# Intersectoral collaboration theory as a framework to assist in developing a local government food and nutrition policy

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# Summary

The potential role of local government in NSW to address public health nutrition issues has received encouraging reports. This treatise deals with the question of whether intersectoral collaboration theory is useful to assist development of a relationship with local government to develop food and nutrition policy. Intersectoral collaboration theory describes six conditions necessary for successful action: necessity, opportunity, capacity, relationships, planned action, and sustained outcomes.

The project was a feasibility study carried out in a densely populated and multicultural local government area in Sydney's southwest during April 1998. Eight Council employees and one elected representative were interviewed using the semi-structured questionnaire to collect a range of opinions and knowledge about Council's involvement in a food and nutrition policy. Conceptual frameworks for the study included the Ottawa Charter and the food and nutrition system. Theoretical underpinning's were provided by intersectoral collaboration theory and organisational change theory.

Using intersectoral collaboration theory, analysis of the interviews revealed that participants were very concerned with conditions of necessity, opportunity and capacity to develop food and nutrition policy. Intersectoral collaboration theory correctly predicted that the action proposed would have to assist Council to achieve their core business, gain social and political support and be possible within the current economic environment and level of other resources available.

Participants were not able to identify how a food and nutrition policy would meet these conditions and be feasible within the current capacity of the organisation, and therefore did not become fully engaged in the feasibility study. The health sector needs to develop arguments for local government involvement from their perspective. Organisational change within the heath sector is required to develop capacity for intersectoral partnerships, as an effective strategy to address public health nutrition issues.

## Acknowledgments

## Author's contribution

The candidate was employed by the Central Sydney Area Health Service Health Promotion Unit from December 1997 to June 1998 as the project officer for a food and nutrition policy feasibility study. The data used in this treatise was drawn from the feasibility study. The study aims and methodology were determined before the candidate commenced; however he was the primary researcher and consulted with a working party during all aspects of the study. All aspects of this treatise are the work of the candidate.

Permission was received from the Council involved and the Director of the Health Promotion Unit to use the data for this treatise.

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# List of abbreviations

| | |
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| ALGA | Australian Local Government Association |
| CSAHS | Central Sydney Area Health Service |
| EHO | Environmental Health Officer |
| HPU | Health Promotion Unit |
| LGA | Local Government Area |
| LGSA | Local Government and Shires Association of New South Wales |
| PHN | Public Health Nutrition |
| WHO | World Health Organization |

## CHAPTER 1 - INTRODUCTION

## Introduction

### The study area

The local government area (LGA) involved in the study is situated in Sydney's southwest with a population of 132 360. In comparison with other LGAs in the Central Sydney Area Health Service (CSAHS), this area is the most multicultural and the least socioeconomically advantaged. No information on morbidity and mortality related to diet exists at the LGA level. However, several other indicators of the health of the population suggested a relatively high level of risk to adequate nutrition among residents of the LGA. These indicators alerted the Health Promotion Unit (HPU) to the need to investigate food and nutrition-related problems in this LGA, and to investigate the components of the food and nutrition system in the area and how they could be improved or strengthened.

Compared to other LGAs in NSW, this LGA has the third largest proportion of residents born in non-English speaking countries (45.2%).[1] People from Lebanon (13.9%), China (11.7%), Greece (10.7%) and Vietnam (8.1%) make up the four largest overseas countries of birth. Traditional diets and other consumption patterns give immigrants from Mediterranean countries, Southern Europe and Asian countries a substantial health advantage to people born in Australia.[2] The incidence of diet-related diseases such as heart disease increase with length of residence in Australia, however, they are still well below the rates found in Australian born people. An increase in the intake of meat, dairy foods and fat spreads, and a reduction in cereal and vegetable intake after migration,[3] contributes to this trend.

Household expenditure on food is determined by household income.[4] Poor education and language barriers increase unemployment rates, and consequently reduce household income. In this LGA, more than a third of families earn less than $30 000 pa.[5] The level of education is generally lower and proportionally fewer workers are skilled than for NSW as a whole,[6] and at the same time unemployment rates (15.1%) are greater than the Sydney average (10.4%).[7] Compared to other LGAs in NSW, this area has the third largest proportion of residents who speak a language other than English (LOTE) at home

(57.2%); 25.4 per cent of people speaking a LOTE speak English not well or not at all.[8] More than half of all households do not own a motor vehicle (53.4%).

Children under five are a particularly vulnerable group as they rely on caregivers for all their food needs. Adequate nutrition at this age is essential for proper growth and development and to reduce the risk of chronic diseases in adulthood. This LGA has significantly more children less than five years of age than the CSAHS average (7.9% versus 6.1%),[9] and has 3731 families in receipt of the maximum family social security payment (31.0% of all families), putting them at risk of poverty.[10]

Information on diet-related diseases was available for residents of CSAHS, however this data was not available by LGA. Some information was available for specific non-English speaking background (NESB) groups that was relevant to this LGA given the large proportion of residents born overseas. Men and women born in Lebanon had the highest age-standardised mortality rates from coronary heart disease of the five largest NESB countries in CSAHS;[a] the mortality rate for women born in Lebanon was at least double the rate for other NESB women.[11] Cardiovascular disease mortality rates for all five NESB groups was less than for Australian born men and women, especially men, whose rate was approximately half that of their Australian born counterparts. The proportion of men and women who were overweight or obese and born in Greece or Italy,[12] or are Arabic speakers,[13] was greater than the Australian average.

Although the data on nutritional status and the incidence and prevalence of diet-related disease among the population of this LGA, specifically, were limited, the relatively low socioeconomic status of the population, and the evidence of changing diet in other communities following migration to Australia, pointed to the need to act to reduce risk. In particular, improving and strengthening the food and nutrition system so that the whole population has the ability to make healthy food choices and acquire a diet consistent with nutrition goals and guidelines, is an important activity to reduce the risk of developing nutrition-related diseases.

Based on the experience of the HPU working with another local Council, a food and

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[a] The five major NESB countries are; China, Italy, Greece, Lebanon, Vietnam

nutrition policy was considered to be an effective strategy to improve the food and nutrition system in a local government area. A further factor influencing the decision to develop a local food and nutrition policy was the fact that a staff member of the HPU had an existing relationship with a Council staff member who had shown interest during the development of the previous local government food and nutrition policy. This person supported the proposal to conduct a study on the feasibility of developing a food and nutrition policy and took responsibility for introducing the idea of a feasibility study onto the Council's agenda.

Goals and objectives of the study were developed, letters exchanged between the two organisations and the feasibility study commenced.

## Conceptual frameworks for the study

The conceptual frameworks provided by the Ottawa Charter and the food and nutrition system guided the development of this study.

### Ottawa Charter and healthy public policy

The Ottawa Charter for Health Promotion sets out five strategies for effective health promotion:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

There is clear evidence that approaches to improve health must use combinations of the five strategies to be effective rather than single approaches.[14] Building healthy public policy, such as local government food and nutrition policy, is one strategy for health promotion. The purpose of healthy public policy is to shift responsibility away from persuading individuals to change behaviours and towards developing and modifying public policy for which health is a consequence and not the primary objective, in areas such as housing, food, taxation and environment.[15][16] Successful healthy public policy will help create conditions in which it is easy for individuals to adopt healthy behaviours and

lifestyles.

Food and nutrition policy is an example of healthy public policy and can exist at national, state and local government levels. Milio (1989) suggested that the purpose of food and nutrition policies in 'food-rich' countries like Australia is to reduce the impact of diet-related diseases like cardiovascular disease on the health care budget, and ensure sustainability of resources in an increasingly global food market.[17] More recently, the Australian national food and nutrition policy (1992) included social justice objectives to ensure adequate financial, educational and other resources to obtain a nutritious diet, or at the very least food security, for those segments of the population at risk of poor nutrition.[18] Ensuring the safety of the food supply is also a very important component of food and nutrition policies.

Australia introduced a national food and nutrition policy in 1992.[19] It outlines strategies to achieve better nutrition for all Australians, one of which is to incorporate food and nutrition objectives into a broad range of policy areas and sectors, including local government. Local government is included as an important sector because of their influence on all components of the local food system, through traditional and statutory roles in planning and approvals, health services and community services. Actions to address food and nutrition issues have occurred in many Australian LGAs.[20][21][22] Developing intersectoral action with local government in Australia has been assisted by the success of the Knoxville Food Policy Council in the U.S.A.[23][24]

## Food and nutrition system

The food and nutrition system is a conceptual framework useful for thinking about the range of activities involved in providing food for sustenance and health, and how the different sectors involved in this process interact with one-another.[25] An Australian review described a linear model of the food and nutrition system as comprising four sub-systems: production; processing and distribution; consumption; and nutrition.[26] This linear model has been further developed to indicate how these sub-systems receive inputs from and deliver outputs to the bio-physical and social environments; in other words, the food and nutrition system is an open system. Figure 1 shows an integrated model of the food and nutrition system.

**Figure 1. An integrated model of the food and nutrition system[b]**
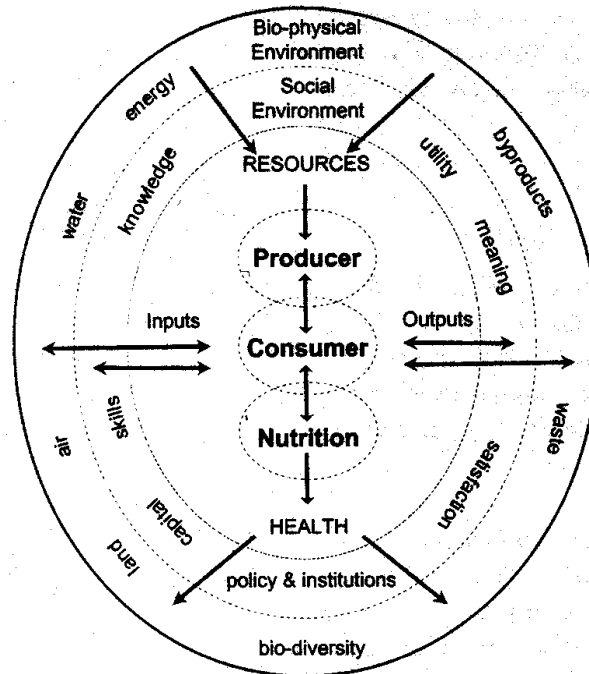


This conceptual framework can assist to understand the determinants of problems with the local food supply. The framework identifies the multiple points at which local government can intervene to ensure a safe, healthy local food supply. Mismanagement of land and water resources and waste handling can increase risk of food contamination effecting human health. Food processing can provide valuable employment to the local community, influencing household income and food purchasing resources. Food distribution and consumption are influenced by local infrastructure, including roads and quality of roads, footpath access and quality, location of retail food outlets and ease of access by walking and public transport. The integrated model above includes knowledge and skills as inputs to each part of the food system. Health may break down when inadequate personal knowledge and skills are available to purchase and prepare a nutritionally adequate diet, and similarly at the production end of the system if farmers are not aware of correct agricultural practices or misuse chemicals. Nutrition refers to one's ability to metabolise and efficiently use the input of nutrients. Environmental health may influence nutrition, for

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[b] From: Sobal J, Khan LK, Bisogni C. A conceptual model of the food and nutrition system. *Soc Sci*

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instance, postulated links between chemicals used in agriculture and development of cancer.

At a local level, the food and nutrition system framework can be used to identify how local government interacts with the system, and what activities could be modified to ensure access and availability of healthy, affordable and culturally appropriate food. A model for local government intervention in the food and nutrition system is shown in Figure 2.

**Figure 2. Local government's role in the local food system**[c]
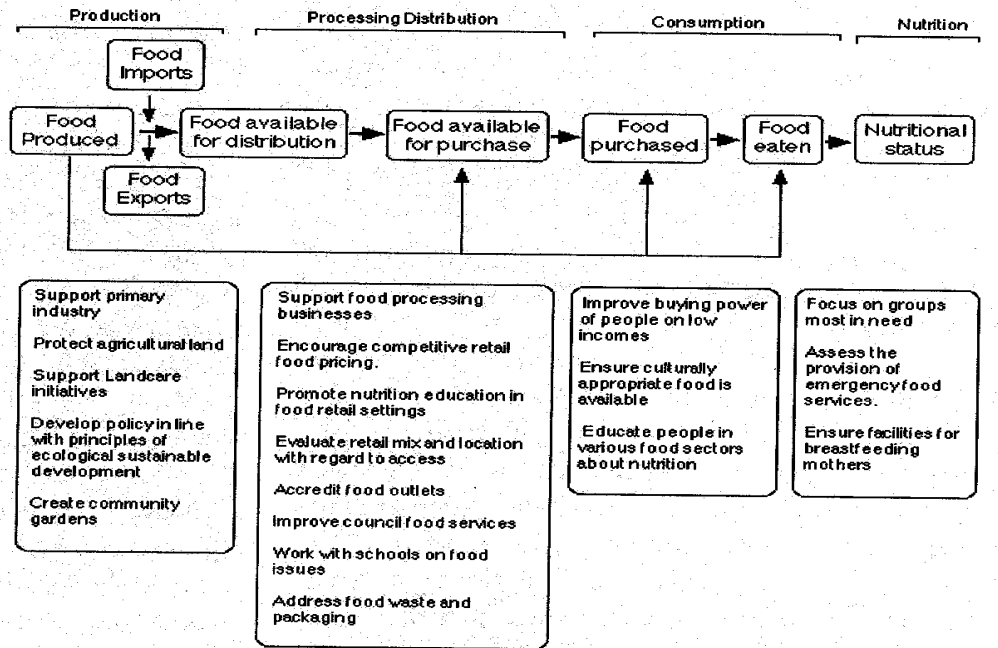


The Australian literature on local government food and nutrition policy describes the need to make explicit the role of local government. Experience indicates this must occur in order for local government to be involved beyond just support and representation on committees.[27] One survey of local government employees reported that the majority perceive they have an important role in some food and nutrition activities such as food hygiene standards (91%), and food safety standards (86%) and hygiene and/or safety of institutional food services (53%).[28] In the same survey, only a minority perceived an important role in areas such as nutrition education in schools (11%), availability of nutritious foods through the retail sector (16%) and maintenance and promotion of primary food production (25%).

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[c] Source: Yeatman H. National review of food and nutrition activities in local government. Wollongong: Department of Public Health and Nutrition, University of Wollongong, 1998.

# CHAPTER 1 - INTRODUCTION

Food and nutrition activities have been implemented in several local government areas in NSW. Examples of initiatives implemented to influence the food and nutrition system are listed below:[29] [30] [31]

- introducing policies to protect local agricultural land from development

- expanding the availability of healthy choices in food services operated by local government

- encouraging businesses to sell healthy foods

- using planning controls and improving public and community transport services to improve access to food shops

- promoting healthy eating to the community through festivals, local libraries and events like heart week

Food and nutrition policy developed as healthy public policy is only one of the strategies outlined in the Ottawa Charter that is pertinent to addressing problems with a local food supply - using a food and nutrition system model. Issues such as the preservation of agricultural land, minimising water and land contamination and waste handling may be well managed through a policy. But other strategies to create supportive environments and build personal skills are also necessary. These might include creating food co-ops or lobbying local food retailers to deliver free-of-charge or to stock a different range of products. Running breakfast programs, community gardens, delivering cooking classes and nutrition education sessions might also contribute, as well as taking action to improve household income or influence purchasing power by reducing food costs. These actions can support the initiatives of a local food and nutrition policy as part of a suite of interventions to improve the local food supply for all.

# CHAPTER 2 – LITERATURE REVIEW

## Literature review

The actions described in this treatise are directed toward health promotion in the organisational context. Two approaches to working with organisations for health promotion have been described; intersectoral collaboration and organisational change. Literature on both of these theories was searched and is presented below.

### Intersectoral Collaboration

The purpose of the literature review was to review research and reports in order to develop a theoretical framework for intersectoral collaboration. This framework was then used to analyse interviews with key local government officers from the study area.

### Methods for conducting the review

A report by Harris et al was used as the baseline for this review because it consisted of an extensive review of the literature until 1995.[32] Research and reports on intersectoral collaboration published after 1995 were also considered in the review. Twelve additional articles were identified and 11 reviewed; one article was not collected because it was overseas and a copy fee was required. One article published in 1994 was included because it was not cited in Harris et al. The 11 articles were reviewed and compared to the framework developed by Harris et al. The search identified a large number of articles on coalitions originating in North America. Approximately half of these described examples of coalitions and the other half focused on evaluation of coalitions and the factors contributing to success or failure. The results from these evaluations are relevant to this study, however because of the large number of articles and the scope of this literature review only one commonly referenced evaluation article was included.

### *Literature search strategy*

The search strategy consisted of:

1.  Search of the electronic databases (up to August 2000):

- MEDLINE (U.S. National Library of Medicine Databases of Biomedical Literature, 1994 – 2000)

- CINAHL (The Cumulative Index to Nursing & Allied Health Literature, 1982 – 2000)

- EMBASE – (1994 – 2000)

- Access to these databases was available through the Health Promotion Unit, Central Sydney Area Health Service

MEDLINE and CINAHL were searched using the search terms, mapped to subject headings, of *coalition, organizational structure, organizational culture, collaboration, alliances, interdisciplinary research* and *health promotion.* EMBASE was searched using the key words *intersectoral, collaboration, coalition* and *theory.*

2. Internet sites:
   - Health Education Authority UK
     http://sungamma.hea.org.uk/uhtbin/cgisirsi/wuCxofveqh/609015/9
   - Health Canada
     http://www.hc-sc.gc.ca/hppb/phdd/resources/index.html
3. Reviewing reference lists of collected articles.
4. Articles previously collected by the candidate

## Results of the literature review

### *Why the interest in intersectoral collaboration?*

Intersectoral collaboration, or intersectoral action, has received much attention since the Ottawa Charter as a means for improving population health,[33] because it recognises that many factors which determine population health exist outside the direct control of the health sector and therefore must be approached through action within and between sectors. The term 'sectors' in this context is misleading in that, although two or more sectors (eg. health and local government, or health and education) may be involved in working together, the sectors are, in fact, represented by specific organisations – such as a local Health Promotion Unit and a school or a single local government.

The continuing interest in intersectoral collaboration is evident by the number of agencies

producing reports on this approach,[34] [35] [36] [37] as well as the importance being given to it for improving population health. For example, Health Canada has positioned intersectoral action as an essential strategy for improving population health,[38] and WHO has called it a cornerstone for Health-for-All.[39]

There are four reasons for the current interest in intersectoral collaboration:

1. Growing consensus about the importance of key determinants of health, responsibility for which does not reside with any one sector;

2. The need to reduce persistent health inequalities;

3. Increased understanding of the conditions which enable effective intersectoral collaboration; and

4. A positive environment for intersectoral action.[40]

## *What is intersectoral collaboration for health?*

Intersectoral collaboration has been described as:

> *"A recognised relationship between part or parts of the health sector and part or parts of another sector, that has been formed to take action on an issue or achieve health outcomes, (or intermediate health outcomes) in a way that is more effective, efficient or sustainable than could be achieved by the health sector working alone"[41]*

Intersectoral collaboration is based on the explicit intention of different sectors and organisations to achieve a common goal.

Although the term 'intersectoral action' is used commonly, it includes many different types of activities ranging from sharing of information and networking, to forming coalitions and joint policies to formal agreements and developing regulations which apply with other sectors.[42]

## *Is intersectoral collaboration an effective way for the health sector to work?*

The question of whether intersectoral collaboration is an effective process for the health sector to be engaged in to achieve improved health or intermediate health outcomes, is not fully answered. For instance, a common form of intersectoral collaboration engaged in by the health sector is coalitions for health improvement. In regard to coalitions, evidence

available to date indicates that they are not effective at improving health, despite the enthusiasm with which they are being promoted by some researchers,[43] especially in North America. This enthusiasm is based more on ideology than evidence of effectiveness.[44] Butterfoss and colleagues studied alcohol, tobacco and other drug (ATOD) coalitions and found they did not produce high quality prevention plans (a proxy for coalition effectiveness), even though members were satisfied with the coalition and felt the process was effective.[45] Butterfoss et al conclude that health promotion projects which involve coalitions are still in their intervention phase, and evaluation of their effectiveness to improve intermediate health outcomes is still to come.

Gillies reports on the effectiveness of intersectoral alliances, or partnerships, from a social capital perspective and concludes they *do* work in tackling the broader determinants of health and promoting individual behaviour change.[46] Success in these examples was assessed in terms of process achievements such as creating committees, training volunteers, generating interest and political support, and resource allocation, rather than improvements in intermediate health outcomes.

Determining whether intersectoral collaboration has been effective depends on the end point to be measured. The Health sector is interested in health outcomes as the end point, but also recognises a series of intermediate outcomes as a pre-requisite, whereas its partners may be more interested in the success of the processes such as bringing people together or building aspects of social capital.

*Conditions for effective intersectoral collaboration*

Intersectoral collaboration for health is by its very nature complex and difficult. However years of research and experience have led to the identification of some conditions necessary for effective action. Harris and colleagues have described these conditions as:

- **Necessity** – the health sector and its organisations needs to work with other sectors and their organisations rather than taking a different approach to the issue, and there is sufficient need for the other sector to work with health

- **Opportunity** – opportunities exist in sectors and organisational environments to support collaboration, to build on existing policies, or the community supports health taking this approach

- **Capacity** – both organisations or sectors have the necessary knowledge and resources to undertake the proposed action and they have given their commitment to it
- **Relationships** – relationships need to be strong enough to undertake and sustain action
- **Planned action** – it is well conceived and can be implemented and evaluated
- **Sustained outcomes** – both sectors and organisations have ensured the action can be sustained[47]

The second document, reviewed and compiled by Health Canada, describes the conditions as:

- **Supportive policy environment** – the policy environment supports collaboration
- **Investment in alliance building** – consensus and trust must be developed during the planning phase
- **Shared values, interests and alignment of purpose** – the values, interests and purpose shared by each organisation must be sought out
- **Engagement of key players** – engage partners by promoting causes they may be interested in
- **Horizontal and vertical linking** – make links within and between organisations
- **Shared leadership and accountability** – no one organisation should always take the lead
- **Team building and supports** – build stable teams who work well together
- **Focus on concrete objectives and visible results** – short term clear results must be achieved[48]

The framework developed by Health Canada deals predominantly with getting the relationship between partners right. It advocates for the health sector to seek out shared values and interests with partners, but doesn't discuss conditions which make it necessary for other sectors to collaborate. Health Canada provides details to support its decision to be involved in intersectoral action, and assumes the same level of readiness and consideration by potential partners, which might not be the case. Important questions each partner needs to ask itself are not addressed, such as readiness to forego autonomy over decision-making and resource allocation, whether this is the right time to collaborate, and do the right conditions exist for intersectoral collaboration?

# CHAPTER 2 – LITERATURE REVIEW

The six conditions for effective intersectoral collaboration described by Harris et al (1995), are discussed and additional insights from other researchers are highlighted. These conditions are taken from the perspective of organisations rather than sectors because it was one organisation (HPU) investigating the feasibility of intersectoral action with another organisation (a local government). It is acknowledged that the environments of the two sectors, Health and Local Government influence the operating environment of each organisation.

## 1. Necessity

There is a risk involved for any organisation undertaking intersectoral action, and therefore the desired outcome from the action must be important to each organisation involved. Organisations are essentially concerned with achieving the core business for which they were established and taking action to ensure their survival. They are more likely to agree to be involved in intersectoral collaboration when organisations consider their core goals are being met.

O'Neill et al emphasise the political nature of intersectoral action, stating it should be conceptualised "in terms of the (often selfish) interests pursued by individual or organisational actors."[49] This is consistent with the need for organisations to achieve core goals and therefore not a negative quality; it is actually what makes organisations successful. Health Canada also draw attention to the need for intersectoral collaboration to meet the needs of all partners involved, but once they agree to be involved partners should not be too strongly focused on their own agendas as common objectives and collective gains are more important than individual interests.[50] This view is not universally supported in the literature. For instance, Harris and colleagues advocate that opportunities to review the relationship be regularly structured into the project so partners can regularly assess if the action is meeting their needs. For intersectoral collaboration to be effective, common interests that bring partners together need to be stronger than those that keep them apart.[51]

Working intersectorally to improve health may be difficult for organisations because they usually have limited or negative experience of working together, it may require loss of autonomy in decisions regarding their area of influence, and resources need to be invested

in action where the outcome may be unknown or intangible to the organisation. Persons higher in the organisational structure need to adapt their usual ways of working or consider changing the organisations core business to overcome these difficulties.

Organisations considering intersectoral collaboration need to exclude other approaches that could produce the same outcomes without the same degree of risk and loss of autonomy inherent in this approach.

Most literature on intersectoral collaboration deals with planning the action and developing and maintaining relationships with other organisations. Less attention is given to why collaboration is necessary and possible, the type of relationship needed, and the capacity of organisations to undertake the proposed action.

## 2. Opportunity

Opportunity for intersectoral collaboration depends on the environmental context in which the need for action arises and also triggers that precipitate action. The environmental context consists of components in the social, political and economic environments as well as changes in the organisational context of partners.

Community support for an action is a powerful motivating force for partners and should be built or developed in those wishing to work intersectorally.[52]

The political environment was mentioned often in the literature. The right policies, legislation and frameworks provide great support for action. The mix of policies is also important; too much emphasis on protecting individual rights rather than the common good may weaken political resolve to tackle complicated social problems.[53] Direct involvement of politicians or clear links through involvement of senior bureaucrats who can act as program champions is also important for success, especially during the early stages of an initiative.[54] [55] Party politics at a local level has an impact on the opportunity for intersectoral collaboration, particularly in politically unstable areas where uncertainty interferes with longer term planning.[56]

## 3. Capacity

# CHAPTER 2 – LITERATURE REVIEW

Harris et al (1995) outline three important components enhancing the capacity of organisations to undertake intersectoral collaboration; organisational support, resources and skilful people.

The capacity of organisations to work intersectorally will be strengthened if efforts have been made to generate support at different levels of the organisation, and is essential if action is to be sustained.[57] Therefore, efforts need to be made to generate support both vertically within an organisation or sector and horizontally between organisations or sectors.[58] Organisations should also strive to produce cohesive, task-orientated and innovative environments to support staff working intersectorally and ensure continued involvement in the activity.[59]

The role of individuals involved in intersectoral collaboration was often mentioned in the literature. In relation to coalitions, positive collaborative experiences build personal relationships between members and influence willingness to be involved in future actions.[60] In fact, a key reason for success of coalitions is existing familiarity between individuals starting the activity and members are preferably selected on this basis.[61] Therefore, the reputation and history of individuals and the organisations they work for are important factors determining success of intersectoral collaboration, and are reported to be more important than organisational arrangements or political control of the process.[62] However, not withstanding existing relationships between individuals, it is the power and resources of other organisations which makes working intersectorally seem so attractive.

Harris and colleagues have summarised the range of knowledge, skills and attitudes required by individuals involved in this activity. These factors include competent leaders who can chair and facilitate meetings and provide conflict resolution strategies,[63] [64] [65] and individuals with the ability to seek out common underlying values and interests among potential partners and work towards an agreed purpose.[66] Individuals also bring a sense of purpose to an action, which is both a resource and a reward, and they may not be satisfied with other outcomes unless a sense of purpose is achieved.[67]

## 4. Relationships

Individual and organisational relationships are important building blocks for intersectoral

action and can range from information sharing to more formal partnerships. Relationships need to be established, managed and reviewed. Recent literature has given very little attention to discussing the types of relationships necessary to achieve desired outcomes, focusing mostly on coalitions. Butterfoss et al (1996) found that the *number* of links a member had with other organisations predicted satisfaction with the coalition.[68] The type of link however was unrelated to satisfaction.

Results from experience indicate that intersectoral teams that accomplish results tend to have members who are free to act as individuals and are not tied too closely to the agenda of their own organisation.[70] However, the higher the individual is in the organisational structure and the more the action moves away from core business, the less likely it is to receive support.[71]

There is consensus that the right individuals need to be involved for effective collaboration. These individuals need to have the right skills and clear links to the political or senior administrative level. Also, existing positive relationships tend to assist collaboration in the early stages of formation. The benefit of these relationships will be limited if the environmental context is too constraining, which supports Delaney's findings that a supportive environment is necessary but not sufficient.[72] One of the most important personal attributes arising from the review is openness and trust.[73] Trust lies at the heart of the micro-dynamics of collaboration.[74]

Micro-processes have also been emphasised, such as sufficient detail to chairing and facilitation skills and meeting design.[75] Harris et al (1995) found that lack of attention to such details put the relationship at risk.[76]

There also needs to be opportunity to review the relationship and clear exit points negotiated.[77]

### 5. Planned action

The literature agrees that organisations must be able to clearly define why they need to work intersectorally to meet their objectives. The purpose of working together must be bold and expansive enough for this to occur and consensus reached on the magnitude and

nature of the issue to be addressed, as well as agreed ways of working. The ability of organisations to agree on goals has been questioned,[78] but there is general acceptance that organisations can agree on an agenda without having to share objectives. However, for this to occur organisations need to agree on desired outcomes, measures of success, leadership, operating processes, contribution of resources, methods of resolving conflicts, and recognition and rewards in the planning phase.[79] This is a difficult stage of intersectoral collaboration, but time must be spent here to avoid problems during the implementation phase. Tools for decision making and assessing factors that contribute to effectiveness should be made available to partners during this stage.

In the first instance, the focus of implementation should be on achieving small concrete outcomes in the short term.[80] This will assist to develop trust and skills between individuals and develop the capacity of each organisation and the partnership for action. Effort must also be made to develop joint ownership of the action. Formal plans and decision-making processes are not always necessary to meet goals, but do facilitate effective action and should be developed in most instances.[81]

Resources needed for the action must be specified. These include money, staff time, allocated space, administrative support, and training. Staff time is possibly the most important of these,[82] however training and technical support have also been identified as important during implementation.[83]

## 6. Sustained outcomes

The first step towards sustaining outcomes is for each organisation to agree on desired outcomes and measure the achievement of these. Gillies argues for measuring processes as outcomes after a review of published and unpublished accounts of collaboration around the world.[84] Many of these unpublished case studies describe the process of engaging agencies to work together, engaging the local community, capturing politicians' interests, conducting needs assessments to identify priorities and other measures as outcomes, and were concerned with changing the context within which action takes place. This approach confers somewhat with Sindall's recommendation that more effort be given to reading, interpreting and to shaping the context in which collaboration occurs. Evaluation of successful collaboration should include both process and outcome measures.

# CHAPTER 2 – LITERATURE REVIEW

Evaluation should also consider the different perspective's of those involved in the intersectoral activity. Academics will likely want to focus the evaluation on different issues to program organisers and funding bodies and therefore agreeing on questions will be difficult.[85] Evaluation has negative connotations because it is perceived as a threat to coalition sustainability, particularly premature impact evaluation conducted when a coalition is still finding its feet.

Summary

Since the review by Harris and colleagues published in 1995, there has been a paucity of research on the factors influencing the need for other organisations to work with the health sector, and on how to influence the environment to enhance opportunities for collaboration. Most literature identified in this review focused on developing and maintaining relationships and appeared to emphasise the need to strengthen the development of individual relationships among the people engaged in working together. There has been much less emphasis on identifying factors influencing the success of organisations working together to promote health

The literature review did not find any new evidence to improve the framework developed by Harris and colleagues.

## Organizational change theories

Organisations have been established by society to carry out important functions, and understanding how they work will provide powerful tools to promote health effectively across the many organisations which effect health in society. Attempts to promote health in the past have mostly focused on change in individuals and groups but not organisations. However, there are now many theories to explain how and why organisations change. Goodman and Steckler have analysed two of these theories: stage theory and organisational development theory.[86]

Stage theory describes four phases that organisations usually go through during change: awareness raising, adoption, implementation and institutionalisation. It is an example of an

implementation-strategy theory that gives broad perspective's on change without being prescriptive about how to go about it. Stage theory alerts the researcher or practitioner to accurately assess at what stage an innovation has been developed in an organisation. The researcher may need to raise awareness of the innovation if the organisation is at this stage. Assessment of stages can guide strategy development that might be most effective. For instance, senior administrators and decision makers are most influential in the early stages of adopting new programs and therefore strategies should be developed which target this group during the awareness stage, and not the deliverers of a new program. Stage theory does not provide any explanation for how or why organisations move from one stage to the next, and research on factors which enable program development at each stage needs to be expanded.

Stage theory is most useful when the organisation is a potential host site for a previously developed health program. It is not as useful when working with organisations to assist them to develop policies and practices to create health supportive environments for workers and clients.[87]

Organisational development theory on the other hand is concerned with improving effectiveness through strategies directed at organisational processes and structures and worker behaviours. Contemporary organisational development theory explains ways in which the norms and values of organisations can be transformed.

Organisational development processes tend to fall into the four steps of diagnosis, action planning, intervention and evaluation. Many techniques for change have been proposed and tried at each of these four steps. For example, a useful technique at the step of diagnosis is surveys of organisational members. Each of these four steps can be nestled into each stage of stage theory. That is, the four steps of diagnosis, action planning, intervention and evaluation can be applied during each stage of awareness raising, adoption, intervention, and institutionalisation. Applying these theories together can greatly assist the effectiveness of interventions directed at organisational change.

Organisational change theories can be applied to intersectoral collaboration. For instance, change may be required to better enable the health sector to see and support the need for

this type of action.[88]

Development of food and nutrition policy in local government can be viewed as a 'new innovation' and therefore senior administrators and decision-makers are likely to be in the awareness raising stage. The four-step organisational development process can therefore be applied to raise awareness and develop the innovation sufficiently to enable movement into the adoption stage.

# CHAPTER 3 – RESEARCH QUESTION & STUDY OBJECTIVES

## Research question & study objectives

The research question of this treatise is:

*How well does contemporary theory of intersectoral collaboration assist in developing a relationship between a local government and the Health Promotion Unit that enables the development of an effective local food and nutrition policy?*

The study objectives are:

- Interpret key informant interviews of local government staff using a framework developed from intersectoral collaboration theory
- Comment on the results in terms of the implications for the HPU in pursuing food and nutrition policy development with this local government
- Comment on the implications of this research for other public health nutritionists seeking to address food and nutrition issues through intersectoral collaboration with local governments.

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## Methods

Based on theories of organisational change and intersectoral collaboration, and guided by the conceptual frameworks of the Ottawa Charter and the food and nutrition system, the HPU conducted a feasibility study from December 1997 to June 1998 with the aims of:

- developing a collaborative relationship between Council and the HPU to facilitate the development of a food and nutrition policy,
- collecting information on the food retail and manufacturing sectors in the LGA,
- identifying key community organisations and individuals with an interest in food and nutrition issues,
- collating health statistics on nutrition related diseases in the LGA,
- describing the organisational structure and culture of Council,
- disseminating information on food policy, the food system and nutrition issues to key Council officers and elected Council members, and
- collecting baseline data to enable evaluation of the effect of implementing a food policy. [89]

Interviews with key informants was a strategy of the feasibility study to collect data. The collection and interpretation of this data is now described.

### Data collection

A method was chosen that would provide qualitative data, the individual in-depth interview. This method was chosen because detailed information was required on perceptions, attitudes and beliefs of participants about the issues being studied. The in-depth interview is the most powerful when the researcher wants to get inside the mind of another person and see life as they do.[90]

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Types of individual in-depth interviews

Patton describes three types of in-depth interviews a researcher can use; the informal conversational interview, the general interview guide approach and the standardised open-ended interview.[91]

The informal conversation is an open-ended dialogue between the researcher and participant and is characterised by freedom of content. The researcher may start with a question, usually from the immediate context, and then flows with the participant in whatever direction they may take the conversation. It is often used in conjunction with participant observation to understand reactions to what is happening in the immediate environment.

The general interview guide approach consists of a list of questions or issues to be explored in an interview. This approach gives the researcher flexibility to explore and probe on any topic or subject being discussed and still ensure that the same information is obtained from all participants. Exact wording and order of questions does not need to be determined beforehand.

The standardised open-ended interview follows on from the general interview guide approach, however is more structured. Questions remain open-ended but the exact wording is considered carefully. All participants are asked exactly the same questions in the same order.

The standardised open-ended interview was chosen for this research for several reasons. Firstly, the same information was required from each key informant, there was time to interview each participant only once, and the candidate had only a limited interview time in which to collect all the information required. The second reason was greater accountability. Because the exact wording is determined before the interview, including probes and preambles, it is available for critique. Professional colleagues were able to comment on any deficiencies in the interview guide and ensure that questions were suitable for the local government context and would be understood by participants. This point was important because the candidate had only a limited knowledge of local government culture. The third reason is that it makes the interview more systematic with less need for interviewer

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judgement during the interview, allowing the interviewer to give all their attention to the participant's response.[92] [93]

The main weakness of the standardised open-ended approach compared to the other more unstructured approaches is reduced flexibility of the interviewer to pursue topics or issues that were not previously anticipated.[94]

Developing the interview guide

*Writing the standardised open-ended interview*

Question development was stimulated by information from several sources. Firstly, relevant technical and non-technical literature was reviewed. Technical literature consisted of relevant journal articles, food and nutrition policy reports developed by South Sydney and Penrith City Councils, and Council documents such as the Management Plan, annual reports, policies and business papers. Non-technical literature included internal council newsletters, community reports and local newspapers.

Secondly, professional experience was used to stimulate question development. The candidate was located in the Council offices for three months before questions were developed and this experience increased sensitivity to issues relevant to the study.

Straus and Corbin assert that theoretical sensitivity to the data can be increased by reading literature, and professional and personal experience.[95] Theoretical sensitivity is the personal qualities of a researcher and can be developed during the research process, as occurred in this study.

The third source of stimulation for question development was input from colleagues. Conversations were held with other food and nutrition policy project officers to learn of their experiences. Professional colleagues in the HPU also had experience working on question development and local government food and nutrition policy.

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Questions were initially formulated around key issues or subjects and resembled the general interview guide as described by Patton. After further review and discussion, questions were grouped together under four themes to avoid repetition and create logical flow of the questions. The four themes developed were:

- **Capacity** to develop and implement Council-wide policies, including previous interdivisional activities and policies, staff skills, and available resources
- **Knowledge** of other local government food and nutrition policies and the context for their development
- The food and nutrition **activities** of each division and **potential role** of each division in developing and implementing a food and nutrition policy
- Council's **motivation** to develop a food and nutrition policy, including current priorities, barriers, and perceived benefits

Careful attention was paid to the wording of questions at this stage, ensuring they were open-ended, general and non-directive. Preambles were added at the beginning of the interview and the commencement of each set of questions appearing under a theme. Some of the original questions formulated became planned prompts. Other prompts were also added to the interview guide at this stage. Prompts were used to gather information that did not emerge spontaneously during the interview.[96] (See Appendix 1 for the final version)

A second interview guide was developed for the Mayor, Councillors and General Manager and contained four additional questions focusing on the process for developing new policies, how priority issues are determined, outcomes expected in a policy to receive ongoing political support, and characteristics of council-wide approaches. In addition, questions relating to divisions were modified in the second guide to be inclusive of all of council. (Appendix 2)

*Testing the standardised open-ended interview guide*
The interview guide was tested with the senior Environmental Health Officer (EHO), who was also closely associated with the study. Changes were made to the introduction of each theme section and general wording where required to improve clarification. An additional question was added to gain information on social and development trends in the area that

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would influence the numbers of people at risk of nutritional deficiencies. This question was subsequently discarded after three interviews because it was generally unclear and not successful at obtaining any additional information from participants. It was deleted from the final analysis.

## Sampling

Participants were selected purposefully based on criterion sampling. This method of sampling focuses on selecting all information rich cases that meet certain predetermined criteria.[97] Participants had to be directly involved in making decisions about council activities, or were perceived to have a potentially significant role in a food and nutrition policy. Nine participants were identified as suitable for an interview. Staff were contacted directly by telephone and an interview arranged at their convenience, except for the mayor and general manager where an interview time was organised through the personal assistant. All participants approached agreed to be interviewed.

It was initially planned to interview the mayor and a councilor from each of the three wards. However a local government election was imminent contributing to a very adversarial and sensitive Council environment. It was not feasible to interview all nine councilors and therefore choosing which elected representative from each ward to interview was considered too sensitive. In this situation it was decided to take the most neutral approach and interview the Mayor only.

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**Table 1. Interview participants**

| Interview | Position |
|:---:|:---|
| 1 | A/Senior Operations Manager Planning Division |
| 2 | Manager Environmental Health and Education |
| 3 | A/Director Health and Building Services |
| 4 | Mayor |
| 5 | Director Planning Services |
| 6 | Senior Food and Environmental Health Officer |
| 7 | General Manager |
| 8 | Director Community Services |
| 9 | Senior Operations Manager, Community Services |

## Conducting the interviews

Interviews were conducted individually in the participant's office during April and May 1998, except for the Mayor and General Manager who were interviewed together. The Mayor was available for only half the scheduled interview time and therefore only the questions deemed most pertinent by the candidate were asked. For most of this time the general manager was not present, rejoining the interview shortly before the Mayor had to leave.

Interviews were recorded on tape. Participants gave their permission to have the interview recorded, and again at the completion of interviews for the information to be used in the final report.

Interviews were transcribed by the HPU secretary and reviewed for accuracy by the candidate. The candidate transcribed one interview because the typist was not available. McCracken recommends that researchers do not transcribe their own interviews because it can frustrate the analysis process.[98] In the case of this treatise, interviews were analyzed two years after being conducted giving the candidate sufficient time to look afresh at the data. A copy of the transcript was given to each participant for review. Transcripts were adjusted by two participants and pieces of text deleted in four transcripts.

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## Data analysis

### Strategy

A cross-case analysis was used and followed the procedure described by Gifford.[99] The five-stage process of analysis described by McCracken was used to assist the grouping of issues and themes in the development of the first coding framework where Gifford's six-step process lacked detail.[100] Other analysis strategies were reviewed but rejected because nothing additional was added to the process developed.[101] [102]

### Developing the coding framework

All interviews were read and re-read to get a sense of the range of opinions and attitudes expressed and also the general consensus. This step allowed the candidate to become re-familiarised with the data. Also by this stage the literature review on intersectoral collaboration had been completed increasing the candidate's sensitivity to this content in the analysis.

Three interviews were selected at random to begin the analysis. Each interview was read and important text underlined using Word 97. Electronic comments were added for each segment of text underlined, and consisted of the important key words or theme in the text, a description of the context (CON) in which the statement was made and then an interpretative (INT) comment about the text. For example, *individual reps <u>very committed</u>, done heaps of work, come up with lots of ideas [CON: in relation to membership on the customer service committee] [INT: important to mention this point about commitment of people to do the work, without which a committee will not succeed - skills, capacity. Doesn't say why they were really committed, maybe it was because the work was seen as contributing to the core values of each division?]*

The second stage involved copying comments from the three interviews to another document. This resulted in an eight-page document with 108 comments on the text. The observation made in each comment were generalised by considering the implications and possibilities of what was said. The resulting comment appeared as statements summarising the meaning of the important text. For example, *individual reps very committed, done heaps of work, come up with lots of ideas*, became, *commitment is required by people on working group.* Each comment was related back to the original text to ensure

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it was valid.

In the third stage of analysis, the comments generated in step two were further generalised. For example, *commitment is required by people on working group*, was generalised to, *people - commitment.* During this stage comments were not related back to the original text but compared to one another, that is, the similarities and differences between texts were being compared at this stage.

In the fourth stage, the core elements of the comment in stage three were categorised. For example, the term *people – commitment* from the previous stage was called *committed* and grouped with other similar terms. Labels were given to each category at this stage. In the example above, *committed* was grouped with *interested* and *perceive as priority* and the category labelled *Individual attributes*. This category was then grouped under a theme labelled *Ensuring success of activities.* Because of the time involved in this process, only two of the three interviews were analyzed fully to this stage. The first interview had five categories and the second interview had seven categories. The two coding frameworks developed were merged to form a hierarchical numeric coding framework consisting of seven categories; Council's role, policy development, implementing policies, setting priorities, Council's goals and politics and power. Hierarchical coding systems work best when many codes are required and subcategories will be used.[103] See Appendix 3 for a full copy of the first coding framework.

## Refining the coding framework

The coding framework was then refined by applying it to a fresh interview. 'Policy development' and 'Implementing policies' themes were collapsed into 'Policy development and implementation' after further comparison of data, and another theme added, 'Action with other organisations'. Categories were also collapsed, re-labelled and moved to other themes.

The resulting framework was applied to the original two interviews to ensure the changes made were still consistent with the original data. This process was continued with another fresh interview and the framework further refined. At this point the coding framework was given to a colleague with six pages of text from one interview to test the candidate's

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conceptualisation of the data. This resulted in further refinement of the coding framework. Eight versions of the coding framework were developed to get the final version used for analysis of the complete data set. See Appendix 4 for the final coding framework used for organising the data.

The research question was kept in mind during this process, as well as the original thematic guide used to develop the interview. The final coding framework developed was influenced by both. For example, the coding framework theme 'Interdivisional actions' was directly related to the 'Capacity' theme of the interview guide, and 'Conditions for success' and 'Capacity for action' categories within 'Interdivisional actions' was influenced by the intersectoral collaboration literature.

## Coding the data

All interviews were coded manually using Word 97. Sentences were used as the unit of analysis. Text was highlighted according to the corresponding theme. If a piece of text could be coded in two different themes, such as priority setting and council goals, it was copied and highlighted in two colours. Quotes were coded using three numbers: the first number is the interview number; the second number is the page number where the quote is located; and the third number is the paragraph containing the quote. For example, if the quote comes from interview two, page six, paragraph three, it was coded as [2,6,3].

Fourteen additional subcategories were added to the coding framework during this stage of analysis. Only two subcategories were renamed and no new themes were added. All interviews were then coded to the subcategory level.

Text belonging to each theme was manually grouped together and sequenced by subcategory. The text was now ready for interpretation.

## Interpreting the data

Data was interpreted using the conditions for successful intersectoral collaboration as outlined in the literature review. For example, data describing Council's core business from the participant's perspective was highlighted to provide insight into what aspects of this core business might be achieved by working intersectorally.

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## Rigour

Methods for ensuring rigour in qualitative research are described by Ritchie.[104] These include selection and sampling, and trustworthiness.

### Selection and sampling

The criteria for selection have been outlined above. Based on these criteria, the food and nutrition policy working party selected participants for interview. The list of participants likely to meet the selection criteria was based on previous food and nutrition policy experience, the Council divisions and positions involved, and the senior EHO's knowledge of staff within the organisation. In addition, participants were asked who they thought the candidate should be talking to at the end of each interview. This point is significant because it formed a validation of the working party's list after participants had become sensitized to the purpose and content of the interviews. No additional participants were identified who met the criteria for interview.

### Trustworthiness

Trustworthiness refers to the extent to which the research is sound, credible and trustworthy. The first component is triangulation. In the case of this research investigator triangulation was used throughout the process. Colleagues were involved in development of the interview guide, participant selection and refining the coding framework.

The second component is persistent and prolonged engagement with the participants and the setting. The candidate was located within the council offices for a period of six months; four of these before the interviews were conducted. This period of engagement allowed the candidate to develop rapport with most participants before the interview, some more than others.

The third component of trustworthiness is a clear audit trail of the steps taken and reasons for these steps. Notes were kept during the research process and are available for review.

Member checking refers to participants verifying the accuracy of the interpretation given

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and the intended meaning. This was not completed because the original data was collected two years before analysis and was not realistic within the timeframe of this treatise.

The final component is documentation of personal reflections during the research process and is available for review.

# CHAPTER 5 - RESULTS

## Results

The main points relevant to intersectoral collaboration theory are presented in this chapter. Quotes are referenced as [Interview number; page, paragraph]. Results are presented generally as the consensus view  - opposing opinions are inserted where relevant. However, there was minimal disagreement among participants around the major themes discussed, which could be attributed to several factors identified by observation during the feasibility study:

- There was a strong corporate focus on how Council responded to the multicultural composition of the community;
- There was a strong corporate focus on the tight economic times;
- Alternatively, the sampling strategy was inadequate to identify people with widely differing views.

Participants generally engaged well with the subject being discussed and showed genuine interest in learning how a food and nutrition policy could be implemented in Council and how their Division would be involved. This successful engagement with key people in Council gave the candidate a strong initial sense of 'possibility' and was attributed to the candidate being positioned within Council during the study, linked through internal communication and having an official nametag. These factors assisted many in Council to view the project as an internal feasibility study, which assisted engagement with key informants.

> *"I think the Council in my mind would consider this a good project, and I think you would understand because I don't think there has been too many barriers put in front of you during your time here. I think people have been supportive."[6; 7,5]*

## 1.    Necessity

### Local Government Core business

Local government's core business is to provide works and services to the community that meet identified needs. These activities have been established over many years of local government operation.

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Local government delivers these services in the context of state government legislation, which determines many of the works and services delivered. Maintaining decision-making autonomy in this context is important.

> *"And one of the thing that's happening also, that a lot of the things are being legislated, so that council's got a legal obligation: sustainable development, LEAPS, anti-discrimination - it's all becoming a legal obligation." [5;4,1]*

> *"One of the things that this council has had to look at is how we dovetail into the state government processes, and how we sort of still have the ability to be a decision making body anyway" [4;2,6]*

> *"But once it becomes a legal obligation you then get less informal with it and you become formalised with it. It becomes very, I suppose, almost mathematical with a lot of things, which is a real shame." [5;4,1]*

Local government is also accountable to the community for how it delivers works and services. This is demonstrated by the following quote:

> *"If we haven't gone to the trouble of selling it to the community, or just sort of done it without any sort of consultation ... or the community doesn't have any knowledge of it, it doesn't matter how good it is, we are going to get hung, drawn and quartered because we haven't communicated, and we are not doing what we are elected to do"[4;6,11]*

How Council should deliver their services was debated. Should it simply maintain a service delivery approach or should it aim for a broader governance role?

> *"There's an ongoing debate for example, about whether or not people from specific communities, subgroups, should get access to Council properties, Council facilities - one argument being made that the Council facilities should be available for the whole community. But if in so doing, if you really want to effectively target the community, you've got to break that down into different sub-groups." [9; 3,6]*

> *"I believe local government is about providing for the needs of its people, it's not just there as an arm of the state government, it's there as a level of government to meet the full range of needs." [9;2,1]*

Many works and services relating to food and nutrition were mentioned by participants as

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being a part of Council's core activities. These core business activities are listed in Table 2. Activities performed by Council's Health services were identified by all participants, who appeared comfortable with Council's involvement. Many of these activities were identified in Council's management plan or division work plans and the need to review Council's involvement was not mentioned.

> *"The enforcement and education and training, that's certainly our core responsibility." [3;6,5]*

> *"… in my view Council plays a role in the distribution and development of food information."[9;10,6]*

Broadening Council's role in food and nutrition activities did not receive wide support from participants.

> *"In the enforcement and education and training, that's certainly our core responsibility. But expanding it beyond that? I don't know how you would expand it beyond that?" [3;6,5]*

> *"… I see us as more as an environmental health division, and I mean health is very closely linked to that - but heart disease or diet, where's the environmental? I see poor air quality, respiratory illness - that's the environmental health thing." [2;7,3]*

> *"To a lesser extent, we don't play that big a role in how food is provided, or where it is provided and where people can get it; that is of course more strategic planning." [6;5,3]*

One participant described the broader food and nutrition role taken by other Councils.

> *"I can see that there has been outcomes from looking at and adopting the food policy which looks outside the general role of Council or Councils when they talk about food."[6;3,7]*

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**Table 2. Council's food and nutrition activities**

| Council Services | Example of activity |
|---|---|
| **Health** | • Food shop inspections<br>• Food hygiene education sessions<br>• Assessment of development applications for food manufacturing, processing and retailing businesses and other buildings with food service and catering facilities |
| **Community food services** | • Provision of food to child care<br>• Catering for community functions<br>• Support and advocacy functions<br>• Community grants to organisations involved in emergency food relief<br>• Supporting Meals on wheels |
| **Planning** | • Development of codes for food shops<br>• Processing development applications |
| **Community information** | • Community information van<br>• Public libraries |

The division of responsibility for food and nutrition activities between Council and Health would become an issue if Council took a broader governance role.

> *"I suppose we could get involved in healthy diets, looking at widening the range of, or making people aware of what a healthy diet is and those sort of things, that's from a health promotion side. But, again we're getting a little bit out of our context, out of our framework."[2;6,7]*

> *"Is it our role to try and convince the Tongans to broaden their diet, to eat healthy? Or the Lebanese community" Just like a lot of Lebanese people smoke - well the Health Department is targeting them at the moment. The whole passive smoking issue, and the kids, and health, that's bigger than us." [2;8,4]*

Council's core activities do change and resources are invested in new roles as the need arises and other conditions are satisfied. These changes are keenly debated among the Management Executive and Council.

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Another core goal of Council is to maintain a health standard that would avoid bad publicity for the area and Council's operations, as illustrated by the following quote:

> *"...if the data we had suggested that our food outlets had slipped below contemporary standards, the neighbouring councils or even the Department of Health standards, and that had been brought to notice because of closures - a breach by the Department of Health happened in '83 when we were here, and that stigmatized ...as a place not to eat ..." [7;11,5]*

## Need for a food and nutrition policy

There was generally no understanding of what a food and nutrition policy was and therefore no consensus that Council needed a food and nutrition policy to meet its food and nutrition objectives. In fact, staff would need convincing of the benefits of pursuing policy development beyond simply outlining their current role. When a food and nutrition policy was specifically discussed, participants viewed it as a policy that could influence the delivery of works and services by Council rather than how Council could take a greater governance or strategic role. The involvement of the health sector was not identified as necessary by anyone in order to meet Council food and nutrition objectives, but to be fair, the role of the Health sector wasn't specifically asked.

> *"I think a food policy is a totally different issue. I mean, I think that the difficulty in the food policy area - I might have said it to you before - is that it seems to me that there's not yet the understanding ... that there is a need for the policy. It means that it is a requirement of Council, it's a necessity of the Council." [9;4,3]*

> *"I suppose my presumption would be how we actually do it within, deliver the services as a regulatory body, how we actually show people out in the community the standards of things." [4;3,1]*

> *"...isn't it there at the moment? I thought it was." [1;9,7]*

The main benefits of developing a food and nutrition policy were viewed as improving the food hygiene inspection and education activities of the Council's Health services and communication with the community about Council's operations in this area. Improving the profitability of local restaurants was seen as a positive spin off from improved communication about Council's food hygiene regulation role, as consumers could be more

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confident of the safety of food purchased in the area.

## 2.     Opportunity

Social environment

Most participants thought a food and nutrition policy would go unnoticed by the community. One believed the community would respond if it imposed tight restrictions on local restaurant operations – an action Council would not support anyway. One participant believed there was no community support for Council to develop a food and nutrition policy.

> *"I don't really know whether the community is that switched on to the need for a food policy. I mean, I certainly understand there's widespread understanding about the need for nutrition, I think that's a pretty positive thing."[9;14,1]*

> *"I don't think there is a short term outcome that people would sort of know straight away"[6;9,3]*

> *"...I don't think the community broadly would see the need for Council to have a food policy if they didn't know what that would mean in terms of what the Council could do or should do. I think they'd be more lost than people who are within the organisation to see what we could do. Do you understand what I'm saying?  Like for people in the broader community who've got to get to even understand what the need for a policy is at all, let alone a food policy... Council's role in a food policy is probably not that great." [9;14,1]*

One participant thought a lack of community interest in a food and nutrition policy was due to apathy and that the community only became involved when problems occurred. Anther reason given by one participant related to the multicultural composition of the community.

> *"I think people from ethnic backgrounds think the Council, they're the boss, they control the place, they couldn't have much input into it anyway they just accept it. That's what Council wants; that's the way it will be" [3;9,2]*

Political environment

The current political environment did not seem to support modifying or expanding Council's food and nutrition activities.

> *"My experience with the Council is that they would probably adopt a fairly*

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*narrow view and they would look at it* [a food policy] *in terms again of health and hygiene and standards, health standards." [7;11,5]*

Council was however keen to support the work of other organisations, including the health sector.

*"It's a little bit like with the Councils being involved in supporting anti-smoking campaigns that have been done with a number of different communities…and this has been done through the general division of health but with support from Council - whether it is just a letter of support or whatever, to show that the whole community wants to work together."[4;6,11]*

Regarding any new works and services, support from Councillors and the Management Executive was identified as essential for success, particularly in the early stages of a new activity. Support from local government middle managers and staff was considered essential in the implementation and institutionalisation stages.

## Economic environment

Most participants agreed that the current economic environment was constraining and in order to receive resources from Council, a food and nutrition policy would have to address core responsibilities.

In this local government area, Council is directing resources into ensuring core works and services are accessible by all members of the community, which requires information to be developed in many languages, as well as many groups consulted during needs assessment. This task is time consuming and resource intensive, restricting resources available for other activities.

*"I think that from a staff point of view the constraints are going to be about resources again, and they're going to be about, I guess, the ability to be able to do things as comprehensively as I'm sure we'd all like to with the resources we've got."[9;14,5]*

*"It would have to be prioritized … there are so many issues that we're looking at."[1;8,11]*

*"I think that it could work. I think more indications are that it's a positive project. It depends a lot on resourcing."[6;7,7]*

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*"I think if the Councillors, the Council themselves, felt that it was outside of our core activity, if they thought we were getting into an area that wasn't totally our responsibility - and this gets back to finance, the Council's finances come through rate pegging, and are very, very tight - Councils first reaction to it would be, "Are we required to do it?" " [3;6,5]*

*"...even if it* [Council] *did have the bucket of money, the Council would be arguing, 'why aren't we using that money for our improvements to local streetscapes or using that money for planning for better recreation facilities or community facilities?' It's a competing priority that you're trying to deal with and the resources just aren't there." [9;5,1]*

## Organizational context

Council had recently implemented a disability action plan based on requirements under the NSW Disability Discrimination Act. Under this Act, local government is required to improve access for people with disabilities to Council services and facilities. This action plan was considered a model for developing Council-wide initiatives and often referred to by participants. Therefore, motivation to develop policy in Council was high based on the success of this model and the development of the skills required by staff to develop organisation wide initiatives.

There was evidence of debate about whether Council services should be directed towards the general community or targeted specifically to disadvantaged groups. Some staff feel that targeting services is discriminatory.

At the time of the study, Council was undergoing an organisational restructure with Health and Planning services to become an Environmental Services Division. All the functions of both services would be retained in the new division, however there would be excess personnel that created uncertainty about taking on new tasks. The new Environmental and Planning Assessment (EPA) Regulation 1998 was also due to be implemented which would create extra resource constraints on the Health and Planning services.

## Triggers

Many participants were aware of food and nutrition policies in Penrith and South Sydney LGAs and described what they understood to be the main triggers for developing these

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policies and the benefits gained. The trigger identified in both instances was food access.

*"I think with Penrith, where they conducted some investigations and studies, they found a lot of these people in the Penrith area were undernourished and had poor nutrition. They found one of the reasons was they started these big satellite residential areas, and there was no corner store, or there was no fruit shop, and public transport was poor. All the big fruit shops were in the shopping centres, so there was this lack of being able to get to them." [3;4,5]*

*"… from what I know of other food policies, they responded to access issues…" [2;8,4]*

The same trigger was ***not*** identified as an issue in this study area.

*"…whereas my personal belief is that because of the ethnicity of our area, we're well serviced for fresh fruit and veg say, for example. We're well serviced for public transport - we've got two major train lines going through." [2;8,4]*

*"…distribution of food in a country like Australia is* [not] *seen as that much of a problem, if you've got the money you can afford to buy it and there's plenty of it, and particularly in Sydney and in this part of Sydney, the diversity of food and the availability of food is quite outstanding." [9;14,1]*

Community concern over food poisoning outbreaks was identified as a trigger that could be used to advocate for a food and nutrition policy. However, even if this concern was successful in stimulating Council to develop policy as a response, it is most likely to result in a narrow review of Council's food hygiene regulation and education activities rather than development of a broad community-based policy which addresses all food and nutrition issues.

Legislation requiring local government to develop a food and nutrition policy would be an effective trigger, however, only one participant mentioned it during interview. More comments were made about demonstrating the need for Council to develop a food and nutrition policy then the need to take a legislative approach.

## 3.     Capacity

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## Organizational support

Organisational support for a food and nutrition policy was difficult to determine without a clear proposal to discuss and therefore participants gave only their tentative and qualified support.

> *"Yes, proviso depending what the policy is, ... without knowing all the details of what's in the policy. Certainly things that we do relating to food now incorporated in any policy will work because we're doing it now without any direct written policy. It is part of our charter, part of our responsibility and duty of care."[3;6,3]*

> *"Food policy work? I don't know because from what I know of other food policies, they responded to access issues. So how will it work? Unless the food policy was aimed to, you know try and identify any problems that were linked to the food system. But again, if it is the Tongans not eating healthy food... I just keep coming back to that sort of, those basic links."[2;8,4]*

Most participants thought of a food and nutrition policy as being based on the activities already performed by Council and were reluctant to think of it in broader terms. Based on this, Council already had many elements of what they considered a food and nutrition policy would contain.

> *"Maybe it's a case of developing a policy which truly recognises what we do already, so that next time we're doing something along these lines we are conscious of the need for it to be more targeted." [9;10,6]*

> *"I guess it would be just identified as another item, but I think - isn't it in there at the moment? I thought it was. There are certain requirements like inspections." [1;9,2]*

> *"I think they've got sort of elements of it haven't they. They've got elements of it at the moment. I know the educational side of it seems to be rolling along." [5;8,7]*
> *"We've got district health and building surveyors who do food hygiene inspections. Your policy I think should come in and match, try and link up with those duties, the duties of our field officers, rather than sit up the top and go, 'We aim to provide healthy and safe food'. What does that mean? That means that our health and building surveyors, our district health and building surveillance will inspect each food shop at least one time a year, and things like that. That's something we do already." [2;5,9]*

## Individual skills

Many of the skills required for intersectoral collaboration were evident in the examples of

interdivisional actions given, such as negotiation and conflict resolution skills, communication skills, ability to see an issue from the perspective of another division and recognition of what other skills existed in the organisation. Participants also spoke of the need to include people with the right skills on interdivisional committees.

A champion for developing a food and nutrition policy was not identified during the interviews. Although this is not an essential condition for effective collaboration, it can be very important for ensuring success as was observed with the Disability Discrimination Act Action Plan, where it was championed by the Mayor.

Long timeframes were acknowledged in the examples of interdivisional activities given and were considered appropriate if the action was important, as in the case of the Disability Discrimination Act Action Plan, because it was a legislative requirement and Council staff strongly believed in it.

## 4.    Relationships for action

The interdivisional relationships described were usually through a formal committee and chaired by the Mayor, a Councillor or a divisional director. These committees were always sanctioned by the Council or Management Executive and divisions were requested to nominate a representative. Relationships required maintenance, especially when members were not contributing equally to the process.

# CHAPTER 5 - RESULTS

*"Some of the recommendations that come out for other divisions may not necessarily be followed through with the same amount of gusto, and that would be disappointing, particularly for people on the ground who are, who've had to take on board, perhaps they've had to change the way they look at things or do some extra training or something like that, and they will look around and think, 'Well the planners haven't changed diddly squat. We all agreed upon this policy direction and the actions within the plan. We're doing our bit, they're not, so why should I do it?'" [2;3,1]*

When the relationship was described as difficult, the problem usually occurred because the issue was not clearly agreed on, and the input that each division was able to contribute was not established. Participants identified many strategies which could avoid these problems occurring, and were implementing them in current interdivisional activities. These strategies are listed in Figure 3 and agree with theory on how to ensure effective collaboration.

**Figure 3. Strategies being implemented in Council to ensure effective inter-divisional collaboration**

- Seek common goals with other divisions
- Consult widely within the organisation
- Work toward joint ownership of actions
- Develop mechanisms to review the activity
- Set realistic and achievable goals
- Negotiate responsibilities
- Communicate progress and results to Council and staff
- Appoint a coordinator
- Start with what is already happening

# CHAPTER 5 - RESULTS

## 5. Implementing action

### Agreement on the issue to be addressed

No clear agenda was identified as the basis for developing a food and nutrition policy. However, a range of issues was raised by different participants as a potential focus for a local government food and nutrition policy and these are listed in Figure 4. The feasibility of addressing these issues is not in view here. An attempt has been make to rank these issues in order of importance as mentioned by participants.

**Figure 4. Potential agendas for a food and nutrition policy**

1. Document current food and nutrition activities of Council
2. Developing the area as a regional restaurant centre
3. Strengthening the food hygiene inspection and education activities
4. Including nutrition objectives in existing program areas
5. Strategic approach to food distribution
6. Promoting healthy eating to the community

Participants did not believe that food access was an issue, or that Council had a role to play in healthy eating education beyond the services currently provided.

An obvious food and nutrition issue which could be addressed by working intersectorally to develop a food and nutrition policy did not become evident during the interviews.

### Designated resources

Staff time was identified as an essential resource for involvement in other activities and instances were given of staff being removed from their usual duties for a time to take on other responsibilities. Management was credited with being more sensitive to this need and providing extra staff resources for actions to be effective. In general though, staff still picked up other duties on top of their usual tasks because resources were not available to cover all needs.

# CHAPTER 6 - DISCUSSION

## Discussion

### Intersectoral collaboration theory is a useful approach

Recent Australian research and reviews of the potential benefits to population health of the health sector forming partnerships with local government to address public health nutrition issues have been encouraging.[105] [106] [107] Individuals within the health sector have developed the knowledge and expertise to describe these benefits, and to define the influence local government has on the food and nutrition system. Despite a lack of outcome evaluation data, the conclusion of this knowledge and experience is that local government is an attractive partner for the health sector to address public health nutrition issues and has been advocated in the Australian Food and Nutrition Policy.[108] The question which has formed the basis of this treatise is whether intersectoral collaboration theory is useful for guiding this activity, and how well did it explain the necessary preconditions for a successful relationship between the HPU and a local government.

As the results of this research have shown, intersectoral collaboration theory correctly predicted that Council's participation in the feasibility study depended on the perceived benefit of a food and nutrition policy to their core business, the level of risk required, support from the social, political and economic environment, and Council's capacity to take this action. These issues were raised by participants during the research and intersectoral collaboration theory provided a useful interpretive framework.

Participants did not believe the development of a policy would contribute towards meeting objectives of their core food and nutrition activities, nor was the development of a broader food and nutrition governance role by Council supported. The participants did not identify a food and nutrition issue within their core business or work agendas where a partnership with the health sector was required to more effectively and efficiently address their current priorities. There was not a general consensus that Council had a role in addressing health issues related to food and nutrition beyond their current activities.

Furthermore, implementing a policy would divert limited resources away from important

core activities, and was therefore unlikely to attract the political support needed to ensure success. The literature is very clear that political support is essential if collaboration is to be successful, especially at the beginning of a new initiative. In this instance, and in the absence of other political opportunities, political support would probably extend only to a narrow agenda around food hygiene standards in local restaurants and would not extend to increasing resource investment in other food and nutrition areas.

Another important aspect of the political environment was the party politics in Council at the time. Because of this situation, only the Mayor was identified for an interview and was seen as the most neutral move. Also, the difficult political environment meant that every proposal to Council would receive greater scrutiny and criticism and therefore only those activities considered to be 'safe' and related to core business would receive support. Success would be even more difficult without an agreed issue or agenda for action at the Management Executive level.

A policy and legislative framework does not exist to support the development and implementation of local government food and nutrition policy at the NSW State Government level, although the Australian food and nutrition policy does advocate for a broader governance role by local government in food and nutrition. The candidate is not aware of a response to this proposal from either the Local Government and Shires Association of New South Wales (LGSA), the Australian Local Government Association (ALGA) or the New South Wales State Government.

Part of the local government charter is to provide services and facilities for the community and therefore it needs to be responsive to the community's needs.[109] Community support or expectation for an action provides an important stimulus for local government to act. In this example, participants believed the community would not see the need for Council to develop a food and nutrition policy, nor what outcomes were hoped to be achieved by this action. Participants said the community already expects Council to provide safe and healthy food in childcare centres and monitor food hygiene standards in restaurants. Council does not need a policy to continue these activities. This is contrasted against the strong community call for Council to invest resources into improving the recreational

amenities, economic development and personal safety in the area.

There was evidence from this research that Council is keen to work with other organisations and sectors, and demonstrates that they are exercising community leadership and resources are being used effectively and efficiently. Importantly for intersectoral collaboration however, are that the examples given where Council supported health initiatives involved only minimal risk and resource investment, such as a letter of support or use of facilities, and was therefore a completely different type of relationship to that required for joint action, such as policy development.

Perhaps the biggest barrier or lack of opportunity to collaboration was a constrained economic environment. Intersectoral collaboration is difficult when finances are limited because organisations tend to 'pare back' in order to ensure they achieve their core business. There was evidence of paring back in this Council to maintain basic local government services. This financial situation is not likely to improve in the near future as expanding local governments responsibilities are creating greater financial pressures – the so-called 'unfunded mandates'.[110] The Health sector would need to provide additional resources for the development and implementation of a food and nutrition policy if this kind of joint activity is to be successful, but additional financial resources would not overcome all obstacles. The longer-term financial risk to local government by receiving short-term financial assistance from State agencies has been clearly articulated by the LGSA, particularly in the areas of community development and children's and aged care services,[111] and would not be missed in this instance.

The literature does highlight instances where intersectoral collaboration is enhanced in constraining economic environments because of the benefits of sharing resources and avoiding duplication of services. However, without a clear issue and agenda for action collaboration is not likely to proceed, regardless of the financial resources available.

There were no obvious triggers for developing a food and nutrition policy identified by participants in this study. Triggers which helped to stimulate development of existing local government food and nutrition policies in NSW were not relevant in this study area. The

only potential trigger identified by participants was a breach of food safety standards in local restaurants, cafes and food manufacturers. However, even with this trigger action to address the issue would only take a narrow focus on food hygiene regulation and education and is not likely to lead to a full review of food and nutrition activities and a greater governance role by Council. The Health sector will need to look for or create other potential triggers.

Organisational change theories were also used to design the feasibility study. These theories were limited because they did not sensitize the candidate to investigate the need for Council to become engaged in intersectoral collaboration, the issues Council could address through a collaborative approach, or the environmental supports and barriers to collaboration. Organisational change would be useful once an issue was identified and an agreed plan of action determined, then each sector could use organisational change theories to implement changes in their own organisations using the four stages outlined.

An example of how organisational change theories limited development of an intersectoral relationship with Council was reorienting of EHO activities. The Australian Institute of Environmental Health in their Municipal Health Plan Handbook describe how local government is ideally placed to act as a resource centre for reliable and authoritative information on healthy living and environmental risks without commercial or ideological bias.[112] Priority activities for promoting healthy eating, including conducting seminars are outlined in this document. Therefore, it seemed reasonable to investigate how Council could implement this approach and develop the EHO role from a traditional regulatory function to a more strategic one. Such development would involve changes to the role of EHOs in the direction of Ottawa Charter principles.

It was clearly too early in the feasibility process to be talking about reorienting the EHO role, because before the role of the EHO could be developed in this way Council had to agree this would meet their core objectives within available resources and would also receive community support. Unfortunately these conditions were not met and Council did not become fully engaged in identifying an organisational development process. In the end, EHOs must work in the local government context, which doesn't generally support a

# CHAPTER 6 - DISCUSSION

broader food and nutrition role for EHOs than food safety and hygiene inspections and education.

The health sector needs to also consider how its organisations must develop to improve capacity for this type of action. Working intersectorally to develop policy requires resource investment, skilled staff, flexible timeframes and an ongoing commitment to the policy. Harris and colleagues have described these factors in great detail. Organisational development will need to occur for the health sector to be ready to engage successfully in partnerships with local government.

There is also an opportunity cost in working intersectorally to develop policy. What other public health nutrition activities will not get done? Which activity would provide the best public health nutrition outcome? These questions will be difficult to answer without good impact and outcome evaluation data on the real influence local government has on promoters and barriers to food access, especially for vulnerable groups and vegetable and fruit consumption.

Therefore, the health sector needs to determine if developing a relationship with local government to develop policy is more effective than other strategies which might address public health nutrition issues. Other public health nutrition strategies will not be hampered with the difficulties of developing policy and working with intersectoral implementation committees, and needs to be considered when selecting strategies.

Policy development is not a very visible activity and outcomes take longer to produce. Managers and funding bodies will therefore need to be well informed of these activities and the proposed outcomes for ongoing support compared to other more visible activities like information campaigns. Evaluations of existing local government food and nutrition policies would hopefully assist to effectively argue for this strategy as an adjunct to more visible and traditional approaches.

The use of organisational change theories to guide development of a relationship with local government is limited to describing how each sector can change work practices and

organisational structures that enable an intersectoral approach to policy development to be adopted.

On the basis of these results the Health Promotion Unit need to review their approach to seeking partnerships with local government to address public health nutrition issues.

## Developing healthy public policy: a challenging imperative

This research demonstrated that developing healthy public policy with the local government sector is challenging. The health sector is aware that this activity has potential to improve population health, however more analysis of the conditions necessary for successful collaboration with local government is required to better inform the process. Based on the results of this research, two general issues are identified for consideration.

# CHAPTER 6 - DISCUSSION

## 1. Understanding the local government context

Participants talked about the benefits of a food and nutrition policy from the perspective of assisting to develop current services, as a document that would define "how we do it within". It is important to this research that participants did not discuss the 'need' to work in collaboration with the health sector to meet the objectives of current or potential food and nutrition activities. From Council's perspective the policy needs to focus on internal processes and getting them right, whereas the health sector requires policy to have an outcome focus. The different requirements for policy need to be built into a collaborative approach.

In order to work effectively with the local government sector its context needs to be understood by health. So far in the public health nutrition literature, the influential role local government has, and could have in the food and nutrition system has been described and is neatly summarised in Figure 1. What are less well described are the benefits to local government by taking this action. In the Knoxville food policy example, its development has reputedly earned the mayor a considerable electoral bonus.[113] Arguments that establish other possible benefits need to be developed with consideration of the political, social and economic environment of local government in NSW. The model depicted in figure 1 should be improved further by identifying reasons for local government to broaden their role and address public health nutrition issues. Articulating the adverse impacts of public health nutrition issues on children and families may be one way of appealing to local government's role in looking after the welfare of their community. Physical activity promotion is a good example of taking this approach.

Therefore, the benefits to local government of developing food and nutrition policy need to be clearly articulated from the local government perspective, and not from the perspective, only, of improved health. This is a challenge for the health sector and will require developing an understanding of core goals and activities, and the operating context of the local government sector.

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Lavis and Sullivan describe how 'public health experts' have developed skills in arguing for policy and funding shifts within the health sector based on principles of the new public health, and then try to use these same arguments with other sectors, unsuccessfully.[114] Therefore the health sector needs to develop arguments, and experience in framing these arguments from the local government perspective which invokes their language and associated 'issue networks'.

To work collaboratively with local government, an agreed agenda for action needs to be established. Where do health and local government interests intersect in food and nutrition? Opportunities do exist to pursue this activity and are discussed later.

## 2. Health imperialism

'Health imperialism' has been described as the situation where health practitioners come to recognise the importance of non-health sectors in affecting health and thus make efforts to direct other's programs or increase their accountability for health.[115] Commenting on intersectoral collaboration, Nutbeam states that "a common error in efforts to build inter-sectoral partnerships is the definition of a problem only from the health perspective, and a failure to recognise the legitimate interests of partners in any joint activity. The end result of such imperial assertions are to generate resentment and scepticism in potential partners and cause them to find other ways of pursuing their interests."[116]

Proponents of healthy public policy have been accused of health imperialism by other sectors for trying to make health the overall goal of public policy. This criticism is no surprise considering that advocates of health public policy usually come from the health sector and therefore have an implicit acceptance of health as a super-ordinate objective in public policy.

The imperative to develop healthy public policy can easily lead the public health practitioner into a position of 'health imperialism' and should be avoided. Public health nutritionists trying to establish collaborative actions with local government should be aware of this attitude common to the health sector, because the local government sector is certainly aware of it.[117] [118]

# CHAPTER 6 - DISCUSSION

## Opportunities

Opportunities exist to engage the health and local government sectors in discussing public health nutrition strategies and developing an agreed agenda for action. These opportunities include:

1. Review of the NSW Public Health Act 1991
2. Local government social plans
3. Local government established mandates
4. Eat Well Australia – a national public health nutrition strategy
5. Healthy people 2005: new directions for public health in New South Wales

### 1. Review of the NSW Public Health Act 1991

NSW Health has recently initiated a review of the Public Health Act 1991, particularly in light of obligations arising under the Competition Principles Agreement. The review also provides an opportunity to address other issues relating to the Public Health Act 1991 and bring legislation up to date with contemporary public health issues and practices.

The LGSA support the inclusion of a set of objectives to the revised Act, one of them being to "promote the access of the NSW public to safe and nutritious food". Proposed strategies for achieving these objectives include: monitoring the health status of the population, developing health policies and programs to address public health risks, promoting healthy behaviours, creating healthy environments and establishing effective partnerships. Delegation of responsibilities for these strategies between health and local government are not discussed in the submission, however the potential for areas of agreement on a public health nutrition agenda beyond food safety may be possible.

# CHAPTER 6 - DISCUSSION

The development of Municipal Health Plans (MHPs) is raised in the review paper as a strategy to achieve coordination with local government. Currently, the introduction of MHPs is not supported by LGSA, but if the Plans are to be accepted and subsequently introduced, it would be timely to advocate for the inclusion of public health nutrition strategies.

The outcomes from this review are not yet finalised and developments should be monitored.

## 2. Local government social plans

The Local Government (General) Amendment (Community and Social Plans) Regulation 1998 required all Councils in NSW to develop a social/community plan by June 1999 and update them at least every five years.[119] Target groups include children, young people, women, older people, people with disabilities including HIV/AIDS, Aboriginal people and people form culturally and linguistically diverse backgrounds.

The process recommended to develop social plans reflects the planning cycle used in health promotion and therefore issues relevant to public health may arise during community needs assessment and consultations. The health sector could use this opportunity to advocate for coordinated activity with local government to address nutrition issues raised. Relationships should be developed with council social planners to facilitate information sharing about food and nutrition issues in the community.

The philosophy of targeting works and services to disadvantaged groups has become more established in local government, assisted greatly by the need to develop social plans. The language that local government has had to develop in order to complete social plans should improve the level of understanding between local government and public health and therefore the potential to work together successfully. The fact that legislation now requires social plans to be updated every five years means they are here to stay. Local government will therefore further develop language and skills for this process, creating opportunity for improved communication with the health sector.

# CHAPTER 6 - DISCUSSION

## 3. Local government established mandates

Another approach to working with local government may be through established mandates.

Local government has a strong mandate to work with many sections of the community including families and children. A recent publication 'Local government and families in the community' provides national principles and an action plan for councils wanting to establish family friendly practices.[120] This is an excellent document that outlines clearly how councils can develop family friendly policies and includes case studies of a meal program and a parenting facilities policy. Developing arguments around impacts on children and families from public health nutrition issues may be a way forward to invoke local government language and their associated 'issues networks'. If the health sector identified a single issue and a simple action plan for local government, they would be likely to take action.

The second example is a document focusing on local governments need to form partnerships to fulfil a range of existing mandates.[121] Although specific nutrition issues are not addressed in the document, it establishes a principle of local government operation that could be transferred to public health nutrition issues. Key to this document is the description of local governments coordinating role in promoting an integrated approach to improve the overall wellbeing of communities, and also in 'place management'.

The developing role of local government, and continued strong community support for this level of government may provide opportunities for partnerships in the future. This would be possible if the full mandate of the local government act were implemented and local governments appropriately funded to carry out and coordinate these tasks. See appendix 5 for a brief overview of local government in NSW.

## 4. Eat Well Australia – a national public health nutrition strategy

Eat Well Australia (EWA) has been developed by the Strategic Inter-Governmental Nutrition Alliance (SIGNAL) of the National Public Health Partnership to guide Australia's investment in public health nutrition from 2000 to 2010.[122] It addresses health gain initiatives around promoting healthy weight, vulnerable groups, vegetables and fruit,

and maternal and child health, as well as capacity building initiatives.

Local government is identified as a potential partner to address local structural barriers and promoters that impact on the consumption of healthy food, especially for vulnerable groups and vegetable and fruit consumption.

PHNs working at the local level should gather information on the barriers and promoters in local food supply to identify issues that could be addressed by local government.

EWA is useful for bringing to the attention of the PHN workforce the role of local government in addressing structural issues in the food supply. However, intersectoral collaboration theory should be used as the framework to guide development of a relationship with local government.

## 5.  Healthy People 2005 – New directions for public health in NSW[123]

The development of Health People 2005 could be viewed as both an opportunity and a threat for public health nutrition work with local government.

It is an opportunity because it clearly articulates a broad issues agenda for public health, connecting personal, social and cultural factors with their impact on the health of every person. Under the new directions, Area Health Services will develop three-year public health plans in partnership with key people and organisations, including local government. Exactly what these plans will address is not detailed, however they may include issues of health protection, health promotion, disease prevention and early detection. Local councils are identified as a fundamental partner for public health in NSW.

It is also a threat because the nearest public health nutrition linkage with local government identified in the document is food safety. Although the link between public health nutrition and food safety is crucial, it is also limited in its scope to address other important issues.

A review of this document indicates that the health sector in general does not recognise the public health nutrition role of local government, and therefore may not fully support

# CHAPTER 6 - DISCUSSION

resource investment by health into addressing public health nutrition issues with this sector by developing policy. Support may also be limited if this activity was perceived to direct resources away from addressing priorities with other well supported public health nutrition activities.

Organisational development needs to occur in the health sector to increase its capacity to work collaboratively with local government on a broader public health nutrition agenda then food safety. This should be initiated at both the state and local levels of the health sector.

# CHAPTER 7 - RECOMMENDATIONS

## Recommendations

### Main recommendation

1. The Health Promotion Unit revisit their approach to intersectoral action with this Council and consider a less formal relationship based on specific public health nutrition issues.

### Other recommendations

### Recommendation 1: Research and development

1. The health sector looks for triggers for intersectoral action or creates them. Effective triggers may come from gathering information on the local food supply by food mapping, or selecting public health nutrition information with an emphasis on the impact to children and families. Evaluation of existing policies may also create an effective trigger. Triggers should also be found or created to advocate for organisational change in the health sector.

2. The health sector develops arguments on the need for intersectoral collaboration and the potential benefits of developing food and nutrition policy for local government. Working from the local government charter and developing an understanding of the issues facing local government today should create the initial focus for this work.

3. Advocate for the role of NSW local government in addressing public health nutrition issues other than food safety and hygiene within the health sector.

4. The health sector develops options for the most effective strategies to address public health nutrition priorities. Such an analysis might highlight which issues are best addressed in partnership with local government.

5. Support the EWA agenda to identify research needs around the nutritional impact of poverty and other disadvantage. Results from this research may create another opportunity to engage local government.

# CHAPTER 7 - RECOMMENDATIONS

**Recommendation 2:**　　　　　　　**Leadership and investment**

1. Health sector allocates resources to assist policy development and implementation, where the necessary conditions for successful collaboration exist.
2. Health sector initially takes the lead role in policy development and implementation where the necessary conditions exist. The long-term aim is to build capacity in local government to take action that addresses public health nutrition issues within their domain.

**Recommendation 3:**　　　　　　　**Workforce development**

The public health nutrition workforce be developed to increase its capacity for intersectoral action. Training should include: intersectoral collaboration theory, understanding and awareness of the local government sector and its major challenges, and skills for developing partnerships.

**Recommendation 4:**　　　　　　　**Communication**

1. Develop relationships with council social planners and community development workers to facilitate information sharing on food and nutrition issues.
2. Communicate developments with the local government sector and seek feedback. Appropriate bodies for consultation include Local Government and Shires Association, Australian Local Government Association, Australian Institute of Environmental Health, Department of Local Government, and the Environmental Health and Building Surveyors Association.

# CHAPTER 7 - RECOMMENDATIONS

**Recommendation 5:**                    **Monitoring and evaluation**

1. Evaluate the two existing food policies in NSW. This information may provide effective triggers for engaging the local government and health sectors.
2. Monitor developments in the local government and health sectors to look for triggers and opportunities, including those discussed earlier.

**Intersectoral collaboration theory as a framework for developing a local government food policy**

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# APPENDIX 1

## Appendices

### Appendix 1 – Council staff interview schedule

Thank you for agreeing to be interviewed. This interview should take about an hour. I have been working on a joint project between Canterbury City Council and the Central Sydney Area Health Service Health Promotion Unit to investigate and report on the feasibility of Canterbury City Council developing a food policy.

A model food policy has been developed at South Sydney City Council. It formalises their activities that impact on the food system through an organization-wide policy. I am investigating the feasibility of Canterbury Council developing a food policy along similar lines.

What I am going to do in this interview is to ask you for some information, but also, more importantly, your advice and ideas about developing a food policy. You know about council and how new ideas are implemented, and you know what's possible and that's going to be really helpful to me in commenting on the feasibility of developing a food policy.

If it's alright with you I'd like to tape record your comments. This information is going to be used to write a feasibility report and make recommendations that will go to council for consideration. I'll be making a transcript of our discussion and will give you an opportunity to check the accuracy and change any of your comments. At the end of this interview I'll ask if you want to keep any of your comments confidential.

# APPENDIX 1

First of all I'd like to ask you questions about your experience on other council projects that involved developing and implementing policies.

1. Have you been involved in any council projects or committees that have been done in partnership with other council divisio ns. If so, what can you tell me about your experiences that may be helpful to this project?

**Prompt:** Of these experiences you told me about, what do you think are the key lessons you learnt about working with other divisions?

2. In your opinion, what were the positive outcomes for your division when working inter-divisionally to develop and implement organisation-wide policies?

**Prompt:** What about positive outcomes for you personally?

**Prompt:** Have there been any positive spin-offs for your division that were unexpected?

3. In your opinion, what were the negative outcomes for your division when working inter-divisionally to develop and implement organisation-wide policies?

**Prompt:** What about for you personally?

**Prompt:** Do you think any of these same pitfalls would apply to making recommendations about developing a food policy? If so, which ones and why?

4. My next question is about how information is communicated in your division. Could you tell me how your staff are kept informed about changes happening in the wider-organisation?

**Prompt:** What about matters affecting your divisional only?

**Prompt:** staff meetings, circulars, cc mail, other?

5. Thanks for that. I'd now like to move on and talk about food policie s in local government. Can you describe what you think a food policy is?

**Prompt:** What do you think the aims of a food policy are?

**Prompt:** What aspects of Council's activities do you think it would include?

6. The South Sydney Council food policy is divided into sections containing policies and

strategies relevant to each division within Council. How would you go about developing strategies in a food policy that are appropriate for your division?

**Prompt:** Who would you need to talk to?

**Prompt:** What support would you need to do this?

Thanks for that. I now have some other questions about the activities of your division and its potential role in a food policy?

7. What food related activities is your division involved in?

**Prompt:** What about activities that affect the availability of food, or peoples ability to buy food, or providing food particularly groups in the community, or promoting healthy eating, or ensuring food safety.

8. What role do you think your division could have in a food policy?

**Prompt:** What about for you personally?

**Prompt:** What about other members of your division?

I'd now like to ask you a few questions on how you feel about Council developing a food policy. It is important for me to understand this so I can make recommendations that are feasible, and fit in with other priorities of council.

9. Firstly, do you think a food policy could work in this council?

**Prompt:** If not, what would need to change in order for it to work?

10. How would you like yourself or your division to be involved in the development of a food policy, if one was developed?

**Prompt:** Would you like to be part of a committee developing the food policy?

# APPENDIX 1

11. In your opinion, what benefits could you see a food policy having for council or the community?

**Prompt:** How would it fit into the current management plan?

**Prompt:** What reaction do you think the community would have to a food policy?

12. In your opinion, what disadvantages could you see a food policy having for council or the community?

**Prompt:** What about the effect on staff workload?

**Prompt:** What about the community's access to council officers?

Thanks for your time today. I'd like to finish with two final questions.

13. Which staff do you think should be consulted when developing a food policy?

**Prompt:** Who do you think I should talk to in the community?

14. The health of people in the community, including their nutritional health, is effected by many factors. Are you aware of any social trends that have increased the number of people in the area whose nutritional health may be more at risk?

**Prompt:** What about increases in housing for the elderly, such as nursing homes, or public rental housing for the socially disadvantaged and recent immigrants?

**Concluding remarks**

Thank you again for your time today. Your comments and insights have been very helpful to me.

I mentioned at the beginning I'd ask if you wanted to keep any of your comments confidential. After you have had an opportunity to review the transcript of our discussion and make any changes, would you agree to have your comments and opinions cited in the final report?

Are there any other comments or questions you would like to add?

# APPENDIX 2

## Appendix 2 – Elected representative and General Manager interview schedule

Thank you for agreeing to be interviewed. This interview should take about an hour. I have been working on a joint project between Canterbury City Council and the Central Sydney Area Health Service Health Promotion Unit to investigate and report on the feasibility of Canterbury City Council developing a food policy.

A model food policy has been developed at South Sydney City Council. It formalises their activities that impact on the food system in a council wide policy. I am investigating the feasibility of Canterbury Council developing a food policy along similar lines.

What I am going to do in this interview is to ask you for some information, but also, more importantly, your advice and ideas about developing a food policy. You know about council and how new ideas are implemented, and you know what's possible and that's going to be really helpful to me in commenting on the feasibility of developing a food policy.

If it's alright with you I'd like to tape record your comments. This information is going to be used to write a feasibility report and make recommendations that will go to council for consideration. I'll be making a transcript of our discussion and will give you an opportunity to check the accuracy and change any of your comments.  At the end of this interview I'll ask if you want to keep any of your comments confidential.

First of all I'd like to ask you questions about your experience on other council projects that involved developing and implementing organization-wide policies.

# APPENDIX 2

1. Have you been involved in any projects or committees that are partnerships between different divisions. If so, what can you tell me about your experiences that may be helpful to this project?

**Prompt:** Of these experiences you've mentioned, what are the key lessons you've learnt about the way divisions work together?

2. In your opinion, what are the positive outcomes for council when divisions work in this way?

**Prompt:** What about positive outcomes for you personally?

**Prompt:** Have there been any positive spin-offs for council that were unexpected?

3. In your opinion, what are the negative outcomes for council when divisions work in this way?

**Prompt:** What about negative aspects for you personally?

**Prompt:** Do you think any of these same pitfalls would apply to making recommendations about developing a food policy? If so, which ones and why?

4. I'd like to move on and ask some questions about policies in general. Could you tell me what are some of the characteristics of policies that require an organisation-wide approach?

**Prompt:** Of these characteristics you have mentioned, what are the key ones and why?

5. How does Council develop new policies?

**Prompt:** What steps are involved in the decision-making process?

**Prompt:** What is the role of elected councillors? What about council officers?

**Prompt:** What is characteristic of decisions that get bi-partisan support?

Thanks for that. My next questions are about food policies in local government, council's activities and its potential role in a food policy.

6. Can you describe what you think a food policy is?

# APPENDIX 2

**Prompt:** What do you think the aims of a food policy are?

**Prompt:** What aspects of council's activities do you think it would include?

7. You mentioned some activities of council in the last question. Are there any other activities you can think of that are food related?

**Prompt:** What about activities that affect the availability of food, or peoples ability to buy food, or providing food particularly groups in the community, or promoting healthy eating, or ensuring food safety?

8. Are there any other activities that you would like to see Council being involved in through the development of a food policy?

**Prompt:** What about activities that might take a longer-term view?

I'd now like to ask you a few questions on how you feel about Council developing a food policy. It is important for me to understand this so I can make recommendations that are feasible and fit in with other priorities of council.

9. Do you think a food policy could work in this council?

**Prompt:** If not, what would need to change in order for it to work?

10. How would you like to be involved in the development of a food policy, if one was developed?

**Prompt:** Would you like to be part of a committee developing the food policy?

11. In your opinion, what benefits could you see a food policy having for council or the community?

**Prompt:** How would it fit into the current management plan?

**Prompt:** What reaction do you think the community would have to a food policy?

12. In your opinion, what disadvantages could you see a food policy having for council or the community?

**Prompt:** What about its effect on staff workload?

# APPENDIX 2

**Prompt:** What about the communities' access to council officers?

In making recommendations about developing a food policy, I need to know what factors council considers important when making decisions. My next two questions are about these decisions in relation to a food policy.

13. How would council determine if developing a food policy was an important priority to pursue?

**Prompt:** Do you think the current climate at Canterbury Council would facilitate or hinder developing a food policy?

**Prompt:** Would you support the development of a food policy?

**Prompt:** How much energy do you think there is in council to develop another organisation-wide policy?

14. What outcomes would a food policy need to demonstrate to receive ongoing support from council?

**Prompt:** Of these outcomes you've mentioned, which do consider the most important, and why?

Thanks for your time today. I'd like to finish with two final questions?

15. Which staff do you think should be consulted when developing a food policy?

**Prompt:** What about other councillors?

**Prompt:** Who do you think I should talk to in the community?

16. How would you like to be kept informed of this project?

**Prompt:** Would you like a briefing when the feasibility report is completed?

**Concluding remarks**

Thanks for your time today. Your comments and insights have been very helpful to me.

I mentioned at the beginning I'd ask if you wanted to keep any of your comments

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confidential. After you have had an opportunity to review the transcript of our discussion and make any changes, would you agree to have your comments and opinions cited in the final report?

Are there any other comments or questions you would like to add?

# APPENDIX 3

## Appendix 3 – Initial coding framework developed

**1. Council's role**
    1.1 Mandate to service state government
        1.1.1   Implement new legislation
        1.1.2   Comply with legislation
    1.2 Mandate to service community
        1.2.1   Meet expectations
            1.2.1.1 Influenced by state policies
            1.2.1.2 Influenced by policy decisions
        1.2.2   Put community's priorities first
    1.3 Conflict between two mandates
    1.4 Provide services
        1.4.1   Effect of diverse community
        1.4.2    Whole of council approach needed
    1.5 Food and nutrition
        1.5.1   Council
            1.5.1.1 Improving health
            1.5.1.2 Food and nutrition
        1.5.2   Health Department

**2. Policy development**
    2.1 Supportive environment
        2.1.1   Legislation
        2.1.2   Community support
        2.1.3   Organizational support
            2.1.3.1 Culture – negative
            2.1.3.2 Culture - positive
    2.2 Reasons for developing policy
        2.2.1   Guides work
        2.2.2   Community expectations
        2.2.3   Recognized need
            2.2.3.1 Councillors
            2.2.3.2 Management executive
            2.2.3.3 community
    2.3 Issues
        2.3.1   Staff perceptions
            2.3.1.1 Reasons for policy
            2.3.1.2 priorities
    2.4 Benefits
        2.4.1   Development
            2.4.1.1 Staff
            2.4.1.2 Divisions

# APPENDIX 3

**3. Implementing policies**
    3.1 Conditions for success
        3.1.1   Recognized need
            3.1.1.1 Council
            3.1.1.2 Staff
        3.1.2   Goals of activity established
            3.1.2.1 Seek common goals
            3.1.2.2 Can describe the goals
            3.1.2.3 Identify responsibilities
        3.1.3   Can articulate benefits of action
        3.1.4   Involve elected reps
        3.1.5   Organizational support
        3.1.6   Staff support
            3.1.6.1 Committed
            3.1.6.2 Interested
            3.1.6.3 Perceive as a priority
        3.1.7   Resource investment
            3.1.7.1 Staff
            3.1.7.2 financial
    3.2 Capacity
        3.2.1   Skilled staff
            3.2.1.1 Negotiating skills
            3.2.1.2 Awareness of other goals
            3.2.1.3 Awareness of others skills/roles
            3.2.1.4 Takes leadership
        3.2.2   Experience
            3.2.2.1 Inter-divisional
            3.2.2.2 Intersectoral
    3.3 For ongoing support
        3.3.1   Return on investment
        3.3.2   Clear benefit in the action
    3.4 Coordinated approach
    3.5 Resistance to change
        3.5.1   Individual issues
        3.5.2   Organizational culture issues

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**4. Setting priorities**
    4.1 Responsibility
        4.1.1   Councillors
        4.1.2   Management executive
    4.2 What gets to be a priority
        4.2.1   Clear need for action
        4.2.2   Improves service delivery
        4.2.3   Meets community expectations
        4.2.4   kudos with community
        4.2.5   State government priority
        4.2.6   Council interested in
    4.3 Other issues
        4.3.1   Council's goals are above divisions goals
        4.3.2   Conflict over priorities

**5. Council's goals**
    5.1 Deliver works and services
        5.1.1   Innovative
        5.1.2   Within resource limits
        5.1.3   Seen by the community
        5.1.4   Meet community expectations
    5.2 Community praise
    5.3 Avoids criticism
        5.3.1   Community
        5.3.2   State government

**6. Food policy**
    6.1 Aim
        6.1.1   Protect public health

**7. Politics and power**
    7.1 Between divisions
        7.1.1   Competition for prestige
        7.1.2   Threatened by other divisions
        7.1.3   Legitimize role

# APPENDIX 4

## Appendix 4 – Final coding framework developed

1. **Council's role**
   1.1 Mandate to service state government
       1.1.1   Implement new legislation
       1.1.2   Comply with legislation
   1.2 Mandate to service community
       1.2.1   Meet expectations
       1.2.2   Put community's priorities first
   1.3 Food and nutrition
       1.3.1   Examples
       1.3.2   Roles

2. **Interdivisional actions**
   2.1 Barriers
       2.1.1   Different goals/priorities
       2.1.2   Negative organizational culture
   2.2 Outcomes
       2.2.1   Learning
       2.2.2   Improved services
       2.2.3   Changes organizational culture
   2.3 Conditions for success
       2.3.1   The process
           2.3.1.1 Seek common goals
           2.3.1.2 Realistic & achievable goals
           2.3.1.3 Review mechanism
           2.3.1.4 Identify responsibilities
           2.3.1.5 Recognize what already happens
           2.3.1.6 A coordinator
           2.3.1.7 Consultation
           2.3.1.8 Follow through on actions
           2.3.1.9 Reporting on progress
       2.3.2   Organizational support
           2.3.2.1 Supportive culture
           2.3.2.2 Organizational commitment
       2.3.3   Support from key people
           2.3.3.1 Who are the right people
           2.3.3.2 Personal qualities
           2.3.3.3 Generating support
           2.3.3.4 Continuing support
       2.3.4   Community support
           2.3.4.1 Generating support
       2.3.5   Coordinated approach needed

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# APPENDIX 4

       2.3.6    Skilled staff
              2.3.6.1 Communication skills
              2.3.6.2 Awareness of others goals
              2.3.6.3 Awareness of others skills/roles
              2.3.6.4 Take leadership
              2.3.6.5 Commitment to learning
              2.3.6.6 Understand the issue
              2.3.6.7 Describe how action will meet Council's goals
              2.3.6.8 The right skills
       2.3.7    Previous experience
              2.3.7.1 Examples
              2.3.7.2 Working with committees
       2.3.8    Time

**3.   Council policy**
    3.1 Barriers to development
        3.1.1    Different perspectives on purpose of policy
    3.2 Outcomes
        3.2.1    Identify new strategies
        3.2.2    Kudos with community
        3.2.3    Organizational development
              3.2.3.1 Work guide
              3.2.3.2 New structures
        3.2.4    Changes individual behaviour
    3.3 Conditions for success
        3.3.1    Resource investment
              3.3.1.1 Staff
              3.3.1.2 Financial
        3.3.2    Policy is needed
        3.3.3    Community support
        3.3.4    Policy is workable
    3.4 Measures of success
        3.4.1    Achieves desired outcomes
        3.4.2    Council expertise recognised
    3.5 Components
        3.5.1    Links
              3.5.1.1 Management plan
              3.5.1.2 Council operations
        3.5.2    Action plan

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# APPENDIX 4

**4. Actions with other organizations**
    4.1 Experience
        4.1.1    Difficulties
        4.1.2    Examples
    4.2 Level
        4.2.1    Advice
        4.2.2    Letter of support
        4.2.3    Investing resources
    4.3 Skilled staff

**5. Setting priorities**
    5.1 Organizational level
        5.1.1    Who make decisions?
            5.1.1.1 Elected reps
            5.1.1.2 Management executive
        5.1.2    Priorities are based on a need
            5.1.2.1 Who says there's a need?
            5.1.2.2 Why is there a need?
                5.1.2.2.1    Community concern
                5.1.2.2.2    Improve services
                5.1.2.2.3    Organizational development
                5.1.2.2.4    New legislation
        5.1.3    Other issues
            5.1.3.1 Council's goals are above divisions goals
            5.1.3.2 Conflict over priorities
            5.1.3.3 Meets core responsibilities
            5.1.3.4 Selling the idea
    5.2 Divisional level
        5.2.1    Different goals to the organization
        5.2.2    It's important to do

**6. Council's goals**
    6.1 Deliver works and services
        6.1.1    Innovative
        6.1.2    Effective
        6.1.3    Within resource limits
        6.1.4    Visible to the community
        6.1.5    Meet community expectations
    6.2 Community recognition
    6.3 Avoids criticism
        6.3.1    Community
        6.3.2    State government

# APPENDIX 4

**7. Food policy**
    7.1 Aim
            7.1.1    Protect public health
            7.1.2    Promote health
    7.2 Comments about food policy
            7.2.1    What it is
            7.2.2    Other comments
    7.3 Community diversity is a barrier

**8. Politics and power**
    8.1 Justify existence
    8.2 Divisional boundaries
    8.3 Decision making autonomy
    8.4 Increase prestige

# APPENDIX 5

## Appendix 5 – The local government context[d]

This appendix will provide a very brief overview of the history of local government and the major issues facing this sector today. Readers are directed to the references for further information.

## 1. Local government in transition

Local government developed strongly after 1945 from its role of providing local infrastructure and property services, especially roads, to a legitimate third sphere of government. Central governments saw local government as the best means to implement various policies, and encouraged them to do more through legislation and providing incentive grants. This transition has seen its functions expand enormously to now include local and regional planning, environmental health, pollution control, natural resource management, community services and economic development.

## 2. Service delivery or government?

There is considerable debate in local government about the balance between a narrow focus on service delivery and the pursuit of a broader governance role. Community agendas have been promoting a wider role, whilst recently the local government sector has been questioning the benefits of this approach.

The expanded role of local government is being driven from two sources: the NSW Government and community expectations. State government agencies are responding to their own resource pressures and community demands for local actions by devolving responsibilities to local governments. The community agenda is demanding local government take more of a role in local concerns like developing a sense of community,

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[d] Sourced from: UTS Centre for Local Government. *Advancing local government: partnerships for a new century*. Sydney: Local Government and Shires Association of New South Wales, January 2001.

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personal safety, environmental quality, as well as addressing the adverse local impacts of economic and social change. Local government enjoys a huge amount of community support for its functions and some within the sector are now calling for a review of the role of local government, how it can best achieve community goals and be given adequate autonomy and funding to achieve these outcomes.

## 3. Financial pressures

**Unfunded mandates**

Many additional responsibilities have been given to local government since 1945, and more still since the introduction of the 1993 Local Government Act. In most cases these additional responsibilities have not been matched with additional funding and have therefore been termed 'unfunded mandates'. For example, the 1993 Local Government Act introduced corporate planning and reporting requirements in recognition of their increased role and the need to ensure services are discharged prudently and efficiently. Local councils were also required to prepare state of the environment reports. These extra responsibilities have added huge financial burdens on councils, especially for smaller councils in country areas.

**State charges**

Local government is required to pay charges to state agencies, which often go directly to subsidizing these agencies basic operating costs or into general revenue. Some examples include increases in heavy vehicles registration fees, landfill disposal and NSW Fire Brigade levy. These increased charges are reducing resources which could be directed to other purposes.

**Revenue restrictions**

Local government receives over 80 per cent of revenue from rates, and whilst most councils are able to keep costs to within the rate pegging limits there are examples of where this has not be adequate to cover costs. The basis for determining the rate-pegging limit includes a CPI and wage cost component. There is argument that the basket of goods which determines the CPI is not the same basket of goods which councils need to

purchase. Councils can apply to the Local Government Minister for rate pegging greater than announced, but needs to be justified by the Council and the decision making process is not transparent, leading to claims of political interfering. There are calls for rate pegging to be replaced with a more appropriate system to finance local government.

**Reduced State funding**

The State Government receives payments from the Federal Government in recognition of cost incurred to implement the National Competition Policy. There is a cost to local government to implement this policy, which should be compensated by the State Government from Federal revenue received. Queensland, Victorian and Western Australian State Governments have allocated a percentage of these payments to local government, however the New South Wales Government has not.

**Pensioner rate concessions**

Pensioner rate concessions are compulsory and place additional strain on local governments, especially in areas with an influx of retirees.

## 4. Fulfilling local governments potential

The local government charter set out in the Act allows for a broadly functioning sphere of government. Local government has not been able to fulfil its potential because of the ad hoc manner of allocating responsibilities and differing views of the role of local government by the State Government.

What seems to be missing is an analysis of the role which local government can have in contributing to a broad governance agenda, backed up with a cohesive policy framework.

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