

DISCUSSION PAPERS

POLICY AND GOVERNANCE

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hole-of-government:
Does working together
work?

Sue Hunt

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Sue Hunt (Sue.Hunt@health.gov.au) was, at time of writing, completing a Master of Public Policy degree specialising in Policy Analysis at the Asia Pacific School of Economics and Government, the Australian National University. She is currently an officer at Australian Department of Health and Ageing.

Abstract

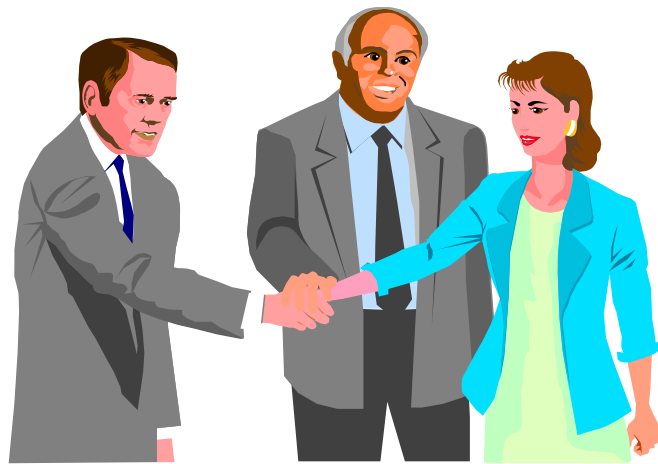
The idea of whole-of-government processes as a pathway to more efficient and integrated government has risen in popularity in Australia over the past decade.

Despite fairly widespread support for the principles of whole-of-government, a number of issues require serious consideration. The major areas of potential difficulty arise in relation to ensuring accountability for publicly funded activities, overcoming the silos created by departmentalism or vertical styles of management, and balancing inclusion in public policy development with the unwelcome effect of 'many hands', namely fragmentation and lack of coordination. In addition, and absent from much of the specific public administration literature on whole-of-government, is a consideration of the role of interpersonal relationships and individual behaviour as they impact on organisational values, ethics and culture.

Four operational levels of 'joining' in the public sector are also identified, namely interdepartmental, intradepartmental, intergovernmental and intersectoral. Then, current whole-of-government mechanisms at work in the Australian Department of Health and Ageing for developing child and youth health policy are identified and described in relation to these levels. Differences are observed and analysed between the child health and the youth health processes.

Knowledge and attitudes of public servants to the whole-of-government vision are also seen as critical for the success of whole-of-government. Interviews with a sample of Department of Health and Ageing (DoHA) officers with a key role in child and youth health policy development provide some experiential learning about the essence of the barriers and practical ingredients for success.

Whole-of government – does working together work?



SUE HUNT

This discussion paper is a revised version of a Policy Analysis Report written as part of the requirements for master in public policy, Australian National University.

WHOLE-OF-GOVERNMENT - DOES WORKING TOGETHER WORK?

1. TABLE OF CONTENTS	2
2. LIST OF ACRONYMS	3
3 INTRODUCTION	4
4.EXECUTIVE SUMMARY	6
5. BACKGROUND	
5.1 Whole-of-government: where did it come from	7
5.2 International experience	7
5.2.1 <i>Britain</i>	8
5.2.2 <i>Canada</i>	9
5.2.3 <i>Australia</i>	10
5.3 Levels of whole-of-government	10
5.4 The challenge of whole-of-government	10
5.4.1 <i>Fragmentation</i>	11
5.4.2 <i>Accountability</i>	11
5.4.3 <i>Departmentalism</i>	13
5.4.4 <i>Relationships – the ‘people’ factor</i>	13
5.5 Does it work? – questions remain	14
6. METHODOLOGY	15
6.1 Officer interviews	15
6.1.1 <i>Questions for discussion</i>	16
7. CHILD AND YOUTH HEALTH POLICY IN THE FEDERAL ARENA	17
7.1 <i>Policy context</i>	17
7.2 <i>Configuration of whole-of-government processes</i>	17
7.3 <i>Description of child and youth health whole-of-government processes</i>	17
8. FINDING A WAY	20
8.1 Fragmentation	20
8.2 Accountability	22
8.3 Departmentalism	23
8.4 Relationships – the ‘people’ factor	24
9. CONCLUSION	27
10. ATTACHMENT 1	29
11. REFERENCES	30

2. LIST OF ACRONYMS

AHMAC	Australian Health Ministers' Advisory Committee
AHMC	Australian Health Ministers' Advisory Conference
AGs	Department of the Attorney General
APS	Australian Public Service
AP Lands	Anangu Pitjantjatjara
COAG	Council of Australian Governments
DEST	Department of Education, Science and Training
The Department	The Department of Health and Ageing
DoHA	The Department of Health and Ageing
FaCS	The Department of Family and Community Services
IPAA	Institute of Public Administration Australia
IDC	Inter Departmental Committee
JWW	Joint Ways of Working
OATSIH	Office of Aboriginal and Torres Strait Islander Health
PHD	Population Health Division
PM & C	Department of Prime Minister and Cabinet
PMR	Performance Management Review
RCAGA	Royal Commission on Australian Government Administration
SES	Senior Executive Service
STO	State and Territory Office

3. INTRODUCTION

In Australia, fragmentation and lack of coordination across agencies (and levels of government) responsible for delivering government services, has been identified as a major problem (Wilkins, March 2002). As early as 1976, when the Coombes report was released (RCAGA, 1976), 'whole-of-government' solutions have been suggested as a way, it not *the* way, of addressing this problem.

'Whole-of-government' strategies generally entail deliberate action, usually, but not always, on the part of government, to facilitate cross-departmental and inter-organisational cooperation in the development and implementation of a particular public policy and/or the delivery of services. The term 'whole-of-government' is most commonly used in Australia, and in this report. Other terms, including 'joined-up' government and 'horizontal' management can, and often are, used interchangeably.

The former is primarily applied in British settings, while the latter is associated with Canadian public administration. At the same time, new terms, such as 'joined-up ways of working' (Dixon et al, 2001) are emerging in response to the dynamic public sector environment, particularly the blurring of boundaries with the private sector. Collectively, they all describe a broad range of coordinating and integrating public sector management mechanisms operating at a number of levels. In fact, the shifts in definition and evolution in interpretation of the set of whole-of-government terms over time, are significant to public sector observers and commentators in their own right, being a reflection of some of the contemporary issues in the changing role of democratic government.

Why is whole-of-government becoming something of a 'catch cry' coming from within modern government and the general public? The answer lies in the belief that certain practices designed to increase integration, can be employed in the policy development and implementation cycle that will increase the likelihood of nationally consistent and more holistic and effective policy outcomes. That is, rather than a 'piecemeal' approach so often seen as a result of the complexity of the organisation of government functions, whole-of-government processes will pull together infrastructure, and relevant expertise and resources across the public sector (and increasingly the non government sector). It is expected that this will result in policy and inevitably, program synergies that will better serve the public interest.

Indeed, a more integrated approach to government, from the outset, appears to offer policy benefits, particularly in terms of providing more coordinated and 'user friendly' services with easily identifiable points of access, and by demystifying government policy processes to better support public participation in policy development. By logical association, it would also appear to offer efficiencies in terms of economies of scale.

Unfortunately, the path to integrative government via whole-of-government practices is neither simple nor straightforward. Firstly, whole-of-government can mean a number of things and have numerous permutations. Secondly, whole-of-government processes may be broadly and/or comprehensively applied, or may be highly specific, or targeted. Thirdly, they can be informal or formal and either carry authority or consist of nothing more than a 'gentlemen's agreement'. For example, at one level, they can provide a joint legislative framework for a program, while at a less formal level they can mean shared funding and accountability mechanisms, or even very loose levels of cooperation that may only involve sharing information at different stages. Clearly, 'whole-of-government' is a relatively nebulous concept and whether or not the use of these practices, in their many shapes and forms, will guarantee more integrated and collaborative government has not been universally demonstrated.

Accordingly, this report analyses whole-of-government processes from the public sector management viewpoint with reference to the development of child and youth health policy within Australia's federal Department of Health and Ageing (DoHA) by:

- identifying and describing the whole-of-government processes being used by the Commonwealth Department of Health and Ageing (DoHA) to advance the government's child and youth health agenda; and

- assessing the effectiveness of these processes in terms of achieving more integrated and collaborative public policies.

4. EXECUTIVE SUMMARY

The idea of whole-of-government processes as a pathway to more efficient and integrated government has risen in popularity in Australia over the past decade. Australia has taken its lead from other western democracies in this respect. However, the way whole-of-government is done in Australia has distinctive characteristics compared with other countries. One of the most recent emphases seems to be on minimising the role of central agencies by devolving whole-of-government activity to the community. This is being done by deliberately promoting bargaining between stakeholders, particularly service providers. This has some practical advantages in terms of avoiding higher level political and 'turf' problems and maintaining the integrity of the current ideological commitment to a less interventionist style of government (Peters, 1998,p. 307). This pattern is distinct from Britain, which has more comprehensive and systematised whole-of-government (or joined-up government) processes at the upper levels. It also contrasts with Canada, with its focus on multiple and complex *direct* partnership arrangements.

Despite fairly widespread support for the principles of whole-of-government, a number of issues require serious consideration. The major areas of potential difficulty arise in relation to ensuring accountability for publicly funded activities, overcoming the silos created by departmentalism or vertical styles of management, and balancing inclusion in public policy development with the unwelcome effect of 'many hands', namely fragmentation and lack of coordination. As well as acting as possible obstacles to the successful implementation of whole-of-government in the first instance, whole-of-government processes, themselves, may actually generate problems arising from these issues. In addition, and absent from much of the specific public administration literature on whole-of-government, is the 'people' aspect. The quality of interpersonal relationships and individual behaviour collectively spell organisational values, ethics and culture, and this can 'make or break' whole-of-government aspirations.

Four operational levels of 'joining' in the public sector are identified in the report, namely interdepartmental, intradepartmental, intergovernmental and intersectoral. Then, current whole-of-government mechanisms at work in the Department of Health and Ageing for developing child and youth health policy are identified and described in relation to these levels. Differences are observed between the child health and the youth health processes and some of the possible reasons for this, and their implications, are explored.

Knowledge and attitudes of public servants to the whole-of-government vision will be critical for its success. Interviews with a sample of Department of Health and Ageing (DoHA) officers with a key role in child and youth health policy development provide some experiential learning about the essence of the barriers and practical ingredients for success. These can be expressed within the framework of fragmentation vs coordination; opacity vs accountability; and verticalism vs horizontal management. Then, issues such as leadership, resources and trust, seen as overarching this framework, are discussed.

5. BACKGROUND

5.1 Whole-of-government: where did it come from?

The notion of 'whole-of-government' or 'joined-up' government as a form of public service delivery has its origins in Great Britain, where it has become synonymous with the 'New Labour' and 'Third way' political thinking. According to Flinders (2002), the concept of joined-up government is positioned within Governance theory, which 'reconceptualises traditional approaches in examining the state and the complex social systems in which it operates'. Flinders proposes four themes within governance theory that are useful for considering the performance of joined-up governmental activities ie 'control, coordination, accountability and power'.

As formal government policy in Great Britain, ideas for 'joined-up' and holistic governance were articulated in the 'Modernising Government' White Paper, UK, 1999. Later in 1999, Bevir and Rhodes compared this with policies of the 'New Right' and social democrats. They see the Blair government as the driving force in employing 'joined-up' approaches to public policy development and implementation as part of its vision for a 'stakeholder society' based on partnerships and networks, where the role of government as an 'enabler' balances the market. This is seen, in part, as a response to government overload.

5.2 International Experience

With a relatively rich level of experience in developing and implementing whole-of-government strategies in public administration, it stands to reason that Britain, more than other countries, appears to be moving forward from the conceptual treatment of whole-of-government to the more empirical. This is evidenced by the work of Ling (2002) who reviewed problem solving approaches attributed to a range of agencies and authors and based on these, developed key recommendations for 'best practice' in the areas of goal setting; accountability; networking and alliances; skills and learning; and time and money. Many of these, including the importance of commitment to shared goals, trust and leadership resonate with the comments of the DoHA officers who were interviewed. Mulgan's conclusions (2002) that many of the joined-up British government reforms to date, have had limited capacity for success, also support the findings of this report. He cites a failure to meet fundamental conditions for government that 'works' ie emphasis on clearly identifiable critical tasks supported by authority and resources; a clear sense of 'mission' from top to bottom; and sufficient flexibility to allow 'managers to manage'.

By comparison, the Australian literature is relatively sparse by way of detailed and comprehensive information on how 'to do' whole-of-government, although Podger (16 November 2002) talks broadly about key challenges to integration in the areas of information, accountability and responsiveness, and leadership. Having said this, he treats 'whole-of-government integration' as a separate issue requiring a focus on implementation via chief executive performance agreements and the budget process. Dixon et al (2002, p 4) identifies ways of working to strengthen families and communities, and although this relates mainly to cross sectoral action, it does have some issues in common with those in the British literature relating to *high* level whole-of-government processes, including high level government support and leadership, good personal relationships and dedicated resources.

While the concept of leadership is woven throughout much of the whole-of-government literature, one specific aspect of leadership is emphasised, once again, in the British literature, as a factor that can have a significant influence on success: Heavy reliance on Prime Ministerial authority, personal involvement and interaction for successfully achieving and sustaining joined-up government. 'The tradition of coordination through personalism' (Richards and Kavanagh, 2000 and 2001). This finer point is seemingly absent from Australian sources, even though there is brief mention made by Podger (2002) of the role of central government agencies.

A summary of the brief history of whole-of-government initiatives in Britain, Canada and Australia follows. As previously mentioned, the term 'joined-up' government tends to be used

in the United Kingdom, while 'horizontal' management' or horizontal government' is used in Canada . In Australia, integrated or collaborative government are corresponding terms (Edwards, 2002, p. 56), while 'whole-of-government' tends to refer to the *set of processes* that are intended to result in more integrated policy and service delivery outcomes for government.

This is not an exhaustive list of democratic countries that have implemented whole-of-government type processes. Ling (2002) provided a more comprehensive account of international examples of joined-up government that covered the Netherlands, New Zealand, Sweden and the United States, as well as Great Britain, Australia and Canada. The latter three were selected for this report because their political and social systems most closely approximate those of Australia, and because their experiences appear to have the most direct relevance for Australia.

5.2.1 Britain

Following some forays into joined-up government in Britain by both previous Labour and Conservative Party administrations, it was Tony Blair's 'New Labour' that has sought to implement joined-up government in a more systematic, comprehensive and explicit manner. Part of the reason for this was, that after a long period in opposition, British Labour politicians felt confident that joined-up approaches had a good chance of success, many having directly experienced this success in their own constituencies (Mulgan, 2002, p.26). In addition, the most intractable problems were largely the complex social issues that cut across traditional vertical program structures such as poverty, crime, drug use, teenage pregnancy etc. A rise in the awareness of the general public as consumers of services increased expectations that services and government programs should respond better to individual needs. (Mulgan, 2002, p.26). Advances in telecommunications, especially information technology also facilitated horizontal communication, making working together much more possible and feasible.

Since the Blair Government came to office in 1997, the major joined-up reforms centred around measures aimed at more broadly overcoming the 'wicked issues' (Kavanagh et al, 2001, p. 8). This primarily referred to 'departmentalism', where political and administrative boundaries between departments (and organisations in general) are vigorously upheld and even jealously guarded. This 'territorialism' can be reinforced by incentives, both explicit and implicit, and in its most pronounced form can result in what has been described as 'fiefdoms'.

One of the strategies for overcoming departmentalism and producing better quality, more integrated policy was to establish coordinating policy units close to the centre of government such as the Social Exclusion Unit and the Performance and Innovation Unit. These regularly also resulted in corresponding joined-up delivery units. Some other sweeping reforms such as the 'Treasury approach' created national joined-up budgets and a change in the emphases of accountability away from solely quantitative measures of inputs and outputs toward more qualitative and holistic measurement of performance against outcomes. Ministers were also appointed with cross cutting portfolio responsibilities, government Departments were restructured and realigned to reflect cross cutting issues, and in line with a push for greater efficiency and improved consumer responsiveness, market and quasi market mechanisms such as privatisation and compulsory competitive tendering were widely adopted (Mulgan, 2002, p 27).

The British record of success in joined-up government remains, however, a matter for some debate. Kavanagh et al (2001) identified problems with implementing joined-up government stemming from an inability to overcome persistent departmentalism, and recommended this issue be addressed by expansion of the joined-up government program, coupled with reform of the British Parliamentary system. Ling, (2002 p. 618) notes that while joined-up government is not as prominent during the second term of the Blair government it is still pivotal, and, in his analysis, does not always result in coordination and blending of programs, but can actually lead to increased competition, overlap and fragmentation of delivery. Another unanswered question raised by the British experience that is being echoed in Australia is ascertaining the role of the centre in facilitating locally implemented joined-up government (Ling, 2002, p.640).

5.2.2 Canada

Because of Canada's similarities to Australia in terms of system of government, colonial history, population, and demographics it is also worthwhile briefly recounting Canada's record of 'horizontal' management reforms.

The 'Programme Review' in 1994 made sharing of resources between programs more possible and this has been translated into more integration and collaboration within government. For example, the Great Lakes 2000 Initiative brought together Environment Canada, six other federal government departments and four provincial ministries for the implementation of environmental and health measures. Cross cutting performance targets were used.

While these examples seem to provide evidence that Canada has more fully embraced the spirit of partnerships between different levels of government and between the public and the private sectors for service delivery, the Canadians have raised difficulties of accountability as the single biggest issue in horizontal government. In particular, there has been criticism of the quality of the information collected and there are continuing difficulties in balancing the need to retain flexible reporting mechanisms and a lack of transparency of these, less formal accountability measures. (Ling, 2002, p.619)

5.2.3 Australia

While the quest for more coordination and integration across government is not a new phenomenon in Australia, it was not until the Whitlam government that whole-of-government emerged as a deliberate policy priority, associated with this administration's strong program of social policy reform. It pursued the merging of various functions and the delivery of cross sectoral services through organisations such as the Social Welfare Commission and the Department of Urban and Regional Development. It also initiated the Royal Commission into Australian Government Administration (RCAGA) which was to address coordination issues. The RCAGA report (1976) argued for the breaking down of 'silos' and 'a new style of administration to place greater emphasis on the availability of comprehensive local level service delivery. This supposedly had the aim of giving citizens a greater sense of connection to the decision makers. In order to do this, among other things, it proposed a 'one stop shop' at which government transactions with all levels could be conducted (RCAGA 1975, p 4-7).

The theme of cooperative government was picked up partially by the subsequent Fraser administration. Future Labor governments, while supporting the original spirit of the RCAGA recommendations responded in a mixed fashion, and largely in the context of support for 'smaller government'. This tended to produce policy preferences aimed at improving management by balancing the sharing of responsibilities with clarification of roles and lines of accountability. More recently the Howard government has focused on inter-governmental coordination via the Council of Australian Governments (COAG) process (established by the Hawke Government) and an emphasis on coordination and integration of services at the community level, particularly in rural and remote areas, and for Indigenous peoples. Perhaps the Howard Government's most high profile whole-of-government 'success story' has been the creation of Centrelink in 1997, which brought together the service delivery networks of 25 government client agencies (Barrett, 2003).

Most recently in Australia, under the Coalition government, the phrase 'whole-of-government' has been applied not only to processes for integrating the activities of government, but also to ways government can work with non government agencies and community organisations to develop more holistic policy. Whole-of-government and whole-of-community are converging, particularly as partnerships and strategic alliances are formed between the private and public sectors. Perhaps a more apt term for this merging of government and non government processes is 'joint ways of working' (JWW), coined in December 2001 by Dixon et al of the Australian National University National Centre for Epidemiology and Population Health (NCEPH). This expansion of the concept of whole-of-government appears to be associated with the trend to smaller government and a re-invention of government away from a 'command' and 'control' role to one that facilitates, or 'steers'.

5.3 Levels of whole-of-government processes

The problems of implementing effective whole-of-government processes, while generally consistent throughout the system, operate at different levels of integration. Building on the concept of 'whole-of-government' Dixon et al (2001) have teased out the concept of 'joint ways of working' by identifying three levels. These levels are also useful when considering the architecture of Australian child and youth health policy and are important for deciding when and how solutions will be targeted:

cross departmental, refers to coordination and joint policy making across Federal Government agencies and portfolios

cross governmental, refers to processes between the different levels of government, usually Federal, State and Territory and local; and

cross sectoral, refers to the participation with government, of individuals and non government, community and professional organisations that are considered representative of the recipients of services and/or have specialist knowledge and expertise in a certain field of government policy.

A fourth level, 'intradepartmental' will also be included (Matheson, 2000, p 45) as the degree of fragmentation within DoHA was found to be an issue for Departmental officers. When examining national child and youth health policy, it also became clear that interdependencies between each of the four levels help to explain the overall advantages and shortcomings, of whole-of-government ways of managing public policy development. For this reason, while this report will largely focus on interdepartmental and intradepartmental processes, managed by the Department of Health and Ageing, the other two levels will be included in the discussion, when relevant. This is consistent with Podger's view (2002) that whole-of-government does not so much mean integrative processes *per se*, but applies to a drive for integration that reaches from the top (central government agencies) through to the bottom (or service delivery end).

5.4 The challenge of whole-of-government

Similar to Britain and Canada, support for whole-of-government strategies in Australia is growing. This is happening at many levels, including within government itself, the public service, and amongst the wider community.

At the highest political level, integrated government is being promoted by the Prime Minister. As quoted by Barrett (2003), John Howard, in his Centenary of the APS Oration in 2001 said 'A federated governance approach is desirable. A federated governance system is one in which independent agencies work together to achieve an optimal outcome for each other and government as a whole'.

According to Considine (2002), in Australia, trends toward joined-up government coupled with public sector reforms that incorporate private sector and commercial principles, are impacting on more established models of public administration. Government departments are being expected, more and more, to work at establishing partnerships with other Government and non-government agencies, at all stages of the policy development and implementation cycle. This is resulting in the traditional vertical lines of management and accountability, being replaced or complemented by more horizontal governance. Indeed, in Australia, it could be said that whole-of-government approaches, in a number of public policy areas, could more accurately be described as 'holistic governance'. In this environment, joined-up government has many implications for the way government agencies work. For example, Considine (2002, p. 35) also observes that as government interacts more closely and openly with the private sector, government agencies can be seen taking on some of the characteristics of non-government organisations.

Some government departments, such as the Department of Health and Ageing, have responded by making structural adjustments and establishing mechanisms aimed at better coordination and integration of policy development within and across portfolios. To a

somewhat lesser extent, other measures have included changes in the way both administrative and program resources are managed within departments.

Clearly, for the public sector manager, the trend toward whole-of-government raises some significant issues and potential barriers that must be overcome in order to achieve effective, sustainable, legal and ethical integrated government. These barriers can broadly be categorised within the following areas:

Fragmentation
Accountability
Departmentalism
Relationships – the ‘people’ factor

Allowing for variations in terminology and typology, there is a general congruence in the evidence to suggest that the first three are the major broad areas of concern. However, as seen in the overview of experiences in Britain, Canada and Australia, the relative predominance of each appears to vary across the different countries where whole-of-government processes are being instituted.

In addition there is substantial documentation, though not usually as part of the specific whole-of-government literature, of the importance of relationships or the ‘people’ factor for more collaborative ways of working. This extra dimension overlays all three of what can be considered the more operational issues of fragmentation, accountability and departmentalism.

What follows is an account of the significance and the role in whole-of-government of each of these four areas.

5.4.1 Fragmentation

More integration and collaboration, ie working together more efficiently, on first inspection, may be expected to deliver better coordinated policies and services. In fact, arguments for more integration and coordination often go hand in hand. However, instead of increasing coordination and coherence, whole of government approaches can, and often do, have the unintended effect of increasing fragmentation and confusion within the system. Peters (1998) sees an inherent contradiction in the spread of horizontal management and the ability of governments to adequately and efficiently achieve policy goals and argues that integration within networks may reduce the capacity to coordinate across networks. More horizontal management structures that shift the structure of the public sector from a *hierarchical* to a *heterarchical* bureaucratic model can make holistic public policy making more difficult, increase fragmentation and obfuscate lines of responsibility. (Kavanagh et al, 2001, p 9). The British practice of setting up centralised coordinating units has had the effect of bi-passing departments in some cases, adding additional layers and complexity to the policy development process. Richards et al (2001) quote Hennessy giving evidence to the House of Commons Select Committee on Public Administration in 2000 ‘this is the most disjointed government I have ever observed. Trying to work out who is in the lead and where the overlaps are, is almost a life’s work’. The same authors also observed that fragmentation and lack of coordination resulting from joined-up policy is a problem within, as well as across, departments (2002, p 15).

5.4.2 Accountability

Concerns about accountability are, arguably, paramount when considering the efficiency and efficacy of whole-of-government processes. This report assumes a narrow view of accountability ie, in terms of political and legal channels (Mulgan, 2000, p.13) because of its historically strong association with rules and regulations, or explicit agency policies. Having said this, accountability may be interpreted much more broadly, and, as such, could also be applied across the other three areas ie fragmentation, departmentalism and relationships. Mulgan (2000, p 6) points out the distinction between core notions of ‘accountability’ and extended notions of accountability. He cites the growing use of accountability and responsibility (referring to the external and internal aspects of behaviour), as a cornerstone of democracy. This notion encompasses ‘responsiveness’ and a sense of general responsibility of public servants to the public interest.

One of the biggest complaints about vertical styles of management is that nearly all government programs have their own funding channels or operate within 'silos'. This often results in the duplication of effort and expenditure as multiple programs with similar target groups and objectives may be funded and implemented separately, each without knowledge of the other. Not only can this occur across different Federal portfolios, it is not unknown to occur within the same portfolio.

The British introduced strategies in an attempt to overcome this persistent problem during the 1990s. Some of these included a 'Treasury approach' that first emerged in 1997-98 in the form of a Spending Review involving the systematic review of policies and allocations for programs which cut across departments. A second spending review occurred in July 2000 with 15 cross cutting policy reviews. Instead of accountability mechanisms focusing on inputs and outputs, the emphasis changed to reporting against broader performance indicators designed to measure progress toward targets and outcomes that had been agreed across programs. (Kavanagh et al, 2001, p12)

Australian government is following suit in many ways by introducing accrual accounting and developing resources to assist in measuring for performance rather than on the traditional input/output model. However, in Australia, real systemic change to make accountability processes more flexible is happening only superficially, and concrete institutional arrangements to aid integration are not overly well developed or evident.

Whole-of-government processes often create tensions for governments and public sector managers. This tension springs from the need to balance accountability requirements for public expenditure with more flexible ways of allocating resources for program delivery, in order to more effectively cater to changing community needs. The existence of this dilemma is supported by Mulgan et al (2000), who claim that there is still a high degree of risk aversion in public sector managers because of traditional lines of ministerial accountability. They also suggest ways of addressing this by 'managing for results', or 'strategic outcomes that allow some latitude to public sector managers without fear of reprisals' (Mulgan et al, 2000, p 10). One way of reconciling dilemmas of accountability suggested by both Barrett (2003) and Podger (2002), citing a research paper 'Working together: Integrated Governance' (Institute of Public Administration Australia, 2002) is by adopting the 'lead agency' approach for whole-of-government activities.

In a paper presented to the Australian Council of Auditors General in 2003, Barrett, reviewed the strengths and weaknesses of a number of examples of joined-up government, particularly in relation to accountability measures. He agreed that the concept of joined-up government has been incorporated into notions of public private partnerships. He also concluded that these arrangements present new challenges for public sector officials and senior managers, not to mention government ministers, particularly in the area of public accountability. Wilkins (2002) built on this by reviewing accountability approaches to joined-up government and observed that these approaches need further development. Namely the complexity of the multiple relationships in partnerships needed to be taken into account, in order to share responsibility for outcomes more effectively.

5.4.3 Departmentalism

Departmentalism is considered the antithesis of whole-of-government, which thrives on a culture of interdependence. According to Kavanagh et al (2001, p1): Departmentalism 'covers a mix of political, policy and governmental pathologies' and it was implied by Tony Blair in 1999 that 'civil servants were protecting their own interests rather than advancing government programs'. Departmentalism is closely associated with 'vertical' ways of working in the same way that whole-of-government processes are linked with horizontal management.

It is also worth emphasising that the persistence of departmentalism is closely linked to the constraints public sector managers regularly experience as a result of their accountability obligations. These generate a high degree of risk aversion, compared with the private sector. This may partly explain why the explicit commitment of the Prime Minister to integrated funding and shared performance arrangements is so critical for the success of whole-of-

government endeavours: Shifting responsibility to the Prime Minister and central agencies reduces the personal and professional risk of individual public servants and line departments.

Departmentalism or 'verticalism' is consistent with the idea of rational decision making as a style of policy development. It has proved both effective and efficient as a means for managing certain areas of public policy that necessarily operate within strict legislative and accountability frameworks for the expenditure of public funds. However, the limitations of vertical management have, over the last ten years or so, come into sharp focus. Promoting departmental interests may, and often does, work against the interests of consumers (Kavanagh, p.1). Beale (1995) also argues the need to break down 'turf protection' in terms of economic development, by likening whole-of-government approaches to eliminating trade barriers. Richards (2000) explains verticalism in terms of public choice theory, where departmental managers are conceptualised as self interested utility maximisers, making it quite logical for them 'build their own empires' and develop relationships with certain groups to the detriment of consumers or the taxpayer. Clearly defined functional departments also reinforce departmentalism by making them the easily identifiable targets of interest groups and creating a type of 'siege mentality' among senior officials.

Richards largely places the 'blame' for departmentalism at the feet of bureaucracies, not the politicians, who he portrays as relatively passive within the system. This view was shared and acted upon by British politicians like Thatcher who was suspicious of the civil service and saw a more 'managerialist' public sector as one solution (Richards et al, 2000). Mulgan (2002, p.27), acknowledges a more active role for politicians, in that 'joined-up government has to be aligned with political realities' and 'politicians need incentives for encouraging them to take on issues requiring horizontal management'. In Australia, the view that politicians have a part in perpetuating departmentalism appears much more widespread and is articulated in Podger's 2002 speech where he makes strong links between politics and power.

5.4.4 Relationships - the 'people' factor

The quality of relationships between people participating as individuals or as part of an organisation or institution, fundamentally uphold whole-of-government processes. They do this by supporting negotiation, cooperation and sustained and continuing interaction between the various players. British researchers Milbourne et al (2003) recounted a lack of integration resulting from poor interpersonal relationships within teams, and in Australia Podger (2002) acknowledged the 'people dimension' and noted that integration is based on relationships. Edwards (2002) also referred to relationships by emphasising the importance of 'engaging and winning the support and competence of staff and reducing the gap between reality and rhetoric'

Central to relationships for supporting whole-of-government is trust, which also features prominently in the literature about integrated and holistic management, horizontal management, collaboration and cooperation. As mentioned in Section 5.3, the issue of trust appears in Ling's key recommendations for good practice (2002) and Dixon et al (2002) feature trust and relationships quite prominently in their work on 'joint ways of working'. Curral et al (1995) explores the concept of 'boundary role persons' and their significance to the development of trust across organisational boundaries while Lane et al (1998) identifies three sources of trust: process based; character based; and institution based. He advocates promoting inter-organisational trust by understanding the nature of inter-organisational trust; distinguishing trust and power in inter-organisational relations; recognising the impact trust has in improving business relations; and giving due consideration to intellectual property issues in academic research. Porta et al (1997) and Zaheer et al (1998) demonstrate a correlation between higher levels of trust and better performance, while Wyatt (1996) outlines the hard work involved in building trust through commitment, perseverance and continuing effort to achieve a desired result and the simultaneous exercise of power and vulnerability. Bardach (1996) takes this further by suggesting that resources be allocated to developing trust and facilitating communication.

5.5 Does it work? – questions remain

From the previous overview of the literature on whole-of-government it is safe to conclude that there is general acceptance that more integrated and collaborative government is a desirable objective. However, the extent to which this can always be achieved through the application of whole-of-government processes/strategies is inconclusive. In other words, it cannot be assumed that whole-of-government type processes will *automatically* result in more integrated government. As has been shown in the overseas experience and is also at the fore of the Australian discussion, hurdles and dilemmas like departmentalism and accountability, plus unwanted side-effects such as increases in fragmentation rather than coordination, all pose problems for the effective implementation of whole-of-government processes.

The current literature is very much weighted toward the provision of descriptive models for the working machine of whole-of-government and the discussion of principles of whole-of-government. There is some information that could be considered 'good practice' but this is usually pitched at quite a theoretical level with the possible exceptions of Ling's 'Best practice and key guides to joined-up government' (2002) and Mulgan's four very general points about conditions for the success of joined-up government (2002, p 27). Little seems to have been generated in Australia, where most of the discussion provides relatively unqualified acceptance of the virtues of whole-of-government. Despite Podger's closing remarks in November 2002 that 'integrated government is hard and resource intensive and while it can be beneficial, its use should be selective' (IPAA, 2002, p.10), the discussion does not seem to be looking seriously at these aspects. Some of the questions then that remain to be answered might include: where will whole-of-government work best? What constitutes an optimal or ideal degree of integration? How should these processes be designed and constructed for the Australian context?

This project seeks to address these gaps, in part, by obtaining information directly from public servants and assessing the extent to which the main issues and obstacles for successful whole-of-government identified in the literature, are borne out in an Australian public administration workplace setting.

In the first instance, it does not assume an inherent value in whole-of-government, as has been the position of the British government and appears, increasingly, to be that of the Australian Government, albeit, more equivocally. It firstly obtains the general perceptions of a group of Australian public servants of the value of whole-of-government processes for achieving more integrated government. Then, assuming that the Australian Government will continue to proceed in the whole-of-government direction, it assesses the interviewees' views on what is currently working, what they see as the main issues and barriers, and what practices will contribute to overcoming these.

6. METHODOLOGY

This report identifies and describes a number of whole-of-government processes being instituted at various levels within the Federal Department of Health and Ageing (DoHA) and assesses their effects/effectiveness. The findings are based on information obtained via personal interviews with two levels of departmental staff ie middle managers and senior managers in each of the main child and youth health policy areas in DoHA; and related DoHA policy documents. This information has been analysed in relation to the major issues identified in the current literature on joined-up government, integrated and collaborative government, and management of horizontal issues.

6.1 Officer Interviews

The two categories of officers selected for interview, were chosen because of their differing management orientations ie a focus of middle managers on human resources (staffing), program implementation and stakeholder relationships; and of senior managers with meeting corporate objectives and accountability upward to the Minister through the Departmental Executive.

One of each management category were selected from the following areas:

1. *Mental health*
2. *Drugs*
3. *Early childhood health*
4. *Aboriginal and Torres Strait Islander child and youth health*

The areas of DoHA that manage the four broad child and youth health issues outlined above were identified using the Corporate Directory. Officers occupying the following positions in these areas were identified and contacted for interview:

- Assistant Secretaries or Branch Heads (Senior Managers with specific program jurisdiction)
- Directors of Sections that have the day to day coordination and/or responsibility for the four child and youth health policy and program areas.
- Deputy Secretary with responsibility for DoHA corporate wide outcomes for child and youth health (SES officer with highest level management responsibility)
- First Assistant Secretary, (Division Head) in the Division that has, arguably, the leading role within the Department for advancing child and youth health policy.

*NB – the latter two declined to be interviewed.

In addition, other senior managers, listed below, were approached for interview. This was to provide a more comprehensive view; to assist in validating information provided by other respondents; and to gain specific information of a department-wide nature in order to enrich the findings.

- First Assistant Secretary of a designated cross cutting Division with responsibility for the majority of cross sectoral issues;
- Assistant Secretary who conducted the Department's Performance Management Review in 2002. This was to link whole-of-government processes to the restructure of the department in late 2002; and
- Child health Medical Adviser – DoHA's representative on a number of interdepartmental committees for child health.

In total, contact was made with 12 officers and 30-45 minute interviews were held with 10. A short background paper was provided to each respondent containing information about the project, plus the questions they were being asked to consider for discussion.

Rather than formal interviews with structured questions, it was found to be more useful to use the formulated questions as a basis for discussion only. Each officer had unique views and experience and informal discussion was seen as more conducive to obtaining honest responses. Adhering strictly to the written questions (broadly framed in order to remain relevant to the range of views and experiences) may have constrained responses. Written responses were not requested as it would have been unlikely that staff would have complied due to the heavy workloads.

6.1.1 Questions for discussion

Do you believe that whole-of-government or 'joined-up' government offers a more effective way of developing policy, in general? and, specifically in relation to child and youth health?

What do you see as the problems and advantages?

Can more be done to support whole-of-government approaches for child and youth health?

Departmentalism, or some would call it 'verticalism', and problems with accountability are considered to be two of the main barriers to effective joined-up government or whole-of-government. In relation to advancing child and youth health policy (includes both 0-5 and 5-18 year age groups), what are your views on this? Please mention any strategies you may have for addressing these problems?

Can you outline some of the issues/challenges for accountability that, in your experience have arisen, or could arise, in the context of whole-of-government or joined-up government approaches?

In your opinion, how important to the success of whole-of-government, is a commitment across all levels and between all players? What are the prospects for this and to what extent is this occurring in relation to health policy for children and young people?

Are there resource implications for using whole-of-government approaches? For example, rationalising and coordinating policy and program development offers savings, but on the other hand, working more inclusively takes more time and effort and may delay implementation.

What has been the effect of the Departmental restructure ie divided up between Health and Ageing Sector Divisions and Cross Portfolion Divisions, in terms of responsiveness, coordination etc?

7. CHILD AND YOUTH HEALTH POLICY IN THE FEDERAL ARENA

The Department of Family and Community Services (FaCS) is considered the lead agency for national policy relating to children and young people, with a number of other Federal Government portfolios, such as the Attorney General's Department (AGs); the Department of Education, Science and Training (DEST); and the Department of Health and Ageing (DoHA), having responsibility in portfolio specific areas.

Policies on child and youth health are managed by DoHA, and make a significant contribution to this broader policy agenda, by complementing and feeding into the work of FaCS.

7.1 Policy context

The Government supports a whole-of-government or 'joined-up' government approach to child and youth policies, including for child and youth health. This has been articulated in a number of government policy documents. In 1995, *The Health of Young Australians – a national health policy for children and young people*, developed for, and endorsed by COAG, (an inter-governmental process) recommends greater collaboration and coordination between the health and the non health sector through cooperative strategies. This was later echoed in 2001 by the Prime Minister's Youth Pathways Taskforce Report - *Footprints to the Future*. Most recently, in 2003, the consultation paper, *Towards the Development of a National Agenda for Early Childhood*, developed by FaCS stresses working together across all levels of government and the community.

Within DoHA, the policies relating to the health of children and young people have developed, until quite recently, on an issues basis and are often attached to a broader policy agenda such as drugs, mental health and Aboriginal and Torres Strait Islander health. Pockets of child and youth health policy are scattered around DoHA and, as outlined in the methodology, four main policy elements have been selected for study ie mental health, drugs, child health, Aboriginal and Torres Strait Islander child and youth health.

7.2 Configuration of whole-of-government processes

The type of whole-of-government processes, and the extent to which they are applied to specific areas of policy varies and produces differing experiences for public sector managers and across different programs within the Department. For example, child and youth mental health policy is characterised by relatively diffuse 'joined-up' *governance* spanning government and non government jurisdictions and spread across several levels of management, particularly concentrated in the middle ranks, of the policy and program development cycle. On the other hand, policies for youth relating to drugs and alcohol, predominantly feature joined-up governance at higher levels of management within the public sector, resulting in a more centralist style of public administration. Differences in the mix of processes, and discrepancies between the levels of 'joining' or integration within the Department appear to have implications for the success of whole-of-government strategies, including the ability to achieve effective interdepartmental 'joining'. This appears to be particularly relevant to the design of the youth health policy development processes.

7.3 Description of child and youth health whole-of-government processes

The variety of whole-of-government processes are, to some extent, reflected in, the structure of the Department, which has two groupings: 1) Health and Ageing Sector Divisions; and 2) Cross Portfolio Divisions. This dichotomy sprang from the recommendations of a Departmental Performance Management Review (PMR) in late 2002 aimed at improving integration and coordination of cross sectoral issues. The PMR will be discussed more fully in Section 8.

Interestingly, two of the main units that manage child and youth health policy in DoHA, ie The Office of Aboriginal and Torres Strait Islander Health (OATSIH) and the Mental Health and Suicide Prevention Branch are placed within the cross portfolio area of DoHA, while the other

two units are both located in the Population Health Division, a 'sector division'. An explanation for this is that Population Health focuses on prevention, which is logically the emphasis of child and youth health policy. By comparison, OATSIH and mental health must not only operate within promotion and prevention settings but must also establish close links across the full spectrum of health interventions ie primary care (general practice and community based allied health), acute care (hospitals), rehabilitation, services for the management of chronic diseases, and aged care.

Table 1

Intra-departmental	Inter-departmental	Inter-governmental	Inter-sectoral
Intra-departmental Working Group on Youth Health	Representative on Interdepartmental Committee on Youth (FaCS)	National Public Health Partnership	National Youth Round Table (FaCS)
Early Childhood Forum (convened as a one-off by the Child Health and Inequalities Section)	Representative (Senior Medical Advisor) on the Commonwealth Taskforce on Child Development, Health and Wellbeing (FaCS)	Australian Health Ministers Advisory Committee/Australian Health Ministers Conference (AHMAC/AHMC)	
	Representative (OATSIH) on Commonwealth Indigenous Working Group on Child Development, Health and Wellbeing (FaCS)		
Developmental health and wellbeing interest group	Commonwealth Agencies Working Group (convened by Mental Health and Suicide Prevention Branch)	Council of Australian Governments (Indigenous child protection issues)	

Department wide forums that capture child and youth health policy together with other emerging policy priorities, have been established. These include the informal weekly Secretary's Policy Forum and those that recently sprang from the DoHA Performance Management Review.

Specific to child and youth health, intra-departmental, inter-departmental and inter-governmental mechanisms have been, and are being, put in place. These are depicted in Table 1. Most of these have been established by DoHA, while some, as indicated, are managed by FaCS in line with its lead agency role in overall child and youth policy.

While two of these bodies operate at the senior executive level, the Commonwealth Agencies Working Group, was initiated by the Mental Health area of DoHA and operates at project officer level. In fact, inter-departmental officer to officer contact provides a useful network and to some extent, assists in coordinating child and youth policy. The inter-governmental bodies included in Table 1 are progressing specific child and youth health issues as part of larger health agendas.

To a lesser extent, DoHA is involved in child and youth health inter-sectoral bodies, the only one being the Youth Round Table, managed by the Youth Bureau of FaCS. In addition, each of the component program parts that make up the sum of child and youth health policy in DoHA have established and manage program specific committees, taskforces, working

groups, advisory groups etc designed to improve participation in policy development and program implementation.

Child and youth health policy have evolved as two distinct policy areas within DoHA. Comparison of the two is useful for highlighting the factors contributing to the success of whole-of-government processes, as well as the factors that tend to be associated with less successful whole-of-government strategies. Initially, youth policy has dominated in DoHA, largely because of its high profile, well-publicised programs, such as comparatively well funded drug program and innovative mental health promotion and suicide prevention initiatives within schools. However, within the last twelve months or so, this situation has seen some rapid changes. Early childhood, hitherto considered the domain of FaCS (with a couple of notable exceptions such as immunisation and aspects of maternal health) is emerging as the higher priority public policy issue of the two. Some reasons for this phenomenon emerged during the course of interviews/discussions with DoHA officers and appear to be associated with more general factors contributing to the success of whole-of-government processes.

For example, early childhood has recently come to greater prominence through lobbying by well known individuals such as Professor Fiona Stanley, the 2002 Australian of the Year. Public comments made by other professionals and community groups have also drawn attention to these issues, particularly in relation to reports such as the *Mental Health of Young People in Australia, 2000* and the *Gordon Report (2002)* into child abuse in Western Australia.

By contrast, what appears to be the more bureaucratically driven whole-of-government processes being led by FaCS in relation to a national youth agenda have not progressed at the same rate and trajectory. Public sector managers have noted this and have recently invited representatives from the early childhood area to attend the stalled Intra Departmental Working Group on Youth Health in order to find ways forward for the Department's youth agenda.

8. FINDING A WAY

The following section summarises the views of those public servants interviewed. In accordance with the questions that were provided to them, their responses relate to what they see as the barriers to achieving effective integrated government using whole-of-government strategies, and the best ways of overcoming these barriers.

The information is loosely grouped under the headings of Fragmentation, Accountability, Departmentalism, and 'Relationships – the 'People' factor. Importantly, it was found that there was a substantial degree of overlap and interconnection between the categories.

8.1 Fragmentation

The Performance Management Review (PMR) has been a recent response of DoHA to the perennial problems of fragmentation, and lack of alignment and coordination across the portfolio. Terms of Reference are at Attachment 1.

The PMR was initiated by the Departmental Secretary, who was concerned by adverse feedback she had received from a number of external stakeholders. According to the senior manager who managed the PMR, this decision was made independently by the Departmental Secretary and was not related to any specific advice or directive from Government. However, inasmuch as Departmental Secretaries across the APS have outcomes for whole-of-government ways of managing included in performance agreements, the motivation for this action could still be considered to issue from Government, if only indirectly.

The PMR confirmed that organisational design had led to the following problems of fragmentation:

- activities related to key strategic objectives (including child and youth health) scattered across many areas;
- many existing coordination mechanisms reliant on personal commitment rather than established or well understood processes; and
- governance structures and processes that did not adequately support integration of effort.

Even though early intervention in child and maternal health, and youth health were specifically mentioned in the PMR as areas that could be improved by better alignment and coordination (PMR, 2002, p.6), not all have been situated within new horizontal structures or cross portfolio divisions. The new structure consists of a matrix of vertical and horizontal structures. A group of 'Sector Divisions' roughly designed to reflect life stages and to correspond to the existing structure of the health care delivery system (vertical axis) were created; and a group of 'cross portfolio' or cross cutting divisions (horizontal axis). These were viewed as interdependent and sharing common objectives (Refer to DoHA's organisational charts at Attachment 2). The distinct vertical and horizontal divisional clusters are complemented by a number of overarching integrative measures that aim to increase whole-of-government effectiveness for DoHA policy initiatives in general, including child and youth health. These include the establishment of :

- an Information and Communication Division;
- a Departmental Outcomes Management Committee with a strategic policy and priority setting role;
- a Program Management Office to provide advice and support for work that is being carried out across Divisions (or is common across Divisions) and to monitor the effectiveness of this work; and
- Deputy Secretaries to take on explicit accountability for cross cutting issues, via First Assistant Secretaries and Assistant Secretaries who manage discrete Business Units (Program Management Review, 2002 p.4).

It was also emphasised by the officer who managed the PMR that the restructure was intended only as a first step in seeking to improve the way the Department functioned as a

more coherent and integrated health policy machine. It is essential that this change be built upon by other strategies for change within the organisation. This is reinforced by the view of another senior manager, who, six months after the restructure, conceived a lack of willingness by the senior executive to effect such changes. According to this manager, the appropriate authority needs to be given to Division Heads to allow them to work across the 'silos' within the Department otherwise the restructure risks creating new silos 'painted another colour'.

Moving away from structural changes and looking at the comments provided by individual officers, another senior manager provided some examples of whole-of-government approaches for Aboriginal and Torres Strait Islander child and youth health. These included OATSIH's representation on the Indigenous Working Group for the Commonwealth Task Force on Child Development, Health and Wellbeing (managed by FaCS), a body with the role of coordinating policy development across the various Indigenous stakeholders (See Table 1).

The statement was made that whole-of-government processes work better when all parties have a concrete and well defined task to undertake. This was also mentioned by officers at middle management level who observed that whole-of-government approaches often failed because policy statements and frameworks etc, were not accompanied by practical plans for action.

This took one step further the comments made by a senior manager in the Mental Health and Suicide Prevention Branch, that having an explicit statement of joint understanding of the issues and a way of working toward these ie a 'framework' is an essential element for better coordination and cooperation between parties. This person was also generally very supportive about the notion of whole-of-government processes and was optimistic about their potential for delivering better policy and program outcomes, but sees them as being in their very early stages of development within DoHA, similar to other Australian government agencies. It was mentioned that the shift toward integrated joined-up strategies could be seen in the context of the overall changing role of government away from 'command and control' to that of a facilitator.

This view was echoed by a middle manager in the child health area, who explained that a shared 'framework' is the guiding feature of the child health agenda in DoHA. It was also pointed out that the remit of this area is to work directly and collaboratively with FaCS on developing policy for early childhood. The strong opinion was voiced that this arrangement is providing a model for inter-departmental cooperation, and although it is still in its early stages, may have laid the foundations for a successful whole-of-government approach. From the outset, an agreed process was followed, managed by the lead agency. First, DoHA and FaCs met to agree on coordinated and strategic policy goals that were later submitted for approval to the respective Government Ministers. Following this, DoHA worked closely with FaCS on preparing the consultation paper, 'Toward the Development of a national Agenda for Early Childhood' (2003) in conjunction with the FaCS Taskforce. This will eventually result in a consensus framework to be agreed at intra and interdepartmental, inter-governmental and inter-sectoral levels. Some optimism was expressed that the National Agenda for Early Childhood, once more fully developed, has a good chance of obtaining sufficient government support to allow Federal Government Departments with an interest in early childhood issues, to develop New Policy Proposals for future Budgets under this integrated policy framework.

A senior manager sees the application of whole-of-government approaches in terms of a shared mission, though through a slightly different lens. It was felt that this approach works best as a vehicle for making changes 'around the margin' and needs to be carefully targeted. For example, used for tackling definable problems in a time limited way, such as a 'taskforce' approach. The view was also expressed that it is critical for resources to be allocated for this purpose. This is a similar position to that adopted by the Institute of Public Administration Australia (2002) and quoted by Podger at their national conference on 16 November 2002.

Confirming that coordination has its costs, each middle manager mentioned the resource implications for whole-of-government processes, particularly in terms of staff workloads. For example, the drugs area is well known for the large number of committees it services under the National Drug Strategic Framework (11 in all), and the manager of the early childhood

area talked about the large amount of time spent working with FaCS. This included informal liaison on a day to day basis and formal requests for briefing, input to parliamentary documents etc from outside the health portfolio, particularly FaCS.

Leadership can also promote coordination and can be sourced from both within and from outside public sector organisations. The difference is that the quality of internal leadership is not so much related to the personal characteristics of the leader as it is for the iconic type of leader that acts as an external driver. In fact, and contrary to the view expressed by Edwards, (2000), it is the nature of the systems around public sector leaders and the organisational culture as a whole that are more influential in achieving change from within. This view was supported by a number of senior managers who were interviewed and who claimed that the quality of leadership and unifying leadership messages are most important for supporting a paradigm shift to more integrated ways of working in DoHA. The officer who conducted the PMR emphasised that to build on the foundation that has been laid by the Departmental restructure, communication specialists are needed to develop strategic messages and disseminate these effectively across the Department, so that a joined-up way of working becomes embedded in the fabric of DoHA. The opinion of Beale (1995) backs this up by stating the need for whole-of-government ethics to be inculcated at all levels within the organisation and Matheson (2000) cites the importance of an 'ability to influence'. These factors may also be closely associated with the availability of, and access to, training for departmental officers that effectively incorporate principles and practical approaches for working as a whole-of-government 'team'.

Computer based knowledge networks also warrant a mention as a helpful tool for sharing information and enhancing coordination. This strategy is also recommended by Edwards (2002, p55). Knowledge networks can be a specific vehicle/s for assisting public sector management and policy development or they can target consumer needs in terms of obtaining more integrated and coordinated access to services and information. As an example of the former, an intra-departmental knowledge network in the form of an email discussion list was established by the child health area following a Departmental workshop to share information about initiatives relating to children and youth in DoHA. From all reports this is seen as a useful strategy by Departmental officers, particularly middle managers.

In contrast to the rapid progress in implementing whole-of-government processes for the child health policy area, the whole-of-government response in relation to youth health appears to have slowed. Departmental officers largely attribute this to a lack of consistent 'bigger picture' policy leadership. This reinforces evidence that initiatives with clearly identifiable leaders, whether it be an agency or an individual, will help reduce fragmentation and facilitate implementation. However, there remains a general consensus across DoHA that a coordinated youth health policy is needed and should be pursued by intra-departmental means.

8.2 Accountability

The information obtained from DoHA informants about accountability was not always expressed directly by the respondent as an accountability issue, therefore a degree of interpretation has been allowed.

One senior manager agreed that new constructs of accountability need to accompany whole-of-government processes. For example, rather than a single line of accountability, there is a need to measure performance across a broad spectrum of indicators of problem activities ie measure accountability in terms of broad outcomes. Interestingly, a middle manager in another area of DoHA believes that in terms of accountability, whole-of-government approaches can lead to abrogation, rather than sharing of responsibility. This is particularly the case where one Federal Government portfolio or agency instigates the links and provides support, either in terms of funding, or in kind, such as secretariat for whole-of-government committees. On the other hand, at least two officers favoured the 'lead agency' approach as one way of increasing the chances of success and workability (from both an accountability requirement and coordination point of view) for whole-of-government approaches. This is

widely touted in the Australian literature as an approach that can be considered 'good practice' including by Barrett (2003) and Podger (2002).

As well as different and more flexible processes for formal 'accounting' for expenditure of public monies, the officer who conducted the PMR (Performance Management Review, 2002), pointed out that accountability in a whole-of-government context, can also be addressed by structural and line management strategies within Departments.

A middle manager in the child health area (part of its formal brief is to work directly with FaCS to develop early childhood policy) finds it somewhat confusing to be working so closely with another Department, in terms of accountability. For example, it was stated that staff regularly feel as if they are working for the Minister for Children and Youth, rather than the Minister for Health and Ageing. In order to deal with this, a high degree of flexibility is required, and an ability to be comfortable with working in an environment where the lines of accountability are not always going to be clear.

An example of an approach to accountability within a whole-of-government process is the recent 'landmark' bilateral agreement between the Federal Government and Western Australia 'To protect children and prevent child abuse and neglect in Indigenous communities – a joint statement of the Australian government and the Government of Western Australia' (unpublished internal Departmental document, 29 August 2003). Although managed by the central department of Prime Minister and Cabinet, not DoHA, as part of a Council of Australian Governments (COAG) process (an inter-governmental, rather than inter-departmental process), it is worthy of mention because it highlights how whole-of-government activity can be strengthened when supported by formal legal agreement that sets out the accountabilities of each party and explicitly states how they will work together.

8.3 Departmentalism

In my interviews with DoHA officers, officials' views on the barriers posed by Departmentalism, varied. Middle managers were more inclined to be concerned with tackling the practical complexities of working with other departments from a process or logistical viewpoint, and did not seem to have experienced the stubborn self-interest and resistance to working across program boundaries that can characterise departmentalism. One exception was an officer who was convinced that political rivalries (ie between government ministers) are a particularly powerful obstacle to developing comprehensive whole-of-government strategies. One way of managing this was to either avoid or actively manoeuvre around possible political pitfalls. This opinion is in direct contrast to that of commentators on the British experience of joined-up government such as Mulgan, Kavanagh and Richards who see the bureaucracy, not the politicians, as the bastion of departmentalism.

An explanation was proposed for the apparent lack of departmentalism encountered in developing child health policy: Whereas, a number of activities had been in progress over several years in the youth health policy area, relatively little attention had been paid to early childhood issues in DoHA. It was generally assumed (and this approach had been given tacit assent by health ministers) that FaCS was better placed to address this as part of its well established and funded *Stronger Families and Communities Strategy*. In terms of child health policy, DoHA was essentially starting 'from the ground up', with no pre-existing program boundaries. This appears to militate against turf wars.

Senior managers were less concerned with the operational problems of departmentalism, but at least one believed that the ideological barriers to horizontal ways of working are the most insurmountable issues confronting whole-of-government approaches. One expressed the view that the rhetoric about commitment to whole-of-government did not always correspond to the reality. It is seen, in part, as a popular trend – the 'flavour of the month' and while whole-of-government can produce beneficial outcomes in principle, particularly through reducing duplication of services, there are many barriers that cannot be overcome in the short to medium term. Most of these were attributed to departmentalism and it is for this reason that whole-of-government approaches are less likely to work practically (due to obstructionism) or to be adopted on a large scale. The same officer thinks it is unlikely that the funding 'silos' will

be removed or that it will be possible in Australia to implement reforms like those of the Treasury in Great Britain.

However, even though the scope for success has its limitations, there were some examples cited of how whole-of-government processes appear to be working to some degree. There is a view that the Ministerial Council on Drug Strategy and the Inter-governmental Committee on Drugs function relatively well. Both of these are inter-governmental mechanisms involving Federal and State and Territory Customs, Justice and Police Ministers and their senior bureaucratic counterparts, respectively. One of the reasons for this may be that there is some harmonisation of broad views on drug and alcohol issues in the first instance. Another factor may be that partnerships and relationships are 'oiled' by the substantial level of funding allocated to Federal Government drug initiatives. This can reduce the phenomenon of 'departmentalism' by relieving rivalries and competition between the State and Territory recipients of funding.

Another senior manager compared Inter Departmental Committees (IDCs) of the recent past with more contemporary whole-of-government bodies, such as the National Mental Health Working Group, which is an inter-governmental sub committee of the Australian Health Ministers Advisory Committee. Within IDCs departmentalism was very evident and these groups were largely instrumental bureaucratic mechanisms allowing organisations to 'interface' with each other in the short term. Representatives were largely focused on protecting and furthering the interests of their own department or agency rather than finding a basis for collaboration. The new approach, which has largely replaced the old IDC model, is based more on 'networks' and 'partnerships' with the group guided by an explicit and shared framework of understanding about the issues (as previously discussed in Section 8.1).

Departmentalism is not just a phenomenon between departments and agencies. It is also evident within organisations. For example, a partnership between the Mental Health and Suicide Prevention Branch and the Drug Strategy Branch providing funding to mental health for the evaluation of a schools program has worked well. According to a middle manager from one of these areas, this may not have proceeded so smoothly if drugs were competing for a foothold in school settings. However, it appears that the drugs area had little or no stake in such programs, so this problem did not eventuate. On a slightly more positive note, it was also suggested that the joint arrangements were successful because both areas had common principles and ideals for working with young people.

8.4 Relationships – the 'people' factor

A senior manager from the mental health area stressed organisational change from a sociological and behavioural perspective, ie 'cultural shift' as a major factor in achieving successful whole-of-government approaches to policy development. Interestingly, the term 'culture' was used many times during the course of this discussion and during discussions with other officers. In this context 'culture' refers to a conceptualisation of the unique conditions generated by the sum of relationships within the organisation. This reflects the work of Grubbs (2000) who sees culture as embedded in organisational relationships and forming a critical element in integrative ways of working. In this way, the quality of relationships within the organisation, expressed as its 'culture', are integral for overcoming the barriers of departmentalism.

According to the same manager, the appropriate focus is on reaching consensus and striving for a culture of mutuality for self protection. The changes will not happen quickly or easily as human attitudes and behaviours cannot be changed quickly. Especially consider that generations of public sector managers have been encultured into a system which rewarded 'departmentalism'. When asked specifically about factors that may have contributed to the rapid progress in the early childhood health agenda compared to the youth health agenda, this person was certain that the external impetus coming from high profile champions or advocates, was the key factor in providing the momentum for change.

The concept of leadership seems to be important at two levels: first, coming from inside a government department in terms of creating the conditions for successful horizontal

management; and second, external intervention that creates the momentum for change. Both contribute toward creating the total environment in which change can occur and be sustained. According to Matheson (2000) personal policy networks among departmental secretaries based on trust and mutual adjustment can also support policy coordination. Matheson cites the example of the 'PM & C Mafia' which consists of secretaries with senior executive experience in the Department of Prime Minister and Cabinet.

As discussed previously, the second type of leadership is often closely entwined with the personal characteristics of the leader. Reinforcing this, all those DoHA officers who were interviewed believed that the rapid progress of the whole-of-government early childhood policy, could be attributed to the personal characteristics and advocacy of Professor Fiona Stanley. They also believed that this was not merely an anomaly but could be applied across other policy areas, given a mix of the right ingredients. An added feature appears to be the direct targeting of the Prime Minister. Having a champion is crucial and a champion that 'has the ear' of the Prime Minister will usually clinch this success. As an example, it is also worth mentioning once again, the success of the inter-governmental groups under the National Drug Strategic Framework. Here, the shared level of commitment between members is assisted by strong leadership in the form of the Prime Minister who is personally very involved and interested in progressing the National Drug Strategy.

Paradoxically, a move toward managing in a more ambiguous whole-of-government environment is inherently contradictory for many public servants, who may be more comfortable with clear rules and regulations. Accordingly, changing rules can be one of the more effective ways of changing behaviour of public sector managers. Along with formal practices for incorporating whole-of-government into the organisational infrastructure such as provisions in the performance agreements of department heads, leaders can also be very powerful agents for change by sending messages to staff at informal levels. Once again, the support of the department head can play a major role in facilitating whole-of-government processes, using informal as well as formal means. For example, DoHA's Secretary chooses to be involved personally in key whole-of-government bodies such as the National Aboriginal and Torres Strait Islander Health Council (which she Chairs), The Indigenous Communities Coordination Taskforce (ICCT), some of the national drug committees and by initiating actions like the Performance Management Review. She also uses opportunities to communicate to all levels of staff that she is determined to honour her COAG responsibilities ¹by being seen to actively monitor any interventions that may affect the Anangu Pitjantjatjar ('AP' Lands) site as part of her ICCT responsibilities.

Most of the officers interviewed, particularly the senior managers, did not directly mention issues relating to people management or the nurturing of productive relationships as a major element in supporting the whole-of-government process. What can be inferred from this, if anything, is unclear. It might not necessarily mean that trust is considered unimportant or to be disregarded, but it may suggest that it is highly conceptual and cannot easily be described, interpreted and translated into practical ways of developing and maintaining whole-of-government approaches to public policy making.

Interestingly, both managers in the mental health area specifically mentioned trust. This may be related to the subject matter and a greater overall awareness of the psycho-social aspects of policy development. One of these officers who stressed trust and relationship building had developed and managed a schools based mental health promotion program that utilised joined-up processes primarily at the middle management level. Evaluation of this program has shown that this approach has been very successful, avoiding some of the problems of integration at both the political level and the 'grass roots' service delivery level.

¹ The COAG Indigenous Communities Coordination Taskforce oversees a model of integrated governance. As part of this, a number of Departmental Secretaries have overall responsibility for coordinating all Federal Government interventions in selected Aboriginal communities across Australia. The DoHA Secretary is responsible for Anangu Pitjantjatjara, a community that has shared borders between SA, QLD and NT.

Trust was also the dominant factor mentioned by a medical adviser, someone who sits somewhat outside of the mainstream departmental structure. It was described how a trusting and open relationship with officials in FaCS (a different area in FaCS to that managing youth policy) and others on the Commonwealth Taskforce for Child Development, Health and Wellbeing allowed them to work together closely, encouraged creativity and the open exchange of ideas and opinions for facilitating consensus and progress on aspects of the child health policy agenda. Perhaps it is not coincidental that, compared with youth health policy, this initiative currently appears more promising in terms of achieving integration.

9. CONCLUSION

In conclusion, it appears that the extent and penetration of whole-of-government processes for child and youth health policy in the Department of Health and Ageing are in the early stages of development. If one can extrapolate from the comments provided by Departmental officers, the child and youth health microcosm largely reflects the status of whole-of-government processes in other areas of health policy.

In terms of national policy development as a whole, while it would be fair to say that there have been some notable examples of success of whole-of-government initiatives, such as the establishment of Centrelink and the Immunisation Register by the Health portfolio, these are relatively uncommon, and less successful examples are more numerous.

Having said this, there are early signs of a commitment from senior managers in DoHA to institutionalising behaviours and systems that will strengthen and reinforce holistic and integrated ways of working. At the upper levels of management, these are apparent in the actions of both the Secretary of DoHA and at least one Division Head. However these appear to be independent of each other and are not creating synergies that would strengthen the reforms that have already been put in place.

DoHA officers primarily appear to be positive about trying these approaches although some seem pessimistic about the prospect of finding ways of providing more integrated forms of funding.

The interviews with key departmental officers lent support for a number of factors identified in the literature as being integral to the success of whole-of-government initiatives. The strongest corroboration was in the area of external advocacy and leadership from eminent opinion leaders, coupled with the support of the Prime Minister.

Next, or perhaps equal second, it was generally agreed that shared principles, goals, clear objectives and a joint plan of action, plus a focus on accountability based on measurement of progress toward outcomes, not inputs, are critical starting points for sustainable and successful whole-of-government approaches.

The problems associated with whole-of-government processes impact at each of the four levels of integration, Inter and intra departmental; inter-governmental; and inter-sectoral. Similarly, many, if not most, of the solutions apply to more than one type of problem, and will work at more than one level. This suggests that there is no single ingredient that will ensure success and a holistic and multi faceted approach, consisting of a combination of measures chosen from the good practice 'menu' will work best. This is supported by at least one senior manager, who remarked that 'pooled or joint appropriations are not enough on their own, rather, a combination of measures should be instituted for healthy integrated government'.

It also appears that a combination of vertical and horizontal management practices remains effective and appropriate under most circumstances. In fact, horizontal management may paradoxically result in more fragmentation. Also, an over emphasis by Government on employing whole-of-government processes may create a highly centralised structure. Seeking to minimise this may, in part, explain the current tendency by government to shift the level of integration downward, toward the community or service delivery end. Instead of whole-of-government, this fits better with the notion of 'whole of governance' or 'joint ways of working' involving non government and business partnerships.

Comparison of the progress of policy for child health with policy for youth health and the part played by whole-of-government processes proved useful for highlighting factors most likely to create a climate conducive to coherent, cooperative, holistic and linked policy across government. Interestingly, intra-departmental fragmentation, ie a mismatch between the levels of whole-of-government processes (evidenced in the area of youth health policy), appeared to be lethal, even with other whole-of-government mechanisms in place, (such as inter-departmental committees) and the commitment of departmental officers.

On a final note, an issue that may require further attention is the apparent lack of awareness of the importance of fostering relationships with other stakeholders, be they government or non government. Perhaps this is a function of a fundamental and possibly unresolvable tension within government – a simultaneous acknowledgment of the benefits of building trust and working partnerships with the range of policy stakeholders, while understanding the need to retain its power to act unilaterally to promote the public and national interest, when necessary. After all, the Australian community would expect nothing less.

**DEPARTMENT OF HEALTH AND AGEING PERFORMANCE MANAGEMENT REVIEW
(PMR)**

TERMS OF REFERENCE

With reference to the functions in the Department other than Corporate functions:

- 1) identify the key areas where overlaps, duplication and/or shortcomings in coordination and communication are perceived to jeopardise our effectiveness;
- 2) identify current good practices in alignment and coordination within and across Divisions and State and Territory Offices (STOs);
- 3) examine the effectiveness and consistency of our interactions with consumers and industry stakeholders;
- 4) recommend options for processes to improve alignment, coordination and communication within and across Divisions and STOs;
- 5) recommend structural options for Divisions (and Branches and STOs where appropriate) to improve alignment, coordination and communication: taking into account the spread of responsibility for management of issues with a high public and political profile; and
- 6) recommend options for improving our interactions with stakeholders.

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