

POLICY DEVELOPMENT AND IMPLEMENTATION:
A MULTIPLE SECTOR COLLABORATIVE APPROACH
IN SOCIAL, HEALTH, AND COMMUNITY FIELDS

Phouthava (Tara) Frichitthavong

Bachelor of Arts (Monash University)
Bachelor of Social Work (Monash University)

Submitted in Fulfillment of the Requirements
For the Degree of Doctor of Philosophy
Victoria University

Faculty of Arts, Education, and Human Development
School of Social Sciences and Psychology
2011

ABSTRACT

A multiple sector collaboration (MSC) approach to public health and social policy development and implementation is becoming the norm in postmodern cities and communities. The development of a theoretical framework in relation to MSC practice is still in its infancy. As an approach to policy development and implementation, MSC has been subjected to criticism for (a) its often value driven, complex, and time-consuming methods, and (b) the lack of measurable or tangible outcomes. The gaps found in the literature reveal a significant need for further evidence-based research that focuses on gaining greater insight into the operations of MSC and how the approach might contribute to improved social, health, and community outcomes.

The aim of the present research is to close the identified gaps. Utilising a single-case approach, an existing and well-reputed MSC was selected for in-depth study over a 3-year period. Findings from this case study show that values, common purpose, group processes and dynamics, relationships, interactions, and synergy are vital components in the development and operation of a fully-functioning MSC. Further to previously known features and characteristics of collaboration/community coalition, new dimensions relevant to policy development and implementation are reported within a broad conceptual framework. Multiple levels of intervention, power, learning, accountability, personal and professional support, access and speed, minimising risks and maximising of innovation appear to be critical indicators to a best-practice model. Key hallmarks of the MSC approach appear to be empowerment, ownership, and integration. The thesis concludes with a series of recommendations for future practice and evaluation research, having contributed to knowledge and broken new ground in the area. For practice, they include: a rethink of MSC as an effective approach; a new appreciation of the core and powerful mechanisms and forces that are part of the MSC operational system; viewing MSC from a systems framework; utilisation of skills development specific to MSC practice that fits features identified; commitment and time devoted to interactions and relationships; a sustainable and effective MSC requires time and space in order for interactions and relationships to be developed and cultivated; and awareness of the contribution that a MSC (once established) makes to the social and political infrastructure of the community within which it operates.

STUDENT DECLARATION

I, Tara Frichitthavong, declare that the thesis entitled *Policy development and implementation: A multiple sector collaborative approach in social, health, and community fields* is no more than 100,000 words in length, exclusive of tables, figures, appendices and references. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Signature

Date

DEDICATION

From one refugee to another, I dedicate this work to refugees across the world for their courage and struggle to find a place to call home and a safe community in which to belong.

To my mother, Ninh Frichittavong, for her heroic life and courage in settling our family in Australia and for raising eight of us with amazing humanity, generosity, and kindness. To my late father, Ken Frichitthavong for his lifelong commitment to justice, fairness, and passion for public/community life.

ACKNOWLEDGEMENTS

Professor Dorothy Bruck, Associate Professor Christopher Sonn, and Peter Streker my supervisors, for their trust, support, and generosity in sharing their knowledge and their continued commitment to high quality research and intellectual rigour throughout this study.

Vin McKay, for his vision and commitment to excellence, support, and encouragement for the completion of this research.

Peter Luangrath, for his unwavering support and commitment to the completion of this thesis. For his faith in my capacity and for sharing our passion for learning.

Professor Rae Walker, Dr Julie Mosillo, Dr Cynthia Schultz for their time, encouragement and support, and willingness to read drafts.

Port Phillip Healthy and Safer Cities Alliance, City of Port Phillip, and Nillumbik Shire Council for their support, and generosity in sharing their knowledge and commitment to high quality research in the community work.

Families, friends, and colleagues for their support, and good food throughout this research.

TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION.....	1
Overview.....	1
Statement of Problem.....	2
<i>Conceptualisation of MSC</i>	3
Thesis Aims, Background, and Research Questions.....	5
<i>Aim</i>	5
<i>Personal Background</i>	5
<i>Research Questions</i>	7
Thesis Outline.....	8
CHAPTER 2 LITERATURE REVIEW.....	10
Introduction.....	10
Collaboration and MSC.....	10
<i>Emergence of Collaboration</i>	10
<i>Multiple Sector Collaboration (MSC)</i>	14
MSC and Social and Ecological Perspectives.....	15
<i>WHO's Social and Ecological Model of Health and MSC</i>	17
<i>Healthy City Movement and Other International Movements</i>	19
MSC in Community Psychology (CP).....	21
<i>Ecology</i>	22
<i>Prevention</i>	23
<i>Sense of Community</i>	23
<i>Empowerment</i>	29
<i>Inclusiveness</i>	30
MSC as Community Coalition.....	30
<i>Community Coalition Action Theory</i>	32
Systems Science: A Framework for MSC.....	32
MSC in Other Disciplines and Perspectives.....	34
<i>Group Dynamics Perspective</i>	34
<i>Interorganisational Relationships</i>	36
Analysis of the Gaps in Current Literature.....	37
Summary.....	39
CHAPTER 3 MEHTODOLOGY.....	42
Introduction.....	42
Background to Methodology.....	42
<i>Case Study Research: Historical Background</i>	42
<i>Rationale for Chosen Methods</i>	44
<i>Research Design</i>	44
The Case: Port Phillip Healthy and Safer Cities Alliance.....	47
A Way Forward.....	48

CHAPTER 4 DATA COLLECTION, MANAGEMENT, AND ANALYSIS.....	49
Phase 1.....	51
Phase 2.....	54
Phase 3.....	56
Phase 4.....	57
Phase 5.....	57
CHAPTER 5 FINDINGS.....	58
Overview.....	58
Section 1: Basic Features of an Alliance.....	58
<i>Context</i>	58
<i>Common Ground</i>	63
<i>Organisational Structure and Technical Capacity</i>	65
<i>Outcome</i>	69
<i>Leadership</i>	72
<i>Resources</i>	73
Section 2: Dynamic Forces.....	74
<i>Interactive</i>	75
<i>Relationale</i>	75
<i>Synergic</i>	76
<i>Transformative</i>	77
Section 3: Towards Social and Community Intervention.....	78
<i>Multiple Levels and Multidimensional Interventions</i>	78
<i>Learning</i>	81
<i>Relational Power for Change and Action</i>	82
<i>Speed and Access in Response and Action</i>	83
<i>Accountability</i>	85
<i>Personal and Professional Support</i>	86
<i>Minimisation of Risks and Maximisation of Innovation</i>	88
Section 4: Hallmarks of Collaboration.....	89
<i>Empowerment</i>	90
<i>Ownership</i>	90
<i>Integration</i>	90
Section 5: Summary Conclusions.....	91
CHAPTER 6 DISCUSSION.....	94
Introduction.....	94
Research Questions and Related Findings.....	94
Summary of Key Findings in Relation to Previous Literature.....	107
Key Findings and Community Psychology Principles.....	112
Summary.....	118
CHAPTER 7 CONCLUSION.....	121
Introduction.....	121
Conceptual Implications.....	121

Theory and MSC Evaluation Tools.....	121
Strengths of the Research Methodology.....	124
Weaknesses of the Research Methodology.....	125
Recommendations and Implications for Practice and Future Research	126
<i>Practice</i>	126
<i>Research</i>	126
In Conclusion.....	127
Epilogue.....	128
REFERENCES.....	130
APPENDIXES.....	139
APPENDIX 1 Port Phillip Healthy and Safer Cities Alliance.....	140
APPENDIX 2 Victoria University of Technology: Consent Form.....	146
APPENDIX 3 Stage One: Interview Questions/Guide.....	148
APPENDIX 4 Stage Two: Interview Questions/Guide	151
APPENDIX 5 Example of Minutes of the Alliance Meeting and Analysis.....	154
APPENDIX 6 Summary of Preliminary Findings of Evaluation Reports Discussion Paper.....	161
APPENDIX 7 Performa For Documentation.....	167

LIST OF FIGURES

Figure 1	Multiple sector collaboration: A best-practice framework.....	59
Figure 2	Interplay of dynamic forces.....	78
Figure 3	Multiple levels of intervention.....	79
Figure 4	Interorganisational accountability - a two-way, multilevel flow.....	86
Figure 5	Minimisation of risks and maximization of innovation.....	89

LIST OF TABLES

Table 1	The Schedule for Data Collection, Management, and Analysis.....	52
Table 2	Strategies and Mechanisms for Contextual Engagement.....	61
Table 3	Examples of Mechanism to Ensure Community Engagement.....	61
Table 4	Areas of Potential Shared, Differing, and Opposing Interests and Intentions.....	65
Table 5	Organisational Structure and Technical Capacity.....	65
Table 6	Organisational Structures and Identified Roles within the Alliance.....	66
Table 7	Technical Capacity and Identified Skills Requirements.....	67
Table 8	Alliance Actions and Activities.....	70
Table 9	Leadership Model of the Alliance	73
Table 10	Social Capital Features within Identified Forces.....	74
Table 11	Wolff's (2001b) Best-Practice Features and New Findings to Characterise MSC.....	95
Table 12	Assessment Tools for Evaluation of MSC Values.....	122
Table 13	Assessment Tools for Evaluation of MSC Dynamic Forces.....	123
Table 14	Assessment Tools for Evaluation of MSC Hallmarks of Collaboration.....	123
Table 15	Assessment Tool for Evaluation of MSC Social Intervention Features.....	124
Table 16	Recommendations and Implications for Practice.....	127

CHAPTER 1

INTRODUCTION

Overview

Over the past 20 years, application of the Multiple Sector Collaboration (MSC) approach to policy development and implementation in the social, health, and community fields has increased dramatically. Once considered an uncommon or experimental practice, it is now an expected requirement of major national, state, and local government policy directions and funding conditions (Chavis, 2001; Himmelman, 2001; Wolff, 2001a). Its popularity represents a remarkable shift in approach and practice. It has implications for (a) how and which social, health, and community priorities are set, (b) the distribution of limited resources, and (c) the type of programs and services made available to the community.

Historically, MSC practice emerged through partnerships between social welfare groups, faith-based organisations, businesses, and government bodies. The driving force that underpinned the emergence of collaboration between these sectors was the need for coordination and pooling of limited resources to bring about social reform and the development of social support services for those in need in the community (McMillan, as cited in Chavis, 2001). Literature on MSC can be traced back to these early developments. Its relatively recent recognition within the social sciences is largely due to the shift in the conceptualisation of health and wellbeing (Chavis, 2001; Wolff, 2001a). This shift has also played a major role in the acceptance of MSC practice as a critical contemporary approach to policy development and implementation in social, health, and community sectors.

The recognition and acceptance of the MSC approach is endorsed and promoted internationally by the World Health Organisation (WHO). In 1995, WHO released a new public health framework and defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (p.1). This framework promoted the concept of “health for all”, a new and universal concept that has exerted a profound influence on health development ever since (WHO, 1995, p. 45). It was based on a social and

ecological model of health that recognises the multiple facets of health determinant factors, including social, cultural, economic, and environmental dimensions. Under this new framework, a major rethink in approach to policy development and implementation across sectors was required (WHO, 1995). MSC was identified by WHO as one of its core strategies for achieving better social, health, and community outcomes (WHO, 1995). Thus, the movement, from the traditional medical model of health to the current social and ecological model of health is the foundation for the emergence of MSC practice in the 21st century.

However, current literature and research on MSC in the social sciences are limited and still in their infancy in relation to an evidence-based and theoretical framework. Ongoing debate revolves around conflicting views on the effectiveness of MSC and the lack of tangible proof of its impact on improved social, health, and community conditions (Chavis, 2001; Foster-Fishman, Berkowitz, Lounsbury, Jacobsen, & Allen, 2001; Himmelman, 2001). The key argument in support of the MSC approach is the recognition of its potential to provide coordination and integration of services. These are essential elements for achieving outcomes in line with WHO mandates (1995, 1999, 2004). This social and ecological model of health strongly advocates the need for structures, systems, and social reforms that contribute to the community-wide and population-based social, health, and community fields (WHO, 2003, 2004).

Statement of Problem

Critics of MSC have argued that there remains a lack of strong and consistent evidence showing, through clear and measurable outcomes, the direct impact of the MSC approach to policy development and implementation that results in social, health, and community benefit (Erben, Franzkowiak, Manila, & Wiesbaden, 1992; Foster-Fishman, Berkowitz, et al., 2001; Himmelman, 2001; Kaye, 2001). The complex and often labour-intensive requirements of an in-depth study of MSC effectiveness has been identified as a factor contributing to this lack of an established, research-based framework (Foster-Fishman, Berkowitz, et al., 2001).

Supporters of MSC practice have argued that the MSC approach to policy development and implementation is highly innovative and critical to the success of social, health, and community work (Wolff, 2001a). Literature on the emergence of the MSC approach has often drawn favourable comparison to historical, social, and societal changes that have been achieved through long and extensive social and political movements, such as human rights, gender-equality, and environmental movements (Chavis, 2001). At best, the MSC approach has small groups of practitioners and supporters who recognise the need to advocate and demonstrate its effectiveness, outcomes, and impact in the community. Overall, the major debate about MSC comes down to the need for an appropriate evaluation framework and evaluative tools basic to which is a conceptualisation of MSC as a entity. This need has been consistently identified among researchers and practitioners as an important next step forward (Chavis, 2001; Foster-Fishman, Berkowitz, et al., 2001; Himmelman, 2001).

In summary, the rapid growth in popularity of the MSC approach to policy development and implementation has led to the mistaken assumption that it is based on a clearly established underlying framework. However, research in this area is still in a formative phase of development, focusing predominantly on the identification of components, features, and characteristics of MSC, with limited emphasis on enquiry into the dynamic and inner workings of MSC. As a consequence, the current practices of MSC in social, health, and community areas often lack full awareness of the challenges and difficulties in establishing a MSC, the diverse and complex nature of the processes involved, and the skills required. As well, current evaluation of MSC practices provides mixed results about its effectiveness and its direct impact on social, health, and community outcomes (Chavis, 2001; Foster-Fishman, Berkowitz, et al., 2001; Himmelman, 2001).

Conceptualisation of MSC

To adequately address the questions raised, the range of concepts applicable to MSC as found in the literature need to be examined. These include: community readiness; intentionality; structure and organisational capacity; taking action; membership; leadership; resources; relationships; and technical assistance (Wolff, 2001b).

Community readiness. Literature on collaboration has identified certain preconditions as important in insuring successful collaboration (Trickett & Ryerson Espino, 2004). Wood and Gray (1991) argued that the qualities of the convener or initiator of the collaboration are important preconditions. These qualities include convening power; legitimacy among participants; a balanced even-handed approach; appreciation for overall vision, participants, and process; and the ability to identify all relevant stakeholders.

Intentionality. In MSC, membership can range from 3 to over 20 individuals representing organisations, and the members' interests and intentions are diverse and broad-ranging. Wood and Gray (1991), in their work on collaboration highlighted the important distinction between three kinds of interests or intentions among stakeholders, which they argued require sorting and are a critical aspects in determining the success of collaboration: (a) shared, (b) differing, and (c) opposing. Thus, the process of forming common ground in MSC is a significant part of the relationship-building required among members, as it is highly relational and is likely to be sustained by ongoing values of openness, mutual respect, and reciprocity.

Organisational structure and technical capacity. The extent and quality of organisational support to the establishment and ongoing development of MSC is an important feature that is said to differentiate successful MSC from the rest (Wolff, 2001b).

Outcome (activity and action). MSC is a living and learning system that is sustainable when member organisations are actively involved and engaged at some level of its work and operation. Capacity to provide ongoing links and connections among actions, activities, overall strategic objectives, and outcomes are critical to maintaining the commitment and to overall credibility (Wolff, 2001b).

Leadership. In MSC, the concept of leadership differs from the traditional leadership model. Its leadership consists of and operates at various levels, which include formal, informal, shared, expertise specific, issues-or situational-based, multilayers, and collective. Catford (1998) highlighted the gaps and lack of systemic empirical research on leadership in public health and made an important

distinction between characteristics, qualities, skills, and context of leadership in traditional medical or acute management compared to leadership in health promotion and public health settings.

Resources. Allocated resources to support the development and ongoing work of a MSC are important to its smooth operation (Wolff, 2001b). A special feature in relation to the use of resources lies in sharing between member organisations. The management of resources can be highly effective when multiple facilities and locations pool their diversity of resources and skills (Wolff, 2001b).

Thesis Aims, Background, and Research Questions

Aim

The present study aims to take the next step forward called for by previous researchers, by using a case study method to develop a comprehensive conceptualisation, which in turn might lead to a framework for practical application in the field. The broad aim is to contribute ultimately to structural reform, systems change, social action, and innovation for improved social, health, and community outcomes. The specific aim is to contribute to the current body of knowledge by gaining insight into the operations and processes underlying MSC and by presenting tangible evidence of a dynamic and complex system at work.

Personal Background

As a practitioner and facilitator of a range of MSC projects, the researcher was well placed to undertake the present investigation. Her 20 years of professional experience were crucial to its pursuance. She has worked extensively in the development and delivery of social, health, and community programs and services, and in policy development and implementation. With a background in social work, community development, sociology, and anthropology, her work experience in the field at senior management level has involved the development of a range of actions, strategies, and approaches to new and emerging social, health, and community issues. Thus, her interest and skills in gaining insight into

the inner workings of the MSC approach and in developing a systematic conceptual framework for an effective MSC have evolved as a result of direct experience and observation of MSC in practice. The researcher's experiences in the field as a practitioner, facilitator and as a senior manager involved the development of a range of policies, strategies and approaches designed to address social, health and community issues within different local government areas.

The researcher has had a direct role in leading the establishment and development of five MSC in different areas. These MSC's are still in operation at the time of the write up of this thesis, they include MSC that focus on youth issues (Whitehorse Youth Issues Network), women empowerment and leadership (Nillumbik Women's Network), children and family services coordination (Nillumbik Alliance for Children and Family), children service systems reform (Nillumbik Best Start Partnership), and primary health care reform (Primary Care Partnership).

Each of these MSC consists of community and organisation representatives of a cross section of the community including education, health, welfare, police, community, politician, businesses, and various levels of governments. Each of the MSC consists of membership of eleven to twenty five active members. Based on her involvement in these MSC over the years, the researcher has gained insight into processes and issues that are central to developing and implementing effective MSC's.

The lessons from these MSC's were used to inform the research focus, methodology, and findings. Some of the observations that were evident in the field include: (a) the impact of local context, (b) the rationale for how and why MSC is established seems to have direct affect on the formation and development of MSC, (c) the lack of awareness among practitioners of the key components or framework for the development of an effective MSC, (d) lack of attention or focus on the development of dynamic and relational elements of the MSC often resulted in tension and conflict among member of MSC, (e) lack of clarity about MSC effectiveness as a form of social intervention, (f) innovations often result from MSC with high level of synergy among its members, and (g) lack of agreement on appropriate forms of evaluation.

One of the areas of interest to the research is the different between volunteer and non-volunteer (or imposed) establishment of MSC. The researcher's observations and direct experience suggested that the nature of the formation of MSC (volunteer or non-volunteer) seem to have impacted on the process and effectiveness of MSC. Among the five MSC listed above, there was evidence to suggest that the context for the formation and development of MSC seems to have direct impact on the progress and effectiveness of MSC. For example, three of the five MSC that were established on a volunteer basis seems to progress and develop more rapidly in building relationships and trust that lead to action and innovative solution. In Victoria the application of MSC is predominantly driven from government policy direction and funding requirements, two of the five MSC (Best Start Partnership and Primary Care Partnership) were among the imposed MSC as part of a new government policy and funding conditions. Among the government imposed MSC, the researcher observed that the development of relationships and trust among members seem to require greater time and focus prior to the effective operation of MSC were achieved. For example, significant process and administrative procedures were created as part of the formation of both the Best Start Partnership, and Primary Care Partnership to ensure open and transparent processes in relation to its operation, management and decision making processes. It became clear that these additional processes were critical for the development of trust and ownership among members for an imposed MSC. These observations have informed the researcher in the formation of the research questions and overall focus of this study. The researcher is particularly interested in the identification of the internal processes and structures that drives and determines effective MSC.

Research Questions

The present research argues that current evaluation frameworks of MSC applied by government bodies and researchers are restrictive and limited in capturing the dynamic aspects of MSC and how it operates. A comprehensive evaluation framework for MSC is required to ensure that these dynamic and complex interrelational features are fully recognised. On the basis of the known characteristics and features of MSC as documented in the current literature in

Community Psychology and the social sciences, in particular as outlined by Wolff (2001a) in his conceptualisation of MSC as community coalition, the following research questions emerge: To what extent are these undergirding conceptualisations evident in the present single-case study investigation? What, if any other, features might emerge? How might these findings be translated into a practical application as an evaluation framework and evaluative tools for MSC projects? Specifically, how might a MSC best function to achieve structural change, systems reform, social action, and innovation?

Thesis Outline

Throughout the thesis, it is argued that a new framework for exploring MSC is needed to further improve current understanding of the inner workings of MSC and in order to capitalise on its full potential. Chapter 2 contains a historical and developmental literature review of MSC, with reference to literature on social, health, and community areas in the social sciences and, in particular, Community Psychology. The review of the literature demonstrates that the shift in paradigm to the current social and ecological model of social, health, and community fields has directly identified the MSC approach to policy development and implementation as a tool and critical process for achieving structural reform, systems change, and social action.

Chapter 3 provides details of the chosen research methodology. The selection of the research methodology was a collaborative approach involving extensive dialogue, discussion, and workshops with members of the MSC chosen as the case study.

Chapter 4 provides the rationale for the development of the research methodology, and the alignment of the objectives of the research with the expectations of the MSC as a partner in the research, are described as important factors taken into account in the development of an effective working relationship and gaining access to the inner workings of the MSC.

Chapter 5 provides the findings from the single case study. It describes the unique opportunity for the present research to have partnered an existing MSC

facility, which was actively seeking critical evaluation after having been operating for over 5 years. The established reputation for innovation and effective collaboration and a clear role in policy development and implementation in social, health, and community fields allowed for a rich data-base to emerge.

Chapter 6 discusses the findings in relation to previous literature and is based on the thesis that, through greater insight into the inner working of a MSC and through a systems theory approach to analysis, there has emerged a comprehensive conceptual framework with potential for use as an evaluative tool of MSC best practice.

Chapter 7 discusses the implications in relation to the research questions are discussed and the limitations of the research findings addressed. Finally, critical areas for further research are presented with specific recommendations.

CHAPTER 2

LITERATURE REVIEW

Introduction

This chapter provides an overview of the history and development leading to, and the current conceptualisation of, Multiple Sector Collaboration (MSC), with reference to literature on social, health, and community areas in the social sciences and, in particular, Community Psychology. This body of literature on health and wellbeing is important to the present research, because of its direct link to the emergence of MSC in policy development and implementation.

Developments in the social, health, and community fields provide context for understanding the emergence of MSC in terms of underlying concepts and its current application. The review of the literature demonstrates that the shift in paradigm to the current social and ecological model of social, health, and community fields has directly identified the MSC approach to policy development and implementation as a critical process for achieving structural reform, systems change, and social action.

The first section presents a brief history of collaboration and the emergent recognition of MSC, the second section provides summaries of the conceptualisation of health and wellbeing, its impact on social and public health policy, practice, and the recognition of MSC as a tool for structural reform, systems change, and social action. The third section outlines the development of MSC in Community Psychology, with particular reference to seven influential concepts. This is followed by a section on the importance of systems science as a framework for MSC, after which the application of MSC in other disciplines and analysis of the gaps in current literature on MSC are discussed. The chapter is brought to a close with a summary.

Collaboration and MSC

Emergence of Collaboration

The term “collaboration” originates from the Latin word *collaboratio(n)*, referring to “work together” (Chantrell, 2002). It has roots in mid-nineteenth century charity and social movements, with a focus on planning and resource development through the joint efforts of representatives from nonprofits or community organisations, government bodies, businesses, and charitable organisations. Evidence of its application appeared in 1869 as a form of social action in London during the Charity Society Movement (Chavis, 2001). According to Chavis (2001), collaboration has been applied in the social welfare systems of the Western world since then, with the focus on planning and coordinating organisations for solving social problems. Collaboration was an important feature of the human rights movement and the women’s movements in the 1950s and 60s, and in more recent times to social justice initiatives, health promotion, and public health movements in the 70s and 80s (De Leeuw, 2001; Duhl & Sanchez, 1999).

Collaboration as an approach in the history of major social movements, which resulted in collective action and social reform, was best known for its effectiveness in generating social movements and asserting political influence for social change. Chavis (2001) stated that, in the past decade, formal collaborations have become recognised as “the most common key element of all social problem-solving efforts” (p. 309) and an essential feature of government policy and decision in resource allocation.

A review of literature on collaboration shows strong emerging interests from diverse fields including business, engineering, health, social work, medicine, governance, and government policy (Schuman, 2006). A common theme across these fields is the increasing recognition of collaboration as a creative and innovative approach to problem-solving and development of new and improved outcomes. For example, in business, corporations collaborate to generate innovation from process improvement, efficiency gain, productivity and increased

profit (Schuman, 2006); In engineering and management, increasing usage of a collaborative approach (also referred to as system engineering, operations and supply chain management) produces lower overall costs and improved quality and efficiency (Jacob, Chase, & Aquilano, 2005; Oz, 2004); in medicine, collaboration has been used as a mechanism to improve medical quality and patient safety . Parker-Oliver, Bronstein, and Kurzejeski (2005) stated that, in health and social work:

Nurse and physician collaborative practice in intensive care units has been found to improve patient outcomes and nurse satisfaction.... Teamwork among physicians, nurses, and social workers reduced readmission to the hospital, reduced physician office visits, and helped older adults with chronic illnesses maintain their health status. ... Collaboration among social workers and psychologists, physical therapists, and other health providers has been found to enhance the ability of these providers to meet clients' service needs, to better understand clients, to solve complex problems, and to successfully implement treatment plans (p. 280).

In governance, collaborative governance has been described by Henton, Melville, Amsler, and Kopell (2005) as “ an emerging set of concepts and practices that offer prescriptions for inclusive, deliberative, and often consensus oriented approaches to planning, problem solving, and policy making” (p.1). These authors also stated that it is “a new level of social/political engagement between and among the several sectors of society that constitutes a more effective way to address many of modern societies’ needs beyond anything that the several sectors have heretofore been able to achieve on their own” (p. 1).

In 1989, Fendley and Christenson identified collaboration in the context of learning and incorporated it in a new concept he called “collaborative learning-work”. He argued that collaborative learning-work is a concept for future trends and directions in learning and organisations. Fendley and Christenson (1989) defined collaborative learning-work as “processes, methodologies and environments in which professionals engage in a common task, in which individuals depend on and are accountable to each other” (p. 110). He highlighted

an important feature of collaboration in relation to learning, sharing of knowledge, and development of innovations. He argued that, through collaborative learning-work, old and new concepts, ideas or issues are reviewed, redefined, and integrated into the existing knowledge structure and form new knowledge structures. This process involves the resolution of any tension or conflict between old and new insights, which can then lead to innovation.

Bransford's (1986) cognitive problem-solving cycle has been identified by Fendley and Christenson (1989) as the parallel process that a collaborative learning-work group experiences as they operate to achieve their common goal. Bransford's cycle consists of five phases as follows:

- Identify: Individuals can agree that a problem exists but yet disagree on how to define or represent it. Define: How the problem is defined influences the type of solutions the group will generate; it involves assumptions and constraints.
- Explore: The search for solutions that the group can agree upon will respond to the need as defined.
- Act: This phase involves testing out hypotheses about the solutions to see what will work and what will not meet the defined need.
- Look: The final phase involves observation of the effects.

In Trickett and Schmid's (1993) work on the concept of collaboration in community research and intervention, the historical origin of collaboration in social and cultural research method in anthropology, sociology, and psychology was identified. The concept of collaboration was developed in anthropology in an ethnographic study of culture (Mead, 1969), in sociology in the concept of "buy in" or partnership with the communities (Whyte, 1964), and in psychology in the collaborative action research model (Lewin, 1946). Trickett and Schmid (1993) stated that there are epistemological, pragmatic, and ideological rationalisations underpinning the development of collaboration as a critical feature in research method in anthropology, sociology, and psychology.

Epistemologically, a collaborative research approach recognises the limitation of the concept of "value-free" science, the importance of local

knowledge, and the value of minimising the gap between collaborating partners in relation to the quality and validity of the research (Trickett, 2004). Pragmatically, it has been argued that collaborative approaches enhance the relevance and usefulness of the research to the local area and potentially become an important resource to the local community. Ideologically, based on the concept of “knowledge is power”, a collaborative approach encourages knowledge-sharing with participating partners. Thus, citizens or local communities can directly benefit from collaborative research and further develop their capacity to excel.

To summarise, themes common to the concept of collaboration across disciplines include innovation (i.e., new ideas and solutions), efficiency gain, partnership, and participation, resulting in increased richness and relevance of outcomes. Overall, it can be argued that one of the main strengths of collaboration is in its capacity to facilitate and transform conflicts. However, critics of collaboration have argued that a collaborative approach can also maintain and re-enforce the existing conditions and hierarchal structure of the context in which it operates and fail to generate change (Chavis, 2001; Himmelman, 2001).

Multiple Sector Collaboration (MSC)

In recent times, there has been a significant increase in recognition of MSC as a way forward in service development, co-ordination, and delivery in health and social services (Foster-Fishman, Salem, Allen, & Fahrback, 2001). The same recognition also exists for the MSC approach in policy development and implementation in public health, social work, and community development areas (Duhl, 2005; Foster-Fishman, Salem, et al., 2001).

Overall, literature on MSC is limited. It is found and referred to interchangeably within the literature as coalition, alliance, partnership, network, or consortium. Usually, it is taken to mean different disciplines, professionals, and people of diverse background working together on issues of common purpose and interests (Berkowitz, 2001; Wolff, 2001b). According to Sann as cited in Goumans (1995), an intersectoral action is:

..an action developed between sectors through a series of negotiations, where personal face to face contacts play an important role to work

through processes of problem solving, policy development, procedural turning, personal and institutional relationships, within a relatively closed time-frame and a specific societal context (p. 65).

For the purposes of the present research, MSC is defined as a transformative mechanism, a mechanism that creates dynamic and multiple forms of connecting and transforming of ideas, interests, and resources. It is transformative capital for change and innovation.

MSC and Social and Ecological Perspectives

Throughout history, how health is defined and the model of health adopted in the public health policy arena plays a vital role in the shaping of the popular approach and practice in policy development and implementation. Evidence of the links between the model of health and the approach adopted can be identified in various phases that are consistent with the development of a conceptual understanding of, and insight into, health. For example, from the earliest sanitary focus on health to the medical model of health, and the current social and ecological model of health, there is a parallel development in policy development and implementation from an individual, disease-focused, and treatment-based approach to the broader population, public health, structural, and systems-focused approach (De Leeuw, 2001). As a result, similar development also occurred through the expansion of the number of sectors, disciplines, and interested players in the field.

From early days, when health was seen as the domain of sanitation scientists, the field expanded to include medical professionals and social scientists (De Leeuw, 1999). The expanding number of disciplines and players in the field reflects the multifaceted dimensions of MSC practice. Thus, the concept of health and MSC practice evolved over time with changing technology and values: from the historical origin in sanitary factors as the main focus of health to communicability, and from the late nineteenth through to the twentieth century, when germ theory and bacteriological and immunological theories came to dominate. The shift in the conceptualisation of health also reflects the broadening

of the disciplinary base of health and health-related research and practice from sanitary science, to medical, and now the social sciences (De Leeuw, 1999).

Prior to the 1970s, the concept of health was predominantly seen as the domain of the traditional medical model that focused on treatment for the removal of illness and disease. Consistent with this paradigm, public health policy development and the implementation processes were carried out in isolation from other sectors and the wider community. Services were also more individually focused and specifically treatment-based rather than a whole systems approach. It can be argued that the paradigm shift, from a singular perspective dominated by the medical profession to a multidisciplinary perspective on social, health, and community factors, renders the development of MSC critical to the new perspective on health and wellbeing.

Within the health education movement, the concept of health focus shifted from the traditional medical model to include the psychological model of health, which was also known as the health belief model (DiClemente, Crosby, & Kelger, 2001). The concept of health within the psychological model expanded the focus on the individual to include belief and value systems as significant players in determining (a) the capacity to be less or more susceptible to disease, and (b) the management of the recovery process. Underpinning the psychological model of health are the assumptions that reason and rational choice in relation to belief, behaviour, and action are among the key determinants of an individual's health status. Thus, the focus of community intervention under the psychological model continued to be dominated by the focus on the individual and a treatment-base (DiClemente, Crosby, & Kelger, 2001). At that point in time, other broader systemic and structural features (i.e., housing, employment, and social environment) were not prominent factors for consideration in the planning and implementation of programs and initiatives in the community (DiClemente, Crosby, & Kelger, 2001).

The social and ecological model of health emerged from the critique of the traditional medical and psychological models of health. Its development was closely connected to sociological and anthropological knowledge in the area of human action and interaction patterns and their relationship to health

(DiClemente, Crosby, & Kelger, 2001). Within this framework, living conditions and life style patterns have been identified as having a direct relationship to the health status of individuals and communities. The notion of health has expanded more broadly to include the complex factors and conditions attributed to physical, mental, and social wellbeing. These factors and conditions are referred to as determinants of health and include: social, economic, and physical environments; early childhood development; personal health practices; individual capacity and coping skills; human biology; and health services (United Nations Population Fund, 2000). The underlying shift also highlighted a broader emphasis on prevention and to improving the systems and structures determining health and less on the immediate causes of ill-health and mortality.

The present thesis argues that the increased emphasis on multidisciplinary and multiple-sector collaborative approaches in policy development and implementation is a reflection of the need for an expansive, structural, and systemic approach to health.

WHO's Social and Ecological Model of Health and MSC

The establishment of the World Health Organisation (WHO) in 1948 played a major role in the development of the first international MSC approach to research, data gathering, and analysis of population health, and the impact on community safety and development. WHO provided the foundation and source of data-benchmark platforms that informed the important policy framework for social, health, and community wellbeing. WHO's reports and findings have direct impact on policies, practice, and program interventions in health, social work, and community development areas at international, national, state, regional, and local levels (WHO, 1995)

The core principles of the social and ecological model of health formed the basis of the new public health framework adopted as part of the Ottawa Charter for Health Promotion in Canada in 1986 (WHO & Health Canada, 1986) and later by the Jakarta Declaration on Health Promotion (WHO, 1997). This framework consolidated a broad range of health determining factors and an expanded perspective on health. The international shift towards the social and ecological model of health marked important milestones in recognition of the need for the

integration of social, physical, cultural, and environmental dimensions of health. MSC practice was identified as a vital tool for the development and implementation of the new public health framework (WHO, 1986). Since the adoption of the Ottawa Charter for Health Promotion in 1986, there has been a rapid growth in the establishment of MSC as an approach to policy and practice.

In 1995, a report published by WHO provided health status indicators, trends, progress, and development of health-related issues and implications for public health policy worldwide. WHO reports have since been used as a key point of reference for the development and implementation of social, health, and community policy frameworks in many countries, Australia included. The reports provide a platform for current and future debates on population health issues, research, public health policy, programs, and services. The data and findings reported by WHO highlight major barriers and features as well as contributors to better social, health, and community fields. WHO (1995) stated that:

The main ecological, social, economic and political actions required to create supportive environments include establishing healthy public policy with the involvement of all sectors; strengthening community participation and upgrading personnel skills; and reorienting health services towards prevention and health promotion (p. 12).

Thus, the emergence of MSC in policy development and implementation became a requirement and condition for new funding and innovative practices. The impact of the new social and ecological model of health can be found across various public health and social policy initiatives in Australia. Examples of some of the changes are: at the Federal level, a policy for “Stronger Families and Communities Strategy” in families and children services area; at State Government level, the introduction of the primary care health reform through the “Primary Care Partnership” initiative, a policy on community capacity building initiatives called “Stronger Communities”; the establishment of “Safer Cities Committee” as part of a crime prevention strategy; and at Local Government level, the introduction of a regularity requirement for the development of a “Community Health Plan” for every local government area in Victoria. The

commonalities that run through these policies and government initiatives are the acceptance of (a) the social and ecological model of health, and (b) the MSC approach to policy development and implementation through its establishment at various levels of government and within communities.

In summary, the social and ecological model of health perspective provides a pathway for a much more complex and multilevel approach to the development of social policies, strategies, programs, and services in the community than was previously the case. It has also formed the theoretical foundation for the establishment, recognition, and development of MSC practice. WHO's new policy framework on health promotion clearly established the importance of the MSC approach to the development of public policy and the implementation of strategies in the community.

Healthy City Movement and Other International Movements

The WHO perspective on health provides a major incentive for the adoption of the social and ecological model of health in public health, social, and community development arenas, operating at various levels including local, regional, state, and federal. In European cities, the Healthy City Movement also added support to the new public health framework and is taking hold rapidly in other parts of the world. Under the Healthy City framework, the concept of health is seen as “a multi-causal phenomenon ...and inter-sectoral collaborative approach, community action and political support are required” (De Leeuw, 2001, p.36). De Leeuw (2001) proposed a unifying “constituent” definition of Healthy City as:

A locality-based strategic and systemic approach of social, physical and individual determinants of health and disease incorporating the full involvement of communities in the formulation, implementation and evaluation of policies and interventions aiming at equity in health and sustainable development (p.40).

According to De Leeuw's (2001) definition of health, within the Healthy City's framework health is by nature multifaceted, dynamic, and multilayered.

MSC is the key to policy development and implementation in the Healthy City movements. The qualities of a healthy city under this movement include:

- a clean, safe physical environment of high quality;
- an ecosystem that is stable now and sustainable in the long-term;
- a strong, mutually supportive, and nonexploitive community;
- a high degree of participation and control by the public over decisions affecting their lives;
- the meeting of basic needs (food, water, shelter, income, safety, and work) of all people;
- access to a wide variety of experiences and resources for a wide variety of interactions;
- a diverse, vital, and innovative city economy;
- the encouragement of connectedness with the past and the heritage of city dwellers and others;
- a form that is compatible with the past, and enhances the preceding, characteristics;
- an optimum level of appropriate public health and sick care services accessible to all; and
- high health status (high levels of positive health and low levels of disease).

Similar projects that share similar values and principles to the Healthy City Movement are the UNICEF Child-Friendly City (UNICEF, 2001); the United Nations Centre for Human Settlements (UNCHS Habitat) in its good governance framework on “Inclusive City” Declaration (UNCHS, 2000); and Healthy Futures for APEC Megacities and Metropolis projects (De Leeuw, 1999).

In the past 20 years, MSC has gradually become formally recognised and referred to as a key strategic element for reform, structural, cultural, and systemic change, and strategies and processes for innovation and better outcomes. An increase in public support for health and crime prevention initiatives has also resulted in the growing interest in research on the development of successful MSC, evaluation of MSC processes and outcomes, and the development of a

theoretical framework for MSC which take the form of alliances and coalition-building (Chavis, 2001).

Developments in the social, health, and community fields and the emerging recognition of the value of MSC provide background for the present research. Of equal import is the emergence of MSC as a potential mechanism for social and systems change in Community Psychology (CP).

MSC in Community Psychology (CP)

CP is of particular interest to this research for a number of reasons. The core interests of CP in social, health, and community fields, social change, and multiple levels of analysis are important contexts within which MSC operates. The shift in the conceptualisation of these core CP interests is closely linked to the current level of discussion of MSC as a mechanism for social change as a tool for delivering on CP interests, and as a vital feature in all areas where it is being applied (Chavis, 2001; Rappaport, 1981).

The formation of CP since 1965 was closely connected to the emergent recognition of the importance of the broader contexts and systems as vital to social, health, and community conceptualisations (Bennett, Schwartz, & Stein, 1966). This was a major shift in focus in the field of psychology, from the traditional applied psychology focus on the individual level of analysis to ecological levels of analysis (Nelson & Prilleltensky, 2005). There is a strong link between the development of CP as a field of significant importance within psychology and the conceptualisation of social, health, and community entities in the social sciences with particular reference to concepts such as the ecological (Kelly, 1988; Trickett & Schmid, 1993) and that of empowerment (Rappaport, 1981). Similar developments have also occurred in social work, health promotion and education, public health, and community development.

In the United States, Wolff (2001a) outlined factors contributing to the increased use of collaboration in the form of community coalitions, which expand intervention to the whole community rather than adopting a specific issue-based approach. Apart from the shift in conceptualisation, other societal shifts are the devolution of federal programs to local government; doing more with less due to

cutbacks in government funding (Himmelman, 1996); limitations of the health and human service system when it became too complex; and civic engagement as a response to the decline in civic engagement (Bradley, 1998; Lappe & Dubois, 1994; Putnam, 2000).

The literature concerning CP principles such as ecology, prevention, psychological sense of community, empowerment, and inclusiveness provide essential context for the present thesis. It is relevant to the potential role of MSC in policy development and implementation, and how it operates and functions in community settings.

Ecology

CP's ecological principle emphasises the importance of holism and multiple layers of contextualisation, including micro, meso, and macro levels. Bronfenbrenner (1979) argued that multiple ecological levels need to be considered for every phenomenon being studied in CP. He established the following ecological levels of analysis:

- Individuals: Studied in terms of person-environment fit, focusing on systems and structures, also referred to as second-order change.
- Microsystems: Environments in which an individual have the most direct contact, such as classrooms, families, sports teams, self-help groups.
- Organisations: Larger microsystems an individual belongs to, such as choirs, school, or business organisations.
- Localities: Communities or geographic localities, such as neighborhoods/townships.
- Macrosystems: Societies at large, including government, social and culture systems.

Within the CP ecological framework, MSC is seen as an expected process and an approach vital to understanding the multiple levels and layers of interacting elements (Nelson & Prilleltensky, 2005). It has been identified and referred to as

a highly effective form of intervention at multiple levels, and important for the development and implementation of an ecological perspective.

Prevention

The CP principle of prevention promotes competence, social, health, and community wellbeing, and prevention of psychosocial problems. It emphasises the important function of MSC in a broad range of community settings and its capacity and strength to handle complex interplay of diverse elements, as well as the interdependent nature of social, health, and community sectors. MSC functions and operations are characterised by recognition of the importance of the relationship of social, health, and community factors to individuals, families, and organisations. Furthermore, the emphasis on prevention and the second order of social change in systems, structures, and processes in CP has created a context for exploration and analysis of MSC as a mechanism for preventative work. Currently, CP literature predominantly acknowledges the importance of MSC and often refers to it as a new and highly effective mechanism for preventative work (Wolff, 2001b). So much of MSC practice involves multiple levels of participation and process, a diverse range of stakeholders, and cross-disciplinary approaches. This involvement often leads to the claims of supporters that MSC is an innovative approach and cutting-edge work, in particular in the area of prevention (Wolff, 2001c).

Sense of Community

According to Sarason (1974), Sense of Community (SC) is “the perception of similarity to others, an acknowledged interdependence with others, a willingness to maintain this interdependence by giving to or doing for others what one expects from them, and the feeling that one is part of a larger dependable and stable structure”. (p. 157). Sarason (1974) further argued that social interventions at the macro or collective level are equally as important as those at the micro level in ensuring individual and community wellbeing. Through a SC framework, MSC can be seen to offer tangible and concrete forms of intervention in any context in which it operates. For example, MSC contributes to the creation and development

of social cohesion, social connectedness, social capital, and community building capacity (Wolff, 2001c).

The widely cited work by McMillan and Chavis (1986) has provided further clarity about the concept of SC and greater insight into MSC functions, operations, and key features. These authors defined SC as “a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members’ needs will be met through their commitment to be together” (p. 9). Their work identified four elements of SC: membership, influence, integration and fulfilment of needs, and shared emotional connections; the “definitive element for true community” (p. 14), SC includes shared history and shared participation or identification with shared history. All these elements of SC may be integral features of those MSC projects considered to be successful.

According to Sarason (1974), McMillan and Chavis (1986), a MSC approach is critical in the creation and development of all key elements identified in the SC framework. The concepts of social capital and community capacity are significant recent developments in CP and provide important perspectives on MSC. However, the present limited review of CP literature draws attention to current gaps in the recognition of links to these two concepts operating among MSC’s features, functions, and undertakings.

The present research argues that MSC itself is a form of collective social capital and its activities generate webs of relational systems of support (social cohesion and social connectedness) within its membership and within the communities where it operates (community capacity). The present research further argues that MSC, from the SC perspective (Fisher, Sonn, & Bishop, 2002), can be considered as important community asset with structures, forms, and forums for the facilitation of the development of social cohesion, social connectedness, community capacity, and social capital.

Social capital. There are a number of conceptualisations of social capital, which include work by Pierre Bourdieu (1993), a sociologist from France, and James Coleman (1998), a sociologist from United States, and other authors such as Woolcock (1998), Fukuyama (1995), and Putnam (2000). The earliest

empirical studies into social capital and health were done by Kawachi (1997), who proposed the following three hypotheses:

Variations in income inequality predict the extent of investment in social capital; investment in social capital predicts variations in total and cause-specific mortality; and little residual direct association exists between income inequality and mortality after investment in social capital has been controlled (p.35).

As a broad term, social capital refers to the "norms and networks facilitating collective action for mutual benefit" (Woolcock, 1998, p. 155). There is some consensus among researchers that social capital refers to the "ability of actors to secure benefits by virtue of membership in social networks or other social structures" (Portes, 1998, p. 6). Based on these definitions, there is a clear link to the MSC approach, characteristics, processes, and goals. Coleman's (1998) definition of social capital is the most commonly referred in the United Kingdom, North America, and Australia: It "is less tangible yet it exists in the relations between people" (p.100). Putnam's work and conceptualisation of social capital has gained the most prominence in debate in the field of social and public health research. Putnam (1993) referred to social capital as:

Networks of society that enable communities to cooperate for mutual benefit which may in turn allow the improvement of productivity of social institutions. Social capital is embedded in a variety of forms including volunteerism, trust, community networks and friendship (p.35).

Putnam (as cited in Campbell, 2001) stated further that a community with high social capital is characterised by "a dense array of community networks; high levels of civic engagement or participation in these networks; generalized norms of trust and reciprocal help and support between community members, whether or not they are personally know to one another" (p.330). When linking Putnam's features of social capital to the nine dimensions of Wolff's (2001b) critique of community coalitions and MSC (see 2.3.6), it is clear that MSC can provide a vital vehicle for the development of social capital. From a social capital

perspective, the MSC approach is often referred to as one of its forms and a critical element to its building and development (Putnam, 2000; Wolff, 2001b).

According to Woolcock (1998), communities that are successful have the capacity to develop outcomes based on building social capital. He stated that social capital is achieved when:

People are willing and able to draw on nurturing social ties (i) within their local community, (ii) between local communities and groups with external and more extensive social connections to civil society, (iii) between civil society and macro-level institutions and (iv) within corporate sector institutions (p.216).

All these features outlined by Woolcock are reflected in MSC processes (Wolff, 2001b). From the social capital perspective, MSC's effectiveness and success can be measured in its capacity to improve social trust, social connectedness, and relations and cooperation in the community. MSC as an entity has been referred to as both a form of social capital and a formal structural source for the development and cultivation of social capital outcomes such as bridging, bonding, and linking capital as its core nature and function (Cox, 1995; Scanlon, 2004). In particular, bridging capital has been closely connected to interorganisational and multiple sectoral collaboration, and to MSC as the basis for community-based social, health, and community initiatives (Kreuter, Lezin, & Young, 2000).

The use of the concept of social capital in community building and as a community strengthening indicator has been criticised for its narrow scope and lack of capacity to identify the complex informal webs, relationships, and diverse subcategories that make up community (Campbell, 2001). Other concerns raised in relation to the use of the concept of social capital in the community context are the influence and impact of the current market-driven society and political movement known as the Third Way. According to Scanlon (2004), changes in the political interest in community since the 1980s have resulted in the reinventing and redefining of community by politicians and governments. He has argued that under the current Third Way politics, community has been redefined on the basis

of structure and logic of the market. Community has been reframed into a form of information and economic network and exchange that underpins capitalism and a globalised information society. In doing so, the concept of community has been removed from its traditional foundation and association with place and tradition into “a web of more or less spontaneously generated social relationships that are imbued with a certain ethical character, yet remain open and mobile” (Scanlon, 2004, p. 59).

In summary, the present research argues that MSC, as a form of social capital, has the capacity to facilitate complex, multilevel, and multiple sector issues, systems, and perspectives. A similar claim could also be made in relation to the MSC approach as a form or facilitator of the development of other associated concepts such as community capacity, social cohesion, and social connection. There is strong support from a broad range of literature for efforts to improve social capital through the strengthening of community capacity, social cohesion, and social connection. For improved social, health, and community outcomes, the establishment and development of the MSC approach is an integral part of the social intervention. The Butterfoss (2001), Wolff (2001b), Chavis (2001), and Himmelman (2001) analyses of MSC and community coalitions as community intervention strategies have demonstrated its capacity to provide forums, processes, and structures that support the development, implementation, and maintenance of community capacity and social capital through increased social cohesion and social connection strategies.

For the purposes of the present research, the link and relationship between MSC and social capital is an essential area of exploration; for example, the extent to which MSC practice in policy development and implementation in social, health, and community fields plays a role in the formation, development, and maintenance of social capital. As well, the impact of MSC in social capital development contexts appears likely to contribute to improved social, health, and community outcomes. MSC as a system is arguably a form of social capital. A systems approach presents as a useful theoretical framework within which to identify dynamic forces of MSC, such as interactions, interdependence, interconnectedness, and integration as the key features of social capital.

Community capacity. Seen together, MSC and the concept of community capacity provide a broad insight into the MSC approach to policy development and implementation, and its relationship to social and community change. There are several definitions of community capacity available in the literature. According to McLeroy (1994), community capacity refers to “the characteristics of communities that affect their ability to identify, mobilise, and address social and public health outcomes” (p.2). Roger, Howard-Pitney and Lee (as cited in Goodman et al., 1998) highlighted the common features and processes of the MSC approach in their conceptualisation of community capacity as “the cultivation and use of transferable knowledge, skills, systems, and resources that affect community and individual level changes consistent with public health related goals and objectives.” (p. 259). Based on these definitions, the following characteristics of community capacity are identified. They are linked closely to the nine dimensions of MSC in the form of community coalitions, as outlined by Wolff (2001, b).

Another definition of community capacity was provided by Easterling et al. (1998), who referred to community capacity as "the set of assets or strengths that residents individually and collectively bring to the cause of improving local quality of life" (p. 12). These authors highlighted three elements of assets within community capacity, which are clearly embedded and reflected in MSC processes and outcomes as assets that “need to contribute to increased quality of life for the whole community”; “already exist in the community”; and act as “the synergistic effects of these combined individual assets” (p. 12). Chaskin, Brown, Venkatesh, and Vidal (2001) referred to community capacity as:

..the interaction of human capital, organisational resources, and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the well-being of a given community. It may operate through informal social processes and/or organized effort (p. 7).

The commonalities of these definitions and links to MSC include collective synergy, multidimensionality, resources, relationships, leadership, and

participation Chaskin, Brown, Venkatesh, and Vidal (2001). Community capacity as a concept highlights the importance of identifying (a) the potential and capacity of community; (b) the need to understand various forms of community capacity, including MSC, as a process as well as an outcome; (c) the role of supportive organisational structures and processes; and (d) the important link between participation and leadership, namely, the dynamics and development involved Chaskin, Brown, Venkatesh, and Vidal (2001).

Empowerment

The conceptualisation of MSC can be further articulated through CP's perspective on empowerment, with its focus on power from an empowerment approach and the importance of social justice values. Rappaport's (1984) definition of empowerment stated that: "empowerment is viewed as a process: the mechanism by which people, organizations, and communities gain mastery over their lives" and "an intentional, ongoing process centered in the local community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking an equal share of resources gain greater access to and control over those resources" (p.2). Articles in a special issue of the American Journal of Community Psychology (2001) on community coalition evaluation of the effectiveness of MSC has emphasised the importance of considering the concepts associated with empowerment. For example, Rappaport (1984) included the importance of diversity, arguing that it is a defining aspect of CP as a field. Current debate on the effectiveness of MSC includes its capacity to address the empowerment concerns within the context or communities in which it operates. MSC has been referred to as a new mechanism or approach to empowerment through its often broad membership and representation of diverse cross-sections of the community (Wolff, 2001b). However, criticism of MSC has also highlighted its limitations in adequately addressing the inequity or power imbalance in communities, and its potential to replicate or re-enforce the existing power structure operating within the communities (Himmelman, 2001). The development of empowerment for the benefit of diverse populations through gaining equality and justice is an important measure of MSC's effectiveness as a form of intervention in the community.

Inclusiveness

MSC alignment with CP's inclusive principle is often referred to in the CP literature by Berkowitz and Chavis (2001) in relation to its capacity to be inclusive of minority and grassroots participation. One of MSC's strength has been identified as its capacity to be inclusive and participatory in the way it functions and operates. Rappaport's (1984) reference to diversity as an essential value of CP addresses the importance of working with communities regardless of ethnicity, culture, sexual orientation, disability status, socio-economic status, gender, and age. This value is often reflected in the new and emerging research on the current practice of MSC, with rapidly growing evidence supporting the effectiveness of MSC's approach in the context of marginalised groups (Berkowitz, 2001). Inclusiveness as a principle is closely connected to the interests that often lead to the development of MSC, driving as well as challenging how MSC operates and sustains itself.

MSC as Community Coalition

In 2001, the *American Journal of Community Psychology* published a special edition on MSC in the form of community coalitions. Researchers and practitioners presented a range of perspectives and debates on the effectiveness, roles, and characteristics of MSC and community coalition. The debates reflected developments and the need for a comprehensive theoretical framework and evaluation of MSC in health, social, and community sectors, at both policy development and implementation levels (Berkowitz, 2001; Duhl & Sanchez, 1999; Chavis, 2001; Foster-Fishman, Salem et al., 2001; Wolff, 2001b)

In the field of CP, MSC is typically referred to in the form of community coalitions. Wolff (2001b) stated that a coalition "addresses community needs; building on community assets; it helps resolve community problems through a collaborative approach; it is community wide and has representatives from multiple sectors; it works on multiple issues; it is citizen; and it is long term" (p.166). He defined a community coalition as "a group that involves multiple sectors of the community, and comes together to address community needs and solve community problems" (p. 166). The creation of community coalitions began

with shared values and principles. This includes empowerment, community participation, consultation, social justice, a social-model of health, respect, and trust (Wolff, 2001b). Wolff identified nine dimensions required by coalitions to effectively maximise their potential. Their link to community capacity has already been noted and includes community readiness, internationality, structure, and organisational capacity, taking action, membership, leadership, resources, relationships, and technical assistance.

Wolff (2001a) also outlined seven positive impact characteristics of community coalitions that are “holistic and comprehensive”, “flexible and responsive”, “build a Sense of Community”, “build and enhance resident engagement in community life”, “provide a vehicle for community empowerment”, “allow diversity to be valued and celebrated as foundation for the wholeness of the community”, and “are incubators for innovative solutions to large problems facing not only their community, but also the nation as a whole” (p. 168).

Wolff’s (2001b) conceptualisation of community coalitions offers insight into MSC as a form of community coalition. However, the nine dimensions are largely based on existing traditional characteristics and features of groups and organisational frameworks with emphasis on structure, planning, resource development, membership, and leadership. From a systems framework, Wolff’s (2001b) conceptualisation of MSC is limited to the identification of parts and characteristics that constitute MSC and neglects to fully explore the importance of the dynamic forces of interaction, interdependence, and integration that exist and operate as integral systems of MSC.

The present research argues that the increased attraction and emerging evidence of MSC as an innovative tool with solutions and strategies relevant to social, community, and health sectors requires new insights into the dynamics and evolving forces operating within MSC that extend beyond traditional and conventional organisational characteristics and features, which tend to restrict the conceptualisation of its full nature and potential.

Community Coalition Action Theory

Butterfoss and Kelger (2001) attempted to develop a theoretical framework for community coalition called Community Coalition Action Theory (CCAT). They outlined 23 propositions for the development and maintenance of community coalition. Similar to Wolff's (2001b) definition, they stated that "community coalitions bring people together, expand available resources, and focus on a problem of community concern to achieve better results than any single group or agency could have achieved alone" (p.157). They further stated that the theoretical basis for community coalitions are borrowed from various fields, including community development, citizen participation, political science, interorganisational relations, and group process. Their CCAT is the first in the field to attempt to formulate a theoretical framework for MSC in the form of community coalition.

Systems Science: A Framework for MSC

Current research and application of the MSC approach to policy development and implementation is still at a formative stage. Thus, further research is needed to increase understanding of its potential for and limitations in achieving the desired outcomes in social, health, and community fields. When reviewed as a system, MSC can be seen as a dynamic and complex interrelated web of activities. In the review of systems theory literature, key concepts such as the nonlinear and dynamic nature of systems, the interactive and interrelated importance of systems, and the interdisciplinary approach required in the systems approach emerge as vital to the conceptualisation of MSC (Foster, 2000).

System theory and science are transdisciplinary, interdisciplinary, multidisciplinary, and multiperspective domains. Systems theory brings together concepts and principles from the philosophy of science, physics, computer science, biology, engineering, sociology, particle science, geography, economics, and psychotherapy in family systems therapy. Systems science originates from a range of diverse fields, including ecological systems, organisation theory, management, and human resources development. Systems thinking emerged in

the 1950s and was applied predominately in engineering, business, and organisational development sectors. The source of systems science is also connected to integrated perspectives developed from biology, physics, chemistry, and nonlinear mathematics fields (Luoma, 2007). In the 1980s, systems thinking emerged as an important approach to sustainability, in particular, in relation to ecological sustainability debates (Capra, 1993).

Banathy (1991) provided the following definition of systems: “The systems view is a world-view that is based on the discipline of systems inquiry, central to systems inquiry is the concept of system. In the most general sense, system means a configuration of parts connected and jointed together by a web of relationships” (p.33). There are two fundamental perspectives that inform systems theory, namely, that “all phenomena can be viewed as a web of relationships among elements, or a system”, and “all systems, whether electrical, biological, or social, have common patterns of behaviour, and properties that can be understood and used to develop greater insight into the behaviour of complex phenomena” (p. 35).

In 2007, the *American Journal of Community Psychology* published a special edition on systems thinking and systemic change. The current research and findings on systems thinking in the CP sector suggests that there has been a shift away from parts per se when applying the systems approach. Attention has moved to the whole, to the interconnections among the parts, and to the interrelationships within the system (Parsons, 2007). Other key concepts identified in the special edition of the journal included social interactions and interdependent links between system parts (Foster-Fishman, Salmen et. al. (2001) interdisciplinary approaches (Wolff, 2001c); and group dynamics (Kelly, 2007). These findings demonstrated the need for further research on the dynamic and relational nature of MSC.

Systems theory has been adopted in applied psychology, including ecological counselling and systemic psychology. In 1979, Bronfenbrenner’s work on the ecology of human development resulted in a new conceptualisation of human beings in relation to their environments. His ecological perspective on human development provided important recognition of additional contexts beyond

those of individual and family to the broader structures of the environments. Bronfenbrenner's (1979) framework forms the basis for the ecological counselling perspective. Much of the theoretical framework that underpins systemic psychology originated from systems theory through the work of Bateson (1972); Maturana and Varela (1992). The focus of systemic psychology is on understanding human behaviour and patterns of experience within a complex system, where individuals and groups are viewed as systems.

To sum up, systems thinking emphasises the importance of the whole or collective perspective of a subject under study as well as the parts. It demands recognition of the concepts of multi-objectives, multitasks, and multidisciplinary status. Thus, the systems thinking approach to MSC within CP is of direct relevance to the present research with its focus on the inner workings and dynamics of MSC as a whole system and the context within which it operates.

MSC in Other Disciplines and Perspectives

Group Dynamics Perspective

Research in the group dynamics field has the potential to provide a link between MSC and Lasker's (2000) concept of synergy. Butterfoss and Kelger (as cited in Kelger et al., 2001) referred to a critical area for future research that is relevant to the focus of this research, namely "partnership synergy", a term used by Lasker (2000), who argued that much of the current research on community coalitions failed to focus on and identify the pathway through which the MSC approach is able to contribute to achieving better social, health, and community outcomes compared to the traditional single agency approach. Lasker (as cited in Kelger et al., 2001) stated that "synergy is the mechanism through which partnerships gain advantage over more traditional, less collaborative approaches.....that synergy is the proximal outcome linking partnership functioning to achieved outcomes" (p.176). In CCAT, the concept of "synergy" was identified as a core source of a coalition's mechanism for developing "effective assessment, planning, and implementation of strategies" that result from

the “synergistic” pooling of member and community resources (Butterfoss & Kelger, 2001, p.176).

Effective group development, high performance, and the nature of group cooperation are well-established and applied areas in the social sciences (Johnson & Johnson, 2000). However, to date no research has established a link or identified the potential application of the concept of synergy. As cited in Johnson and Johnson (2000), Lasker and Deutsch’s theory of social interdependence in the area of cooperative, competitive, and individualistic behaviour in groups is of particular interest in the present study. It would allow for exploration of synergy, group dynamics, action, and decision-making processes as identified by Butterfoss (2007); Kelger (2001); Lasker (as cited in Johnson & Johnson (2000); Chavis (2001); & Himmelman (2001). As cited in Johnson and Johnson (2000), Lewin, a social psychologist, one of the pioneer theorists in the group dynamics field, stated that:

The essence of a group is the interdependence among members (created by common goals) that results in the group being a ‘dynamic whole’ so that a change in the state of any member or subgroup changes the state of any other member or subgroup, and an intrinsic state of tension within group members motivated movement toward the accomplishment of the desired common goal (p. 99).

Current research in the group dynamics field, while well-established in the social sciences, education, and organisational behaviour, is limited within the MSC context. Key concepts in the field of group dynamics such as the group’s development, structure, organisation, leadership, communication, and effectiveness can provide useful insights into the nature of MSC synergy (Butterfoss, 2007; Tyson, 1989). It could be argued that, when assessing MSC outcomes, group dynamics and synergy are major factors and indicators of its capacity to operate effectively and keys to the development of innovation. Not dissimilar to the process of group developmental phases, researchers have agreed that the MSC approach developed over time and moved through various phases. The process has not been linear but cyclical; the phases include: formation,

implementation, maintenance, and outcome (Butterfoss et al., 1993; McLeroy et al., 1994). There are other names given to these phases such as: planning, intervention, mobilising, establishing structure and function, building capacity for action, planning for action, implementation, refinement, and institutionalisation (Fawcett, Paine, Francisco, & Vliet, 1993; Florin, Mitchell, & Stevenson, 1993). It could be argued that, when assessing MSC outcomes, the nature of group processes, developmental phases, life cycle, and synergy are essential factors to consider in the present research.

Interorganisational Relationships

Developments in interorganisational relationships and services have emerged in the human service field, where clients often have special requirements. Take for example: incest victims, children with special needs, individuals at risk of HIV, and individuals with substance abuse problems (Kagan, Rivera, & Parker (1991); Peck, Scheinberg, & Akanatsu (1995); Penner (1995). MSC in health, social, and community areas has evolved from these developments to avoid service system fragmentation and to create an integrated community-wide "systems care" (Elliot as cited in Foster-Fishman, Salem et al., 2001). The key driving force supporting the development of interorganisational relationships is that a single service provider cannot fulfil the multiple needs of clients (Burchard & Schafer as cited in Foster-Fishman, Salmen et al., 2001). Thus, service system fragmentation is seen as a major factor for some of the unmet needs of clients. MSC was seen as a logical mechanism for the development of a coordinated and integrated service system and solutions (Foster-Fishman, Salmen et al., 2001).

Other research in the management, business, and organisational behaviour fields, in particular in the area of interorganisational relations, suggests that interorganisations or MSC is often entered into as a way to develop new solutions to complex problems, new practices, rules and technologies (Foster-Fishman, Salmen et al., 2001). From an interorganisational relationship perspective, "organisations decide to join collaborative relationships when the benefits outweigh the costs" (Butterfoss et al., 1993, p.160). MSC has become an important source of innovation, and these innovations can transcend a particular collaborative relationship and create long-term and institutional changes in the

field (Lawrence, Hardy, & Phillips, 2002). It is clear that the development of a MSC from an interorganisational relationships perspective is based on the drive to solve complex problems utilising the synergy generated by collaborative processes.

In summary, there has been a shift in organisational theory from individually-oriented industrial psychology to a system-oriented organisational psychology. It is now widely recognised that organisations are complex social systems. It is argued in the literature that, by reducing the parts from the whole, the effectiveness of the organisation is reduced. Researchers in this field have also argued that an organisation as a system needs to be viewed as whole system and, in particular, the interdependent nature of its parts taken into account.

Analysis of the Gaps in Current Literature

It is important to note the commonality of key concepts identified in systems thinking literature and in that of MSC. These concepts include the interdisciplinary, group dynamics, interdependence, interconnectedness, and interactions. However, the review of the literature and debate on MSC in CP has drawn attention to the limitations of the current dominant approach to how MSC is conceptualised, namely, the traditional and conventional categorisation and identification of MSC characteristics and features. The present research argues that systems thinking, which originated from systems theory and systems science, offers a new framework for the conceptualisation of MSC.

Hampering the current debate in CP in relation to the MSC approach to policy development and implementation in social, health, and community fields is the lack of empirical research as to how this approach translates the values and principles, which are often the rationale for the development of MSC, into practice. This lack also applies to the impact of MSC on social change, community action, social, health, and community outcomes. There are unanswered questions as to how MSC approaches contribute to the development of community capacity and social capital (Chavis, 2001; Foster-Fishmen, Salmen et al., 2001; Himmelman, 2001; Kaye, 2001; Mulroy, 1997). For example, Chavis' (2001) work on community coalitions identified conflict transformations

as an area needing further research, when assessing MSC or community coalition effectiveness. He argued that “there is a need for additional theory to explain how coalitions contribute to community and systemic change, especially when it comes to issues of equality and justice” (p. 310). He stated that community coalitions are a different form of community institution to that of traditional community organisations. The nature of MSC through community coalitions is much more complex in its history of formation, diverse interests, and power of participation.

Chavis (2001) further highlighted how current MSC and community coalition practice and research needs to move beyond the traditional organisational characterisations and interpretations. Those conceptualisations of community coalitions, key dimensions, and best-practice framework seem to have been the approach adopted by Wolff (2001b). Chavis (2001) stated that the capacity of the MSC approach to transform conflicts and inequalities through community coalitions is a primary factor for its successful development. He pointed out the potential within the MSC approach for conflict and inequality transformation. This thesis argues that MSC projects have the capacity to transform conflicts and inequalities in the community and contribute to systemic changes.

Further to Chavis’s focus on the processes and operation of MSC in community coalitions, Himmelman’s (2001) work on community coalitions showed the broader operations and impact of community coalition strategies in areas of power relations and democratic governance. Himmelman (2001) stressed the implications on targeted beneficiaries of MSC in community coalition decision-making processes. He argued that the mixing of governance roles, such as government and nongovernment decision-making power, as representative of a broad range of stakeholders, can lead to a process of re-enforcing existing power structures and limiting efforts for mutual sharing of power within the MSC or community coalition. He further stressed the political and power-relation dimensions of MSC in the community coalition approach, and its capacity to influence change or reinforce the existing political and social structure.

Both Chavis’ (2001) and Himmelman’s (2001) work suggest the need to further an understanding of the inner workings of a collaborative approach, the

group processes involved , and how they operate within the MSC context. They both discussed the potential and implications of MSC, its capacity to implement strategies and transform the theoretical foundation underpinning its development in practice, which include concepts such as community empowerment and community participation.

Wolff's (2001b) nine dimensions and seven characteristics of best-practice in community coalitions provide a good basis for further research and detailed enquiry into the inner workings of MSC. The critical issues needing further exploration include: (a) how the characteristics and values of MSC/community coalitions operate in practice, and (b) how these features might be conceptualised into an evaluation framework and evaluation tools for MSC projects. Through systems thinking, the present research aims to provide new insight into MSC and the concept of collective synergy and how it operates and links to structural reform, system changes, social action, and innovation. More especially, how MSC operates in terms of social capital, community capacity, social cohesion, and social connection with the goal of enabling better social, health, and community outcomes.

Summary

The values and principles that drive the formation and development of the MSC approach are the core values and principles shared by various disciplines within the social sciences, such as Community Psychology, Community Development, Social Work, and Health Promotion. These values include social justice, diversity, empowerment, collective action, self-determination, and participation (Berkowitz, 2001; Compton & Galaway, 1989; Nelson, Lord, & Ochocka, 2001). MSC literature suggests important links to concepts such as citizen participation, community empowerment, community capacity, social cohesion, and social capital, and these concepts are significant factors in measuring systemic change and improvement in public social, health, and community outcomes. Currently, in the social, community, public health, and human services fields, there is a general recognition of the rapid growth of interest in MSC and the lack of knowledge about the working mechanisms involved. An

understanding of these mechanisms is basic to establishing an appropriate evaluation framework and the development of much needed evaluation tools (Chavis, 2001).

Current research findings of existing MSC initiatives produce mixed and limited data for establishing a clear link between the MSC approach to policy development and implementation for improved social, health, and community outcomes. The attributing factors often cited in relation to unsuccessful MSC projects include: rigid organisational boundaries; poor interorganisational communication; lack of mutual awareness and understanding; and interorganisational competition (Glission & Janes; Knitzer; Wehlage & White as cited in Foster-Fishman, Salmen, et al., 2001). However, there is a general view that the MSC approach to policy development and implementation, and as a form of social and community intervention for social, health, and community fields, has the potential to make a difference and effect change. The WHO (1995) public health paradigm provides a major recognition internationally of the importance of MSC as a critical tool for policy development and implementation for improved social, health, and community outcomes.

Overall, it could be concluded that, across the social science disciplines and various social, community, and health sectors there is a general acknowledgment of the potential of the MSC approach and support for the values and principles underpinning its formation and development. In particular, there is a strong support for the MSC approach in policy development and implementation in health, social, and community development areas. However, the theoretical framework development is still in its infancy and its progress is much slower compared to the rapid spread and growth of the approach currently being applied in practice (Kelger, 1993). MSC is gradually becoming the norm in policy development and implementation in public health, social, and community development fields and is no longer the exception (Cashman, 2001).

The literature review has drawn attention to: the lack of an appropriate evaluation framework to assess MSC work and its impact on social, health, and community outcomes; the barriers to research due to costs and the complex multidimensional nature of the MSC approach; the need for more qualitative and

action-based research; difficulties in how to measure and define outcomes in relation to the work of the MSC approach (i.e., the MSC processes could be seen as part of its outcomes (Butterfoss et al., 1993). The MSC approach is often seen as value driven, which raises questions as to its capacity to implement and deliver programs appropriate to generic needs. Further research on partnership synergy within the MSC approach and the link to the development of innovations in social, health, and community outcomes, social action, and community change have been noted as major gaps. Therefore, it is the aim of the present research to conduct an in-depth study of an existing MSC, using a broad systems thinking approach to explore and identify the dynamic forces critical to the MSC approach to policy development and implementation.

CHAPTER 3

METHODOLOGY

Introduction

The purpose of the present research is to build on existing literature and develop a comprehensive conceptualisation of MSC, which provide a framework for practical application in the field. The broad aim is to contribute to the development of a best practice framework that contribute to structural reform, systems change, social action, and innovation for improved social, health, and community outcomes. The specific aim is to contribute to the current body of knowledge by gaining insight into the operations and processes underlying MSC and by presenting tangible evidence of a dynamic and complex system at work.

The first section of this chapter provides background to research methodology chosen for the study, including the rationale for a single-case study approach and explication of the research design and questions. The purpose of the study is to explore and gain insight into the inner workings of a fully operationalised MSC. The second section details the case under investigation and the procedures adopted for data collection, management, and analysis.

Background to Methodology

Case Study Research: Historical Background

Social science research is an enquiry into the social world. Much of the historical development of social science research can be traced back to Auguste Comte between 1798 and 1857. Comte coined the term “positivism” and was followed by Emile Durkheim, who was able to significantly legitimise and justify the importance of observation through the combined analysis of numeric data with writing in the sociology field between 1858 and 1917. In the nineteenth century, David Hume made further progress in shaping the direction of social science research methodology, with recognition of the merit of the observational factor as distinct from statistical analysis (Williams, 2003).

Nevertheless, the case study as a research method faced the ongoing challenge of the more dominant and firmly established quantitative and statistically-based methods of the natural sciences. Moreover, with increasing advancement in computer and technological support for data collection and analysis techniques, the quantitative method came to be applied extensively to social science research. Overall the criticisms of case study research can be identified in two main areas. First, the dominant acceptance and value associate with the production of generalisable knowledge as an end product. While findings from case studies can be generalised it is not its core purpose as a research method (Stake, 1995). Stake argued that case study approach offer the preferred concept of “naturalistic generalisation” where by the researcher focus on developing insight and connection with live experience or knowledge rather than the notions of statistical generalisability. Second, the criticism of case study approaches has been linked to the perceived lack of rigour as research method (Yin, 1989). This is linked to the differing perspectives of what constitute rigour in research. Overall, criticism of case study approach is predominantly associated with lack of clarity about the objectives and application of case studies method. Today, the case study approach is most commonly applied in the areas of psychology, sociology, political science, social work, and community planning.

Yin (1993) defined the case study as a research strategy or method that is not restricted to qualitative or quantitative methods. He defined a case study as “an empirical enquiry that investigates a contemporary phenomenon within its real-life context, addresses a situation in which the boundaries between phenomenon and context are not clearly evident, and uses multiple sources of evidence” (p. 59). In the broader context of research methodology, the case study sits within social research that focuses on activities, values, and beliefs where the subject matter involves human beings and their behaviour (Yin, 1993).

A case study is concerned with the exploration of a particular phenomenon in context. For example the particular in this present research is about MSC. The core purpose of the present research was to gain insight of an effective MSC (i.e. the Alliance). Case studies approach is well known for the application of multiple methods for capturing the complexity of phenomena under investigation. Case

studies researchers have access to a range of strategies for data collection from both qualitative and quantitative methods. For example it was important for this study that a range of qualitative data sources and methods was applied to optimum on information gathering from multiple sources. These strategies include analysis of archival documentation, individual interviews, focus group discussions, general group discussions, follow up individual interviews, on going feedback and reflection from the Alliance meetings, and on going participation observation field notes.

Rationale for Chosen Methods

For the present study, the range of strategies and methods of data collection and analysis offered within the case study approach were deemed to be the most appropriate and effective. A methodology was sought that (a) permits a “how and why” investigation, (b) recognises the importance of context, (c) captures the richness and depth of dynamic mechanisms, and (d) allows for pattern-matching of a series or sequence of events as the main analytic tactic. Through such pattern-matching, the research can test multiple variables and complex causal explanations (Yin, 1993). As a methodology, the case study is not restrictive in the form of data collection, which could be qualitative, quantitative, or a combination of both. As Stake (1981) argued, good case studies can "provide more valid portrayals, better bases for personal understanding of what is going on, and solid grounds for considering action" (p. 32).

Research Design

Philliber, Schwab, and Samsloss (1980) referred to the decision-making process as the development of a “blueprint” for research, allowing the researcher to determine the research questions, identify the relevant data source, clarify types of data collection and select the method for data analysis. According to Yin (2003, p.21), there are five major elements that are critical to the decision to use a case study approach. These are: a study’s questions; its propositions, if any; its unit(s) of analysis; the logic linking the data to the propositions; and the criteria for interpreting the findings. For the present study, these elements were used as a guiding framework for the research design, three of which were found to be

particularly useful and relevant in leading to the formulation of research questions, a clear description of the unit of analysis, and the setting up of criteria for interpreting the findings.

Generating Research questions. Due to the progressive nature of the present investigation over a period of years, working hypotheses were formulated and put to the test progressively via interviews, participant observation, and focus group discussion. Table 3 shows the consultative nature of the whole process. The evolutionary format for this case study meant that, as insights were gained, fresh questions were raised. The features of an effective MSC as identified in the literature (Wolff, 2001b) became the starting point of the research, and were subsumed under the following headings: context; common ground; organisational and technical support; action and outcome; leadership; and resources. The original over-arching research questions (see Chapter 1) provided the catalyst for the following operationalised questions designed to meet the thesis aims:

1. To what extent are the features identified in the literature apparent in the Case under study?
2. What further features emerge that sit within a systems theory framework?
3. What underlying mechanisms and dynamic properties are found to operate in this present study and why?
4. How might the findings from Questions 1, 2, and 3 be translated into a conceptual framework for evaluation purposes?
5. What recommendations arise in terms of tools for future evaluation of MSC?

Selection criteria for the case. The Alliance met the following six research criteria important for case study selection. It must:

- be a "live" case with an established record of success and effectiveness;
- have a proven record of recognition for innovation and is a leading example of good practice within the sector;
- be a complex and dynamic organisation;

- agree to the researcher being free of control over activities or events during the research period;
- be willing to cooperate fully in the data collection and analysis procedures; and
- be amenable to progressive feedback and group discussion.

Unit of analysis (the Case). The process of clearly identifying the unit of analysis in a study is vital. A well-defined unit of analysis creates boundaries for the subject being studied, identifies the relevant theoretical frameworks, and provides means for identifying the scope of and the generalising of the findings (Yin, 1993). Patton (1990) stated that "regardless of the unit of analysis, a qualitative case study seeks to describe that unit in depth and detail, in context, and holistically." (p. 54). The unit of analysis for the present study is the Port Phillip Healthy and Safer Cities Alliance as a MSC.

To summarise thus far, before describing the Case in detail, the rationale for the present single case study was determined by a number of factors: the need to focus on "how and why" type research questions; ready access to a live case with established recognition for innovation and effectiveness as a MSC within the sector, and the need for a contextual base. The single case study allows for an exploration of complexity and provides an effective method which, according to Stake (1995), has the capacity to capture multiple levels and layers of data within a particular context.

It was important that the chosen research methodology would facilitate access to documentation, contextual dynamics, and the complex interactions of a "live case", in this instance, the Port Phillip Healthy and Safer Cities Alliance (the Alliance). According to previous literature (Feinberg, Greenberg, & Osgood, 2004), the Alliance qualifies as an effective MSC. The research was a collaborative process that emerged from the gaps identified in the literature review and concern raised by the proposed industry research partner about the need for reflective practice. The gaps were presented to the Alliance and expectations clarified. The research methodology emerged from a range of exploratory discussions with members of the Alliance.

In accordance with stipulated requirements of this type of research (Patton, 1990; Yin, 1993), the following details of the Case are given. For full details of the Alliance background, membership, and operational activities see Appendix 1.

The Case: Port Phillip Healthy and Safer Cities Alliance

Port Phillip Healthy and Safer Cities Alliance is the case study and the unit of analysis under investigation. The development of the Port Phillip Healthy and Safer Cities Plan 2020 was the result of an initial identification of the need for a public health framework in 1997. The City of Port Phillip was one of the pioneer cities in Victoria, Australia, to apply the MSC practice as the key tool for the development and implementation of a public health policy (Port Phillip Healthy and Safer Cities Plan 2020, 1999). The City subsequently adopted the WHO social and ecological model of health (WHO, 2004) and embarked on a 20 year strategic vision through the development and implementation of Plan 2020, establishing the Alliance as the MSC to achieving its purpose (Welsh & Dunn, 1999). The establishment and development of a MSC approach, such as the Alliance, is the key element in ensuring ongoing MSC practices in the implementation of the Healthy and Safer Cities Plan (Welsh & Dunn, 1999). The Alliance membership consists of a cross-section representative of organisations that make up key stakeholders with a shared interest in the MSC approach for the improvement of social, health, and community functioning. Alliance member organisations consist of the following sectors: police, education, health, welfare, businesses, local and regional government authorities, and community members. Member organisations sign a partnership agreement as part of the commitment to and membership of the Alliance. The individuals represented on the Alliance are nominated by each of their organisations for the relevance of their roles, position within the organisation, strategic relationship with the Alliance, interest in the MSC approach, common objectives, and specific target group. The positions held by members of the Alliance within the member organisations are from practitioner, supervisory, and senior management levels. Thus, the make-up of the Alliance consists of individuals from diverse disciplines, levels of authority, interests, and background.

A Way Forward

The Alliance, as a case study, presented a unique opportunity for an in-depth study of a MSC in practice. Most of the evaluations undertaken by the Alliance and of the work of the Alliance since the completion of the Plan were mainly focused on identifying the success factors of specific strategies or initiatives of the Alliance. An in-depth study that focuses on the mechanisms and forces that contribute to the Alliance's reputation as an established leader and best-practice model has not been considered or undertaken previously.

Areas of interest in the present study such as independence elements, interactions, interdependence, and integration factors that are likely to contribute to an effective MSC have not been the focus of prior evaluation of the work of the Alliance. It is argued that while features, principles, and characteristics of MSC are documented and identified in the current literature and research on MSC, further research on the dynamic elements that operate within an effective MSC are needed to identify and provide greater insight into the often invisible and intangible forces underpinning effective MSC practices. Thus, the selection of the Alliance with its established reputation as an effective MSC (in practice) as a case study, and as the core unit of analysis of this research, is considered to be an important way forward for the furthering of knowledge in the field. The methodology of this research has the primary purpose of meeting the required intent of the study, namely, to explore the inner workings and mechanism of a fully operating MSC.

It should be noted that, as a case, the researcher had no control over the activities or events during the research period. Furthermore, it was identified at the commencement of this research that the nature of enquiry and data-gathering processes needed to be appropriate and relevant to the context of the Alliance. As well, the research methods needed to address the multiple levels and layers of interaction with regular feedback expected between the researcher and the Alliance.

CHAPTER 4

DATA COLLECTION, MANAGEMENT, AND ANALYSIS

This research used case study methodology to explore the Alliance as a system and seek to gain insights of the effective mechanism that underpin MSC approach. Mixed methods for data gathering were applied which include archival data, Alliance records, interviews, focus group discussions, participatory observation, feedback, and reflection. Given the complexity and multifaceted nature of the Alliance (the Case), the issues confronting Alliance members, and the need to optimise the cooperation of the Alliance, it was found that data gathering and analysis occurred in an iterative fashion involving cycles of feedback and reflection on the emerging themes and core features of the Alliance. This involved ongoing interpretive, interactive, and collaborative participation and feedback from the Alliance members.

Findings and data analysis were presented progressively to Alliance members for discussion and verification at the monthly meetings. Field notes from the discussions were recorded in accordance with a template designed and developed for data coding and analysis (see Appendix 3 for template) which then were presented back to the Alliance for further discussion and refinement. All individual interviews were taped and transcribed by an independent transcriber for later analysis by the researcher and presented back to the Alliance for discussion and refinement. All identified and emerging themes and patterns in Figure 4.1 were further explored across phases with Alliance members in interviews, focus group discussion, group discussions, feedback and reflection at the Alliance meetings, and presented to the Alliance for further discussions and verification.

First-hand and indirect interactions as a participant observer played a major role in the data gathering process for this study. As participant observer of the activities of the Alliance over 3 years, the researcher was treated as a full participant of the Alliance and attended 29 of the 30 of the Alliance meetings and kept detailed field notes of issues, patterns, events, and activities. Examples of some of the issues and observation recorded in the field note include:

- number of attendance at each of the Alliance meetings

- activities and conversations prior and after to the official proceeding of each of the Alliance meeting
- interaction and exchange pattern during the Alliance meeting
- critical moment of tension, conflicts, introduction of new ideas, issues or concepts and how they were resolved
- relationships, level of trust, respect, and openness
- decision making process
- action and outcome
- participation and commitment of time, ideas, resources, solutions
- style of leadership and role of each of the Alliance member (formal and informal)

At the Alliance meetings the researcher was allocated a role specifically designed for data collection and analysis purpose. This includes an allocated agenda item and time at the Alliance's meeting for the researcher to report back to the Alliance and for discussion on key issues observed, identified on emerging data gathered. The researcher was provided with significant degree of openness and trust by the Alliance to lead the discussion and raised questions through out the research period at the Alliance meeting, one to one follow up discussions, or at individual interviews. This process of data collection and analysis provided a constant and consistent source of enquiry that allows the Alliance to discuss, provide feedback, and reflection on their practice. As participant observer, the researcher was based at the City of Port Phillip with the Alliance Executive Officer for over 3 years, with full access to the City of Port Phillip organisational support systems, information, and data in relation to the Alliance. For example, the researcher had access to all documented files leading to the establishment of the Alliance as well as the Alliance formation stage, development and operations. Furthermore the researcher was able to observe and participate in the planning of internal review of the Alliance activities and participate in the planning of its future focus and directions. Based on site with an allocated work space within the City of Port Phillip, the researcher gained significant advantages through direct and indirect observation and participation of a broad range of activities, actions and interactions of the work of the Alliance and its member behind the sense

(back stage) beyond the Alliance formal meetings. As participant observer and with mixed methods of data collection, the researcher was provided with the flexibility and wide ranging opportunities for data collection and fieldwork documentation which other form of data collection methods such as one off survey or interview or quantitative approach may fail to capture. Some of the examples of these advantages include access to: (a) informal and unplanned actions, activities and interactions of the Alliance and between members, (b) participation in planning, development, and implementation stages of the Alliance's initiatives, (c) the interface between the Alliance and the community, (d) the application of Alliance approach with its stakeholders. For example, the researcher attended and participated in a health planning forum conducted by one of the Alliance member organisations, an Alliance working groups on Safer Cities Project, and Alliance initiatives on drug and alcohol education program in the community. Table 1 outlined the schedule of data collection, management, and analysis, which consist of five phases.

Phase1

Phase 1 focuses on the review of existing Alliance records, documented archival data, and literature review to provide preliminary findings. Data collection and document analysis included: memos, reports, project minutes, background documentation, and evaluations (see Appendix 5 and 6). The researcher was permitted access to all documentation (historical and current) of the activities of the Alliance. This included access to all records of routine activities of the Alliance, all documented record of projects, programs and initiatives, as well as official and unofficial documents. Information obtained from the review of archival data was analysed for key themes and areas of focus as the basis for the preliminary individual interviews and the first focus group discussion of Phase 2. Appendix 6 provides an example of some of the documented processes of the Alliance activities, which covered a 5-year period.

Table 1

The Schedule for Data Collection, Management, and Analysis

Phases of Research	2003	2004	2005	2006
Phase 1 <ul style="list-style-type: none"> • Review Literature • Review of Archival Data and Alliance Records (Familiarisation and preliminary data gathering) • Participant observation (Documentation and ongoing review of field note data) 				
Phase 2 <ul style="list-style-type: none"> • Stage 1 Individual Interviews • Stage 1 Focus Group Discussions (Focus on the development of research questions and methodology) • Stage 2 Individual Interviews • Stage 2 Focus Group Discussions (Focus on the preliminary findings) • Participant observation (Documentation and ongoing review of field note data) 				
Phase 3 <ul style="list-style-type: none"> • Group Feedback and reflection (Focus on identifying key mechanisms, dynamics, and features) • Participant observation (Documentation and ongoing review of field note data) 				
Phase 4 <ul style="list-style-type: none"> • Focus Group Discussion (Focus on refinement of key findings) • Participant observation (Documentation and ongoing review of field note data) 				
Phase 5 <ul style="list-style-type: none"> • Finalisation of schedule 				

Archival data of projects, programs, initiatives, evaluation reports, and minutes of meetings of the Alliance provided information on the contextual background, processes, and decision-making of the Alliance as recommended by Patton (1990). For this research, 34 evaluation reports conducted on various initiatives, programs and projects of the Alliance's work between 2000 and 2006 were collated and analysed. Key themes from the findings from these evaluation reports were coded and collated in accordance with themes and reported to the Alliance for discussion and inclusion in the development and implementation of new programs and services. Evidence of the impact of the Alliance's work was identified and verified with key areas of the findings. Minutes of Alliance meetings since its establishment in 1999 to 2006 were analysed. Key patterns emerging from the minutes were analysed and further compared and tested with documented field observations and interviews. Key issues and questions that emerged from the Phase 1 data analysis includes:

- *Alliance's impact:* documented evidence were noted from the archival data review of the impact of the Alliance processes and decision making on activities, initiatives, and projects of its stakeholder organisations and in the community. Thus the need to clarify and verify with the individual Alliance members in relation to their direct experiences of the activities of the Alliance
- *Alliance performance:* the need to gain insight of individual member's perspective of the Alliance performance and their level of satisfaction
- *Role and responsibilities:* clarification of emerging theme such as roles, responsibilities, contribution, and commitment of each of the Alliance's member
- *Effective mechanism:* clarification of critical features from the Alliance member perspective in relation to effective mechanism that sustain the Alliance operations
- *Dynamic features:* clarification of the dynamic features observed by the Alliance member which may have not been documented or shared in group setting (i.e. Alliance meetings)

- *Critical features:* identification of critical areas requiring improvement.

Phase 2

Phase two of the research was informed by the issues and questions generated in phase 1. These questions sought to clarify the perceptions and experiences of Alliance members. Appendices 4 and 5 provide the interview questions developed as a result of the preliminary literature and documentation reviews. The Alliance members' perspectives on operations, processes, and outcomes as a participant in a MSC was explored in a semiformal context that was private but open-ended, with reflection and learning as the focus of the semi-structured interviews. Aspects that were not otherwise observable were explored and discussed, and time was allocated to explore issues that needed further clarification. The focus of all individual interviews stage 1 was on issues identified from the preliminary data gathered which include:

- How would we describe the outcomes or results of the alliance so far? What are some the examples?
- What are the outcomes or achievements of Alliance member organisation? What are some of the examples?
- How do we know about the impact of the Alliance in the community at large? What are some of the examples?
- The impact of the alliance and social change
- What are the indicators of an effective alliance?
- What areas would the alliance need to change to improve its effectiveness?
- How do we sustain the Alliance's commitment and participation?

Members of the Alliance were interviewed individually in two stages. Six members of the 11 members were interviewed early in Phase 2 stage 1 of the research to identify and develop themes and issues for further exploration. Subsequent nine interviews with members of the Alliance were conducted 2 years into the research, with enquiry into key areas of focus and detail about emerging

themes and preliminary findings. Five members of the Alliance were interviewed twice to develop and identify emerging issues and features and follow up second interview to identify and track evidences of the impact of the Alliance in policy and practice within their individual organisation.

Three additional in-depth interviews, a total of 9 hours were conducted at Phase 1, 2 and 4 with the Alliance Executive Officer to explore, clarify and review the progress and status of the Alliance actions and activities, with emphasis on identifying knowledge gained and on clarifying and explaining the emerging findings. The followings are examples of some of the stage 2 and follow up interview questions. Also see Appendices 4 and 5 for full details of the interview questions.

- When asked about the alliance, how do you explain it?
- What factors do you see as unique to the alliance way of operating, that are different to other approaches in the community?
- In you view, is the alliance value driven? What are the alliance values?
How does the alliance establish these values?
- How do you see and define your roles within the alliance?
- How does the alliance address conflicts within and between members?
- Can you outline the critical success factors for the alliance operation?
- As the result of your participation in the alliance, can you identify any new insight within your profession or field of expertise?

Further to individual interviews, focus group and group discussions were conducted to review the preliminary findings. Alliance members shared views and thoughts in relation to their experiences and observations of the Alliance's operation. Processes, decision-making, activities, and outcomes were identified, further clarified, and validated. The progress of this research was discussed and feedbacks were provided between the researcher and the Alliance members. Often questions and suggestions on how to access to data were explored, discussed and implemented with the support of the Alliance members. For example, the researcher was often invited to a range of internal planning, pre

planning processes and activities generated by members of the Alliance. Important link to key individuals were provided to the researcher and furthermore the researcher was granted direct access to each of the Alliance member internal organisation processes.

Phase 3

From the commencement of the research, there was a commitment between the researcher and the Alliance on an approach where ongoing feedback and reflection were considered an integral part of the research. This approach reflected the very nature of how the Alliance operates and functions, as well as the Alliance's regard for commitment to ongoing feedback and reflective practice as its fundamental and sustainable forces. Over a 12-month period in the third year of the research, the times allocated at the Alliance monthly meetings for feedback and reflection to discuss issues relevant to this research were used to focus on identifying key mechanisms, dynamics, and features. Group feedback and reflections in discussions were noted and analysed. Follow-up action that emerged as a result of these discussions was recorded and linked to specific outcomes noted and recorded in; (a) interview transcripts, and (b) other evidence of changes to policy development and implementation, practices, programs, and new initiatives. Appendix 6 shows the ongoing discussion, feedback, and reflection time allocated for the researcher and Alliance members at Alliance meetings. Appendix 7 outlines the pro-forma Alliance members applied and presented for discussion at the Alliance meetings as part of their reflective practice and data gathering for the present study.

The data collected from Phases 1, 2, and 3, and updates on current literature were presented to Alliance members for discussion and feedback in a focus group format. The focus of the discussion included further exploration, clarification, and establishment of the key mechanisms, dynamics, and features of the Alliance. Responses and views obtained from the workshop formed the core data for this Phase.

Phase 4

A focus group discussion with members of the Alliance was conducted with the focus on refinement of the key findings. All 11 Alliance members attended the three hour session, and all have either participated in the individual interviews and group discussions at the Alliance meetings. The purpose of this focus group discussion was for the researcher to seek further clarifications, responses, views, and perspectives about the appropriateness and relevance of the key findings to the Alliance. The approach was chosen for its effectiveness and success based on two previous focus group discussions in the development of the research questions and methodology, and feedback on preliminary findings in Phase 2 of this research. Furthermore the approach provided significant learning opportunities to the Alliance member to explore, reflect and improve their perspectives and commitment to the Alliance processes. The structure of the focus group discussion consists of a presentation of the research purpose, methodology, findings, and recommendations from the researcher. Discussion and recommendations and suggestions for modification of the findings by the group were collected and noted by the researcher to be incorporated into the final write up.

Phase 5

A final report on key findings was presented to the Alliance, under the title Healthy and Safer Cities Alliance Evaluation Report. The Report showed the conceptual framework that emerged, which is fully detailed in chapter 5.

CHAPTER 5

FINDINGS

Overview

This chapter reports on the findings in five Sections, which correspond to the research questions of this project. The first Section provides an overview of features regarded as basic to MSC that have been documented in previous literature and brings those into conversation with the features that became clear in the current Alliance through the research process. The second Section describes the dynamic forces that the researcher constructed to capture some of the subjective processes within the Case under investigation. The third Section provides details of the factors considered by participants in the research to be essential conditions for successful development and implementation of a social intervention process through collaborative action. In the fourth Section, the findings reported focus on the emergence of empowerment, ownership, and integration in the later phases of data collection. These concepts are considered to be essential for effective collaboration. The findings are summarized in the final Section.

Section 1: Basic Features of an Alliance

The findings in this Section are presented under the headings of six features considered in the literature to be basic to effective community coalition, namely, context (i.e., community readiness and participation); common ground (i.e., intentionality); organizational structure and technical capacity; outcome (i.e., activity and action); leadership; and resources. These undergirding features, which appear to the left in the diagram shown in Figure 1, are a synthesis of the literature review, data analyses, and researcher reflections.

Context

Contextual knowledge such as historical, local, current, and future plans is essential for understanding the need, formation, and development of the Alliance.

Results show that the fundamental importance of context lies in relation to how Alliance members' utilised, negotiated, and responded to information and knowledge in the early stages of its development and, in particular, how contextual information was used to inform ongoing strategies and action.

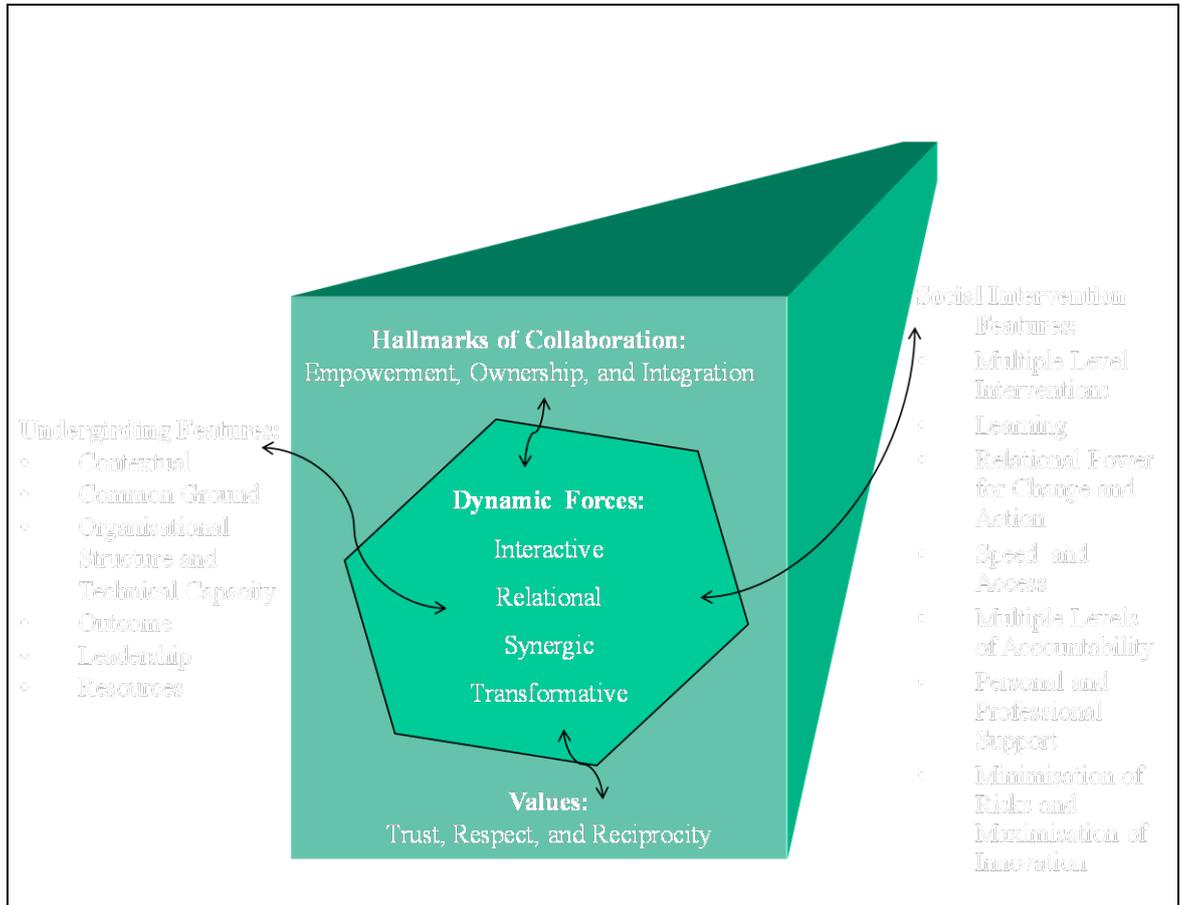


Figure 1. Multiple sector collaboration: A best-practice framework

Gaining contextual knowledge and staying connected was evident in the form of the extensive community participation and consultation process, which took place over a period of 18 months during the formation of the Healthy and Safer Cities Plan. It became apparent that contextual knowledge can be a powerful barrier as well as a resource. For example, in the early phases of development of the alliance, members reiterated their need be kept informed, thus building on prior knowledge and learning. More importantly, the process of engaging and assessing community readiness to participate provided opportunity

for addressing the potential barriers and for the process itself to become the tool for the formation of commitment, ownership, and recruitment of potential membership.

The Alliance continued its commitment and connection to the local context through a broad range of local projects, initiatives, and through community representation. An example of the Alliance's strategy for staying connected to local context was the concept of "Community Reflection". This concept was developed by the Alliance and incorporated as an ongoing agenda item at the monthly meetings. Meeting time was allocated, in which community members informed and shared issues, activities, and matters of interests or concern that had been observed and identified in the local communities in relation to the context of the Alliance. The discussions from this reflection often resulted in immediate follow-up action, seeding of ideas for future projects, and influenced a range of program and policy development and implementation. For example, over the 3-year period of data gathering, 21 presentations were made by Alliance community members. The discussions covered a diverse range of narratives and stories of observed local issues, which provided a rich source of data, indicators of trends, and ongoing feedback. Members of the Alliance often referred to the importance of staying connected through these discussions as a "central and grounding source" for their work.

Community participation at various levels was encouraged through ongoing recruitment and maintenance of representation by the Alliance. Strategies were in place to ensure that members of the community could access, participate in, and influence the process of policy development and implementation (see Table 2).

Table 2

Strategies and Mechanisms for Contextual Engagement

Strategies and mechanisms	Individual level	Group level	Street level	Neighbourhood level	Community level
3 to 4 community representatives on the Alliance	√	√	√	√	√
“Community Reflection”	√	√	√	√	√
Program planning consultation	√	√			
Program evaluation (34 program evaluations completed)	√	√	√	√	√

Mechanisms to ensure community engagement in projects included interviews, in-depth interviews, survey, visual presentation and feedback, focus groups, and community forums. These strategies and tools were applied across all levels: individual, group, street, neighbourhood, and community. Table 3 shows how the mechanisms were applied across various projects.

Table 3

Examples of Mechanism to Ensure Community Engagement

Project	Interview	In-Depth interview	Survey	Visual presentation and feedback	Focus group	Community forum
Get a Street Life	√	√		√		
Reflections on the development of “Creating a Healthier and Safer Port Phillip”	√	√			√	√
Community Beat and Feet: Global Garden Party		√				
Local Safety Survey	√		√			
Municipal Food Security	√					

The Alliance's contextual focus had created a different structure to the traditional network or committee. New dimensions were generated in relation to organisational accountability and action undertaken by the Alliance and its member organisations. For example, often at the Alliance meetings, concerns or questions of recent events or proposed new initiatives were raised by a community representative that would require clarification, rethinking, review, refinement, and follow-up action. It was noted that when such questions were raised, member organisations were extremely responsive, the scope of their accountability thereby expanding to respond to these questions. The Alliance's commitment and approach are evident as described by Alliance members:

There is a constant search for new partners and additional partners to enable people to participate while keeping the structure of the Alliance in tact so that it's workable, so yes we are seeking people, particularly looking for people who are disadvantaged to participate in the Alliance. For example, we have got one guy who is the community representative, who is otherwise unemployed at the moment, to maintain the Alliance's connections and experience at the grassroots. I think that we do that although I am always looking for ways in which we can do that better (Alliance member).

I think the decision from the Alliance to ask the neighbourhood minders (they are called trading liaison officers now) to recommend people for the Alliance was interesting, because that reflected what the Alliance was searching for, people who were really deeply connected in their communities and had a really strong sense of community and the people that were recommended have been long-term residents and know their communities very well so they were the qualities that we were looking for and people who were interested in the topics we were discussing (Alliance member).

I'm also impressed with the level of commitment the level of buy-in from the variety of stakeholders or partners that have come on board with the Alliance, they have committed their time ... and I think that reflects a level of strength of that relationship building that the Alliance seems to have... its very good to see that there is broader community ownership or citizen ownership around the range of health and wellbeing issues and safety issues from their experience within the municipality and people's willingness to come on board and learn and contribute to solutions and to a relationship with Council and the local residents (Alliance member).

Common Ground

Wood and Gray (1991), in their work on collaboration, distinguished between three kinds of interest or intentions among stakeholders, which they argued require sorting and are critical in determining the success of collaboration. The three distinctions are (a) shared, (b) differing, and (c) opposing. Findings from the present study are consistent with Wood and Gray's (1991) claim of the importance of the process of sorting out members' interests and intentions. The sorting out of member interests and intentions was apparent in the allocation of extensive time for planning and getting to know each other, orientation and induction of new members, clarification of roles and responsibilities of the membership, and the creation of an environment of mutual benefit and reciprocity.

Interview data showed that, through the sorting out of interests and intentions, common ground emerged, which formed the basis for ongoing sustainability of the Alliance:

We realise that good partnerships take time that's certainly a clear understanding of people (the Alliance) and sustainability of common goals transient politics and personalities and finances and organisations ... I think that's there is a really strong sense that the Alliance is sustainable on all those fronts, we do have people from different political backgrounds certainly different personalities and if they changed I still think the Alliance would carry on (Alliance member).

The common ground established proved vital to the development of shared ownership and commitment among members and stakeholders. Members were able to clarify the values, principles, purpose, and intentions of the Alliance and its members. This was evident in the themes that emerged from the data analysis, which included comments relating to values such as trust, mutual respect, and reciprocity:

We do develop trust honesty and respect through the Alliance as well there is really strong trusting partnerships in the alliance, one of the main factors is that we have got a group of people together who do what they said they are going to do, we don't have people who talk and don't act...the vision is still strong and I think people are clear on that vision that we work together to improve quality of life (Alliance member).

The data provided consistent evidence of the link between the common ground established early in the formation of the Alliance and its capacity to cultivate conditions that accommodated the autonomy needs of members, as well as meeting common goals. Table 4 shows areas of potential shared, differing, and opposing interests and intentions noted among the Alliance members from interview, focus group, and participation observational data.

Table 4

Areas of Potential Shared, Differing, and Opposing Interests and Intentions

Interest and intention	Shared	Differing	Opposing
Outcome for the community	√		
Organisation goals and objectives	√	√	
Organisation policy, processes, and systems	√	√	√
Targeted locality	√		
Targeted community	√	√	
Targeted population	√	√	
Legislative and regulatory requirement	√	√	√
Federal and State Government policy	√	√	
Funding source	√	√	√
Training need	√	√	
Planning	√	√	
Resource allocation	√	√	√
Practice approach	√	√	√
Time-lines	√	√	√
Access to resources (financial and expertise)		√	
Political support	√	√	√
Personal belief	√	√	√

Organisational Structure and Technical Capacity

Table 5 provides the technical skills and knowledge that were noted to be critical to the effectiveness of the Alliance. The Alliance effectiveness linked directly to the sum and diverse skills and experiences provided by its members.

Table 5

Organisational Structure and Technical Capacity

Organisational structure	Technical capacity
<ul style="list-style-type: none"> ▪ Chairperson ▪ Membership 	<ul style="list-style-type: none"> ▪ Conceptual and theoretical knowledge of social, health, and community fields ▪ Knowledge and experience in policy development and implementation ▪ Knowledge and experience in project, program, and service in social, health, and community fields ▪ Group leadership, motivation, and processes ▪ Administration support

Table 6 indicates that effectiveness depended greatly on the formal and informal structures that emerged to support the work of the Alliance and its members. These structures included the appointment of a formal Chairperson for the Alliance, who had duties and responsibilities not only as the Chair at meetings, but also as a spokesperson for the Alliance. The role was clearly identified and respected by members of the Alliance, with both formal recognition and informally; it was also evident that the actions and activities of the Chairperson were to be shared and supported by other Alliance members if and when needed. Findings from this study highlight the current gaps in the literature in relation to the critical skill sets and capacity required in the effective facilitation and participation in MSC approach to policy development and implementation. Examples of some of the identified critical skills and capacity required for effective functioning MSC include a capacity to operate within a complex web of groups dynamics, competing priorities, and objectives relating to the diverse needs of member organisations, the political agenda, and complex layers of negotiation.

Table 6
Organisational Structure and Identified Roles within the Alliance

Organisational structure	Identified roles within the Alliance
Chairperson	<ul style="list-style-type: none"> ▪ Chair of the Alliance meetings ▪ Spoke-person for the Alliance ▪ Formal and informal facilitator of the Alliance
Membership	<ul style="list-style-type: none"> ▪ Organisational representation as key stakeholders ▪ Community representation ▪ Shared knowledge, be informed, and take action

Other important evidence of organisational structure was clarification of the role and responsibility of members of the Alliance, prior to membership, through the signing of a Partnership Agreement. The Agreement outlined the scope, roles, and responsibilities of the Alliance member and the over-arching

values and principles that define membership, expected values, behaviour, and the purpose of the Alliance.

Table 7 summarises the technical capacities and related skills that were major contributing factors in supporting and shaping the operations, activities, and outcomes of the Case. Technical capacities included: conceptual and theoretical knowledge of the field; knowledge and experience in policy development and implementation; knowledge and experience in project management, and program and service delivery; group leadership, motivation, and processes; and organisation and administration. These technical supports were provided by a team of professionals of the City of Port Phillip.

Table 7

Technical Capacity and Identified Skills Requirements

Technical capacity	Identified skills requirements
Conceptual and theoretical knowledge of social, health, and community fields	<ul style="list-style-type: none"> ▪ Insight into contemporary conceptual frameworks and link to policy
Knowledge and experience in policy development and implementation	<ul style="list-style-type: none"> ▪ Research and policy review and analysis (analytical skills)
Knowledge and experience in project management, program, and service delivery	<ul style="list-style-type: none"> ▪ Project, program and services development, delivery, and evaluation skills
Group leadership, motivation, and processes	<ul style="list-style-type: none"> ▪ Group facilitation, teamwork, conflict management and resolution
Organisation and administration support	<ul style="list-style-type: none"> ▪ Documentation and data management of the Alliance’s activities, meetings and planning ▪ Organisation of meetings, venues, catering, technological support, and liaison with members and external organisations or interested individuals

Evidence of how technical supports were put into effect includes:

- Information and links to current and new developments in research and practice in the field were presented and circulated among members of the Alliance and discussed frequently at the Alliance meetings.
- Experts on new and emerging developments and initiatives of interest to the Alliance were brought in for presentations.
- Ongoing learning and being well-informed in their actions were the Alliance's shared dominant view.
- Members shared knowledge of new and emerging conceptual and theoretical insights through and from their own organisations and networks.
- The emergence of the present research project is an example of the Alliance's interest in evidence-based practice and of commitment to a process of review and evaluation of their own operations and processes as a way to inform their practice and learning. As described by one of the Alliance members:

The strengths of the plan and the reporting back to the plan, and another thing that's unique to the Alliance is their willingness to evaluate what they are doing and really be critical on how they are going about it. I'm not aware of any other municipalities in the whole of Metro North West region of Victoria which has 15 municipalities have even questioned what they are doing, if it is working and what the benefits are ... (Alliance member)

- Skills, experience, and knowledge in policy development and implementation in social, health, and community fields were provided by both the state and local government representative members on the Alliance, leading to: five major submissions to national and state government projects; many presentations and submissions of papers at international, national, and state conferences and seminars; a range of media articles on issues of concern to the Alliance; advocacy and delegated meetings with key policy makers and politicians.

- Project, program, and service development, delivery, and evaluation were noted in the quality of Alliance discussions and decision-making processes based on input from the practitioners with expertise in the area.
- Group leadership, motivation, and attention to processes were all evident in (a) induction of new members (i.e., a member of the Alliance would allocate time, resources, and commitment to meet and discuss with a potential member to identify their interests, intention, and to provide background briefing of the Alliance); (b) extensive discussions often used to clarify issues and work through concerns raised by members to identified strategies and agreement for solution; and (c) recognition of achievements often discussed and presented at Alliance meetings, with member organisations acknowledged and sharing in the rewards and achievements.
- Organisation and administration provided by the City of Port Phillip proved critical to the establishment of the Alliance's credibility, reputation, trust, support, commitments, and sustainability. It included: documentation and data management of the Alliance activities and planning; organisation of meetings, venues, catering, technological support, follow-up actions and liaison among members and external organisations; and a steady flow of communication and transparency that provided a mechanism for Alliance members to track their activities, actions, issues, concerns, and outcomes.

Outcome

The findings show that the Alliance's capacity to take action and provide tangible evidence of activities and progress on issues raised by members was instrumental in engaging and maintaining commitment of members and facilitated the establishment, development, and sustainability of the Alliance. Table 8 provides examples of satisfactory outcomes and their link to activities and actions.

Table 8

Alliance Actions and Activities

Issue	Action and Initiative	Outcome
Noise, drunken and disorderly behaviour among late night customers of local pubs and clubs within the surrounding business district.	The Alliance members lead a working group of key stakeholders to develop strategies and solutions.	Establishment of a Lease and Licensing Accord among traders and businesses. Annual operational plan and agreed activities to improve public safety within the business district.
A concern raised by one of the Alliance members on parenting issues and the lack of contribution from the Alliance for children and family support in the area.	A representative from the children and family support program was invited to present and discuss at the Alliance meeting.	Joint initiatives were developed and implemented between the Alliance members (school representatives) and the children and family support sector.
As part of community reflection a member reported on dog owners gathered in local parks and the potential for learning about the impact of pets as a contribution to social connections, health, and wellbeing.	The Alliance agreed to investigate further the impact of pets and health and wellbeing.	A research project was commissioned to explore the level of local activities resulted in recommendations for policy and practice improvement.
A concern was raised at a community forum in relation to the increasing fear and lack of public safety at night in the neighbourhood.	Implemented a “Get a Street Life Project” encouraging residents and community to get to know their street and neighbourhood. Developed and implemented 20 Safe Street Party projects to provide and encourage residents to meet and get to know each other within their street and neighbourhood.	Increased community activities at street and neighbourhood levels. The project has been adopted by other municipalities as a model for neighbourhood safety programs.
Youth at risk of unemployment and homelessness.	Conducted an extensive consultation with local young people to develop a 12-week preemployment and training program for local young people at risk with interest in the hospitality sector. Facilitated a shared commitment among local employers and employment and training organisations to support the implementation of the program.	Implemented the 12-week program for the prevention of unemployment and homelessness for 22 young people. Received funding for the continuation of the program.

Furthermore, the effectiveness of the Alliance was evident in its capacity to provide the link between members' actions and activities and overall strategic objectives and outcomes, as noted by members:

I find the Alliance interesting, I have been impressed with the fact that there is a comprehensive strategy, that there are actions. There is a high success rate in terms of completion and that's impressive that level of organisation and vision and putting that into an actual strategy (Alliance member).

The six-weekly meetings tend to be a reporting and catch up process outside of that there is actions or activities that are going on that are being delivered by a whole range of different people and through the contacts I have from road safety in Sustainable Transport area and also in City Strategy area, Road Safety Strategy is implemented outside of the meeting of the Alliance but the reporting of how its going is done back through the Alliance so there is a lot of activity (Alliance member).

Tangible outcomes through action and activity resulted in the development of new programs, changes to policy, resource allocation, media coverage, and changes in attitude among key stakeholders. These outcomes became a major motivator and re-enforcer to the members, energising, reinvigorating, and re-affirming their collaboration, and thus further strengthening a sense of achievement, commitment, ownership, and integration. Underlying these outcomes was the ongoing flow of communication through information circulation (predominately via emails) and at meetings, which provided a constant reminder of progress, activities, and actions. These activities were important and powerful mechanisms for (a) engaging, (b) connecting, (c) supporting, (d) linking, (e) building trust, and (f) building relationships between the members.

Over the 7-year period of operation, the Alliance produced a broad range of actions and activities with strong links to the Alliance's goals and outcomes. Specifically, the Alliance initiated over 65 projects and programs of social intervention across a diverse range within social, health, and community areas.

Leadership

Data from this research highlighted the dynamic and shared nature of leadership within the Alliance, which is a major deviation from the traditional style of leadership found in conventional settings of organisations, business, or management. The findings revealed that leadership consists of and operates at various levels, including the formal, informal, shared, expertise specific, issue or situational-based, multilayered, and collective. As mentioned under organisational structure, the Chairperson of the Alliance has the formal and symbolic leadership role (at times shared/delegated), as detailed in Table 9 and commented upon as follows:

I think it really comes back to who you get on the Alliance as to how successful they can be and your chair person is critical to the workings of it and also the person who provides the administrative support (Alliance member).

Definitely, I think membership is really critical and how the key players on the Alliance operates and manage the workings of that group but if you have got clear direction if you have got key actions that need to be delivered and you have got time lines and all the rest of it then I think you have got your set up to have an effective alliance and you monitor and evaluate as you go along but it really needs someone to take a lead role in it (Alliance member).

Table 9

Leadership Model of the Alliance

Role of Chairperson	Responsibilities	Contributing factors to effective MSC
<ul style="list-style-type: none"> Facilitator of the Alliance's meetings and events 	<ul style="list-style-type: none"> Chairperson and back-up from other members as needed 	<ul style="list-style-type: none"> Structure, credibility, consistency, accountability, strategic focus, knowledge
<ul style="list-style-type: none"> Spokes-person 	<ul style="list-style-type: none"> Shared and allocated by the Alliance depending on issue and expertise 	<ul style="list-style-type: none"> Accessible and responsive to the wider community
<ul style="list-style-type: none"> Change agent, advocate, negotiator 	<ul style="list-style-type: none"> Shared by all members 	<ul style="list-style-type: none"> Change in perspectives; improve policy, resource allocation, and practice
<ul style="list-style-type: none"> Motivator 	<ul style="list-style-type: none"> Chairperson and all members 	<ul style="list-style-type: none"> Positive outlook and reinvigoration of members' contribution and commitment
<ul style="list-style-type: none"> Peace-maker 	<ul style="list-style-type: none"> Chairperson and all members 	<ul style="list-style-type: none"> Resolve conflicts
<ul style="list-style-type: none"> Networker (social connector) 	<ul style="list-style-type: none"> Chairperson and some members 	<ul style="list-style-type: none"> Connecting and linking people, issues, projects, policy

Resources

The Alliance received significant support from the City of Port Phillip in meeting its basic running costs and was highly successful in securing external funding for major initiatives. These projects included drug-related strategies and health promotion initiatives (funding from State Government); training and employment of youth at risk (combined funding from private sector and Commonwealth Government); and a range of other initiatives funded by combined state and local governments, businesses, other Alliance member organisations, trusts, foundations, and other charitable institutions .

The City of Port Phillip, (a member organisation) resourced, developed, implemented, and operationalised the majority of the Alliance’s projects and initiatives. Evidence suggests that the achievements of the Alliance are dependent on its capacity to access adequate resources and utilise these resources efficiently and effectively. With adequate resources to support operations and key strategies, the Alliance was able to influence the process and focus on all health and safety-related programs being developed and implemented within the City of Port Phillip. For example, the implementation of the Municipal Health and Wellbeing Plan of the City of Port Phillip, a state government legislative requirement of local government authorities was led and operationalised by the Alliance.

Section 2: Dynamic Forces

Findings from this study identified dynamic forces operating within the Alliance, which have to do with interactions, relations, and synergy, and result in transformation (Table 10). The development and cultivation of these forces were shown to be important in the functioning of the Alliance and its capacity to generate strategies, actions, and solutions. Each of these forces will be discussed in turn below. Referring back to Figure 1, four dynamic forces are depicted as central to overall Alliance operations.

Table 10

Social Capital Features within Identified Forces

Identified forces	Social capital features
Interactive	Trust, respect, and reciprocity
Relational	Openness, shared values, interdependence
Synergic	The combination of interactions and relational forces produces a solution-focused, and supportive atmosphere with activism as the focus and outcome
Transformative	From issues, concerns, or ideas to greater insight, different perspectives, agreement or disagreement, actions, strategies, solutions

Interactive

The interactions within the Alliance created the context for the development of influence, creativity, decision-making, and action that directly and indirectly impacted on individuals, groups, organisations, and the wider community. These developments were evident in open, respectful, and reciprocal processes. As evident throughout the Alliance meetings, their actions and activities were further supported by data from interviews of members. For example:

The coffee and muffins provide a nice atmosphere, the Alliance meeting is held at the council chambers, is nice as well, its quiet, its just a nice location and I think that Friday morning (meeting time) is a bit of a funny time in a way, its also essentially the end of the week and you sit down and you reflect over things so its good, it's a combination of the atmosphere and the focus (Alliance member).

The relationship is one strong relationship in the alliance, and I think that's a relationship that could be fought with all kinds of difficulties and obviously there is jokes sometimes about the different perspectives and maybe disagreements they might have had in the past but its still a very strong thing I think it's a great indicator of the success of the Alliance and it must be very challenging from a conventional policing kind of view of the things that the alliance is actually doing (Alliance member).

Good will and humour seems to play a lot in it, sometimes its also avoidance of things that are too difficult which is probably not a bad thing and that humour obviously plays a part in that, that's how we defuse tension sometimes (Alliance member).

Relational

The development and cultivation of quality relationships depend on key features that were identified and include shared values, trust, and interdependence of members. Behavioural elements within the relational force were found to be

ongoing, dynamic, flexible, broad-ranging, and occurring at multiple levels and layers of engagement. Cultivation of relationships was evident over time in shared activities and focus, as the following comments indicate:

I think the critical thing in that one and probably generally with the alliance is the quality of the relationships and the degree of trust between people ...that team has got very effective relationships building skills, they have got really good quality skills for building relationships and building trust. I think it is about people bounce ideas off one another and this sort of creative process but it's fundamentally about relationships and trust (Community Alliance member).

Its been 4 years (as member of the Alliance), what's the significance, I think is the Alliance's ability to implement an extremely comprehensive diverse plan, yes, its ability to deliver is a huge achievement, and that would probably be the thing that sticks in my mind, just their ability to develop and maintain relationships both within the community and with its external partners (Alliance member).

Synergic

Synergy in this research refers to the impact of a collaborative approach on interactions and relationships, whereby members are empowered to take action on issues presented. Data analysis showed a range of strategies, solutions, and commitments being advanced by members to resolve, investigate, and change or improve the situation or issues confronting the community and the Alliance. Within the cultivated context, the culture and values of openness, trust, respect, and reciprocity created a forum for co-empowerment among members and participants (Keys, 1993).

My hunch as well as reflecting back on my own personal experience and working with the Alliance and networks, that's always been something and its been mentioned a lot as well but I haven't really wanted to crystallise that and then follow it through I felt that because it seemed to me it's not debatable about what general change there is, there are a lot of concepts

out there, but I'm sensing that its much more deeper, intangible stuff that happens between people that then generates trust and that then open up transformative processes for change (Alliance member).

Transformative

The interactive, relational, and synergic nature of the collaborative process created a unique forum for ongoing discussion and learning. The shared common purpose often resulted in the transformation of issues, ideas, and thoughts into solutions, actions, strategies, and supported outcomes. These process-based transformations included: innovation; efficiency and effectiveness; flexibility and responsiveness; and structural, systems, and cultural developments. As stated by members:

There is mutual respect between all the people that are involved in the conversation, then there is this trust that builds a platform for us to have converse that we can say things that other people may not like to hear but were saying them in a respectful way... we provide, I think a really good platform for us to be challenging and bring up ideas that are more radical than what you would get if you were worried about what other people might think...I mean at one level that's the conditions for innovation, ... people who we have got on the Alliance are also active people they don't actually just sit around talking about things they really passionate about doing it and making big social changes so it may be different if we had a different group of people involved and I think that's one of the secrets of being successful ... we couldn't get a random group together and expect the same the same impact (Alliance member).

Figure 2 shows the complex interplay observed within the Alliance's functioning. Evidence for these dynamic forces is to be found in comments, behaviours, and feedback discussions.

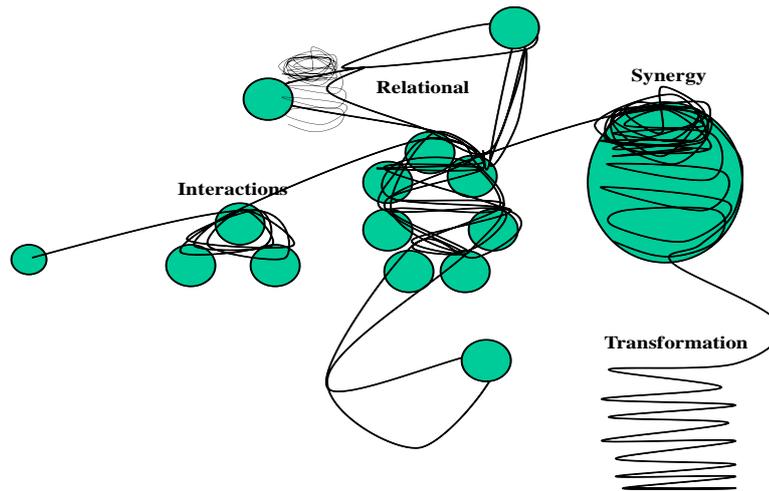


Figure 2. Interplay of dynamic forces

Section 3: Towards Social and Community Intervention

To the right in the diagram shown in Figure 1 is a list of factors considered by the research participants as critical indicators of effective MSC. They include multiple level intervention, relational power for change, speed and access, multiple level accountability, personal and professional learning and support, minimisation of risks, and maximisation of innovation.

Multiple Levels and Multidimensional Interventions

Influence and impact resulting in interventions at various levels, including individual and group, systems, organisations, and community were found within the data analysed. Figure 3 depicts these four levels. Membership and active participation provided a context for diverse perspectives and links to a broad range of key activities and policy directions. Changes in perspectives, attitude, and behaviour of individuals through participation and interactions at the Alliance meetings or activities were found to be immediate as well as gradual.

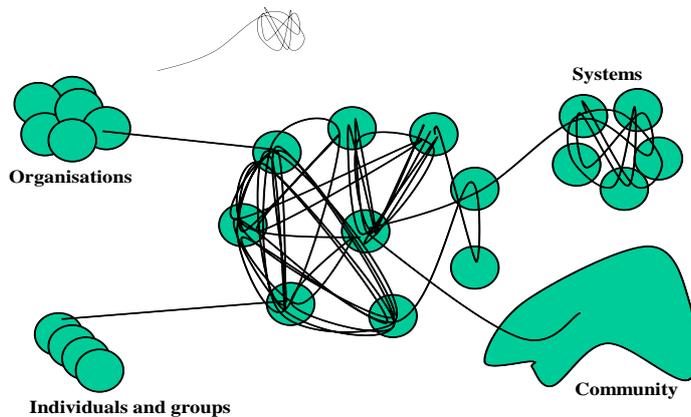


Figure 3. Multiple levels of intervention

Programs and initiatives developed within the Alliance clearly reflected the values and principles of a MSC context, and the extent of connectedness between organisations and the different players/providers. Data from the review of evaluation reports of the Alliance’s activities contained feedback from community members and key stakeholders about the benefit of programs and initiatives of the Alliance (City of Port Phillip, 2005). This evidence includes community feedback documented in completed project evaluation forms and write-up of case examples reported in the local media was well-documented across a broad range of the Alliance activities. The pooling of diverse organisations to achieve direct and indirect impact on community activities, the media, and the public forum, plus the allocation of resources and priority-setting created a powerful context for immediate as well as long-term action on issues raised by members.

A statement of one of the Alliance member provides some insight into how the Alliance worked through drug and alcohol related issues and the impact on various levels for structural, systems, and social change. It highlights common support found across other projects of the Alliance, its practice and approach in influencing complex social, health, and community issues and generating social intervention at multiple levels:

Currently, we are in the process of doing what's called a late night entertainment precinct policy, it was originally going to be called an alcohol policy but we then realised the issue wasn't alcohol necessarily it was nightclubs and all the alcohol related incidents that happen around there and also that it wasn't exclusively alcohol, it was things like noise and party drunks and a whole lot of other factors that alcohol was at the centre of it but it wasn't the only factor so we have recast it into that mould...the police inspector, who is on the Alliance is also the Liquor Licensing Commissioner, he awards the liquor licenses throughout the City of Port Phillip, he's got a role directly in that, the other members of the accord who have a particular interest in this are the people from Vic Roads (has one representative on the Alliance) in relation to drink driving, and the City of Port Phillip when it comes to the environments ... A member of the Alliance (a councillor) is also on the Inner Melbourne Road Safety: Alcohol and Drug subcommittee which focuses on these issues as well. The Inner City Entertainment Precinct Taskforce which is a state government body to look at the impact of nightclubs, there was a few deaths in recent years at nightclubs they want to try and make those venues safer for everyone and there is also the inner Melbourne Road Safety Committee as well which focuses on this issue. The members of the Alliance that are involved in those areas particularly the police, Vic Roads and the councillors actively provide information about the impact of alcohol use and local strategies etc... there were warnings about alcohol use there is a whole strategy just around holding parties and talk about responsibilities alcohol use, people are able to have taxi rides home and free train tickets or whatever they need to get home if they have been drinking. There is also the broader research and things that the Alliance have done through Turning Point Drug and Alcohol Clinic, which we were collecting every 2nd year on the impacts of alcohol on things like public assaults, road accidents..., and hospital admissions and their impact are currently being collated through a research that we commission through Turning Point Drug and Alcohol Clinic. The Liquor Licensing Accord has

been running since 2001, and it's now bigger and bolder than ever so its membership increased 40% last year and it continued. It's the fastest growing liquor licensing accord in Victoria and it also got some really powerful players involved (Alliance member).

Learning

Learning leading to transformation became evident as interdisciplinary and integrated, grassroots and localised, and continuous. Interview and group discussion data demonstrated the significance of the Alliance at both the personal and professional levels. New solutions, strategies, initiatives, and actions evolved from concerns raised or issues identified. This transformation occurred through the sharing of opinions, ideas, past experiences, historical contexts, political and social awareness, the personal and professional expertise of diverse backgrounds, and extensive life experiences. The following quotations provide some examples of how learning occurred.

I have learnt from the alliance that there are more similarities amongst diversion of diverse people, before working with police for example, I was worried that they would have a very different prospective from welfare workers, even though we are working with the same clients such as a drug user and I thought the experience might be worlds apart and it would be irreconcilable but that certainly wasn't the case, police are just as concerned about people's welfare as others are and the humanity of all of our work is able to come together and forge something quite special in a group like the Alliance. (Alliance member)

The Alliance bring people together to discuss common interests and look for opportunities to realise any action that might come from those ideas and to transform those ideas into reality and it won't always happen but that's certainly the purpose of the Alliance meeting. Another element of the meeting is the transfer of information and knowledge around the group, it enables deeper and broader understanding of issues from a multiple prospective rather than just how we might look at something, like cycling

for example, and there is a road safety element to cycling, there is the theft of bicycles from the police prospective, or the non compliance of road laws, or something that is a health and fitness aspect from the Community Health Centres, there is the injuries to cyclists from the hospital, there are other perspectives from schools prospective, or a community prospective, one topic like that can be thoroughly discussed and understood to minimise risks (Alliance member).

Relational Power for Change and Action

In the present investigation of a single-case study, evidence of various dimensions of power became apparent. These included power gained by individuals as members of the Alliance, power developed as a result of relationships formed among members, collective power of the Alliance as an entity, and power resulting from co-empowerment gained through interactions. Power identified in the Alliance is associated with capacity to take action, identify solution, and generate change. Collectively, the relational power of the Alliance was dependent on the pooling of resources: information, knowledge, skills, and capital. As well, power gained by individual members of the Alliance is reflected in the following statements made in interviews:

We actually convened a meeting with a lot of the special accommodation providers so the conversations trigger action I think that's the important thing that often gets followed up both informally and formally. These are just examples of how those sorts of connections are made and people in a meeting it might be that some people aren't involved with or interested in everything but I would be very surprised if there isn't something that somebody within that group couldn't draw on in their own work or contribute to (Alliance member).

We had a session just last Monday for anyone who has Court-based issues, people who are on drug and alcohol, who have to appear in Court, have got some advice from the Deputy Chief Magistrate and our practising lawyer who works in the area, we paid for that with the Community Health Centre

so there are two agencies from the Alliance that got together to share the costs and opened it up for others in the community but that's just one example of those sorts of things that we do (Alliance member).

Speed and Access in Response and Action

Effectiveness and efficiency of the Alliance was evidenced consistently throughout meetings, in its capacity to respond to issues, threats, and opportunities in an immediate manner, and its access to the pool of resources of members and member organisations. Action taken, decisions made, and new opportunities seized can combine to make a considerable impact. The Alliance was able to access and act with efficiency and speed through the sharing of opinions, ideas, past experiences, historical contexts, political and social awareness, the personal and professional expertise of diverse backgrounds, and extensive life experiences, links and networks of members. As articulated by one of the Alliance member:

The Alliance allow us to generate new ideas that we haven't thought of and also as a resource of fast tracking opportunities, we might have access to each other's space, staff, communication vehicle which enable a much more dense penetration of the ideas and a much quicker spread of the ideas and of the projects themselves that we would otherwise try to do individually would take 12 times more involvement (Alliance member).

One impact is that it accelerates the work that we do, the Alliance can get a few people in one meeting sitting, eating together, we can deal with a particular issue and I'll provide advice and suddenly a new idea and a new pathway is formed (Alliance member).

We are working with the reality, with people who are out there, who we can share the implementation with and have it specifically tailored to the environments they work in or live in, people aren't shy and would tell us if it will never work because of this or that, or they don't have any time or they don't have any money, so that saves us a lot of time and a lot of effort

and a lot of worry because these people are our eyes and ears before its put out in the whole community (Alliance member).

Another great value of the community representatives is that they can talk about what's happening locally with their friends and their family and their neighbours and people who they involved with in sports clubs and other groups and some of the ideas or the things can be tested quite quickly in real life experience that are very informal and we will get that feedback very quickly and work on it that involves those people in our projects or someone that they might know who is really interested in whatever topic it is might ask to come on board and help us or just be informed about what's going on so it's a really good way of spreading information (Alliance member).

I've been surprised as to how quickly it is to make social change happen, there have been examples where an issue has come up and suddenly the police have got an idea and the local school has got an idea and the local community health centre has got an idea and within literally within minutes either a new project has been born or a project has been stuck as something that has become unstuck and it's been able to sort of progress and its almost magical watching that unfold in front of your eyes whereas people have come to the meeting quite anxious and have been grappling with something for a long time but they just didn't have the contacts that they needed or they were a bit nervous about how to ask someone for help so they just put it out on the table and at the Alliance is where people help them to get through that so its genuine support and a willingness to help and not compete against each other, it's really refreshing (Alliance member).

Accountability

New forms of accountability were identified within the Case. These included peer accountability among member organisations and their duty of care and responsibility to each other, which went beyond the traditional organisational hierarchical structure and line of authority. The impact of member organisations' behaviour or practice was often raised, discussed, and commitment toward further improvement was expressed and demonstrated. Accountability was evident at both the inter- and intra-organisational levels.

It was found that the member organisations were prepared to open themselves to informal and formal observations and feedback about their performance and to expand their accountability more broadly and directly with other members and stakeholders. At the Alliance meetings, time was allocated for reflecting and reviewing of practices. Concerns raised about any initiatives and practices within the Alliance, by member organisations or in the community, were discussed and agreed-upon action was taken. Members presented and shared any reviews and evaluations of their own organisations and discussed the achievements, progress, or lack of progress. Data also showed recorded observations of members using formal and informal processes and opportunities in and between meetings to clarify issues, raise concerns, seek assistance and support, and advocate. As described by an Alliance member:

I've learnt about genuine accountability, not one where you can tick the boxes, I have done this or I haven't done that, but one where you can engage in a deep conversation with somebody about my responsibility to the community or to a person or a particular project and others can share their comments so you actually have a really rich engagement about being accountable to the community and to each other and to whoever is sponsoring it (Alliance member).

Figure 4 illustrates the breadth of interorganisational accountability that took place.

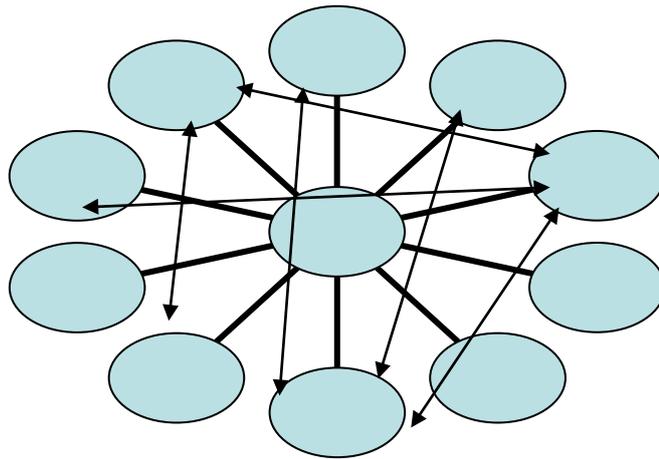


Figure 4. Interorganisational accountability a two-way, multilevel flow

Personal and Professional Support

Personal and professional learning and support gained from participating in the Alliance were a significant feature identified by all members. This support was also observed throughout Alliance meetings, day-to-day contact, and the flow of communication among members outside Alliance activities. For example, members often referred to their participation as a source of inspiration, rejuvenation of ideas, and personal and professional support for their work, support not always available within the members' own organisations. Peer support and strong friendships also developed from common activities and areas of interest, leading to vital support at times when, for instance, members were experiencing changes in their own organisation.

Interview and group discussion data highlighted the significance of the Alliance at both the personal and professional levels. New solutions, strategies, initiatives, and actions evolved, concerns were raised, and issues identified. This transformation occurred through the sharing of opinions, ideas, past experiences, historical contexts, political and social awareness, the personal and professional expertise of diverse backgrounds, and extensive life experiences, as the following statements illustrate:

Just the sense of being at the meetings and being part of the meetings its helped me in terms of my own role in organising and facilitating meetings

properly and what we need in our meetings and ways of improving them...there is a lot of contents, a lot of the actual process that's very important (Alliance member).

I usually come away energised from them (Alliance's meetings) and I'm thinking someone has given me an idea about something I want to follow that up or it's something that I want to speak about and it sort of sets me off for different things within my own community and shown me a way ...that I thought needed to be done perhaps just quietly but it shown me a way to be more active over different things, I'm now involved in the Jewish community with employment service that's been set up (Alliance member).

I have found it very good to be at the meeting and just hear whatever people have to say in terms of me learning about the community and learning how people relate to it and their purpose and the extent of their work and their focus whatever is said at that meeting I have found to be a help to fill in the picture for me (Alliance member).

I got on to the community advisory committee for the Alfred Hospital which is something I really wanted to do and for that community. ..the new Alfred centre being built ... I'm very grateful to the alliance for those opportunities because I've learnt from the alliance when I've brought up at those meetings when we have been discussing issues (Alliance member).

Port Phillip's plan how they report back the purpose of it etc ... that's certainly been of use to me in trying to provide guidance to the other Councils, it provided a lot of professional networks for the work that I do and personally the relationships with the people on the Alliance has been really rewarding, and its good (Alliance member).

Minimisation of Risks and Maximisation of Innovation

Feedback and consultation about new and emerging initiatives and ideas that were accessible, immediate, and well-connected to the current activities and to the social and political contexts aided in the minimising of risks and the maximising of innovation. The quality and richness of information, local knowledge, and historical expertise, experiences, and links shared between Alliance members were critical features in developing their capacity to influence, take risk, create innovation, and produce appropriate and effective localised forms of intervention and collaboration. The following statements, as illustrated in Figure 5, indicate how risks were minimised and innovations multiplied:

The things that are being done here are very leading edge, very innovative and that certainly is really significant for me in my role like things happening in practice and what I learn from it (Alliance member).

The Local Drugs Around Table is a partnership of a lot of different players who in effect have their own agenda. There have been some very difficult times with some of the projects particularly the Sex and Drugs Historical Walking Performance. There were some issues, our view was that both the CEO and the Mayor at the time had completely over reacted but in any other Council you wouldn't even been able to go there. The Mayor had a complaint from a very powerful local woman, a woman who is actually the president of a local action group against street sex workers and she was outraged that we were making a performance about sex worker working in the street when the residents had to live with it. It was an election year and the Mayor was quite anxious about being re-elected and wanted to not being a moving target on this topic. We have to rock the boat and we wanted the impact of that work to be transformative and I think it really has been in certain areas and at a micro level it has an amazing impact. The story around the sex and drugs project is that it's a very risk taking endeavor and more so than it would even been seen on the surface and I mean that might be about our preparedness to take risks as workers but that performance was researched by our worker and performed by a mix of professional actors and people who had seen hard times, one of the actors

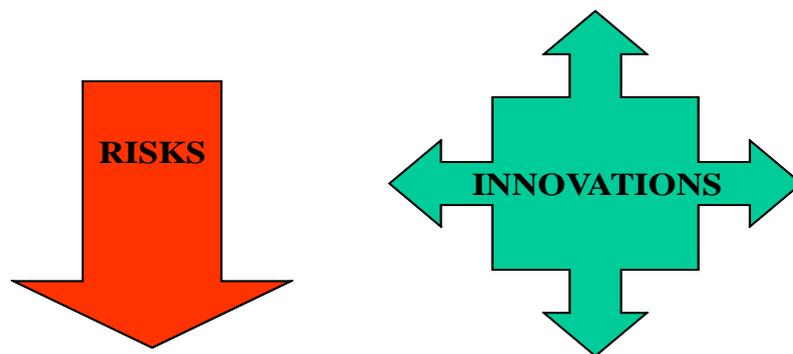


Figure 5. Minimisation of risks and maximization of innovation

Section 4: Hallmarks of Collaboration

It can be argued that, taken collectively, the present findings provide evidence for the existence in the overall operations of the Alliance of the all-encompassing concepts of empowerment, ownership, and integration. In Figure 1, these concepts are described as hallmarks of collaboration.

Empowerment

The focus of the approach to work in the Alliance was to transform or remove structures, systems, and processes that were contributing to the disempowerment of individuals, families, groups, and organisations in the community. The contribution to empowerment was reflected in targeted initiatives, strategies, and actions. Emphasis was on expanding opportunities and the development of social and community infrastructures for participation and inclusiveness in influencing the processes and activities impacting on the health and wellbeing of individuals and the community. For instance, empowerment was visible through the ongoing consultation and feedback systems and processes that were incorporated into the planning and implementation of programs and initiatives. The continuous flow of transformative processes created a system that supported and allowed individuals, groups, and the community to act as a forum for ongoing participation and influence in planning, decisions, and actions.

Ownership

The issues of ownership, clarity of role, and shared sense of purpose are important elements in ensuring commitment and contribution. While the benefit to each member was not often openly discussed and the main focus was the common purpose of members, the mutual benefit to each member was obviously important. In effect, the internal structures accurately mirrored the abilities of the Alliance to create external change via democratic practices. Collaborative betterment and collaborative empowerment were evident within the Alliance, which provided frameworks along a continuum for examining decision-making power and strengthening the sense of ownership among members.

Integration

The Alliance demonstrated an integrative approach to community work. The shift to a collaborative approach was required of various levels: at the individual level, from both personal (values) and professional (technical framework) perspectives; at the organisational (culture) level, and at the group (sector specific) level.

It's a much more integrated approach, it's a much more coordinated, planned approach, whereas others are much more slap hazard, they don't have that same integration and I don't think they have the same skills base as what Port Phillip has in their officers, that sort of broader, strategic approach, and their more willing. I don't know if they are just more visionary and more creative in the way that they go about doing things (Alliance member).

The State Government who come to the Alliance who are really useful in a different way because they give us another raw perspective of what is happening around in other places so we can tie in with that work or we can do something different to that work or we can do something early or we can change one of our projects to fit in with the aspect of that work that's being done elsewhere or there might be a funding opportunity that are coming our way that we can be aware of before others. They are our scouts in a broader area that can tell us, give us early warning about things as they coming forward, that helps us significantly with our planning and the directions we take a project, and provides some feedback on how we are compared with other areas and other municipalities and other similar works. They let us know what is happening on the other side, these people can also take our work out to the broader community and tell others about what is happening in Port Phillip so our influence then can ripple a lot broader than just our municipal boundaries, so they are really good and cheap information spreaders, we don't have to do press releases or anything if we have a good idea the others will know about it (Alliance member).

Section 5: Summary Conclusions

The aim of the thesis was to conduct an in-depth study of an existing MSC, using a broad systems theory approach to explore and identify the dynamic forces critical to the MSC approach to policy development and implementation. Findings from the present study have identified, confirmed, and provided further

insight into the key features of MSC as described by Wolff (2001b). The research has highlighted how through adopting a combined case study and systems theory approach, it becomes possible to explore with thoroughness the dynamic functions of each of these features. The new findings are important in broadening the current conceptualisation of MSC and in the development of a theoretical framework for evaluation of the MSC approach.

The additional findings in relation to Wolff's (2001b) key features of MSC are not only directly connected to the application of systems theory and identification of the dynamic forces as the core operating forces within MSC, but also provide evidence of critical concepts linking MSC to those identified in social capital literature, including bonding, linking, and bridging. Based on the findings from this research, there is overwhelming evidence of social capital concepts operating within the MSC approach. Thus strong evidence emerges for a new conceptualisation of MSC as a social capital structure, within which there are many sub-social capital structures that form and transform policy, social systems, concepts, and actions. The dynamic forces identified and the link to social capital provide important new insight and tangible evidence of MSC inner workings, highlighting its critical social intervention processes and articulating its approach and potential contribution to policy development and implementation.

Findings from this research also provide guidance on key areas requiring focus and attention in the establishment and development of MSC. The key MSC social intervention features identified in this study (listed on the right of Figure 1) are important indicators of effective MSC practice. These can be applied as evaluation tools and indicators of MSC effectiveness within the context in which it operates.

The conclusions to be drawn from the findings in relation to the research questions are as follows:

- *Question 1: To what extent are the features identified in the literature apparent in the Case under study?* All features reported as basic to MSC in the literature were evident in the single-case study. Furthermore, findings from this research provide new insight and

broaden the scope and focus of each of the MSC undergirding features through a systems framework.

- *Question 2: What further features emerge that sit within a systems theory framework?* As illustrated in Figure 1, numerous features emerged that demonstrate a fully-operational system, with parts combining to produce an effective whole.
- *Question 3: What underlying mechanisms and dynamic properties are found to operate in this present study and why?* These properties and mechanisms can be broadly described as interactive, relational, synergic, and transformative. Their presence can be explained as due to the undergirding hallmarks of collaboration, namely, empowerment, ownership, and integration found to be operating in the Case.

CHAPTER 6

DISCUSSION

Introduction

The aim of the thesis has been to conduct an in-depth study of an existing MSC, using a systems theory approach to explore and identify the dynamic forces critical to the MSC approach to policy development, implementation, and outcome evaluation. A central proposition has been that a comprehensive evaluation framework for MSC is required to ensure that these dynamic and complex interrelating features are fully recognised. On the basis of the known characteristics and features of MCS as documented in the literature, in particular as outlined by Wolff (2001a), five operationalised questions emerged. The present findings are discussed in relation to the first three of these questions, before being discussed in relation to previous literature.

Research Questions and Related Findings

Question 1. To what extent are the features identified in the literature apparent in the Case under study?

To adequately address the questions raised, the range of concepts applicable to MSC as found in the literature needed to be examined. Wolff (2001a) identified key features required by coalitions to effectively maximise their potential, which includes community readiness, intention, structure, and organisational capacity, taking action, membership, leadership, resources, relationships, and technical assistance. These features were used in this study as a guide for the exploration and development of a best-practice framework. Based on the present research, ample insight was developed about the basic requirements for the formation of a MSC. Wolff's (2001b) identified features were revised and further developed and referred to in the findings of this research as MSC undergirding features (see listed on left in Figure 1). The revised MSC undergirding features reflect the findings and new insights associated with each of the features and their direct relationship to the dynamic forces operating within MSC.

Table 11

Wolff's (2001b) Best-Practice Features and New Findings to Characterise MSC

MSC basic features from current literature (in particular as outlined by Wolff)	MSC basic features revised by findings	New dimensions and additional findings of the MSC basic features
Community readiness	Contextual	<ul style="list-style-type: none"> ▪ Contextual impact includes the complex web of past, present, and future plans of local area and stakeholders. ▪ Dynamic and flexible engagement with appropriate strategies and tools are vital to sustain an effective MSC. ▪ Maximum impact and outcomes are linked to the extent and level of accountability and connectedness to the MSC context (i.e., stakeholders and community).
Intentionality	Common ground	<ul style="list-style-type: none"> ▪ Beyond shared vision, common ground refers to a range of areas of like or similar practice, focus, interest, and intention. ▪ Common ground is directly linked to and supported by reciprocity and mutuality, which form the basis of the four core operating forces found in MSC: interactive, relational, synergic, and transformative. ▪ An effective MSC requires the capacity to focus on its common ground and manage the tension between common ground and the autonomy of its members.
Organisational, structural, and technical capacity	Organisational, structural, and technical capacity	<ul style="list-style-type: none"> ▪ Organizational and structural features are important, complex and a high level of new technical skill and knowledge in group dynamics, processes, and of the field itself is required of members.
Outcome	Outcome	<ul style="list-style-type: none"> ▪ Action and activities are important mechanisms (process and outcome) for engaging, connecting, and consolidating the basic features found in MSC, to form the dynamic forces for generating the three hallmarks of collaboration outcome: empowerment, ownership, and integration.
Leadership	Leadership	<ul style="list-style-type: none"> ▪ Leadership in MSC is dynamic and shared among members. ▪ Leadership consists of and operates at various levels, including the formal, informal, shared, expertise.- specific, issue or situational-based, multilayered, and collective.
Resources	Resources	<ul style="list-style-type: none"> ▪ The capacity and extent of actions, activities, and outcomes of a MSC depend significantly on their resources and their capacity to influence, generate, and attract the resource needed. ▪ Resource in a MSC context is extended beyond the financial aspects and includes other forms: skills, knowledge, links, connections, networks, in-kind support, and power of influence.

The revised undergirding features of MSC based on the new dimensions identified from this research are context, common ground, organizational structure and technical capacity, outcome, leadership, and resources. The new dimensions identified are significant sustainable features, not only in the formation, but also for the ongoing effective development of the MSC practice as evident in the Alliance. Table 11 provides a list summarising Wolff's (2001b) best-practice features and new insights developed in this research, about features that are crucial to the structure, operation, and functioning of MSC.

The following discussion provides additional insights into MSC undergirding features, building on the characteristic features identified by Wolff (2001b). This research argued that the new insights generated from the findings of this study are the direct result of the application of systems theory framework.

Contextual. Context is an important undergirding feature of effective MSC. Finding from this research expands on the community readiness feature of best practice in community coalitions. Wolff (2001b) argued that the state of the community prior to the creation of the MSC is critical to its success. He identified community readiness and link to series of factors including the impetus for adopting MSC approach, prior history, intensity of turf wars, over-coalitioned communities, and existing leadership (Wolff, 2001b). Other researchers on collaboration have also identified certain preconditions as important in insuring successful collaboration (Trickett, 2004). Wood and Gray (1991) stressed that the qualities of the convener or initiator of the collaboration are important preconditions. These qualities include convening power; legitimacy among participants; a balanced even-handed approach; appreciation for overall vision, participants, and process; and the ability to identify all relevant stakeholders.

Findings from this present research support the claim associated with preconditions and community readiness, but further propose that the success and effectiveness of MSC depends to a large extent on its capacity to be informed by and build on local knowledge in the formation phase and remain connected and responsive to the stakeholders in which it operates throughout the life of the MSC. Contextual features identified as critical success factors include the complex web of historical past, present dynamics, and future plans of the local area,

communities, and context in which MSC operates. Contextual knowledge, insight, and engagement are vital to MSC practice. The Alliance's effectiveness was reflected and most evident in its capacity to develop and nurture formal and informal structures to remain informed, influenced, and connected to its context from the establishment phase and throughout its operations.

Intentionality. In MSC, membership can range from 3 to over 20 individuals representing organisations, and the members' interests and intentions are diverse and broad-ranging. Wolff (2001b) stated that critical success factors for MSC include clarification of intentionality. He argued that a common shared vision and mission generate clear goals, objectives, and action plan, community ownership, and belief in what is possible among participants. Wood and Gray (1991), in their work on collaboration highlighted the important distinction between three kinds of interests or intentions among stakeholders, which they argued require sorting and are critical aspects in determining the success of collaboration: (a) shared, (b) differing, and (c) opposing.

Findings from this present research further argued that intentionality is an aspect of the process of establishing common ground in MSC, and it is a significant part of the relationship-building required among members. The process of establishing common ground goes beyond establishing a shared vision and mission as identified by Wolff when he referred to intentionality. Findings from this study highlighted that establishing a common ground and sustaining it is highly relational and required to be sustained by ongoing values of openness, mutual respect, and reciprocity. These values are found to be critical in the Alliance. The values provide a sustainable forces and ongoing guiding basis for the Alliance's interactions.

This thesis has argued that common ground as a feature of effective MSC consist of a range of areas of like or similar practice, focus, interest, and intention (see Table 4 for a list of areas of potential shared, differing, and opposing interests and intentions). Common ground is directly linked to and supported by reciprocity and mutuality, which form the basis of the four core operating forces found in MSC: interactive, relational, synergic, and transformative. An effective

MSC requires the capacity to focus on its common ground and manage the tension between common ground and the autonomy of its members.

Organisational structure and technical capacity. The extent and quality of organisational support and technical capacity to the establishment and ongoing development of MSC is an important feature that is said to differentiate successful MSC from the rest (Wolff, 2001b). Organizational structural as an effective feature of MSC is evident in the Alliance and is important. However, findings from this research further exposed the complexity of MSC as a system that requires a high level of (a) new technical skill and knowledge in group dynamics and processes, and (b) the specific expertise of the field itself required of members. This present research highlighted the current gaps in MSC practice, which include the lack of recognition of these complex skills and technical expertise required for the effective facilitation of and participation in MSC practice. Wolff (2001b) referred to structure and organizational capacity in relation to staffing, decision-making process and communication, but did not identify the extent of the complex technical skills required in the facilitation and development of an effective and sustainable MSC. Table 7 lists key areas of technical capacity and skills requirements that were evident in the Alliance. For example, it is arguable that the Alliance's effectiveness was directly link to its technical capacity which includes: conceptual and theoretical knowledge of social, health, and community fields (research and analytical skills); knowledge and experience in policy development and implementation (policy analysis skills); knowledge and experience in project management, program and service delivery (project and program development, delivery, and evaluation skills) ; group leadership, motivation, and processes (team development, conflict resolution skills); and organisation and administration support (organisational and documentation skills).

Outcome (activity and action). Wolff (2001b) identified taking action as a critical feature of MSC. He stated that the MSC capacity to provide ongoing links and connections among actions, activities, overall strategic objectives, and outcomes are critical to maintaining the commitment and to overall credibility (Wolff, 2001b). Findings from this present research support Wolff's claim (see

Table 8 for Alliance Action and Activities) and further argued that outcome as an undergirding feature of MSC refers to both activity and action, their function being important and powerful mechanisms for (a) engaging, (b) connecting, (c) supporting, (d) linking, (e) building trust, and (f) building relationships between the members. These mechanisms are evidence of features often referred to in the social capital literature as social bonding, bridging, and linking. It is argued that findings from this research have provided substantive and numerous evidence of the direct link between MSC outcome, in term of activities and actions, to the formation of the dynamic forces that generate the three hallmarks of collaborative outcome: empowerment, ownership, and integration

Leadership. Findings from this study confirmed and support Wolff's (2001b) concept of collaborative leadership as the most effective leadership style found in MSC practice. In MSC, the concept of collaborative leadership differs significantly from the traditional leadership model. For example, compared to the traditional leadership, collaborative leadership would share power rather than impose hierarchy; focus on the whole system and community, instead on a specific section or area; place emphasis on facilitation and process instead of decision-making; value flexibility instead of control; and focus on inclusive instead of exclusive (Wolff, 2001b). Collaborative leadership identified in the Alliance consists of and operates at various levels and include formal, informal, shared, expertise-specific, issues or situational-based, and multilayered, as well as collective (see Table 9 for Leadership Model of the Alliance).

Chrislip and Larson (1994) identified four principles of collaborative leadership that were evident in the Alliance. They include leaders who:

- inspire commitment and action;
- lead as peer problem-solvers;
- build broad-based involvement; and
- sustain hope and participation.

Collaborative leadership found in MSC practice, according to Chrislip and Larson (1994), emerged from transforming or facilitative leadership. They stated that:

Collaborative leaders are sustained by their deeply democratic belief that people have the capacity to create their own visions and solve their own problems. If you can bring the appropriate people together....in constructive ways....with good information (bringing about a shared understanding of problems and concern) it will create authentic visions and strategies addressing the shared concerns of the organization or community. The leadership role is to convene, energize, facilitate and sustain this process (p. 146).

Collaborative leadership as defined by Chrislip and Larson (1994) provides a good summary of leadership style found in the Alliance practice.

Resources. Wolff (2001b) identified funding and resources in relation to basic coordination, collaboration, and information exchange. He raised a key concern when funding begins to drive the agenda of the MSC instead of the vision and mission of the MSC. Contrary to Wolff's concern about the impact of funding on the integrity and focus of MSC, and thus its effectiveness, findings from the present research indicate that the capacity and extent of actions, activities, and outcomes of a MSC depend significantly on their resources and their capacity to influence, generate, and attract the resource needed. Resources as defined in this study extend beyond the financial aspects to include skills, knowledge, links, connections, networks, in-kind support, and the power of influence. These forms of resource are powerful mechanisms that are generated through the dynamic forces operating within an effective MSC. They in turn generate actions, activities, commitments, and change. It is argued that these resources become one of the key rationales for the establishment of many collaborative or chosen practice approaches in policy development and implementation.

Summary

In summary, key lessons learnt from this present research in relation to the features found to characterise MSC include a broader conceptualisation (dynamic) and additional functions (interconnected, multiple levels, and multiple layers). Some examples of these new insights are listed in the right hand column of Table

11. These new insights into MSC features are vital for the identification and understanding of the full potential of the MSC approach and related capacity in policy development and implementation. It is also critical for the formation, monitoring, and development of an effective and sustainable MSC.

Wolff's (2001a) conceptualisation of community coalition as a form of MSC is based on traditional characteristics and features found in groups and organisational frameworks with an emphasis on structure, planning, resource development, membership, and leadership. The insights developed in this study highlight other important dynamic elements of how MSC operates. These include elements such as interconnectedness and interdependence of systems, processes, and forces operating within and between the undergirding features. These dynamic elements are the forces that determine and shape MSC operation and effectiveness in policy development and implementation.

The present research broadens the conceptualisation of MSC characteristic features to include relational and dynamics elements. Multiple layers of dynamic forces (interactive, relational, synergic, and transformative) that are evolving and operating within MSC have been identified as social capital bonding, linking, and bridging. Through the application of systems theory, new insights have been gained into the inner working of MSC as a dynamic perspective that extends beyond the traditional and conventional identification of organisational features of MSC. Findings from this study challenge the traditional framework of MSC, its restrictiveness (focus on parts) and its failure to fully articulate the complex web, multiple layers of interconnection (systems,) and the dynamic nature of MSC. It is argued that the effectiveness of MSC as an approach to policy development and implementation in social, health, and community fields, and in generating structural change, systems reforms, and social action is directly linked to its complex web of interconnectedness, multiple layers/levels of intervention, and dynamic forces. This study further argues that, in order to generate and achieve structural, systems, and social change through policy development and implementation, the form of intervention requires the key contribution of MSC approach, namely, multiple levels of intervention.

Question 2. What further features emerge that sit within a systems theory framework?

Systems theory emphasises the importance of the whole or collective perspective of a subject under study as well as the parts. It demands recognition of the concepts of multi-objectives, multitasks, and multidisciplinary status (Wijkman, 2006). Attention is on the whole, the interconnections among the parts, and the interrelationships (Parsons, 2007) within the operational system of MSC. Findings from the present research, through the application of systems theory, have provided a new conceptualisation of MSC. MSC itself emerges as a system of dynamic forces interacting, directing, supporting, and influencing through interrelated and interconnected actions and activities to achieve the ultimate goal of social intervention.

It is important to note the commonality of key concepts identified in systems thinking literature and in that of MSC. These concepts include the interdisciplinary, group dynamics, interdependence, interconnectedness, and interactions. However, the review of the literature and debate on MSC in community psychology literature (Wolff, 2001a) has drawn attention to the limitations of the current dominant approach as to how MSC is conceptualised, namely, the traditional and conventional categorisation and identification of MSC characteristics and features. The present research argues that systems thinking, which originated from systems theory and system science, offers a new framework for the conceptualisation of MSC as a dynamic systems for change and innovation through policy development and implementation in social, health, and community.

As illustrated in Figure 1, numerous features (social intervention features) emerged that demonstrate a fully operational system, with parts (undergirding features) combining (values) to produce an effective whole (dynamic forces): interrelated, interconnected, and interdependent of each other. Through a systems theory framework, it is possible to identify the features of dynamic and complex interrelated webs of activities, actions, and forces in operations that influence the mechanisms and systems underpinning an effectively functioning MSC.

Banathy's (1992) definition of systems provides a central framework and support for the new insights of MSC from this study, which argues that the Alliance itself is a dynamic systems approach to policy development and implementation. According to Banathy: "The systems view is a world-view that is based on the discipline of systems inquiry, central to systems inquiry is the concept of system....system means a configuration of parts connected and jointed together by a web of relationships" (p. 25). There are two fundamental perspectives that inform systems theory, including, that "all phenomena can be viewed as a web of relationships among elements, or a system", and "all systems, whether electrical, biological, or social, have common patterns of behaviour, and properties that can be understood and used to develop greater insight into the behaviour of complex phenomena" (p. 30). It is from a systems perspective that new dynamic concepts were identified in relation to the Alliance's operation and function as a MSC approach. Through systems theory, the Alliance's undergirding features were further expanded (see Table 11) and their web of interconnectedness identified. Furthermore, the Alliance's dynamic forces: interactive, relational, synergic, and transformative mechanisms that drive, determine, and shape the effectiveness of MSC approach were identified. These findings provide evidence that support Keys' concept of co-empowered groups through group dynamic and collaborative process. Keys (1993) stated that "collaboration between empowered groups occurred when the board culture encouraged appreciation for interdependencies and the development of boundary spanners. When both groups were empowered and collaborated, there was a synergy in board functioning that enabled the organisation to accomplish more than it did when only one group held power" (p.37). Literature on the evaluation of the effectiveness of MSC has emphasised the importance of considering the concepts associated with empowerment (Himmelman, 2001) and its capacity to shift the power dynamic for improved outcome within the community it operates.

In this present research, through systems thinking the focus of the Alliance as MSC has expanded and shifted away from the focus on the parts (individual MSC undergirding features) to the whole (Alliance as a system), to the interconnections among the Alliance undergirding features, and to the

interrelationships of the Alliance members and their organisations (dynamic forces), and to MSC as a system that produces multiple levels of social interventions (social intervention features).

Systems theory has been adopted in applied psychology, including ecological counselling, and systemic psychology. The focus of systemic psychology is on understanding human behaviour and patterns of experience within a complex system, where individuals and groups are viewed as systems. Through systems theory the focus of this study of the Alliance has highlighted the importance of the Alliance as a whole system as well as the parts. Findings from this study demand recognition of the concepts of dynamic forces, interconnectedness, interrelational, nonlinear, multiple layers, multiple levels, multitasks, and multidisciplinary.

Question 3. What underlying mechanisms and dynamic properties are found to operate in this present study and why?

The dynamic properties and mechanisms noted in the present research are broadly described as dynamic forces: interactive, relational, synergic, and transformative. Insight into their presence is vital for understanding how MSC processes generate empowerment, ownership, and integration found to be operating in the Case.

Literature on the evaluation of the effectiveness of MSC has emphasised the importance of considering the concept of empowerment, in particular, from a Community Psychology (CP) perspective, with its emphasis on empowerment and the importance of social justice values (Rappaport, 1984). Current debate on the effectiveness of MSC includes its capacity to address empowerment concerns within the context of the communities in which it operates (Himmelman, 2001). MSC has been referred to as a new mechanism or approach to empowerment through its often broad membership and representation of diverse cross-sections of the community.

However, criticism of MSC has also highlighted its limitations in adequately addressing the inequity or power imbalance in communities, and its potential to replicate or re-enforce the existing power structures operating within communities (Chavis, 2001). Findings from the present research indicated that

the importance of the dynamic forces existing within MSC and the values and behaviours underpinning these forces. Their effective management and utilisation is basic to how empowerment is developed, cultivated, and converts into action, activities, and processes within the entire system. Findings from the Case demonstrated that empowerment is a hallmark of best-practice collaboration.

Research on group dynamics is well-established in the social sciences, education, and organisational behaviour, but limited within the MSC context. Key concepts in the field of group dynamics such as group development, structure, organisation, leadership, communication, and effectiveness, as identified by Butterfoss (2007) and Tyson (1989), were found to be vital in gaining insight into the nature of collaboration, in particular its synergy (Keys, 1993). This is one of the key findings of the present research. It was evident that, when assessing the Alliance outcomes, group dynamics and synergic force are major indicators of the system's capacity to operate effectively and keys to the development of innovation. The present research has also demonstrated that the development process is not linear but cyclical, not dissimilar to the group development phases of: formation, implementation, maintenance, and outcome (Butterfoss et al., 1993; McLeroy et al., 1994). Similar process as have been identified by Fawcett, Paine, Francisco, and Vliet (1993) and Florin, Mitchell, and Stevenson (1993). Findings from this study suggest that when evaluating MSC outcomes, the nature of group processes, developmental phases, life cycle, and synergy are essential factors to consider.

Hampering the current debate in CP in relation to the MSC approach to policy development and implementation in social, health, and community fields is the lack of empirical research as to how this approach translates the values and principles, which are often the rationale for the development of MSC, into practice. This lack also applies to the impact of MSC on social change, community action, social, health, and community outcomes. Chavis' (2001) work on community coalitions identified conflict transformations as an area needing further research, when assessing MSC or community coalition effectiveness. He argued that "there is a need for additional theory to explain how coalitions contribute to community and systemic change, especially when it comes

to issues of equality and justice” (p. 310). Chavis (2001) further highlighted how current MSC and community coalition practice and research needs to move beyond the traditional organisational characterisations and interpretations. Chavis (2001) stated that the capacity of the MSC approach to transform conflicts and inequalities through community coalitions is a primary factor for its successful development. He pointed out the potential within the MSC approach for conflict and inequality transformation. Findings from this study identified the values and dynamic forces operating within the MSC which are the key mechanisms for the transformation of conflicts and changes.

Himmelman (2001) argued that the mixing of governance roles, such as government and nongovernment decision-making power, as representative of a broad range of stakeholders, can lead to a process of re-enforcing existing power structures and limiting efforts for mutual sharing of power within the MSC or community coalition. He further identified the political and power-relation dimensions of MSC in the community coalition approach, and its capacity to influence change or reinforce the existing political and social structure. Both Chavis’ (2001) and Himmelman’s (2001) work suggest the need to further an understanding of the inner workings of a collaborative approach, the group processes involved, and how they operate within the MSC context. They both discussed the potential and implications of MSC, its capacity to implement strategies and transform the theoretical foundation underpinning its development in practice, which include concepts such as community empowerment and community participation. Findings from this study show that the inner workings of the MSC approach include: (a) values: trust, respect, and reciprocity; (b) dynamic forces: interactive, relational, synergic, and transformative; (c) hallmarks of collaboration: empowerment, ownership, and integration; and (d) social intervention features: multiple level interventions, learning, relational power for change and action, speed and access, multiple level of accountability, personal and professional support, and minimisation of risks and maximisation of innovation. These newly identified elements of MSC provide evidence of the processes, capacity, and links that transform conflicts, inequalities, empowerment, and participation in the community and contribute to systemic changes.

Summary of Key Findings in Relation to Previous Literature

Wolff (2001a) stressed the importance of community readiness and participation as fundamental to the formation and development of a MSC/community coalition. The present research has shown how these critical features are directly impacted upon by both context and common ground / shared vision. For instance, the complex web of past, current, and future plans of stakeholders and the local community/targeted area of a MSC come into play. The findings suggest that community readiness might well be dependent on a context that includes firm links and connectedness of the MSC operations and processes to its members. Findings from the Case also demonstrated a range of mechanisms and strategies for effective inclusion of contextual elements, such as skilled negotiation, opportunity for community reflection, adequate community representation, feedback, and ongoing engagement. Thus, the preconditions stipulated by Wolff (2001a) for successful establishment and development of MSC appear to be somewhat restrictive, with contextual considerations assuming a pivotal role from the outset. Moreover, context was shown to be of great significance in the continued development of a community coalition.

According to Trickett and Schmid (1993), there are epistemological, pragmatic, and ideological rationalisations underpinning the development of collaboration that are critical research methodology considerations. Epistemologically, a collaborative research approach recognises the importance of local knowledge, and the value of minimising the gap between collaborating partners in relation to the quality and validity of the research (Israel et al., 1998; Trickett, 2004). Pragmatically, collaborative approaches enhance the relevance and usefulness of the research to the local area and become an important resource to the local community. Ideologically, based on the concept of “knowledge is power”, a collaborative approach encourages knowledge-sharing. Thus, participating members or local communities can directly benefit from the collaborative process and further develop their capacity. Findings from the present research supported Trickett and Schmid’s (1993) recognition of the important and direct benefit from contextual engagement and connectedness in

collaborative approach. Findings from the Alliance further suggest that the Alliance capacity to remain connected to its stakeholder and community context is vital for the sustainability of an effective MSC. Further findings to do with literature-based features of MSC, including organisational, structural, and technical capacity; outcome; leadership; and resources are also listed in Table 11.

Previous literature has highlighted the difficulties of maintaining links with the communities and in ensuring participation, in particular, grassroots participation for social action and change (Kaye, 2001). Practitioners in the field also readily recognise the difficulties surrounding recruitment and maintenance of community involvement. Findings from the present study noted similar difficulties, but also recorded the powerful impact generated when a high level of community participation is achieved. For example, issues or concerns raised by community representatives at the Alliance meetings or other forums were highly valued and considered to be a significant resource, thus enhancing the credibility and recognition of the community being represented. Again, a range of strategies and mechanisms similar to those discussed with regard to community readiness apply to obtain/maintain active and committed community participation. This research found that the all-embracing concepts of empowerment, ownership, and integration were essential elements of the success of the Alliance.

Labonte and Robertson (1996) stated that the effectiveness of collaboration depends on the authenticity of relations among partners. They highlighted the importance of independent sources of power and legitimacy for all partners, a clear sense of purpose, agreement on visionary goals that transcend individual interest, and community group partners being locally connected and accountable to a constituency. Findings from the present study supported these claims, identifying the establishment of common ground as one of the undergirding features of MSC. The research data also showed that common ground has many dimensions, including shared goals, strategic objectives, outcomes, and similar areas of practice, focus, interest, and intention. As well, the important role of common ground in building and sustaining the dynamic operating forces of the Alliance became apparent.

Collaboration has its roots in mid-nineteenth century charity and social movements, with a focus on planning and resource development through the joint efforts of representatives from non-profit or community organisations, government bodies, businesses, and charitable organisations. Findings from this present research suggest that collaboration as an approach has evolved significantly to become more diverse and expansive (multiple sectors), complex and multi-faceted (multiple levels and layers of activities, engagement, and intervention), and mainstream (acceptance as common practice and expected as part of current government service and funding requirement). According to Chavis (2001), collaboration has been applied in the social welfare systems of the Western world since 1869, with the focus on planning and coordinating organisations for solving social problems. Collaboration was an important feature of the human rights movement and the women's movements in the 1950s and 60s, and in more recent times to social justice initiatives, health promotion, and public health movements in the 70s and 80s (De Leeuw, 2001; Duhl & Sanchez, 1999). MSC was best known for its effectiveness in generating social movements and asserting political influence for social change. The growing interest in collaboration and intersectoral partnerships, as well as this research, suggest that MSC has become a major and critical approach in the policy development and implementation of social, health, and community fields, in particular as mechanism for major structural and systems change.

For example, it was evident from the present findings that dynamic forces operating within the Alliance, which have to do with interactions, relations, and synergy, and result in transformation (See Figure 1 and Table 10) are vital inner working mechanism of the Alliance's effectiveness. The development and cultivation of these forces were shown to be important in the functioning of the Alliance and its capacity to generate strategies, actions, and solutions required for structural and systems change to be achieved.

The dynamic forces identified from this present research also support Fendley and Christenson's (1989) identification of collaboration in the context of learning he called "collaborative learning-work". He highlighted collaboration in relation to learning, sharing of knowledge, and development of innovations. He

argued that, through collaborative learning-work, old and new concepts, ideas or issues are reviewed, redefined, and integrated into the existing knowledge structure and form new knowledge structures. This process involves the resolution of any tension or conflict between old and new insights, which can then lead to innovation. Present findings have highlighted the dynamic forces operating within the MSC as the key feature of transformative process and learning (or collaborative learning-work according to Fendley and Christenson, 1989), which is a vital social intervention feature of the MSC approach.

New insight into dynamic forces as critical inner working mechanisms have emerged from this study, addressing one of the dominant debates in the current literature, in particular on MSC's capacity to handle conflict and implement changes to existing power structure and systems as identified by Chavis (2001) and Himmelman (2001). It becomes vital in the application of the MSC approach and practice that the inner working mechanisms be identified, cultivated, and developed throughout its life. It is argued that MSC, through the dynamic forces operating within it, creates, generates, and transforms conflicts, tensions, discussions, and debates. It is through the MSC's values and capacity to identify, develop, and cultivate a context for effective dynamic forces that the extent of its effectiveness in transforming conflicts into ideas and solutions is determined. For example, it is important that MSC members understand and appreciate that: (a) the MSC approach requires new learning and development of new ideas, (b) being open and prepared to let go of old or existing ideas and practices is essential, (c) the willingness to share ideas and accept different solutions from the group is required, and (d) the willingness to be challenged and held accountable for their action and the action of their organisation is central. See also Table 4 for a list of areas of potential shared, differing, and opposing interests and intentions.

Thus, this study argues that practitioner skills, knowledge, and experience in a solution-focused or problem-solving approach in multiple sector and interdisciplinary contexts are vital for the effective facilitation of a MSC approach to policy development and implementation (see Table 7 for a list of technical capacity and identified skills requirements).

Bransford's cycle of five phases provides a good framework and tools for MSC practitioners in the facilitation of old and new ideas, and for management potential conflicts, namely:

- Identify: Individuals can agree that a problem exists but yet disagree on how to define or represent it.
- Define: How the problem is defined influences the type of solutions the group will generate; it involves assumptions and constraints.
- Explore: The search for solutions that the group can agree upon will respond to the need as defined.
- Act: This phase involves testing out hypotheses about the solutions to see what will work and what will not meet the defined need.
- Look: The final phase involves observation of the effects.

To summarise, key findings from this present research are that (a) the strength of MSC is in its capacity to facilitate and transform shared, differing, and opposing ideas, interests, and intentions; (b) this can be achieved through shared values of trust, respect, and reciprocity with the recognition, development, and cultivation of the dynamic forces required for the effective functioning of MSC; and (c) transformative learning is an essential feature of MSC practice: preparedness and openness to new learning and sharing of ideas and commitment to generating alternative solutions and innovation are keys for conflict resolution and development of innovative outcomes.

Chavis and Himmelman (2001) have argued that a collaborative approach can maintain and re-enforce the existing conditions and hierarchal structure of the context in which it operates and fail to generate change. New insights into the inner workings of MSC, such as transformative processes, learning, and dynamic forces, can assist practitioners in identifying vital areas requiring focus and development in the formation and on-going development of MSC and, thus, to address the concerns raised by Chavis (2001) and Himmelman (2001). For example, the cultivation of the values which underpin the development of an effectively functioning MSC and its dynamic forces are vital for conflict resolution. The values that were evident within the Alliance, such as trust, mutual

respect, and reciprocity, were important drivers for the development of the interactive forces in supporting the culture of learning and sharing of ideas. The Alliance's culture of learning was evident, affirmed, and continuously reinforced in their operations, policy, processes, and member behaviours.

Key Findings and Community Psychology Principles

Findings from this present research are of particular important to CP for a number of reasons. The core interests of CP in social, health, and community fields, social change, and multiple levels of analysis the core features of the MSC approach. CP principles, such as ecology, prevention, empowerment, and inclusiveness, are among the key areas through which the MSC approach can have direct impact, based on the evidence and findings from the present Case. Examples of how MSC can directly and indirectly contribute to these principles are as follows:

CP's ecological principle emphasises the important nature of holism and multiple layers of contextualisation, including micro, meso, and macro levels. Bronfenbrenner (1979) argued that multiple ecological levels need to be considered for every phenomenon being studied in CP. He established the following ecological levels of analysis:

- Individuals: Studied in terms of person-environment fit, focusing on systems and structures, also referred to as second-order change by Watzlawick, Westland, and Fish (1974).
- Microsystems: Environments in which an individual have the most direct contact, such as classrooms, families, sports teams, self-help groups.
- Organisations: Larger microsystems an individual belongs to, such as choirs, school, or business organisations.
- Localities: Communities or geographic localities, such as neighborhoods/townships.
- Macrosystems: Societies at large, including government, social and culture systems.

Nelson and Prilleltensky (2005) identified MSC as a vital process and approach within the CP ecological framework. Figure 1 presents findings from the present studies, which identify how the MSC approach can contribute to CP concepts and framework. Features identified include the hallmarks of collaboration: empowerment, ownership and integration (see centre of Figure 1) and social intervention features: multiple level interventions, learning, relational power for change and action, speed and access, multiple levels of accountability, personal and professional support, and minimisation of risk and maximisation of innovation (see right hand list in Figure 1). These features are among the key findings of this present research and provide the evidence currently lacking in the literature that demonstrate MSC capacity, activity, and effectiveness as a potential approach for the development and implementation of a CP ecological framework. It was evident from the Case that individuals, organizations, local community context, and the broader community were affected through direct participation of the Alliance or linked through the experience of the Alliance's activities. For example, some of these effects were evident through the change of view, practice, and introduction of new policy, procedures, and programs among the Alliance member organisations, local organisations, activities in the community, and application of learning from the Alliance in the broader community and beyond the local context to state and national levels (see also Table 8 of Alliance actions and activities).

The concepts of social capital and community capacity are significant and recent developments in CP. The current CP literature draws attention to gaps in the recognition of links between these concepts and MSC's features, functions, and undertakings. However, evidence from this study provides the links, and it is argued that MSC and its activities generate webs of relational systems of support (social cohesion and social connectedness) within its membership and within the communities where it operates (community capacity). Findings from the present research further demonstrate that MSC is an important community asset (collective social capital) with structures, forms, and forums for the facilitation of

the development of social cohesion, social connectedness, community capacity, and social capital.

As a broad term, social capital refers to the "norms and networks facilitating collective action for mutual benefit" (Woolcock, 1998, p. 155). There is some consensus among researchers that social capital refers to the "ability of actors to secure benefits by virtue of membership in social networks or other social structures" (Portes, 1998, p. 6). Based on these definitions, the present research has highlighted that there are direct and indirect links between social capital and MSC hallmarks, dynamic forces, and social intervention features. For example, Coleman (1998) described social capital as a vital element that is "less tangible yet it exists in the relations between people" (p.100); this description reflects the inner working of MSC dynamic forces.

Putnam (as cited in Campbell, 2001) stated that a community with high social capital is characterised by "a dense array of community networks; high levels of civic engagement or participation in these networks; generalized norms of trust and reciprocal help and support between community members, whether or not they are personally know to one another" (p.330). Based on Putnam's conceptualisation of social capital, these features are found in the MSC hallmarks and social intervention features. It is evident from the present study that MSC as an entity is a form of social capital, and within the MSC there are many sub-systems which are forms or structures of social capital. MSC as an entity is a forum for the development of social capital within the context in which it operates.

According to Woolcock (as cited in Simpon et al., 1999), communities that are successful have the capacity to develop outcomes based on building social capital. He stated that social capital is achieved when

people are willing and able to draw on nurturing social ties (i) within their local community, (ii) between local communities and groups with external and more extensive social connections to civil society, (iii) between civil society and macro-level institutions and (iv) within corporate sector institutions. (p.34)

All these features outlined by Woolcock are evident in the Alliance's processes, activities, and outcomes. From the social capital perspective, MSC's effectiveness and success can be measured in its capacity to improve social trust, social connectedness, and relations and cooperation in the community. MSC as an entity has been referred to as both a form of social capital and a formal structural source for the development and cultivation of social capital outcomes such as bridging, bonding, and linking capital as its core nature and function (Cox, 1995; Scanlon, 2004). In particular, bridging capital has been closely connected to interorganisational and multiple sectoral collaboration, and to MSC as the basis for community-based social, health, and community initiatives (Kreuter, Lezin, & Young, 2000). Findings from this study support these claims and provide further evidence for links through the identification of MSC social intervention features.

In summary, findings from the present research support MSC as a form of social capital, which has the capacity to facilitate complex, multilevel, and multiple sector issues, systems, and perspectives. A similar claim could also be made in relation to the MSC approach as a form or facilitator of the development of other associated concepts such as community capacity, social cohesion, and social connection. There is strong support from a broad range of literature and findings from this study that identify MSC as significant in improving social capital through the strengthening of community capacity, social cohesion, and social connection. For improved social, health, and community outcomes, the establishment and development of the MSC approach is an integral part of the social intervention.

The Butterfoss (2001), Wolff (2001b), Chavis (2001), and Himmelman (2001) analyses of MSC and community coalitions as community intervention strategies have demonstrated its capacity to provide forums, processes, and structures that support the development, implementation, and maintenance of community capacity and social capital through increased social cohesion and social connection strategies. Evidence from the Case has clearly identified the Alliance as a forum for the development and implementation of actions, initiatives, and strategies to meet its strategic objectives of social cohesion and connectedness.

This study has explored the link and relationship between MSC and social capital, and the findings clearly support the existence of direct relationships between MSC as an entity, its activities as social capital. For example, there is evidence to support MSC practice in policy development and implementation in social, health, and community fields as a vital player in the formation, development, and maintenance of social capital. As well, the impact of MSC in social capital development contexts and its direct contribution to improved social, health, and community outcomes is supported. Furthermore, it is argued that findings from this study reveal MSC as a system with dynamic elements of interaction, interdependence, interconnectedness, and integration as key features of social capital.

According to McLeroy, (1994), community capacity refers to “ the characteristics of communities that affect their ability to identify, mobilise, and address social and public health outcomes" (p. 2). Roger, Howard-Pitney, and Lee (as cited in Goodman et al., 1998) highlighted the common features and processes of the MSC approach in their conceptualisation of community capacity as “the cultivation and use of transferable knowledge, skills, systems, and resources that affect community and individual level changes consistent with public health related goals and objectives." (p. 259). Based on these conceptualisations of community capacity, MSC as an approach to policy development and implementation for improved social, health, and community outcome is arguably an important vehicle for the development and strengthening of community capacity, evidence for which is to be found in the MSC hallmarks of empowerment, ownership and integration.

To summarise, findings from this study identified the links between the concepts of sense of community, social capital, community capacity, and MSC. These are (a) MSC as an entity is a form of sense of community, social capital, and community capacity; (b) the key characteristics, features, and activities are similar between MSC and those identified within the three concepts; and (c) MSC dynamic forces, hallmarks, and social intervention features identified from the present research are vital elements required in the development of sense of community, social capital, and community capacity.

Current literature in the group dynamics field identified the concept of synergy (Lasker, 2000), or “partnership synergy” according to Kelger (2001), which he argued is a critical area for further research. Kelger argued that much of the current research on alliances or community coalitions failed to focus on and identify the pathway through which the MSC approach is able to contribute to achieving better social, health, and community outcomes compared to the traditional single agency approach. Lasker (as cited in Kelger et al., 2001) stated that “synergy is the mechanism through which partnerships gain advantage over more traditional, less collaborative approaches.....that synergy is the proximal outcome linking partnership functioning to achieved outcomes” (p.176). In CCAT, the concept of “synergy” was identified as a core source of a coalition’s mechanism for developing “effective assessment, planning, and implementation of strategies” that result from the “synergistic” pooling of member and community resources (Butterfoss & Kelger, 2001, p. 177). The dynamic forces identified from this study provide strong evidence and links between the synergic force (partnership synergy) to the Alliance’s actions, activities, and outcomes. Additional insights and concepts such as interactive, relational, and transformative, which are integral elements to the development of synergic forces within the Alliance, are important new elements identified from this study that provide the links between the Alliance values, processes, activities, outcomes, and effectiveness. Thus, these new concepts and insights of the inner working elements of MSC (values: trust, respect, reciprocity; and dynamic forces: interactive, relational, synergic, and transformative) are some of the significant contributions from the findings of this present research. It offers greater insight into how MSC functions and generates actions and activities for improved social, health, and community outcomes.

New insights from this study identified the importance of values, and the critical role values play in the development and cultivation of MSC dynamic forces of collaborative synergy. Findings show that it is through the development of synergic forces within the Alliance that empowerment, ownership, and integration can be achieved. Not dissimilar to group dynamic as cited in Johnson

and Johnson (2000), Lewin, a social psychologist, one of the pioneer theorists in the group dynamics field, stated that:

The essence of a group is the interdependence among members (created by common goals) that results in the group being a 'dynamic whole' so that a change in the state of any member or subgroup changes the state of any other member or subgroup, and an intrinsic state of tension within group members motivated movement toward the accomplishment of the desired common goal (p. 99).

Research in the group dynamics field, while well-established in the social sciences, education, and organisational behaviour, is limited within the MSC context. It is argued that, when assessing MSC outcomes, the dynamic forces such as interactive, relational, synergic, and transformative are major factors and indicators of its capacity to operate effectively and keys to the development of innovation and change. Findings based on study of the Alliance shows the parallel and similar life cycle of the Alliance and group dynamic developmental phases and are consistent with previous literature, which has argued that the MSC approach develops over time and moves through various phases. The process has not been linear but cyclical; the phases include: formation, implementation, maintenance, and outcome (Butterfoss et al., 1993; McLeroy et al., 1994). There are other names given to these phases such as: planning, intervention, mobilising, establishing structure and function, building capacity for action, planning for action, implementation, refinement, and institutionalisation (Fawcett, Paine, Francisco, & Vliet, 1993; Florin, Mitchell, & Stevenson, 1993). It is argued that when evaluating MSC outcomes, the nature of group dynamic, processes, development, and life cycle are essential elements for the inclusion in the assessment and evaluation of MSC.

Summary

Findings from this present research, and new insights into the inner working mechanisms of the MSC approach to policy development and implementation, support the important role that values and principles play in the

constructing of dynamic forces for change and transformative processes and learning. The values and principles that drive the formation and development of the MSC approach are the core values and principles shared by various disciplines within the social sciences, such as Community Psychology, Community Development, Social Work, and Health Promotion. These values include social justice, diversity, empowerment, collective action, self-determination, and participation (Berkowitz, 2001; Compton & Galaway, 1989; Kenny, 1994; Nelson, Lord, & Ochocka, 2001). MSC literature suggests important links to concepts such as citizen participation, community empowerment, community capacity, social cohesion, and social capital. Findings also identified the links between these concepts to the Alliance, and its actions/activities/outcomes. The new conceptualisation of MSC as a dynamic system challenges the traditional organisational feature analysis and conventional conceptualisation of MSC.

These new insights and concepts are significant factors in measuring systemic change and improvement in public social, health, and community outcomes. Currently, in the social, community, public health, and human services fields, there is a general recognition of the rapid growth of interest in MSC and the lack of knowledge about the working mechanisms involved. An understanding of these mechanisms is basic to establishing an appropriate evaluation framework and the development of evaluation tools.

Current research findings of existing MSC initiatives produce mixed and limited data for establishing a clear link between the MSC approach to policy development and implementation for improved social, health, and community outcomes. The attributing factors often cited in relation to unsuccessful MSC projects include: rigid organisational boundaries; poor interorganisational communication; lack of mutual awareness and understanding; and interorganisational competition (Glission & Janes; Knitzer; Wehlage & White, as cited in Foster-Fishman, Salmen, et al., 2001). The identification of values and dynamic forces from the Alliance as vital elements for an effectively functioning MSC can significantly assist in the formation and development of other MSCs as dynamic systems.

The literature review has drawn attention to: the lack of an appropriate evaluation framework to assess MSC work and its impact on social, health, and community outcomes; the barriers to research due to costs and the complex multidimensional nature of the MSC approach; the need for more qualitative and action-based research; difficulties in how to measure and define outcomes in relation to the work of the MSC approach (i.e., the MSC processes could be seen as part of its outcomes. (Butterfoss et al., 1993). The MSC approach is often seen as value driven, which raises questions as to its capacity to implement and deliver programs appropriate to generic needs. Further research on partnership synergy within the MSC approach and the link to the development of innovations in social, health, and community outcomes, social action, and community change have been noted as major gaps. Findings from this in-depth case study of an existing Alliance, using a systems thinking approach to explore and identify the dynamic forces critical to the inner working mechanisms of the MSC approach to policy development and implementation, has identified important new dimensions. This study offers a new conceptualisation of MSC as a dynamic system for improved social, health, and community outcomes.

CHAPTER 7

CONCLUSION

Introduction

In this chapter, research questions four and five are discussed. An Epilogue draws the chapter to a close, illustrating how findings have been put into effect since completion of the present research.

Conceptual Implications

Research questions 4 and 5 are concerned with translation into a conceptual framework for evaluation purposes and associated recommendations. Research Question 4 reads: How might the findings from Questions 1, 2, and 3 be translated into a conceptual framework for evaluation purposes? From the findings of the present research emerged a thorough conceptualisation of the undergirding features, the dynamic forces, and the conditions basic to social intervention. Figure 1 provides a best-practice model, which can be used as a guide for evaluation of new and existing MSC. Within this guide, there are major interrelated features and systems that need to be a part of evaluation criteria. They require in-depth observation, identification, and analysis. These MSC features and systems include (a) MSC undergirding features; (b) MSC dynamic forces; (c) MSC values and behaviours; (d) MSC social intervention features; and (e) MSC hallmarks of collaboration. Individually and together, these features and systems define, shape, and determine the capacity and effectiveness of MSC in policy development, implementation, and intervention in social, health, and community fields.

Theory and MSC Evaluation Tools

Research Question 5. Tables 11, 12, 13, and 14 provide some examples of tools that could be further developed for future evaluation of existing MSC or for establishing MSC. Table 11 provides the indicators of each basic characteristic. MSC practitioners can thereby determine the capacity, opportunity, gaps, and

barriers for the establishment and development of a MSC. This is of particular relevance to policy makers and practitioners in local government with their role in community planning, service development and advocacy for improved social, health, and community conditions.

One of the critical theoretical insights from the findings of the present research is the dynamic forces operating within a MSC that determine and govern its effective functions and operations. The extent to which the four dynamic forces: interactive, relational, synergic, and transformative are operating with high or low levels of trust, respect, reciprocity, empowerment, ownership, and integration has direct impact on the effectiveness of MSC. Tables 12, 13, and 14 provide examples of how the values, four dynamic forces, and hallmarks of collaboration might be evaluated. Awareness of and insight into these dynamic forces, knowledge of the interconnectedness and interdependence nature of all features of MSC, and the overall effective operational systems of a collaborative approach are vital elements of an evaluation framework. Findings from the Case highlighted the direct and consistent link to the effectiveness in the Alliance when there are (a) high levels of trust, respect, and reciprocity, which also directly impact on the four forces in relation to the quality of their interaction and relational activities; (b) high levels of synergic and transformative outcomes; and (c) outcomes that include high levels of empowerment, ownership, and integration of policy development and implementation.

Table 12

Assessment Tools for Evaluation of MSC Values

Values	Rating (High or Low)
Trust	
Respect	
Reciprocity	

Table 13

Assessment Tools for Evaluation of MSC Dynamic Forces

Dynamic Forces	Rating (High or Low)
Interactive	
Relational	
Synergic	
Transformative	

Table 14

Assessment Tools for Evaluation of MSC Hallmarks of Collaboration

Hallmarks of Collaboration	Rating (High or Low)
Empowerment	
Ownership	
Integration	

Table 15 can be used as an evaluative tool or guide for assessing the extent of impact and effectiveness of a MSC approach by identifying the indicators associated with each of the social intervention features. In accordance with the findings of the present research, it can be expected that the extent of the effectiveness of a MSC would be reflected in the evidence of the indicators listed. The outcome of such evaluation would then allow practitioners to focus on strengthening the intervention features that are functioning well and addressing those areas that need improvement.

Table 15

Assessment Tool for Evaluation of MSC Social Intervention Features

MSC social intervention features	Indicators	Evidence (High or Low)
Multiple level intervention	Actions, activities, and outcomes at individual, group, organisational, systems, and community levels	
Learning	Reflective practice, new perspectives, strategies, solutions, and actions	
Relational power for change and action	Pooling of resources: information, knowledge, skills, networks, links, and capital to influence and bring about change	
Speed and access	Action and decision-making in relation to issues, concerns, and opportunities	
Multiple levels of accountability	Multiple levels, interorganisational, shared success and failure	
Personal and professional support	Trust, respect, reciprocity at both formal and informal levels, and exchange of information and knowledge	
Minimisation of risks and maximisation of innovation	Mitigation and level of risk and potential failure, and innovative focus of activities and actions	

Strengths of the Research Methodology

One of the main strength of the research methodology chosen for this study is the access to an existing case with demonstrated evidence and recognition of effective MSC practice. Through the Alliance as the Case and a single-case study approach, this research methodology provides the capacity for an in-depth focus and insights of the inner workings of MSC. A single-case study allows for an exploration of complexity and provides an effective method which, according to Stake (1995), has the capacity to capture multiple levels and layers of data within a particular context. The chosen research methodology also addresses the specific aim of the study by gaining insight into the operations and processes underlying MSC and by presenting tangible evidence of a dynamic and complex system at work. It was important that the chosen research methodology would

facilitate access to documentation, contextual dynamics, and the complex interactions of a “live case”,

The research was a collaborative process that emerged from the gaps identified in the literature review and concern raised by practitioners in the field (Alliance members) about the need for reflective practice. The research methodology emerged from a range of collaborative exploratory discussions with members of the Alliance. Thus, findings from the present research offer a conceptual and practical application in the field, providing a basis for further exploration, and serving as a guide for evaluating existing MSC practice or for the establishment and development of new collaborations.

Weaknesses of the Research Methodology

There are a number of limitations and weaknesses to the present research due to its methodology, scope, as well as resource and time constraints. As a single-case study, the methodology was relevant and effective for the purpose and focus of the present investigation, but limiting in its capacity to generalise the findings to a wider context. For example, a multiple, case study may allow for greater capacity to generalise the findings and provide greater comparative analysis.

A single-case study approach is often subjected to criticism for lack of precision, objectivity, and rigor. According to Yin (2003), the stereotype associated with case studies that began in the twentieth century and continued into the twentieth first century needs to be challenged. Controversies in the field concern research methods, especially in a qualitative study; the researcher’s expectations can influence the results, as can socially desirable responses from participants.

Recommendations and Implications for Practice and Future Research

Practice

Findings from the present research provide a best-practice model for MSC in policy development and implementation in social, health, and community fields. The framework has significant practical implications associated with the features, dynamic forces, and mechanisms operating in MSC. Table 16 outlines recommendations and implication in terms of the expanded conceptualisation that has emerged. They include:

- a rethink of MSC as an effective approach;
- a new appreciation of the core and powerful mechanisms and forces that are part of the MSC operational system;
- viewing MSC from a systems framework;
- utilisation of skills development specific to MSC practice that fits features identified;
- commitment and time devoted to interactions and relationships. A sustainable and effective MSC requires time and space in order for interactions, and relationships to be developed and cultivated;
- recognition that the MSC approach to policy development and implementation in social, health, and community sectors is a long-term process; and
- awareness of the contribution that a MSC (once established) makes to the social and political infrastructure of the community within which it operates.

Research

Future research projects are recommended that replicate the present findings to (a) enable generalisation, (b) validate the assessment tools and evaluation process, (c) develop and expand the range of evaluation tools, and (d) further develop and expand the current conceptualisation of the MSC approach.

Table 16

Recommendations and Implications for Practice

Findings	Implications for practice
MSC: a best practice framework	<ul style="list-style-type: none"> ▪ Broadens the current conceptualisation of the MSC approach, with a new perspective from systems theory ▪ Provides a best-practice model for the MSC approach to policy development and implementation in social, health, and community fields
MSC undergirding features	<ul style="list-style-type: none"> ▪ New perspectives, approaches, and skills required in the establishment and development of MSC ▪ Assessment tools for the establishment of new MSC ▪ Evaluation tools for the development of existing MSC
MSC dynamic forces	<ul style="list-style-type: none"> ▪ Nonlinear, dynamic, and systems approach practice ▪ Values and behaviour-based practice ▪ Empowerment, ownership, and integration focus in practice ▪ Relational and transformative processes and practice
MSC social intervention features	<ul style="list-style-type: none"> ▪ New insights, approaches, and training required for the application and practice of MSC as a social intervention (i.e., multiple level interventions; relational power for change and action; speed and access; multiple levels of accountability; minimisation of risks and maximisation of innovation)

In Conclusion

The results from the present research support the features regarded as basic to MSC that have been documented in previous literature and identify additional dimensions to each of the known features with revised and broader conceptualisation of each of the undergirding features. Findings from the research have further identified four dynamic forces found to be operating within the Case and have drawn attention to factors considered by participants in the research to

be essential conditions for successful development and implementation of a social intervention process through a MSC approach. These dynamic forces provide the substantive evidence of social capital bonding, linking, and bridging features operating within MSC.

Findings from this case study show that values, common purpose, group processes and dynamics, relationships, interactions, and synergy are vital components in the development and operation of an effective and fully functioning MSC. Further to previously known features and characteristics of collaboration/community coalition, new dimensions of relevance to policy development and implementation are reported within a broad conceptual framework. Multiple levels of intervention, power, learning, accountability, personal and professional support, access and speed, minimising risks, and maximising of innovation are all critical indicators of a best-practice model. Furthermore, the present research findings suggest that empowerment, ownership, and integration are the hallmarks of multiple sector collaboration.

Epilogue

Since the completion of this research, the author has been working as a Manager of Community Services at the Nillumbik Shire Council, a local government authority, one of the 79 local government authorities in Victoria, Australia. In this position, over a period of 4 years, she has been able to facilitate the development and implementation of the framework developed from the present research. As a result, she has successfully established four MSC alliances within the local government area, a community consisting of 60,000 local residents. The four alliances are the Nillumbik Alliance for Children and Family, Nillumbik Women's Network, Nillumbik Best Start Partnership, and Nillumbik Bushfire Alliance for Social, Health, and Community sectors. Membership of each MSC alliance consists of representatives of organisations and agencies from across sectors. Each of the four alliances currently operate as key stakeholders within their local area. They actively and proactively contribute to the shaping of

policy development and implementation and to resource distribution at local, regional, state, and federal levels.

One of the four alliances, the Nillumbik Women's Network was among the four finalists for a Victoria Local Government Professional Excellence Award for community partnership in 2008. This alliance also received an award for innovation from the Victoria Local Government Association on their work on women's issues in local government in 2008. The Nillumbik Bushfire Alliance for Social, Health, and Community, established after the 2009 Black Saturday Bushfire in Victoria, is recognised and regarded as a model for collaboration and for its coordinated and integrated approach in response to the community crisis due to a natural disaster, 2009 Victoria Bushfire.

REFERENCES

- Banathy, B. (1991). *Systems design of education: a journey to create the future*. Englewood Cliffs: Educations Technology Publications.
- Banathy, B. (1992). *A Systems view of education*. Englewood Cliffs: Educations Technology Publications.
- Bateson, G. (1972). *Steps to an ecology of mind*. New York: Ballantine.
- Bennett, W.R., Schwartz, M., & Stein, S. (1966). *Communication systems and techniques*. New York: McGraw-Hill.
- Berkowitz, B. (2001). Studying the outcomes of community-based coalitions. *American Journal of Community Psychology*, 29(2), 213-227.
- Bond, M. A., & Keys, C. B. (1993). Empowerment, diversity, and collaboration: Promoting synergy on community boards. *American Journal of Community Psychology*, 21(1), 37-57.
- Bourdieu, P. (1993). *Sociology in question*. London, UK: Sage.
- Bransford, J. D. (1984). *Ideal Problem Solver*. New York: W.H. Freeman and Company.
- Bronfenbrenner, U. (1979). *The ecology of human development: experiments by nature and design*. Cambridge: Harvard University Press.
- Butterfoss, F.D.; Goodman, R.M.; & Wandersman, A. (1993). Community coalitions for prevention and health promotion. *Health Education Research*, 8, 315-330.
- Butterfoss, F.D., & Kegler, M.C., (2001). Emerging theories in health promotion practice and research: Toward a comprehensive understanding of community coalitions. *American Journal of Community Psychology*, 29(2). 229-240.
- Butterfoss, F.D. (2007). *Coalitions and partnerships in community health*. San Francisco, California: John Wiley & Son.
- Campbell, C. G., P. (2001). Conceptualizing 'social capital' for health promotion in small local communities: A micro-qualitative study. *Journal of Community & Applied Social Psychology*, 11, 329-346.
- Capra, F. (1982). *The turning point: science, society and rising culture*. New York: Simon and Schuster.

- Catford, J. (1998). Social entrepreneurs are vital for health promotion but they need supportive environments too. *Health Promotion International*, 13, 95-98.
- Centre for Development and Innovation in Health. (2001). *Evaluation of the City of Port Phillip health promotion plan*. Melbourne: Victoria University.
- Chantrell, G. (2002). *The oxford dictionary of word histories*. Cornwall: Oxford University Press.
- Chaskin, R. J., Brown, P., Venkatesh, S., & Vidal, A. (2001). *Building community capacity*. New York: Aldine De Gruyter.
- Chavis, D.M. & McMillan, D.W., (1986). Sense of community: A definition and theory. *Journal of Community Psychology*, 14, 6-23.
- Chavis, D. M. (2001). The paradoxes and promise of community coalition. *American Journal of Community Psychology*, 29(2), 309.
- Chrislip, D. & Larson, C. (1994). *Collaborative leadership*. San Francisco, California: Jossey-Bass.
- City of Port Phillip. (2004). *Service review submission*. Melbourne: City of Port Phillip.
- City of Port Phillip. (2006). *Community profile report*. Melbourne: City of Port Phillip.
- Coleman, J. (1998). *Foundation of social theory*. Cambridge: Harvard University Press.
- Compton, B. R., & Galaway, B. (1989). *Social work processes*. California: Wadsworth.
- Cox, E. (1995). *A truly civil society*. Sydney: Australian Broadcasting Corporation.
- De Leeuw, E. (1999). Healthy cities: Urban social entrepreneurship for health. *Health Promotion International*, 14(3), 261-269.
- De Leeuw, E. (2001). Global and local health: the WHO healthy cities programme. *Health Promotion International*, 2(1), 34-45.
- DiClemente, R. J., Crosby, R.A., & Kelger, M. C. (2001). *Emerging theory in health promotion: Practice and research strategies for improving public health*. San Francisco, California: Jossey-Bass.
- Dodd, N. (1999). *Social theory and modernity*. Cambridge, Boston: Polity Press.

- Duhl, L. J. (2005). *Healthy cities and the built environment*. Copenhagen: WHO Regional Office for Europe.
- Duhl, L.J., & Sanchez, A.K. (1999). *Healthy cities and the city planning process: A background document on links between health and urban planning*. Copenhagen: WHO Regional Office for Europe.
- Easterling, D., Gallangher, K., Drisko, J., & Johnson, T. (1998). *Promoting health by buiding community capacity: Evidence and implications for grantmakers*. Denver: The Colorado Trust.
- Erben, R., Franzkowiak, P, Wenxel, E. (1992). Assessment of the outcomes of health intervention. *Social Science and Medicine*, 35, 4, 359-365.
- Fawcett, S. B., Francisco, V.T., & Paine, A.L. (1993). A methodology for monitoring and evaluating community health coalitions. *Health Education Research*, 8, 403-416.
- Feinberg, M. E., Greenberg, M. T., & Osgood, W. (2004). Readiness, functioning, and perceived effectiveness in community prevention coalitions: A study of communities that care. *American Journal of Community Psychology*, 33(3-4), 163-177.
- Fendley, K., Christenson, J.A. (1989). Rural Reflection: An idea for community development. *Journal of the Community Development*, 20 (1), 103-115.
- Fisher, A. T., Sonn, C.C, & Bishop, B.J. (Eds.)(2002), *Psychological sense of community: Research, applications and implications*. New York: Kluwer Academic/Plenum Publishers.
- Florin, P., Mitchell, R., & Stevenson, J. (1993). Identifying training and technical assistance needs in community coalitions: A developmental approach. *Health Education Research*, 8(3), 417-432.
- Florida, R. (2003). *The rise of the creative class*. Sydney: Pluto Press.
- Foster, J. A. (2000). *Reading and reflections on systems thinking*. Boston: MIT Press.
- Foster-Fishman, P. G., Berkowitz, S. L., Lounsbury, D. W., Jacobson, S., & Allen, N. A. (2001). Building collaboration capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology*, 29(2), 241-262.

- Foster-Fishman, P. G., Salem, D. A., Allen, N. A., & Fahrbach, K. (2001). Facilitating interorganisational collaboration: the contributions of interorganisational alliances. *American Journal of Community Psychology*, 29(6), 875-905.
- Fukuyama, F. (1995). *Trust: The social virtues and the creation of prosperity*. London: Hamish Hamilton, Inc.
- Goodman, R.M., Speers, M.A., McLeroy, K., Fawcett, S., Kegler, M., Parker, E., Smith, S.R., Sterling, T. D., & Wallerstein, N. (1998). Identifying and defining the dimensions of community capacity to provide a basis for measurement. *Health Education & Behavior*, 25(3), 258-278.
- Goodrick, D., & Radford, L. (2004). *Connect for kids: Final evaluation report*. Melbourne: City of Port Phillip.
- Goumans, M. (1995). Innovations in a fuzzy domain: Healthy cities and policy development in the Netherlands and the United Kingdom. *PhD thesis Maastricht University*, Maastricht: Ponsen & Looijen bv.
- Henton, D., Melville, J., Amsler, T., and Kopell, M. (2005). *Collaborative governance: A guide for grantmakers*. California: William and Flora Hewlett Foundation.
- Himmelman, A. (1996). *On the theory and practice of transformational collaboration: From social service to social justice*, creating collaborative advantage, London: Sage Publications.
- Himmelman, A. T. (2001). On Coalitions and the transformation of power relations: Collaborative betterment and collaborative empowerment. *American Journal of Community Psychology*, 29, 277-284.
- Jacobs, F. R., Chase, R. B., Aquilano, N. J. (2009). *Operations and supply management*. New York: McGraw-Hill.
- Johnson, D. W., & Johnson, F. P. (2000). *Joining together: Group theory and group skills*. Seventh Edition. Boston: Allyn and Bacon.
- Kagan, S. L., Rivera, A. M., & Parker, F. L. (1991). *Collaboration in action: Reshaping services to young children and their families*. New Haven: The Bush Centre in Child development and Social Policy.
- Kawachi, C. (1997). Long live community. *The American Prospect*, 8(35). Washington, DC: Miles Rapoport.
- Kawachi, I., Kennedy, B., & Lochner, K. (1999). Social capital: a guide to its measurement. *Health and Place*, 5, 259-270.

- Kaye, G. (2001). Grassroots involvement. *American Journal of Community Psychology*, 29, 269-275.
- Kelly, J.G. (1988). 1987 division 27 award for distinguished practice in community psychology: Donald C. Klein. *American Journal of Community Psychology*, 16, (3), 415-418.
- Kelly, J.G. (2007). The system concept and systemic change: Implications for community psychology. *American Journal of Community Psychology*, 39, (3-4), 295-303.
- Kreuter, M.W., Lezin, N.A., & Young, L.A. (2000). Evaluating community-based collaborative mechanisms: Implications for practitioners. *Health Promotion Practice*, 1, 49-63.
- Lappe, F. M., Dubois, P. M. (1994). Educating real-world problem solvers. *National Civic Review* 83(3), 240-258.
- Lasker, R.D., Weiss, E.S., & Miller, R. (2000). *Promoting collaborations that improve health*. New York: Center for the Advancement of Collaborative Strategies in Health.
- Lawrence, T.D., Hardy, C., & Phillips, N. (2002). Institutional effects of interorganisational collaboration: The emergence of proto-institutions. *Academy of Management Journal*, 45(1), 281.
- Lewin, K. (1946). Action research and minority problems. *Journal of Social Issues*, 2(4), 34-46.
- Lewin, K. (1948). *Resolving social conflicts: Selected papers on group dynamics*. New York: Harper & Row.
- Luoma, J. (2007). *Systems Intelligence in Leadership and Everyday Life*. Helsinki: Systems Analysis Laboratory, Helsinki University of Technology.
- Maturana, H. R., & Varela, F. J. (1992). *The tree of knowledge: The biological roots of human understanding*. Boston: Random House.
- McLeroy, K.R., Kegler, M., Steckler, A., Burdine, J.M., & Wisotzky, M. (1994). Community coalitions for health promotion: Summary and further reflections. *Health Education Research*, 9(1), 1-11. Atlanta: Oxford University Press.
- Mizrahi T.; Rosenthal, B., B. (2001). Complexities of coalition building: leaders' successes, strategies, struggles, and solutions. *Social Work*, 46(1), 63 - 79.

- Morrissey, J. P., Tausig, M., & Lindsey, M. L. (1985). Community mental health delivery systems: A network perspective. *American Behavioral Scientist*, 28(5), 704-720.
- Mulroy, E.A. (1997). Building a neighborhood network: Interorganisational collaboration to prevent child abuse and neglect. *Social Work*, 42(3), 255-264.
- National Board of Employment, Education and Training. (1995). *Cross-sectional collaboration in post-secondary education and training*. Canberra, ACT: Australian Government Publishing Service Canberra.
- Nelson, G. (1994). The development of a mental health coalition: A case study. *American Journal of Community Psychology*, 22(2), 229-255.
- Nelson, G., Lord, J., & Ochocka, J. (2001). *Shifting the paradigm in community mental health: Towards Empowerment and Community*. Toronto: University of Toronto Press.
- Nelson, G., & Prilleltensky, I. (2005). *Community psychology: In the pursuit of liberation and well-being*. New York: Palgrave MacMillan.
- Oz, E. (2004). *Management information systems*. Massachuset, Boston: Thomson, Inc.
- Parker Oliver, D., Bronstein, L., & Kurzejeski, L. (2005). Examining variables related to successful collaboration on the hospice team. *Health & Social Work*, 30, 4, 279–286.
- Parson, B.A. (2007). The state of methods and tools for social systems change. *American Journal of Community Psychology*, 39, (3-4), 405-409.
- Patton, M. Q. (1981). *Practical evaluation*. Thousand Oaks, California: Sage Publications.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods (2 ed.)*. Thousand Oaks, California: Sage Publications, Inc.
- Peck, J.S., Scheinberg, M., & Akamatsu, N.N. (1995). Forming a consortium: A design for interagency collaboration in the delivery of service following the disclosure of incest. *Family Process*, 34, 278-302.
- Penner, S. (1995). A study of coalitions among HIV/AIDS service organizations. *Sociological Perspectives*, 38(2), 217-239. Berkeley, California: University of California Press.
- Philliber, S., Schwab, M., & Samsloss, G. (1980). *Social research: Guide to a decision making process*. Ithaca: Peacock.

- Portes, A. (1998). Social capital: Its origins and applications in modern sociology. *Annual Review of Sociology*, 24, 1-24.
- Port Phillip City Council. (1999). *Port Phillip healthy and safer cities plan 2020*. Melbourne: Port Phillip City Council.
- Port Phillip City Council. (2005). *Evaluation report: Port Phillip healthy and safer cities plan 2020*. Melbourne: Port Phillip City Council.
- Putnam, R.D. (1993). The prosperous community: Social capital and public life. *American Prospect*, 4(13), 35-42.
- Putnam, R.D. (2000). *Bowling alone: the collapse and revival of American community*. New York: Simon & Schuster.
- Sarason, S. B. (1974). *The psychological sense of community: Prospects for a community psychology*. San Francisco: Jossey-Bass.
- Scanlon, C. (2004). *What's wrong with social capital?* Melbourne, Victoria: Australian Fabian Society Publications.
- Schuman, S. (2006). *Creating a culture of collaboration: The international Association of Facilitators Handbook*. Hoboken, New Jersey: John Wiley & Sons.
- Stake, R.E. (1975). The case study method of social inquiry. *Educational Researcher*, 7, 5-8.
- Stake, R.E. (1978). The case study method of social inquiry. *Educational Researcher*, 7(2) 5-8.
- Stake, R.E. (1994). *Case Studies*. In N. Denzin and Y. Lincoln (Eds.), *Handbook of qualitative research*. Thousand Oaks, California: Sage Publications.
- Stake, R.E. (1995). *The art of case study research*. Thousand Oaks, California: Sage Publications.
- Sustainable Communities Network. (2003). *Community capacity, health inequalities and sustainable communities (No. 2)*. Perth, Western Australia: Edith Cowan University.
- Sustainable Communities Network. (2003). *Sustainable communities and health inequities*. Perth, Western Australia: Edith Cowan University.
- Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9, 1-25.

- Rappaport, J. (1984). Studies in empowerment: Introduction to the issue. *Prevention in Human Services*, 5, 1-7.
- Tyson, T. (1989). *Working with groups*. Melbourne: MacMillan.
- Trickett, R.J., Watts, R. & Birman, D. (1993). Human diversity and community psychology: Still hazy after all these years. *Journal of Community Psychology*, 21, 264-78.
- Trickett, E.J. & Schmid, K. (1993). *Handbook of clinical research and practice with adolescents*. New York: John Wiley & Sons.
- Trickett, R.J. & Ryerson Espino, S.L. (2004). Collaboration and social inquiry: multiple meanings of a construct and its role in creating useful and valid knowledge. *Journal of Community Psychology*, 34, 1-2.
- UNCHS. (2000). *Human development report 2000*. New York: Oxford University Press.
- United Nations Population Fund. (2000). *Lives together, worlds apart: Men and women in a time of change. The State of World Population Report 2000*. New York: United Nations Publications.
- UNICEF. (2001). *The State of the world's children 2002*. New York: UNICEF Publications.
- Watzlawick, P., Weakland, J. & Fish, R. (1974). *Change: Principle of problem formation and problem resolution*. New York: Norton.
- Whyte, W. F., Hamilton, L. (1964). *Action research for management: A case report on research and action in industry*. Hoboken, New Jersey: Wiley-Blackwell.
- Wolff, T. (2001a). Community coalition building - contemporary practice and research: Introduction. *American Journal of Community Psychology*, 29(2), 165-172.
- Wolff, T. (2001b). Community coalition building - contemporary practice and research: Introduction. *American Journal of Community Psychology*, 29(2), 173-191.
- Wolff, T. (2001c). The future of community coalition building. *American Journal of Community Psychology*, 29(2), 263-268.
- Wood, D. & Gray, B. (1991). "Collaborative alliances: Moving from practice to theory". *Journal of Applied Behavioral Science*, 27(1), 3-22.

- Woolcock, M. (1998). Social capital and economic development: Toward a theoretical synthesis and policy framework. *Theory and Society*, 27, 216-208.
- World Health Organisation. (1986). *The world health report*. Geneva: WHO Publications.
- World Health Organisation. (1995). *The world health report: Bridging the gaps*. Geneva: WHO Publications.
- World Health Organisation. (1997). *The world health report*. Geneva: WHO Publications.
- World Health Organisation. (1999). *The world health report 1999: Making a difference*. Geneva: WHO Publications.
- World Health Organisation. (1999). *Community participation in local health and sustainable development: A working document on approaches and techniques*. Geneva : WHO Publications.
- World Health Organisation. (2000). *The world health report 2000, health systems: Improving performance*. Geneva: WHO Publications.
- World Health Organisation - Europe. (2003). *Social determinants of health: The solid facts*. Geneva: WHO Publications.
- World Health Organisation. (2004). *Promoting mental health: Concepts, emerging evidence, practice (Summary Report)*. Geneva: WHO Publications.
- Yin, R.K. (1989). *Case study research: Design and method*. Thousand Oaks, California: Sage Publications.
- Yin, R.K. (1993). *Applications of case study research*. Thousand Oaks, California: Sage Publications.
- Yin, R.K. (2003). *Applications of case study research*. Thousand Oaks, California: Sage Publication.

APPENDIXES

APPENDIX 1

Port Phillip Healthy and Safer Cities Alliance

Port Phillip Healthy and Safer Cities Alliance

Background of the Alliance

The Alliance was established in 1999 as a result of the development of the City of Port Phillip Health Plan. It has a key role for ensuring that the Plan is implemented. The Alliance was established as a framework for a collaborative governance model to oversee the implementation of the Plan. The formation of the Alliance reflects the essence of the approach to the Plan and the definition of social, health, and community outreach. The Alliance is the governance structure and provides the process for action, ongoing monitoring, evaluation, and corrective action throughout the life of the Plan.

Alliance members are representatives of the cross-sector of the community, stakeholders, and organisations that are actively working on community projects related to the social, health, and community areas and to individuals living within the community. They represent two levels of government (local government and state government) and are experts on key and emerging issues as guests in an advisory capacity.

The approach was based on WHO's (2004) framework for social, health, and community improvements. A theoretical foundation advanced by Welsh and Dunn (1999) consists of the following assumptions in relation to social, health, and community wellbeing: "Community social, health and community requires good public policy, development of social capital and community capacity, partnership and collaborative processes; innovation, risk adverse action and learning a critical part of the operationalisation and implementation of policy" (p.1)

Membership of the Alliance

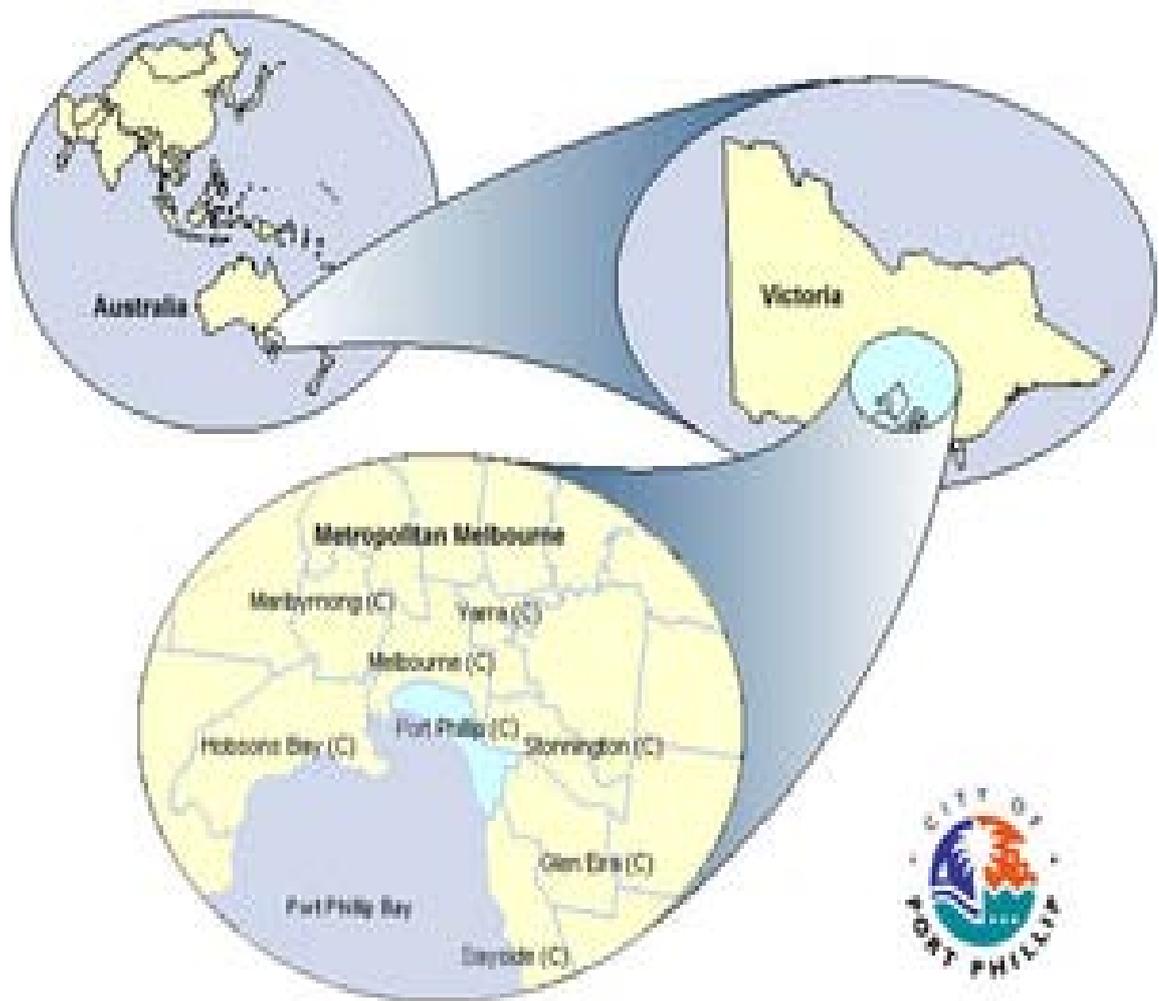
The Alliance membership consists of organisations with shared interests in better health and safer cities: police, education, health, welfare, businesses, local and regional government, and community members. Member organisations signed a partnership agreement as part of the commitment to and membership of the Alliance. It met monthly during the development phase over 18 months and then 6-weekly throughout the year. A chairperson is nominated and selected by Alliance members. The chairperson facilitates meeting, and agendas; minutes of each meeting are documented. The Alliance has an annual action plan which provides the focus for its operation. The annual action plans focus on achieving the goals and objectives outlined in the Port Phillip Healthy and Safer Cities Plan 2020.

The Alliance group consists of a chairperson elected by members, administrative support from a local government representative, three individual community members, and organisational representatives including the police, school, welfare, transport, community services, and primary health. It does not have an operating budget other than the administrative and professional support from the City of Port Phillip. It has no funding for which it has responsibility. Projects and programs initiated by the Alliance are managed by the City of Port Phillip in their administrative and professional support role to the Alliance.

Alliance Operational Activities

The majority of the programs, initiatives, or projects of the Alliance are implemented through the team called the Neighborhood Development of the City of Port Phillip. The team has responsibility for implementation of the Health Plan. The Alliance has the monitoring and consultative role to this team and ensures that the strategic objectives outlined in the Health Plan are implemented. In the first 5 years of the Alliance watch, over thirty projects were developed and implemented. These projects are broad in range and include: road safety, employment, a drugs and alcohol awareness program, a street sex workers advocacy project, safe policing initiative, festivals, and research.

City of Port Phillip



The City of Port Phillip is a local government boundary which includes the suburbs of Albert Park, Balaclava, Elwood, Middle Park, Port Melbourne, Ripponlea, South Melbourne, St Kilda, St Kilda East (part), St Kilda West and part of the St Kilda Road area. The city is located from 2 to 8 kilometers from the Melbourne city business

district. The City of Port Phillip is a residential and commercial area, with substantial commercial and office use.

The original inhabitants of the Port Phillip area were the Bunurong or Kulin Aboriginal people. European settlement dates from the 1840s, the City was built out by World War I. Some growth took place in the interwar period, particularly in Port Melbourne. Significant development occurred during the post-war years, when many migrants moved into the area and public housing estates were built. Rapid growth took place during the 1960s, with the construction of many flats and apartments. Growth continued throughout the 1980s and 1990s. The population increased from nearly 71,000 in 1991 to over 78,000 in 2001, then to over 85,000 in 2006. Most of this growth has been in the areas closest to the foreshore (Port Melbourne) and in the St Kilda Road area.

One of the oldest areas of European settlement in Melbourne, the City of Port Phillip is known for its many dynamic urban villages, a foreshore which stretches for over 11km, cultural diversity, heritage buildings, artistic expressions and parks and gardens. The city is known for its historical Victorian-era landmark such as the Luna Park, the Palais Theatre, the St Kilda Pier and the Esplanade Hotel. The City is also known for its historical bohemian seaside resort for many decades, followed by the reputation for Melbourne's seedy nightlife and prostitution and now recognized as a community of trendy and artistic interests.

The City of Port Phillip and the Melbourne Statistical Division in 2006 reveals a smaller proportion of Family households, but a larger proportion of lone person households. Family households accounted for 42.2% of total households in the City of Port Phillip while lone person households comprised 35.9%, (68.6% and 22.7% respectively for the Melbourne Statistical Division). Overall, 27.1% of the population was born overseas, and 16.6% were from a non-English speaking background.

Source: City of Port Phillip: Community Profile Report

APPENDIX 2

Victoria University of Technology: Consent Form

Victoria University of Technology: Consent Form

I.....
.....
of.....
.....

certify that I am at least 18 years old and that I am voluntarily giving my consent to participate in the research entitled “*An Alliance Approach to Social and Community Development - A Case Study of the Structures, Processes, and Functioning of an Effective Alliance*”, being conducted at Victoria University of Technology by Dr Christopher Sonn (Principal Investigator), Professor Dorothy Bruck (Associate Investigator) and Tara Frichitthavong (Student Investigator).

I certify that the objectives of the research, together with any risks to me associated with the procedures to be carried out in the study, have been fully explained to me by Tara Frichitthavong and that I freely consent to participation involving interviews, completion of questionnaire and focus group discussions. I understand and acknowledge that:

- 1. Participation is completely voluntary;
- 2. Interviews will be audio taped;
- 3. All information provided during interviews will remain confidential;
- 4. Participants in focus groups will be asked to keep all disclosed information confidential;
- 5. Confidentiality will be maintained in all reports arising from this study.

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this research at any time and that this withdrawal will not jeopardise me in any way.

Participant's signature

Date

Witness

Date

Any queries about your participation in this project may be directed to the student researcher (Name:Tara Frichitthavong, phone: 0408035008). If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, PO Box 14428 MC, Melbourne, 8001 (telephone no: 03-9688 4710).

APPENDIX 3

Stage One: Interview Questions/Guide

STAGE ONE: INTERVIEW QUESTIONS/GUIDE

“I would like to ask you about different aspects of the alliance. We will cover issues related to vision, structures, processes, functions and outcomes areas.”

To start, I'd like to ask you about the vision and impact of the alliance.

1. In your view, what is the vision of the alliance?
2. What are the main aims of the alliance?
3. If you're familiar with the vision of the Alliance, how do you see the alliance progressing in achieving its aims and objectives?

Now I'd like to ask you about the process of running the alliance

4. Can you please describe (in your view) how the alliance is run?
5. How are decisions made regarding aspects of the alliance?
6. Can you describe how community members participate in the alliance?
7. How do members get to express their needs?
8. How do people from different cultures participate in the alliance?
9. Can you describe the learning process of people involved in the alliance?

About the results or outcomes of the alliance,

10. How would you describe the outcomes or results of the alliance so far? Examples?
11. Can you elaborate on outcomes or achievements for individual organisation? Examples?
12. How about results for the community at large? Examples?
13. What is your view regarding the impact of the alliance on relationships in the community?

With respect to the sources of information influencing the alliance,

14. What were the main sources of information shaping the alliance?
15. What type of information was gathered about the people being affected by the alliance?
16. What type of information was gathered about the community?

I'd like to ask you now about how the alliance impacts on social change in the community

17. Can you talk about the impact of the alliance for social change? Examples?
18. Can you talk about people's political awareness in relation to the alliance?
19. To what extent was social action a part of the alliance?

20. In your view, was the intention of the alliance to prevent, to react, or to treat a problem?
21. Along the continuum from reactive to proactive, where would you place this particular alliance?

Finally, I'd like to explore some of the indicators of an effective alliance.

22. For you, what are the indicators of an effective alliance?
23. What areas would you like to change or improve within the alliance?
24. What do you need from the alliance, to sustain your commitment and participation?

APPENDIX 4

Stage Two: Interview Questions/Guide

STAGE TWO: INTERVIEW QUESTIONS/GUIDE

“I would like to ask you about different aspects of the alliance. We will cover issues related to **your understanding** of the alliance”. “We will also focus on the **structures, processes, functions and outcomes** areas of the alliance.”

To start, I’d like to ask you about **your understanding** of the alliance.

In your view, what is the alliance about?

In your view, what are the perceptions of your collage, supervisor and organisation about the alliance?

When asked about the alliance, how do you explain it?

In your view, what does the alliance offer to the community, your organization and your current position (job)?

What factors do you see as unique to the alliance way of operating, that are different to other approaches in the community?

How do you see the alliance progressing in achieving its aims and objectives?

Now I’d like to ask you about the **structure** of the alliance

In your view, is the alliance value driven? What are the alliance values?
How does the alliance establish these values?

For you, what are the key elements about the alliance that sustain your commitment and participation?

How do you see and define your roles within the alliance? How do you contribute to the alliance?

What do you provide to the alliance, which are not already provided to the alliance by other members?

What style and type of leadership exist within the alliance?

In your view, what are the key factors for the sustainability of the alliance?

Now I’d like to ask you about the **process** of running the alliance

Can you please describe (in your view) how the alliance is run?

How are decisions made regarding aspects of the alliance?

Can you describe how community members participate in the alliance?

How do people from different cultures participate in the alliance?

In your view, how does the alliance account for its operation and progress in relation to its goals and objectives?

How does the alliance address conflicts within and between members?

How does the alliance determine its course of action?

What is the difference about the alliance compare to your other networks or collaborative projects?

Now I'd like to ask you about the **function** of the alliance

What are the capacities of the alliance (in your view) that are not being utilised?

Can you outline the critical success factors for the alliance operation?

What areas would you like to change or improve within the alliance?

In your view, what is the different about the alliance approach?

What aspects of your work/position requirements, are achieved as result of your participation in the alliance?

What aspects does the alliance's work contribute to achieving the goals and objectives of your organisation?

Finally, I'd like to ask you now about how the alliance **impacts** in the community
How would you describe the outcomes or results of the alliance so far?
Examples?

Can you elaborate on outcomes or achievements for your organisation?
Examples? Can you talk about the impact of the alliance in the community?
Examples?

As the result of your participation in the alliance, can you identify any new learning for you personally?

As the result of your participation in the alliance, can you identify any new insight within your profession or field of expertise?

What roles do you see in relation to this alliance in the area of social change?
Examples?

Along the continuum from reactive to proactive, where would you place this particular alliance?

APPENDIX 5

Example of Minutes of the Alliance Meeting & Analysis

Minutes of Alliance Meeting

Alliance

Minutes of Meeting held on 5 August, 2005

Present: Terry Kane, Rick Nugent, Tara Frichittahavong, Sharon Wishart, Phil Dalling, Val Kay, Peter Streker Christine Petrie, Inspector Chris Duthie, Sue Wilkinson, Cr. Janet Cribbes, Andrew Davis, Denise Ramus,

Apology: Marilyn Nagesh, Michelle Alchin, Yosef Small

////////////////////

Housekeeping: The next health plan, the next action plan, the next meetings

The Alliance agreed to meet on Tuesdays from now on, as many people were unable to attend on Fridays. We will trial our first Tuesday meeting on 9.00-11.00 on September 13.

Peter spoke about upgrading the Health and Safety Plan with help from 5 Masters of Community Psychology students from Victoria University.

Val wondered if we would pay consultees to the health plan, as ISEPICH pays an honorarium to their volunteers. Peter said that we would have to think about that in the context of the budget and the impact that has on the nature of the relationships between the public and their plan.

Tara suggested that we could link up to the community indicators/Community Engagement division of Victoria University and maybe get their assistance.

Peter asked if people had comments on our 2005-06 Action Plan. Val suggested that ISEPICH could contribute to the physical activity area. Phil mentioned that mental health promotion was an area that may require more attention, even though it is likely that most of the projects achieve mental health benefits. The Alliance needs to start getting behind this work more. Chris added that he has noticed more people with mental illness around St Kilda now. Christine suggested that the Inner South Mental Health Alliance could be linked to this plan. This alliance had representation from Southcity GP's, ISCHS, Drug & Alcohol agencies, SRS and the Alfred.

Action: Peter Streker to get in touch with them.

Janet would like to do something to promote active citizenship. There are some relevant local activities such as the Community School Yard and the Community Leaders Network but the movement needs to be brought together.

Phil Dalling said that it's important that we reflect on last year's plan and celebrate its achievements. HEAT was an excellent outcome for example. We need to think about how we should highlight these achievements to a broader audience.

Action: All members to email feedback on the report to Peter Streker

Janet also discussed the closing time of night venues in Port Phillip. Sue responded that we need to manage community expectations on this topic. The next step is to develop policy on the saturation of venues and assess their social impact. This needs to be discussed further.

Sharon would like to take this discussion to Roadsafes Inner Melbourne as they have an interest too. Christine said the Area Health Council would have an interest in this too, as they are focussing on reducing alcohol related harm. The police believe the issue is compounding. Chris Duthie is inundated with applications and complaints on this topic.

Next Steps

Follow up ICEPT

Meeting with police and planning and external bodies

Citizens Reflections and Alliance Members Update

Val is doing lots of work with ISEPICH. It now includes 43 agencies in partnership across 3 LGA's. They recently held a mental health forum, which was very successful. The Stepping Stones Walking Group for bereaved people is moving slowly, but surely. ISEPICH is also developing an evaluation framework.

Denise mentioned that the community cabinet is taking up lots of time. Education related submissions are coming into Denise to follow up. The cabinet will take place in the City of Port Phillip on 29 August. There will also be a change to school reporting to parents to make the results easier to understand.

Phil commented that the Community Cabinet on the Mornington Peninsula involved a few hundred people and was very vibrant. He also noted that DHS has spent \$30m on projects in CoPP over the last few years. Another \$60m has been spent at the Alfred centre.

Christine reported that the car park has started to be built for the new surgery centre, which is due to open in 2007. 70% of the clientele are expected to come from the local catchment and 30% from across the State. The general aim is to reduce surgery waiting lists. The average wait for theatre surgery in the public system is 867 days. Theatres at the Alfred run at 80-90% capacity currently. Four operating theatres and labs for heart operations will be part of the new complex.

The community participation panel formed for the project is keen to make it reflect a wellness model, rather than illness model.

Sharon handed out new brochure on used car safety to the suddenly nervous audience.

3. Portfolio 1: Prevention: Injury, Illness and Crime

3.1. Crime Prevention

Chris proudly announced that the Chief Commissioner, Christine Nixon, is coming to the City of Port Phillip next week to celebrate the huge reduction of crime stats across the state, but particularly in the CoPP. She mentioned that this district is the highest performing in the State. There has been a nearly 50% decrease in crime over past 4 years. Four years ago there were 110 burglaries per month compared to 24 now.

Crime has decreased due to :-

Push to prevent offences

Focus on recidivist criminals

Proactive programs – eg theft of car/handbag signage

Lots of crimes are committed by people outside of the area now. The perception of safety is far above State average.

The police's original target was to reduce crime by 5% over 5 years. They achieved this in first year. It is now down almost 50%.

Rick Nugent reflected on the discussion at the last Alliance meeting about the homicide in Balaclava and the community's perception is that offender may still be at large which may lead to unnecessary public fear. He developed proposed protocols for critical incidents for Alliance to discuss. They included the idea that a briefing note be prepared by District Inspector to Alliance then forwarded out to the community; that we liaise with Council's media unit or local papers within the week. The information should help the community determine what they can do to help investigate and protect itself from harm.

Action

Next step – feed ideas back to Chris Duthie.

Then pilot it later in this year

Build up an email account/network to disseminate this.

Janet noted that many older people feel unsafe. She is holding a forum on the 19th August for seniors at Elwood RSL between 10am -12 noon that encourages residents to tell stories about what I like and what concerns me about Elwood.

3.2. Graffiti update

Andrew announced that the State funded graffiti project has finished. Council decided to continue with Andrew in youth team, but to do less graffiti specific work and more diversion and alternative activities for young people. He spoke about the St Kilda junction project. It was very successful. They are looking now at another project at the South Melbourne market/light rail site.

4. Portfolio 2: Building Social Cohesion, Community Access & Involvement

4.1. Social Cohesion Project & Community Engagement

Peter spoke about the StreetLife program, which recently concluded a photo exhibition at St Kilda Town Hall and handed out, posters and StreetLife coasters. The project received talkback airtime on 774 (Melbourne ABC radio) and Radio National's Life Matters program.

He also handed out booklets written by Marg Welsh on the making of the CoPP's 1999 Healthy & Safer Cities plan.

4.2. Local Community Strengthening stats

Peter also circulated some community strengthening statistics on our neighbourhoods from a report just completed by the State Government's Department of Victorian Communities. It highlighted some interesting differences between particular neighbourhoods.

Portfolio 3: Strategic Communication

5.1. Tara's time

Tara recently met with Professor Leonard Duhl from California, the man who led the development of the Healthy Cities movement across the world and his counterpart Dr Evelyn Deluge from Denmark. They have evaluated over 1500 cities across the world.

In relation to Tara's research on the role of the Alliance in creating a healthy city, they confirmed that a focus on values is a critical component of a sustainable, successful program. They also stressed that the initiatives require ownership from the community and that most evaluations focused on the outcomes only and tended to neglect the importance of the operational and interpersonal issues that make or break the programs.

NEXT MEETING: Tuesday September 13

9.00-11.00

Function Room, St Kilda Town Hall

*Notes and Preliminary Analysis of Minutes of Meeting
(Examples)*

Meeting Date	No. Present No. Apologies	Key Issues Identified	Relevant Data & Research Issues
12 Oct 1999	11 3	The need to address the Health Plan at a local level, coordination and access to funding. Membership, developmental issues of the Alliance, a framework (the Aust. Bus. Excellence was tabled) of how the Alliance should operate. Action = feedback of issues discussed via email to an assigned member. Commitment to a full planning day.	Structural and systems issues. The need to develop appropriate structure to manage the Alliance. Political, leadership, resource, autonomy, participation were identified. Outcomes: discussion, exploration, influencing, agreement, commitment and action (formulation of the coming together, development of a norm, social atom).
26 Nov 1999	14 5	Rules for how the Alliance is to operate determined and agreed to. Criteria for Chair person.	Utilisation of the extended knowledge and network of the Alliance members. Good example on page 2 of the minutes. Preventative strategies and actions to max. the potential co-operative working relationship of members (rules/solutions for conflict of view b/w individual, organisation and the Alliance's values).
11 Feb 2000	15 3	Update and follow up from the 26 th Nov 1999 meeting. Group needed reminder on providing info. Of their networks as per agreed action. Update on latest govt. policy and data available from the Sate Govt. Proposed hosting a network meeting with the World Health Org. visiting Melb. An issues was raised re road accidents rates in Albert Park, no action noted by the Alliance's minutes.	Further information and education on the role and purpose of the Alliance, examples of good practice were referred to ie Elements for creating partnerships, Aust. Quality Council framework circulated. Establishing link at various levels ie the World Health Org. (international and local levels)
28 Apr 2000	12 2	Further exploration of key project areas ie social cohesion and safer communities. An issue on the Grand Prix was raised requesting the Alliance to act, a discussion followed but no decision was made, the political implications	What area or project the Alliance decides to take up or not take up is beginning to emerge. The political implication of the Grand Prix was noted. Alliance's roles in advocacy need to be explored.

		were mentioned.	
28 July 2000	8 5	5 Council officers in attendance (why), the Alliance again clarified its tasks and priorities. Agreed on the development of an action plan. CoPP 's CEO role in establishing links with other key committees ie local drug committee and new health network.	Page 1 & 3 provides good examples of how the use of authority/senior management support in establishing link with other key committees. Multiple roles and authority (individual, professional position, alliance membership and relationship position). Award and recognition nomination of the work of the Alliance.
25 August 2000	8 2	Allocation of work of the implementation strategy to working group/portfolio area. Focus on relevant local indicators and the need to reduce duplications of works b/w networks. Change and input to other key network or reforms can be instigated by the Alliance via member's direct contact/request.	The allocation of portfolio area links to member's interest and position's responsibilities within their organisation. Again this is consistent to the common link or objective of the multiple roles carried by Alliance's members.
28 Sept 2000	8 4	Update and report back on various projects.	Shift to report back on key portfolio areas.
26 Oct 2000	12 3	Media coverage of key messages and web site development.	Focus on update of local and other similar projects. Media coverage also seen as key tools.
20 th Sept 2003	11 6	Information sharing (new & Current matters), update & progress reports. Focus: Low costs and max. Outcome, best practice, data/statistic, new & merging issues, KPI, framework, and implementation.	Multi facet issues, decision, action & implication (ie. Policy, interagency, organisation, program, project, service & individual levels). Participation, inclusion & access to the forming of ideas, decision, solution and action.
18 th Oct. 2003	15 6	Joint submission, support from the alliance on Best Start Project and other projects as tools for developing community's trust. Update and information sharing.	Decision on what to support and not support. Political factors impacted on the tolerance area initiative (agreed process not followed). Invitation, inclusiveness, access & participation. Accessing funds for new projects or to further progress the alliance's work were a major focus for the alliance. Reflections item on the agenda provide excellent update on current and emerging activities.
15 th Nov. 2003	11 5	Grants applications submitted, ABS data update on events and local news, proposed new projects for the alliance.	Reflections item on the agenda provided data on community connectedness and ideas for new strategies.

APPENDIX 6

Summary of Preliminary Findings of Evaluation Reports Discussion Paper

SUMMARY OF PRELIMIARY FINDINGS OF EVALUATION REPORTS
DISCUSSION PAPER
ALLIANCE MEETING
2005

Summary of Findings

The followings provide a brief summary of key learning identified from the 11 of 34 evaluations and/or market research reports conducted from 2002 to 2005. Reviews of these reports are part of the continuous improvement process and planning preparation for the development of the new Port Phillip Healthier and Safer Cities Plan.

In the past 5 years a broad range of strategies and initiatives had been implemented through out the City of Port Phillip under the existing “Creating a Healthy and Safer Port Phillip Plan” framework. The 11 reports consist of market research and evaluations of projects, programs and initiatives developed and implemented using community development and action research methods and principles.

The City of Port Phillip- Community and Health Development Team, their partner organisations and local residents are the combined forces underpinning the development and implementation of these initiatives and evaluations.

Common goals and objectives identified in the 11 reports include the development of social capital, social cohesion and social connectedness as shared strategic directions for better health and safety outcomes for the City of Port Phillip communities. The common success factor identified include:

Cross sector collaboration and partnership with key stakeholders is vital for community wide, structural and systemic change;
Relationship development is a foundation for any development and change;
Participation is a vital tool for empowerment, equity, social justice and social change outcomes;
Local history and context is a critical and important factor in policy development, planning and implementation.

Based on the 11 reports, the process of community development or community building for improved health and safety outcomes in the City of Port Phillip is an on going process; complex and dynamic in nature; and subject to social and political forces. Structural and systemic changes take time.

Report Title	Aim	Methodology	Findings & Outcomes	Theoretical
--------------	-----	-------------	---------------------	-------------

				Foundation
Get a Street Life	<p>Focuses on the important of <i>social connectedness</i> in the health and well-being of residents.</p> <p>Part of City of Port Phillip's <i>Social Cohesion Project</i>.</p> <p>Identify, engage and promote residents' <i>sense of community</i>.</p>	<p>Photo Research (25 disposable cameras were distributed to residents). The brief to residents was to photograph 'what happen on your street'.</p> <p>10 formal interviews by Dr Chris Scanlon and additional stories and comments from 3 participants conducted by Ilka Tampke.</p> <p>Photo Exhibition</p> <p>Project Partners:</p> <p>City of Port Phillip - Ilka Tampke Globalism Institute - Dr Chris Scanlon RMIT – Dr Martin Mulligan</p>	<p>Gain significant media coverage: local media, ABC 774 Radio and ABC Radio National 'Life Matters Program'.</p> <p>The project approach offers effective community engagement tools for residents with complex and diverse background. The project encourages personal empowerment, inclusiveness, participation, awareness raising, action and education.</p> <p>The project challenges the common assumption that streets are for cars and that cars have automatic priority in all streets, and encourages residents to reclaim streets as living open spaces (ie. walking and riding).</p>	<p>Sense of Community Community Engagement Social Cohesion Social Connectedness Empowerment Multiple Levels Intervention</p> <p>Action Research Collaborative Approach</p>
Local Drug Strategy Initiatives Evaluation	Development of a new integrated and coordinated approach to community safety and program development.	Focus group and workshop with key stakeholders.	<p>The report highlights key effective strategies and gaps.</p> <p>Findings challenge the current service systems and its long term effectiveness.</p>	<p>Community Engagement Social Cohesion Social Connectedness Empowerment Multiple Levels Intervention</p>
Building Relationships for Better Health	Reflections on the development of 'Creating a Healthier and Safer Port Phillip, 1999-2005'.	A story written about the process and journey of the development and implementation of the Plan, with 'honesty and a bit of humour'.	<p>Applied community development and action research processes to re-framed the concept of health and safety from grassroots and ordinary citizens' perspective.</p> <p>Developed new action research approach known as the Neighbourhood Action Research Teams (NART), which ensure diverse representation. The approach was highly effective in accessing diverse and difficult to reach areas and sub population groups ie. street sex workers, injecting drug users, different faith groups.</p> <p>Critical Learning: - Critical issues were explored</p>	<p>Community development cyclical steps of: plan, act, observe, reflect, and then plan, act, observe again creates the conditions for ongoing change and improvement.</p> <p>Story telling as a form of research and evaluation method.</p> <p>Participation & engagement as part of health and wellbeing.</p> <p>Relationship =</p>

			<p>through grassroots initiatives;</p> <ul style="list-style-type: none"> - Philosophical beliefs are important supporting mechanisms for health planning; - Meaningful political change lead to meaningful social change at the grassroots levels; - Relationships are foundation to change (extended beyond the realm of professionals to residents as co-collaborators & colleagues), meeting places and spaces for relationships to develop beyond the desired outcome; - Commitment to people is not about short-term exercises, which is often what politics and social policy is about; - We learned from what went wrong, need to admit this publicly and see them as gifts. 	<p>Change</p> <p>Participation & Collaboration = Empowerment & Commitment</p>
Community Beat & Feets: Global Garden Party (2003)	The project aims to promote arts participation as a tool for social connectedness, health and well-being.	Interviews of audience on the day (16) and participants (10).	<p>Audience Survey: 100% reported positive experience 56% of respondents did not think any improvement needed 31% of respondents stated they did not learn anything new 19% gained new information.</p> <p>Participants Survey: 100% reported positive experience with 2 respondents also added negative experience due to size and attention of audience 30% identified the crowd and a sense of social cohesion “bring people together” 40% suggested no change needed and 60% offered new ideas and strategies.</p> <p>Arts participation and performance are powerful ways of engaging and connecting people of diverse cultural background. Fun and creative processes for health, well-being through the development of social connection, through learning, participating and direct experience.</p>	<p>Arts and creative activities as tools for the development of social cohesion and connection.</p> <p>Early intervention and preventative approach to diversity issues and conflict management/prevention.</p> <p>Preventive focus, community wide and open forum education through participation.</p>
2002 Local	The report	Building on a statewide	Summary of Survey Results:	Territory (ie.

Safety Survey: Summary of Results Port Phillip (Draft Report)	provides a summary of perception of crime, safety and road safety.	survey with supplementary local questions for local data. A total of 600 Port Phillip City Council residents aged 14 + were randomly selected by telephone and asked a series of questions relating to crime and safety in their local area.	Significant variation from respondents' perception relate to locality/postcode area, suggesting that crime and safety are highly localised; 73% identified specific streets or intersections as unsafe; the past 5 years, 9% of respondents had been a victim of a personal crime (ie. property crime, theft or vandalism); significant decrease in the proportion of respondents identified a particular location as unsafe (from 62% in 2001 to 49% in 2002). Quantitative method provides the comparative advantage of data analysis over a long period of time. There are also limitations due to sample size, type of questions used and political/current issue at the time.	localized context) and functional aspects of community and impact on residents' perception/sense of safety
Port Phillip Safe City Licensees Accord: Key Indicators for Nightlife Precincts (2005)	Provide information on key safety indicators in four most prominent nightlife precincts in the City of Port Phillip.	Licensees Accord Partners: - Licensees in the City of Port Phillip - Victoria Police - Consumer Affairs Victoria - Vic Road Visual presentation and mapping of licensed venues.	Comparative data on Property Damage and Licensed Venues, Theft and Licensed Venues, Assaults and Assaults in Licensed Venues from 2000 to 2004. The important correlation between the numbers of alcohol related night time assaults and licensed premises. Cross Sector collaborative approach.	Collaboration and partnership through shared learning and training. Relationship development = Change
Municipal Food Security (2005)	Identify existing data and resources in order that creative strategies for improved food security can be developed.	The report consists of 4 parts: Stakeholders interviews, Household and individual food security, Community food security, and Municipal food security.	Food security is inter-sectoral in nature (natural, built, economic, social & cultural). Community participation was identified as a key strategy for sustainable improvement in food security.	Social inclusion Inter-sectoral Inequality Gentrification
Heat Up: Business Plan and Submission Base, A Work in Progress (2004)	A 12 weeks pre employment training program for young people at risk age between 15-24 with interest in the hospitality sector.	Partnership approach between local employers, City of Port Phillip and Employment/training agencies. Shared focus youth at risk. Evaluation of the program included throughout the 12 weeks programs (ie.	Need to check completed evaluation report.	Social Justice Cross sectoral (ie. community, businesses, government) Empowerment Participation

		participants and trainer interviews).		
City of Port Phillip and Vic Road Pedestrian Safety Plan Summary Report (2003)	To provide an understanding of the perception of community participants in the Pedestrian Safety Project including the Safe City Accord and Schools Program.	22 in depth interviews with community members (stakeholders).	<p>Significant efforts have been made to get the program up and running and further efforts needed to ensure the long-term sustainability.</p> <p>Without a project/program worker to facilitate the development of the program and lack of resources, there is a concern that the program may lose its momentum.</p> <p>Commitments from a range of departments within Council, with clear objectives and support from senior management are needed.</p> <p>Commitment levels various among stakeholders, and there are differences in the rational of each sector/community member's commitment.</p>	<p>Cross sector approach</p> <p>Stakeholder alliance</p> <p>Peer education</p> <p>Participation and empowerment (licensees as a sector, voice for the sector)</p>
Community & Health Development's Service Plan (2004 – 2005)	Internal annual service plan report of Council's Community & Health Development Team.	Council's internal reporting format (performance indicators, service aim, standard and level).	<p>Key Issues for the Team & Service:</p> <p>Gentrification issues will continue to increase;</p> <p>Increase in licensed premises (68% increase in hotel licenses since 1994);</p> <p>Funding for Local Drug Strategies for the five 'hot spot' municipalities is declining, new fund needed to sustain current level of service;</p> <p>Change of staff and management responsibilities, which may result in loss of specific experiences and skills.</p>	<p>Internal reporting and service planning processes of strategic plans and programs including:</p> <ul style="list-style-type: none"> - Health Promotion; - Social Cohesion; - Participation, reducing inequity and disadvantage; - Physical Health & Nutrition; - Port Phillip Healthy & Safer Cities Alliance.
Community Strength in Port Phillip: A Discussion Paper for the City of Port Phillip (Draft for comment)	The report examines 20 selected indicators of community strength across 7 neighbourhoods in the LGA of Port Phillip.	<p>An add-on report to a pilot on neighbourhood data run by the Department for Victorian Communities (DVC).</p> <p>300 phone survey conducted by DVC statewide.</p>	<p>There are significant differences across neighbourhoods within the LGA of Port Phillip in terms of population composition, access to services and facilities, access to opportunities to participate and satisfaction with planned environments.</p> <p>Local area is important factor in policy development and implementation.</p>	<p>Social capital as a form of community strengthening and community building.</p> <p>Community strengthening indicators/measures</p>

APPENDIX 7

Performa for Documentation

Fieldwork Observation of Meetings

An Alliance Approach to Social and Community Development: A Case Study of the Structures, Processes, and Functions of an Alliance.

Date:.....

Attendance	
Chair	
External Presentation/Guest	
Key Issues/Concepts Identified	
Observable Structures	
Examples	
Observable Processes	
Examples	
Observable Functions	
Examples	
Other Observations	
Examples	

'Performance Story'

An Alliance Approach to Social and Community Development: A Case Study of the Structures, Processes, and Functions of an Alliance.

Task

I would like you to prepare a story about your experience in terms of the impact of your participation in the Port Phillip Healthy and Safer Cities alliance. Write the story as a response to the following questions:

What was the most significant change that has occurred for you as result of your participation in the alliance?

On the following proforma you will be asked to try and phrase the story in two parts:

What happened, who was involved, where did it happen, when did it happen
Why you thought this change was the most significant change. In particular, what difference did it make already, or will it make in the future?

When you have written the story try and give it a catchy title – like the headline of a newspaper.

This exercise is to provide some material for a demonstration of the 'Story Process' for participatory evaluation and monitoring. So the stories don't have to be wonderful or major, and don't worry if you can't think of a really remarkable change, a little change will be fine!

Title:

.....

Name of person recording story:

.....

Date of narration:

.....

WHAT HAPPENED?

WHY DO YOU THINK THIS IS A SIGNIFICANT CHANGE?

WHAT DIFFERENCE DID IT MAKE ALREADY/WILL IT MAKES IN THE
FUTURE?