

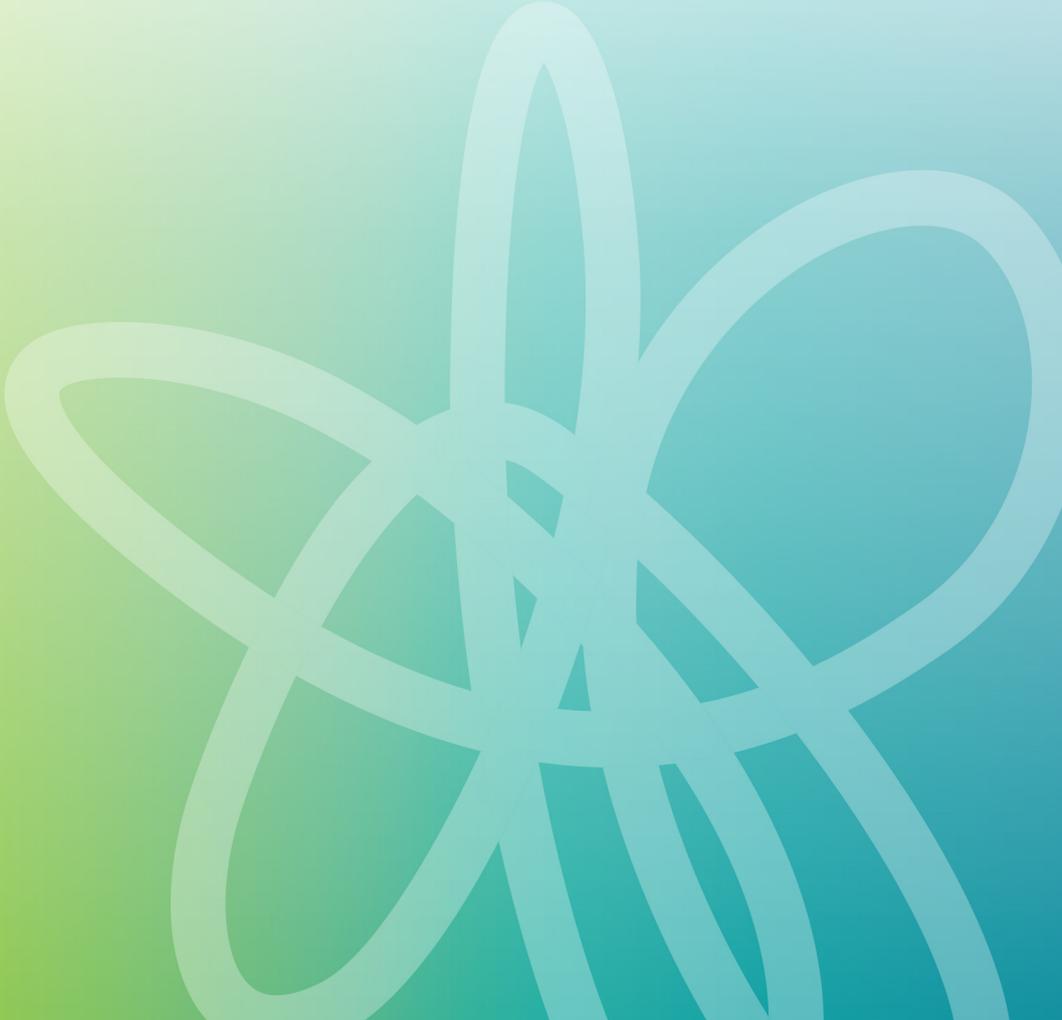


The Australian Prevention  
Partnership Centre  
Systems and solutions for better health

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# Systems Storytelling

October 2018



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# The Australian Prevention Partnership Centre

The Australian Prevention Partnership Centre (the Prevention Centre) was established in June 2013 as a national collaboration to increase the use of prevention research in policy and practice and through co-production. Using a systems approach, we are seeking new ways to prevent Australia's greatest health challenge: lifestyle-related chronic diseases. Our collaboration includes more than 200 individuals from more than 30 agencies meaning we bring together the leading minds locally, nationally and internationally to create, make available and use the best evidence to inform prevention and population health strategies.

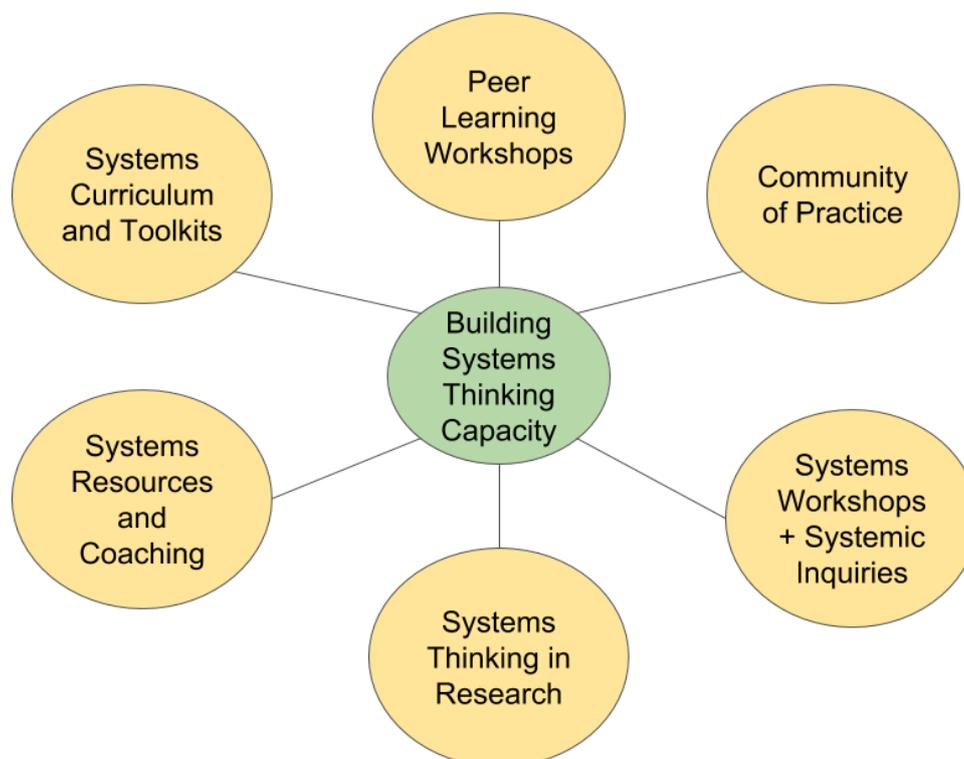
## Systems capacity building program at the Prevention Centre

*"Systems thinking provides an understanding of the complexity of health systems, which is fundamental for strengthening the design, implementation and evaluation of health systems interventions, policies and strategies"*<sup>1</sup>

The Systems Capacity Building program at the Prevention Centre offers a multifaceted approach to building systems capacity in the Australian prevention workforce. The program works directly with researchers, policymakers, practitioners, and local government, assisting them at whatever point they are in their systems thinking learning journey. Since 2017 we have:

- Delivered capacity building workshops to more than 230 participants
- Hosted more than 200 people in our virtual Systems Communities of Practices across 10 sessions
- Mentored and coached more than 15 individuals in 12 different organisations across 5 states

## Systems capacity building program at the Prevention Centre



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<sup>1</sup> Adam T, Advancing the application of systems thinking in health. Health Research Policy and Systems 2014;12, pp.50-50.

# Introduction

Working in systems is inherently a social exercise. To begin, a systems approach asks us to see beyond our own perspective, to recognise, value and integrate the experience and insights of others with our own. Engaging with systems practices and methods also calls us to learn *together*, to work in spaces where we must co-create new understandings that draw upon multiple ways of knowing. It is this social learning that enables us to truly grasp the depth and complexity of the system by allowing the richness of relationships and dynamics to emerge.

In our work to build capacity for systems thinking, the Prevention Centre holds a monthly Community of Practice as well as gathering practitioners, policy makers and researchers from across Australia, in a workshop setting for peer learning and knowledge exchange. In our learning community, we recognise the need for, and value that comes from, sharing our experiences of systems work in order to listen and learn from one another. This community provides a place to ask, 'How are you finding your way through this?' as we grapple with the emergence, uncertainty, and non-linearity of the systems we are attempting to shift. Applying systems thinking can be challenging and wearing, but we have found that the community's commitment to learning together and supporting each other has increased our capacity to persevere as we try to find our way in an ever-changing system.

Here we share stories about applying systems thinking, written by members of our systems community of practice. This collection of stories is itself an outcome from our community and engagement together in peer learning. Following from discussions in workshop, we saw a need to bring others along in the systems learning journey. That in order to do so, we need to better illustrate what systems look like in practice. We formed a small co-creation team, and together we saw an opportunity for storytelling.

From the beginning, we have given thought to *what* aspects of systems work are valuable to share and *how* we might share these experiences. We quickly recognised that what would be most meaningful would be the stories of our learning, how we came to new understandings and what we learnt in the process of applying systems. We felt that it was important to surface and reflect on how these experiences were shifting our practice of systems, an aspect we fail to find mentioned in much of the writing on systems applications.<sup>2</sup> Together we built a framework for our story making.

In our framework, we saw two paths to reflect on what systems looks like in practice. In the first instance, we asked the authors to focus on their learning from the use of a specific tool or method, and share how this has influenced their practice. In the second instance, for those who had been practising for a longer period, authors were asked to reflect and capture their broader systems journey over time, to map turning points and key learning moments that serve to highlight *how and why* they practise the way they do.

Four of these stories were first presented in a workshop setting and shared with other systems practitioners, and three were later contributed in writing. These stories represent a point in time on the path of systems work and have, of course, continued to evolve since they were first shared at the workshop or described here.

While our experiments in our own backyards may not directly transfer to the situations of others, how we work in a systems way is forever translatable and relatable. It is the processes of learning, adapting and journey-making that we seek to share and we hope that these stories help you as you try to make your way through systems practice. You can find our storytelling template in the Appendix and may find it helpful in reflecting and communicating on your own systems story.

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<sup>2</sup> This article by Joyce et al. is a fantastic exception which we recommend reading:  
Joyce A, Green C, Carey G, Malbon E. The 'Practice Entrepreneur' – An Australian case study of a systems thinking inspired health promotion initiative. Health promotion international. 2017.

# Chapter 1: Monash Health

Julia Bilton, Alyce Cuman and Toby Sargent

Monash Health is Victoria's largest public health service with more than 17,000 staff across 40 locations in South Eastern Melbourne. Monash Health provides healthcare to one quarter of Melbourne's population and spans across newborns and children through to adults, elderly people and families.

We support individuals and communities to maintain health, independence, and wellbeing through quality patient-centred healthcare that meets the needs of our diverse community. Monash Health's Health Promotion Team, funded by Integrated Health Promotion, utilises a place-based approach informed by complex systems thinking to mobilise influencers, places and partners to create healthy, sustainable change. The Team works across the growth corridor of Cardinia Shire, City of Casey and City of Greater Dandenong in Victoria, Australia.

## Favourite systems resources

- Growing Wings on the Way
- BUILD framework
- Disruptive Design  
[medium.com/disruptive-design/tools-for-systems-thinkers-the-6-fundamental-concepts-of-systems-thinking-379cdac3dc6a](https://medium.com/disruptive-design/tools-for-systems-thinkers-the-6-fundamental-concepts-of-systems-thinking-379cdac3dc6a)

## A piece of advice for those just starting out on their journey

Forge your own systems path, there is no template. What works in theory might not translate to local level practice. Read a lot, try different things, talk to people, fail, learn and move forward. Systems thinking is more than maps.

## The context in which we are applying systems

Monash Health is the largest health provider in Victoria. We started our systems journey around six years ago as part of Healthy Together Victoria, which was a state-wide initiative targeting the places where we live, learn, work and play to reduce obesity. We received our funding separately through Integrated Health Promotion (State of Victoria funding program) and decided that we would align our funding and plan with Healthy Together Victoria, so we were fortunate to be involved in the capacity building they offered.

In 2015 there was a shift in government, the financial resources were wrapped up and the Healthy Together Victoria team was dispersed. Within our own organisation, we had to decide whether we were committed to systems thinking or would revert to our prior way of working. We decided we were committed. Although we had our heads wrapped around 'Systems 101', we were unsure how to move forward in practice. Together with our partners, places, influencers and lots of experts, we began this journey to discover what prevention practice would look like. We're very proud that we've now developed our four-year integrated health promotion plan called Mobilising Change.

## The learning journey and specific junctures of decision making or insights

Among the first pivotal moments in our journey was workforce development and capacity building, and we discovered the value of immersing ourselves within a community of practice of systems thinking. We gained confidence being among other people who were also attempting to adopt systems thinking in prevention practice. The safe environment enabled us to challenge our thoughts and the traditional methodologies of health promotion.

Natural leaders within our team provided support to the others. They guided our team members to start to think and act differently, and the team was really starting to embrace systems thinking but there was a tricky notion of how to move theory into practice with a place-based approach. Everyone comes to systems differently, so we needed to offer a range of different platforms that engaged our staff to build their capacity, to build their self-efficacy with systems thinking and translating that into practice.

We made a conscious effort to bring our team along on this journey with us to develop our Integrated Health Promotion plan. We wanted their feedback so that they could relate the framework and system indicators to their work and they could start thinking about how they could then influence the places they were working with. This really challenged some of the team, but their involvement at every step of the way, in every key decision that was made, fostered a sense of ownership amongst the team. We now have a document that we can all speak to, we all speak the same language, and we understand each other.

Another pivotal point in our systems journey was planning and evaluation, as previously we had used traditional and rather rigid ways of planning and evaluation. When we decided to stay with a systems approach, we also decided to embed systems theory and systems thinking principles into our plan and evaluation from the start, so we developed a dynamic and responsive plan and evaluation that is adaptable to changes in the system.

Our new plan brought together the team and we realised that the existing theory did not directly translate into practice. It wasn't working in the timeframes that we had, so we had to strip it back and retain what we found was valuable. This took many conversations with the Department of Health, and we respectfully challenged what they were asking us to do. Through other conversations, we realised that it was important not to reject slow adopters or opposing views, but to sit down, listen and act, as this also strengthens systems thinking by taking on multiple different understandings.

We took the WHO building blocks,<sup>3</sup> Healthy Together Victoria's system logic framework,<sup>4</sup> and the Build framework,<sup>5</sup> together with our own learnings and created system indicators. We found that bringing these together was helpful in consultation with our partners as it helped them to understand what we were talking about and grapple with how we wanted to move.

Our last insight is that what we have right now isn't the final product, because tomorrow, or next month, or next year, something better might come along. We're ready to change at any point as we aren't locked into this, and we're excited that the Victorian Department of Health is supporting us in this journey.

## How we work differently than before

We brought this question to our team, and here are some of their responses:

*"Systems language helps us come together with a shared understanding, and it validates my work"*

We developed systems indicators to try and find ways of sensing change. For example, if someone had a successful meeting, and made a new connection that could potentially lead to something else, and take us on a whole new journey - there wasn't a way to report on it. We now have a way to acknowledge and report that connection.

*"Systems thinking now helps us think about system change rather than program"*

Many people on our team have been in that program-level way of thinking for a long time. We still do programs, but we focus on connecting them to other things to make it more sustainable and make it part of a system.

*"I am now thinking in a bigger picture sense. Links and connections are natural. It's a daily way of thinking"*

Systems thinking is a set of capabilities or a skill-set. When we recruited this person, they didn't have experience in systems but we saw that they were adaptable and willing to learn. This quote has come directly from them, so I think we're safe to say that they are being transformed into a systems thinker.

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<sup>3</sup> World Health Organization. *Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies*. World Health Organization. 2010.

<sup>4</sup> State Government Victoria. *Healthy Together Victoria System Logic Concept*. State Government Victoria, Melbourne. 2015.

<sup>5</sup> Hoffman J. *A Framework for Evaluating Systems Initiatives*. Build Strong Foundations For Our Youngest Children. 2007. [online] Available at: [http://www.buildinitiative.org/Portals/0/Uploads/Documents/Framework for Evaluating Systems Initiatives.pdf](http://www.buildinitiative.org/Portals/0/Uploads/Documents/Framework%20for%20Evaluating%20Systems%20Initiatives.pdf). [Accessed March 2017]

# Chapter 2: School of Health Sciences, Massey University

Dr Mat Walton

The School of Health Sciences furthers knowledge of health and wellness through research and teaching with specialist areas in environmental health, occupational health and safety, public health and health promotion and rehabilitation and disability studies.

[www.massey.ac.nz/massey/explore/departments/school-health-sciences/school-health-sciences\\_home.cfm](http://www.massey.ac.nz/massey/explore/departments/school-health-sciences/school-health-sciences_home.cfm)

## Favourite systems resources

NPC Systems Change: A guide to what it is and how to do it. 2015. <https://www.thinknpc.org/publications/systems-change/>

This guide by the UK-based think tank NPC provides a nice overview of different perspectives on systems change, drawing across perspectives to offer a straightforward set of six principles that are useful pointers for applying systems thinking.

## A piece of advice for those just starting out on their journey

There are many different approaches and methods within the field of systems thinking. To get started, just choose one approach, work with it, reflect on its strengths and weaknesses, and then gradually move out to explore other areas of systems thinking.

## The context in which we are applying systems

This case is reflecting on a research project led by Professor Louise Signal (University of Otago) and Professor Cliona Ni Mhurchu (University of Auckland) and a large team of which I was part. About 10 years ago, the New Zealand Government identified obesity, nutrition, and physical activity as the top three priorities out of 13 of the National Health Strategy.<sup>6</sup> The Ministry of Health and the Health Research Council of New Zealand funded research into how we could improve food security and physical activity for Māori - the Indigenous population of New Zealand - Pacific ethnicity households, and low-income households.

Food insecurity means not having enough food, however food security is also defined by having enough food that is nutritionally adequate and culturally appropriate. The data that was available suggested that in 2002, 20-22% of New Zealand households with children had experienced food insecurity sometime in the past 12 months. Among families of various Pacific ethnicities, over half had experienced food insecurity, as had one third of Māori families. Those who were at a higher risk included women and single parents, people who were separated or divorced, and people who were renting rather than owning a house or otherwise had income deprivation.<sup>7</sup>

## Specific tools/practices we worked with and what we learned

We began with literature reviews on the drivers of food security and insecurity, but the international literature held limited relevance in the context of food insecurity for Māori and Pacific households in New Zealand. So, focus groups were conducted with Māori and Pacific households around their experiences. The team then developed systems maps of what the food security system might look like. Using these maps, we held a series of workshops with community representatives, policy makers and researchers to try and identify interventions in the system to improve food security outcomes.

It is interesting to reflect on what makes this research a 'systems approach'. First, our methodology was explicitly informed by complexity theory. Second, we used systems mapping methods to generate an understanding of food security as emerging out of a system. These maps were intended to be both generic enough that they could enable a wide conversation, but also drew on information that related to the New Zealand context and those priority populations. Third, we used a participatory approach, although on reflection more participation of households impacted by food insecurity could have been built in.

I identify these three things as characterising the work as 'systems research', but would it have been a systems approach if any one of those three were missing? Does it only require the first (informed by a systems theory) to be a systems approach and the other two are just methods? Reflecting again on participation, I think it is important to consider why we engage people. In this research we engaged with participants to develop a comprehensive view of the system, but we didn't engage for the purpose of empowerment and action within the system.

Through these workshops we identified a set of interventions and we mapped those across the system. We prioritised those interventions that hit multiple points in our understanding of the system and particularly on control parameters and arrived a shortlist of 10 which we wrote about in detail within a project report.<sup>7</sup> In this sense, the research was a success because we published a report and multiple journal articles. However, there is no indication that the level of food insecurity has reduced, with recent media reports highlighting that demand for charitable food parcels is increasing.

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<sup>6</sup> Signal LN, Walton MD, Ni Mhurchu C, Maddison R, Bowers SG, Carter KN, Gorton D, Heta C, Lanumata TS, McKerchar CW, O'Dea D. Tackling 'wicked' health promotion problems: a New Zealand case study. . 2012;28(1), pp.84-94.

<sup>7</sup> Bowers S, Carter K, Gorton D, Heta C, Lanumata T, Maddison R, McKerchar C, Ni Mhurchu C, O'Dea D, Pearce J, Signal L. Enhancing food security and physical activity for Māori, Pacific and low-income peoples. 2009. Wellington: Clinical Trials Research Unit, University of Auckland; GeoHealth Laboratory, University of Canterbury. Health Promotion and Policy Research Unit, University of Otago. [online] Available at: [https://ana.org.nz/wp-content/uploads/2016/11/ENHANCE\\_1.pdf](https://ana.org.nz/wp-content/uploads/2016/11/ENHANCE_1.pdf) [Accessed August 2018]

## What we learned

We identified a number of interventions and how they might intervene in the system, but we did not consider the infrastructure required to enact systemic change. We recognised the complexity of the system in the sense that it's difficult to intervene in just one place and create change, which was why we put together a portfolio of interventions. However, we didn't ask, "Who would coordinate these interventions and track them over time? Are there enough resources and are they in the right place?" - despite how crucial these aspects are within the system.

We also did not take the opportunity to build upon the participation of the study. Within the workshops we had over 100 people and connected community activists with policy managers and government. We saw that interesting discussions were emerging, but we didn't build on that momentum. Related to this, we did not follow up or monitor systems change although we know there has been change in some of the areas we identified.

## How we work differently than before

Reflecting on the research, I wonder where the boundary is between systems research and action that's trying to create systemic change. Can the former be separated from the latter? We didn't have funding to do 'action', and as university researchers, were not expecting to go beyond research outputs. But perhaps this is a point to think about and consider how research and practice are funded and feed into each other.

Since this research was conducted, I have developed a deeper appreciation of the range of tools and perspectives available in the field of systems research. I think some of this research would have been enhanced if I'd draw more explicitly on other methods and the value they bring to the research. For example, using the lens of Viable Systems<sup>8</sup> would have provided a way of thinking beyond which interventions to use in the system, to also consider how the system is structured. I'm very much drawn to the view that the systems field is very wide, and that wherever we locate ourselves in this field has strengths and weaknesses. So, how can we be informed by those other perspectives across systems research?

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<sup>8</sup> Walker M. The Search for Viability: A practitioner's view of how the Viable Systems Model is helping transform English local government (and why it has passed unrecognised). *Systems Research and Behavioral Science*. 2017;34(3), pp.313-334.

# Chapter 3: Southern Grampians Glenelg Primary Care Partnership

Joanne Brown and Ebony Jenkins

The Southern Grampians Glenelg Primary Care Partnership (SGGPCP) is one of 28 in Victoria who build and utilise partnerships with local health services, community groups and service organisations for better coordination among services, integrated prevention, health promotion and chronic disease management.

Since first beginning to explore systems thinking in 2013, SGGPCP and partners have been trialing new ways of working together and with the community, so they have more control and power over health and wellbeing outcomes.

Our practices are primarily based on community empowerment using asset-based community development principles, understanding the system through systems dynamics and working together utilising a collective impact framework.

We are deliberate in fostering relationships with the research sector in all prevention focus areas (obesity prevention, prevention of harm from alcohol and other drugs and building community resilience to climate change) to build the capacity of the partnership and increase the evidence base. We have recently begun to make focused efforts to share our learning journey and evidence with policy influencers and practice leaders within and beyond the local Southern Grampians and Glenelg communities to influence broader systems changes that can further support this way of working.

[sggpcp.com/](http://sggpcp.com/)

## Favourite systems resources

Rather than a specific resource, we pride ourselves in being rich with relationships that provide us with valuable guidance and support. Our favourite resource in our Obesity Prevention work is our partnership with Deakin University, whom have more access to the academic resources and best practice to guide us along our systems journey. We rely on their literature scans/reviews and expertise to guide our work – our knowledge is increasing through this partnership and we hope that we are now influencing their thinking also by feeding back our experiences in systems practice.

## A piece of advice for those just starting out on their journey

Be open minded, prepared to learn, work differently and let go of intuition. Expect speed bumps and hurdles throughout what will be an exciting journey with no end point.

When working with community around any complex social issue, take the time to build a clear understanding and ownership over whatever wicked problem you look to address. This shared understanding, whilst important, does not guarantee meaningful engagement. Be prepared to listen, involve community every step of the way and use relatable and consistent messaging to best convey goals and the process so community can identify and pursue their own role in changing the system.

Accept the ever-evolving workings of the system you are seeking to change and be prepared to change direction or adapt in response.

Join a community of practice if you can. Not only do you get the gift of learning from the efforts of like-minded others, but purposefully sharing your own journey can help to clarify your own path forward.

## The context in which we are applying systems

Led by the Southern Grampians Glenelg Primary Care Partnership (SGGPCP), a collaborating group of local agencies are using a community-based systems approach to reduce childhood obesity in the Southern Grampians, Victoria. The Southern Grampians is home to approx. 16,000 residents who reside in and between 10 different townships, the largest being Hamilton.<sup>9</sup>

In 2014, SGGPCP and partners decided our primarily programmatic work towards healthy eating and activity was not making an impact. We agreed a drastically different approach was needed. After exploring emerging evidence, we partnered with Global Obesity Centre (GLOBE) at Deakin University and started to co-create an approach towards changes at multiple levels of the system, and mobilisation of broader community to be change makers. We agreed on a need to focus on children as our primary target group for this work, whilst recognising the whole community needs to engage in taking action to provide universal benefit. GenR8 Change aims to mobilise the whole community to undertake changes to the system so that the healthier choice is the easier choice.

## The learning journey and specific junctures of decision making or insights

Our systems thinking journey began through building a new relationship with Professor Steven Allender and his team from the Global Obesity Centre (GLOBE) at Deakin University. SGGPCP took the lead and worked to build a strong, trusting relationship with Deakin, exploring and building an understanding of emerging evidence and best practice in implementing systems through community-based initiatives. SGGPCP then brought partners along on the journey to plan and implement GenR8 Change with the community, namely Southern Grampians Shire Council, Western District Health Service and Winda-Mara Aboriginal corporation. One of our challenges from the outset has been maintaining meaningful engagement from all partner agencies as staff turnover and climates change. We continuously look to develop systems thinking capacity in our workforce for a more holistic and integrated approach.

As a collaborative group of agencies, we agreed our region was ready for a change in the way we approached prevention, but it remained a challenge to establish true engagement into systems practices. The main challenge is that, because this way of approaching prevention efforts is so different to the way we have worked in the past, even the individuals and organisations that do grasp systems often have different understandings of exactly what a systems approach involves. Letting go of authority or ownership over the work and handing this to community was a huge shift from where we had come from managing projects for the community in a 'business as usual' way. Community also had to adapt to this, as they had rightly built a level of expectation around how prevention efforts are delivered, to them or for them, and not with them or by them.

One way we have integrated systems thinking into our everyday practices as a collaborative backbone is by beginning each of our working group meetings with reflections and what we call 'opportunities and ideas sharing'. These agenda items have helped to build a level of trust within our working group and ensure we remain adaptive and curious. We are able to ask, "hang on, are we still following a systems approach?" and be more aware of when we might be reverting to 'business as usual'. We have an overarching strategic plan documenting what we want to achieve, but the operational side is more flexible, which allows for us to be adaptive and build on opportunities and strengths that arise. Once we identify what's working well or what isn't, we adapt our practice to fit and have found this an important cycle to move through. There can be situations where we have run through the loop a couple of times with a certain issue, action or idea, and it will either be embedded or set aside to be picked up again when the time is right, and we acknowledge this is okay.

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<sup>9</sup> Southern Grampians Shire Council. *Southern Grampians Shire Community Profile*. [online] Available at: <https://profile.id.com.au/southern-grampians> [Accessed August 2018]

Systems thinking does underpin our approach, but collective impact and asset-based community development play an important role in how we've brought our community along on the journey. We're not just implementing systems internally within our organisations prevention practice; but trying to re-orientate our entire community to think differently. The social assets and diverse key influencers within our community who can help to reach out and engage others are so valuable. We have very limited capacity within our service agencies, so to have the community involved in doing all sorts of different things is vital to the level of and reach and action happening in GenR8 Change.

Our jobs have been reoriented towards empowering the community to do the work. We're working with our community, where they have capacity to do so, to empower them to make changes in their respective environments so that the healthier choice is the easier choice. What we talk about within GenR8 Change is the importance of all the different actions that are occurring. Whether they be the CEO of local health service who can say, "We'll no longer be selling sugary drinks", through to a parent of a primary school aged child who says, "My kid catches a bus to school every day and she never gets to ride her bike" and decides to organise a group of kids to ride to school together and lobbies the local council to build a refuge island so they may safely cross the street. This has all happened in the community, from the community, because of the momentum built through GenR8 Change.

We have been dealing with the question of, "where does the support end?" As an example, a local basketball association decided that they wanted to be 'water only', which they saw as a relatively easy step given that most of the junior players drank water anyway. We supported them by connecting them with South West Sport who assisted with policy writing, and later the opportunity arose to obtain a VicHealth grant for the H30 Challenge, raising awareness about water consumption. However, we started questioning whether we were running this project *for* them or whether we were supporting it *alongside* them. When the H30 Challenge finished we had discussions with the basketball committee about how they could embed this in their practice. This work was closer to the traditional programmatic way of working, which we think still has a role to play as it is important to utilise programmatic approaches to help build readiness for more sustainable systems change.

Another insight we'd like to share is about the processes of developing a systems map, or group model building, which doesn't end simply with having made a map. For us, it has been an opportunity to encourage people to really think about all the influences on obesity in the Southern Grampians. The initial process of developing the systems maps engaged and empowered people to get involved, but we also found that the process could be adapted wherever it needed to go. We often work with specific community groups utilising a mapping process to help them understand the problem in their own context. It has been effective numerous times in engaging groups, building ownership and motivating action they can lead in their environment to make the healthier choice the easier choice.

We feel it's really important to continuously feed information back to the community because we want them to be the main actors in GenR8 Change. We see our role as the connector and sharer, collating and sharing stories of and learnings from community-led action broadly across our community to maintain the momentum of GenR8 Change. In addition to sharing action progress, we also make a conscious effort to share outcome data with our community. Upon receiving a second local childhood health dataset in 2017, there was good news to tell (a reduction in the prevalence of childhood overweight and obesity) and we did this through both bringing community together and taking the opportunity to go to them to share the news. We found it so valuable to tell the community, "Things are working because of your hard work, we're on the right track, let's get more people involved!" It has increased community mobilisation which hopefully will increase community action and in turn provide the community with even better outcome measures next time around. The cycle goes on. It's about using the good news we have to recognise community input and make it clear the work needs to continue and expand, "We're not done yet. Keep working and we can make this thing even better!"

## How we work differently than before

We're learning how to engage with a more diverse range of our community, using as many ways as we can - from social media to walk-shops - to build new relationships and connections. We've learnt that providing opportunities for community members to engage at all different levels is important for growth. We see the group of people following and supporting the actions as just as important to have on side as those doing the actions. We recognise that there are challenges, we recognise that this path is ongoing and though things look like they're moving in the right direction, we're certainly not there yet. There is still so much to learn. It's a journey.

# Chapter 4: The Australian Prevention Partnership Centre: Prevention Tracker

Dr Therese Riley

The Australian Prevention Partnership Centre (the Prevention Centre) was established in June 2013 as a national collaboration to increase the use of prevention research in policy and practice and through co-production. Using a systems approach, we are seeking new ways to prevent Australia's greatest health challenge: lifestyle-related chronic diseases. Our collaboration includes more than 200 individuals from more than 30 agencies, meaning we bring together the leading minds locally, nationally and internationally to create, make available and use the best evidence to inform prevention and population health strategies.

## Favourite systems resources

Systems Approaches to Managing Change: A Practical Guide  
The Water of Systems Change

## A piece of advice for those just starting out on their journey

Grit your teeth and hang on, because it will be a bumpy ride.  
Be prepared to sit with uncertainty.

## The context in which we are applying systems

Prevention Tracker is a research project of The Australian Prevention Partnership Centre. Prevention Tracker is an initiative working with four communities across diverse areas and populations of the country – Albany in WA, Glenorchy in Tasmania, Broken Hill in NSW and the Gold Coast in Queensland. We apply systems methods to describe, guide and monitor systems change in the local chronic disease prevention system. By prevention system, we mean the people, processes, activities, settings and structures – and the changing relationships between them – that work together to try to improve the health of a community. The idea is that if we can better understand the parts of a prevention system, and how they connect to make the whole, we can make better decisions about where and how to intervene to bring about improvements.

While there are many components of our research, for this case study we are focusing on one aspect, which was our approach to synthesising and visualising the local prevention system for each community. This was a challenging process for the research team and taught us a lot about how we work with data and make it accessible for the community to further engage with and make sense of their prevention system, and therefore how they might achieve change in their system.

## Specific tools/practices we worked with and what we learned

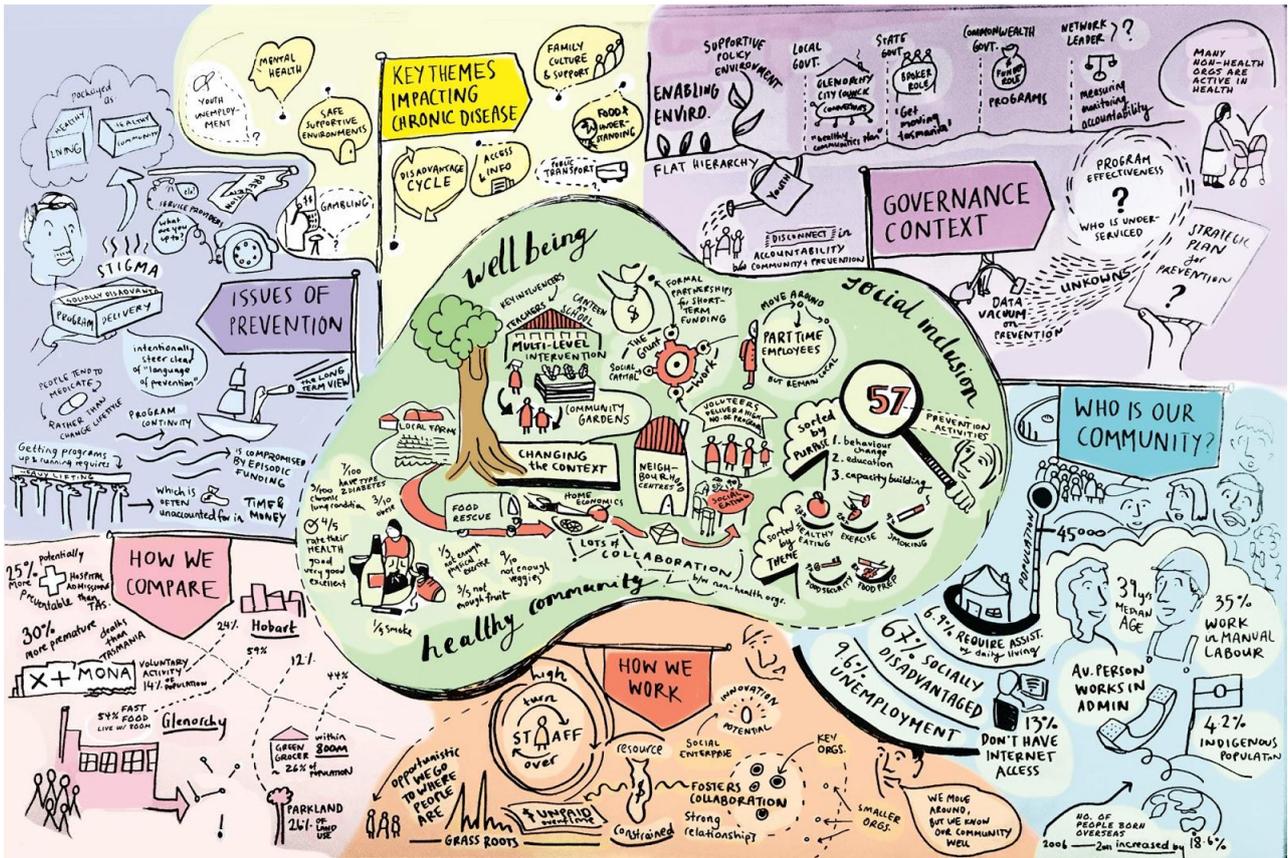
One of the functions of Prevention Tracker is to describe a prevention system and we do that by collecting a whole range of data in local communities. We create social network maps that illustrate how organisations in prevention are connected. We can look at who shares resources together and who jointly plans together. We had key informant interviews to investigate who might be the prevention workforce. For instance, who are card carrying health promotion workers? Who else may be working in such a way as to impact the prevention system? We have liveability indicators such as how near or far away the population lives to green open space, or who does and does not own a car, which can be necessary for getting to places for fresh and healthy food. We also collected data on the proportion of people who are overweight and obese and the range of the demographics of the community.

Our dilemma then was how to bring all this data together and synthesise it to better understand how the prevention system in this community operates. As researchers, we have been trained to decontextualise and compartmentalise the world into the smallest possible pieces, but this leaves us with big questions about whether the knowledge we create is meaningful. We had to work against this natural tendency and instead synthesise to draw out those system relationships and dynamics to better capture the nature of the prevention system, as opposed to looking at each part of the system in isolation. We embarked on a two-stage data synthesis process that included the visualisation of a community prevention system.

In our research team we were each responsible for stewarding an individual piece of data, and then we then came together to draw out insights from across each of these datasets as they might pertain to a system of prevention. We used key themes in prevention to do this, such as issues of governance or leadership in prevention, the physical environment of the community, or the conditions that may influence individual health choices. This helped us to scale up across the individual datasets and to start to see how the parts of the system begin to sit together.

Based on that initial synthesis, we could then step back as a team to look for patterns and dynamics between the parts and ask what aspects of the system are emerging as especially significant or unique to prevention within that community. This became the basis of a briefing for a graphic artist to create a visualisation of the communities' prevention system.

Next, we worked with the graphic artist to translate the insights into metaphors and pictures that, taken together, created a visualisation of the local prevention system.



The Prevention Tracker visualisation of the prevention systems in Glenorchy, Tasmania, Australia.

This is a visualisation of the prevention system that we created for one of our communities, Glenorchy, Tasmania. Working with the graphic artist, we searched for symbolism relevant to this community so that we could capture aspects of place and attitude that could represent our findings visually and speak to the relationships between what was happening. Here we found that many of the programs used the language of healthy community and wellbeing and we acknowledged this language as the 'boundary' of what defines the prevention system.

There were several iterations as we went back and forth checking our original data sets. We went through every image that was presented to make sure that it was certainly coming from the data we have, that it was verifiable, and that it resonated with the project team. With this approach, I think we began to tick the box of contextualising the data and making sure we remained true to the integrity of any one of those insights. But we hadn't yet ticked the box in terms of layering on new and additional information, in recognition that this data was collected at a particular point in time, and there remained the question of whether this was the most locally meaningful information.

We brought the graphic into our second stage of data synthesis, which was with a range of community stakeholders. In a workshop, community stakeholders were invited to interrogate and question the map and to discuss and consider what additional insights they could bring to what might be going on locally and in current time.

This way of presenting the information was critical for a number of reasons. In the first instance, information about the prevention system had to be considered in relationship to everything else. What was happening in one silo or sector of prevention could no longer be considered in isolation and this was not something we could have done in a traditional approach to data reporting. Second, stakeholders had an opportunity to layer their own perspectives onto the prevention system. Too often in research, there is only one perspective that carries weight, particularly in health. Here multiple perspectives were integrated in order to know and better understand the prevention system. I think this was really critical in shifting the dynamics between researchers and community members, because we did not 'present findings' but rather, created a point from which we could create further insights and understandings together. As a result, we were able to gather so many additional points of information which enabled richer insights and a fuller picture of the prevention system.

What we hoped to achieve through this data synthesis process was for stakeholders to be able to walk through all of these aspects, in order to identify the roots of a systemic problem and discern what could be done to strengthen or improve the system. The fact that a whole group of stakeholders, all with their own individual organisational priorities, came to the view that one of the systemic problems thwarting their ability to undertake prevention is collaborative practice was quite remarkable. They saw that if this could be addressed it would strengthen the overall prevention system regardless of whether it was specific to healthy eating, food, or physical activity.

## How we work differently than before

I think maintaining a sense of faithfulness or fidelity back to the systems science is critical. That's the anchor point which we constantly come back to, to see whether we're diverting from the logic of what we're hoping to achieve and how we might go about it. This was important in that initial step, as we were bringing together different data sets from different methods and theoretical positions.

The challenge was bringing that data together in a coherent fashion and engaging with community stakeholders to create meaningful and situated knowledge which can be acted on - I think we made it! There's plenty of things we would do differently but that too is a kind of learning.

# Chapter 5: Barwon Health

Mairead O'Sullivan

Formed in 1998, Barwon Health is one of the largest and most comprehensive regional health services in Australia, providing care at all stages of life and circumstance. Health services available through Barwon Health cover the full spectrum. We are situated in Geelong in regional Victoria and have Community Health services at key locations throughout the region.

[www.barwonhealth.org.au/healthy-communities](http://www.barwonhealth.org.au/healthy-communities)

## Favourite systems resources

The Australian Prevention Partnership Centre resource page, in particular the section: I want to see systems applied to health: [preventioncentre.org.au/resources/learn-about-systems/](http://preventioncentre.org.au/resources/learn-about-systems/). It provides examples of how systems thinking has been applied.

Reflective practice and questioning assumptions has been useful. Reflecting on the journey to gain an understanding of where we are and why.

## A piece of advice for those just starting out on their journey

It takes time to get a handle on systems thinking, so take one step at a time. Come with an open mind, be willing to take a step back and see the bigger picture.

Self-awareness is an important concept – to be able to listen deeply, question assumptions and see yourself in the system, you do need to be willing to see yourself.

Proceed with what you have. You will never have all the information, and it will change depending on who is in the room and what you have learned and done. It is ok. Move forward with what you have now.

Pause. Reflect. Move forward again.

## The context in which we are applying systems

Situated in Geelong in regional Victoria, Barwon Health is one of the largest regional health services in Australia, covering five local government areas and a population of approximately 310,000. Towards the end of 2016, the Victorian state government provided new direction and guidelines on how health services delivered local health promotion activity. There was a shift towards collaborative planning, implementation and evaluation. Rather than each organisation working on their own plans as they had in the past, there was a new opportunity to unite around combined plans.

We agreed with other state government-funded services that we would work together towards one main regional priority through a regional plan. The agreed priority area was to increase healthier eating and active living. The intention was to build capacity in systems thinking and collective impact approaches by using these in our work. This was the start of our systems journey.

## Specific tools/practices we worked with and what we learned

Once there was consensus on a shared regional priority, a Backbone Support Group (BSG) was established to support and coordinate the creation of the Healthier Eating and Active Living Regional Action Plan. Barwon Health was part of the BSG that included leadership staff from select organisations. One of the BSG aims was to build capacity of staff in systems thinking and collective impact across organisations working on the shared Plan. The intention was that by building capacity we would be able to do the work ourselves without necessarily relying on external support or expert advice.

The BSG organised training sessions on collective impact and systems thinking for staff from across the collaborating organisations. They also engaged Deakin University to facilitate a systems mapping half-day workshop with staff from across 12 organisations working in healthy eating and active living. We were trying to better understand what was already occurring to address this priority area across the region. We thought this tool would help us work together and develop a shared understanding of what was already happening at a regional level, so we could then look at where similar things were happening, what might be missing, and points of leverage in the system. Regionally we developed one systems map on healthier eating and one on active living. In addition, three staff from collaborating organisations (one from Barwon Health) also completed a two-day course on systems thinking and using the Stick-E mapping tool.<sup>10</sup>

## What we learned

From our perspective as one organisation in the wider regional collective, we feel that perhaps we started with too big a question with too little time to work on it, as what was mapped didn't help as much as we anticipated. In hindsight we could have started smaller and 'tested the waters'. We feel we didn't reach a common understanding and although we thought we were speaking the same language we were actually thinking at different scales. Whilst the systems mapping was still useful for big picture view, we weren't clear on how to then apply it to our practice and we didn't go back and use these maps or refer to them as our work developed.

We found that the readiness wasn't there yet. People seemed more comfortable with the collective impact approach and its guiding principles, e.g. common agenda, continuous communication, forming a backbone support group, etc. The approach felt more concrete and was easier for people to get their head around, while systems thinking was still a step into the unknown.

There is definitely interest in the region to increase capacity in using a systems thinking approach. However, with competing demands and differing capacity and priorities, it is difficult for so many organisations to make each step

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<sup>10</sup> Allender S, Creighton D, Johnstone M, Hayward J, Brown A, Khan B. Systems thinking in community knowledge exchange. Global Obesity Centre and Institute for Intelligent Systems Research and Innovation, Deakin University. 2018. [online] Available at: <http://sticke2.deakin.edu.au> [Accessed August 2018]

of the journey together at the same pace. Whilst still advocating for more regional capacity in systems thinking, we decided to continue on our own journey as a team. Team members were encouraged to further their knowledge regarding systems thinking in a number of ways:

- Doing self-directed learning e.g. utilising the resources on The Australian Prevention Partnership Centre website
- Participating in an online community of practice
- Attending training where available e.g. at conferences or specific training workshops
- Applying system tools and practice in their work

We realised we needed to continue on, get comfortable in the space and then work on how we can incorporate this into our regional work. We are building our skills by using systems tools in our team's work internally and in the working groups that we sit on with other organisations to progress the regional Plan. We have also had discussions with a Deakin staff member as to how we might be able to build on our systems work.

Our team sees the value in working in this way. There's been a shift in mindsets from 'I need to know this for my job and stay up to date with the latest theory and applications in Health Promotion' to 'this is really valuable and relevant for my work in unpacking complex issues'. Systems thinking has helped us to see the bigger picture, see overlaps with other areas of work, have more conversations, and appreciate the importance of links and connections. We have really benefited from hearing different people talk about systems thinking, it helped us understand there are different approaches and no one right way.

## How we work differently than before

The biggest shift has been in our way of thinking. There is acceptance and people embrace the idea that there are no hard and fast rules, that it's ok to not be certain or have all the answers. It's ok to apply systems thinking despite not being an expert at it. We are more willing to jump in and do the work. There is more confidence within our team to give things a try.

Our staff have said that they feel there is now more time to talk through ideas and feel safe to do so, and that this is an important part of their job. Building our knowledge is an ongoing process.

We promote systems thinking where we can and are slowly getting more comfortable doing so. For example, we presented at 'Systems Thinking for Emerging Leaders' and shared some tools and way of thinking with clinicians in our organisation. We were unsure how it would go but found they really embraced it and evaluation indicated they were going to apply some tools and ways of thinking in their own work.

# Chapter 6: Scion Research

Dr Andrea Grant

Scion is a Crown Research Institute (CRI), which is a government-owned company that carries out scientific research for the benefit of New Zealand. Each of seven CRIs is aligned with a productive sector of the economy or a grouping of natural resources.

## Favourite systems resources

A tool that comes to mind is my use of PQR or defining root definitions for what people do (from Soft Systems Methodology).

I like PQR as a way of unifying diversity without losing positionality and perspective. I really like the edginess of difference and how that creates a tension in understanding – how boring life would be if we all thought the same. The pursuit of commonality in interest is another thing I enjoy about systems – although this requires the building of trust, while at the same time opening up capacity for genuine and interested critique. I want my peers to be interested in challenging what or how I do things.

Will Allen has also introduced me to the idea of developing rubrics as a method for bringing multi-disciplinary team-based practitioners into focusing on what a system they are involved in looks like.

It enables different perspectives on activities to come to the surface, helping to facilitate a discussion about these, and then work through a process of how they might be described. In a second step we focus the groups on the question of performance and how you would know you were doing well or not. This works well I think because it helps people articulate a sense of shared purpose. It also means they can take some responsibility (where possible) for where things can be improved towards that shared purpose. It's not a static process but can be revisited and refined. I like it for being able to support both a process and a product as group work.

Rich pictures are another tool that I feel works well for a range of people. It's easy for people to engage with and it captures a comprehensive view in words and pictures that helps start to see the complexity of real world problems.

## A piece of advice for those just starting out on their journey

Starting out in systems, what has been key for me is being able to build a sense of confidence in yourself and others with limited judgment, rather than self-confident expertise that is far reaching or authoritative.

It's tricky - you do want the discipline of focused learning to arrive at an understanding that you can ground in certain rationales, theories and logic, and this should be self-critical and challenge your own understanding. But at the same time, you want to see your understanding self in relation to others.

## The context in which we are applying systems

The Ministry of Primary Industries (MPI) in New Zealand is the principle agency for responding to biosecurity risks, tasked with analysing, assessing and managing plant pest incursions. This is recognised as one of the biggest risks to both primary industries and our native flora, and with climate change, tourism and freight the risks keep increasing each year. Response operations have come under pressure from the community across a spectrum of concerns for controlling and eradicating pest incursions from the aerial spraying of pesticide in urban environments to restricted area access at conservation parks to prevent pest spread. These incursions cost the government both in dollars and in community confidence. Since 2015 a program of research has been underway to develop more targeted tools for detection, eradication and engagement in response to pest incursions to minimise such costs.

This research includes a social and a Māori lens for working with agencies and communities to improve risk communication and engagement. New Zealand has a unique governance setting where Māori are Treaty partners in governance, although the intent of this partnership has varying degrees of realisation in practice. I am part of the team doing this work at Scion Research, a Crown research institute that specialises in research, science and technology development for the forestry, wood product, wood-derived materials, and other biomaterial sectors.

We are commissioned with asking how agencies can improve risk communication and engagement, in a context where urban communities resist agencies' need to control or eradicate pests through aerial spraying at the same time as concern is growing for protecting threatened and treasured indigenous species. Relationships need to be built and trust developed between agencies and communities to ensure that management or control decision are not only effective and efficient, but socially and culturally acceptable.

In our work we also want to influence the way applied researchers develop biosecurity technologies so that social acceptability is a core design consideration alongside efficiency and efficacy. We work with researchers involved in biophysical and ecological research, as well as cultural researchers working with Māori, on raising awareness of the significance of biosecurity for protecting not only primary industries but cultural heritage and treasured ancestral connections.

## Specific tools/practices we worked with and what we learned

We have been working with agency personnel in understanding how their social, technical and management activities interconnect to tease out which aspects of their operations are working well and which could be improved. Our engagements were initiated by the manager of MPI's surveillance, incursion and investigation team and this high-level support was key to enabling the development of systems work. With the agency staff involved in surveillance, we built a joint picture of the technical, social and management aspects of the system they were working within.

We did this by working with members of the surveillance team to open up and capture their ideas of what the system looked like in a first session. Later we held a second workshop session to reflect on these elements of the system and ensure important aspects were captured. This process was not easy. We encouraged engagement through suggesting ideas and posting up the ideas expressed for everyone to reflect on. Using real cases of MPI working with industries to ground the inquiry, we asked participants to evaluate the system by what was working well and not so well. Together with the surveillance team, we developed an understanding of where operations worked effectively and where there was need for improvements, while also considering how feasible such an improvement might be. This was an exercise in reflective practice that does not ordinarily form part of the work routine of agency personnel.

Methodologically, we based this work on the development of rubrics, an assessment tool that we developed with the people involved in the system in focus (initially as a case of general biosecurity surveillance). Rubrics provided a way of structuring a discussion around a broad view of the elements of surveillance and generating measures of how well each element within the system is working.

A challenge in doing this work was sustaining engagement from an agency-based team. It requires finding time to speak with people while they are busy with their own work and capturing their attention to review what they had experienced during operations when the field was dynamic and evolving. I would like to master the art of keeping

engagement casual while still bringing out insightful and impactful sharing. I recognised, after a period of time working together, that it takes time to become comfortable with each other and trust that we were working on a common goal.

Potentially, one of the key elements to our success was having an agency person dedicated to the work of collaborating with the team of practitioners. It was also important that we were supporting something that the agency had already set out to do – to better understand and resource general biosecurity surveillance. Connecting with practitioner concerns through our research framework captured the imagination of the agency person who became our key collaborator and her wider team. If these connections had not been made, our work may not have panned out the way it did.

During our work of developing rubrics, it became evident we were realising a 'tools'-based approach to doing research, meaning that we were aiming to deliver something that people could use as a practical means of exploring qualities of risk communication and engagement. Our aim was to work with people in the system to help define and articulate what they were working with to achieve a general surveillance 'system'. Whilst we learnt about the system in focus as researchers, we believe it was the practitioners reflecting on the system that was a core site of learning.

I feel that the change in response operations did not quite get to where it needed to go. However, we did provide a proof of concept in developing rubrics and there is interest in using this method with other groups. This 'proof of concept' work was an important link for working with our biophysical teams who were also developing aspects of proof of concept. This may have helped our colleagues appreciate that working in a social system, as with a biophysical system, meets with certain problems that need to be overcome to demonstrate whether a concept is useful or not. We are working with biosecurity practitioners – agency personnel but also researchers, industries and community members – using a theory of change approach to support transformative learning in practice, so opportunities are emergent and ongoing.

## The learning journey and specific junctures of decision making or insights

Accommodating the different drives of the collaborators was an important part of doing systems work, however our shared motivations made the experience far more rewarding than it could have been. We had a common focus on driving learning (with attention to *who* does the learning) in order to make this research effective. We shared a willingness to learn from our collaborators and this enabled the development of the rubrics as creating a useful tool. Some of this initiative was crafted by other researchers who had experience with past system failure and the knowledge and skills to work with systems approaches. My existing systems competencies and academic experience with the topic of biosecurity risk communication and engagement put me in good stead to join the systems inquiry, especially from an adaptive stance as we jointly witnessed the system evolving.

Another important competency for myself as a collaborative inquiry researcher is the ability to construct knowledge together with other research participants. Without the skills for opening up to lessons from the ground or field, there would have been some limitations in being able to 'craft' knowledge outcomes. Rather than trying to shift my colleagues' perspectives, I worked with these perspectives as alternate conceptual models of research problems and practice. However, I do not do this without reflection on it. I need the space to see how my model of practice differs from my colleagues' and how the frameworks we use to pose research questions also differ. This takes time and space that is not always available and has to be created within a busy schedule of 'activity'.

I've learnt that I need to work within existing structural conditions to help realise change rather than to develop a critical stance from the outset. The corollary to this is that if I accept too much I will lose the critical capacity to see the logic of the system in operation. This is a task that requires being in two rooms; a Janus looking into different perspectives. I now see myself as having a valid but partial view of the system. I need to understand the view of others to better develop critical appreciation of the system in focus.

## How we work differently than before

I am far more relaxed about the limitations of knowledge. I started my systems journey unwittingly. It was not that I deliberately set out on a path of 'systems' but I did set out on a learning journey. I am grateful that I stumbled into systems approaches.

I value being able to see this work in both a positivist and constructionist way. We are active in constructing our reality and, as a reality, it is something in which we can intervene. For me, realising that this is something that you do with others is foundational. Theory and disciplines are only one part of the journey, the rest is whether and how your sensemaking is relevant to others. Learning how other people make sense of and interact with their environment is an aspect of the work that I have to stay mindful of. My favourite quote on systems at the moment is '*a systems approach begins when you first see through the eyes of another*'.<sup>11</sup>

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<sup>11</sup> Churchman CW. The Systems Approach. Dell Publishing Co., New York, 1968, as cited in Jackson MC. Systems thinking: Creative holism for managers. Wiley, Chichester. 2003.

# Chapter 7: The Australian Prevention Partnership Centre: Co-production between researchers and policy makers

Dr Katie Conte

The Australian Prevention Partnership Centre (the Prevention Centre) was established in June 2013 as a national collaboration to increase the use of prevention research in policy and practice and through co-production. Using a systems approach, we are seeking new ways to prevent Australia's greatest health challenge: lifestyle-related chronic diseases. Our collaboration includes more than 200 individuals from more than 30 agencies, meaning we bring together the leading minds locally, nationally and internationally to create, make available and use the best evidence to inform prevention and population health strategies.

## Favourite systems resources

There are some great reads out there, like Donna Meadow's "Places to intervene in a system," and numerous blogs – ReThink health write about their experience and learnings from the field. Using Twitter to find practitioners talking about their work is a great way to stay in-the-loop on and on top of new resources in the field. But my favourite resource for explaining why systems thinking is needed is a simple table that breaks down the differences between simple, complicated, and complex problems. I find that most people have a "lightbulb" moment when they see it.

[donellameadows.org/archives/leverage-points-places-to-intervene-in-a-system/](http://donellameadows.org/archives/leverage-points-places-to-intervene-in-a-system/)

[www.rethinkhealth.org/resources-list/the-rethinkers-blog/](http://www.rethinkhealth.org/resources-list/the-rethinkers-blog/)

[preventioncentre.org.au/resources/learn-about-systems/](http://preventioncentre.org.au/resources/learn-about-systems/)

## A piece of advice for those starting out on their journey

I recently read the following quote from author Tara Westover: *"I've long felt that there is great value in reading a text that does not open itself up too easily, that it keeps some of its secret meanings hidden. What you learn is a critical skill, the patience to read things you do not yet understand."* While Westover is discussing the value of reading, this statement speaks to me about what it is like to undertake a systems journey. So much of it is about growing and developing skills needed to be a life-long learner. The path will not always be clear, and the destination will shift and change over time. But should you journey, you will discover more than you thought possible.

## The context in which we are applying systems

This story comes from a researcher's experience working in a 'co-production' model. While the previous stories in this compendium reflect teams working to produce change, this story illustrates how systems thinking principles can be enacted within a personal practice, ones' ability to influence change, and the challenges therein. Co-production is a way of doing research by involving the individuals who are expected to be the end-users of the research. The Australian Prevention Partnership Centre is built on co-production principles. It is a collaboratively funded and coordinated organisation that is studying how to build an effective, efficient and equitable system to prevent lifestyle-related chronic disease. Partners in the Prevention Centre are policymakers, practitioners, service organisations, universities and research institutes across Australia who input both time and funds to collaboratively design research into chronic disease prevention.

This case study comes from a co-produced Prevention Centre research project that sought to explore how prevention work might be monitored and measured using an innovative information technology system being used across the state of New South Wales. A collaboration between researchers, policy makers and the IT designers developed a large-scale, ethnographic study to explore the intersection of e-monitoring systems on the practice and delivery of health promotion and disease prevention.

## Specific tools/practices we worked with and what we learned

My journey into systems thinking on this project originated from a desire to provide opportunities for partners to be actively engaged in all stages of the research project and not to simply set the research questions and receive the results at the end. This is no simple task given that the 'in between' phases of collecting and analysing data draw on specific research and analysis skillsets which may not be shared or feasibly developed by the non-research partners within the co-production model. Overall, the project has experimented with several techniques to bring partners into the analysis stage of the research. This included ongoing meetings to discuss emerging findings and share ethnographic stories so that all could participate in the interpretation of such data.

It became apparent that these techniques - though helpful in surfacing ideas and interpretations - did not encourage partners to see themselves in the data, or to see how they fit as a participant in the system we were studying. Being able to recognise one's role in a system is a key principle of system thinking. Therefore, enabling the partners to better see how their actions influence the particular system that was the focus of study is a crucial step towards better understanding and translating research findings into informed and strategic subsequent actions.

Another hurdle for this research study was that the data were ethnographic fieldnotes that provided rich observational descriptions made of participants. The details of these notes and the inability to sufficiently anonymise the data provided additional challenges in how to invite partners into the learning and to explore the data while protecting the confidentiality of the participants whom the notes were about. Wrestling with these challenges led to the idea of using a rich picture to communicate findings. We believed that using a rich picture to communicate data would provide partners an opportunity to think in more depth about the implications of the findings and situate themselves in relation to them.

The process to create the picture involved first consulting with partners to identify a topic of interest – one for which they would be willing to form actions to address. This was important as the partners wanted to be able to use the learnings to inform future work. Subsequently, two researchers conducted an in-depth analysis of the ethnographic data relating to this question. The analysis procedures were similar to a directed content analysis, as is typical of many qualitative inquiries. We worked inductively, moving from the details of the data towards abstraction into broader themes. These themes were then interpreted into metaphor, and from there, to visual images. We then developed a workshop in which partners were guided through a process of inquiry and reflection, using the image as centre point that both provided information and inspired discussion.

Overall, the presentation of the image and the workshop were helpful in engaging the partners and prompting reflection and collaboration between multiple actors. Although the image presented a metaphor, with no specific details of the context, some participants found the content confronting. They vacillated between recognising their role in contributing to the current dynamics of the system and attributing these dynamics to other players or other

factors (i.e. seeing themselves as removed from the system). While conversation encompassed a range of interpretations, partners often retreated to comfortable ways of working and to familiar solutions.

Although my hope had been to move our partners towards greater awareness of their role and curiosity regarding other perspectives, I think that the image acted as a kind of Rorschach test. The picture enabled individuals to go as deep into the inquiry and engage in reflexivity as they were currently able, while not forcing them to confront difficult information (particularly in a group setting with their colleagues). Whether partners should have been confronted in a more up-front manner (as presenting a report with pointed results and recommendations might have done) is perhaps a matter for debate. But in a systems context, when any 'right' action or solution is surely contestable, perhaps these soft methodologies are appropriate for prompting new ways of thinking and doing. Another way of interpreting this outcome is that the responses and behaviours of the partners might itself be indicative of the dynamics of their roles in the system.

Notably, the study participants were not involved in the workshop due to feasibility and coordination issues. As facilitators, we recognised that this was a significant limitation, and possibly contributed to the observation that partners often reverted to familiar solutions and ways of working. Ideally, a subsequent workshop could be held to further engage other actors in the system.

## How we work differently than before

I have been familiar with the concepts of thinking systemically, and general systems thinking principles such as keeping the big picture in mind and seeking out diverse perspectives. The use of a practical tool – i.e. the rich picture – as well as the concrete examples of workshop design enabled me to translate these principles into purposeful and concrete practices. Importantly, the rich picture allowed me to bring others on a 'systems thinking' journey with me. For example, we all intuitively know that situations and problems are 'more complex' than typically depicted, but capturing that complexity in a meaningful and practical way is often elusive. However, breaking complex situations down into individual components likewise obscures the important links to the underlying dynamics that make up the problem or system itself. The value of the rich picture was that it provided a mechanism which enabled viewers to keep the big picture in mind while also providing detailed information about the specific context. To me, working 'with systems' now means consciously developing skills and language to translate systems principles into concrete practice. This involves both a thorough understanding of systems principles and seeking out and developing tools by which to facilitate this process.

# Chapter 8: Broader insights on working in systems

While the systems stories in the preceding chapters have emerged according to their unique circumstances, the aim of this final chapter is to draw our gaze up from the particularities to look more broadly at what we are learning about systems efforts across contexts and scales. In this section, we share some of the key insights from across these stories, as well as from past systems workshops with our community of practitioners.

## Personal practices

In this work we often talk about the personal practice of systems. By this we refer to the activities we engage with regularly with the intention to improve our capacity to see, think and act in a way that is systemic. In systems work we aspire to have a high capacity to see and sense a system (i.e. the perspectives, boundaries, relationships, and dynamics of a situation), but also to engage with a context that is often uncomfortable. Taken together, these system practices develop our ability to better understand, make sense of, and engage with, complex situations.

Personal practices that help us to see and consider the system are highly reflective, and encourage us to examine and unpack our assumptions, biases and mental models, and explore unintended consequences of actions. Personal practices that help us to act in the system are those that familiarise us with discomfort and uncertainty; that engage us in the practice of being flexible and adaptive rather than holding the line, and staying in a place of curiosity and eagerness to learn. Finally, these practices ask us to value and seek the experience and insight of diverse perspectives. Our ability to listen with an open mind and to appreciate and integrate insights from other perspectives determines how much of the system we can see and, therefore, our opportunities to act. Co-creating, leaning across the aisle, and valuing multiple ways of knowing all start with our personal practice.

*"Our team sees the value in working in this way. There's been a shift in mindsets from 'I need to know this for my job and stay up to date with the latest theory and applications in Health Promotion' to 'this is really valuable and relevant for my work in unpacking complex issues.'" (O'Sullivan, Barwon Health)*

## Systems teams

When engaging in systems efforts, it is important that teams build an adaptive culture in order for them to work with flexibility and agility in a changing system. This is a key capacity for systems practitioners that enables them to contend with the emergent and uncertain nature of systems.

*"What we have right now isn't the final product, because tomorrow, or next month, or next year, something better might come along. We're ready to change at any point as we aren't locked into this." (Bilton et al, Monash Health)*

Alongside of this culture of flexibility should be consideration for how a team is formed. When doing systems work, the team should be built to include a variety of skills and a diversity of perspectives. It is helpful for members to have some experience working in a systems way, but it is not required as long as there is an acceptance of the need to be creative and learn through doing. This needs to come alongside a willingness to experiment or 'feel their way in the dark', and the courage to model 'not knowing', what is coming next necessarily.

*"One way we have integrated systems thinking into our everyday practices is by beginning each of our working group meetings with reflections and what we call 'opportunities and ideas sharing'. These agenda items have helped to build trust within our working group. We are able to ask, "hang on, are we still following a systems approach?" and stay aware of when we might be reverting back to 'business as usual'." (Brown and Jenkins, Southern Grampians Glenelg Primary Care Partnership)*

It is critical that the project has permission to try something different, the space to experiment and be flexible. The ability to do so relies on bringing others along, and this needs to take place at multiple levels of authority. Many practitioners commented on the importance of workforce development and getting everyone on the same page.

This takes place through sharing methods and creating space for learning, but also for those who are new to systems to be patient, listen deeply, reflect and be open to changing their ways of thinking.

*“Everyone comes to systems differently, so we needed to offer a range of different platforms that engaged our staff to build their capacity, to build their self-efficacy with systems thinking and translating that into practice.”* (Bilton et al, Monash Health)

Finally, it is perhaps most important to know that a team doesn't have to undertake this work alone. Finding like-minded practitioners to share both challenges and milestones is important for sustaining the effort.

*“Among the first pivotal moments in our journey was... discover[ing] the value of immersing ourselves within a community of practice of systems thinking. We gained confidence being among other people who were also attempting to adopt systems thinking in prevention practice. The safe environment enabled us to challenge our thoughts and the traditional methodologies of health promotion”* (Bilton et al, Monash Health)

## Reaching across the aisle

A key principle of working in a systems way is to learn about the system through the diverse perspectives held by those who are involved or affected. This obliges us to widen our lens to see beyond our often very narrow field of vision. Working in a systems way requires us to create space and build relationships in order for diverse perspectives to join and inform the work. In turn, the work is enriched through engaging with others and sharing our experiences.

Alongside this is a genuine appreciation that, in order to achieve meaningful and sustained change, a community needs to lead its own change. Through working with others, we support the building of systems capacity in the community. We are learning that:

*“We're not just implementing systems in our organisations, but trying to re-orientate our entire community to think in a way of systems. The social assets within the community and diverse key influencers who can help to reach out to everyone are so important and valuable.”* (Brown and Jenkins, Southern Grampians Glenelg Primary Care Partnership)

We must keep front of mind that working in a systems way is itself an intervention. Step one is not even about applying systems, but the act of bringing the systems together in order to understand each others perspectives, mental models of the system, as well as culture and ways of working. From here you begin to build trust and relationships amongst those engaged and can then begin to engage in systems work co-creatively. Applying systems tools and methods can amplify the system coming together, *“the process of developing the systems maps engaged and empowered people to get involved”* (Brown and Jenkins, Southern Grampians Glenelg Primary Care Partnership).

We are seeing leadership within community to work differently, as people come to the table wanting to try new things. There is executive level leadership and people within the community who are willing to support systems work. The co-creation with community leads to strong partnerships founded in trust, a desire to apply new approaches, and to harness collective knowledge.

In our coming together to do systems work in the first instance, we begin by opening up our mental models, unpacking assumptions and expectations to craft a shared and transparent journey.

In the way we communicate within a team and to others, we must be honest about what has worked and what hasn't. We must emphasise that working in systems is a learning journey, rather than 'problem solving' exercise. The more we share and learn, the better the next iteration can be. We must be clear and upfront about what we are *not* doing, to avoid disappointment and misinterpretation that might otherwise hamper the momentum of the work. Change at a systems level is rarely transformative, but rather emergent and cumulative from small shifts within the system. Communicating our definition and process of system change must be just as much part of the conversation as a focus on the change we are seeking.

## Enabling environments

There is not always an environment that enables us to learn and participate in systems change. Those we would like to call into systems work, whether they be community, policy makers, practitioners or researchers, have established experience and knowledge that pulls them towards familiar ways of working, and there is little incentive to change.

*“As a collaborative group of agencies, we were ready for a change in the way we worked but it was a challenge to establish true engagement in systems practices, especially as there was push back. I think this is because not everyone works the way we do and people have different understandings of what a systems approach involves. At the same time, we have to appreciate there are people still working in traditional ways because that still plays a role in what we do.”* (Brown and Jenkins, Southern Grampians Glenelg Primary Care Partnership)

However, it is possible to influence political and funding environments to support systems approaches. We can communicate the value of systems approaches through the insights it can bring to an issue. We can promote systems through accessible language and present success stories that politicians can use and which appeal to funders.

*“[For our organisation] this took many conversations, and we respectfully challenged what was asked of us. We realised that it was important not to reject slow adopters or opposing views, but to sit down, listen and act, as it also strengthens systems thinking by taking on multiple different understandings.”* (Bilton et al, Monash Health)

Below we outline an initial list of enabling factors for systems work. These come from our systems workshops and community of practitioners. Importantly, we are not suggesting that all of these factors need to be present (in fact it is highly unlikely that they would be), but that this list can be used to evaluate your own context and perhaps direct effort to create a more enabling environment. This is not intended as an exhaustive list, but instead a starting point.

- 1) Nature of the problem
  - Prevalence, visibility and urgency to address the problems
  - Expressed need for hope, rather than continually describing problem
  - Persistent and intractable nature of the problem
  - Boundary spanning and systemic in nature
- 2) Systems thinking is in alignment with available resources
  - There is workforce readiness
  - State funding requirements made resources available and showed commitment to a way of working
  - Funding models recognise the need for recipients to rest, innovate and grow
- 3) There is an authorising environment
  - Policy framework that creates a mandate to work this way
  - Partnership models between organisations that are principled on systems
  - A readiness and willingness to do things differently
  - A partnership that has a history of being innovative, risk taking
  - An acknowledgement that systems is a relevant approach for health problems
- 4) Leadership

- Within community to be brave and work differently
  - Executive level leaderships for systems approaches
- 5) Residual influence of systems on governance system
- Familiarity with systems because of previous policy framework
  - Legacy of a trained workforce and development of professional networks for capacity building
  - Examples of how this can work and what is possible
- 6) Policy window
- There is alignment across policy and strategic directions for working with systems
  - There is a priority on systems approaches at the state or national level
  - Systems approaches are aligned with governing party

In some contexts, it may be that a systems way of working is encouraged to emerge by the absence of something, whether this be power, resources, a policy environment. This vacuum of one thing, can open a door to another thing, a systems thinking way. We have learnt that when we are not limited to expert science as the only valid way of knowing and understanding a problem, our opportunities for systems expands. Our opportunities for systems expand when we can rally around a single issue, with no competing issues demanding attention, and when there is no vested interest in maintaining the status quo or an easy solution. Perhaps most importantly, we see that when there is very little money, our opportunities for systems and creativity expands.

# Appendix

## Systems storytelling template

### Tell us about the context in which you are applying systems

- What is the issue you want to influence or shift? Frame as a statement or problem
- How do you want that issue to change? A statement about the direction you want the systems to shift towards
- Who is involved in the issue? Key actors and their relationships - an informal social network map may be useful here
- Who is involved in changing the issue? Highlight the key actors participating in the work

### A. Tell us about a specific tool or practice you worked with and what you learned

#### What did you try?

Rather than share your entire project, select a few key examples of what you've been experimenting with that were particularly insightful (this doesn't mean everything worked! What doesn't work is also just as insightful)

- Offer one or two examples of a specific systems activity/tool/way of working
- Why you applied it? What were you trying to better understand and how did you think this specific tool or practice might help you
- How you applied it? Share the who and the how

#### What did you learn?

Reflect on the key activities you shared to highlight what you are learning about doing systems work. The focus here is less on your context and problem specifically, and more on how we can apply systems approaches.

- Did you encounter any barriers or challenges, and if so, how did you navigate around them?
- What did you learn from the experience about applying systems approaches
- How did the insights from your activity get you closer or farther away from how you hoped to shift the system?

### B. Tell us about your learning journey and specific junctures of decision making or insights

#### What path did you chart?

Have you been doing systems work for some time? In this option reflect on your journey and how you got to where you did would be useful. Like a cartographer that has climbed the mountains and paddled the lakes. Draw us a map of your path and the significant learning moments.

- Identify 2-3 key pivotal learning moments in your journey
  - What systems dynamic emerged that forced a reconsideration of your journey or a new direction?
  - This might be a challenge, barrier, insight, external force or opportunity
- How did you choose to respond and what did you learn in doing so?
- Looking back - what patterns or insights do you see regarding how your map has been charted?
- What larger scale insights do you know have about your system that you didn't have when you began?

### Having experimented with systems, how do you work differently than before?

- How has your systems practice changed?