

Transforming Relationships: Phase 1 Process Review

Appendices

Appendix A: Transforming Relationships Evidence Review

Communities for Children Transforming Relationships project: Evidence Review

We acknowledge the Widjabul Wiabal peoples of the Bundjalung nation, and pay deep respect to Elders past and present. With thanks also to the Aboriginal and Torres Strait Islander people who have supported the inception of this work over many years in our communities. This land was never ceded, and remains sovereign to the Widjabul Wiabal people. Always was. Always will be.

This review was conducted by Dr Meaghan Vosz in 2024 on behalf of YWCA Northern Rivers' Communities for Children program, with thanks to Lisa Jovaisa, Graeme Hincksman and Susan Rudland who led the project and contributed to the review's scope and interpretation. Email correspondence: meaghan.vosz@scu.edu.au. Meaghan is a Research Fellow at Southern Cross University's Centre for Children and Young People.

Suggested citation: YWCA Australia (2024). *Communities for Children Transforming Relationships: Evidence Review*. YWCA.

1. Executive summary

Transforming Relationships is a Communities for Children sector capacity-building initiative supporting collaborative relationships and genuine partnership across the Child and Family sector to enable better outcomes for children and families. The project objectives are enabling the self-determination of First Nations peoples, increasing the capacity of local sector leaders to collaborate and drive change, and engaging with evidence in design, delivery and practice. This evidence review was commissioned to understand the leading principles, guidelines and practices for systems change that enable successful collaboration and partnership across child and family services.

The review took a systematic approach to search peer-reviewed empirical research and theory related to these objectives and included 110 articles. Only a small proportion were authored by identified First Nations people, so additional sources were used to frame the researcher's analysis, and industry representatives collaborated to interpret the findings. Most articles positioned systems change for children and families within the social determinants of health.

Sections 3 and 4 describe the collaboration, leadership practices, and approaches that enable effective systems change for improved child and family wellbeing. Collaboration included establishing a coalition for change, agreeing shared values, goals and strategy for the change process, shared decision-making, creating multiple reinforcing collaborative structures, practicing accountability, and using systems thinking. Leadership approaches and practices for systems change included designated and distributed approaches, involving people with lived experience, mentoring and modelling, advocacy and activism, facilitating change, and valuing and mobilising diverse knowledges and evidence.

The relationship between these practices, community-led transformation and self-determination was less clear. However, Section 5 identifies the *conditions* associated with transformational systems change, sometimes described as *complex* change, that enable such practices. Predominantly relational, these involved individual and collective capabilities, such as working with complexity and uncertainty, working with diversity, enacting trust, mutuality and respect, and valuing compassion and justice. They also related to organisational support, political context, and the time, money and data needed to drive real change over time.

Section 6 highlights the implications of these findings for the Transforming Relationships project, which are particularly relevant to project collaborators. Recommendations are to:

1. Establish mutually reinforcing collaborative structures and develop the collective's shared values, decision-making processes, authorising resources, and strategy needed to achieve the project's goal, including indicators of change and associated data.
2. Create the relational conditions to support collaboration and leadership for systems change, including, critically, involving diverse people with lived experience in all levels of decision-making.
3. Building collective capacity, including recruiting people with the time and relational capabilities and exploring the pathways to leadership transition to ACCOs.
4. Developing an evaluation plan to capture lessons learned to feed into this complex and innovative process and to share this knowledge widely beyond the Northern Rivers.

Contents

1. Executive summary	2
2. Introduction	4
2.1. Method	4
3. Collaboration principles and practices supporting systems change	5
3.1. Coalition for change/action	5
3.2. Shared values, goals and strategy	7
3.3. Shared decision-making	8
3.4. Multiple, reinforcing collaborative structures	9
3.5. Accountability	10
3.6. Systems thinking	10
4. Leadership approaches and practices supporting systems change	11
4.1. Designated and distributed leadership approaches	12
4.2. Involving people with lived experience	13
4.3. Mentoring and modelling	14
4.4. Advocacy and activism	14
4.5. Facilitating change	15
4.6. Mobilising knowledge	16
5. Conditions that facilitate systems change	16
5.1. Socio-political conditions	16
5.2. Cultural-discursive conditions	19
5.3. Material-economic conditions	21
6. Discussion and recommendations	25
6.1. Multi-level collaboration	26
6.2. Creating the relational conditions to enable practices	27
6.3. Capacity building	27
6.4. Learning, evaluation and knowledge mobilisation	28
7. References	29

2. Introduction

The Transforming Relationships project is a Communities for Children (CFC) sector capacity-building initiative that aims to create and maintain a deeply integrated, collaborative and culturally informed child and family sector and to build capacity across the child and family sector to deliver better health and wellbeing outcomes with children and families.

This evidence review aligns with the three strategic objectives of the project, which are:

1. Self-determination for First Nations people – supporting services to embed self-determining systems, processes, and practices by increasing opportunities to improve cultural competency and collaborate in culturally safe practices.
2. Leadership and management capability and capacity building – increasing the capacity of services to lead and drive change initiatives through targeted professional learning opportunities that support best practices.
3. Evidence-informed program design and delivery – adopting a continuous improvement approach by sharing credible and relevant research evidence and grey literature to inform robust and complex discussions to implement solutions.

The evidence review aimed to understand the leading practice principles, guidelines and methodologies for systems change that enable successful collaboration and partnership across child and family services. Specific questions the evidence review sought to answer were:

1. What key principles support genuine, meaningful and impactful collaboration and partnerships?
2. What does the evidence tell us about the role of leadership in systems change?
3. What role do leadership, collaboration and partnership play in enabling self-determination and community-led solutions?
4. What are the benefits for children, families and communities?
5. What are the key implications for CFC, Community Partners, Aboriginal Community Controlled Organisations and Child and Family services?

2.1. Method

A scoping review method (Arksey & O'Malley, 2005) was selected for this evidence review, reflecting the complexity of concepts under study and the need to summarise and disseminate research evidence to inform the Transforming Relationships project. Dialogue about relevant policy between the researcher and co-authors explored and mapped relevant search terms. Systematic searches were conducted in three research meta-databases: EBSCO (9 databases), SCOPUS, and INFORMIT (9 databases including 5 Indigenous collections), from 2019-2024. After removal of 28 duplicates, this resulted in an initial pool of 157 peer-reviewed research articles and chapters.

All abstracts were reviewed applying inclusion criteria - systemic transformation related to health and wellbeing of children and families with an emphasis on systemic marginalisation or disadvantage; discussion of collaboration and/or leadership practices emerging from empirical research. Forty-eight articles with insufficient relevance were removed. To these was added one article suggested by subject matter experts (Hincksman, Jovaisa and Rudland), resulting in a final sample of 110 articles. A full list of the sample and detailed search strategy is available as supplementary material.

A selection of relevant policies was reviewed to inform analysis, and the national *Connected Beginnings* project served as a case study in relational systems transformation. Key points of

relevance from the case study are highlighted on page 24. The sample was then analysed to identify leadership and collaboration practices associated with complex systems change and the conditions (institutional, interpersonal, political, economic, material, temporal/proximal and relational) that enabled and constrained these efforts. One author extracted findings, then all three collaborated to interpret implications for Transforming Relationships.

Initial review of the sample found 12 articles focused on First Nations peoples and communities, however, only 8 included at least one First Nations author. For this reason, three additional books informed the analysis and synthesis of the evidence (Dudgeon, Milroy & Walker, 2014; Tujague & Ryan, 2023; and Wilson, 2008). The most common subject addressed in the sample was health systems change, which included integrated care and health equity (69 articles). Other subjects were early childhood and education (11), welfare, homelessness and poverty (6), complex and wicked problems (6), sustainability (3), restorative justice (2), gambling (1), and disaster risk reduction (1).

Results of the evidence review are presented in three parts: (1) collaboration practices associated with systems change; (2) leadership practices supporting systems change; and (3) the conditions enabling and constraining those practices. The third section relates to practices associated with collaboration *and* leadership, reflecting their interrelatedness.

3. Collaboration principles and practices supporting systems change

Analysing the sample of 110 articles and project-relevant policy uncovered six practices were associated with effective collaboration for systems transformation. Establishing a network, coalition, collective or similar provided a structure or system for collaborative efforts. Collaborators then negotiated shared values and goals and created a process for shared decision-making. Reflecting the complexity of systems change, multiple reinforcing structures or networks enabled designated leaders to authorise and visibly support collaborative projects, reinforcing the efforts of a group of leaders charged with designing and shepherding the overall strategy for systems change. Finally, a range of localised collaboration projects were best placed to enact change 'on the ground', working with strengths, problems and assets unique to each locality (geographical or aspects of a sector). Practices of systems- or *complexity-thinking* and *accountability* emerged as critical for all levels of the mutually-reinforcing structure. Effective collaborations enacted values of integrity (practice what we value), reciprocity/mutuality and trust. High levels of effective collaboration were directly linked in the evidence to leader satisfaction and goal accomplishment, even far beyond specific collaboration projects (Wells et al., 2022).

3.1. Coalition for change/action

Evidence of effective systems transformation to achieve equity is frequently associated with establishing and maintaining a body of collaborating stakeholders who act in concert to design, implement, monitor, sustain and evaluate change against goals. There was alignment in the evidence about key areas of work for coalition stakeholders in health and early childhood education/early intervention, for example:

- relationship development (collaboration/partnership structure or network)
- policy implementation (including gathering data on policy flaws, gaps and inequities, policy development, advocacy and implementation)
- capacity building to support implementation and integration

- building support (of communities and stakeholders at national and state levels), and
- collective impact actions, like building shared agenda, data and indicators of change, implementing measures and change actions (Swanson et al., 2023).

Collective impact provides one model for this coalition work (Poll-Hunter et al., 2019, p. 309); however, there is a range of collective and coordinated approaches to system change in the evidence. Health systems change to medical abortion policy in Canada (Dinely et al., 2020) identified four functions of the coalition: intentional partnership and network development, mobilising shared knowledge, demonstrating commitment to serving the community, and navigating socio-political environments. Comparable tasks of coalitions are reflected in several articles exploring collaboration for systems change (e.g., Chutape et al., 2015; Dwirahmadi et al., 2023; Poll-Hunter et al., 2023; Reid et al., 2019).

The leadership actions of any individual leader are much less important than the collective leadership. (Best et al., 2012, p. 433)

Establishing a coalition for systems change involves negotiating shared language, which may also assist in communication with external stakeholders (Maddox et al., 2019). Representation and commitment across government and non-government stakeholders were particularly significant for achieving a national smoking intervention in Turkey (Selamoğlu et al., 2022). Similarly, representation across generations and sectors was found in the coalition targeting health equity for gay, bisexual and trans youth in the USA (Sirdenis et al., 2019).

Evidence suggests that coalition members need to map and negotiate a strategy for multi-sector systemic change. In systemic change for Latino health equity, 45 leaders agreed that identifying and developing local leadership was critical for collaboration/coalition achievement (Zambrana et al., 2022). Building on small-scale actions/projects, coalitions need to enrol and leverage additional stakeholders' support to expand the scale and scope of the collaborative structures' impact (Poll-Hunter et al., 2019). In an early childhood collective impact project in the USA, Swanson et al. (2023) discussed the need for *systems maturity* for effective change in a fragmented early education system, which is “the ability of child-focused organizations, across disciplines and sectors, to successfully collaborate toward continuous improvement in supporting optimal child well-being” (p. 93).

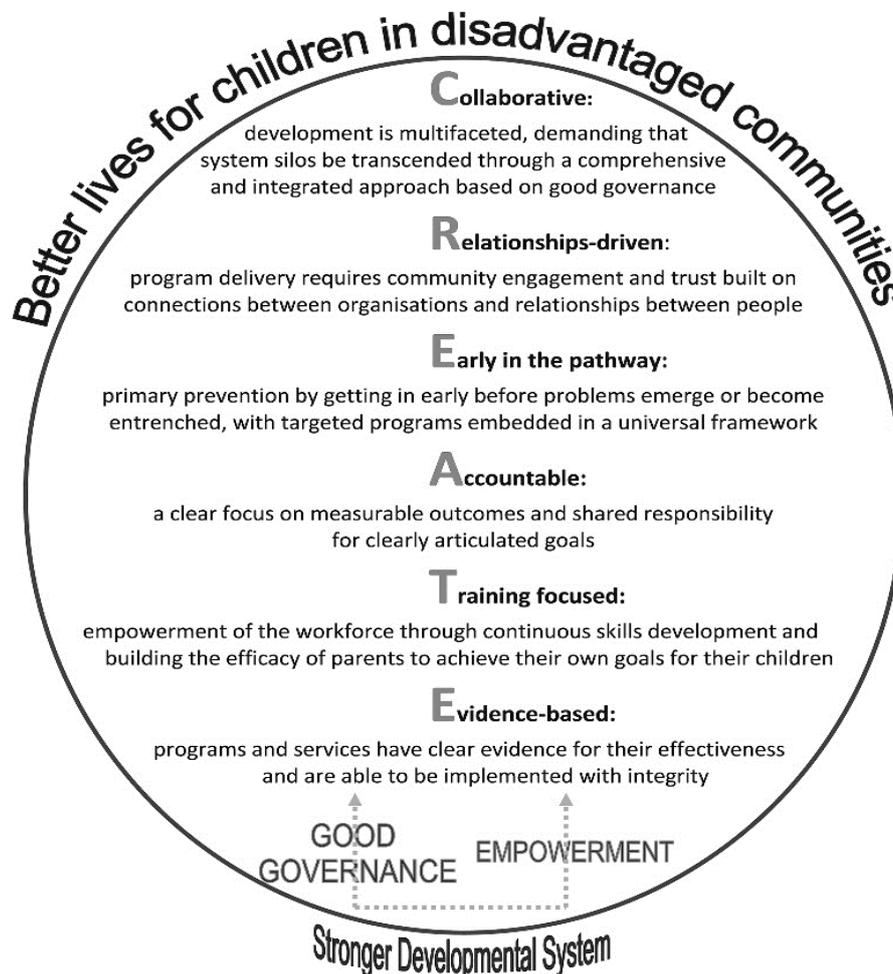
Coalition leaders must be capable and knowledgeable about management *and* leadership, including relationship management, service coordination, reflective practice, quality improvement, cross-organisational and co-leadership (Ayeleke, 2019). An Australian study particularly highlighted the key competencies of community sector leaders in transformational change as:

- evidence-informed decision-making
- interpersonal communication qualities and skills
- knowledge of the sector, context and environment
- operations, administration, and resource management
- leading and managing change, and
- leadership and professionalism (Ayeleke et al., 2019).

Drawing on case studies of effective systems transformation to embed preventive science in the service of dismantling entrenched disadvantage of children aged 0-12 in Australia, Branch, Freiberg & Homel (2019) proposed a coalition for action with shared responsibility supported by common principles using CREATE: **c**ollaboration; **r**elationship-driven, **e**arly in the pathway (prevention focused on young children), **a**ccountability, **t**raining focused, and **e**vidence-informed.

They argue that commitment to these principles enables collaboration efforts to scale up to community-wide transformation (see Figure 1).

Figure 1: CREATE collaboration principles for systems change (Branch, Freiberg & Homel, 2019)



3.2. Shared values, goals and strategy

Developing and redesigning the overall strategy for achieving impact is central to the success of multi-stakeholder collaborations, including shared values, goals and indicators of change (Kuenkel, 2019). The intentional collaboration of leaders to align their shared vision, strategy, and change indicators guides change and provides a platform for measuring and communicating progress to all key stakeholders (Quinlan et al., 2021). Common goals and shared values are fundamental in collaboration for systemic change; and the negotiation of differences is a critical task of collaborating leaders (van Vooren et al., 20-2020; Vindrola-Padros et al., 2022). Shared vision and strong leadership also helped to uncover and address practical tensions that arose through inter-professional collaboration in palliative care, such as conflict over risk and agency (Harlock et al., 2020).

A strong sense of shared vision and ownership ... a culture of trust, willingness to share information and the avoidance of 'blame' were critical. (Harlock et al., 2020)

Collaboration facilitates information sharing and integration of practice across organisational and geographic boundaries, but *on its own, collaboration* does not promote shared action (Chantler et al., 2019). Aligning a shared agenda with members' professional responsibilities can enable more active engagement of leaders, and localizing the decision-making group to a place or region enables the incorporation of place-based intelligence (Chantler et al., 2019). Practices integral to successful collaboration for systems change were knowledge transfer, evidence sharing, autonomy, shared values, and clarity (Dinely et al. (2020). Exploring collaboration to shift school discipline policy in the USA, Karanxha, Bailey & Henry-Lewis (2020) aligned their strategy to shared values of social and restorative justice, reconciliation, dialogue, and empowerment of the children and young people who have experienced patterns of racism and inequity.

3.3. Shared decision-making

Shared decision-making may foster agency, accountability and impact of transformative strategies. Multi-level collaborative structures must find ways for all stakeholders to contribute to decision-making and communicate transparently (Chantler et al., 2019). In complex, multi-portfolio policy change, shared responsibility can support both interdependent and collective decision-making (Rigby, Dodd-Reynolds & Oliver, 2022). Shared decision making was a universal practice of systems change projects included in the sample, from smoking health inequity (Kingsbury & Hassan, 2020; Selamoğlu et al., 2022) to integrated care in NSW (Read et al., 2019); from child and adolescent health and wellbeing campaigns (Bethell et al., 2023) to Aboriginal children's mental health (McCalman et al., 2020), to disaster risk reduction in Jakarta (Dwirahmadi et al., 2023).

Shared decision-making needs to be adapted to each project's goals and local conditions. Whilst some projects in the sample used a model to guide decision-making (see Reid et al., 2019's SCALE model), shared decision-making can also emerge from collaborative activities: developing a theory of change, determining agreed measures/indicators of change, and sharing, reporting and interpreting evaluation data (Reid et al., 2019).

Shared decision-making needs to occur in each collaborative process or structure to include diverse perspectives and attend to power relations. However, these processes may divert resources from the usual business of frontline service, management and administration, at least temporarily (Harlock et al., 2020). This points to the organisational challenges of shared decision-making and the need for widespread support. For example, a multi-district collaboration project in China excluded teachers from decision-making, resulting in a schism between department-level- and organisation-level priorities (Wei, Ni & Hoon, 2021). Failure of smoking plain packaging in Turkey was attributed at least in part to the deterioration of shared decision-making (Selamoğlu et al., 2022, p. 6):

We all used to get invited to share our ideas, present our thoughts and findings. We gave joint decisions but now all of this is lost, and the Health Ministry has decided to work alone. We no longer get invited to meetings and events. Things have changed.

3.4. Multiple, reinforcing collaborative structures

Evidence suggests that systemic change collaboration needs multiple reinforcing structures that designate and distribute leadership and enact strategic change (Curry et al., 2022). These structures reflect a holistic approach to simultaneous, complementary actions that address the conditions holding status-quo practices, systems and cultures in place (Bensberg et al., 2020). Establishing multiple networks of collaboration across organisational, geographical and cultural boundaries can support learning, reflecting and leading collaboration, reinforcing the values and capabilities of shared decision-making, mutual learning, socio-ecological systems action and innovation (Azorin et al., 2022; Bensberg et al., 2020).

Aligning the overarching change strategy with local collaboration projects enables mutual reinforcement from grassroots conditions to policy and culture (Best et al., 2012; Bryson et al., 2021). These systems are underpinned by collective action by collaborating individuals, organisations and cross-sector networks and enabled by nurturing trust and reciprocity (Beddoes et al., 2021). Coordinating multi-city networks in a Canadian housing-first change enabled leaders' collective capacity to create conditions for change and advance and sustain systems-level changes (Worton, 2020). Documenting the collaborative practices and systems that enable the United Nations' sustainable development goals globally, Kuenkel (2019) devised a model for strategy formation in multiple stakeholder collaborations, illustrated in Figure 2.

Figure 2: Kuenkel (2019) strategy formation in multiple-stakeholder collaborations



Establishing multiple collaborative structures can also be a vehicle for mapping the local actions and processes that might reinforce transformative change. Exploring systems barriers to children and young people's nutrition in Aotearoa New Zealand, Gerristen et al. (2019) identified multiple reinforcing loops that to reduce fast food *and* increase fruit and vegetable intake. In a multi-city housing first initiative (Worton, 2021), linking and coordination across multiple place-based networks supported change using an action learning process that encouraged buy-in and leveraged relationships with various stakeholders. This evidence suggests that establishing and sustaining multiple reinforcing structures of collaboration is a key practice for collaborative systems change. Plans may need to be adapted over time to achieve alignment and the mutually reinforcing mechanism.

3.5. Accountability

Accountability emerged as a common theme in systems change evidence; however, different ways of conceptualising accountability led to different practices being used. Dimensions of accountability included: social accountability, public accountability for population health, compliance accountability (accreditation standards), and internal accountability to stakeholders (Poll-Hunter et al., 2019). Accountability in all levels of multiple reinforcing collaborative structures can be seen in their approach to planning, monitoring and implementing place-based plans (Flanagan et al., 2023). The absence of accountable leadership was directly associated with unsuccessful collaborations in climate change adaptation and disaster resilience (Dwirahmadi et al., 2023). This highlights tensions for collaborators: between internal accountability to their organisation, unit or profession; accountability to other collaborators; and accountability to community(ies) or electorates (Lawal & Lodestein, 2022).

One way of resolving this tension is offered by *relational accountability* (Wilson, 2008), which recognises the fundamental interconnection of all actors in community, and prioritises context-based respect, reciprocity, and circularity (return to community). This highlights the integrity needed by collaborators to ensure transparent communication with different 'publics' who may have a stake in the process and outcomes.

What seems critical is the relationships between individuals, groups and organisation, and effective collaborations need to reflect openness, trust and accountability (Craike et al., 2023; Norqvist & Årlestig, 2020; Pescud et al., 2021; Swanson et al., 2023). Co-ownership of rewards and processes must be founded in accountability between partners to change, as part of a broader alignment with shared values (Matenga et al., 2019). Leaders of UK health system innovations during COVID-19 used transparent dialogue to negotiate a balance of risk and accountability, to model self- and systems-accountability, and to hold each other to account (Curry et al., 2022).

3.6. Systems thinking

Systems thinking is not simple to define but was associated with both collaboration and leadership for social transformation in the evidence. In Australian chronic disease prevention research, Pescud et al. (2021, p. 2) describe it as a mindset in which "complex phenomena are perceived as dynamic wholes comprised of numerous interconnected and interdependent parts, which, through their interactions, produce emergent products that are different to the sum of the parts". Put more simply, Rigby et al. (2022, p. 2) refer to its concern with "the boundaries drawn around system structures and the interaction of agents [people and institutions] within the system".

Systems thinking does not necessarily reflect adherence to a model or framework. Gibson (2023, p. 4) wrote that systems-thinking collaborators "work to see the whole, not just the parts, scan for

patterns and signals of change, and understand the intersecting relationships that underpin and influence any project, initiative, workplace or community”. Systems thinking leaders need to create the conditions for deep development of individuals and collectives (Gibson, 2023).

Systems thinking considers more than relationships, however. Systems thinking practices involve constructing the right processes, tactics, spaces and procedures to sustain collaboration and realise big picture solutions (Sloan, 2021). *Systems maps* were used in Aotearoa New Zealand, to identify causal pathways and reinforcing loops that challenged fast food advertising to children (Gerritsen et al., 2019). Systems thinking is not simple to learn, communicate or practice (Bensberg, Allender & Sacks, 2020).

Research into collaborative systems change in Swedish school systems found that in the complex hierarchical system, each level of leaders and collaboration may take too much responsibility for their sub-systems but not learn well enough from other levels (Norqvist & Årlestig, 2020). Local place-based change may be subtle and the development of shared knowledge may be compromised by staff turnover, impeding systems thinking and collaboration. These challenges again point to the critical interaction between leadership and collaboration practices (Bryson et al., 2021).

4. Leadership approaches and practices supporting systems change

Research has demonstrated the importance of leaders' availability in fundamental to large-scale and complex health systems change (Birgel, et al., 2023). Leaders align values and strategies, incentivise practice, and scale learnings across local contexts (Bethell, et al., 2023). Particularly for groups with low *collaborative readiness*, leaders can build skills, capacities, networks and resources to engage members in collaboration (Wells et al., 2022).

Successful projects in the sample tended to use designated *and* distributed leadership approaches. Designated leaders authorise and lend weight to collective projects, while the development of strategy and stewardship of local change projects was led by those best placed to form a coalition for change. Practices associated with leadership for systems change included:

- involving people with lived experience at all levels of decision-making
- mentoring and modelling practices aligned with shared values
- advocating and activism
- facilitating cycles of learning and change, and
- accessible knowledge use, translation and exchange.

The competencies of leadership for systems change are characterised by character, citizenship, collaboration, communication, creativity, and critical thinking (Azorin et al., 2022). Whilst leadership can be practiced at any level of an organisation, leaders need to have the capabilities to promote organisational adaptability for successful system reform outcomes (Barry et al. 2019). Leaders need to “create opportunities for those impacted by change to co-construct both the vision and the roadmap” (Karanxha, Bailey & Henry-Lewis, 2020).

4.1. Designated and distributed leadership approaches

Designated leaders lend support by articulating a clear vision, project managing and mobilising support amongst stakeholders (Harlock et al., 2020). Commitment to systemic change by designated leaders can enable collaboration by fostering trust between organisations, authorising the distribution of power to others, and modelling mutuality (Rigby, Dodd-Reynolds & Oliver, 2022; van Vooren et al., 2020). Particularly in hierarchic education and health systems, the demonstrative support of principals and other designated leaders is needed to engage other stakeholders in holistic, multi-level system change, including parents/carers and students themselves (Karanxha, Bailey & Henry-Lewis, 2020). These leaders help to build understanding and consensus about the goals, strategies and story of change; “a significant shift in paradigm needs to include a concerted effort to co-construct vision and meaning” (p. 19).

Distributed leadership allocates some or all leadership functions to individuals and groups, or may be enacted by different people at different times, and is one of the key approaches for implementing multi-systemic change (Barry et al., 2019; Best et al., 2012). In this approach, authorised leaders give up some control in favour of multiple leaders who share responsibility for collaborating on iterative cycles of planned action learning (Best et al., 2012). In UK health system transformation, distributed leaders built and sustained collaboration across a network and at multiple levels (Vindrola-Padros et al., 2022). Leaders in multiple stakeholder coalitions have little power over each other, but learn together to steward transformative change collectively (Kuenkel, 2019).

It is not exactly clear how multi-level and distributed leadership itself leads to integrated care or health equity, however, the factors that enabled change in health system transformation during the COVID-19 pandemic were identified as *leader diversity* (cultural, positional, relational, gender) and *collaboration* across organisational and professional boundaries (Curry et al., 2022). Localised and diffuse leadership may enable flexible and place-based responses to local conditions that are critical for impacting complex social problems (Rigby, Dodd-Reynolds & Oliver, 2022).

Analysing cases of multi-level government and stakeholder collaboration for complex systems change associated with the UN’s Sustainable Development Goals, Kuenkel (2019, p. 242) introduced the concept of “stewarding transformative change collectively,” because

No single actor has all the solutions, but each actor may essentially contribute a parcel of knowledge, a puzzle piece that counts.

Blending designated and distributed leadership (Best et al., 2012; Cullingworth, Brunner & Watson, 2022) was found in several studies to support mutually-reinforcing collaborative networks by allowing both central direction *and* local adaptation. COVID-19 adaptation research found that the visible endorsement of designated leaders, empowerment of managers and practitioners, and rapid integration of feedback created the right conditions for appreciative innovation (Curry et al., 2022).

Leadership practices supporting collaborative change were influencing within and outside organisations, advocating for the long-term strategy, protecting allocated resources from short-term priorities, and managing the disruption of political cycles and Covid-19 (Kolouvou, Bolton & Crone, 2023). The LEADS framework illustrated in Figure 3 illustrates leadership practices across multiple collaborative change domains described by Dineley, Munro & Norman, 2020.

Figure 3: LEADS framework domains and practices



4.2. Involving people with lived experience

This practice was found in all sources in the evidence reviewed. Leadership for systems change, unlike some other aspects of leadership, requires a fundamental commitment to involving end-users of programs, services and systems: children, young people, families, ethnic minorities, cultural knowledge holders and people with lived experience who are commonly excluded from decision-making (Cilenti & Fehrenbach, 2021; Lopez-Carmen et al., 2021; Randall et al., 2023). This practice incorporates insights into communities' experiences, strengths and needs that may be unknown to other collaborators (van Vooren et al., 2020). Various methods were found for involving community members in transformational change, such as co-design, community-based participatory action research, and collective impact.

We've learnt a lot . . . because people got around the table that hadn't been there before. (Harlock et al., 2020, p. 91)

Valuing First Nations people's expertise and cultural knowledge is critical to enable the decolonisation of systems and the co-creation of new understandings (Haynes et al., 2019). Indeed, a literature review of health integration efforts to promote Indigenous children's wellbeing identified a need to better understand the extent of Indigenous voice and influence (Lopez-Carmen et al., 2019). Listening to diverse narratives of lived experience can build empathy, reduce shame and stigma, and advance the goal of community-driven solutions and policy (Kingsbury & Hassan, 2020).

In Aotearoa, New Zealand, collaboration to improve children's nutrition involved young people, parents, carers, community leaders and even local retailers (Gerritsen et al., 2019). Community leaders can also draw out and mobilise young people themselves in systems change efforts. (Kingsbury & Hassan, 2020).

Not all sources agree with the practices associated with respectfully and meaningfully involving community members. Lindsay et al. (2021), for example, differentiate between *service users* (whose expertise is to be captured) and *collaboration stakeholders* (decision-makers),

suggesting that capturing lived experience misses the importance of involving people in a dialogic, relational process over time. This is an ongoing tension in the literature.

Designing a framework to enable family involvement in system-level leadership, Dworetzky, Hoover & Klein Walker (2023) identified four dimensions of meaningful community engagement:

- *Commitment* – supported by role descriptions, policy, and designated champions.
- *Transparency* – clear documentation and communication of engagement processes, outcomes and goals; use accessible language; use data to back up or ‘evidence’ lived experience priorities; and develop leadership skills.
- *Diversity* – leadership should reflect diversity of community and/or priority service cohorts (consider race, ethnicity, culture, language, geography, disability, age, gender, sexual identity, family structure, immigration status, socio-economic status)
- *Impact* – report back about how community contributions were used to influence change, including practical/practice as well as policy/programs.

Even shifting the site of meetings out of organisations and into community spaces can help to safely engage community members in shared decision-making (Cahn, 2023). Similarly, outreach services to community sites can enable trust amongst ‘hard to reach’ communities (Cahn, 2023). Valuing lived experience expertise and insights can also influence agenda-setting for system change, as their intimate knowledge of policies and systems will often raise different priorities to those of policy actors and practitioners. These practices also enhance participants' sense that engagement is meaningful rather than tokenistic (Dworetzky, Hoover & Klein Walker, 2023).

4.3. Mentoring and modelling

Distributed leadership is an opportunity for leaders to mentor and model changing practices, relationships and the conditions that hold them in place (Best et al., 2012). Mentoring and modelling can promote collaborative practice, learning, innovation, distribution of leadership and capacity-building of networks (Azorin et al., 2022; Bensberg et al., 2020). Leadership practice in systemic change – by its nature challenging the status quo - involves modelling mutual team support, learning from failure, tolerating difference and uncertainty and empowering practitioners and community members (Bensberg et al., 2020).

Mentoring indicates a long-term collaborative relationship of mutual learning and respect. Facilitation, critical thinking, insight and compassion are needed to mentor other leaders in collaborative systems change effectively (Solman et al., 2021). Alongside peer support and self-reflection, mentoring can also be a supportive care strategy for those engaging in this long-term challenging work (Dudgeon et al., 2014). Mentoring was a critical practice for engaging marginalised young people in co-production processes (Cullingworth et al., 2022), and used to respectfully build the capacity of non-professionals in collaborations (Haynes et al., 2019). According to several sources, those who lead the engagement of more marginalised people in systems change projects are themselves community members who bring experience in mentoring, coaching, or peer support (for example, Dworetzky, Hoover & Klein Walker).

4.4. Advocacy and activism

Advocacy is associated with leadership for social change in myriad forms. It is defined well by Beddoes et al. (2021, p. 294-5) as a “continuous process toward a collective pursuit of positive, equitable change”. Advocacy skills include gathering, interpreting and representing the evidence of inequity or injustice in the relevant field (Beddoes et al., 2021). Leadership practices can intentionally “dismantle structures which promote marginalization, exclusionary practices,

disproportionality, and the school-to-prison pipeline” (p.4). Critically, advocacy must target policy change *and* reflect grassroots lived experience for effective multi-level transformative change (Rogers, 2014; SNAICC, 2022), pointing to one of the many critical roles of Aboriginal Community Controlled Organisations (SNAICC, 2022). Advocacy and activism may be an opportunity for more culturally respectful practice amongst First Nations communities and leaders, enacted by *working with* rather than working for, or working on (Dudgeon et al., 2014).

Drawing on a shared understanding of social justice, Karanxha, Bailey & Henry-Lewis (2020) link leadership to activism and advocacy against privilege and oppression to achieve redistribution (of power, wealth, resources) and recognition of people’s dignity, self-determination and equality. Leaders use advocacy to build support from internal and external stakeholders, which may result in community members’ engagement, involvement and even ownership. Senior leadership of collaborating organisations can also support collaborations for system change by raising community awareness, for instance, through local and social media (Kingsbury & Hassan, 2020). Teams and learning communities can be engaged in action-oriented advocacy within their spheres of influence to enable aligned change in various places and levels (Beddoes et al., 2021).

4.5. Facilitating change

Leadership entails facilitating and supporting collaborators, communities and stakeholders to undertake a *process* of transformation. Sources point to the use of: action research, iterative learning or change cycles characterised by shared decision-making, planning, doing and reflection or review, represented in Branch et al. (2019, p. 67) as a “change engine cycle”. The Equity Action Lab (Reid et al., 2019) coordinated with diverse stakeholders to achieve equity wellbeing in priority populations, using a Plan-Do-Study-Act cycle similar to action research for iteratively testing change on a small scale. In a Portuguese project to centre integrated health in local municipal planning, Freitas and Santana (2022) described collaboratively assessing, prioritizing, planning, implementing, and monitoring to describe and prioritise problems, define change goals and measures, and iteratively enact change. Freitas and Santana (2022) also noted that monitoring and evaluation are critical cycles of the change strategy to monitor and evaluate outcomes *and* the collaboration process.

Several sources referred to the importance of an initiating organisation that enables and sustains the coalition from commencement to completion, coordinating and supporting shared decision-making (Simon et al., 2020). Backbone organisations can support systems transformation through transparency and accountability, which foster trust between stakeholders and organisations trying to balance systemic change’s risks and rewards (Simon et al., 2020). Others pointed to the need for a dedicated leadership role(s) to facilitate relationships in the collaboration structure. To some extent, all leaders need to take responsibility for facilitating change in themselves, their communities and across organisational and team silos. However, the role of *change facilitator* was primarily to support the collective to work in alignment with its principles, rather than to direct strategy or get involved in local projects (Branch et al., 2019).

The evidence did not clarify the relationship between change facilitator and backbone organisation. However, the change facilitator role was dedicated to the performance and sustainability of the coalition relationships. In contrast, a backbone organisation was likelier to contribute secretariat tasks: convene meetings and advisory /consultative groups and host or facilitate meetings to negotiate shared agendas (Sirdenis et al., 2019).

4.6. Mobilising knowledge

Knowledge and evidence are contested terms in the sample, however, the ability of leaders to critically engage, communicate and leverage evidence was a common emerging practice, and highlighted the range of knowledge holders in health systems transformation. Policy actors, managers, executives and academics may all be influenced by stereotypes, stigma and personal priorities, and people's motivation for change may also be influenced by their sense of agency and positional power. This points to the need for a critical and reflective approach to evidence use, including the need to include diverse perspectives.

Evidence-informed (EI) decision-making is increasingly critical in policy and systemic decision-making. In a study across nine countries from South East Asia, Eastern Europe, South America, the Middle East and Africa, cross-cutting themes influencing EI decision-making were: leadership and political will; incentives and resources; infrastructure and access to health data; designated structures and processes; interaction and relationships; and capacity strengthening and engagement (Schleiff, Kuan & Ghaffar, 2020). Collaboration across government, civil society, practitioners/professionals and philanthropists was critical for evidence uptake.

Knowledge mobilisation was a critical component of systems change towards FRAYME's integrated youth services in 12 Canadian states, iteratively feeding co-design processes (Halsall et al., 2020). FRAYME leaders conducted participatory needs analysis, identifying barriers to systems change: traditional understandings of evidence; organisational obstacles; aversion to change and hierarchies amongst stakeholders. Raising awareness, building capacity, incentivising knowledge sharing and building collaborative relationships were priorities FRAYME identified to overcome these barriers to achieving early intervention for young people (Halsall et al., 2020).

The shift to evidence-based prevention is critical to system transformation and resolving complex or wicked problems. An innovative study (Birgel, Walter & Röding, 2023) reliably measured the seven domains of *community capacity* associated with adoption of evidence-based prevention: leadership, community power, sense of community, prevention collaboration, sectoral-collaboration, critical awareness & problem-solving, community structure. Leadership practices can help to overcome common barriers to evidence use in decision-making, such as financial constraints, short-termism, and competing political priorities (Rigby et al., 2022).

5. Conditions that facilitate systems change

Unsurprisingly, the conditions enabling collaboration and leadership of systems change efforts are complex and reflect multiple institutional, organisational, relational and material aspects of systems. They are discussed below in three sections: socio-political conditions, cultural-discursive conditions and the material-economic set ups that prefigure and hold practices in place (Kemmis et al., 2014).

5.1. Socio-political conditions

These conditions enable or constrain practices through relations of trust, power and solidarity (Kemmis et al., 2014). They relate to the structures, infrastructure and interrelationships that facilitate collaboration efforts, such as diversity amongst leaders, adaptability, commitment to active antiracism and other conditions enabling practices, and the organisational or institutional conditions that enable or constrain practices.

5.1.1. Diversity, inclusion and anti-racism

Diverse representation amongst leaders is often absent from policy decision-making. However, engagement with a wide range of perspectives was directly correlated with effective complex systems change (van Vooren et al., 2020; Webb et al., 2021). Involving community members may highlight lived experience in collaborations, but *diversity* of community representation can incorporate multiple perspectives that reflect community complexity and enable adaptation to local conditions (MacLeod et al., 2019). Advocating for universal health coverage across six sub-Saharan African countries, Robert et al. (2022) noted that diverse stakeholders contributed to increased buy-in, greater trust in policy and programs, and a better understanding of people's interests, values and needs.

Diversity of community representation, including marginalised cohorts, may also address or reduce concerns of tokenism, which can significantly hamper collaboration for systems change (Such et al., 2022). Diversity may be more easily achieved in early childhood systems change, where the diversity of stakeholders is widely recognised (health, early intervention, social and family support services, and families (Koopmans et al., 2022). The disconnection of senior policy actors from communities may detract from localised shared decision-making; however, respecting diverse lived experiences may go some way to ameliorate this (Rigby, Dodd-Reynolds & Oliver, 2022). This reinforces the importance of creating the right conditions for community involvement (practice 2bi above).

Creating cultural and psychological safety can support collaborators in identifying, reflecting on, and accounting for power imbalances (Curry et al., 2022). Racism, cultural stereotyping, and unconscious bias generate systemic disadvantage and hamper efforts to improve the lives of children, young people and families (Cahn, 2023; Reid et al., 2019; Zambrana et al., 2022). Myriad interventions for improving health equity for Black Americans were explored by Cahn (2023), who found that these interventions were supported by interprofessional collaboration, leadership support and community trust. For Morten & Porter (2021), collaborating on health equity depended on leaders' willingness to experience an "unprotected position of vulnerability" and critically reflect on the dominance of whiteness in decision-making processes (Morten & Porter, 2021).

5.1.2. Adaptability

Adaptability enabled collaboration and leadership practices in the evidence sample on individual, cultural, intercultural and organisational levels. On a personal level, willingness to adapt helps leaders navigate the complexity and uncertainty of systemic change (Bryson et al., 2021). Yunkaporta (2020) noted that

Adaptation is the most important protocol of an agent in a sustainable system. You must allow yourself to be transformed through your interactions with other agents and the knowledge that passes through you from them.

Organisational adaptability was defined as the ability of collaborations to respond to changing conditions using evidence to inform decision-making (Barry et al., 2019). Adaptation supported systems thinking for successful collaboration (Craike et al., 2023), and is a core collective leadership competency for advancing systems change (Gibson, 2023; Riskey & Branch Canady, 2021). Intercultural collaboration to improve student and staff cultural capability was fostered by Nyoongar teachings that emphasise adaptability, inclusivity, trustworthiness, and reciprocity (Hansen et al., 2021). Herrick et al. (2021) suggest that leaders explicitly name adaptability as a value in systems change work.

5.1.3. Relational conditions: trust, mutuality and integrity

The relational conditions of trust, mutuality and self-awareness underpinning successful collaborative change projects were explicitly addressed in 16 articles within the sample. Generating opportunities for building and sustaining mutuality, fostering trust, exchanging knowledge and modelling good practice were central to effective inter-organisational collaboration and can be enhanced by social interaction (Vindrola-Padros et al., 2022). Building mutual trust *with* accountability may also prevent the disconnect between the rhetoric and reality of transformation efforts (van Vooren et al., (2020, p. 40). Loughhead et al. (2022) found that integrity, authenticity, mutuality and intersectionality were critical in championing lived experience leadership.

Research with a large-scale collaborative coalition approach across 24 communities to improve health equity in USA highlighted the need for critical relational capabilities: “self-reflection and courage; new ways of being in relationship; learning from failure; productive conflict to explicitly address power, racism, and other forms of oppression” (Reid et al., 2019, p. 100S). Their work described critical personal skills for “leadership from the heart” as “the inner and self-reflective work of leadership and one’s inner journey as a leader /leadership from within” (p. 102S).

Personal capabilities such as self-awareness and emotional intelligence enabled safety and trust between leaders, while critical thinking supported innovation and creativity (Dineley, Munro & Norman, 2020). Leaders who bring passion, enterprise, flexibility, motivation, and who “*get it*” seem to be particularly effective (Rigby et al., 2022, p. 10).

Collaboration is possible when organisations have trust in each other’s competencies and ability to assume responsibilities. Trust reduces uncertainty. (Vindrola-Padros et al., 2022, p. 213)

5.1.4. Organisational and political conditions

Political support from bureaucracy, elected representatives, community leaders or executives can introduce new ideas and promote wide-ranging support for transformation efforts. In multiple complex Italian housing reform projects, political support opened institutional opportunities for widescale change (Galanti, 2018). However, in the context of controversy and conservatism, political support can be particularly challenging to enlist. After decades of unsuccessful efforts to broaden support for access to abortion in Pakistan (Sharma et al., 2019), collaborating health NGOs achieved systems change by focusing the debate on government responsibility for unsafe abortion practices and consequences, then partnering with the government on evidence-informed health policy. Over time, the policy *field* can construct a narrative about what is important, authorising leaders and facilitating collaboration (Jacklin-Jarvis & Potter, 2020).

A longitudinal study identified these organisational conditions supporting health system change:

- Structural characteristics - organisational architecture, age, maturity, and size
- Readiness for implementation – immediate, tangible indicators of commitment to change
- Networks and communications - the nature and quality of social networks and the quality of formal and informal communications
- Organisational culture – the norms, values and basic assumptions
- Implementation climate - capacity, shared receptivity, and incentives for change (Schlueter et al., 2022, p. 757).

Organisations can support systems change by devolving power, building internal and external support, and giving leaders enough autonomy and resources to trial, pilot and refine efforts without feeling isolated from the organisation (Berensberg et al., 2020; Mahmoodi & Shaghghi, 2019; Moore & Zeeman, 2022; Randall et al., 2023). However, power afforded to leaders in these roles may also be used to dominate, oppress or exclude service users participating in transformative change (Moore & Zeeman, 2022). In a collaboration to enhance recovery outcomes amongst 13 mental health authorities and hospitals in USA, organisational action plans helped to mobilise resources despite the challenging political environment of COVID-19 (Flanagan et al., 2023).

Aligning inter-organisational policies and clarifying collaborators' roles enabled change across 24 USA communities to improve health equity and wellbeing (Reid et al., 2019). Formal documented governance agreements did not guarantee accountability in Dutch health systems change initiatives (van Vooren et al., 2020), however, they may be helpful for organisations that rely heavily on risk management, such as health providers (van Vooren et al., 2020). Workforce development can be supported by performance measures aligned with systems change goals, however, financial incentives are not the sole option for incentivisation. Leaders across organisations can create work environments conducive to the desired change (Best, 2012). Identification of organisational and local champions may also enable early uptake of change and integration with existing practices and systems (Schlueter et al., 2022).

5.2. Cultural-discursive conditions

These conditions arrange how we express ideas and make possible the language and narratives used in practice (Kemmis et al., 2014). Related to systems change collaboration, these conditions build a shared story of change using words and values related to equity, inclusion and justice. In the evidence sample, systems change was supported by the ability to work with complexity and uncertainty, alliance-thinking, engaging deeply with evidence in a theory of change, and building the capacity of individuals, groups and whole industries.

5.2.1. Working with complexity and uncertainty

Systems change may have few outcomes at the outset; however, successful collaborations foster leaders' uncertainty tolerance and ability to work with complexity (Rigby, Dodd-Reynolds & Oliver, 2022). Ten articles in the sample highlighted leaders' use of co-design and design thinking as tools for engaging complexity, enabling systems thinking, innovation and transformative change (Wicker & Smithson, 2019; Whittaker & Montgomery, 2022). Systems thinking approaches in learning organisations also give leaders tools for exploring and navigating uncertainty (Herrick et al., 2021).

Luna Pinzon et al. (2022, p. 2) explained that "under conditions of complexity, processes and outcomes cannot be predicted, be controlled or be known in advance," and described deliberately avoiding pre-specified outcomes. The leadership of Elders supported collaborators to tolerate uncertainty in intercultural collaboration to improve mental health services for First Nations young people (Wright et al., 2019). Embracing uncertainty and complexity is important at the systems and collaboration level, not only as a personal trait (Bryson et al., 2021; Rigby, Dodd-Reynolds & Oliver, 2022; Solman et al., 2021).

5.2.2. Valuing compassion, justice and equity

Social transformations in the sample had compassion, justice, and equity in common. Compassionate systems leadership supported collaborative relationships in multiple social change projects (Jenkins et al., 2021; Koopmans et al., 2022), promoting a climate of trust and encouraging collaborators to listen, empathise, and work to understand conflict and challenges

(Koopmans et al., 2022). Dismantling deficit thinking, blame and defensiveness helped to create a culture that is conducive to collaboration, replacing mistrust and judgement with recognition (valuing) of people's contributions (Karaxha, Bailey & Henry-Lewis, 2020).

Collectivist thinking was a common factor in aligned campaigns for community health equity (Sims et al., 2022). In collective stewardship, learning to "work your differences" involves shifting mindsets from outperforming competitors to alliance thinking, and from compliance thinking to contribution to collective goals (Kuenkel, 2019). Similarly, harnessing individual and collective power is needed realise systems transformation by building collective power and avoiding forcing an individual or organisational agenda.

Justice is the drive to redress human suffering, particularly amongst those people who experience greater injustice or inequity (Kahane, 2023). Justice thinking can be difficult for leaders because it is rarely felt or experienced, whereas injustice is universal, and so, each collaborator's suffering is relative (Kahane, 2023). Recognising this, leaders must learn critical self-reflection, and compassionate ways to hold themselves and others to account. Critically, radical transformation encompasses both harmony *and* conflict in collaboration.

5.2.3. Engaging with an evidence-informed theory of change

Engaging with the evidence in a comprehensive, fit-for-purpose theory of change can mobilise collaborations and engage sustained support for transformative change. Critically engaging with evidence can also develop collaborators' understanding the relationship between poverty, healthy inequity and specific problems such as gambling-related harm (Johnstone et al., 2020).

Impactful, place-based campaigns for improving population health outcomes draw on available evidence to support understanding of problems and opportunities for change, and provide a rationale for action and collaboration (Craike et al., 2023). A theory of change is an evidence-informed narrative about what activities will result in desired transformation, how the transformation will be brought about, and its long-term impacts (Doherty et al., 2022; Ghate, 2018; Luna-Pinzon et al., 2022; Reid, et al., 2019). Collaborating in a theory of change process may also support systems change evaluation (Doherty et al., 2022).

There is, however a lack of evidence that is culturally specific, accessible and tailored to specific conditions in which communities live. Participants in research examining the factors supporting collaboration on smoking cessation in USA identified the need for community resources and education materials to be to culturally tailored and specific to the target cohort (Kingsbury & Hassan, 2020). A mix of credible quantitative and qualitative evidence enables advocacy drawing on lived experience, expertise and verifiable measures. Lived experience narratives can be used to leverage support of institutions and reinforce their responsibility to constituents and communities (Poll-Hunter et al., 2023).

5.2.4. Capacity building, training and support

Training and support build individual, organisational and collective collaboration and leadership practices associated with systems transformation (Bensberg et al., 2020; James et al., 2021; Long et al., 2019). A longitudinal qualitative study found that support and capacity building for leaders involved in collaborating structures was closely related to the *sustainability* of health system change and uptake of evidence informed practice. Lack of capacity was one of four major barriers to systems change, alongside lack of trust, strong professional identity and proposals for change that were irrelevant or not fit for the context (Taglione & Brown, 2023). Engagement of stakeholders with diverse lived experience provides essential information about the practical, political and procedural conditions 'on the ground' (Karaxha, Bailey & Herry-Lewis, 2020).

Research commonly emphasised learning with and involving service users or community members as critical for all systems change efforts (Harvey et al., 2019). Training or building capacity for meaningful participation is needed “to ensure effective and authentic family/professional partnerships” for people with lived experience/community members and professional collaborators (Dworetzky, Hoover & Klein Walker, 2023). Relationships with practitioners and community-based organisations enable ongoing recruitment of people with lived experience, which is often necessary for longer-term projects (Dworetzky, Hoover & Klein Walker, 2023). Quinlan et al. (2021) highlighted the value of sharing lessons learned and best practices between localised collaborative structures to promote innovation and develop capacity, especially for those leading change implementation.

Training academies, coaching, and peer-to-peer support that explicitly addressed equity and systems change were used to impact health equity and wellbeing across 24 community coalitions in USA (Reid et al., 2019). *Change agents* are trusted community leaders who educate and engage the community and may include young people or adults (Kingsbury & Hassan, 2020; Novy, Banerjee & Matson, 2021; Sirdenis et al., 2019). Change agents can build public trust in the organisations sponsoring transformational change (Kingsbury & Hassan, 2020). However, support may be needed for some time to embed and sustain change (Karaxha, Bailey & Henry-Lewis, 2020).

5.3. Material-economic conditions

These were the practical conditions enabling and constraining collaboration and leadership of systems transformation. They included financial incentives, dedicated and stable funding, time and data to drive evidence-informed processes. While these practical conditions were critical, leaders need to work to attract the right resources and overcome shortfalls.

5.3.1. Funding and financial incentives

Financial incentives for collaborators and stakeholders need to align with system change goals; otherwise, they can result in perverse outcomes, create barriers, and undermine the integrity of collaborations (van Vooren et al., 2020). In the UK, the underwriting of collaborative leadership structures by government agencies enabled leaders’ decision-making for COVID-19 adaptation. As a result,

We’ve all been much less precious about who’s paying for what ... people have just got on and done it with much less arguing over who’s paying for it (Curry et al., 2022, p. 5).

Economic shocks associated with political cycles constrain collaborative decision-making (Such et al., 2022). However, senior leader/executive support can be a major factor in collaborations surviving these economic ups and downs (Randall et al., 2023).

The disparity in access to health and education related to multi-jurisdictional funding was evident throughout the sample, resulting in complexity, overlaps and gaps. Insecure funding can impact the evaluation and outcomes of collaborations for change (Read et al., 2019). A dedicated funding model would enable and strengthen the self-determination of Aboriginal and Torres Strait Islander peoples, communities and community-controlled organisations (SNAICC, 2023).

Pooled budgets were one approach to incentivise systems change, enabling collaboration across organisations, units and sectors (Harlock et al., 2020; Kolouvou, Bolton & Crone, 2023). However, they presented challenges: the time needed for negotiation, administration and managing

pushback from groups excluded from the pool. Shared vision and trust in leaders' collaboration were essential to manage these challenges (Harlock et al., 2020).

While distributive leadership and re-focussing of funding priorities may contribute to change projects, the level of centralised support needed to sustain local change projects is considerable (Hall & Chartier, 2023; McKay, Jackson & Stevens, 2022). Pilot funding can assist with establishing or trialling approaches, however, transformative systems change requires time, resources and stability to achieve sustainable outcomes. Dedicated and stable funding is needed to authorise a lead or backbone agency (government or non-government) that can coordinate, enable, support, transparently communicate, sustain and align the efforts of multiple organisations and networks (Quinlan et al., 2021; Reid et al., 2019).

5.3.2. Time

Effective systems transformation is dependent in many ways on the resource of time: readiness, timeliness, and sustainability. Time is needed to develop trusting relationships and credibility with community members, and this reflects in the maturity, connectedness and reputation of collaborative networks (Worton, 2019). Executive support of people's time spent in collaboration projects is critical for strategic leaders and those working in local place-based projects (Guglielmin et al., 2022). Synchronicity of social, institutional and behavioural/local change efforts can create mutually reinforcing feedback that is vital in these large-scale projects (Mondal et al., 2022).

Time is so critical a factor in system-wide collaborations that Sigfusdottir et al. (2020) described a 30-year history of collaboration to prevent adolescent substance use in Iceland. Linked to funding and other strategic resource use, they underscored matching resourcing to the real scope of the problem (p. 61):

Societies can transform their collective expectations, match the scope of their solutions to the scope of their problems, and create demonstrably safer and healthier environments for children to grow up in.

Leaders of rapid system innovation noted that the *sense of urgency* in COVID-19 enabled risk-taking and accountability (Curry et al., 2022). Organisational readiness for change reflects the alignment of organisational commitment with staff members' confidence and capability to affect change (Winters et al., 2020). This demonstrates an association between internal leadership and the inter-organisational coalition for change, suggesting the need to synchronise efforts.

5.3.3. Data driven action

Data-driven action was almost universally recognised in the sample. The frequency of interagency collaboration was associated with increasing evidence-use in children's mental health systemic change, in research conducted across five states of USA (Purtle et al., 2022). Data sharing enables holistic learning by attending to the contextual impact of collective action (Kuenkel, 2019). Several studies proposed tools for measuring, sharing and reporting on change indicators, e.g., the community capacity and leadership survey of Birgel et al. (2023) and the tool for measuring child wellbeing and parent empowerment discussed by Branch et al. (2019). These tools provide a mechanism for shared accountability, decision-making, and evidence-informed collaboration through collective intelligence (Kingsbury & Hassan, 2020; Kuenkel, 2019; van Vooren et al., 2020).

An agreed knowledge infrastructure, such as a credible indicator framework aligned to strategy, can provide the evidence people need to back action, change course and innovate over learning

cycles (van Vooren et al., 2020). A shared data framework can map the “preconditions for accountability” for health system change initiatives (van Vooren et al., 2020, p 40). Chantler et al. (2019) proposed accountability to agreed indicators of change, but emphasised the importance of reporting and reflection on collaborative practices (not only outcomes) to ensure impact and sustainability over time.

However, data misinterpretation is a concern, and coalitions need to ensure the data they use is credible, reliable and used in context (Schmit et al., 2023). The lack of shared, credible data impeded systems change efforts to address neonatal opioid use in vulnerable populations in USA (Kroelinger et al., 2020). Strategic planning about the knowledge infrastructure informing action is important for collaborations to benefit from sharing evidence, and relies on effective inter-organisational relationships between leaders.

Case study: *Connected Beginnings*

Connected Beginnings is a grants program progressively implemented across Australia to enable collaborative systems transformation, aiming to improve First Nations children's health, wellbeing and school readiness. The program was a response to multiple reports of entrenched inequity for First Nations children, families and communities, and is now a key element in Closing the Gap. This created a policy environment which recognised the need for government investment in early childhood wellbeing and readiness to thrive at school nationally (AHA, 2019). Jointly funded by the Department of Education and the Department of Health and Aged Care, *Connected Beginnings* is constituted by a network of Aboriginal community-controlled organisations that provide culturally safe support services for children and families.

The program reflects evidence of the need for systems change with multiple levels of collaboration in an authorising environment to achieve its goals. At the national level, the collaboration includes SNAICC – National Voice for Our Children (SNAICC) and the National Aboriginal Community Controlled Health Organisation (NACCHO). The national partnership provides systems-level leadership, which has produced a theory of change, indicators and a framework for the transition of leadership from non-Indigenous to Indigenous-controlled organisations (SNAICC, 2023).

At the local level, education funding supports “backbone teams” that provide leadership, build the shared agenda, and ensure community engagement and governance of change projects that reflect the theory of change (Australian Healthcare Associates [AHA], 2019; Inside Policy, 2023). Health funding is channelled to participating Aboriginal community-controlled health organisations to enhance access to services for children and families to thrive (Inside Policy, 2023).

Representation on the *Connected Beginnings* advisory group includes Aboriginal and Torres Strait Islander early years leadership, child and maternal health and place-based initiatives. Evaluation showed that collaboration practices were central to the program, including shared data and working in partnership at all levels (AHA, 2019). Another independent program evaluation (Inside Policy, 2023), found evidence of

Increased school readiness in Connected Beginnings communities, supported children's and mothers' health and wellbeing, children's increased exposure to culture, parents feeling empowered to support child health, development and early learning, and families being holistically supported.

Other examples of similar Aboriginal community-led efforts to support better social and emotional wellbeing supports exist, such as the Institute for Urban Indigenous Health, a collaboration of Aboriginal community-controlled health organisations in Queensland (<https://www.iuih.org.au/>). *Connected Beginnings* provides a model of multi-level collaboration working to achieve systems change for greater self-determination, wellbeing and thriving of children and young people, and has created resources that will offer relevant guidance to Transforming Relationships.

6. Discussion and recommendations

The evidence review elicited findings in response to the research questions, with clear emerging practices, principles and implications for Transforming Relationships. Section 3 described the collaboration principles and practices supporting genuine, meaningful and impactful collaboration and partnerships. These included: establishing a coalition for change; agreeing shared values, goals and strategy for the change process; shared decision-making; creating multiple reinforcing collaborative structures; practicing accountability and using systems thinking. Section 4 detailed the leadership approaches and practices that are needed for systems change, including: designated and distributed leadership; involving people with lived experience; mentoring and modelling; advocacy and activism; facilitating change; and mobilising knowledge (valuing the scope of diverse knowledges and generating and using evidence informed-practice).

The role of collaboration, leadership and partnership in enabling self-determination was not so clear in the evidence reviewed, which is likely to be related to the relatively few articles by identified First Nations authors. This points to the need to listen and learn from First Nations peoples engaging with these considerations. The additional texts used to frame analysis in this review suggest that the language of collaboration and leadership may be used quite differently amongst First Nations peoples writing about self-determination. For example, in her research into the experiences of First Nations children and young people in NSW out-of-home care, Davis (2019) highlighted the fundamental lack of understanding of self-determination by non-Indigenous peoples and systems has serious implications for communities, families and individuals. The place of self-determination in human rights is central, and therefore, learning in this area may be of great benefit to other communities.

Implications for children, young people, families, communities and organisations emerged from the conditions enabling and constraining practices. The sample provided substantial evidence about the socio-political, material-economic and cultural-discursive conditions that prefigure these practices and hold them in place. In order to change or improve practices, it is necessary to understand and create the right conditions. Conditions with particular relevance for Transforming Relationships include: seeking and supporting diversity at all levels; being adaptable in planning, communication and implementation; enabling trust, mutuality and accountability. Attending to the potential tensions for leaders and collaborators due to organisational and political constraints is particularly pertinent. The values and individual capabilities explored in section 5.2 – working with complexity, valuing compassion and justice, engaging with evidence and building capacity apply to professional and community members of transformational collaboration.

This evidence suggests that in any systems change efforts absolutely must find ways to safely, inclusively and respectfully engage community members – particularly the children and families that the project aims to serve. Finding the time, financial resources and data to support effective long-term change will have particular implications for community and professional leaders, and decision-making about remuneration, roles and responsibilities and cultural burden may need to be ongoing.

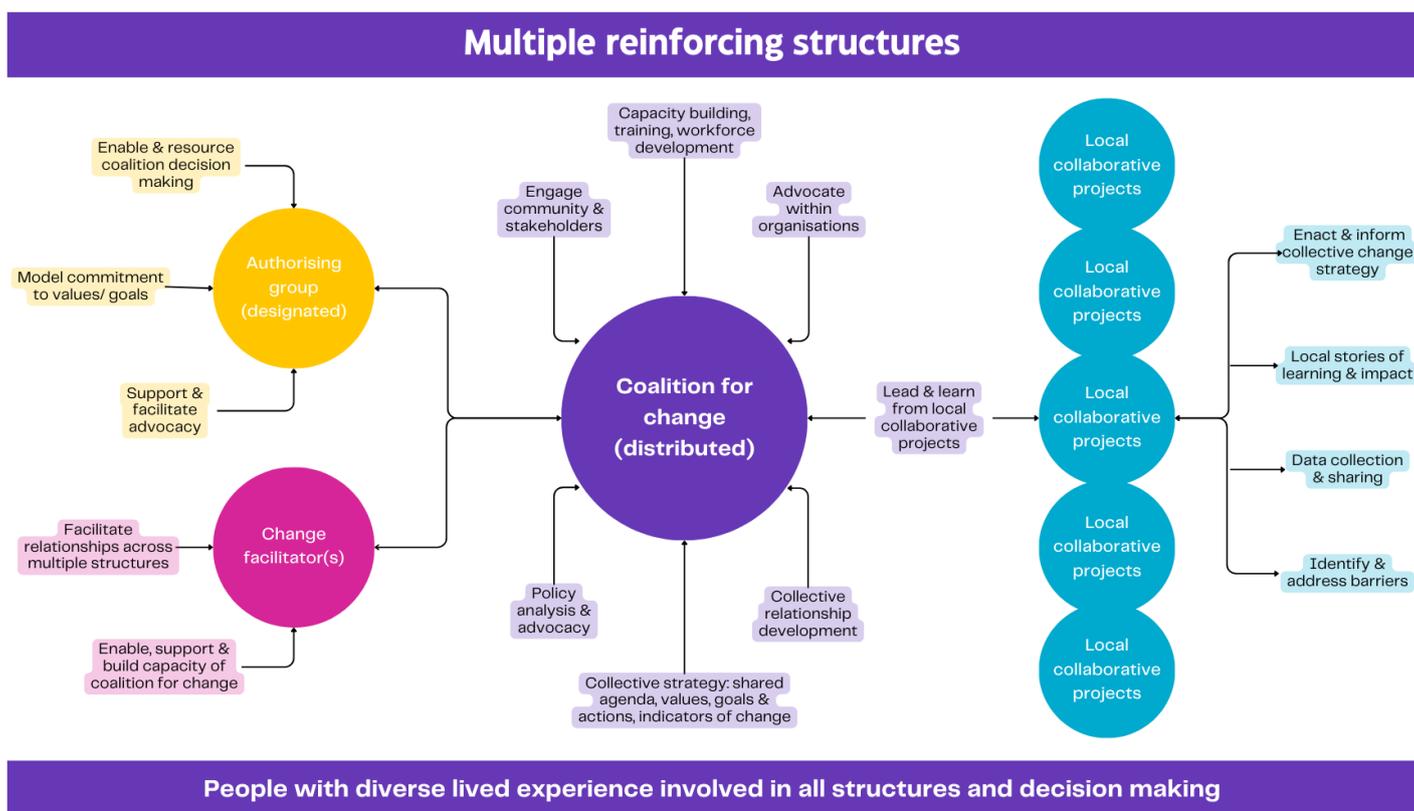
Implications of this evidence, including the implications for Communities for Children and the local organisations collaborating on Transforming Relationships, are addressed by the following four considerations.

6.1. Multi-level collaboration

Three levels of leadership and collaboration were evident in the literature, supported by a change facilitator(s). These are described below and illustrated in Figure 4:

- **Authorising group:** monitors and enables coalition performance. They are designated leaders who provide advice, resource decision-making, and model commitment to shared values and goals. Their delegations, community networks, relationships, cultural knowledge, and experience are important resources that will support the project. They may represent each organisation or group that supports one of the leaders in the Collective. This group must place significant trust in the Collective/coalition for change.
- **Collective/coalition for change:** these leaders/collaborators co-design the strategy for change and mentor or lead local projects. They negotiate shared decision-making processes, values and goals of the collective, and the indicators of change. Collective members learn together and share stories about the collective's goals and progress.
- **Local collaboration groups:** run place-based projects that align and mutually reinforce change. Groups design and adapt projects to local conditions, address barriers and aversions to change, share stories of learning and change, collect, and share data with the Collective.

Figure 4: multiple reinforcing structures



The evidence demonstrated engagement, support and involvement of people with diverse lived experience in all collaborative structures. Practices that may support the next phase of the project include:

- Describing member roles and leader capabilities, reviewing current capabilities, recruiting, building capacity, recruiting, and remunerating people with lived experience.
- Engaging designated leaders' support for the Collective/coalition.
- Negotiating shared values, goals and strategy, including iterative design of collaborative small scale, place-based projects 'on the ground', shared indicators of change and collection/sharing of data that measures progress
- Appointing change facilitator(s); describing the relationship between change facilitator(s) and the backbone organisation
- Attending to the internal and external pressures on collaborators, such as time and funding, cultural, policy, and relational expectations.

6.2. Creating the relational conditions to enable practices

Whilst a *backbone organisation* is identified in several articles in the sample, Transforming Relationships aims to model a more collective enabling structure and process. This is one indicator that the project is breaking new ground and will have valuable lessons to share beyond the local region. What this evidence review has identified is the need to create the relational conditions for project collaboration and leadership, which might include activities such as:

- Co-designing multiple reinforcing structures
- Engaging, supporting, and building capacity of leaders
- Hosting meetings and workshops, communications, IT and digital systems, venues, scheduling and reporting
- Communicating transparently, for example, with collaborators about their roles, and with communities about what is being done and why, and how they might influence or benefit
- Agenda setting, not for the whole project perhaps, but certainly in its early stages and to support progress.

Communities for Children is well placed to support the formation of the project, and the shared role of change facilitator(s) sits well with this program. Clear communication about this contribution may provide an opportunity for the Collective to consider how they can contribute to creating the right relational conditions for the project's success. This could also support the Collective to engage with the *Connected Beginnings'* leadership transition framework and consider the implications for the project. Collective members might also consider the questions: *What are my responsibilities, to the Collective, to my organisation, to the communities I serve? What role can I play within these responsibilities to further the Collective's goal?* It may also be useful to decide who will engage policy stakeholders, media and communications, and diverse community members. At the policy level, identifying connections with national policy stakeholders will help to identify potential conflicts or opportunities for building sustainability.

6.3. Capacity building

Members need to have a clear vision of what they are trying to achieve and the actions they need to enact to achieve measurable change. This might include:

- understanding the pathways to leadership transition (see for instance, SNAICC, 2023)
- build understanding of the Theory of Change (ToC) processes

- developing the project’s ToC into a strategy with indicators and actions to support mutually reinforcing collaborations
- translating the TOC into accessible, communicable messages to build community engagement in local projects
- creating the conditions for meaningful involvement of people with lived experience, and
- building cultural sensitivity and respect into all interactions and openly recognising whiteness’ impacts on existing practices

6.4. Learning, evaluation and knowledge mobilisation

The evidence demonstrates how significant impact can be achieved with a strategic approach to iterative learning and action. Firstly, this points to the need for the Collective to commit to cycles of learning, reflection, planning action or implementation. Secondly, it refers to the two-way learning between individuals, groups, sectors and levels of collaboration needed to *gain and sustain momentum* for a longer-term systemic change process. Practically, this points to the need to:

- Reflecting on lessons learned from this review, such as a workshop or incorporating regular critical reflection into Collective sessions/meetings
- Knowledge mobilisation – identifying different audiences, key messages, and crafting a campaign of accessible, engaging community, stakeholder, media/social media and internal communications tools
- Develop an evaluation plan - considering now how to effectively evaluate the project such that learning benefits the project throughout its life *and* to influence practices beyond the project. Culturally-informed developmental evaluation, community based participatory action research, appreciative inquiry and design-driven evaluation would be well suited. Models for systems transformation that might inform the evaluation include ENCOMPASS (Luna Pinzon et al., 2022), the Prevention Systems Change Framework (Pescud et al., 2021)

Collective processes such as developing the theory of change and change strategy are critical building blocks for the project and its evaluation. Given the nature of the project, participation of the Collective and community members over time is warranted, to design and guide the evaluation.

The limited available research evidence overtly identified by First Nations authors was a significant constraint to the project. To some extent, this was off-set by exploring the *Connected Beginnings* case study and drawing on Indigenous authors beyond the sample to inform analysis. The collaboration of researchers and industry leaders also enabled more collective thinking and interpretation of the results. However, this limitation and the major point of difference for Transforming Relationships – a collective structure that is not sponsored by a dedicated backbone organisation – suggest that the project may offer valuable insights for other regions and communities. Transforming Relationships would do well to capture and share lessons learned and insights into the systemic change processes and practices for wider dissemination.

7. References

- Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology* 8(1), 19–32
- Australian Healthcare Associates. (2019). *Evaluation of the Connected Beginnings Program: Final Report*. Australian Government Department of Health and Department of Education
- Ayeleke, R., North, N., Wallis, K., & Dunham, A. (2019). Implications of New Zealand's primary health care policies for management and leadership. *Asia Pacific Journal of Health Management* 40-48.
- Azorín, C., & Fullan, M. (2022). Leading new, deeper forms of collaborative cultures: Questions and pathways [Article]. *Journal of Educational Change*, 23(1), 131-143.
- Barry, S., NiFhalluin, M., Burke, S., Harnett, P. J., O'Shea, T., Boyce, M., & Thomas, S. (2019). The challenges of delivering universal and integrated care - evidence to inform policy implementation in Ireland and internationally. *International Journal of Integrated Care*, 19(S1), 1-2.
- Beddoes, Z., Prusak, K., Beighle, A., & Pennington, T. (2021). Utilizing School-based, Professional Learning Communities to Enhance Physical Education Programs and Facilitate Systems Change (Part 2). *Quest*, 73(3), 294-305.
- Bensberg, M., Allender, S., & Sacks, G. (2020). Building a systems thinking prevention workforce. *Health Promot J Austr*, 31(3), 436-446.
- Best, A., Greenhalgh, T., Lewis, S., Saul, J. E., Carroll, S., & Bitz, J. (2012). Large-System Transformation in Health Care: A Realist Review [Article]. *Milbank Quarterly*, 90(3), 421-456.
- Bethell, C. D., Wells, N., Bergman, D., Reuland, C., Stumbo, S. P., Gombojav, N., & Simpson, L. A. (2023). Scaling Family Voices and Engagement to Measure and Improve Systems Performance and Whole Child Health: Progress and Lessons from the Child and Adolescent Health Measurement Initiative. *Maternal & Child Health Journal*, 1-14.
- Birgel, V., Walter, U., & Röding, D. (2023). Relating community capacity to the adoption of an evidence-based prevention strategy: a community-level analysis. *Journal of Public Health*.
- Branch, S., Freiberg, K., & Homel, R. (2019). Strengthening the prevention delivery system for children in disadvantaged communities through infrastructure development. *Developing practice* (53), 54-73.
- Bryson, J. M., Barberg, B., Crosby, B. C., & Patton, M. Q. (2021). Leading Social Transformations: Creating Public Value and Advancing the Common Good. *Journal of Change Management*, 21(2), 180-202.
- Cahn, P. S. (2023). Answering the Call: Experiences of Implementing Antiracist Interventions in Health Care. *Journal of Health Care for the Poor and Underserved*, 34(4), 1210-1220.
- Chantler, T., Bell, S., Saliba, V., Heffernan, C., Raj, T., Ramsay, M., & Mounier-Jack, S. (2019). Is partnership the answer? Delivering the national immunisation programme in the new English health system: a mixed methods study. *BMC Public Health*, 19(1), 83.
- Cilenti, D., & Fehrenbach, L. (2021). *Community Leadership: Collaborative Leadership in Action*. In *Leading Systems Change in Public Health: A Field Guide for Practitioners* (pp. 219-234).
- Craike, M., Klepac, B., Mowle, A., & Riley, T. (2023). Theory of systems change: An initial, middle-range theory of public health research impact. *Research Evaluation*, 32(3), 603-621.

- Cullingworth, J., Brunner, R., & Watson, N. (2022). Not the usual suspects: creating the conditions for and implementing co-production with marginalised young people in Glasgow [Article]. *Public Policy and Administration*.
- Curry, L., Ayedun, A., Cherlin, E., Taylor, B., Castle-Clarke, S., & Linnander, E. (2022). The role of leadership in times of systems disruption: a qualitative study of health and social care integration. *BMJ open*, *12*(5), e054847.
- Davis, M. (2019). *Family is Culture: Independent review of Aboriginal children and young people in out-of-home care: Review Report*. Family is Culture, Sydney. <https://dcj.nsw.gov.au/children-and-families/family-is-culture.html>.
- Dineley, B., Munro, S., & Norman, W. V. (2020). Leadership for success in transforming medical abortion policy in Canada. *PLoS One*, *15*(1), 1-16.
- Doherty, R., Quinn, N., Colson, A., Tucker, A., & Cameron, J. (2022). Developing a theory of change methodology to support the evaluation of place-based systems change interventions to support child and adolescent mental health and well-being. *Evaluation*, *28*(4), 466-483.
- Dudgeon, P., Milroy, H., & Walker, R. (2014). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Commonwealth of Australia: Barton, ACT.
- Dwirahmadi, F., Barnes, P., Wibowo, A., Amri, A., & Chu, C. (2023). Linking Disaster Risk Reduction and Climate Change Adaptation through Collaborative Governance: Experience from Urban Flooding in Jakarta. *Geosciences*, *13*(11), 353.
- Dworetzky, B., Hoover, C. G., & Walker, D. K. (2023). Family Engagement at the Systems Level: A Framework for Action. *Maternal and Child Health Journal* *27*, 969-977.
- Flanagan, E., Tondora, J., Harper, A., Benedict, P., Giard, J., Bromage, B., Williamson, B., Acker, P., Bragg, C., Adams, V., & Rowe, M. (2023). The Recovering Citizenship Learning Collaborative: a system-wide intervention to increase citizenship practices and outcomes. *Journal of Public Mental Health*, *22*(3), 127-132.
- Freitas, A., & Santana, P. (2022). Putting Health at the Heart of Local Planning Through an Integrated Municipal Health Strategy. *Urban Planning*, *7*(4), 42-60.
- Galanti, M. T. (2019). Weaving nets: Housing and leadership in two Italian cities. *Social Policy & Administration*, *53*(7), 1121-1135.
- Gerritsen, S., Renker-Darby, A., Harré, S., Rees, D., Raroa, D. A., Eickstaedt, M., Sushil, Z., Allan, K., Bartos, A. E., Waterlander, W. E., & Swinburn, B. (2019). Improving low fruit and vegetable intake in children: Findings from a system dynamics community group model building study. *PLoS One*, *14*(8), Article e0221107.
- Gibson, J. (2023). Sustainable collaboration on complex problems: a “who” not a “what” challenge. *Frontiers in Research Metrics and Analytics*, *8*, Article 1224030.
- Cuglielmin, M., Shankardass, K., Bayoumi, A., O'Campo, P., Kokkinen, L., & Muntaner, C. (2022). A Realist Explanatory Case Study Investigating How Common Goals, Leadership, and Committed Staff Facilitate Health in All Policies Implementation in the Municipality of Kuopio, Finland. *International Journal of Health Policy & Management*, *11*(11), 2651-2659.
- Hall, J. N., & Chartier, L. B. (2023). Learning From a Regional Approach: Integration to Scale, Spread, and Sustain Virtual Urgent Care. *Inquiry* 00469580, 1-6.

- Halsall, T., Manion, I., Mathias, S., Robeson, P., Benlamri, M., Helfrich, W., Iyer, S. N., Purcell, R., & Henderson, J. (2020). Frayme: Building the structure to support the international spread of integrated youth services. *Early Intervention in Psychiatry*, 14(4), 495-502.
- Harlock, J., Caiels, J., Marczak, J., Peters, M., Fitzpatrick, R., Wistow, G., Forder, J., & Jones, K. (2020). Challenges in integrating health and social care: the Better Care Fund in England. *Journal of Health Services Research & Policy*, 25(2), 86-93.
- Harvey, A. (2019). Building collaborative practice with consumers in rural and remote Australia. *International Journal of Integrated Care*, 19(S1), 1-2.
- Haynes, E., Marawili, M., Marika, B. M., Mitchell, A. G., Phillips, J., Bessarab, D., Walker, R., Cook, J., & Ralph, A. P. (2019). Community-based participatory action research on rheumatic heart disease in an Australian Aboriginal homeland: Evaluation of the 'On track watch' project. *Evaluation & Program Planning*, 74, 38-53.
- Inside Policy (2023). *Connected Beginnings Mid-Term Evaluation: Final Report*. 18 July 2023.
- Jacklin-Jarvis, C., & Potter, K. (2020). Exploring the Potential for Collaborative Leadership through a Policy Lens: A Comparative Analysis of Children's Services and Flood Risk Management. *International Journal of Public Administration*, 43(16), 1386-1396.
- James, D. M., Wicker, K., Street, M., Bibby, R. J., & Robinson, J. (2021). Systems leadership in the early years. *Management in Education*.
- Jenkins, L. S., von Pressentin, K. B., North, Z., & van Tonder, G. (2021). Strengthening African health systems through outreach and support and values-driven leadership. *African Journal of Primary Health Care & Family Medicine*, 13(1), 1-4.
- Johnstone, P., & Regan, M. (2020). Gambling harm is everybody's business: A public health approach and call to action. *Public Health*, 184, 63-66.
- Kahane, A. (2023). Radical collaboration to transform social systems: moving forward together with love, power, and justice. *Journal of Awareness-Based Systems Change*, 3(2), 23-40.
- Karaxha, Z., Bailey, M. R. P., & Henry-Lewis, M. (2021). From Zero Tolerance Policies to Restorative Practices: Lessons from the Field. In *Springer International Handbooks of Education* (Vol. Part F1629, pp. 189-210).
- Keijser, W., Huq, J.-L., & Reay, T. (2020). Enacting medical leadership to address wicked problems. *BMJ Leader*, 4(1), 12-17.
- Kemmis, S., Wilkinson, J., Edwards-Groves, C., Hardy, I., Grootenboer, P., & Bristol, L. (2014). *Changing Practices, Changing Education*. Springer.
- Kingsbury, J., & Hassan, A. (2020). Community-Led Action to Reduce Menthol Cigarette Use in the African American Community. *Health Promotion Practice*, 21, 72S-81S.
- Kolovou, V., Bolton, N., & Crone, D. (2023). Senior stakeholder views and experience of cross-sector engagement and collaboration to improve long-term health and wellbeing in Wales. *European Journal of Public Health*, 33(1).
- Koopmans, E., Provencher, L., Irving, L., & Sanders, C. (2022). Weaving a new blanket together: lessons on compassionate leadership and engagement from a virtual regional summit on early childhood wellness in northern communities of British Columbia, Canada. *Research Involvement and Engagement*, 8(1), Article 56.
- Kroelinger, C. D., Addison, D., Rodriguez, M., Rice, M. E., Frey, M. T., Hickner, H. R., Weber, M. K., Mueller, T., Velonis, A., Uesugi, K., Romero, L., Akbarali, S., Foster, N., Ko, J. Y., Pliska, E., Mackie, C., Cox, S., Fehrenbach, S. N., & Barfield, W. D. (2020). Implementing a Learning Collaborative

Framework for States Working to Improve Outcomes for Vulnerable Populations: The Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative Learning Community. *Journal of Women's Health*, 29(4), 475-486.

Kuenkel, P. (2019). What Corporate Strategists Can Learn from International Multi-Stakeholder Collaboration: A Conceptual Architecture for Transformative Change. In *CSR, Sustainability, Ethics and Governance* (pp. 241-266).

Lawal, A. F., & Lodenstein, E. (2022). Negotiating Access to Health Care for All through Social and Political Accountability: A Qualitative Study in Rural Nigeria. *Social Sciences*, 11(3).

Lindsay, C., Pearson, S., Batty, E., Cullen, A. M., & Eadson, W. (2021). Collaborative Innovation in Labor Market Inclusion. *Public Administration Review*, 81(5), 925-934.

Linkewich, E., Sharp, S., Richardson, D., & McKellar, J. (2022). Creating a sustainable model for stroke system change. *International Journal of Public Leadership*, 18(1), 46-56.

Long, N., Richter, K. P., Avers, J. E., & Cagan, R. (2019). Better together: Engaging stakeholders in learning and leadership to guide foundation resources toward adaptive systems change. *Foundation Review*, 11(2), 19-32.

Lopez-Carmen, V., McCalman, J., Benveniste, T., Askew, D., Spurling, G., Langham, E., & Bainbridge, R. (2019). Working together to improve the mental health of indigenous children: A systematic review. *Children and Youth Services Review*, 104.

Loughhead, M., Hodges, E., McIntyre, H., Procter, N. G., Barbara, A., Bickley, B., Harris, G., Huber, L., & Martinez, L. (2023). A model of lived experience leadership for transformative systems change: Activating Lived Experience Leadership (ALEL) project. *Leadership in Health Services*, 36(1), 9-23.

MacLeod, M. L. P., Hanlon, N., Reay, T., Snadden, D., & Ulrich, C. (2020). Partnering for change: How a health authority, physicians, and communities work together to transform primary healthcare services. *Journal of Health Organization and Management*, 34(3), 255-272.

Maddox, S., Read, D. M. Y., Powell, N. N., Caton, T. J., Dalton, H. E., & Perkins, D. A. (2019). Reorientation of the Rural Adversity Mental Health Program: the value of a program logic model. *Rural Remote Health*, 19(3), 5217.

Mahmoodi, H., & Shaghghi, A. (2019). Barriers and gateways to adapt standards of the Health Promoting Hospitals: a rigorous consolidation of the global research evidence. *International Journal of Health Promotion & Education*, 57(5), 235-255.

Matenga, T. F. L., Zulu, J. M., Corbin, J. H., & Mweemba, O. (2019). Contemporary issues in north-south health research partnerships: perspectives of health research stakeholders in Zambia. *Health Research Policy & Systems*, 17(1), N.PAG-N.PAG. 7

McKay, R., Jackson, K., & Stevens, J. (2022). Implementing recovery-oriented practice in older people's mental health services: the NSW experience. *Australian Health Review*, 46(4), 426-431.

Mondal, S., Van Belle, S., Bhojani, U., Law, S., & Maioni, A. (2022). Policy Processes in Multisectoral Tobacco Control in India: The Role of Institutional Architecture, Political Engagement and Legal Interventions. *International Journal of Health Policy & Management*, 11(9), 1703-1714.

Moore, T., & Zeeman, L. (2023). A psychosocial exploration of resistances to service user involvement in United Kingdom National Health Service (NHS) mental health services. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine*, 27(6), 1096-1114.

Morten, M. F., & Porter, G. (2021). Organizational Leadership: "We Are the Ones We Have Been Waiting For". In *Leading Systems Change in Public Health: A Field Guide for Practitioners* (pp. 87-102).

- Norqvist, L., & Årlestig, H. (2020). Systems thinking in school organizations – perspectives from various leadership levels. *Journal of Educational Administration, 59*(1), 77-93.
- Novy, J. W., Banerjee, B., & Matson, P. A. (2021). A Core Curriculum for Sustainability Leadership. *Sustainability, 13*(10557), 18.
- Pescud, M., Rychetnik, L., Allender, S., Irving, M. J., Finegood, D. T., Riley, T., Ison, R., Rutter, H., & Friel, S. (2021). From Understanding to Impactful Action: Systems Thinking for Systems Change in Chronic Disease Prevention Research. *Systems, 9*(3).
- Poll-Hunter, N. I., Brown, Z., Smith, A., Starks, S. M., Gregory-Bass, R., Robinson, D., Cullins, M. D., Capers, Q., Landry, A., Bush, A., Bellamy, K., Lubin-Johnson, N., Fluker, C. J., Acosta, D. A., Young, G. H., Butts, G. C., & Bright, C. M. (2023). Increasing the Representation of Black Men in Medicine by Addressing Systems Factors. *Academic Medicine, 98*(3), 304-312.
- Purtle, J., Nelson, K. L., Lengnick-Hall, R., Horwitz, S. M. C., Palinkas, L. A., McKay, M. M., & Hoagwood, K. E. (2022). Inter-agency collaboration is associated with increased frequency of research use in children's mental health policy making. *Health Services Research, 57*(4), 842-852.
- Quinlan, K., Nickerson, K., Ebin, J., Humphries-Wadsworth, T., Stout, E., Frankini, E., & Humphries-Wadsworth, T. (2021). Supporting a public health approach to suicide prevention: Recommendations for state infrastructure. *Suicide & Life-Threatening Behavior, 51*(2), 352-357.
- Raia-Hawrylak, A., Glover, T. A., & Guerriero, L. A. (2021). Supporting Systems-Level School Climate Improvement via a Data-Driven Consultation Framework: A K-12 School–University Partnership. *Journal of Educational and Psychological Consultation, 31*(1), 39-60.
- Randall, S., White, D., & Dennis, S. (2023). A collaborative primary health care model for children and young people in rural Australia: explorations of cross-sectoral leader action. *Australian Journal of Primary Health, 29*(6), 566-574.
- Read, D. M. Y., Dalton, H., Booth, A., Goodwin, N., Hendry, A., & Perkins, D. (2019). Using the project INTEGRATE framework in practice in central coast, Australia. *International Journal of Integrated Care, 19*(2), Article 10.
- Reid, A., Abraczinskas, M., Scott, V., Stanzler, M., Parry, G., Scaccia, J., Wandersman, A., & Ramaswamy, R. (2019). Using Collaborative Coalition Processes to Advance Community Health, Well-Being, and Equity: A Multiple–Case Study Analysis From a National Community Transformation Initiative. *Health Education and Behavior, 46*(1_suppl), 100S-109S.
- Rigby, B. P., Dodd-Reynolds, C. J., & Oliver, E. J. (2022). The understanding, application and influence of complexity in national physical activity policy-making. *Health Research Policy and Systems, 20*(1), Article 59.
- Robert, E., Zongo, S., Rajan, D., & Ridde, V. (2022). Contributing to collaborative health governance in Africa: a realist evaluation of the Universal Health Coverage Partnership. *BMC Health Services Research, 22*(1), 1-15.
- Schleiff, M. J., Kuan, A., & Ghaffar, A. (2020). Comparative analysis of country-level enablers, barriers and recommendations to strengthen institutional capacity for evidence uptake in decision-making. *Health Research Policy & Systems, 18*(1), 1-12.
- Schlueter, D., DeGross, A., Soloe, C., Arena, L., Melillo, S., Tangka, F., Hoover, S., & Subramanian, S. (2023). Factors That Support Sustainability of Health Systems Change to Increase Colorectal Cancer Screening in Primary Care Clinics: A Longitudinal Qualitative Study. *Health Promot Pract, 24*(4), 755-763.

- Schmit, C. D., Willis, B., McCall, H., Altabbaa, A., & Washburn, D. (2023). Views on increased federal access to state and local National Syndromic Surveillance Program data: a nominal group technique study with state and local epidemiologists. *BMC Public Health*, *23*(1), 1-11.
- Scott, S. E., Risser, L., Miller-Walfish, S., Marjavi, A., Ali, A., Segebrecht, J., Branch, T., Dawson, S., & Miller, E. (2023). Policy and Systems Change in Intimate Partner Violence and Human Trafficking: Evaluation of a Federal Cross-Sector Initiative. *Journal of Women's Health*, *32*(7), 779-786.
- Selamoğlu, M., Fawkes, S., Önal, A. E., & Gleeson, D. (2022). Two steps forward, one step back: the lead up to tobacco plain packaging policy in Turkey. *Health Promotion International*, *37*(1), 1-13.
- Sharma, A. C., Dhillon, J., Shabbir, G., & Lynam, A. (2019). Notes from the field: political norm change for abortion in Pakistan. *Sexual & Reproductive Health Matters*, *27*(2), 126-132.
- Sigfusdottir, I. D., Soriano, H. E., Mann, M. J., & Kristjansson, A. L. (2020). Prevention Is Possible: A Brief History of the Origin and Dissemination of the Icelandic Prevention Model. *Health Promotion Practice*, *21*(1), 58-61.
- Simon, L. P., & Francis, B. (2020). Regional Inclusive Growth Through Systems Philanthropy in Essex County, Massachusetts. *Foundation Review*, *12*(4), 58-72.
- Sims, J., Baird, R., Aboelata, M. J., & Mittermaier, S. (2023). Cultivating a Healthier Policy Landscape: The Building Healthy Communities Initiative. *Health Promotion Practice*, *24*(2), 300-309.
- Sirdenis, T. K., Harper, G. W., Carrillo, M. D., Jadwin-Cakmak, L., Loveluck, J., Pingel, E. S., Benton, A., Peterson, A., Pollard, R., & Bauermeister, J. A. (2019). Toward sexual health equity for gay, bisexual, and transgender youth: An intergenerational, collaborative, multisector partnerships approach to structural change. *Health Education & Behavior*, *46*(1, Suppl), 88S-99S.
- Sloan, M. (2021). Taming the Tiger: Purposes and Tactics of Leadership in Systems. *Journal of Leadership Studies*, *15*(3), 49-54.
- SNAICC-National Voice for Our Children (2022). *Stronger ACCOs, stronger families: final report*.
- SNAICC-National Voice for Our Children (2023). *Kids come first: framework to facilitate the culturally safe transition of Connected Beginnings leadership and backbone functions from non-Indigenous organisations to Aboriginal Community Controlled Organisations*.
- Solman, A., Manley, K., Christie, J., & Setchfield, I. (2021). Systems Leadership Enablement of Collaborative Healthcare Practices. In *International Practice Development in Health and Social Care*, Second Edition (pp. 187-204).
- Stewart-Ibarra, A. M., Romero, M., Hinds, A. Q. J., Lowe, R., Mahon, R., Van Meerbeeck, C. J., Rollock, L., Gittens-St. Hilaire, M., St. Ville, S., Ryan, S. J., Trotman, A. R., & Borbor-Cordova, M. J. (2019). Co-developing climate services for public health: Stakeholder needs and perceptions for the prevention and control of Aedes-transmitted diseases in the Caribbean. *PLoS Neglected Tropical Diseases*, *13*(10), 1-26.
- Such, E., Smith, K., Buckley Woods, H., & Meier, P. (2022). Governance of Intersectoral Collaborations for Population Health and to Reduce Health Inequalities in High-Income Countries: A Complexity-Informed Systematic Review. *International Journal of Health Policy & Management*, *11*(12), 2780-2792.
- Swanson, L., Menon, M., Minogue, A., Russell, R., & Berns, S. (2023). Exploring a Framework for Early Childhood Systems Maturity: A Case Study of the Evaluation of the Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network. *Infants and Young Children*, *36*(2), 93-109.

- Taglione, M. S., & Brown, J. B. (2023). Primary care engagement in health system change: a scoping review of common barriers and effective strategies. *BMC Primary Care*, 24(1), Article 157.
- Tujague, N., & Ryan, K. (2023). *Cultural Safety in Trauma-Informed Practice from a First Nations Perspective: Billabongs of Knowledge*. Springer International Publishing AG.
- van Vooren, N. J. E., Steenkamer, B. M., Baan, C. A., & Drewes, H. W. (2020). Transforming towards sustainable health and wellbeing systems: Eight guiding principles based on the experiences of nine Dutch Population Health Management initiatives. *Health Policy*, 124(1), 37-43.
- Vindrola-Padros, C., Ramsay, A. I. G., Black, G., Barod, R., Hines, J., Mughal, M., Shackley, D., & Fulop, N. J. (2022). Inter-organisational collaboration enabling care delivery in a specialist cancer surgery provider network: A qualitative study. *Journal of Health Services Research and Policy*, 27(3), 211-221.
- Webb, J., Castrucci, B. C., Castillo, G., & Risley, K. Y. (2021). Challenges and Opportunities in Leading Systems Change. In *Leading Systems Change in Public Health: A Field Guide for Practitioners* (pp. 191-202).
- Wells, R., Coffey, A. M., Mullenix, A., Simon, J., & Lich, K. H. (2022). Insights from the national maternal and Child Health Workforce Development Center on Title V Teams' collaborative readiness and goal accomplishment. *Maternal and Child Health Journal*, 26, 169-175.
- Whittaker, J. A., & Montgomery, B. L. (2022). Advancing a cultural change agenda in higher education: issues and values related to reimagining academic leadership. *Discover Sustainability*, 3(1), 10.
- Wicker, C., & Smithson, R. (2019). Integrated Care on the Gold Coast: How design thinking supported the development of people-centred integrated models of care. *International Journal of Integrated Care*, 19(4).
- Williams, V. N., McManus, B. M., Brooks-Russell, A., Yost, E., Allison, M. A., Olds, D. L., & Tung, G. J. (2022). A qualitative study of effective collaboration among nurse home visitors, healthcare providers and community support services in the United States. *Health & Social Care in the Community*, 30(5), 1881-1893.
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Fernwood Pub.
- Winters, A. M., Collins-Camargo, C., Antle, B. F., & Verbist, A. N. (2020). Implementation of system-wide change in child welfare and behavioral health: The role of capacity, collaboration, and readiness for change. *Children & Youth Services Review*, 108, 1-9.
- Worton, S. K. (2021). Understanding the role of networks in building capacity for systems change: A case study of two Canadian networks implementing Housing First. *Housing, Theory and Society*, 38(5), 650-668.
- Young, G. (2022). Evaluation of the Strengthening health assessment pathways for children and young people in care project: Summary Report. Brisbane South Primary Health Network.
- Yunkaporta, T. (2020) *Sand Talk: How Indigenous Thinking Can Save the World*. Text Publishing Company. ProQuest Ebook Central, <http://ebookcentral.proquest.com/lib/scu/detail.action?docID=30182381>.
- Zambrana, R., Torres-Burgos, D., & Carvajal, D. (2022). Expert Perspectives on Effective Community-Based Pediatric Healthcare for Low-Income Latino Families: Persistent Issues over Time. *Journal of Racial and Ethnic Health Disparities*, 9, 1051-1061.

Appendix B: Transforming Relationships Cultural Action Plan



CONNECTION
CURIOSITY

EMPOWERMENT
LEARNING

RELATIONSHIPS AT THE HEART
INCLUSION

We strengthen the connections between children, families, community and services.

Our services take time to come together to listen and ask questions, to understand our strengths and support our wellbeing.

We advocate for self-determination, safety and equity for children, families, and community.

Our services share knowledge, reflect and learn together to improve our services.

We provide culturally safe, trauma informed and consistent services that empower children, families and community.

Our services build respectful and inclusive partnerships based on trust, transparency, and open communication.

Before our Collective workshops we:

- Check in to understand what's going on for each service
- Communicate and clarify the purpose of the meeting and any expectations
- Share resources and prepare for the workshop

During our Collective workshops we:

- Check in to connect and understand our collective strengths
- Share what we are learning that contributes to improving our service system
- Reflect on what's changed and the impact on our collaborations and partnerships
- Seek feedback to improve what we do together
- Check out to understand how we are feeling before leaving the workshop

After our Collective workshops we:

- Document and share any changes to our direction setting and decision making
- Share what we are doing with our participants, organisations, the sector and funding bodies.

Appendix C: Transforming Relationships Shared Strategy

CULTURE

CONNECTION - CURIOSITY - EMPOWERMENT - LEARNING - RELATIONSHIPS - INCLUSION

We strengthen connections between children, families, community and services

We advocate for self determination, safety and equity for children, families and community

We provide culturally safe, trauma informed and consistent services that empower children, families and community

Our services come together to understand our strengths and support our wellbeing

Our services share knowledge, reflect and learn together to improve

Our services build respectful and inclusive partnerships based on trust, transparency and open communication



VISION

A quality, culturally safe and inclusive early years sector that grows and develops together to be more responsive to the holistic needs of children, families and community

PRIORITIES

Embedding Aboriginal and Torres Strait Islander perspectives, relationships and workforce

Building strategic partnerships

Empowering children and families

Strengthening workforce capability



IMPACT

A shared vision and strategy for children, families and community

Children and families strengthen their wellbeing

A well-resourced workforce that drives and leads change

Appendix D: Collaboration Actions

Leading Together

PURPOSE: To facilitate a TR Leadership group to lead, support and sustain a shared vision and strategy

ENABLERS

Organisational commitment

Partnering for funding

Reporting and evaluation

Leadership Coaching

Evidence and research

Project management

OBJECTIVE: To contribute to a well connected service sector that learns and grows together

Meet regularly to activate strategic action and reflection

Build collaborative leadership and workforce capacity

Coordinate collective decision making, actions and impact

- Collective decisions are aligned to policy and funding
- Collaborative actions have support and guidance
- Collaborative, sector level funding partnerships
- Increased collaborative leadership capacity across services
- Shared knowledge, resources, leadership, accountability and transparency

IMPACT

This connects to the impact we want for the future by understanding our strengths and expertise and utilising these for the benefit of children, families, teachers and educators.

TR Workshop participant

Working Together

PURPOSE: To build a culturally safe, informed and responsive sector to better meet the needs of First Nations families

ENABLERS

First Nations engagement

Funding for staff training

Culturally safe practices

Facilitation support

Partnership resources

Organisational commitment

OBJECTIVE: To develop the capacity of services to understand and develop culturally safe and mutually respectful relationships

Build organisational cultural competence and learning

Provide opportunities to consult, listen and learn from First Nations services, staff and families

Develop and support partnerships with First Nations services

- Services increase knowledge and understanding of respectful and reciprocal partnerships
- Services demonstrate culturally responsive engagement with First Nations people
- The needs of First Nations families are better supported in services
- Services form respectful, ongoing relationships with First Nations people

IMPACT

“ This connects to the impact we want for the future by having a well-resourced (informed) workforce that drives and leads change in culturally informed, connected and accountable ways. ”

TR Workshop participant

Designing Together

PURPOSE: To include child and family perspectives within governance systems to understand what works better for children and families to improve outcomes

ENABLERS

Lived experience and expertise

Remuneration

Leadership and governance

Open conversations

Existing structures

Child and family voice

OBJECTIVE: To establish a Child and Family Advisory body to inform sector planning, practice and improvement

Identify Advisory resourcing, projects and reporting measures

Engage and remunerate children and families in ways that work for them

Formalise a shared governance structure

- Children and families have a positive experience with the sector
- Children and families are engaged in processes to inform sector and service development
- Child and family needs and perspectives are embedded in sector planning, design and evaluation
- The sector sustains ongoing mechanisms for family participation in strategic service decisions

IMPACT

This connects to the impact we want for the future, with child and family voices heard, we can then tailor services to genuinely meet their need.

TR Workshop participant

Learning Together

PURPOSE: To create a sector training and development strategy that connects, strengthens and sustains our workforce

ENABLERS

Funding for training

Shared resources, assets

Organisational commitment

Reflective practice

Leadership coaching

Practice toolbox

OBJECTIVE: To provide shared learning and development opportunities that engage, grow and upskill our workforce

Pool existing knowledge, expertise, resources and funding

Coordinate a sector training and development needs analysis

Facilitate joint training and development opportunities

- The sector has a training and development benchmark
- Increased funding for sector capacity building and leadership development
- Improved workforce connection, resilience and sustainability
- Growth in workforce engagement and uptake

IMPACT

This connects to the impact we want for the future by building a skilled workforce with compassion, drive and commitment to their purpose.

TR Workshop participant

Appendix E: Workshop tools and resources

- Collective Readiness Assessment
- Collaborative connection cards

READINESS FOR CHANGE

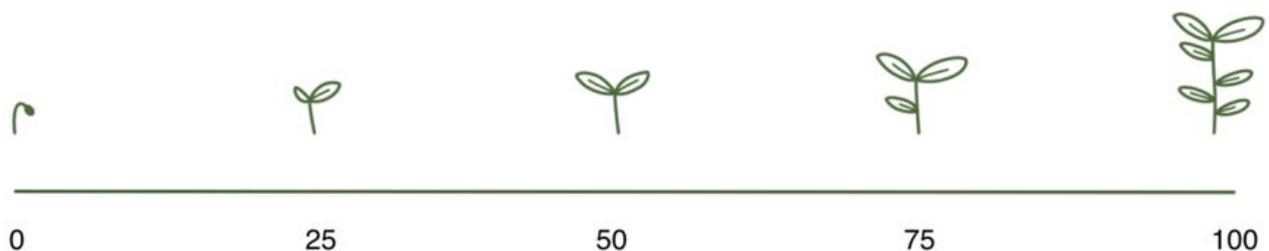
Activity and Assessment Tool

Understanding and getting a sense of where each organisation is placed in relation to our identified priorities will help us to find the areas for change that we want to grow and nurture together.

In this workshop we will be using the Seed to Tree tool and recognise Community First Development as the creators and copyright holders of the tool, developed through action research and community development with First Nations' knowledge-holders and custodians.

We thank Community First Development for generously sharing the Seed to Tree tool for broader learning and use.

Please see communityfirstdevelopment.org.au/seed-to-tree for more information.



RATING SCALE

The Seed to Tree scale and any descriptions can be adapted to suit the project, group, community, etc. and can be developed with the group.

For the purposes of our work together we will be using the following scale and descriptions:

0 = just sprouting	50 = still growing	100 = matured
--------------------	--------------------	---------------

READINESS FOR CHANGE:

Readiness for Change

This intention of this activity is to assist the Collective to identify areas for growth and/or action together by understanding where each stakeholder is currently situated in relation to each priority.

Using the following readiness checklists, consider each question and indicate a rating (0-100) for each question. Once all questions have been rated, find an average score for the priority area.

Design an icon for your organisation, using your average score, place your icon on the Seed to Tree continuum for each priority area.

READINESS CHECKLISTS:

Priority	Questions	Rating
Embedding Aboriginal and Torres Strait Islander perspectives, relationships, workforce	The organisation provides culturally safe and appropriate support to First Nations children and families.	
	The organisation spends time getting to know the local First Nations Community.	
	The organisation regularly consults local First Nations people and reflects community identified needs and priorities in their work.	
	The organisation has a First Nations workforce strategy.	
	The organisation employs First Nations staff.	
	The organisation provides cultural capability training for all staff.	
	The organisation collaborates with local First Nations services.	
	The organisation has partnership agreements in place with local First Nations services.	
	AVERAGE	
Comments		

Priority	Questions	Rating
Building strategic partnerships	The organisation has a position(s) focused on driving strategic partnership processes.	
	There is buy in from all levels of the organisation, board, management, staff, to support strategic partnerships.	
	The organisation allocates funding for collaborative activities and/or partnerships.	
	The organisation designs and delivers programs in collaboration with other services to address complex needs.	
	The organisation shares resources and/or expertise with other services.	
	The organisation shares knowledge, evidence and/or data with other services.	
	The organisation regularly reviews partnerships and collaborations to assess progress and impact.	
	The organisation partners for funding applications.	
	AVERAGE	
Comments		

Priority	Questions	Rating
Empowering children and families in services	The organisation is compliant with the National Principles for Child Safe Organisations.	
	The organisation has someone to drive community engagement processes.	
	The organisation designs and/or develops programs and services as a result of feedback provided by children and families	
	The organisation regularly consults children and families and reflects their identified needs and priorities in their work.	
	The organisation provides feedback to children and families about what they do with the input they provide.	
	Staff are trained in trauma informed practices.	
	Staff are trained in child and family engagement and participation.	
	The organisation allocates funding for children and families to participate in consultations.	
	The organisation engages children and families with diverse life experiences in decision-making and governance activities.	
	AVERAGE	
Comments		

Priority	Questions	Rating
Strengthening workforce capability	The organisation has a learning and development strategy.	
	The organisation provides funding for staff learning and development opportunities.	
	The organisation provides opportunities for staff to engage in leadership development.	
	Staff have access to mentoring, coaching and/or external supervision.	
	Staff are engaged in regular reflective practice.	
	Staff are trained in trauma informed and inclusive practices.	
	Staff are supported to build collaboration and partnership skills.	
	The organisation provides activities to enhance staff wellbeing.	
	AVERAGE	
Comments		

Transforming Relationships Connection Questions

The following check-in questions were developed by the Transforming Relationships Collective, as the result of a 'Three Question Mingle'. They were turned into a boxed set of connection cards for each TR Collective member to take away.

Three Question Mingle activity

- Write 3 questions, each on a separate post it note
- Have a one minute meeting with another person
- Ask each other one question then trade post it notes and move onto another person
- Continue around the room asking and swapping questions until the bell rings
- Ring the bell to end the check in
- All participants put their post-it notes on the whiteboard, for subsequent collation.

Check in questions (48)

What gives you peace?	Favourite Christmas holiday activity?	Favourite holiday memory?	What do you do to 'take care' of yourself?
What is something you are looking forward to?	If you could be anywhere right now where would you be?	How are you feeling?	What is your favourite fun on a Saturday?
What was the most interesting thing this week?	What key development in your workplace are you having the most positive impact on?	Are your professional and personal strengths influencing the development of your organisation?	If you could be anyone in your organisation for one day who would that be?
Favourite food?	What brings you joy?	What is your star sign?	Favourite book
What is your favourite colour?	Are you a savoury or sweet fan?	Did you notice anything beautiful this morning?	How do you feel right in this moment?
What place in the world is your favourite?	Any end of year celebration plans?	What did you love to do as a child?	What is your favourite colour to wear?
What word best describes you?	Where is home for you?	If you had one wish what would it be?	What is your super power?
Who's your favourite super hero?	Where were you born?	How has your week been so far?	What's your favourite day of the week and why?
What was your first job?	What season is your favourite?	Are you going trick or treating tonight?	What has been your best holiday?
What superpower would you love to have and why?	What makes you happy?	How many pets do you have?	How was your morning?
What are you most looking forward to today?	Do you have a pet and what is it?	Who was your first love?	What made you last laugh loudly?
What is your favourite holiday destination?	What do you look forward to?	If you could be someone famous who would you be and why?	What fills your cup?