Name of Match: **Intermediary organisations and collective impact: How will we know we are making a difference?**

Location of Match: Australia, Canada, Ireland, Netherlands, New Zealand, USA and UK (virtual)

1. Describe the **purpose** of the match: (Maximum 500 words)

Intermediary organisations and a collective impact approach play a critical role in supporting communities and service-providing social service agencies to integrate the latest evidence into practice. Using innovative approaches, supports, tools and resources, intermediary organisations contribute to positive system-level change that enables accessible, equitable, accountable, and action-oriented mental health and addictions services for clients and families. Intermediary organisations also support capacity building, meaningful engagement, and action with a wide variety of stakeholders, to better enable sustained change and demonstrate the impact of system-level initiatives.

This match explored the critical role intermediary organisations play in advancing equity and promoting change in mental health and addiction systems. The focus of the discussion was on how to collectively measure the impact of these structures on the services that clients and their families receive.

Participating leaders from a broad range of mental health, addiction and disability sectors explored ways of using a collective impact strategy to scale up projects from a local level to national and universal level, after a presentation on factors for success in two grass roots projects – One in Kenya and Uganda, the other in the US.

We explored the collective impact approach by looking at what works and what does not work, strategic alliance and in particular, the role of the backbone as shown through the Equally Well NZ and Equally Well International Alliance.

We also explored the kinds of measures, accountability, and evaluation processes necessary to demonstrate the value, return on investment, and impact within intermediaries, with two intermediaries sharing examples and exploring other measures and evaluation metrics not often seen as important by funders.

2. Describe the **leaders** who participated in the match (for example, were some of them peers, youth, family/caregivers, practitioners, policy makers, clinicians? Were they from community settings, government, NGOs, clinical settings?): (Maximum 500 words)

Twenty-two leaders participated, primarily from not-for-profit/non-governmental organisations/community managed organisations, government funded organisations providing health care in all settings, academics, strategic leads, intermediary organisations and research centres influencing policy, community engagement, strategic and legislative change, advocacy, advancing health equity and integration of lived expertise, implementing and evaluating services to support mental health, addiction, and disability support services for all ages and across sectors (community, specialist services, education, primary care, etc.).

3. What do you see as the **game changer** for this match topic? (Game changer is defined as: a newly introduced element or factor that changes an existing situation or activity in a significant way.) (Max 500 words)

There was consensus on the value produced by a collective approach in that this approach:

Amplifies impact

- Minimises duplication
- Optimises coordination and collaboration
- Robust to (single) organisation variability – able to be sustainable and to withstand organisational change/restructures and impact of unseen events for example COVID-19

Facilitates collaboration
- Enables networking across communities, organisations, and groups through different organisation types such as government agencies, not-for-profit/non-government organisations, community managed organisations, intermediary peak bodies, professions, etc.
- Across different system levels – macro, meso, and micro

Enables collaboration across fields of expertise
- Brings together groups of people – experts by experience, place-based expertise, research, advocacy, lived experience leadership, governance, policy, clinical etc.

Measuring value and impact has many other dimensions which should be considered and included:

Connection to the collective
- Maintaining relationships and contacts are critical
- Collective and co-designed activity such as advocacy, policy development, planning, and implementation

Networking across organisations
- Increased cross-organisation networking, coordination, and collaboration (e.g. - Distributed Leadership and Social Network Analysis)

Governance
- Evidence of inclusive and equitable governance
- Presence of experts by experience including lived experience and place-based experts in positions/roles of power and influence

As a game changer, participating leaders concluded that it would be worthy to develop a high-level 'International Score/Measurement Card' that IIHML and IIDL members can use or trial to show the value of intermediary organisations and backbone teams. The group will continue to meet to develop this with the intent to present or launch this in the Netherlands in 2024.

4. How will the match **support inclusion, resilience and growth** for this match topic and for the leaders who attended: (Maximum 500 words)

Participant leaders concluded and agreed that intermediary organisation and a collective impact approach has significant benefits for IIMHL and IIDHL to foreshadow priority areas, which are often overlooked by policy makers and funders. Three themes highlight the foundational tenets for a collective impact approach to support inclusion resilience and growth:

Inclusivity – partners bring a unique and valuable contribution to the collective. This creates an environment that enables groups to work together to address complex challenges.

Equality of experts by experience (including lived experience), place-based experts, and other experts. Promoting an inclusive approach is established an environment that helps redress entrenched power inequities, and empowers experts by experience. Reaching beyond the mental health, addiction, and disability sectors and usual 'suspects' to engage and partner with social care sectors, and those advancing the integration of social determinants of health.

Adaptive, distributed approach to complex challenges.
Please submit no later than 15 November to: erin@iimhl.com