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Australian Institute of Health and Welfare

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Closing the gap clearinghouse

Effective practices for service delivery coordination in Indigenous communities

Resource sheet no. 8 for the Closing the Gap Clearinghouse

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Summary

What we know

Effective coordination of service delivery can enhance the quality of services and benefit service providers. Benefits include more efficient use of resources and improved working relationships.

What works

Evidence from process evaluations and documented practice experience reveal that service delivery coordination initiatives designed with, and for, Indigenous populations must:

- focus on outcomes
- be culturally appropriate
- invest time and resources into community consultations
- apply a strengths-based approach
- support Indigenous and non-Indigenous staff.

Initiatives work best when they are targeting a specific issue or problem that demands coordination across organisations: that is, they must be 'fit-for-purpose'.

What doesn't work

Coordination initiatives will not usually work without considerable time and resources (human, capital and financial). Other barriers include:

- lack of skilled program leaders, practitioners and staff
- risk-averse organisational cultures
- inflexible organisational structures or service delivery models, including 'silo'-based frameworks
- 'one-size-fits-all' approaches that ignore local diversity
- program partners that lack clearly defined roles or responsibilities.

What we don't know

- There is only limited evidence to help understand whether service delivery coordination leads directly to better outcomes for service users in Australia and internationally:



- it can be difficult to attribute changes (like improved employment outcomes) to a particular coordination initiative
- where outcomes are measured, evaluations have been conducted before long-term effects are able to be fully realised.
- There is little evidence to show how models developed for non-Indigenous Australians or internationally might apply to Indigenous Australians.

Introduction

Human service delivery is complex in contemporary Western societies, with high community expectations, competing demands and often delivered under fiscal constraints. Specialisation can mean that individual service providers or agencies develop the expertise to deliver a very specific service, yet individuals, families and communities often experience multiple needs and interrelated problems (Bromfield et al. 2010).

Indigenous families are affected by a range of complex issues that have an impact on their wellbeing (AIHW 2011). For remote Indigenous communities in Australia, there are specific challenges from being physically isolated from major service centres. These communities are characterised by small populations, less developed market economies and a lack of infrastructure, and are largely reliant on government-funded programs (Office of Evaluation and Audit 2009).

Australian governments have shifted towards a 'whole-of-government' approach to provide long-term place-based initiatives and 'joined-up' services with a view to improving efficiencies, avoiding duplication, and to move away from departmental silo-based frameworks (FaCSIA 2007; Morgan Disney & Associates et al. 2006; Gleeson 2011). The aim is to provide models that deliver achievable outcomes to Indigenous communities across Australia. The same intent is behind community-driven 'grassroots' programs that often provide links to other agencies through less formal avenues of collaboration.

This resource sheet explores what is known about service delivery coordination activities in regional, rural and remote areas of Australia. It examines the principles that underpin service delivery coordination efforts to improve the wellbeing of Indigenous Australians. These principles are drawn from available research evidence and the documented practice knowledge and experience of service delivery practitioners.

Background

What is service delivery coordination?

The term 'service delivery coordination', along with its diverse range of idioms—including joined-up services, interagency collaboration, cross-agency work and multi-agency partnerships—is rarely defined in the literature. While some analysts describe cooperation, coordination and collaboration as distinct analytical constructs, service delivery practitioners and program evaluators continue to use the terms interchangeably as part of a common purpose to deliver achievable outcomes to clients (Keast 2011).

For the purpose of this paper, 'service delivery coordination' is underpinned by a common purpose;

...to improve the connections between services or between people and services in order to improve outcomes for individuals, families, communities and societies (Leigh 2008:1).

Why is service delivery coordination important?

The purpose of improving outcomes for consumers is particularly pertinent for many Indigenous Australians. Indigenous Australians are worse off than non-Indigenous Australians on a number of indicators of health and wellbeing, including those related to life expectancy, employment and housing (AIHW 2011). Typically, an individual service is not able to respond directly to the multiple and complex issues experienced, particularly in remote and outer regional communities where an estimated 46% of Indigenous people live (AIHW 2011).



Coordination between Indigenous-specific and other 'mainstream' services can enable multifaceted, ongoing interventions capable of delivering the necessary care and support that is crucial to enhance the wellbeing of Indigenous Australians (Dwyer et al. 2004). Since cost pressures have resulted in some services being concentrated in inner regional and metropolitan centres, many Indigenous Australians are likely to continue to be negatively affected by their lack of access to these services (ABS & AIHW 2008; Prout 2008). Service delivery coordination represents a means of facilitating referrals and cooperation between services to provide more widespread service access to Indigenous Australians in all locations (Flaxman et al. 2009).

The complexity of existing service systems can result in a mix of services that are multi-layered and fragmented, and services may be provided by Commonwealth, state/territory or local government, as well as non-government and community agencies. Additionally, services may be delivered to Indigenous Australians via Indigenous-specific services or mainstream programs. This can be confusing for users (Banks 2007).

International and Australian research suggests that coordinating services can reduce complexity, enhance service quality and provide a foundation to deliver achievable outcomes to users (Flaxman et al. 2009; New Zealand Ministry of Social Development 2003; Office of Evaluation and Audit 2009). Box 1 provides an example of some of the positive effects of improved service delivery coordination.

Box 1: The importance of service delivery coordination

Communities for Children (CfC) as part of the Stronger Families and Communities Strategy 2004–2009

This study aimed to identify the impact of the CfC program on service provision and coordination in communities, including some with high proportions of Indigenous children. Overall, respondents described the way they worked together positively in terms of cooperation, resource sharing, building relationships and brokering. The model included a lead agency in each community with responsibility for coordinating services across the community and to provide funds for brokering new services. Some outcomes include:

- increased networking, coordination and collaboration between services
- relationships were stronger and more effective relationships prevailed where interagency cooperation predated CfC
- the fostering of a culture where services are committed to a common cause improved early childhood outcomes
- increased organisational, service and individual capacity
- increased interagency support and referrals (which resulted in some mainstream services working with Indigenous families for the first time)
- shared promising practices and problem solving.

See: < <http://www.aifs.gov.au/cafca/resources/localevaluations/index.html> >

Another example of coordination by a lead agency in particular communities is the Connecting Government strategy. The Management Advisory Committee's report on the initiative is available at:

<<http://www.apsc.gov.au/mac/connectinggovernment.htm>>



What does service delivery coordination look like?

Service delivery coordination initiatives may be conceived in various ways depending on the specific needs of particular communities. At one level, initiatives may simply involve linking two or more discrete service providers to promote cross-agency information sharing and/or referrals. In contrast, highly sophisticated and complex service delivery coordination requires formalised measures to ensure discrete agencies work together in a structured and planned manner (Keast 2011; Leigh 2008; New Zealand Ministry of Social Development 2003; Sullivan et al. 2002).

A model that reflects *both* linkage and formalised approaches is demonstrated by the Aboriginal and Torres Strait Islander Community Controlled Health Services (CCHS). In this case, as shown in Box 2, the CCHS Wuchopperen framework adopts a fully integrated, structured and formalised service delivery coordination approach. Beagle Bay Community Clinic reflects a straightforward linkage approach. Similarly the Kimberley Aboriginal Medical Services Council assists the Clinic to source health professionals.

Box 2: Examples of Indigenous community controlled health services that have a mixture of formalised coordination initiatives with discrete linkage arrangements

The Aboriginal and Torres Strait Islander Community Controlled Health Services (CCHS) are initiated and operated by local communities to deliver holistic, comprehensive and culturally appropriate health care to people in the community (NATSIHC 2003). In 2006 there were more than 130 CCHS operating across Australia.

Wuchopperen works in partnership with a range of service providers and non-government agencies to deliver multiple services under a highly coordinated framework. Building strategic alliances is a key element of the framework and is accomplished by engaging prominent patrons and establishing both long-term programs and time-limited project-oriented alliances.

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They also partner internationally while understanding the constraints and opportunities of working within the local/regional health system (Wuchopperen 2006). Wuchopperen is a member of the Northern Aboriginal and Torres Strait Islander Health Alliance; the representative body for the Aboriginal Medical Services in Far North Queensland. The general clinics are accredited with Australian General Practice Accreditation Limited and are recognised training facilities for GP registrars.

See: <<http://www.wuchopperen.com>>

The CCCH's Beagle Bay Community Clinic, north of Broome, WA, works with the Kimberley Aboriginal Medical Services Council (KAMSC) to establish links to provide services to people living in remote areas who require chronic disease management. After an internal review of the Clinic's processes, KAMSC linked the Clinic with an on-site registered nurse and, in conjunction with improvements in hand-over protocols between existing staff, this led to direct improvements in the continuity of patient care. (Kimberley Aboriginal Medical Services Council 2008).

For further information about Community Controlled Health Services, see: <<http://www.naccho.org.au/aboutus/aboutus.html>>

For other examples, see:

<http://www.aifs.gov.au/cafca/ppp/profiles/cfc_ecc.html>

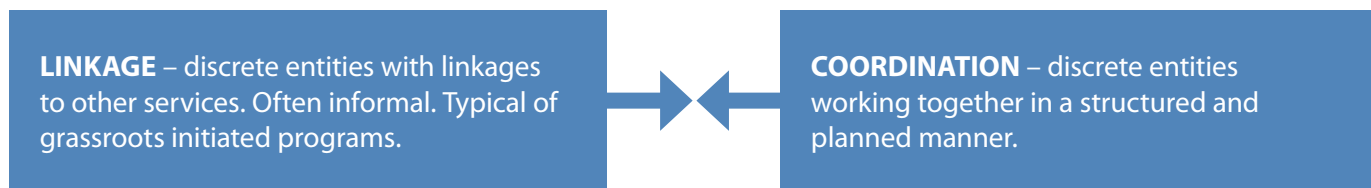
<<http://www.wch.sa.gov.au/services/az/other/aboriginal/index.html>>

<http://www.ag.gov.au/www/agd/agd.nsf/Page/Consultationsreformsandreviews_DraftNationalIndigenousLawandJusticeFramework>

Figure 1 illustrates the degree of 'connectivity' as a way to conceptualise how service delivery coordination models may vary from least complex to highly complex.



Figure 1: Degree of connectivity



While this continuum represents a range of service delivery coordination types, it is not a panacea from which to launch an effective framework. Instead, it simply highlights some of the key elements that characterise effective service delivery coordination at both ends of the spectrum. Table 1 illustrates the contrasting characteristics of simple and complex coordination models.

Table 1: Overview of key strategies for achieving service delivery coordination

	Informal linkages/information sharing	Formalised coordination initiatives
Characteristics	<ul style="list-style-type: none"> • Program information shared among service providers and/or consumers • No real structural or cultural change required by service providers (i.e. services remain discrete entities) 	<ul style="list-style-type: none"> • Joint planning • Agencies set common goals and are jointly accountable for their achievement • Formalised protocols/agreements for collaboration are typically in place • Resources (human, physical and/or financial) may be reallocated to minimise service delivery gaps and duplication of effort
Practice models	<ul style="list-style-type: none"> • Referral protocols—service providers work together to ensure appropriate referrals occur between their agencies • Service directories (paper or online)—services individually or jointly prepare an information resource that informs consumers and other agencies about available service options • Informal interagency networks/working groups—agencies set up forums to build relationships and facilitate information sharing between services • Cross-agency awareness training—services organise information sessions to advise staff at other agencies about their work 	<ul style="list-style-type: none"> • Co-location of services—different service providers work within a single geographical setting • Case management—different services collaborate to deliver a tailor-made package of services to an individual/family • Brokerage—a service provider uses discretionary funds to procure necessary services from a range of agencies on a case-by-case basis • Joint funded service provision—several agencies jointly fund a specialised service to meet a specific need • Shared practice information—service providers implement systems that enable their agencies to access each other’s consumer information and/or case notes, such as shared computer networks or consumer tracking databases
Strengths/opportunities	<ul style="list-style-type: none"> • Linkages support consumers and services providers to navigate/access fragmented and complex service systems 	<ul style="list-style-type: none"> • Joint planning/service delivery may prompt the identification and overhaul of gaps, duplications or inconsistencies in service provision
Potential drawbacks	<ul style="list-style-type: none"> • Likely duplication of effort and resources between service providers • Potential competition for resources between providers 	<ul style="list-style-type: none"> • Service providers can struggle to reconcile organisational differences, which limits the effectiveness of coordination efforts • Lack of strong leadership and management commonly results in poor ongoing implementation

Sources: Leigh 2008, New Zealand Ministry of Social Development 2003, Stokes & Tyler 1997, Sullivan et al. 2002



What makes for effective service delivery coordination?

A range of factors have been shown to facilitate improvements in service delivery coordination. However, how these improvements translate into delivering outcomes for Indigenous Australians remains contested. There appears to be an assumption that by improving service delivery coordination, positive outcomes for service users will naturally follow. This may not always be the case.

For the purpose of this paper, service delivery coordination initiatives are considered to be effective where positive outcomes have been demonstrated as a direct result of such initiatives. This section highlights the challenges in evaluating existing models of service delivery coordination in Australia, followed by an outline of what is known about the capacity of these programs to deliver outcomes to Indigenous Australians. The evidence is drawn from a combination of existing literature, program evaluations and the experiences of a range of service delivery practitioners and their clients.

Evaluating existing models

In Australia, responsibility to administer Indigenous affairs is split between the Commonwealth, state, local governments and community agencies. Recognising the need to collaborate more effectively to produce better outcomes, some highly sophisticated and complex 'whole-of-government' service delivery models have been initiated (FaCSIA 2007; Kelly 2007).

The Australian National Audit Office (ANAO) acknowledges the challenges in determining whether such coordination efforts have been effective, noting the difficulty of measuring short- and medium-term changes resulting from an initiative intended to affect programs that have long-term outcomes (Tolley 2010).

In an evaluation of the effectiveness of Indigenous Coordination Centres, it was suggested that monitoring and achievement of outcomes requires further exploration (FaCSIA 2007). The synopsis of the evaluation report reiterates a recurring message:

...time to engage communities was crucial and [that] quick wins are not always possible when you are dealing with complex issues (Morgan Disney & Associates et al. 2006:16).

For collaborative programs initiated from the community sector, where Indigenous and mainstream services are delivered through cooperative networks, systematic, evidence-based evaluations are less prevalent. Often, such programs are deemed 'successful' on the basis of anecdotes or from accounts of service delivery practitioners and/or their clients. Where evaluations are conducted, they are more often focused on the ability of service agencies to deliver outcomes to clients, rather than on the effectiveness of their coordination efforts with other agencies. One example is the Dubbo Leadership and Cultural Development Program (DLCP) described in Box 3. While the DLCP is delivered under a collaborative community-based framework, the evaluation of its pilot program focused specifically on the impact of the program on Indigenous students (Hampshire et al. 2005).

In view of the limitations of both whole-of-government and community-initiated approaches, extreme care must be taken in relying on this type of 'evidence' as a universal solution for effective service delivery modelling, particularly in light of the complex and varied needs of Indigenous Australians.

Key factors of effective service delivery coordination

It is important to recognise that distinctions between whole-of-government and community-initiated approaches are often blurred, particularly in cases where community-initiated programs are taken up by whole-of-government programs due to their perceived success in delivering real outcomes. Regardless of such distinctions, it is clear through an analysis of both approaches that certain factors associated with service delivery coordination can result in positive outcomes for Indigenous Australians.

The key factors that are critical in delivering such outcomes include:

- ensuring cultural appropriateness
- investing time and resources into community consultations

- applying a strengths-based approach
- supporting Indigenous and non-Indigenous staff.

Additionally, coordination of service delivery must represent the best means of addressing a particular problem. It should be recognised that not all services may need to be fully linked (Gleeson 2011). Rather, the task is to design collaborative initiatives to be 'fit for purpose' (Keast 2011).

Cultural appropriateness

Service providers must support each other to design and implement work policies and procedures that are sensitive and appropriate to the cultures of their Indigenous consumers. The first step is to build cultural awareness and staff capacity to work with Indigenous peoples (Higgins 2005; New Zealand Ministry of Social Development 2003). For example, 'Recognised Entities' are Indigenous organisations or individuals authorised by their communities, and approved and funded by the Queensland Department of Communities (Child Safety Services), to provide cultural advice in child protection matters relating to Aboriginal or Torres Strait Islander children and young people. By drawing on local knowledge to advise the department, Recognised Entities ensure services delivered by the department are accessible, responsive and culturally appropriate for Indigenous children, youth, their families, and carers (See < <http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual/introduction/recognised-entities>>).

Service providers may also establish systems that ensure they receive timely and relevant advice about how to support Indigenous peoples in a way that protects and respects their cultures. For example, Flaxman et al. (2009) noted the ability of the Communities for Children (CfC) program to deliver cultural appropriate practices (Box 1). The program operated under a framework designed specifically to provide the flexibility to allow service agencies to adopt their own strategies to meet the needs of their users. A key strength of the strategy was its flexibility, which facilitated appropriate cultural practices at the service delivery level (Gleeson 2011). One such strategy is the employment of local Indigenous staff to help implement and deliver Indigenous services (Flaxman et al. 2009).

Consultation

Community involvement is particularly important in planning and setting priorities for initiatives to enhance service delivery coordination. Typically not all necessary initiatives can be implemented simultaneously and input from community members helps to ensure the right initiatives are implemented for the right people at the right time (Flaxman et al. 2009; Leigh 2008).

A collaborative consultancy approach is demonstrated by the establishment of the Mornington Island and Doomadgee Wellbeing Centres. The local health councils in both communities have been active participants throughout the process by consulting on issues about governance, service delivery options and the design and layout of the centres. Service providers have also worked together to integrate several social and emotional wellbeing programs as part of an effort to improve service delivery and reduce duplication (CGRIS 2011).

Strengths-based approaches

A strengths-based approach involves understanding and working from a community's collective strengths to assist them to address their challenges. In bringing together different people with specific skills to collectively address a range of issues, communities can provide local solutions to local issues. This approach incorporates the practice of using culturally appropriate and consultative strategies as noted above, however, strengths-based approaches also focus on maximising the collective and individual strengths of contributors. In doing so, targeted interventions are more likely to realise sustained change because they empower communities to provide practical solutions that are appropriate for them (Haswell-Elkins et al. 2009; Leigh 2008).



Box 3: Example of a strengths-based approach

Dubbo Leadership and Cultural Development Program (DLCP)

The DLCP pilot program used a strengths-based approach to support young Aboriginal students in Year 8 who needed help to stay at school. The aim was to:

- gain leadership skills
- enhance student cultural knowledge and identity.

The 25 students who participated in the pilot were all identified by the local schools as being at risk of leaving school. The initial year-long program involved a number of components, including meeting after school on a weekly basis to engage in a range of activities based on the interests and strengths of participants. Activities included Aboriginal art, dance, music, gym and youth participation activities in the community. Every six weeks local Indigenous elders participated in the activities, and elders accompanied the students to a number of camps where they taught students more about their cultural heritage. By recognising the cultural understandings of elders and the expressed interests of students, the activities engaged the young people, further built their skills and interests and built trust between participants and staff. All students completed the program and some planned to study further in tertiary education.

See <<http://www.engagingcommunities2005.org/abstracts/Hampshire-Anne-final.pdf>>

Indigenous staff

Service delivery coordination initiatives require people with appropriate knowledge, skills and attitudes to effectively plan, implement and deliver collaborative services to Indigenous Australians. Indigenous staff often have a distinct advantage in having pre-existing contacts, local knowledge and trusting relationships, which all help link Indigenous individuals and families with services and providers (Flaxman et al. 2009; New Zealand Ministry of Social Development 2003). For example, a mix of Indigenous and non-Indigenous staff, both from inside and outside local communities,

were responsible for implementing the Stronger Families and Communities Strategy 2004–2009. In this case, the local knowledge held by Indigenous and non-Indigenous ‘insiders’ reduced the time required to establish connections between Indigenous consumers and service providers (Flaxman et al. 2009).

For both mainstream and Indigenous-specific programs, training programs are required to build on the staff’s cultural competencies. For instance, the implication for the COAG Trials is the need to recognise that government personnel must understand Indigenous culture as it affects the development and maintenance of partnerships. Similarly, Indigenous leaders and communities need to understand government culture and its associated organisational constraints (Morgan Disney & Associates et al. 2006).

Ensuring coordination represents the ‘right’ approach

By combining each of the elements above, service delivery coordination initiatives will have a good foundation to build services that can close the gap on Indigenous disadvantage. Recognising the cultural strengths of Indigenous Australians and providing opportunities for Indigenous communities and individuals to contribute their own solutions to initiatives will better serve their complex needs.

This is not to say that coordination attempts will automatically be successful by incorporating these elements, especially given the heterogeneous nature of the Indigenous population and the complex issues that affect individuals across and within communities. As with any service coordination effort, full consideration must be given to the context in which services are to be delivered. In some cases, coordination between services may not require substantive engagement (Gleeson 2011; Keast 2011).

Gray (2002) provided information about the appropriateness of collaboration at a strategic and operational level, concluding that activities should focus on:

- relationships between organisations and individuals
- the need for clarity in roles, responsibilities and objectives
- the need for commitment, resources and accountability.



The case study in Box 4 highlights the importance and complexity in considering the service delivery context and need to focus on the requirements of the community in which services are delivered.

Box 4: Example of when service delivery coordination makes sense

Drawn from the 'Synopsis review of the COAG Trials November 2006'

This Trial site had 12 priority strategies, including housing, economic and employment development, community health, education, cultural identity and justice. The community is in a regional city with a diverse Indigenous population and a land claim running for the first two years. There is little Indigenous employment in the region and a long history of contested cultural identity issues in the community. While the relationships between government agencies were reasonable before the Trial, there was a limited history of commonwealth/state collaboration in the city, limited engagement between local government and the Indigenous community, and almost no engagement between the business community and the Indigenous community.

The Indigenous leaders in the city negotiated an agreement with the three levels of government over 12 months. There were 13 individuals (partners) representing different organisations, families and other interested parties, including former ATSIC councillors. The establishment of such a united community governance structure was an unprecedented achievement, however, at the time of the evaluation only small gains were made on those priority issues with respect to Indigenous outcomes. There is some evidence that improved educational outcomes might be emerging and some employment outcomes are on the agenda.

In 2004 a decision was reached to set up a unit to support the capacity building of the community. The unit is jointly funded by the Australian and state government and is supported by local government with the backing of most of the Indigenous leaders.

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In 2005 a search for an executive officer took some time but the unit is now established and the Indigenous leaders are working to make this initiative work.

See <http://www.fahcsia.gov.au/sa/indigenous/pubs/evaluation/coag_trial_site_reports/overview/Pages/default.aspx>

Box 5 differs to the case study above (Box 4) in that the coordination efforts of the Magellan strategy resulted in objective improvements in service delivery characteristics (for example, reducing the duration of cases). For the COAG Trial sites outcomes were mixed, yet due to the specific nature and scope of the problems in those communities it made sense to take a coordinated approach to service delivery. In each case the constant is that such efforts require a 'fit-for-purpose' strategy, where solutions to community issues could not be delivered without service delivery coordination.

Box 5: Example of when service delivery coordination leads to tangible service delivery improvements

The Family Court of Australia's Magellan case-management model

Magellan is an interagency, collaborative, judge-led approach to case management for responding to allegations of sexual or serious physical abuse in a way that focuses on children's best interests. The Magellan involves coordination between the court staff (judges, registrars, family consultants and client services officers), police, public prosecutors, family lawyers, independent children's lawyers, the state or territory statutory child protection department, forensic investigators, and the state or territory legal commission. Significant resources are directed to Magellan cases in the early stages with an aim of resolving cases within 6 months.

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Evaluation of the rollout of Magellan showed that compared with equivalent cases, Magellan matters were resolved more quickly (4.6 months quicker on average) and had fewer court events before fewer different judicial officers. Crucial to this outcome was a formal protocol, supported by regular interagency meetings with key liaison staff identified to ensure that communication was effective, and clear roles and responsibilities. Qualitative data showed that sharing information and expectations was critical to overcoming the 'diffusion of responsibility' that can occur when multiple agencies are in contact with the same family (Higgins 2007).

See: <<http://www.aifs.gov.au/institute/pubs/magellan/index.html>>

To summarise, service coordination initiatives are most appropriate for Indigenous Australians when:

- the nature of the service itself suits a collaborative approach (that is, no one agency could feasibly provide the know-how required to produce particular outcomes)
- benefits outweigh the time and resources (financial and human) needed for coordination, as opposed to putting the resources into a single agency with sole responsibility for delivery of that service
- current service delivery arrangements can be improved (in terms of equity, efficiency and other policy objectives).

What are barriers to effective service delivery coordination?

There are many barriers to coordinating multiple services, particularly with process improvements and organisational restructuring (FaCSIA 2007; Gleeson 2011; Kelly 2007; Morgan Disney & Associates et al. 2006; Tolley 2010). How these affect the ability of services to deliver achievable outcomes to Indigenous Australians is unclear. For example, despite having good structures and systems in place as a result of sound coordination initiatives, outcomes will not be achieved if the worker/client relationship remains poor at the service delivery level.

In any case, there are significant barriers that will almost certainly affect the ability of coordinated services to produce achievable outcomes, including:

- lack of sufficient funding (coordination is resource intensive), or rigid funding arrangements
- lack of skilled program leaders, practitioners and staff (to maintain linkages or coordination mechanisms)
- organisational cultures that are inflexible, risk averse and do not foster innovation or process improvements
- collaborative partners that do not share a common purpose or have little understanding of the objectives of the broader framework (this includes partners that do not have a clear understanding of their roles and responsibilities)
- initiatives that take a 'one-size-fits-all' approach to Indigenous populations, rather than recognising local diversity and adopting coordination strategies that address local needs
- overly ambitious plans to achieve long-term outcomes within short timeframes
- lack of communication among collaborating agencies, including reporting mechanisms that do not provide feedback about agency performance.



Conclusion

Service delivery coordination is underpinned by a common purpose: to improve the connections between services or between people and services in order to improve outcomes for individuals, families, communities and societies. For the purpose of this paper, service delivery coordination is considered to be *effective* where positive outcomes for Indigenous Australians have been demonstrated.

There is evidence that process and structural improvements, such as more efficient use of resources and enhanced working relationships between participating service providers, can be attributed to service delivery coordination efforts. Evidence that these efforts lead to improved outcomes for individuals, families and communities (Indigenous and non-Indigenous) is rare. Evidence is also lacking as to whether lessons learned from previous mainstream or international service delivery coordination initiatives apply equally to service provision for Indigenous and non-Indigenous Australians.

Evidence of outcomes is crucial to informed decision making, especially as coordination initiatives are time and resource intensive. Service providers and governments need evidence to decide what and when service delivery coordination is most appropriate.

Evaluations of initiatives that use service delivery coordination as a way to improve outcomes for Indigenous Australians need to be conducted over sufficient timeframes to allow the initiatives to make an impact. Furthermore, evaluations are needed that measure the clearly stated objectives of coordination initiatives by focusing not just on efficiencies or cost savings, but also on 'hard' outcomes like improvements in health, employment and education.

Recent evaluations of partnerships between longstanding well-funded mainstream service delivery and Indigenous-specific services show great potential to identify what works to address Indigenous disadvantage. Through sustained evaluation efforts, whole-of-government service delivery approaches have the capacity to deliver positive outcomes to improve the wellbeing of Indigenous Australians.

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Terminology

'Aboriginal and Torres Strait Islander' and 'Indigenous' are used interchangeably to refer to Australian Aboriginal and/or Torres Strait Islander peoples. The Closing the Gap Clearinghouse uses the term 'Indigenous Australians' to refer to Australia's first people.

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