

# Acknowledgements

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This review has been written by Te Pou o te Whakaaro Nui.

The author of this resource is Helen Watson. Input into its development was provided by Phillipa Gaines on behalf of Platform Trust, and Emma Wood.

# Executive summary

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## Introduction

*Collaborative Capability in the Mental Health and Addiction Sector* is a workforce development project led by Te Pou o te Whakaaro Nui and Platform Trust to explore the meaning and application of collaborative capability in mental health and addiction (MH&A) services in New Zealand. The project responds to broader policy requirements to more effectively integrate across service and organisation boundaries and to work in partnership with people accessing MH&A services.

This document reviews and synthesises the literature on collaborative capability so that the available evidence informs any subsequent workforce design. The review also clarifies the often-confusing terminology used across the collaboration and partnership literature.

The review is aspirational: it focuses on the future shape and nature of MH&A service delivery and the **workforce planning needed to develop a “collaborative practice-ready workforce”** (World Health Organization, 2010, p. 10). It is intended that the review be a resource to the MH&A sector to strengthen individual and organisational capacity for collaboration and to increase the focus on the rights of people accessing services. To achieve this, the outcome of this review is to identify the key components of:

- citizen engagement
- collaborative capability
- technical resources available to support collaborative capability.

## Context

The vision for MH&A services in New Zealand centres around two key aspirations: first, a local system of support, based on purposeful and meaningful partnerships between people accessing MH&A services and the service network around them. Second, at a macro-level, a system oriented towards whole-population health and wellbeing, and engaged, healthy communities (Ministry of Health, 2012; Platform Trust & Te Pou o Te Whakaaro Nui, 2015).

The foundation of this vision is an evolved service environment based on new models of care primarily located in community settings; collaborative relationships between service providers and people accessing services and **their family and whānau; increasingly integrated cross-sectoral service delivery**; and co-design of services. Integration will be a process (not an outcome) to bring about a seamless experience for the person accessing support across a continuum of services and providers (Platform Charitable Trust, 2012; Platform Trust & Te Pou o Te Whakaaro Nui, 2015).

The aspirations of the MH&A sector are to work more effectively across the primary and secondary continuum, in a more integrated way, and to develop close working relationships with other services, agencies, organisations and sectors (Te Pou o Te Whakaaro Nui, 2015a). The broader strategic frameworks for health and social services in New Zealand support this direction of change, and are explicit about the need to develop collaborative skills across multiple sectors (Ministry of Health, 2012, 2016a).

For the MH&A sector specifically, the emphasis is on how to support the workforce to be adept at collaborating and working in partnership with a range of stakeholders and across professional, organisational and sector boundaries (Platform Trust & Te Pou o Te Whakaaro Nui, 2015).

## Methodology

The primary purpose of this review is to distil the key messages and resources from a crowded grey literature environment characterised by inconsistent and confusing use of terminology. The methodology focussed initially on review and synthesis of known literature with expansion of the subsequent resources reviewed based on identified gaps in information. It is important to note though, that this document is not based on a review of all the literature on collaboration and partnerships.

Much of the initial literature reviewed was provided through Te Pou o Te Whakaaro Nui and Platform Trust's existing knowledge of the grey literature and web-based resources. Subsequent literature and resources were identified through "snowballing", that is, they emerged as the study unfolded (Greenhalgh & Peacock, 2005, p. 1064). Use of informal browsing approaches and serendipitous discovery widened the scope of the literature and resources accessed. The review includes a detailed discussion around the use and meanings of relevant terminology.

## Approach

The purpose of this literature review is to provide clarity and direction for the MH&A sector around collaboration and partnerships. The emphasis throughout is on the development of breadth and depth of collaborative capability: across and within communities of people, culture, practice and place. The review considers collaboration through three lenses.

Citizen engagement focuses on expanding the scope and range of opportunities to work more closely with a broader range of stakeholders through:

- understanding rights conferred through citizenship
- more personalised approaches to support
- co-design of services
- community development and place-based health
- **Whānau Ora.**

The placement of citizen engagement at the forefront of the review is intentional. The most important collaborative relationship within the frame of MH&A supports is between the person accessing services (and **their family and whānau**) and MH&A practitioners providing that support. However, the literature on therapeutic relationships between practitioners and people accessing services was outside the scope of this review and so the workforce development or skill sets around this area are not addressed.

Collaborative capability describes:

- values, behaviours and approaches central to the development of a collaborative workforce
- organisational culture and organisational infrastructure that supports collaborative practice.

Technical approaches to partnerships focuses on the ideas, mechanisms and resources that support organisations to collaborate well, including:

- understanding and developing different types of partnerships
- risks and challenges in partnerships
- using agreements
- how to maintain partnerships over time.

# Key messages

## Widespread support

The push for collaborative capability is an international objective in the developed and developing world, across public and private interfaces, and straddling a range of traditional organisational and service delivery boundaries (Gray & Stites, 2013; OECD, 2015; World Health Organization, 2010). The literature on social sector collaboration borrows from business models and sustainability goals; blurs boundaries between philanthropic, private and state objectives; deinstitutionalises across organisational layers; and invites innovation in order to create the paradigm shifts required to adequately respond to social complexity. There is widespread support in the literature for collaborative practice to better respond to the failure of existing fragmented systems, and the increasing complexity of presenting need, as well as the changing expectations of citizens and communities (Ham & Alderwick, 2015; Institute of Policy Studies, 2008; Ministry of Health, 2016a; New Zealand Productivity Commission, 2015).

Long-term goals explored throughout this review, focus on capacity building in communities to better manage and respond to demand. In the context of health and social services, goals include:

- an emphasis on wellbeing coupled with a preventive approach
- development of opportunities for individual self-determination
- more adaptive support options
- development and expansion of place-based integrated health and social services
- integrated support options evolving out of collaborative partnerships between non-traditional partners
- improved service effectiveness.

## Direction of change

The literature indicates that the direction of change is away from traditional hierarchies, existing organisational structures, and transactional approaches (New Zealand Productivity Commission, 2015; Social Policy Evaluation and Research Unit, 2015; Taskforce for Whānau-Centred Initiatives, 2010). Instead there is an emphasis on the development of community-based resources and networks to support and empower citizens to have greater influence over their own health and wellbeing. Services are partnering with citizens in much more equitable, innovative, and local ways. These include:

- personalised support approaches
- increased system flexibility to support individual choice and control over funding and services
- co-design of service delivery and systems
- investment in existing networks and communities, and increased fluidity of service delivery.

Place-based health is shifting emphasis into communities, in order to respond to the wider determinants of health and to utilise existing networks, resources and opportunities to determine and respond to demand in **different ways**. **Whānau Ora employs all these strategies in ways that are specific, organic, purposeful and responsive.**

## Macro and micro thinking and development

The literature is clear that collaboration is much more likely to be successful when there is a focus on macro and micro components of the system at the same time (Hazel & Hawkeswood, 2016; Kippin & Fulford, 2016; Network 4, 2016). It can legitimately be very challenging for individuals to work more collaboratively, or for organisations to develop a collaborative culture, in the absence of collaborative leadership and higher-level infrastructural change.

Similarly, there needs to be investment in community, local services, people accessing services, family and **whānau when collaboration is called for at a strategic level, in order that the reach of change is widespread.** If the push for collaboration or integration takes place at a policy level, there has to be concurrent investment in local collaborative capability, development of leadership skills and understanding around the logistics of partnerships, and resourcing around time and space for innovation and collaboration.

## Purposeful collaboration

Organisations need to be clear about the opportunities and costs of collaboration before they enter into a partnership (Department of Internal Affairs, 2007; Partnership Brokers Association, 2016). There are risks for organisations around collaborating with minimal preparation or capacity, or collaborating for the sake of it. Both scenarios are more likely to lead to failed partnerships.

The literature is clear that the shift towards collaboration and partnerships needs to be conscious, purposeful, goal-driven, and very cognisant of context (Gray & Stites, 2013; Mattessich & Rausch, 2013). Change, particularly transformative change, is difficult and requires comprehensive commitment from leaders, which is developed over time. Success is often dependent upon the presence of enablers, people with a highly developed collaborative skill set who generate and support collective will and action towards a particular end point.

Purposeful collaboration builds on good relationships, understands the problem/challenge well, is centred around a shared vision, is resourced well (time, funding, skills), is clear about ways of working and relationship processes, and uses binding mechanisms (such as agreements) and good quality evaluation to keep the partnership on track.

## Collaborative capability

Collaborative capability is about values, behaviours, and approaches of individuals, as well as the organisational culture and infrastructure that support collaboration and partnerships. The capacity for people to network and collaborate within their own organisation or community (of people, practice, culture and place) is a critical antecedent for collaborating more broadly. Collaborative values include humility, honesty, kindness, and a commitment to equity, trust and diversity.

Collaborative behaviours include openness to ideas, commitment to a range of partners, opportunities, and ways of working, communal development of solutions, and an acceptance that solutions often lie outside traditional spheres of influence or organisational practice.

Collaborative approaches include the capacity to operate in a collective and multiplex environment, good human resource practice including having clear roles and responsibilities, skill set identification and support, opportunities for innovation and risk, and good conflict resolution practices. Collaborative leadership and the use of brokers, builds bridges between individual capability and collaborative organisational culture and system change. Collaborative leaders lead by example, at the same time as allowing space and opportunity for innovation and collective action.

The collaboration literature focuses most on the characteristics of collaboration at workforce and organisational levels. There is less information in the literature dealing directly with how to collaborate with people accessing services, outside of what is written about the process of engaging in a therapeutic relationship. This represents a significant gap in the literature and points to a need for future work around unpacking what collaboration with people accessing services looks like.

## Where to start

There are two crucial starting points for any organisation that wants to collaborate more effectively. The first is to focus on internal organisational values, behaviours and culture, and to continuously reflect upon and develop the features that support collaboration. The second is to start with small networking or collaborative opportunities with other service providers or agencies, or through personalised approaches with people accessing services.

Human resource practice is critical to the development of collaborative capability through effective mentoring, shared learning opportunities, opportunities for role expansion, a focus on specific skills development (relationship building, communications, cross-sector capabilities, conflict resolution), leadership development, collaboration-focused performance management, and workforce planning and recruitment.

## Technical support

The challenges around working more collaboratively are well documented in the literature. The biggest barriers to collaboration are inadequate resources (time, people and funding), poor leadership, an absence of vision or collective outcome, poor partnership processes (for example, around use of agreements, communications, conflict resolution, backbone support, evaluation), limited opportunity or mandate to innovate or explore divergent thinking, and poor or limited existing relationships and trust with prospective partners.

The technical resources available to support collaboration and the development of partnerships are expanding in scope as the mandate for collaboration evolves across sectors. There are a number of organisations that exist solely to support collaborative enterprise and expertise, and specific resources developed to assist with collaborative practice. These resources outline the continuum of partnership opportunities, and the life cycle of partnerships, and provide support around partnership processes and use of agreements.

## Te reo Māori terms

The following terms are used throughout this review. These definitions are sourced from Te Aka Online Māori Dictionary (Moorfield, 2016).

Iwi – extended kinship group or tribe. Often refers to a large group of people descended from a common ancestor and associated with a distinct territory.

**Kōrero kanohi ki te kanohi** – conversing face-to-face or in person.

Manaakitanga – the process of showing respect, generosity and care for others. It also means hospitality, kindness and support.

Mana whakahaere – governance or authority, jurisdiction, management and mandate.

Rangatiratanga – refers to chieftainship or the right to exercise authority or ownership, leadership of a social group, or having the attributes of a chief. It can also mean sovereignty and has connotations arising from the Bible and Te Tiriti o Waitangi.

Te Tiriti o Waitangi – The Treaty of Waitangi was signed by representatives of the British Crown and Māori chiefs at Waitangi on 6 February 1840. As a founding document of New Zealand, it governs the partnership relationship between Māori and the Crown.

**Te ao Māori** – the Maori world.

Whakapapa – genealogy, lineage, or line of descent.

**Whānau** – extended family or family group. It may also be used as a familiar term to address a number of people, this may include people who do not have kinship ties.

Whanaungatanga – relationship, kinship, feeling of family connection that generates a sense of belonging. Develops as a result of kinship rights and obligations. Can extend to non-family reciprocal relationships.