Introduction

1. The Blueprint at Section 6.3.2 notes that ‘There is currently no formal, and only very limited informal, work done [on operationalising a Community of Practice (CoP)] across the TIP/ESO community’. This paper develops a conceptual model so that the context within which operationalisation will occur is shared knowledge.

2. What follows is not a second Blueprint. Rather, it grows out of the Blueprint. It should stimulate discussion and facilitate agreement of the framework within which CoP will be operationalised.

3. This paper is the conceptual setting for companion papers - ‘Operationalisation of Regional Management Groups’, ‘Operationalisation of Communities of Practice’ and ‘Operationalisation of Mentoring’. It will be followed by two other papers: ‘Operationalisation at the Veteran Centre (VC), ESO and Advocacy Levels’ and ‘Succession Planning’.

Aim

4. The aim is to establish a shared understanding of the conceptual foundations for the operationalisation of CoP.

Assumptions

5. This paper, and its companion papers assume that:
   a. Formal-Course Facilitators will:
      (i) be a national resource that is tasked by the CFMG;
      (ii) be responsible to the National Training Manager;
      (iii) be experienced TIP Trainers, ATDP Workplace Assessors and CoP Mentors certified in Workplace Assessment;
      (iv) be certified at Cert IV TAE40110;
      (v) facilitate face-to-face consolidation courses;
      (vi) oversee trainee’s engagement in and provide on-line mentoring for distance learning activities; and

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1 The justification for these assumptions is developed in the ‘companion’ papers identified in para 3 above.
(vii) support Workplace Assessors and CoP Mentors in performing their duties.

b. ATDP Workplace Assessors will:
   (i) be located within the CFMG or an RMG or a CoP,
   (ii) hold either a TAE40110 Certificate IV in Training and Assessment or its successor, TAESS00001 Assessor Skill Set or its successor, or A diploma or higher level qualification in adult education,
   (iii) be trained in mentoring (which includes facilitation and supervision of OJT, coaching, and providing feedback),
   (iv) assess Advocates’ competency by conducting workplace assessments on behalf of the RTO, pursuant to its contract with DVA,
   (v) validate certified advocates’ continuous performance improvement,
   (vi) identify competent and experienced:
      (a) CoP advocates to train and certify as CoP Learning Facilitators, and
      (b) CoP mentors to train and certify as Workplace assessors or Formal-Course Learning Facilitators;

c. RMG Workplace Assessors will:
   (i) mentor and peer review the competence of other authorised Workplace Assessors; and
   (ii) in conjunction with the RTO, certify and validate the competence of CoP mentors and advocates.

d. CoP will comprise:
   (i) trainee-advocates that are formally enrolled in an ATDP compensation or welfare learning pathway,
   (ii) compensation and welfare advocates that are:
      (a) assessed as competent by an ATDP Workplace Assessor, and
      (b) authorised to provide compensation or welfare advocacy on behalf of a bona fide advocacy services provider such as a formally constituted:
         (ba) Veteran Centre, or
         (bb) Compensation and Welfare Advocate Network (CWAN, formerly Pension and Welfare Officer Network), or
         (bc) large multi-branch/sub-branch ESO with sufficient numbers of advocates to be a CoP in their own right;

e. CoP Mentors:
   (i) will work within a CoP;
(ii) will be trained in mentoring (which includes facilitation and supervision of OJT, coaching, counselling as well as mentoring);

(iii) will mentor the members of a CoP;

(iv) monitor advocates’ post-certification self-directed continuous learning;

(v) may, if authorised by ADTP pursuant to clause 5(b)(iv), hold a Certificate of Attainment in Workplace Assessment; and

(vi) be responsible for their performance to the relevant RMG Workplace Assessor for their professional pathway.

**Strategic Setting**

6. Two key documents establish the strategic setting for operationalisation of CoP:
   a. the ATDP Blueprint, and
   b. the Department’s current strategic plan – ‘DVA Towards 2020.’

7. **ATDP Blueprint.** As para 1 implies, operationalisation of the Blueprint below the SGB-CFMG levels is essentially a ‘greenfield project’. This is the rationale for a concept paper. Without clear and agreed mental models, operationalisation will lack its foundations.

8. **DVA Towards 2020.** The Department’s strategic plan, ‘DVA Towards 2020’, establishes the objective towards which operationalisation at the CoP-VC/ESO-Advocate levels is to be directed (emphases added):

   *We will think of the whole person and their family when considering client needs.*

   *We will better deliver compensation and rehabilitation support with a strong focus on the accuracy and timeliness of claims processing.*

   *We will tailor and customise service delivery to respond to emerging needs.*

   *We will work with Defence, Ex-Service Organisations, providers and other stakeholders to achieve the best health and wellbeing outcomes for clients.*

   *We will work with clients and stakeholders to co-design cohesive client-centric services.*

   And:

   *We will know we are succeeding when we are known for putting our clients first and delivering the services they need.*

9. **Relevance to Operationalisation.** The relationship between DVA’s strategic objectives and operationalisation of the Blueprint is incontestable. Work at the SGB and CFMG levels is already progressing single learning pathways. These will fundamentally

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2 In many disciplines a ‘greenfield’ project is one that lacks constraints imposed by prior work. The analogy is to that of construction on land where there is no need to work within the constraints of existing buildings or infrastructure. **Source:** [https://en.wikipedia.org/wiki/Greenfield_project](https://en.wikipedia.org/wiki/Greenfield_project); accessed 25 July 2016.
change advocates’ training and development. The challenge is for operationalisation at the CoP-Advocate level to play its part in achieving DVA’s ‘client-focused’ objective.

10. **Challenge.** The magnitude of the preceding challenge cannot be under-estimated. No matter how effective the ATDP formal courses might be, they will only contribute around 10% of an advocate’s learning. The remaining 90% will be undertaken at the CoP-Advocate level. That is, CoP are the means by which the majority of learning is facilitated. Hence, the formation of CoP and their operational performance are vital.

11. **CoP Roles.** The Blueprint is the practical setting for CoP. It identifies the following roles for CoPs (emphases added):

   - Building strong, supportive networks for practitioners.
   - Engaging and developing volunteerism.
   - Identifying future practitioners and trainers.
   - Fostering the development of the broader practitioner community.
   - Ensuring clear and regular communication from all levels of the Programme to learning facilitators, CoP, [VC], ESOs, and practitioners.

12. **Ramifications.** The following can be inferred from the strategic documentation:

   a. **Conceptual.** To accommodate DVA’s strategic objective, the Blueprint needs to be located in its wider context:

      - ATDP is necessary as a training and development stream, but is not, of itself, sufficient.
      - An advocacy system is required to achieve DVA Towards 2020’s strategic objectives.
      - ATDP will be the embedded training and development stream in that wider advocacy system.
      - The advocacy system must focus on continuous quality improvement of the services DVA clients receive.
      - Achievement of the focus requires that:

         - all stakeholders share a strong and identical ethos;\(^3\) and
         - all stakeholders engage in a close, client-focused partnership; and
         - training, development and certification be a mere start point; and
         - post-certification, all CoP participants engage fully in continuous learning and improvement; and

\(^3\) Every participant individual and organisation will have an established ethos and culture. Movement away from these is not practical. Development of a shared ethos will require supported identification of that element in every participant’s established ethos and culture where overlap occurs. Mentors can then, working as change facilitators, mould/expand overlapping elements until they become a strongly shared ethos. A strong focus on the DVA client will be a critical element of the shared ethos.
(cb) performance be measured against nationally consistent standards that are monitored and validated; and

(cc) feedback loops connect all participants in the advocacy system; and

(cd) system-wide remediation planning and execution be routine.

b. **Practical.** Operationalisation will engage five closely inter-connected tiers of activity below the CFMG:

(i) **Tier 1.** Each RMG will be responsible for ensuring its CoP have the resources required to achieve strategic objectives. To do so they will, through their CoP, need to:

(a) canvass, collate and prioritise VC/CWAN/ESO resource demands; and

(b) prepare business cases for CFMG consideration and SGB approval, which once approved will be incorporated into DVA’s Annual Budget cycle.

(ii) **Tier 2.** RMG Workplace Assessors will, in conjunction with the RTO:

(a) mentor and peer review the competence of other authorised Workplace Assessors; and

(b) in conjunction with other authorised Workplace Assessors, certify and validate the competence of CoP Mentors and Advocates.

(iii) **Tier 3.** ATDP-authorised Workplace assessors will:

(a) assess advocates’ and mentors’ competency by conducting workplace assessments on behalf of the RTO pursuant to its contract with DVA,

(b) validate certified advocates’ continuous performance improvement,

(c) identify competent and experienced:

   (ca) CoP advocates to train and certify as CoP Learning Facilitators, and

   (cb) CoP mentors to train and certify as Workplace assessors or Formal-Course Learning Facilitators;

(iv) **Tier 4.** CoP Mentors will:

(a) support VC/CWAN/ESO’s pre-training screening of candidates for advocacy training;

(b) mentor trainee-advocates;

(c) monitor advocates’ delivery of services; and

(d) develop and conduct CoP-specific, group and individual learning and development activities.
(v) **Tier 5.** Certified VC/ESO advocates will, with the guidance of CoP Mentors, implement continuously improving client services.

**Reflections on History**

‘Those who don’t know history are doomed to repeat it.’

Edmund Burke (1729-1797)

13. **Context.** Operationalisation must inevitably address the strengths in past practice that can be built on, and the weaknesses to be avoided.

14. **Strengths.** The Blueprint acknowledges that ATDP builds on the excellent work undertaken by TIP. Strengths that the single learning pathways are building on include:
   a. e-Learning;
   b. Competency-Based Training (CBT);
   c. National Consistency; and
   d. a partnership approach.

15. **Opportunities.** Weaknesses are best approached as development opportunities. ATDP opens at least four opportunities, including:
   a. flexible, CoP-driven structures;
   b. mentoring and workplace training;
   c. closer working relationships between Advocates and Delegates; and
   d. enhanced information flows between all stakeholders.

**Setting Out**

16. **Wicked Problem.** The challenge that operationalisation will confront is, by definition, ‘wicked’.

17. **Context.** The future structure, function and culture of CoP needs to be ‘fit for use’. To do so, decisions will need to identify and neutralise challenges to operationalisation. Stakeholders will need to be alert to the emergence of others during rollout.

18. **Structures.** The complexity of the CoP-VC/CWAN/ESO-Advocate levels suggests that an organic approach within clear policy boundaries might be best at this level. More detailed discussion follow.
   a. **SGB-CFMG-RMG.** A hierarchical management structure is envisaged in the Blueprint at the SGB-CFMG level, and might be extended to include the RMGs.

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4 A **wicked problem** is a one that is difficult (or impossible) to solve because of incomplete, contradictory, or changing evidence that may also include issues that have not been recognised or cannot be foreseen.

5 Key features of organic structures and processes include: self-organisation, self-direction, self-sustaining, self-regulation, initiative, un-commanded contribution, self-discipline, autonomous (high) standards and self-validation.

6 See page 7; Draft ATDP Management Structure.
However, RMG Managers of the calibre envisaged in ‘Operationalisation of RMGs’ may expect that their working relationship with the CFMG is that between a CEO and Board Chairman. Collegial pursuit of mutually developed objectives is therefore the more probable relationship.7

b. **CoP.** The advocacy system below the three RMGs will comprise a multitude of geographically dispersed and culturally diverse ex-service organisations. CoP should, to some extent, moderate the challenges faced by RMGs. Two issues are pertinent:
   
   (i) if CoP aggregate ESO branches/sub-branches, RMG will interact with a fewer number of entities than TIP did in the past; however,

   (ii) the SGB and CFMG will need to monitor the number of CoP with which RMG interact to ensure a reasonable span-of-control is not exceeded.

19. **Tasks.** RMGs will be responsible for achievement of nationally-consistent, high-quality advocacy services across their region. They will not, however, have the resources for direct control. Rather, they will exercise their responsibilities indirectly through ATDP-authorised Workplace Assessors and CoP Mentors.8

20. **Younger Volunteers.** Some ESOs are successfully engaging younger veterans as paid advocates; however, few have engaged younger-veteran volunteer advocates. Limited sampling has discovered that:
   
   a. many incapacitated younger veterans actively support their mates via social media contact and social meetings/gatherings, but only a limited number have attended formal advocacy training;

   b. a Younger Veterans Forum convened by TIP NSW in July 2016 discovered that the cohort:
      
      (i) want ‘triage/first response’ training so they can support their mates in crisis before referring them to qualified advocates; and

      (ii) do not know how to locate qualified advocates in whom they can place trust that their mates will be supported well.

   c. a Younger Veterans and Advocates Workshop on 26 July 2016 confirmed that:
      
      (i) the cohort remains concerned about the adverse attitude of, and inadequate advocacy provided by too many older advocates; and

      (ii) they want to support their generation effectively and are frustrated by the limitations presented by geography and accessibility; and

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7 The remarkably organic way in which ATDP is being implemented indicates that a collegial approach is both achievable and highly effective.

8 Note that this deduction stems from Section 5.3, dot point 4. RMG are responsible for: ‘Developing and sustaining effective communities of practice for practitioners within the region’. Logically, responsibility for effective CoP necessitates monitoring and whatever action is appropriate to assure quality against nationally consistent standards of advocacy performance.
d. MRCC policy is a strong dissuader – if a disabled veterans can volunteer then he/she would be able to work; and

e. for some wanting to volunteer, mental health condition(s) are not yet sufficiently under control to cope with another’s physical and psychiatric needs.

f. informal monitoring of social media reinforces the need for on-line interventions by:
   i. qualified advocates to correct the mis-information that is rife,
   ii. personnel who can connect a veteran with a qualified advocate, and
   iii. clients who are happy with the support they received from DVA.

Getting Ready
21. **Fundamental Change.** ‘Wicked challenges’ require a new world view – in other words, a paradigm shift. CoP operationalisation will require a new understanding of what the advocacy system will look and feel like.

22. **Paradigm Shift.** Some of the considerations that will shape the way forward are:
   a. **Vision.** Strategic planning typically starts with participants’ identifying a ‘vision’ of the organisation’s future. The Department’s strategic plan mandates that the new advocacy-system-wide (ie. national) vision be: **Client-focused advocacy.** CoP will be responsible within ATDP for fostering national adoption of this vision.

   b. **Ethos.** To engage the *DVA Towards 2020* vision, ATDP must develop a new ethos – the ‘spirit’ with which advocates deliver services. CoP will, therefore, be jointly responsible for developing a national ethos. Note, while the new ethos must be related directly to the vision, it cannot be imposed. Rather, it is emergent and must be nurtured.

   c. **Slogan.** Change facilitation demonstrates that a catchy slogan provides a useful focus for team-building and change. Each CoP might therefore be encouraged to develop a slogan that captures its advocates’ aspirations. CoP will need to ensure, however, that those aspirations are grounded in the national vision.

   d. **Transformation.** A vision, catchy slogan, and emergent ethos are necessary but not of themselves sufficient. Operationalisation of a new advocacy system necessitates total transformation. A new mental model (paradigm) is required. CoP will be jointly responsible for local transformation that implements the national mental model. As discussed below (see ‘Organic Network’), local transformation must reflect local needs but be effected within the policy boundary that is the national mental model.

   e. **New Paradigm.** Total transformation requires that the new paradigm seize the opportunities that ATDP opens. An organic network is a validated organisational alternative (see Attachment 1, Validation). What constitutes an organic network is best understood by analogy with a familiar object – the human body.
Mental Model

23. Why is the human body (an anthropomorphic model) appropriate? The answer lies in identification of the body’s key parts, their function and their interactions:

a. **Nervous System.** The brain is integral to the nervous system. It is through the nervous system that the brain coordinates voluntary and involuntary actions by continuously transmitting signals to and receiving them from different parts of the body. Continuing the analogy:

   (i) Like the brain itself, the SGB, CFMC and Secretariat acting together is currently designing and, after roll-out, will direct, monitor, validate and plan national remediation of performance shortfalls by the advocacy system.

   (ii) Like the nervous system as a whole, the entire advocacy system must interact constantly through an intricate communications network so that DVA clients are assured high quality advocacy services.

b. **Spine.** The spine is akin to the RMGs. It:

   (i) supports the brain (the SGB-CFMG-Secretariat),

   (ii) protects the spinal chord (the critical communications pathways between the strategic and operational levels of the advocacy system), and

   (iii) is the central attachment point for the skeletal extremities (the CoP, VCs and ESO Branches and Sub-Branches).

c. **Limbs.** The CoP are akin to the limbs as they:

   (i) carry information (nervous system messages) to and from the hands and feet,

   (ii) provide anchor points for muscles (facilitate work),

   (iii) articulate the skeletal extremities (perform work), and

   (iv) link the spine to the hands and feet (perform dextrous work).

d. **Skeletal Extremities.** The hands and feet are like VC and ESO Branches/Sub-Branches. They connect the limbs to the fingers and toes, which are analogous to the advocates that are doing the fine work on behalf of the body (advocacy system) as a whole.

e. **Flesh.** The flesh represents DVA clients. The skeleton, its nervous system and articulating muscles are embedded in the flesh in the same way the various parts of the advocacy system are embedded in the ex-service community. Each is inextricably dependent on the other.

f. **Anthropometry.** The human system model is also anthropometrically pertinent. The relative mass of the head and the body, the distance between the brain and the tips of the finger and toes, the extent to which the nervous system has branched between the brain and its extremities, and the fact that the further
from the head the greater is the physical work performed are all analogous to the various parts of the advocacy system. Said another way, the brain thinks and plans, and the nervous system transmits information, but it is at the extremities that the work is done.

### Appropriateness of Model

24. Two considerations validate the as a body as mental model for structuring and the functioning of the advocacy system.

25. **Optimal Operation.** The anthropometric analogy is relevant to optimal operation of the advocacy system. In international athletics – a human body’s most demanding physical state – competitors’ performance is maximal when every part of their body is synergistic with all others. Brain and body work as one, connected and knowing as if on autopilot. The body as system knows without conscious thought what it must do to achieve the prized goal. So too, the advocacy system as organic network will be operating optimally when all participants achieve peak performance without specific direction and close oversight.

26. **Markers.** Relevant markers of optimal performance include:
   a. At the organisational level: a common ethos – shared attitudes grounded in a shared vision – so ingrained that high quality service is invariable.
   b. For each individual advocate: continuous learning and performance improvement as innate behaviours.
   c. A comprehensive communications system linking all stakeholders so that:
      (i) objectives are shared,
      (ii) understandings are common,
      (iii) symbols (eg. logos, titles, slogans etc) are energising, and
      (iv) a shared ethos emerges.

### Organic Network

27. **Application.** How the anthropomorphic model and organic network organisation are integrated in the advocacy system is outlined next.

28. **Characteristics.** The following characteristics are relevant:
   a. Network Characteristics:
      (i) intimate interconnectedness;
      (ii) routine exchange of information;
      (iii) a shared ethos focused on DVA clients receiving the highest possible quality advocacy services;
      (iv) operational coordination by nationally set and nationally consistent:
         (a) policy boundaries,
(b) performance standards;

b. Organic Characteristics:
   (i) at the CoP level:
       (a) self-organisation, and
       (b) self-directed and self-sustaining change;
   (ii) at the advocate level:
       (a) self-directed learning, and
       (b) self-motivated pursuit of excellence.

c. Combined Requirements. When combined, the preceding characteristics suggest the following structural and operational requirements:
   (i) CoP:
       (a) self-organising within national policy boundaries,
       (b) collegial mentoring and performance monitoring, and
       (c) operating as a learning organisation.\(^9\)
   (ii) Advocates:
       (a) self-motivated continuous learning,
       (b) self-directed pursuit of national performance standards, and
       (c) sharing learnings from shortfalls and shortcoming.
   (iii) Workplace Assessment. At the time of:
       (a) workplace assessment, candidates’ knowledge and skills development are complete to the level of competency they are seeking; and
       (b) competency review, practicing advocates are deeply engaged in self-directed continuous learning and competency improvement.

29. Ramifications. The structural, functional and operational ramifications of an organic network are:
   a. formation and operation of CoP that have responded and continue to respond to local imperatives;
   b. as volunteers have been engaged actively in defining the advocacy system within which they will operate, they are engaged actively in:
      (i) operationalisation,
      (ii) ensuring achievement of:

\(^9\) A learning organisation is one in which ‘people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together.’ Peter Senge, *The Fifth Discipline: The Art and Practice of The Learning Organization*, 1990.
(a) national consistency, 
(b) national policy boundaries, 
(c) national performance standards; and 
d. flexibility and responsiveness that is assured through local control.

Moving Forward
30. **Optimal Outcome.** Modelling identifies the ideal end-state of the advocacy system; namely:

   The ultimate outcome of operationalisation must be high quality, continuously improving services achieved by self-directing advocates working within self-organising CoP that are led by trained, competent and respected Mentors who work in a highly collegial way.

31. **Critical Conditions.** For the ideal end-state to be achieved four conditions are critical to operationalisation:

   a. national policy that stipulates the boundaries within which self-organising CoP are free to establish themselves;
   b. promulgated national service-delivery quality standards that are monitored and adherence to them validated;
   c. workplace assessment by certified Workplace Assessors that are independent of the CoP (viz., Third Party Assessment); and
   d. a high-capacity, system-wide communications network that is accessed routinely by all stakeholders.

32. **Caveat.** Adoption of an organic network model will not solve all identified challenges or be problem free. Its adoption should, however, put in place arrangements that will maximise the likelihood of successful operationalisation.

Conclusion
33. This discussion paper has found that:

   a. if the setting for operationalisation at the CoP-Advocate levels can be abstracted to one question, that question is:

   How can operationalisation assure DVA and its clients that they will receive continuously improving advocacy services?

   (i) ATDP will be embedded in the resulting Advocacy System; 
   (ii) operationalisation at the CoP-Advocate level requires a new paradigm;
   c. the new paradigm will result in transformational change to an organic network; 
   d. the paradigm shift will entail:

   (i) adoption of a vision focused on client-focused advocacy;
(ii) emergence of a new ethos; and
(iii) CoP becoming the hub for:
(a) not only pre-certification mentoring,
(b) but also monitoring post-certification continuous learning and development; and
(c) the professionalisation of advocacy (be it delivered by employed or volunteer advocates).

Recommendations
34. The recommendations are that:
   a. The SGB, CFMG and Secretariat propose amendments to finalise this paper.
   b. Once finalised, the paper become a policy document and be operationalised.
   c. The policy be formally reviewed quarterly during operationalisation and amended to account for arising issues.

Attachment: 1. Validation
VALIDATION

Introduction
The modelling in this concept paper can be validated theoretically and practically.

Theoretical Validation.
Etienne Wegner-Trayner, a renowned authority on ‘social learning’ and originator of the term ‘community of practice’, usefully validates and refines the FAQ outline as follows:10

a. **Introduction.** Communities of practice are formed by people who engage in a process of collective learning in a shared domain of human endeavour. [They] have a concern or a passion for something they do and learn how to do it better as they interact regularly.

b. **Characteristics.** Three characteristics of a CoP are crucial:

   (i) **Domain.** A community of practice is not merely a club of friends or a network of connections between people. It has an identity defined by a shared domain of interest. Membership therefore implies a commitment to the domain, and therefore a shared competence that distinguishes members from other people.

   (ii) **Community.** In pursuing their interest in their domain, members engage in joint activities and discussions, help each other, and share information.

   (iii) **Practice.** A community of practice is not merely a community of interest—people who like certain kinds of movies, for instance. Members of a community of practice are practitioners. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems—in short a shared practice.

Practical Validation.
The authoritative writings of Professor Peter Shergold, AC, over many years provide ample practical support for adoption of an organic network. While the following excerpts focus on Public Service officers, the collaborative membership of the SGB and CFMG applies Prof. Shergold’s comments to these bodies:


   There are new and exciting changes occurring in the processes of governance, which have profound implications for public services ... At the same time—and significantly extending these developments—broader networks of policy influence are emerging. They demand new ways of doing things and new forms of leadership behaviour. At the

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heart of these changes lies the growing importance of collaboration—across government agencies and jurisdictions and between the public, private and not-for-profit sectors ... Genuine collaboration ... requires public servants who, with eyes wide open, can exert the qualities of leadership necessary to forsake the simplicity of control for the complexity of influence. More explicitly, they need to operate outside the traditionally narrow framework of government, which they have for so long worked within ... Public Service leadership has always been premised on the ability to influence. The challenge now is to extend that capacity from government structures to governance networks.

b. ‘Learning from Failure’ (2015; pp x-xi). The environment discussed and the characteristics commended exemplify the advocacy system as organic network:

The work of government is hard. Its challenges are wicked. Problems do not always have defined boundaries, solutions can (and should) be contested and authority is ambiguous...In response to the pace, complexity and connectedness of modern life, successful organisations are learning to function differently. Their operating environments are becoming increasingly unpredictable. ... The organisations that thrive are flexible. They seize opportunities, learn rapidly and recognise that partners will be needed to deliver long-term goals...

Th[e] legislative and regulatory shelter is now under threat: citizens demand better services and greater choice and governments want more flexibility and higher productivity. Without abandoning the traditions of public service, new approaches need to be embraced that acknowledge that the delivery of government programs is increasingly contestable. These propositions can be usefully grouped under the conceptual framework of adaptive government...

Adaptive government calls for greater organisational flexibility. It demands more willingness to experiment—starting small, testing what works and (in the worst case) failing quickly. It is premised upon facilitative leadership, in which collaborative partnerships are formed with others to deliver results. It requires much more agility than the traditional structures and workforce systems of public administration allow. It demands whole-hearted acceptance of the virtual world by which government can better engage with citizens.