

Overcoming Challenges in Collaborative Commissioning

Key Points

- The care economy represents over \$100 billion in annual expenditure in support of over 7.5 million Australians.
- How services are designed, commissioned, funded, managed and evaluated in the care economy represents an opportunity to invest funding wisely and also improve people's lives.
- Collaborative commissioning is largely inhibited by entrenched system dynamics, policies, and accompanying mindsets: marketisation, short-term thinking, risk aversion and rigid accountability.
- The practice of collaborative commissioning exists on a spectrum and involves several key elements that might be implemented in different ways. Each of these elements represents a potential transformation in government ways of working.
- We can cultivate more collaborative commissioning, and build greater capability, by scaling the key elements across the care economy and developing new tools and ways of working for service design and delivery.

Introduction

The care economy represents a significant and growing investment (\$103 billion in 2024-25 growing to \$124 billion in 2027-28)¹ that impacts millions of Australians. Reimagining how government services are designed, commissioned, funded, managed, and evaluated across this sector provides an opportunity to better manage this investment and improve outcomes for people. Making the most of this opportunity requires more than just changing the tools that public servants use and goes to the heart of how government operates.

CPD's recent work has identified how inflexible and pre-prescribed solutions limit system responsiveness and how competition and a lack of coordination discourage holistic solutions.² This erodes rather than enables people-centred outcomes. A myriad of government reviews over decades have shown this to be the case.

The 2019 [Independent Review of the Australian Public Service](#) identified that a more coordinated and cooperative government could bring about better outcomes. Specifically, this report called for "a new disposition" focused on enabling communities, rather than directing activities. Similarly, The [National Agreement on Closing the Gap](#) emphasises

¹ Department of Prime Minister and Cabinet (n.d.). 'Care and support economy – state of play'. Accessed 01 July 2025.

<https://www.pmc.gov.au/sites/default/files/resource/download/care-support-economy-state-of-play.pdf>.

² Eberly, C. and Martin, R. (2024). *Putting People First: Transforming social services in partnership with people and communities*. Centre for Policy Development.

<https://cpd.org.au/wp-content/uploads/2024/11/Putting-People-First-FINAL-Web.pdf>.

place-based partnership and shared decision-making as a way to make progress towards the vision of more equitable outcomes for First Nations people.

Defined as a process of bringing together funders (agencies) and service providers to collectively identify and respond to a population’s needs,³ collaborative commissioning “promotes local autonomy and accountability”,⁴ fosters coordination and cooperation between actors across sectors, and leverages partnership with communities to improve outcomes for people.

Despite the volume of evidence that demonstrates why these system changes are needed and the long standing discussions about collaborative commissioning, these approaches are not commonplace and face significant headwinds.

This briefing note discusses the key elements within this commissioning approach, the barriers that impede collaborative commissioning being adopted at scale, and what can be done to address these barriers and maximise the benefits of a more coordinated and cooperative care economy.

The Key Elements of Collaborative Commissioning

Collaborative commissioning will look different each time it is implemented. However, there are key elements that typify a collaborative commissioning approach. These key elements also serve as lessons for larger scale system reform. The elements are:⁵

- **People- and place-centred** - Services are designed around the needs, strengths, and aspirations of people and communities, prioritising local knowledge and lived experience in decision-making.
- **Shared vision, goals, and outcomes** - Communities, service users, and delivery partners co-create a shared vision, goals, and outcomes that guide all planning and decision-making. Funding is sometimes tied to these co-designed outcomes.
- **Strategic resourcing** - Flexible funding models are used to ensure resources are aligned with mutually-agreed goals across services and systems and service offerings can be scaled up or down based on community need.
- **Joint governance** - Cross-sector partners share power, decision-making, accountability, and data and cooperatively consider performance through joint governance.
- **Trust-based collaboration** - Care delivery relies on long-term, respectful relationships between actors centred on people’s needs and shared goals, not organisational boundaries.

³ Productivity Commission (2021). *Innovations in Care for Chronic Health Conditions: Productivity Reform Case Study*. Canberra: Commonwealth of Australia.

<https://www.pc.gov.au/research/completed/chronic-care-innovations/chronic-care-innovations.pdf>.

⁴ NSW Health (2024). ‘Collaborative Commissioning’. Accessed 01 July 2025.

<https://www.health.nsw.gov.au/Value/Pages/collaborative-commissioning.aspx>

⁵ These elements synthesise insights from multiple collaborative commissioning and place-based reform approaches. Key influences include the Centre for Policy Development’s (2024) [Putting People First](#), the ACT Government’s (2021) [Approach to Commissioning](#), the Community Services Industry Alliance’s (2019) [How CSIA took Commissioning for Outcomes investment logic from research to policy and practice](#), and broader sector practice.

- **Continuous learning and adaptation** - Data, community feedback, and practitioner experience are used to iterate and improve design and delivery over time, building workforce capability.

Despite their importance, these key elements run contrary to how care systems are currently managed. Organisations are made to compete through tendering processes and funding mechanisms, and people are treated as targets in need of a service, rather than individuals with aspirations and strengths. These notions have their origins in entrenched system dynamics, policies, and accompanying mindsets.

Collaborative Commissioning is Held Back by Entrenched System Dynamics, Policies, and Mindsets

Some of the system dynamics, policies, and mindsets of our political leadership, public services, care providers, and communities create barriers to collaborative commissioning.⁶ **We have identified three core barriers holding collaborative commissioning back: marketisation, short-term thinking and funding, risk aversion and rigid accountability.**

Marketisation

The practice of distributing government resources on a competitive market impairs collaborative commissioning. This marketisation approach manifests in various systems as demand-side funding, one-on-one appointment-based service models, competition between providers, limited government stewardship, and restrictive centralised procurement rules.

Marketisation can be useful where standardised, appointment-based models are appropriate and consumers can competently choose between service offerings. However, it presents a barrier for collaborative commissioning because government agencies are much less likely to have the necessary provider and community relationships or capabilities. For example, in ECEC, the hands-off, demand-side user subsidy approach means governments often lack direct relationships with providers and communities, making it difficult to plan and deliver coordinated services, especially where the market is failing to deliver what's needed. Marketisation also drives competition between providers, which can erode trust, discourage collaboration and shared learning, and incentivise revenue or profit making. In the NDIS, this dynamic and its fee-for-service model undermines collaborative, outcomes-focused support and incentivises delivering more contact hours over improved client independence.⁷

Centralised procurement rules shape how line agencies commission services. These rules do not necessarily preclude collaborative commissioning.⁸ However, they emphasise competition and immediate value for money and break down procurement into discrete

⁶ Eberly, C. and Martin, R. (2024). *Putting People First: Transforming social services in partnership with people and communities*. Centre for Policy Development.

<https://cpd.org.au/wp-content/uploads/2024/11/Putting-People-First-FINAL-Web.pdf>.

⁷ NDIS Review. (2023). *Working together to deliver the NDIS: Final Report*. Independent Review into the National Disability Insurance Scheme. Pg. 168

<https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis/>.

⁸ For example, the [Commonwealth Procurement Rules](#) include a section on cooperative procurement.

purchases. These approaches are often seen as objective and efficient, but they incentivise quantity over quality, system fragmentation, and compliance-focused performance management, rather than the coordinated, empowering, flexible, and iterative approach of collaborative commissioning. The in-built assumption is that marketisation drives efficiency and reduces cost, but this is not always the case.

While marketisation presents a barrier for collaborative commissioning, it should be noted that the Northern Sydney Patient Centred Co-Commissioning Group (Appendix A) was able to integrate marketised services like GPs with government delivered care.⁹

Short-term thinking and funding

The second barrier hindering collaborative commissioning is a focus on achieving easily measured results over a short timeframe. This is the product of political leadership, electoral expectations, and media environments which demand concrete deliverables in short time frames. This barrier manifests in the public service as short-term performance indicators for staff and policy success.¹⁰ Relatedly, care and social service providers frequently experience pressure for short-term results and short funding timelines, rarely more than three years and sometimes as short as 12 months.^{11,12} Short-term thinking and funding is problematic because collaborative commissioning approaches take time to develop, implement, and contribute to co-designed outcomes and a shared vision. If actors are not incentivised or resourced to undertake long-term partnership, then collaborative approaches become very difficult to implement.

Tied to this is a lack of dedicated partnership funding. Collaborative commissioning often requires dedicated staff to manage the joint governance structure and build trust between collaborators, especially when the community is involved or while developing shared goals. Research suggests that this work is chronically under-resourced, with many practitioners telling us they are essentially volunteering their time to make sure the relationship-building work gets done.^{13,14} This provides an obvious barrier to collaborative commissioning given that relationships and partnership are at the core of the approach.

⁹ Peiris et al. (2024). 'Overcoming silos in healthcare systems through meso-level organisations: a case study of health reforms in New South Wales, Australia'. *The Lancet Regional Health: Western Pacific* 44: 101013. <https://doi.org/10.1016/j.lanwpc.2024.101013>.

¹⁰ Gaukroger, C., Koh, E. and Phillips, T. (2025). *Embedding Progress: How to align public institutions with a better future*. Centre for Policy Development. <https://cpd.org.au/wp-content/uploads/2025/04/Embedding-Progress-How-to-align-public-institutions-with-a-better-future.pdf>.

¹¹ Martin, R. and Eberly, C. (2024). *Conversations in the Middle: Practitioner Perspectives on People- and Place-Centred Social Services*. Centre for Policy Development. <https://cpd.org.au/wp-content/uploads/2024/11/Conversations-in-the-middle-formatted-FV.pdf>.

¹² Social Ventures Australia (2024). *Reforms to strengthen the community sector: Summary of submissions*. Prepared for the Department of Social Services. <https://engage.dss.gov.au/wp-content/uploads/2024/05/summary-reportfinal23-april-2024.pdf>.

¹³ Martin, R. and Eberly, C. (2024). *Conversations in the Middle: Practitioner Perspectives on People- and Place-Centred Social Services*. Centre for Policy Development. <https://cpd.org.au/wp-content/uploads/2024/11/Conversations-in-the-middle-formatted-FV.pdf>.

¹⁴ Bates, S., Harris-Roxas, B. and Wright, M. (2023). 'Understanding the costs of co-commissioning: Early experiences with co-commissioning in Australia'. *Australian Journal of Public Administration* 82:462-487. <http://doi.org/10.1111/1467-8500.12599>.

Risk aversion and rigid accountability

To promote value for public money and manage risk, governments often structure accountability in rigid ways. In the public service, this manifests as reporting structures where accountability flows from low level public servants up the organisational hierarchy to the minister responsible for that portfolio. Sectors that contract out service delivery often use rigid contracts with largely punitive measures to keep providers in line.¹⁵

Risk aversion and rigid accountability make some sense for trying to avoid the misuse of public funds. However, they present several barriers to collaborative commissioning in the care economy. Government agencies can be unwilling to share power with practitioners and communities due to the rigidity of their accountability mechanisms and a fear that they will be blamed if things go wrong. Rigid accountability also inhibits trust, joint-decision making, and data sharing across government agencies or levels of government, stifling cooperation. This is because risk aversion and rigid accountability encourage government agencies to organise around narrow, top-down mandates rather than the intersecting needs that service users experience. As the Assistant Minister for Productivity recently put it, this is “what happens when systems stop being built for delivery. When process becomes the product”.¹⁶

Moving Past these Barriers

Justifying the cost

Some people may believe collaborative commissioning is too resource-heavy and inefficient, takes too long to implement, and creates too many risks. However, the care economy already costs \$100 billion dollars, with billions more spent on broader social supports like employment services¹⁷ or the various services delivered by the states and territories. Population growth, wage increases, and inflation will increase this price tag.¹⁸ Governments often respond to these costs by trying to create efficiency through funding cuts or outsourcing. In reality, these approaches create administrative complexity, reduced service quality, and diminished capability.¹⁹ Further, if the care economy is not effectively delivering the human outcomes we want and need, such as child development, health, and wellbeing,

¹⁵ Eberly, C. and Martin, R. (2024). *Putting People First: Transforming social services in partnership with people and communities*. Centre for Policy Development.

<https://cpd.org.au/wp-content/uploads/2024/11/Putting-People-First-FINAL-Web.pdf>.

¹⁶ Leigh, A. (2025, June 3). *Address to the Chifley Research Centre, Melbourne: The abundance agenda for Australia*.

<https://ministers.treasury.gov.au/ministers/andrew-leigh-2025/speeches/address-chifley-research-centre-melbourne>.

¹⁷ House of Representatives Select Committee on Workforce Australia Employment Services (2023). *Rebuilding Employment Services: Final report on Workforce Australia Employment Services*. Canberra: Commonwealth of Australia.

https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/RB000017/toc_pdf/RebuildingEmploymentServices.pdf.

¹⁸ The Treasury (2023). *Intergenerational Report 2023: Australia's future to 2063*. Canberra: Commonwealth of Australia. <https://treasury.gov.au/sites/default/files/2023-08/p2023-435150.pdf>.

¹⁹ Stone, C. (2013). *False Economies: Decoding Efficiencies*. Centre for Policy Development.

https://cpd.org.au/wp-content/uploads/2013/04/CPD_Decoding_Efficiency_Chris_Stone.pdf.

then the costs to governments will be far greater over the long-term than the cost of doing things differently now.²⁰

This briefing note does not provide a quantitative analysis of what scaling up collaborative commissioning might cost. However, any discussion of cost should consider:

- **The current costs** - Care services cost billions with a broader set of bolt-on initiatives and crisis response spending announced on a semi-regular basis. We need to consider if the existing allocation promotes service quality and achieves outcomes.
- **The cost of compliance** - Many care services come with various rules and regulations, some which ensure quality and others that simply get in the way. For example, the unnecessary complexity of the veteran's affairs system was central to Royal Commission into Defence and Veteran Suicide's [final report](#). Highly regulated services should be reviewed to ensure that they are enabling, rather than stifling, their intended purpose. Costs allocated to overbearing compliance should be reallocated to direct service delivery or ongoing learning.
- **The trade-offs that exist in markets** - Markets don't always create the most efficient systems. Thin markets and singlebuyer situations can drive costs up, not down. The drive for profit can also compromise quality, reducing effectiveness.

Collaborative commissioning at scale

Collaborative commissioning in its fullest form works well for communities experiencing multiple intersecting challenges. However, there are people with complex needs in every Australian community that would benefit from collaborative commissioning, and productivity gains will be made when these approaches are taken up at scale. Additionally, highly targeted policies tend to have narrow public support and are more vulnerable to funding cuts.^{21,22}

For collaborative commissioning to be effective, productive, and politically resilient, its key elements should be gradually embedded into the care economy at scale. This includes large, universal, and widely accessed systems like health and ECEC. This would allow the benefits of collaborative commissioning to be widely felt and further enable cohort- and location-specific approaches as collaborative ways of working become normalised.

CPD's previous recommendations on ECEC and employment services represent two ways of scaling the key elements of collaborative commissioning system-wide. In [Starting Better](#) and [Growing Together](#), we recommended practical ways to operationalise key elements of collaborative commissioning for ECEC, including:

- Establishing a **shared long-term vision for a high-quality, universal ECEC system**, including legislated goals and a national entitlement of at least three days of affordable ECEC per week for every child.

²⁰ Bowles, D., Smith, W., Gaukroger, C. and Sollis, K. (2025). *Avoidable Costs: Better outcomes and better value for public money*. Centre for Policy Development. <https://cpd.org.au/wp-content/uploads/2025/06/Avoidable-Costs.pdf>.

²¹ Korpi, W., & Palme, J. (1998). 'The Paradox of Redistribution and Strategies of Equality: Welfare State Institutions, Inequality, and Poverty in the Western Countries'. *American Sociological Review*, 63(5), 661–687. <https://doi.org/10.2307/2657333>.

²² Danson, M., McAlpine, R., Spicker, P. and Sullivan W. (2012). *The Case for Universalism An assessment of the evidence on the effectiveness and efficiency of the universal welfare state*. The Jimmy Reid Foundation. <https://reidfoundation.scot/wp-content/uploads/2012/12/The-Case-for-Universalism2.pdf>.

- Establishing **joint governance arrangements** between State and Territory Governments and the Commonwealth to align objectives, and establish roles and responsibilities for funding delivery of ECEC services
- Designing a **supply-side funding model that includes resources for services to work together**, including outreach to families and access to allied health and other services. By embedding these costs into core funding, it ensures collaboration is built into practice.
- Undertaking **active provision planning**, with governments proactively collaborating with communities and service providers to identify gaps and jointly plan where and how new services should be established - for example, through setting up local provision planning teams. This could enable opportunities such as co-locating services, up-front capital investment by government to support not-for-profit providers, and coordinated expansion of services to meet community needs.
- Partnering with **the Aboriginal Community Controlled Sector** to identify areas for greater investment and develop a funding model that reflects its needs.

CPD and the Front Project's report on [Foundational Supports and Inclusion in Early Childhood Education and Care](#) calls for coordinating commissioning support in ECEC and foundational supports, with clear roles and responsibilities and transparent funding flows to support health child development across systems.

CPD's previous [advice on how to rebuild employment services](#) in Australia outlined a collaborative, transparent, and relational approach to system-wide commissioning. This transformation would include:

- **Setting a clear purpose for the system** focused on supporting wellbeing, growing skills, responding to industry needs, and building human capability.
- **Building an understanding of how money currently flows in the system**, including the amount of resources applied to compliance and reporting (as opposed to delivery) and the funding required for overheads, system learning, and loading for regional or remote delivery.
- **Implementing a co-design process** that positioned the Commonwealth as system stewards, saw service providers as learning and design partners, integrated the perspectives of service users, and would adapt and iterate over time.
- Using the co-design process to **design various funding mechanisms** (e.g., block and grant funding, milestone, and outcomes payments) that relate to different activities within the system (e.g., industry engagement, jobseeker support, continuous improvement).
- **Developing this approach within a small number of communities or regions** before expanding nationally, with continuous adaptation based on learning from implementation.

In addition to these two proposals for whole system reform, there are many existing examples in the care economy and social services more broadly where the key elements of collaborative commissioning have scaled system-wide:²³

- **Review and adjust procurement rules to better enable collaborative commissioning.** The Department of Finance is reviewing whole-of-government grant

²³ More detail on these examples and how they represent the key elements of collaborative commissioning are presented in our appendix to this briefing note.

guidelines as part of the [Community Sector Grants Engagement Framework](#). Such a process could be extended to procurement rules more broadly.

- **Statewide demonstration sites that work together to share and consolidate learnings.** NSW Health has trialled collaborative commissioning in [six different localities](#). For initiatives such as these to be successful, each site should not be seen as a separate trial but as part of a cohesive and iterative learning process for the entire state.
- **Governments should collaborate with external providers during procurement and throughout the contract.** For example, Jobs Victoria procured service providers through a reverse tender process where applicants were asked to propose delivery models that responded to local needs. They also used relational contract management to emphasise provider learning over compliance.²⁴
- **A lived experience advisory group that has genuine input across the commissioning cycle.** For example, the [Lived Experience Network](#) in [South Australia's Child and Family Support System](#) influences executives, managers, and frontline workers across the system through several forums.

Culture, Capability, and the Way Forward

Successfully scaling collaborative commissioning and its key elements will require capability and culture change among the public service, service providers, and communities, particularly in areas like power-sharing, relationship management, and awareness of the larger system they work within.²⁵ This could take many forms, but should occur via concrete initiatives and changes in practice rather than merely a training module or course. Examples might include:

- Where appropriate for the sector, employing a combination of government and non-government service provision so that government agencies better understand the complexities of service delivery
- Immersing commissioning agency staff in the communities for which they commission, such as by co-locating government staff in communities or hosting events where providers take government staff through the community
- Regular interdisciplinary spaces for shared learning and information exchange
- Providing community members with similar professional development resources to practitioners
- Funding dedicated to building and maintaining partnerships²⁶

²⁴ Government of Victoria (2023). Submission 278 to House Select Committee on Workforce Australia Employment Services. *Inquiry into Workforce Australia Employment Services*.

²⁵ Martin, R. and Eberly, C. (2024). *Conversations in the Middle: Practitioner Perspectives on People- and Place-Centred Social Services*. Centre for Policy Development.
<https://cpd.org.au/wp-content/uploads/2024/11/Conversations-in-the-middle-formatted-FV.pdf>.

²⁶ See Purcal, C., Muir, K., Patulny, R., Thomson, C. and Flaxman, S. (2011). 'Does partnership funding improve coordination and collaboration among early childhood services? Experiences from the Communities for Children programme'. *Child and Family Social Work* 16:474-484.
<http://doi.org/10.1111/j.1365-2206.2011.00766.x>.

Appendix A - The Key Elements of Collaborative Commissioning in Action

Case Study	Summary	Key elements Reflected
Lived Experience Network in South Australia's Child and Family Support System	<p>The Child and Family Support System (CFSS) is managed by South Australia's Department of Human Services (DHS) and helps families by empowering them with knowledge, skills and professional support.</p> <p>In 2020, a Lived Experience Network (LEN) was established to allow voices of people with lived experience to shape the reform process for CFSS. It has a commitment to bring together knowledge from diverse sources and influences executives, managers, and frontline workers across the system through several forums.</p>	<ul style="list-style-type: none"> - People and place centred: Ensures services are shaped by service users and embeds lived experience into decision-making forums. - Shared vision, goals, and outcomes: The CFSS developed a Roadmap for Reform where it outlines the priority areas and actions to create a connected, evidence-informed service system that is able to work earlier and more effectively with families for improved outcomes. - Joint governance: People with lived experience play a role in the governance structure of the system. The LEN has system advisors that provide advice on and participate in various projects across the system and meet quarterly with executives. LEN's terms of reference help integrate it across DHS. - Continuous learning and adaptation: The system improves over time through ongoing feedback from people with lived experience. The new 2025 Roadmap is being developed through a collaborative process that incorporates the voices of people with diverse knowledge and experience, building on the learnings and achievements of the first phase of the CFSS reform journey.
Jobs Victoria reverse tender and relational contract management	<p>Victorian employment service system focused on improving employment outcomes through voluntary, tailored, and adaptable services that support people facing barriers to employment. It reflects five core enablers: (1) Clear objectives and principles; (2) Flexible and integrated governance; (3) Partnership</p>	<ul style="list-style-type: none"> - People and place centred: Services are tailored to local needs through collaboration and partnership with local communities, service providers, and employers. There is engagement with local communities via place-based design, local delivery, and multi-channel outreach. - Strategic resourcing: Flexible and innovative funding and commissioning models, like reverse-tendering and consolidating

	<p>Collaboration; (4) Engagement with local communities; and (5) Continuous improvement, driven by data sharing, monitoring, and sector learning.</p>	<p>employment services into one portfolio, ensure resources are directed where they are needed the most.</p> <ul style="list-style-type: none"> - Trust-based collaboration: Reverse-tendering encourages long-term partnerships and allows for flexible service models, fostering innovation since providers are trusted in their expertise to propose, innovate, and adapt. - Continuous learning and adaptation: Collection of data to obtain feedback to iterate. The procurement process emphasised learning from providers over compliance
<p>NSW Health Collaborative Commissioning</p>	<p>NSW health collaborative commissioning is a Statewide reform established to transform the way healthcare is delivered and funded through a one-system approach.</p> <p>The model supports partnership between local health districts (LHD), primary health networks (PHN), and other service providers to address community health needs and reduce hospital visits.</p> <p>To date, there are six partnerships currently in joint development or implementation phases.</p>	<ul style="list-style-type: none"> - People and place centred: Care pathways are designed based on local population and health data, delivering primary care and community-based services aligned with best practice. - Shared vision, goals, and outcomes: Programs are designed around achieving population level improvements. - Joint Governance: Regional commissioning coalitions share leadership between PHNs and LHDs. - Trust-based collaboration: PHNs and LHDs build trust as they work together to lead the process. The various practitioners involved in the newly commissioned service models similarly build trust through collaboration. - Continuous learning and adaptation: Sites consult with local practitioners and consumers to understand ways of improving current practice. Outcomes are monitored and reported through various forums.
<p>The Regional Hubs Initiative, Tasmania</p>	<p>The Regional Jobs Hubs Initiative is a state-led, community-driven employment model designed to support people facing disadvantage to access sustainable employment and training pathways. Piloted in regional Victoria, it demonstrated effective</p>	<ul style="list-style-type: none"> - People and place centred: The Network covers every regional Local Government Area in Tasmania, and every Hub is overseen by a Board with local expertise drawn from the community, local government, and business sectors. - Shared vision and goals: Community, industry, and government work together to achieve inclusive economic participation and

	<p>and efficient investment, delivering value for government, communities, and employers.</p> <p>The initiative achieved scalable employment outcomes informed by local needs and conditions, with continuous adaptation and refinement based on emerging evidence and real-time learning about what works.</p>	<p>employment equity. While Hubs deliver the service, Jobs Tasmania acts as the System Steward, establishing and continuing to maintain partnerships across community, industry and government.</p> <ul style="list-style-type: none"> - Joint Governance: Achieving desired outcomes requires collaboration across policy, program design, and implementation at the state level. The goal is to establish a multi-level governance architecture that enables Regional Jobs Hubs to help shape and co-develop government policy and programs in response to local needs. - Trust-based collaboration: The network model enables Hubs to share learning, problem-solve common challenges, and co-develop good practice, strengthening relationships and trust among actors. - Continuous learning and adaptation: The initiative is developed in stages, with evaluations to move on into the next phase. It uses local data, community feedback and evaluation insights to refine delivery and improve outcomes.
<p>Community Sector Grants Engagement Framework</p>	<p>The Community Sector Grants Reform, led by the Department of Social Services (DSS), is a national initiative to improve how the Commonwealth partners with the community sector. It promotes whole-of-government administrative and cultural change, including policy development and grant delivery. The vision is to create grant settings that support sector sustainability and improve outcomes by placing individuals, families, and communities at the centre of policy and service delivery.</p> <p>The Department of Finance is reviewing whole-of-government grant guidelines around long-term funding, funding for service quality,</p>	<ul style="list-style-type: none"> - Strategic resourcing: Aims to enable longer-term and more flexible funding models in order to enhance business planning, service quality, workforce, and volunteering. - Joint governance: The Department of Social Services, Department of Finance, Department of Health and Aged Care, and National Indigenous Australians Agency are working together to implement the framework. - Continuous learning and adaptation: An outcomes Measurement Plan will be developed to monitor and publicly report on progress of actions undertaken by all government agencies which have a funding relationship with the sector. Where required, based on data and evaluation, activities will be reviewed and adapted to ensure they remain fit-for purpose in line with changes in community, sector, and government needs and expectations.

	earlier renewals, and flexibility.	
Tasmania's Child and Family Learning Centres	Child and Family Learning Centres are safe and welcoming spaces co-designed with the local community that provide integrated support for families with children aged 0-5 years old.	<ul style="list-style-type: none"> - People and place centred: Each centre is co-designed with local parents, community members, and service providers, from the physical space to the community events and services offered. - Joint governance: For many of the centres, local parents involved in the co-design continue to inform centre operations as part of a parent advisory group. - Trust-based collaboration: Each centre sets the expectation that practitioners will work in a relational and integrated manner in order to wrap support around children and families.