SHEPPARTON COMMUNITY SHARE

Innovating, collaborating and building capacity

"Making Quality Happen: a collaborative quality improvement model for the not-for-profit sector."

How four community-based organisations worked collectively in an open-door approach to supporting quality continuous improvement.

Final Report

"The problems we face are too complex to be solved by any one person or any one discipline. Our only chance is to bring people together from a variety of backgrounds and disciplines who can refract a problem through the prism of complimentary minds allied in common purpose."

Warren Bennis

The Secrets of Great Groups[1]

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[1] Bennis, Warren *"The Secrets of Great Groups"* Leader to Leader 3(Winter 1997): 29-33
http://leadertoleader.org/leaderbooks/L2L/winter97/bennis.html

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Background:

Shepparton Community Share (SCS)[2] is a collaboration of four local not for profit organisations in the Goulburn Area. Primarily located in Shepparton the four organisations, The Bridge Youth Services, FamilyCare, Primary Care Connect and Connect GV provide a range of community services to the City of Greater Shepparton and the Moira, Strathbogie, Mitchell, and Murrindindi Shires. Services delivered by the organisations include youth, family, community health and disability[3].

In 2015 the CEOs from the four organisations established a working collective to identify opportunities for collaboration, recognising that as small to medium sized organisations, dedicated to serving the local communities there are a number of efficiencies and supports that could be established when working together. The SCS collaboration in no way changed the independence or autonomy of individual agencies but rather value added to the collective knowledge and capacity of the group.

SCS's first foray into collaboration came in 2015 when the Helen Macpherson Smith Trust (HMSTrust) trialled Regional Resilience Grants in the Shepparton area. Together the organisations were successful in receiving $109,500 to undertake inter-related capacity building projects including the formation of the inter-organisational partnership, Shepparton Community Share.

Having successfully delivered the Regional Resilience Grants and being keen to build on the environment of trust established across the organisations, in 2018 SCS approached HMSTrust for a 2-year Impact Grant. The purpose of the Impact Grant application was as a multi-agency capacity building project, aimed at directly improving services for community through developing coordinated, consistent, and practical approaches to continuous quality improvement. The HMSTrust's key objectives, against which proposed projects are funded are:

- Strengthening Rural and Regional Victoria (capacity, resilience and potential)
- Reducing Inequality (reduce disadvantage, protect basic rights, and extend opportunities)
- Enabling Sustainability (viable and sustainable initiatives and impact beyond the period of the grant)
- Building Organisational Capacity (capability and capacity of organisations and community and sector for long term benefit)
- Encouraging Collaboration and Partnership (Maximise impact of investment through collaboration and partnerships across community sector)

Having made a successful application, The Bridge Youth Services acted as the lead agency for the Making Quality Happen Project and as the auspice for the dedicated position of Collective Improvement Project Manager. The Making Quality Happen Project was completed between January 2019 – March 2021.

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[2] https://www.primarycareconnect.com.au/shepparton-community-share/
[3] For a comprehensive understanding of each organisation and its service provision please visit
- The Bridge Youth Services
- FamilyCare
- Primary Care Connect
- Connect GV

Introduction:

Context

For small to medium sized community agencies, such as the SCS group, the work required to meet accreditation and compliance (regardless of registration or service area) is often costly and inefficient. Each agency spends significant time designing an internal quality compliance system that is relevant to their size, service delivery and registration, this includes internal policies and procedures and embedding them within the agency. The irony of this is that whilst the wording of the policies differs the intent is common across most. So essentially, individual agencies are reinventing the wheel when that wheel could accommodate needs across the collaboration and the time committed could better support outcomes and services for the community we serve. Building on a quality review, previously undertaken as part of the initial Regional Resilience Grants, Making Quality happen aimed to build organisational capacity to design an 'open-door' approach to collaborative continuous quality improvement, privileging client voice alongside compliance. A 'collective, responsive, replicable and sustainable quality system' that places the client at the centre of that quality system as experts with lived experience. We recognise that this is a significant cultural shift for agencies and to a degree MQH is only the starting point for that shift.

Historically all agencies were previously accredited under the [Human Service Standards](#) but with the changeover to NDIA both Connect GV and FamilyCare are now required to comply with the [NDIS Practice Standards](#). As a specialist disability provider Connect GV is accredited under the NDIS Practice Standards whereas the mix of programs and funding sources for FamilyCare sees it accredited by both the HHS Standards and the NDIS Practice Standards.

Operating in an increasingly compliance driven environment SCS was concerned that a key element getting missed in the development of compliance frameworks was the voice of clients. Clients have the unique insight of lived experience as the experts in their own lives, a knowledge base that cannot and should not be undermined. However, the funding models of government leave little room for flexibility and time or funding for client engagement in service design, so the question was asked,

'How can agencies be more responsive to engaging and using client voice for continuous quality improvement in service provision?'

SCS collaboration, as is the case in many small to medium sized organisations, has limited capacity to establish dedicated teams in areas such as compliance, human resources, risk management and client engagement/feedback. These are often stand alone, to a degree isolated, positions in organisations, where most staff are focussed on service provision and not particularly interested in quality or accreditation. In the absence of collaboration, the risk is we operate in a vacuum dependent on the skill and dedication of individuals to map a path for the organisation. The ability to work collectively, to bounce ideas and examples around between agencies for comment and consideration in an environment of trust and collaboration builds a shared knowledge and capacity demonstrating benefit to both an individual organisations, staff, and community.

Continuous Quality Improvement

Continuous Quality Improvement (CQI) is a curious term for many, we often speak to quality improvements in service delivery because of professional development of staff but when it comes to the underlying processes by which an organisation operates, we traditionally are quite conservative. As part of accreditation cycles, to maintain registration and continue delivering services agencies will undertake regular reviews of policies and processes however unless there are obvious gaps due to

changed legislation, registration requirements or compliance requirements we rarely made changes. And the 'eyes' we looked through were internal to the agency except for accreditation audits.

But why is this…? Is it because by nature we tend to be creatures of habit who resist change ('if it isn't broken why fix it' or 'but that's the way we've always done it' are familiar refrains) or because we often equate quality with audits and accreditation? There are few agencies who could honestly say that 10-15 years ago the mere mention of the term 'audit' has not been met with a sense of foreboding. Auditing was seen as a system set up to find fault and there would be a mad scramble to ensure that the organisation was operating the way it said it operates, that client files were up to date and that we had the evidence to prove we were doing what we said we were doing and staff would become highly anxious at the thought of being interviewed or having one of their clients interviewed by the auditor.

In recent times we have shifted our focus and understanding to recognise a difference between **compliance**, which was the outcome of focussing on accreditation as a moment in time and have now shifted to **continuous quality improvement**, recognising that meeting accreditation is a benchmark and the minimum expectation of how an organisation should want to operate and deliver services and to strive for best practice we need to be inquisitive and ask 'why do we do that?'. Identifying gaps or variations in practice and operations is positive because variation in procedures causes variation in outcomes. As a result, CQI and quality management philosophies seek to make processes consistent[4].

The fundamentals of CQI are articulated in a variety of frameworks across different publications, but for the purpose of Making Quality Happen we have adopted the following 4 broad principles as outlined in the *Guide to Continuous Quality Improvement*.

We undertake CQI to:

- **Focus on the system and the processes**, this is not judgement of an individual. If staff are not completing a process as it is documented, then the question needs to be asked whether the process meets its purpose and if the failure to connect process and action is indicative of a gap in design or communication/instructions and logic.
- **Identify and detail strengths and weaknesses**, CQI at its core is asking the question 'do our actions match the process as it is written and if not why?' Analysis of this will identify both the gaps and potential solutions.
- **Involve 'investigators' from various areas of the business,** if CQI is left to one person then it is only ever seen through a single set of eyes. By involving individuals with different functions in the organisation you achieve a broader range of insights into how a process is understood or implemented at different levels. **MQH takes this principle to the next level by engaging a cross organisational team with members from all four participating agencies.**
- **All stakeholders, clients, customers, and staff are empowered** to identify problems, challenges, or opportunities for improvement at any time. CQI is not a moment in time. An organisation needs to be open to 'hearing' potential criticism and ideas for improvement at all times. **MQH seeks to develop an environment across the four organisations where clients, community, and staff, feel empowered and trust that when they use their 'voice' it will be meaningfully considered.**

This final element of CQI that cannot be undervalued is that a commitment to continuous improvement it is not a one time or once a year scramble, it is a consistent effort and that requires time and whole of organisation buy-in on a long term basis beyond the regular review of current

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[4] Guide to Continuous Quality Improvement | Smartsheet

policies and procedures. This is not just true for a single agency but common across all and is inherently one of the most significant challenges that will be addressed later in this report.

So having identified the key principles for CQI the next important question is how we action a CQI approach. As with the variety in defining principles there are numerous methodologies for actioning CQI. Making Quality Happen made a conscious decision that we would adopt a **Plan Do Check Act** cycle as the anchor for our review process assisting in the identification of gaps and the implementation of change (Diagram 1).

This cycle was two phases, firstly as a pilot project we needed a process by which we would collectively do quality reviews (and later investigate client voice), what was common across agencies with different accreditation requirements, what tools did we need and how do we train and induct a cross organisation team.

In phase 2 while simultaneously piloting the process we needed to set up a rotating schedule of quality reviews (Plan), undertake those reviews (Perform), we compare the outcomes collaboratively (Monitor) to learn from each other and finally repeat the quality review as part of the schedule and reflecting back to phase 1, also review the process and tools as a whole to check the system capacity.
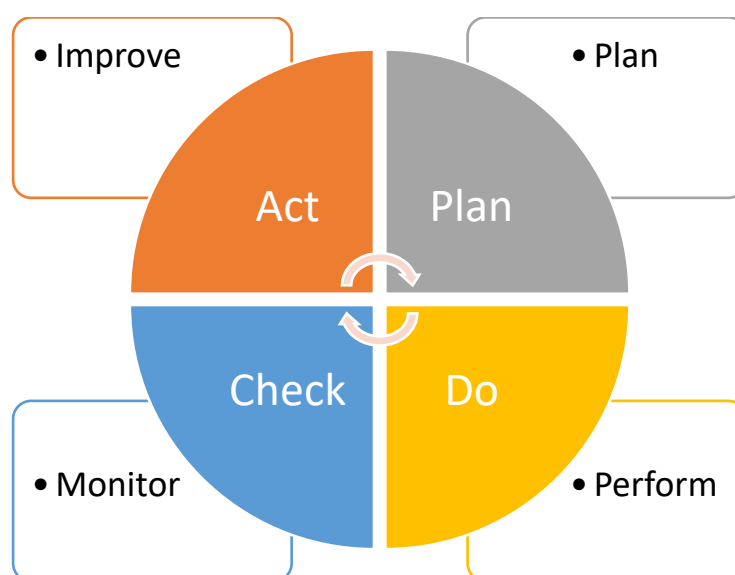

Diagram 1. Plan Do Check Act Cycle for Continuous Quality Improvement[5].

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[5] PDCA Cycle - What is the Plan-Do-Check-Act Cycle? | ASQ

Client Voice

An integral part of both the NDIS Practice Guidelines and the Human Services Standards is the requirement to ensure that clients have access to services they need that are provided at a high standard and that the client can engage with the service provider and comment on service provision.

For the NDIS this is encapsulated in:

Core Module 1

a) *Rights and Responsibilities*
   i) *Person-centred supports* - Each participant accesses supports that promote, uphold, and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds, and respects individual rights to freedom of expression, self-determination and decision-making.
   ii) *Individual Values and Beliefs* - Each participant accesses supports that respect their culture, diversity, values, and beliefs.
   iii) *Privacy and Dignity* - Each participant accesses supports that respect and protect their dignity and right to privacy.
   iv) *Independence and Informed Choice* - the provider supports each participant to make informed choices, exercise control and maximise their independence relating to the supports provided.
   v) *Violence, Abuse, Neglect, Exploitation and Discrimination* - Each participant accesses supports free from violence, abuse, neglect, exploitation, or discrimination.
   NDIS Practice Standards (2020)[6]

Similarly, the Human Services Standards *represents a single set of service quality standards for organisations delivering services to clients, summarised as:*

- *Empowerment: People's rights are promoted and upheld*
- *Access and Engagement: People's right to access transparent, equitable and integrated services is promoted and upheld.*
- *Wellbeing: People's right to wellbeing and safety is promoted and upheld*
- *Participation: People's right to choose, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.*

Human Services Standards policy (2020)[7]

Community Services providers such as the SCS organisations have for a long time sought out opportunities to engage with client feedback. This has often had limited impact for a variety of reasons including, community cohort, focus on the delivery of services, often with waiting lists and funding agreements that do not provide time and funding for this dedicated piece work and capacity building. Organisations have in place client feedback mechanisms, they promote opportunities for clients to feedback their experiences of service provision, other strategies including community forums, world cafés and a combination of online and in person mechanisms are also tried. The information gained from these options both informs potential organisational change in practice and provides evidence for accreditation purposes.

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[6] NDIS Quality and Safeguards Commission. *NDIS Practice Standards. NDIS Practice Standards and Quality Indicators*; January 2020. (pp5-7)
[7] Department of Health and Human Services. Human Services Standards Policy; November 2020. (pp7-8) State of Victoria

In 2019, the Department of Health and Human Services also introduced the *Client Voice Framework for Community Services* to support community service organisations to "consider how the framework can inform and support their existing quality governance systems and processes and help to review, design and demonstrate the ways in which they currently seek, listen and act on the client voice"[8], further elevating the priority.

Client Voice is considered to be "any and all expression of the views, opinions, needs, experiences and outcomes of individuals, families and carers who have previous or current involvement with a community service"[9] and can include any interaction that the client has with a service including their engagement and non-engagement.

This challenges organisations to step outside of their traditional strategies and expand their options. The challenge with more common, often static, feedback mechanisms is that when organisations set up client feedback surveys either paper based or electronically, we run on a premise that clients don't want to spend time filling in surveys or if they have a problem they will come forward and tell us. So, feedback surveys are designed to be quick, less invasive on time and include Yes/No answers or a scaling system with open comment boxes. However even when we offer the option of providing additional comments it assumes that:

1) The client has the literacy and language skills to make a written response,
2) The client can overcome any concern or fear that if they are making a complaint or identifying an issue that it will not negatively impact their current or future request for service,
3) The client can overcome inherent power imbalances that exist when seeking a service from a position of vulnerability and finally,
4) They trust that agencies will treat feedback and comments with respect and act purposely.

As with quality the intent that organisations have is always to meaningfully engage with and hear from clients. We want to see our clients thrive but unfortunately in the often crisis driven environments in which services are provided the actual service and the model on which it is formulated can take precedence over genuinely hearing the client. It is easy to fall into the above-mentioned trap of assuming that if we offer clients the option to provide compliments and complaints or offer suggestions that they feel free to do so and by extension to this we assume that if clients are not making suggestions or complaints then we/the agency must be doing well.

Beyond our programmatic feedback mechanisms, we struggle to carve out time to test alternatives or dedicate time to asking clients questions like 'what makes you feel safe, respected and heard?' We do not have inquisitive conversations. And unfortunately, this can to a degree be rationalised by a lack of specific funding or allocated time in an environment that is often carrying waitlists and feeling the pressure of crisis management. This has been particularly true of the 2020 year with the impacts of COVID-19, the need for Community Services agencies, like most other industries needing to pivot quickly and flexibly to continue delivering services to vulnerable populations and juggling additional necessary COVIDSafe requirements.

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[8] Department of Health and Human Services. *Client Voice Framework for Community Services October 2019.* (p3)
[9] Department of Health and Human Services. *Client Voice Framework for Community Services October 2019.* (p1)

Making Quality Happen Outcomes

As discussed earlier the primary existing relationship between agencies was the SCS Network, which morphed into the more formalised SCS Steering Group with the implementation of MQH, attended by the four CEOs. While this had successfully built trusting and collaborative relationships it had not substantially extended to other parts of the organisations. The Human Resource (HR) Managers from across the four agencies had also been meeting for approximately 12 months and had begun the process of thinking about mapping the common induction or training requirements that they had staff undertaking, recognising that all organisations required a certain number of staff to have First Aid or Fire Warden training and that if the organisations could collaborate to run training together there would be efficiencies and time savings. One agency had provided Handle with Care training through David Cherry[10] and invited the partner organisations to also attend. This was a positive step to developing consistent language and capacity across agencies but going further was to a degree stymied by the limitations of Managers workloads, pre-emptive conversations before training was booked for a single agency and the lack of a 'driver' with dedicated time to investigate, source and coordinate training opportunities.

Beyond the application to HMSTrust, it is also true that the concepts of *cross organisational approaches to quality and Client Voice being central to a continuous quality collaboration* had not been explored beyond the CEO group. And while the experience of clients is a central premise for both the NDIS and HSS we had not explored this beyond seeking client feedback on service provision.

Making Quality Happen as a collaborative opportunity was a foreign concept and initially viewed with a degree of scepticism. Comments[11] made by staff when we began to explore the collective concept included reservations about:

- An open-door/cross organisation approach – 'What would be the benefit of looking at other agencies policies, we have our own,' 'we do fine on our own and we barely have enough time to focus on ourselves' and 'do we want another agency judging how we do things.'
- Workforce rationalisation – 'So is this a way of getting rid of positions and employing a consultant to do the job across all four?'
- Service provision – 'But what we do is so different to what they do' and
- Client Voice opportunities – 'We already ask clients how they felt about the service what else could we do' and 'we have client feedback forms for complaints and suggestions, if clients have an issue, they let us know.'

All of which are valid questions or concerns and speak to uncertainty and potential defensiveness that can exist between organisations. Generally, the greatest level of cross over between agencies is when we share clients, for instance a single client may be receiving services from a disability service and if they are a parent also from a family support worker, a young client may be seeking housing support from a youth agency and be receiving support for a drug and alcohol issue through a second organisation at the same time. At best these cross overs are supportive, client centred and respectful (both of client and the other services involved) and at worst they can be competitive, tunnel visioned (my client, my service) and fail to demonstrate that regardless of the service provided and by whom it has a common purpose, to support that specific client.

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[10] https://www.handlewithcare.com.au/training/
[11] Comments included are taken from conversations with various staff in SCS agencies.

Consider this example:

To operate and provide services every organisation has a set of policies, procedures and processes, everything from intake processes, privacy and confidentiality policy and staff screening procedures when staff are employed. All these administrative touch points and others come together to ensure that regardless of organisation we provide a safe and respectful service to the client.

Each agency sets out their policies and procedures differently and over time these are tweaked, either via a documented review/audit process or by well-meaning staff who can see an alternative way of operating, but the risk is that we end up with multiple versions of policies that differ slightly from one another or staff who have different interpretations. This is in addition to needing to keep up to date on regular addendums to relevant legislation (for instance the Information Sharing Entities for Family Violence and the Victims of Crime Charter) and embedding those in policies and keep staff up to date as required.

So, even before a service is provided, we have potentially created a complex, duplicated system with inherent risks. Weak points that add additional stress and pressure to quality frameworks in individual organisations and the staff tasked with 'holding' responsibility for this when quality is of secondary importance to majority of staff who understandably prioritise service delivery.

One of the requirements of agencies is to provide evidence via accreditation cycles demonstrating their capacity to implement a Quality System that is relevant to their service provision and compliant with the funding body accreditation. As mentioned previously historically the phrase '*the auditors will be here in 6 weeks'* was sufficient to instil a sense of anxiety or dread in staff, but over the past decades' organisations have worked extremely hard to change that perception inhouse. We talk about accreditation or 'passing audit' as being the bare minimum of how we should operate, while it is a benchmark, we want to create organisations of best practice and that is through continuous quality improvement in service provision and administrative functions.

Client voice is the interface between our community and the delivery of services, it allows clients and broader community to provide compliments, complaints and suggestions on how we are working and what we could change in order to better meet existing or emerging needs, to advocate for funding changes or flexibility and to continue looking at ourselves to be respectful, safe and inclusive service providers.

When service providers develop a new program, it is in response to a specific funding application that already sets out a series of guidelines and requirements to be met in an application. These are competitive processes to a generic set of guidelines for the same service either state-wide or nationally. So, the risk is it creates a one size fits all approach, which is the best option for funders who are trying to create a program that is responsive to the critical mass but lack to levers to implement localised context. What is missing in this is the input of the client the proposed service will support locally.

As service providers we ask for feedback on a day-to-day basis, retrospectively, which in turn limits capacity to empower not only clients but staff and agencies to advocate for change. It is not common practice to embed the client voice in the program/service development process, but to seek feedback only after the service has been delivered, as seen in Diagram 2.
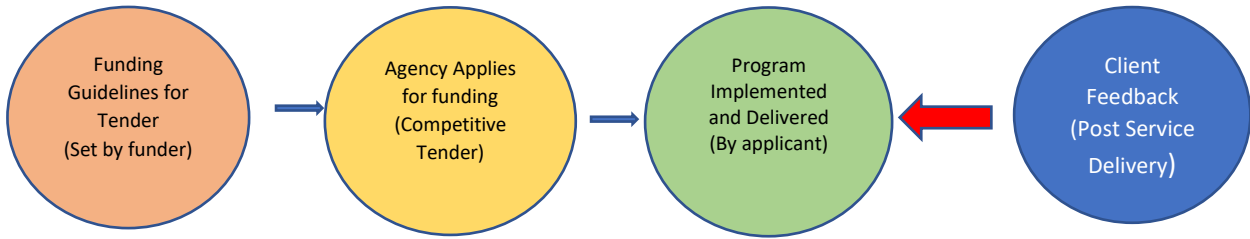
Diagram 2. The Journey to Client Feedback

Imagine instead if we adopted a framework where the client voice was a partnership where we entered into a reciprocal arrangement with our clients as outlined by the International Association for Public Participation[12] (IAP2), moving incrementally from a relationship where agencies **Inform**, simply providing information to the public as we do via websites and social media and through the various levels outlined towards the aspiration of **Empowering** clients to have final decision in services designed and offered. (Diagram 3).

Diagram 3. IAP2 Spectrum of Public Participation (Copyright IAP2 International Federation 2018)[13]

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[12] https://iap2.org.au/

[13] https://iap2.org.au/wp-content/uploads/2019/07/IAP2_Public_Participation_Spectrum.pdf

Moving community service providers along the spectrum from Inform to Empower in service delivery is a maturing conversation supported by the emergency of Client Experience or Client Journey Mapping[14] and Human Centred Design[15], much of which has come from design, retail and manufacturing where consumer input has been valued or privileged for the increased market share it can bring to a company.

The collaborative approach of MQH allows a group of agencies to test and try opportunities to flex and extend the way we seek client voice. The option exists to engage client voice across all four agencies to better understand what makes clients feel safe, respected, included, and heard, because those basic human rights and associated emotions do not change regardless of the service being sought, hence information is relevant to all agencies. Alternatively, the group can trial different mechanisms for engaging client voice to better identify which strategies are more effective or engaging of clients, again using the PDCA Cycle (Diagram 1).

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[14] https://www.nngroup.com/articles/analyze-customer-journey-map/
[15] https://www.vic.gov.au/human-centred-design-playbook

Making Quality Happen Outcomes Framework

The following diagram and descriptors set out the core elements of the Making Quality Happen Outcomes moving from SCS as the authorising environment through the elements of Quality Community of Practice, Client Voice Network, Professional Development and the initially unplanned for Internship program. How the elements intersect and their individual components.
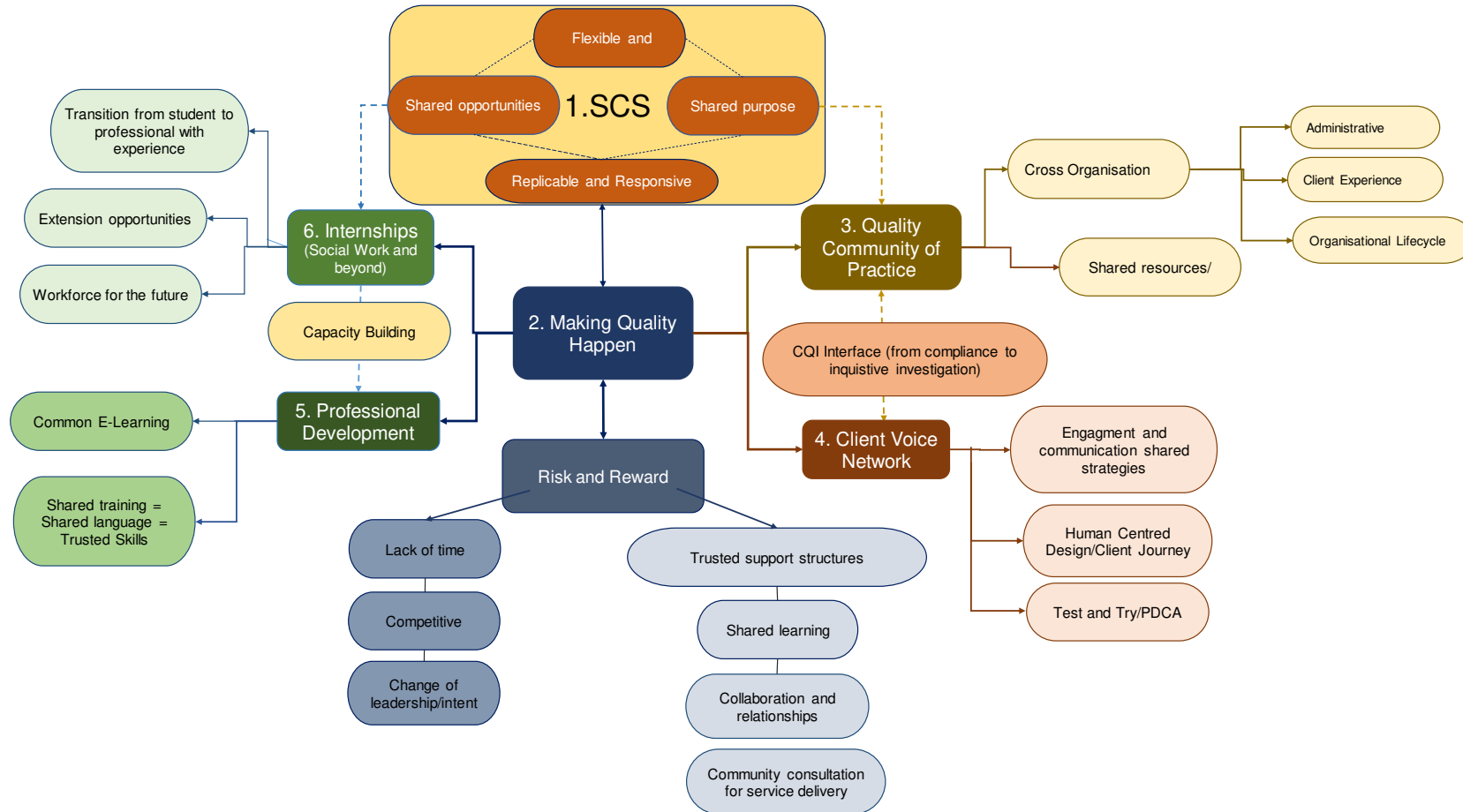

Diagram 4. Schematic representation of the core elements of the Making Quality Happen Outcomes.

1. SCS – The Authorising Environment

The maturation of the Shepparton Community Share collaboration over the past six years has established a relationship of trust between the four CEOs and has been sustained beyond changes in CEOs for two agencies.

For the Making Quality Happen (MQH) project these relationships provided the authorising environment for further development of projects and initiatives across the agencies and at Management and staff levels. Prior to MQH being initiated all the CEOs had, by various means, communicated with their broader staff the purpose of SCS and the potential for the agencies to work together on projects that would benefit the collective.

While it may not appear groundbreaking on the surface that the agencies could work together this was in many ways a unique prospect for staff. Staff and middle Management are traditionally familiar with working alongside each other in an operational capacity when they share a client or when participating in broader community networks. However, the majority of true partnership development or joint initiatives are negotiated at CEO level as is the case with SCS, a significant portion of time had been dedicated to establishing an environment of trust at this level but unsurprisingly when a workforce survey was conducted across the four agencies a significant number of those staff indicated they would like to know more about at least one of the other three agencies. Staff can provide an overarching statement of the program or service delivery area of the other agencies, but a deeper knowledge of their workings was limited.

Without the pre-existing CEO relationships MQH would potentially never have gained traction. This was an essential element for paving the way to trust the intent of the project, particularly when we consider that:

- The first group of staff to be engaged in MQH are non-operational staff who hold what could be considered 'back of house' roles, who often operate in isolation (particularly in small and medium sized organisations) and by default in service delivery agencies seen as secondary to the staff who provide those services. Staff with responsibilities for Quality, HR and Client Feedback are the backbone of organisational functioning but that is often difficult for operational staff and community to grasp.
- The areas of interest for MQH are unfunded in general terms for specific dedicated positions, these roles are stand alone or an add on to an existing position which has limited networking and relationship development between agencies. In turn leading to uneasiness to be involved in projects that could be masking a hidden agenda for economic rationalisation. This was specifically mentioned both to the Project Manager when making initial connections and again as part of the evaluation. Hence without reassurance from the CEO group that the intent was to collaborate rather than rationalise the project would have stalled.

The authorising environment of SCS provided four key elements or common agenda items for MQH:

a) Flexibility and agility – the unique ability of locally governed agencies to be responsive to the needs of their specific shared community without the need to defer to a remote Board of Management located in metropolitan Melbourne.

b) A shared purpose – regardless of the 'business' of each agency and the programs they provide there is a shared purpose to support vulnerable community cohorts to 'live their best lives.'

c) Shared opportunities – being part of the broader concept of 'Community Services' allows for cross over in areas of staff moving between agencies with core qualifications, common expectations for professional development, models of practice and HR; and finally,

d) Replicable and responsive – a commitment that again regardless of service delivered it must always be responsive to the community we serve, recognising that clients are the experts in their

own lives through lived experience. Similarly, an altruistic intent to contribute to the knowledge base of the sector drives us to identify replicable frameworks and processes so that others do not need to 'reinvent the wheel.'

2. *Making Quality Happen Project*

With these four elements in mind MQH focussed on the establishment of a continuous quality improvement framework that would be *replicable, responsive, collective, flexible, and sustainable.* In addition, the MQH vision was that the CQI framework would be inclusive of client voice, recognising that clients hold an expert knowledge through lived experience.

3. *Quality Community of Practice (CoP)*

The development of a Quality CoP began from the premise that, to establish a relationship of trust across the four agencies, beyond the CEO's, we would need to identify common elements within the existing accreditation frameworks of the individual agencies. All organisations had a comprehensive set of policies and procedures and a desire to remain current and regularly review those to support provision of quality services and meet compliance requirements as set out in registration requirements.

Given the size of the agencies involved each had a specific staff member who held responsibility for the 'quality portfolio' and in most cases this portfolio was part of a much broader role which in turn impacts the time and priority available to dedicate to quality. Operating in an increasingly compliance driven service environment all agencies were cognizant of the need to further embed a philosophy of "Quality is Everyone's Responsibility."

FamilyCare, with a dedicated quality role had successfully implemented an internal audit team and had been working towards embedding this philosophy of 'everyone's responsibility' by drawing on staff from across all areas of the organisation to be part of the audit team. FamilyCare were able to share with the CoP their template (Diagram 2) outlining how they identified for all staff their shared responsibility which the CoP adopted when looking to set up a cross organisational teams drawing on staff from a variety of roles from within and across each agency.

Quality Task	Volunteers and Students	Service Delivery and Administration staff	Program Managers	Executive Managers	CEO	Board
General awareness of agency Quality Management System, Including Quality Objectives						
Awareness of processes and documentation relevant to role and use as appropriate						
Periodic review of processes and documentation content within areas of direct oversight						
Responsibility for all of agency processes and documentation content except Policies and Strategic Plan						
Responsibility for Policies and Strategic Plan						
Overall responsibility for agency Quality Management System						

Diagram 5. Quality is Everyone's Responsibility

With each agency approaching accreditation differently due to regulations (NDIS Standards and Human Service Standards) and contracting different certification bodies to undertake the accreditation, it was necessary to identify our areas of overlap and a set of policy and procedural areas that were static regardless of how they were written up and implemented across agencies.

We were cognizant not to stray into areas that involved anything that could be construed strategic, commercial in confidence or financial in nature as we were in the developmental phase of creating relationships of trust and confidence. MQH was testing the parameters of that trust by creating the 'open door,' allowing staff from other agencies to review policies and procedures and offering up observations and identifying action areas for improvement. While historically an agency may have shared policy examples, we had never experienced outsiders, other than contracted auditors, coming in to critically review our policies and procedures, and offer insights into whether our written policies and procedures matched our actions and being open to observations for continuous improvement.

The cross-organisation Quality Reviews aim to support the regular review of these common elements (policies, processes, procedures, and environments) and allows the four SCS agencies to share findings, learn from each other and continue to build transparent relationships between agencies that support continuous quality improvement.

The purpose of the Cross Organisational Quality Review was to check that:
- Our practices match our documented procedures.
- We are complying with relevant legislation or standards and
- To identify best practice processes and share these between the SCS organisations for the purpose of continuous quality improvement.
- To consider how processes, procedures or even environments such as reception areas might impact on clients.

The benefits flowing from this work included:
- Continuous quality improvement across the SCS organisations and improved outcomes for client experience.
- Evidence of compliance with funder requirements.
- Collaborative impact on quality improvement in areas identified individually or as identified in recent Organisation Accreditations

To develop an independent cross-organisation approach the Quality CoP established 3 Quality Review Teams, each team had four members, one from each agency. Our approach was that a team would be allocated a quality review to undertake, parameters of the review were set by the Quality CoP, the questions for the review would set by a combination of the Quality CoP and the team members. All team members would ask the same questions regardless of the agency they visited and consider the relevant documents as posted by the Quality CoP members who oversee quality in their individual agencies. The CoP members posted the relevant documents because even though we were reviewing the same element in each agency, how the individual agencies write and catalogue their policies and procedures differs.

By asking the same questions across the four agencies we were then able to provide an individual agency report for continuous quality improvement and/or accreditation purposes but also a Collective reflections report where all team members came together to identify common strengths, challenges and potential areas for collective improvement based on the four individual reports. No team member reviewed their own agency to maintain the effort to be independent and to provide a 'fresh set of eyes,' minimising the 'but that's just how we've always done it' reflections.

To support professional development of the QR Teams MQH arranged a group training with [Gray Management Systems](#)[16] with 17 staff including the Quality CoP members completing the Management Systems Auditing Course. By training a group of 17 we were able to run the training in Shepparton and what would normally have cost the agencies $990 per participant (2019) plus accommodation, travel etc for the 2-day course was reduced to $338 per participant and a total of $5750 a significant saving with significant capacity built across the four agencies. The next phases of the Auditor training and sustainability will be discussed in the Professional Development section below.

If the CoP had not clearly messaged the 'open door' approach the risk was judgement on the part of a reviewer, being critical of the organisation or a staff member they were interviewing rather that undertaking a critical reflection on a policy, and this in turn leading to the organisation or individual feeling judged and becoming defensive. To make this work we needed to establish a clear unequivocal understanding on the part of both the Cross Organisational Quality Review Team (QR Team) that they were undertaking a 'review' the purpose of which was to identify if a specific policy or process was used, understood by staff or enacted in the way it was written/intended by the organisation and simply to make a report based on an assessment of:

- Satisfactory – that the policy matched the understanding of or actioning of the policy (we are doing what we say we will do).
- Observation – that the policy matched the understanding of and actioning of the policy but through the conversation between the quality reviewer and the relevant staff member a possible improvement was noted that the agency could consider as part of continuous improvement, at the discretion of the agency being reviewed (We are doing what we say we'll do but there might be a better/improved way)
- Action Item – there was a disconnect between the policy and how it was understood or enacted in the agency. Any action taken to address this was a decision for the agency in question as part of their internal processes (what we say we will do does not match what we are doing).

The Quality CoP has now developed a 3-year rotating Quality Review Schedule (See Appendix 1) running along three streams;

- Organisation Based
- Client Based
- Staff Based

This is overseen by the continuing Quality CoP together with coordination of the annual schedule, uploading of relevant documents and setting parameters along with mentoring the three QR Teams ensuring each agency has the relevant number of team members and when team members change, they are inducted and trained appropriately (See below in Professional Development). Over the period of MQH we have developed a strong CoP where relationships between agencies for quality roles did not exist and we are seeing regular communication outside of planned meetings to share resources, ask questions and at the CoP Planning Day in November 2020 the group committed to looking at how they can share information and discuss changes to legislation and identify opportunities to develop collective policies for changing compliances.

As discussed, the Quality CoP began from a base of quality reviews that were common across all agencies, what we have identified though is that this was simply the starting point. It was the safe starting point that did not raise organisational anxiety or defensiveness significantly but paved the

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[16] [gray.com.au](#) MQH would like to recognise the quality and generosity of GMS in the training they provided for staff.

'open door' approach and with continuing trust will allow the Quality CoP to continue to develop beyond a purist model of auditing to a matured approach of inquisitive quality reviewing. The difference being that in order to demonstrate real impact and continuous quality improvement we believe that even though the Cross Organisation Quality Review process allows for an independent review of current policy or procedure we haven't yet dug down far enough into how can we engage client voice in service and process development and how do we continue to recognise that not only is 'quality everybody's business' but that successful accreditation is the base line from which we launch best practice, it is the minimum standard not the pinnacle.

4. *Client Voice Network*

The establishment of a Client Voice Network is in the emerging stages for SCS. As mentioned above we began the MQH process focussing on quality and the opportunity to support each other with common compliance requirements. Again, the reason for starting in that space was that it provided an opportunity to 'test the waters' of collaboration in a safe space. As evidenced by comments above even this created some level of anxiety as collaboration beyond a shared client was unfamiliar and required relationships of trust that needed to be developed. Relationships in the quality space progressed well, to the point of shared resources, robust conversation on the differentiation between compliance and CQI and where the project best sat and how to best drive the project forward. But it is worth bearing in mind that the quality space did not involve engagement with clients of any agency, it did not seek to reflect on the quality of existing client feedback mechanism nor did it challenge the difference between predominantly static client feedback and the more inquisitive engagement of client voice which is the end goal.

Having established a strong collective quality review process the next step is now to investigate the engagement of client voice at a new level. This potentially can be uncomfortable for some individuals or in fact teams as we naturally are apprehensive about what clients or community might say about us as an individual or about our organisations service provision and do we want to publish that openly.

Using the IAP2 Public Participation Spectrum as a backdrop to the discussion we recognise that presently the SCS agencies are predominantly sitting in the Inform and consult phases, we provide a lot of information on social media and agency websites, we attend public events to provide information and promotional activities and we engage with public causes and activities the match our inclusive values to support community. We have rigorous client feedback systems that repeatedly ask for client feedback, and we consider that feedback internally, often at a management level and we publish our feedback reports.

But what we do not do, beyond statistics, is openly report on what we have done with that feedback, especially changes that we have made as a direct action from a piece of client/community feedback. We agree that it is actions like publishing the actual compliments, complaints and suggestions by clients and what action has been taken that will engender a sense of trust in the community that as a group of four agencies we are committed to hearing our community. It is this view that led SCS to undertake a video project where we have filmed a short piece from each agency with a worker speaking to a direct change the agency has made as a result of feedback. The examples range from responding to parent and

client needs during the pandemic when the community felt isolated to how we stay in touch and are available to our clients.

The Client Voice network is moving towards establishing how best to openly publish our client feedback and suggestions in an annual report to further encourage and demonstrate to the community how we value their feedback.

Moving forward, we are looking to a Human Centred Design approach to better understand how to engage our community and clients, what are our primary 'touch points' for effective engagement and how do we move further along the IAP2 spectrum into Involve and Collaborate.

The SCS CEOs ventured into this space in the last round of local government elections, using this as a public advocacy platform, inviting all candidates to a forum. Whilst the concept of a forum is not unusual in an election cycle, in this case we were not interested to hear about the candidates' agendas we wanted them to hear our agenda on behalf of our community. Candidates found the opportunity to engage with four CEOs who openly spoke to not just the statistics of what is happening in the community but the overlapping complexity of issues and a system that continues to be funded in a competitive and siloed model. Feedback from the forum was that it provided information that was highly relevant and insightful to the community the candidates hoped to be representing and it further developed relationships of importance.

The value of collaborating as four individual but connected agencies in this space is that we have the option to test and try different engagement strategies and openly share the insights or collectively undertake specific pieces of work to build community momentum. This is an example where when we move beyond traditional client feedback mechanisms and questions and into the realm of client voice the actual services delivered by an agency become irrelevant when we start from the premise of being inquisitive to know:

- What is the experience of seeking services when vulnerable?
- What makes you feel safe?
- What makes you feel respected?
- How can we be more inclusive? and
- Did you feel heard?

By incorporating this into our next piece of collective work we will establish a knowledge base beneficial to all agencies and common practices that support service delivery to our communities.

5. *Professional Development*

Capacity building was one of the shared objectives of MQH and what became evident once the project started was that again although the CEO's had a shared commitment and understanding of the collaborative concept and of each other's business that same knowledge at other levels in the organisation diminished significantly. As discussed earlier for operational staff it is a chaotic and busy environment simply doing their job in their agency, the knowledge they have of other agencies often comes from having shared clients or having a personal connection to someone who works in another agency. MQH undertook Workforce Survey across all four SCS agencies.

Prior to the start of MQH the HR Managers from across SCS had begun meeting on a quarterly basis to make connections, debrief and consider training needs. With the implementation of MQH we started looking at ways that the four agencies could support training across the agencies. Recognising that within a regional area such as Greater Shepparton there are often staff who move between employers and when a staff member moves between jobs the first thing a new employer does is have them complete an induction.

Inductions vary across agencies and include organisation and programmatic specific information, for instance reading policies and learning reporting structures etc but there are some common elements too. These can include understanding basic first aid, bullying and harassment in the workplace, occupational health, and safety and in the past 12 months COVID safe practices. These common elements where it was agreed were important and there were a variety of mechanisms used to support staff to understand their reciprocal rights and responsibilities in the workplace. They are an essential but often repetitive part of starting a new role, for both the employee and employer so the question was asked, "is there some way to minimise repetition but be confident the staff member has the necessary base understanding?"

Connect GV and Primary Care Connect had previously invested in an e-learning platform, KINEO (for PCC the platform was referred to as RESHEN as it had been customised as part of their partnership with Community Health providers) that both agencies found useful and of a good quality for staff training. The HR Managers were keen to investigate if KINEO could be a shared platform via which the HR Group could identify a core set of induction competencies that were compulsory for all staff, regardless of agency and then if a staff member moved between SCS employers their 'training report' would follow then and we could be confident that the new staff member had completed specific modules and the quality of those modules would be known, building organisation confidence that there is a common knowledge base and providing time and financial efficiencies.

On investigating KINEO for the HR Group it was determined that although a collective contract was an option, as an addition to the Connect GV contract it was not the easiest option at present. Firstly, Primary Care Connect was already using the same platform at a significantly reduced rates thanks to the existing contract with the regional community health alliance and secondly a collective platform, specific to SCS agencies would require a single administrator to be identified from across the participating agencies. Under the current configuration of KINEO the nominated SCS administrator would have access to the names and training reports of all participating staff and would be responsible for maintaining the training reports of all staff. An 'in house' sub administrator from each agency would be able to access their organisations staff reports and allocate additional specific training options but the overall administration would need to sit with one agency and there would need to be agreement on the core group of modules to be set up.

This raised privacy and confidentiality issues for the HR Group and whilst it is not an insurmountable problem it was determined that in the emerging phase of the HR Group, they were not yet at a point to consider this level of collaboration and the implications it would have. However, the idea of all agencies using the same platform was attractive and individual contracts were negotiated with KINEO for The Bridge Youth Services and FamilyCare so that all four agencies are now using the same platform with significant cross over in the allocated modules. There were additional costs for both agencies due to the smaller staffing numbers/licenses when compared to a collective agreement, but this was unavoidable.

One of the significant advantages to using KINEO is that we have the option to collectively use the COVID-safe and hand hygiene modules developed on KINEO, in addition to the cross over modules of OH&S, Bullying and Harassment and Duty of Care etc. In addition to the base modules allocated

individual agencies have also specifically allocated training to either whole staff groups or to specific roles and this has potential to be further streamlined across SCS as part of the HR Group discussions.

The other advantage of KINEO is that it provided a module development option where agencies can develop their own independent training on the platform and share with nominated agencies. The first example of using this was the development of an Introduction to Quality Reviews as a sustainable training mechanism for both internal and cross organisation Quality teams or all of staff. The module began as an alternative to the original 2-day training for the QR Team recognising that there will always be an issue of attrition and needing to replace and training various members each year was a given. The first iteration of an internal SCS training was delivered via video link as a power point presentation developed by the Project Manager. This has now been further developed for the KINEO platform allowing all four agencies to allocate that module to any relevant staff or in fact could go across all agency staff as part of the Quality is Everyone's Responsibility approach. The HR Group similarly has the option to develop other shared training modules to promote shared practice and knowledge across the agencies.

Social Work Internship Program

Early in the project an opportunity presented itself to think about how the SCS organisations could partner with the Centre for Excellence in Child and Family Welfare (CECFW)[17], Victoria's peak body for Child and Family Services and LaTrobe University, Shepparton Campus. CECFW was funded by the Victoria Government to support/develop capacity building initiatives for the sector. This work coincided with independent conversations more than one SCS agency had been having with LaTrobe University to identify innovative opportunities to support the future employment of Social Work graduates into the Not-For-Profit Sector locally.

CECFW were looking to identify a pilot group of metropolitan and rural agencies to trial paid Internships for 4th year Social Work students, SCS extended this model to offer a collaborative of four agencies each prepared to self-fund a 2 day per week Internship for 11 months, coinciding with 4th year studies and Fieldwork placements. SCS agencies had previously advocated for the development of the Shepparton campus Social Work program recognising that the sector had struggled to attract qualified social workers to positions. The number of qualified social workers had declined in agencies and the delivery of the Master of Social Work Course in Shepparton presented a great opportunity to support local students in local placement and hopefully extend that to retaining local talent in employment.

The model developed with the University and CECFW included a 2 day per week paid internship for 11 months that would not interfere with the 2-3 day per week course requirements in 1st Semester and 3 day per week Fieldwork Placement in 2nd Semester. The CECFW model working with individual agencies promoted an internship and fieldwork placement offered in the same agency. However, as a group of agencies we had greater capacity to guarantee a fieldwork placement in one of the four agencies if this was the preferred option of the students. We recognise that this can be difficult in small rural agencies where an agency with specialised service provision may not have the ability to offer a Fieldwork Placement in a role sufficiently different to the paid employment. Social work students cannot undertake placement in a role/team in which they are already employed.

The attraction of the Internship program to SCS as employers was promoting the NFP sector as a viable career pathway with broad opportunities, embedding 4th year students in their agencies to 'get a good look' at their skills and potential before offering longer term employment and contributing to the overall capacity and skill base of the organisations. For the students it was seen as a first paid role in their chosen field, it moves beyond fieldwork placements of 70 days to experiencing the expectations of being a paid employee with both the advantages and pressures that brings, the ability to 'check out' agencies over a longer period of time and finish their course significantly more 'work ready',

The project was trialled in late 2019 with a presentation of the proposed pilot program to the 3rd year Social Work cohort who were about to become the first ever 4th year cohort to study at the Shepparton campus. Students were invited to apply for a 2020 Internship, responding to position descriptions, as they would any paid role, the agencies short listed and ran interviews and made offers. Seventy-five percent of eligible students applied, and all were offered at least one interview which provides experience in preparation for post-graduation. Five internships were offered across three of the SCS agencies for 2020 and a further three offered in 2021. Of the five initial internship all five of those students gained long term employment with an SCS agency post their internship.

Findings from the initial pilot project demonstrate that the internship drives positive change in delivering quality social workers that make a difference for children, young people, and their families in Greater Shepparton with 'improved professional understanding' and refined professional interest.

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[17] https://www.cfecfw.asn.au/

When asked if this was an opportunity they would recommend one intern said 'it is a great way to build confidence without being neck deep in it as a full time worker' and other interns reported that after agency staff became familiar with the difference between placement and internship that they felt 'more valued as an intern and (their) opinion is valued'.

The CEO's saw the opportunity to move beyond 'students feeling temporary' and embedding interns as employees, 'our people.' Building workforce capacity and going beyond university in teaching 'what it's like to be part of an agency' provides opportunity to build 'professional networks and knowledge.' As with any pilot program there were learnings from promotion and recruitment and how agencies message an internship to staff as being different to placement, but these will continue to develop in the next iterations.[18]

Next steps/Future opportunities

Regarding quality the next challenge is to move from procedure auditing to process auditing. We are currently doing procedure audits where we take a single policy or procedure and go through the motions of checking if the words on paper match the actions on the ground, but this is a moment in time and in no way identifies the gaps between procedures, where clients or their information might hit a roadblock or require duplication because our procedure don't follow along sequentially. If we have written policies and procedures as isolated functions, we risk missing the interconnections where they link together. But if we take a process such as the client journey from intake to service delivery and exit and step through that space in the shoes of a client, we gain a new insight into how easy or hard it is and how connections may not line up. Process auditing takes longer and is a more intense piece of work, but the opportunity is that we are testing a number of procedures and policies in the same process.

Finally, the recent recommendations of the Family Violence Royal Commission alone have presented more than one future opportunity for the collaboration. Firstly, the release of the MARAM Information Sharing Entity requirements presents us with an opportunity to work together to embed the necessary documents, and cultural shifts needed to further enhance agency responses both as service providers and as employers. Secondly the release of Recommendation 209 that will require any person operating as a specialist Family Violence practitioner to hold a Social Work degree or equivalent opens the potential impact that our internship project can have. Not only in the recruitment and job ready preparation for 4th year students but also collectively considering how we can implement a model that supports existing staff wanting to upskill to a bachelor's degree and the requirement of the necessary Social Work supervision in house to support these staff.

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[18] For a copy of the Internship Evaluation from 2020 please go to
https://www.primarycareconnect.com.au/shepparton-community-share/

Conclusions

One of the great strengths of design is that we have not settled on a single definition. Fields in which definition is now a settled matter tend to be lethargic, dying, or dead fields, where inquiry no longer provides challenges to what is accepted as truth.

Richard Buchanan (2001)[19]

Health and community organisations have always been recognised for their commitment to best practice, quality, systems and processes and continuous improvement. And it is thanks to the generosity of philanthropic trusts such as HMSTrust, that this sector is often able to take an innovative idea, test it out in a localised environment and see just what impact we can have on the sector, our local service provision, and the communities we serve. As service delivery agencies, our regulators and funders equate our quality provision with the award of accreditation, certification and/or verification, which is essential, but we need to continue to push towards innovation in both direct service delivery, our front of house, and administrative, back of house functions. We are not a sector to just 'keep doing what we've always done' and we believe that MQH has demonstrated that much of our innovation needs to focus now on our back of house functions.

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[19] Stickdorn, M and Schneider, J (2001) *This is service design thinking. Basics-Tools-Cases,* Hoboken, New Jersey, p32.

Appendix 1- SCS Cross Organisation Quality Review Schedule

The Shepparton Community Share collaboration has committed to the development of a collective continuous quality improvement program as part of the Making Quality Happen Project. As such the Quality Community of Practice (CoP) has developed a three-year Quality Review Schedule as outlined below.

The four partner agencies have each nominated three staff who form the Joint Quality Review Teams, (3 teams consisting of one staff member from each organisation), these teams will, under the direction of the Quality Community of Practice, undertake 3 Quality Reviews per year as detailed below. Team allocation will be via the Quality CoP and no staff member will conduct a Quality Review in their organisation of employment.

It must be noted that the purpose of a Quality Review is to 1) support individual organisations to meet any compliance requirements for accreditation and 2) as a collective identify when processes may be improved by having taken an open door approach and asking inquisitive questions beyond the compliance scope, identifying opportunities for continuous quality improvement (CQI).

	Organisation Based	**Client Based**	**Staff Based**
Year 1	**Administration Processes** • Key register • Document Archiving (safe storage, easy access/royal commission and destroying) • Document Control	**Lifecycle of client** • Reception environment (What does reception look like? Are reception processes documented, are their scripts for answering the phone, how do people know this if they do not work on reception?) • Intake processes • Exiting processes	**Lifecycle of worker** • Induction/onboarding (inclusive of the Probationary Period sign off) • Staff Supervision (Frequency, Best practice, Purpose) • Exiting/offboarding
Year 2	**Administration Processes (Continued)** • Vehicle maintenance (tracking odometers/changeover/servicing) • Contractor engagement (sign in and sign out, induction and insurance coverage)	**Client feedback** • Client feedback policy (how do we determine the questions we ask) • Complaints/compliments (Monitoring client feedback, what do we do with it? How much is too much?)	**Recruitment and Performance** • Recruitment (including approval to advertise, development of KSC, interviewing and staff safety screening) • Staff performance management • Board Recruitment

	• Petty cash procedures (staff access guidelines and what it can be used for/approval processes)	• New Program Development (do we have a decision-making matrix; do we engage client voice in program development)	
Year 3	**Essential Services** • Fire and evacuation procedures • OH&S Inspections • MSDS	**Client and worker Safety** • Extreme weather (staff travel, contact with clients, scheduled activities) • Privacy and Confidentiality of Client information (are we only gathering relevant information, client access to their information) • Client Activities and Excursions (Risk assessment templates, access to medical forms, level of personal responsibility identified)	**Staff and Volunteer processes** • Staff Professional Development (Compulsory training, Refresher training, tracking staff completion and access to discipline/program specific training or supervision) • Conflict of interest/additional employment • Volunteer policy (inclusive of recruitment, screening, professional development, and ongoing supervision/support)