LAW ENFORCEMENT & PUBLIC HEALTH
ISSUES PAPER

November 2017

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Information about the Tasmanian Institute of Law Enforcement Studies

The Tasmanian Institute of Law Enforcement Studies (TILES), formed by the University of Tasmania (UTAS) and the Tasmanian Department of Police, Fire and Emergency Management (DPFEM), is based at the University of Tasmania and formally operates within the College of Arts and Law. The Institute was established in 2002 and it was the first Institute dedicated solely to the study of Law Enforcement at UTAS. TILES academics and professional staff are highly qualified and have extensive experience in research and teaching.

Vision
To achieve an international reputation for excellence in law enforcement research.

Mission
To conduct and promote evidence based research to improve the quality of law enforcement and enhance community safety.

Engagements and Commitments
TILES is committed to excellence in law enforcement research. Collaborative research that links academics with practitioners is a hallmark of that research.

The Institute focuses on four strategic priorities namely research, teaching, communication and professionalism. These support University Initiatives *'Open to Talent'* for University of Tasmania to be in the top echelon of research universities in Australia. TILES is a values-based research institute which supports and engages with innovative, collaborative and transdisciplinary research in applied and conceptual arenas.

TILES is engaged with the School of Social Sciences in successful collaboration between the University and the DPFEM in teaching, especially in the development of the Bachelor of Social Science Police Studies degree and programs. TILES is also engaged with Forensic Studies UTAS, the Criminology, Law and Police Studies Research Group (CLP) and with the Vulnerability, Resilience and Policing Research Consortium (VRPRC).

How to Respond to this Issues Paper

The Tasmanian Institute of Law Enforcement Studies invites responses to the various issues discussed in this paper.

There are a number of questions posed by this Issues Paper. You may choose to answer:

- all
- some, or
- none of them (there may be some issues that you would like to discuss, but that we have not raised in our paper).

Please explain the reasons for your views as fully as possible. You may submit more than one response throughout the duration of the consultation.

There are a number of ways to respond:

- **By filling in the Submission Template**. The Template can be filled in and submitted electronically or printed out and filled in manually and posted. It allows you to answer all, or discrete questions asked in this survey. It also allows you to enter a broader submission letter to the Institute, for a more detailed response on specific themes, of your choice. The Submission Template can be accessed here: <https://www.surveymonkey.com/r/TILESLEPH>.
- **By sending us an email**. Electronic submissions should be emailed to: leph.tiles@utas.edu.au
- **By asking to meet with a member of the research team.** Please direct your request to leph.tiles@utas.edu.au
- **By posting your response in the mail**. Submissions in paper form should be posted to:

Tasmania LEPH Consultation
Tasmanian Institute of Law Enforcement Studies
Private Bag 22
Hobart, TAS 7001

Submissions may be published on the Institute's website, and may be referred to or quoted from in a final report. After considering all responses and stakeholder feedback, it is intended that a final report, containing recommendations, will be published on the TILES website.

If you do not wish your response to be so published or you wish it to be *anonymous*, please tell us and the Institute will respect that wish.

The institute will organise for monthly 'café-conversations' at the University of Tasmania, to answer any questions potential respondents may have on this process. If you would like to take part in these café-conversations, please visit http://www.utas.edu.au/tiles/research/research-themes/law-enforcement-and-public-health, or email us at leph.tiles@utas.edu.au

CLOSING DATE FOR RESPONSES: 31st August 2018

Definitions at a glance

Law enforcement, "especially through the activities of police forces, has a crucial but largely unacknowledged role in the protection and promotion of the public health. While police are key partners in many specific public health programs, their identity as an important part of the public health endeavour is rarely recognised. This means that there is a generally inadequate approach to research and investigation of ways in which law enforcement, especially police, can be most effectively engaged and be most effective in carrying out their public health role". (https://cleph.com.au)

Public health "is an active partner in crime prevention as well. For example, the provision of mental health and alcohol and other drugs treatment, and primary and secondary prevention interventions are major components of a multi-sectoral approach to ameliorating the impact of complex social issues. Police do not necessarily identify as public health players, nor do they generally identify the public health partnership as important to their objectives". (https://cleph.com.au)

Law enforcement and public health (LEPH) is an interdisciplinary theme that looks at bridging the two distinct areas at conceptual and practice level. Academics, policy makers, commentators and practitioners are coming together world-wide as a way to find better ways to bring further synergy into the field and within theoretical discussions. "There are multiple points where law enforcement intersects with public health, and where local government often plays a key enabling role. These intersections include: mental health, dealing with drug and alcohol affected persons, violence (including family violence, gender-based violence, the Unsafe City and other violence prevention), disease (including HIV, other communicable diseases and epidemic control), road trauma, emergency and disaster management, alcohol regulation and public order, illicit drugs and harm reduction, young people's health, indigenous health, health in the developing world, post-conflict opportunities for police/law enforcement/military reform". (adapted from https://cleph.com.au/index.php/about-us)

Collective Impact "is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organisations and citizens to achieve significant and lasting social change". (http://www.collaborationforimpact.com/collective-impact/)

A **wicked problem** "is a social or cultural problem that is difficult or impossible to solve for as many as four reasons: incomplete or contradictory knowledge, the number of people and opinions involved, the large economic burden, and the interconnected nature of these problems with other problems. These problems are typically offloaded to policy makers, or are written off as being too cumbersome to handle *en masse"*. (https://www.wickedproblems.com)

Vulnerability "can be defined as the diminished capacity of an individual or group to anticipate, cope with, resist and recover from the impact of [difficult circumstances]. The concept is relative and dynamic. Vulnerability is most often associated with issues of disadvantage, but can also arise when people are isolated, insecure and defenceless in the face of risk, crime, specific personal attributes (innate, structural, or acquired), shock or stress. Vulnerability can be temporary, permanent, incremental, progressive or transient". (adapted from http://www.ifrc.org/ and Bartkowiak-Theron & Asquith, 2016)

All questions at a glance

Question 1	**What are the ingredients, in the Tasmanian context, which would contribute to a better integration of services in law enforcement and public health?**
	    a) What are assets (either utilised or not) in the Tasmanian context?
	    b) What do you need for it to be different?
	    c) What elements need to be fostered, encouraged, or valued more actively?

Question 2	**From your own perspective, and in terms of organisational structures or from your own experience as a practitioner, what would you be prepared to change?**
	    a) What would you be prepared to give up?
	    b) What would be you be prepared to suspend?
	    c) How would you be prepared to work together differently?

Question 3	**How can the Collective Impact model be of use in the Tasmanian context?**
	    a) In terms of model elements?
	    b) In terms of evaluating success?

Question 4	**What are your reflections on current Tasmanian collaborative initiatives in terms of understanding law enforcement and public health future opportunities?**
	    d) What are the adequacies?
	    e) What are the inadequacies?
	    f) What needs to be different?

Question 5	**What do you see as the most beneficial opportunities of law enforcement and public heath collaborations?**
	    a) What can be of benefit to the client?
	    b) How can the agencies/organisations benefit?

Question 6	**What do you need to be able to influence change positively?**
	    g) For your clients
	    h) Within or between agencies/organisations?
	    i) What do you need personally to support you to be able to influence positive change?

Question 7	**What are the merits in these international examples that could be of value in the Tasmanian context?**
	    a) What are the adequacies?
	    b) What are the inadequacies?
	    c) What needs to be different?

Question 8	**In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in the structure of the program?**
	    j) What needs to be broadly considered?
	    k) What needs changing?
	    l) What needs to be kept?

Question 9	**In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of the target audience and eligibility criteria?**
	    a) What needs to be broadly considered?
	    b) What needs changing?
	    c) What needs to be kept?

Question 10	**In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of the conditions of service delivery?**
	    a) What needs to be broadly considered?
	    b) What needs changing?
	    c) What needs to be kept?

Question 11	**In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of the services that need to be available?**
	    a) What needs to be broadly considered?
	    b) What needs changing?
	    c) What needs to be kept?

Question 12	**In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of program phases?**
	    a) What needs to be broadly considered?
	    b) What needs changing?
	    c) What needs to be kept?

Question 13	**In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of supervision and monitoring?**
	    a) What needs to be broadly considered?
	    b) What needs changing?
	    c) What needs to be kept?

Question 14	**In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of evaluation?**
	    a) What needs to be broadly considered?
	    b) What needs changing?
	    c) What needs to be kept?

Question 15	**In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of sustainability, resources and funding?**
	    a) What needs to be broadly considered?
	    b) What needs changing?
	    c) What needs to be kept?

Question 16	**What other initiatives, models, projects or experiences are useful to consider?**
	    a) What are other good examples or frameworks that influence service delivery or collaboration?
	    b) What other approaches have, to your knowledge, positively changed service delivery or collaboration?
	    c) To your knowledge, what influences have contributed to improve the integration of service delivery?

Question 17	**What are the issues in Tasmania that would benefit from a collective impact approach? Why?**

Executive Summary

The Tasmanian Institute of Law Enforcement Studies (TILES) invites responses to the various issues discussed in this Issues Paper. Any organisation or individual may choose to answer, all, some, or none of them and submit a general response to our paper. Answers may be provided in personal / professional capacity. The process also offers an option to submit responses anonymously.

At the centre of recent international and local debates about public service delivery and 'whole of government practice' is the question of how agencies collaborate in delivering multiple services to clients / patients, and how diverse areas of professional practice can coexist. Particularly, the nexus of law enforcement and health has been at the centre of considerations as to finding better ways to create better collaboration in the field, and more importantly, how to better integrate service delivery. Policy makers, practitioners, academics have been conscious of situations where vulnerable people (whether a child, a person living with a mental illness, a person with addictive behaviours, or without an abode) had 'fallen through the cracks', where vulnerabilities had been mis-identified (or identified too late to provide accurate support), or where siloed delivery of support services hindered or could not meet the circumstances of the person needing those services.

Amongst various deliberations about how governments and non-government stakeholders could try and do things better, the suggestion emerged of establishing new modes of service delivery based on Collective Impact. Collective Impact presents itself as an approach based on the premise that 'wicked issues' cannot be addressed in any siloed manner, and that to effectively and holistically address a multifaceted problem, 'multiple organisations or entities from different sectors [need] to abandon their own agenda in favour of a common agenda, shared measurement and alignment of effort' (http://www.collaborationforimpact.com/collective-impact/). The model argues for not only a better collaboration of services, but an actual integration of these within a backbone organisation, that oversees the delivery of multi-faceted actions and client need assessments.

Part 1 of this Issues Paper introduces its purpose. In 2016, TILES conducted a workshop during the annual national Alcohol Tobacco and Other Drugs conference, held in Hobart. Many service delivery providers from government and non-government areas came to discuss issues and emerging themes. This Issues Paper builds on these discussions, and at the request of practitioners and policy makers, starts an overall, practical, state-wide call to action, on how to engage with new experiences of collaborative service delivery across Tasmania. This Issues Paper is a first step towards creating a safe space to explore new options for service delivery, coming from the very individuals and organisations involved in that process.

The purpose of this paper is to present the synergies of law enforcement and public health, and the idea of collective impact, as pathways to explore new opportunities for Tasmania, and to introduce new ways to think about collaboration in the field.

In starting a collective discussion in the specific realm of law enforcement and public health, we want to explore the opportunities to introduce more integrated forms of service delivery for all persons living in Tasmania. In essence, this Issues Paper seeks to explore what the appetite is for change, for collaboration and for considering Tasmania's unique characteristics to enhance the effectiveness and quality of service delivery.

Resources are getting smaller at the same time as the multi-layered social problems in our community are becoming ever more challenging to holistically address. In other areas, when budgets remain the same, demand on service delivery is increasing. Contemporary governments are acutely concerned

about the cost of public programs. So too are the voting public who want good value for money. Yet, social problems often seem intractable and are placed in the "too hard basket"[1].

In Part 2, we explore the boundaries between law enforcement and public health. This divide is perplexing, some would say futile, seeing that there is a long history of engagement in the field between both. It is only fair to observe that police officers are as much interventionists on the public health continuum (*from helping an intoxicated young person to a place of safety, to picking up a dead body after an overdose*), as much as health practitioners are stakeholders in the public safety domain (let's use the example of *a person living with a mental illness, in crisis, presenting danger to themselves and the public*). However, despite undeniable synergies in the field (due to the nature of the cases practitioners encounter), the theoretical 'building blocks' were never negotiated between the two disciplines.

While current 'siloed' approaches aim to reduce the inequity experienced by some, in practice, siloes cannot fully address the circumstances of the most vulnerable members of the community. Some have argued that a universal precaution approach to vulnerability, common in health practice, offers new opportunities for transforming how policing is practised, and strengthens the links between law enforcement and public health agendas. Indeed, most government and non-government agencies that work with vulnerable people are increasingly expected to work collaboratively with each other. In the field, however, collaboration fatigue is felt by already busy personnel.

Parts 3 and 4 explore the various models for community change and integrated service delivery that exist throughout the world. We argue that there exists strong evidence for the potential benefits of a Collective Impact approach in Tasmania. This evidence emerged recently out of data from international program evaluations, as per the practitioner perspectives of participants to the 2016 TILES workshop, and also in taking account of the current Tasmanian situation.

'Collective impact' ("the commitment of important actors from different sectors to a common agenda for solving a specific social problem"[2], is *premised on the belief that no single policy, government department, organisation or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organisations or entities from different sectors to abandon their own agenda in favour of a common agenda, shared measurement and alignment of effort*[3]) is an increasingly popular approach used to address multi-layered, enduring problems.

There exists a number of Collective Impact initiatives in law enforcement and public health that offer some evidence of the effectiveness of these sorts of approaches and highlight some successful processes that have worked in some jurisdictions. These examples, **provided in part 5**, show that Collective Impact initiatives are not necessarily new, and offer insights into whether the changes that came with these initiatives have become more conducive to further integration and delivery of services, and therefore conducive to increased social impact.

Part 6 breaks down the various components of Collective Impact and general integration of services so as to target respondents' feedback and ideas.

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CLOSING DATE FOR RESPONSES: 31st August 2018.

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[1] A list of issues discussed in the realm of law enforcement and public health can be found in appendix 1 of this Issues Paper.

[2] Kania, J. and Kramer, M. (2011), "Collective Impact", Stanford Social Innovation Review, Vol. 9 No. 1, pp. 36-41.

[3] *Collaboration for Impact, available at: www.collaborationforimpact.com/collective-impact/, Accessed September 2017*

Part One: Introduction and Purpose

Local program evaluations, international practice and scholarly debates about public service delivery have been multiplying in recent times. At the centre of these debates is the question of how agencies collaborate in delivering multiple services to clients / patients, and how diverse areas of professional practice can coexist. Particularly, the nexus of law enforcement and health has been at the centre of dynamic considerations as to finding better ways to create better collaboration in the field, and more importantly, how to better integrate service delivery. There are multiple foci to these discussions. Policy makers, practitioners, academics have been conscious of situations where vulnerable people (whether a child, a person living with a mental illness, a person with addictive behaviours, or without an abode) had 'fallen through the cracks', where vulnerabilities had been mis-identified (or identified too late to provide accurate support), or where siloed delivery of support services hindered or could not meet the circumstances of the person who needed those services.

Amongst various deliberations about how governments and non-government stakeholders could try and do things better, the suggestion emerged of establishing new modes of service delivery based on Collective Impact. Collective Impact presents itself as an approach based on the premise that 'wicked issues' cannot be addressed in any siloed manner, and that to effectively and holistically address a multifaceted problem, 'multiple organisations or entities from different sectors [need] to abandon their own agenda in favour of a common agenda, shared measurement and alignment of effort' (http://www.collaborationforimpact.com/collective-impact/). The model argues for not only a better collaboration of services, but an actual integration of these within a backbone organisation, that oversees the delivery of multi-faceted actions and client need assessments.

In 2016, the Tasmanian Institute of Law Enforcement Studies (hereafter: TILES) conducted a workshop during the annual national Alcohol Tobacco and Other Drugs conference, held in Hobart. Many service delivery providers, from government and non-government areas, came to discuss issues and emerging themes[4]. This Issues Paper builds on these discussions, and at the request of practitioners and policy makers, starts an overall, practical, state-wide call to action, on how to engage with new experiences of collaborative service delivery across Tasmania.

TILES considers the current Tasmanian situation as a time of great opportunity to give a further voice to our collective experiences, insights and aspiration of the sector and more importantly for the clients at the receiving end of our service delivery. In light of consultations with stakeholders, TILES would like to offer, as a facilitator of discussions, and via this Issues Paper, an opportunity for our state, for all service providers, and for community members, to explore possible collaborative models and communication networks that value 'safe to fail, safe to learn'[5] environments, in order to improve the local context for clients as individuals, families and communities as well as organisations and staff that are striving for these outcomes.[6]

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[4] Julian, R., Bartkowiak-Théron, I, Hallam, J and Hugues, C. (2017), "Exploring Law Enforcement and Public Health as a Collective Impact initiative: lessons learnt from Tasmania as a case study, Journal of Criminological Research, Policy and Practice, Vol. 3, No. 2, pp.79-92.

[5] Tamarack Institute, Collective impact. http://www.tamarackcommunity.ca/collectiveimpact

[6] Weaver, L and Hardy, M, Perspectives from the Field: A conversation about Collective Impact and collaboration from Australia and Canada, Tamarack Institute, (2017) available at: http://www.tamarackcommunity.ca/library/perspectives-from-the-field-a-conversation-about-collective-impact-and-collaboration-from-australia-and-canada

The purpose of this work is the creation of an approach that is increasingly curious, willing to adapt and explore new ways of doing what we do, especially in an environment of decreasing resources.[7] This Issues Paper is a first step towards creating a safe space to explore new options for service delivery, coming from the very individuals and organisations involved in that process. Your input, in any way or form, in this process, can provide the more tangible building blocks to address service-delivery issues, the joint work of agencies in the field as well as at the policy level.

The purpose of this paper is to:

- present the synergies of law enforcement and public health
- present the idea of collective impact
- discover the opportunities for Tasmania to introduce new ways to collaborate in the field
- explore the potential benefits, as well as the challenges, in the implementation of a Collective Impact initiative in law enforcement and public health in Tasmania.

To do this, it will present existing concepts and models of agency collaboration and integration. With the view to exploring opportunities for Tasmania, initiatives from elsewhere are presented with solution oriented therapeutic service delivery at their core. The concepts of 'wicked issues' and vulnerability are the heart of these discussions and lead into the question as to whether an integrated law enforcement and public health program for Tasmania would be valuable, how it could be achieved, and who/what it would involve.

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[7] Weaver, L, and Hardy, (2017) ibid.

Part Two: Background to this Issues Paper

The purpose of this paper is to start a collective discussion in the specific realm of law enforcement and public health and to explore the opportunities for Tasmania to introduce more integrated forms of service delivery for all persons living in Tasmania. In essence, this Issues Paper seeks to explore what the appetite is for change, for collaboration and for considering Tasmania's unique characteristics to enhance the effectiveness and quality of service delivery.

We all know that resources are getting smaller at the same time as the multi-layered social problems in our community are becoming ever more challenging to holistically address. In cases where budgets are remaining the same, it is the social demand for additional services that puts pressure on agencies. Contemporary governments are acutely concerned about the cost of public programs. So too are the voting public who want good value for money. Social problems often seem intractable and are placed in the "too hard basket"[8].

At this moment in time, TILES considers it can offer a valuable opportunity and environment for dialogue and collective insight to inform future opportunities in law enforcement and public health in Tasmania.

What we know

The discourse between law enforcement and public health is divided. This divide is perplexing, some would say futile, seeing that there is a long history of engagement in the field between both. It is only fair to observe that police officers are as much interventionists on the public health continuum (*from helping an intoxicated young person to a place of safety, to picking up a dead body after an overdose*), as much as health practitioners are stakeholders in the public safety domain (let's use the example of *a person living with a mental illness, in crisis, presenting danger to themselves and the public*).

However, we should acknowledge that if there are synergies in the field, due to the inherent nature of the cases practitioners encounter, the theoretical 'building blocks' were never negotiated between the two disciplines. The siloed approach common to the Australian context is replicated in practices and policies in all major democratic policing jurisdictions.

While the aim of these approaches is to reduce the inequity experienced by some vulnerable groups, in practice, siloes cannot address either equity or equality in the case of the most vulnerable members of the community. Some have argued that a universal precaution approach to wicked issues and vulnerability, common in health practice, offers new opportunities for transforming how policing is practised, and strengthens the links between law enforcement and public health agendas[9]. Indeed, most government and non-government agencies that work with vulnerable people are increasingly expected to work collaboratively with each other, although in the field, the intensive nature and

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[8] Bartkowiak-Théron, I. and Asquith, N. (2016), "Conceptual divides and practice synergies in law enforcement and public health: some lessons from policing vulnerability in Australia", Policing and Society: An International Journal of Research and Policy, Vol. 23 No. 3, pp. 276-88.
Punch, M. and James, S. (2016), "Researching law enforcement and public health", Policing and Society: An International Journal of Research and Policy, Vol. 27 No. 3, pp. 251-60

[9] Fireman, M., Indest, D., Blackwell, A. and Whitehead, A. (2013), "Addressing tri-morbidity: the importance of routine mental health screening as a component of a comanagement model of care", Clinical Infectious Diseases, Vol. 40 No. 5, pp. 286-91.
Bartkowiak-Théron & Asquith, (2016). ibid

challenge of adding more tasks to the working day can lead to collaboration fatigue by already busy personnel[10].

The criminal justice system, health departments and child protection agencies are often viewed as a unified powerhouse working towards a shared goal. However, the circumstances underpinning the tragedies of police interaction with vulnerable people – or health practitioners with patients – paint a different picture, where ineffective collaboration practices, agency silos, or knee-jerk or incomplete service delivery illustrate the fragmentation of collaborative work[11]. Although agencies' remits are tied to government funding, collaboration across public health and law enforcement must be premised upon shared conceptual frameworks that inform the work of individuals within services, as well as practice synergies across disciplines.

Collective Impact: a potential model for change in Tasmania?

Various models for community change and vibrant service delivery exist throughout the world, and the 'whole of government' discourse is more prominent than ever. Along those lines, we argue that there exists strong evidence for the potential benefits of a Collective Impact approach in Tasmania. This evidence emerged recently out of data from international program evaluations, as per the practitioner perspectives of participants to the 2016 TILES workshop, and also in taking account of the current Tasmanian situation.

Specifically, two of the three preconditions for successful Collective Impact collaborations, identified in previous studies[12] are noticeable in the Tasmanian context: a sense of urgency about the need for change, and influential champions. The third precondition – adequate financial resources – remains a local challenge but one that is inherently tied to the impetus for change.

Overall, we suggest that the lessons learnt from existing collaborative models may help usher in a crucial 'twist' to more efficient human service delivery in the Australian, particularly the immediate, local Tasmanian, context. Our initial interactions with practitioners and policy makers suggest that the Tasmanian conditions are ideal to build on an existing motivation for finding new ways to 'do business', with further and more specific input from the field.

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[10] Price-Robertson, R., 2012. *Inter-agency collaboration: Always the best option?* Canberra: Australian Institute of Family Studies. Retrieved from http://aifs.govspace.gov.au/2012/11/14/inter-agency_collaboration

[11] Price-Robertson, R., 2012. *Inter-agency collaboration: Always the best option?* Canberra: Australian Institute of Family Studies. Retrieved from http://aifs.govspace.gov.au/2012/11/14/inter-agency_collaboration

Normore, A.H., Ellis, B., and Bone, D.H., 2015. The Defragmentation of Mental Health Services, Police and the Homeless. *Policing: A Journal of Policy and Practice*. Advanced access, doi: 10.1093/police/pav035

[12] Edmonton Chamber of Voluntary Organisations (2016), "Edmonton's out of school time collaborative: Collective Impact in action", available at: https://ecvo.ca/wordpress/wp-content/uploads/2016/04/OST-March2016-final.pdf

Part Three: Collective Impact and how it can make a difference in law enforcement and public health

Definition of collective impact

Large scale social change requires broad cross-sector coordination, steering away from isolated interventions of individual organizations (siloes). The 'whole of government' discourse strongly support such collaborative approach to problem-solving.

'Collective impact' is an increasingly popular approach used to address multi-layered and enduring social problems. This approach is an example of ways to consider positively influencing change, and acknowledge that there are elements considered fundamental in positive sustainable change and the measurement of it success. The very characteristics of Collective Impact as a potential approach, coupled with the process of your input (your responses to this Issues Paper), can support an environment where a realistic way forward for Tasmania can potentially emerge.

The term 'collective impact' was coined to describe "the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem"[13]. Since then, the Collective Impact model has been further developed and applied to a range of health and social issues including homelessness, obesity, and poverty. Its concepts resonate with the law enforcement and public health critique of siloed service delivery[14]:

> *The Collective Impact approach is premised on the belief that no single policy, government department, organisation or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organisations or entities from different sectors to abandon their own agenda in favour of a common agenda, shared measurement and alignment of effort[15]*

The synergies between law enforcement and public health offer opportunities to explore and potentially reassess how human services can be better designed and delivered. In many cases, siloed delivery is seen as counterproductive with many reports of service users "falling through the cracks" or with seemingly intractable problems persisting[16].

Question 1	What are the ingredients, in the Tasmanian context, which would contribute to a better integration of services in law enforcement and public health?
	a) What are assets (either utilised or not) in the Tasmanian context?
	b) What do you need for it to be different?
	c) What elements need to be fostered, encouraged, or valued more actively?

[13] Kania, J. and Kramer, M. (2011), "Collective Impact", Stanford Social Innovation Review, Vol. 9 No. 1, pp. 36-41.

[14] Bartkowiak-Théron & Asquith, (2016). ibid

[15] *Collaboration for Impact, available at: www.collaborationforimpact.com/collective-impact/, Accessed September 2017*

[16] Robinson, Catherine, Too Hard? Highly Vulnerable Teens in Tasmania, Social Action Research Centre, Anglicare, (2017), https://http://www.socialactionresearchcentre.org.au/wp-content/uploads/Too_Hard-Highly_Vulnerable_Teens_in_Tasmania.pdf

The features of collective impact

The features of Collective Impact, built upon five interconnected components (table 1) to produce strong alignment and lead to large scale results, are captured in the work of Kania and Kramer[17].

> *"Collective Impact is an advanced form of collaboration which brings together different sectors for a common agenda to solve large complex problems. Complex systems change requires leadership from various partners: government leaders, funding agencies, schools, hospitals, the private sector, the not-for-profit sector, community organizers and more. This is where Collective Impact comes into play – as a method to engage partners from different sectors to solve the complex social problems of the day."[18]*

Collective Impact	
A Common Agenda	All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions;
Shared measurement systems	All participating organizations agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning and improvement
Mutually reinforcing activity	A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action
Continuous communication	All players engage in frequent, structured and open communication to build trust, assure mutual objectives, and create common motivation
Backbone Support	An independent, funded staff dedicated to the initiative provides ongoing support by guiding the initiative's vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.

Table 1 - The 5 features of collective impact

Question 2	**From your own perspective, and in terms of organisational structures or from your own experience as a practitioner, what would you be prepared to change?**
	a) What would you be prepared to give up?
	b) What would be you be prepared to suspend?
	c) How would you be prepared to work together differently?

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[17] Kania, J. and Kramer, M, (2011). ibid

[18] Tamarack Institute, *Collective impact.* http://www.tamarackcommunity.ca/collectiveimpact, Accessed July 2017

Backbone support

The last two features are the key points of difference with traditional collaborative community-based social change initiatives. Of these, the backbone organisation is fundamental.

In integrated endeavours, backbone support differs from the traditional concept of a lead agency. A backbone entity (which does not need to be linked to a specific agency) supports the process and generally does not have a funding or service delivery role outside the backbone roles. In-depth studies of successful backbone organisations demonstrate that: "their value is unmistakable; they share strengths in guiding vision, strategy and supporting aligned activities; they shift focus over time; they need ongoing assistance with data; they build public will, and backbones help to advance policy."[19] There are six core roles and responsibilities for backbone organizations in Collective Impact initiatives (table 2).

Backbone Support Roles and Responsibilities	
Guide Vision and Strategy	This includes building a common understanding of the issue and; providing strategic guidance to develop a common agenda.
Support Aligned Activities	This involves ensuring, and monitoring, the mutually reinforcing activities that are taking place.
Establish Shared Measurement Practices	This involves tracking and monitoring agreed upon measurements.
Build Public Will	This work involves continuing to build consensus and commitment around your issue.
Advance Policy	This is about ensuring an aligned policy agenda is part of the Collective Impact effort
Mobilize Funding	This work is focused on aligning public and private funding in support of the Collective Impact effort's goals.

Table 2 - Collective Impact Backbone Support Roles and Responsibilities

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19   Collaboration of Impact, (2016), *Tools for Backbones – toolkits from Collective Impact Forum & The Spark Policy Institute,* http://www.collaborationforimpact.com/tools-for-backbones/ Accessed August 2017.

The evaluation of Collective Impact initiatives

The research by Cabaj and Weaver[20] explores the best ways to assess Collective Impact programmes. Five evaluation rules assist initiative participants, funders and evaluators when tracking progress and creating future knowledge.

One of the key components of Collective Impact approaches is an evidence base whereby data and evaluations are treated as an important component of frontline service provision. The shift toward an integrated collaboration approach has implications for program design, funding models, job descriptions (among others) through to measures of outcomes. This is focused on success and learning for evolving the approach, as opposed to traditional 'key performance indicators' or evaluated individual performances (although this may be still done as a separate mechanism required for funding bodies). Collective Impact approach evaluation is formative and embedded so everyone has visibility, can maximise learnings, and understanding what works and what needs to be changed.

Evaluation rules	
Evaluation process	Using evaluation to enable rather than limit strategic thinking (ongoing, iterative and complexity based evaluation)
Multiple design	Employ multiple design for multiple users (to maximize effectiveness and relevancy)
Measurement	Shared measurement when useful in a useful form
Outcome learning	Actively seek out intended and unintended outcomes (crucial to creating innovation and evolution of initiatives)
Contribution	Seek out contribution rather than attribution to community change

Table 3 - Evaluation of Collective Impact

Cabaj and Weaver's work stresses the value of ideas that promote agility, flexibility and responsiveness to promote practical understanding of complexity, adaptive leadership and a developmental approach.

Question 3	How can the Collective Impact model be of use in the Tasmanian context?
	a) In terms of model elements?
	b) In terms of evaluating success?

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[20] Cabaj, M, and Weaver, L. (2016). Collective Impact 3.0: an evolving framework for community change. https://cdn2.hubspot.net/hubfs/316071/Events/Multi-Day%20Events/Community%20Change%20Institute%20-%20CCI/2016%20CCI%20Toronto/CCI_Publications/Collective_Impact_3.0_FINAL_PDF.pdf

Part Four: Current Collaborative Networks in Tasmania

Please note there is an opportunity to describe other models or examples at the end of this paper. This includes times of 'big or slow epiphanies' as to how to improve the way we work. Please feel free to add links to these examples, if it is more effective, or just add your own reflections to contextualise your interest or suggestion.

In a process of exploring the potential of effective future initiatives it can be beneficial looking inward at current Collaborative Networks in Tasmania, as well as looking outward at international initiatives. The next two sections offer this opportunity.

Table 4 (next page) presents details of the major examples of law enforcement and public health collaborations in Tasmania (including title, lead and member organisations, aims and focus and other characteristics of the collaboration). TILES researchers were engaged in several evaluations of service delivery, particularly with the view to providing recommendations on how to structure better communication networks, how to better integrate service delivery, and how to gauge the impact of particular initiatives. While the following table summarises some of these findings, it also includes findings from evaluations of similar programs elsewhere.

Please feel free to answer the following questions from your own understandings of these examples, whether you have participated in these initiatives or not.

Question 4	What are your reflections on current Tasmanian collaborative initiatives in terms of understanding law enforcement and public health future opportunities?
	a) What are the adequacies?
	b) What are the inadequacies?
	c) What needs to be different?

Question 5	What do you see as the most beneficial opportunities of law enforcement and public heath collaborations?
	a) What can be of benefit to the client?
	b) How can the agencies/organisations benefit?

Question 6	What do you need to be able to influence change positively?
	a) For your clients
	b) Within or between agencies/organisations?
	c) What do you need personally to support you to be able to influence positive change?

Program	Lead agencies	Aims	Characteristics
Safe at Home	Departments of Premier and Cabinet, **Justice** (Chair), Police and Emergency Management, Health and Human Services, Education (as part of an integrated committee)	Focuses on: the improvement of safety and security for adult and child victims of family violence (short and long term); ensuring offenders are held accountable for family violence as a public crime and change their offending behaviour; the reduction of incidence and severity of family violence (long term); and the minimisation of negative impacts of criminal justice system on adult and child victims	Arose from the Attorney-General's 2003 request to identify the most effective way of reducing the incidence of family violence in Tasmania. *Safe at Home: A Criminal Justice Framework for Responding to Family Violence in Tasmania*, was released by the Government in August 2003 as a vehicle to consult with key government and non-government stakeholders about new family violence legislation and the integration of justice response systems. A full consultation on Safe at Home was held in 2003, which involved regional public consultation sessions in the South, North and North-West. A high level steering committee has overall responsibility for the progress of Safe at Home. Each of these departments is represented on the inter-agency committee (IDC). The IDC has been responsible for the development and ongoing implementation of the Safe at Home program. Regional committees coordinate service delivery in each region.
Inter-Agency Support Teams	**Tasmania Police**, Health & Human Services, Education, Youth Justice, Alcohol & Drug Services, Housing	Identifies youths who experience / are at risk of experiencing a mixture of circumstances (eg: mental illness, school disengagement, homelessness, family violence) or displaying marginal behaviour 'at risk of entering the justice system'	Arose from the 2002 "Kids in Mind Tasmania" Increasing inter-agency collaboration and networks through improved communication 2006: 18 IASTs throughout the state 2011: 23 IASTs throughout the state, supporting c. 250 young people state-wide; Agencies representatives meet monthly to discuss each case and work collaboratively toward developing and monitoring multi-agency responses. As of 2017, there are 14 active IASTs, primarily in the North of the state.
Tasmanian Early Intervention program	**Tasmania Police**, Department of Health and Human Services Drug Education Network Inc.	Targets people under 18 who have been apprehended by Police in possession of alcohol or misbehaved under the influence of alcohol to address the unlawful and sometimes excessive consumption of alcohol by young people, and its consequences on their wellbeing and behaviour and on public health in general	Initiated in 2011 out of the National Strategy against Binge Drinking; Youth Caution Action; Documentation package on the dangers associated with drugs and alcohol, with information on support services; Training for police officers and health workers; Development of organizational protocols for data gathering, contacting parents and follow-up in cases where parents were not immediately reachable; Program components are the responsibility of different agencies, but overall carriage of the program is with Police; Program mainstreamed after 2 years as a part of the police youth cautioning system.
Mental Health Diversion List)	**Tasmania Magistrates Courts**, Department of Health and Human Services	To deliver better services to defendants suffering from a range of mental illnesses appearing before the Court; Diverts defendants with a medically recognized condition that may have influenced the commission of an offence	Since 2007 in Hobart and 2010 in Launceston Referrals to the MHDL may come from the defendants themselves, family members, magistrates, and/or lawyers acting for the defendant Magistrate, the prosecutor, defence lawyers, the offender, forensic mental health officers, and other treatment providers attend court sessions as required Multi-disciplinary strategy that includes a range of activities relating to offender behaviour, health (medication), housing, and employment
Court Mandated Diversion Program	Magistrates & Supreme Court, Corrections, Tasmania Police, Legal Aid, community agencies	To provide the option to divert eligible offenders from custody into drug treatment, and aims to increase access to alcohol and other drug (AOD) treatment and other welfare services to address drug use and break patterns of drug-related crime	Court issues a drug treatment order as an alternative to a prison sentence. Major components include assessment, court orders, individual management plans, case management, AOD counselling, regular drug testing and court supervision. Residential rehabilitation may be required in some cases. Rewards and sanctions are applied by the court. Should the participant not comply with the order, some or all of the custodial component can be activated
Joined Up Human Services Project	**Department of Health and Human Services**	To demonstrate how best to share entry points and assessments for government and community services, consolidate support networks around individuals and families, and a system with an outcomes based focus	Acknowledgment by the Tasmanian Government that the traditional approach to human service delivery is "[...] fragmented, uncoordinated and difficult to access" acknowledging that "[...] some Tasmanians have several caseworkers across government and the community sector" and that "information on what services are available is often difficult to find" Funded by the State Government with $600 000 across a two-year period, 2014-2016, dedicated to five small pilot projects
Safe Families Coordination Unit (SFCU)	**Departments of Police,** Fire and Emergency Mgt, Justice, Health and Human Services, Child protection, Education	Data sharing for family violence risk assessment Focuses on high-risk family violence situations and recidivist offenders	Established as part of the Tasmanian Government's Family Violence Action Plan Became operational in June 2016 Multi-agency unit with data sharing and information sharing Co-location of key staff from the representative agencies Twice-daily meetings to map out what it is that government should deliver through the agencies in terms of additional services and support to help high-risk families; Collation of data across agencies to enhance the early identification of families at risk of experiencing family violence, as well as to help prosecute offenders

Table 4 - Current major law enforcement and public health collaborative programs in Tasmania

Part Five: Solution Orientated Responses – International models

This section presents two significant examples of programs already initiated in the area of law enforcement and public health. This is not to suggest that we should progress with a direct translation or transfer of these programs to Tasmania. Rather, by observing such programs we can stimulate ideas or unveil the kinds of debates and observations that can challenge the status quo. In short, reflecting on other models can give us a reflective lens to see ourselves and our future.

There exists a number of Collective Impact initiatives in law enforcement and public health that offer some evidence of the effectiveness of these sorts of approaches and highlight some successful processes that have worked in some jurisdictions. These examples show that Collective Impact initiatives are not necessarily new, and offer insights into whether the changes that came with these initiatives have become more conducive to further integration and delivery of services, and therefore conducive to increased social impact.

The Saskatchewan Project

The Community Mobilization Prince Albert project or the 'Hub model' was started in 2010 redefined the approach to LEPH. A multiagency team, including police, housing, education, health and social services and alcohol and other drug organisations, collaborate to focus on crime prevention and consolidating the activities of these organisations to maximise outcomes. To achieve this, the initiative member agencies

- Work together to identify at risk youth, share information and develop intervention strategies.
- Agreed to identify and respond to the needs all that risk individuals or families within 24 to 48 hours. Such rapid responses set the need for assistance and generate a collaborative solution tailored to each individual or family prior to more serious problems occurring.
- A Centre of Responsibility (COR) focuses on more serious long-term issues as informed by individuals identified by the Hub. These include alcoholism, homelessness, crime.
- A portion of the COR staff use data analysis and research to identify big picture problems and solutions.
- Evaluations have shown a 47% reduction in missing persons, 53% reduction in assaults and 23% reduction in property crime while violent crime dropped by 28% after years of consecutive increases.

For more information, please see: http://www.mobilizepa.ca/

Edmonton Model

The REACH Edmonton Council for Safe Communities (n.d.) in Alberta, Canada, was established in response to the Mayor's creation of a taskforce on Community Safety in 2008. This taskforce was "directed to address the root causes of crime and provide suggestions that would make lasting difference"[21.] Among the recommendations was a focus on driving change in the coordination and delivery of programs to reduce crime, and developing community leaders who would promote a preventative approach to community safety. Built on a 20-year legacy of collaborative approaches to

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[21] see http://www.reachedmonton.ca/public/about-REACH

community safety, REACH Edmonton is a not for profit organization created to make Edmonton a safer city. It coordinates over 30 projects with diverse approaches to prevention and safety involving collaboration between three levels of government, community organizations and the corporate sector. REACH explicitly adopts a Collective Impact approach to solving complex social issues. The organization's website describes it as "a backbone organization" that:

- provides overall strategic direction with stakeholders;
- facilitates dialogue between partners;
- manages data collection and analysis;
- handles communications;
- coordinates community outreach; and
- mobilizes funding[22]

Overall community impact was documented in terms of the social return on investment, including: reduced victimization of vulnerable persons, crime and legal actions;

- reduced incidences of family violence; and
- suicide prevention of LGBTQ youth.[23]

For more information, please see: http://www.reachedmonton.ca/public/about-REACH

Question 7	What are the merits in these international examples that could be of value in the Tasmanian context?
	a) What are the adequacies?
	b) What are the inadequacies?
	c) What needs to be different?

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[22] see http://www.reachedmonton.ca/public/about-REACH

[23] Fox, J. (2016), "REACH Edmonton – an innovative approach to building partnerships to address complex social issues by investing in collaboration", The Third International Conference on Law Enforcement and Public Health, Amsterdam, 2-5 October 2016.

Part Six: A Collective Impact model for law enforcement and public health in Tasmania?

As part of the consultation process, we want to create the opportunity for some blue sky thinking (anonymous if you would like it to be) and see what our collective experiences can offer in terms of insight for the future. In his section, we have broken down the various components of Collective Impact and general integration of services so as to target your feedback and ideas.

This section is not so much providing information about existing models, as opposed to providing all stakeholders with the freedom to express their opinions, wishes and considerations about possible, better integrated endeavours for Tasmania. Essentially, it focuses on you and the insights you may provide as a path towards better service delivery.

Please feel free to answer whichever questions or sub questions into which you want to offer insight. With the purpose of moving towards a collaborative response to the current status quo, we will bring your collective ideas together as a whole of industry insight to support further discussions in the realms of practice and policy.

As an element of this process we are conscious of the need to overcome the issue of shared terminology or at least the dangers in assuming that we all mean the same things when using specific terminology. We welcome all thoughts on this issue in your response to any of the following components. It is certainly advantageous to suspend judgement of either status quo or future ideas while checking a shared understanding to ensure solid foundations.

Structure of The Program

Question 8	In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in the structure of the program? a) What needs to be broadly considered? b) What needs changing? c) What needs to be kept?

Target Audience and Eligibility Criteria

Question 9	In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of the target audience and eligibility criteria? a) What needs to be broadly considered? b) What needs changing? c) What needs to be kept?

Conditions for Service Delivery

Question 10	In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of the conditions of service delivery?
	
	    a) What needs to be broadly considered?
	    b) What needs changing?
	    c) What needs to be kept?

Services that need to be available

Question 11	In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of the services that need to be available?
	
	    a) What needs to be broadly considered?
	    b) What needs changing?
	    c) What needs to be kept?

Program Phases

Question 12	In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of program phases?
	
	    a) What needs to be broadly considered?
	    b) What needs changing?
	    c) What needs to be kept?

Supervision and Monitoring

Question 13	In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of supervision and monitoring?
	
	    a) What needs to be broadly considered?
	    b) What needs changing?
	    c) What needs to be kept?

Evaluation

Question 14	In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of evaluation? a) What needs to be broadly considered? b) What needs changing? c) What needs to be kept?

Sustainability, Resources and Funding

Question 15	In a possible Collective Impact model for Tasmania, in the area of law enforcement and public health, what in your opinion needs to be considered in terms of sustainability, resources and funding? a) What needs to be broadly considered? b) What needs changing? c) What needs to be kept?

Part Seven: Where to from here?

Practitioners, especially when faced with specific multi-layered forms of vulnerability, unavoidably think of 'better ways' to address clients' needs. Part of this exercise is to provide all interested practitioners and community members to express their views, convey their ideas, and seek their insights on the various ways in which service delivery can better unfold. This is particularly important in cases where multiple services need to deploy all at once, in synchronisation with each other, and according to good communication and integration practices. This Issues Paper is intended to map out the various ideas generated by the local capacity experts in the field, which is to say, practitioners and concerned community members alike. As facilitators of the process, TILES will proceed with responses in several ways:

1. The launch of this consultation, on November 23rd at the University of Tasmania
2. Followed by a small gathering of Tasmanian heads of agencies in early 2018
3. The collation of all responses in a report, which will be published on the TILES website (http://www.utas.edu.au/tiles)
4. A TILES workshop to be covened late 2018, at the University of Tasmania.

Please do not hesitate to contact us if you have any question on this process.

Examples of merit

We are keen for you to take this opportunity to describe other models, examples or experiences. As mentioned earlier in the paper, this includes times of 'big or slow epiphanies' as to how to improve the way we work. We believe these are powerful and insightful, especially if they come from the long-term experience of community members and practitioners, and if considered in a collaborative context. They have the potential to contribute to a collective approach that can increase opportunities for positive change. Please feel free to let us know of significant models that could be of use, to add web links to these examples if it is more effective, and just add your own reflections to contextualise your interest or suggestion.

Question 16	What other initiatives, models, projects or experiences are useful to consider?
	a) What are other good examples or frameworks that influence service delivery or collaboration?
	b) What other approaches have, to your knowledge, positively changed service delivery or collaboration?
	c) To your knowledge, what influences have contributed to improve the integration of service delivery?

Question 17	What are the issues in Tasmania that would benefit from a collective impact approach? Why?

Thank you

TILES has always been able to rely on the experience of agencies, practitioners and community members to provide evidence-based advice and research to stakeholders. In our work, we are very conscious of the fact that we owe the applied nature of our research to the willing participation and intellectual contribution of community members, practitioners and policy makers. Thank you for giving your time and attention to this, and all other, TILES endeavours.

<div align="center">

CLOSING DATE FOR RESPONSES: 31st August 2018.

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Appendix 1 – List of issues discussed in the LEPH arena

Major themes	Alcohol management and regulation
	Alcohol regulation: regulation for health and public order
	Communicable disease and epidemic control
	Disability: policing and People with Disabilities
	Drug and alcohol affected persons
	Emergency and disaster management including major events
	Family, gender-based and community violence prevention
	Health in the Developing World
	Illicit drugs and harm reduction
	Indigenous health
	Mental health
	Mental health: special challenges for policing
	Migrant, Refugee, Minority and Indigenous health
	Police leadership in public health responses
	Policing and HIV
	Policing and marginalised communities
	Policing and Public Health: the research, education and training agenda
	Public health as crime prevention
	Road trauma
	Road trauma: impacts of road policing on public health
	The Developing World
	Violence: the Unsafe City and other violence prevention
	Vulnerability, policing and public health issues
Substantives issues	All the particular public health and social issues in which the police-public health partnership is important
Organizational issues	How to best achieve optimal and sustainable partnerships and collaboration
Reflection and methodological issues	Creating a science of the public health and law enforcement intersection

This table was populated out of the themes discussed over the past 5 years
at the biannual international law enforcement and public health conference,
and after the populating of major themes in science and policy literature.