

7. STRUCTURES, SYSTEMS AND PROCESSES

A key enabler in supporting strategic implementation is the establishment of relevant structures, systems and processes focused on achieving the outcomes and key performance indicators. Aspects are:

- National/state/area/team network alignment and local flexibility;
- Protocols within and across agencies and systematic data;
- Documented minutes and dissemination;
- Clear role statement and responsibilities; and
- Evaluation processes.

Barriers identified in Chapter 3 of this report including lack of structures in agencies resulting in discontinuity; disconnection between mental health and general practitioner services, mental health intake data not being systematically mandated or followed up and confidentiality rules prohibiting data sharing, will also be discussed.

7.1 National/state/area/team network alignment & local flexibility

Many focus group participants within the states and territories highlighted alignment between national and jurisdictional and regional area directions linked to the broader early intervention/promotion/prevention policies. This includes documenting state policies, developing implementation plans and establishing structures such as statewide cross-sector advisory committees. These committees are frequently supported by a funded statewide coordinator role, with this person also representing the government on other relevant committees and maintaining other wider formal and informal contacts. Some states have also provided funds for area-based 'copmi' staff and increasingly there are considerations about dual roles involving combinations such as 'copmi' and drug and alcohol or 'copmi' and parenting. Processes for accountability and increasing effectiveness include regular individual and network team meetings involving the coordinator and area-based staff to ensure a systematic approach to achieving the planned outcomes. Area leaders have generally established their own area based cross-sector committees which are focused on the state planning directions but also on local area initiatives, with some funding resources available for these activities.

For example, typifying the statewide advisory committee membership, in one state it involves representatives from services such as mental health, early parenting, prisons, indigenous, education, housing, non-government training providers, housing, drug and alcohol, child protection, and consumers. In other states, police, general practitioners, perinatal are also involved. However, the disconnection between mental health services and general practitioners was also quite recognised as a barrier. Only a few jurisdictions have such representation on their cross-sector committee, although there are general practitioners attending training sessions.

In another state, there is a cross-sector committee developing protocols, but no designated funding for a statewide coordinator. However there are some area-based part-time positions for 'copmi' or a non-government organisation is funded to develop training packages and to provide support for area-based staff, with local cross-sector committees established.

While alignment between jurisdictional and area based groups was viewed as very important, the need for local flexibility and a sense of ownership of networks by those in area services was also emphasised. For example in one jurisdiction a statewide network was established including area based 'copmi' personnel to ensure a more coordinated approach to achieving the overall strategic goals. However, there were ownership issues as reflected in the following statement by an area-based coordinator: *'A lot of people in that network felt marginalized...they haven't been able to have local services feel that they control what happens in their area....the goals for the network have never really been clear'*.

7.2 Protocols and systematic data collection

A key mechanism cited by interviewees for ensuring alignment within and across agencies involves the development of protocols and templates, particularly in relation to systematic data collection. This means having systems in place to provide evidence of the extent of the need for various services: *'If anyone is going to be strategic they really need the data... the demographic data, the projected population data...you can actually put up a good argument'* (government leader in jurisdiction).

Adult mental health services intake and dependent children information is an aspect of data of significance. While some agencies and area-based services have developed protocols supported by staff training, it has been more problematic to develop whole of state or joint processes at the cross-sector level. Some jurisdictions have used their cross-sector committees to get draft agreements although implementation is still forthcoming. Other jurisdictions have only really established the relevant governing body for this purpose in recent times.

Those locations in which intake data is being systematically gathered indicate that aspects involved in the protocols variously include number and age of dependent children; other support people available if the parent is hospitalized; role children currently play in the context of parental illness; home support services needed; parent skills assessment and issues for children and referrals required. The importance of staff training to build capacity and skills such that there is an understanding and the ability to seek information in relation to children and conducting parenting assessment was also raised.

Interagency protocols in relation to intake data are particularly problematic in terms of confidentiality and follow-up processes available. Confidentiality was identified as a significant barrier to sharing as shown in this comment by a organisational leader: *...(there are) tight parameters around what is shared anyway,....but that's not to say that there aren't things that could be shared'*.

7.3 Documented minutes and dissemination

Key processes cited which support strategic approaches include statewide cross-sector committees and area-based network groups and involve documentation and dissemination and other ongoing linking and contact mechanisms. In relation to minutes in area based network meetings the importance was noted by the area-based coordinator: *'Logging all of that stuff is really important so it can go out to everyone on the network even if you haven't come to the meeting'*.

However, it was highlighted by various focus group members that minute taking and dissemination and other follow-up measures require a dedicated coordinator. For example, in one jurisdiction where there was a funded coordinator position, additional follow-up work was undertaken to provide members of the committee with extra material to disseminate to the leadership group and to other relevant people in their organization. This is indicated by a reference group member from a government based jurisdictional program:

(X) was absolutely brilliant...(she sent) information about all these sorts of things that were happening. Articles and things like that (were) disseminated around the department....(they) told you about all the projects that were coming up so that you could spread that through the department to make sure that they had that information.

7.4 Clear structures, roles and responsibilities

The importance of documented structures, role statements and responsibilities including in relation to statewide coordinators, area-based leaders and cross-sector steering committee members, was emphasized by many research participants. This includes having clear terms of reference for committee members.

For example in one jurisdiction, to support wide dissemination of information from the cross-sector committee to the government and non-government and consumer agencies represented, the committee coordinator led a discussion with members about follow-up within their own agencies and who to make contact with and what to talk about. Some individual members were given further follow-up support with this task. The responsibilities of various people who were on other jurisdictional committees developing various relevant plans to ensure that 'copmi' issues were included, was also discussed. Every few months the cross-sector committee coordinator established wider network opportunities and they showcased new information and kept the momentum going, thereby building the profile of 'copmi' in the community. The coordinator outlined her role and the processes for carrying out the responsibilities as follows:

..in the steering committee ...accountability was an issue and we discussed thisas well as who are you actually representing....how are you transferring what's happening in the steering committee into your workplace and how is that information communicated....We did it with the whole group...which partially worked to varying degrees depending on the people...Some people came because they just wanted to know what was happening and other people came to learn.....Contextually there was a lot of change happening ...and we were able to feed into all of these and get 'copmi' on all these plans as a priority...Steering committee members (were on other planning committees)...their responsibility was to champion 'copmi' through these networks.

Similarly in another state within the area based projects involving cross-sector networks, there was an area coordinator for each committee who was funded part-time. They developed a working party protocol and developed programs of relevance to their community and each representative from the network committee then had a dissemination role within their own agency.

On the other hand, a barrier relates to lack of structures and funding for follow-up services. For example, while adult mental health intake forms in some jurisdictions or area health services do now require data to be gathered regarding dependent children, the follow-up support roles to provide the services for children are not always available. This is reflected in a jurisdictional area-based health leader's comment that questions are asked about dependent children: *'..but there's not funding to support..when people ask the question ..do you have any concerns..it's not every single child getting a safety plan...Then to be able to coordinate those resources you actually do need a committed position, to be able to ring child safety and say you need three nights of respite care ..A caseworker can't do that as well as caring for the adult as well'.*

7.5 Evaluation processes

An aspect which was recognised as very important but not currently systematically occurring relates to evaluation processes. Many jurisdictions and agencies have built evaluation processes into their strategic plans, recognising the importance of this aspect for all projects and programs undertaken and being accountable for the funding provided.

One state began to collect data regarding programs provided to support children of parents with a mental illness and how this impacted on their understanding of the parental situation, child vulnerability in terms of behaviour and level of contentment, with the data impacting on government funding follow-up: *' (X) program provided an evidence based approach for some of this work....The department really listened.... the need for workforce change and skilling up the workforce in a way that was sustainable. He had all the right language I think and produced some evidence'* (jurisdictional coordinator).

Significantly the use of evaluation data evidence has shifted the focus from short term to longer term programs and funding: *'shifting the way and convincing the senior people in the branch to take a much*

more long term view of this, to get away from this pilot, pilot, pilot' (jurisdictional coordinator).

However, lack of evidence and funding for evaluation was widely recognized as a barrier in "copmi" change: *'Evidence is a weakness and nationally....evidence is a big weakness'* (area- based leader).

Despite this, many jurisdictions have been gathering evaluation data immediately following training programs, and there are some examples of small scale pre and post evaluation questionnaires. However, there is little evidence examining changes in attitudes and behaviours of those attending training within a period of months following the event in terms of determining the impact of training within the workplace practice context. This type of evidence requires more sophisticated tools and this is an additional barrier reflected in one statement from an area-based leader: *'We get better outcomes for the families if the children do need to be removed...if one service is arguing with another service, it's not good for the family....Due to more collaborative approaches, there's more sharing of information about the families than what we had but I can't measure the evidence'*.

Engaging clients in data collection processes is also problematic as noted by an area-based leader: *'This client group is difficult to engage so sitting down with some questions is problematic'*.

The importance of staff training to build capacity and skills such that there was an understanding and the ability to seek information in relation to children and conducting parenting assessment was also raised.