Developing healthy public policy - the case of Australian local government and food and nutrition policies

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I hereby declare that I am the sole author of this thesis. This thesis does not incorporate without acknowledgment any material previously published or written by another person except where due reference is made in the text.

Heather R Yeatman
ABSTRACT

The objective of this study was to identify factors which were important in the development of locally-based, healthy public policy, with a view to contributing to theoretical understanding of the policy process. The health issue of food and nutrition at the local level of government was selected as the focus of the study.

As background to the policy analysis, the extent of local government involvement in food and nutrition initiatives was determined through a national postal survey sent to all local governments in Australia (N = 742). The results of this survey indicated that local governments in Australia were involved in all aspects of the food and nutrition system. Their involvement in non-mandated aspects of food and nutrition (eg nutrition education, emergency food services and food retail planning) was variable. Logistic regression analysis of the survey data identified factors associated with involvement in non-mandated food and nutrition activities, including the resource base of local governments, the state in which they were located, the rural or urban nature of their geographic area and personal attitudes of staff.

The main focus of the study was case studies on four local governments which had attempted to establish, or which had established, food and nutrition policies. The case studies were based on interviews with local government and health services staff and published data (eg annual reports and minutes of meetings).

The findings of the study indicated that institutional, localism and bureaucratic models of the policy process most appropriately describe policy making within local government. The nature of the policy issue also was found to be important, supporting the importance of incorporating consideration of the agenda setting process.
A high level of involvement of bureaucrats in the policy process was found. At the personal level, an individual’s attitudes were important, as were their skills in administrative and policy processes. As an entity, an individual represented a particular position, such as a professional, bureaucrat and/or manager, from which they influenced the policy process either directly within the institution or through their access to information and resources. Individuals and organisations interacted to provide different opportunities to influence the policy process. In some instances an individual may act to establish alliances with other individuals through which they pursued their policy agenda. In other instances individuals acted as policy entrepreneurs, with preferred policy positions.

The findings of this study provide an important starting place from which further research may be developed to elucidate greater insight into the individual influences on the policy process. It will be important to establish which roles of individuals exert more influence on the policy process, and in what circumstances. Conclusions were drawn about the value of theories of the policy process to the development of healthy public policy within the specific environment of Australian local government. It is anticipated that information from this study will be of assistance to health professionals who are working within and with a range of local organisations, with the common aim of improving the health of communities. It also will be of value to administrators and educators who are interested in creating an environment which is supportive of the development of healthy public policy.
ACKNOWLEDGMENTS

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To my other colleagues in the Department of Public Health and Nutrition thank you for your patience as I undertook and completed this research. In particular I would like to thank Cathie Gillan who provided very competent and cheerful aid as a research assistant and Professor Ken Russell for his guidance in the statistical analysis. Thanks to Ms Vicki Kendrick for very competent data entry and processing and to Ms Marie Johnson for accurate interview transcription.

To the staff at the case study locations, thank you for your thoughts and time. Your willingness to participate made this study possible and I have tried to represent your actions accurately. Thank you also to the many local government staff who took time to complete the survey.

The support of my family deserves special mention. To my husband Charlie, thank you for your on-going support and love, and for the cooking, washing, shopping and single parenting. To my daughters Morgan and Skye, my apologies for the important childhood moments that I have missed. I will make up our missed time together, somehow!

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CHAPTER 1 INTRODUCTION

1.1 Introduction

This thesis investigates the process of developing healthy public policy, which is a key health promotion strategy to achieve improvements in public health (Ashton & Seymour, 1988). This study investigates how healthy public policy is developed at the local level. An understanding of how public policy is developed and effectively implemented has important implications for public health practice, as well as the potential to inform policy theory.

The health issue of food and nutrition was selected to illustrate the development of healthy public policy. Many practical and theoretical reasons supported the selection of food and nutrition policies, including their prevalence at all levels of government, their capacity to illustrate various roles of government and their relevance to different sectors.

The local level of government was identified as an appropriate level at which to investigate the policy development process. While local government policies are mainly administrative in nature and thus different from national policies, many of the same factors influence the policy development process. The advantages of examining policy development at the level of local government include the accessibility of information, higher visibility of the process and the participants, opportunities for comparisons and shorter time frames for policy action.

In this introductory chapter an overview of the study will be described, including a statement of study objectives and the value of the research. The importance of research
into the development of healthy public policy will be established. Also discussed are the practical and theoretical reasons which support the selection of local food and nutrition policies as an appropriate focus for the analysis of the policy development process. The chapter concludes with an overview of the structure of the thesis.

1.2 About this Study

The focus of this research is the development of food and nutrition policies and programs within the Australian local government sector. Such research is illustrative of one component of policy analysis, the development of knowledge in the policy process (Ham & Hill, 1984, p.8). The identification of factors influential in policy formulation and increased understanding of how these factors interact should increase health professionals effectiveness in the development of healthy public policy and will inform policy theory.

1.3 Study Objectives

The principle objective of this study was to identify factors which were important in the development of locally-based, healthy public policy, with a view to contributing to theoretical understanding of the policy process.

In order to achieve this objective, several research questions were formulated:

1. Which individuals, groups and organised interests were involved in the development of food and nutrition policy in local government? What were their roles and how did they exert influence on the policy process?

2. In what ways did organisational structures exert influence on the policy process?
3. In what ways did the structure of government influence the development of food and nutrition policy within local government?

4. How do contemporary theories of the policy process and theories relevant to factors identified as important in this study of the policy process, contribute to an understanding of the development of healthy public policy within Australian local government?

1.4 **Value of this Research**

This research provides an in-depth understanding of the processes involved in placing food and nutrition issues on the agenda of local government in Australia. Although restricted to one aspect of public health, food and nutrition, and limited to consideration of local government initiatives, this study provides important insight into the process of developing healthy public policy at the local level. It is anticipated that this information will be of assistance to health professionals who are working within and with a range of local organisations, with the common aim of improving the health of communities. It also will be of value to administrators and educators who are interested in creating an environment which is supportive of the development of healthy public policy.

1.5 **Healthy Public Policy Research**

Healthy public policy has been on the agenda of governments in Australia and elsewhere for several decades (for example the World Food conference, 1974, called on countries to develop national food policies), and in particular following the Alma Ata declaration in 1977 (World Health Organisation, 1978) and the First International Health Promotion Conference in Ottawa, Canada (World Health Organisation, 1986).
Studies in the development of healthy public policy have been undertaken (World Health Organisation Secretariat, 1988), but much of the early research was descriptive and not theoretically grounded (Pederson, Edwards, Marshall, Allison & Kelner, 1988). A clear exception was Milio's work on promoting health through the development of public policy (Milio, 1981a). In particular, her work in analysing the development of the national food and nutrition policy in Norway established the groundwork on which later healthy public policy analysis was developed (Milio, 1981b). She identified the following factors as important to the policy process: a political environment which not only linked health, agriculture and economic interests, but also held them high on the political agenda; collection and collation of relevant data over an extended period; the development of a forum of interested agencies through which interaction occurred and which provided advice to government (Kjaernes, 1995); committed individuals in positions of influence within the bureaucracy; a catalysing event (for example the 1974 World Food conference); and a buoyant national economy.

Milio went on to develop further the ideas behind the development of healthy public policy in proposing an ecological framework for policy studies (Milio, 1991a). While acknowledging that much was still to be learnt about strengthening healthy public policy, she identified several important areas for consideration. She noted that policy making studies should focus on: environmental conditions under which healthy public policy becomes feasible; influential individuals and groups; use of information to inform the policy process; gains and losses negotiated during the policy development process; and strategic actions that succeeded or failed.

The factors identified by Milio are a collection of ideas on influences on the policy process rather than a specific theoretical framework within which to examine the policy process. Similarly, other studies have put forward policy process components rather
than attempting to analyse the policy process within a theoretical framework (Ziglio, 1986; Hancock, 1988; Pinder, 1988; Palmer & Short, 1989; Dekker & Saan, 1990; Evers, 1990; Petrey, 1990; Dodds, Rhoads, Gale & Randolph, 1992; Marshall, 1992; Duhl, 1993; Schwartz, Goodman & Steckler, 1995; Wallack & Dorfman, 1996). Only a few researchers in the health field have attempted to link their policy research in with the political and social theories which address the policy process (Pederson et al., 1988).

This study has linked the findings of research into the development of healthy public policy with the theoretical frameworks of the political sciences, organisational literature and sociology. Important conclusions are drawn regarding professional practice and the role of health professionals in the development of healthy public policy. The findings also contribute to the development of contemporary theories of the policy process.

1.6 Food and Nutrition Policy

Food and nutrition policies are illustrative of public policies, providing different examples of types, scope and underlying philosophies of policies. Examples of different food and nutrition policy types include:

- regulatory and legislative, for example the *National Food Standards Code* (Australia New Zealand Food Authority, 1996a);
- principles to guide decision-making, for example the *Australian Dietary Guidelines* (National Health and Medical Research Council, 1992) and the *national Food and Nutrition Policy* (Commonwealth Department of Health Housing and Community Services, 1992);
- fiscal, for example subsidies for primary food production and import tariffs; or
• administrative, for example food and nutrition policies for food services (Martin & Macoun, 1996a).

The focus of food and nutrition policies may be very broad or limited, representing the scope of healthy public policies. For example, policies such as the dietary guidelines focus on diets of the population and their associated impact on health and risk of chronic disease (National Health and Medical Research Council, 1992). Other policies cover a broader range of issues, for example in developing countries food policies typically incorporate consideration of food production, transport, cost, storage and household distribution of food (Berg, 1973; Field & Levinson, 1975; Berg & Austin, 1984; Field, 1985).

At the local level in Australia, food and nutrition policies are primarily administrative in nature, for example guiding decision-making with regard to food services or planning approvals. A few local food and nutrition polices are regulatory, for example incorporation of food and nutrition specifications into building or planning approval processes. Further discussion of the nature of local food and nutrition policies is included in sections 2.2.4 and 2.2.4.1.

1.6.1 History of Food and Nutrition Policy Development in Australia

Over the last 20 years in Australia there has been considerable activity in the development of food and nutrition policies. Examples of important Australian food and nutrition public policy activities which occurred following the 1974 World Food Conference and the Alma Ata Declaration (1978) are outlined in Table 1.1.
<table>
<thead>
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<tr>
<td>1981</td>
<td>Guidelines for the television advertising of foods directed to children, recommended (National Health and Medical Research Council, 1989)</td>
</tr>
<tr>
<td>1982</td>
<td>Dietary guidelines, released (Commonwealth Department of Health, 1982)</td>
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<td></td>
<td>New South Wales food and nutrition policy, released (Department of Health, 1984)</td>
</tr>
<tr>
<td></td>
<td>Victorian food and nutrition policy, proposed 1984 and released 1986 (Health Department of Victoria, 1986)</td>
</tr>
<tr>
<td>1988</td>
<td>Food and nutrition policy issues discussed at 2nd International Health Promotion Conference, Adelaide (World Health Organisation &amp; Commonwealth Department of Community Services and Health Australia, 1988)</td>
</tr>
<tr>
<td>1991</td>
<td>Australian Consumers’ Association proposes a national food policy (Australian Consumers’ Association, 1991)</td>
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<tr>
<td></td>
<td>National Food Authority established (Commonwealth Government of Australia, 1991)</td>
</tr>
<tr>
<td>1992</td>
<td>Agri-food program announced (Department of Primary Industries and Energy &amp; Department of Industry Technology and Commerce, 1992)</td>
</tr>
<tr>
<td></td>
<td>National Food and Nutrition Policy, released (Commonwealth Department of Health Housing and Community Services, 1992)</td>
</tr>
<tr>
<td>1993-5</td>
<td>Local food and nutrition policies, developed (Penrith Food Policy Committee, 1994; South Sydney City Council Food Policy Steering Committee, 1995)</td>
</tr>
<tr>
<td>1994-6</td>
<td>State and territory food and nutrition policies, released (Department of Community and Health Services, 1994; Department of Health and Community Services, 1995; Martin &amp; Macoun, 1996b; Territory Health Services, 1995; Queensland Health, 1995; South Australian Health Commission, 1996; Victorian Department of Human Services, 1995;) Health Department of Western Australia, 1995)</td>
</tr>
<tr>
<td>1996</td>
<td>National Food Authority replaced by Australia New Zealand Food Authority (Commonwealth Government of Australia, 1996)</td>
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Moves to develop a food and nutrition policy in Australia surfaced in the 1970s, at a time when other health promoting initiatives were commencing, both in Australia and overseas. International public health policy frameworks were provided by the World Health Organisation’s *Health for All by the year 2000* (HFA) and the *Alma Ata declaration* initiatives (World Health Organisation, 1978). Australia became a signatory to the HFA initiative in 1983 and instigated a Better Health Commission in 1984 to report on Australia’s health and appropriate strategies for promoting health within the HFA framework. The Better Health Commission identified nutrition as one of priority areas for attention (Better Health Commission, 1986) and various state and national initiatives commenced (Health Targets and Implementation (Health for All) Committee, 1988).

Political interest in public health nutrition initiatives was stimulated further by the World Health Organisation’s decision to hold the second international health promotion conference in Adelaide in 1988. At this forum, participants from around the world learnt of a local initiative in Knoxville, United States of America, to develop a local food and nutrition policy council (Petrey, 1990), and of Victoria’s (Australia) state food and nutrition policy (Powles, Wahlqvist, Robbins, King & Hicks, 1992). In addition, the (then) Australian federal Minister for Health, Dr Neil Blewitt, announced the government’s intention to develop a national food and nutrition policy, which was subsequently released in 1992 (Commonwealth Department of Health Housing and Community Services, 1992). Following the development of the national Food and Nutrition Policy, several states and some local governments in Australia developed their own food and nutrition policies, acknowledging the need for governments at all levels to consider the impacts of their actions on the food and nutrition system and on the health of the community.
1.6.2 Power relationships and policy making

Food and nutrition policies provide good examples of different levels of power and authority associated with policy making. The scope of public policies is determined by the level of government, as different levels have different powers (Galligan, Hughes & Walsh, 1991b). For example, federal government in Australia has sole responsibility for income tax, and so is the only level of government that can enact income redistributive policies to increase low income earners' capacities to purchase food. State governments can levy some taxes on goods, making it possible to develop differential sales tax schemes to encourage consumption of healthier foods, for example (until recently) lower taxes on low alcohol beers. In contrast, local governments have limited powers related to raising finances, but they can promote local food access through planning regulations and approval of local developments. Within an organisation, a food policy may be restricted to administrative arrangements, such as nutrition parameters of food service contracts (Chapman, 1990a).

1.6.3 Role of Government

Food and nutrition policies also illustrate the accepted role of government. Food and nutrition policies may illustrate an active role for government in planning the economy (Milio, 1981b; Ziglio, 1986), a limited role for government resulting from deregulation (Australia New Zealand Food Authority, 1996b) or an information-based, market support role (Ziglio, 1986). The accepted role of government may be to provide essential services themselves or to ensure that such services are provided through the market place (Jones, 1993).
1.6.4 Food and Nutrition Policy at the Local Level

The public policy development process may be examined at any of the three levels of government in Australia. Selection of an appropriate level of study requires consideration of several factors, including timeliness, accessibility, type and scope of the policy, visibility of the policy development process and opportunities for comparison. The development of food and nutrition policy at the level of local government was selected as the focus for this study.

1.6.4.1 Accessibility

Examples of local food and nutrition policy started to emerge in the early 1980s, in the United States of America. Knoxville, Tennessee, was the first (Haughton, 1987; Food Policy Council - Knoxville, 1988; Petrey, 1990), with a number of others established after the 1984 Conference of Mayors provided support for such initiatives (Reyes, 1985). In Australia, work on local food policy initiatives commenced in the late 1980s - early 1990s at Penrith and South Sydney City Councils in New South Wales and was further stimulated by specific funding from the federal department of health.* These locations which were accessible for the purposes of this study.

1.6.4.2 Timeliness

Local food and nutrition policy activities were timely, as developments in New South Wales were underway, but not completed, when this study commenced. This

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* This Department is referred to using a generic title, as the formal name was very long and changed several times during the period of this study. At this point it was called the Commonwealth Department of Health, Housing, Local Government and Community Services.
provided the opportunity for a prospective study of the policy development process to be undertaken. Organisations and involved individuals could be observed as the policy evolved. This presented an unique opportunity, as most policy studies have been retrospective (Milio, 1981b; de Leeuw, 1989; Helsing, 1989). Bobrow and Dryzek (1987) suggest that forward looking policy analysis is important when investigating variable or novel policy problems.

1.6.4.3 Relationships with Other Sectors

Examining the development of a policy which encompasses a wide range of food and nutrition issues illuminates the relationships between that policy and related policies in other sections of government and in the community. The range of relationships with government, industry or community sectors expands with the range of issues incorporated in a policy.

It was not possible to predict the scope of local food and nutrition policies in Australia at the commencement of the study and hence the types of relationships with other sectors. Prior local food policy work in the United States (USA) had covered a broad range of issues (Reyes, 1985; Haughton, 1987; Dahlberg, 1984) and early indications suggested that the local food and nutrition initiatives in Australia either followed a similar model to the U.S.A. experiences (Grossman & Webb, 1991; Brierley, Webb, Grossman, Noort & Huxley, 1991) or focussed on a broad view of the local food system (Finlay & McLeod, 1989; Hodge, 1991).

This study predicted that local food and nutrition policies in Australia would incorporate consideration of a wide range of food and nutrition issues and hence involve multiple sectors. Thus examination of the development of local food and
nutrition policies would be useful in clarifying the links between different government sectors, industry and communities, both at the local level and between levels of government.

1.6.4.4 Influence of Key Individuals and Organisations

An important aspect of the development of policy is how decisions are made regarding what content area(s) or issues are incorporated. Local food and nutrition policy was new in Australia. Preconceptions did not exist regarding which issues should be addressed within such a policy. It was expected that the foci of the policy would reflect the relative influences on the policy development process of key individuals and organisations.

1.6.4.5 Policy Process

The study location selected should be able to demonstrate clearly the policy development process. Examination of the policy development process at the local level is assisted by the relatively limited number of participating individuals, interests and organisations. Participants could be readily identified and approached on a personal level. Such accessibility may not have been possible at higher levels of government. Kickbusch, Draper & O'Neill (1988) also claim that results of local policy implementation are more readily identified and thus more visible than those of national projects.
1.6.4.6  Comparative studies

A final point supporting the examination of the development of local food and nutrition policy was the possibility for comparisons. Many more local government areas exist in Australia, than states and territories (more than 700 local government areas, compared with eight states and territories). Thus, although there were only two local food and nutrition policy initiatives underway at the commencement of the study, many more opportunities existed for policy development in the future. This proved to be the case, as a further two food and nutrition policy initiatives commenced during the study period. Comparisons subsequently were possible between the policy development processes in different local governments.

1.6.5  Local Food and Nutrition Policy - Summary

In summary, a food and nutrition policy based on a food systems framework provides an excellent example of healthy public policy. Food and nutrition policy agendas impact on many sectors. Food and nutrition policies have been developed at all levels of government, thus potentially illustrating the policy process from different perspectives. Examination of the development of local food and nutrition policy in particular offers an excellent opportunity to identify factors influential in the policy process due to their high visibility and ready identification. Clearly, if health professionals are to become more active and competent in the development of healthy public policy, it is critical that more be known about the important factors which influence the development of such policy. This thesis provides such an examination.
The exploratory nature of the study made it necessary to investigate the local policy environment from different perspectives. A national postal survey of all local governments in Australia undertaken in 1995 provided an overview of food and nutrition actions. Different levels of local government action in a wide range of food and nutrition activities were identified and associations with a limited number of descriptive and attitudinal factors were explored. To complement this national view, case studies were undertaken, during the period 1993-96, in four local governments, two of which had developed food and nutrition policies and two had attempted to develop such policies. In-depth interview data, complemented by official reports, minutes of meetings and published articles, provided details on the complex interplay of individual, organisational and political environment factors which influenced the policy process.

At the beginning of the study, there was a paucity of empirical work in the field, a lack of application of theoretical frameworks for such a study and measurement instruments were absent. During the period of the study (1992-96), new work was published in the field of policy analysis and it became possible to explore the study findings in the light of new theoretical work.

In chapter two the appropriateness of local government as the level at which to investigate public policy is explored. It is concluded that while differences existed in the nature of policy at different levels of government, the range of factors which influence the policy development process at the local level would be similar to those at the state or federal levels.

In chapter three the level of involvement of local government is established through the reporting of results of the national postal survey. The chapter includes a presentation
of the methods and results of the national postal survey, details of the development of the survey instrument, and a discussion of confidentiality, reliability and validity. The results of the survey indicate that Australian local governments were involved in a wide range of food and nutrition activities. After statutory requirements, both structural and personal factors were found to be associated with the involvement of local governments in food and nutrition activities.

Extensive reviews of the policy literature are included in chapters four and five. In chapter four contemporary theories of the policy process are reviewed for their application and relevance to Australian local government. The theories of bureaucratic politics and institutionalism are identified as relevant to the local policy process. Their perspectives are complemented by the theory of localism politics, which offers an explanatory framework for the more democratic side of local government actions and its policy responses to local issues.

In chapter five an extensive investigation of the literature is undertaken on elements of the policy process. Theoretical insights into the roles of individual, organisational and political environment factors in the policy process are discussed. It is clear that individuals can potentially influence the policy process in many ways, including: the use and control of policy-relevant information; initiating, controlling or championing the policy process; developing and making use of relationships within the organisation; and mediating between an organisation and its environment. An organisation is considered to exert influence on the policy process through its structure and values and through inter-organisational arrangements. The broader political environment incorporates consideration of the distribution of power and of the representation of interest groups in the policy process. The roles of these factors are then discussed within different theories of the policy process.
Chapter six introduces the substantive empirical work of the thesis. The case study methodology of the research is detailed, including discussion of semi-structured interviewing, use of complementary sources of data and analysis. Also included in this chapter are brief descriptions of the four case studies and their food policies.

Chapter seven presents the findings of the case studies, discussed within the context of the theoretical perspectives introduced in chapters four and five. Discussion of the study's findings continues in chapter eight, which highlights implications for professional practice. Chapter nine identifies limitations in the study. In chapter ten the significance of the study is presented, recommendations are made for future research and conclusions are drawn on the theoretical insights provided by the study.
CHAPTER 2  LOCAL GOVERNMENT

2.1  Introduction

The development of food and nutrition policies represent an important step by governments to acknowledge the impact of the food system and eating behaviours on the health of their communities. It also is an appropriate health issue through which to explore the development of healthy public policy, due to the breadth of sectors which potentially can be involved.

The local level of government is identified in this chapter as an appropriate level at which to investigate the policy development process. While local government policies are mainly administrative in nature and thus different from national policies, many of the same factors are expected to influence the policy development process. Examination of policy development within local government will illuminate the relationships between different levels of government. Additionally, the accessibility of local government provides opportunities to investigate the role of individuals and organisational structures in the policy process. Policy development often occurs over a shorter period within local government, permitting examination of various stages of the policy development process. Finally, many more local governments exist, making possible comparisons between policy development processes in different locations.

Local food and nutrition policies were at the stage of being established when this study commenced, providing an opportunity to investigate the policy development processes prospectively as well as retrospectively. This presented a unique opportunity to undertake an in-depth analysis of the development of food and nutrition policy within Australian local government.
2.2 Local Government and the Policy Process

Local government is the third tier of government in Australia, locally elected but also serving as an administrative arm of state government (Smith, 1995). While other government agencies are found at the local level, including health, education, police and welfare services, these are branches of state government departments. Policy and program decisions of these services are made at the centralised, state level and are enacted at the local level. Local government develops and enacts its own policies within the areas of responsibility designated by state government legislation.

It is important to keep in mind that while there are similarities between local governments throughout Australia, there are also significant differences.

"Varied sizes, needs, and capacities mean that councils provide a wide range of services. This marked diversity of size and function does not make for any straightforward or simple analysis."

(Hall, 1993, p. 172)

The roles of local governments also vary according to the state in which they are located, due to different legislative responsibilities. Variations in responsibilities include different planning functions, differing capacities to pass local by-laws and restrictions on raising revenue (Gillan, 1995).

In selecting local government as the site to examine the policy development process, consideration must be given to how local government varies from other levels of government and hence how the policy development process may differ at the local level. Policy relevant factors include: how does policy at the level of local government differ from that at state and federal levels? and, how is the policy development process influenced by the relationships between the different levels of government? Major factors pertinent to the policy area of study, food and nutrition, relate to the different
public health roles of the different levels of government. These factors will be discussed in turn.

2.2.1 Types of Policies at the Different Levels of Government

The types of policy at the different levels of government are a reflection of the fiscal powers at that level (Galligan, Hughes & Walsh, 1991a). In Australia during the period 1990-91, the federal government collected 78 per cent of all taxes, the states 18 per cent and local governments 4 per cent (Jones, 1993, p. 37). The federal government is responsible for 54 per cent of outlays, the state government for 42 per cent and local government 4 per cent of outlays (Smith, 1995, p.309). These figures illustrate that the federal government has major powers for raising and controlling revenue and reallocating this revenue to other levels of government for the enactment of programs and provision of services. Local government on the other hand has limited capacity to raise revenue, and subsequently has limited resources with which to implement programs.

The service provision role of local government dominates local government policy options, with most policies being administrative in nature. Local government often is considered to be a service provider, although in this role it is much more limited in the range of services it provides compared with local governments in other countries (Jones, 1993). The range of services provided by Sydney City Council is included in Table 2.1 as an illustration of the local government activities. In contrast, federal government enacts redistribution, protection and fiscal policies. State governments’ policies are a combination of the other two levels, incorporating protection and fiscal areas as well as administrative concerns related to service provision.
TABLE 2.1 An example of services provided by Australian local governments - Sydney City Council, 1988

<table>
<thead>
<tr>
<th>Services</th>
<th>Percentage of total outlay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transport</td>
<td>33.3</td>
</tr>
<tr>
<td>Recreation and culture</td>
<td>17.5</td>
</tr>
<tr>
<td>Housing and community amenities</td>
<td>16.8</td>
</tr>
<tr>
<td>General public services</td>
<td>13.4</td>
</tr>
<tr>
<td>Welfare</td>
<td>2.4</td>
</tr>
<tr>
<td>Health and education</td>
<td>2.1</td>
</tr>
<tr>
<td>Building control</td>
<td>1.3</td>
</tr>
<tr>
<td>Public order and safety</td>
<td>1.3</td>
</tr>
</tbody>
</table>


The emphasis on service provision and administrative policies may undermine the democratic role of local government. Cairns (1996) argued that there was a strong case that successive reorganisations of local governments in England had "*vitiates public support for local government by subordinating democratic purpose to perceived functional requirements*" (Cairns, 1996, p. 17). He claimed that local government had lost sight of its fundamental democratic purpose, through the pursuit of functional efficiency. Anna Yeatman (1990) identified that when policy change occurs within a constricted economic environment, three types of reform are possible - efficient, democratic or equitable reforms. She did not believe that these types of reform were compatible. Governments decided on a direction to follow. The changes which have occurred within local government in Australia have been based on improving efficiency and as a result democratic and equity values have been undermined.
Gillan (1995) found that recent changes in local government legislation in most states in Australia emphasised the managerial nature of local government activities. This has led to a stronger corporate focus (Johnston, 1995). Local government administration is expected to demonstrate strategic planning, and to incorporate the role of market forces.

"... federal and state governments are broadening local government's legislative powers and promoting concepts of partnerships and capacity building in their apparent desire to see an expanded role for local government .."

(Hall, 1993, p. 171)

The legislative changes governing local government did not change the fiscal power of local government within Australia’s political environment.

While the aim of the new legislation was to decrease the prescriptive nature of local government activities, to allow for greater local autonomy and responsiveness to local need, it would appear that the opposite occurred.

".. attempts to reproduce market conditions in the public domain often involved a reductionist approach to local government’s role whereby its functions are more narrowly defined."

(Hall, 1993, p. 173)

Phillips (1995) took a stronger view, claiming that the call to incorporate market practices such as compulsory competitive tendering (CCT) within the local government environment forced local governments to divest themselves of all functions and power.

Galligan and Fletch (1993) linked many local government changes to the policy of New Federalism. Such reforms included boundary reforms and amalgamations, uniform accounting practices, environment and planning powers, metropolitan, urban and rural infrastructure policies and waste management. Thus the scope of the changes facing local government has been broad, including the level of accountability, policy directions and the areas of responsibility of local government. However, the nature of
local government policy responsibilities remain principally administrative, that is the allocation of limited funds to manage the provision of private and public services at the local level.

A study of the policy development process at the level of local government is primarily a study of the development of administrative policies. Administrative policies reflect internal decisions regarding how an organisation manages its resources in order to meet its responsibilities. Policy decisions regarding what are its resources (that is, what is its share of the fiscal cake) and what are its roles and responsibilities (that is, its legislative responsibilities) have been taken at other levels of government. Thus the factors which influence the policy development processes identified in a local study are likely to be different from policy development influences identified at the national level, due to the different nature of the policy and of the power relationships involved.

2.2.2 Relationships between the Different Levels of Government - their influence on the policy development process

Local government is constituted within state government legislation (Gillan, 1995). However, it also has elected members and as such is a democratic voice of the local community.

"local government on one hand is an elected government but on the other it can only function as an elective government within the constraints imposed by the state government."

(Smith, 1995, p. 307)

Thus state government legislation sets the parameters within which local policy making can occur. Gillan (1995) identified 49 different pieces of legislation which specified health-related roles of local government and the boundaries of local governments’ health-related responsibilities. The capacity of local governments to generate income to
administer such services has not been significantly altered with changes in the recent legislation, resulting in what Jones (1993) identified as a local fiscal crisis. Local governments’ ability to influence this situation is limited to an advocacy role with state and federal governments.

The federal government has a history of influencing the relationship between the state and local governments. Thus the federal government also influences the boundaries of local policy development. Chapman & Wood (1984) highlights the range of influence of the federal government, from promoting state power and decreasing local power, to the reverse. For example, in 1923 the federal government provided funding for road construction. State governments required local governments to relinquish their power over road construction in order for the states to be eligible for this federal funding. In more recent times (1973), the federal Labor government granted local governments access to the Grants Commission (the body through which the federal government can provide loans to government instrumentalities), providing direct financial assistance for programs and activities (Chapman & Wood, 1984). However, the financial support made available by the federal government came at a cost. While increased access to finance increased autonomy in some ways, it also established a dependency arrangement whereby local governments were held accountable to the federal government for expenditures (Chapman & Wood, 1984).

Local government exerts some upward influence, particularly on the implementation of public policy. As a major service provider, the effectiveness of some national and state policies has been determined by the capacity, resources and willingness of local government.

"Despite its keen interest [in housing matters] the commonwealth remains relatively powerless .... Attempts in the past to intervene in urban affairs from
It is clear that public policy making in Australia must recognise the role of all three levels of government and the influence of intergovernmental relationships. An examination of policy development at any one level of government necessarily includes consideration of the influence of the other two levels.

2.2.3 Public Health Roles of Local Governments

Smith (1995, p. 311) identified that local government has been involved in providing public health services in Australia since 1854.

"On 19 December 1854 the Colonial government passed 'An Act for promoting the Public Health in populous places in the Colony of Victoria' (Public Health Act) which dealt exclusively with insanitary conditions in 'populous' places. This was the first Act of Parliament addressing public health passed in Australia (Cumpston 1989: 233)."

Such involvement in public health, necessary due to rapidly fluctuating populations in the goldfields, was subsidised and controlled by the central government of the colony of Victoria. Thus commenced the general model of central (state) control of local government and their lack of power to raise their own finances, as described previously. It also is interesting to note that the basis of local government was established around public health concerns.

Local governments in Australia steadily increased their involvement in public health services and initiatives. The initial foci of local government public health concerns developed around protection issues such as sanitation, food hygiene and building safety (Gillan, 1995). Welfare issues entered the local government agenda early in this
century and included infant welfare (1917 the first baby health centre was established in Richmond, Victoria - Smith, 1995); immunisation programs (Weston & Putland, 1995); involvement in meals on wheels services (Grossman & Webb, 1991); services for the aged (Home and Community Care (HACC) services - Minichiello, 1995); services for families; recreation and leisure initiatives (Chapman & Wood, 1984); and environmental health initiatives (Sickert, 1993). The role of local government in promoting public health has been recognised in recent reports (Bidmeade, 1991; Commonwealth Department of Health Housing and Community Services, 1992; Legge, McDonald & Benger, 1992; National Health Strategy, 1993). The Australian Local Government Association also reports that there has been a significant increase in local government’s

"emphasis on human services - a 40% in real term increase in outlays for education, health, welfare and public order and safety between 1982-3 and 1991-2”


However, while acknowledging the potential of local government to influence public health, the view of a strong and expanding public health role for local government is not held by all. Weston and Putland (1995) report that although innovative and visionary projects have been developed by some local councils, overall involvement in discretionary health and welfare activities has been patchy and inconsistent. Gillan (1995) also reports that health related, legislative responsibilities of local government vary considerably between states. The Health Act of New South Wales (New South Wales Government, 1991) assigns local government little liability for health issues, while the Health Act of Western Australia (Western Australian Government, 1911) allocates a substantial health role to local government. In Western Australia, the municipal area is the health district. Local government is the ‘local authority’ for health and is permitted to levy an annual health rate on rateable land to finance health services. In Victoria, it has only been recently that the Municipal Public Health Plan (MPHP)
legislation has required a major shift in emphasis away from routine regulation, to thinking strategically about the health of the community (Garrard & Schofield, 1991; Department of Health and Community Services, 1993). Other states (Tasmania and Queensland) are still investigating the introduction of MPHPs, and some states (South Australia and New South Wales) recently introduced Environmental Health legislation pertaining to local government (Yeatman & Commonwealth Department of Health and Family Services, 1997).

Despite the view by Weston and Putland that more could be done, the important public health infrastructure provided by local governments should not be overlooked. A strong health protection role has been provided through oversight of water, sewerage, roads, zoning, food hygiene and other forms of environmental protection (Smith, 1995). The maintenance of this public health infrastructure is necessary to support other public health measures. Current changes within the local government sector, such as privatising and contracting out some essential services, potentially have significant repercussions on the health of communities.

The World Health Organisation's Healthy Cities program provides a clear example of the international importance placed on the public health role of the local level of government. The World Health Organisation identified the Healthy Cities initiative as one of the "main vehicles for giving effect to the strategy of Health for All" (Tsouros, 1995).

"The WHO Healthy Cities project (HCP) is a long-term international development project that seeks to put health on the agenda of decision-makers in the cities of Europe and to build a strong lobby for public health at the local level."

(Tsouros, 1995, p. 133)

A healthy city was not defined as one which has achieved a certain level of health. It was a city with a commitment to improving health and to the development of structures
and processes to achieve it, that is, a commitment to public health principles. In many instances local government had taken the initiative for such a program (Duhl, 1996). While local governments in Australia have substantially different powers from city governments and local governments elsewhere, the involvement of local government within the Healthy Cities program also has been advocated in Australia by Worsley (1990) in his national review of Healthy Cities initiatives. This review identified that the development of healthy public policies at the local level was an essential component of an integrated approach to the maintenance and improvement of the health of the public. However, the development of such policies has been limited by a lack of knowledge about and understanding of the factors which act to support local policy development. The results of this and similar studies are critically important to the future development of locally-based public health initiatives such as the Healthy Cities program.

A national initiative underway to clarify the public health roles and responsibilities of the different levels of government in Australia is the proposed National Public Health Partnership (Commonwealth Department of Health and Family Services, 1996). The purposes of this multilateral public health policy framework are the

"better management of existing public health issues (such as immunisation and food safety), more efficient strategy in response to emerging issues (such as Hepatitis C), and more efficient utilisation of resources."

(National Public Health Partnership, 1997, p.15)

While the agreement is purported to be a national partnership, local government is not a signatory to the memorandum of understanding (it is a bilateral agreement between the federal and state and territory governments) and has only been allocated observer status in the agreement. Local government involvement in the NPHP will occur at the program implementation stages. This again reflects the subservient, service provider role of local government. Although local government obviously has a major role in providing public health infrastructure and services, in the main it is not actively
involved in broad public health policy making or significant resource decisions. These decisions are negotiated between federal and state governments.

The need for the National Public Health Partnerships initiative highlights the existing, confused situation regarding the public health roles of the different levels of government within Australia. Overall, the public health roles reflect the broad relationships between the three levels of government. The federal government has the money, which it allocates to the state governments for the provision of services. State governments directly provide many public health services via state health departments, and allocate other services to local government. The degree to which public health services are planned on a state-wide basis varies, depending on the nature of the health issue and the services. Variable communication between the state and local governments regarding service implementation results in overlap and duplication in some instances, and lack of services in other situations (Hall, 1993). To complicate this situation further, the federal government retains responsibility for some public health services through the provision of block grants for particular purposes, for example home and community care or aged care services (Minichiello, 1995). This funding may be provided to local government, state government, private organisations, or any combination of these. As stated previously, these complex policy and program relationships between the different levels of government in Australia impact on local policy development initiatives. The manner in which these relationships impact on the development of local food and nutrition policy was examined in this study.

2.2.4 Food Issues

The main food-related activity of Australian local governments, except those in the Northern Territory, is to ensure the safety of food in their local government area. Food safety initiatives may extend from simple inspection of food premises, conduct
of food safety education programs, registration or licensing of food premises, to
conduct of microbiological testing of foods for sale. National changes in approaches
to food safety have focused on a deregulation approach, decreasing governments' roles and increasing self regulation by industry. While such a change has various advantages and disadvantages which will not be discussed here, one of the effects of such a re-examination of this food-related role of government has been to develop a systematic, national, uniform approach to food handling, involving federal, state and local levels of government (Australia New Zealand Food Authority, 1996b). This is perhaps the first time that all three tiers of government have been involved in joint discussions regarding a food policy initiative. Success of this initiative will require consensus at all levels of government to ensure adoption, resourcing and implementation of the proposed national food hygiene standard.

With regard to food-related roles of local government, food safety is unique in that it is a consistent, legislative requirement of local governments throughout Australia. Other areas of involvement in food-related matters reflect the earlier comments made about local governments' public health roles - in discretionary areas, activities are patchy and inconsistent. For example, a pertinent food-related activity is the provision of food services via child care centres, aged services or staff cafeterias. However, not all local governments provide such services.

A responsibility of local government which can be considered a food-related activity, although rarely thought of in this manner, is planning. Zoning of lands for agriculture and food production, approval of commercial, food retailing areas, and the co-location of residential and food retail outlets all contribute to people's capacity to access and purchase food. All local governments are involved in zoning decisions in Australia, although the nature of their involvement may vary in different states between consultative or legislative capacities.
2.2.4.1 Scope of Food and Nutrition Policies at the Local Level

It is important to understand the potential range of issues incorporated within local food and nutrition policy. Food consumption in the community results from a complex interplay of factors, including food production, processing, distribution and marketing, household purchasing power and choice at an individual and household level (Wilson, 1989; Chapman, 1990b; Harvey, Marks, Bain & Heywood, 1990; Heywood and Lund-Adams 1991; Lester, 1994). The aggregate of these factors is the basis of the food system (Tansey & Worsley, 1995). Throughout the world, the food system has been used as the basis of food and nutrition policies at every level of government. One of the best known policies to comprehensively address all aspects of the food system was the Norwegian Food and Nutrition Policy of 1976 (Milio, 1981b; Winikoff, 1986; Ziglio, 1986; Milio, 1989; Thelle, 1989; Milio, 1991b; Sorheim, Botten, Johansonn & Larsen, 1991; Mills, 1992).

While there are a range of generic issues which can be considered within local policy, such policies also may aim to meet specific local needs. Food and nutrition issues of general local concern are outlined in Figure 2.1. Gillan (1995) identified issues under each subsystem which can be tackled at the local level. Representation of local issues within a food and nutrition policy would be indicative of the responsiveness of an organisation to local needs and the level of involvement of local interest groups in the policy process.
FIGURE 2.1

The Local Food System and Local Government

Production
- Food Imports
  - Food Produced
    - Food available for distribution
      - Food available for purchase
        - Food purchased
          - Food eaten
            - Nutritional status

Processing/Distribution
- Food Exports
  - Food available for distribution
  - Food available for purchase
  - Food purchased
  - Food eaten

Consumption
- Nutrition
  - Food

Support primary industry
- Protect agricultural land
- Support landcare initiatives
- Develop policy in line with principles of ecological sustainable development
- Create community gardens

Support food processing businesses
- Encourage competitive retail food pricing.
- Promote nutrition education in food retail settings
- Evaluate retail mix and location with regard to access
- Accredit food outlets
- Improve council food services
- Work with schools on food issues
- Address food waste and packaging

Improve buying power of people on low incomes
- Ensure culturally appropriate food is available
- Educate people in various food sectors about nutrition

Focus on groups most in need
- Assess the provision of emergency food services.
- Ensure facilities for breastfeeding mothers


31
2.3 Summary

It is important to examine the policy development processes at the local level of government to facilitate local policy initiatives to be undertaken, and to provide additional insight into policy processes generally. Policy development at the local level of government is acknowledged as different from policy development at other levels of government, due to the administrative nature of its roles and the involvement of smaller numbers of people and organisations. However, an examination of policy development at the level of local government should elicit information on the roles of individuals, organisations and the political environment in the policy process, which will inform policy theory more generally. An examination of local policy development also is more readily undertaken, due to its accessibility, the shorter periods of time in which policy development takes place and the possibilities for comparisons between local governments in different locations.

With regard to an examination of the development of healthy public policy, a health issue of relevance to all levels of government is food and nutrition. It was known prior to this study that local government was involved in food and nutrition related initiatives, however the extent of their involvement was not known. This study undertook to determine the extent of local governments’ involvement in food and nutrition initiatives. This investigation is described in the next chapter.
CHAPTER 3   FOOD AND NUTRITION ACTIVITIES OF
LOCAL GOVERNMENTS

3.1   Introduction

A national postal survey was undertaken by the author to investigate the extent of local
government involvement in food and nutrition activities. Along with providing
quantitative data on the range and extent of local governments' involvement in food
and nutrition activities, this survey examined demographic knowledge and attitudinal
factors which were thought to be associated with such involvements. This survey was
undertaken as part of a national review of food and nutrition activities of local
governments in Australia commissioned in 1995 by the (then) Department of Health
and Human Services of the Commonwealth Government of Australia (Yeatman &
Commonwealth Department of Health and Family Services, 1997). Permission to
incorporate aspects of the survey into this doctoral thesis was granted as a condition of
the tender process.

This chapter begins with a description of the methods used in undertaking a national
postal survey of local governments in Australia. The development of the survey
instrument is then described, followed by outlines of the survey protocol and the
methods of data processing. Issues of confidentiality, reliability and validity are
discussed. The chapter concludes with the reporting of the results of the survey
pertinent to the objectives of this study.
3.2 National Postal Survey Methods

A cross sectional study utilising a postal survey was undertaken of all local
governments in Australia. Ethics approval was obtained from the Human Research
Ethics Committee, University of Wollongong, HE 95/11 (refer Appendix).

An examination of local government activities had not been previously undertaken. It
thus was appropriate to develop and pilot test a survey instrument (DePoy & Gitlin,
1993). The type of data collected was quantitative, to measure characteristics of a
population and to determine relationships between characteristics.

3.2.1 Pilot Survey Protocol

The range of variables in the survey instrument was determined based on existing
knowledge of the range of local government food and nutrition initiatives (South
Sydney City Council Food Policy Steering Committee, 1995), personal consultation
with several local government staff in New South Wales (NSW) and the Australian
Capital Territory (ACT) and with the aim of including all possible areas of food and
nutrition involvement of local governments (Heywood and Lund-Adams, 1991). A
pilot test of the final draft survey instrument was undertaken with 14 randomly selected
local governments throughout Australia, two from each state and the Northern
Territory.

The protocol was developed with the aim of maximising the return rate of the survey
instrument through incorporation of the following factors (Neuman, 1994, p. 241):

- addressing the survey to a specific person;
- including a dated letter on letterhead paper;
• identifying legitimate sponsors of the research;
• including postage-paid, addressed return envelopes;
• making the survey neat, easily completed and clearly identified; and
• sending reminder letters.

The General Manager of the local government was identified as the key person who could authorise the completion of the survey instrument and delegate this responsibility to an appropriate staff member. Sending the survey instrument via the General Manager would minimise the chances of the survey being overlooked, ignored or forgotten.

The survey instrument was sent together with a covering letter, a sheet on which to document details of the responding staff member and two postage paid, return envelopes. To attract attention to the material, the survey instrument had a cover of an unusual colour (purple) and the single sheet for staff details was green.

The covering letter detailing the purpose of the study was on institutional letterhead, to help establish its credibility. The content of the letter identified collaborators in the project considered of relevance to local governments: the Australian Local Government Association; the Australian Institute of Environmental Health; and the (then) Commonwealth Department of Health and Human Services.

The letter requested that the General Manager pass the survey on to a member of the Environmental Health Services for completion and return in the envelope which was provided. Additionally, s/he was requested to provide details of the responding staff person (name, position and telephone number) on the enclosed sheet and to return this separately in a second envelope. This served the purposes of requiring the General Manager to designate a staff person to complete the survey, and to provide details of
this person to the researcher, so that any follow-up due to non-response could be
directed to a specific individual. This was felt necessary for a number of reasons.
Firstly, the original person to whom the survey was directed, the General Manager,
was unlikely to be the one who completed the survey. Secondly, it was requested that
the survey be directed to a staff position within the Environmental Health Services, to
increase the likelihood of a respondent being familiar with the food and nutrition
activities undertaken within local government. This aimed to reduce inter-respondent
variability due to different roles within local government. A third reason for requesting
this information was to reduce the time required for follow-up. Local governments no
doubt receive numerous requests to complete surveys. This, together with the number
of staff in many local governments, would make follow-up of a specific survey very
difficult and time consuming. Requesting the General Manager to identify a specific
staff person would reduce the likelihood that the survey or the follow-up notice would
be “lost in the system”.

Additionally in the pilot study, another sheet was included in the package to the
General Manager, to be passed on to the responding staff person. This was an
evaluation sheet of the instrument, requesting feedback on the wording, layout and
topics covered by the survey.

The response rate from the General Managers in the form of returned staff detail sheets
was high (over 90 per cent) and within the designated time frame. However, the
return of completed surveys was tardy. Less than half of the pilot locations had
returned the completed surveys by the responding date (set three weeks after the
postage of the package to the General Manager). Follow-up letters were sent one week
after the return date had passed and completed surveys finally were received from 12
of the 14 pilot locations.
3.2.2 Survey Instrument

Questions in Part A of the survey sought information on the extent to which local governments were involved in 29 different aspects of the food system, broadly grouped under eight topics (Appendix - Survey Instrument). The survey included closed and open-ended questions, to promote the ease of response while maximising useful information in this exploratory study (Neuman, 1994). Yes responses included three categories [Yes, Council has in the past; Yes, Council has at present; and Council plans to in the future]. This was followed by open-ended questions requesting information on the department within the local government responsible for the implementation of the program and the name or a description of the project. A No response was followed by an open question requesting reasons for non-involvement.

The 29 different areas of possible food and nutrition activities represented possible roles of a number of different departments within local government. To facilitate responses to this array of questions, they were grouped so as to correspond to local government areas of responsibility, often undertaken by specific departments within the organisation: environmental health; hygiene standards; nutrition education; food packaging and waste disposal; community services; town planning; commercial agriculture; and economic planning. It was suggested that, while an Environmental Health Officer may be the best person to answer the survey, s/he may find it necessary to refer to other staff for answers to particular questions. Next to specific groups of questions, prompts were included in the survey to suggest the responding staff person refer to a particular department for relevant information.

Part B of the survey requested demographic data to identify the position of the person completing the survey, the geographic location of the local government and its population base. Additional questions sought responses on the perceived role of local government in relation to a number of possible food-related activities. These questions
used a Likert-type scale for the responses, appropriate for questions relating to attitudes (Polgar & Thomas, 1995).

Minor wording changes were made to some questions following the receipt of feedback from the pilot sites. In Part B some questions relating to demographic information were deleted, as pilot respondents consistently did not provide answers. These questions were based on the 1991 Census and thus an alternate source of this information was available if necessary.

A specific attitudinal question asked the General Manager to designate where s/he would place food issues as a priority for consideration by Council in strategic planning. While there was no way of ensuring that the response to this question did reflect the General Manager’s view, there were indications that this was the case. In some cases the General Manager had initialled the response to the question on the returned survey. In a number of cases telephone calls were received to notify the researcher that the return of the survey would be late, as the staff person was experiencing difficulty in getting time with the General Manager to answer that specific question.

3.2.3 Main Study

All 742 local governments on a list provided by the Australian Local Government Association in May 1995 were included in the study, representing the main local instrumentalities throughout Australia. It was later discovered that this list did not include some locally based governments (referred to as community governments) in Queensland. The status of such governments was unclear and it was thought that this omission would not influence the overall results of the study.
The main study followed the same protocol as the pilot study. The survey instrument, covering letter, contact details form and envelopes were sent to the General Manager requesting that s/he pass on the survey instrument to an appropriate person in the Environmental Health Services and that details of this person be sent back to the researcher. A date three weeks from that time was nominated for return of the survey. Reminder letters were sent one week after the return date had expired.

3.2.4 Confidentiality

Confidentiality of responses was assured through a number of mechanisms. Firstly, no identifying information was included on the completed survey instrument. Each local government was allocated a number, which was placed on the survey booklet prior to posting. No other identifying information was on the completed survey. The list of local government numbers was kept separately in a locked filing cabinet.

Identifying details of the person nominated by the General Manager of the local government to complete the survey were returned separately from the completed survey. These forms also were kept in a locked filing cabinet to ensure that people's identities were not known. These forms were shredded at the completion of the data collection period.

3.2.5 Reliability and Validity

Issues of reliability and validity were examined through cross-checking of responses to the survey and through personal contact with selected local governments.
Reliability refers to the extent to which a study would produce the same results if applied on a number of different occasions (DePoy & Gitlin, 1993). It was acknowledged that reliability of responses would be a problem, due to the subjective nature of the instrument, a self-completed survey, and the nature of local government itself (responses may vary depending on the corporate knowledge of the staff person who responded).

One responding local government illustrated the reliability issues through sending in two completed survey instruments. (One completed survey was in the mail when the reminder letter was sent. On finding that the local government did not have a survey, another copy was requested and handed on to a different staff person to complete). This particular local government was in Victoria and had been created as a result of the recent amalgamation of two local governments. The staff who responded were originally from the two different local governments and their responses represented different corporate knowledge of the newly formed local government. There was less than 50 per cent correlation between their responses. However, the results could still be considered a reliable indication of the range of involvements of local government, but not necessarily the activities of that particular local government. This type of problem may have affected other responses received from Victoria, where amalgamations of local governments through redefinition of boundaries had occurred in 1994, the year before the survey was undertaken.

Validity refers to the relationship between the research instrument(s) and the purpose of the research (DePoy & Gitlin, 1993). The two main types of validity are internal or content validity and external validity.

Content validity refers to the ability of the instrument to measure the concept under examination (DePoy & Gitlin, 1993). The content validity of the survey instrument
was checked by examining other sources of information on the extent of local
government involvement in food and nutrition activities. Other sources of information
included local government annual reports and strategic plans, and individual contact
with three local governments in New South Wales. A more rigorous check on content
validity was not considered necessary due to the exploratory nature of the study.

External validity refers to the extent to which the findings of a study can be generalised
from the specific setting to a broader range of settings and people (Neuman, 1994). A
check of external validity was inappropriate for this survey, as all local governments in
Australia were included in the sample. Provided the response rate was high and
appropriately distributed, the results would be representative of the total population.
The results of the study could not be generalised to local governments in other
countries, due to the different nature of local government within different political
systems. Nor could the results of the survey be generalised to other local
organisations, as there does not exist equivalent institutions at the local level which
have both a democratic basis and an administrative responsibility to a higher level of
government.

3.2.6 Data Processing

Coding of the completed surveys was undertaken as they were received. The open-
ended responses were individually coded to enable them to be analysed using a
computer (Neuman, 1994). Responses to questions in Part B were recoded as
outlined in Table 3.1. The data were entered into a SAS program (SAS Institute Inc,

Descriptive analyses included the calculation of simple frequencies of responses and
the determination of associations between the stated involvement in the food and
nutrition activities in Part A and the demographic and attitudinal factors examined in Part B, using Chi-squared analyses (Polgar & Thomas, 1995).

For the food and nutrition activities where mixed levels of involvement by local governments were identified, multiple regression analyses using logistic regression were undertaken to determine which factors influenced the involvement of the local governments (Kerlinger & Pedhazur, 1973; Kleinbaum, 1994). The GENMOD program of SAS was used for this purpose. The dependent variable was involvement (yes/no) in a designated food and nutrition activity. Independent variables were all variables listed in the left hand column of Table 3.1.
### TABLE 3.1 Coding of Responses, Part B of Survey Instrument

<table>
<thead>
<tr>
<th>Variable &amp; categories in survey instrument</th>
<th>Coding of Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Australia</td>
<td>Queensland, New South Wales, Victoria, Tasmania, South Australia, Western Australia</td>
</tr>
<tr>
<td>Position of person completing survey</td>
<td>Environmental Health Officer/Food Inspector, Manager/Environmental Health, General / Shire Manager, Planning position, Other</td>
</tr>
<tr>
<td>[55 different position titles were recorded]</td>
<td></td>
</tr>
<tr>
<td>Approximate population of the region</td>
<td>Coding for frequencies Coding for logistic regressions</td>
</tr>
<tr>
<td>0 - 499</td>
<td>&lt; 1,000</td>
</tr>
<tr>
<td>500 - 749</td>
<td>1,000 - 2,499</td>
</tr>
<tr>
<td>750 - 999</td>
<td>2,500 - 4,999</td>
</tr>
<tr>
<td>1,000 - 2,499</td>
<td>5,000 - 9,999</td>
</tr>
<tr>
<td>2,500 - 4,999</td>
<td>10,000 - 14,999</td>
</tr>
<tr>
<td>5,000 - 9,999</td>
<td>15,000 - 24,999</td>
</tr>
<tr>
<td>10,000 - 14,999</td>
<td>25,000 - 49,999</td>
</tr>
<tr>
<td>15,000 - 24,999</td>
<td>50,000 - 99,999</td>
</tr>
<tr>
<td>25,000 - 49,999</td>
<td>&gt; 100,000</td>
</tr>
<tr>
<td>50,000 - 99,999</td>
<td></td>
</tr>
<tr>
<td>100,000 - 249,999</td>
<td></td>
</tr>
<tr>
<td>250,000+</td>
<td></td>
</tr>
<tr>
<td>Has the population increased, decreased or remained the same?</td>
<td>Decreased Increased Same</td>
</tr>
<tr>
<td>Classification of local government area*:</td>
<td>Capital City**</td>
</tr>
<tr>
<td>a) developed metropolitan</td>
<td>Urban</td>
</tr>
<tr>
<td>b) fringe metropolitan</td>
<td>Metro developed</td>
</tr>
<tr>
<td>c) provincial city</td>
<td>Regional town/city</td>
</tr>
<tr>
<td>d) small city</td>
<td>Fringe</td>
</tr>
<tr>
<td>e) rural town</td>
<td>Rural</td>
</tr>
<tr>
<td>f) rural, no urban</td>
<td>Significant growth</td>
</tr>
<tr>
<td>g) Aboriginal community</td>
<td>Agricultural</td>
</tr>
<tr>
<td>Attitude of General Manager re priority of importance of food related issues in strategic planning [0 = does not rate; 5 = worthy of some consideration; 10 = essential, top priority]</td>
<td>0 - 3 low or not importance 4 - 6 worthy of some consideration 7 - 10 high importance or essential</td>
</tr>
<tr>
<td>Attitudes of responding staff:</td>
<td>1-2 little involvement 3 some involvement 4-5 high involvement</td>
</tr>
<tr>
<td>To what degree are the following food related issues considered important areas for your council to be involved? [1 = Not at all; 3 = have some involvement; 5 = extensively involved]</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

* Based on 1991 Census classification system
** Based on 1994 classification (Australian Classification of Local Governments Steering Committee, 1994)
A sequence of multiple regression analyses of the data were undertaken, to fully investigate the range of possible influences on local governments’ involvements in food and nutrition activities. The GENMOD program processed the effects of the categories of a variable in relation to the effect of the last entered category. Thus the order of entry of the categories of each variable into the calculations was important. The independent variable “states” was entered in a variety of ways in separate calculations, with each state as the last in sequence. This enabled the exploration of the comparisons between each state to be determined (15 different combinations). The independent variable “population” was entered in ascending order. The independent variables relating to “attitudes of responding staff” and “attitude of General Manager” were entered to compare “some” and “high” categories with the “little/no” category.

As a second stage in the analysis, independent variables found to be significant when all factors were included in the calculations were entered manually into logistic regression analyses, in different sequences. Logistic regression statistics for SAS’s Type III analysis were determined and changes in log likelihood examined with each step in the sequence.

3.2.7 Interaction and confounding

When undertaking multiple regression analyses it may be necessary to identify if there are present interactions or confounding between independent variables which would affect their relative influence on the dependent variable (Kerlinger & Pedhazur, 1973). This is most important when statistical models are being developed to describe the phenomenon under examination.

The present study was exploratory in nature and aimed to identify factors which were associated with involvement or non-involvement of local governments in food and
nutrition activities. It was not the purpose of the study to develop hierarchical models to explain such involvement, based on statistical analyses. Thus the statistical calculations of interaction and confounding were not undertaken. It is acknowledged that the decision not to undertake these calculations presents some minor risks in drawing conclusions about the findings. It was considered that such further investigation of the survey data would not contribute to the primary aim of the overall study, identifying factors involved in the process of developing public policy at the local level.

3.3 National Postal Survey - Results

3.3.1 Introduction

The results of the national survey of local governments are presented in this chapter. The data are presented in three sections. Firstly, it is established that the survey respondents were representative of local governments in Australia. Secondly, it is confirmed that local governments are involved in food and nutrition initiatives. The range of these involvements is presented. Thirdly, data are presented on the demographic, structural and attitudinal factors which were found to be associated with local governments’ involvements in food and nutrition activities.

3.3.2 Representativeness of the Survey Respondents

A response rate of 61 per cent was achieved for the survey, from a total of 742 local governments in Australia. The respondents were representative of local governments in Australia. Table 3.2 summarises information about the respondents. Approximately equal representation was achieved from each state (51-76 per cent).
Overall, higher representation was achieved from urban (72 per cent) compared with rural locations (53 per cent), although there were more respondents from rural (54 per cent) compared with urban local governments (46 per cent). This occurred in all states except New South Wales, where rural local governments had a higher response rate than urban local governments (69 per cent compared with 63 per cent respectively). In South Australia a very low response was achieved from rural local governments (35 per cent, 26 of a total of 74 rural local governments). All six capital city governments also responded, making the total respondent number of 418.

<table>
<thead>
<tr>
<th>State</th>
<th>Urban Per cent (N)</th>
<th>Rural Per cent (N)</th>
<th>Total Per cent (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>W. Aust.</td>
<td>82% (31)</td>
<td>55% (58)</td>
<td>62% (89)</td>
</tr>
<tr>
<td>Queensland</td>
<td>77 (23)</td>
<td>48 (47)</td>
<td>55 (70)</td>
</tr>
<tr>
<td>NSW</td>
<td>63 (52)</td>
<td>69 (66)</td>
<td>66 (118)</td>
</tr>
<tr>
<td>Tasmania</td>
<td>91 (10)</td>
<td>67 (12)</td>
<td>76 (22)</td>
</tr>
<tr>
<td>Victoria</td>
<td>69 (38)</td>
<td>65 (15)</td>
<td>68 (53)</td>
</tr>
<tr>
<td>S. Aust.</td>
<td>78 (35)</td>
<td>35 (26)</td>
<td>51 (61)</td>
</tr>
<tr>
<td>Total</td>
<td>72 (189)</td>
<td>53 (224)</td>
<td>61 (413)</td>
</tr>
</tbody>
</table>

Frequency missing = 5

Only three responses out of a possible 63 local governments were received from the Northern Territory. Due to this low number, and the different nature of local government in the Northern Territory, these responses were not included in the data analysis. A response also was received from the Australian Capital Territory (ACT) government. However, local government functions in the ACT are combined with state government functions, representing a different level of responsibility. One
response was received from Christmas Island. These responses were not included in the data analysis.

Respondent local governments were predominantly small in size. The median population size of the responding local governments was 12,500, which was greater than the national median of 5,000 (refer Table 3.3). The study population was found to under represent the local governments with the very smallest population and slightly over represent those with a larger population. Overall, the study population matched the known population profile of local governments well (Australian Classification of Local Government Steering Committee, 1994). It should be kept in mind, however, that the national data were the only available national classification of local governments. This classification represented the situation prior to the amalgamations of local governments in Victoria, which occurred before the survey was conducted. Thus the national figures over represent the total numbers of local governments (868 compared to 742 at the time of the survey) and over represent the small local governments, which would have been amalgamated to form larger jurisdictions.

Fifty eight per cent of responding local governments reported that their population base had increased in the period following the 1991 Census, while 28 per cent had remained the same and 13 per cent reported a decreased population.

3.3.3 Food and Nutrition involvement of Local Governments

The results of the survey indicate that all areas of the food and nutrition system had been addressed by local government throughout Australia. The extent to which these issues had been addressed ranged from a high level of involvement in mandatory activities such as the regulation of hygiene standards (98 per cent of all local governments, and 100 per cent of local governments in three states) to a low level of
involvement in non-mandatory activities such as school breakfast programs (only 2 per cent). Table 3.4 summarises the frequency of involvement by the responding local governments in the 29 different food and nutrition activities, while Figure 3.1 illustrates the total number of involvements of individual local governments in the food and nutrition activities.

TABLE 3.3 Population Size of Local Government Area of Respondents

<table>
<thead>
<tr>
<th>Population size</th>
<th>Study Frequency</th>
<th>Profile Cumulative Per centage</th>
<th>National Frequency</th>
<th>Profile Cumulative Per centage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1,000</td>
<td>27 (7%)</td>
<td>7</td>
<td>134 (16%)</td>
<td>16</td>
</tr>
<tr>
<td>1,000 - 2,499</td>
<td>45 (11%)</td>
<td>17</td>
<td>137 (16%)</td>
<td>32</td>
</tr>
<tr>
<td>2,500 - 4,999</td>
<td>55 (13%)</td>
<td>31</td>
<td>147 (17%)</td>
<td>49</td>
</tr>
<tr>
<td>5,000 - 9,999</td>
<td>61 (15%)</td>
<td>46</td>
<td>153 (17%)</td>
<td>66</td>
</tr>
<tr>
<td>10,000 - 14,999</td>
<td>39 (9%)</td>
<td>55</td>
<td>64 (7%)</td>
<td>73</td>
</tr>
<tr>
<td>15,000 - 24,999</td>
<td>49 (12%)</td>
<td>67</td>
<td>55 (6%)</td>
<td>79</td>
</tr>
<tr>
<td>25,000 - 49,999</td>
<td>52 (13%)</td>
<td>80</td>
<td>84 (9%)</td>
<td>88</td>
</tr>
<tr>
<td>50,000 - 99,999</td>
<td>46 (11%)</td>
<td>91</td>
<td>68 (8%)</td>
<td>96</td>
</tr>
<tr>
<td>&gt; 100,000</td>
<td>39 (9%)</td>
<td>100</td>
<td>26 (4%)</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>413</td>
<td>868</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Source: Australian Classification of Local Governments Steering Committee (1994).

All states reported at least some involvement in all 29 food and nutrition activities (Table 3.5). However the level of involvement in non-mandatory food and nutrition activities was consistently low. Victoria demonstrated the broadest range of involvement, with a median of 13 involvement, almost half (45 per cent) of the possible 29 different food and nutrition activities investigated. This compared with South Australia which demonstrated a lower level of involvement (median = 7; 24 per cent of the possible 29 involvements).
### TABLE 3.4 Involvement of local governments in the 29 listed food and nutrition activities (Total N = 418)

<table>
<thead>
<tr>
<th>Question Number and Area of Involvement</th>
<th>%No (N)</th>
<th>%Yes (N)</th>
<th>Total (N)</th>
<th>Freq. missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nutrition Standards Policy</td>
<td>94 (386)</td>
<td>6 (25)</td>
<td>411</td>
<td>7</td>
</tr>
<tr>
<td>2. Monitor foods in Council services</td>
<td>68 (281)</td>
<td>32 (134)</td>
<td>415</td>
<td>3</td>
</tr>
<tr>
<td>3. Programs for Healthy Eating</td>
<td>88 (366)</td>
<td>12 (48)</td>
<td>414</td>
<td>4</td>
</tr>
<tr>
<td>4. Nutritional Guidelines</td>
<td>92 (380)</td>
<td>8 (32)</td>
<td>412</td>
<td>6</td>
</tr>
<tr>
<td>5. Breakfast programs for schools</td>
<td>98 (402)</td>
<td>2 (9)</td>
<td>411</td>
<td>7</td>
</tr>
<tr>
<td>6. Monitor foods in school canteens</td>
<td>45 (187)</td>
<td>55 (228)</td>
<td>415</td>
<td>3</td>
</tr>
<tr>
<td>7. Regulation of Hygiene Standards</td>
<td>2 (9)</td>
<td>98 (406)</td>
<td>415</td>
<td>3</td>
</tr>
<tr>
<td>8. Monitor Food Premises</td>
<td>11 (46)</td>
<td>89 (370)</td>
<td>416</td>
<td>2</td>
</tr>
<tr>
<td>9. Submission of Plans</td>
<td>5 (20)</td>
<td>95 (396)</td>
<td>416</td>
<td>2</td>
</tr>
<tr>
<td>10. Monitor National Code - Construct/Fitout</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Hygiene Education Programs</td>
<td>25 (103)</td>
<td>75 (312)</td>
<td>415</td>
<td>3</td>
</tr>
<tr>
<td>12. Nutrition Training for EHO</td>
<td>87 (361)</td>
<td>13 (54)</td>
<td>415</td>
<td>3</td>
</tr>
<tr>
<td>13. School Canteen Expos</td>
<td>90 (370)</td>
<td>10 (40)</td>
<td>410</td>
<td>8</td>
</tr>
<tr>
<td>14. Accreditation Programs</td>
<td>67 (276)</td>
<td>33 (137)</td>
<td>413</td>
<td>5</td>
</tr>
<tr>
<td>15. Investigating Packaging Waste</td>
<td>82 (340)</td>
<td>18 (75)</td>
<td>415</td>
<td>3</td>
</tr>
<tr>
<td>16. Methods to Manage Retail Waste</td>
<td>72 (296)</td>
<td>28 (118)</td>
<td>414</td>
<td>4</td>
</tr>
<tr>
<td>17. Methods to Manage Production Waste</td>
<td>86 (356)</td>
<td>14 (57)</td>
<td>413</td>
<td>5</td>
</tr>
<tr>
<td>18. Provide/monitor Meal services</td>
<td>78 (321)</td>
<td>22 (91)</td>
<td>412</td>
<td>6</td>
</tr>
<tr>
<td>19. Monitor Meal Services</td>
<td>57 (235)</td>
<td>43 (178)</td>
<td>413</td>
<td>5</td>
</tr>
<tr>
<td>20. Emergency Food Provision</td>
<td>81 (332)</td>
<td>19 (77)</td>
<td>409</td>
<td>9</td>
</tr>
<tr>
<td>21. Research lower socio-economic groups</td>
<td>91 (374)</td>
<td>9 (39)</td>
<td>413</td>
<td>5</td>
</tr>
<tr>
<td>22. Develop Food Co-ops</td>
<td>93 (376)</td>
<td>8 (34)</td>
<td>410</td>
<td>8</td>
</tr>
<tr>
<td>23. Vegetable gardens</td>
<td>90 (371)</td>
<td>10 (41)</td>
<td>412</td>
<td>6</td>
</tr>
<tr>
<td>24. Monitor fresh fruit outlets</td>
<td>92 (380)</td>
<td>8 (34)</td>
<td>414</td>
<td>4</td>
</tr>
<tr>
<td>25. Shops close to residents</td>
<td>15 (59)</td>
<td>85 (345)</td>
<td>404</td>
<td>14</td>
</tr>
<tr>
<td>26. Fresh fruit/produce markets</td>
<td>83 (341)</td>
<td>17 (70)</td>
<td>411</td>
<td>7</td>
</tr>
<tr>
<td>27. Maintenance of commercial agriculture</td>
<td>41 (168)</td>
<td>58 (236)</td>
<td>404</td>
<td>14</td>
</tr>
<tr>
<td>28. Public transport to outlets</td>
<td>83 (341)</td>
<td>17 (68)</td>
<td>409</td>
<td>9</td>
</tr>
<tr>
<td>29. Incorporated development</td>
<td>57 (228)</td>
<td>43 (172)</td>
<td>400</td>
<td>18</td>
</tr>
</tbody>
</table>
FIGURE 3.1 Cumulative Percentage of Local Government Involvement

TABLE 3.5 Involvement in Food and Nutrition Activities by Local Governments in Different States

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>WA</th>
<th>Qld</th>
<th>SA</th>
<th>Vic</th>
<th>Tas</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of respondents</td>
<td>122</td>
<td>89</td>
<td>70</td>
<td>60</td>
<td>50</td>
<td>22</td>
<td>413*</td>
</tr>
<tr>
<td>Median: Number of involvements of 50% of respondents</td>
<td>9</td>
<td>8</td>
<td>7.5</td>
<td>7</td>
<td>(24%)</td>
<td>13</td>
<td>(45%)</td>
</tr>
<tr>
<td>Number of involvements of 75% of respondents</td>
<td>12.5</td>
<td>10 (34%)</td>
<td>10 (34%)</td>
<td>11</td>
<td>16 (55%)</td>
<td>13</td>
<td>12 (41%)</td>
</tr>
<tr>
<td>Range of number of involvements</td>
<td>3-23</td>
<td>1-21</td>
<td>1-23</td>
<td>2-28</td>
<td>5-25</td>
<td>7-17</td>
<td>1-28</td>
</tr>
</tbody>
</table>

[ ] denotes highest level of involvements, as a percentage of the 29 possible activity areas
( ) denotes lowest level of involvements, as a percentage of the 29 possible activity areas
* does not include ACT, Northern Territory or Christmas Island respondents
When three quarters of respondents were considered in each state, when ordered as local governments with the least number of involvements to those with the most involvements, the total number of activities of individual local governments did not increase appreciably. In Victoria, the most active state, only up to 16 of the possible 29 food and nutrition activities (55 per cent) were undertaken by 75 per cent of the responding local governments. Local governments in Tasmania and Victoria reported the highest minimal level of involvements, 7 and 5 food and nutrition activities respectively.

In examining the areas of high and low involvement, there emerge some patterns. Refer to Table 3.6. Where more than 75 per cent of Councils stated "yes" to involvement in a food and nutrition activity, this was considered high local government involvement in that activity. These principally were food and nutrition areas influenced by legislation and regulations mandating local government involvement, for example Food Acts and building standards. Where less than 25 per cent of local governments stated "yes" to involvement in a food and nutrition activity, this was considered low local government involvement. Areas of least involvement included nutrition related activities, food access issues, food retail planning and the management of food related waste.
### TABLE 3.6 Areas of High and Low Involvement of Local Governments in Food and Nutrition Activities

<table>
<thead>
<tr>
<th>Areas of involvement</th>
<th>Question Topic</th>
<th>% Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislative / related</td>
<td>Regulation of Hygiene Standards</td>
<td>98</td>
</tr>
<tr>
<td></td>
<td>Monitor Food Premises</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>Hygiene Education Programs</td>
<td>75</td>
</tr>
<tr>
<td>Planning</td>
<td>Submission of Plans Required</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>Shops close to residents</td>
<td>85</td>
</tr>
<tr>
<td><strong>LOW</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community services</td>
<td>Provide/monitor meal services</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Emergency Food Provision</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Research lower socio-economic groups</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Develop food co-ops</td>
<td>8</td>
</tr>
<tr>
<td>Environmental</td>
<td>Investigating Packaging Waste</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Methods to manage production waste</td>
<td>14</td>
</tr>
<tr>
<td>Planning</td>
<td>Public transport to outlets</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Fresh fruit/Produce market</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Monitor establishment of fresh fruit retail outlets</td>
<td>8</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Nutrition Training for EHO</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Programs for Healthy Eating</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>School Canteen Expos</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Nutritional Guidelines</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Nutrition Standards Policy</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Breakfast Programs for Schools</td>
<td>2</td>
</tr>
<tr>
<td>Parks &amp; gardens</td>
<td>Vegetable gardens</td>
<td>10</td>
</tr>
</tbody>
</table>
3.3.4 Factors Associated with Local Governments' Involvements in Food and Nutrition Activities

3.3.4.1 Reasons for non-involvement in food and nutrition activities

When respondents indicated that they were not involved in particular food and nutrition activities, they were asked to give reasons for this non-involvement. A "None/NA" response was given as the 1st or 2nd most common reason for non-involvement in 25 of the 29 food and nutrition activities. The second most frequent reason for non-involvement was a "Lack of funds/resources" in 21 of the 29 activities. Other commonly given reasons for non-involvement included "Undertaken outside Council", "Not considered a Council responsibility", "Not a priority", "Lack of demand" and "Council too small/remote".

The "None/NA" response may have indicated that there was no answer given or it was not possible to read the response, etc. A "lack of funds/resources" appeared to be the strongest factor determining a local government's involvement in food and nutrition activities. This response was given across a range of activities.

Activities which were stated by some local governments as being undertaken outside of Council, and hence there was no involvement by Council, included the monitoring of food premises for compliance with the Food Act, provision of meal services, emergency food provision, regulation of hygiene standards, research and the maintenance of agricultural or food industries.

The regulation of hygiene standards, submission of food premises plans and monitoring the inclusion of fresh fruit outlets in commercial developments were stated by some local governments as activities which were not considered local government responsibility.
Activities stated as not being undertaken due to a "Not a priority" response included programs for healthy eating and the management of retail food waste. Activity in these areas was reported as low.

Respondents stated that there was a "Lack of demand" for community vegetable gardens to explain their non-involvement in this activity. It was not known whether local governments had researched this issue with community groups or whether this was purely an opinion of the responding local government staff person.

3.3.4.2  

**Attitude of General Manager**

Approximately half (46%) of the General Managers of local governments considered food-related issues worthy of some consideration during the strategic planning process. A further 39 per cent considered food-related issues of high importance or essential. Refer to Table 3.7. No statistically significant associations were found between how General Managers rated the importance of considering food-related issues during the strategic planning process and the state location of the local government, the size of the local government, or the rural or urban nature of local government.

3.3.4.3  

**Knowledge of food policies and legislation**

Over half (60%) of respondents were aware of National or State food or nutrition-related policies/legislation. Most (71%) of the policies or legislation identified related to food safety or food regulations, with only 3 per cent identifying the national Food and Nutrition Policy.
TABLE 3.7 The Importance of Considering Food-Related Issues During the Strategic Planning Process, as rated by General Managers.

<table>
<thead>
<tr>
<th>Rating by General Manager</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 3 (low or no importance)</td>
<td>55</td>
<td>15</td>
</tr>
<tr>
<td>4 - 6 (worthy of some consideration)</td>
<td>170</td>
<td>46</td>
</tr>
<tr>
<td>7 - 10 (high importance or essential)</td>
<td>141</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>366</td>
<td>100</td>
</tr>
</tbody>
</table>

Frequency missiong = 52

3.3.4.4 *Attitudes of responding staff person on the importance of food and nutrition issues*

With regard to perceived importance of involvement of local governments in various food related issues, mixed responses were given, as detailed in Table 3.8. Areas consistently considered important for local governments to be involved, included:

- food hygiene standards
- food safety standards
- food hygiene/safety of institutional food services

Areas consistently not considered important for councils to be involved, included:

- nutrition education in schools
- availability of nutritious food in the retail sector
- maintenance and promotion of primary food production
Areas with mixed response regarding importance of council involvement, included:

- meal services for aged/infirmed residents
- food accessibility for aged/infirmed residents
- co-location of food retail and residential areas

### TABLE 3.8 Perceived Importance of Involvement of Local Governments in Various Food Related Issues

<table>
<thead>
<tr>
<th>Areas of Involvement</th>
<th>Little Involvement (1,2)</th>
<th>Some Involvement (3)</th>
<th>High Involvement (4,5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food hygiene standards</td>
<td>10 (3%)</td>
<td>26 (6%)</td>
<td>363 (91%)</td>
</tr>
<tr>
<td>Food safety standards</td>
<td>17 (4%)</td>
<td>41 (10%)</td>
<td>338 (86%)</td>
</tr>
<tr>
<td>Hygiene and/or safety of institutional food services</td>
<td>102 (26%)</td>
<td>83 (21%)</td>
<td>205 (53%)</td>
</tr>
<tr>
<td>Nutrition education in schools</td>
<td>253 (64%)</td>
<td>98 (25%)</td>
<td>43 (11%)</td>
</tr>
<tr>
<td>Nutritious foods available through retail sector</td>
<td>245 (63%)</td>
<td>84 (21%)</td>
<td>62 (16%)</td>
</tr>
<tr>
<td>Maintenance &amp; promotion of primary food production</td>
<td>193 (49%)</td>
<td>101 (26%)</td>
<td>98 (25%)</td>
</tr>
<tr>
<td>Meal services for aged/infirmed residents</td>
<td>163 (42%)</td>
<td>79 (20%)</td>
<td>149 (38%)</td>
</tr>
<tr>
<td>Food accessibility of aged and infirmed residents</td>
<td>164 (42%)</td>
<td>112 (28%)</td>
<td>117 (30%)</td>
</tr>
<tr>
<td>Food retail locations and relationship to residential areas</td>
<td>157 (40%)</td>
<td>136 (34%)</td>
<td>103 (26%)</td>
</tr>
</tbody>
</table>
3.3.5 Statistical Associations between Characteristics of Local Government and Involvement in Food and Nutrition Activities

For many of the food and nutrition activities there was a consistency between local governments regarding their involvements - either the majority of local governments were involved or very few were involved. Exploration of associations between characteristics of local governments and involvement in these activities would be unproductive.

Multiple regression analyses using logistic regression were undertaken on the food and nutrition activities with mixed involvement of local governments. Logistic regression statistics for SAS's Type III analysis were calculated. Refer to Table 3.9.

Structural issues were found to be significantly associated with the involvement of local governments in 8 of the 9 food and nutrition activities investigated using multivariate analysis. Differences between states were common but there was not a single pattern of variability. Refer Table 3.10.

- Local governments in Victoria were (statistically) significantly more involved than those in the other states in monitoring of foods in Council-run services, and more active than local governments in New South Wales, Tasmania and Western Australia in monitoring meal delivery services.

- Queensland local governments were (statistically) significantly less involved than those in New South Wales and Western Australia in monitoring foods in Council-run services, less involved than local governments in all other states in monitoring school canteens and less involved than New South Wales local governments in using the National Code to monitor food premises.
• South Australian local governments also were (statistically) significantly less involved than New South Wales in using the National Code to monitor food premises. Additionally, they were less involved than local governments in New South Wales, Tasmania and Western Australia in conducting hygiene education programs and less involved than local governments in all other states in the management/reduction of retail food related waste disposal.

The second structural issue significantly associated with involvement in food and nutrition activities was population size of the local government. Involvement in most activities tended to decline as the population base of the local government decreased. This decline in involvement reached significant levels in five of the nine food and nutrition activities investigated. An increase in population base was found to be significantly associated with the incorporation into strategic plans of the maintenance of commercial agriculture in the area.

Thirdly, the rural or urban nature of the local government was significantly associated with two of the activity areas. Rural local governments were less involved in monitoring of foods in Council-run services, while they were more inclined to incorporate the maintenance of commercial agriculture into the Council’s strategic plans.

The importance placed on food related issues as a priority for consideration in the strategic planning process by the General Manager of the local government was significantly associated with only one activity, the monitoring of foods available in school canteens for compliance with food standards.
Personal attitudes of the responding staff person were significantly associated with the involvement of the local government in six of the nine activities investigated. The associated attitude was reflective of the actual activity. For example, considering meal services for aged/infirm residents an important activity of local government was associated with greater involvement in the monitoring of meal delivery services in the area for compliance with recommended food standards. In one activity area, the incorporation of the development and maintenance of agriculture/food industries within the area, staff attitudes were the only factor significantly associated with the involvement of the local government.

3.4 Summary

Local governments were found to be involved in all areas of the food and nutrition system. Very high levels of involvement were found in mandatory activities such as regulation of food hygiene standards. Food and nutrition activities in which local governments consistently were not involved included nutrition related activities, food access issues, food retail planning and the management of food related waste.

The results of the survey clearly indicated that the main and consistent influence on whether local governments were involved in food and nutrition activities was a legislative or statutory requirement. When local governments had discretion regarding their activities, both structural and personal factors were associated with their involvement. The local government resource base, as indicated by their population, together with the State in which the local government was situated, were factors consistently associated with involvement in discretionary food and nutrition activities. In some instances, the rural or urban nature of the local government was a structural factor associated with higher levels of involvement in a discretionary food and nutrition activity.
In most of the discretionary food and nutrition activities examined, the influence of structural factors was accompanied by personal influences of local government staff, as indicated by their attitudinal responses. While the structural factors tended to be consistent across food and nutrition activity areas, personal attitudes were directly related to the type of activity.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Structural Factors</th>
<th>Positive Personal Attitudes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor foods in Council-run services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor school canteens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor premises - National Code Hygiene education programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail food-related waste disposal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor meal delivery services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial agric within strategic planning Agric/food industries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Populat-</th>
<th>States</th>
<th>Rural</th>
<th>Urban</th>
<th>G.M rating</th>
<th>Hygiene &amp;/or safety</th>
<th>Colocation of food retail &amp; residents</th>
<th>Meal services for aged</th>
<th>Maint. &amp; promotion of food production</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor foods in Council-run services</td>
<td>0.0052</td>
<td>0.0001</td>
<td>0.0165</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor school canteens</td>
<td></td>
<td>0.0001</td>
<td></td>
<td></td>
<td></td>
<td>0.0495</td>
<td>0.0001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor premises - National Code Hygiene education programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail food-related waste disposal</td>
<td>0.0082</td>
<td>0.0224</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor meal delivery services</td>
<td></td>
<td></td>
<td></td>
<td>&lt;0.0005*</td>
<td></td>
<td></td>
<td>&lt;0.0020**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial agric within strategic planning Agric/food industries</td>
<td>0.0005</td>
<td>0.0001</td>
<td>0.0155</td>
<td></td>
<td>0.0004</td>
<td></td>
<td>0.0026</td>
<td>0.0264</td>
<td></td>
</tr>
</tbody>
</table>

* two values were calculated, representing two combinations of states which were found to be significant independent variables (refer Table 3.10)

** two values were calculated, as different combinations of states were separately entered into the logistic regression calculations

*** relationships between the states were variable
<table>
<thead>
<tr>
<th>Activities</th>
<th>Significant Variations between states</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor foods in Council-run services</td>
<td>• Victoria was more active than all other states</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>• NSW, WA were more active than Queensland</td>
<td>0.0160</td>
</tr>
<tr>
<td>Monitor school canteens</td>
<td>• All other states more active than Queensland</td>
<td>0.0001</td>
</tr>
<tr>
<td>Monitor premises - National Code</td>
<td>• All other states more active than WA</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>• NSW more active than Q’land, SA, Tas, WA</td>
<td>0.0001</td>
</tr>
<tr>
<td>Hygiene education programs</td>
<td>• NSW, Tas, WA more active than SA</td>
<td>0.0009</td>
</tr>
<tr>
<td>Retail food-related waste disposal</td>
<td>• All other states more active than SA</td>
<td>0.0224</td>
</tr>
<tr>
<td>Monitor meal delivery services</td>
<td>• Q’land, SA &amp; Vic more active than NSW</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>• Vic more active than NSW, Tas &amp; WA</td>
<td>0.0003</td>
</tr>
</tbody>
</table>
CHAPTER 4  THEORIES OF POLICY DEVELOPMENT

4.1  Introduction

The public health literature contains numerous case studies and reports of factors identified as important in the development of healthy public policy. It is useful to refer to these for general guidance for descriptions of the policy process, especially studies relating to the development of healthy public policy at the local level. However, case studies "are not general theoretical explanations of how political actors create, implement, and change public policies in order to advance their own purposes and respond to perceived problems" (Schlager & Blomquist, 1996, p.651). For assistance in analysing the policy process, other disciplines must be referred to, particularly policy theories in the political and social sciences, and in the management literature.

Theories of policy development aim to provide explanations of how interested political actors interact within political institutions to produce and revise policies. The different theories of aspects of the policy process developed to date all have various limitations and have mixed relevance to the local government setting. Relevant aspects of these theories will be discussed in this section, to highlight current theoretical knowledge which informs this study. Components of policy theory will be highlighted, contributing to a theoretical framework for policy development within a low politics, local government environment.
4.2 Public Policy Theories

Numerous theories of the policy process exist. Each theory seeks to explain policy phenomena from different philosophical positions, such as political, sociological, economic, administrative or managerial. Thus each theory offers different insights into the policy process. The more established theories of the policy process are general in nature, contributing to a broad understanding of the policy process. In contrast, recent theoretical studies examining the policy process have directed attention to specific stages (for example, agenda setting) or specific components (for example, the role of public interest groups). Established and contemporary theories of the policy process will be reviewed for their application and insight into the development of healthy public policy within local government.

4.2.1 Theories of the Policy Process

Established theories of the policy process include incrementalism (Lindblom, 1959), rational-linear (Howlett & Ramesh, 1995) and Etzioni’s (1967) mixed scanning approaches. These theories have been reviewed for their application generally (Bobrow & Dryzek, 1987), and for their specific relevance to the development of healthy public policy (Pederson et al., 1988). While limited in some aspects, these theories still offer some contributions to explanations of the local policy process.

The rational-linear models of policy development, so often proposed in texts on policy development, have been rejected many times over. While the process of rational deliberation of alternatives is appealing to bureaucratic organisational models, economic rationalists and computer modelling enthusiasts, as well as some health professionals working within a strong physical sciences paradigm, its application in the area of healthy public policy has many limitations. Included in the many critiques
of the rational-linear model are the following issues of particular relevance to the
development of healthy public policy: its reinforcement of a top-down rationale; lack of
recognition of power relationships and influences in policy development; lack of
acknowledgment of the social and political construction of policy problems;
presentation of policy development as linear, rather than cyclic, iterative or incremental;
the inadequacy of the information base on which to make decisions; not incorporating
the multi-actor nature of public policy; and it is considered utopian and not achievable
(Ham & Hill, 1984).

Incremental theories of policy development appear to be somewhat relevant to the local
government environment (Lindblom, 1959; Lindblom, 1979). While euphemistically
referred to as ‘muddling through’ (Dror, 1964), many of the characteristics of
incrementalism are applicable at the local level:

• small changes which build on the status quo - larger policy decisions, high politics,
  are made at the state or federal levels of government;
• opportunism - to a greater extent possible at the local level;
• value judgements by knowledgeable individuals or groups - local government has
  large number of professional staff and departments are structured around particular
  interest areas (Pederson, 1988);
• mutual adjustment of dispersed power - low politics nature of local government
  policies (Ham & Hill, 1984); and
• maintenance of the status quo (Ziglio, 1987b) - reflecting the administrative nature
  of local government.

While such broad characteristics may be easily identified, confirming or dismissing the
incremental nature of the policy process, they do little to explain how the process
proceeds and which elements are instrumental in shaping the final policy.
Similarly, Etzioni's more popular mixed-scanning approach provides limited explanation of policy development at the level of local government. This approach advocates that fundamental policy directions are taken after rational consideration of the alternatives and that incremental policy decisions subsequently are made within this context. With regard to local government, this model would be most useful in considering the policy relationships between the different levels of government. State and federal governments are likely to set the more fundamental policy directions (although not necessarily rationally, given their high politics nature), while local government would develop policies incrementally within this broader framework. How this occurs is not informed by the policy framework.

The balance between local and state or federal levels of policy making in relation to mental health services was examined by Goldman, Frank and Gaynor (1995). They came to the conclusion that local policy making and service provision is important in order to respond to local issues. However, decision-making at the higher levels of government were also important to maintain equity, to protect the larger interests in society and to act on behalf of groups not able to advocate for themselves. This perspective aligns with the mixed scanning model of policy making, as equity and broader societal issues would be considered fundamental issues to be incorporated within the rational policy making process, in this case at higher levels of government. Once considered on a broad, national scale, such policy decisions would direct incremental decision-making at the local level.

The notions of incremental change and transformational change also have been used by Dunphy and Stace (1990) in their discussions of organisational change. Again, the relationships between local and higher levels of management dictate that the more fundamental change strategies operate at the higher levels, where there exists the power to set or fundamentally modify directions. Their model of organisational change incorporates different process modes, collaborative or coercive, depending upon an
analysis of the situation. This brings in consideration of the environment, often lacking in the policy development theories, but highlighted as important in organisational theory (Dunphy & Stace, 1990). Details of how, why and when are left to be interpreted by the individual managers, thus requiring more in-depth theoretical concepts than those contained within their framework.

Ziglio (1987) identified the need for theoretical frameworks to be applied to case studies in public policy and reviewed the potential application of the above three styles of decision-making: rational-deductive, incremental and mixed-scanning (Ziglio, 1987a). He made the point that the decision-making process will affect the outcome of policy and the two must be examined in tandem. However, he did not seriously take into consideration the multiplicity of factors which can influence the policy process, as he focussed on the decision-making stage.

4.2.2 Theories of Agenda-setting

A second group of theories are those relating to agenda setting (Cobb, Ross & Ross, 1976; Kingdon, 1984). These theories focus on a specific stage of the policy process and provide more detailed explanations of components of the policy process.

Aspects of the agenda setting approach proposed by Cobb, Ross and Ross (1976) have some relevance to local government. These authors describe three models of agenda setting. The outside initiative model proposes that issues are placed on the public agenda following a period of action by community groups, resulting in a ground swell of interest which is acted upon by political agents. The inside access model proposes that policy issues are initiated by agents or organisations within the political arena. Attempts are made to place the issue on the policy agenda with limited or no public discussion, thus ensuring control of the issue by those in influential positions.
The third model, mobilisation, proposes that the head of state or similar key political figure places an issue on the policy agenda with limited discussion or consultation with others. Efforts are then made to mobilise support for the issue to ensure that it is implemented appropriately.

The approaches of Cobb, Ross and Ross with most relevance to local government is the inside access model, where policy originates within the government agency itself or through policy circles which have access to the institution. Administrative and regulatory policies, dominant in local government, are most conveniently developed within the organisation itself, with restricted consultation with the wider community, characteristic of the insider access model. This model would be deemed to apply if there were limited media involvement in the policy agenda, either in its promotion (as per mobilisation model) or in its popular advocacy (as per outside initiative model), and if limited public involvement was sought from those involved in the policy process.

The other two models of Cobb, Ross and Ross's approach are less applicable to local government. The low politics nature of local government is not consistent with the outside initiative model of this approach, which assumes public and interest group pressure is instrumental in placing issues on the institutional agenda. The weak mayor, strong manager style of local government administration in Australia is not consistent with the mobilisation model, which relies on strong leadership to formally establish the policy agenda, prior to community support being generated. The agenda setting model of Cobb, Ross and Ross thus may have some explanatory power for the aspect of agenda setting in the policy process in local government, but offers little in way of explanation of how this occurs.

de Leeuw applied the mobilisation model of the agenda setting framework of Cobb, Ross and Ross (1976) in an exploratory study of the development of national policy
for the new public health in The Netherlands (de Leeuw, 1989). She found that this model was limited in its application to the health policy field, possibly due to the complexity of health as a construct. She also found that the theory gave insufficient attention to hierarchies of power among interest groups and to behaviours related to perceived power within organisations (de Leeuw & Polman, 1995).

Kingdon (1984), basing his work on an earlier garbage can model of organisational choice (Cohen, March & Olsen, 1972), also proposed an agenda setting approach, identifying the importance of problems, politics and visible participants in determining which issues receive attention on the policy agenda. Problems, the foci of policy, come to central attention in particular ways (via indicators, focussing events and feedback) and through transformation (being defined in particular problematic ways, for example as a violation of a particular value such as equity, or through comparison with other units or geographic areas). Politics refers to political events such as elections, changes in community support, or interest group pressure. Visible participants such as politicians, the media and political parties are considered to affect the agenda, while hidden participants, such as academics and bureaucrats, affect the alternatives (Kingdon, 1984).

The concept of visible participants closely aligns with Cobb, Ross and Ross's model of mobilisation, where political leaders set the agenda. Kingdon's approach does not allow for an insider access model, where the so-called hidden participants can set the agenda. However, Kingdon does go on to identify that the activities of the hidden participants may be quite influential, in putting forward and debating various problems and policy options (he refers to this discussion milieu as a policy primeval soup), should a political window of opportunity present itself. It is in this way that the hidden participants (in)directly influence the policy agenda.
According to Kingdon, issues enter the policy arena when there is the simultaneous occurrence of favourable aspects of all three streams.

"The probability of an item rising on a decision agenda is dramatically increased if all three elements - problems, policy proposal, and political receptivity - are linked in a single package."

(Kingdon, 1984, p.211)

The simultaneous occurrence of favourable aspects of the three streams can be enhanced through the actions of individuals. Policy entrepreneurs, people committed to particular policy problems or supportive of specific policy solutions, act to couple together the various elements. While such policy entrepreneurs may facilitate couplings of problems and solutions, it is not until the political situation is appropriate (a policy window of opportunity), can they act to influence the policy agenda. Policy entrepreneurs are influential over time, due to their long-standing commitment to their issues, and their readiness to present coupled problems and policies when the opportunity arises.

Kingdon’s agenda setting approach is particularly useful in the high politics activities of state and federal governments. However, it still can provide explanations as to why it is possible to place on the policy agenda an issue such as food and nutrition, with a particular local government policy solution, in some jurisdictions or periods of time and not in others.

4.2.3 Theories of Policy Making

A third group of theories have attempted to take account of the complex interplay of factors which influence the entire policy process. Schlager & Blomquist (1996) identify that theoretical work has been undertaken to provide explanations of particular institutions and actors involved in the policy process, including theories of legislator,
bureaucrat, lobbyist and policy entrepreneur behaviours, and political control of the
bureaucracy. They compared three emerging theories of the policy process - advocacy
coalitions framework (Sabatier, 1991; Sabatier, 1993); institutional rational choice
(Ostrom, 1991); and political theory of bureaucracy (Moe, 1990) They utilised
several criteria in their comparison of these theories, some of which provide a useful
framework for considering elements of policy theories which may be relevant to local
government.

1. How broad or specific is the boundary of inquiry of the theory?
2. What models of individual actions and influence are used?
3. What are the roles of information and beliefs in decision making and strategy?
4. What is the nature and role of groups?
5. At what level does decision-making occur?
6. How are the stages of the policy process explained?

Schlager & Blomquist (1996, p. 665) claim that taken together, “the frameworks
attend to all of the states of the policy process and to relationships among them”.

However, at this stage the theories inform each other, rather than any single theory
being considered comprehensive in itself. Based on this appraisal, relevant aspects of
these criteria are utilised in this analysis of policy development in local government.
This lead to the identification of relevant components of policy theory, thus
contributing to a theoretical framework for policy development within a low politics,
local government environment.

In this study particular attention focussed on the role of the individual professional in
the policy process. While many of the theories of the policy process acknowledge
roles for individuals, they usually do so at a general level, rather than examine how an
individual exerts influence. For example, Sabatier’s advocacy coalitions tend to lump
individuals within a group who share a particular belief system (Schlager, 1995,
p.245). Schwartz, Goodman and Steckler (1995) actively promote the role of
community-based coalitions as catalysts for policy advocacy coalitions, but do not
elaborate on the role of the professional in promoting coalition formation or maintaining and supporting community coalition action. Advocacy coalitions are considered to be relatively stable and to act in much the same way as Kingdon’s policy entrepreneurs, learning and shaping their proposals over a period of time, awaiting an opportunity to realise their goals.

Moe’s politics of structural choice and theory of public bureaucracy (Moe, 1990) highlights three types of actors - interest groups, politicians, and bureaucrats - and describes their struggles to gain control of the policy process and political agenda. However, his view of bureaucrats is limited to either political appointees (not of major consideration in Australia, particularly at the local level) or careerist bureaucrats. The influence of health professionals on the policy process within an organisation was considered separately from that of professional bureaucrats. While both are concerned about maintaining their professional power base, health professionals are considered to act autonomously to safeguard their professional practice, while professional bureaucrats act to maintain the technical requirements of an effective organisation. At the local level of policy development such a distinction is important and requires close scrutiny.

Ostrom’s framework of institutional analysis and development offers greater insight into the role of the individual professional. Her ideas focus on local-level, self-governing, voluntary organisations (Schlager, 1995, p. 248), which closely resemble local governments (in Australia, local government public servants are paid, local elected officials act in a voluntary capacity, and the mayor is paid an honorarium). Within Ostrom’s framework, changes in policy are considered to result "from actions by rational individuals seeking to improve their circumstances by designing and adopting changes in institutional arrangements" (Schlager, 1995, p. 248 - her emphasis). Individual action is framed by the structure of the situation, which comprises three constructs: rules or institutional arrangements; attributes of the focus
of policy action; and "characteristics of the community within which action is proceeding" (Schlager, 1995, p. 248). Mills supports the importance of the individual in influencing policy through interacting with institutional arrangements, identifying that:

".. the extent to which professionals will be able to preserve their autonomy will depend upon their success in controlling those institutions which affect their workplace. Similarly, their success in securing their policy preferences (whether these enhance autonomy or not) will depend upon their success in establishing themselves within the communities and networks which actually make policies."

(Mills, 1992, p. 35)

While Ostrom's framework was developed to explain the establishment of voluntary organisations, it is useful in providing a framework within which to explain the actions of local professionals in the policy process.

4.2.4 Theories of Political Power and Policy Making

Further theoretical work on the policy process at the level of local government has been published recently by John and Cole (1995), who compared models of local decision-making networks in Britain and France. Their approach is multi-theoretical, using network analysis to describe local networks of key actors in the policy process and applying six different models of how power is exercised within them. John and Cole identify that network analysis is useful in describing: the high level of integration of policy actors at the local level due to their defined, smaller territory; the role of informal contacts; the necessity for institutional communication channels; and the influence of national networks on the local policy process. However, the major shortcoming identified by John and Cole, is that policy network theory does not explain the influence of (particularly external) factors which affect power and resources within the
networks. This includes the ways in which individuals and organisations deploy their resources to try and influence the policy outcomes; which actors are important and why they succeed; and the influence of the multiplicity of networks which may operate within a single policy area (for example food and nutrition). They recommend that external factors be examined first to determine their likely influence on power relations and resourcing, and that network effects be considered secondarily.

Goumans investigated the application of network theory in the development of healthy public policy within the Healthy Cities program (Goumans, 1992; Goumans, 1992b), along with reviewing the potential of several other theories, including rational actor, garbage can or policy streams and models of bureaucracy. While acknowledging the application of these other theories in particular case studies, she emphasised that "[i]t is especially the ideas of policy networks and policy arena which do justice to health policy practice" (Goumans, 1993a, p. 11). She considered this to be the case due to the complexity of the issues, the involvement of several sectors and different actors and the complex environments within which health policy is determined. Mills (1992) also applied political and sociological theories of the policy process in the health field in his account of the politics of dietary change in the United Kingdom. Such systematic approaches to understanding the development of healthy public policy were infrequently reported in the literature.

Of the six models of political power examined by John and Cole within their network framework, four could be considered relevant to the local government situation in Australia. Sabatier's policy advocacy coalitions, mentioned previously, is useful both in examining local policy coalitions but also in considering the coalitions which operate between levels of government. John and Cole suggest that this approach was most useful as an analytic tool to examine policy change, rather than as a process operating within governmental processes. However, such an approach does link in with the call for greater intersectoral collaboration in the development of healthy public policy.
The second theory of political influence pertinent to Australian local government is that of institutionalism. Institutional structures are thought to influence the development of local networks. This can operate between levels of government, as well as at the one level. As an illustration, this theoretical approach would predict that the different relationships between local and state governments in Australia, as designated by differences in the various local government acts in each state, will influence the composition and range of networks developed at the local level.

The third theory identified by John and Cole is bureaucratic politics. This model assumes that power and resources are held by bureaucrats and thus policy will be determined by interactions between different government departments. They identify that the "emasculcation of the direct providing role for elected local government and the increased role for central government agencies could mean that bureaucrats will dominate intraorganisational networks" (John & Cole, 1995, p. 309). This is particularly pertinent in Australia, where the role of local government has changed dramatically over the last few years and the low politics nature of policy does not support a pluralist framework.

The final theory considered by John and Cole and of relevance to Australian local government is localism. This approach argues that local policy networks and hence local policies are influenced by local socio-economic conditions. Conditions such as political traditions, culture, local industry and social factors determine which groups will have influence, both locally and nationally, and hence who are the principle players in policy networks.
In discussing these different approaches to examining local policy development, John and Cole identify that more than one approach may be relevant to local governance. "The key research question is not just whether local governance is more of a network form of political life, but what is the structure of those networks in a more complex organisational context. Thus local governance could either be pluralistic, similar as before (neo-pluralistic), coalition based (the policy advocacy coalition model), institutionally or bureaucratically driven or locally specific or a combination of these depending on country and sector."

(John & Cole, 1995, p.310)

Very importantly, they also identify that the policies may result from more than that expected from application of the models of power by themselves. That is, that the effect of interaction between actors, and between actors and the policy network, is greater than a simple summation.

"... given that different localities and countries lead to different network structures, over time these structures themselves may promote different patterns of interaction and thus different policy outcomes than those that might just be expected from the models of power. ... In this sense, when explaining policy outcomes, there is an interaction between the power relations as specified by policy-making models and that of networks themselves, with the former being the dominant factor."

(John & Cole, 1995, p. 311)

The framework provided by John and Cole is very useful in linking together the numerous factors identified as important in the development of healthy public policy, including important individual and organisational factors and the policy theories identified as potentially relevant to the Australian local government situation. A limiting consideration is the extent to which policy networks operate at the level of local government within Australia. As this study will demonstrate, the most important influence on the development of healthy public policy at the local level is exerted
through bureaucratic politics and institutionalism, with state governments exerting power over local governments. Localism also is relevant and to a lesser extent advocacy coalitions. What is not demonstrated is a role for policy networks. Further, seemingly overlooked in these policy theories are the roles of individuals, both bureaucrats and professionals, identified earlier as having significant roles in the policy process. As discussed later in this thesis, results from this study confirm the important role in policy development played by individuals and support the need for greater consideration of individuals in future development of policy theory.

4.3 Summary

Theories of policy development were discussed in relation to their contribution to providing understanding of the policy process at the level of Australian local government. The different theories of the policy process developed to date all have limitations and have mixed relevance to the local government setting. Theories of bureaucratic politics and institutionalism were considered to be most relevant to the local policy process, as state government exert considerable power over local government policy making. Key elements in these theories are the roles in the policy process of professionals and bureaucrats and of the organisation. The theory of localism politics provides a complementary framework within which to consider the local policy process, offering as it does an explanatory framework for the more democratic side of local government actions and its policy responses to local issues.

Theories of the policy process offer broad explanations of events. However, to gain the greater depth of understanding necessary if health professionals are to become active in the development of healthy public policy, elements of the policy process must be identified for further theoretical consideration. In reviewing and comparing the different theoretical models of the policy process, Schlager and Blomquist (1996)
identified several elements of policy theories which required special attention. These elements, together with other elements of the policy process, will be discussed in greater detail in the next chapter, within the following three broad categories - role of individuals; role of organisation; role of broad political environment. In this way a greater depth of understanding of the local policy process will be developed.
CHAPTER 5  INFLUENCES ON THE POLICY PROCESS -
Individual and Organisational Factors, and the
Political Context

5.1  Introduction

The challenge in this chapter is to highlight relevant aspects of key elements in the
development of public policy in Australian local government. In particular, the chapter
will highlight the individuals or players involved, the organisational environment and
the political context within which the policy processes take place. The literature
relating to each of these elements will be reviewed in turn.

An extensive range of individuals or players within the policy environment have been
identified in the literature. This review will focus on the role in the policy process of
technical experts or professionals, and of bureaucrats or managers. It is important to
clarify how these individuals influence the policy process, by themselves, as part of
collective agencies and within the organisational environment of local government.

Such an understanding will contribute to identification of indicators of health
promotion capacity within organisations, identified by Hawe, Noort, King and
Jordens (1997) as critical to the broader assessment of the effectiveness of health
promotion strategies and hence the likelihood of long term improvements in health
outcomes.

It already has been noted that local government is both an elected body and an
administrative arm of state (and federal) government. As such, the environment of
local government has a dual personality, both as a political agency and as an
organisation. Theories of policy development within both the political and the organisational literatures will be reviewed for their relevance to the local level.

As the discussion of the roles of the players and of the policy environment proceeds in the chapter, it incorporates discussion of their interactions, as one cannot be discussed separate from the other. Some of the players have influence within the local government organisation, while others operate as external influences.

The chapter concludes with a summary of the individual and organisational factors identified as important influences on the development of healthy public policy within local government in Australia.

5.2 Individuals within the Policy Process

The range of individuals involved in the policy process is broad and includes: elected politicians and the individuals who support them; managers at the different levels of bureaucracy; technical experts or professionals, both inside and outside the bureaucracy; influential policy entrepreneurs, who may be inside or outside the bureaucracy; and voters. As this is a study of the process of developing healthy public policy at the local level, this section will focus on bureaucrats (managers), professionals and policy entrepreneurs. The role of politicians will be referred to within these other discussions, while the role of voters will not be discussed, as their role in the policy process is thought to be minor, especially in a low politics environment such as local government.

"In modern democracies policies are made by representatives of voters, who, once elected, are not required to heed the preferences of their voters in their day-to-day functioning. Moreover, most legislators participate very little in the
policy process which tends to be dominated by experts in specific sectoral issues rather than legislative generalists.”

(Howlett & Ramesh, 1995, p. 52-3)

5.2.1 Bureaucrats

A starting point for this discussion is that bureaucrats are the public employees who are expected to act as neutral experts in the administering of public policy as defined by elected officials. This view is consistent with that of Weber's bureaucracy being able to provide "speed, efficiency, neutrality, and consistent application of laws" (Vinzant & Crothers, 1996, p.460). However, this conservative view of bureaucrats has been called into question in recent times, especially with regard to issues such as neutrality in the policy process, level of autonomy, professional collegiality and leadership roles.

Howlett and Ramesh (1995) identify that, due to the complexity and volume of issues dealt with by government, many of the duties formerly undertaken by legislators and the political executive are now performed by the bureaucracy, or more precisely, by technobureaucrats within the organisation (Laffin, 1986). Power and influence is given to the professionals within the bureaucracy through a number of avenues, including: the law itself; access to material resources; employment of experts with the required skills and expertise; access to information; tenure of position; and in-house policy deliberations. This power, they point out, is self-limiting, in that the bureaucracy is not a homogenous organisation but many different, sometimes competing departments, and within each department there often are divisions along functional, personal, political and technical lines. The type of power also varies with the level of the bureaucrat within the organisation, with those in higher level positions having hierarchical authority and more direct power, while those in lower levels have indirect power and influence based on knowledge and expertise (Day, 1994). Policy
and other decision making also is influenced by personal values (Edwards, 1996). Bureaucrats thus can be viewed in an influential, competition driven environment, one which fosters the wielding of power to ensure that policies direct resources to their organisational interests. This is not a view of bureaucrat neutrality.

In some ways, local government bureaucrats can be considered in a similar light to legislative staff who advise higher level politicians. Elected officials in Australian local government are unpaid (they receive an expense allowance) and do not have advisory staff. Thus the roles of legislative staff at other levels of government may be pertinent when considering the role of local level bureaucrats in the policy process. Lewis and Ellefson (1996, p. 44) identify that committee staff play an active role in “selecting, evaluating, and shaping the nature of information used by state legislators”. They identify seven specific roles undertaken by these staff: focus information; access multiple sources of information; differentiate among sources; integrate information; establish trustworthy networks; organise information; and structure requests for information (Lewis & Ellefson, 1996, pp. 45-6). If local government bureaucrats undertook the same roles, they would have extensive power over the elected members’ access to information on which to make decisions.

Discretion or autonomy also is an important concept in discussion of the role of bureaucrats in the policy process. Laffin (1986) identifies three types of autonomy: “in the immediate work situation, in the ability to be self-regulating or self-governing at the level of the profession and in being autonomous sources of influence on the formation and implementation of government policy” (Laffin, 1986, p. 23)

As implementors of policy, bureaucrats demonstrate discretion or autonomy in matching the intent of the policy or law, with the personal circumstances of individuals or the local environment in which they are operating. This influences the policy process in two ways. Firstly, there is debate on the definition of policy itself, that is,
to what extent is policy that which is written, or that which occurs on the ground. The latter view acknowledges that it is the bureaucrat’s interpretation of the policy that is important. Secondly, if the policy process is viewed as iterative rather than linear, lessons learnt through interpretation of the policy for implementation purposes, will be incorporated into policy at a later stage. This supports the view that discretion and autonomy exercised by bureaucrats in the course of their duties significantly influence what is considered to be policy, as well as influences future policy.

Bureaucratic autonomy also can be influential on the policy process through organisational citizenship. “From this perspective, public employees retain the rights and responsibilities of citizenship in participating with clients in formulating and implementing public policy” (Vinzant & Crothers, 1996, p. 463). Individuals within the bureaucracy are considered to consciously advocate and uphold fundamental values of democracy and social equity, including the incorporation of these values into policy decisions. This view is questioned by Green, Keller and Wamsley (1993), who argue that public administration is an impoverished profession, lacking the elements of the noble way of life enjoyed and aspired to by classical professions. Key to the practice of classical professions was a focus on unifying principles and practices, relating parts to the whole, and an institutional awareness balanced within the broader society. However, they acknowledged that some higher level bureaucrats did demonstrate application of these values.

“..public administrators perform a vital service by maintaining stable moral understandings and agreements among the branches that make effective policy possible. They do so through substantial duration in pivotal offices, whereby they acquire intimate knowledge of bureaucratic relations, processes, and capabilities. Secondly, they demonstrate sound moral insight and judgment in their decisions, and exhibit integrity and commitment to institutional missions. 

(Green, Keller & Wamsley, 1993, p.522)
Similar functions also have been attributed to middle managers, particularly within the local government setting (Morgan, Bacon, Bunch, Cameron & Deis, 1996). Through the performance of these functions, the public sector is clearly part of the policy process. Their influence is possible due to their tenure within the organisation, resulting in the development of normative and constitutive competency, permitting the application of institutional values within the "complex web of relations that define policy subsystems" (Green et al., 1993, p. 522).

Vinzant and Crothers (1996) expand their discussion of bureaucrat autonomy and discretionary action to incorporate the notion of leadership. Two types of leadership were described: "discretion over means (or process) and discretion over ends (or outcomes)" (Vinzant & Crothers, 1996, p. 465). While the leadership concept was directed at the bureaucrat's interaction with the public, it can equally be considered with the policy process. Both process and outcomes are important policy considerations.

Different forms of leadership can be identified. Wallis and Dollery (1997) in their study of higher level bureaucrats, highlighted the role of leadership in directing the policy process. An earlier study by Kumpfer, Turner, Hopkins and Librett (1993) focussed on leadership styles within coalitions. This form of leadership would be more associated with middle managers and direct service providers. Kumpfer and colleagues identified leadership characteristics which may be important, including: administrative skills; flexibility; access to media and community decision makers; leader education level; and political savvy (Kumpfer et al, 1993). Such expansion of the general concept of leadership is very important to provide greater insight into the qualities of individuals which are thought to be influential in the policy process. Unfortunately, Kumpfer and colleagues' study did not investigate these qualities further.
The concept of an innovation champion in the management field - "someone who takes a personal risk to overcome organizational obstacles to innovation" (Shane, 1994, p. 397) - can extend understanding of the roles of individuals within the policy process. Day (1994) identifies three types of champions. Top-down champions have power and legitimacy within the organisation and can act as orchestrators, retroactive legitimisers or judges and arbitrators of innovations. This can be related to leadership from the top of the organisation. Bottom-up champions are thought to provide creative insight and linking functions, due to their closeness to the technological and market interfaces and their central positions within the communication networks. This role is similar in many ways to that of street level bureaucrats identified by Vinzant and Crothers (1996). Such bureaucrats are considered by Vinzant and Crothers as demonstrating leadership through linking the external environment to the organisation via informal and formal communication channels. Dual-role champions are in the higher levels of the organisation but take an active interest in the technological aspects of the innovation. An equivalent leadership role would entail a higher level bureaucrat taking a personal interest in the details of a policy initiative, perhaps due to prior technical experience.

The concept of champions also is useful to the discussions of the development of healthy public policy, if such policy is viewed as an innovation within the public policy arena. Writers in the field of management have deliberated over how the organisation can promote innovation, as it is in their economic interest to do so. Bureaucrats may also spend time considering how they can promote policy leadership within their organisation, not necessarily to overturn policy decisions taken by elected officials, but in order to better inform officials of policy options and possible consequences. Alternatively, health bureaucrats can consider how the support of innovation champions within organisations may contribute to the establishment of healthy public policies. Shane (1994) identifies several organisational factors which support
innovation. The presence of a champion within an organisation can support others to develop innovative ideas. Thus the presence of bureaucrats with policy development experience can stimulate others in the organisation to approach their work in similar ways. Experienced innovators also acknowledge several traits of champions which they consider important in the innovation process:

"building cross-functional ties, establishing autonomy from organizational norms and rules, enabling innovators to circumvent organizational hierarchy, using informal means to persuade others to support the innovation effort, and building a decision-making mechanism that includes all organization members" (Shane, 1994, p. 398).

The application of these insights to the policy process appears most relevant to the concept of developing healthy public policy, where there may be a need to support innovative champions, to challenge the existing bureaucratic rules and operations, and to look at the policy outcome in a new way.

The notion of policy entrepreneurs also needs to be considered within this discussion of leaders and innovation champions. "Policy entrepreneurs are people willing to invest their resources in return for future policies they favor" (Kingdon, 1984, p. 214). Although not limited to bureaucrats, policy entrepreneurs are considered to be motivated by combinations of several things: concern about certain problems; self-serving interests; promotion of particular values; or just the pleasure of participating in the policy process. Policy entrepreneurs have a personal drive to ensure that their policy interests reach the policy agenda, whether it is a particular problem or a favoured solution to problems which is advocated. Examples of health policy entrepreneurs include Duhl's advocacy of the healthy cities notion (Duhl, 1986; Duhl, 1996) and Milne's struggle to establish a Hepatitis B immunisation program in New Zealand (Muraskin, 1995).
It should be noted, however, that the capacity of bureaucrats to act as policy entrepreneurs may be limited by fundamental organisational constraints. Rosenthal (1983) identified that state-employed workers may be involved in activities which advocated radical changes in society and hence in their own organisations and the governments which employed them. Employer support for the need for such radical reform would be limited (Rosenthal, 1983). Additionally, Field (1977) identified that government employees tended to act conservatively.

This brief discussion has highlighted that bureaucrats clearly have a role in providing input into the policy process and as such cannot be considered as neutral experts in the administering of public policy defined by elected officials. Factors identified as important considerations regarding the roles of bureaucrats in the policy process include: their control of the communication of information for decision-making; the level of autonomy which they exercise; their manipulation of the policy process to reflect institutional values; and their role-modelling as, or support for, policy leaders/champions/entrepreneurs within the organisation.

5.2.2 Professionals

While the organisational literature focuses on the role of bureaucrat professionals within the organisation, a wider perspective is adopted in this discussion. The bureaucrats just discussed often have their entry into the bureaucracy within a technical profession. However, their bureaucratic professional status usually is not recognised for many years, until they have internalised institutional values and, usually, risen in authority within the organisation (Green et al., 1993). There are considerable numbers of health (and other) professionals within the organisation who are not considered to be bureaucratic professionals in that same sense. Their influence on the policy process can be considered within two main areas: as players within the organisational structure
and hence as internal influences on organisational policy (technocrats); and as providers of scientifically-based, policy relevant information which influences the scope and direction of the policy discourse (professionals) (Mills, 1992).

Professionals within any organisation provide a dilemma. Brewer (1996, p. 22) identified that while Weber considered professionals as an essential element of an organisation, a tension exists between professional allegiances and those with the organisation. “Generally, the view is that bureaucracies are controlled from the top while professions are controlled from within”. Through their own certification and legitimation procedures, professions demonstrate and must maintain their autonomy from organisational control. Laffin (1986) believes that the distinctive nature of a profession is related to its right to control its own work. While still pertinent, this view would not be so strongly held for health professionals within a health organisation. Health professionals within a local government may experience greater tension between professional and organisational goals, while the tension would be most clearly apparent to a health professional within a private, for profit organisation.

The tensions created through different professional and organisational allegiances mainly produces benefits within the service organisations of government. Professionalisation and bureaucratisation become interdependent, with some mutual adjustment occurring (Scott, 1965). Professionals bring in particular standards to which the organisation must adjust. The organisation also must allow for professional freedom to undertake their duties as appropriate to their profession.

“Professionals are likely to obtain an acceptable level of control over their own work in organisations where their expertise is recognised and valued, where their services are in high demand, and where administrators are aware of professional concerns”

(Brewer, 1996, p. 27).
Thus professionals exercise similar influence on the policy process through their discretionary and autonomous actions described previously in regard to bureaucrats. They also have power through collective action associated with their professional organisation. This power is best exerted as an external interest group within the policy process. The power of professional organisations is considered of less consequence within an organisational setting, as hierarchical bureaucracies are considered to be more efficient in the decision making process (Brewer, 1996).

Professionals also exert considerable pressure on the policy process through use of their specialised knowledge. Professionals control the scientific discourse on which society now depends, through limiting and controlling access to information (Brewer, 1996) and through the framing of professional discourse (Fox, 1993, p. 62). The policy process also is dependent on this knowledge and how it is framed, placing professionals in a powerful position.

"..policy content may be directly linked with a professional capacity to occupy discursive spaces of meaning and thus to qualify what are in fact specific interests and representations, in terms of general interest."

(Négrier, 1996, p. 515)

However, the extent to which policy makers take heed of particular knowledge is influenced by numerous factors, only some of which relate directly back to the professional group and their information (de Leeuw, 1993; Weiss, 1980). Rütten (1995) identifies that scientifically-based information is useful to policy makers when it contributes to the political strategies of those in power.

".... information and analysis are highly valued by policy makers when it is 'good', meaning that it can be assimilated into the stock of knowledge with which policy makers already make sense of the policy world"

(Rütten, 1995, p. 1632)

Communication channels, accessibility to decision-makers, timeliness of information and the political acuteness of the problem are some of the factors which mediate
between professional scientific information and policy decisions (Alderman, 1994). Stone (1988) highlights the importance of the presentation of scientific information in the policy process, through the use of symbols, numbers and establishing causation through story telling (Stone, 1988), while Davis and Howden-Chapman (1996) identify local collection of data, timeliness and inclusion of instruments and incentives to implement policy as important (Davis & Howden-Chapman, 1996).

Schattschneider (1975) identified that information could act to include or preclude interest group involvement in the policy process. Information for policy making often is general and broad in nature, allowing varied interpretations by different groups whose support may be necessary to ensure the issue’s position on the policy agenda. However, such general expression of an issue also may act to reduce interest by some groups. Public interest groups tend to be focused on particular issues and hence have specific policy agendas. Professionals may need to reframe health issues into specific concerns if they wish to facilitate the involvement of public interest groups. Simply reframing the issue may not be sufficient to ensure interest group involvement. Schattschneider also identified that it may be necessary to provide organisational support to enhance the capacity of interest groups to participate in the policy process.

An active role for professionals in redefining the policy issue and providing organisational support of public interest group representation has not been confirmed in the literature. Writers such as Grace (1991) identified that professionals do not operate in this manner. Rather they consider that professionals act to reinforce government dominance of the policy agenda, in much the same way as bureaucrats are expected to operate. Rosenthal identified that professionals (mis)used the concept of increasing community participation in the policy process, as advocated in the Ottawa Charter for Health Promotion, to reinforce professional power and that of the state over people’s lives and their health.
"For national and local government, encouragement of the idea and practice of "participation" was to become important in preparing the public to accept plans and proposals, and gaining public co-operation".

(Rosenthal, 1983, p. 122)

In other instances, professional knowledge and professional affiliations may deliberately limit policy making from occurring, as was reported in Muraskin’s account of Milne’s fight for Hepatitis B recognition in New Zealand in the 1970s and 1980s (Muraskin, 1995). Muraskin reported that it took over ten years of planned research, strong advocacy and determination for Milne, a laboratory technician, to get key medical groups and the health department of New Zealand to acknowledge that the results he was reporting were indicative of epidemic rates of hepatitis B in young children and for action to be taken. Milne had to recruit an overseas medical expert to work with him and to confirm his results before medical journals would publish his work and before health authorities would accept his findings.

To conclude this brief discussion on the role of professionals, the roles of two professional groups, external to government organisations, are now highlighted. Professional associations are considered to support individual professionals, particularly health professionals, who work predominantly within government organisations. Laffin (1986, p. 225) identifies that professional associations also provide

"incentives for practitioners to search for and experiment with new ideas, to exchange such ideas and to support innovation on behalf of colleagues".

Outside bureaucracy, academics and ‘think tanks’ provide scientific input into the policy process. Their roles need to be acknowledged, as elected officials may prefer to seek external advice for their actions, to be seen to be independent of bureaucratic direction.
Academics and think tanks vary in their influence on the policy process. The approach of academic groups and individuals usually is theoretical in nature and not necessarily seeking nor providing practical solutions to identified problems. Their usefulness normally would lie in establishing the importance on an issue on the policy agenda. Think tanks on the other hand, tend to be more partisan, either finding evidence to support their particular positions or practical solutions to selected public problems. Think tanks also are more active in politically promoting their findings, either directly to politicians or through the media to generate wider support for their ideas (Howlett & Ramesh, 1995).

In summary, professionals are considered to contribute to the policy process in several ways, in addition to the influence they exercise as bureaucrats within an organisation. Firstly, the presence of professionals results in interdependent relationships, influencing the structure and purpose of an organisation and of the provision of professional services. Such relationships reflect the control over professional autonomy exercised by professionals and maintained by their allegiance with their professional bodies. This autonomy and control also can be exercised over the policy process when issues pertinent to the profession are being determined. Secondly, professionals exercise significant influence in the policy process through their control of the scientific discourse on which much policy development is dependent. However, such control is not absolute, as policy decision-makers will make use of such knowledge to suit their own purposes. Thirdly, professionals exert further influence on the policy process through collective action, either as professional bodies or independent think tanks. In this role professionals can be considered as an external interest group, or part of a policy network, in the policy process. The interaction between individual and collective professional actions and organisational and political environments will be discussed further in subsequent sections.
Most current concepts of the nature of organisations are built on a common theme, that of Weber's theory of social and economic organisation (Henderson & Parsons, 1947). Weber put forward a theory of bureaucracy which was hierarchical in nature, politically neutral, responsible for fixed and official jurisdictional areas which were ordered by laws or administrative regulations and possessed a system of rules for decision-making (Emy & Owen, 1991). Weber's concept of organisation has been modified over the years, with several implications for the analysis of policy development.

How policy develops is influenced by the concept of who has the authority (and hence power) within the organisation. Weber's hierarchical organisation assumed that only a few at the top of the organisation had the authority or legitimate power to develop policy. This view of authority was modified by Etzioni's concept of compliance (Allen, 1975). Compliance describes the relationships between the higher and lower participants in the organisation and is most useful as a concept in organisations or groups of organisations which are not solely structured on a hierarchy. An example would be the involvement of people or sub-organisations over which there was little authority but from which their support (or compliance) was required to enact or regulate aspects of public policy. This situation applies in local governments, were there are significant numbers of professional staff exercising considerable autonomy in the enactment of their responsibilities, together with a range of outside agencies with whom local government collaborates in the provision of local services. The post-bureaucratic paradigm described by Barzelay and others has focussed attention on the range of power within the organisation, such as social calculation and control, persuasion and exchange (Barzelay, 1992). It thus is important to consider power, in its various forms, within the organisation when investigating policy development.
The role of individuals within the organisation and their influence on the policy process, also has come under scrutiny in the literature. From the perspective of the different organisational theories, individuals’ roles vary from being merely one of acquiescence and administration (Weber), through demonstrating considerable autonomy and influence, based on their specialised knowledge base (Ham & Hill, 1984; Vinzant & Crothers, 1996). Some writers suggest that the discourses of knowledge and expertise of professionals within an organisation are fundamental to the definition and legitimisation of sectoral interests often associated with particular organisations (Degeling, 1995). In this way professional groups within an organisation contribute to the role definition of the organisation and through this, influence policy development. For example, hospitals are defined not only by their structures, but also by the range of health and medical professionals which they employ. Other influences of professionals in the policy process have been discussed in the previous section.

Definition of an organisation’s boundaries is another important consideration in the policy development process. This involves consideration of the individual participants of the organisation. For example, Etzioni considered that participants of an organisation should include everyone who rated highly on at least one of the three dimensions of participation, namely involvement, subordination or performance, although he applied his definition in different ways, to include students but not clients (Etzioni, 1961). In comparison, Weber included only those people who were part of the formal hierarchy. An understanding of the role of participants of an organisation in the policy process will obviously vary if there are varying definitions of who exactly is considered within the organisation and who is considered as exerting an external influence.
The form of the organisation can be considered to, in part, determine how and what policies are developed. As mentioned, Weber’s hierarchy model assumed that policy was developed by a few at the top of the organisation. This simple model was broadened by Parsons, who viewed the organisation as composed of various subsystems, for example groups and departments, while at the same time being embedded within wider social systems. Organisational values, considered to be in harmony with wider societal values, serve to legitimise the organisation, both internally and externally. Within the organisation, values become differentiated into accepted policies and practice, regulating the processes by which lower levels of the organisation met the functional requirements of the organisation (Cheek, Shoebridge, Willis & Zadoroznyj, 1996).

The legitimisation of organisations through harmonisation with societal values was taken further by Selznick, who related the external environment directly to the internal environment of the organisation (Selznick, 1957). Not only were societal values reflected in top-down policy initiatives, but lower level individuals were thought to act as mediators between the wider social environment, with which they came in contact through their work for the organisation, and the internal goals of the organisation. This mediation occurred primarily through informal communication networks within the organisation, as first proposed by Mayo and associates in the 1930s (Ham & Hill, 1984). These ideas are significant extensions of the Weberian concept of an organisation within which autonomous individuals were not a feature and communication was top-to-bottom within formal networks. These later extensions of the concept of the organisation portray the organisation, and the individuals within it, as striving to ensure an equilibrium between its internal policy environment and that of the environment external to the organisation.

More recent influences on the concept of organisation add further levels of complexity to the use of organisational theory to analyse policy development processes. These
changes include: consensual models of organisations, as depicted in the women’s organisations of the 1970s; the rise in information technology and subsequent revolution of traditional forms of communication, task delineation and space allocation within organisations (Giddens, 1993, p. 297); and reconsideration of the concept of organisation away from an entity to a process, as represented in the postmodern perspective. Fox (1993) purports that “all organizations are mythologies constituted discursively to serve particular interests of power, and contested by other interests of power” (Fox, 1993, p. 49). This proposition is helpful in highlighting the changed nature of the concept of organisation, to where internal interests are the organisation, compared to Weber’s concept of no internal interests. This serves to refocus discussion on organisations back to power dimensions and political interests, considered by the political theorists to be fundamental to a discussion of policy development. However, Fox derives his theory from examples which are highly professionalised organisations, such as hospitals, and the discourses which he examines predominantly are one-to-one, in which patterns of power relations are socially established, for example doctor-patient relationships. Thus the wider application of his view of organisations is yet to be verified.

Of more potential application to the field of policy development are alternative forms of organising for policy making, which either extend the concepts of the inter-relationships of the organisation with its external environment, or transform the concept of organisation. Franz (1991) identifies two forms of interorganisational coordination found within federal systems, based on mutual dependency and bargaining. The first is the development of interorganisational networks between administrative organisations (sometimes referred to as iron triangles), based on joint decision making and collaboration within a specific policy area. The second form of interorganisational policy coordination results in the development of corporatist structures between government agencies and voluntary associations. This relationship is characterised more by dominance of the policy process by the government agency,
as the voluntary sector is required to fulfil various administrative requirements to ensure continuation of funding and other forms of support (Franz, 1991). This has been the basis of various of the food policies of the United States Department of Agriculture, notably the Food Stamps program (Andrews & Clancy, 1993).

Policy networks have been identified as another form of interorganisational arrangement (Marshall, 1995; Klijn, 1996). Interorganisational policy networks (IPNs), while not considered to have formal hierarchies, have structures of power and authority which cut across branches and levels of government, and may include elected officials, government and non-government agencies and private organisations. The concept of policy networks links in with the literature on the development of healthy public policy (Marshall, 1992) and is illustrated by a few examples in the food and nutrition policy literature (Dahlberg, 1984; Petrey, 1990; Dodds et al., 1992) and with health promotion generally (Delaney, 1994).

Several characteristics of effective interorganisational networks have been described by Delaney (1994). In particular she identifies that organisations need to be aware of their interdependence, there needs to be a consensus on responsibilities, participants’ needs must be met by the exchange and the workers in each sector must view the relationship favourably. An interesting observation by Delaney was that she considered many organisations to be very complex, with multiple and often conflicting values and priorities. Thus interorganisational arrangements may offer opportunities to gain support for particular values and ideas which may not be strongly supported within a single organisation. However, ideas and strategies recommended within the interorganisational arrangement would be subject to competing interests back in the individual organisations, limiting their policy-making capacities.

IPNs differ from formal inter-organisational policy arrangements between levels and sectors of government, by incorporating flexible membership, variable power
arrangements and different agendas (Howlett & Ramesh, 1995). The presence of IPNs may indicate attempts to counter professional or sectoral interests represented within a single organisation. Another view of IPNs may consider that, “rhetoric emphasizing knowledge and professionalism” may deliberately be used to seal off the policy process from more democratic controls. Discussion of the role of IPNs highlights the political theory of corporatism, as control is exerted through involvement of groups and individuals and degree of access to the policy agenda (Keller, 1984; Bureau of Industry Economics, 1991)

In summary, organisational theories offer many insights into the policy development process within organisations. Several potentially influential factors are identified: the basis of power within the organisation; the boundaries of the organisation; the influence of professionals on the organisation; the degree to which the organisation’s policies and programs are made to harmonise with the external environment; and the forms and influence of interorganisational policy alliances. No single organisational theory was identified as pertinent to use as a framework for this study. However, these insights into the role of organisations in the policy process provide important contributions to understanding the policy process in local government, as discussed later in the thesis in relation to the findings of this study.

5.4 The Policy Environment - Insights from the Political Theories

Political theories extend the discussions on the role of power and power-based relationships in the policy process. In particular, political theories contribute to an understanding of the policy development processes through discussions of the relationships between society, state and citizens.

"Conceptual frameworks found in social policy, ecology and policy studies are useful, but need to incorporate the environment within which healthy public
policy is to be undertaken. ... Important research needs emerge in the area of the relationship between the state, interest groups, and the citizenry.”

(Pederson et al., 1988, p. iv)

Of critical importance in these discussions is the role of the state. Davis, Wanna, Warhurst and Weller (1988) express the role of the state in terms of six functions: economic development; protector - of sectional groups, of interests represented in policy and of social order; regulator - to reduce uncertainties and to provide ‘acceptable’ bases for social interaction; arbitrator and distributor - redistributing resources (particularly income distribution through taxation); organiser - of productive and social relations of civil society; and producer - supplying the infrastructure, public utilities and services required for economic growth and social development. Davis and colleagues identify that the pressures to perform different functions concurrently make the notion of policy making a complex task, arbitrating between different interests. This perspective may be somewhat limited by the reversion back to institutional and individual players, rather than the role of the state per se.

“For the state is above all a fragmented set of institutions and individuals with roles that are often contradictory, responding with varying effectiveness to competing class and sectional interests”

(Davis et al, 1988, p. 34)

Other political theories base their understanding of the role of the state on the notion of power. The state is considered to act as a power broker but with varying motivations: to maintain its own power; to maintain the power of capitalist interests; to arbitrate between interests; or to redistribute power. This power-based view of the state provides very different perspectives on how it functions. For example, the pluralist approach views government agencies as neutral, acting as referees between the different groups and interests (Ham & Hill, 1984). Analysis of the policy process involves the identification of the different groups with actual or potential political
influence relating to the issue under study. It would involve describing their different perspectives on the issue, how they communicated these and observing how the state arbitrated between the different views.

Dekker and Saan (1990) ventured into the political science field in their examination of health policy development in The Netherlands. While highlighting conditions for healthy public policy, they underpinned their study with a pluralist theoretical framework. In this way they acknowledged the theoretical construct of power in the policy process (Dekker & Saan, 1990).

As an extension of pluralism, elitism acknowledges that different groups have different power. Ham and Hill (1984) identify that changes in the twentieth century such as the creation of large firms, trade unions, political parties, medical organisations and so on, have underpinned the creation of a political elite. They go on to identify that the creation of bureaucratic systems of administration of the duties of the state were particularly important, both in concentrating power in a few elite, but also in separating the power to implement action away from both politicians and the public. An analysis of the policy process from this perspective requires the identification of who set the particular agenda under study, whether this was done directly or indirectly, who was omitted from this process and how the individuals or groups with influence consolidated their positions.

Another extension of pluralism has been corporatism. Particular corporate interests, usually with an economic power base, are included in the decision-making processes. Thus the power of the state is shared not only with government agencies but with groups such as industries and unions. An illustration of this situation in Australia would be the different arrangements and approaches of the community health program in the 1970s, resulting from negotiations of state governments with medical organisations in the each state (Milio, 1983). Within the corporatist perspective, the
state is considered to retain significant autonomy and may use the influence of the
different corporate groups to achieve its own agendas. This is a significant difference
to the previous theories which considered either the state was neutral or that it was
directed by particular elite interests. Identifying ownership of the agenda is of critical
importance to an analysis of the policy process from this perspective. The major
problem associated with such a study is the extreme difficulty in identifying whether
the state was acting autonomously or whether particular elite interests had been
influential.

A Marxist perspective is based on a different view again. From this perspective, the
groups within society are really super-structures, formed on an underlying structure of
capitalism. It is principally the wishes and rights of the owners of the means of
production that the state in a capitalist society protects and upholds. Actions of the
state are considered to be directed at perpetuating the capitalist society, a society which
is class-based and in which power is exercised by only a few. The state acts to
preserve itself, so that in turn, economic interests may be protected and developed.
Individual rights are of much lower priority to those of the capitalist class and the
system of society as a whole. Issues such as protection of a safe food supply would
only be considered important as it affected the ability of the masses to support the
capitalist state, that is, if it affected their ability to work or if it was associated with
levels of productivity or profitability (Cheek et al., 1996). A Marxist’s perspective
starts its analysis of policy from the view that all decisions and actions are to support
capitalism and the power of the few to control the means of production. Analysis of
the policy process requires an examination of whether it reinforces the class basis of
society. However, although no doubt of some influence in the policy making process,
such a simple dialectic view no longer appears to be able to take the complex range of
influences into account (Howlett & Ramesh, 1995).
Castells in his work in the late 1970s attempted to apply a Marxist perspective to political processes at the local or urban level. He discusses how the state steps in to provide the infrastructure for capitalist production, and in so doing becomes the manager of collective services structuring daily life (Castells, 1978). Castells’ writing was criticised by Harloe for drawing general conclusions from specific experiences and for not taking into account historical variations in urban development. However, Harloe then goes on to acknowledge that class conflict is pervasive and “constitutive of the policies and patterns of [urban] development” (Harloe, 1981, p. 8).

At that same time, the emergence of a new group was identified, often employed by the state, with technical or professional skills, who were in conflict with the traditional bourgeoisie. Such a group, identified by Offé as key initiators of the social movements, cuts across established patterns of class divisions and thus raises questions about the applicability of a class-based analysis of public policy, particularly at the local or urban level (Offé, 1987). The rise of social movements over the last two decades is seen by Offé as the emergence of a new paradigm, based on non-institutionalised politics and challenging the totalising ideologies of political parties and of economic structures. Of particular interest, is his identification that those who are most involved and interested in such movements are those who “work in personal social services or in administration because they are confronted most immediately with those irrationalities” (Offé, 1987, p. 89). With regard to food and nutrition issues, this may be a useful perspective, as the health and welfare professionals are the ones who are calling for action and change (Heywood, 1979; Harvey et al., 1990; Marks, 1991).

It may not be possible to identify a single theoretical framework which can be applied at the local level. By trying to have one unifying theory to explain all political processes at the local level, the depth of understanding of these processes may be lost. Saunders (1981) examines the possibility of more than one theory for the study of urban politics. He concludes that the specific functions of local government as it
differs from federal or regional government, its essentially localised and issue-specific political concerns and the importance of the study of community power as central to an explanation of the causes of local authority consumption policies, reinforces the need for a dualism in theory. Just as the state itself expresses a dualism of purpose and action, so should the theories which explain these actions.

_The dualism of the state thus consists in the (idealypical) division between a corporate sector located at national and regional levels of government and producing social investment policies designed to support capital accumulation in the 'monopoly' sector of the economy, and a competitive sector located principally at the local level of government and producing social consumption policies in response to popular pressures but within an overall context of political and economic constraint._"  
(Saunders, 1981, p. 45)

Saunders identifies that pluralist theories may be most useful in the analysis of social consumption policies at the local level, unless a particular local group has gained monopoly of the agencies of local government, in which case an instrumentalist (elitist) approach would be more relevant. Additional to such a study would be a managerialist approach examining how the tensions between different policy issues are mediated. Saunders identifies that the individual style of the managers is important.

Even though Saunders identified that policy interest groups may be key influences on policy processes at the local level, Offé (1981) does not consider that it is that straightforward. He believes that it is not so much a conflict over which group interests will be dominant in a particular situation, but which group interests will be allowed to participate in the discussions, at which times and on what terms. In other words, which groups will have legitimate claims to involvement in the policy process. This is a more corporatist approach.
"...the question is thus raised not so much of the desirable goals and the most effective / efficient-purposive rational courses of action to accomplish them but of the appropriate ground rules, structural arrangements, and institutional designs that would be the most appropriate environment for public policy”

(Offé, 1981, p. 132)

In summary, there is no consensus regarding the most appropriate political theory to explain the policy development process at the local level. However, political theories have identified a number of specific factors considered important to an understanding of policy processes at the local level. These include: how the state acts to influence the distribution of power; group interests represented and not represented; the role of professional groups; the mediating role of managers; the role of the community; and the importance of localised issues.

Criticisms about focussing purely on the political theories of policy making have been put forward. Sabatier (1986) considered that a focus on centralised decision-makers limits the roles of other actors who may be operating on the periphery to be merely impediments to policy implementation. Other criticisms he put forward include the difficulty of applying a political approach when multiple directives are being considered, as is the case in multisectoral health policies. Also, a political analysis creates a false separation between policy formulation and policy implementation. An extension of this last criticism and the first one, is his consideration that the political theory positions underestimate the role of bureaucrats who operate at the level of policy implementation, the so-called street level bureaucrats (Sabatier, 1986). However, Saunders did highlight the role of managers in the policy process. The role of individuals in the policy development process has been discussed earlier in this chapter.
A further problem of adopting a political analysis of policy development in Australian local governments is their inherent difference to local governments in the countries of the above writers. As previously identified, the power and autonomy of local government in Australia is very limited. Hence the power-based theories discussed have less application within the Australian local government environment.

5.5 Summary

This chapter reviewed the literature on the role of individuals, organisations and the political environment in the policy development process at the level of local government. Key roles were identified for bureaucrats and professionals, particularly through their relationships within the organisation and between the organisation and its external environment; their control of policy-relevant information; and their roles as policy leaders/champions/entrepreneurs.

The organisation itself also was identified as having a key role in the policy process, influenced by its own structure and values, and through interorganisational arrangements, particularly involvement in policy networks.

The political science literature identified several factors as potentially relevant to the policy development process at the level of local government in Australia, including: the influence of the state on the distribution of power; representation of group interests; the role of the community; the role of professional groups; the mediating role of managers; and the importance of localised issues. The latter three factors reinforce the importance of individuals and the role of accessing and presenting locally relevant data. The first three factors position the actions of individuals within a wider framework, one which links formal political power between the levels of government, with the influence of group interests and the community. The local government as an
organisation fits within this wider framework in two ways. As a level of government it has an interest in maintaining what power it can within the governmental hierarchy. Local government also acts as an interest group with particular values it wishes to preserve, specifically those which reinforce its legitimate role of governance with the community.

5.6 Conclusions - Influences on the Policy Process

While much has been written about key influences on the policy process, the literature provides insights into how local level health professionals can act to influence this process and hence the policy outcome. While having limited potential to influence the wider organisational and political environment within which local level policy is made, individual professionals appear to exert considerable influence at the local level. Knowledge of how such influence is exercised is of critical importance if local level professionals are to realise their capacities in the development of healthy public policy. In-depth examination of the actions of individuals during the evolution of local health policies provide the richest source of data for this purpose. However, such data do not necessarily identify the importance of particular actions or events along the way. This is usually only possible through retrospection on the consequences of such action.

Individual actions of professionals of particular interest include:

- initiation of the policy process;
- use and control of policy-relevant information;
- policy championing or entrepreneurship;
- development or use of formal and informal relationships within the organisation; and
• mediating between the organisation and its external environment.

Individual actions of bureaucrats and managers of particular interest include:

• control or mediation of the policy process;
• use and control of policy-relevant information;
• policy leadership; and
• use of formal and informal relationships within the organisation;
  together with information on:
• the roles of professional and organisational values.

5.7 Methodological Implications

Examination of the factors important in the policy process identified that individual actions occur within wider political and organisational environments. Information about this environment can be obtained through examination of reports, legislation and review of directives. However, these sources provide incomplete information. Additional methods of data collection are required. As identified by Milio (1991a, p.19)

"The kinds of data needed to analyse policy-making are ...: the social context or climate available from public documents, opinion polls and the media; the nature and size of the organizations and subunits that are key participants, usually available from their public or in-house reports; the perceptions of these interested parties of their stake in and position on a given policy, in the light of the larger social context as they see it; the strategies they deploy to influence policy development; and their view of the short- and long-term feasibility of a given policy."
Collection of information on the extent of Australian local government involvement in food and nutrition issues and major factors associated with such involvement, establishes the broad relevance and degree of innovation associated with individual attempts to develop local government food and nutrition policy. Collection of such data is achieved most expediently through a cross sectional survey, preferably during the same period of time as the in-depth local data are being collected.

In-depth data can be collected using a case study, as defined Yin (1989, p. 23) as "an empirical inquiry that:

- investigates a contemporary phenomenon within its real-life context; when
- the boundaries between phenomenon and context are not clearly evident; and in which
- multiple sources of evidence are used."

The components of case study methodology as outlined in this definition, have implications for the study of influences on the policy development process.

Investigation of a contemporary phenomenon implies that the topic of the investigation is of current interest and relevance. The development of healthy public policy is of contemporary relevance given its recent advocacy by government and influential international agencies (World Health Organisation, 1986; World Health Organisation & Commonwealth Department of Community Services and Health Australia, 1988; Commonwealth Department of Health Housing and Community Services, 1992; Commonwealth Department of Health and Family Services, 1996). A focus on the factors which influence the development of healthy public policy requires an examination of the real life context in which the policy development occurred. As Milio identified, "Perhaps the most workable approach to such policy studies, given
the current rudimentary state of the art, is to identify and trace the development of a specific healthy public policy” (Milio, 1991a, p. 19).

The boundaries between the development of public policy, and the organisation and professionals instrumental in their development, are not clear cut and easily identifiable. Public policy is a reflection of political commitment to action. By its very nature public policy is both the result of, and part of, the interplay between an array of social influences. “Human actions, social contexts, and institutions work upon each other in complicated ways, and these complex, interactive processes of action and the formation of meaning are important to political life” (March & Olsen, 1984).

The multiple and interacting influences on the development of public policy, require sources of in-depth data to fully describe and analyse the policy development process.

In conclusion, the case study method was considered the most appropriate for in-depth investigation of the influences on the policy development process.
6.1 Introduction

Further data on factors which influenced the development of food and nutrition initiatives of local governments were collected by investigating a number of local governments which had attempted to establish, or which had established, food and nutrition policies. Food and nutrition policies were defined as written commitments of the local government’s responsibilities to coordinate, to support, or to provide services directed at a range of local food and nutrition issues. In-depth and informal interviews were conducted with local government and health services staff who had been involved in the development of the food and nutrition policies. Published data (annual reports, minutes of meetings, organisational data) on the same local government sites also were collected and examined. The focus of this aspect of the study was on the role of individuals in the policy development process, both from their own points of view and within the organisational context.

6.2 Case study design

As identified by Yin (1989, p.27), research design is "the logic that links the data to be collected (and the conclusions to be drawn) to the initial questions of the study." Thus the study design had to take into account the study’s purpose (the research question), the propositions which underpinned the study and the unit(s) of analysis (Yin, 1989, p.29).
The study question has already been stated: What are the factors which influence the development of healthy public policy at the level of local government? The proposition which underpinned this study was that there existed many factors which may have influenced the development of public policy and that these factors operated at several levels - at the local (micro) level of policy development; within the organisation itself (meso level); and at a broader political (macro) level (Signal, 1994). The focus of this study was on the micro and meso levels.

The nature of the issue selected for study, the development of food and nutrition policy at the level of local government, determined the unit(s) of analysis. Less than ten local governments in Australia had contemplated developing food and nutrition policies, and only two had successfully developed them. The two that had developed food and nutrition policies did so through substantially different policy development processes. It was important that these two local governments were included in the study, to compare and contrast the policy development processes. In addition, two local governments were identified which had made limited progress toward the development of food and nutrition policies. These cases were included to identify barriers to the policy development process. Thus a multiple case study design was appropriate for the study (Yin, 1989, p.27).

6.3 Interview data

Interviews are a means of gaining access to information of different kinds and involve “a face-to-face verbal interchange where one person, the interviewer, attempts to elicit information or expressions of opinion or belief from another person or persons” (Maccoby and Maccoby 1954, p. 499, as quoted in Minichiello, Aroni, Timewell & Alexander, 1995). Minichiello et al (1995) identified three types of interviews:
structured interviews; focussed or semi-structured interviews; and in-depth or unstructured interviews.

Structured interviews comprise “*standardised questions which are carefully ordered and worded in a detailed interview schedule*” (Minichiello et al., 1995, p. 63). It is assumed that the researcher knows the sort of information s/he is after prior to the interview and that the role of the interviewer is to garner responses to the questions. It is assumed that the interview process is objective and that the answers to the questions are reliable. Focussed or semi-structured interviews comprise an interview guide, which is a list of topics without fixed wording or a predetermined ordering of questions. While the interview guide selects the topic areas for the questions to be asked, the mode of questioning is more flexible, allowing for the informant’s perceptions of reality to be elicited. Unstructured interviews rely on the interaction between the interviewer and the informant to generate information. While no interview schedule or list of questions is followed, the researcher maintains control of the interaction around his/her research interests.

The different forms of interviewing have different advantages and disadvantages. Structured interviews allow for easy coding of the responses, ensure that a predetermined, standardised range of information will be collected and permit comparisons to be made between different informants. Their main disadvantage is that it is not possible to collect information relevant to the study which was not included in the interview questions. This particularly applies to information regarding the social context of the interview material. Thus the interviewer must be very familiar with the study topic to ensure that the interview questions cover all relevant areas of information.

Semi-structured and non-structured interviews permit the interviewer to investigate aspects of interest to the study area which arise spontaneously during the interview.
This provides more depth to the data, particularly regarding the informant’s perspective on the study issue. However, these methods usually require a level of rapport between investigator and informant, developed over a period of time longer than that required to respond to a structured interview. Data collected via semi and unstructured interviews are not comparable between different informants. A further disadvantage to semi-structured and unstructured interviews is the length of time and skill required to analyse the data.

The characteristics of flexibility around particular themes make the semi-structured interview particularly useful to the area of policy analysis. The interviewer can seek factual or common knowledge, as well as ask for the informant’s opinions of events and their insights into particular occurrences (Yin, 1989, p. 89).

Both semi-structured and unstructured interviews were conducted in this study. Unstructured interviews were conducted in Case Study 1 (refer below), to enable the greatest opportunity to gain relevant data, not limited by the researcher’s prior conceptions. Semi-structured interviews were conducted in subsequent case studies, for the purposes of gaining particular knowledge on factors associated with the policy development process. An outline of the areas investigated are presented in Table 6.1.

Key informants are people who are involved in the matter under study, the policy development process, and who can provide particular insight pertaining to the issue. Interviewing a number of key individuals will provide different insights into the policy development process, while confirming the major events which occurred. Key informants also may be able to provide other sources to corroborate their information and the means for accessing such material or people (Yin, 1989, p. 89).
TABLE 6.1 Areas of Investigation in Semi-structured Interviews

Areas of investigation

- Relationships with other levels of government
- Relationships with other government departments
- Key food and nutrition advocacy groups within the local government area
- Interrelationships between the advocacy groups
- Key issues in the local government area (economic; social; health; food & nutrition)
- How have food and nutrition issues been identified and defined?
- Decision-making processes within local government
- Involvement in other local health policy initiatives
- Other key public health / health promotion issues in the local government area
- History of local government involvement in social policy issues in the area
- Constraints upon/ support for local government from state / national policies.
- Funding arrangements for local food and nutrition policy initiatives
- Key individuals involved. What role(s) have they played?
- Departments within local government involved in food and nutrition policy development
- History of how the food and nutrition policy initiative developed
- Organisational structures involved

6.4 Analysis of Interview Data

The primary aim of data analysis is “to find meaning in the information collected” (Minichiello et al., 1995, p. 247). This meaning informs theory.

This study was exploratory in nature as limited work has been undertaken in developing theoretical frameworks for the policy process at the local level in Australia,
identified as a different political environment than exists elsewhere. Through the
collection and analysis of local data in an analytic, inductive process, the study aimed
to identify the relevance to the Australian local level of policy-related theories
developed in other fields. In this way the study represents a first stage in a process of
developing a theoretical framework for the development of healthy public policy at the
local level in Australia.

All audio-recorded interviews (N = 23) were fully transcribed. In those instances
where audio-recording was not possible or practical (N = 10), full notes of the
substance of the interviews were written up at the earliest opportunity.

The transcripts of the first set of unstructured interviews at case study Site 1 were
coded for themes and issues. These themes and issues informed the semi-structured
interviews conducted at the other three case study sites and the subsequent interviews
undertaken at case study Site 1.

Follow-up interviews at case study Site 1 were in part informed by the first interviews,
and followed a semi-structured format. This was for two reasons. Firstly,
relationships had been established with informants at this site, based on the first
interviews and subsequent interaction at a small number of policy development
meetings. Secondly, follow-up information was sought on the ideas and feelings
expressed in the first interview and on how the ensuing events had affected the
informants’ previous roles in the policy development process.

6.5 Confidentiality

Confidentiality is a difficult issue when undertaking small case studies at a limited
number of sites that can be readily identified via other sources. As only two local
governments in Australia had developed food and nutrition policies, the identities of the people involved in this process can be readily ascertained. Similarly, a limited number of local governments had progressed toward the development of food and nutrition policies, and thus they may be readily identified.

The main confidentiality issue adhered to in this study was to ensure that the opinions and comments made by individual informants were not traceable. This was achieved via a number of mechanisms. As interview tapes were transcribed, no identifiable information was recorded on the transcription documents. Audio-tapes were kept in locked cupboards, with no identifiable information noted on them. Individual case studies were reported in a style which identified individual public actions, but not personal actions or opinions. Personally identifiable information, such as involvement in particular activities where only one staff person was responsible, was reported in a generic manner, for the purposes of drawing inferences about intents and actions, which were important in the analysis of the data.

6.6 Other Sources of Data

Data from documentary sources can be helpful in case studies in several ways. They can corroborate information from other sources such as interviews, or identify contradictory positions which require further investigation. Inferences can be made from documents, such as the circulation of minutes, which provide insights into communication and networking associated with the policy development process. Similarly, attendances and participation patterns during formative meetings may provide very useful insight into key players and sources of influence. Such inferences should be regarded as insights only and need to be verified by other sources before being considered as definitive findings (Yin, 1989).
A potential shortcoming of documentary data used in this study was that it was prepared for a particular purpose which was different to that of the study. This may have resulted in a certain range of data being reported, for example in the minutes of meetings, which may provide only a limited picture of the meeting process. While the data collection and presentation within existing documents did not necessarily reflect the aims of the study, existing documents and data sources were a useful supplement to the personal information collected via interview.

Several sources of data were used in the case studies, additional to that obtained from interviews with informants. These included minutes of policy planning meetings, draft policy papers, professional articles and conference papers, local government annual reports and media reports, when available.

6.7 Objectivity

Case study methodology reports on real life events. It is important that the researcher attempts to report such events with the highest level of objectivity (Kirk & Miller, 1986). As a check on the interpretation and presentation of the events reported in the case studies, two descriptions of the case studies were sent back to informants for verification. However, it should always be kept in mind that events occur within complex social and political environments. A presentation of events will provide one view of what occurred. Such a presentation will be limited by the information provided or available to the researcher. Thus, while attempts were made to be objective in this presentation of the case studies, it is acknowledged that other views of events would exist.
A different range of data was collected at the four different case study locations. This was due to the fact that at the beginning of the study, a single case study location was selected for study. This location was in the process of developing a food and nutrition policy and was considered to be an ideal site to investigate the policy development processes in depth. While it was known to the researcher that other local governments were involved in similar processes at that time, resources did not permit investigation at these sites.

Subsequently, a research consultancy permitted a national review of food and nutrition activities in local governments (Yeatman & Commonwealth Department of Health and Family Services, 1997). It was during this review that additional information was collected on other local governments’ food and nutrition policy initiatives.

The data collected during this period of the national review did not reflect the same range of information as the data collected at the first case study locations, as these latter sites were not undertaking policy development at the time of data collection. Official documentation from the various case study sites provided data which were comparable with those of the earlier case study. However, informants’ interview data provided retrospective insights into the policy development process, rather than opinions and reflections of the process as it was occurring at the first case study site. A complicating factor at the latter case study locations was that it was not always possible to interview key participants of the policy development process as they had moved on to other positions. Attempts were made to locate all relevant key informants, but several were not traceable or were overseas at the time of data collection.
A food and nutrition policy was released by South Sydney City Council in January 1995, following an extended period of action by staff from the Central Sydney Health Service, together with staff from within the Council. Staff from the Health Service approached local government staff with the idea of developing a local government food and nutrition policy, based on their findings from several years of work investigating local food issues within the Redfern community (a suburb within the South Sydney City Council jurisdiction). The types of issues highlighted in these studies were considered to be the responsibility of local government. For example, food costs were high due to only one supermarket in the area and loss of smaller food retail outlets. Local governments in New South Wales could influence development applications, and hence potentially could support the establishment of a second supermarket in the vicinity, which would increase competition and reduce food costs. Such a responsibility was outside the role of the Health Service and the local government was approached. An extended period of informal and formal communication within the South Sydney City Council was undertaken, followed by a period of public consultation on a draft policy document. These activities culminated in the release of a food and nutrition policy in January 1995.

Semi-structured, key informant interviews were conducted by the researcher in 1993, during the policy development period. Eleven participants in the policy planning process, one non-participant local government staff person and one manager from the local area health services were interviewed. This represented most of the members of the food policy working party. All interviews were audio-taped and later transcribed. Documents collected and reviewed included research documents reporting on aspects of the local food and nutrition situation, minutes of working party meetings, draft policy papers and media articles.
Follow-up interviews were conducted with five of the same key informants in 1995, approximately 20-24 months after the initial interviews and six months after the official release of the food and nutrition policy document. Additional documentation included a professional journal article written by two of the key informants, and a national conference paper presented by another of the informants.

6.8.1.1 What’s Eating South Sydney?

A local food policy for South Sydney City Council titled “What’s eating South Sydney” was released in January 1995. The goal of the food policy was to “move toward an accessible, affordable, safe and nutritious food supply for the population of South Sydney” (South Sydney City Council Food Policy Steering Committee, 1995, p. 1). The policy acknowledged local governments’ responsibilities for healthy public policy and their role in making State and federal governments aware of the local impact of their policies. It also acknowledged the important role of community consultation in the preparation of policies.

Key issues identified in the policy document were related to income level of residents, physical access to food retail outlets and the need to coordinate and communicate between emergency food relief agencies. Issue areas addressed in the food policy document are listed in Table 6.2 and a summary of some of the achievements to date are included in Table 6.3.
TABLE 6.2 South Sydney City Council’s Food Policy Issue Areas

<table>
<thead>
<tr>
<th>Food Policy Issue Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Availability of food supply</td>
</tr>
<tr>
<td>2. Education for healthy eating</td>
</tr>
<tr>
<td>3. Food quality</td>
</tr>
<tr>
<td>4. Food diversity and accessibility</td>
</tr>
<tr>
<td>5. Council’s direct food services</td>
</tr>
<tr>
<td>6. Environmentally sustainable food</td>
</tr>
</tbody>
</table>

Source: South Sydney City Council Food Policy Steering Committee (1995)

TABLE 6.3 Examples of Achievements to date of the South Sydney City Council’s Food Policy

<table>
<thead>
<tr>
<th>Food Policy Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Development of a South Sydney Retail Food Profile</td>
</tr>
<tr>
<td>2. Incorporation of food policy objectives into South Sydney City Council’s planning control documents</td>
</tr>
<tr>
<td>3. Conduct of a Needs Assessment of Emergency Food Relief Services</td>
</tr>
<tr>
<td>4. Participation in a National Heart Foundation health promotion project aimed reducing fat content of products in take-away food outlets</td>
</tr>
<tr>
<td>5. Provision of seeding grants to establish school breakfast programs</td>
</tr>
<tr>
<td>6. Nutrition training for staff</td>
</tr>
<tr>
<td>7. Reviews of food service kitchens and menus</td>
</tr>
<tr>
<td>8. Expansion of meal delivery services for the aged</td>
</tr>
</tbody>
</table>


6.8.2 Penrith City Council, New South Wales

Penrith City Council was an active member of the Penrith Food Project, beginning in 1991 with the establishment of a food project working party. Initial advocacy for the project came from the Department of Public Health and Community Medicine, Sydney.
University, which sought and received State government funding for the project, and from the Wentworth Centre for Health Promotion. In 1993 a Food Policy Committee was formed as a standing committee of the Council and in 1994 a Penrith Food Project Strategic Plan was developed, representing a policy document of the City Council.

Semi-structured, key informant interviews were conducted by the researcher during 1995/6 with six of the participants in the policy development process. Three of these interviews were audio-recorded, while details of the remaining interviews were noted at the time and written up immediately following the interviews. Different procedures from case study Site 1 were followed due to different circumstances under which the interviews took place. It was not possible to interview all participants of the policy development process as several had moved on to new positions. All informants interviewed had been present during the policy development period.

Documentation obtained included minutes of meetings of the food policy committee, annual reports, professional journal articles written by participants, media articles and an independent evaluation report on the functioning of the policy committee.

Work on the Penrith Food Project had been underway for several years prior to the study period. Funding had been received to undertake a feasibility study and to support actions to establish the infrastructure for the project (Brierley, Webb, Grossman, Noort, Smith, Huxley, Stickney and Gliksman, 1991). The initial population health and organisational goals for the project (refer Table 6.4) were translated into specific policy areas in 1992 (Table 6.5). These policy areas were subsequently translated into various strategic and operational plans (Table 6.6). Funding specifically for the implementation of the project was made available initially from the Wentworth Area Health Service and later supplemented by annual budgets from the Penrith City Council itself. This money principally paid for the salary and
administrative support of a project officer based at the council. Examples of some achievements to date are outlined in Table 6.7.

TABLE 6.4 Five Year Population Health and Organisational Goals, Penrith Food Project, 1991

<table>
<thead>
<tr>
<th>Population Health Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Among young families in Penrith:</td>
</tr>
<tr>
<td>* Nutritional goals:*</td>
</tr>
<tr>
<td>• decrease fat consumption from the 1991 baseline by approximately 3%</td>
</tr>
<tr>
<td>• increase fibre consumption from the 1991 population mean by approximately 5 grams per day</td>
</tr>
<tr>
<td>• arrest the increase in the prevalence of obesity</td>
</tr>
<tr>
<td>* Eating habit and exercise habit goals:*</td>
</tr>
<tr>
<td>• increase breastfeeding rates during the first 6 months of age</td>
</tr>
<tr>
<td>• increase average weekly physical activity</td>
</tr>
<tr>
<td>• increase the occasions of regular and enjoyable meals</td>
</tr>
<tr>
<td>• increase reticulated water consumption</td>
</tr>
</tbody>
</table>

| 2. Among the poor in Penrith |
| • increase access to nutritious appealing food |
| • reduce obstacles to obtaining food |

<table>
<thead>
<tr>
<th>Organisational Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To increase the extent to which the healthy impact of the food supply is considered in the routine work and responsibilities of key organisations in the Penrith community, and to encourage corresponding improvements in the food supply.</td>
</tr>
<tr>
<td>2. To establish a viable food policy group within local government which sets and monitors food policies, initiates programs to meet community nutrition targets and acts as a national model for community nutrition and health promotion.</td>
</tr>
<tr>
<td>3. To increase the extent to which food and nutrition needs are routinely and appropriately assessed and dealt with in primary health care settings, especially for nutritionally vulnerable groups.</td>
</tr>
</tbody>
</table>

Source: Brierley et al (1991a)
### TABLE 6.5  Specific Policy Areas, Penrith Food Project, 1992

<table>
<thead>
<tr>
<th>Policy Issue</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Working with food handlers</td>
</tr>
<tr>
<td>2</td>
<td>Food retail siting &amp; transport</td>
</tr>
<tr>
<td>3</td>
<td>Community development</td>
</tr>
<tr>
<td>4</td>
<td>Growing, processing, wholesaling</td>
</tr>
<tr>
<td>5</td>
<td>Primary health care settings</td>
</tr>
</tbody>
</table>

**Source:** Penrith City Council, Wentworth Centre for Health Promotion & Department of Community Medicine, Westmead Hospital, 1992

### TABLE 6.6  Areas for Action, Penrith Food Project, 1995-96

<table>
<thead>
<tr>
<th>Action Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Breastfeeding</td>
</tr>
<tr>
<td>2. Food safety</td>
</tr>
<tr>
<td>3. Food access</td>
</tr>
<tr>
<td>4. Food service</td>
</tr>
<tr>
<td>5. Agriculture</td>
</tr>
<tr>
<td>6. Evaluation</td>
</tr>
</tbody>
</table>

**Source:** Penrith City Council, (1995)
<table>
<thead>
<tr>
<th>Action Areas</th>
<th>Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies</td>
<td>• food and nutrition policies in long day care centres;</td>
</tr>
<tr>
<td></td>
<td>• Parenting facilities policy;</td>
</tr>
<tr>
<td></td>
<td>• workplace policy to support breastfeeding;</td>
</tr>
<tr>
<td></td>
<td>• food safety agreement with Public Health Unit</td>
</tr>
<tr>
<td>Food services</td>
<td>• school based nutrition program;</td>
</tr>
<tr>
<td></td>
<td>• school canteen monitoring system for primary schools;</td>
</tr>
<tr>
<td></td>
<td>• work with food services of local rugby league football club</td>
</tr>
<tr>
<td>Food access</td>
<td>• surveillance of food retail outlets;</td>
</tr>
<tr>
<td></td>
<td>• established fruit and vegetable home delivery service in disadvantaged area;</td>
</tr>
<tr>
<td></td>
<td>• participation in a National Heart Foundation health promotion project aimed reducing fat content of products in take-away food outlets</td>
</tr>
<tr>
<td>Agriculture</td>
<td>• community forum on promoting/retaining local agriculture for food production;</td>
</tr>
<tr>
<td></td>
<td>• local farm tours;</td>
</tr>
<tr>
<td></td>
<td>• member of state-based committee on sustainable agriculture in the Sydney basin</td>
</tr>
</tbody>
</table>

Both George Town and Moreton Shire Councils became involved in the development of food and nutrition policies through financial support offered by the Commonwealth Health department, as part of its implementation of the national Food and Nutrition Policy. At both locations multisectoral committees were formed to oversee the development process and comprehensive assessments of local food and nutrition issues were undertaken. Activity at Moreton Shire Council did not proceed past this stage, due to administrative issues. At George Town Council a draft policy paper was presented to the committee but not accepted. Activity on the food policy document was interrupted at this stage due to the Council members being sacked by the State government and an administrator being appointed. Following a period of reorganisation of staff within the local government, work recommenced on the food and nutrition policy in a low key manner. A final policy document was not produced during the period of this study.

Semi-structured, key informant interviews were conducted during 1995 with three participants at each location. These local governments were smaller in size to the first two, and had fewer people within the organisation involved in the policy development process. A larger number of people had been involved on committees during the policy development process. However, the study was undertaken at least 12 months after the main policy development activities had taken place and the activities had not culminated in the acceptance of food and nutrition policies by the local governments. Several individuals who had involvements during the policy development period had moved on to other positions in other locations and were not contactable. Documents collected included draft policy papers, submissions for funding, job advertisements and official files on the policy development committees.
6.9 Summary

Case study methodology was used as a framework within which data were collected from four local governments which had been involved in the process of developing local food and nutrition policies. Interviews were undertaken with local government and health services staff who had been involved in the policy development processes. Data from published sources (annual reports, minutes of meetings, professional journal articles and media articles) collected at the same case study sites were used to verify the interview data. During the collection of interview data, issues such as confidentiality and objectivity were taken into account. Transcripts and reports of interviews were analysed to identify common themes and issues, which provided the framework for the subsequent theoretical analysis. As the policy process evolved and proceeded differently at each case study site, a wealth of data informing the policy process was generated.
CHAPTER 7  CASE STUDIES - FINDINGS & DISCUSSION

7.1 Introduction

This chapter reports the findings of the case studies in a cross-case style (Yin, 1989, p. 135). Major themes and issues from the individual case studies are highlighted. These themes and issues firstly are discussed within two important areas of consideration in the policy process - individual factors; and organisational and political environment (structural) factors. The case study findings are then discussed within the context of setting the policy agenda and within frameworks of theories of political power and policy making.

This chapter first examines individual factors which influence the policy process. Individual factors considered in this discussion include the roles and functions of elected members, professionals and bureaucrats; philosophical approaches to roles; innovation/ policy leadership/ entrepreneurship roles; relationships between individuals; use of data; and the availability of time. The chapter then explores the organisational factors which influence the policy process. Included in this discussion is consideration of the influence of factors such as corporate philosophy; stability of organisational structures; organisational management practices; inter-organisational relationships; structures established to develop policy; organisational responsibility for policy initiation; and availability of funding. The chapter then examines political environment factors which influence the policy process. The influences of particular policy frameworks are considered, including the National Health Promotion framework and the national Food and Nutrition Policy, together with more general
political environments such as provided by State health departments and the local government environment.

Discussion of the findings in relation to setting the policy agenda and theories of political power and policy making highlight the importance of positioning the focus of the study, local government policy, within its broader political and institutional frameworks. The relevance of the theoretical insights into the policy process provided by this study to the practice of public health professionals is highlighted in a subsequent chapter.

7.2 Individual Factors

The results of the case studies confirm the findings in the literature that individual professionals who work at the local level play a very important role in the policy development process. The findings from the case studies provide detailed information on how individual professionals acted and interacted to influence the policy process. This section closely examines the actions of the professionals in the policy process, linking observations of this study with other findings reported in the literature, thus providing in-depth insights into the role of individual professionals and bureaucrats in the policy development process. The role of elected officials in the policy process at the local level also has been included in this discussion.

7.2.1 Roles and Functions of Individuals within Local Government

Individuals within any organisation have some administrative responsibilities and, within a government organisation, many also undertake professional roles. This is particularly true of local governments, where administrative departments usually are
arranged around professional roles within the organisation. Areas of professional and administrative responsibility within a local government department often overlap to the extent that there is limited need for staff to refer to other departments. Within a local government environment of statutory responsibility, such a narrow focus of tasks is appropriate. However, as identified by Jones (1993) and Gillan (1995), the nature of local government is undergoing change, with greater emphasis being placed on strategic management, contracting out of services (rather than direct service provision by local governments) and integration of planning services. This changing environment requires professionals and departments within local government to work differently, to collaborate more with other sections of their organisation and to coordinate activities with external agencies.

An emphasis on management in local government also acts to reduce the influence of the democratic process and of elected officials in the policy process (Cairns, 1996). This was found to be the case in this study. Elected officials, while providing active support or advocacy for the policy initiative within the local government organisation, did not have a role in the initiation of the policy process, as might have been expected from a political perspective, or a perspective in which a bureaucratic organisation is considered only to enact political decisions. While in positions of high status within the organisation, elected officials were not observed to act in a manner which was particularly different to other individuals involved in the policy process. Thus the remainder of this discussion does not single out elected members for special consideration. Elected members may be considered as higher levels of management.

It was apparent in the case study locations that the changes which had been brought about by new local government legislation had particularly affected the environmental health staff within local government. Much uncertainty was felt by environmental health staff, both with regard to their professional responsibilities to ensure high food
standards in the community and also more generally regarding their role within a less regulated environment.

"It seems to be the push of the [state] government and get more into self-accreditation and that sort of thing .. industry controlling themselves ... but it just don't work .. I don't care how long they go on with it .. it just doesn't work .. the push is that the marketplace will solve everything and it doesn't"

Middle manager, local government

Proposals which were perceived to, at least in part, address the need for a different professional approach to food-related issues, were timely within this environment of uncertainty.

"I think the role of a health surveyor, and I'm talking professionally now, is certainly changing .. it's in an evolution stage .. as is local government .. so when the [staff] from the state department came and approached us about this nutrition idea ..

..on thinking about it and I don't see any problem whatsoever in council getting involved in nutrition providing it's in perspective .. I think it's not council getting involved in nutrition .. it's council getting involved in the availability of good food and basically that is really what we have been doing for the last 50 years anyway from a hygiene point of view .. so I just see it as an extension of that”

Middle manager, local government

In acting to link traditional practice with new legislative requirements, the actions of environmental health middle managers were consistent with the views of Green et al (1993) and Morgan et al (1996) that middle managers act to focus activities on unifying principles and practices which reflect institutional values within policy deliberations. It was clear these middle managers were trying to resolve the tension between prior roles and their new responsibilities, both from a professional as well as an administrative perspective.
Middle managers also appeared to be motivated by an underlying value system which supported social equity. The focus of the food and nutrition policy proposals was improving availability of and accessibility to quality food, especially for socially or geographically disadvantaged groups within their municipality. However, their avenue for achieving this was predominantly via institutional arrangements and bureaucratic policy decisions, in contrast to the notion of organisational citizenship (Vinzant & Crothers, 1996), that is the active promotion of citizen involvement in policy making or local democracy.

Professional groups within the local governments in the study, other than environmental health officers, no doubt also under considerable pressure to review their professional roles within the new local government environment, identified specific roles which they were able to contribute to the policy development process.

"well, I wasn't sure exactly why we were called over, but having sat in on the committee, I can see there's a need for town planning there, .... two areas, one in the technical side and the other in the managerial side of steering it through the process that it has to go through .."

Staff member, local government

Clearly, professionals within the local government environment generally undertake dual roles, professional and bureaucratic, even at the level of middle management. This supports the early work of Scott (1965) who identified the interdependency which develops between professional and bureaucratic roles. Also demonstrated is considerable autonomy in determining how and to what extent individuals and departments are involved in the policy process, supporting Brewer’s (1996) notion of professional freedom within an organisation.

A proposal to develop a food and nutrition policy within local government thus presents an opportunity for different professionals within the organisation to meet their
professional responsibilities, within an evolving local government environment. The evolutionary nature of professional roles were most noticeable at South Sydney, probably due to informant interviewing during the policy development process. There were indications that similar professional role needs were being met at Penrith, as a similar range of professionals were involved in the policy development process.

Evidence was collected on the contribution of people in administrative roles to the policy development process. Of particular note was the health services staff attention to administrative detail. They had initiated the concept of a food and nutrition policy within local government, and although there were no precedents to follow, were very cognisant of the importance of attention to administrative detail. The importance of the involvement of different departments and professionals within the local government to the success of the policy development process was acknowledged by the health services staff from an early stage. They also recognised the importance of administrative and committee procedures. The following quotes illustrate the range of ways in which the health services staff indicated that they had influenced administrative areas.

"when we were talking about the representatives from a business and community sector .. we nominated people that we had had contact with who we thought would be .. would come along ... I gave [staff person] our nominations and suggested he contact other groups ...."

".. the minutes that were taken .. the first lot of minutes were taken ...they were a terrible representation ... so we said at the time that they weren't okay, there were lots of changes and .. we offered to start a roster of taking the minutes ourselves .. sets the format ... the minute taking is very important"

".. I think [we] have a fairly large steering role because we went away .. we simply went away and wrote a time line .."
"... so, I think it's important that although we're fairly on the ball and we try and make sure that we've done our work before we get to meetings and probably a bit extra so that the council officers push that little bit... so we are setting some sort of example..."

Health promotion staff, State health services

The importance of the need for attention to administrative detail was highlighted in the Penrith Food Project. At an early stage in the Project concern regarding the effective functioning of the management committee grew to such an extent that external reviewers were engaged to make recommendations for improving the situation. The report of the reviewers, Hawe and Stickney (1997), directed the committee members to balance their attention to policy outcome with a higher level of consideration of the committee process.

7.2.2 Philosophical Approaches to Roles within an Organisation

Different professionals involved at the different case study locations identified ways in which their personal or professional philosophies had influenced their role in the policy development process. One of the staff from the health services was employed as a community development officer. Her initial data collection activities had focussed on the opinions and reports of local residents. As a result, community views were strongly reflected in the data which informed the policy development process. Additionally, this health professional advocated for community representation on the policy development committee and for community consultation on the draft policy document. She also had developed extensive links with local community leaders, and she encouraged the local government staff to do likewise during policy discussions.
“.. I think there’s great strength of South Sydney.. in terms of partnerships with communities because it’s all classes of people ... we don’t want the policies to be used as a policing tool .. we want it to be used in a way that council can actually open its doors and say how you can work with this and how can we work with the different sectors ..’

Health promotion staff, State health services

Her community development approach underpinned her work with the local government, as from the outset the approach was to encourage local government action in, and ownership of, a local food and nutrition policy.

“.. that through this process of them deciding that they wanted to be on it [the food policy committee] ... talking with us they will own it as much as we do .. probably more so .. and then there won’t be any need for us to lobby people .. I guess it means a more behind the scenes type of approach ..’

Health promotion staff, State health services

Another example of how an individual’s personal perspective influenced the policy process was the management approach of a middle manager within the local government. When initially approached with the concept of developing a food and nutrition policy, he rejected the idea “another bloody thing the state government’s throwing at local government to do, you know, without any money or anything”.

However, his personal management style was consultative and he acknowledged that his was but one opinion. He sought advice from his staff members “and he [staff person] thought it was a good idea, so we decided to .. he could have his head and run with it”. Even when interviewed six months after the establishment of the policy development committee, this manager was still not sure of the outcome of the process but was willing to pursue it as an, in principle, good idea.

“I’m still yet to see the practical side of this .. as to how we’re going to do it .. there’s certainly some benefit there, but whether the benefit is worthy of the cost that’s been put into it, is another thing ..
...but unless you've got those ideas you don't get anywhere..”

Middle manager, local government

The importance of the traits of the individuals involved in the policy process has not been a strong focus in the policy literature, except perhaps with regard to the qualities of innovation champions and leaders. The individual attributes highlighted in this study most closely link with the bottom-up and dual role champions described by Day (1994). The first example cited of the community development officer illustrates the traits of a bottom-up champion, who, according to Day, provides creative insight and linking functions due to their closeness to the technical aspects, their knowledge of the market and their central position in the communication network, in this case communication between the local government and their external environment. In some ways such a role also is described by Vinzant and Crothers (1996) who refer to street level bureaucrats as demonstrating leadership through exercising discretion over means (in this case communication) and ends (the technical components of the food and nutrition policy).

The latter example of individual traits of a person in a middle manager position, provides an illustration of the traits described by Day for a dual-role champion. Such a person normally is in a higher level of the organisation but takes an active interest in the technological aspects of the innovation. Performance of this role may be anticipated within local government, given that professionals dominate middle and upper management positions.

7.2.3 Policy Development as Innovation within the Local Government Environment

Individual professionals also indicated that they were developing more strategic administrative skills through involvement in the development of the food and nutrition
policy. Skills in committee membership, strategic planning skills and promotion of their professional activities were reported by professionals at two of the four case study locations.

"we [sub-committee] usually meet .. every 2 weeks .. and we check the minutes, get the agenda together for the main working party meeting and you know discuss the issues that are going to be discussed by everybody .. 
.. it's all new to me .. its been .. an experience for me to see how these policies and processes and that come about .."

Staff member, local government

Developing new strategic skills through involvement in innovative policy processes supports the work of Shane (1994) on innovation within organisations. The opportunity for skill development was facilitated by the presence of staff from external agencies such as state health departments or academic institutions who worked closely with local government staff during the policy process, matching Shane’s concept of innovators or champions. This extends Shane’s work, as he viewed such an individual as being a member of the organisation’s bureaucracy. This study demonstrates that a similar effect can be achieved if management supports, invites or encourages external people with innovation experience to work with staff in the organisation for a particular purpose.

External innovators or champions also bring with them traits identified by Shane as important in the innovation process, including use of informal methods to persuade others to support the innovation, circumventing organisational hierarchies, building cross-functional ties and establishing autonomy from organisational rules and norms. Such traits are difficult to develop from within the organisation and may be more acceptable when exhibited by an external person. These traits are discussed further in the next section.
7.2.4 Relationships between Individuals

New relationships developed for many of the professionals involved in the policy development processes. Within the local governments new links formed between different departments, as each identified their contribution to the food and nutrition policy.

"...they seem to think that [face-to-face contact] is very valuable, just to keep it [the food policy initiative] co-ordinated with everything [within] Council."

Health promotion staff, State health services

In part these inter-departmental links were facilitated by external (health service) staff talking with different departments within local government, sharing their information and creating a degree of pressure on departments to consider participating in the policy development process. In other words, developing cross functional links and circumventing organisational hierarchies, identified by Shane (1994) as important in establishing innovative approaches within organisations.

".. I think that [health services staff] spoke to the planners across the road and .. they were apparently pretty interested like I understand they're taking it up .. we thought well its a food .. a health thing its something that should be .. generated by this department even if .. especially if the planning department are going to become involved well then definitely we should .."

Staff member, local government

The main inter-departmental communication took place at committee meetings, either at the committee which managed the policy development process, or the working groups which had particular tasks.

"we've had presentations from people such as .. co-ordinator .. of Meals on Wheels, .. we had a presentation from .. the catering manager ... and we had
another presentation from one of the landscape architects on market gardens ..”

Staff member, local government

While the committees provided formal communication channels, they also provided the background information about the different departments to permit more informal communication on other occasions. The food policy committees also established alternative organisational structures within the local governments, which cut across hierarchical departmental lines and had representation from all levels within the organisation, from elected members at the top to direct service providers at the bottom. Thus the policy process structures also exhibit Shane’s innovation traits of cross functional links and circumventing organisational hierarchies. As an organisational consideration, such an alternative structure provides a stark contrast with Weber’s notion of an effective bureaucracy.

Relationships also formed between local government staff and health services personnel, as previously mentioned. These relationships provided strong inter-professional links and were developed over a considerable period of time, established through data sharing activities.

"... I went into the council and bought some Council maps and started talking to the strategic town planners and that relationship developed over six months to a year, so much so that they often ring me up now ... it was started with specific questions .. I wanted specific information and it branched out from there and it took a year probably to develop trust ...”

Health promotion staff, State health services

Little was identified in the literature regarding inter-professional links of this kind and their role in the policy process. The professional literature highlights the role of professional autonomy and maintenance of professional values through professional discourse (Fox, 1993; Brewer, 1996; Négrier, 1996). It appears that inter-professional links were established through the determination of mutually beneficial
uses for professionally-created information and familiarity with different professional terms. Knowledge generated through such relationships may serve to increase professional power, by having access to other professional resources that may be called upon for particular purposes. This issue of use of data in the policy process will be discussed further in the next section.

7.2.5 Data and Information in the Policy Development Process

Local data served a number of functions within the policy development process. As mentioned, the seeking of data on specific aspects of the local food system led to the establishment of professional relationships between health sector and local government staff. Possession of particular data, for example number and location of health personnel in the municipality, established professional credibility. Health and illness data, together with data on social indices and personal reflections from residents in the area, were used to develop an understanding of the need for a local food and nutrition policy. Additionally, data were used to argue for the development of a food and nutrition policy within the local government organisation, through linking the food access and availability issues with areas of local government service responsibilities.

The concepts of a local food system, food access issues and the components of a food and nutrition policy needed to be established within a local government framework. In all the case study areas, reports based on extensive data of the local food systems had been prepared, highlighting particular areas of concern and identifying areas for local government involvement (Brierley et al., 1991; Buchhorn & Phillips, 1991; Finlay & McLeod, 1989; Hodge, 1991; Hughes, Lund-Adams & Heywood, 1993; Municipality of George Town, 1993). These reports served the dual purposes of getting different professionals and organisations together to manage the data collection process (in
George Town and Moreton Shire) and to establish the nature and extent of the local food system and nutrition issues (at all locations).

"... I'm sort of doing the research to feedback ... we did the dietary studies... we did shopping centre surveys and we did the retail survey which actually we orientate a lot of the council officers, quite significantly, .....interfering in the food system is actually not that new an idea to them, it's mainly on the scale that we are talking about ...”

Health promotion staff, State health services

Subsequently, such data were used as a basis to support the need for local government involvement in the development of a food and nutrition policy (at Penrith and South Sydney City Councils). For example, local data were compared with national data to highlight local community groups with particular nutritional needs or groups who were not accessing services.

"... we have got lots of people with non English speaking backgrounds, for instance, who would get moved into the area because of a sudden calamity or something ... and they end up getting nothing, whereas there might be someone else getting free meals, you know, three hot meals a day simply by being at the right place at the right time and so that is a problem ...”

Councillor, urban Council

The localisation of issues in this way has been identified by Saunders (1991) as an important step in the policy process.

The identity of professional groups is supported and maintained by possession of specialist knowledge and through use of their professional language (Fox 1993). The health services staff involved with the development of food and nutrition policies in these case studies established their credibility and working relationships with the local governments through the provision of professional knowledge.
"they’re .. nutritionists and they’re more experts than we are so I thought it was good .. I couldn’t see a problem with it..

..they had all the research and all the information .. and ideas ..”

Staff member, local government

Possession and framing of knowledge by professionals is identified by Négrier (1996) as a powerful tool which is carefully wielded in the policy process. However, as suggested by Rütten (1995), policy makers use knowledge which supports their view of the world. By approaching local government via the environmental health sections, health services staff linked their locally framed professional knowledge with the section of local government which had an existing food-related framework. The environmental health staff could assimilate the food and nutrition issues as presented by the health services staff and translate it into relevant knowledge for local government processes and procedures. Such a mediation role as that performed by the environmental health staff, and to a lesser extent community services and strategic planning staff, was first described by Mayo and associates in their work on the role of individuals within organisations striving to ensure equilibrium between an organisation’s internal policy environment and that of the external environment (Ham & Hill, 1984).

7.2.6 Time

The development of food and nutrition policies within local government took considerable periods of time, at least one and in some cases up to 5-6 years. Such a period of time was important for staff and others interested or involved in food and nutrition to become familiar and comfortable with the local food issues and to become strategically involved in program or policy initiatives.

"... being a very practical sort of person, there’ll be a lot coming out of it [food working party] that I would classify as airy-fairy, and will be extremely
difficult to implement, if it can be implemented, but unless you’ve got those ideas, you don’t get anywhere.

... there’s certainly some benefit there ...

Middle manager, urban Council

Some of the formal policy processes within local government also took considerable time, for example the time taken for public consultation on the draft South Sydney food policy took most of one year.

The length of time required for the development of food and nutrition policies, as with many collaborative activities, fell outside the time frames applied to project based work, both within the health sector and within local government.

"... you slowly build up a relationship over time, ...... we are in a fortunate position where this is our main work, ... so it’s very difficult to say how somebody could do this work within a more traditional .. role."

Health promotion staff, State health services

Contemporary time frames applied in the health services in Australia to health promotion initiatives revolve around annual program funding cycles and health outcome measures. However, at the same time, the development of healthy public policies and intersectoral activities are recommended as preferred health promotion strategies. The results of this study highlight that such strategies take many years to develop as a process, not to mention to achieve identifiable outcomes. The discrepancy between program funding cycles and the time required to establish environments supportive of policy development processes needs careful consideration by health services and other government agencies, if the development of structural approaches to promoting the health of communities is to be pursued.
7.3 Influences at the Level of the Organisation

Existing organisational factors may support or present barriers to the process of developing local food and nutrition policy. Additionally, certain organisational structures are established as part of the process of developing local food and nutrition policies and directly influence the policy development process. However, in both instances, the range of organisational factors is broad and includes: corporate philosophy; internal structural arrangements and their stability; organisational management practices; and relationships between organisations.

7.3.1 Corporate Philosophy

The term corporate philosophy in this instance covers the overall identity of the local government as an organisation. This is influenced by the historical development of the local government and is reflected in its present focus.

South Sydney City Council, although recently formed (1989) through the reorganisation of several local government boundaries, has a strong social welfare identity. This reflected both its past, as part of Sydney City Council’s role in providing soup kitchens during earlier economic depressions, and its present boundary configuration, which incorporates very low income areas, together with some of the major areas of social disadvantage in New South Wales.

One reflection of this concern is the internal organisational arrangement which placed health and community services within the one department. This was unusual, as health predominantly frequently is placed with building responsibilities, reflecting a dominant concern in many local governments for regulatory compliance. Health and community services together in the same local government department could be interpreted as a
dominant concern for health and social issues. A broad, policy approach to local food and nutrition issues fits well with such a corporate philosophy.

".. the Community Services in this local government .. it's a pretty big field for Council. ....there's a lot of oldies living around here ...

Middle manager, local government

Innovative action and the desire to meet the needs of their growing population were key factors supporting the involvement of Penrith City Council in the development of food policy. Penrith City Council, on the outskirts of Sydney and a major area of low cost housing, was principally concerned with development issues. Its origins were as a rural, agricultural town supplying food to Sydney. However, as Sydney’s population expanded, agricultural land was subdivided for housing, industry and commercial infrastructure. Penrith’s population of 170,000 made it the largest of the case study areas. As one of the larger local governments in Australia, it may have been motivated to demonstrate its leadership, through the involvement in an innovative project such as food and nutrition policy. Involvement with other leading organisations in their fields, the Department of Public Health and Community Medicine at Westmead Hospital and the Wentworth Centre for Health Promotion, also was attractive.

It was not possible to determine the overall corporate philosophies of Moreton Shire and George Town Councils, due to the dramatic organisational changes which had recently occurred at those locations, to be discussed in the next section.

As an organisation, local government is clearly a part of its environment and the approaches to local food and nutrition policy reflect this. The corporate philosophies or values of an organisation appear to be shaped by their environments or wider social systems, as predicted by Parsons in his study of organisations (Cheek et al, 1996). These values, in turn, become differentiated into accepted policies within the
organisation, as reflected in the different natures of the food and nutrition policies developed by Penrith and South Sydney City Councils.

7.3.2 Stability of Organisational Structures

In two of the case studies, the local government organisation itself was very unstable and this instability seriously affected the policy development process. In George Town Council organisational instability arose from actions within the council itself. The elected Council was sacked in 1994 by the Tasmanian state government because of mismanagement. Council support for the development of food and nutrition policy was lacking, at least temporarily, as there was no elected Council. An administrator was appointed, the Council was completely restructured internally and new senior managers were appointed.

There were several impacts of this restructuring. Additional to the general staff upheaval and stress caused by such significant organisational changes, the actions of specific individuals were affected. In relation to the development of the food and nutrition policy, the project coordinator left his position and moved away from the district. This put the process in abeyance for a period. The local government staff person who had taken the greatest interest in the development of the food and nutrition project and who had prepared the original submission for funding, was moved to another position and responsibility for the project was taken over by one of the new managers. While the new manager was supportive of the concept, his overall responsibilities prevented him from directing much time to the project and there was no one in the project position to take the initiative. Taken together, the overall result was a prolonged delay in action and significant loss of momentum.
The Moreton Shire Council experienced amalgamation of its boundaries and responsibilities with a larger council during the policy development process. Subsequently, the food and nutrition policy activities were discontinued. Details pertaining to these events are described in subsequent sections of this chapter on the national Food and Nutrition Policy and the local government environment.

Neither Penrith nor South Sydney City Councils experienced major organisational disruptions during the period of policy development, though they were subject to the changes occurring within local government as a whole. Small, internal organisational changes occurred during the study period. Involvement in the food and nutrition policy work was considered to give staff and departments credibility within the organisation during these periods of change.

".. there are fairly uncertain times I think in South Sydney Council .. I think that for some of the council officers they see being involved in this [food and nutrition policy] as a fairly positive thing .. so that's one of the reasons they put some effort into it .. they see it as a fairly positive thing when things are fairly uncertain .."

Health promotion staff, State health services

These changes had not resulted in any loss of power within the organisation of those staff who were directly involved in the policy development process. Their positions remained relatively unchanged or were consolidated. This could be interpreted as representing general organisational support during a period of organisational review. During this period, turnover of local government staff involved in development of the policy was minimal or zero.
7.3.3 Organisational Management Practices

The organisation influenced managers through the overall structure of the organisation which provided managers with high levels of autonomy, and via policies which governed action in particular discipline areas. Specific management practices themselves may be considered individual traits of the managers and have been discussed earlier in the chapter.

It was apparent that in each case study location autonomy was available to middle managers and technical and professional staff to investigate initiatives relevant to their areas of responsibility. Several meetings and discussions had taken place between local government staff, managers and representatives of other organisations, prior to commencement of official processes within the local governments. This permitted exploration of the idea of developing a local food and nutrition policy. Technical and professional staff within local government had advised on the proposals to develop a food and nutrition policy and subsequently had prepared the necessary background papers to support the passage of the proposal through the official committee structure, via the nominated responsible elected official, and up to the full Council for approval. Thus in many ways the local government staff had acted in a similar role to legislative staff to elected officials in higher levels of government, as described by Lewis and Ellefson (1996). They played an active role in the selecting, evaluating and shaping of the nature of the information used by elected officials in proposing policy. In this way they not only are active in the policy process (in contrast to Weber’s concept of neutral bureaucrats), but actually wield considerable power over the policy process, as suggested by Morgan et al (1996).

The internal organisation of departments in some of the case studies permitted the allocation of specialist roles to technical/professional staff members, such as strategic adviser or food specialist, supporting the ability of managers to assess policy
development proposals. Organisational support for allocation of specialist roles to staff was provided through management decisions and from the resource base of the local government itself, which ensured a large enough staff group to permit such specialisation to occur.

"Luckily, Council went along with a restructure of the health services section and I've got .. people .. with specific jobs to do.

..... new initiatives ... wouldn't have come about if we hadn't restructured or reorganised things. Taken them [staff] out of the general run of the mill and put them on specific, in specific areas .. it gives them the opportunity and time to bring forward those sort of problems ..."

Middle manager, local government

Specialisation of staff roles was not present to the same extent in the smallest local government in the study, George Town Council.

Organisational management practices influenced the initiation and development of food and nutrition policy through the adoption of particular approaches to areas of responsibility. In the food area, State food legislation had been changing in the direction of deregulation and industry responsibility for food standards and practices. The local governments, as organisations directed by State legislation, had been required to adopt such an approach. Environmental health services within local governments were required to comply with the new legislation but at the same time had to demonstrate how they were protecting the local community from food related illness. The development of a broadly-based food and nutrition policy provided the staff involved in food regulation areas with a clear example to show Council members what they were doing to adapt their practices, that is complying, in the new legislative environment. This is consistent with Etzioni's (1961) concept of compliance within an organisation, where control is exerted from above through the requirement for compliance with higher order authority. While the lower level professionals and bureaucrats do exercise considerable autonomy in their activities, there is always the
need to demonstrate compliance to higher level bureaucrats. And in fact, if Australian local government is considered as an administrative arm of state government, as in many ways it is, compliance must also be demonstrated with state legislation and guidelines. A food and nutrition policy, while not required as part of state food legislation, does demonstrate consistency with state government health promotion policies which advocate intersectoral action and development of healthy public policies.

Organisational management support also was demonstrated within the health services involved at two of the case study sites. In the Central Sydney Area Health Service, which had responsibility for part of the South Sydney City Council area, the health promotion manager and staff had available considerable autonomy to review local health needs and decide appropriate action. This autonomy could be viewed to be balanced by the need to demonstrate compliance with the strategies outlined in the Ottawa Charter for Health Promotion framework adopted by the state health services. Through the exercise of their local autonomy, health services staff approached the South Sydney City Council, firstly to communicate regarding local health data, and subsequently to propose the development of the food and nutrition policy. In a similar fashion, the Wentworth Centre for Health Promotion operated within the same health promotion framework and exercised considerable autonomy in approaching Penrith City Council to develop collaborative arrangements to meet health needs of the local community. The involvement with Penrith City Council of the academic group from the University of Sydney also was possible due to the high level of autonomy granted to academic staff within universities.

7.3.4 Relationships between Organisations

At all case study sites, the policy development processes involved collaboration between the local governments and other organisations. The relationships with other
organisations varied at the different sites and included formal and informal arrangements at the organisational and staff levels. The functions of the individual relationships and the time taken to develop them were acknowledged as important by the informants and have been discussed earlier in this chapter.

Formal relationships between organisations included:

- the provision of funding from one organisation to another (for example, federal health department funding for Moreton Shire and George Town Councils’ policy development activities):

- the provision of funding from one organisation to an inter-organisational, collaborative committee located in another organisation (for example, NSW Health Department’s funding for the initial phases of the Penrith Food Project);

- appointing representatives to an inter-organisational committee to oversight the development of food and nutrition policy (this occurred in all case studies);

- organisational support for individual staff members of one organisation to undertake policy development work within the local government (for example, Nepean Health funded a position to work on the Penrith Food Project, based within the local government; Central Sydney Health Services provided staff time to South Sydney City Council to assist with the drafting of the food policy);

- an external organisation undertaking research or project work which contributed to the development of the food and nutrition policy within local government (for example, initial local food system research was undertaken under the supervision of staff from the University of Queensland for the Moreton Shire Council);

- inviting a representative from another organisation to make presentations of their work at the policy development committee meetings (for example, South Sydney City Council invited a representative from another local government to present information on their food accreditation activities and invited representatives from
local emergency food relief agencies to brief the committee about food security concerns in their community); and

- conducting public seminars and workshops under the auspices of several organisations represented on the policy steering committees.

The primary, stated purpose of the formal relationships in the policy process was to create structural arrangements which were not previously available and which would facilitate the development of the food and nutrition policy. The ways in which the policy processes were facilitated by these arrangements included:

- collaborations to secure funding;
- obtaining expertise to undertake tasks which were outside local government’s experience;
- gaining publicity through joint ventures; and
- gaining greater internal credibility within the local government via joint initiatives with other, credible organisations.

These functional arrangements took relatively short periods of time to establish, possibly because all of the organisations involved identified short and long term benefits from the arrangements, for limited or no cost.

The development of inter-organisational arrangements which have flexible membership, variable power and differing agendas is representative of inter-organisational policy networks (IPNs), as described by Klijn (1996). The presence of IPNs is thought to indicate deliberate attempts to either counter particular sectoral interests, or to deliberately create a closed policy environment. Action in the IPNs created as part of the development of local food and nutrition policies can be considered to illustrate both of these agendas. One of the reasons why the Wentworth Centre for Health Promotion identified that they were interested in a collaborative, policy-based approach with local government to promoting food and nutrition in their
area was because they believed that there did not exist effective models for promoting nutrition within the mainstream health services dominated by a biomedical-behaviourist approach. However, they fully supported the policy-based initiative with the local government, despite a paucity of evidence as to the benefits which may result. This may be construed to be specifically blocking the existing domination of nutrition-related issues by clinically-oriented health professionals. This, in turn, created a relatively closed policy environment, as funding for food and nutrition related activities in that health region (apart from clinical services) were subsequently directed to the Penrith Food Project. In some ways this may be considered the converse of what traditionally happens in the health field, where the existence of health professionals in direct service positions is considered to limit the availability of funding for longer-term, policy-based initiatives (Ashton & Seymour, 1988).

The findings also serve to illustrate the closed nature of the policy environment, with only invited organisations or individuals represented. Several interest groups which could arguably have input into the policy process but which were poorly or not represented, included clinically-based health services and food services personnel who were represented at one location only; public interest groups (although these were represented in some instances, they did not have influential roles); the food industry which was represented at one location; the food retail sector which was represented at another location; and primary food producers who were not represented. Involvement of some interest groups but not others is described in the political theory of corporatism, where control of the policy agenda is exerted through involvement of a few groups and individuals due to their greater access to the policy agenda (Keller, 1984; Bureau of Industry Economics, 1991).
Informal relationships between organisations included:

- contacting individual staff members from another organisation to obtain particular information or to get feedback on an idea;
- developing communication networks with another organisation through regular contact with staff members;
- discussing conceptual ideas regarding the definition of local food and nutrition issues; and
- collaborating on common activities (for example, Central Sydney Area Health Services staff established a regular food tasting activity in a shopping mall and referred to South Sydney City Council staff regarding food hygiene matters).

Where such informal relationships existed, they had developed over several years, through a range of communication channels and for a variety of purposes. In the South Sydney area there were well developed communication channels between staff at the local government and at the health services. Both parties agreed that good communication, professional respect and trust, a common understanding of food and nutrition concepts and a mutual respect for each others' responsibilities had assisted in the policy development processes. These professional relationships have been discussed earlier in this chapter.

7.3.5 Organisational structures established to develop food and nutrition policy

At each case study site formal committees were established to facilitate the development of the food and nutrition policies. In some instances a single committee was formed, while at other locations the main committee was supported by sub-committees, working groups or committees within other organisations which undertook specific tasks.
The main policy development committees established within local government were of two types. South Sydney City Council approved the establishment of a Food Policy Working Party as an official committee of the Council, with powers to direct staff to undertake specific duties and to formally prepare a food policy for Council consideration. Penrith City Council approved a Food Policy Committee which would advise the Council on issues relating to local food supply and nutrition. While the committee at Penrith City Council had a formal constitution and designated terms of office, it had less power within the local government because its role was advisory in nature. South Sydney's committee in contrast did not have a formal constitution other than terms of reference and nominated membership, but it did have the authority to allocate tasks and to prepare an official Council policy for consideration.

Further investigation of the similarities and differences between the committees revealed that:

- both committees had a sub-committee(s) to undertake particular tasks set by the committee;

- both committees had a mixture of representatives from local government, elected councillors, health services and community organisations (however, South Sydney's committee was dominated by local government staff while in Penrith's committee the local government staff were in a minority);

- both committees were situated within the local government department with responsibility for environmental health issues;

- the Penrith committee had several working groups which were investigating different aspects of the local food system;

- the Penrith committee had a research and development group with direct links to an university;
the Penrith committee had a management group which informed the Food Policy committee, with representation from the Wentworth Area Health Services as well as the Penrith City Council;

- the Penrith committee appointed a project officer to undertake designated tasks and to act as executive officer to the committee; and

- the South Sydney committee had a specified task, that of producing a draft Council policy which designated local government’s roles and responsibilities in the local food system. The task of the Penrith committee was broader, focussing on local food supply and food security issues, but with the contribution of Penrith City Council as only one component.

The differences in composition of the committees at South Sydney and Penrith resulted in different outcomes. The South Sydney committee, dominated by local government staff and with a specific task, was functional from the outset. It reflected other committees within that local government, and power hierarchies and common meeting procedures were known to the majority of committee members. The outcome of the deliberations was to be owned by the local government - its own food and nutrition policy.

In contrast, the committee at Penrith comprised a mixture of members in which the local government staff were in a minority and the task of the committee was not as clearly defined. Different organisations represented on the committee wanted ownership of particular, anticipated outcomes. As mentioned previously, concern arose after a period of time that the committee was not functioning effectively. Consequently an independent review was undertaken of the committee (Hawe & Stickney, 1997), which identified a number of ways to improve committee productivity, including decreasing the size of the committee; ways in which committee members could actively contribute to the substance of the discussions; and the
necessity for committee members to agree upon meeting procedures. The greater mix of organisations represented on the committee and greater complexity of organisational arrangements at Penrith had resulted in the need for much greater attention to process details and the personal needs of the individuals involved. Attention to such personal details had occurred more readily at South Sydney, as the policy development process involved less organisational complexity.

In many ways the committee structure at South Sydney represented many internal committees of that organisation, but with some formal representation from another government sector. This was particularly the case as the health services staff had entered the policy process with the intent of supporting local government to establish their own food and nutrition policy. The health services staff thus were willing to support the middle managers of the local government to preserve their organisation’s values, hierarchies and practices, an important role of such managers (Green et al, 1993). The Penrith Food Project’s committee however, had formal representation from several different organisations. While these representatives participated in the committee to support the development of the food and nutrition policy initiative, as managers within their own organisations they also acted to preserve their own organisation’s values and practices. The committee’s structure thus was much more complex than that at South Sydney City Council. The Penrith Food Project committee structure aligns more closely with an inter-organisational network (IPN) mentioned previously, with variable power arrangements and different agenda.

The committees established at Moreton Shire and George Town Councils were somewhat different to those at South Sydney and Penrith, as they had the responsibility of administering the funding provided by the federal health department. These committees included representatives from several organisations, including health services, academic institutions and the federal health department. The committees oversaw the conduct of the assessment of the local food system, and thus could be
considered similar in function to the committee at South Sydney City Council. However, their composition was quite varied, with particular institutional interests represented, and in that way they were similar to the committee at Penrith. Work on the development of the food and nutrition policies at both of these locations had not progressed to the development of an accepted policy during the study period, due to the factors outlined elsewhere.

The actual development of committees at each case study site should be noted. Deliberate attempts were made to generate wide commitment and involvement of a number of different organisations to the policy development process. The Moreton Shire and George Town Councils followed the Penrith model to a certain degree, as a key person from the Penrith project was advising the federal health department on their local government projects.

The South Sydney situation was somewhat different, as they were developing an internal policy document. Often such a task would be given to a staff member to draft, for manager approval and subsequent recommendation to an appropriate committee of Council. In contrast with this, the food policy committee took an active role in soliciting information from a variety of departmental staff, inviting outside people to address the committee and formalising health services and community representation. This model was not usual, but did prove effective.

".. the importance of the working party [committee] being around from the beginning is because .. I think they politically own it a bit more and that's very important for the Council ... if we did [it] the other way [allocate the development of the policy to a staff person or small working group only] which was more bureaucratic, more expedient and more efficient, then perhaps they wouldn't own it as much as they will ..."

Health promotion staff, State health services
The findings of the case studies indicated that the practice of establishing new organisational structures represented an institutional response to the development of a broadly-based policy such as food and nutrition. The selection of representatives on these committees was influenced by the bureaucrats and professionals involved in the policy process. These findings are consistent with Ostrom’s framework of institutional analysis and development (Schlager, 1995). Ostrom identifies that individuals purposively interact with institutional arrangements to improve opportunities to pursue their preferred policy choices. In the examples of this study, bureaucrats acted to secure representation of individuals or organisations which would support or at least not oppose their policy position. Mills (1992) also found in his study of nutrition policy development in the United Kingdom that professionals acted to ensure their preferred position within the communities and networks which make policies.

The strategy of establishing a committee with wider representation of interests can be considered from several different perspectives. Firstly, the credibility of the initiative is established through wide interest group support. At some of the locations this served to confirm the importance of local government involvement in the food and nutrition initiative, both initially and/or in an on-going way. This could be considered to establish or confirm the equilibrium in values between the organisation and the wider environment, as suggested by Parsons (Cheek et al, 1996) and Selznick (1957). Secondly however, such a committee with wide representation does require more input to maintain its effectiveness, as identified in the committee review at Penrith, and as such may divert energy and attention from outcome issues. Thirdly, the establishment of a committee with at least some attempt at broad representation but with a majority of staff from within one particular organisation, such as occurred at South Sydney, dominance of one particular professional group or even by an individual within the organisation, is reduced. However, such a committee would be directed by the needs
and values of the dominant organisation. Finally, the existence of a broadly based committee does not guarantee continuation of the initiative, due to the over-riding influence of factors which operate at higher levels of political influence, as borne out at Moreton Shire and George Town.

7.3.6 Organisations Responsible for initiating a Local Food and Nutrition Policy

It is important to note that the impetus for developing a policy directed at local food system issues arose, in all cases, from outside the local government. For example, Moreton Shire and George Town Councils had responded to a call for expressions of interest from the state-based local government associations, who in turn had responded to approaches from the federal health department which was providing funding for local government food policy initiatives.

Penrith City Council had responded to a joint approach from the health services and the University of Sydney. The University’s academic staff had initiated the idea, with a view to developing and evaluating an approach to improving nutritional status that was based on the local food system, rather than the individually focussed, behavioural models dominant in the health services. When approached by the University to be involved in such a project, the Wentworth Centre for Health Promotion responded favourably because such a broad public health framework was consistent with its own health promotion philosophy.

The health promotion staff from Central Sydney Area Health Services had approached South Sydney City Council to develop a food and nutrition policy, based on their work investigating local food issues, including factors which prevented residents from accessing a nutritious diet. Their work had indicated the need to involve local government, as the issues of concern were local government responsibilities.
"..because I had been around Redfern [an inner city area] and talked to a lot of people, I knew there were various bits of things going on, so I really felt as though it needed .. some coordination. I didn't think it was up to me because I didn't think I had the position and I guess the power to do that, and I was initially thinking that was the role of the community nutritionist with community health, that was the role that she could play, but I think she was really reluctant to be pulled into one [geographic]area .. and felt that it was appropriate in some ways that staff on council would take on the role of coordination and not necessarily to direct services to do whatever but to at least inform .. agencies that other things were going on .."

Health promotion staff, State health services

It was through the concerted efforts of the health services staff that the South Sydney City Council staff acted on their recommendation and accepted responsibility to formally propose the development of a food policy to Council.

The external initiative for the development of a food and nutrition policy can in some ways be expected, as the health sector has responsibility for health, of which nutrition is an important component. Food and nutrition policy development was consistent with the health promotion rhetoric dominant in the health services, and with the national Food and Nutrition Policy of the federal health department which advocated working more closely with local government on food and nutrition issues.

Additionally, the development of a food and nutrition policy by local government was an innovative idea. Advocacy for innovation within the local government organisation may come more easily from an external source rather than arising spontaneously from within, due to the hierarchically structured, conservative nature of local government. However, as identified by Shane (1994), the presence of innovation champions within an organisation begets innovation. Having developed experience in the development of healthy public policy once, local government staff may apply these strategies to other health areas for which they are responsible.
"... the strategic planning exercise that X Council .. actually ended just about the time that the Greenhouse Policy ended and that they were thinking about other policies to do with health and social issues and the fact that the food policy was on the strategic plan helped the community services guys [of the local government] talk their boss really into taking it up."......

Health promotion staff, State health services

7.3.7 Availability of Funding

The availability of external funding provided the impetus to develop food and nutrition policies at three of the case study locations. While the availability of funding encouraged action at these sites, it did not guarantee that policies were developed.

Moreton Shire and George Town Councils both received guaranteed funding for the development of food and nutrition policies. The development was to follow a two stage process. Stage 1 involved a comprehensive assessment of the local food and nutrition system, with the development of recommendations for appropriate strategies, for inclusion in a food and nutrition policy. The second stage was the development and implementation of a food and nutrition policy. In both of these sites, stage 1 was completed. For different reasons stage 2 did not proceed. Thus, even though there was guaranteed funding available, other events which affected the operations of these organisations intervened and stopped the policy development process.

At Penrith City Council, funding also was available to support the initial stages of policy development. The first of this funding was applied for by Sydney University from the NSW Health Department. This funding supported the assessment of local food and nutrition needs. Subsequent funding was provided by the local health services to provide a project officer position located with the local government, together with a small amount for project implementation. When the strategic plan had
been developed and strategies were being implemented, the local government itself provided annual funding to complement that being provided by the health services. This was after the policy (strategic plan) had been produced and results of activities were reported.

The South Sydney City Council's food and nutrition policy was produced without any additional funding. Resources were found from within the local government and included staff time from the health services. This represented a reallocation of existing resources by both organisations, and thus some degree of institutionalisation of the commitment to a food and nutrition policy, from the initial conceptual stages. This was made possible by the middle managers involved in the two organisations, reinforcing again the important role of such position in mediating in the policy process, as identified by Morgan et al (1996) and Vinzant & Crothers (1996).

7.4 Influences of the Higher Levels of Government

Influences on the local policy process from the federal level included a health promotion framework which advocated the establishment of healthy public policy, and the development and implementation of the national Food and Nutrition Policy. At the state level, health departments provided funding for health promotion and healthy public policy projects, the public health role of local governments was being reconsidered, and local government administrative arrangements were changing. The following section includes a discussion of each of these factors and how they influenced the policy process at the local level.
7.4.1 National Health Promotion Framework

The national health promotion framework was influential in two main ways. It provided a structural framework through which funding for health promotion projects was allocated at the state level. The NSW Health Department subsequently provided funding for the initial needs assessment and development support for the Penrith Food Project through this program. Secondly, the health promotion field established a discourse which helped to define how health practitioners approached their work. The notion of healthy public policy was one of five strategies outlined in the 1986 Ottawa Charter for Health Promotion (World Health Organisation, 1986). The healthy public policy discourse was strengthened in Australia through the second international conference on health promotion held in Adelaide in 1988, which focussed on healthy public policy (World Health Organisation & Commonwealth Department of Community Services and Health Australia, 1988; World Health Organisation Secretariat, 1988).

The provision of funds from federal and state governments to local governments represents a bureaucratic approach to local policy development, especially when coupled with the role played by the health promotion discourse in the policy area. The findings of this study confirm a view of local policy development put by John and Cole (1995) that policy will be determined by interactions between different government departments (local and central) and that the policy process will be dominated by bureaucrats.

7.4.2 National Food and Nutrition Policy

Another direct effect of the health promotion rhetoric supporting the notion of healthy public policy was the development and release of a national Food and Nutrition Policy
in 1992. While the initial stages of developing local food and nutrition policies at South Sydney and Penrith were already underway by this time, the implementation budget of the national policy directly funded the initiatives at Moreton Shire and George Town Councils. Locations were actively sought by the federal health department, via state based local government associations, in which to pilot the development of local food and nutrition policies. Moreton Shire and George Town Councils were nominated by their state-based local government associations, from the local governments which had responded to their advertisements. An attractive amount of money had been offered to assist the nominated local governments to develop and implement local food and nutrition policies.

At Moreton Shire Council problems were experienced in recruiting a suitable person as project officer once the initial needs assessment had been undertaken. A six month delay occurred. Concurrently in Canberra, budget restrictions had been imposed on most departments, including the section which funded the two local government food policy projects. Lack of progress by Moreton Shire meant that the money ear-marked for continuation of their project had not been officially allocated. Thus the Canberra office was able to use this money to off-set budgetary restrictions in other areas. The offer of the money was withdrawn just as a potential project officer was identified. This situation reinforces the view that local policy development is dominated by central government.

7.4.3 State Health Departments

As mentioned previously, a state health department had directly funded the initial development stages of the Penrith Food Project.
State health departments were influential, via their health promotion services, through the institutionalisation of the health promotion discourse. The health promotion strategies outlined in the Ottawa Charter for Health Promotion had become the framework through which services and program funding were allocated (Health Promotion Unit & Department of Health NSW, 1990a; Health Promotion Unit & Department of Health NSW, 1990b). State-funded, local health promotion managers were encouraging their staff to develop health promotion programs which aimed to develop healthy public policy, both within the health services and in conjunction with other sectors such as local government. The involvement in the policy process of middle managers and of external agencies have been discussed in previous sections of this chapter.

A further area of influence of state health departments was the changes which had been made to public and environmental health legislation. Such changes were occurring in most states during the late 1980s and early 1990s. In New South Wales, local governments were required to develop environmental health plans for their jurisdictions. At South Sydney City Council the environmental health staff had just completed their environmental health plan at the time that the health services staff started to discuss the idea of a food and nutrition policy. The local government staff had developed some knowledge and skill in policy development and thus were interested in applying their expertise to a new area, one with which they already were familiar. Changes to the legislation in one health area had resulted in local action which developed strategic planning and innovation skills which were then available to be applied in other areas. While the organisational literature investigates such flow-on effects in a limited way, for example Shane’s study of the impact of the presence of experienced innovators on overall innovation within an organisation, this is an outcome of health policy initiatives which has received very little attention. Flow-on effects of policy initiatives in an area should be investigated further, both in terms of on-going, organisational and professional changes which result, and in relation to
policy initiatives in other health areas. Such outcomes of the policy process may serve as useful adjuncts to nominated short-term health outcomes, when evaluating the effectiveness and impact of this public health strategy.

7.4.4 Local Government Environment

In many ways the local government policy environment is a reflection of the relationship between the local and state governments. The power of the state government is considered by local government staff to be quite significant in determining the actions undertaken at the local level.

"We normally enact what’s given to us. The state government makes the legislation and says to us, well you go and do that. If they put it into statute, we go and do it, we’ve got to do it"

Middle manager, local government

However, local governments challenge or modify State legislation in their attempts to meet local needs and respond to local circumstances.

".. statutes have come out and they’ve told us that we’ve got to do this and then local government has turned around and said, well, why is there a .. they always challenge everything with why, why don’t you do it .."

Middle manager, local government

Policies and legislation also result from action of local government staff, reflecting more of a bottom up approach to policy development.

"Usually policies come about because you haven’t got the statutory authority or the statutory legislation that was written doesn’t cover the area of responsibility to the extent that it should, and then Council usually puts in a policy. ...

... everything that we’ve done that’s not had statute, .. we’ve started and the statute usually followed at a later stage."

Middle manager, local government
This acknowledgment of the mediating role of local government bureaucrats in the central-local control of policy, again supports the bureaucratic politics nature of local policy development.

While the dynamic relationships between local and state governments are ever present, other influences on the local government environment in each state are more recent and targeted. New legislation affecting local governments has been enacted (Gillan, 1995), resulting in new roles and responsibilities and new administrative arrangements (Jones, 1993) for local governments.

In a general way, these changes produced an environment in which local governments are expected to take a strategic, coordination role rather than that of direct service provider (Australian Local Government Association, 1993). The notion of a broadly-based food and nutrition policy fitted well with this new role, with the local government facilitating services and actions to promote the well-being of their community.

"The role of the Food Policy Working Party is to co-ordinate all the different groups and activities currently involved in improving nutrition in the Council area."

(South Sydney City Council Food Policy Steering Committee, 1995, p. 1)

A more direct impact on the development of food and nutrition policies by local governments had resulted from administrative changes, in particular amalgamations of councils through redefinition of boundaries. Moreton Shire was merged within the Ipswich City Council during the development stages of their food policy. This was cited as one of the contributing factors to the discontinuation of action at that location. While the Moreton Shire staff continued to have an interest in developing a local food and nutrition policy, they were fewer in number compared with staff at the larger Ipswich City Council. Moreton Shire staff held different views to those held by staff
in Ipswich council. Additionally, involved staff identified that the Ipswich City Councillors did not rely on the advice of the Council staff to the same extent that had occurred in Moreton Shire Council. Thus ideas put forward by staff were less readily received or supported, providing less support for the bureaucratic politics nature of local policy development but highlighting the importance of the relationship between bureaucrats and elected officials.

7.5 Case Study Findings and Theories of Policy Development

Examination of the findings of the case studies within the frameworks provided by consideration of individual and structural factors, identifies many influences on the policy process. Taking a more holistic view requires that these factors be drawn together into theoretical perspectives which help to explain the local policy development processes. As concluded in the review of major and contemporary theories of the policy process, no one theory can fully explain local policy development, especially in relation to local government in Australia. However, different theories of the policy process may collectively contribute to an understanding the policy process at the local level.

In this section the findings of the case studies are discussed within frameworks provided by relevant theories of the policy process. The discussion highlights how the various theories of the policy process complement each other in their explanations of the policy process at the local level of government. The conclusion is drawn that different theories of the policy process are relevant to different dimensions of the local policy process. No one theory can fully explain the development of healthy public policy within the Australian local government environment.
7.5.1 Setting the Policy Agenda

The findings of the different case studies identified three different ways in which the policy agenda is set within local government. These will be discussed in turn, as the three different processes illustrate different agenda setting theories.

In Moreton Shire and George Town Councils, the food and nutrition policy agendas were initiated via action of the federal government. These Councils were given funding, and the responsibility, for acting on a proposal to develop a locally-based food and nutrition policy. The federal government set the policy agenda, which was to be interpreted at the local level. This approach is consistent with Etzioni's mixed scanning theory of policy development (Etzioni, 1967). The mixed scanning theory proposes that fundamental policy directions are taken and then incremental policy decisions are made within this context. This applies to the situation of Moreton Shire and George Town Councils. Federal government determined the policy direction for local government, and it was within this context that local governments made incremental policy decisions. Taking a step back, this model of policy development applies to many other areas of local government responsibility and was noted in interviews with local government staff.

"The state government makes the legislation and says to us, well you go and do that. .... Usually [local government] policies come about because you haven't got the statutory authority or the statutory legislation that was written doesn't cover the area of responsibility to the extent that it should ..."

Middle manager, local government

Etzioni's model is based on a supposition that the fundamental policy directions are determined on the basis of rational considerations of alternatives. The extent to which this occurs at the higher levels of government could not be determined within the boundaries of this study.
The findings relating to the South Sydney situation are somewhat different. Through the work of the health services staff in assessing health-related needs in a locality within the South Sydney City Council’s jurisdiction, the desirability of a local government based food and nutrition policy was established. Over a period of time relationships also had developed between the health services and local government staff. The health services and local government staff then collaborated in making a recommendation to a Council committee that a local government food and nutrition policy be developed. These activities closely align with the inside access model of agenda setting by Cobb, Ross and Ross (1976). This model predicts that policy originates within the government agency itself or through policy circles which have access to the institution.

While in some ways similar to the South Sydney situation, a different approach to agenda setting occurred in Penrith. A public health academic situated in the area had developed a research interest in food system issues and desired to trial a model of a local food policy council developed in the United States during the 1980s. The academic approached the local health promotion section of the health services to seek their help in identifying a local government which would be receptive to these ideas. It was identified that an appropriate local government would have already taken an active interest in local public health issues, would be responsible for a geographic region in which food issues were likely to be identified as a concern, and would have already developed a collaborative relationship with the health services. The academic thus had identified the policy issue (food and nutrition), had identified a preferred policy proposal (a local food policy council or committee) and was seeking a supportive political environment in which to put forward these ideas. To a lesser extent the health service staff in the South Sydney case study also operated in this manner, once they had undertaken their local data collection and had formed the opinion that a food and
nutrition policy based within local government was the preferred strategy for dealing with the issues they had identified.

In this way the academic and the health service staff acted as a policy entrepreneurs, as defined by Kingdon (1984). Kingdon proposed that the actions of policy entrepreneurs serve to enhance the simultaneous occurrence of three policy streams - problems, policy solutions and political receptivity. Supporting the notion that this academic acted as a policy entrepreneur was evidence that she also had pursued this policy agenda at different levels of government. The same academic was a consultant to the federal government during their deliberations regarding federal support for the development of local food and nutrition policies. These discussions had resulted in the funding of the Moreton Shire and George Town initiatives.

Further aspects of Kingdon’s model relating to problem transformation and time are illustrated in the Penrith and South Sydney case study findings. Problem transformation relates to defining issues in particular problematic ways. While problem transformation was found in varying degrees in each of the case study locations, it was particularly well illustrated at the Penrith and South Sydney locations. Food and nutrition issues were presented within reputable research reports, in a manner which was clear, locally pertinent and profound, and which highlighted local government responsibilities. Kingdon’s model also predicts that policy entrepreneurs are in part effective because of their influence over time. This was supported by the findings of these two case studies. The process of establishing the food and nutrition policy agenda within the Penrith and South Sydney City Council took several years, over which time the academic and health service staff had lead roles in facilitating the policy processes.

The three different theories of agenda setting illustrated by the case study findings can be considered, at least in part, to be a function of the political environment of local
government described in the previous section. Opportunities for policy development may arise from within the institutional structures of government, or from the local environment in which local government is situated. The findings of this study indicate that each theory of agenda setting may be most relevant in particular circumstances. Where the policy agenda arises from within the higher levels of the governmental structures, Etzioni’s mixed scanning model of policy development clearly applies. However, when the policy initiative is situated at the local level, either of Cobb, Ross and Ross’s agenda setting or Kingdon’s policy streams models may apply. However, in both of these latter cases, the policy initiative is still framed within Etzioni’s mixed scanning model, as overall local government policies and responsibilities are set by state governments. Thus local government policy making can be considered as different forms of incremental policy change, as first described by Lindblom (1959) and later incorporated into Etzioni’s mixed scanning model. The incremental change may be facilitated by different processes, either through inside access to policy making, as described by Cobb, Ross and Ross, or through more fluid situations which may arise through the actions of a policy entrepreneur (Kingdon, 1984).

The role of bureaucrats within the two models of policy development proposed by Cobb, Ross and Ross and Kingdon can be considered to be of two main types, which are not mutually exclusive. In the inside access model of agenda setting, bureaucrats can be considered to form policy communities which advocate for a particular policy position. Individual bureaucrats act in collaboration with others. Individual policy positions are not formed, rather consensus is reached through negotiation and compromise. Such policy communities can be considered to be very similar to Sabatier’s advocacy coalitions (Sabatier, 1993). The policy community would hold a particular policy position, but individual members may not necessarily agree on all the details. Policy entrepreneurs on the other hand can be considered to hold a particular policy position, having a favoured policy issue or policy proposal (Kingdon, 1984). While policy entrepreneurs may well act in concert with others, they are less likely to
compromise or negotiate. As an entity, policy communities would act in much the same way as individual policy entrepreneurs. This study was not developed to specifically investigate this matter and thus the findings are not able to verify this view.

7.5.2 Theories of Political Power and Policy Making

Often much can be learnt from situations which do not go according to plan. This proved to be the case in this study. The case studies of the policy process in Moreton Shire and George Town Councils provided added insights into the relationships between the different levels of government. In contrast, the absence of overt state or federal government influence at the other two locations did not provide any indication of the importance of inter-governmental relationships.

The over-riding influence of state and federal government decisions on the capacity of local governments to develop policy was clearly demonstrated at George Town and Moreton Shire. The federal government provided incentives, in the form of revenue and a national policy framework, for the development of local policy. However, policy development was not completed in either location, due in significant part to actions of the federal and state governments. The finding that political environments at higher levels of government have the capacity to encourage or interrupt the local policy process support the view of John and Cole (1995) that such external factors should be examined to determine their likely influence on power relations and resourcing. As identified in a previous section, the relationships between the levels of government are based on power and resourcing issues, such as designated statutory responsibilities, requirements to implement policy, administrative controls, fiscal power and power over governance.
A policy relationship between levels of government has implications for the theoretical framework used to explain the local policy process. Institutional politics, as described by John and Cole, predicts that key policy directions (or major policy changes) are determined at higher levels of government. Within this framework, the nature of the institutional structures, that is, the relationships between the different levels of government, will influence the development of local networks and hence influence the policy process. This is pertinent in this study due to the differing nature of local government determined by the different legislation in each state (Gillan, 1995). Each of the case studies varied in their structure, their size, their nature (rural, urban or peri-urban) and their resource base. It is predicted that each would have slightly different relationships with state and federal levels of government. The policy process would thus take a different form in each of these locations, as indeed it did.

Complementary to this institutional view of local government policy making are considerations of the democratic nature of local governments and their autonomy. While the findings of this study did not identify direct examples of local democracy in action, it did identify the important role of locally relevant information in the policy process. Collection of information on local health status, demographic indicators, social and economic factors and geographic information were identified as important first steps in the policy process at all four case study sites.

Additionally, concerns represented in the policy discussions reflected the socio-economic conditions and traditional concerns of the local government municipality. Local environment issues such as food and nutrition, often highlighted via reports utilising local data, have been identified by John and Cole (1995) as important in the localism approach to the policy process. This approach predicts that the local socio-economic environment will determine which groups have influence in the policy process. In part this was supported by the findings of this study. For example in the Penrith Food Project, the agriculture sector was represented in the policy process,
reflecting local socio-economic interests not present, nor represented, in the inner city location of South Sydney. In contrast, a community representative from a welfare-oriented community organisation actively participated in the policy committee in South Sydney, reflecting a high level of concern for low socio-economic groups within this municipality.

The localism approach to the policy process also would incorporate consideration of the corporate philosophy of the organisation. Identified earlier in this discussion was support for Parson’s view that an organisation’s corporate philosophy reflects the local environment within which it is situated. These wider values subsequently become incorporated into accepted policies and structures within the organisation.

Examination of the internal structures and policies of local governments should provide evidence of their attempts to reflect the influences of both institutionalism and localism. This study was not developed to specifically seek out such evidence but some support for this position is identified. Local governments traditionally have developed their internal structures along departmental lines based on statutory responsibilities, supporting an institutionalism approach. South Sydney City Council, however, had deliberately positioned health and community services together, to reflect their local concerns for welfare related matters, representing more of a local perspective.

A further consideration regarding the nature of local government and its appropriate representation within theories of policy development is the bureaucratic nature of local government. The findings of the case studies indicated that managers within local government acted to reflect institutional values within policy deliberations, as predicted by Green et al (1993) and Morgan et al (1996). Bureaucrats and professionals both exerted influence over policy-related information, its collection, analysis or presentation. Through such actions, local government bureaucrats and professionals come to dominate the policy process. This is consistent with the model of bureaucratic
politics. This model identifies that local elected officials lack political power due to the dominance of officials at higher levels of government. The bureaucratic model assumes that power and resources are held by bureaucrats and that the policy process will be determined by interactions between different government departments (Selznick, 1957; John & Cole, 1995). These interdepartmental interactions could occur at the same level, or between levels of government.

While the findings of the case studies in part supported the bureaucratic model, the findings also identified that there was an important and on-going role for the elected officials in steering, advocating and maintaining the policy process. The role for elected officials appeared to be most significant in Penrith and South Sydney City Councils, and was least noted in the smaller councils which did not complete the policy process. This may indicate that the role of elected officials within the overall policy process is a key ingredient in achieving a successful outcome. However, bureaucrats appeared to undertake both supportive (administrative) and innovation or championing roles, critically important in the policy process. Thus the role of bureaucrats, independent of the influence of elected officials, can be considered to be important in the development of policy within the local government environment. The bureaucratic model of politics thus is very relevant to the local government policy environment.

The relevant points of the above three models of the political environment within which policy development is undertaken are summarised in Table 7.1.
Table 7.1 Three Theories of Political Power and Policy Making - aspects relevant to Australian local government.

<table>
<thead>
<tr>
<th>Political Model</th>
<th>Aspects of model relevant to Australian local government</th>
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<td>Institutionalism</td>
<td>• institutional structures of government important</td>
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<td>• different local government legislation in each state</td>
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<td>results in different inter-governmental structures</td>
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<td>and hence different policy outcomes</td>
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<tr>
<td>Localism</td>
<td>• local socio-economic environment of local government</td>
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<td></td>
<td>important</td>
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<td>• locally relevant data important in policy process</td>
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<td>• corporate philosophy of local government reflects</td>
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<td>local environment</td>
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<td>• corporate philosophy reflected in policies</td>
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<td>throughout local government</td>
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<td>• local environment determines key local interests</td>
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<td>Bureaucratic politics</td>
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7.6 Summary of Factors Identified as Influential in the Policy Process and Relevant Theories of the Policy Process

The discussion of the findings of the case studies provide important insights into the process of developing policy within the Australian local government environment. As predicted in the review of the literature, individual, organisational and political environment factors all exert influence on the local policy process. The findings from
the case studies and their discussion are now summarised. In contrast to the overall structure of the chapter, the summary will commence with the theories of the policy process identified as relevant to the local government situation. These theories provide the frameworks within which relevant aspects of the individual and organisational factors, identified as important influences on policy development, are highlighted.

7.6.1 Theoretical Frameworks of the Local Policy Process

The three theoretical models of the policy process identified as relevant to the policy environment of local government in Australia are institutional politics, localism and bureaucratic politics. These three models complement each other's contributions to understanding the policy processes of local government.

It was identified in the case studies that of over-riding importance in the policy process are the institutional structures of government. These structures determine the relationships between the different levels of government, which in turn shape the policy process. A second structural influence is exerted on local governments by the local socio-economic environment in which they are situated. As described by Parsons, an organisation will strive to achieve local legitimacy through incorporating societal values within its own corporate values (Cheek et al, 1996). Thus the local socio-economic environment will exert an influence through the corporate philosophy and internal policies of the local government as an organisation, and via local interest group representation in policy making processes.

The preceding two structural influences may vary in their preferred policy options, as one is shaped by institutional (central political and hierarchical) structures and the other by local (socio-economic and cultural) environment influences. Local bureaucrats act to balance these different political forces and hence exert considerable influence on the
policy process. Such local bureaucratic power is described in the model of bureaucratic politics (Selznick, 1957; John & Cole, 1995), particularly in the situation when the power of locally elected officials is over-ridden by policies at higher levels of government.

Theories of policy agenda setting must be considered within this broader framework of the local government political environment. Opportunities for policy development may arise from within the institutional structures of government, or from the local environment in which local government is situated. However, the findings of this study indicate that the principal policy agendas of local government arise from within the higher levels of the governmental structures, with incremental changes occurring at the local level. This situation aligns well with Etzioni’s mixed scanning model of policy development, in which incremental policy decisions are made within a broader policy framework.

Hence local government policy making can be considered as incremental policy change. However, significant influence can be exerted on the local interpretation of policy and its subsequent implementation. The findings of the case studies identified that such influence could be exerted in different ways. At one location, local professionals, bureaucrats and elected officials acted together in a way similar to a policy community, as described in Cobb, Ross and Ross’s inside access model of agenda setting. This model predicts that policy parameters are determined either within the organisation or by policy communities closely associated with it. Limited attempts were made at this location to invite other policy interest groups to participate in the policy development process, as predicted by the Cobb, Ross and Ross model.

At two different locations, the actions of individuals could be described as those of policy entrepreneurs, establishing links between a problem and a preferred policy option, within favourable political and organisational environments, as described in
Kingdon’s policy streams model. Kingdon also describes the importance of problem transformation, redefining a policy issue in a manner relevant to the political environment in which it is to be considered. Such problem redefinition could be considered to have occurred at all locations, as the assessment of local food and nutrition issues was undertaken within a local food system framework, rather than a biomedical framework which traditionally has been used by health services.

The role of data in the policy process deserves special attention. The concept of the food and nutrition policy was initiated by health services staff. Various data collection methods were used and different professionals were involved in compiling the background data on which the policy proposals were presented. In this way the concept of a food and nutrition policy was presented as relevant to both the different sections of local government and to the local government as a whole. The health services staff could be considered to have acted to share the power associated with the framing of the information in order to establish local government (and other organisational) ownership.

The issue of time also was found to important. The policy process requires time to develop professional and organisational relationships, to collect and present the necessary data, to assimilate new concepts, and for the formal policy processes of the institution to take place. Kingdon’s model of policy streams is one of the few models of the policy process which make direct reference to time as a consideration in the policy process.

The above theories of the policy process provide sound frameworks within which to consider policy development. Additional insight was obtained through in-depth examination of the influences of individual actors and of the organisation on the policy process.
7.6.2 Influences of Individuals on the Policy Process

This study found that individuals exerted considerable influence on the local policy process. Such individual influence was important at the local, incremental level of policy development. Individual influence was enacted within the broader policy framework determined by the institutional arrangements established between the different levels of government and by the socio-economic environment within which the local government was situated.

Different influences on the policy process were exerted by an individual, depending on the position s/he held within or in relation to the organisation. The findings of the study indicated that managers acted to ensure that institutional values were reflected in the policy initiatives. Managers also were found to fulfil an information collection and filtering role for elected officials.

The findings of the study identified that professionals usually had dual administrative and technocratic roles. Professionals principally acted to maintain their technical power within the organisation, adopting innovative ideas if such ideas served this purpose.

The findings indicated that the influence of professionals on the policy process was closely linked with policy-relevant data and information. Professionals used data collection activities and presentation of information to establish their credibility, create links with other professionals and/or to maintain their professional power in the policy process. Some professionals also were found to exert considerable influence on the policy process through attending to administrative details which maintained the effective functioning of committees and associated formal institutional processes.
Professionals external to the local government organisation but involved in the policy process, were found to act in the role of innovation champions. Actions indicative of innovation champions included circumventing organisational hierarchies, using informal means to persuade others and building alternative decision-making mechanisms. Such innovation actions also facilitated the development of institutional resources to support policy initiatives in the future.

Both managers and professionals were found to exercise considerable autonomy in the policy process. Personal/professional traits of individual managers and professionals also were found to influence the policy process. Such influence was exercised through the manner in which individuals participated in the policy process or the manner in which the policy discussions were shaped by individuals.

7.6.3 Influences of Organisational Factors on the Policy Process

Several organisational factors were identified in this study as important in the policy process. The corporate philosophy of the organisation reflected the wider environment in which it was situated. Policies were developed within this framework. As mentioned previously, such a relationship between an organisation and its environment is predicted by the localism model of politics.

Management structures within the local government organisations were found to facilitate the development of policy through the establishment of specialist staff roles and the high level of autonomy granted to staff.

The findings of the study indicated that inter-organisational arrangements were important. Inter-organisational arrangements supported policy-related communication
and decision-making, directed resources to the policy process and served to establish support and recognition of the policy agenda.

Organisational structures identified in the study that were created specifically to facilitate the policy process had wide representation and cut across hierarchical and sectoral boundaries, thus creating different power bases for policy decision making. Formal structures such as policy committees also could be considered in some instances to control power and hence the policy agenda and associated resources, through limited representation of policy group interests.

In conclusion, the findings of the case studies confirm that individual, organisational and political environment factors all exert influence on the development of food and nutrition policy in local government. Theories of the policy process, relevant to the local government environment and which take into account the influence of these different factors, were identified. In-depth examination of the role of individual and organisation factors provided greater understanding of how such factors influenced the policy process.
8.1 Introduction

This examination of the development of food and nutrition policy by local government in Australia identified important insights into the policy process of relevance to the development of healthy public policy. This section highlights the implications of the study findings for public health practice, and in particular, it explores possible roles for health professionals and potential barriers to their involvement in the policy process.

8.2 Implications for Practice of Individual and Organisational Aspects of the Policy Process

8.2.1 Knowledge of Theoretical Models of the Policy Process

A greater depth of understanding of a range of theoretical models of the policy process is required if public health practitioners are to become effective in the development of healthy public policies. As identified earlier in this thesis, there has been much work undertaken in the fields of political science, sociology and management which can be drawn upon to develop a greater theoretical understanding of the policy process. However, limited empirical research has been undertaken which explores the relevance of the theoretical perspectives developed in these other fields to the development of public health policy. This is particularly the case with regard to individual and organisational influences on the policy process.
8.2.2 Individual Influences on the Policy Process

The findings of the study highlight the personal roles of both health service and local government staff in initiating, directing and nurturing the policy process. The findings of both the national postal survey and the case studies support the important role of individuals in the policy process. The postal survey results found a significant association between local government involvement in particular food and nutrition activities and the attitudes of staff. The case study findings provided more in-depth information on the roles of both health service and local government staff. Data from both sources support the view that individual actions were important within an overall institutional environment. Individual policy actions reached fruition when broader political actions did not over-ride them. Where this did not occur, this study provides many insights into the roles of individuals in the policy process.

8.2.2.1 Personal Attitudes and Beliefs

Health practitioners need to be aware that in undertaking their professional activities, there are a number of dimensions to their actions and in particular their personal attitudes and beliefs exert important influences on the policy process. The postal survey results established significant associations between attitudes of responding staff and the involvement of local governments in food and nutrition activities. Sabatier (1993), in his theory of advocacy coalitions, is one of the few policy theorists who explicitly acknowledges the importance of a person's belief system (Schlager, 1995).

Limited attention has focussed on the role of personal attitudes and beliefs in the policy process. Further investigation into the application of cognitive and behavioural
theories to the action of individuals in the policy process is warranted. When such investigation is undertaken, it is recommended that it proceed within broader theoretical frameworks, as identified in this study, if the relevance of cognitive and behavioural theories within the total policy process is to be clarified.

8.2.2.2 Administrative Skills

Administrative skills and attention to detail were identified as very important in the effective management of the policy process. While common sense may have predicted that this was the case, little recognition of administrative skills was found in the policy literature. The findings at one case study site described how individuals directed their attention to such administrative details and showed that the development of the policy proceeded smoothly. At a second case study site individuals identified that the policy process was not proceeding smoothly and an independent report on the functioning of the policy committee recommended greater attention to the committee processes.

The finding that administrative skills are important is interesting and has two main implications. Firstly, in the area of health professional training, if health professionals are to become more active in the policy process, they require higher level skills in administrative processes. However, opportunities for institution-based development of administrative skills have become limited as the employment environment changes. Worker flexibility and mobility between institutions are now emphasised, while career bureaucrat positions are becoming fewer in number. The training of health professionals has, to date, emphasised technical skills pertinent to that profession, but rarely have courses specifically addressed the development of administrative knowledge and skills. Traditionally such skills have been developed through a bureaucratic career path involving many years in the same institution (Green,
Keller and Wamsley, 1993) but such opportunities are decreasing. Tertiary institutions increasingly have responsibility for the development of administrative knowledge and skills within professional training programs. Such tertiary training is generic in nature, independent of the organisational environment in which it is to be applied, unless undertaken in conjunction with cadetships or traineeships.

A second implication of the importance of administrative skills in this study may be a function of the nature of the local government policy process. As a form of institutional politics, policy development in local government may have been unusually dependent on knowledge of and skills in the administrative process. This may help to explain why little mention of the relevance of such skills has been included in dominant policy theories. Policy theories based on institutional arrangements, such as institutional or bureaucratic politics (Jones & Cole, 1995), provide greatest support for the important role of individuals who possess well developed administrative expertise. This finding reinforces the importance of theoretical frameworks which consider the policy process within its political and organisational environment.

8.2.2.3  Professional / Bureaucrat / Manager

Individuals and organisations which aim to promote public health need to identify, support and encourage those managers who act to facilitate the development of healthy public policy. The roles of managers in the policy process were identified as important in a number of ways. Managers provide information and advice to elected officials, in a role similar to that identified by Lewis & Ellefson (1996) for legislative staff. Professionals also can undertake this role, particularly in the role of innovator (Shane, 1994), acting as external agents in the local government environment. Managers also have access to information and resources which may not be available to others, they deploy staff and are responsible for the
manner in which staff undertake their duties (Green et al, 1993; Morgan et al, 1996). Managers thus either can provide policy leadership (Kumpfer et al, 1993) to create organisational environments which are supportive of the development of broadly based policy, such as is advocated to promote health, or they can act to limit the capacity of staff and the organisation, through control of access to information and resources and limiting staff autonomy.

**Professional status and position** also can exert influence on the policy process. Professionals belong to professional associations, have undergone professional training and socialisation, and maintain their position through use of professional language. Such professional attributes have been shown to exert influences on the policy process (Rütten, 1995; Brewer, 1996; Négrier, 1996). While such professional influence is beginning to be acknowledged in the literature (Fox, 1993), individuals themselves may not be cognisant of their professional persona and its role in the policy process. The findings of this study support the recognition of professional roles of others, but provide little indication of the extent to which individuals acknowledged the influence of their own professional identity. It is recommended that further research be undertaken into the role and influence of professional identity and status in the development of healthy public policy.

8.2.2.4 *Health Professionals within Organisations*

**Professional autonomy** was found to be an important determinant of the capacity of individuals to be involved in the policy process. The capacity to act autonomously was particularly important to the health service and academic staff involved as external agents to the local governments. The autonomous actions of these staff appeared to contribute a great deal to the policy process, as time was available to collect data, initiate professional contacts and become familiar with the local government.
environment. This was in keeping with Vinzant and Crothers’ (1996) discussion of bureaucrat autonomy and discretionary action. However, it was acknowledged by some of the informants in this study that health service staff working within a more traditional environment would not be able to operate in such a manner. This brings into question whether the development of healthy public policy is a realistic strategy option for health professionals generally.

The implication for health professionals of the advocacy for the development of healthy public policy, as put forward by the Ottawa Charter and subsequent government documents, may in reality mean policy development internal to their employing organisation. It should be acknowledged that health professionals usually work within a hierarchically structured organisation and are limited in their ability to work outside this structure. Policy development relating to how the organisation undertakes its responsibilities may comprise an accepted role for health professionals. However, advocating for and facilitating the development of policy within another organisation over which their own organisation has little jurisdiction, may be perceived as stepping outside accepted professional practice and organisational responsibilities.

While acknowledging that the development of healthy public policy may principally be an activity internal to an organisation, there exist examples of where external policy advice is very appropriate. An illustration of this would be where another organisation, such as a school or child care centre, has an accreditation requirement to produce a policy, for example a policy which specifies the nutritional and hygiene standards of their food services. In this instance, it may be appropriate for a health professional to provide the necessary assistance to enable the policy to be developed. However, the advocacy or requirement for the policy has been established by an organisation which has responsibility for the accreditation standards. In this situation it could be considered that the accrediting body and the organisation which required accreditation formed part of the one sector through a funding relationship, probably
over different levels, such as federal and state, or state and local. In this instance the health professional is providing an advisory service, in the same manner as a private practitioner may act as a consultant. While providing the necessary expertise to enable the policy to be developed, the health professional is not advocating for the development of new policy initiatives.

8.2.2.5 Policy entrepreneurs

One of the more interesting and challenging findings of the study was the important role undertaken by health professionals and academics, that of policy entrepreneurs establishing the policy agenda. While a policy entrepreneur is described by Kingdon as a person with a commitment to a particular policy solution who is able to act quickly when a supportive policy environment occurred, it is clear that a number of other pre-requisites are necessary to enable policy entrepreneurs to undertake this role. As identified in the study, autonomy to act over substantial periods of time is required to support the policy entrepreneurial role. Without these freedoms, often limited within a traditional government organisation, the entrepreneurial role is not possible.

- Additionally, the policy entrepreneurial roles described in this study were undertaken by individuals who also had the capacity to follow through with the administrative / bureaucratic / organisational support necessary for the achievement of the desired policy outcomes. This is an important observation, as Kingdon did not elaborate on the follow-up role of policy entrepreneurs. In relation to this point, the mobilisation model of Cobb, Ross and Ross may be important. In the mobilisation model, an important political figure may make the initial policy decision. Then follows a period of generation of support for the policy with the organisations and communities who are involved in its implementation. In a similar way the policy entrepreneurs in this study, once the initial political decision for a policy had been
taken, directed attention to the mobilisation phase, ensuring that the political decision became an administrative reality.

Such a **dual role for policy entrepreneurs** has not been identified elsewhere in the literature. This may reflect the local nature of the policy process examined in this study. At higher levels of politics and policy making, administrative follow through by policy entrepreneurs may not be possible or appropriate, not only due to the complexity of the tasks involved but also because of the nature of policy making where the political process clearly is separate from the administrative process. At the local level the political decision making and the administrative policy process are more closely interconnected, as described within the bureaucratic model of the policy process. Also at the local level individuals often undertake several roles as there are too few individuals to undertake all necessary tasks. Both of these factors support the dual roles of some individuals in the policy process observed in this study, that of policy entrepreneur to establish the policy agenda and as administrative / bureaucrat manager of the policy development process to ensure the appropriate policy outcome.

These findings have implications for locally based health professionals and health organisations. **To be able to act as policy entrepreneurs, health professionals need to have the necessary skills to identify appropriate policy solutions, to reformulate policy problems, and to act when supportive political environments present. Additionally, administrative and bureaucratic skills are required to ensure the necessary follow through which enables the development of policy documents (and their later implementation).** These are a very broad range of skills which are in addition to the primary skills of a health professional. Further, the organisation within which these professionals work must provide them with a flexible work environment, including the autonomy and time to pursue policy goals.
8.2.3 Data and Information

The findings of the study indicated that the influence of both professionals and managers on the policy process was closely linked with the use of policy-relevant data and information. Professionals used data collection activities and presentation of information to establish their credibility, create links with other professionals or to maintain their professional power in the policy process. Deliberate attempts were made to furnish locally-relevant data in a manner which was of relevance to and created an impact within local government. Policy solutions were also implied through the data. Inclusion of data relating to a particular food and nutrition issue present within a locality demonstrated the need for a particular strategy. For example in one area, residents’ access to quality food was limited, in part due to there being only one supermarket in the municipality. A recommended strategy was to encourage other supermarket chains to establish a store in the area. Presentation of local food and nutrition data in novel ways helped to create new understandings of the issues involved and to dispel prior conceptions that local government did not have a role in nutrition. The important message is that professionals can exert considerable influence on the policy agenda through the way in which they present data.

Managers also exerted influence through their use of data, as they incorporated selected data in their advice to elected officials. They controlled access to information and also controlled, to a certain extent, who had access to elected officials or to the policy process. In this manner they acted in a similar way to legislative staff at higher levels of government, as described by Lewis & Ellefson (1996). Additionally, local government managers also had professional backgrounds and applied their professional perspectives during presentation of data.

The implications of these findings are that health professionals need to acknowledge the important role played by data in the policy process.
Health professionals need to develop skills in data collection and presentation which specifically aim to influence the policy process.

Such policy related data management skills are different from those traditionally taught to health professionals. The latter aim to underpin the professional knowledge base, while the former are used persuasively, to establish local relevance, to create a political impact, to establish links with other professions or to establish professional power in the policy process. The use of data in the policy process has been examined by Stone (1988) who presented ways in which health professionals can be more effective in presenting policy relevant data. She highlighted that use of data in the policy process was a very political process, incorporating concepts such as inclusion and exclusion, selection, important characteristics and goals. Stone also described how numbers can be used as metaphors, as norms and symbols and that they can incorporate hidden stories. Such concepts are rarely discussed in the scientific training of health professionals and hence it is understandable that health professionals do not make the most of their data presentation and interpretation role in the policy process.

8.2.4 Policy Structures

A policy development committee represented an important influence on the policy process. Formation of a committee rather than allocating a policy task to a staff person, raised the profile of that particular policy process within the organisation. The functional or advisory nature of the committee reflected the degree of ownership of the policy process, either predominantly in-house or shared between several organisations, as did the type of representation on the committee. These characteristics of the committee also may have reflected the nature of the committee's purpose, either task oriented (to produce a policy document) or focussed on a more broadly-based policy initiative. In the latter situation, which necessarily involved several organisations and perhaps a larger committee, progress would be expected to be slower and perhaps
more convoluted, as the policy process must accommodate different interests and policy agendas.

Several important implications for professionals involved in the development of healthy public policy arise from consideration of representation in the policy process. Firstly, it may be more effective if health professionals use their time to target a specific sector, such as local government, clarify that sector's contribution and impact on a health issue and facilitate their involvement in appropriate initiatives (as occurred at South Sydney), rather than try to get several organisations to work collaboratively on the one issue, such as food and nutrition. The health promotion rhetoric has been to increase intersectoral action to promote health. This may have different interpretations, depending on whether the focus is on process or on a health issue. The process of getting several organisations to work on the one health issue, to develop a consensus and to foster joint ownership, can be considered to be time expensive and the impact on the health issue uncertain. As highlighted by Degeling (1995), intersectoral action may not be achievable, given the nature of sectors and the sectoral drive to identify difference rather than areas of overlap.

Secondly, health professionals should act more strategically in the policy development process. If the purpose is to elicit wide support for a policy issue, that is, to raise the issue on the policy agenda either within government generally or on a particular organisation's policy agenda, the involvement of many organisations or departments may be appropriate. However, such broad representation may prove an ineffective approach if a particular policy task is to be achieved. For example at Penrith City Council, a large committee was formed in the first period of the policy initiative (when the policy agenda was being established), and involved a range of interests supporting the local government's food and nutrition initiative. This large committee proved to be inefficient as the purpose of the committee changed to become more task oriented. A reduction in committee size and strategic involvement of
committee members in substantive aspects of the policy process proved more effective in the development of the strategic plan and its later implementation.

**Health professionals also may act strategically to influence institutional arrangements within an organisation to support their preferred policy option.** In this study, individuals external to local government acted to involve different departments within the organisation in the policy process. Their approaches to the different departments lead to the formation of policy committees which cut across hierarchical structures within local government. This was in keeping with Ostrom's (1991) framework of institutional analysis, which identified that policy change resulted from individual actions to influence institutional arrangements.

Such individual action within the institutional context is in contrast to other theoretical perspectives on policy development which focussed on the role of interest groups, policy alliances, advocacy coalitions and policy networks in influencing policy (Keller, 1984; Kingdon, 1984; Moe, 1990; Sabatier, 1991; Klijn, 1996). The presence of such collective action was discerned mainly at one site in this study. This may have been for a number of reasons. The low politics nature of Australian local government and its dominance by higher levels of government, would not encourage groups to become involved in local policy issues. This was indicated by the almost entire absence of community groups and media in the policy activities examined. The low key role of elected officials in setting the policy agenda found in this study was also indicative of the low politics nature of local government. Additionally, the nature of local government policy was primarily administrative or regulatory, not redistributive. Such policy did not result from power-based struggles between interest groups. It was thus not unexpected that individuals were very influential in the policy process. Also, Schlager (1995) identified that many years were required to demonstrate an influential role for advocacy coalitions and policy networks. Thus the short term nature of this study would not permit such an influence to be identified, even if it were to be present.
Public health professionals, as representatives of a particular sector, also can influence institutional arrangements between organisations through the formation of inter-organisational arrangements. An illustration of this was the inter-organisational arrangements developed in the Penrith case study. Such arrangements, similar to Klijn's inter-organisational policy networks (IPNs), represent an important avenue to influence the policy agenda in the health sector as well as in the local government environment. Klijn (1996) identified that the formation of IPNs were deliberate attempts to either counter particular sectoral interests or to deliberately create a closed policy environment.

The development of an IPN which was focussed on a public health issue such as food and nutrition may prove an effective mechanism to counter the dominance of the health agenda by clinically-oriented health professionals. However, the usually closed nature of an IPN may act against the primary aim of public health, to reduce inequities in access to resources to support health, unless careful consideration is given to inviting and supporting participation by community interest groups.

8.2.5 Organisational Influences on the Policy Process

Both the national postal survey and the case study findings identified several organisational factors associated with the involvement of local government in food and nutrition activities. Some organisational factors have been discussed in previous sections. This section highlights the following organisational factors - corporate philosophy, management structures and inter-organisational arrangements.
Two aspects of an organisation's corporate philosophy were pertinent in this study. The extent to which an organisation's values reflected the environment in which it was situated were found to influence policy directives and actions within the organisation. The nature and philosophy of an organisation also influenced management structures and the level of autonomy granted to staff. Both of these factors were found to be important in the development of policy within local government and to have implications for public health practice.

It is important that health professionals become familiar with the environment of local government and try to determine how the environment may influence the policy process. A strong relationship between the food and nutrition activities of local government and characteristics of its environment was found in both components of the study, supporting the importance of localism in policy development (John & Cole, 1995). The national postal survey identified population size of the local government area, its rural or urban nature and the state in which it was situated were significantly associated with involvement in several non-mandated food and nutrition areas. The findings of the case studies also identified that representation on the policy committee reflected local socio-economic interests.

Health professionals cannot assume that what has been found to work in one local government can be transferred to another local government. This may, in part, have been an important consideration regarding why the policy processes did not proceed in Moreton Shire and George Town Councils. While there were significant political upheavals which no doubt seriously interrupted the policy process in these locations, attempts had been made to follow a policy development process similar to that which had been employed in Penrith City Council. Even if the political environment in these two locations had been more stable, the policy process
may not have proceeded due to other factors associated with the different environments in these locations, which were smaller, more rural and in different states. In particular, in the George Town example, not only was the overall process modelled on the Penrith experience, but the policy project officer had attempted to merely adopt the strategies of the South Sydney policy document within the policy document which he developed for George Town Council. This was considered to be completely unacceptable by members of the management committee, undermined their faith in the project officer and contributed to the general lack of progress at that site.

8.2.5.2 Management Structures

It is important for a health professional to become familiar with the internal structures of the organisation. Management structures were shown to contribute to the policy process in different ways and each local government was slightly different. An assessment of the internal structures of an organisation would assist in predicting organisational opportunities for and barriers to the policy process. Future examination of the organisational and management literature may identify ways in which different organisational structures may be used or modified to support the public health policy process.

The management structures of local government traditionally have been along the lines of regulatory responsibility and thus may be considered not to be supportive of broadly-based health policy. However, not all local governments are structured similarly. The case study sites all had slightly different management structures and the postal survey results indicated a plethora of management arrangements. Some management structures may be more supportive of health-related policy than others. For example, at South Sydney City Council the health and community services were co-located, resulting in higher levels of communication between the two sections. This
may be appropriate while local government has a predominantly service provision role. In the future the co-location of health and planning departments may be important to focus attention on the development of healthy public policies.

Management structures within lines of responsibility also were found to be important. Again at the South Sydney location, comment was made of the importance of organising staff into specialist roles rather than the more traditional generalist environmental health positions. This had permitted specific staff members to be allocated policy related tasks, such as executive support for the food and nutrition committee, as expertise already had been developed in that area, and it was in the local government's interests to further develop their staff's expertise.

8.2.5.3 Inter-organisational Relationships

Inter-organisational relationships identified in the study occurred between different levels of government and between different government sectors. The main functions of these relationships were to support policy-related communication and decision-making, to direct resources to the policy process and to influence the policy agenda. The bases of these relationships included personal networks, the policy committees and funding structures. The first two of these relationships have been discussed previously.

A significant aspect of inter-organisational relationships which was common to three of the case study sites was that of funding. Provision of funding by one agency to another developed a power relationship which influenced the policy process. Funding was provided by the health sector to assist in the development of food and nutrition policies within local government. Thus these local governments probably had less control of the process than at the South Sydney location where relationships between
the health sector and the local government did not involve finance. It was at this location that a local government food and nutrition policy was developed, whereas the other locations were striving more towards policies which were associated with all of the involved sectors.

8.3 Summary

The findings of this study has many important implications for the practice of public health professionals who are involved in the development of healthy public policy. Individual practitioners will benefit from the insights provided by these findings. However, it also is important that training institutions and health organisations reflect on the findings of this study if the strategy of developing healthy public policy is to become part of public health practice in the future.
CHAPTER 9  LIMITATIONS

9.1  Introduction

When considering the findings of any study the limitations inherent in its design and execution must be kept in mind before the significance of the study can be determined and conclusions drawn. This study is no exception. Some of the limitations of this study have been referred to during earlier chapters of the thesis. This chapter provides an overview of the various types of limitations of this kind of study, together with discussion of the limitations specific to this particular study. The chapter is divided into three sections. Firstly the limitations of the study as a whole are discussed. The limitations of the literature review, which provides the important theoretical framework within which the study was undertaken, are discussed next. Thirdly the limitations of the postal survey are discussed, followed by discussion of the limitations of the case study component of the study. Along with presenting the limitations of the study design, these discussions highlight the likely impact of these limitations on the findings of the study, as presented in this thesis.

9.2  Development of Policy - only part of the Policy Picture

First and foremost when considering the limitations of a study of this kind is that it is only part of the picture. As identified by Ham and Hill (1984) there are studies of policy and policy analysis studies. This study was one of policy analysis. It aimed to increase understanding of the policy process, with a focus on the policy development stage. This it achieved. However, having a greater understanding of policy development through an examination of real world situations, does not necessarily contribute to an understanding of how policies can be developed to achieve particular outcomes, such as greater equity in health status. This requires that consideration of
several stages of the policy process be incorporated in the one study. This is not always possible, particularly when designing a cross-sectional study. A prospective study would be preferable for this purpose, if the necessary resources were available. Investigating policy initiatives which have resulted in desired health outcomes principally has been based on a retrospective study design, which has its own inherent limitations. Alternatively, policy analysis studies should be planned over significant periods of time, to enable all stages of the policy process to be examined and linked with the resultant health outcomes. Such a lengthy time period was not available for this study.

Secondly, the study was limited by the nature of the policy and the level of policy action. Focussing on a single health issue, food and nutrition, at a single level of government, local, may have limitations for the broader application of the findings. However, this will always be the case, as no matter what health issue is examined and at what level of policy action, the implications of the findings of the study will have limited application in other arenas. Thus while the findings of this study are pertinent to local government in Australia, it cannot be assumed that the same factors have the same level of relevance in other political environments. Having said this, it also can be stated that the findings will be pertinent to other studies of policy development in that many important influences on the policy process have been identified and consideration of these influences should be incorporated in future studies of this kind.

9.3 Limitations - Literature Review

The nature of this study, an exploration of the development of locally based healthy public policy with a view to contributing to theoretical understanding of the policy process, was necessarily broad in nature. Many theories pertinent to the policy process were examined in the literature review. However, as the study was
exploratory, it was not possible to predict nor examine all potentially relevant theoretical perspectives. The implications of these limitations of the literature review were two fold.

Firstly, while the literature review provided a broad overview of the major theories pertaining to policy development, it was not possible to examine these in any depth. Thus the findings of the study provide a broad theoretical understanding of the policy development process but they do not provide in-depth insight into the relevance of a particular theory or model. Several theoretical models relevant to the local government policy environment have been identified and these should now be the subject of follow-on, in-depth investigations.

Secondly, while the literature review was broad and attempted to be comprehensive, it was not possible to predict nor cover all possible areas of the literature. Consequently some theoretical perspectives have been omitted. Of particular note, given the important role identified for individuals in the policy process, is the behavioural-cognitive literature. This may have provided further insight into how and why individuals interacted in the policy process. Again, application of behavioural and cognitive theories within studies of the policy process would be an excellent basis for future investigations. However, as noted earlier, the complex and inter-related nature of policy development requires that such theoretical models of individual actions be examined within a broader theoretical framework, if their relevance to the policy process is to be appropriately assessed.
9.4 Limitations - Methods

9.4.1 Limitations - Postal Survey

Use of a postal survey to provide a cross-sectional view of the level of involvement of local governments in food and nutrition issues was inherently problematic for several reasons. These will be examined in turn.

Surveys of any kind are dependent on the current state of knowledge. They can only incorporate questions which are considered relevant, based on what is known to be the case. Thus while every attempt was made to consult with local governments who were active in food and nutrition issues and, based on the literature, to predict what factors may be influential in such local government activities, it was not possible to incorporate factors which were not known at the time. Nor was it practical to try and incorporate a broad range of possible factors thought to have been important influences on local government food and nutrition activities, due to space limitations in the survey and time constraints of the respondents. This situation was exacerbated by the fact that the study was exploratory in nature and was based on limited prior activity in the area. The findings of the survey thus may have omitted important influences on the policy process, or some food and nutrition activities undertaken by local governments, due to limitations in knowledge prior to the study. However, formal and informal contact with local governments subsequent to undertaking the study has not provided further information regarding food and nutrition activities of local governments which should have been included in the survey instrument.

A cross-sectional study of local governments in Australia in the 1990s also has limitations due to the changing local government environment. Responses to questions are very time specific as not only were the local government services and staff changing, but so too were the actual local governments themselves, as boundary
changes resulted in amalgamations and dissolutions. Complicating this picture was a
different rate of change in different states. Thus the results of this study could not be
considered as indicative of the situation now, nor in the future. It provides a
descriptive picture of local government activities at a particular point in time.

The self-administered nature of the survey relied on the corporate knowledge of the
responding local government staff person. To minimise the variability of responses
due to this factor, the letter accompanying the survey recommended that the survey be
completed by a staff person in the environmental health section, which is that part of
local government with greatest responsibility for food matters. The responses
indicated that the majority of respondents were in fact from this section. However, the
respondent’s responses varied depending on their level of corporate knowledge, which
would vary with length of employment, and with the extent to which they approached
other sections of the local government for the required information. These problems
were acknowledged prior to sending out the survey, and prompts were included in the
survey instrument to encourage respondents to seek additional information. However,
the responses to the surveys must be assumed to be variable and hence descriptive in
nature. In recognition of this limitation of the data, mainly descriptive statistical
analyses were undertaken.

A final comment regarding the possible limitations of the survey relates to the range of
local governments represented by the respondents. While the non-responding local
governments were not followed up to determine how they may have differed from the
respondents, a check on the profile of the respondents identified that they were similar
to the national profile of local governments. Thus it was assumed that the respondents
were representative of Australian local governments at that point in time.
9.4.2 Limitations - Case Studies

While all attempts were made to collect comparable data at each of the four case study locations, there existed inherent differences in the resultant data. Firstly at one location the data were current, as the policy was developing, while at the other three sites the data were retrospective and relied on availability of staff and their memories of events. Such data were less complete than those collected at the first site. As a result, greater use was made of the data from the first case study site. While the observations made at the first site were compared and contrasted with those of the other sites, the differences in the data may have resulted in unintentional misinterpretations.

The number of case study sites was limited to four, two of which were in the one state. As the postal survey found that involvement in food and nutrition activities varied between states, including case study sites from only three states may have limited the usefulness of the data. However, this was unavoidable, as only those local governments included in the case studies were known to have been involved in developing local food and nutrition policies at the time of the study.

Similarly, the limited number of interviews from the case study sites (N = 23) may have limited the data available for analysis. However, interviews were conducted with all available personnel involved with the policy development processes. At the first case study site interviews also were conducted with staff at the local government who were not involved in the process, to obtain a different view of the perceived benefits of local government involvement in the development of a food and nutrition policy. While the data may be considered limited in some respects, they did provide in-depth information on the policy processes which were comparable between the different sites.
Finally, the analysis of interview transcripts should preferably be verified by another person to ensure appropriate interpretation of data. This was not undertaken, due to time constraints. This may be considered to be a limitation of the data analysis and may have resulted in inappropriate interpretation of events. However, the multiple sources of data incorporated in the study served to cross-validate the findings and hence served to minimise any possible inappropriate interpretation of data.
CHAPTER 10 SIGNIFICANCE OF STUDY

10.1 Introduction

This chapter highlights the important contributions made by this study to the theoretical understanding of the policy process at the level of local government. The chapter commences with a summary of the major findings of the study. Significant findings are then highlighted, including: the relevance of institutional, localism and bureaucratic theories of political power and policy making to the development of healthy public policy in local government; the importance of considering the level of politics and the nature of the policy issue when considering the policy process; consideration of the role of individuals in theoretical frameworks which describe the policy process; and the critical importance of ensuring that consideration of public health goals is included when studying the policy process and making recommendations for practice. Four conclusions from this study are made at the end of the chapter.

10.2 Overall Findings of the Study

This exploratory study provided two sets of information regarding the involvement of local government in food and nutrition activities. The national postal survey results illustrated that local governments in Australia were involved in all aspects of the food and nutrition system. Virtually all local governments were involved in food hygiene and food safety areas. However, the involvement of individual local governments in the non-mandated aspects of food and nutrition was variable.
In-depth examination of the survey results provided useful insights into the policy process. Clearly food and nutrition issues were on the local government agenda. When an area of activity was designated within legislation, nearly all local governments were involved in related activities. Factors found to be associated with involvement in non-mandated food and nutrition activities were the resource base of local governments, the state in which they were located, the rural or urban nature of their geographic area and personal attitudes of staff.

In summary, the picture provided by the national postal survey illustrated a broad range of involvement by local government in food and nutrition activities. Such involvement was associated with structural (legislative, financial, geographic location) factors and personal or individual factors.

The case study findings illustrated the fine details of food and nutrition policy development activities in four Australian local governments. A complex web of interactions occurred at the local level between individuals, organisations, formal and informal relationships and (socio-political) environment conditions. While complex in nature, it was clear that there were aspects of the policy process which directly related to organisational and political structures and aspects which illustrated individual influences on the policy process. Thus the second picture, in providing greater detail of the situation, confirmed the findings of the national postal survey.

10.3 New Research undertaken in the Study

This study is the first in-depth investigation of the development of healthy public policy within the local government environment in Australia. The low politics, administrative nature of Australian local government places it in a unique position. While part of the political environment within Australia, local government is in many
ways subservient to state level political decision-making. Explanatory models of the policy process are dependent on the nature of policy making within local government.

Much of the theoretical policy research has been undertaken in national or state level political environments on issues with high profiles on the socio-political agenda. This does not apply to food and nutrition policy within Australian local government. Of more relevance are theories of the policy process which take into account the political dominance of local government by higher levels of government.

10.4 Relevant Theories of Political Power and Policy-making

10.4.1 Institutionalism

The findings of the study support the relevance of an institutional politics perspective on policy making within local government in Australia. In this model, the relationships between the levels of government are important, as are the natures of the governments at each level. The findings of the postal survey identified that there existed some relationships between state and local governments which were common within a state. These were defined by legislation governing particular areas of responsibility such as food hygiene and safety. However, the findings also confirmed the view that local government was not a single entity - it varied tremendously between states, between rural and urban environments and with different population sizes. These differences were found to be associated with involvement in non-mandatory food and nutrition issues.

The case studies also provided insights into the importance of the relationships between state and local governments. Where the local government environment was stable, such as in New South Wales at the time of the study, local government policy
making progressed. In the Moreton Shire (Queensland) and George Town (Tasmanian) case studies, the relationships between the local and state governments resulted in instability at the local level and a climate unsuitable for local policy development. The stability of the local government environment was governed by decisions of the state government and hence by the relationship between the two levels of government.

The theory of institutional politics thus provided some explanation for the policy activities identified in this study. The relationships between levels of government were important, particularly between state and local government, as were variations within a single level of government. Such differences resulted in different outcomes of local policy initiatives, brought about through differences in relationships between levels of government which provided different influences on the local policy processes.

An institutional politics framework lends support to Etzioni's mixed scanning model of policy development. Policy making at the local level is incremental, within the framework of key policy decisions made at higher levels of government. Such incremental policy decisions represent adaptations made necessary by the local socio-economic environment.

10.4.2 Localism

The findings of the study also support the application of a localism perspective of the policy process. The differences in the nature and size of local government in different localities were considered to be institutional responses to their local socio-economic environments. The theory of localism focuses on the policy process consequences of such relationships between local government as an institution and its local environment. This theory proposes that the policy process would be influenced by the
local environment through different representation within the policy decision-making processes and by the influence of different local policy interest groups. The findings of the postal survey were too broad in nature to clarify this position, except to identify significant associations between some activity areas and local demographic descriptors. How these differences came about were not discerned. The case studies of Penrith and South Sydney demonstrated different local interest representation on the policy committees, for example agricultural or welfare representation, which reflected local issues and concerns. This supported the relevance of localism to the local government environment. Additionally, the differences in the nature and level of involvement of elected officials in the two policy committees was considered to be reflective of the influence of local political issues.

10.4.3 Low politics nature of local government

The findings of this study do not support the relevance to the Australian local government environment of theories of the policy process which are based on issues with high political interest or on conflict between interest group concerns. Little or no evidence was found identifying active roles for public interest groups, the media or significant political positions within local government, such as the mayor. As a consequence, several theories of policy development are considered to be not as relevant to food and nutrition considerations within Australian local government, including Cobb, Ross and Ross’s models of outside initiative and mobilisation, Sabatier’s policy advocacy coalitions, pluralist theories of policy development and Saunber’s concern with community power. This is not to say that such theories would never be relevant to local government, nor to local food and nutrition issues, but little evidence supporting them was found in this study. It is envisaged that this situation would change if the nature of local food and nutrition issues were to become one of
higher political interest, such as may be brought about by a high incidence of food borne illness or a food-related death within a municipality.

10.4.4 Nature of the Policy Issue

Not only was the institutional environment found to be an important theoretical consideration, but so too was the nature of the policy issue. This supported the importance of considering the agenda setting process more broadly. As just mentioned, little evidence was identified in this study for the active engagement of public interest groups in the policy process. Actions of entrepreneurial individuals external to local government resulted in establishing the food and nutrition policy agenda. Subsequently, action by bureaucrats and professionals resulted in the formation of policy development committees. These committees were positioned within the local government organisation and focussed on a broad range of food and nutrition issues (which were set, in large part, by the policy entrepreneurs). Limited attempts were made to generate public interest and involvement through the reframing of food and nutrition concerns into issues of specific interest, personal relevance and higher visibility to the public or the media, as recommended by Schattschneider (1975).

Reframing of a broad issue into specific areas of concern may be considered a strategy that policy entrepreneurs or policy communities could employ to change the dynamics of the policy process. However, Schattschneider also identified that in redefining general issues into specific political concerns, consideration should be directed to increasing the organisation of special interest groups to enhance their capacity to participate in the political process. It was not possible to estimate the extent to which this would be effective or possible at the local level, given the dominance of state level politics. However, it is an important consideration for individuals acting as policy
entrepreneurs. To what extent should the policy agenda remain broad to elicit wider political support, compared with the identification of specific policy issues of concern to special interest groups, which may result in greater community involvement but less political support?

10.4.5 Bureaucratic Politics

The high level of involvement of bureaucrats in the policy process found in this study further limited the possible relevance of a strategy which involved increasing the power of public interest groups in the policy process. As agents and employees of the state, bureaucrats were not likely to choose or be able to enact strategies which facilitated the development of public interest groups with views potentially critical of policy action of government. This finding supported the ideas of Rosenthal (1983), who identified that state-employed community workers were unlikely to get support from their organisations for advocating changes in society. Similarly, Grace (1991: p. 332) identified that

"the notion of radical social change is inextricably linked with the notion of "people" being in control of the "determinants of health". But ... we discover again that it is the health professionals and health promotion policy advisers and decision-makers who are to control the determinants of health."

10.5 Theoretical Framework of the Role of Individuals in the Development of Healthy Public Policy

The results of the study will be of interest and use to public health practitioners by providing a theoretical framework to describe the role of individuals in developing healthy public policy. Insights gained into the roles that could be undertaken by
individuals to influence the policy process, and the importance of individual actions within organisational and policy contexts, provide clear directions to health practitioners as to how they can act to influence the policy process.

A theoretical framework which describes the roles of individuals in the policy process requires attention be directed to a number of levels of influence or involvement. At the personal level, an individual’s attitudes are important, as are their skills in administrative and policy processes. As an entity, an individual represents a particular position, such as a professional, bureaucrat and/or manager. This position has particular roles in and influence on the policy process, either directly from its place in the institution or through access to information and resources.

Individuals and organisations interact to provide different opportunities to influence the policy process. In some instances an individual may act to establish alliances with other individuals through which they pursue their policy agenda. In other instances individuals act as policy entrepreneurs, with preferred policy positions. Each of these roles has been considered in the literature on the policy process. However, no one theory had endeavoured to pull this variety of roles together.

The results of this study provide evidence that individuals influence the policy process in all of the ways listed above. Thus all of these roles of individuals were potentially important in the development of healthy public policy. What will be important to establish in the future is which, if any, of these roles exert more influence on the policy process, and in what circumstances. For example, the entrepreneurial and alliance building roles appear important for setting the policy agenda, while administrative and bureaucratic roles are important to ensure the policy agenda is acted upon appropriately and results in the desired policy outcome. Thus the findings of this study provide an important starting place from which further research may be developed to elucidate greater insight into the individual influences on the policy process.
10.6 The Policy Process and Public Health Goals

The findings of high levels of involvement of bureaucrats in the policy process posed another, more fundamental dilemma for this study of the public health policy process. To what extent were the public health goals of improving equity in health possible within a structure which may be considered to act against increasing public involvement in decision making? While not addressed specifically by this study, it is important to briefly reflect on the possible public health impact of developing an increased understanding of and involvement in the policy process by public health practitioners.

If health professionals became effective players in the (predominantly closed) policy arena, what are the consequences for public health? Goals of public health, as expressed in the Alma Ata Declaration (World Health Organisation, 1978) focus on the removal or reduction of inequities in health status through the application of primary health care principles within the existing social, political and economic structures of a country. The development of healthy public policy was a specific strategy put forward to achieve this goal. However, A Yeatman (1990) identified that policy change in an environment of economic constraint can be based on diametrically opposed positions. She identified that three types of reform were possible in such an economic climate - efficient, democratic or equitable reforms. However, these types of reforms were not considered compatible and governments decided which direction to follow. She argued that governments have consistently chosen policies which supported efficient administration, which she considered was in direct conflict with striving for more equitable distribution of resources, a specific principle of the Health for All initiative and of public health generally. Cairns (1996) supported the relevance of this view to local government by asserting that local governments had subordinated their democratic purpose to perceived functional requirements. The action of managers within public bureaucracies, in supporting institutional values during the policy
process, may be considered to be in a position of supporting policies which act against equity in health issues.

Somewhat in contrast to this position, the food and nutrition policies examined in this study were found to be directed at increasing access of vulnerable groups to quality and affordable food. Some interesting observations were made about this situation. The first observation was that the food and nutrition policies were initiated either by the health sector or from an academic institution. As the policy agenda did not originate within local government, this may have permitted a different approach to the issues than would have been possible if the directive had come from within the institution itself. Secondly however, once the food and nutrition policy agenda was accepted onto the local government agenda, limited steps only were taken to engage public interest groups in the policy process. The broad nature of the food and nutrition policy agenda may have made this difficult, as public interest groups tend to be specific in their interests. Finally, the extent to which the policies actually increased equity of access to health promoting foods would be determined by the nature and effectiveness of the implementation of the policies. An evaluation of policy implementation was not undertaken in this study but clearly should be in the future.

The intent of action in developing a food and nutrition policy within local government was to increase access to foods associated with reduced illness risk. It is uncertain to what extent this would result from the policies and actions that were examined in this study. The development of ownership of the policy issue by local government, while necessary to progress the policy process given the institutional politics environment of local government in Australia, may act against achieving the equity intent of the policy due to wider economic pressures supporting efficiency reforms. This was especially the case given the limited attempts by participants in the case studies to solicit public interest group participation which would have increased the democratic or political interest in the agenda. Also influencing the process was the intentionally broad basis
of the policy agenda, which acted to reduce the opportunity for interest group engagement, and the as yet unknown impact on public health of policy adoption.

10.7 Future Studies

The policy development actions reported in this study may not be the ones which are most effective in developing a public health policy agenda aimed at reducing inequities in access to health resources. This is an important consideration for future studies of policy processes. In-depth understanding of the policy process can best be achieved through studies which document events as they occur. However, information on a policy process which does not lead to desired policy outcomes is of limited value. Thus it is important to plan longitudinal policy studies which encapsulate both the short term policy development processes, the intermediate policy implementation activities and the longer term public health outcomes. In this way theories about the development of policy which will be effective in achieving positive changes in public health status can be developed, for implementation by public health practitioners. Attention to the day-to-day detail of the policy process must not detract from consideration of the long term policy aim.

10.8 Conclusion

This study examined influences on the policy process within the local government environment in Australia. Its primary aim was to develop greater theoretical understanding of the process of developing healthy public policy. Two research strategies were used in this study to provide complementary information on the development of food and nutrition policy within the local government environment. A national postal survey established that food and nutrition issues are on the local
government agenda and that both structural and personal factors are significantly associated with local government action on these issues. Case studies examining influences on the policy process in four local governments developed a multifaceted understanding of the policy process by taking into account the complex political, organisational and personal environment of local government. Information from these case studies was discussed within the literature on the policy process, from the fields of political science, sociology and management, to identify theoretical frameworks which may be helpful in explaining the local policy process.

Linking policy theory to the practice of developing healthy public policy has been a major challenge to the public health field (Milio, 1991). Unlike de Leeuw (1989), this study did not set out to ascertain the relevance of a specific theory of policy development to a particular policy environment. Nor did it utilise particular policy theories at different levels of analysis in order to examine the policy process (Signal, 1994). Too little was known of the policy process within Australian local government to attempt such research. Rather, an exploratory study was undertaken. On the basis of this study, four conclusions outlined below, can be drawn about the value of several theories of the policy process to the development of healthy public policy within the specific environment of Australian local government.

**Conclusion 1**

Factors important in the development of healthy public policy within local government in Australia can be grouped into three main areas - individual, organisational and socio-economic-political influences. While the latter provide the framework within which the individual can act, all three types of influences were identified as important in the policy process.
Conclusion 2

No one theoretical perspective incorporates the complexity of the policy process. However, theoretical insights are available from many different fields of inquiry, including political science, sociology, management, marketing and behavioural sciences. The theoretical perspectives identified by this study as relevant to the development of healthy public policy within the local government environment are summarised in Table 9.1. While each theory provides some insight into the policy process, it is very likely that there are synergistic effects between the different influences and elements in the political environment which determine the outcome of the policy process.

Conclusion 3

Studies of the policy process need to remain cognisant of the desired policy impacts. The development of healthy public policy has specific aims related to increased equity in health status and access to health services, increased community control of determinants of health and so on. The process of policy development should lead to the achievement of these outcomes. Care must be taken to ensure that health professionals do not become more effective in the development of public policy which is not supportive of public health aims. Unfortunately at this stage too little is known of the effectiveness of certain policies in promoting public health aims.
Health professionals have a key role in assisting in the development of healthy public policy in other sectors. Specific recommendations to improve health professionals' understanding of and strategic involvement in the process of developing healthy public policy include:

1. Developing greater knowledge and understanding of the range of theoretical perspectives of policy processes;

2. Developing skills in initiating, directing and nurturing the policy process, including:
   * Acknowledging the role of personal attitudes and beliefs in the policy process;
   * Developing knowledge of and skills in bureaucratic processes;
   * Developing an appreciation of and skill in using the influence of professional skills, language and position;
   * Enhancing opportunities for professional autonomy in professional practice;

3. Developing skills necessary to act as policy entrepreneurs, including:
   * Identifying appropriate policy solutions;
   * Reformulating policy problems:
   * Identifying and responding to supportive political environments; and
   * Developing relevant administrative skills to ensure enactment of the necessary policy action;

4. Developing greater skill in the strategic use of data and information to influence the policy agenda;

5. Strategically targeting specific sectors to support and maintain their initiatives in developing healthy public policy;
6. Balancing daily professional practice with consideration of factors in the organisational and political environments which impact on public health policy outcomes; and

7. Developing and supporting inter-organisational policy networks which actively involve public interest group representation and support public health principles and policies.
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<tr>
<th>Levels of influence</th>
<th>Relevant theoretical perspectives</th>
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<tr>
<td>At the individual level:</td>
<td>* Policy entrepreneurs (Kingdon, 1984)</td>
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<td>* Data &amp; Information (Rütten, 1995)</td>
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<td>* Roles of professionals (Scott, 1965; Sabatier, 1993; Fox, 1993; Brewer, 1996; Négrier, 1996)</td>
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<td>• Roles of managers (Green et al, 1993; Lewis &amp; Ellefson, 1996; Morgan et al, 1996)</td>
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<td>• Champions (Day, 1994); Leadership (Kumpfer et al, 1993; Vinzant &amp; Crothers, 1996); Innovators (Shane 1994)</td>
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<tr>
<td>At the organisational level:</td>
<td>* Equilibrium between values of an organisation and of its socio-economic environment (Selznick, 1957; Parsons, in Cheek et al, 1996)</td>
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<td></td>
<td>* Inter-organisational policy networks (Keller, 1984; Bureau of Industry Economics, 1991; Klijn, 1996)</td>
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<td>* Policy committees (Klijn, 1996)</td>
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<td>• Organisational theory (Weber, 1947; Etzioni, 1961)</td>
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<td>At the political structure level:</td>
<td>* Institutional politics (Ostrom, 1991; Schlager, 1995)</td>
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<td></td>
<td>* Localism (John &amp; Cole, 1995)</td>
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<td>* Bureaucratic politics (John &amp; Coles, 1995)</td>
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<td></td>
<td>* Policy agenda (Etzioni, 1961; Cobb, Ross &amp; Ross, 1976; Kingdon, 1984)</td>
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</table>

* Theories considered most relevant and important in the local government policy environment
- Theories of some relevance to the local government policy environment
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APPENDICES

Appendix 1  Ethics clearance - postal survey

Appendix 2  Letter to General Managers of local governments

Appendix 3  Staff details form

Appendix 4  Survey instrument

Appendix 5  Ethics clearance - case studies

Appendix 6  Consent form
23 February 1995

Ms Heather Yeatman
Public Health & Nutrition
University of Wollongong

Dear Ms Yeatman,

I am pleased to advise that the following Human Research Ethics application has been approved:

Ethics Number: HE95/11

Project Title: Survey of current food and nutrition projects in local government in Australia.

Name of Researchers: Heather Yeatman

Approval Date: 21 February 1995

Duration of Clearance: 20 February 1996

This certificate relates to the research protocol submitted in your application of 7 February 1995. It will be necessary to inform the Committee of any changes to the research protocol and seek clearance in such an event.

Please note that experiments of long duration must be reviewed annually by the Committee and it will be necessary for you to apply for renewal of this application if experimentation is to continue beyond one year.

Chairperson
Human Research Ethics Committee
cc. Head, Public Health & Nutrition
To the General Manager,

Re: Local Government Food and Nutrition Survey

All councils and shires in Australia are being surveyed to determine the current level of involvement of local governments in food and nutrition activities. This is the first survey of its kind in Australia and it will provide important baseline data on which to relate future initiatives in this field.

With over sixty (60) percent of deaths in Australia being diet-related, all avenues are being investigated for their potential to influence food and nutrition issues. In recent times, much attention has focused on the importance of food safety. The availability of a quality food supply, access by consumers to healthy and culturally appropriate foods, and the nutritional content of foods are other important issues. Local governments have the potential to exert considerable influence over these areas.

This survey is one component of a study of food and nutrition activities within local government by the Department of Public Health and Nutrition, University of Wollongong. The Department has been commissioned to undertake this study by the Commonwealth Department of Human Services and Health, in conjunction with the Australian Local Government Association and Australian Institute of Environmental Health.

The results, available as a report in early 1996, will be used to identify areas where local governments can be provided with additional support to increase their impact on this important health issue. The research will culminate in the development of an educational resource, to be used by local government staff and other community health professionals. This will be a practical guide for local governments, providing case studies of existing food-related initiatives and incorporating tools to monitor local food and nutrition issues.

As most of the questions concern areas related to health, it would be appropriate to nominate a senior Environmental Health Officer, or similar, to be responsible for the completion of the survey. It would be appreciated if you could:

i) pass on the enclosed survey and evaluation sheet to your nominated officer, who is asked to return it by Friday 21 July, and

ii) return the details of this officer on the form provided by return post, for follow-up purposes.

Postal Address: Northfields Avenue, Wollongong, New South Wales, 2522, AUSTRALIA
Facsimile (042) 21 3486.
All names and council identities will remain strictly confidential. The coding at the top of the survey is to determine return rates so that prompts may be sent out to non-respondents.

I understand that many demands are made of local governments. However, your participation in this study is essential to its success and I appreciate your assistance.

If you would like to discuss this survey, please contact Heather Yeatman (042) 213 153 or the Secretary, Human Ethics Committee, University of Wollongong, (042) 214 457 (Ethics Approval HE 95/11).

Thank you, in anticipation of your support and assistance.

Yours sincerely

Heather Yeatman
Senior Lecturer, Department of Public Health and Nutrition
26 June 1995
CONTACT DETAILS OF NOMINATED PERSON

POSITION: .................................................................

CONTACT NAME: ...........................................................

CONTACT ADDRESS: ..........................................................

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CONTACT PHONE NUMBER: ............................................................

(PLEASE RETURN AS SOON AS POSSIBLE IN THE BUSINESS ENVELOPE PROVIDED)
LOCAL GOVERNMENT FOOD
AND NUTRITION SURVEY

An initiative of the Commonwealth Department of Human Services and Health, in collaboration with the Australian Local Government Association and the Australian Institute of Environmental Health.

Please return to:
Local Government Survey
Attention: Ms Heather Yeatman

REPLY PAID - PERMIT No 7
Department of Public Health and Nutrition
University of Wollongong
Northfields Avenue
Wollongong, NSW, 2522
LOCAL GOVERNMENT FOOD AND NUTRITION SURVEY

This survey would best be answered by an Environmental Health Officer. It may be necessary to refer to other staff for answers to particular questions. This survey is divided into two sections: Part A and Part B. The instructions for each section are as follows:

PART A
This section includes a checklist of various activities in which your council may have been involved in the past, may currently be involved, or may be planning to be involved. Please tick the option that applies to your Council, and give a short explanation. If your Council is not involved in the activity, a short explanation would be appreciated. This part of the survey is divided into parts/sections, which correspond to general departments within local government.

PART B
This section contains questions relating to the demographic characteristics of your region. Most of these questions are related to information from the 1991 ABS census. There is also a question asked of the General Manager.

Additionally, could you please attach copies of relevant reports, as detailed on the next page.

If you would like to discuss this survey personally, please contact:
Heather Yeatman (042) 213 153.

Thank you for your assistance.
Please attach the most recent of the following reports and return with the completed survey form:

<table>
<thead>
<tr>
<th>Attached</th>
<th>Not attached</th>
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</thead>
<tbody>
<tr>
<td>Annual Report</td>
<td></td>
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<tr>
<td>Strategic Plan</td>
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<tr>
<td>Management Plan</td>
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<tr>
<td>State of Environment Report / Local Environment Report</td>
<td></td>
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<tr>
<td>Area Health Plan</td>
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<td>Local Agenda 21 Report</td>
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</table>

These reports will assist us in identifying how food issues are incorporated into local government activities.

**PART A**

**ENVIRONMENTAL HEALTH**

1) Does Council have a policy or program incorporating nutrition standards for the foods provided through food services for Council staff?

Yes, Council has in the past [ ]  
Yes, Council has at present [ ]  
Council plans to in the future [ ]

2) Does Council monitor foods available in Council run services (such as Child Care Centres and Activity Centres) for compliance with food (ie/ microbiological/ chemical status and temperature of foods) standards?

Yes, Council has in the past [ ]  
Yes, Council has at present [ ]  
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project:

No [ ]

(For example, your council may not be involved as a community group may already be undertaking this role, or perhaps there is no available funds for such an activity etc)

Why not? [ ]
3) Does Council run programs to encourage healthy eating practices for council employees?

Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]
Department responsible (for the implementation of the program):

Name or description of project:

Reason: [ ]

4) Does Council have written nutritional guidelines for use when purchasing foods?

Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]
Department responsible (for the implementation of the program):

Name or description of project:

Reason: [ ]

5) Are Council staff involved in breakfast programs for school children?

Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]
Department responsible (for the implementation of the program):

Name or description of project:

Reason: [ ]

6) Does Council monitor foods available in school canteens for compliance with food (ie/microbiological/chemical status and temperature of foods) standards?

Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]
Department responsible (for the implementation of the program):

Name or description of project:

Reason: [ ]
HYGIENE STANDARDS

7) Is Council involved in the regulation of hygiene standards in local restaurants and retail food outlets?

<table>
<thead>
<tr>
<th>Yes, Council has in the past</th>
<th>Yes, Council has at present</th>
<th>Council plans to in the future</th>
<th>Department responsible (for the implementation of the program):</th>
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(For example perhaps there is no available funds for such an activity etc)

Why not?

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8) Does Council monitor food sold/distributed, through food premises for compliance with the Food Act and Regulations?

<table>
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<th>Yes, Council has in the past</th>
<th>Yes, Council has at present</th>
<th>Council plans to in the future</th>
<th>Department responsible (for the implementation of the program):</th>
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9) Does Council require submission of plans and specifications (including fit out and installation) for new food premises, and for existing premises?

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<th>Yes, Council has in the past</th>
<th>Yes, Council has at present</th>
<th>Council plans to in the future</th>
<th>Department responsible (for the implementation of the program):</th>
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</table>

10) Does Council monitor food premises for compliance with the National Code for the Construction and Fitout of Food Premises?

<table>
<thead>
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<th>Yes, Council has in the past</th>
<th>Yes, Council has at present</th>
<th>Council plans to in the future</th>
<th>Department responsible (for the implementation of the program):</th>
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</table>
NUTRITION EDUCATION

13) Does Council conduct hygiene education programs for people involved in food handling and inspection duties?
Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project:

No [ ]

Why not?

12) Does Council provide nutrition training to Environmental Health Officers?
Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project:

No [ ]

Why not?

14) Is Council involved in accreditation program(s), which promote food hygiene standards and/or nutritional choices in food outlets, such as takeaways, restaurants or school canteens?
Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project:

No [ ]

Why not?
FOOD PACKAGING AND WASTE DISPOSAL

15) Is Council involved in investigating methods to detail the extent of food related packaging waste in the area?

Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project:

[ ]

No [ ]
(For example, your council may not be involved as this is the role of another section of government.)

Why not?

[ ]

[ ]

16) Is Council involved in investigating methods to manage/reduce retail food related waste disposal?

Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project:

[ ]

No [ ]
(For example, your council may not be involved as this is the role of another section of government.)

Why not?

[ ]

[ ]

COMMUNITY SERVICES

(This section would probably be answered best by someone within the community services department)

17) Is Council involved in investigating methods to manage/reduce food related waste from food production plants in region?

Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project:

[ ]

No [ ]
(For example, this area may be too big for a local council to be involved.)

Why not?

[ ]

[ ]

18) Does Council provide meal services to community groups/organisations, and monitor them for compliance with food (ie. microbiological/chemical status and temperature of foods) and/or nutrition standards (dietary guidelines)?

Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project:

[ ]

No [ ]
(For example, your council may not be involved as a community group may already be undertaking this role, or perhaps there is no available funds for such an activity etc.)

Why not?

[ ]

[ ]
19) Does Council monitor meal delivery services in the area for compliance with recommended food standards, for example microbiological/chemical status; temperature; food handling practices; recommended nutrition guidelines?

<table>
<thead>
<tr>
<th>Yes, Council has in the past</th>
<th>Yes, Council has in the present</th>
<th>Council plans to in the future</th>
<th>Department responsible (for the implementation of the program):</th>
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Name or description of project:.........

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(For example, your council may not be involved as a community group may already be undertaking this role.)

20) Has Council been involved in the co-ordination of emergency food provision by welfare agencies in this area?

<table>
<thead>
<tr>
<th>Yes, Council has in the past</th>
<th>Yes, Council has in the present</th>
<th>Council plans to in the future</th>
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Name or description of project:.........

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(For example, your council may not be involved as a community group may already be undertaking this role, or perhaps ABS supplies adequate information.)

21) Does Council research and/or collect data to monitor/describe lower socio-economic groups eg/extent of hunger, difficulties in purchasing food.

<table>
<thead>
<tr>
<th>Yes, Council has in the past</th>
<th>Yes, Council has in the present</th>
<th>Council plans to in the future</th>
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Name or description of project:.........

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(For example, your council may not be involved as a community group may already be undertaking this role, or perhaps there is no available funds for such an activity etc)

22) Does Council assist in the development of food co-operatives in the area?
TOWN PLANNING

ZOING

23) Does Council provide information and technical support for the establishment of community vegetable gardens in the area (eg schools or community centres)?

Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project: 

No [ ]

(For example, your council may not be involved as a community group may already be undertaking this role)

Why not? 

24) Does Council monitor the inclusion of fresh fruit retail food outlets as an essential component of all commercial/residential development applications.

Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project: 

No [ ]

COMMERCIAL AGRICULTURE

25) Do Council's zoning regulations permit provision of shops in close proximity to residents? (eg/ within walking distance, or up to 2 bus stops)

Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project: 

No [ ]

26) Has Council established and supported a fresh fruit and produce market within the area?

Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project: 

No [ ]

Why not? 

No [ ]

Why not?
ECONOMIC PLANNING

27) Does Councils strategic plans incorporate the maintenance of commercial agriculture in the area?

28) Does Council monitor the provision of accessible and frequent public transport to service food retail outlets?

Yes, Council has in the past [ ]
Yes, Council has in the past [ ]
Yes, Council has at present [ ]
Yes, Council has at present [ ]
Council plans to in the future [ ]
Council plans to in the future [ ]

Department responsible (for the implementation of the program):

Name or description of project:............

No [ ]

Why not?........................................

No [ ]

Why not?........................................

Department responsible (for the implementation of the program):

Name or description of project:............

No [ ]

Why not?........................................
PART B

This section contains questions relating to the demographic characteristics of your region.

There is also a question asked of the General Manager.
8) Question for General Manager:

In terms of priority of importance for consideration by Council in strategic planning, where would you place food related issues on a scale of 0-10?

(0 = does not rate; 5 = worthy of some consideration; 10 = essential, top priority)

0 1 2 3 4 5 6 7 8 9 10

Any comments? .................................................................
...........................................................................................
...........................................................................................
...........................................................................................

14) Question for Health and/or Community Services Section(s):

To what degree are the following food related issues considered to be important areas for your council to be involved?

(please circle the number that most closely represents the level of involvement:
1 = Not at all; 3 = have some involvement; and 5 = extensively involved)

a) Food hygiene standards 1 2 3 4 5
b) Food safety standards 1 2 3 4 5
c) Nutrition education in schools 1 2 3 4 5
d) Hygiene and/or safety of institutional food services 1 2 3 4 5
e) Food retail locations and relationship to residential areas 1 2 3 4 5
f) Food accessibility of aged and infirmed residents 1 2 3 4 5
g) Meal services for aged/infirmed residents 1 2 3 4 5
h) Preparation of nutritious foods available through the retail sector 1 2 3 4 5
i) Maintenance & promotion of primary food production 1 2 3 4 5
To the General Manager,

Re: Local Government Food and Nutrition Survey - REMINDER

You may recall that a letter was sent to you on the 26 June, requesting your participation in a survey to determine the current level of involvement of local governments in food and nutrition activities. You were requested to pass on the enclosed survey to a nominated officer for completion and return by 21 July 1995. That date has now passed and I would like to remind you of the importance of your participation.

If the survey has been completed and returned, thank you for your assistance. My apologies for taking your time with this letter.

If your staff are experiencing difficulty in completing the survey, please encourage them to contact me to clarify any points, or to post out a new survey form if required.

To remind you of the purpose of the survey, it is one component of a national study of food and nutrition activities within local government. It will provide baseline information on the current level of involvement of local government in this important area. The results will be used to identify areas where additional support can be provided to local government to increase their impact on local food and nutrition issues. The research will culminate in the development of an educational resource, to be used by local government staff and other community health professionals. This will be a practical guide for local governments, providing case studies of existing food-related initiatives and incorporating tools to monitor local food and nutrition issues.

I hope that you are able to ensure that the survey is completed and I look forward to receiving the information from your council.

Thank you, in anticipation of your support and assistance.

Yours sincerely

Heather Yeatman
Senior Lecturer, Department of Public Health and Nutrition
21 July 1995

Telephone: 042 213 153 Facsimile: 042 213 486
23 February 1995

Ms Heather Yeatman
Public Health & Nutrition
University of Wollongong

Dear Ms Yeatman,

I am pleased to advise that the following Human Research Ethics application has been approved:

Ethics Number: HE 95/12

Project Title: Case studies of Food and Nutrition Projects by Local Government.

Name of Researchers: Heather Yeatman

Approval Date: 21 February 1995

Duration of Clearance: 20 February 1996

This certificate relates to the research protocol submitted in your application of 7 February 1995. It will be necessary to inform the Committee of any changes to the research protocol and seek clearance in such an event.

Please note that experiments of long duration must be reviewed annually by the Committee and it will be necessary for you to apply for renewal of this application if experimentation is to continue beyond one year.

Chairperson
Human Research Ethics Committee
cc. Head, Public Health & Nutrition
FOOD AND NUTRITION POLICY

CONSENT FORM

I understand that this study is investigating issues relating to the development of food and nutrition policies by local government. Its purpose is to gain information on what are important issues which influence the development of such policies and who or what play key roles in such development. Professionals are being interviewed for no longer than sixty (60) minutes at one time to obtain this information.

I understand that all information will be kept completely confidential and my name and any personally identifiable details which I discuss will not be known to anyone other than the researcher.

If there are any queries about the research or the interview, I can contact the Human Experimentation and Ethics Committee of the University of Wollongong, (042) 213 079.

I, ....................................................... understand the purpose of this study and consent to being interviewed, on the day of ..........................

I do / do not consent to the interview being audio taped for recording purposes, and I understand that the tape will not be used for any purpose other than for the collection of information for the Food and Nutrition Policy study. (Please circle your response)

Signature: ..................................................

Researcher: Heather Yeatman