery	Janey Roh, Curiko Director
24 July	Government of Alberta, social innovation and systemic design community	Vancouver, British Columbia, Canada (virtual)	Social innovation approaches to address complex problems	Huzaifa Faisal, Angela Coutinho, Jackie Bruglemans, Government of Alberta - social innovation systemic design community
25 July	Energy Futures Lab, University of Guelph	Vancouver, British Columbia, Canada (virtual)	Social innovation approaches to address complex problems	Keren Perla, Director, Energy Futures Policy Collaborative at Energy Futures Lab
25 July	City of Edmonton	Vancouver, British Columbia, Canada (virtual)	Social innovation approaches to address complex problems	Sue Holdsworth, Project Manager, RECOVER Urban Wellbeing
26 July	Number 11, Midlothian	Vancouver, British	Health, justice and social	Julie Jessup, Interim Service

		Columbia, Canada (virtual)	care integration	Manager (Justice and Protection Services), Health and Social Care Partnership, Number 11
26 July	Solutions Lab Vancouver	Vancouver, British Columbia, Canada	Social innovation approaches to address complex problems	Lindsay Cole, former founder and manager of the Solutions Lab Vancouver
26 July	Foundry Vancouver	Vancouver, British Columbia, Canada	Integration of health and other social services	Matthew Wegner, Leader, Program Implementation, Foundry
26 July	TRRUST Collective Impact	Vancouver, British Columbia, Canada	Collective impact approaches for young people	Erica Mark, Project Manager, TRRUST Collective Impact

10. MAIN BODY

1 What is the case for integration?

Introduction

This section undertakes a brief review of the evidence on health and social care integration in England and assesses the implementation of the Ontario Health Teams in Canada.

The evidence and conclusions in this chapter draw on evaluations of pilots and programmes delivered in England, which have focused on the integration of health and social care, with two pilots looking at integration of broader social services for people experiencing multiple disadvantage. It also assesses implementation reviews of the Ontario Health Teams, which seek to integrate health and other social services. Overall, while the benefits of integration are promising, evidence reveals common barriers to delivering integrated care. The evidence supporting integration is still emerging, and evaluations to date have found the evidence base to be weak or inconclusive.

For an overview of pilots considered, see Appendix A.

Benefits of integration

The integration of health and social care services aims to address fragmented care by providing more coordinated services. Anticipated benefits across policies and programmes centre on:

- Improved outcomes for people: Integrated services can result in better health outcomes for people. A focus of many initiatives has been on reduced hospital admissions.
- Enhanced experience for people: Integration can drive individual experiences of integrated care and support that is personalised and coordinated, reducing duplication and the burden of navigating multiple systems.

- Cost-efficiency: By reducing duplication and improving coordination thereby driving overall cost efficiencies (Department of Health and Social Care 2022) (Charles 2022).

Evaluations in the context of health and social care have found that good local progress has been made in some areas, with the greatest progress made where integrated care initiatives focussed on 'tangible issues with a clear understanding of how success will be measured' (Miller R 2021, 1). There has been a degree of progress made towards shifting people away from an over-reliance on acute care as demonstrated through Vanguards and the Better Care Fund (Miller R 2021, 5). Pioneers and Vanguards also contributed to modestly lower rises in unplanned hospital admissions (Lewis RQ 2021, 6). However, the impacts of service integration are generally more modest than originally anticipated (Miller R 2021, 1). Evidence of empowering citizens and patients through engagement and design of interventions has not been evident, while there has been some effort made to inculcate a user focus (Lewis RQ 2021, 7).

Residual benefits of integration have also been recorded. For example, professionals, local services and policy makers have been aligned around integrated care, and the focus on integration has strengthened the case for more collaborative ways of working (Miller R 2021, 6).

The evaluation of the Fulfilling Lives programme assesses the eight years of programme implementation of initiatives that addressed multiple disadvantage. It found that the programme was successful in establishing new structures to enable greater collaboration and coordination across agencies and sectors, and built a local workforce better equipped to support people facing multiple disadvantage. Collaboration was found to be a key achievement for fulfilling lives: partnerships provided opportunities for professionals from a variety of sectors and disciplines to come together to enhance understanding of different services (Welford 2022, 49). However, challenges relating to integration remained. The programme made less progress in addressing siloed and short-term commissioning, there was ineffective information sharing and a lack of engagement from some statutory services (Welford 2022, 8).

The *Changing Futures evaluation: baseline report*, which draws on activities over its first year of implementation until October 2022, reflected some early achievements, including that partner agencies shared goals and priorities with multiple organisations in their local area, shared client records, and used data to better understand multiple

disadvantage and improve service design, planning and delivery. However, this did not necessarily extend to collaboration in designing and developing services (Department for Levelling Up, Housing and Communities 2023, vi-vii).

Limitations of the evidence

There are limitations and weaknesses in the evidence of service integration. Most studies have focused on short-term outcomes, making it difficult to assess the long-term benefits and sustainability of integrated care models (Lewis RQ 2021, 1). Additionally, the effectiveness of integrated care can vary depending on how well it is implemented, with local factors such as effective senior leadership found to be a key success factor (Lewis RQ 2021, 1).

Longer-term studies would be useful to provide a more comprehensive understanding of the benefits and challenges of integration. On this point, the forthcoming evaluation of the Changing Futures Programme will be helpful, by providing longer term insights on initiatives that address multiple disadvantage when read in conjunction with the Fulfilling Lives evaluation.

Enablers for integration

Common enablers that contributed to effective service integration were identified across evaluations. Many of these enablers are driven at local or regional levels. For example, where senior leaders are willing to engage, understand and respond to those from other sectors there is the opportunity for progress. Where this is not the case, however, fragmentation remains and opportunities to explore new flexibilities are not exploited (Miller R 2021, 6). This is linked to the finding of the importance of shared values within the initiative, and strong, pre-existing local relationships between stakeholders (Lewis RQ 2021, 3). The greatest progress is made when local areas have a focus on specific tangible tasks or issues and relatively discrete interventions rather than complex, multi-factorial system changes (Lewis RQ 2021, 3).

A clear understanding of how success will be measured at the outset is also important. Agreed standards for reporting of outcomes can support successful integration while keeping parties accountable to meeting their goals, as was found to be the case for Ontario Health Teams (Sethuram 2023, 4). Finally, the availability of resources was also found to be important to deliver change (Lewis RQ 2021, 3). However, even with

considerable investment, it was found that progress with integrated care initiatives in the UK was slow and difficult (Miller R 2021, 1).

Barriers to integration

Barriers to integration were also identified through programme evaluations. Many of these barriers were found to be under the control of central levels of government. For example, difficulties with sharing data between organisations, both in terms of system interoperability and data governance, were a common and significant problem. The requirement to navigate a changing national policy context also proved challenging, with pilots finding that new policy initiatives cut across their objectives or added complexity to their achievement (Lewis RQ 2021, 1) (Miller R 2021, 1). While pooling of funds is possible, the legislative framework makes this a complex and arduous task (Lewis RQ 2021, 6).

A sense of uncertainty was identified through implementation of Ontario Health Teams, which proved a significant barrier and impediment to successful implementation. It was found to be present at three levels:

- A cross-organizational level; policymakers were perceived as providing inadequate direction;
- A sectoral level: certain sectors were uncertain about participating due to historic vulnerabilities; and
- A professional level: physicians were uncertain about the value of the new model and their place within it (Embuldeniya 2021, 1).

However, this uncertainty was successfully addressed where there was recognition amongst stakeholders of the need for change, inclusive decision-making, and developing empathy and awareness of each other's needs. This helped unsettle traditional hierarchies and facilitate new ways of working (Embuldeniya 2021, 1).

Key findings

The evidence suggests that the integration of health and social care has the potential to improve outcomes for people. Integrated care models can have residual benefits, by aligning professionals, local services and policy makers around a common goal, thereby strengthening the case for more collaborative ways of working. It is important to note, however, that integration cannot by itself address major inadequacies in underlying resources or structural inequalities (Miller R 2021, 1).

There are gaps in the evidence base concerning integration, particularly in relation to long-term outcomes and the factors that influence the effectiveness of integrated care models. Further research is needed to address these evidentiary gaps and provide more robust evidence to guide future policy directions.

2 Identifying and responding to people with multiple and complex needs

Recommendations

- The Better, Connected Care reform should continue to develop its understanding of which people, families and communities are intended to benefit from the reform, to ensure that benefits reach those in need.
- The Better, Connected Care reform should develop a term to describe the people, families and communities that could benefit from the reform, utilising lived experience engagement approaches.

Introduction

The Better, Connected Care reform defines people with multiple and complex needs as people who require support from multiple service systems. It consciously uses a broad definition to capture people who may not fit the definitional categories of other service systems.

The Better, Connected Care reform Victoria is well advanced in its analysis of administrative data for the purposes understanding people up use multiple services. It has a dedicated team which provides analysis of Victoria's linked dataset, which includes almost 40 datasets overseen by the Centre for Victorian Data Linkage. It has developed a data dashboard with data segmented by the 17 Local Site Executive Committee areas. Through linked data analysis, the Better, Connected Care reform has also established working definitions for these cohorts. For example, it defines people who have accessed 10 or more unique services over an 8-year period as "very complex clients" and those who have accessed 5-9 services as "complex clients". This provides a useful working understanding of the number of people who use multiple services and the types of services they access, including any patterns in service usage such as intensity and sequencing.

Experience from other jurisdictions: identifying and responding to people with multiple and complex needs

Identifying people, families and communities who are intended to benefit from the reform has multiple layers of complexity because people do not easily fall into definitional categories, and because the complexity of our systems leads to service gaps as well as duplication. From my conversations with people from other jurisdictions, three broad categories of people who may benefit from integrated service delivery initiatives and reforms have been identified.

The first group are those who have multiple needs but may not meet the threshold for entry into whichever service system. Therefore, while people require support and their needs might be complex, they go unmet because they do not meet strict eligibility criteria, or because services are rationed. An example of this may be someone with mental health and housing needs, but do not meet the threshold for entry into either service. The Better, Connected Care reform recognises that rationed systems and intake issues may create service delivery gaps, and create escalating needs which mean that people may up in tertiary systems. People who do not access supports will not be visible in administrative datasets.

The second group are those who have multiple and complex needs and have accessed numerous services, but their outcomes do not significantly improve. This cohort does not respond to interventions as expected, underscoring a system failure, and may return to crisis or tertiary service systems including the justice system. This has been the primary focus of the Better, Connected Care reform to date.

The third group are those who may have complex needs but do not access services due to access barriers or non-help seeking behaviours. Many diverse communities fit into this category. These people may be invisible in administrative data sets because they do not use services. The Better, Connected Care reform pilot initiative, Putting Families First, has a focus on better responding to families, including culturally and linguistically diverse and Aboriginal families, who have not traditionally accessed like voluntary services. One way of doing this was through funding cultural connection workers to understand the cultural needs of these families and to connect them with community.

Clear identification of people, families and communities who are intended to benefit from the reform is important, as it aligns effort and focus across systems, and directs it to people who are in need. Clearly identifying people intended to benefit from the

reform or initiative at hand also contributes to the design of effective and targeted intake assessments.

Other jurisdictions have taken similar approaches to Victoria in identifying and responding to people with multiple and complex needs. The Changing Futures Programme in the UK uses the term 'multiple disadvantage' which it defines as people with experience of three or more of the following challenges: homelessness, drug and alcohol problems, mental ill health, domestic abuse and contact with the criminal justice system. This 'refers to a situation where an individual faces several challenges or barriers that negatively affect their well-being and quality of life… When these challenges are combined, they can create a complex web of disadvantage that is difficult to overcome' (Changing Futures Northumbria 2023).

Multiple disadvantages have been interpreted broadly for intake purposes by the Changing Futures Northumbria model of support. It uses principles rather than rules to guide case managers' work, including for intake. The first principle is 'understand, not assess'. This principle explicitly intends to avoid standardised assessments and instead focus on what matters to the person. This approach can catch people who need support, but who may not meet traditional assessment criteria and thresholds for government funded services and supports. It can also reach people in various stages of crisis, including through providing earlier intervention. Applying this approach would mean that there are more flexible ways to work with people, and therefore more touchpoints with those in need.

British Columbia in Canada takes a broader approach and considers many of the drivers of multiple and complex needs through the lens of poverty reduction. Its *Poverty Reduction Strategy* has set ambitious targets to reduce poverty, and has six priority focus areas, including service system priorities such as affordable housing and supporting families, children and youth, as well as broader priorities such as driving social inclusion across the community. This approach has the benefit of focussing on the environmental and social drivers of poverty, vulnerability and disadvantage, rather than a narrower focus on the design of an integrated government service system and its challenges (Government of British Columbia 2018).

Appropriate definitional language for service users

It is important to reflect on the language 'multiple and complex needs', as I heard from multiple people that language such as this may be stigmatising. The Changing Futures programme uses 'multiple disadvantage'. Changing Futures Northumbria acknowledges that this is not perfect and noted on its website that it is interested in learning what language would avoid stigmatising people, while developing a good understanding of who is intended to benefit from the program (Changing Futures Northumbria 2023). One way Changing Futures Northumbria is already applying this in practice is through its first principle: 'understand, not assess', which provides a more holistic understanding of the person in need The Birmingham Voluntary Service Council also emphasised the need to avoid stigmatising language, and emphasised the importance of lived experience engagement to best understand how people wish to be referred to. In Birmingham, strengths-based language was preferred, which is language that recognises the systemic barriers faced by people rather than a stigmatising, deficit-based approach. Other consumer driven movements, such as mental health survivor movements, provide helpful examples of strengths-based language to refer to people.

The RECOVER Edmonton project, a social innovation approach to addressing homelessness and promoting urban wellness, learnt a lot about definitional language through the delivery of this approach. Initially, the team used the term 'very vulnerable' to describe people experiencing homelessness, mental health and addiction issues. On reflection, the team found that this led to thinking of this group as essentially homogenous and identified them based on their lack of agency. Utilising ethnographic research, the team went through a process of reevaluating this language and landed on 3 sub-groups to describe the different motivations of the people they were working with: newbies, adventurers, and precarious optimists (Ryan 2018). For this particular initiative, this enabled both a richer understanding of the people that were engaged through the social innovation process and prevented stigmatisation.

Writing from a Canadian context, Tulloch and Schulman and argue that the issue of stigmatisation of people who use services runs deeper and is in fact driven by how our systems are built to respond to people. They argue that enabling broader strengths-based language can drive better workforce engagement with people. Tulloch and Schulman explain 'Asking staff of social service agencies to attend only to immediate needs can be dehumanizing. It segments people into categories of needs and

entitlements, and it discourages staff from seeing or discharging their personal moral duties to the people they come into contact with' (Tulloch and Schulman 2020).

Key findings

Identifying people, families and communities who are intended to benefit from the reform has multiple layers of complexity. Recognising this complexity, it is important to use a multifaceted approach to identify people, including:

- analysing administrative data sets as a starting point,
- supplementing this analysis with direct engagement with people, to understand their stories and develop client journey pathways,
- work to identify people who may not be visible in administrative datasets.

Additionally, it is important that appropriate language for service users is developed. For a system wide approach, two critical elements are needed:

- the definition must not stigmatise, and
- it must provide an understanding of who is intended to benefit from the reform.

Given the categories of people identified above, which could each benefit from the Better, Connected Care reform work, multiple definitions for people should be considered. Suitable identification will provide for better targeting of services, a richer understanding of barriers to access services, and a starting point to redesign ways to mitigate these.

Direct lived experience engagement should be used to determine language which does not stigmatise service users. While the RECOVER Edmonton initiative had the benefit of focusing on one particular community in the inner city, a similar approach that focusses on the strengths and motivations of people could be applied to system wide initiatives like the Better, Connected Care reform.

For the purposes of this report, multiple and complex needs will continue to be used, recognising the recommendation to develop other definition/s through lived experience engagement.

Recommendations

- The Better, Connected Care reform should continue to develop its understanding of which people, families and communities are intended to benefit from the reform, to ensure that benefits reach those in need.
- The Better, Connected Care reform should develop a term to describe the people, families and communities that could benefit from the reform, utilising lived experience engagement approaches.

Implementation approach

Victoria is well advanced in its analysis of administrative data, including linked data. This administrative data should be supplemented by the further development of real stories of people who face challenges including those who have engaged with services and supports. These should be developed by engaging with operational levels of government as well as service providers to identify potential candidates for further engagement. Lived experience engagement is particularly important to better understand the reasons behind service usage, or the reasons why people have not engaged with services or supports.

To inform a richer understanding of people, families and communities that are intended to benefit from the reform, definitional language may need to be updated over time. As different initiatives are trialed and a broader understand of the community is achieved, the system will mature and the people working within it will develop a more sophisticated understanding of the people and communities they are working within.

3 Authorisation and governance arrangements to support service integration

Recommendations

- The Victorian Government should provide clear authorisation for the Better, Connected Care reform across policy, service design and operational areas of government and the funded sector.
- The Victorian Government through the Better, Connected Care reform should continue to develop conditions for better integration by devolving more responsibility to regional levels.

Introduction

Victoria's service and support system is complex, and this complexity is magnified for people who access multiple services. The Better, Connected Care reform has established governance arrangements, which seek to set the foundations for better integration across Victorian Government health, social services and justice systems. This includes inter-departmental policy and strategic leadership, led by a central team from the Department of Families, Fairness and Housing (DFFH) and the Department of Justice and Community Safety (DJCS). This central team provides the enabling environment for change, by engaging across central program areas, and setting the reform agenda for agreement by senior officials and Ministers. The key authorising instrument for the Better, Connected Care reform is the Heads of Agreement. All relevant heads of departments are signatories to this agreement. This sets the foundation for reform by identifying the Better, Connected Care reform objectives, including integrated service delivery.

Regional strategic governance groups across all 17 DFFH operational areas have also been established. These are called Local Site Executive Committees (LSECs) and involve regional representatives from each service delivery department, as well as Victoria Police. LSECs set the foundations for future place-focused decision making and more joined-up service delivery. All 17 LSECs were established and operating by July 2022.

Local governments in the United Kingdom have many of the service delivery functions of state governments in Australia with a few notable differences, particularly that

states deliver hospitals in Australia, which is a National Health Service (NHS) responsibility in United Kingdom. Since 2010, England has been progressing a range of reforms focused on the integration of health and social care at regional levels. Integrated Care Systems (ICS) are the current centrepiece of this reform. ICS have been established to take collective responsibility for planning services, improving health and reducing inequalities. There are 3 – 5 local authorities within an ICS (Department of Health and Social Care 2022). The reforms recognise the importance of 'place' and seek to address several decades of policy settings which have focused on driving competition, by focusing instead on collaboration to improve outcomes for people at the local authority level (Charles 2022).

Canada has a similar structure of government to Australia, with provinces responsible for much of the health, social services and justice delivery. In Canada, approaches to integration varied significantly by province. Ontario Health Teams, which operate across the province, seek similar integration outcomes as ICS and the Better, Connected Care reform. Alberta had some interesting pockets of good integration, and British Columbia had a focus on poverty reduction to address the needs of vulnerable populations. While there were significantly different approaches across jurisdictions to respond to people with multiple and complex needs, the conversations surfaced similar challenges that we are facing in Australia.

In this section, both enabling settings including supportive governance arrangements and authorisation, as well as regional or initiative or operational level governance that facilitates integration across services are considered.

UK experience: England

ICSs have existed in one form or another since 2016 and have operated as informal partnerships using soft power and influence to achieve their objectives (Charles 2022). ICS were formalised in 2022, and as articulated in the 2022 White Paper, *Health and social care integration: joining up care for people, places and populations*, they bring together providers and commissioners of NHS services with local authorities and other partners across 42 areas (Department of Health and Social Care 2022). In its analysis of the health and social care integration reforms, the Kings Fund identifies that much of the heavy lifting of integration and improving population health is driven by organisations collaborating at the place or local authority level, and therefore supports the reform direction for more local autonomy through the establishment of ICSs (The Kings Fund 2022).

The feedback from many people who work in local government, such as Henry Langford, Portfolio Lead for Health, Care and Partnerships at Camden and Joseph Lacey-Holland Acting Director of Integrated Commissioning, Health, Adults & Communities Directorate was that these reforms have facilitated some positive headway towards better integration. The reform direction towards more local autonomy and integration with a focus on improving population health was spoken about positively. Overarching authorisation and clear enabling settings for these reforms, I heard, are effective in unifying different system actors around a central vision. In a review 10 years of Integrated Health and Social Care in England, Robin Miller, Jon Glasby, and Helen Dickinson reflect that this is one of the positives of the health and social care integration reforms 'professionals, local services and policy makers all want to make integration work – and what was once something of a "bolt-on" to traditional ways of working has now become part of the mainstream' (Miller R 2021).

I met with a number of local councils across England and Scotland. My impression was that there is a good level of integration and collaboration operating at this level, particularly for social care and other areas of responsibility of local authorities including public health. For example, in Tower Hamlets, commissioning for adults is consolidated into one integrated directorate under one executive, the Director of Integrated Commissioning, encompassing both local authority and NHS staff and services. This team has responsibility for adult social care, public health, mental health, children's services, and community health services. The policy and commissioning functions for these portfolios were all guided under one directorate.

Camden Council had a strong history of integrated working, especially for children and young people. Henry Langford, Portfolio Lead for Health, Care and Partnerships at Camden explained that for this cohort, Camden had implemented a successful model of care. This model required primary care, hospital services, education, social care, children's centres and other services to work together to create and maintain single care plans on a single patient records system for all children receiving input for more than six months. It was apparent to me that many of the silos that exist within Victorian Departments and operationally do not exist at this level in the UK, which is partly achieved by virtue of the local authority structures and social care and other responsibilities delivered autonomously through them.

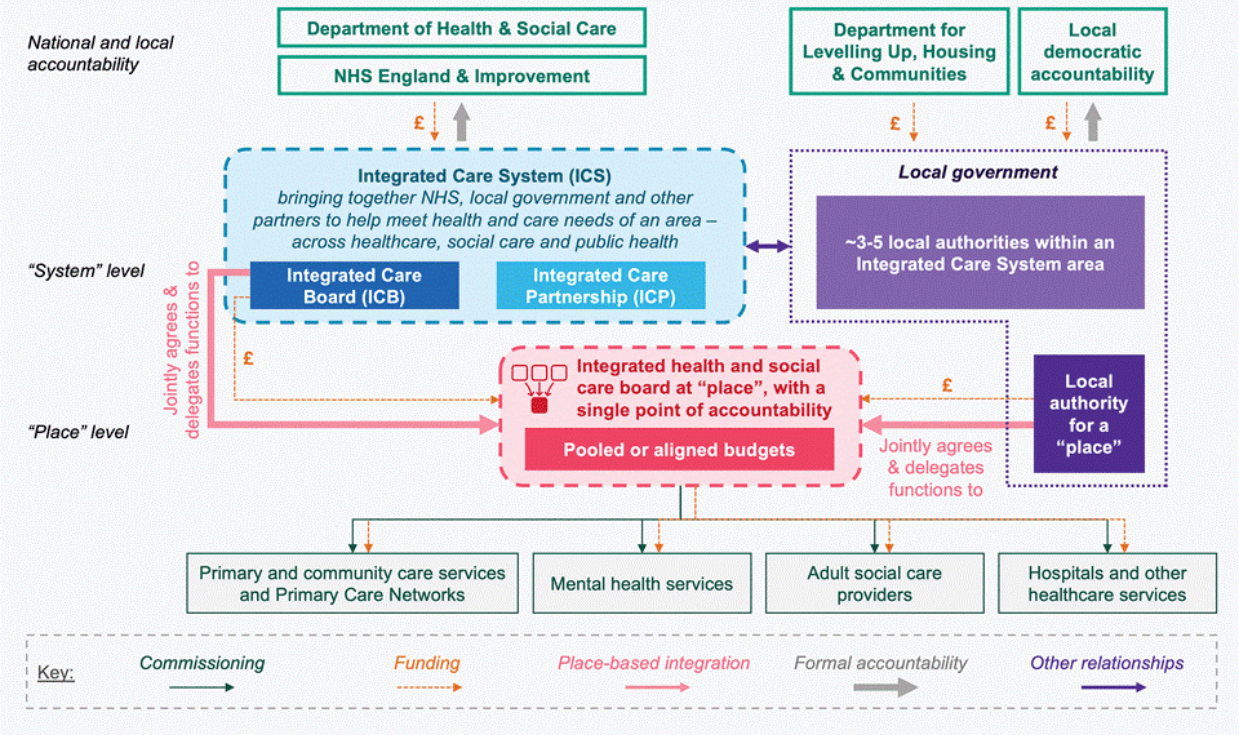
Despite some examples of localised success, I heard that integration is more challenging between health and social care, because of the structural, funding and

cultural differences between the NHS and local authorities responsible for social care. The NHS is centrally administered and funded in England, Scotland and Wales, and delivers a broad range of health services including hospitals. Local authorities deliver social care, housing, and other social services. As the NHS is better funded and 'universal', it generally has more power and influence. This makes it difficult for social care partners, with less funding and a means-based entry to services to have an equal seat at the table. As the ICS reforms seek integration outcomes without fundamentally changing the structural and funding architecture of the systems, many of the challenges of integration remain despite over a decade of dedicated effort driven centrally.

I also heard that there has not been adequate funding or other support provided locally to deliver the intent of the ICS reforms, for example to address health inequalities at the local authority level, meaning that progress has been slower than expected. The Kings Fund also supports this view, and recently identified that efforts to join up health and social care have been held back by 'fundamental structural and cultural differences between the two systems' (The Kings Fund 2022). Therefore, even where enabling settings such as overarching authorisation and supportive governance structures are in place, challenges remain. As explored below, I heard that even where centrally driven policy objectives and nation wide integration reforms were not in place, some good examples of integrated and coordinated ways of working have been achieved. Therefore, while enabling settings such as clear system wide authorisation and establishing governance arrangements are effective in unifying different system

actors around a central vision, it is only one building block for improved integration and better outcomes.

Integrated Care Systems - England



Source: (Department of Health and Social Care 2022, 34)

Sally Caldwell is a freelance transformation and strategy consultant who has worked for and with local authorities including Camden and Hackney in London, as well as central government and the not-for-profit sector. Sally reflected on a disconnect between the strategic level of government and the operational level with regard to reforms for integration and service delivery. While strategic levels of government may make sophisticated cases for change, without engagement with the operational level, policy approaches may be detached from reality and service delivery issues may be misdiagnosed. Sally gave the example that structural changes or 'rearranging chairs' are often the focus of strategic governance reforms, where better communication or flexibility to give effect to things like more integrated ways of working at the local level are often what is really needed. Sally gave a few examples of resourceful system managers who found flexibility within rigid frameworks to deliver better outcomes for clients, underscoring the importance of local flexibility and leadership.

Donna Hall, who was CEO of Wigan Council from 2011 to 2019 and was instrumental in setting the strategic direction of the Council and establishing the Wigan Deal. Donna explained that rethinking the role of the public servant as one of an enabler and

facilitator was instrumental in achieving better outcomes for Wigan, and that it was achieved through leadership at the local authority level rather than any enabling structures or policy settings. Donna explained that leveraging community strengths and assets was key to its success.

This case study is an abridged version of a report published by the Kings Fund, *A citizen-led approach to health and care: Lessons from the Wigan Deal* (Naylor and Wellings 2019). It provides an outstanding example of where local flexibility can lead to strong outcomes for local communities.

Case study: Lessons from the Wigan Deal

The need for radical change

The relationship between public services and the people who use them needs to be transformed to allow people to take greater control of their health and wellbeing. Existing ways of delivering services can sometimes disempower the people they are there to help, leaving people feeling unable to make positive changes in their lives and their communities. In the case of health and social care services, changing this means striking a new relationship that puts more power in the hands of patients and service users and emphasises 'working with' rather than 'doing to'.

Financial pressures have also made it necessary to explore new approaches to delivering public services. Since 2010, local authorities in England have needed to make unprecedented financial savings in response to dramatic cuts in funding from national government.

These two strands of thinking – the moral argument and the financial one – came together in Wigan through the 'Wigan Deal' – a major transformation programme that has taken place over the last six years. The Deal has been an attempt both to manage demand for services and to transform how public servants and local people understand their roles in creating successful, healthy communities.

Permission to innovate

Leaders in Wigan Council have created a culture in which innovation is encouraged and frontline staff are permitted to take decisions for themselves and rethink how they work, based on their conversations with people using services. This has meant taking a different approach to risk – positive risk-taking is encouraged if the potential benefits for clients are believed to outweigh the potential harms. It has also involved moving away from a 'blame culture' towards one which emphasises learning from what has not worked.

What has it achieved?

The Deal has given public servants and others in Wigan a set of guiding principles that inform how they work with each other and with people using services. [Such as] professionals feeling liberated to practice in a different way, making better use of the strengths of service users and the communities they live in.

Wigan saw improvements across several key metrics. Healthy life expectancy increased significantly, bucking the trend for stagnation seen in the England-wide figures. Care Quality Commission assessments indicate that the quality of social care services in Wigan has improved, and Wigan performs well compared with national and regional benchmarks at supporting people to leave hospital and to remain in the community rather than in long-term residential care. Staff engagement has improved, and in March 2019 the Local Government Chronicle named Wigan their Council of the Year (Naylor and Wellings 2019, 5)

One very relevant program, which is focussed on whole of system change for people experiencing 'multiple disadvantage' gives life to these principles. It provides funding and sets an overarching vision but allows for local flexibility in achieving that vision.

The Changing Futures programme is a £77 million initiative funded by the UK Government (Department for Levelling Up, Housing and Communities) and The National Lottery Community Fund. It seeks to test innovative approaches to improving outcomes for people experiencing multiple disadvantage – including homelessness, drug and alcohol problems, mental ill health, domestic abuse and contact with the

criminal justice system. The programme is running in 15 areas across England from 2021 to March 2025 (Department for Levelling Up, Housing and Communities 2023, i).

Case study: Changing Futures Programme

The Changing Futures programme seeks to achieve change at three levels:

- for individuals in the local areas, improving health, safety, wellbeing and access to services;
- for services, with greater integration and collaboration across local services to provide a person-centred approach and reduce demand on reactive services; and
- for the wider system of services and support, resulting in strong multi-agency partnerships, governance and better use of data to inform commissioning (Department for Levelling Up, Housing and Communities 2023, v).

The 15 locally designed initiatives were required to work in partnership across local services including the voluntary and community sector according to the following principles:

1. **Coordinate support** and better integrate local services
2. **Create flexibility** in how local services respond to citizens, embedding 'no wrong door' approach
3. **Involve people** with personal experience of multiple disadvantage in design and delivery
4. Take a **trauma-informed** approach across local systems
5. Commit to drive **lasting system-change**

These principles enabled local flexibility and adaptability. However, there were core elements required across all programs. These were:

- Minimum partnership required: local authority; health (NHS); police; probation; voluntary & community sector
- Named leads: Senior Responsible Officer, partnership lead, system change lead, data lead, lived experience lead
- 'Whole system' approach to initiatives.

Examples of local initiatives funded by the programme include:

- Supporting the Liberated Method approach to case management in Gateshead, Northumbria, highly tailored to what is important to each beneficiary and bounded by two rules – do no harm and comply with the law.
- A specialist mental health and wellbeing team in Essex for individuals who have struggled to access mainstream health services.
- Specialist workers in Nottingham to help people get the support they need with links to specific GP, mental health and housing support (Department for Levelling Up, Housing and Communities 2023, 82-90).

Peter Dobson, Funding Manager at the National Lottery Fund, explained that key to the success of Changing Futures (and its predecessor Fulfilling Lives, a £112m investment from the National Lottery Community Fund over the eight years) is the relatively long-term nature of the funding. This meant that good practice could begin to be established across different services and systems. It also meant there was an ability to test different approaches, with a tolerance of risk and failure. Peter explained that this is critical in programs that seek to drive systems change, recognising the different cultures and practices of the many actors in the system, and the need for time to shift these around a central mission.

The evaluation of the Fulfilling Lives programme found that it was successful in establishing new structures to enable greater collaboration and coordination across agencies and sectors, and built a local workforce better equipped to support this group. There is now a better understanding of the need to involve people with lived experience of multiple disadvantage in the design and delivery of services.

However, despite the long-term nature of the programme and funding, a key finding of Fulfilling Lives was that changing systems takes time. Even after eight years, challenges remained, particularly in relation to systems change. The evaluation found that progress around addressing siloed and short-term commissioning was slow. Nevertheless, as a result of the programme, multiple disadvantage is also now firmly on the national political agenda. The Changing Futures programme has adopted much of the learning from Fulfilling Lives (The Lottery Fund 2021).

I also heard that a shift towards collaboration rather than competition is required to improve outcomes over time. This is particularly relevant recognising that different system actors, including local authorities, non-government providers, community organisations and national systems such as the NHS, all play a role in improving outcomes in peoples' lives. Bridging different priorities, cultures and structures in a complex partnership environment takes dedicated time, skills, and capacity. I heard that focussing on driving collaborative arrangements will pay dividends. This is explored in the section 4, *the role of partnerships and collaboration in complex change processes.*

Scotland

Scotland has taken a different path towards integration. Notably, some local authority areas have also integrated justice services with health and social care. The *Public Bodies (Joint Working) (Scotland) Act 2014* sets the framework for integrating adult health and social care, to ensure a consistent provision of quality, sustainable care services, particularly people with multiple, complex, long-term conditions (Care Information Scotland 2023). The legislation enacts the findings of the 2011 *Christie Commission on the Future Delivery of Public Services in Scotland*. The Christie Commission set the vision for service delivery, integration, and encouraged stronger collaboration across services. It also called for a stronger focus on prevention and better co-design and development of services with people (Christie 2011). I heard that the effect of this regime is that, broadly speaking, NHS Scotland has achieved a better level of integration between NHS, social care, and other services as compared to NHS England.

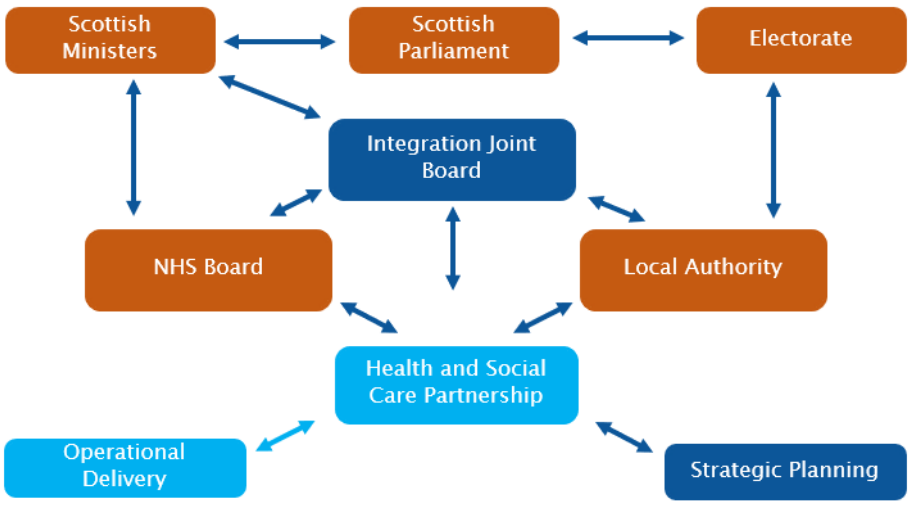
The integration of health and social care through the *Public Bodies (Joint Working) (Scotland) Act 2014* aims to improve care and support for those who use health and social care services. The Act requires the local Health Board and local authority to jointly agree a Scheme of Integration which sets out the services that will be delegated, planned, and delivered in the local area. There are two ways in which this can be done. The 'lead agency' model allows the Health Board and local authority to delegate services between each other. The 'body corporate' model supports the delegation of some services to another body; an Integration Joint Board.

The NHS Lothian and Midlothian Council Scheme of Integration have elected to delegate criminal justice social work to the Integration Joint Board, providing for better integration at an operational level. The Midlothian Scheme of Integration is one of the few examples I came across where justice services fell under the same direct oversight as health and social care services.

I heard that this structure generally works well to give effect to integration, with strong collaboration across services realised. The reform direction of Scotland has led to better integration than is the case in England. However, there is an element of complexity to these arrangements in practice. I heard that enabling conditions for integration will only get you so far – achieving better outcomes relies on people working in new and different ways at the local level, consistent with the findings of this chapter.

A review of health and social care integration in Scotland undertaken by the Health and Social Care Alliance titled *Christie Commission 10 years on: achieving the vision today* recognised that progress has been made and that there is an optimism and opportunities for better integration, including working more closely with social housing and broadening integration to other cross-sectoral approaches including social security and fuel poverty (Health and Social Care Alliance Scotland 2021, 12). It concluded, however, that there is a mixed picture of integration across Scotland. It noted several barriers that are hampering the reform ambition of the Christie Commission. These include data sharing issues, a lack of collaborative leadership and high turnover of leadership teams, as well as disagreement over governance arrangements (Health and Social Care Alliance Scotland 2021, 11).

Scottish Integration 'Lead Agency' Model



Source: provided by Gill Main, Integration Manager, Midlothian Health & Social Care Partnership.

Case study: Number 11 Midlothian Council

Number 11 is a recovery hub model of service delivery. Justice services are co-located alongside community-based substance use, mental health services and

third sector partners. Number 11 seeks to provide an early intervention, prevention and a recovery focused model of care. The model builds on the aims identified in the *National Strategy for Community Justice*, including improved accessibility and availability of services for people engaged with the justice system and earlier intervention (Scottish Government 2022) and as well as The Vision for Justice in Scotland (Scottish Government 2022).

Number 11 is on a journey to improve integration across each of these services, the interconnectivity of the health and social factors which underpin behaviours of their service users. The policies and practices within the hub give life to integration. All staff have access to a training framework including trauma-informed practice and streamlined referral pathways across services including allocation meetings. Most importantly strong relationships and collaboration between staff underscore this collaboration. The allocation meetings are multi-agency and include key partners across Midlothian. The presence of the third sector organisations has supported the recovery focus of Number 11, which provides peer support and wellness programs, and cohort focused programs such as Spring which is a bespoke service for women with justice system contact.

However, there are barriers to full integration including different IT systems and thresholds for involvement. These issues are not insurmountable and underscore the importance of ongoing training and development for staff, as well as ensuring effective communication and referral pathways to manage the different client management systems across services.

Canadian experience

Ontario Health Teams (OHTs), which seek similar outcomes to the Better, Connected Care reform, is the key integrated health and social services initiative in Ontario. There are 57 OHT across the province. These OHTs have a mandate to create a connected care system across health services, making it easier for patients to navigate the system and transition between providers. Under the model, health care providers including primary care, hospitals, home and community care, mental health and addiction services are working towards operating as one coordinated team. Other

social, justice and community services may be included in the OHTs. Each Team has some autonomy to establish the number and types of partners, with eight lead partners in East Toronto and 50 in the Greater Hamilton Health Network. Each team has access to $750,000 CAD annually, which is shoestring funding to establish a back-office. I heard that the OHTs have different levels of maturity, and I heard that they are based on UK models that seek to integrate health and care.

In terms of enabling governance, the Ontario Ministry of Health (the Ministry) sets the overall vision and objectives for OHTs, funding and public communication. Ontario Health, the delivery arm of the Ministry, oversees administration and management, performance, data, and relationship management. The Ministry and Ontario Health each have a role in overarching strategic direction. I heard that the ambition and vision set for the OHTs, along with accompanying establishment documents have been helpful for the OHTs. However, there have not been accompanying government wide policy changes to support the reform, including funding reform and data sharing, while there has been some headway made in digital health.

Margery Konan and Anne Wojtak, of the East Toronto Health Team coordinated a meeting with several of the partners at St. Michaels Homes, a residential facility for people with mental health and substance use issues. The East Toronto Ontario Health Team was established in 2019. Partners from justice sectors are limited so far; however, Sound Times, a member-driven consumer/survivor initiative providing mental health and addiction services has recently joined. One trial that the East Toronto Ontario Health Team has established is an integrated substance use hub with five providers including health, housing, and employment. We had a deep discussion about barriers to coordinated service delivery, including information sharing, as well as the necessity to be flexible and creative at the local level to drive real change for people. The collaborative relationships and trust between the East Toronto Health Partners that I met with was clear, as was their commitment to improve outcomes for the local population.

I also met with Sarah Precious, Manager of Engagement and Communications of the Greater Hamilton Health Network, which commenced in 2019. It was interesting to see some differences across the two OHTs. The Greater Hamilton Health Network covered a broader area: Hamilton, Haldimand and Niagara Northwest, and included both urban and rural communities. It has recently incorporated to formalise its operations and governance across its partners and has made very good progress in embedding lived experience participation throughout its formal governance and broader work. The first

priority for the Network was the development of a Health Equity Framework, focused on better health outcomes for the most marginalised groups. An example of this work has been the delivery of Health Days Events, that focus on providing care to individuals who are experiencing homelessness or disparity in healthcare access.

Broadly speaking, the two OHTs reported positive outcomes to date including the establishment of good relationships between providers, which was hastened by COVID-19. This enabled better collaboration for grant applications, and quick integration including data sharing for the purposes of preventing major health outbreaks. Across the OHTs, however, I heard that there is very little additional funding available to implement health and social care integration initiatives. Nevertheless, there is a vision to accelerate 12 OHTs, including East Toronto and Hamilton, with additional funding available to address a range of priorities set by the provincial government, with delivery and priority cohorts to be determined locally.

Similar to practitioners in the UK, I heard that enabling policy settings were helpful in establishing the broad mandate for change, and that there was some support provided to OHTs by the Ministry and Ontario Health. The relationship between the OHTs and the Ministry and Ontario Health was evolving, and that flexibility at the Team level was helpful in order to drive partnerships and build relationships, with strategy set at the provincial level. However, without additional resources for change, progress towards integration has been slow.

The tension between strategic policy settings and service delivery was also a key point of discussion in a meeting with Alberta Health Services in Canada, which included a range of people working across policy, commissioning, and delivery roles, hosted by the very hospitable Isabel Henderson, Executive Director, Special Projects, Clinical Operations, and Shawna McGhan, Senior Consultant, Innovation and Integration, Primary Health Care. Alberta had trialed various initiatives over time that sought to drive better health outcomes across communities. Key initiatives it is driving currently include Enabling Asset Based Community Development, Reducing the Impact of Financial Strain, Medical Respite for Individuals Experiencing Homelessness, Healthy Aging Alberta, and Virtual Hospital. The position was put strongly by those in delivery that there are too many frameworks, outcomes measures and administrative tasks to comply with, which takes away from important work with clients. There was also an acknowledgement that where strong policy settings are enacted, and there is a clear alignment across ministries, positive change can be achieved, with a number of examples given across the current initiatives. However, clear alignment between policy

and delivery arms is necessary, and has been in tension over time in Alberta Health Services.

I also met with Melissa Jameson of the Edmonton North Community Health Hub, an integrated service and support hub which opened in 2022. Melissa was an energetic host, who was excited by the opportunities that the new Hub could offer. The Hub's explicit objectives are increased collaboration, reduce duplicative services, and the provision of effective transitions between programs. Integration and collaboration have been built into all aspects of the Hub, including through guiding principles at the Steering Committee level, and shared ways of working across the services and supports. Melissa explained that the space, designed for collaboration which included a First Nations healing space, a gym and a community kitchen, is already achieving better integration. Melissa explained that even with co-location, integration needs ongoing effort across all levels of the organisation, from service delivery to management. It was clear that the purposely design space assisted with this mission, and there was a strong commitment to integration. Some barriers to integration, such as information sharing barriers are being currently being addressed.

One notable program running out of the Hub is the Access 24/7, which provides mental health and addiction services, day, or night, to those in need. It is staffed by more than 80 addictions and mental health employees, including mental health therapists, nurses, social workers, and addictions counsellors, with police with specialised training co-located with the health professionals. This service provides a spectrum of support, from crisis support and outreach, to ongoing care, including through referrals to co-located services. These employees also work closely with Edmonton Police Service, who have specialised positions which are co-located in the hub and provide a joint response with health where there are community safety concerns. This model has recently been expanded, and demonstrated good collaboration across the different services involved, with a health focused response.

I also met with the extremely passionate and committed Jennifer Eyford, Associate Director Mental Health, Addictions & Outreach of the Alex Community Health Centre in Calgary. Jennifer and I discussed a number of initiatives run out of the Alex which seek better outcomes for people including through integration. A community mobile crisis response team has been established by the Alex, which provides a response from mental health workers with police. Integrating the workforce to provide a seamless service model is a current focus of the response, especially noting different approaches of public health response vis a vis command and control models. We also

visited the Alex partner organisation, the Calgary Drop-In Centre for people experiencing homelessness. It is trialling new models of care to respond to the homelessness crisis, and a new intake assessments tool to ensure that people get immediate support and then can be referred back into the community to better streamline supports.

On the west coast, British Columbia's approach to addressing the needs of vulnerable groups is primarily delivered through its Poverty Reduction Strategy, Together BC (the Strategy), which sets a path to reduce overall poverty in British Columbia by 25% and child poverty by 50% by 2024. The Strategy includes policy initiatives and investments designed to lift people out of poverty with a focus on priority action areas including more affordable housing for more people, and supporting families, children, and youth. In developing the strategy, the Government British Columbia took a strong lived experience engagement approach, with 28 community meetings and 100 small group discussions, which was developed into a 'what we heard' report. The report found that 'overall, people expressed that services often are not well integrated. They also expressed frustration about not being sure which ministry or agency delivered different programs and support' (Government of British Columbia 2018).

Key findings

It was incredibly useful to compare the experience of the UK and Canada in driving integrated care reforms. England has over a decade of dedicated effort in integrated care, with clear enabling settings. It is centrally authorised, with governance arrangements in place. Many people working within the system fed back that the reform direction towards more local autonomy and better integration was positive.

Despite this, challenges remain. Structural and cultural differences between the NHS and social care in England mean that progress is slow, and while the strategic direction for pooling or aligning budgets at the place level to improve population health has been set, there is very little guidance or supporting architecture to give effect to this. NHS Scotland has achieved better levels of integration between health and social care, with examples of integration extending to criminal justice social work, based on strong collaboration between services and fewer structural integration issues as England.

The integration experience in Canada, on the other hand, varied significantly by province. Where some provinces identify integration as a clear priority, such as Ontario, other provinces did not. Ontario faced some of the same difficulties as the England, and I heard that OHTs have varied rates of maturity. In Ontario, the

establishment of good relationships of collaboration between the partners on the OHTs, as well as establishing a strong lived experience engagement and health equity approaches, was seen as the biggest success.

Examples of initiatives operating at the local council level, both in the UK and Canada, show what can be achieved with strong local leadership and flexibility to be able to try something new. I heard that drawing on community strengths and assets, and deep engagement with professionals and people with lived experience, is critical drive systems change. The ability to experiment was also seen as important.

The Changing Futures Programme provides an excellent example of how local initiatives can be supported to achieve an overarching vision of addressing multiple disadvantage. The Programme set the core elements required for change, while allowing for flexibility for experimentation at local levels. It also addresses common shortfalls in integrated service reforms, by providing longer-term funding which is vital to be able to test and learn from the initiatives and adapt culture.

The key finding is that while enabling settings such as clear system wide authorisation and establishing governance arrangements are effective in unifying different system actors around a central vision, it is only one building block for improved integration and better outcomes. Allowance for flexibility and creativity at regional or local levels so system managers can drive improvements informed by the local context is critical, and progress will be slow without accompanying resources and support.

Recommendations

- The Victorian Government should provide clear authorisation for the Better, Connected Care reform across policy, service design and operational areas of government and the funded sector.
- The Victorian Government through the Better, Connected Care reform should continue to develop conditions for better integration by devolving more responsibility to regional levels.

Implementation options

Through its establishment of LSECs, the Victorian Government has set the foundation for future place-focused decision making. There are a number of pathways to achieve

further devolution, recognising that this will necessarily be a medium- to long-term project:

- Continue the current incremental approach, a partnership between Departments of Families, Fairness and Housing (DFFH) and Justice and Community Safety (DJCS) central teams and each of the LSECs. Currently, DFFH and DJCS central teams provide ongoing implementation support for each the LSECs, and overarching strategy and guidance around achieving a more devolved end state.

- Align devolution with establishment and maturity of current Victorian Government whole of system reforms, including the mental health and wellbeing regional boards and graduated service model, and family violence Orange Door services and governance. This approach recognises the similar outcomes sought these reforms relating to integrated service delivery, and the importance of aligning the LSECs governance with these major service systems.

Underscoring the importance of local flexibility and recognising regional differences, varying approaches and models could be adopted in different parts of the State, with decision making driven locally.

4 The role of partnerships and collaboration in complex change processes

Recommendation

- The Better, Connected Care reform should facilitate and promote partnerships and collaboration between system actors to improve outcomes for people with multiple and complex needs.

Introduction

Partnerships and collaborative arrangements between the multiple system actors is required in complex change processes. In this context, system actors should be considered in its broadest sense, and includes government and non-government sectors, as well as communities. The Better, Connected Care reform has established formalised governance arrangements at regional levels called LSECs, with a priority to drive better collaboration across regional representatives of department, with non-government providers also invited to formal governance structures. It is expected that Local Sites engage with or involve in formal governance local Aboriginal Community Controlled Organisations. These organisations are operated by and for local Aboriginal communities, to deliver holistic, comprehensive, and culturally appropriate services to Aboriginal people.

Building partnerships is a challenging and ongoing process, reflecting the complexity of the systems. Complexity in this context is driven by different organisational priorities, cultures and structures, as well as funding arrangements. Building partnerships and driving collaboration takes time and dedicated effort. I heard that capacity building at regional and local levels is essential to support major systems change processes. I also heard of some promising examples about how partnerships can be promoted at local and regional levels, and initiatives that have a dedicated long-term focus on establishing collaborative arrangements.

The role of government in facilitating and promoting partnerships and collaboration

Building multi-agency partnerships is a challenging and ongoing process – and bridging different priorities, cultures and structures takes dedicated time, skills and capacity. Liz Weaver, Co-CEO and Sylvia Cheuy, Consulting Director, of Tamarack Institute in Canada, spoke to me about the critical importance of capacity building and support for organisations and communities involved with major change processes. They explained that intermediaries between government or other funders and social services sector can provide dedicated support for major change processes, particularly those with a whole of systems change focus. This is critical because government is one actor and a large and complex system that is required to shift to effect change in communities. Intermediaries can also support government, by providing advice about how these processes can be scaled and systematised, through transferring the most powerful learnings to the broader system.

An article co-authored by Sylvia Cheuy, Liz Weaver, and Mark Cabaj, who is President of From Here to There Consulting and Associate of Tamarack Institute, explores how the Tamarack Institute acted as a 'field catalyst' across collective impact organisations to drive support for a living wage. A field catalyst is a form of specialised intermediary, which works with local organisations to accelerate the impact of initiatives. The field catalyst deploys 'different capabilities, quietly influencing and augmenting the field's efforts to achieve population-level change' (Cheuy, Cabaj and Weaver 2022). This has the benefit of driving more effective collaborative effort, as well as identifying best practice and influencing the broader system (Cheuy, Cabaj and Weaver 2022). The article details four benefits of field catalysts:

1. **Understanding the field and engaging system actors:** In the living wage example, this work included recognising the need to scale local living wage initiatives to ensure system impact, researching solutions from other jurisdictions, and building interest in the issue with a diversity of system actors.

2. **Strengthening the capacity of local collective impact initiatives:** In the case of the living wage strategy, Tamarack hosted a virtual Community of Practice to share learnings from local living wage initiatives, provided input to a national living wage calculator, and offered technical assistance to expand local

experimentation which made the collective impact initiatives' work simpler, easier, and more effective.

3. **Making the work of collective impact initiatives more visible, coherent, and robust:** Tamarack's efforts included profiling local living wage strategies at work within the [Communities Ending Poverty] network, creating and maintaining a living wage website to build public awareness, and promoting the use of the living wage calculator, and developing additional resources to support and simplify the implementation of local living wage campaigns.

4. **Nudging systems to catalyse systems change**: Field catalysts help individual collective impact initiatives move beyond the incremental improvements of traditional approaches in favour of solutions that challenge existing paradigms and generate significant impact. In the case of the living wage, Tamarack worked with local collective impact initiatives in the [Communities Ending Poverty] network to facilitate 33 community conversations that informed Canada's first-ever national poverty strategy, Opportunity for All, as well as provided leadership to broaden the dialogue about a living wage to encompass an increase to the minimum wage and creation of a universal basic income (Cheuy, Cabaj and Weaver 2022).

Sophie Wilson, Research Director of the Birmingham Voluntary Service Council (BVSC), played an intermediary role for the Birmingham Changing Futures Together Programme. In the UK, this type of assistance is referred to as 'infrastructure support'. Sophie explained that infrastructure support for initiatives that focus on multiple system actors was crucially important, particularly in supporting collaboration between organisations for initiatives like 'No Wrong Door', which established coordinated arrangements across organisations to create a more seamless experience of receiving support from multiple organisations, for people experiencing multiple disadvantage. Sophie also explained that funding the BVSC to support change locally was useful for the organisations involved. The BVSC provided coordinated support for the multiple providers engaged with the initiative and could problem solve and troubleshoot at the local level.

A UK report, *Capacity for Change,* explores the issues facing voluntary sector infrastructure organisations in London. It argues that 'capacity building organisations are an essential catalyst for change' (Butler and Owen 2023). However, it highlights the fact that funding for infrastructure organisations to support capacity building frontlines community services varies widely across boroughs, despite the

unprecedented pressure on communities driven by the pandemic and cost of living crisis. It argues for adequate long-term funding for infrastructure organisations, to support innovation to better respond to these contemporary challenges (Butler and Owen 2023).

Collaboration at initiative level

I also heard that deep collaboration between organisations at the local level improved outcomes for people with multiple and complex needs. One initiative which has prioritised collaboration is the Plymouth Alliance for Complex Needs. Gary Wallace, Public Health Specialist for the Plymouth City Council, and convenor of the Plymouth Alliance said that changing culture is important, which is a long-term project to encourage people to work differently together and with clients. Plymouth embarked on convening this alliance without support or additional funding from central government. It had the flexibility to consolidate funding across initiatives locally and could therefore drive service delivery changes. This case study is an abridged version of a case study published by Human Learning Systems, Plymouth Alliance for Complex Needs, (Wallace 2020).

Case study: the Plymouth Alliance

The Plymouth Health and Wellbeing Board set out a vision for the city of improving population-based wellbeing and reducing inequalities in health. The realisation that this vision could only be achieved through working across organizational silos resulted in integration of Commissioning, Health and Social Care, and a System of Health and Wellbeing. Plymouth City Council legally pooled all of its monies with the Western Locality of Devon Clinical Commissioning Group and created a single budget of over £600 million (gross) and an integrated, co-located commissioning team of Clinical Commissioning Group and council staff.

The integration laid the foundation for transformational systems innovation, which began in 2012 when a group of commissioners and leaders of provider organisations in Plymouth began to collaborate over a sustained period. This evolved into seven provider organisations commissioned under a single alliance

contract who work together supporting adults with complex needs so that their lives are improved.

All of the services involved in the complex needs system (27 providers) and the commissioners of those services (5 people) were facilitated by the Leadership Centre over 9 months to explore the system and develop skills to understand and map the system. The starting question was: *"In an ideal world (and within available resources) what would the system for people with complex needs look like from the perspective of 'system users' and how would we know?"*

A fieldwork phase meant that a variety of methods could be used to enable conversations with system actors in every part of the system and at every level. A key technique in this phase was the use of Appreciative Enquiry (AE), where people were paired together and went out to interview people to explore the following questions:

- How can we understand what people value about being in services in order to ensure they get those things?
- How do we better understand who people are in order to meet personal and system objectives?
- How to share risk amongst agencies in order to be able to take clients with more complex lives and manage higher risks in the community?
- How do we work with young adults in order that they achieve their potential and live fulfilled lives reducing the dependency on costly services?

The learning journey highlighted the importance of overcoming silos, to collaborate for systems change, in order to support people to lead more fulfilling lives. Commissioners were keen to find ways in which to further embed the collaboration between themselves and delivery providers.

Many members of the alliance leadership team feel that working as an alliance has helped them in times of crisis, such as COVID-19. The long-term relationships and trust which have been built over a number of years has enabled decisions to be taken rapidly when needed, and the structures in place for collaboration across organisations has meant a more flexible and faster response.

The trust and relationships built over time have held the alliance together during tough times and situations. This is not to say it is all plain sailing, and sometimes there is tension between organisational and alliance processes, however, members of Alliance Leadership Team are united over the purpose and rationale of the alliance.

Together with Changing Futures Northumbria and the Wigan Deal, explored in the service design and social innovation chapter, the Plymouth Alliance example shows what can be achieved with a long-term dedicated focus on collaboration. Coupled with flexibility at the local level to drive new funding arrangements such as pooling budgets and alliance contracting, these collaborative approaches can promote service delivery innovations, based on deep engagement with communities. What is compelling about the Plymouth Alliance, which it shares with the Wigan Deal, is that these innovations were achieved without additional support from central government. While the Plymouth Alliance partnership originally formed through a bidding process for a 'Making Every Adult Count' initiative for the BIG Lottery Fund (now the National Lottery Community Fund), it was ultimately unsuccessful. However, the foundations for successful collaboration were set (Wallace 2020). It is now supported by the Changing Futures programme (2021-2025).

In the evaluation of the Pioneers programme in England, which reviewed several health and care integration pilots found that 'the facilitators of integrated working tended to be related to factors such as leadership, vision, trust and shared values that are largely developed locally…' (Erens, et al. 2017). This emphasises the importance of strong local leadership and flexibility to be able to try something new.

TRRUST (Transition in Resources, Relationships, and Understanding Support Together) is a Collective Impact initiative which began in 2014 in Vancouver, British Columbia. It involves over 60 organisations and 250 members, including non-profit organizations, government agencies, and young people with lived experience in care. It seeks to address systems and organisational barriers, to achieve system-wide improvements for young people transitioning out of care. TRRUST was established with McCreary Youth as its backbone agency, and a 2017 evaluation found that that this structure was operating well, with the backbone providing necessary support when required, while also enabling momentum for the collective to operate independently of the backbone (McCreary Centre Society 2017, 3).

I attended a TRRUST Collective Gathering in Vancouver. Young people presented journey maps they had developed to the member organisation, which mapped their transition to independence. This included a map titled 'once upon a time in a future we can imagine', which identified areas of life and support that mattered to them, such as caring adults and financial support. Hearing from young people about how their experience in the system could be improved was very powerful, and it was clear that the non-profit organisations and government agencies, as well the young people, had developed strong collaborative relationships, aligned around system improvement.

My reflection on the TRRUST Collective gathering was that members had a space to discuss challenging issues facing young people, in a direct, safe and solutions focused way. Young people had an equal seat at the table. A 2016 Evaluation Report of the TRRUST Collective Impact was positive in its progress, and reported that 'most participants consistently felt emotionally safe at the gatherings, felt they were kept informed of the initiative's progress, were hopeful that positive change would arise from the initiative, and were inspired to stay involved' (McCreary Centre Society 2016, 2).

Key findings

Building multi-agency partnerships is a challenging and ongoing process – and bridging different priorities, cultures and structures takes dedicated time and capacity. Intermediaries, or field catalysts, work with local organisations to accelerate the impact of initiatives, coordinated around a particular challenge. Field catalysts also identify best practice and play a role in influencing the broader system. Facilitating this type of collaboration has multiple benefits for government, including better engaging system actors around a common challenge.

Collaborative arrangements at local or regional levels can drive better services for people, including through better integration. Changing culture is important, to drive genuinely collaborative arrangements. A real commitment between the partners is also needed to achieve lasting change. Collaboration requires flexibility to be able to trial new approaches at the local level, including funding arrangements and service delivery reforms. Backbone support for collective impact initiatives was a successful enabler for the TRRUST collective impact initiative. In the UK, with responsibility for complex needs initiatives sits at the local authority level. Therefore, there was flexibility and autonomy to trial the pooling budgets and to execute alliance contracts. This collaboration was achieved without any central government support.

Recommendation

- The Better, Connected Care reform should facilitate and promote partnerships and collaboration between system actors to improve outcomes for people with multiple and complex needs.

Implementation options

The Victorian Government should consider funding intermediary support for both local operational areas of the Victorian government as well as the funded sector to provide capability uplift for locally driven initiatives that meet the integration aims of the Better, Connected Care reform, and to ensure local lessons can be shared with broader findings systematised. There are existing organisations that currently play intermediary support, including social services peak bodies, and non-government organisations with specialisation in social service innovation. These organisations could be funded to provide deeper support and engagement across the health, social services, and justice organisations, both delivered and funded by government, to support the outcomes of the Better, Connected Care reform.

5 Service design approaches and social innovation to respond to multiple and complex needs

Recommendations

- The Better, Connected Care reform should utilise best practice approaches to service design to develop new service models for people with multiple and complex needs.
- The Victorian Government should establish social innovation capability focused on complex social issues, with an active objective to drive long term systems change.

Introduction

Major recent reforms in social services have been underpinned by Royal Commission inquiries in Victoria and Australia, which have focused on individual service systems and recommended whole scale system redesign. The Royal Commission into Family Violence (RCFV), which was completed in 2015, made 227 recommendations to the Victorian Government to reduce the impact of family violence in the community. Central to these recommendations was the establishment of the Support and Safety Hubs, now known as The Orange Door network, which seek to provide an entry point into an integrated service model (The Victorian Government 2022). The Royal Commission into Mental Health System (RCVMHS) which was completed in 2021 made 74 recommendations to transform Victoria's mental health and wellbeing system. The flagship reform was the establishment of a new mental health and wellbeing system based in the community. The RCVMHS recognised the benefits of providing integrated care to people in their own communities and close to their homes, families, carers, and supporters (Royal Commission into Victoria's Mental Health System 2021). Family Safety Victoria and the Department of Health established service design teams to implement these recommendations in line with the findings of the two Royal Commissions. As of 2023 the full Orange Door network and part of the network of Local Adult and Older Adult Mental Health and Wellbeing Services has been established across Victoria.

Other reforms have been initiated by departments internally. For example, the Department of Families, Fairness and Housing's (DFFH) *Roadmap for Reform: Strong Families, Safe Children*, seeks to make the service system work better for children, families, and practitioners to achieve better long-term social outcomes. The Family Preservation and Reunification Response, also led by DFFH, establishes a new approach to delivering intensive, evidence-based and coordinated support to children and families at the right time (Department of Families, Fairness and Housing 2021).

Broadly speaking, given these different drivers service system reform, as well as business as usual service design approaches led by departments, Victoria has mixed practice in service design. The Victorian Government utilises various service design tools and approaches, with some leadership from central agencies. For example, *A framework for place-based approaches,* developed by the Department of Premier and Cabinet (DPC), provides advice about better supporting place-based approaches (Victorian Governmenet 2021). DPC has also developed a *Human-centred design playbook*, for public servants who are designing, procuring, or managing human-centred design projects (Victorian Government 2022). Service design generally occurs at the central departmental level, often with engagement with program or operational areas. Some initiatives also utilise lived experience engagement approaches.

What elements lead to effective service design?

While there was also mixed practice in service design in the jurisdictions I visited, where service design was successful, it was clear that there was a strong and disciplined practice adopted, whereby multiple actors in the system understood the methodology of the approach and what they were working towards. The recommendation underpinning this section seeks to establish good uniform practice across Victorian service delivery, with the Better, Connected Care team providing leadership and support to other areas, including LSECs, to improve outcomes for people with multiple and complex needs.

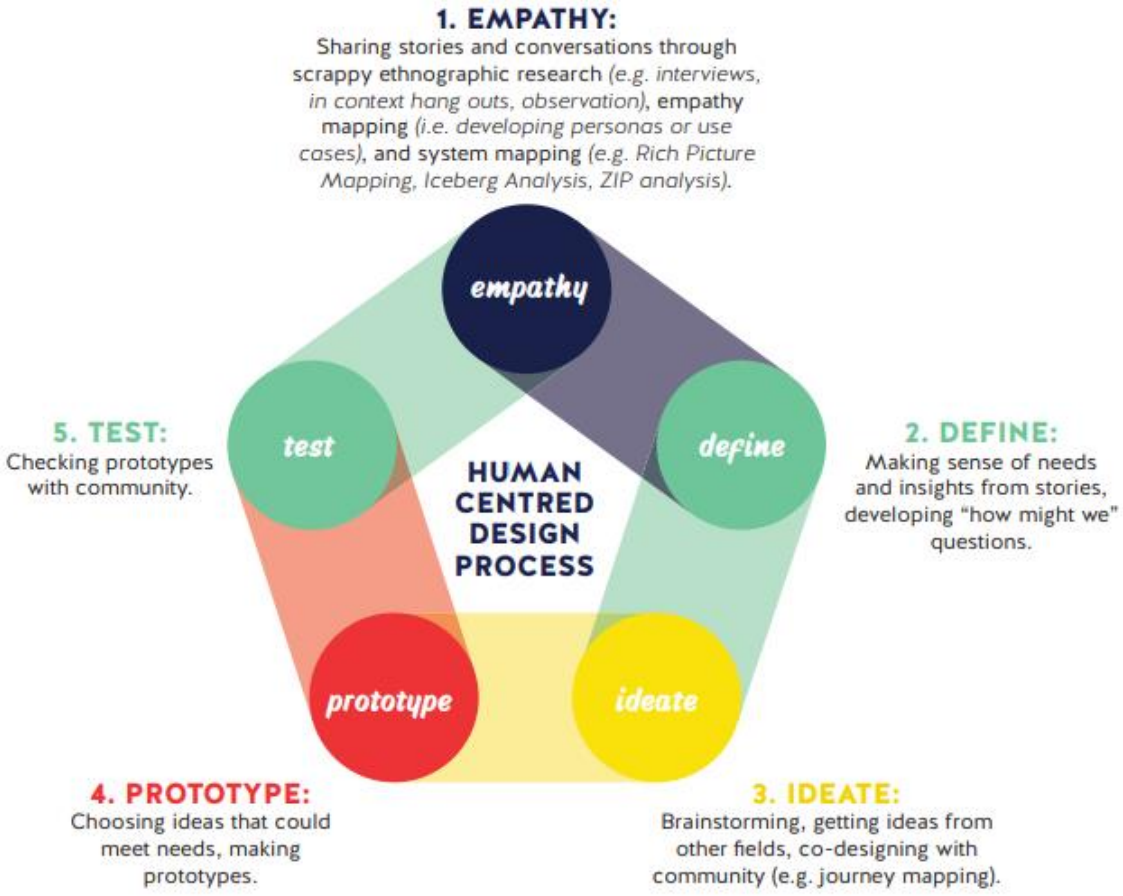
There are a range of best practice service design guides available in the United Kingdom and Canada, and many of the people I met with were well-versed in service design approaches. These approaches identify key phases of work:

- discovery, which is about understanding the problem through research and engagement,
- experiment, where prototypes are developed and tested, and

- impact, where pilots are further tested and scaled if appropriate (United Kingdom Government 2016).

Action Lab, a social innovation space 'to think and do differently and then make good ideas happen' in Alberta, Canada uses a Human Centred Design approach. It explains Human Centred Design as bringing together stakeholders with deep insights into a particular challenge to 'co-design solutions that better meet community needs, drive efficiencies, and increase the value of solutions' (Skills Society Action Lab n.d.). Action Lab highlights that the strength of Human Centred Design is 'its ability to build empathy and understanding amongst a diverse range of stakeholders' (Skills Society Action Lab n.d.). Action Lab uses 'empathy' as a way to describe the first step of Human Centred Design, picking up aspects of the 'discovery' phase in other frameworks. Empathy as a descriptor for this stage highlights the purpose of discovery well, and emphasises the humans participating in this process, as well as the importance of sharing and relationship building to achieve the first stage of design.

Human Centred Design – Action Lab



Source: (Skills Society Action Lab n.d.)

Mechanisms to promote design capability are also utilised. The United Kingdom Local Government Association partnered with the Design Council to grow the public sectors design capability across 85 local authorities in England, which has been positively evaluated (Local Government Association 2022). As explored in the social innovation section below, there are also teams and labs utilised in Canada that support the use of social innovation approaches.

How to establish good service design practice?

A key lesson from my meetings with people is that strong service design approaches, which focus on understanding the problem before proposing solutions, are key. Insights from my conversations highlight multiple avenues to understanding the problem and ways to support experimentation and learning in service design practice.

Sally Caldwell is a freelance transformation and strategy consultant who has worked for and with local councils including Camden and Hackney as well as central government and the not-for-profit sector. Sally explained that service users and the workforce who are directly involved in running services should be key contributors to design processes. Freeing up time and capacity for people with delivery expertise to focus on service design and supporting (including through appropriate compensation) people with lived experience to contribute to the design process pays dividends.

Ron Charlton, Data, and Information Lead for Changing Futures Northumbria described the evidence base for the Liberated Method of case management (see case study below) and the need for change. The starting point for this was understanding the points of interaction people who experience multiple disadvantage have with the service system. To do so, the Changing Futures Northumbria team developed partnerships with many organisations that engage with people within Northumbria, including 5 National Health Service trusts, 2 police forces, 4 local authorities, as well as ambulance services, prisons, and probation services. From there, the team sought data to understand service interactions, and the unit cost of these interactions. The team also sought stories from people with multiple disadvantage who engage with the system, to understand what someone in crisis looks like, and how they can be better supported. This was used as the basis to develop the Liberated Method of case management.

Peter Dobson, Funding Manager at The National Lottery Community Fund, spoke to a similar exercise undertaken in Lambeth, Southwark and Lewisham. There, the team developed a comprehensive systems map, using a visual presentation that illustrates insights gleaned from interviews and workshops with individuals who have both lived experience of multiple disadvantage. The map identifies systemic obstacles and challenges confronting individuals. This aims to enhance comprehension of the intricate relationships among complex issues and is used as the starting point to drive change.

Within the Fulfilling Lives programme, Peter Dobson oversaw eight years of funding for initiatives across England, with additional time for evaluation. Peter spoke of the importance of risk tolerance and building space for testing and learning as the initiatives progressed. He explained that this takes time, and that the longer-term funding was a critical factor in driving systems change approaches across systems based on the complexity of the work. Fulfilling Lives also established a robust evaluation framework, to measure the impact of the initiatives.

Sally Caldwell also spoke about the importance of having some risk tolerance and openness to failing through design processes. Sally reflected on her experience working for a specialised consultancy engaged by systems managers to drive change processes. Having external resources to drive design can have the benefit of greater risk tolerance. Sally explained that the involvement of and collaboration with expert outsiders enables space for creative thinking beyond business as usual, with the benefit of authoritative outsiders to support system managers in their change process. Sally noted that some councils are setting up this capability internally and proposed that this could be an efficient and effective way to enable good design. We discussed an option of sharing design capability between councils within a geographical area, through a shared service arrangement, which could consolidate good service design practice and expertise such as data analytics. This option could be more efficient than each council establishing their own expertise.

Social enterprises can also play a similar function. For example, Care City is a social enterprise which is partly funded by the Barking and Dagenham Council and operates on a fee for service basis. Matt Skinner, CEO of Care City explained that social enterprise models provided design, implementation oversight and evaluation capability, and reinvested profits into the social mission. Care City advises Barking and Dagenham Council and the design of different initiatives, such as the establishment of a new digital care tool.

The following case study is an abridged version of Learning as management strategy: Gateshead Council written by Mark Smith, Senior Responsible Officer, Changing Futures Northumbria & Director of Public Service Reform, Gateshead Council (Smith, Human Learning Systems 2015). This case study provides an excellent example of prioritising learning through the development of prototypes. The subsequent case study also shows how prototypes can be brought to a larger scale, emphasising the importance of retaining a whole of system change focus. I found the Liberated Method approach to be radical in its simplicity: it allows for meeting people where they are, and

freeing up workers to provide the support they feel is necessary (Smith, Changing Futures Northumbria 2023). This approach seeks to work within the service system in Gateshead, by shifting it to work better for people.

Case study: Changing Futures Northumbria

The story of the work...

Gateshead Council and several of its partners including Department of Work and Pensions and Citizens Advice Gateshead, ran a series of prototypes to test:

- Liberated methods of engagement and support between caseworkers and citizens
- Learning loops designed to improve methods of operation and systemic adaptations, and to challenge some base assumptions.

The prototypes had no eligibility criteria and thus the team worked with people with a variety of reasons to engage. The focus was to support people who were not thriving and to do this in a way that was based upon what mattered to them.

The learning was profound and included three particular shifts in focus which had a bearing on both the systems in place and the thinking within:

- A shift in focus from assurance to efficacy means caseworkers were trusted to spend money at their discretion, based upon what matters to the citizens they support –
- A shift in focus from enforcement to resolution has led to more holistic solutions to debt and less enforcement via bailiffs (and subsequent crisis)
- A shift in focus from tenancies to tenants led to fewer evictions of people with multiple and complex needs. These shifts came about through careful, systematic capturing of the issues when they arose and disseminating them via learning loops, sometimes quite uncomfortably.

Shifts in focus through learning and experimentation

In order to be confident of being able to yield significant learning from this work, we needed to knowingly do things differently. We created Community Caseworker roles and empowered them to build relationships with people (which felt like an odd thing to empower anyone to do, but this is the legacy of the current paradigm). We also gave the teams money to spend and the autonomy to spend it on whatever seemed sensible and practical to both citizen and caseworker (the only rules were "do no harm" and "stay legal").

This allowed us to learn what good might look like for people in their communities.

As caseworkers began to form relationships and deployed a Liberated Method that was bespoke to each citizen they helped, we debriefed regularly, usually daily. Debriefs were critical – it is where learning began to crystallise (Smith, Human Learning Systems 2015).

Since the initial prototypes, the Liberated Method has been expanded across 6 local authorities in Northern England areas to good effect. Mark Smith reported that citizens who received support through the prototypes in and around Gateshead experienced demonstrably positive upturns in their lives after periods of decreasing stability and even crisis (Smith, Human Learning Systems 2015). The following extract, *The Liberated Method – Rethinking Public Service,* was also written by Mark Smith. Mark explains that the approach has grown from its initial prototypes which focused on freeing up the creativity and compassion of front-line caseworkers, to include broader aspects of service delivery such as leadership, partnership, commissioning, and governance. Underpinning this approach is the Liberated Method which was originally tested through the prototypes, with the expansion supported by Changing Futures. The central team has created touchpoints across the existing system in each area, rather than establishing a new 'service' or navigator roles. Existing system touchpoints have oversight from project leads. Each touchpoint has low caseload workers, who typically do not have a specialisation, but rather engage with people using the Liberated Method, a set of principles and only two rules: do no harm, and stay legal (Smith, Changing Futures Northumbria 2023). This approach is expanded upon below. Read the full report here.

Liberated Method – Balancing Extrinsic and Intrinsic Resources

Accessing intrinsic capacity to change requires some stability. It's hard to focus on the future or on one's own internal strength and power when the present is traumatising and there are pressures on all sides or fears for one's safety. When people are in crisis and have several interlocking problems, their view of themselves and the world around them creates barriers and distractions that prevent them from accessing that internal capacity.

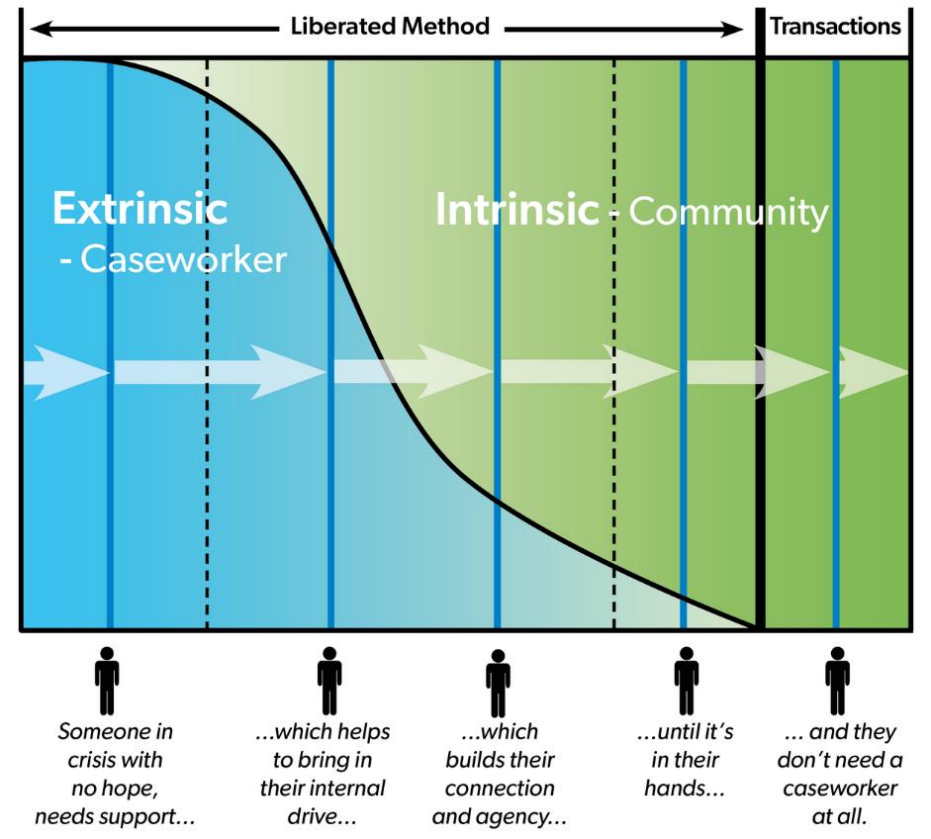
The Liberated Method is cognisant of this and therefore involves two broad types of activity:

1. **Extrinsically resourced** – This is based upon a relationship with a caseworker who provides extrinsic resources beyond what people have access to. The purpose of this is to work on practical barriers and build emotional resilience and trust such that things stabilise. This stability provides a better chance of someone being able to access their own internal capacity to build towards a better life...

2. **Intrinsically resourced** – This is someone's own choices, capacity and agency deployed by themselves with as much or little support as is required. It's self-determination, community development and something that services can't and shouldn't try to do.

By way of analogy, the extrinsic resources are like a vaccine, whereas the intrinsic ones are the immune system kicking in.

This helps us get real about services – they can be critical, but we will not see effective outcomes if we don't understand that our role as service providers is to help enable what people have within them.



These types of activity are not sequential. They overlap. For most people who have some degree of support, the Liberated Method combines these from the start. The method can start at any point, with some people only needing a small amount of extrinsic input (although small amounts can still be critical) with others needing a much larger amount of extrinsic caseworker led support before their own capacity is able to kick in. The general idea though is that people 'move' towards the right of the diagram above from wherever they start.

Extrinsic support and resources

The extrinsic support and resources are usually in the form of a low caseload caseworker who typically does not have a specialism (if they do, they aren't acting through the lens of their specialism). This element of the Liberated Method which creates the conditions for someone's innate capability to thrive is possibly the Liberated Method's most idiosyncratic feature. It is characterised by:

- A high support, high challenge relationship based upon building trust. Initially there is a focus on providing practical support, especially when the starting point is towards the left of the image above (i.e., more towards crisis). This involves being present, attentive, pragmatic, and effective in dealing with solvable issues quickly (e.g., sorting out benefits, providing food or clothes). As longer-term goals relating to behaviours and strengths are worked upon after trust has been established, high challenge is more likely to feature to help people stay on the course they have set themselves.

- A low caseload caseworker is allocated. They have time and the ability to make decisions around using team resources without having to refer back to management, meaning they can solve short term issues in situ and take the sting of out some situations e.g., having no food, accommodation or ability to travel.

- The caseworkers operate within the Liberated Method's '2R5P' framework: two rules and five principles that guide decision making and frame the wider team's learning and iteration. The rules have no grey areas, hence them being rules. The principles guide and are open to interpretation across the caseworker team and leadership. Iterating those principles through learning from the work is necessarily part of the Liberated Method. It has learning built in and this requires new behaviours of leaders and workers.

Rules	
1. Do no harm	
2. Stay legal	
Principles	
What we do	**What we are trying to avoid**
1. Understand, not assess	Standardised assessments that avoid what matters
2. Pull for help (or refer and 'hold')	Doing our bit and passing someone on
3. Decisions about the work made in the work	Referrals to managers who have no knowledge of context
4. The caseworker/citizen set the scope	Missing nuances that could unlock engagement and progress that are not pre-specified, e.g., carpentry,
5. The caseworker/citizen set the timescales	Restricting support to arbitrary timescales

The casework teams have a running budget, and all caseworkers have access to it. It means they can buy coffee, get a bus pass, and do those things that unlock everyday problems and create the conditions for people to discuss longer term ones. This sounds prosaic, but getting anything simple and pragmatic done in the current set up is slow and frustrating. Provided 2R5P is stuck to, this can be spent on anything. The key to this is P.L.A.N – all spending must be Proportionate, Legal, Auditable and Necessary. Every receipt is audited and the spend analysed to provide some rigour but mainly to see what is predictable and whether some form of scale solution might help the teams for items that are often needed. This analysis is ongoing.

Intrinsic support and resources

This is the blossoming part, driven by the citizen with support where required. It's where people become progressively less connected to a caseworker and more connected to their emerging community and network. It's life, on a more sustainable footing. It's where services should learn to progressively get out of the way (or at least take steps back) and let the universe do its thing.

This is truly bespoke by default; it can't not be. Culturally, this works against a learned paternalism that considers input from services to be the mainstay of recovery and life turnarounds. They have a critical role to play, and often an ongoing one, but the goal is for services to always be in context and that absolutely requires that people access their own capacity to change how they see themselves and the world and for them to set the path.

How to bring effective prototypes to pilot and then to scale was a key topic of discussion across meetings in the UK and Canada. As explored in the section responding to complexity and applying a continuous learning approach, governments tend to focus on pilot delivery at the expense of whole of systems change. I heard that scaling effective prototypes and pilots is challenging because:

- Some prototypes respond directly to local communities and circumstances, and therefore may not be appropriate to scale system wide.
- Models may contain multiple layers of complexity which need to be fully understood before bringing to scale.
- Dedicated effort and resourcing is needed to broker collaborative partnerships due to the multiple actors involved in designing and delivering effective prototypes and pilots. Developing these partnerships through scaling is required, and becomes more complex when more actors are involved.
- Dominant systems tend to replicate themselves. Pilots developed within them can take on the same profile of other service models that already exist.

These challenges occur against the backdrop of 'pilotistis', which is the idea that governments have a tendency to continually pilot without any real effort to bring good pilots to scale. Kuipers describes it as a level of 'dissatisfaction (of service funding agencies, government departments and service providers) with isolated pilot projects which may have been successful but were not rolled out into enduring changes in broader service provision or policy' (Kuipers 2008). This is an issue in both Australia and the UK (Kuipers 2008) (Lewis RQ 2021, 5).

Despite these challenges, I heard that a focus on whole of systems change, including scaling of effective pilots or initiatives (or common features of these pilots or initiatives) where appropriate, is required to address systemic issues and improve outcomes over time.

Several solutions to address these challenges were put forward. As explored above, the Changing Futures programme provides central oversight and external evaluation of a range of regional initiatives which seek to address multiple disadvantage. From this central viewpoint, the Department for Levelling Up, Housing and Communities and the National Lottery Community Fund can consolidate common features of successful initiatives at the service and system level, which can set the foundation for influencing the broader system to address multiple disadvantage. An example of an effective

feature present across Changing Futures initiatives at the service delivery level, for example, was the implementation of key worker approaches, particularly where they had a low caseload, and peer support and mentoring. An example of an effective system level feature that supported Changing Futures initiatives was a focus on improved information sharing policies practices and workforce development approaches.

The concept of consolidating key policy-relevant principles across numerous pilot projects to inform broader policy development to address 'pilotitis' has been explored in the literature. For example, in an analysis of health pilots in Australia, approaches were proposed to systematically review the pilots 'to ensure that as many meaningful and relevant data are included as possible' (Kuipers 2008). Kuipers argues for a systematic approach to embed successful initiatives or features of initiatives in broader service provision and policy development.

The Tamarack Institute argues that complex change processes that involve collaboration between different sectors and communities can benefit from intermediary support. Intermediaries should understand the communities impacted and can provide guidance and capacity building for the smaller organisations involved in the change making process. They can also advise government on how these processes can be systematised (Cheuy, Cabaj and Weaver 2022).

I also heard that there can be real benefit in driving innovation outside overpowering government systems. Smaller organisations can excel at driving innovative service delivery and support reforms, which may then be scaled. This underscores the importance of government and other funders providing financial support and the space for non-government organisations to innovate and influence major systems. However, Tulloch and Schulman write about the challenge of funding innovation in the Canadian context, and difficulties with scaling. 'Convincing organizations and funders to give us freer rein to develop [prototypes] has not been easy. The paradox is this: if a solution is easy for a system to adopt or deliver, it tends to be either a reproduction of that system or a re-engineered likeness of it. By its very nature, a disruptive solution can't be easily implanted because it requires different conditions and nourishment' (Tulloch and Schulman 2020).

Therefore, a multifaceted approach to address drive system change is required, which includes scaling of effective initiatives (or common features of these initiatives) where appropriate. Central governments tend to have a good position of oversight, including through leading or funding evaluations, to understand which features of initiatives are

effective and may be brought to scale. Central governments may also have broader levers over things like policies to improve information sharing and workforce development. However, scaling will not be effective without appreciating the multiple actors involved, and focusing on the development of collaborative relationships at regional levels. Regional differences may require adaptations.

Social innovation

In its simplest form, I heard that social innovation is about elevating the voices, and unlocking the expertise, of the broader community to identify what works and to generate new and creative ideas to address a social issue. Social innovation utilises specialised strategies and techniques to elicit these ideas. To that end, as Ben Weinlick and Rebecca Rubuliak of Action Lab in Edmonton explained, it is a *process* to help find out what matters to people, as well as an approach to arrive at robust, decently tested *solutions* that will work for people. It's about shifting the centre of gravity away from government and services and supports, towards communities to uncover sustainable solutions to complex challenges.

Social innovation is used where social issues are complex and different or innovative approaches are needed to address them. As Action Lab identifies, 'Complex challenges are messy, conflicting, changing, not easily definable and full of uncertainty. Social innovation strives to tackle these challenges at their root by examining and building upon what might already be working and experimenting with new pathways and possibilities' (Skills Society Action Lab n.d.). According to Alex Ryan, CEO of Synthetikos Inc., social innovation approaches actively involve multiple groups that are relevant to addressing the issue, including government, businesses and communities (Ryan 2018).

Ben Weinlick explained that social innovation can incorporate concepts like Human Centred Design, but it is a broader, with whole of systems change as the end goal. Ben explained, however, that focusing on a whole system at the outset of a social innovation process carries risks. Recognising the complexity of big systems, a scope that is too broad can lead to 'the challenge of getting stuck in existential systems thinking funk'. We may go down too many rabbit holes, forever disentangling complex systems and uncovering more challenges to address. Depending on the issue at hand, Ben advised choosing a pragmatic starting point, recognising that learning as you go is key, and having comfort in not getting it right at the outset. Recognising this complexity, a critical factor for social innovation success is to celebrate small wins with

a focus on incrementally building on these, especially where systems change is a key outcome.

When to utilise social innovation?

Meeting with social innovators across Canada has enabled me to identify threads of good social innovation practice and how these have evolved overtime, as well as the conditions for social innovation to prosper.

Across the many experts I spoke to, it was clear that social innovation should be used where:

- there is a complex problem that needs to be addressed,
- any previous approaches have not worked, and
- it is likely that broader input and collaboration across relevant partners such as communities affected, service providers and government would lead to better outcomes.

I had several conversations about the feasibility of implementing social innovation approaches within fiscally constrained environments. I heard three related responses. Firstly, while social innovation can be seen as an upfront cost, with good expertise and facilitation, it needn't be too expensive, and depending on the outcome sought social innovation approaches can be scaled. For example, using a targeted engagement approach to address the most complex aspect of the problem. The justification should always be that actively engaging a broad group of people to help resolve a complex problem will pay dividends. Secondly, the question: 'what is the cost of letting this messy situation continue to deteriorate' should always be asked. Quantifying the cost of inaction often presents the strongest business case for investing in a social innovation approach that builds trust and collaboration for long-term change. Thirdly, experts also spoke to an element of opportunism. One leader said, 'innovation is about being opportunistic and jumping when conditions are right'. The right conditions include where there are senior officials or the political class is willing to try something different, often based on some experience with or exposure to social innovation, or an exasperation about the complexity of the issue at hand and an inability to get traction.

In an article which explores common pitfalls in design thinking, Anne-Laure Fayard and Sarah Fathallah argue that political realities must be a key consideration when assessing why, how and when to use design thinking or social innovation

approaches. Political in this context does not mean partisan politics, but rather the broader political context and any policy agenda in which social innovation approaches may take place. They explain that as design is always situated within political agendas, naming the political standpoint of the work is important. This can also mean adopting political objectives that align with the goals of communities (Fayard 2023). Political commitment could be described, therefore, as an extension of opportunism – by ensuring that there is broad authorisation for the particular path taken, as well as an upfront understanding about the political context in which social innovation is taking place.

What elements lead to effective social innovation?

All social innovators emphasised that social innovation is a long-term mission with systems change the outcome, and that it is arduous and challenging work.

Rather than focusing on a particular formulaic approach, this section considers effective elements of social innovation, which have been identified across conversations with people and organisations who have led social innovation processes. The focus on elements rather than a formulaic approach or recipe is deliberate – as Fayard and Fathallah argue, presenting social innovation as a tool kit that can be followed, step-by-step, to solve a complex problem is reductive, and not conducive to addressing complexity (Fayard 2023).

1. **Leadership and long term commitment:** Leadership from elected officials and/or senior leaders is vital to endorse social innovation and break away from traditional practices. Otherwise, bureaucratic constraints and political mandates can stifle innovation. While social innovation approaches can vary in length of time, a long-term outlook and commitment to systems change is required. I heard that the commitment to systems change involves working tirelessly toward this mission over time. No one partner can deliver the change required alone. Command and control cultures cannot work for social innovation to succeed. As emphasised by Tulloch and Schulman, transformation is about gradually shifting the culture, which takes time and dedication (Tulloch and Schulman 2020).

2. **Flexibility from funders and overseers to trial social innovation.** I had a frank discussion with Ben Weinlick and Rebecca Rubuliak of Action Lab about the fact that it is hard to determine at the outset what the outcome of social innovation approaches may be. Therefore, social innovation approaches also may not lend

themselves to traditional measurement approaches, which can be uncomfortable for government. We discussed the need for a change in thinking, towards more comfort with the uncertainty of not having a particular solution in mind. The Centre for Public Impact and Health Improvement Scotland supports this view. In their guide on Human Learning Systems, argues that we need to shift our thinking away from the 'pretense that outcomes in people's lives can be "delivered", and that the delivery of such outcomes can be planned using KPIs and other traditional management tools', as this is not the case (Centre for Public Impact, 2021).

3. **Dedicated resourcing linked to a clear value proposition.** This enables a focus on the complex issue at hand. A clear value proposition means that the complex issues that are taken on are fit to be addressed through a social innovation approach, and avoid social innovation being utilised for issues that are not fit for resolution through social innovation. I heard that a dedicated team or lab can provide a liberated dynamic space for diverse teams to come together and explore the systemic nature of a challenge they wish to address. Many leaders spoke to the importance of quarantining a social innovation team from business-as-usual work so they can have complete focus on the issue at hand. This meant that the executive leader of the team had ongoing conversations about capacity and protected them from being drawn into work that did not have a purpose linked to the value proposition that could be achieved through social innovation. While there are trade-offs inherent in any social innovation structure, being clear about focus and value proposition up front is key.

4. **Designing solutions with the involvement of those directly affected by the challenges at hand, rather than designing for them.** This approach encourages ownership of the outcomes and empowers individuals to actively contribute to the betterment of their own wellbeing and that of their communities (Ryan 2018).

5. **Solutions do not need to be created from scratch.** Other models that may be adapted could exist close by or elsewhere. In an innovation lab related to inclusive housing in Edmonton, the prototype team was presented with housing models developed in other sectors and communities to learn from other models (Skills Society Action Lab n.d.).

6. **Tap into latent community assets.** Social innovation often involves uncovering existing grassroots efforts. Amplifying these efforts can be more efficient and effective than creating entirely novel solutions from scratch (Ryan 2018).

7. **Adaptive teams and mutual support.** Having teams that are eager to learn, and fostering a culture of mutual support, is essential. I heard that the process of unlearning is also critical, given that social innovation is so different to traditional government design approaches.

8. **Treating strategic learning as a critical outcome of social innovation.** This is linked to the long-term commitment needed for social innovation. Social innovators often undergo multiple cycles of innovation to arrive at a solution that is both effective and financially feasible. It is highly improbable that they will attain the perfect solution solely through a single prototype. Learning throughout these processes, and applying this learning, is critical (Skills Society Action Lab n.d.).

This case study is an abridged version of *Polarization to Progress: Lessons from the City of Edmonton's social innovation experiment, RECOVER,* written by Alex Ryan who at the time was Vice Partner of Solutions Lab at MaRS Discovery, and is now CEO of Synthetikos Inc (Ryan 2018). It provides an excellent case of social innovation in practice, demonstrating a range of effective elements required for social innovation delivery, and a commitment to continuous learning as the process unfolded.

Read the full blog post here.

In October 2017, our team at the MaRS Solutions Lab was asked by the City of Edmonton to guide a 12 month social innovation experiment called RECOVER. The purpose of RECOVER was and is to improve urban wellness for the 33,650 people living in the downtown core, with a particular concern for those who are most marginalized and underserved.

The work was performed in partnership with the City of Edmonton under contract with REACH Edmonton. It was supported by teams of design anthropologists at InWithForward, public health researchers at the University of Alberta, public engagement experts at Calder Bateman, and prototype coaches in Edmonton's social innovation community. The work was informed by the City of Edmonton's participation in the Bloomberg Harvard City Leadership Initiative, which informed the public value proposition and governance recommendations for RECOVER.

RECOVER was co-created with over a hundred participants, including community members, people with lived experience of homelessness, community-serving organizations, civil servants with the City and Provincial governments, police, librarians, business owners, artists, students, professors, and social entrepreneurs. Well over 1,000 Edmontonians participated in RECOVER doorstep interviews, neighbourhood walks, community conversations, and prototype field tests.

In 2007, the Government of Alberta launched an ambitious plan to end homelessness in the province in a decade. In 2008 and 2009 respectively, Alberta's two largest cities — Calgary and Edmonton — followed suit with city-level plans to end homelessness. The centrepiece of these plans is a housing-first approach to homelessness, which is an evidence-based best practice.

This reinforcing cycle of concentration of the homeless population and the services and infrastructure to support them creates spillover impacts experienced by many community members who live, work and play in the core neighbourhoods.

Three interlocking challenges

As we learned about the situation facing Edmonton's inner neighbourhoods, we realized this was not a single problem. Even if we could get folks off the street, the grievances of the core communities would remain. And even if we could help those communities with revitalization, this would not address the inability of existing government planning and approvals processes to manage cumulative effects.

Improving urban wellness is a complex assignment requiring fresh and practical answers to three interlocking challenges:

1. How do we best meet the needs of the most marginalized people?
2. How might we support thriving inner city communities?
3. How can we manage cumulative effects and plan wellness services and infrastructure throughout the city?

Alone, each of these challenges is daunting. Together, they seem to form an intractable mess. To make matters worse, wellness is an almost unbounded topic. Think of everything that contributes to your own wellness — physical and mental health, family and friends, social connections and culture, work and learning, personal safety, and the natural and built environment. It's hard to wrap your head around all the factors that affect the wellness of a single person, let alone for five neighbourhoods containing polarised groups and a deficit of trust. How do you make progress when it seems like you're trying to boil three oceans at the same time?

A year in the life of RECOVER

There were four broad streams of work in RECOVER:

I. Secondary research: defining vulnerable population groups; jurisdictional scan; grey literature review (non peer-reviewed research by local actors); and peer-reviewed literature review.

II. Primary research: ethnography with street-involved folks; ethnography with residents, businesses and service providers; and share-backs of ethnographic insights with participants.

III. Public engagement: phone polling; doorstep interviews; public engagement meetings; neighbourhood wellness walks; and participation in the prototype showcase event.

IV. Participatory co-design: visioning workshop; systems mapping workshop; ethnographic insights sensemaking workshop; ideation and prototype game plan workshop; tabletop prototyping workshop; field prototyping; and prototype showcase event.

In an ideal world, there would be at least six months of primary and secondary research before progressing into participatory co-design and public engagement. In the real world, a number of practical constraints influenced the sequencing of these work streams:

- The committee structures were formed before a social innovation approach was chosen, so they were not designed optimally for social innovation work

- Significant secondary research had been performed in a prior iteration of the project. The research started with a proposed solution of an integrated service hub, rather than the needs of citizens. While it contained a number of useful insights, it could not be directly incorporated into a citizen-centred approach

- Stakeholders were impatient to get started, so the first co-design workshop was held a week after the contract was signed, before any background research had been performed and before MaRS and the City of Edmonton had learned how to work together as a joined-up team

- The work was geographically and organizationally distributed. Members of the core teams from the City of Edmonton, MaRS, and InWithForward were based in Edmonton, Calgary, Toronto and Vancouver. Other subcontracts with local universities, social innovation coaches, public engagement consultants, writers and graphic designers, as well as visualization support from an Indian software team, added further organizational complexity

- It took three months of stakeholder engagement and ethnographic research to understand the issues deeply enough to even frame out a useful literature review and public engagement plan, due to the complex and unbounded nature of the subject

These practical constraints meant the process unfolded with multiple parallel threads that at first seemed confusing and disconnected to both participants as well as team members who were new to social innovation. We were so busy getting all of the pieces started that we didn't do a great job of communicating the bigger picture of how the work would inform the final deliverables of RECOVER.

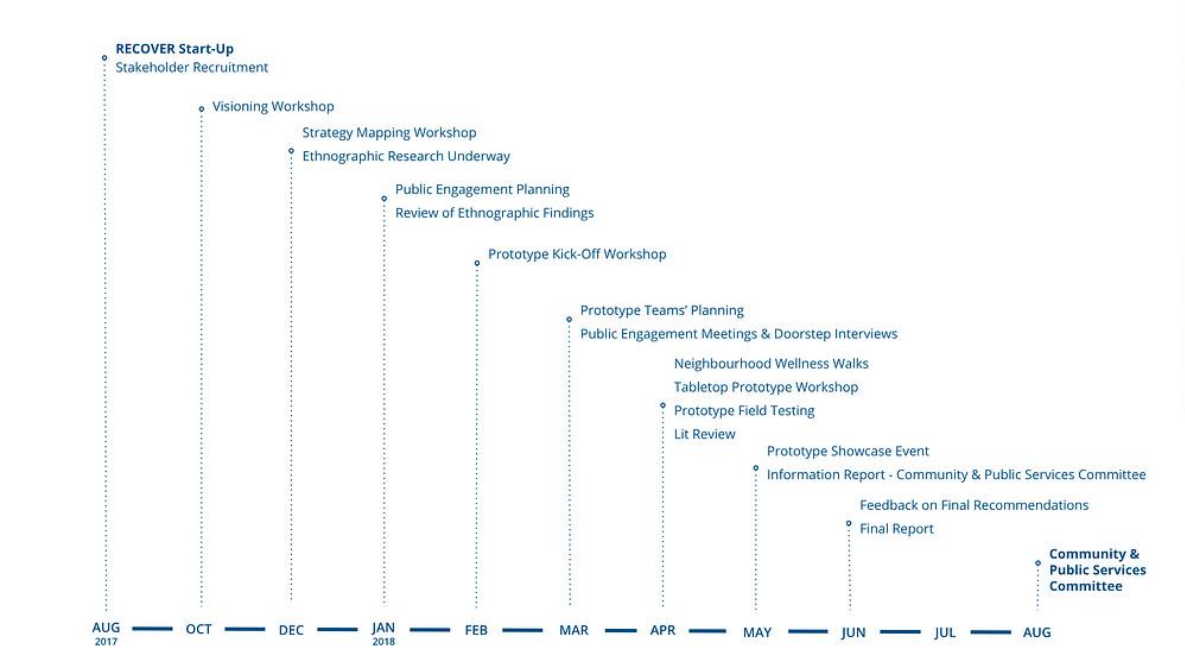
This was partly because we weren't actually sure what RECOVER would deliver! We had been asked by Council to produce a plan, but it quickly became evident that the City already had so many plans (we counted and mapped over 240 relevant strategies and policies) that yet another planning document would not solve much. The terms of

reference for the Council motion said that we should deliver a proposal for a community wellness centre, including a service integration model for vulnerable people with complex needs. To make matters more complicated, several projects for better serving marginalized people were requesting funding for new centres at the same time. Yet when we talked with people experiencing homelessness, mental health and addiction challenges, it became clear a centralized wellness hub was not the solution to their unmet needs. And when we spoke with communities, we learned that a new wellness centre would only lock in the cycle of concentration that was impacting the core neighbourhoods for another 40 years.

Rather than provide false certainty about the outcomes of what was a genuine discovery process, instead we focused on acting rapidly and then listening and responding to the confusions and frustrations of participants. We quickly learned what people didn't like about our process and improved it. The workshops were too long and did not accommodate the varied schedules of participants, so we held shorter meetings scheduled further in advance at times that worked best for participants. The generative design activities were complicated and confusing, so we simplified our methods and spent more time explaining how the results would be used. Some were suspicious about the role of City government staff in the process, so we clarified their role as acting in support of community visions and adjusted the way civil servants showed up in the process.

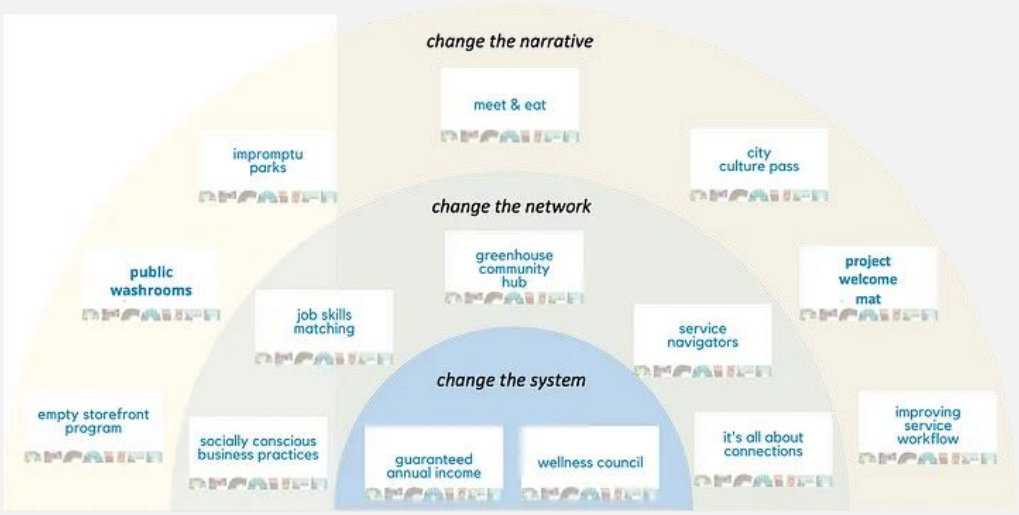
The process timeline is shown below. We added several workshops and delayed the prototyping work by a month in response to participant feedback that things were moving too fast. We broke out the literature review as a separate sub-contract to strengthen our team's rapid jurisdictional scans with a more rigorous academic review. In addition to the public facing activities, we had recurring bi-weekly calls between MaRS and the City and periodic synthesis sessions to jointly make sense of the data. For most of the Edmonton events, we would schedule 1–2 days of concurrent capacity building to coach and mentor City staff in the craft of social innovation. InWithForward held introductory ethnographic research training workshops for frontline staff with agencies and the City to initiate the discipline of continuous social R&D to improve social services.

RECOVER process timeline.



Source: (Ryan 2018)

The portfolio of RECOVER prototypes.



Source: (Ryan 2018)

How to establish enduring social innovation practice?

Recognising the long-term mission of system change, establishing an enduring practice is crucial and perseverance is critical. One senior leader with many years' experience working in social innovation with government described the reality of working in this space: 'social innovation is like giving government a kidney transplant: we know it will be good for government, but there is a high chance of rejection.'

There were a range of models to establish enduring practice that have been utilised in other jurisdictions:

- Social innovation labs delivered by non-government organisations, such as the Action Lab Edmonton
- Social innovation labs established within Provincial governments, such as the former foresight and design team at the Department of Energy in Alberta, Canada or the Service Design team at Alberta Health
- Social innovation labs established within local government, such as the Vancouver Solutions Lab and the City of Edmonton RECOVER team

I am hesitant to provide any definitive conclusions about which social innovation model works best, as each had had some success, and often the success was contextual. The elements that have led to effective social innovation are key, including leadership and dedicated resourcing linked to a clear value proposition, and perhaps more important than the actual model of delivery.

Where a dedicated team could not be established, I heard that networks could play a role in disseminating good practice. These networks and teams established within agencies or Ministries in Canada, such as the Systemic Design Community of Practice across Alberta Ministries. An example of this, the Innovation Network, already exists in Victoria.

Across each of these models, I heard of three critical factors that support and enable good enduring practice:

1. **Capacity building:** Establishing a critical mass of individuals well-versed in social innovation methodologies can support embedding these practices overtime and can build the case for change. This approach recognises that

nurturing a community of practitioners allows for the development and implementation of innovative ideas when the right opportunities arise.

2. **Sustainable funding models**: Long-term funding models are critical. Recognising that social innovation could lead to cost savings in the long-term, some upfront funding is needed to support the processes required.

3. **Open and reflective leadership**: Adopting an open and reflective style of leadership, which involves acknowledging the limitations of previous approaches, even when well-intentioned. This includes encouraging leaders to accept the necessity of revisiting and revising strategies that have proven ineffective in achieving desired social outcomes, even where there has been strong political and senior leadership attachment to these approaches in the past.

Key findings

Prioritising service design and social innovation approaches, which focus on understanding the problem before proposing a solution, will develop a better system of services and supports, particularly for people with multiple and complex needs. Strong service design methodology and social innovation approaches help coordinate diverse stakeholders with deep insights into a particular challenge to co-design solutions that best meet community needs.

In relation to establishing good service design practice, several elements were put to me. These include involving the workforce who as key contributors to design processes, enabling space to experiment and take risks, and considering how common features of successful initiatives may be taken to scale. To scale effectively, central levels of government can play a role in consolidating common features of successful initiatives, thereby influencing the broader system.

Where the problem is particularly complex, social innovation approaches should be considered, especially where there are supportive environments to enable social innovation to succeed. This section chronicles a range of elements that have been present in successful social innovation approaches, including leadership and long-term commitment, and dedicated resourcing linked to a clear value proposition. Of critical importance is establishing enduring social innovation practice, which are social innovation capacity building, sustainable funding models, and open and reflective leadership.

Recommendations

- The Better, Connected Care reform should utilise best practice approaches to service design to develop new service models for people with multiple and complex needs.

- The Victorian Government should establish social innovation capability focused on complex social issues, with an active objective to drive long term systems change.

Implementation options

A central team should be established to drive best practice in service design, which would support localised service design approaches driven by LSECs, particularly at maturity of the Better, Connected Care reform. A service design methodology should be selected, for utilisation across the Better, Connected Care reform, such as Human Centred Design. Capability building of the central Better, Connected Care team should be undertaken to enable dedicated support to the LSECs who can in turn provide better services locally, particularly for people with multiple and complex needs. Having the central team trained to provide dedicated support will enable input of those with service delivery expertise and lived experience. Training should also be provided to champions and leaders in regions.

A central social innovation team should be established, which would support the implementation of social innovation approaches. At maturity of the Better, Connected Care reform, the central social innovation team would support resolution of locally identified issues. As a starting point, the Better, Connected Care reform should identify an LSEC to co-lead a social innovation approach to better coordinated support for people with multiple and complex service and support needs. This function could be coupled with an engagement function, with expertise in working with communities.

The capability of the central team in service design and social innovation, particularly in relation to responding to people with multiple and complex needs, should be built. Options to build capability include:

- Buying-in specialised training for the Better, Connected Care team. Practices with experience driving social innovation approaches should be prioritised.

- Partnering with areas of the Victorian Government with service design practice such as Department of Premier and Cabinet Human Centred Design team, to up skill the Better, Connected Care team.

6 Lived experience and asset-based approaches to centre people and communities in addressing complex challenges

Recommendation

- The Better, Connected Care reform should develop a comprehensive approach to embed lived experience into the design and implementation of the reform and associated initiatives.

Introduction

Lived experience engagement has been a priority focus in many areas of the Victorian Government over the past decade, with pockets of good practice across Victoria. Embedding lived experience into the design and delivery of services has also been a focus of major system reforms such as the Royal Commission into Victoria's Mental Health System. Underpinned by the blueprint for change provided by the Royal Commission, the Department of Health is making good strides embedding lived experience into the design and implementation of the reforms. For example, the Child and Youth Hospital Outreach Post-suicidal Engagement services has engaged young people with lived experience to help plan and design the expansion of the services (Department of Health 2022).

Lived experience engagement has been a focus of the Better, Connected Care reform. For example, the reform commissioned Jesuit Social Services to develop a client voice multi-sector engagement kit for use across LSECs. Recognising the diversity of people in scope of the Better, Connected Care reform – people who access multiple services – a lived experience approach requires deep consideration. Experience from other jurisdictions in the areas of design and implementation will help inform Victoria's approach.

Asset-based approaches are at the core of working with people with lived experience, and it requires a paradigm shift in the design and delivery of services, moving away from the presently dominant deficit-based model which perceives service users through the lenses of needs, problems, and vulnerabilities. Instead, asset-based approaches identify and mobilise the existing strengths, capabilities, and resources within communities. In this way, lived experience is also about deconstructing the

dichotomous framing of 'us' and 'them' whereby policymakers are positioned as the 'experts' and service users as the 'beneficiaries'. This method aims to empower local communities and service users by recognising their inherent assets, such as skills, knowledge, social networks, and leveraging these for broader wellbeing. Asset-based approaches have not been a focus of the Better, Connected Care reform to date.

Lived experience in service design

As discussed in the chapter on service design approaches and social innovation, a focus on design is critical for reimagining service delivery that can respond to people with multiple and complex needs, particularly when working across systems. As is well understood across literature and practice, lived experience engagement when redesigning services and supports is critical, as those with lived experience offer a unique and authentic perspective that is often overlooked in traditional service design. Their firsthand knowledge of the challenges and gaps in existing services can provide invaluable insights into what actually works and what does not. Additionally, services designed without the input of those who will use them risk being irrelevant or ineffective. Lived experience ensures that services are tailored to meet the actual needs of the community, rather than assumptions or stereotypes.

Lived experience engagement when thinking about people and communities who access multiple services gives rise to the need for new and innovative approaches. I learnt that there is no one way to engage with lived experience in design processes. I heard that it is critical to ensure that people and their experiences are centred in any redesign process.

An example of the type of lived experience engagement that was influential to me was appreciative enquiry. Appreciative enquiry is an approach which engages people or communities in an open and inquisitive fashion, rather than overly structured approaches. This encourages service designers or practitioners to step outside their specific areas of expertise. It amplifies voices that are often unheard and minimises the influence of dominant perspectives. This creates a more balanced and inclusive environment for problem-solving. This method has been utilised by the Plymouth Alliance for Complex Needs members to iterate and trial different ways of working with people.

Gary Wallace, Public Health Specialist at the Plymouth City Council, and convenor of the Plymouth Alliance for Complex Needs explained key aspects of appreciative enquiry through his practice:

Open-Ended Questions: Unlike traditional methods that may focus on specific metrics or behaviours, Appreciative Enquiry utilises open-ended questions. For instance, in the context of obesity, it would ask, "Tell me about your family life," rather than, "How many vegetables do you eat?" This allows for a more comprehensive understanding of the issue.

Versatile Settings: Appreciative enquiry can be conducted in various settings, including individual interviews, family discussions, or group forums. This flexibility makes it adaptable to different contexts and participant dynamics.

Feedback Loops: Once the findings are compiled into a report, it is read back to the participants to ensure that it accurately captures the essence of the discussions. This step adds an additional layer of validation and inclusivity.

Preventing Paternalism: The approach is designed to prevent paternalistic attitudes, where experts dictate terms or solutions. By engaging in open dialogue, it ensures that the perspectives of those affected are respected and integrated into any solutions or interventions.

Holistic Understanding: The approach is more likely to uncover the multifaceted drivers of complex issues. For example, when considering obesity, it recognises that healthcare is just one aspect of the problem and provides a clearer, person-directed picture of the diverse factors involved.

The RECOVER initiative in Edmonton also undertook a dedicated approach of engagement to develop prototypes that promote urban wellness. One of the key findings of the RECOVER initiative was the importance of asking people how they want to be engaged in a social innovation process. While basic, the team found that was fundamental to success. Alex Ryan, social innovation expert, explained that:

> The first RECOVER visioning workshop was held from 9:00am to 4:00pm on a Monday. It didn't go great. The Headline from the Future activity, which had worked for us dozens of times in the past, fell a bit flat. More concerningly, we experienced a 50% drop-off in participation in the afternoon. We sent out a survey to participants and found out that full-day weekday sessions were difficult to accommodate, especially for community volunteers and those with lived experience. We asked people how and when they wanted to be engaged. We found that shorter, focused sessions towards the end of the work day and ending before dinner worked best for

> most folks. More importantly, we learned that before you start planning workshops, ask people how they want to be engaged (Ryan 2018).

Another important lesson from RECOVER is 'design with, not for' which promotes ownership of the results and empowerment. This also unlocks creativity, enthusiasm and stewardship of the work of the people engaged (Ryan 2018). These approaches promote an important power shift away from government to communities.

Asset-based approaches

Several innovators across the UK and Canada raised asset-based approaches as a means to solve social problems. Alex Ryan explained that asset-based approaches are about looking for community strengths that can be enhanced by government. In reflecting on key findings of the RECOVER initiative, he explained that innovation is often more like discovery than invention. During the ethnographic research for RECOVER, an abundance of informal grassroots activity was identified, which was already supporting neighbourhood wellness (Ryan 2018). Finding ways to support and amplify things that are already working is more efficient and effective than designing new solutions from scratch.

Moving examples of grassroots activity were identified through RECOVER. Many businesses who were committed to do their bit to address homelessness. Awet (Sammy) Tekie is an Eritrean immigrant who owns a Mini Mart in downtown Edmonton. To provide a place for people who have nowhere to go, he rearranged the shop to create a seating area, and decided to keep the shop open 24 hours a day to be there for the community. An Indian Fusion restaurant hands out food to anyone who knocks on the back door. A café runs a 'suspended coffee' program, whereby customers can donate to cover the cost of coffee for those who cannot afford it (Stolte 2018). These are powerful assets that already exist in the community, therefore the role of government or programs like RECOVER is to consider how they can be supported or amplified, for example by circulating a list of housing and health resources to share with customers in need, or by bringing socially-conscious businesses together so they can learn from each other (Stolte 2018). Recognising the involvement of the community in this way underscores the importance of whole of community approaches to address complex problems, and can help address underlying contributors so social ills such as stigma and a lack of social cohesion.

Latent community assets may also be identified through data analytics, for example by uncovering positive deviants in datasets. Alex Ryan explained that we analysing

datasets, we should ask ourselves why people who used to be heavy service users across systems have reduced their usage or left services, and what was their experience that made them no longer rely heavily on services? Can this be replicated or systematised? By focusing on what is already working within communities and among individuals, governments can more efficiently and effectively facilitate sustainable improvements.

Co-production

In addition to engaging with people through design processes, lived experience in implementation, referred to as co-production, can drive better service delivery for people with multiple and complex needs. To implement co-production effectively, I heard that service providers must be willing to share power with service users, which can require a significant cultural shift within organisations. It also requires a commitment to ongoing dialogue and partnership, rather than one-off consultations.

In practice, co-production can take many forms, from service users being involved in strategic decision-making to co-delivering services alongside professionals. I heard that it is important that co-production is not seen as a tokenistic exercise, but as a genuine partnership where the contributions of service users are valued and acted upon. There were a range of approaches employed in other jurisdictions, from peer mentoring, to embedding lived experience in governance.

One of the key initiatives implemented through the Birmingham Changing Futures Together programme, was the Lead Worker Peer Mentor approach. Lead Workers supported people to navigate the variety of services. They were assisted by Peer Mentors who have lived experience and have faced many of the issues affecting people with multiple disadvantage. The evaluation heard 'numerous accounts from individuals that had been supported by someone who had lived experience that was similar to their own, who made them feel listened to and understood'. The evaluation also found that meeting someone with lived experience who was now in employment or who had overcome challenges was inspirational and helped to motivate the people they were supporting (Bennett, Birmingham Changing Futures Together Summary Report 2022).

Recruiting the right people for lived experience roles is important. Birmingham Changing Futures Together programme developed an Organisational Toolkit for the Lead Worker and Peer Mentor service to assist with this process. As part of this, they developed guidance on Peer Mentor recruitment, including position descriptions,

interview guides and induction plans. The example peer mentor job advertisements described the type of experience sought through the services, showing that lived experience recruitment for multiple and complex needs does not need to be complicated:

> It is open to anyone who has previously experienced: homelessness, mental health issues, substance misuse, offending behaviour and multiple needs services. We are looking for an individual who can bring their invaluable insight into these services to the table (Lead Worker and Peer Mentor Service 2019).

The evaluation of this aspect of the initiative was very promising. The Lead Worker Peer Mentor programme was estimated to have created £1.11 of social value for every £1 spent. The 2019 service user survey found that 68% of respondents who had been supported by a peer or person with lived experience agreed that this had made it easier to stay engaged with Birmingham services (Bennett, Birmingham Changing Futures Together Summary Report 2022).

The Alex Community Health centre in Calgary has also introduced peer workers through the establishment of community mobile crisis response teams. This initiative was funded to facilitate the collaboration between police forces and mental health professionals. Mental health charities have taken the lead in providing specialised training for these roles. Candidates are encouraged to consider how they can transform their own experiences into meaningful connections with those they will be supporting, thereby adding a layer of authenticity and empathy to their work. We discussed the importance of renumeration and wellbeing support for peer workers recruited into such initiatives.

The Greater Hamilton Health Network places a strong emphasis on incorporating lived experience into the delivery model of its health and social services teams as well as embedding lived experience formally into governance structures. One of the key pillars of this approach is the establishment of a patient engagement pool, which serves as a reservoir of diverse perspectives and experiences. The Network has also established a Patient, Family, CarePartner leadership network as a formal governance structure, with patient advisor representatives on other structures such as the Board of Governors and the core committees. These structures are instrumental in shaping policies, procedures, and services to be more attuned to the actual needs and challenges faced by patients and their families. Responsibilities of lived experience

workers can range from input into personal care and health decisions, program and service design, and policy, strategy and system level discussions.

Key findings

Deep engagement with people and communities is essential in major change or reform processes, and to achieve positive outcomes for people. Experience from the UK and Canda provide examples for how this can be achieved across design, implementation and co-production for people with multiple and complex needs. It requires a dedicated, conscious and ongoing effort, and cannot be seen as a tick box exercise. Consideration across design and implementation is key. Government should ask people how they want to be engaged, and this requires an openness to new solutions and possibilities, and ultimately a power shift from government to communities.

Recommendations

- The Better, Connected Care reform should develop a comprehensive approach to embed lived experience into the design and implementation of the reform and associated initiatives.

Implementation options

A comprehensive approach to embed lived experience covers design and co-production. This recommendation needs to be read in conjunction with the recommendation about utilising best practice service design and social innovation approaches to respond to people with multiple and complex needs and devolving more responsibility to regional levels. Recognising the diversity of people in scope of the Better, Connected Care reform, lived experience engagement approaches need to be designed broadly, to reach people who have experience accessing multiple service systems.

As part of utilising best practice in service design and social innovation approaches, the Better, Connected Care reform should:

- Apply best practice in lived experience engagement in service design, including through asking people how they want to be engaged, and designing ‘with’ communities, not for them

- Consider asset-based approaches, to mobilise existing strengths, capabilities and resources within communities

- Consider appreciative inquiry approaches, to amplify the voices that are often unheard, and to minimise the influence of dominant perspectives

The client voice multi-sector engagement kit that has been developed for use across LSECs provides useful grounding for this work.

As part of the devolution of more responsibility to regional levels, the Better, Connected Care reform should:

- Consider engaging people with lived experience in strategic decision-making at the LSEC level and through other governance arrangements;

- promote approaches that provide for co-delivery, such as peer mentoring models.

7 Responding to complexity and applying a continuous learning approach

Recommendation

The Better, Connected Care reform should be framed through the lens of complexity. A Human Learning Systems approach should be applied to guide the reform implementation, and to ensure that learnings are continuously applied.

Introduction

Complex systems are characterised by multiple, diverse, and interconnected elements that interact in ways that can be unpredictable and non-linear. This complexity is magnified when looking at multiple systems, across different levels of government, departments, agencies, and funded providers.

A lens of complexity would provide a useful framing for thinking about the Better, Connected Care reform. The reform is complex because of the multiple elements that interact across Victoria's health, justice and social service systems. These include the following:

- the complex, often intersecting characteristics of people who access multiple systems, and the social factors and determinants that affect individuals' wellbeing and the resulting relationship between service and support systems.
- the scale and diversity of different system parts (across different levels of government, departments, agencies, and funded providers) and the individuals, groups, or organisations that operate in or influence the way a system behaves.
- the different perspectives of system actors including people who use services or supports, families, carers, and peak bodies, on issues relating to individual systems, or in relation to multiple and complex needs across systems.

Appreciating this complexity at the outset, a culture of continuous learning should be adopted across the Better, Connected Care reform. Human Learning Systems, which is an approach that emphasises the importance of human actors within systems and creates space for continuous learning and adaptation, is a concept that is gaining

prominence internationally. Human Learning Systems approaches can supplement more traditional evaluations and contribute to broader evaluative thinking.

A complexity lens is useful for whole of systems change processes

Traditional approaches to policy development and service delivery are ill-equipped to handle multiple, diverse, and interconnected elements that operate in complex systems. While an outcome in someone's life can be attributable to an intervention, more often an 'outcome' is the 'product of hundreds of different people, organisations, and factors in the world all coming together in a unique and ever-changing combination in a particular person's life' (Centre for Public Impact 2021). Very few of these people, organisations or factors are under the control or influence of service systems.

A complexity lens acknowledges this complexity and enables systems to better grapple with it. In their book *Getting to Maybe; How the World is Changed,* Westley, Zimmerman and Patton note that a complexity lens allows you to look at the interactions between multiple, diverse, and interconnected elements more closely. They contend that 'control is replaced by toleration of ambiguity and the "can-do" mentality of "making things happen" is modified by an attitude that is simultaneously visionary and responsive to the unpredictability of unfolding events' (Westley, Zimmerman and and Patton 2006).

A complexity lens also offers a more nuanced and realistic understanding of the systems within which we operate. A key theme of the *Complexity Outcomes* conference I attended at the Newcastle Business School, Northumbria University was the need for a radical change in the form and function of public services. To achieve this, many presenters spoke of the necessity of working with and harnessing complexity. Public services were described as a model in constant motion which never reaches an equilibrium. As the future is always unknown, we need to plan where we can and adapt for complexity, in particular any reform programs with whole of systems change aims. In discussing the challenges involved in whole of systems change, Dr Tamara Mulherin, a multidisciplinary researcher with an interest in health and social care integration from the Newcastle Business School, explained that being idealistic about vision but realistic about change is helpful. This allows for organisation of reform that is both resilient, and adaptable to changing conditions. In a review *10 years of Integrated Health and Social Care in England*, Robin Miller, Jon Glasby, and Helen Dickinson also note that one of the pitfalls of integration of health and social care reforms is seeing it

as a prescription of all ills. They argue that more realistic views of what can be achieved through integration and the amount of time that it takes to achieve this is necessary, particularly when setting up new initiatives (or even new organisations) from scratch (Miller R 2021).

I also heard that we should be cautious about any reform or change process that adds more complexity to already complex systems, either explicitly or inadvertently. Justin Williams, Associate Director, Public Policy and Government Relations at the Tamarack Institute in Canada explained that when we try to create a system fix, we can create a new layer within the system. He argued that a better approach can be to review the current system, think about what we want to accomplish, and then assess how the system can shift or flex to deliver the desired results. Additionally, community assets should be considered. This means understanding what already exists in the community that is delivering results, and how it can be supported or facilitated to grow. A new service model is not always the answer.

Sally Caldwell and I discussed this in the context of the proliferation of navigator roles to address failing systems. To Sally, while attempting to solve complex systemic issues for their clients, navigators could instead create a new system overlay to existing systems, adding to complexity. Instead, Sally preferred approaches that would identify the most sensible lead organisation and worker to play a navigation type role for the person, working within the system rather than adding another layer to it.

Human Learning Systems approaches prioritise continuous learning

Human Learning Systems emerged as an interesting approach to grapple with the uncertainty in complex systems. I am attracted to Human Learning Systems as an approach, as it prioritises learning throughout policy development, service design, and implementation. While aspects of Human Learning Systems are present in traditional policy approaches, what is unique about Human Learning Systems is that it creates space for continuous learning and adaptation and recognises the importance of human actors and their relationships within systems.

Human Learning Systems are grounded in the principle that public services are most effective when they are adaptive, responsive, and tailored to the unique circumstances of individuals and communities. Complex social issues require solutions that can adapt to changing conditions and unexpected challenges. It encourages flexibility in service design and delivery, allowing for adjustments based on what is learned through ongoing engagement with service users and frontline workers and other more regional

actors such as governance bodies. It could also be applied to reform processes, particularly those that operate across government departments and different systems.

Tamara Mulherin explained that Human Learning Systems approaches prioritise realistic change, conscious of contextual factors, while also allowing for flexibility. This acknowledges the reality that people within systems act in informal ways and settings, which can be just as important as formal settings such as engagement through governance groups.

A key component of Human Learning Systems is the commitment to continuous learning. This involves collecting and analysing data, seeking feedback, and reflecting on service outcomes. Such a learning-oriented approach enables improvement and innovation overtime.

The Centre for Public Impact describes three types of learning, which it refers to as learning loops:

- Single Loop Learning: This involves making adjustments to methods and actions to achieve desired outcomes more effectively. It's about doing things better without necessarily changing the underlying assumptions or policies.
- Double Loop Learning: This goes deeper by questioning and potentially altering the underlying assumptions and beliefs that guide actions. It's about doing better things, not just doing things better.
- Triple Loop Learning: The most profound level, it involves learning about learning itself. It questions the very frameworks and systems within which learning and action take place, potentially leading to transformative changes in how services are delivered (Centre for Public Impact 2021).

Human Learning Systems also promote collaboration across government, non-profit, and private sectors. It recognises that complex problems often span multiple domains and that effective solutions require a collective effort. It prioritises working together to pool expertise and resources to achieve better outcomes. It seeks to address power dynamics within systems, to focus all actors on the social issue at hand.

Human Learning Systems are not confined to traditional evaluation approaches but should inform evaluations and contribute to a broader system of evaluative thinking. As described by Miachael Quinn Patton, evaluative thinking describes the concept of learning how to learn and think critically through evaluative processes, as distinct from

understanding the substantive findings of an evaluation. He argues that this has the benefit of creating more enduring value through an evaluative process on those who participate in it, by creating an 'impact on those who participate in the evaluation that can be great and last longer than the findings of the same evaluation' (Patton 2018, 21). Therefore, evaluations should continue to be embedded in all trials and initiatives, to contribute to evaluative thinking and learning, as well as integrating findings to contribute to the outcome of whole of systems change.

Implementing Human Learning Systems and learning loops in public services comes with challenges, such as the need for supportive leadership, appropriate resources, and a culture that values learning and adaptation. However, the opportunities for more effective, responsive, and human-centered public services are significant (Centre for Public Impact 2021).

Evaluations should address systems change

Evaluations should address whole of systems change as well as client outcomes. Evaluation of whole of systems change is essential for two reasons. Firstly, the task of whole of systems change is complex and requires a long-term focus. Therefore, learning and evaluation should be coordinated around this task, and with consideration given to what has been effective and principles or approaches that may lend themselves to scaling to prevent 'pilotitis', as explored in section 5, service design approaches and social innovation to respond to multiple and complex needs. Secondly, evaluations of UK initiatives, under the umbrella of integrated health and care reforms, have found that change processes have been disconnected. One academic said to me that NHS and social care reforms have been 'project rich' but 'system poor'. In a review of NHS pilot programs over a decade, evaluators in the UK found that there is '...a modern tendency within government to deliver policy change through disconnected projects rather than as an ongoing process of policy evolution' (Lewis, et al. 2021 , 5).

Dr. Emma Miller is a Senior Research Fellow of the School of Social Work and Social Policy, University of Strathclyde in Scotland. I met Emma at the Complexity Outcomes Conference in Newcastle, where we discussed the importance of monitoring the impact of new and innovative service delivery approaches, to understand and measure how client outcomes have shifted. This is with a longer-term view to scaling and ultimately influencing systems change. Emma, whose work focuses on the outcomes that matter

to people, outlined several critical elements required to assess the value of such approaches:

- Contribution not attribution: This relates to the issue identified above, how multiple factors may influence outcomes, particularly in unpredictable social service contexts, making attribution virtually impossible. The quest therefore is finding credible means of demonstrating contribution towards results. This allows for more than one agency to contribute to the same outcome, and importantly, recognises that the person can contribute to their outcomes too.

- Inclusion of narrative data and qualitative data analysis: Promoting flexible, responsive services is supported by a shift from ticking boxes to capturing brief narrative data of what works for people. Qualitative data analysis, the middle ground between a single story and statistics, can be supported in services, lead to deeper understandings for staff and managers, and more effective resource use.

- A higher score is not necessarily a better score: Outcomes for people fluctuate over time. Sometimes maintaining an outcome despite other challenges is a significant achievement. Reviewing narrative data can help to sense check the statistics, to prevent data being incorrectly read or attributed (Miller 2016).

Emma's research and practice on outcomes involves working with staff to shift engagement towards outcomes and how to better record these in systems. Data collected through these initiatives should be of sufficient quality to be usable for decision making, at individual and collective levels. These elements demonstrate how data that is relevant to individual outcomes that can influence systems change can be collected and tracked even in innovative and complex initiatives.

Defining systems change at the beginning of programme implementation, to coordinate effort around this aim, is also important. The evaluation of Changing Futures Together Programme in Birmingham found that systems change was not clearly defined at the outset. This meant that there was no agreement amongst partners about what system change parameters were and what would constitute success (Bennett, Birmingham Changing Futures Together 2022). The evaluation also found that more needs to be done to support the systems change ambitions, and recommended embedding systems change objectives into local strategic forums, to champion the outcomes and to provide ongoing feedback on the broader systems

objectives (Bennett, 2022). This can also support approaches to scale initiatives, or elements of initiatives, that have shown impact, as explored section 5, *service design approaches and social innovation to respond to multiple and complex needs.*

Key findings

A complexity lens allows you to look at the interactions between the multiple system actors more closely. It allows for a tolerance of ambiguity, and a built-in responsiveness to the unpredictability of complex systems.

A Human Learning Systems approach embraces complexity, understands and values human relationships, and prioritises learning throughout policy development, service design, and implementation. Evaluations that prioritise a long-term whole of systems change outlook will prevent the proliferation of pilots without broader application.

Recommendations

- The Better, Connected Care Reform should be framed through the lens of complexity. A Human Learning Systems approach should be applied to guide the reform implementation, and to ensure that learnings are continuously applied.

8 Connection to community as a means to provide fulfillment outside of service systems

Recommendation

- The Better, Connected Care reform should consider ways that connection to community for people with multiple and complex needs can be promoted

Introduction

Some people require ongoing services or support, others may only need episodic help. But fulfillment and contribution to broader health outcomes comes from things outside of the service system, such as participation in the communities we live and work in and the social networks to which we belong (Buck, et al. 2018). In times of challenge, it comes from mobilising our own capacities and strengths in the process of change (McCashen 2005). The King's Fund identified places and communities as one of the four pillars of population health, recognising the strong evidence of the impact of social relationships and community networks, including on mental health. The other pillars it identifies are health behaviours and lifestyles, wider determinants of health, and integrated health and care systems (Buck, et al. 2018).

The contribution of broader social determinants of health to good health outcomes has long been understood in Victoria. For example, St Luke's Bendigo was a leader in the field of strengths base practice in social work, which emphasised people's ability to be their own agents of change by creating conditions that enable them to direct the processes of change. Recent whole of system reforms have built in approaches to care that lie outside the service system, including connection to networks of support and communities.

For example, the Royal Commission into Victoria's Mental Health System recommended the development of a new mental health and *wellbeing* service system (my emphasis) that provides genuine community-based alternatives to crisis care. Alternatives to crisis care include wellbeing supports, peer support and promotion of self-help. Importantly, the Royal Commission acknowledged that the first line of support is and should continue to be 'Families, carers and supporters, informal supports, virtual communities, and communities of place, identity and interest' (Royal Commission into Victoria's Mental Health System 2021). It made several

recommendations to better facilitate supports activated in the community, such as the establishment of a Wellbeing Promotion office, which will deliver programs including Social Inclusion Action Groups within local councils, and a Local Connections social prescribing initiative (Department of Health 2023).

Responsibility for population health, including things like community connection, is dispersed in Victoria. Leadership is provided by VicHealth, the health promotion foundation. Areas of the Victorian government such as the Department of Families Fairness and Housing including Fairer Victoria and the Department of Health also have some health promotion responsibilities[1]. Local councils are legislatively responsible for improving the health and wellbeing of people in their municipality and develop annual health and wellbeing plans (Department of Health 2023). There are also networks of activity focused on community connection occurring throughout Victoria. The recent Royal Commission into Victoria's Mental Health System, for example, recognised the commitment of businesses, schools and community members in driving a sense of connectedness and community spirit to support good mental health and wellbeing (Royal Commission into Victoria's Mental Health System 2021).

How to support community connection for people with multiple and complex needs

Initiatives that promote connection to communities

As was documented in the service design and social innovation chapter, Changing Futures Northumbria seeks to support people to access intrinsic support and resources, which includes people's 'connection to their community and everything important in their life'. Mark Smith, Senior Responsible Officer, Changing Futures Northumbria & Director of Public Service Reform, Gateshead Council describes this as the blossoming part: 'It's life, on a more sustainable footing. It's where services should learn to progressively get out of the way (or at least take steps back) and let the

[1] Departmental responsibility for population health and communities at the State Government level has had a turbulent history in Victoria. Over the past two decades, there have been several machinery of government changes which have altered responsibility and priority given to population health and communities. For example, The Department for Victorian Communities was established in December 2002, with portfolio responsibility for supporting communities. In 2007, it was renamed the Department of Planning and Community Development, taking on broader responsibilities. In 2013 the Department of Planning and Community Development was abolished. Portfolio responsibilities of the former Department of Planning and Community Development have since been split across various departments with more machinery of government changes in the subsequent years. Many of these responsibilities now sit with Fairer Victoria which is a part of the Department of Families, Fairness and Housing. https://researchdata.edu.au/department-planning-community-development/492116; Department of Planning and Community Development, Public Record Office Victoria: https://researchdata.edu.au/department-planning-community-development/492116; Department for Victorian Communities, Public Record Office Victoria: https://researchdata.edu.au/department-victorian-communities/491030

universe do its thing' (Smith, Changing Futures Northumbria 2023). Services, he explains, cannot be the mainstay of recovery, people need to access their own capacity to change how they see themselves.

While intrinsic support cannot be systematised in the same way that principles and rules can, space can be provided for self-determination and community development, something that Mark believes that services cannot and should not do (Smith 2015). This is especially critical if the point of intervention is early, thereby diverting people from further service system need or entrenchment.

Another initiative which focused on social connection was the Gateshead Bridgebuilders. The Bridgebuilders are paid positions for community members in Gateshead who are empowered to make their own resourced decisions about how to strengthen the community. At the Complexity Outcomes conference, I heard from some of these Bridgebuilders, who have run community activities including Mental Health First Aid, women only swimming events and defibrillator training. The Bridgebuilders were energetic and proud, and explained that services are not what people want in their lives. Initiatives like this seek to break cycles of disadvantage through community strengthening.

Writing from the Canadian context, Sarah Schulman, a social scientist focused on the experiences of people living on the margins and Gord Tulloch, a disability sector leader for over twenty-five years, make a powerful case for working towards sustainable solutions for people by transforming traditional service systems. Their book, The Trampoline Effect explores how social services systems can be transformed to help people live full and happy lives. Schulman and Tulloch propose innovative ways that the role of social services can be expanded to '…augment our service-heavy model with one that allows informal solutions to take hold, that activates community capacity, and that helps people navigate a life out in the world' (Tulloch and Schulman 2020). After a five-year deep inquiry into the social service system in Vancouver, Canada, they conclude that reimagining the social welfare state is not 'simply retooling the system, but about involving community in its broadest sense. It was not about simply invigorating statutory frameworks and increasing access to services, but about co-constructing communities that bring about better lives for everyone' (Tulloch and Schulman 2020).

Social innovation approaches, particularly those developed outside of dominant systems, can also give greater prominence to what is most important for people. Janey Roh is the director of Curiko, an innovative 'platform, community, partnership,

and team' based in Burnaby close to Vancouver. Curiko began with a focus on creating better connections for people with disabilities, and it has grown into something much larger. It is now both an online and in-person community that fosters two-way relationships through experiences. It provides an innovative online platform connects community members across diverse interests including taste, make, move, connect, explore and advocate. As a team, Curiko is continually evolving, and creating spaces for experimenting and learning.

Janey puts a powerful case for a long-term, dedicated focus on building community, improving connectedness, and creating 'moments' that matter to people, as an alternative to traditional services. Janey argued that this long-term focus is necessary to shift dominant cultures and systems, and to move from past paternalistic notions of welfare towards what matters to all of us. To find support for such approaches, Janey explained that value aligned champions amongst funders are needed, who recognise the importance of this work existing outside of dominant systems.

Tulloch and Schulman beautifully describe the positive impact of social connection that we should be striving to achieve through our systems. 'Sometimes the intervention is not the intervention, but is instead an exquisite moment of human encounter that brings with it hope, beauty, and inspiration. Sometimes the answer is not a rule or a professional demeanour, but is instead love and vulnerability' (Tulloch and Schulman 2020).

Whole of system approaches

Whole of systems approaches tend to focus on population health measures such as health promotion and health inequality. For example, local authorities across England have a focus on health inequality, one of the four key aims of integrated care systems (Charles 2022). This work is being addressed through place-based boards, which bring together health and social care organisations with community organisations to work more closely to improve the health and lives of people living in the local government area. From a systems perspective, I heard from people working within Local Councils that this model provides flexibility to address health inequalities locally. However, it is yet to be seen how this will work in practice, given these boards are relatively new. I heard that there were tensions between different providers, and agencies tend to come to the Board with their own agenda. Organisational pressures including decreasing budgets were evident.

The King's Fund underscores the importance of combining the integrated health and social care initiatives with wider policies to address the social and economic causes of poor health, and emphasise the cirtical role of ICSs in driving forward efforts to improve population health and tackle inequalities in their local areas. To address this and ensure a genuine focus on health inequalities is achieved, it was argued by several people working within Integrated Care Systems from a local council perspective, including Henry Langford, Portfolio Lead for Health, Care and Partnerships at Camden and Ashton West, Partnership Lead, Tower Hamlets Together, that place-based architecture needs to be put in place to support doing things differently, rather than doing more of what is already being done. They also argued that clear and consistent understanding of health inequalities would also support this.

British Columbia in Canada considers whole of population approaches through the lens of poverty reduction. Its Poverty Reduction Strategy set ambitious targets to reduce poverty, and has 6 priority focus areas, including service system priorities such as affordable housing and supporting families children and youth, as well as broader priorities such as social inclusion. This approach has the benefit of focusing on the drivers of poverty, vulnerability, and disadvantage (Government of British Columbia 2018), in addition to systems issues.

Key findings

The service system should be a small part of people's life, even if ongoing services or supports are required for some people. This point has been long understood, yet it is challenging for crisis and service heavy systems. The service system should be structured in a way to manage crisis, but also set people up for connecting back into their community. In addition to this, there should be a focus on longer term population health outcomes for people, including connection to communities.

Different jurisdictions provide some examples where the service system can better support broader and longer-term outcomes for people, by proving space for people to access internal capabilities, and recognising the importance of communities in driving fulfillment outside of service systems. At an initiative or service model level, approaches that recognise the importance of intrinsic support can rebalance service heavy responses. At the systems level, a focus on addressing broader population health, including things like connection to community, can shift service systems. However, to do this effectively supportive infrastructure needs to be available to

support genuine place-based approaches, including innovations developed and led outside of government and mainstream systems.

Recommendation

- The Better, Connected Care reform should consider ways that connection to community for people with multiple and complex needs can be promoted

Implementation options

The Better, Connected Care reform, where appropriate, should connect and coordinate with areas with responsibility for broader health promotion. For example, it should assess whether some of the initiatives of the Mental Health Promotion Office like social prescribing could benefit people with multiple and complex needs. Where possible, it should promote and support new initiatives that prioritise community connection in addition to more traditional interventions.

11. RECOMMENDATIONS

The recommendations are framed in a way that responds to the reality of the complexity of health, social service, and justice systems. This in itself is a key finding of the Churchill Fellowship, and something that Victoria shares with the jurisdictions I visited.

Identifying and responding to people with multiple and complex needs

Recommendations

- The Better, Connected Care reform should continue to develop its understanding of which people, families and communities are intended to benefit from the reform, to ensure that benefits reach those in need.
- The Better, Connected Care reform should develop a term to describe the people, families and communities that could benefit from the reform, utilising lived experience engagement approaches.

Authorisation and governance arrangements to support service integration

Recommendations

- The Victorian Government should provide clear authorisation for the Better, Connected Care reform across policy, service design and operational areas of government and the funded sector.
- The Victorian Government through the Better, Connected Care reform should continue to develop conditions for better integration by devolving more responsibility to regional levels.

The role of partnerships and collaboration in complex change processes

Recommendation

- The Better, Connected Care reform should facilitate and promote partnerships and collaboration between system actors to improve outcomes for people with multiple and complex needs.

Service design approaches and social innovation to respond to multiple and complex needs

Recommendations

- The Better, Connected Care reform should utilise best practice approaches to service design to develop new service models for people with multiple and complex needs.
- The Victorian Government should establish social innovation capability focused on complex social issues, with an active objective to drive long term systems change.

Lived experience and asset-based approaches to centre people and communities in addressing complex challenges

Recommendation

- The Better, Connected Care reform should develop a comprehensive approach to embed lived experience into the design and implementation of the reform and associated initiatives.

Responding to complexity and applying a continuous learning approach

Recommendation

- The Better, Connected Care Reform should be framed through the lens of complexity. A Human Learning Systems approach should be applied to guide the reform implementation, and to ensure that learnings are continuously applied.

Connection to community as a means to provide fulfillment outside of service systems

Recommendation

- The Better, Connected Care reform should consider ways that connection to community for people with multiple and complex needs can be promoted

12. CONCLUSIONS

I have fulfilled the original aims of the Fellowship, and answered my key research questions relating to:

- What governance structures and partnerships promote collaboration and integration, leading to services and supports that work better for people?
- What service design and delivery approaches centre the person in the system, which support a long-term systems change focus?
- Which ways of working and learning lend themselves to system wide improvements, recognising the complexity of the systems?

Many of the recommendations, as demonstrated through the implementation options section, are in line with the Better, Connected Care reform direction. In order to realise these findings, a re-commitment to Better, Connected Care is needed, to ensure that the reform has the necessary long-term support that is required to drive complex change. Critical to this is the recommendation about framing the reform through the lens of complexity and applying a continuous learning approach. The experience from overseas jurisdictions is that complex systems change process take dedicated effort across multiple system actors over a long time period, with a commitment to continuous learning. While the foundations for reform have been set by the activity to date, a re-commitment to the reform will embed this success, and drive a focus on building the next stage of reform.

While the recommendations and implementation options are framed in a way to support the implementation of the Better, Connected Care reform in Victoria, Australia, the sections supporting these findings are framed broadly and centre case studies with core elements. Therefore, they can equally apply to reforms in other Australian jurisdictions addressing integration across systems and responding to multiple and complex needs.

These findings are not controversial and are supported by evidence and practice experience from overseas and are consistent with the reform direction set by the Better, Connected Care reform to date. However, a critical barrier to success is the tendency of governments to rush service design and systems change processes without sufficient engagement with people who need support, and without acknowledgement of systems complexity and the need to continuously learn and

adapt our approaches. Government also gives too much weight to responding to crisis at the expense of broader community needs such as community connection. The recommendations of this report propose a pathway to better respond to these common pitfalls.

13. DISSEMINATION AND IMPLEMENTATION

The Better, Connected Care reform is currently resetting after a period of restructure across Department of Justice and Community Safety and the Department of Families, Fairness and Housing. This represents an ideal opportunity to promote this research into international practice, to provide basis for consideration for the future direction of the reform. This will require dissemination of my findings and dialogue with stakeholders who can lead and support related reform work, particularly recognising the multiple actors required in whole of systems change processes.

In the Victorian Government context, I plan to take the following steps to disseminate my research:

- Present to relevant program areas of Victorian Government Departments, including the Departments of Justice and Community Safety; Families Fairness and Housing; Health; and Premier and Cabinet.
- Present to the relevant Better, Connected Care teams across the Victorian government, including in the Departments of Justice and Community Safety and Families Fairness and Housing, as well as the Local Site Executive Committees through established governance meeting.
- Share the report widely within the Better, Connected Care reform, and ensure it is part of the onboarding process for new team members as part of the Better, Connect Care reform and connected initiatives.
- Seek opportunities to present at relevant events, including those convened by the Victorian Public Sector Commission as well as the Victorian Innovation Network.
- Share the report widely within my professional networks.

In the Australian context, I plan to take the following steps to disseminate my research:

- Present to the National Disability Insurance Agency.
- Seek opportunities to present to the University of Melbourne School of Government, the Australian and New Zealand School of Government, and the University of New South Wales. These are leading institutions in the field of public service and government.

- Seek opportunities to present to other Australian States and Territories, and non-government providers.

In the international context, I plan to take the following steps to disseminate my research:

- Present to the European Social Services Network
- Publish some findings in the International Journal of Integrated Care

14. GLOSSARY

Term	Definition
Multiple and complex needs	People who require support from multiple service systems, across health, social services, and justice. These systems may include health services, alcohol and other drugs services, mental health services, housing, homelessness, children, and family services, out of home care services, family violence services, disability services, and justice services.
Social service integration	For the purposes of this report, this term is used broadly, to capture initiatives that seek to provide integration across one or more services. In the UK, integration generally refers to the integration of health services with social care services.
Social care	In the UK, social care covers the provision of social work, personal care, or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age, or poverty.
Human Centred Design	Human Centred Design is an approach to collaborative problem solving. Through this approach, stakeholders with deep insights into a particular challenge come together to co-design solutions that better meet community needs, drive efficiencies, and increase the value of solutions (Skills Society Action Lab n.d.).

Social innovation	Social innovation is a process to help find out what matters to people, as well as an approach to arrive at robust, decently tested solutions that will work for people.
Lived experience	People who hold a personal experience of service systems, including those with multiple and complex needs who hold personal experiences across multiple systems. This experience may be linked to a health condition, as mental illness, a disability, or other characteristics, such as an experience of addiction or of housing instability or homelessness.

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16. APPENDICES

Appendix A

Case Studies: United Kingdom

- **Integrated Care Pilots**: The programme was launched in 2008 following the NHS Next Stage Review, comprising 16 pilots designed to support health and social care integration. Loose collection of aims including care closer to the user, greater continuity of care and a reduced use of hospital care (Ling, et al. 2010).

- **Integrated Care and Support Pioneers:** Pioneers was launched in 2013 and aimed to improve the quality, effectiveness, and cost-effectiveness of care through integration of the health and local authority services. Pilots were designed in 25 sites which focused on NHS and social care providers, with a small number of pilots led by Local Authorities. Minimal additional funding was provided (Erens, et al. 2017).

- **New Care Model, 'Vanguards':** Launched in 2015, this programme was part of the NHS Five Year Forward View, which aimed to create a more efficient, integrated, and sustainable healthcare system. Pilots designed to define new models of care which could subsequently be spread more widely, with a focus on integration between sectors. Local discretion over how these models were to be designed and implemented with the expectation that new models would be scaled across the NHS (Checkland, et al. 2019). Since its inception in 2015, NHS England provided a total of £329 million to the 50 vanguard sites to support them in testing their proposed new care models. Additionally, NHS England spent another £60 million on its new care models programme, which was allocated for supporting and monitoring the progress of the vanguards. This brings the total investment to approximately £389 million (Office 2018).

- **Better Care Fund:** Launched in 2015, the Better Care Fund supports local systems to successfully deliver the integration of health and social care. It establishes a single pooled budgets between the NHS and local

authorities, supporting health and social care services to work more closely together in local areas. The Better Care Fund aims to reduce the barriers often created by separate funding streams. The Department of Health and Social Care, Department for Levelling Up, Housing and Communities, NHS England, and the Local Government Association work together to help local areas plan and implement integrated health and social care services across England (Better Care Fund n.d.)

- Fulfilling Lives Programme: A £112 million investment over eight-years, funded by The National Lottery Community Fund, which launched in 2014. It supported people experiencing multiple disadvantage by funding local partnerships in 12 areas across England to test new ways of ensuring individuals receive joined up and person centered services which work for them. This was the precursor to the Changing Futures Programme (The Lottery Fund 2021).

- Changing Futures Programme: A £77 million initiative between the UK Government and The National Lottery Community Fund, aiming to improve outcomes for people experiencing 'multiple disadvantage'. The programme focuses on innovative approaches to improve health, safety, wellbeing, and access to services. It also aims for greater integration and collaboration across local services and strong multi-agency partnership (Department for Levelling Up, Housing and Communities 2023).

Case Study: Canada

- Ontario Health Teams: In 2019, the Ontario Government passed the *Connecting Care Act 2019* that initiated a redesign of the existing health system. Ontario Health Teams have a mandate to create a connected care system across health services, making it easier for patients to navigate the system and transition between providers. The Act includes dissolving its 14 Local Health Integrated Networks and replacing them with small, local teams within communities, called Ontario Health Teams. There are 57 Ontario Health Teams across the province.