

**Exploring the relationship between organisational
culture, social capital and community participation in
human service organisations**

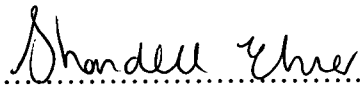
by

**Shandell Elmer, RN, BA (Hons)
submitted in fulfilment of the
requirements for the Degree of
Doctor of Philosophy
University of Tasmania**

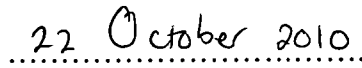
October 2010

Statement of Originality

I, Shandell Elmer, am the author of the thesis titled *Exploring the Relationship Between Organisational Culture, Organisational Social Capital, and Community Participation in Human Service Organisations*, submitted for the degree of Doctor of Philosophy. I declare that this thesis contains no material which has been accepted for a degree of diploma by the University or any other institution, except by way of background information and these are duly acknowledged in the thesis. To the best of my knowledge and belief, no material previously published or written by another person is included in this work, except where due acknowledgement is made in the text of this thesis, nor does the thesis contain any material that infringes copyright.



Shandell Lee Elmer



Dated

Statement of Authority of Access

I, Shandell Elmer, am the author of the thesis titled *Exploring the Relationship Between Organisational Culture, Organisational Social Capital, and Community Participation in Human Service Organisations*, submitted for the degree of Doctor of Philosophy. This thesis may be made available for loan and limited copying in accordance with the Copyright Act 1968.

.....Shandell Elmer.....

Shandell Lee Elmer

.....22 October 2010.....

Dated

Abstract

This study aims to develop an understanding of the social and cultural factors that influence the ways non-government, community-based, human service organisations think about and undertake community participation. This topic is important because community participation is part of the mainstream health discourse and there exists a participatory imperative, which requires community involvement is sought in all aspects of health care service provision. Despite its prominence in health policy, the practice of community participation is fraught. Current understandings of community participation (over) emphasise the community perspective and focus on practice in a pragmatic and instrumentalist fashion. This study offers an alternative view, by exploring beyond the level of practice to expose the ways organisations create conditions where community participation can occur. This ethnographic study of organisations gains an in-depth understanding of the cultural assumptions and practices, to expose organisational paradigms. It is argued that the conditions that constrain or enable community participation stem from organisational culture which, in turn, influences the nature of organisational social capital.

The research addresses three interrelated questions:

- A) What are the cultural elements (for example, assumptions, norms, artefacts, symbols, values, and accepted ways of behaving) within human service organisations that are features of social capital?*
- B) Can the culture of human service organisations be understood within the theoretical framework of social capital and, if so, how does organisational social capital impact on community participation efforts?*
- C) What contributes to the capability of human service organisations to effectively foster community participation?*

The logic of this research design was affirmed through exploratory interviews conducted with a sample of people experienced in assessing the accreditation status of organisations. These people acted as key informants regarding the organisational impacts that result from engaging with a quality improvement program. In addition, these people were able to describe the ways that community participation occurs such as the active involvement of consumers in formal and informal activities, and decision-making.

Three non-government, community-based human service organisations participated in this study. Participant observation was conducted within these organisations while they were engaged in the self-assessment stage of a quality improvement program. The process of critical reflection observed during the self-assessment stage revealed the symbols, routines and rituals, and stories as well as the processes for organisational control and power. These cultural elements are indicative of the shared values and beliefs that shape the form and content of opportunities for community participation, and the development of organisational arrangements to support the same.

This study builds on and contributes to studies of organisational social capital by exploring how cultural dimensions of organisations can be understood within the framework of social capital. The role of non-government organisations' contribution to community-level social capital has previously been explored, however, little is known about the nature of social capital within these organisations. Evidence of trust, norms of participation, networks and reciprocity within the participating organisations are discussed in relation to the structural, relational and cognitive dimensions of social capital. Further, by interpreting the lived experiences of those within the organisations, this study highlights the socialisation processes that engender and sustain the organisational paradigm that underpin community participation efforts.

The setting for this study is significant since there is a paucity of research of this nature conducted in non-government, community-based human service organisations. This study differs from other studies of community participation by focusing on organisations to understand the influence of their socio-cultural context. This study identifies that the potential for community participation exists in organisational cultures characterised by trust, connectedness and shared understandings and where clients are valued. Through a micro-level examination of organisational culture, this study enables a cultural analysis of organisational activities and interactions to reveal how these contribute to the quality and reserves of organisational social capital. Importantly, this study examines the function of organisational social capital in relation to creating conditions and resources for community participation. This study points to the need to focus on organisations to develop organisational social capital in order to achieve effective community participation, rather than the current pre-occupation with remedying perceived deficiencies in the community.

Acknowledgements

This thesis is a tangible artefact of the research endeavour, however, the learning that has resulted extends far beyond this. I have learnt much more about this topic than I could include in this thesis, and I have learnt a great deal about myself. While this has been a very personal research endeavour, I would like to acknowledge the people who have provided vital support over the time.

Professor Sue Kilpatrick and Dr Clarissa Hughes have been unwavering in their support throughout the candidature. Their wisdom, experience and ability to nurture, prod and provide constructive feedback have been powerful motivators. I am particularly appreciative of the continued supervision provided by Professor Sue Kilpatrick on an honorary basis, following her departure from the University of Tasmania. I would also like to thank Associate Professor Dominic Geraghty who has been my consultant.

Thank you to Dr Quynh Le and Ms Kim Izard for the support provided through the Graduate Research Program at the University Department of Rural Health. I would also like to extend my thanks to the other Graduate Research Coordinators and students across the Faculty of Health Science for contributing to a robust and lively graduate research program.

The Graduate Research Office provided useful information and resources. I have also been fortunate to receive an Australian Postgraduate Award scholarship.

QMS and Community Partners (Housing Tasmania, DHHS) provided assistance with the recruitment of participants. I would like to acknowledge the QMS Reviewers and the organisations that participated in this study. Their contributions and willingness to be involved has made this research possible.

Thank you to Georgie Routley for her editorial assistance.

I am grateful to my colleagues at the University Department of Rural Health who have provided peer support. In particular, I would like to thank Mr Stuart Auckland and Dr Erica Bell who have shown interest and support for my research endeavour in their roles as Acting Co-Directors. Last year I had the privilege of working with Jane Wardlaw who has inspired, challenged and encouraged me along the last leg of this journey.

I shared an office with my friend, Dr Lisa Dalton, while we were both graduate research students. This was an invaluable experience and I have benefited enormously from our discussions about the research process, emerging insights and sharing our life experiences.

My heartfelt thanks goes to my circle of friends (Di, Vicki, Sam, Kate and Karen) who have provided encouragement, practical support and a listening ear.

My family, Mark, Mitchell, Hayden and Declan, have given so much that has allowed me to complete the research process. The competing demands of family, doctoral study and work have been very challenging. I am indebted to you for your love, support and understanding. I would also like to thank Cindy who has cared for my family as if it was her own. I can always rely on my parents and my brothers to be my cheer squad.

Finally, I would like to dedicate this thesis to organisations within the community sector that strive for excellence and seek to encourage community voices.

Contents

Statement of Originality	i
Statement of Authority of Access	ii
Abstract	iii
Acknowledgements	vi
Tables	6
Figures	7
Chapter 1: Introduction & overview of the study.....	8
Introduction	8
The need for community participation	8
The problems of community participation	10
Key concepts defined	12
Community participation.....	13
Organisational culture	13
Social Capital	14
Research Questions	15
Data Sources.....	18
Outline of the thesis.....	20
Chapter Summary	22
Chapter 2: Community Participation: Principle, practice or end in itself?	24
Introduction	24
Community and Participation.....	25
The concept of ‘community’	25
Participation.....	28
Ideologies and the Practice of Community Participation.....	31
Historical influences on community participation in health	32
International developments	32
Australia’s response to global declarations	36
Community in Australian Health Policy	38
The Practice of Community Participation in Public Health.....	40
The Development of Public Health	40
Participation & citizenship within the new public health.....	43
Operationalising participation in the new public health.....	45

Approaches to Community Participation	49
Techniques of community participation.....	50
Organisational readiness for community participation	53
Chapter Summary.....	54
Chapter 3: Two Faces of Social Capital: Foundation of civil society & Integral to organisational development.....	56
Introduction	56
Defining social capital.....	57
Conceptualising social capital	59
Features of social capital	61
Functions of social capital.....	64
Conceptualising social capital within organisations	66
Features of organisational social capital	69
The function of social capital within organisations.....	71
Social capital and the state	72
Links between public health, civil society and social capital.....	75
Social capital within human service organisations.....	79
Chapter Summary.....	82
Chapter 4: Organisations as socio-cultural phenomena	84
Introduction	84
Defining organisations	84
Organisations as sociological phenomena.....	85
Theoretical perspectives used to study organisations.....	87
Studying Organisational Social Capital	91
Organisational culture	93
Studying Organisational Culture	98
Chapter Summary.....	103
Chapter 5: Research Setting: Human service organisations.....	104
Introduction	104
The Creation and Role of Non-Government Sector	104
Human Service Organisations and the New Public Health.....	107
Drivers for the study of health and human service organisations	110
Efficiency and effectiveness.....	111

Quality	112
Workforce.....	114
Consumer focus.....	115
Human service organisations and social capital.....	116
The role of social capital in fostering community participation in human service organisations	118
Introduction to the participating community-based non-government human service organisations	122
Kidsville	124
Southpark.....	125
Havenwood.....	126
Chapter Summary	127
Chapter 6: Research Design	129
Introduction	129
Reflexive self-consciousness.....	130
Research Paradigm	135
Epistemology.....	135
Ontology.....	137
The logic of the research design.....	141
Distinguishing between qualitative & quantitative approaches	144
Ethnography	147
Unstructured data	150
Small number of cases.....	150
Interpretations of meanings	151
Participant-observer roles.....	152
Ethical dimensions of ethnography	154
Participant observation process	156
Interviews	158
Data analysis.....	160
Chapter Summary	162
Chapter 7: Preparing for fieldwork: Stories of organisational assessment, culture, social capital & community participation	164
Introduction	164

Document analysis	165
Key Informant Interviews	167
Analytical process	169
The stories of the key informants' involvement with the QIC Program	170
Stories of organisational involvement with the QIC Program	173
Stories of organisational involvement in community participation	180
Stories of organisational social capital	184
Chapter Summary	186
Chapter 8: Cultural Webs	189
Introduction	189
Application of the Cultural Web	190
Cultural Webs of Three Organisations	192
Kidsville	192
Southpark	207
Havenwood	226
Chapter Summary	239
Chapter 9 Organisational culture, social capital & community participation.	241
Introduction	241
An over(re)view of organisational culture	242
Social capital as an analytical lens	244
A new analytical framework: linking organisational culture with organisational social capital	246
Research Question A:	247
Trust	248
Reciprocity	250
Cooperation	252
Relational ties	253
Conclusions for Research Question A	254
Research Question B:	255
Structural social capital	256
Relational social capital	259

Cognitive social capital	263
Conclusions for Research Question B.....	266
Research Question C:	267
Conclusions for Research Question C.....	270
Chapter Summary.....	272
Chapter 10: Conclusion.....	275
Introduction	275
The Original Contributions of this Study	277
A new analytical framework	278
Contributions to Community Participation Knowledge & Research	280
Contributions to Community Participation Theory.....	281
Limitations.....	283
Further research	285
Theoretical and practical implications	286
Chapter Summary.....	289
Appendix A Ethics Approval	290
Appendix B Informed Consent Documents	292
Appendix C Quality Improvement Council Standards Summary	297
References	298

Tables

Table 1 Dominant Ideologies and the Practice of Community P articipation..	31
Table 2 Summary of Selected World Health Organisation D eclarations.....	35
Table 3 Approaches to Consumer Empowerment.....	51
Table 4 Organisational Culture Conceptual Frameworks	96
Table 5 Characteristics of the local/emergent - elite/a priori d imension	100
Table 6 Application of Lewins (1992) Six Areas of Theory D ependence to This Study.....	130
Table 7 Network of Basic Assumptions Characterising the S ubjective- Objective Debate within Social Science	140
Table 8 Quantitative Style vs. Qualitative Style	146
Table 9 Interview Protocol Including Questions, Prompts and R ationale	159
Table 10 Key Informants Length of Involvement with the QIC P rogram and Number of Reviews Conducted	168
Table 11 Links Between Dimensions of Organisational Social C apital and Organisational Culture	246
Table 12 Elements of Organisational Culture Linked to the S tructural Dimension of Organisational Social Capital	257
Table 13 Elements of Organisational Culture Linked to the R elational Dimension of Organisational Social Capital	260
Table 14 Elements of Organisational Culture Linked to the C ognitive Dimension of Organisational Social Capital	264

Figures

Figure 1 Selected Definitions of Social Capital	58
Figure 2 Selected Definitions of Organisational Culture	95
Figure 3 Components of Welfare (adapted from Welfare Components and Related Indicator Topics)	109
Figure 4 The System of Influences on Choice of Organisational Research Methods	134
Figure 5 Key Features of the Quality Improvement Council (QIC) Standards and Review Program	141
Figure 6 Founding Principles of the Quality Improvement Council (QIC) Standards and Review Program	142
Figure 7 Logic of the Research Design	143
Figure 8 Johnson's (1992) Cultural Web	160
Figure 9 Organisational Self-Assessment Through Critical Reflection	174
Figure 10 The Task of Organisational Self-Assessment	175
Figure 11 Organisational Awareness Resulting From Participation in the QIC Program	176
Figure 12 Changes in Social Interactions	178
Figure 13 Kidsville's Meeting Room	193
Figure 15 Kidsville's Cultural Web	206
Figure 16 Southpark's Meeting Room	207
Figure 17 Southpark's Cultural Web	226
Figure 18 Havenwood's Meeting Room	227
Figure 19 Havenwood's Cultural Web	239

Chapter 1: Introduction & overview of the study

Introduction

This study has been borne out of a concern for community voice and a desire to better understand the factors that influence community participation. A sociological perspective of community participation enables an examination of the patterns of participation; the nature and distribution of power between the participants and those that require their participation; and how social interactions impact on the wellbeing of the community and the individuals within it. This study adopts a sociological perspective to focus on the role of organisations, rather than the community.

This chapter establishes the context for the research topic and the appropriateness of a social constructionist and interpretive social science approach to reveal the socio-cultural context of organisations through ethnographic methods. The key concepts of community participation, organisational culture and organisational social capital are outlined. An exploration of the relationship between these concepts begins in the process of developing the research questions. The chapter concludes with an outline of the thesis chapters.

The need for community participation

Current health policy in Australia is supportive of consumer and community participation, as evidenced by the growing number of community-based approaches to addressing health, social and environmental problems. In addition, policy initiatives emphasising community resilience and strength have been introduced (Department for Victorian Communities, 2007; NSW Government, 2009; Pope, 2006; Stone & Hughes, 2002b:62). The rising costs of health care have meant that decisions regarding which services should be provided to whom, where and when, are becoming increasingly difficult, and arguably less palatable to the general community. This is another push for increased participation in health care decision-making (Litva, Coast, Donovan, Eyles, Shepherd, Tacchi, Abelson & Morgan, 2002). Understanding

how organisations can effectively foster community participation is integral to achieving these health policy goals.

Governments appear to be increasingly interested in building community capacity to assist in the targeting and delivery of services. Matheson, Howden-Chapman and Dew (2005:8) suggest that “participation has become a key policy tool and indicator”. Similarly, Conway, Crawshaw and Bunton (2007:221) argue that community has become “a discursive technology of government” in the way that community participation is a policy requirement, but only to the extent that it meets government objectives, rather than “true participation”. The expectation to include ‘community’ has gone beyond what could be considered routine, to be expressed as ‘mantra’ (Conway, Crawshaw & Bunton, 2007), or an ‘imperative’, that is, a situation whereby organisations are required to seek community participation (Petersen, 1994). Some would argue that this is consistent with policies that seek to minimise the role of the state by shifting the responsibility (burden) to the community (Botterill & Fisher, 2002; Haslam McKenzie, 2003; Mowbray, 2000; Shiell & Hawe, 1996). The development of such policies is premised on a view that health and human service organisations struggle to understand and accommodate the needs of communities.

The benefits of community participation processes are thought to accrue at an individual and community level (Zakus & Lysack, 1998). Campbell and Jovchelovitch (2000) identify various forms of participation important for health including the involvement of local community groups in strategic and operational decisions about health service design and delivery; the design and implementation of grassroots initiatives to promote healthy behaviours; and fostering social cohesion and strong local networks. Participation is also purported to be part of our civic duty (Wharf Higgins, 1999). Thus, community participation is viewed as not only good for individuals, it is good for the community and the organisations providing community services.

Much remains to be learned about the processes and mechanisms whereby participation and representation, community networks and relationships have a positive impact on health and wellbeing (Billings, 2000; Campbell & Jovchelovitch, 2000; Zakus & Lysack, 1998). Research in these areas tends to focus on the processes that build confidence, competence and social connections among participants, often explored through the theoretical frameworks of empowerment and social capital (Billings, 2000; Campbell & Jovchelovitch, 2000; McMillan, Florin, Stevenson, Kerman & Mitchell, 1995; Onyx & Bullen, 2000). This study is particularly interested in the utility of social capital as an explanatory framework. Recent analyses of community participation have focused on the potential of participatory processes to generate social capital, primarily through the development of networks (Johnson, Headey & Jensen, 2003). Social capital theory provides a useful way to think about the civic and social aspects of a healthy community in terms of the importance of social interaction, participation and supportive communities.

The problems of community participation

There are many challenges that arise in the practice of community participation. While many structures and programs have been established to facilitate the participatory process, in reality few people participate even when given the opportunity (Butler, Rissel & Khavarpour, 1999). In addition, few programs are successful in terms of ongoing sustainability and effectiveness (Botes & Van Rensburg, 2000; Consumer Focus Collaboration, 2001; Zakus & Lysack, 1998). Some of the issues that confront service providers when attempting to incorporate this strategy into their everyday practice relate to the definitional disputes about the key concepts of 'community' and 'participation' (representation) (Billings, 2000; Morgan, 2001; Taylor, Wilkinson & Cheers, 2006; Zakus & Lysack, 1998). Other difficulties arise because participation can take various forms, which requires choices to be made in relation to techniques, approaches and focus (Morgan, 2001). Thus, putting the rhetoric of community participation into practice is problematic. Zakus and Lysack (1998:9) suggest that "a much better understanding of the

nature of community and the nature of human social interaction and community participation” is required to ensure community involvement is both effective and long lasting.

There are two main critiques of community participation - those that focus on the theoretical, political and conceptual limitations of participation (the concept), and those that are more concerned with technical limitations of the approach (the practice). An example of a recurring theme within the theoretical and political critiques is the domination by experts (Scutchfield, Ireson & Hall, 2004). Models of community participation are premised on the beliefs that those seeking to engage the community are the experts and those who participate have much to gain (and be grateful for) (Cleaver, 1999; Milewa, Valentine & Calnan, 1999). For example, within the new public health, participation is defined and delimited by the experts (Petersen & Lupton, 1996). Participation is contrived to achieve compliance, regulation and healthy citizens who conform to expert knowledge. The experts assume that if appropriate structures are developed and people are provided with information and skills, then the democratic ideal of participation will happen. Bishop and Davis (2002:14) suggest that “participation is the expectation that citizens have a voice in policy choices” and argue that whatever form participation takes, “the idea of participation rests always on a sharing of power between the governed and the government”. Thus, the notion of power in relation to knowledge, representation and voice plague the practice of community participation.

Critiques of the practice of community participation also draw attention to the failure of instrumentalist approaches and ‘cook book’ (Cox, 2002) approaches to guide practice. The origins of community participation are in the field of community development where participatory approaches to development are about the gathering of (local) knowledge (Mosse, 2001; Rifkin, 1990). The way these participatory approaches have been appropriated by health is to gather this knowledge to ensure that health care is more accessible, affordable and equitable. Consequently, if these aims are not

achieved, then the knowledge or information gained from the community is assumed to be wrong. As a result, the practice of community participation is susceptible to losing its integrity in the face of 'top-down' bureaucratic missions to implement services the way the funder intended, rather than as the community envisaged (Petersen, 1994; Skidmore, Bound & Lownsborough, 2006). In addition, there are inherent tensions between policy structures which theoretically enable positive change, and on-the-ground realities of implementation within complex social and cultural settings (MacKian, 2002).

This study takes a unique approach to researching determinants of organisational performance in relation to community participation - one that goes beyond the level of practice to explore the socio-cultural context of the organisation. Current understandings of community participation (over) emphasise the community perspective and the part played by the organisation is left unanalysed (Adams & Hess, 2001; Hudson-Rodd, 1994; Matheson, Howden-Chapman & Dew, 2005). Consequently, the failure of community participation to make good on promises of accessible, equitable and appropriate health services has led to victim-blaming at the level of the community. An alternative view examines the role of the organisation in facilitating community participation. This is achieved in this study by examining organisational life within the participating organisations through the analytical frameworks of organisational culture and social capital. The key concepts relevant to this study - community participation, organisational culture, and social capital – are briefly outlined in the next section.

Key concepts defined

This section provides an overview of the key concepts explored within this study, prior to introducing the research questions. Each of these key concepts will be expanded and discussed in full in subsequent chapters of this thesis. A sociological approach has enabled a focus on the socio-cultural dimensions of organisations which has led to the adoption of a social constructionist perspective. This perspective challenges the taken-for-granted assumptions, values and beliefs that underpin organisational culture. An

interpretive social science approach has been used to look “for culturally derived and historically situated interpretations of the social life-world” (Crotty, 1998:67). An interpretive approach follows from a social constructionist view of social reality in that it acknowledges social reality is the product of the experience of the actors.

Community participation

Reasons to pursue community participation have been reframed overtime. This process of reframing draws on different ideological positions to create a participatory imperative. In the 1970s and early 1980s community participation was a radical ideal that challenged the power relations, removing health from the domain of the medical profession and positioning health as an inter-sectoral and valued commodity (Petersen, 1994). More recently, with the social construction of the ‘healthy citizen’, community participation is not just a right of citizens, it is also part of our civic duty (Baum, 1997). Within the new public health, community participation is associated with activities such as health promotion – partnerships, sharing health care and self-management are all strategies that draw on the concept (Baum, 2002). Community development and community participation have a close affinity and in some circles are used synonymously – it is the process of working ‘with’, rather than ‘on’ people (Rifkin, 2001). Capacity building requires community participation to look beyond individuals to building the capacity of the workforce, organisations and the community (King & Wise, 2000). **This study takes a broad view of community participation as referring to the ways that those who may be affected by policies and services are involved in the planning and development of these policies and services.**

Organisational culture

Studies of organisational culture have viewed organisations as “mini societies, illuminating the interpretations and understandings of participants of their roles in the political, technical and social life-world of an organisation” (Hyde & Davies, 2004:1409). Exploring organisational culture in this way is suited to a social constructionist and interpretive approach. **Organisational culture in this study is viewed as emergent, that is, as emerging from**

social interactions, and evident in the organisation's symbols, stories, routines, rituals, and other cultural artefacts. This conceptualisation of organisational culture has its origins in anthropology (Schein, 2004). Organisational culture is treated as a metaphor, something an organisation *is like*, rather than a variable, something an organisation *has* (Prasad & Prasad, 2009). Organisational culture has been defined as: “the shared values, attitudes, beliefs and norms that underpin patterns of behaviour in organisations” (Mannion & Davies, 2005:129). In this way, the study aims to interpret culture through the social interactions and behaviour of those within the participating organisations.

Social Capital

The term social capital usually refers to the nature of participation, trust, networks and cooperation that exist amongst members of a community or, in the context of this study, within an organisation. It is a kind of resource that unifies the community and facilitates the pursuit of common benefits. Human service organisations are inherently relational. Examining organisations through a social capital lens draws attention to these relationships, particularly as within these organisations, the people are the producers and the mechanism of providing services. In this way, just as social capital is useful for understanding community-level influences on health, so too, it is useful for understanding the internal dynamics of health care services. Within the context of organisations, social capital has been conceptualised as having three key dimensions:

- A structural dimension - the ability of individuals to make connections to others within an organisation;
- A relational dimension – the development of interpersonal relationships that reinforce the connections between individuals – this involves obligations, norms, trust and identification; and
- A cognitive dimension – this is the development of a shared context between two parties – common language, shared narratives or stories that enable individuals to make sense of their current work environment and their role within it (Nahapiet & Ghoshal, 1998).

Thus, in this study organisations are conceptualised as social communities, therefore social capital within these organisations is reflected in the degree of social cohesion and the processes between the people within the organisations that establish networks, norms and generalised trust in order to facilitate coordination and cooperation for mutual benefit.

Research Questions

The following discussion makes explicit the choices made with respect to the thesis topic, participants and research design that have been influenced by me as the researcher. As a nurse, I am interested in the ways that organisations can work better with their communities. As a researcher, I am keen to document, analyse and learn from the experiences of both the communities and the organisations. As both a nurse and researcher, I am interested in informing and changing practice. These roles have also influenced the research discipline, questions and approach.

This section is part of the decision-making trail or audit trail that is required in ethnographic research to guard and provide a defence against claims that the thesis lacks rigour (de Laine, 1997; Koch, 2004; Savage, 2000). Spradley (1980:18) contends that “strategic research begins with an interest in human problems”. The underlying human problems within my study are the need for a health care system that provides adequate care for all members of society, and the related need for health care organisations to be socially responsible and operate in the public interest. This is reflected in this comment from Scutchfield, Ireson and Hall (2004:197):

“Community health is the ultimate responsibility of public health agencies and community involvement is an absolute core value of effective public health practice. However, creating public involvement in public health is a cumbersome task. Improving the public’s health demands citizens that feel connected to the decisions being made”.

I have chosen to strategically research these human problems through exploring community participation as it is a key mechanism to ensure that health services are appropriate and responsive to community need¹.

The research questions for this study arise out of a need to understand how organisations can create conditions supportive of community participation. The aim of this study is *‘to elucidate the factors that influence community participation efforts and generate theoretical insight into the relationship between organisational culture, social capital, and community participation within human service organisations.’* The three interrelated research questions that address this aim are:

- A) *‘What are the cultural elements (for example, norms, assumptions, symbols, artefacts, values, and accepted ways of behaving) within human service organisations that are features of social capital?’*
- B) *‘Can the culture of human service organisations be understood within the theoretical framework of social capital and if so, how does organisational social capital impact on their community participation efforts?’*
- C) *‘What contributes to the capability of community-based human service organisations to effectively foster community participation?’*

The discussion below outlines the thinking behind the research questions in a way that starts broadly and then narrows the focus of the research endeavour. For this reason, the research questions are outlined in the reverse order that they appear in this list.

Problems occur because the performance of community-based health care organisations in relation to their community participation efforts is variable (Botes & Van Rensburg, 2000; Butterfoss, Goodman & Wandersman, 1996; McCluskey, Deshpande, Shah & McLeod, 2004). This

¹ This study draws on and extends some of the work in my honours thesis which examined a community group’s experiences of participation, in relation to the theoretical dimensions of empowerment and social capital.

appears to be somewhat of a conundrum, because, in light of the compelling evidence of the benefits of participation, it would seem to follow that health services should be at the forefront of developing and implementing strategies designed to increase participation. To unravel this conundrum, my research endeavour aims to identify the factors that account for the heterogeneity in organisational performance in relation to community participation. Thus, the broad research question is *'what contributes to the capability of community-based human service organisations to effectively foster community participation?'*

In considering this research question, I pondered the social capital thesis and its utility for providing some answers. Falk and Kilpatrick (2000) propose social capital is the product of social interactions which simultaneously use and build social capital, therefore social capital exists (theoretically) within the organisations, as well as their community of interest. In this conceptualisation of social capital, both parties to the social interaction have social capital. I considered whether the ability of health care organisations to effectively engage with their communities, is a reflection of their own social capital, as well as that within the community. The existence of social capital within corporate (business) organisations has been well researched (Adam & Urquhart, 2009; Adler & Kwon, 2002; Anssi, 2008; Farrell & Knight, 2003; Hean, Cowley, Forbes, Griffiths & Maben, 2003; Hongseok, Labianca & Myung-Ho, 2006; Jifeng, Edwin & Gang, 2008; Martin, 2004; Robert, Celeste & John, 2008), however, social capital within health care organisations is a neglected theme. Rather, within the health sector, there is an over-emphasis placed on the social capital within the community and comparatively little introspective analysis of the organisations themselves. Previous research of social capital draw attention to the need to account for the sources and outcomes of social capital (Campbell & Jovchelovitch, 2000; Falk & Kilpatrick, 2000; Portes, 1998; Woolcock, 1998; Woolcock, 2001). Thus, the focus of my study begins to narrow with the question *'Can the culture of human service organisations be understood within the theoretical framework of social capital and if so, how does*

organisational social capital impact on their community participation efforts?’

The relationship between organisational culture and social capital is yet to be completely unravelled. Some research suggests that organisational culture provides the antecedents necessary for social capital (for example, Mele, 2003) and other research explores how organisational culture influences the nature and function of social capital (for example, MacKian, 2002). This study aims to contribute to the research about this relationship by determining whether organisational culture can be understood through the lens of social capital. Thus, the research question is: *‘what are the cultural elements (for example, norms, assumptions, symbols, artefacts, values, and accepted ways of behaving) within human service organisations that are features of social capital?’*

Data Sources

The background provided to the research topic points to the need to investigate the role that organisations play in community participation, which centres this study on organisational performance. Understanding the factors that influence the performance of organisations is a recurring theme in organisational research, in the field of management in particular. Organisations within the for-profit sector have many markers of performance, predominantly the return on investment to their shareholders and market share. Within health services, especially those within the public and the not-for-profit sector, the same markers of success do not apply, however, they still strive for efficiency and effectiveness (Herman & Renz, 2008). This study sheds light on how community-based human service organisations could improve their performance in relation to community participation.

This study examines the organisational life of three community-based human service organisations funded through the Supported Accommodation Assistance Program (SAAP) administered by the Tasmanian Department of Health and Human Services (DHHS). These small non-government

organisations provide services in accordance with the Supported Accommodation Assistance Act 1994. At the time of data collection, these services were engaged with a Quality Development Project sponsored by Community Partners, Housing Program (DHHS). The overarching aim of the Quality Development Project is to improve the services provided to clients and in turn to positively impact on client outcomes. The objectives of this project include:

- The development of a framework for quality improvement within the SAAP sector;
- Promoting a focus on continuous quality improvement; and
- Fostering culture change towards a learning organisation.

Participating in the Quality Improvement Council Accreditation and Standards Program (QIC Program) is a key strategy to achieve these objectives.

These SAAP-funded organisations were invited to participate in this study because they had never participated in the QIC Program before. This meant that for these organisations, the impacts of the QIC Program both in terms of engaging with the process and realising the benefits would, potentially, be more pronounced. As will be argued later in this thesis, the process of engaging with the QIC Program provides an excellent platform from which to observe organisational life. These organisations were also selected on the basis of claims that community-based non-government organisations are embedded within the community landscape through their close links with community members, for example as management committee members or volunteers (Passey & Lyons, 2006; Productivity Commission, 2009). Through their involvement in the provision of community (welfare) services, these organisations have a strong values-base and client focus (Department for Victorian Communities, 2007; Productivity Commission, 2009). Close proximity to the community and a client focus have been found to be key success factors for engaging communities (Gregory, 2006). Thus, it was anticipated that these organisations would provide fertile ground for the exploration of community participation.

This qualitative, ethnographic research is located within an interpretivist paradigm. Three major strategies of inquiry have been used within this study. The first is an analysis of documents in the public domain that provide a record of the involvement of organisations engaged with the QIC program. These include editions of a newsletter published by Quality Management Services (QMS) (a licensed provider of the QIC program); case studies produced by QMS; annual reports of QMS and QIC; and QIC related information. The analysis will focus on identifying key messages about the QIC program and those who engage with it. The second strategy involved interviews with key informants who had previous involvement with the QIC program, particularly in relation to conducting reviews of organisations in relation to the QIC Standards. These interviews were exploratory in nature and served to test the logic of the research design. The first and second strategies are also intended to prepare me for entering the field and embarking on the third strategy of inquiry, participant observation. The participant observation stage also involved a member checking process achieved through the informal (field) interviews. The following section provides an outline of the chapters in the thesis which contribute to achieving the purpose of this study.

Outline of the thesis

Chapter 2 is entitled '*Community participation – principle, practice or end in itself?*' to reflect some of the areas of contestation that surround the notion of community participation. This chapter introduces the concept of community participation by considering its constituent elements – community and participation. The aim is to problematise the concept of community participation and operationalise the concept in the context of this study.

Chapter 3 is entitled '*Two faces of social capital: foundation of civil society and integral to organisational development*'. This chapter explores the concept of social capital as it applies in the context of community and within the context of organisations. The meaning and operationalisation of social

capital within the context of human service organisations responsible for implementing a public health agenda is explored and critiqued.

Chapter 4 explores '*Organisations as socio-cultural phenomena*'. In this chapter, analytical frameworks to study organisations are examined with a view to embedding this study within the discipline of sociology. The concept of organisational culture is discussed, together with previous research approaches.

Chapter 5 brings together the information presented in the previous chapters to contextualise and apply this to the '*Research Setting*'. This chapter provides an overview of the characteristics and significance of the research setting, that is, non-government human service organisations. As part of this process, four exploratory hypotheses are proposed to guide the ethnographic research process. The three participating organisations are introduced in this chapter.

Chapter 6 contains the '*Research Design*' and the methodology and methods are discussed within this chapter. This chapter builds on the information outlined in this introduction to provide a comprehensive discussion of the conceptual framework and the logic of the research design.

Chapter 7 presents the findings of the data collected prior to the participant observation stage, thus it is entitled '*Preparing for fieldwork*'. The findings presented in this chapter test the logic of the research design and also served to prepare me for the fieldwork stage by sensitising me to the argot and key foci in the field.

Chapter 8 presents the data from the participant observation as '*Cultural Webs*'. Each organisation is discussed in turn, using the Cultural Web (Johnson, 1992) as an analytical framework. Findings suggest that the beliefs, assumptions and values held by the members of these organisations

promote an understanding of the organisational paradigm, and therefore, an understanding of their social, cultural, and cognitive context.

Chapter 9 is aptly entitled '*Social capital as an analytical lens*' as within this chapter, the findings are subjected to further analysis through the use of the social capital framework of Nahapiet and Ghoshal (1998). The elements of Johnson's (1992) Cultural Web are linked to the relational, cognitive and structural dimensions of Nahapiet and Ghoshal's (1998) social capital framework. This analysis is then synthesised in response to the research questions.

Chapter 10 contains the '*Conclusions*' and brings together the themes that have emerged in the course of this study. This chapter addresses questions of rigour, limitations and the significance of this study. It is argued that the key findings provide an alternative framework for understanding community participation.

Chapter Summary

This chapter has outlined some of the many factors driving the need for authentic and effective community participation. Despite its prominence in policy, the practice of community participation is fraught. This study, therefore, is more than an analytical pursuit that seeks to understand a particular phenomenon; the intention is to generate knowledge that has practical application. This requires that the investigation develops an understanding of what is occurring 'on-the-ground' within organisations. The significance of this research in relation to the broader determinants of health and in the context of civil society is encapsulated in the following statement from Lomas (1998:1182):

“the way we organise our society, the extent to which we encourage interaction among the citizenry and the degree to which we trust and associate with each other in caring communities is probably the most important determinant of our health”.

Applied to the context of this study, Lomas's (1998) statement suggests that health is determined by the way organisations are organised, and extent to which they encourage interaction among their community in a manner that engenders trust and associability.

The following chapter explores the concept of community participation as a determinant of health and wellbeing; a requirement of civil society; a goal of public health; and 'a must' for organisations.

Chapter 2: Community Participation: Principle, practice or end in itself?

Introduction

This study explores beyond the level of community participation practice to expose the organisational factors that influence community participation, that is, the ways in which organisations create conditions supportive of community participation. This chapter reviews the literature on the contested meanings, participatory norms and practices that problematise the concept of community participation as it applies to health services. The requirement to include community participation has been formally documented in international and national health policy documents for many years; however, the policy and practice of community participation remains contentious. Much of the debate about the concept of community participation stems from the ill-defined character of its essential elements, namely ‘community’ and ‘representation’. This chapter exposes the preponderance of previous studies to emphasise the role of communities, rather than the organisations that seek their participation and in doing so reveals the need for further research that focuses on organisational factors.

The breadth of community participation literature is expansive and is present in a range of disciplines including sociology, psychology, geography, management, community development, health, public health, health policy, administration and community health. This list is not exhaustive, but is indicative of the variety of interest in this area. Each discipline tends to examine the phenomena from the perspective of its own field and hence there is little cross-fertilisation of ideas. This diversity of perspective, and siloed approach, subjects community participation to definitional disputes and operational vagaries. It has also made it more difficult for the phenomenon to be studied in a cross-disciplinary way. The purpose here is to highlight the philosophical underpinnings revealed in its history and to explore how these are transposed into definitions and practice.

Community and Participation

This section introduces the concept of community participation by considering its constituent elements, that is, community and participation. While this might at first seem a simplistic approach, the complexities of defining community participation become apparent through a social constructionist viewpoint. The synthesis of literature reviewed in this section makes it possible to operationalise community participation in the context of this study.

The concept of 'community'

A social constructionist perspective highlights the problematic nature of common-sense ideas that surround the concept of community. The concepts of community participation and community may appear to have a strong affinity, however, the contested nature of community is problematic within this context (Jewkes & Murcott, 1998). A sociological perspective enables an analysis of group dynamics, revealing the ways communities are forged through social interaction. Yet Dempsey (1996:140) suggests community is a slippery concept in sociology because community has been used to refer to diverse groupings and collectives, institutions with narrow purposes and to denote non-residential groups. In addition, there have been many attempts to identify the defining characteristics of community in terms of its subjective and structural elements (Billings, 2000; Dempsey, 1996; Petersen, 1994). There is, however, a disjunction between the literatures of analytic social commentary and the strategic declarations and policy documents to be examined later in this chapter (Jewkes & Murcott, 1998). In the former, the concept of community is highly contestable. In the latter, what 'community' means is apparently self-evident, perhaps as part of a pragmatic response by policymakers, managers and planners to move from ideology to action (Morgan, 2001). The following discussion makes explicit the nature of community within this research.

Responding to the requirement to involve the community requires service providers to decide upon their meaning of community. Jewkes and

Murcott (1996:844) found that meanings of community are principally determined “by when and in what circumstances community is constructed, as well as by and for whom”. The process of bestowing community status seems to be primarily related to the particular goal of the initiative, rather like defining a target group. Zakus and Lysack (1998:3) explain, “traditional health literature has tended to confer ‘community’ status on families, ethnic groups, and neighbourhoods alike, and at other times, upon larger jurisdictions such as health districts and regions”. This conceptualisation of community is problematic, especially if community status is bestowed by professionals, but not recognised by those who are part of it (Billings, 2000; Jewkes & Murcott, 1996; Zakus & Lysack, 1998). The definition of community within this study reflects the centrality of the organisational perspective by focusing primarily on the meaning bestowed by the service providers, rather than the members of the community themselves.

As well as its complex descriptive dimension, the concept of community also has an evaluative dimension (Bell & Newby, 1972; Plant, 1974). This dimension has its origins in the sociological tradition of the nineteenth century, which, through the concept of community, attempted to rediscover the “sense of the wholeness of human nature” lost in modern mass society (Plant, 1974:18). Gusfield (1975) suggests that if concepts are understood to embody ideologies, then the concept of community embodies Utopian ideals of communitarianism. In this way, the term community is invoked to convey a vision of what society ought to be like (Gusfield, 1975; Petersen, 1994). From this stance, communities are evaluated in relation to the existence of social bonds, community capacity and social capital (Campbell & Jovchelovitch, 2000; Dempsey, 1996). These features are described in traditional sociology as *Gemeinschaft* (kinship, neighbourhood and friendship) (Bell & Newby, 1972). Dempsey (1996) claims that it is confusing and misleading to view community evaluatively, as this leads to considering its occurrence as good, and its absence as bad. Despite this, the literature abounds with examples of attempts to measure community empowerment, social capital, community capacity, community strength, community change

and many other descriptors of community characteristics. This pre-occupation with measurement reflects the current policy discourse in relation to strong communities and the need to be accountable for public monies spent in this area (see for example, Pope, 2006), but, many caution against using the results for comparative purposes. This study avoids the evaluative dimension of community as the aim of the research is not to evaluate the community but rather to explore the socio-cultural factors within organisations that influence how they define and engage with their community.

Within the context of this study, the concept of community is best understood as the ‘community of interest’ relevant to each of the human service organisations participating in the research. Even the concept of a community of interest is subject to imprecise definition and appropriation by different fields. Communities of interest are groups of people who share a consistent set of interactions around a common interest whether it be an economic, social, political, spiritual and/or cultural interest (Guterbock, 1990:92). Communities of interest develop from the “experience of belonging together” (Dempsey, 1996:141). They are similar to communities of identity that are based on shared interests, values and common social identification (Campbell & Jovchelovitch, 2000; Zakus & Lysack, 1998). Thus, the term ‘community’ in the context of this study has less to do with a discrete location and more to do with the subjective experiences of the people living in it (Billings, 2000).

In this study, who belongs to the community of interest is in part determined by those who use the services (for example, past and current service users and their families, and potential future users), and it is also determined by the contractual obligations of the human service organisations to provide services in accordance with the provisions of the Supported Accommodation and Assistance Program (SAAP). For example, a Consumer Participation Resource Kit developed for use by SAAP funded services in Victoria defines a consumer as:

“someone who uses, has used, or is eligible to use housing, homelessness and support services, including those refused services and those who have refused services. This may include carers and family members when relevant” (HomeGround Services and Rural Housing Network Ltd, 2008:3).

Laverack and Wallerstein (2001) explain that clearly defined program aims serve to reinforce the notion of a community of identity, as the heterogeneity of group members is overshadowed by their shared interests and needs. As such, communities of identity address the critique that the notion of the ideal community denies difference (Young, 1995). **In this study, members of the community of interest have a shared experience of homelessness. This includes the clients who have accessed the services (and their families), as well as those who are eligible to use the services.**

Participation

A review of foundation and contemporary literature on community participation reveals an abundance of definitions that encapsulate a range of meanings ascribed to the concept. While there is no consensus on a definition of the concept, it is widely understood to involve processes that support a community voice in determining service provision (Butler, Rissel & Khavarpour, 1999; National Health Strategy, 1993). It is defined by the Consumer Focus Collaboration (Enduring Solutions on Behalf of Consumer Focus Collaboration, 2000:12) as: “The process of involving health consumers in decision making about their own health care and in health service planning, policy development, priority setting and addressing quality issues in the delivery of health services.” Some definitions of community participation emphasise the notion of sharing power. For example, “Participation refers to a range of activities which involve people from various communities in identifying issues, participating in decisions about, planning for, and managing and/or delivering health programs and policies” (Dwyer, 1989). The notion of sharing can be extended to “joint problem-solving, joint decision-making, joint responsibility” (Consumer Focus Collaboration, 2001). Bishop and Davis (2002) argue that community members expect to have a

voice in the power sharing process. These are key elements for consideration in determining the nature and scope of community participation in this study.

Definitions of community participation are indicative of the expectations about who will participate and what they will do. For example, “the term community participation embraces many forms of citizen action for community problem solving” (Bracht & Tsouros, 1990:200). Other definitions focus on the different ways that people participate according to their reason for participation. For example, Draper and Hill (2009) build on Duckett’s (1984) concept of structured interests to suggest that consumers participate as an individual making decisions about health care; as someone with a common health interest in a particular aspect of service provision; and, as a citizen and health consumer wishing to influence health service governance. **This study takes a broad view of community participation as referring to the ways that those who may be affected by policies and services are involved in the planning and development of these policies and services.** This definition makes explicit who will participate (those who may be affected by policies and services) and what they will do (be involved in the planning and development of policies and services).

Descriptions of community participation tend to focus on the processes of participation. One of the most widely known and often quoted depictions of community participation processes existing along a continuum is Arnstein’s (1969) ladder of participation. Arnstein (1969) conceptualised citizen (community) participation as existing on eight rungs of a ladder that illustrate degrees of participation from non-participation, to degrees of tokenism, to degrees of citizen power. The different aspects and processes of community participation are well suited to a four dimensional framework developed by Johnson (2001), based on the work of Charles and DeMaio (1993). The four dimensions are: role perspective (who participates); decision-making domain (individual care, health services and health system); level of participation (different levels of the health system); and degree of participation (based on

Arstein's work). Zakus and Lysack (1998:2) define community participation in a way that combines what it is, with what is involved:

“the process by which members of the community, either individually or collectively and with varying levels of commitment: develop the capability to assume greater responsibility for assessing their health needs and problems; plan and then act to implement their solutions; create and maintain organisations in support of their efforts; evaluate the efforts and bring about necessary adjustments in goals and programs on an ongoing basis”.

These descriptions of community participation processes and degrees of participation focus predominantly on what the members of the community will do, whereas this study is interested in exploring the role of organisations. For this reason, this study has intentionally not focused on the processes of participation at a community level, focussing instead on the organisations.

The majority of studies of community participation have focused on an instrumentalist approach that emphasises measurement and techniques. Cleaver (2001:38) refers to this as “techniques-based participatory orthodoxy”. The practice of participation in any context is dominated by four key questions that are crucial to the implementation of policy at the local level: why participate; who participates; how do they participate; and what is required for participation to occur (Smith, 2001). The four questions posed by Smith (2001) are indicative of some of the ways community participation has been explored. This study offers an alternative view that focuses on how organisations create conditions supportive of community participation.

The following section summarises some of the dominant ideologies that underpin the practice of community participation. Within this discussion it is evident that these ideologies position the community relative to the organisations in terms of power and influence. These ideologies have their origins in the historical development of community participation explored later in this chapter.

Ideologies and the Practice of Community Participation

As will be demonstrated by the historical overview of its development, community participation is a central value and strategy within the health sector for a variety of reasons including efficiency, equity and social cohesiveness. The term community participation can be invoked to suit the purposes of health service reform, or it can appear as a motherhood statement (Taylor, Wilkinson & Cheers, 2006). The discourses that sustain its centrality include economic rationalism, social justice, consumerism, communitarianism and democracy. The terms consumer, community and public are used, often interchangeably, to denote who is required to participate and also to infer the level of engagement, whether it be individual, local or national, respectively. The practice of community participation is associated with terms such as citizen involvement, consumer control, volunteering, consultation, partnership, coalition, and community development (Baum, Bush, Modra, Murray, Palmer & Potter, 1999). An overview of the dominant ideologies that shape the practice of community participation appear in Table 1. These are referred to throughout this chapter during discussions about the development and application of community participation.

Table 1 Dominant Ideologies and the Practice of Community Participation

Dominant Ideology	Practice of Community Participation
<i>Biomedical Dominance</i>	Dominated by experts (health professionals) and elitist (the powerful participate).
<i>Community Development</i>	Aims to address social inequalities and build community capacity, with a focus on empowerment.
<i>Primary Health Care</i>	A strategy to achieve appropriate, accessible and affordable health care. Communities know what their needs are and what models of service delivery work best.
<i>New Public Health</i>	Collective approach to addressing lifestyle issues through health promotion, community development and community capacity building. The patient ‘is’ the ‘expert’, particularly in relation to chronic diseases.
<i>Managerialism</i>	Individual consumers as the ‘unit cost’ and focus of service delivery through case management. Contractual obligations include consumer feedback mechanisms.
<i>Rights-based Approach</i>	People have the right to be included in decision-making and their contribution is inherently valuable. Community consisting of citizens exercising their democratic right to participate.

Historical influences on community participation in health

This section examines historical influences on community participation in health, both internationally and nationally. The aim is to develop a better understanding of the historical context from which the development of the current participation imperative has arisen. An overview of international policy documents highlights those that were responsible for setting a community participation agenda within a global context. Australia's response to this agenda is discussed in relation to the reorienting of health services and community health policy. The philosophical underpinnings such as equity, equality, social justice, and deliberative democracy are evident when the historical context of the development of community participation is considered.

International developments

The role and position of the community in relation to participating in health is dependent upon whether an individual or collective approach is taken to achieve health and wellbeing. It has been argued that the growing emphasis on community participation in health is commensurate with an increasing awareness of the failure of biomedical approaches to health and illness to significantly improve health status (Dwyer, 1989; Petersen, 1994; Rifkin, 1990). Biomedical approaches were found to be inappropriate and ineffectual in developing nations who had neither the infrastructure nor the financial capacity to sustain them (Rifkin, 1990). The comparative success in developing nations of traditional approaches to health and health care that were less technical and more inclusive of communities challenged the dominance of the technical and resource intensive biomedical model (Rifkin, 1990). Thus, it is important to consider the promotion of community participation in health as part of the response to the call by the World Health Organisation (WHO) for an approach to health that was much broader than a focus on individuals and their biology, and more closely aligned with traditional approaches that involved people in their health care.

Some of the most influential and successful approaches to community participation have emerged from the field of community development. In the 1950s, community participation in health became an integral part of community development in developing countries that was fostered by the United Nations in what has become known as the 'community development movement' (Rifkin, 1990). This was part of an attempt to remedy health inequalities through "a conscious effort to work toward equality in health at a global level" (Hudson-Rodd, 1994:120). While the notion of participation has been embraced to achieve the aims of community development through empowerment, there is also a growing unease about the 'need' for participation in the sense that it has the potential to be used in a manipulative, coercive and unjust manner. Cooke and Kothari (2001:3) argue "tyranny is both a real and a potential consequence of participatory development, counter-intuitive and contrary to its rhetoric of empowerment though this may be". These critiques of participation within community development draw attention to the practice of community participation as a realisation of power, values and assumptions and the ways orthodox discourses of participatory development marginalise these opposing discourses.

Community participation in health gained significance on a more global scale through its endorsement as an essential component of primary health care (Jewkes & Murcott, 1998). Primary health care was promulgated by the WHO as an alternative approach to conventional health care, one that was not embedded in technology and institutional settings; and one that could begin to address inequalities in health on a global and local level (Hudson-Rodd, 1994; Roemer, 1986; Vuori, 1984). Community participation in the planning, organisation, operation and control of services was espoused as a requirement of this approach (Roemer, 1986; Vuori, 1984). Thus, community development and primary health care were hailed as important strategies for addressing the health problems of the poor and underprivileged, most of whom were living in developing countries.

The importance of community participation was reaffirmed through its inclusion as a fundamental strategy in the WHO strategic declarations and policy documents (World Health Organisation, 1981; World Health Organisation, 1986; World Health Organisation, 1990; World Health Organisation, 1997) (see Table 2 for an overview of these documents). To establish a focus for developed countries, the European Office of the WHO developed a series of objectives and targets in relation to the concept of ‘Health for All’ contained within the Declaration of Alma-Ata (World Health Organisation, 1978). This has since been reviewed and reaffirmed in the Health 21 document (World Health Organisation Regional Office for Europe, 1998), which is underpinned by three basic values, including one which espouses the need for “participation and accountability of individuals, groups, institutions and communities for continued health development”. These declarations had the effect of broadening the applicability of community participation from the confines of a community development approach towards a more universal principle, equally applicable to all people in all countries.

Table 2 Summary of Selected World Health Organisation Declarations

Declaration of Alma-Ata (World Health Organisation, 1978)	
<u>Summary:</u> <ul style="list-style-type: none"> • The WHO broad definition of health was reaffirmed. • Inequality in the health status of people within and between developed and developing countries viewed as politically, socially and economically unacceptable. • Link between economic and social development and health firmly established. • Primary health care espoused as the key to attaining health for all. • Calls for urgent and effective national and international action to develop and implement primary health care throughout the world. 	<u>Key principle:</u> <i>"the people have the right and duty to participate individually and collectively in the planning and implementation of their health care"</i> <u>Key action areas:</u> One of the central tenets of primary health care is that it: <i>"requires and promotes maximum community and individual self-reliance and participation in the planning, organisation, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate"</i>
Ottawa Charter for Health Promotion (World Health Organisation, 1986)	
<u>Summary:</u> Emphasises the need for intersectoral collaboration. Defines health promotion as: <i>"the process of enabling people to increase control over, and to improve, their health"</i> .	<u>Key action areas:</u> One of the five health promotion action areas is to strengthen community action, which includes empowerment and the need <i>"to develop flexible systems for strengthening public participation and direction of health matters"</i> .
The Milan Declaration on Healthy Cities (World Health Organisation, 1990)	
<u>Summary:</u> Health viewed as <i>"a positive concept emphasising social and personal resources as well as physical capacities. Health is created and lived by people in the settings of their everyday lives"</i> .	<u>Key principles:</u> <ul style="list-style-type: none"> • Health for all Policy; • Sustainability; • Equity; • Intersectorality and accountability; & • International dimensions. <u>Key action areas:</u> Actions for healthy cities include <i>"ensuring effective community participation in all decisions and actions affecting health"</i> .
The Jakarta Declaration on Leading Health Promotion into the 21st Century (World Health Organisation, 1997)	
<u>Summary:</u> The five priorities for health promotion in the 21 st Century are to: <ul style="list-style-type: none"> • promote social responsibility for health; increase investments for health development; • consolidate and expand partnerships for health; • increase community capacity and empower the individual; and • secure an infrastructure for health promotion. 	<u>Key action areas:</u> Claims that <i>"participation is essential to sustain efforts. People have to be at the centre of health promotion action and decision-making processes for them to be effective. Health learning fosters participation. Access to education and information is essential to achieving effective participation and the empowerment of people and communities"</i> .

Australia's response to global declarations

Community participation in health in Australia has its origins within the social and political movements of the 1960s and early 1970s. During this time there was growing unrest in relation to a significant number of issues, which was sufficient to generate social action. Prior to this time, the political culture in Australia serviced to stifle unrest and delimited community involvement. As Butler, Rissel and Khavarpour (1999:254) explain, the political culture in Australia includes “a highly instrumental view of government and a traditional acceptance of the need for ‘big government’” that has its origins in the circumstances of the European settlement in 1788.

In Australia, community participation stemmed from the mobilisation of collective action and political activity in the midst of social and political changes. Dwyer (1989) locates the demand for community participation in health within this era of conflict and change. She argues that the origins of the demands for community participation in health policy, planning and services included:

“...the concepts of self-management and participatory democracy advanced by the New left; the growth of self-help groups; the Moratorium and student movements; the emergence of environmental issues; the formation of consumers associations; and the collectivism of the women's movement” (Dwyer, 1989:59).

Many of the community organisations established during this time emerged in response to the needs of specific disadvantaged groups (for example, people with disability, women escaping domestic violence, homeless) that were not met by the traditional and inflexible public services. These organisations were instrumental in advocating for community participation in needs assessment, service design, delivery and evaluation for both mainstream and specialist services.

The ways models of health care influence the positioning of communities and their participation is clearly evident in the historical development of community participation in Australia. The rising (and potentially infinite) costs of health care started to make their way onto the political agenda in the 1970s. Previously, developed countries such as Australia extolled the virtues of the biomedical model and its technical superiority (Petersen, 1994). The search for alternative models of health care was subsequently driven by two main objectives; cost-cutting and equity (Petersen, 1994). In 1973, the Whitlam Labor government introduced the Community Health Program which placed a strong emphasis on community participation. A review by the Hospital and Health Services Commission in 1976 found that, nationally there was a wide variation in community involvement in health services ranging from active involvement to little or no formal involvement (Butler, 2002). The Community Health Program disappeared under the Fraser government, becoming absorbed into general tax-sharing grants to the states (Milio, 1983:185). Mowbray (2004b) described this as a “retreat from communitarian policy by the Fraser coalition government from 1976”. In this context, attempts to foster community health and community participation can be viewed as a means to an end, that is, as a means to transfer care from costly institutions to the community, under the guise of achieving equity.

It was not until the early 1980s that the tenets of primary health care were re-introduced into the broader Australian health policy debate. While Australia was a signatory to the Global Strategy for Health for All By the Year 2000 (World Health Organisation, 1981), it was not until 1985, with the establishment of the Better Health Commission, that progress was made towards developing a national health strategy to achieve these aims (McPherson, 1992). The Better Health Commission was responsible for reorienting Australia’s health care system in accordance with primary health care principles (Butler, 2002; McPherson, 1992; Petersen, 1994). The Better Health Commission placed significant emphasis on community involvement and development (Butler, 2002). Each state (with the exception of Western

Australia) and territory subsequently developed a Health for All committee to work in accordance with the National Better Health Program, launched in 1989 (McPherson, 1992). At the same time as the establishment of the National Better Health Program, there was a move by the emerging health consumer movement in Australia to organise at a national level (Butler, 2002). In response to pressure from interest groups, the Federal Minister for Health established a review of community participation. The Consumers' Health Forum of Australia was established, as a result, in 1987. The translation of these global declarations into Australian health policy is discussed next.

Community in Australian Health Policy

The Australian health care system was shaped by economic rationalism and the new public management (managerialism) in the 1990s. Brennan (1998) argues that some aspects of this period of reform, such as the desire for a more responsive bureaucracy, devolution of decision-making and resource distribution to local communities, share many areas of commonality with the 1970s. However, the reality of this rhetoric could be viewed as another set of justifications for "cost-cutting, privatization and blocking out the voices of citizens" (Brennan, 1998), echoing Petersen's (1994) sentiments about community health in the late 1970s and early 1980s.

Commentary on social policy during the 1990s notes the retreat of the state, that is, the attempt by governments to focus on core business (Brennan, 1998; Mowbray, 2000). Much of health care is publicly funded which drives the need for high levels of accountability and in turn, creates a compelling argument to formalise participation processes (Litva et al., 2002). These policy developments exemplify some of the tensions between communitarian ideologies and market economies and resulted in communities becoming consumers of health services (Taylor, Wilkinson & Cheers, 2006). The shift towards a focus on individual consumers fits with the managerialist demands of tight timeframes, limited resources and the need to maximise efficiency and productivity. When comparing different types of community participation Short (1998:133) argues:

“This notion of consumer consultation relies on the notion of the government enabling the rational actor to maximise his or her own benefits, more in line with the ethical principles of neo-classical economics, than with those of community-based participation which are legitimated by the ethical principles of social democracy... The distinction between these two types of community participation is evident, also, in the use of the economic term ‘consumer’ rather than the social term ‘community group’ or the more classical referent, ‘citizen’.”

Since the late 1990s there has been a resurgence of community within Australian government policy, both at a national and state level. Gregory (2006:3) suggests that consumer engagement is “entrenched” and provides examples from each of the states and territories. Policy areas requiring community participation extend beyond health to include family functioning, childcare, education and schooling, regional economic development, natural resource management and rural and urban renewal. Community participation is now part of the mainstream health discourse and there is evidence to suggest that there exists a ‘participatory imperative’ (Petersen & Lupton, 1996) which requires that community involvement is sought in all aspects of health care service provision (Besch & Minson, 2000). Adams and Hess (2001) argue that there is now an interesting mix between neo-liberalism and communitarianism and, while some words are the same, their intent and meanings are very different. The concept of community participation within the rhetoric of government policy is consistent with the concept as it applies in a liberal democratic society which implies participation is the “full and open debate of issues and de-centred processes of decision-making, allowing for a broad base of citizen involvement in a range of activities, including service delivery, management of resources and cultural activities” (Petersen & Lupton, 1996:146).

The effect of these policy directions has been to locate participation as part of the mainstream; it does not exist as a radical alternative as it once did

as part of social movements in the 1960s. It has lost its radical connotations in favour of an expectation that it is a routine part of health and community services delivery, in other words, it is surrounded by an orthodox discourse. In this sense, and particularly in relation to current public policy, participation has ideological appeal, but its impact is limited to creating a guise of an interactive process to achieve widespread public appeal. Conway, Crawshaw and Bunton (2007) describe this as reducing community participation to a performative technology of government, whereby community needs are constructed according to governmental interests and the process of participation is limited to bureaucratic compliance. The following section explores how the policy has been translated into practice.

The Practice of Community Participation in Public Health

This section focuses on locating the practice of community participation within a particular discipline, namely public health. Community participation is viewed favourably as a means of addressing public health issues where other strategies such as behavioural and lifestyle changes have been less successful. However, community participation within the public health literature is contentious - particularly its relationship with public health practice and epidemiology. Locating community participation within the public health arena provides additional context for both its policy and practice and parameters from within which the concept can be operationalised. This study has occurred within the context of welfare organisations, therefore, this discussion further develops the concept of community participation from its broader context in public health to a narrower focus within the welfare sector.

The Development of Public Health

Public health has a long history and its development has been influenced by the development of science and social movements (Fry, 1987). Diez-Roux (1998) suggests developments in theories of disease causation have directed attention to various aspects of individuals and their environments. The development of public health was inextricably linked with the rise of the biomedical model and the medical profession. Kickbusch (1986) observes that this contributed to the medicalisation of public health.

Thus, the origins of public health are in the physical aspects of the environment and its progress is marked by positivism and medical dominance (Petersen, 1994; Petersen & Lupton, 1996). Public health's role in safeguarding the health of the population ensures that it is viewed as in the public's interest, which in turn, legitimises the funding and organisation of public health via the agency of government using funds supplied by taxation (Fry, 1987). Through this close relationship with the state, public health has become institutionalised within Australia. The nature of this relationship has exposed public health to criticism, particularly given the vast amount of legislation governing public health activities including penalties for non-compliance (Petersen & Lupton, 1996). In light of this, public health is accused of being paternalistic, privileging the well-being of community over that of individuals and enforcing compliance for the greater common good (McPherson, 1992; Petersen & Lupton, 1996; Rifkin, 1990).

The literature distinguishes between the 'old' and the 'new' public health. The 'old' public health is also known as 19th century public health (Petersen & Lupton, 1996) and is characterised by approaches to surveillance and regulation that are entrenched in the biomedical model (Baum, 1990; Fry, 1987; Hudson-Rodd, 1994). Consequently the old public health is subject to the critique of the biomedical model, that is, reductionist, hierarchical, and embedded in a curative culture (Fry, 1987; Hudson-Rodd, 1994). It is somewhat ironic that the development of the 'new' public health represents a reaction to the dominance of the biomedical model as evidenced by its focus on strengthening communities and thinking of people as 'whole persons' (Stacey, 1988). The 'new' public health was spawned in the 1980s when policy documents such as the WHO Charter for Health Promotion (World Health Organisation, 1986) provided a new theoretical framework for public health (McPherson, 1992). Baum (1990:145) argues that "the new public health is predicated on the belief that threats to the health of the public are not confined to disease and lifestyle risks". The new public health claims to be a comprehensive model of health that includes the social dimension, is multidisciplinary and collaborative (Fry, 1987). The two principal

characteristics of the new public health paradigm are its ecological approach and community participation (Schwab & Syme, 1997).

There are varying definitions of the new public health which appear to be crafted to solicit support for the exponents' particular argument and, as such, further highlight the contested and socially constructed nature of public health. For example, Kickbusch (1999) defines the new public health as "the collective ability to conduct healthy public policy at a global level through a network of public, private, non-governmental, national, regional and international organisations by regime formation" which supports her call for a more global public health. Keleher (1994) argues that the new public health requires health practitioners "to participate actively in the development of public policy, and to ensure that the conditions of living on which health status depends are safe and sustainable". This argument reflects Keleher's desire for nurses and allied health practitioners to actively participate in the politics of health care.

Other definitions of the new public health tend to focus on what the new public health is not, with particular reference to the 'old' public health. For example, (Hudson-Rodd, 1994) argues that the new public health should move away from "the bureaucratic, hierarchical, professional and paternalistic management of populations to a new approach where power is wielded by influence more than authority". Petersen and Lupton (1996) suggest definitions of the new public health include themes such as "a shifting away from the biomedical emphasis on the individual towards a focus on 'social' factors, particularly 'lifestyle', in the aetiology of problems". Within the context of this study, public health is viewed as both a social and political concept. The 'new' public health creates more opportunity for community participation because of its emphasis on creating supportive environments for health and approaches that look beyond the biology of the individual to the lifestyle and living conditions that determine health status.

Participation & citizenship within the new public health

Petersen and Lupton (1996) suggest that there exists a ‘participatory imperative’ within public health. They locate this imperative within the Health for All strategy of the World Health Organisation and specifically within the Healthy Cities project. Petersen and Lupton (1996) argue that participation is not just a right of citizens living in a liberal democratic society, but it is also a *duty* of these citizens to engage in creating a healthier and more sustainable environment. Webster (2002) argues public health is now concerned with issues bound up with our modern existence, “social and community objectives and our relationships”. This is echoed by Kickbusch (2003) who suggests that “Health policies will need to address both the collective lifestyles of modern societies and the social environments of modern life as they affect the health and quality of life of populations”. These viewpoints also reflect the intrinsic relationship between community participation and social movements.

The salient terms associated with the discourse of participation by individuals include civic, civil society, citizens and citizenship. Petersen and Lupton (1996) argue that the term citizen is integral to the new public health as ‘public’ is understood to be the citizens. However, the ways in which citizens are operationalised through their citizenship is contentious. Petersen and Lupton (1996:61) explain “citizenship as it is represented in the new public health emphasises both the rights and the obligations of individuals to take up and conform to the imperatives of ‘expert’ public health knowledges”. This explanation points to two areas of contention – the notion of conformity and the notion of participation as obligatory.

As discussed previously, the concept of participation within the new public health is intended to signify a desire to open up health to the community rather than it remaining within the realm of the experts (Baum, 1999a; Kickbusch, 2004). Achieving this aim is problematic as it requires the power imbalance between the experts and the public to be addressed. Petersen and Lupton (1996:152) note that the ‘experts’ have adopted a vocabulary consistent with what they perceive as their role in this process, for example,

‘enabling’ or ‘empowering’. Often the participatory processes and structures put in place by the experts require the individuals to “discipline themselves in conforming to the administrative model of decision-making” (Petersen & Lupton, 1996:159). In this way, participation is limited by predefined government objectives. As a result, participatory processes have the potential for discrimination and regulation. Thus, rather than citizenship providing a means for public health to become more open it can serve as a form of social closure.

Baum (1997) suggests that the quest for robust civil societies has much in common with the aims of the new public health. The similarities that Baum (1997) identifies include the importance of rich social life and highly developed civil and political participation; valuing decision-making and participation; and the need for safe, unpolluted and sustainable natural and built environments. However, in drawing these parallels, Baum (1997) acknowledges that this relationship is contentious because definitions of civil society reflect ideological positions. In order to achieve the aims of the new public health, several authors argue strongly for a civil society that is communitarian, that is, one where the state has an active role in providing the development of collective measures to promote health and prevent disease (Baum, 1997; Brennan, 1998; Kickbusch, 2004). Baum (1997) also makes the link between social connectedness and participation within the context of an active civil society and the creation of health and well-being.

In summary, community participation within public health enables those within this discipline to lay claim to their affinity with the philosophical underpinnings of declarations such as the Health for All (World Health Organisation, 1981), the Ottawa Charter for Health Promotion (World Health Organisation, 1986) and Milan Declaration on Healthy Cities (World Health Organisation, 1990). In this way community participation within the new public health is posed as antithetical to the highly professional, scientific and exclusive domain of old public health. However, some commentators have acknowledged that embracing the philosophy does not always equate to

successfully implementing the strategy (Baum, 2002; Petersen & Lupton, 1996). The dominant discourses within public health remain within the positivist paradigm, and this serves to dampen critiques of practice and curbs community participation efforts. When the politics of community participation are conceived as the social forces that create the participatory imperative, then it becomes evident that the recent preoccupation with levels of trust within societies that has accompanied the burgeoning social capital thesis constitutes a significant part of this background. These pressures also bring to bear the concern with democracy and democratic processes. Bishop and Davis (2002:15) argue that, in this context, “participation becomes an attractive strategy not just for policy improvement, but for drawing disaffected citizens back to the political mainstream”. The following section describes how community participation is operationalised within the context of public health.

Operationalising participation in the new public health

The literature concerning the practice of public health operationalises community participation as part of health promotion, community development, and capacity building strategies. Baum (2002) suggests that these roles are undertaken by primary health care providers such as general practitioners and community health centres. In the 1970s and 1980s, community participation within the new public health remained constrained and narrow in focus as the practice of health care providers was influenced by the lifestyle movement that originated in Europe (Baum, 2002; McPherson, 1992; Richmond, 1999). At this time, the key strategy was primary prevention as ill-health was linked to individual behaviours and lifestyle. The strategies outlined in the Ottawa Charter for Health Promotion (World Health Organisation, 1986) included these approaches as well as strategies designed to address the context and meaning of health actions and determinants in an effort to move away from individualistic understandings (Kickbusch & Payne, 2003). Refocusing on communities and the social context provided an opportunity for public health practitioners to engage in population-based planning and participatory approaches to health care. This section provides an

overview of the key strategies including health promotion, community development and capacity building.

The Ottawa Charter for Health Promotion (World Health Organisation, 1986) provides the theoretical framework for **health promotion** approaches within the new public health. Strengthening community action is one of the key action areas within the Ottawa Charter and is supported by the following statements:

“Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implanting them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies”
(World Health Organisation, 1986).

Despite this framework, critics such as Richmond (1999) argue that most health promotion in Australia continues in much the same vein as it did in the lifestyle era. Individualist health promotion programs operate to draw attention towards the conduct and appearance of the individual body (Petersen & Lupton, 1996). In this way, health promotion is embedded within the discourse of risk and is pre-occupied with conveying risk messages with the intention of facilitating monitoring, regulation and change (lifestyle choices) at an individual level (Petersen & Lupton, 1996; Richmond, 1999). Erben, Franzkowiak and Wenzel (1999) suggest that this is evidence that the Ottawa Charter has not resulted in a reorientation of health care in developed countries and that, instead, there has been a ‘re-medicalisation’ of health promotion.

With such a strong emphasis on individuals it may appear that the participatory element of the new public health is lost. Others argue that it is posited within health promotion as the collective ability of people to protect their own health and the health of others so that the benefits accrue at the level of the community, as well as for the individual (Petersen & Lupton, 1996). In this way, health promotion activities have a communitarian focus that looks at

the structural and socio-economic causes of ill health. Baum (1999b:177) supports this approach and challenges health promoters to work both at the local level, as well as at the macro level to “ensure recognition that economic policy issues have a real impact on shaping all forms of capital and determining their impact on equity and thus on health”. Thus, within the new public health, health promotion strategies need to occur at an individual, community and macro level in order to address the social determinants of health.

The new public health claims to be more comprehensive and participatory and **community development** approaches are an expression of this. Community development has a long history in developing nations through the work of development agencies such as the World Bank and the United Nations. The success of community development within developing countries has led to attempts to replicate these strategies within developed countries (Rifkin, 1990). Thus, the Alma Ata Declaration (World Health Organisation, 1981) is representative of the World Health Organisation’s call for an approach to health that is more closely aligned with traditional approaches that involve people in their health care (Rifkin, 1990). Within Australia, public health has been increasingly interested in community development strategies, particularly since the 1980s. Community development is a way of working with the community to achieve community goals through partnership and shared decision-making (Baum, 2002; Kenny, 1999; Krothe, Flynn, Ray & Goodwin, 2000). This approach overcomes some of the shortcomings of individualistic approaches to health promotion, as it focuses on the provision of knowledge and skills and empowerment, rather than victim-blaming.

Community development and community participation have a close affinity and this is evidenced by the concentration of community participation literature within the community development field. While it is fair to say that community development approaches are characterised by their participatory nature, there is a suggestion that community development is a particular form

of community participation (Abbott, 1995) There is also an argument that the terms are synonymous, and that community participation is the 'new' community development (Abbott, 1995; Petersen & Lupton, 1996). The philosophical appeal of participatory community development approaches within the new public health appears to be their potential to challenge the professional control of health. At a more practical level, community development based on popular participation yields a number of advantages for public health: increased efficiency through the work of the community; increased effectiveness by working 'with' rather than 'on' people; promotion of self-reliance; access to marginalised groups; and sustained momentum for change (Oakley, 1989).

King and Wise (2000) provide two reasons for the development of a focus on **capacity building** in relation to public health. The first reason is that the scale of action required to improve the health of the population is larger than the workforce and resources within public health and, therefore, workforce and organisational development are examples of where capacity building needs to occur. The second reason is the recognition that sustained changes in behaviour, social and physical environments require the engagement and commitment of people to the issue or goal and community capacity building is a requirement of this approach. Labonte et al. (2002) argue that there is a case for conducting community capacity building in parallel with health promotion activities. They define community capacity building as "the processes that build sustainable skills, resources and commitments to health promotion in (various) settings and sectors (in order to) prolong and multiply health gains many times over" (Labonte et al., 2002). They suggest the need for community capacity building is evident because of the apparent failure of individual lifestyle change education and social marketing programs to effect sustained positive changes, especially within marginalised communities. Labonte et al. (2002) explain that conducting health promotion in parallel with community capacity building is possibly not a new concept to those familiar with community development, however, they argue that capacity building should become an explicit aim of the health

promotion program rather than just a serendipitous outcome. The implications of this approach include the requirement for those conducting the health promotion program to consider how their work “might enhance broader community efforts to improve health and quality of life in a more durable and systematic way” (Labonte et al., 2002).

The preceding discussion focused on public health strategies that include community participation as a key element. The strategies discussed describe working with community groups and taking a population health approach. Applying these processes of participation within the context of this study requires a view of health as more than individual biology, towards the social determinants of health. The organisations that participated in this study achieve this as they are primarily concerned with providing safe accommodation, facilitating access to income (employment or welfare payments), and attending to identified needs. The community of interest for the organisations participating in this study experience low socio-economic status, poor quality housing and high levels of unemployment. The powerlessness associated with these issues is a risk factor for poor health (Wallerstein, 1993). Therefore, the strategies of health promotion, community development and capacity building have particular relevance for this community of interest. For example, the organisations that participated in this study have undertaken activities that aim to develop life skills such as cooking, health literacy and broader community level activities such as involvement in Youth Week. Community participation in the form of involvement in the planning and development of these services and programs is of particular interest to this study.

Approaches to Community Participation

The participatory imperative has generated significant interest in methods and models of community participation, however, there is no uniform, mandatory requirement for participation, nor systematic processes for this to occur. As a result, there is an abundance of literature that outlines ways to conduct community participation. These guides predominantly focus

on the role of the community and the techniques to achieve their engagement. The earlier sections of this chapter have provided the history of these community participation models as they have been developed in different political and social contexts. Currently, the emphasis on community participation is characterised by “enthusiasm for ‘bottom-up’ approaches and a fairly heroic belief in empowerment and the building of social capital and community capacity as effective mechanisms for solving all manner of social problems” (Botterill & Fisher, 2002). Reviewing the vast array of guidelines available for community participation reveals an emphasis on the role of the community to participate and how they should do this. For example, these methods include feedback mechanisms (client satisfaction and complaints), community representatives, focus groups, public meetings, and surveys. However, very little attention is paid to the instigators of community participation, that is, the organisations that desire or require community participation.

Techniques of community participation

Despite the wealth of information available about the benefits and need for participation, there is relatively little analysis of the different models both in terms of their theoretical underpinnings as well as the on-the-ground realities. This, in turn, stifles the development of theory and refinement of practice. These circumstances, together with the applied and contextually relevant nature of community participation, often lead to a gap between theory and practice. Anderson, Shepherd and Salisbury (2006) explain that while theoretical models of participation (such as Arnstein’s ladder (1969) or Brager and Specht’s (1973) continuum) are useful, policy makers are not always explicit about the level of participation that they aspire to achieve. This compounds the analytical problems associated with comparing the stated intentions with the actual outcomes of practice. The in-practice models of community participation vary in accordance with the underlying theoretical (and philosophical) underpinnings and the desired outcomes.

Draper and Hill (1995:8) categorised the approaches to consumer empowerment in four ways: scientific approaches; market solutions; legal approaches; and democratic participation (see Table 3). This categorisation further illustrates how analysis of community participation is confounded when there are competing ideologies. For example, democratic ideals underpin the value of consumer feedback, however, patient satisfaction surveys arise from both a scientific, market and legal approach. In the absence of a systematic review and analysis of the application of theory, evaluation has tended to focus on the practical aspects of policy implementation (Draper and Hill, 1995). It follows then that there are two main critiques of community participation: those that focus on the technical limitations of the approach; and those that are more concerned with the theoretical, political and conceptual limitations of participation.

Table 3 Approaches to Consumer Empowerment

Scientific approaches	Market Solutions	Legal Approaches	Democratic Participation
Rely on objective measurement and statistics.	Rely on either market information as a way of influencing health services, or more responsive services which attract consumers.	Rely on legally or administratively defined rights, and access to judicial and semi-judicial institutions.	Rely on ways for consumers to participate individually and collectively in health decisions.
<i>Consumers are subjects of research.</i>	<i>Consumers are informed choosers.</i>	<i>Consumers are citizens with rights.</i>	<i>Consumers are equal partners and citizens.</i>
Strategies: <ul style="list-style-type: none"> • standards • outcomes • guidelines • variations • classification • patient surveys 	Strategies: <ul style="list-style-type: none"> • information on providers • marketing • statement of expectations • consumer surveys 	Strategies: <ul style="list-style-type: none"> • health charters • right to complain • legal redress • legislation • transparent decision-making • advocacy 	Strategies: <ul style="list-style-type: none"> • consultation • involvement in decisions • participation in planning decisions • hand held records • representation on committees • accountability to consumers

Source: Draper and Hill (1995:8)

The techniques of community participation arise out of the belief in the “mystical qualities of communities as entities with the wherewithal to solve complex social, economic and environmental problems” (Botterill & Fisher, 2002:1). This emphasis on community is evident in participation ‘toolkits’ which describe how to engage consumers and community. For

example, the NSW Government (2009) has developed an interactive electronic clearinghouse related to community level social, economic and environmental renewal. On this site is a module entitled 'Be A Community Builder' which is divided into four topics: what is community building?; volunteering; community leaders; and community participation. The community participation page contains a comprehensive list of practical resources, case studies and reading resources related to the practice of community participation. These resources are indicative of the instrumentalist and technical approach that pervades the practice of community participation. These techniques are premised on the belief that there exists a community that can be objectively identified and readily mobilised. Hudson-Rodd (1994:121) argued:

“Partnership, participation and pressure from the people are the prerequisites to community change, as evidenced in the countries in transition in Eastern Europe in 1991. However, we must not pretend that there are always ready-made communities of active, informed people willing to participate in common goals of sustainable, healthy, equitable environments, or that eager, empathetic listeners desire to discuss changes to the existing order of things.”

Petersen and Lupton (1996:162) also suggest that “faced with the imperatives associated with being a responsible citizen, individuals can perhaps most effectively assert their agency and autonomy by simply not engaging with those processes that attempt to regulate them”. There is scant commentary within the literature about what happens when attempts to engage with the community fail. Perhaps this is a reflection of the aforementioned lack of systematic and well-developed evaluation and analysis of community participation models.

Organisational readiness for community participation

Responsibility for successful participation is usually ascribed to the performance of the technique and the characteristics of the community. Community participation's origins in the field of community development suggest that participatory approaches to development are about the gathering of (local) knowledge. This approach has been appropriated within health to suggest that this knowledge will ensure health care is more accessible, affordable and equitable. If this is not achieved, then the knowledge (that is gathered by the community) must have been wrong, or the way the community participated in the process was unsatisfactory. These assumptions are tantamount to victim-blaming at the level of the community, which are often accompanied with evaluative dimensions of the community, for example references to a 'can't do' rather than 'can do' community. The perceived failure at a community level is also symptomatic of an overreliance on democratic (or consumer-led) forms of community participation that does not acknowledge the limits of this approach (Draper & Hill, 2009).

Literature reviews of community participation (consumer engagement) often refer to the barriers to participation and these include limitations and constraints at an organisational level. For example, Gregory (2006:39) presents evidence regarding the need for organisational skills and organisational support to effectively engage consumers. Johnson and Silburn (2000:113) investigated organisational commitment to community participation in relation to key organisational statements, policies, consumer participation plans, identifiable leadership, inclusion into job descriptions for staff, allocation of resources, and staff development and training. They concluded an organisation's underlying philosophy (particularly a commitment to community health principles) and leadership are integral to fostering community participation (Johnson & Silburn, 2000). Similar to other researchers, Johnson and Silburn (2000) identify the need for organisational structures and processes to support community participation efforts.

Generally, however, the role of the organisation is left unanalysed and where it is identified, these analyses stop short of exploring the organisational characteristics that may impact on the ability of the organisation to undertake community participation activities. This finding is supported by Matheson, Howden-Chapman and Dew's (2005:4) critique of government and community partnerships that states: "there is a lopsided concentration on communities and community organisations in discussions on partnership in a social intervention context; often the part played by government organisations or other institutions is left unanalysed". This study responds to the identified gap in the research literature as it aims to go beyond the level of community participation practice to expose the organisational factors that influence community participation, that is, the ways in which organisations create conditions where community participation can occur. Rather than investigating the organisational techniques undertaken to conduct community participation, this exploration will consider the social and cultural aspects of organisations.

Chapter Summary

The practice of community participation in health is strongly influenced by its historical development. Participatory approaches have developed that can be described as either consumerist (organisation initiated for the purposes of information gathering) or democratic (consumer-led for the purposes of transformation and renewal) (Rowe & Shepherd, 2002). The participatory imperative that exists in national policy is premised on the latent capacity of communities to, when mobilised, resolve any number of social ills. The emphasis on the role of communities has led to the development of a plethora of engagement techniques, however, very little attention has been paid to the role of organisations.

The concept of community participation within the context of this study is defined as the ways that those who may be affected by policies and services are involved in the planning and development of these policies and services. In the context of this study these people include those

young people who are receiving supported accommodation, or have received these services in the past, or are eligible to receive services from these organisations (as well as their family and carers where relevant). Rather than exploring the concept of community participation from the perspective of the community and participatory techniques, this study aims to address a gap in community participation research by focusing on organisational factors. The following chapter will examine the concept of social capital, particularly as it exists in organisations, as organisations are the focus of this study.

Chapter 3: Two Faces of Social Capital: Foundation of civil society & Integral to organisational development

Introduction

Social capital is a much talked about, much critiqued and sometimes maligned topic that has experienced a meteoric rise to prominence in a variety of contexts, ranging from academia to all levels of government. From a social constructionist viewpoint, social capital needs to be seen as historically and culturally located and, in this way, its origins in communitarian and democratic thinking can be understood as a continuation of these traditions. The popularity of social capital is understandable when it is linked with the quest for civil society and described as “the basic raw material of civil society” (Onyx & Bullen, 2000:23). Others suggest that interest in social capital is a barometer of concern about the perceived erosion of basic social values and the essence of community (Edwards, Cheers & Graham, 2003). In any case, the concept has been readily embraced and slipped into the vernacular, not only in the social sciences, but also in public debate.

The term social capital in the context of this study refers to the nature of participation, trust, networks and cooperation that exist among members of a group - be they members of a community, a group or employees of an organisation. Woolcock and Narayan (2000:226) explain “social capital refers to the norms and networks that enable people to act collectively”. This chapter explores dimensions of social capital as they apply within the context of organisations. The meaning and operationalisation of social capital within this context is examined in relation to the implications for human service organisations responsible for implementing the new public health agenda. The aim is to begin to elucidate the cultural aspects of organisations that impact on the ability of those organisations to effectively engage with their community of interest.

The application of the social capital thesis will develop the theoretical understanding of the dynamics of engagement and the relationship between organisational culture, social capital and community participation. This chapter commences with a discussion about the defining characteristics of social capital and its function. This is followed by an overview of the links between public health, civil society and social capital. Drawing on these foundations, the chapter then explores the nature of social capital within organisations and the implications for human service organisations.

Defining social capital

Various people are credited with the theoretical development of social capital. This review focuses primarily on sociological accounts, however, theories have been developed in other fields and disciplines. Portes (1998) credits Bourdieu as the first to produce a systematic contemporary analysis of social capital. Bourdieu (1980 cited in Narayan & Cassidy, 2001:59) defined social capital as “the sum of resources, actual and virtual, that accrue to an individual or group by virtue of possessing a durable network or less institutionalized relationships of mutual acquaintance and recognition”. Although Putnam (1993b; Putnam, 1995) popularised social capital, Portes (1998) states that earlier sociological contributions of significance include those by Loury (1977) and Coleman (1988). It is predominantly these sociological theories of social capital that will be referred to throughout this study.

The literature does not refer to a singularly agreed upon definition of social capital; rather it refers to the features of social organisation such as norms, trust, networks and reciprocity. Johnson, Headey and Jensen (2003) suggest that distinguishing between the structure (size of networks, internal, and external organisational linkages) and content (trust, reciprocity, and sociability) of social capital would lessen the confusion surrounding the use and measurement of the concept. Baum and Ziersch (2003) also make a distinction between the structural (networks, associations) and cognitive

(trust, norms) elements of social capital. Selected definitions of social capital appear in Figure 1.

Figure 1 Selected Definitions of Social Capital

"The aggregate of the actual or potential resources which are linked to the possession of a durable network of more or less institutionalised relationships of mutual acquaintance or recognition" (Bourdieu, 1985)

"Social capital is defined by its function. It is not a single entity but a variety of entities with two elements in common: they all consist of some aspect of social structures, and they facilitate certain actions of actors – whether persons or corporate actors – within the structure" (Coleman, 1988)

"...features of social organisation such as trust, norms, and networks that can improve the efficiency of society by facilitating coordinated actions" (Putnam, 1993a)

"...social capital stands for the ability of actors to secure benefits by virtue of membership in social networks or other social structures" (Portes, 1998)

"...the information, trust, and norms of reciprocity inhering in one's social networks" (Woolcock, 1998)

"Social capital represents the degree of social cohesion which exists in communities. It refers to the processes between people which establish networks, norms and social trust and facilitate coordination and cooperation for mutual benefit" (World Health Organisation, 1998)

"Social capital as the sum of the actual and potential resources embedded within, available through, and derived from the network of relationships possessed by an individual or social unit" (Nahapiet & Ghoshal, 1998:243)

"Social capital is an instantiated informal norm that promotes cooperation between two or more individuals" (Fukuyama, 1999)

"Social capital is networks together with shared norms, values and understandings that facilitate cooperation within or among groups" (OECD, 2001)

"Social capital consists of the stock of active connections among people: the trusts, mutual understanding and shared values and behaviours that bind the members of human networks and communities and make cooperative action possible" (Cohen & Prusak, 2001)

"Social capital can be understood as networks of social relations which are characterised by norms of trust and reciprocity and which lead to outcomes of mutual benefit" (Stone & Hughes, 2002a)

Many argue that social capital should be defined by its sources rather than its consequences (Campbell & Jovchelovitch, 2000; Falk & Kilpatrick, 2000; Portes, 1998; Woolcock, 1998; Woolcock, 2001). These divergent

viewpoints are encapsulated in Falk and Kilpatrick's (2000:103) definition of social capital as "the product of social interactions with the potential to contribute to the social, civic or economic well-being of a community-of-common-purpose. The interactions draw on knowledge and identity resources and simultaneously use and build stores of social capital." This definition has relevance to the phenomenon explored in this study, that is, the social interactions that occur between the organisations and their community of interest. This study is particularly concerned with the notion that social capital exists within both the organisation and the community of interest and is simultaneously drawn upon and built during these interactions.

Conceptualising social capital

As evident in the previous discussion, social capital cannot be singularly defined. Hawe and Shiell (2000:873) explain "it has relational, material and political aspects". The function of social capital varies according to the context, primarily because the socialisation of the actors involved leads to the internalisation of norms and values which are specific to that context (Narayan & Cassidy, 2001). There has also been a wide range of empirical studies that has attempted to examine the influence of social capital on social and economic variables such as personal income and economic performance; governmental performance; education and child welfare; health; crime and violence; and equality (Productivity Commission, 2003). Mutaner, Lynch and Davey Smith (2000:109) caution that the "laundry list" of measures of social capital "merely suggests there may be a little something for everyone in social capital". The slippery nature of social capital confounds the process of clearly articulating the precise function of social capital.

Social capital is conceived as operating at the **macro, meso and micro level** (Falk & Kilpatrick, 2000). The *macro* level phenomena are the "political and economic success of large social collectivities and generalized trust and cooperation" which are linked with the *micro* level phenomena consisting of "networks, associations, and the effects of institutions on beliefs and decision making" (Farrell & Knight, 2003:538). The *meso* level consists of the social

networks themselves which are formed from the *micro* level (Veenstra, Luginaah, Wakefield, Birch, Eyles & Elliott, 2005). However, Edwards, Cheers and Graham (2003) argue that the application of social capital to the *macro* level is highly problematic because of the situated, particularised and relatively bounded nature of social capital. Kawachi, Kennedy, Lochner and Prothrow-Stith (1997:1187) agree stating that “collective features of society may not be reducible to the attributes of individuals living in it”. Falk and Kilpatrick (2000:103) suggest that *macro* analyses are limited unless directly connected “with grounded micro-to-meso analyses of a compatible and rigorous kind”. Baum and Ziersch (2003) locate the division between *macro* and *micro* levels within the definition of the concept. They suggest that definitions such as those proposed by Putnam (1995) emphasise the operation of social capital at the level of the community (*macro* level), whereas definitions such as Bourdieu’s (1985) focus primarily on the existence of social capital within interactions between individuals (*micro* level) (Baum & Ziersch, 2003). Thus, the definition of social capital can also influence the level of analysis of its function and outcomes.

The practical implications of the operation of social capital are very broad and its consequences may be positive or negative. Narayan and Cassidy (2001) suggest that positive outcomes operate through and include social control or norm observance, family support, and benefits mediated through extra-familial networks. Conversely, when embedded in powerful, tightly knit social groups that are not publicly accountable it can have a negative impact (Falk & Kilpatrick, 2000). Hawe and Shiell (2000:872) explain that social capital can operate to “constrain opportunities to non-network members; place excessive demands on network members; to restrict individual freedom and to reinforce delinquent behaviour”. The framing of the concept as ‘capital’ reduces the distance between sociology and economics, and Portes (1998:3) argues that this has caught the attention of “policy-makers seeking less costly, non-economic solutions to social problems”. Edwards, Cheers and Graham (2003) suggest the way in which social capital is viewed is often divided according to whether it is regarded primarily as an analytical tool or treated as

a normative concept. Thus, the operationalisation of social capital is highly politicised and contentious (Baum, 1999c; Campbell & Jovchelovitch, 2000; Veenstra et al., 2005). The following discussion will provide an overview of the various features and functions of social capital reported within the literature.

Features of social capital

There are many ways to categorise the definitions of social capital. For example, Adler and Kwon (2002) make distinctions between definitions based on their emphasis of external and internal networks or both. The following section provides an overview of the distinguishing features of social capital to develop a broad understanding of social capital, as an alternative to providing a narrow definition of the term. Exploring social capital in this way will also assist with operationalising these concepts as they apply within organisations.

Norms and normative behaviour are central to the social capital thesis. “Norms define appropriate and acceptable behaviour in specific situations. They are enforced by positive and negative sanctions which may be formal or informal” (Haralambos, Van Krieken, Smith & Holbom, 1996:6). Social norms operate as a form of informal social control reducing the need for more formal controls such as legal sanctions. The existence of social norms is a precondition for cooperation. Onyx and Bullen (2000) explain that in neighbourhoods with high levels of social capital, there are lower crime rates and less need for formal policing, whereas in areas with low levels of trust and few social norms, people cooperate only when formal rules and regulations are enforced (Coleman, 1988; Fukuyama, 1995a; Onyx & Bullen, 2000; Putnam, 1995). Social norms are culturally specific and inhere at a broad social level as well as at the level of the group. They are generally unwritten and are expressed or reinforced through social customs, religious beliefs and rituals, and there is a suggestion that some are embodied in laws and regulations (Productivity Commission, 2003).

Trust is another central tenet of the social capital thesis. Gilson (2003) found that social capital is linked to four of five sets of literature that emphasise trust. Fukuyama (1995b) defines trust as:

“the expectation that arises within a community of regular, honest and cooperative behaviour, based on commonly shared norms, on the part of other members of that community. Those norms can be about deep ‘value’ questions like the nature of God or justice, but they also encompass secular norms like professional standards and codes of behaviour”.

There is contention within the literature concerning the nature of trust within the social capital thesis. In some instances, trust is viewed as a key element of social capital. For example, trust is important within social capital as it serves to “oil the wheels” of social and economic exchange between members of networks (Hawe & Shiell, 2000). Trust within networks is seen as “reducing transaction costs, allowing group members to draw on favours, circulate privileged information and gain better access to opportunities” (Hawe & Shiell, 2000:872). Others (such as Putnam, 1995) view trust as an important source or outcome of social capital and refer to ‘generalised’ or ‘the general level’ of trust within this context. Fukuyama’s (1995b) definition of trust suggests that it is the outcome of the operation of shared norms. Generalised trust results because the shared social norms create a predisposition “to rely on a stranger or organisation even in the absence of specific knowledge about their past relations” (Productivity Commission, 2003:11). Another form of trust described in the social capital literature is institutional trust “which relates to the basic forms of trust in the formal institutions of governance” (Baum & Ziersch, 2003:321). Thus, while the nature and causal relationship between trust and social capital is imprecise it is acknowledged as significant.

Social networks can be considered as a structural element of social capital and are described as “the more or less dense interlocking networks between individuals and groups” (Onyx & Bullen, 2000:24). Networks are an integral and inherent component of social capital as social capital cannot be generated or utilised by one person acting alone. However, one person can be

a member of a number of different networks, each with their own characteristic norms and levels of trust. "Being part of a network provides individuals with benefits such as a greater pool of social support when needed, greater access to information (and lower search costs), and a wider range of opportunities" (Productivity Commission, 2003:10). The networks within social capital have been identified as either formal (such as membership of voluntary organisations) or informal (such as friendship, family, or work networks) as well as differentiated on the basis of size, density, and whether they are open or closed (Baum & Ziersch, 2003).

Reciprocity inheres in the dimensions of social capital described previously. Social norms are created, reinforced, enforced and shaped through the reciprocal responses from others. Trust, by its definition, relies upon the perception that the giving of trust will be reciprocated and that others will respond in the way expected. Generalised trust (Putnam, 1995) extends the radius of trust beyond personal relationships and experiences to strangers and organisations based on community norms. Similarly, participation in networks is premised upon the expectation that expressing care or concern in this way will be returned or reciprocated when needed. Onyx and Bullen (2000:24) explain "The individual provides a service to others, or acts for the benefits of others at a personal cost, but the general expectation is that this kindness will be returned at some undefined time in the future case of need". There is general agreement that the levels of trust and presence of networks lead to coordination and cooperation for mutual benefit, which is also described as reciprocity (Baum, 1999c; Falk & Kilpatrick, 2000; Onyx & Bullen, 2000).

Trust, reciprocity and networks as dimensions of social capital have been linked with Durkheim's concept of organic solidarity because of the potential for social harmony that results from strong social structures of norms and values (Bilton, Bonnett, Jones, Skinner, Stanworth & Webster, 1996; Flora, 1998; White, 2002). From Durkheim's functionalist perspective, the integration, solidarity or equilibrium of a society is viewed as equivalent to the health of an organism and maintained by its institutions (Bilton et al.,

1996). An alternative view locates social capital as embedded in social structure, arguing that community members are expected to contribute to the group while receiving benefits and direct pay back to the donor for their contribution is not required (Granovetter, 1985; Portes & Sensenbrenner, 1993). In both perspectives, social capital draws much of its philosophical underpinning from a communitarian position (Onyx & Bullen, 2000). It is this characteristic of social capital that supports the suggestion that it is the re-invention of old ideas formulated, for example, by Tocqueville, Mills, Toennies and Weber and Simmel (Adam & Roncevic, 2003). How these features of social capital, norms and normative behaviour, trust, social networks, and reciprocity, function within the community are discussed in the next section.

Functions of social capital

Definitions contained within Figure 1 refer to the ability of social capital to result in a **reduction in transaction costs**. This occurs because of the existence of shared social norms which create common understandings and shared expectations of behaviour which enable people to interact and perform business transactions more efficiently. Portes (1998:9) explains that trust exists in this situation because the behaviour is enforced “through the power of the community”. As previously mentioned, the presence of networks can provide individuals with access to resources such as knowledge and skills. Trust is crucial in relation to reducing transaction costs, as high levels of generalised trust facilitate transactions at an interpersonal level as well as between strangers and institutions.

Several commentators argue that there are different forms of social capital that influence the behaviour of people within their group/community. “An increase in certain forms of social capital is likely to increase the ease and speed with which ideas, **knowledge and information are disseminated** throughout the community.” (Productivity Commission, 2003:16). The social capital within the connections between people is known as bonding and bridging capital. “Bonding capital results from reciprocity of close-knit

groups and reflects the degree of social connectedness that individuals have with others in their immediate lives, such as friends, families, neighbours and co-workers” (Altschuler, Somkin & Adler, 2004:1221). Benn and Onyx (2005:88) add “It refers to the internal links within collectivities, to empowerment and to solidarity”. Baum and Ziersch (2003) suggest that bonding capital may cause groupings to become exclusionary and evoke the ‘dark side’ of social capital. “Bridging capital is a property of individuals’ and networks’ connections to other individuals and networks not immediately in one’s circles and perhaps very far from it” (Altschuler, Somkin & Adler, 2004:1221). Bridging capital makes it possible for knowledge and information dissemination to extend beyond the reach of the bonded group.

Social capital also functions to **promote cooperative and socially-minded behaviour**. Portes (1998:8) explains this occurs through a process of bounded solidarity which occurs when people identify with their own group, sect or community and he suggests it can be a “powerful motivational force”. To illustrate this point, Portes (1998:10) refers to the usefulness of social capital created by tight community networks to “parents, teachers and police authorities as they seek to maintain discipline and promote compliance among those under their charge”. For this to occur there needs to be a willingness to live by the norms of the group or community and punish those who do not (Bowles & Gintis, 2002). The social norms also operate to overcome individual self-interest in favour of the greater good. The negative side of this is conformity: “the level of social control in such settings is strong and also quite restrictive of personal freedoms” (Portes, 1998:16). This causes tension in relation to social control and the autonomy and freedom of individuals.

At a *micro*-level, social capital is reputed to generate **benefits and spin-offs for individuals**. Some discussions focus primarily on the health benefits, however, research indicates benefits also accrue in relation to employment, economic status and access to resources. Links have been made between “higher levels of sociability and an enhanced quality of life” (Roche, 2004:99). Indeed, social capital has been hailed as a useful framework for

conceptualising community-level **influences on health**. Roche (2004) argues that health is one area where the links between social capital and policy outcomes have been made explicit. Social capital and social cohesion have been proposed as the most important mediators of the correlation between income inequality and health. Lynch, Due, Muntaner and Davey Smith (2000) summarise the dominant view of social capital in health as a concept that encapsulates denser social networks and more support, which are invariably better for health, based on the premise that social support protects against negative health outcomes such as stress.

In summary, this discussion has presented various definitions of social capital. The descriptions of the features and functions of social capital further highlight the social and political influences that shape this concept and its use. The following discussion will describe how social capital theory has been applied to organisations.

Conceptualising social capital within organisations

The literature concerning organisations tends to be found within management and organisational theory. Within this paradigm, the terms organisation, firm and institution are used interchangeably. Kogut and Zander (1996:503) propose that “a firm be understood as a social community specialising in the speed and efficiency in the creation and transfer of knowledge”. Further, “Organisations are made up of individuals but are successful to the extent that the collective action of these individuals is greater than the sum of the parts” (Cunningham, 2002:89). If organisations are considered as a social community, then it is reasonable to expect that features of ‘community’ will be present within organisations, including social capital. Organisations as social communities are “embedded in a web of relational ties” (Pennings & Lee, 1998:44). MacKian (2002) suggests that the social capital of organisations is, in part, determined by their culture. Thus, an exploration of the elements of culture will involve looking beyond the formal rules and regulations to the informal practices, networks and the ‘reality’ of working life.

Interest in social capital within organisations is increasing and the research in this area is slowly accumulating, especially in relation to the “role of social capital in supporting corporate success at local, national and international levels” (MacKian, 2002:205). The research is exploratory and attempts to apply social capital as a theoretical framework for organisational research in a variety of settings. Some of this research examines the existence and function of social capital within the workplace. For example, Liukkonen, Virtanen, Kivimäki, Pentti & Vahtera (2004) link the decline in social capital in western societies with the sweeping changes to the workplace in the form of downsizing, outsourcing and re-engineering, suggesting that they disrupt social ties. They argue that these changes raise important questions about working life as a source of social capital and, consequently, as a source of health and well-being (Liukkonen et al., 2004). Liukkonen et al. (2004:2449) modify Bourdieu’s definition of social capital in the context of the workplace suggesting:

“Workplace social capital is the aggregate of the actual or potential resources in the workplace and the labour market which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance or recognition”.

Further, “the social capital of people aggregates into the social capital of organisations” (Burt, Hogarth & Michaud, 2000:282). The definition by Leana and Van Buren (1999:540) focuses on the way social capital is realised within the organisation stating: “organisational social capital is a resource reflecting the character of social relations within the organisation, realised through members’ level of collective goal orientation and shared trust”.

In discussions about organisational social capital, issues relating to the unit of analysis become apparent, particularly when making the distinction between individual and collective social capital. When referring to the social capital of individuals, network theorists, in particular, refer to the social capital that inheres in the networks of individuals and emphasise the structural aspects of social capital (Burt, 1997; Coleman, 1988; Granovetter, 1973).

Other theorists focus on the relational aspects of social capital (Fukuyama, 1995a; Putnam, 1993b). In relation to organisational social capital, however, there is divided opinion about whether the social capital is an aggregate of the individual organisational members or whether the social capital is the property of the individuals. In some ways these debates reflect the dichotomous view of organisations that exists in rational theory compared to those that consider political context of organisations (Narayanan & Fahey, 1982). Rational models focus on the actions of individuals whereas those with a political perspective focus on the nature of social interactions and the context. Pennings and Lee (1998) explain the difference in perspectives by referring to Allison's (1971) view of organisations as either rational actors (unitary economic agents) or political actors (human aggregates). This study is interested in the latter view and exploring the political perspective to identify how the organisational context influences the development of social capital.

The different emphasis placed on collective or individual social capital is evident in descriptions of social capital as either a public good (an attribute of a social unit) or a private good (operating at an individual level) (Leana & Van Buren, 1999). As a private good, social capital directly benefits the individual and an individual may use their social assets and networks primarily to benefit themselves (Kostova & Roth, 2003). Social capital as a private good draws attention to the individual's external linkages or the structural aspects of social capital. Social capital as a public good is available to all irrespective of whether they were involved in its creation (Kostova & Roth, 2003). The internal and external linkages that characterise relationships between groups are of interest when exploring social capital as a public or private good. For example, Adler and Kwon (2002) suggest bridging social capital is akin to a private good, whereas, bonding social capital is like a public good. It is important to note that the two perspectives are not mutually exclusive. Adler and Kwon (2000:93) explain: "A collective actor such as a firm is influenced by both its external linkages to other firms and institutions and the fabric of its internal linkages: its capacity for effective action is typically a function of both". The following section provides an overview of

some of the key features of organisational social capital described within the literature.

Features of organisational social capital

This discussion is structured in relation to the basic tenets of the social capital thesis referred to earlier, namely, norms and normative behaviour, trust, networks and reciprocity. It should be noted that there appears to be a dearth of literature about the concept of social capital within health and human services, and even less in relation to non-government organisations in the community sector. Therefore, within this section it has been necessary to draw upon literature from other sectors, predominately the business sector.

Norms are shared values and understandings about behaviour and action and, in this way, they represent a degree of consensus in the social system (Nahapiet & Ghoshal, 1998). Organisations as social institutions create and disseminate information about social expectations and by doing so “social actors can establish stable expectations about how others are going to act in common social situations” (Farrell & Knight, 2003:542). MacKian (2002:215) argues that the culture of an organisation will partly determine the nature and function of its social capital, and that the culture of the organisation is created and sustained by “the collective norms and values of employees, and the actions and beliefs of the individuals themselves”. Nahapiet and Ghoshal (1998) describe how norms of cooperation can benefit organisations as they foster openness and teamwork rather than competition. Cunningham (2002) argues that there has been an overemphasis on the development of human capital within organisations at the expense of the development of social capital. He provides evidence of the success of a self-managed learning strategy which generates social capital within organisations by fostering peer interactions within learning groups (Cunningham, 2002).

Generalised **trust** which enables strangers to trust each other can also exist between strangers and organisations. Gilson (2003:1457) explains that:

“Institution-based trust is a specific response to the complexity of modern societies, involving a large number of interdependent transactions between social groups and across large space and time distances (Giddens, 1990; Zucker, 1986). Institutions, therefore, act not only as a guarantor of inter-personal trust but also as the foundation of trust as a property of the overall social system, playing a critical role in the preservation of social order (Coulon, 1998b; Misztal, 1996; Offe, 1999)”.

Spence, Schmidpeter and Habisch (2003) refer to mutual trust relationships that exist between neighbouring firms. Nahapiet and Ghoshal (1998) suggest that these relationships are also based on mutual interdependence which is also characteristic within organisations that are integrated and coordinated. The cooperation that is generated is dependent upon sustained contact, regular dialogue and constant monitoring, otherwise, trust does not necessarily follow. Nahapiet and Ghoshal (1998) provide evidence from the literature that suggests organisations by their very nature provide many opportunities for people to come together to undertake their work as well as to interact socially, in order to meet these preconditions for trust.

Within the social capital thesis, the role of **networks** is to provide access to resources, including information. Within organisational theory, much is made of the networks that exist within organisations, as well as between organisations. These are described in terms of their density, connectivity and hierarchy (Nahapiet & Ghoshal, 1998). Spence, Schmidpeter and Habisch (2003) distinguish between institutional links (for example, trade group membership) and network links (informal or formal local business group). When observing the impact of large corporations and their groupings in Russia, Peregudov (2003:33) identifies “a most important political resource of the corporations is so-called social capital i.e. the people who are the main

productive force, and who personify production capability of the corporations". The people he refers to extend beyond those directly involved in production to the immediate family, related businesses and consumers. This enables Peregudov (2003:33) to take into consideration the "social background" of the corporate managers when considering the networks of the organisation.

The notion of **reciprocity** is concerned with an obligation to undertake or repay an action in the future. Nahapiet and Ghoshal (1998) refer to the saying "there's no such thing as a free lunch" to encapsulate the expectations about exchanges and future obligations. Leana and Van Buren (1999) describe how organisational reciprocity norms are the result of an organisational culture and philosophy based on teamwork, shared learning and collective high-performance work, rather than interpersonal interactions. The primary theoretical framework of organisational social capital referred to in this study is that proposed by Nahapiet and Ghoshal (1998). They argue that social capital provides an organisational advantage in terms of knowledge creation and sharing (Nahapiet & Ghoshal, 1998). Other functions of social capital within organisations are described in the next section.

The function of social capital within organisations

The functions of social capital within organisations are remarkably similar to the function of social capital more generally. Spence, Schmidpeter and Habisch (2003:19) propose three reasons why businesses would consider investing in social capital networks: "they stabilise mutual expectations and enable collective action (trust); they form a kind of insurance; and they give access to relevant information". The first reason is similar to the argument that norms and trust reduce transactions costs and foster cooperative behaviour (Farrell & Knight, 2003; Liukkonen et al., 2004). For example, Leana and Van Buren (1999:547) describe how organisational social capital can "provide the individual with a rationale for deferring his or her immediate individual interests in favour of longer-term group and organisational goals". Spence, Schmidpeter and Habisch (2003) explain how the enforcement of social

norms through “informal threats” also results in conformity, for example, paying bills on time.

The second reason resonates with the notion of reciprocity or the way in which “mutual assistance” is beneficial (Spence, Schmidpeter & Habisch, 2003:19). The notion of mutual assistance is also reflected in Leana and Van Buren’s (1999) claim that organisational social capital is a facilitator of a flexible work organisation based on collective identity and action and reliance on generalised trust. The third reason echoes the function of knowledge and information dissemination referred to earlier. Spence, Schmidpeter and Habisch (2003:19) argue that smaller organisations rely on their cross-sectoral and intra-sectoral networks to access information through “informal mechanisms of information exchange”. On another level, this can also lead to the development of intellectual capital by providing an environment conducive to the combination and exchange of information and knowledge (Leana & Van Buren, 1999; Nahapiet & Ghoshal, 1998).

The preceding discussion has described the concept of organisational social capital. The key features and functions of organisational social capital have been discussed. The remainder of this chapter will focus on the application of the social capital thesis to the function of government, public health and civil society and non-government, human service organisations. This approach is illustrative of the *macro* (social capital and the state), *meso* (social capital and civil society) and *micro* (social capital within non-government organisations) levels of analysis. Further, the discussion highlights the social and political influences on the development of social capital.

Social capital and the state

There is a widely held and accepted notion that the government is best placed to ensure “equity, preventing discrimination and exploitation, ensuring continuity and stability of services and ensuring social cohesion” (Brennan, 1998:135). Tensions arise when this view is compared with the actual provision of services that occurs in the private or non-government sector

which ‘of course’ is unquestionably better. Some propose that the creation of social capital is an opportunity to argue for the withdrawal of the state from welfare and social provisions, while others suggest that state support is crucial to the accumulation of social capital (Baum, 1997; Baum & Ziersch, 2003; Brennan, 1998; Kickbusch, 2004; Macintyre & Ellaway, 1999). Research in Scandinavian countries has found that governments can invest in social capital through the design of welfare state institutions that increase social trust (Kumlin & Rothstein, 2003). Thus, strategies to develop social capital are a reflection of the social and political context from which they arise.

Government strategies in relation to social capital are usually divided along libertarian and communitarian lines. Wakefield and Poland (2005:2821) summarise the key premise of the communitarian argument by suggesting “robust, sophisticated, well-resourced public institutions are seen as developing – and developing from – social capital”. Conversely, Brennan (1998) argues that government reform has occurred under the guise of the Putnamian viewpoints which has led to the retreat of the state couched in terms of the government’s need to focus on ‘core business’ and devolution (privatisation) of other aspects of business to the private and non-government sectors. Pearce and Davey Smith (2003) suggest a possible way through the divide between the market-driven ideology (social capital as a means to an end for economic growth) and the communitarian ideology (social capital as an end in itself). They suggest the consideration of a “third way in which the community forms the missing link between macro level economic policies and individual level behaviours” (Pearce & Davey Smith, 2003:127). These debates also highlight the need to further understand the operation of causality with regard to social capital.

Other analysts of social capital focus on the way that social capital has been appropriated to meet government objectives, highlighting that there may not always be due consideration of the role of government in supporting the development of social capital. The Productivity Commission (2003) found that many government policies implicitly support social capital, however,

others may inadvertently erode social capital. Government intervention seems to be premised on the notion that “people and private institutions when left to their own devices will not generate sufficient social capital to serve the overall community interest” (Productivity Commission, 2003:55). This is consistent with the view of social capital as a public good which tends to be under-produced if left to the market. Social capital, however, is a by-product of social relations thus under-production could arguably be a reflection of the nature of social relations rather than the market (Kawachi et al., 1997). The Productivity Commission (2003) concludes by stating that it is difficult to assess whether government policies create, erode or damage social capital and further research is required in this area. In the interim, however, there are benefits in integrating social capital considerations into mainstream policy analysis to foster a critical consciousness about the implications of government policy in this area. Spence, Schmidpeter and Habisch (2003:27) observe that “the indications are that social capital can be supported by institutional links and requirements, but there remains an important voluntary reservoir which policy makers may not easily be able to influence”.

Mowbray’s (2004a) commentary on the level of federal political support for social capital in Australia suggests that both sides of government claim their own special affinity with the concept. The evidence provided by Mowbray (2004a) indicates that the Howard Federal liberal government had a preference for a residual, ‘non-interfering’ state. Mowbray (2004a) argues that this preference was suited to the liberal government’s desire to push ‘non-core’ business to the non-government, not-for-profit sector under the guise of community control when the covert agenda is cost-saving/shifting. Mowbray (2004a:13) cites Broad (2003:4) as “candidly” referring to community strengthening as “a cost saving government ‘investment’ which holds out the promise of reducing the rate of growth in demand for expenditure on high cost support services”. Thus, in some realms of government, social capital is perceived as ‘a thrift idea’ (Mowbray, 2004a; Roche, 2004).

The role of the government in the creation of social capital, through its position relative to the community, is contested. For example, Roskam (2003) questions the role of the state in the creation of social capital, particularly when much of the research about social capital suggests it is created between individuals and as a by-product of private institutions outside the realm of the state. Roskam (2003) argues that the desire of the state to create social capital is evidence of the state's attempts to regulate social relations between individuals. Roche (2004) draws attention to another site of contestation concerning the ability of social capital to generate levels of community support which, in turn, reduces the need for reliance on formal social support mechanisms provided by the state. A reduction in need is likely to be met with a reduction in funding or at least a re-direction of funding. Thus, while the operation of causality in relation to government support is unclear, it is evident that the state has the potential to destroy or build social capital.

The preceding discussion provided a *macro*-level view of social capital by exploring the relationship between the state and social capital. This discussion revealed that the social and political context has a significant influence on the development and use of social capital. The following section moves to a *meso*-level to explore the links between public health, civil society and social capital.

Links between public health, civil society and social capital

As discussed in chapter two, public health has been historically been influenced by science and focused on individuals and their environment. Arguably, social capital has been incorporated in the realms of public health as a way to bring social theory into epidemiology (Hawe & Shiell, 2000). The new public health claims to be more concerned with the social causes of ill-health than the biomedical (Baum, 1990). Edmondson (2003:1724) suggests that a focus on social settings within the new public health has fostered the introduction of social capital, and argues that one advantage "of the social capital debate is that it encourages us to go between the horns of the materialist-psychosocial dilemma which can beset discussions on public

health". In this way, Edmondson (2003) suggests that social capital can mediate the tension that exists within public health about its primary focus – biomedical (materialist), psychosocial or both. Social capital theory within public health provides an explanatory mechanism for the social causes of health at a population level.

Despite the apparent commensurability between social capital and the focus on social settings within the new public health, it is an uneasy presence. Some critique of social capital and its use within public health research stems from the ways in which it has been translated and operationalised rather than the concept itself (Moore, Shiell, Hawe & Haines, 2005). Gleeson (2001) proposes four potential uses for social capital within public health: as rhetoric that appeals to politicians and economists; as an explanation for the relationship between the social environment and health; to inform public health practice; and to contribute to the development of indicators for social level outcomes of health development policies and programs. These potential uses expose a number of ideological divides within public health, such as, the positivist paradigm and communitarian ideals. These sites of contestation tend to be located within the debates about social capital, rather than within public health.

Mutaner, Lynch and Smith (2000) locate three driving forces within the public health community that have forged discussion about the utility of social capital. The first of these driving forces is those concerned with community-based health promotion (such as Campbell & Jovchelovitch, 2000; Labonte et al., 2002; Lindström, 2005; Wakefield & Poland, 2005). For example, Lomas (1998) notes that evidence about the positive impact of social support and social cohesion on ameliorating heart disease requires practitioners to determine whether to base their interventions on research generated by epidemiologists that include individual treatment approaches, or universal (ecological) policies to build social capital. The second driving force is generated by those in the social support field. For example, network approaches to social capital (as per Bourdieu, 1985; Coleman, 1988) are

largely ignored in comparison to communitarian approaches (Moore et al., 2005; Mutaner, Lynch & Smith, 2000; Putnam, 1995). The third driving force is stimulated by those who have an interest in the way that social cohesion and social capital mediate the link between income inequality and population health (Baum, 1999b). Focusing on the relationship between social capital and health in public health research from a communitarian perspective, however, may obscure the influence of structural inequalities such as class, gender and race (Mutaner, Lynch & Smith, 2000). This discussion about the utility of social capital emphasises its outcomes and further highlights the sites of contestation.

The nature of social capital within public health brings forth discussions about its constituent elements such as trust, networks, participation and reciprocity. Within public health, social participation has been viewed as community participation in health promotion and community development activities (Baum, Bush, Modra, Murray, Cox, Alexander & Potter, 2000; Lindström, 2005; Rifkin, 1990). Research indicates that there is a strong theoretical and empirical connection between social participation, trust and reciprocity as defined within the context of social capital (Lindström, 2005). Lindström (2005:1528) perceives social participation as “civic and social participation within organisations as well as formal and informal social networks which serve to strengthen the norms and values of society and to promote generalised trust and reciprocity between its citizens”. However, Murray (2000) is emphatic that social capital does not equate with civic engagement, rather he claims participation may generate social capital. He argues that “strong participatory citizenship, whereby people are involved in planning and in implementation, in facilitative leadership roles and in creating better futures for their own communities, is inextricably linked to the existence of social capital networks of engagement” (Murray, 2000:100). These different viewpoints draw attention to the debates about which dimension should be considered core to social capital – trust or social participation.

Social capital is inextricably linked to the notion of community. This is reflected in the literature in statements such as:

“social capital is often equated with notions of strong or prosperous communities” (Stone & Hughes, 2002a:1);

“Interest in social capital is embedded in deeper concerns related to identity; integration and cohesion. These are issues of ‘community’” (Edwards, Cheers & Graham, 2003:70);

“Putnam’s view is that social capital’s ‘conceptual cousin’ is community and that community building is the operational dimension of social capital” (Mowbray, 2004c:14)

“a community can be thought of as the womb in which social capital grows. Without communities there would be no social capital” (Debertin, 2000).

It is this communitarian disposition that makes social capital attractive to those interested in civil society. Exactly what constitutes a civil society is a contested topic, particularly as the varying viewpoints strongly reflect ideological positions (Baum, 1997). Baum and Ziersch (2003:320) define civil society as “groups of people who contribute to change in the community through activities that are not part of the formal political system, commerce or government”. These activities are said to exist within the non-government, not-for-profit sector (Mowbray, 2004b; Mutaner, Lynch & Smith, 2000). Within the new public health there is a strong emphasis on civic participation (Baum, 1997; Kickbusch, 2004; Petersen & Lupton, 1996). Baum (1997:673) draws the link between civil society and the new public health suggesting they both “stress the importance of rich social life, and highly developed civil and political participation”. Thus, structural participation is the nexus between social capital and civil society.

This *meso*-level discussion of social capital has revealed the ways that the strong focus on civic participation within public health provides a link with the notion of civil society. The features of social capital such as trust, reciprocity and networks facilitate collective action citizen participation. Human service organisations, like those that participated in this study have a public health agenda, and therefore a mandate to foster civic participation. The following section moves to a *micro*-level of social capital analysis by providing an overview of social capital within human service organisations.

Social capital within human service organisations

The organisations that participated in this study are community-based, non-government, and not-for-profit and have been funded by the government to provide accommodation and support services to those who are homeless. Within this study these organisations are positioned within the healthcare system among the broad range of services that provide health, development, housing and social support. These service types are often referred to as human service organisations. Chapter 5 will describe the research setting in detail, however, this section will provide an overview of the usefulness of social capital theory to understanding healthcare organisations generally, and non-government human service organisations more specifically.

The traditional research frameworks of epidemiology and biomedicine are of limited assistance to explain healthcare systems. Gilson (2003:1453) argues health systems are inherently relational and that “most critical challenges for health systems are relationship problems”. Mannion and Davies (2005:129) agree with Gilson’s (2003) assessment, stating that “health care systems are intensely social”, however, they also argue that health care systems are also “bureaucratic and marketised systems”. They propose that aspects of social capital theory may be useful in understanding the production of health care, particularly the density and configuration of networks and organisational culture (Mannion & Davies, 2005). A key resource for the production of health care is access to information provided through networks characterised by trust, as this can “increase worker participation, job satisfaction and commitment to the organisation, and can foster empowerment, innovation and creative problem solving” (Mannion & Davies, 2005:129). Thus, just as social capital is useful for conceptualising community-level influences on health, so too it is useful for conceptualising the internal dynamics of health systems.

Research that has explored the contribution of aspects of social capital to the production of healthcare has focused on social processes and culture. For example, Hofmeyer (2003:12) suggests “social process of cooperation, participation and trust [that] are crucial elements of health care between nurses, patients and families”. Hofmeyer (2003) argues that organisational culture is an indication of the wellbeing of organisations and that a socially inclusive and ethical organisational culture has many features in common with the social capital thesis. MacKian (2002) argues that while there has been considerable focus on the way in which health care organisations help their local communities to build social capital, exploration of how these organisations themselves may be the site for the development (or erosion) of social capital has been lacking. This study recognises the importance of understanding the influence of culture within healthcare organisations, and the potential of social capital as a theoretical framework to achieve this.

Other research has explored the relationship between community level social capital and organisational performance. For example, Lee, Chen and Weiner (2004) developed a series of hypotheses to test the relationship between the level of social capital in the community and various aspects of the community hospital’s functioning in relation to accountability mechanisms. They concluded that the characteristics of the community hospitals were the determining features in relation to their level of community accountability, rather than the level of social capital within their local community. Lee, Chen and Weiner (2004), however, did not explore the characteristics of the community hospitals in relation to the theoretical frameworks of social capital. Research that explicitly theorised the existence of social capital within health related organisations was conducted by Hoelscher, Hoffman and Dawley (2005). Their research explored the role that social capital plays in the creation of a competitive advantage found in some medical groups. Hoelscher, Hoffman and Dawley (2005) focused on five key dimensions of social capital: information channels (previously discussed in this study as networks); social norms; obligations and expectations (also referred to in this study as reciprocity and trust); identity (which operates to increase and strengthen

group norms and collective goals, similar to bonding social capital); and moral infrastructure (previously described as normative behaviour).

Non-government organisations have been identified as playing a key role in the reproduction and utilisation of social capital. The recent Productivity Commission's (2009) report conceptualises the not-for-profit (non-government) sector as positioned within a mediating environment that includes social capital. Passey and Lyons (2006) explain that this occurs through the use of volunteers, bringing together people with similar interests, providing an organisation 'to belong to' and from the benevolence of the community. In relation to social capital, Passey and Lyons (2006) describe non-government organisations as the social glue (bonding social capital), the social oil (bridging social capital) and linking social capital. King (2004:471) further explains that non-government organisations:

“must foster social capital in order to recruit and develop board members, raise philanthropic support, develop strategic partnerships, engage in advocacy, enhance community relations, and create a shared strategic vision and mission within the organisation and its employees”.

The ability of non-government organisations to achieve this is related to their proximity to the community, flexibility (non-bureaucratic nature), and comparatively small size. Thus, investment in the non-government sector is a vehicle for the development of social capital at a community and individual level.

Much of the research about social capital and non-profit (non-government) organisations focuses on the role of the organisation in developing social capital in the ways described above. Social capital is usually associated with ideas about voluntary association and these are generally external to the organisation, that is, they relate to the networks and relationship between the organisation and its community. As a result, most social capital research has gathered data from individuals. This study focuses on the social capital that exists within the organisation itself. King (2004:482)

argues that “the origins and operations of nonprofit organizations are aligned with the core dimensions of social capital: networks, relationships and trust, and shared vision and norms”. Onyx and Bullen (2000) further argue that it is these kinds of characteristics that make it more likely for non-government organisations to create conditions ripe for the creation of social capital.

Chapter Summary

This chapter has provided a broad overview about the concept of social capital and drawn attention to the two faces of social capital. One face of social capital relates to its role in providing the foundation of civil society through networks and relationships characterised by trust, reciprocity and cooperation. The other face of social capital described in this chapter is its role and function within organisations. While it is acknowledged that the effects of social capital can be negative, there is also a growing body of literature that evidences the organisational advantages of social capital, suggesting that organisational development needs to focus on ways to develop and harness organisational social capital. The intention of this research is to explore the nature of organisational social capital within the participating organisations and ways to foster its development.

In this chapter the features and functions of social capital have been described and applied to the context of organisations. This study has applied the definition and framework of organisational social capital developed by Nahapiet and Ghoshal (1998). In addition to defining social capital as “the sum of the actual and potential resources embedded within, available through, and derived from the network of relationships possessed by an individual or social unit”, Nahapiet and Ghoshal (1998:243) also explain the structural, relational and cognitive dimensions of social capital. These dimensions of organisational social capital will come to the fore in the data analysis stage of this research.

To further operationalise the concept of organisational social capital within the context of this study, the role of the state in the generation of social

capital has been explored. The influence of underlying communitarian or liberal philosophies is evident in government policy, however, the causal modality in relation to the generation of social capital is unclear. The role of government in supporting non-government human service organisations has particular relevance to this study, as this can be viewed as an investment in social capital. The organisations participating in this study are established for a community purpose: in this instance to provide services and assistance to a marginal group, people who are homeless. As a result, the organisations add value to the community and assist in facilitating collective action and engendering trust. By providing opportunities for social participation, these organisations contribute to the new public health agenda which aims to foster the development of civil society. In these ways, the organisations themselves play an important role in reproducing and utilising social capital. The next chapter examines organisations as social and cultural phenomena that can generate social capital.

Chapter 4: Organisations as socio-cultural phenomena

Introduction

Within this study organisations are viewed as social phenomena, whereby the focus is on exploring the social structure, social interactions and socialisation within organisations. More recent theories of organisations have identified how these processes contribute to knowledge creation and dissemination, particularly through organisational social capital. This chapter serves three main purposes: first it will explore literature pertaining to organisational sociology to identify the analytical frameworks of most relevance to the thesis topic. In doing so, this review will achieve the second purpose, that is, to firmly embed this thesis within the discipline of sociology. The third purpose is to review previous approaches to studying organisations in order to inform the development of the methodology and methods within this study.

Defining organisations

Scott (1987b:105) remarks on the prevalence and ubiquitous and pervasive nature of organisations in social life and the paradoxical way that much of their development went unnoticed and uncontested. In order to fully appreciate the significance of organisations in our lives, Scott (1987b) contends that we need to consider organisations as a means for achieving goals and, perhaps more importantly, their effect on our collective lives. By this, Scott (1987b) means that organisations represent an extension of ourselves and our collective efforts and that this can have unanticipated effects. He further develops this argument to view organisations themselves as 'actors in their own right' (Scott, 1987b:6). Definitions of organisations that emphasise the role of organisations in achieving goals and their formalised structures are consistent with the view of organisations as rational systems (Scott, 1987b). These definitions contrast with those that emanate from the perspective of organisations as natural systems. When organisations are viewed as natural systems, the focus is on the organic qualities of

organisations that enable their members to form collectivities and work together to ensure the survival of the system (Scott, 1987b). The third type of definition relates to the view of organisations as open systems and is therefore more cognisant of the influence of environmental factors (Scott, 1987b).

The diversity of definitions adds to the complexity of the field of organisational studies, since these varying perspectives, in turn, influence the methodological approach (positivist, functionalist, social constructionist, critical and the like), as well as the level of analysis (individuals and groups within organisations, structure, and ecology). Definitions of organisations are inextricably linked to the different paradigms or sets of ontological and epistemological assumptions reflected in the multiplicity of perspectives that exist within the field of organisational sociology (Schultz & Hatch, 1996). Kogut and Zander's (1992:384) definition of an organisation is developed from a socialised perspective: "organizations are social communities where individual and social expertise is transformed into economically useful products and services". This study similarly views organisations as social communities, however, the research is not concerned with the more traditional economic view of organisational products and services. Rather, this study focuses on identifying how the social aspects of organisations generate knowledge and identity resources in the form of organisational social capital, which then influences community participation.

Organisations as sociological phenomena

This section explicates how organisations can be viewed as sociological phenomena. Willis and Elmer (2007:3) explain "Sociologists identify patterns of behaviour, meanings and beliefs in order to uncover the links between individual lives and social forces, thus revealing how such phenomena are the result of social arrangements at any one time". Meyer (1971) develops a convincing argument that organisations offer sociologists a useful unit of analysis for most sociological concepts because their structure is isomorphic to social structures in general. It is difficult, however, to discern a distinct sociological field of organisational studies as sociological approaches

tend to have much in common with those used by other disciplines and the field is becoming increasingly interdisciplinary. The all-encompassing and rather amorphous nature of organisational studies may include social organisation in general, specific types of organisations, and may also extend to the organisational participants (Meyer, 1971). The contribution of a sociological approach is summed up by Scott (2004:9) who states that “whereas economists and management theorists have focused on identifying organisational factors that affect performance and productivity, sociologists have raised questions about who benefits and who does not (or suffers) from these activities”. In this way, sociologists display a greater concern for gaining an on-the-ground understanding at the field-level, rather than the actual practice of management or the organisational processes and outcomes (David & Bitektine, 2009). Thus, while sociological approaches to studying organisations may have features in common with other disciplines, their key contributions lie in the conceptualisation of organisations as social communities and the study of social community relations.

Sociologists have made significant contributions to the field of organisational studies because their analytical frameworks are well suited to exploring social interactions and interrelationships from a naturalistic perspective. The field of organisational sociology developed around 1950 and it sits within the larger field of organisational studies, which is a meeting point for several disciplines including psychology, anthropology, and management. The foundational sociological studies of organisations focused on the determinants of organisation structure. As a result, structural-functionalist frameworks dominated studies of the relationship between the function of the organisation and its structure. Scott (2004:4) claims that “sociologists have led the way in examining the structural characteristics of collections of similar organisations... the structure of organisational fields and networks”. In addition to focusing on the determinants, sociologists have also studied the consequences of organisation structure. With this long history and established modes of research in organisations, sociology offers a productive vehicle for studying the organisations involved in this study. An overview of some

theoretical perspectives used to study organisations is provided in the next section.

Theoretical perspectives used to study organisations

Studies of organisations are characterised by the researcher's particular perspective of organisations which, in turn, determines the methodology, methods and analytical framework. Even the definition of an organisation varies according to the chosen perspective. The four theoretical perspectives that most commonly appear in the literature are rational system theory, natural system theory, open system theory, and institutional theory. These will be described below with reference to the major theorists and contribution of the studies.

Within **rational system theory**, definitions of organisations focus on the ability of organisations to attain particular goals – an instrumental view based on technical or functional rationality (Scott, 1987b). Members of organisations are considered to be “purposeful and coordinated agents” that operate within their organisational context (Scott, 1987b:32). Rational system theory is characterised by goal specificity and formalisation and these features are conducive to exploring the ways structural arrangements operate to achieve the desired ends. Four theorists dominate this field and lead four different yet related schools of thought. These are Taylor's (1947) scientific management theory; Fayol's (1937) administrative theory; Weber's (1947) theory of bureaucracy; and Simon's (1997) theory of administrative behaviour. Behavioural structures and social processes within and external to the organisation were not the subject of rational system theory. Many aspects of organisational studies that appeal to management and the managerialist agenda hark back to times when rational system theory was popular, particularly its focus on the way structure can be changed, manipulated and controlled to achieve the desired goals of the organisation. These approaches are also very positivist and prescriptive involving ‘specification of positions, role definitions, procedural rules and regulations’ (Scott, 1987b:49). Total

quality management is an example of an organisational management strategy that is underpinned by rational theoretical frameworks.

In common with the evolution of other theoretical frameworks, the driving force for the development of alternative approaches to study organisations was dissatisfaction with previous theories. This was the case with the development of **natural system theory** which arose largely as a result of criticism and critique of the rational system theory. Within the natural system theory, the primary concern is the organisation as a social collective, so in this sense, organisational resources are required to sustain and maintain the organisation in addition to meeting organisational goals (Scott, 1987b). Concern with the organisation as a social group leads to consideration of the organisational members, which take precedence over the formal structures within the organisation (Scott, 1987b). Interestingly though, the natural system theory is underpinned by functionalist approaches which dominated the study of organisations from the 1930's until the 1960's (Scott, 1987b). Four influential theorists and schools of thought operating within this theory are Mayo (1933) and the human relations school; Barnard's (1938) cooperative system; Selznick's (1948) institutional approach; and Parsons' (1951) social system. Whereas the rational system theory was criticised for studying organisations without participants, for the natural system theorists, the reverse was true and they were criticised for being oriented towards people without organisations.

The third theoretical perspective to be discussed here views organisations as open systems. With the advent of **open systems theory** in the 1960s, the field of organisation theory blossomed. Prior to this, studies focussed primarily on the organisation itself and the actors and processes contained within it. Scott (1987b:91) explains "the interdependence of the organisation and its environment receives primary attention in the open systems perspective". The emphasis is on process rather than structure and with this came the view that was particularly espoused by Weick (1974) that 'organisation' should be viewed as a verb, not a noun. In this way, open

systems theories of organisations refer to verbs and causal links rather than nouns and variables. Schools that exemplify the open systems approach include system design (Mintzberg, 1979); contingency analysis (Galbraith, 1973; Lawrence & Lorsch, 1967); and Weick's (1969) theory of organising. Open system theories have a strong tendency to use analogies to generate insights, however, these analogies are also subject to criticism as they can create misconceptions and errors. Open systems perspectives served to create an awareness of the societal influence of organisations, that is, the ways in which organisations affect other vital societal processes and systems (Scott, 2004).

Following on from the advent of open systems theory, there was a flurry of activity in the 1960-70s in the development of theories concerning the determinants of organisational structure. **Institutional theory** was developed during this time and it has particular relevance to this study, as it stresses the importance of the cultural features of environments. The institutional environment consists of regulative, normative and cultural-cognitive features (Scott, 2004:7). Scott (1987a) credits Selznick with the development of an institutional approach and places Selznick's view of organisation with the realms of a natural system, particularly given its emphasis on its functionalist approach. Functionalist approaches to organisational analysis were amongst the first attempts to investigate organisations as social phenomena (Tolbert & Zucker, 1996). Selznick (1957:17) further develops this view through a functional analysis to argue that organisations become institutionalised and are thereby "infused with value beyond the technical requirements of the task at hand". These ideas were applied to the analysis of organisations by Meyer and Rowan (1977) who argued the institutionalisation of rules and patterns within societies become institutional belief systems that powerfully shape organisational forms.

From these beginnings, institutional theory developed quite rapidly and contemporary versions are underpinned by work originating in the sociology of knowledge (Scott, 1987a). The most influential of these works is by Berger who took a social constructionist viewpoint to defining institutionalisation as “the process by which actions are repeated and given similar meaning by self and others” (Scott, 1987b:114). More recent institutional theorists (neoinstitutionalists) also pay attention to the role of symbolic elements such as schemas, typifications and scripts that perform an important, independent role in shaping organisation structure and behaviour (Scott, 2004:7). This study fits within the stream of neoinstitutionalism as it is concerned with generating theoretical insight about the social and cognitive forces within organisations to explain the relationship between organisational culture and organisational social capital.

Scott (2004) reports that, more recently, organisation studies have focused on a) the way organisations have changed, specifically in relation to the way organisational boundaries have become more open and flexible; b) the importance assigned to core business and the resultant outsourcing that has occurred; and c) uses and modes of power and control. These recent trends have influenced the development of different conceptual frameworks such as a relational or process conception of organisations, whereby processes are privileged over structure. This analytical framework reflects the way in which organisation studies are divided according to whether organisation is viewed as a noun or a verb. One reifies the organisation as a thing in and of itself, whereas the other enables an exploration of the ways in which we arrange systems and processes to perform the function of the provision of health care. Scott (2004:1) describes this as a shift from “an entity-based to a process-based view of organisation”. More recent, relational approaches deal with the issues of structure and process by arguing “if structures exist it is because they are continually being created and recreated, and if the world has meaning, it is because actors are constructing and reconstructing intensions and accounts, thereby, their own and others’ identities” (Scott, 2004:10). The different theoretical perspectives of organisations are evident in the reporting of

findings and research evidence. Process theories have developed in response to the challenges of the multi-layered and multivariate nature of organisational studies. Buchanan and Bryman (2009:12) suggest process theories “tend to adopt a narrative form, and focus on local causality, rather than seek to identify universal laws linking dependent and independent variables.”

This overview of various organisational theories has served to align this thesis with the perspective of organisations as open systems. This study is predominantly concerned with the socialised perspective of organisations, as evidenced by the focus on the symbolic, cultural and sense-making elements within organisations. The intention of this study is to generate theoretical insights into the relationships between organisational culture, organisational social capital and community participation. The following section will provide justification for exploring organisational social capital at the level of organisational culture.

Studying Organisational Social Capital

Studies of both organisations and social capital are required to grapple with the conceptual and methodological difficulties that arise when determining the unit of analysis. Some studies of organisations, particularly those that are located in the discipline of psychology, focus on individuals within organisations. Within this study, however, the phenomena being investigated are the social interactions between those within the organisations, not the individuals *per se*. Therefore, within this study, the unit of analysis is the participating organisation which is considered to be an aggregate of the individuals within it.

In a similar way, it is necessary to determine the level of analysis for organisational social capital. Organisational social capital within the context of this study is considered a key organisational resource for creating conditions where community participation can occur. Consistent with the organisation as the unit of analysis, the level of analysis for organisational social capital in this study is at the level of the organisation, rather than the

social capital of the individuals within the organisation. Pennings and Lee (1999) explore the tension between the individual and organisational levels of analysis and attempt to resolve this by employing concepts developed by Allison (1971) to differentiate between organisations as either ‘rational actors’ or ‘political actors’. They explain that people associated with the organisation as Rational Actors are conceived as individuals (unitary actors) who carry out deeds on behalf of their organisation using their own social capital to interact with other actors (Pennings & Lee, 1999). In the case of organisations as Political Actors, the individuals are conceived collectively, for example as a community of practice, and their social capital aggregates to organisational social capital (Pennings & Lee, 1999). Within this study, the participating organisations are conceived as Political Actors.

The key concept that will be explored within this study is organisational social capital. Pennings and Lee (1999:44) argue that “organizations are embedded in a web of relational ties... the term social capital captures this relational web”. Evidence or knowledge of social capital emerges from examining the social community relations, described by Staber (2003:413) as “the fabric of the social connections among organisation members”. Studies of organisational social capital draw attention to the structural, cognitive and relational features that support cohesiveness and work towards collective goals (Nahapiet & Ghoshal, 1998; Staber, 2003). For example, the OECD (2001) defines social capital as “networks [structural features] together with shared norms, values and understandings [cognitive features] that facilitate cooperation within or among groups [relational features]”. Structural functionalist approaches within sociology are amenable to the study of organisation social capital as they relate the function of the organisation to the structure, as well as emphasising values and norms. The following definition offered by Adler and Kwon (2002:17) draws attention to the need to examine organisations from a socialised perspective. They view social capital as “the goodwill that is engendered by the fabric of social relations and that can be mobilized to facilitate action” (Adler & Kwon, 2002:17). Sociology permits an exploration of the various social aspects of

organisations that may provide evidence of the generation, use and stocks of social capital.

Exploring the concept of social capital within organisations requires an examination of the social interactions and the social context of the organisation. Adler and Kwon (2002) propose that the activation of social capital is dependent upon factors that are conducive to social interaction. In a similar way, Nahapiet and Ghoshal (1998) suggest that factors such as time, interaction, interdependence, and closure all affect the formation of social relationships and, therefore, the development of social capital. Edelman, Bresnen, Newell, Scarbrough and Swan (2004) also suggest that factors that influence social interactions (such as norms and beliefs) are fundamental to the development and use of social capital. Distilling the essence of social capital reveals a core of trust and associability. These key elements are observable at the level of organisational culture. Organisational culture is observable through organisational practices, that is, the routines, symbols, myths, stories and other cultural artefacts. Organisational cultures are slow to change and are therefore relatively stable and it is this relative constancy that provides a meaningful context for the study of organisational social capital (Beugelsdijk, Noorderhaven & Koen, 2003). Organisational cultures also tend to be unique as they reflect the essence of a particular organisation and are not copied easily (Meek, 1988). While organisational culture has been linked to organisational performance, there is very little research that specifically investigates the relationship between organisational culture and organisational social capital. This study begins to address this gap by examining organisational culture through the lens of organisational social capital.

Organisational culture

The term organisational culture has a long history and yet there is little consensus about its precise meaning. The term culture has a distinctly anthropological origin and involves the study of societies and societal processes. Hudelson (2004:345) explains that anthropologists define culture as “the shared set of (implicit and explicit) values, ideas, concepts and rules of behaviour that allow a group to function and perpetuate itself”. When

organisations came to be studied as “mini societies, illuminating the interpretations and understandings of participants of their roles in the political, technical and social life-world of an organisation” (Hyde & Davies, 2004:1409), this facilitated the study of organisational culture. Origins of sociological studies of organisational culture can be traced back to Durkheim (1893; Durkheim, 1961) who considered the role of rite and ceremony and the development of collective consciousness in creating and sustaining solidarity and culture. Durkheim’s view of culture as an emergent property, a social fact *sui generis*, continues to inform studies of organisational culture that argue that culture is irreducible to individual attributes and processes (Meek, 1988; Wilkins & Ouchi, 1983).

Scott, Mannion, Davies and Marshall (2003b) suggest that organisations began to be studied in this way in the post-war period, however, it was not until the 1980’s that the link between organisational culture and performance became popularised. This timing coincides with the advent of managerialism and economic rationalism which resulted in widespread health care reform. However, it could also be argued that this is no coincidence, and that these forces created an imperative for the study of organisational culture as a means of achieving reform through organisational change. The growing realisation that structural change was not enough to influence performance meant that organisational culture was increasingly viewed as part of health system reform (Hyde & Davies, 2004; Scott, Mannion, Davies & Marshall, 2003a; Scott et al., 2003b). This is also noted by Bower, Campbell, Bojke and Sibbald (2003) who comment on the way that structural changes have increased the number of practitioners working in primary care, however, this has not necessarily led to improved patient outcomes. The preceding discussion highlights the social construction of organisational culture which is further illustrated in Figure 2 below, which provides selected definitions of organisational culture.

Figure 2 Selected Definitions of Organisational Culture

<p><i>“shared values [that] define the fundamental character of the organization, the attitude that distinguishes it from others” (Deal & Kennedy, 1982:23).</i></p> <p><i>“a particularistic system of symbols shaped by ambient society and the organization’s history, leadership and contingencies, differentially shared, used and modified by actors in the course of acting and making sense out of organizational events”(Allaire & Firsirotu, 1984:216).</i></p> <p><i>“what people believe about what works and what does not” (Wilkins & Patterson, 1985:267)</i></p> <p><i>“the set of important assumptions (often unstated) that members of a community hold in common” (Sathe, 1985:235)</i></p> <p><i>“a cognitive frame of reference and a pattern of behaviour transmitted to members of a group from the previous generation of the group” (Beres and Porterwood, 1979 cited by Lundberg, 1985:171).</i></p> <p><i>“the values, beliefs, and norms of an organisation that shape its behaviour” (Shortell, O’Brien, Carman, Foster, Hughes, Boerstler & O’Connor, 1995:381).</i></p> <p><i>“the set of organizational practices that are seen as characteristic for an organization and that distinguish the organization from other organizations” (Beugelsdijk, Noorderhaven & Koen, 2003:3).</i></p> <p><i>“A pattern of shared basic assumptions that the group has learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid, and therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems” (Schein, 2004:17).</i></p> <p><i>“the shared values, attitudes, beliefs and norms that underpin patterns of behaviour in organisations” (Mannion & Davies, 2005:129)</i></p>
--

In common with other concepts that involve intangible aspects of human behaviour, such as norms, values, shared beliefs and interaction, organisational culture is an elusive concept and its definition is variously dependent upon the circumstances surrounding its use. These features are exemplified in definitions of organisational culture that appear in the table above. Two dominant conceptual frameworks emerge in the literature about organisational culture. One considers organisational culture as a type of metaphor and suggests that culture is something an organisation *is*. This framework is consistent with a social constructionist view point which considers the social factors that constitute the culture of the organisation. The

other conceptual framework conceptualises organisational culture as something an organisation *has* – a critical variable – and, in this way, assumes that the culture can be measured, defined and therefore manipulated and changed. These conceptual frameworks are described in depth by (Alvesson, 1993; Davies, Nutley & Mannion, 2000; Scott et al., 2003b). Table 4 below provides a summary of the key characteristics of these two frameworks as compiled by Scott et al. (2003b).

Table 4 Organisational Culture Conceptual Frameworks

	Culture as an attribute	Culture as a metaphor
Epistemological assumptions	Positivist	Phenomenological
Disciplinary base	Anthropology/history	Social psychology
Theory of cultural cohesion	Single, coherent culture	Co-existing subcultures
Theory of organisational order	Provides an adaptive regulating mechanisms to maintain status quo	Cultural conflicts can engender change
Creation and transmission of culture	Directed by actions of senior staff to change artefacts and espoused ideology	Reproduced by all culture members through their ongoing negotiation of symbols and artefacts
Culture change agents	Senior management only manipulate culture to meet corporate objectives	Managers, as well as other organisation members, all seek to influence the cultural direction of the organisation

(Scott et al., 2003b:113)

The contested nature of organisational culture reflects the difference in thinking between modernist and postmodernist views of organisations. Fox (1993) argues that postmodern analyses of health care organisations need to move beyond the modernist view of organisation as a noun which reifies organisations as things in and of themselves, and move more towards a postmodern view of organisations as a verb or a set of processes as a way of organising health care. In this way, Fox (1993) illustrates the need to move from empiricist ways of studying and manipulating organisations, to one which takes into account the social factors and external dynamics that influence the organisation of health care. In a similar way, the two predominant ways of defining organisational culture (described in the table above) reflect the modernist – postmodern divide. Thinking of organisational culture as a set of attributes that can be measured, defined and manipulated is consistent with the modernist viewpoint. Davies, Nutley and Mannion (2000)

also make this distinction between modernist and postmodern viewpoints by explaining that a postmodern perspective of organisational culture:

“would not focus on cultures as a means of control. It would instead encourage dialogue on the nature and course of change among stakeholders, particularly those who traditionally have been disenfranchised or marginalised from such discussions. The emphasis of such a dialogue would be on challenging existing authorised accounts and balances of power, rather than on the refinement of mechanisms of control” (Davies, Nutley & Mannion, 2000:113).

Thus, it is the postmodern perspective that enables a critique of reified organisations and organisational cultures with discrete definable, measurable and malleable features.

Like many conceptual frameworks, those depicting culture as an attribute or as a metaphor are contested. In an effort to reconcile these positions, some theorists have chosen a ‘middle ground’ between these two polarities. For example, Davies, Nutley and Mannion (2000:112) suggest:

“an organisation’s culture is an emergent property of that organisation’s constituent parts – that is, the culture may emerge somewhat unpredictably from the organisation’s constituents (making it not necessarily controllable), but nonetheless characteristics of that culture may be described and assessed in terms of their functionality vis-a-vis the organisation’s goals”.

This is also reflected in the ‘middle ground’ taken by Scott et al. (2003b:112) which assumes that the main characteristics of organisational culture “can at least be described and assessed in terms of their functional contribution to broader managerial and organisational objectives”.

Alvesson (1993:14) describes the root metaphor view of culture and links this concept to Smircich’s (1983) research by explaining:

“Culture as a root metaphor promotes a view of organisations as expressive forms, manifestations of human consciousness.

Organisations are understood and analysed not mainly in economic or material terms, but in terms of their expressive, ideational, and symbolic aspects”.

A strong criticism of this approach is that it may lead to symbolic reductionism whereby everything is reduced to symbols and meanings (Alvesson, 1993). Scott (1987b:291) also refers to Smircich (1983) and argues that this perspective moves from “a mechanical or organic to a cognitive or symbolic model” with more in common with open system and institutional theories of organisations. These views of organisational culture proposed by Davies, Nutley and Mannion (2000) and Scott (1987b) provide the basis for the way organisational culture is conceptualised in this thesis. In this study, culture is viewed as the shared values, norms and understandings that are produced and reproduced through social interactions and, in this way, culture is viewed as emergent. This study seeks to explore organisational culture both as a product of social interactions and as a determinant of organisational performance.

Studying Organisational Culture

Studies of organisational culture need to be cognisant of the complex underpinnings of organisational culture and, in turn, the ontological, epistemological and methodological challenges involved in understanding organisation change and the impacts of policy (Mannion & Davies, 2005). Studies of organisational culture differ according to how culture, measurement and organisation are defined, the purpose of the investigation, the intended use of the results, and the availability of resources. As Scott et al. (2003a) explain:

“While some commentators see the task in terms of specific and measurable variables, traits or processes, others see it as a global challenge to capture culture as an intrinsic property of the social milieu that forms whenever people are brought together in common enterprise. A third approach sees organisational culture as an anthropological metaphor or a paradigm to analyse organisations as microsocieties.”

The historical development of approaches is attuned to the four theoretical perspectives described earlier, namely, rational, natural, open systems, and institutional theories. Early functionalist approaches to the study of organisation quickly developed a keen interest in investigating the interrelationships between the different elements of organisational structure. This gave rise to a predominance of positivist approaches which have continued to flavour organisational studies, particularly those concerning culture. The organisational factors chosen to study vary according to the level of analysis undertaken. Scott (1987b) distinguishes between three levels of analysis: “the behaviour or attributes of individual participants within organisations; the functioning or characteristics of some aspect or segment of organisational structure; or the characteristics or actions of the organisation viewed as a collective entity”. Review of previous research in this area also indicates that analysis of organisational culture is predominantly undertaken within the field of sociology.

Historically, organisational research has been constrained by positivist approaches, however, this is no longer the case and there is evidence of a range of epistemological approaches that consider both variances (culture as variable) and processes (culture as metaphor) (Buchanan & Bryman, 2009). For more than a decade, organisational theorists engaged in ‘paradigm wars’ such was the depth of feeling about the ‘right’ approach to organisational research (Hassard, 1991; Morgan, 1980; Schultz & Hatch, 1996). Some of these theorists attempted to resolve these tensions by arguing the merit of combining approaches and the fruitful research that results (Deetz, 1996; Morgan & Smircich, 1980; Smircich, 1983). Deetz (2009) presents a conceptual framework for organisational research that seeks to move beyond the constraints of thinking in paradigms to considering the insights provided by the differences in research programs.

Deetz (2009) conceptualises these differences in research orientations as two dimensions, which are depicted in Table 5 below. The local/emergent dimension “draws attention to researchers who work with an open language

system and produce a form of knowledge characterized more by insight into empirical events than large scale generalizations” (Deetz, 2009:26).

Local/emergent approaches yield practical knowledge or ‘know how’ (Deetz, 2009). The elite/a priori dimension “draws attention to the tendency in some research programmes to privilege the language system of the researcher and the expertise of the research community, as well as hold that language system constant throughout the research process” (Deetz, 2009:27). Elite/a priori approaches lead to the development of theoretical knowledge, or ‘knowing about’ (Deetz, 2009). This study has many features in common with a local/emergent conceptualisation which is conducive to exploring organisational culture as a metaphor.

Table 5 Characteristics of the local/emergent - elite/a priori dimension

Local/emergent	Elite/ a priori
Comparative communities	Privileged community
Multiple language games	Fixed language game
Particularistic	Universalistic
Systematic philosophy as ethnocentric	Grounded in hoped for systematic philosophy
Atheoretical	Theory driven
Situational philosophy as ethnocentric	Methodological determinism
Nonfoundational	Foundational
Local narratives	Grand narrative of progress and emancipation
Sensuality & menacing as central concerns	Rationality & truth as central concerns
Situated, practical knowledge	Generalisable, theoretical knowledge
Tends to be feminine in attitude	Tends to be masculine in attitude
Sees the strange	Sees the familiar
Proceeds from the other	Proceeds from the self
Ontology of ‘otherness’ over method	Epistemological & procedural issues rule over substantive assumptions

(Deetz, 2009:27)

Research in relation to organisational culture has also been driven by a desire to better understand the link between organisational culture and performance. In this study, heterogeneity in how organisations perform in

relation to community participation is explored at the level of organisational culture. The culture-quality-performance link has intuitive appeal (Scott, Mannion, Marshall & Davies, 2003c), particularly for research that aims to inform managers how to manipulate culture to achieve company goals. Research conducted in this way is consistent with the view of culture as malleable, changeable and able to be influenced, that is, culture is viewed as an attribute of the organisation. The appeal lies in the promise of being able to manage the corporate culture in such a way that it directly impacts on performance. Yet, despite its intuitive appeal, Alvesson (1993) argues that researching culture in these ways focuses on approaches that are pragmatic and highly instrumental. Alvesson (1993) argues that the emphasis placed on the role of culture in achieving organisational goals is 'pro-managerial' and warns that they are susceptible to oversimplifying the complexities of culture in their determination to find ways to manage and control.

While this study aims to generate theoretical insight into the link between culture and performance, a sociological approach has been adopted to overcome some of the perceived shortcomings of the managerialist paradigm. Scott et al. (2003a) make a valuable contribution to the critique of studies of organisational culture when they reveal five key assumptions embedded in the culture-performance link: 1) that organisations (however defined) have identifiable culture; 2) that culture is related to performance; 3) that a culture can be altered to impact on performance; 4) that the intervention will provide a worthwhile return on investment; and 5) that the intervention will outweigh any dysfunctional consequences (Scott et al., 2003a:105). These assumptions generally underpin studies of organisational culture within the managerialist paradigm that seeks to influence and change organisational culture in an effort to influence performance. Alvesson's (1993) discussion about the theoretical approaches to the culture-performance link suggests these are characterised by their degree of instrumentality. He describes the most instrumental of these approaches as viewing culture as "a building block in organisational design... in principle no different from other parts of the organisation in terms of management and control" (Alvesson, 1993:31). Another category of

approaches identified by Alvesson (1993) focuses on the role that leadership has in controlling and managing culture by influencing the perceptions of employees. The third category of approaches to the culture-performance-link described by Alvesson (1993:35) is less instrumental and focuses instead on culture “as a diagnostic instrument and a guide for action”. It is this third approach that best describes the focus on the role of culture within this study.

Culture as an attribute or something that an organisation *has* is amenable to instrumental approaches to investigation, which are concerned with issues of measurement and determining what can be changed, consistent with a managerialist approach (Alvesson, 1993; Scott et al., 2003b). Culture as a metaphor, however, has a much broader focus and the intent is to understand rather than manipulate. Scott et al. (2003b:112) explain “the whole emphasis shifts from what organisations accomplish to cultural anthropological understanding of how organisations are socially accomplished and reproduced”. Viewing culture more as something an organisation *is*, draws our attention to the effect that organisations have on our collective social and working life. Alvesson (1993:6) argues that this approach “assumes that a rich, complex, holistic understanding of the workplace will make it easier to appreciate both the positive and the negative features of organisational life and help to counteract the taken-for-granted beliefs and values which limit personal autonomy”. The definitions of culture provided in Figure 2 draw attention to the symbolic and cognitive elements of organisational culture. This study focuses on these elements by studying organisational culture in an anthropological way that seeks to understand how culture guides action.

As well as investigations into the existence of organisational culture, there are also investigations into the existence of subcultures. Drawing on a conceptual framework that includes subcultures allows for the consideration of ways organisational culture may be perceived and experienced differently throughout the organisation, however, the notion of subcultures is contested. Some authors contend that a shared culture leads to the development of a

strong culture which is favoured, however, there is no convincing evidence that pluralistic cultures are any less effective (Scott et al., 2003b). Hudelson (2004:345) explains that, from an anthropological stance, studies of organisational culture would not attempt to assign cultural typologies, rather, “anthropological research would aim to identify groups with shared cultural knowledge, and understand how subcultures co-exist and interact within the larger organisational environment”. This study seeks to understand the lived experience of those working within the participating organisations and, in this way, creates the possibility for identifying the existence of subcultures as perceived by them.

Chapter Summary

The aim of this chapter has been to develop an understanding of the scope and nature of organisational research. Organisational research is complex and requires careful consideration of ontological and epistemological issues, which have been raised in this chapter. In this study, organisations are viewed as social phenomena and from a sociological perspective which makes it possible to explore their social structure, social interactions and socialisation. These foci are keys to developing an understanding of organisational culture. In this study, culture is viewed as a metaphor which facilitates an understanding of the emergent, taken-for-granted and often unstated facets of organisational culture. Sociological studies of organisational culture differ from managerialist perspectives as they seek to understand, rather than manipulate. Organisational culture is variously defined, and many of these definitions emphasise norms, values, shared understandings, beliefs and attitudes as elements of organisational culture. It is these elements that support the exploration of organisational social capital at the level of organisational culture. This study seeks first to develop an understanding of the culture of the participating organisations, and then to view this analysis through a social capital lens. The following chapter describes the research setting and, in doing so, demonstrates the relevance and applicability of the knowledge and theories of community participation, social capital and organisations presented previously.

Chapter 5: Research Setting: Human service organisations

Introduction

This chapter provides an overview of the broader social and political environment of human service organisations within the non-government sector in Australia. It demonstrates how human service organisations both build, and draw upon the social capital within communities. In doing so, this discussion positions these organisations within the complex array of health and human services with a public health agenda. Non-government human service organisations play a significant role in the provision of services to some of the most vulnerable people within Australian society. This study takes place within non-government organisations funded through the Supported Accommodation and Assistance Program (SAAP) to provide services to young people who are homeless. Conceptualising these organisations as social communities, this study has been conducted at the *meso* level of analysis to examine factors related to organisational performance. Factors associated with organisational life are viewed through a social capital lens to develop an understanding of how these organisations create conditions supportive of community participation.

The Creation and Role of the Non-Government Sector

This section examines the role created by the state for the provision of services by the non-government sector. It is widely held and accepted that the state is best placed to ensure “equity, preventing discrimination and exploitation, ensuring continuity and stability of services and ensuring social cohesion” (Brennan, 1998:135) and that “publicly funded programs, services and activities should be directly provided by government” (Martin, 2004:176). The alternative perspective is that the “government should concern itself less with protecting its bureaucratic turf” (Martin, 2004:176) and focus on developing cooperative partnerships and networks with the non-government sector. As discussed in Chapter 3, strategies undertaken by the state in regards to the direct provision of services or outsourcing to the non-government sector

tend to be divided along communitarian and libertarian lines. Since the 1980s in Australia there has been a major expansion of public funding support to the non-government sector, human services in particular which has resulted in substantial growth (Productivity Commission, 2009). This exponential growth has gained the sector more attention, particularly in relation to questions of accountability and value-for-money, thus highlighting the tensions between communitarian and market-driven ideologies.

Non-government organisations have closer connections with the community through representation on their boards, and through the inclusion of volunteers, they enjoy closer links with the community of interest that they serve (Onyx & Bullen, 2000; Scott, 1999). These links promote accountability, foster community ownership, build a sense of community and provide the organisation with valuable local knowledge (Herman & Renz, 2008). As a result of their close links with the community, these organisations are able to identify and promote local issues, particularly for people experiencing disadvantage (Hampshire & Healy, 2000). This extends to advocating on behalf of their clients and community to local, state and federal governments which is possible because of their independence from government (Lyons, 2000). Each of the organisations that participated in this study operates under the guidance of a management committee or board. The committee (or board) members are generally viewed by the organisations as an extension of their organisation into the community, providing a valuable conduit. As will be discussed in Chapter 8, each of these organisations play an advocacy role for their clients and are particularly vocal in relation to issues likely to jeopardise services for their clients, such as government funding.

As non-government organisations operate for a social or community mission, they have a strong values-base which tends to be humanistic or faith-based. For some organisations this may emanate from their underlying philosophy (for example feminist philosophy or Christianity) and for most (if not all), their values-base is client-centred and generally committed to social justice, care and compassion (Department for Victorian Communities, 2007;

Productivity Commission, 2009). For example, the mission statement of Kidsville² that participated in this research is: ‘Kidsville in response to community needs exists to seek to achieve Social Justice and to provide the opportunity for people in need to reach fullness of life within Kidsville’s resources.’ This mission statement illustrates the strong values-base and commitment to social justice which further strengthens the links with its community of interest, that is, young people who are homeless.

The Australian Government recently commissioned the Productivity Commission to measure the contribution of the non-profit sector. This sector is positioned alongside or sometimes ‘between’ the private sector (market-driven/for-profit and consisting of corporations and firms) and the public sector (government provided goods and services). Haugh and Kitson (2007:6) explain: “a host of organisations that aim to deliver social and environmental benefit, and that are neither profit making nor statutory, exist and operate outside (or between) both the market and the state.” This sector is also known as the third sector (or the Third Way in the United Kingdom), the voluntary sector or the social economy. The positioning of the sector in this way reflects its close affinity with community, and enables these organisations to align themselves with the community with neither a profit motive nor government imperative.

Homogeneity within this sector cannot be assumed and some say it is not possible because of the diversity of the organisations within this sector. The Productivity Commission (2009:2.23) warns that “not-for-profit organisations are not like business organisations, government agencies or even like each other”. The Productivity Commission (2009) refers to the following characteristics of the non-profit sector in Australia:

- “Many do not operate in the market sector of the economy, and only a relatively small number (around 20 000), mainly in the human services area, rely heavily on government as their main source of funding.

² Please note that pseudonyms have been assigned to the three organisations that have participated in this research.

- Some deliver services to clients or the community, for example welfare, education, sports, arts, culture and emergency services. Others directly engage in political or advocacy activities.
- Some deliver services to their members who join to share professional, creative, sport, religious, recreational and other activities including fellowship and worship, and building or maintaining community endowments such as biodiversity, cultural heritage and artistic creations.
- Most offer participants opportunities for connections and influence that are of value in themselves and some organisations operate across all of these categories.”

These characteristics of the non-profit sector emphasise the communitarian aims of the organisations.

Human Service Organisations and the New Public Health

Within the context of this research I have located the provision of welfare as part of the public health spectrum of activities. Public health in Australia is defined as:

“the organised response by society to protect and promote health, and to prevent illness, injury and disability; the starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, is the population as a whole, or population sub-groups” (National Public Health Partnership (NPHP), 1998:1).

The new public health has critiqued the biomedical model and health and in so doing has placed renewed emphasis on the social model of health and active participation of members of the public. The activities within public health focus on prevention, promotion and protection and these are achieved through a mixed assortment of methods. Those that are applicable to the welfare sector include advocacy and lobbying, community action, community development, counselling, environmental monitoring, health education, lifestyle advice, personal skills development, political action, personal skills development, social action, and social marketing (NPHP, 2006 cited in Australian Institute

of Health and Welfare (AIHW), 2006:333). The discussion below elaborates on the meaning and practice of welfare and elucidates its place within the public health spectrum.

The meaning of 'welfare' within the context of this research is derived from the conceptual approach adopted by the Australian Institute of Health and Welfare (AIHW). From this perspective, welfare is not just the services provided by government to the least advantaged members of society; it also refers to individual and societal wellbeing. AIHW (2007:351) proposes that welfare comprises of three main components:

- "Healthy living – representing the basic needs for water, food, shelter, good health and freedom from harm;
- Autonomy and participation – representing the human needs for self-determination and freedom to participate in the social, recreational and economic aspects of life; and
- Social cohesion – representing the reality that people exist and flourish in relationship with each other, through both individual associations and, more broadly, as members of society."

Thus, welfare is operationalised as the processes involved with "improving and maintaining high standards of healthy living, autonomy and participation among society's members, and having a cohesive community" (AIHW, 2007:351). This is depicted in the Figure 3 below. These components of welfare are clearly evident in the service delivery models of the three organisations that participated in this study.

Figure 3 Components of Welfare (adapted from Welfare Components and Related Indicator Topics)

Healthy Living <ul style="list-style-type: none">• Food, water and air• Shelter and housing• Health• Safety
Autonomy and Participation <ul style="list-style-type: none">• Education and knowledge• Economic resources and security• Employment and labour force participation• Transport and communication• Recreation and Leisure
Social Cohesion <ul style="list-style-type: none">• Family formation and functioning• Social and support networks• Trust• Community and civic engagement

Source: AIHW (2007:352).

The indicators of healthy living as determined by the AIHW (2007) are based on a broad view of health and include physiological, environmental and mental factors. Examples include health indicators, housing and homelessness, feelings of safety, rates of crime and injury, as well as, nutrition, water and air quality. AIHW (2007:368) describes autonomy and participation as reflecting “the very human and personal aspects of individuality, and workplace and community interactions that are vital to positive wellbeing.” Autonomy is viewed as the “capacity to have freedom of opportunity and choice in daily living” (AIHW, 2007:368) and participation refers to involvement in education, employment and leisure activities. Indicators of social cohesion include community and civic engagement. The use of these terms is consistent with the vernacular of public health, however, in the context of the AIHW indicators of welfare, the focus is on activities such as volunteering, donations to non-profit organisations and participation in civic or political groups.

Within the context of this study, I have considered the participating non-government human service organisations as located within the broader system of services that provide health and social services in the community sector. The health services research literature focuses predominantly on health services per se, however, the research imperatives identified are as applicable, if not more so, to the human services sector. Within Australia, the community sector has attracted increased attention at a national and state level in recognition of the major investment of government funding provided to these organisations and the significant contribution of the sector to the community. The following section provides an overview of some of the drivers for the study of human service organisations in the non-government sector.

Drivers for the study of health and human service organisations

The study of organisational factors with a particular focus on health and human service organisations has been appropriated by many disciplines and fields. Haas (2004) notes the multidisciplinary and multifocal nature of health services research, and states that even though there is a long history of research activity, the field itself has only been recently recognised in Australia. She compares this with the experience of Canada and the UK where there are established organisations such as the Canadian Health Services Research Foundation and the Coalition for Health Services Research, respectively, that enjoy government funding and support (Haas, 2004). The diversity of research interests reflects the complex social and political context of the system responsible for the delivery of health and human services.

In relation to human service organisations, increasing academic attention has been given to looking at the role of non-government organisations and in particular the relationship between the non-government organisations and the state (for example Carey, 2008). Other research has explored the internal functioning of these organisations (for example Wagner & Spence, 2003). In comparison, however, research quantum in relation this area is overshadowed by a focus on the high-tech, high-powered biomedical

health services. As a result the evidence-base about what makes human service organisations more or less effective is lacking.

Literature concerning health services research is dominated by research concerning the determinants of performance to the extent that ‘Explaining how organisational factors relate to healthcare outcomes has become a prized, if unattainable, goal for health services research’ (Green, 2004:329). In human service organisations focusing on performance is particularly challenging because there is a culture of non-measurement. Coupled with this there has been a tendency to focus on the development of services and programs, rather than organisations (Australian Research Alliance for Children and Youth, 2009; McKinsey & Company for Venture Philanthropy Partners, 2001). A review of the policy discourse (national and international) and research reveals four imperatives for the study of health care organisations. These four factors are ostensibly outcomes of organisational processes and they reveal a preoccupation with organisational performance. These four drivers are:

- efficiency and effectiveness;
- quality;
- workforce management; and
- consumer orientation.

Efficiency and effectiveness

Preoccupation with improving performance described in terms of effectiveness and efficiency within organisations has drawn attention to those aspects of organisations that are amenable to manipulation to achieve this. Organisations are viewed as “rational instruments, as mechanisms to achieve something” (Herman & Renz, 2008:400). This type of research is consistent with managerialist agendas that seek to commission research to inform managers how best to improve the performance of their organisation by making changes to the way they operate. Rationalist approaches to organisational change, however, have limited success. Hyde and Davies (2004:1408) explain that as a result “macro-structural arrangements, local

service design and organisational culture are seen as antecedents of performance". This study focuses on organisational culture in particular to explore how it impacts on organisational performance in relation to community participation.

Health care organisations do not have the same barometers of performance as their corporate and commercial counterparts they cannot rely upon the market or profits to provide a measure of these outcomes (Hyde & Davies, 2004). Instead, they are more reliant upon non-financial criteria of effectiveness such as, quality, public image, and customer satisfaction (Herman & Renz, 2008). This aspect of health care organisations, particularly those that are public and non-profit, problematises the process of determining measures of performance and in turn, determining which features of the organisation need to be changed to positively influence performance. The push towards a more business-like approach within non-government organisations is further confounded by the tensions that arise when the neo-liberal managerialist agenda appears to be at odds with the social justice perspective of the organisation (Brennan, 1998). Accountability and performance management frameworks that impose onerous reporting requirements may constrain innovation and result in 'mission drift' in an effort to meet funders' demands (Shaw & Allen, 2009). This study aims to contribute to knowledge and understanding of the non-financial criteria that positively influence organisational performance with respect to community participation.

Quality

The emphasis on improving performance has led to the adoption and application of industrial quality control principles and practice to health care organisations in the form of quality assurance, total quality management (TQM) or continuous quality improvement (CQI). Although, these quality improvement processes appear in various guises, recurring elements include customer focus, continuous improvement and a structured process (Shortell et al., 1995). These approaches are based on the premise that quality is the

property of systems and therefore performance is related to the design of the health care system (Berwick, 2003). Shortell et al. (1995) argue that achieving improved performance is dependent upon the health care organisation's commitment to the underlying CQI/TQM principles:

“a focus on underlying organisational processes and systems as causes of failure rather than blaming individuals; the use of structured problem-solving approaches based on statistical analysis; the use of cross-functional employee teams; employee empowerment to identify problems and opportunities for improved care and to take the necessary action; and an explicit focus on both internal and external customers.”

Identifying the underlying principles reveals the ways in which the western health care system is at best antithetical and at worst antagonistic towards efforts to improve quality primarily because of its emphasis on individual accountability (Berwick, 2003). Walshe and Freeman (2002:87) observe that “future research into quality improvement should be directed at understanding how and why quality improvement interventions work – the determinants of effectiveness”. In particular, further research is required to translate the CQI philosophy for implementation within the culture, constraints and problems faced in the human services sector in order to achieve the gains from quality improvement seen in the private sector (Grant, 1994). This study utilises data gained from key informants and participant observation within organisations that has been collected while these sources have been engaged with a CQI process.

Within the human services sector in Australia, there has been a growing momentum in the development of tools, processes, and government departments to monitor the quality of government funded organisations in the community sector (for example the Office for the Community Sector in Tasmania; Clinical Excellence Commission in New South Wales; Department of Communities, Queensland Government; and Funded Agency Channel, Department of Human Services, Victoria). The participants for this study were chosen from services funded through the Tasmanian government's Supported

Accommodation Assistance Program (now known as Specialist Housing Services) whose contractual arrangements are managed through the Community Partners (Housing Tasmania). Community Partners embarked on a three year Quality Development Project from 2006 until 2009, during which time all of the SAAP-funded services were required to complete a self-assessment in relation to the Quality Improvement Council's (QIC) standards. Although the outcomes of engaging with the quality development project are not its primary concern, this study has relied on the process of self-assessment to reveal aspects of organisational life relevant to community participation. This will be explained further in the following chapter.

Workforce

The need to improve recruitment and retention of skilled professionals coupled with the increasing complexity and fervent pace of change within health care has created an imperative to improve the quality of work life (Hofmeyer, 2003). One of the most well known and arguably most well developed programs designed to improve performance through organisational change is the magnet hospital concept which was initially developed to attract and retain nurses in the United States (Armstrong, 2005). The success factors of this program commonly referred to as the "forces of magnetism" include management style, quality of nursing leadership, organisational structure, staffing, personnel policies, professional practice models, quality of care, quality improvement, consultation and resources, autonomy, nurses as teachers, image of nursing, community and the hospital, interdisciplinary relationships and professional development (McClure, Poulin, Sovie & Wandelt, 1983). The influence of organisational traits is consistent with sociological theories of organisations and professions which propose that a core set of organisational traits is valued by clinicians across practice settings (Freidson, 1970, Peters & McKeon, 1998, Shortell & Kaluzny 1988, Strauss, 1975 cited in Flynn, Carryer & Budge, 2005).

Unlike the private sector, the non-government sector is not concerned with profit. However, there is competition for workforce both from within the

sector and external (Productivity Commission, 2009). For these organisations, the need to attract and retain staff is paramount. Yet the wages in these organisations are often lower than their public sector counterparts because of the difference in award structures. Therefore, the appeal and competitive edge for these organisations in terms of their attractiveness as an employer often lies in the work conditions, reputation and community standing of the organisation. Coupled with this is the uncertainty of labour supply caused by an increased in demand for services as well as the ageing workforce (Productivity Commission, 2005). Australian studies of the workforce in community services report high levels of turnover which has been explained “in terms of low pay, high caseloads, poor preparation and training, and lack of organisational supports, making both the work unattractive, and workers susceptible to stress and burnout” (Cortis, Hilferty, Chan & Tannous, 2009:1). There is a particular need for further research about workforce challenges and dynamics within the non-government sector both in relation to the collection of workforce data and to provide the empirical evidence to inform workforce planning and development.

Consumer focus

In the 1980’s interest in organisational culture focused on the quest to identify excellence in organisations which was characterised by employee and customer orientations (Beil-Hildebrand, 2002). Hyde and Davies (2004) refer to the ways in which health policy in the United Kingdom emphasises the need for services to be client focused and encourage service user participation. In their view, this results in service users becoming involved in the co-production of health care as “service users will contribute, through redesign of organisational structures and processes, to the production of their own care” (Hyde & Davies, 2004:1408). This view of service users as co-producers is also consistent with the view of health care facilities as open systems, rather than closed units. This perspective opens up the field of study to include a focus on the role of service users and their ability to influence organisational culture as well as be influenced by it. This duality is important as it frames consumers as both active participants as well as contributors to health care

which is refreshing given they are predominantly portrayed as passive recipients of services. This study builds on the view of organisations and consumers as co-producers to explore the role of organisations as co-producers of community participation, rather than the recipient of these processes.

A distinction is made between consumer participation within organisations that is driven by the organisation to meet organisational needs (consumerist approaches) and those that are more focused on the inherent value of participation and creating opportunities for consumers to influence organisational decisions (democratic approaches) (Rowe & Shepherd, 2002). Democratic models of participation adopt a rights-based approach whereby it is assumed that people have the right to be included in decision-making and that their contribution is valuable (HomeGround Services and Rural Housing Network Ltd, 2008). In the context of human service organisations, a rights-based approach is further encouraged through principles and values that recognise the need to empower consumers, particularly those who are marginalised and socially excluded. Democratic approaches echo the call to view consumers of services as co-producers as explained by Skidmore and Craig (2005:31) “citizens do not just receive these goods and services; they actively ‘co-produce’ them because their participation and behaviour are so important in determining the outcomes that are achieved”. This study of human service organisations aims to explore how these organisations create conditions where co-production is possible.

Human service organisations and social capital

Research into organisational social capital has focused on the benefits of social capital, particularly its role in facilitating access to resources through the development of networks (for example, Jifeng, Edwin & Gang, 2008). Much of this research takes place in the business sector and in the small-to-medium enterprises in particular (for example, Spence, Schmidpeter & Habisch, 2003; Spence & Schmidpeter, 2003). Some research has considered cross-national and international comparisons (for example Bolino, Turnley &

Bloodgood, 2002). Social capital is explicitly linked with Third Way social policies in the United States and the United Kingdom, as well as in Australia. Martin (2004:183) argues that the existence of non-government organisations is “a necessary predicate for the creation of social capital” and that privatisation is a means to foster and sustain civil society while generating social capital. This study extends the research of social capital within the private sector (for example Cohen & Prusak, 2001), to a study of human service organisations within the non-government sector as recommended in other studies (for example, MacKian, 2002).

As described previously, human service organisations that are community based, non-government and not-for-profit are embedded within the community landscape. These organisations have close links with their community and many involve volunteers either in service delivery or as part of their management structure. As a result, these organisations rely on relationships and trust in their interactions with government, other organisations, workers and their clients. These factors support the research that indicates human service organisations are linked with levels of social capital (Foley & Edwards, 1996; Onyx & Bullen, 2000; Passey & Lyons, 2006; Torpe, 2003). The Productivity Commission (2009) positions the not-for-profit organisations within a mediating environment that includes social capital. The links to social capital are made through: their community mission, which provides an avenue for the community to come together for a shared purpose; the provision of opportunities for community involvement as a volunteer; and through the process of simultaneously drawing on building social capital through their interactions. This is explained by Lyons (2000:179):

“All non-profit organisations are products of social capital. The people who get together and form an association, whether to provide a service or advance a cause, draw on social capital to do so. Their behaviour is shaped, and perhaps motivated, by norms; they presume the trustworthiness of those they invite to join; they

utilise networks of which they are already a part. They continue to draw on social capital to sustain or build the organisation”.

It should be noted that this description of the links between the human service organisations and social capital portray this relationship in a positive light and assume that the bonding and bridging capital promote an inclusive community. However, the reverse can also be true, whereby these organisations can be exclusive.

Thinking of community participation as a way of contributing to organisational development is akin to the idea of partnership, where the emphasis is on the importance of social connections and relationships. The language of partnership is pervasive within public health and is particularly relative to the welfare sector in the context of addressing inequalities. In this way, partnerships are viewed as a means for building social cohesion. Matheson, Howden-Chapman and Dew (2005) develop a critique of partnerships in relation to welfare goals, arguing that it is difficult to ascertain whether this approach is more beneficial than other models. Within this critique it is suggested “there is a lopsided concentration on communities and community organisations in discussions on partnership in a social intervention context; often the part played by government organisations or other institutions is left unanalysed” (Matheson, Howden-Chapman & Dew, 2005:4). This study aims to redress this issue by focusing on the role of the organisation in creating conditions where community participation can occur by exploring the concept of organisational social capital.

The role of social capital in fostering community participation in human service organisations

This section links the theories of social capital with organisational studies to develop hypotheses about the ways that organisational social capital influences community participation. As will be seen in the next chapter, it is not my intention to conduct this research in a deductive positivistic way as the use of hypotheses might suggest. These hypotheses are used here to generate additional questions and guide the search for patterns, and do not preclude the

emergence of other possibilities (Marshall & Rossman, 2006). Hymes (1978 in Spradley, 1980) suggests that “hypothesis-oriented ethnography is possible when the initial selection of a project and data collected are influenced by a set of hypotheses based on knowledge of a culture”. I present these hypotheses here to further strengthen and guide the research design by clearly articulating the justification for the subject of my research. The four hypotheses are:

- Community participation occurs within human service organisations with higher levels of social capital.
- Human service organisations with a strong presence of community representatives in formal management structures have higher levels of social capital.
- Human service organisations with community representation in formal management structures implement community participation mechanisms.
- Human service organisations affiliated with other health care organisations and networks (i.e. evidence of bridging capital) implement community participation mechanisms.

The first hypothesis concerns the nature and function of social capital within organisations. The term social capital usually refers to the nature of participation, trust, networks and cooperation that exist amongst members of a community (Prusak & Cohen, 2001). It is a kind of resource that unifies the community and facilitates the pursuit common benefits. Thus, if human service organisations are conceptualised as social communities, then organisational social capital is reflected in the degree of social cohesion and the social interactions within the organisations. These factors facilitate the establishment of networks, and development of norms and generalised trust in order to facilitate coordination and cooperation for mutual benefit (Nahapiet & Ghoshal, 1998). According to this perspective, human service organisations with greater stores of social capital may have more capacity to facilitate community participation in their organisations and related activities. With greater corporate citizenship and increased generalised trust, the human

service organisations may be better informed of community problems and more active in resolving those problems through grass roots activities (Bolino, Turnley & Bloodgood, 2002).

H1	Community participation occurs in human service organisations with higher levels of social capital.
----	---

The second and third hypotheses concern the enactment of community participation at a management level within organisations. The level of community involvement in the management of community-based health care organisations varies across Australia and has a chequered history that reflects the historical origins of the provision of health services in each state, for example, military or charitable involvement (Butler, 2002). The models of community participation have been shaped by international policy directives such as the Ottawa Charter (World Health Organisation, 1986) and Health for All (World Health Organisation, 1981). The legacy of these policies is a 'philosophical rationale' (Butler, 2002) for community involvement. Community participation in formal structures such as boards of management and consumer reference groups, provides a consumer voice as well as linkages to the local community. Thus, the involvement of community members in the management of the human service organisation can assist the organisation to find out more about its community of interest, disseminate information about its activities and better target its services.

H2	Human service organisations with a strong presence of community representatives in formal management structures have higher levels of social capital.
----	---

H3	Human service organisations with community representation in formal management structures implement community participation mechanisms.
----	---

The final hypothesis links the theory of bridging social capital with the networks that exists between organisations and how this might impact on community participation. "Bridging capital is a property of individuals' and

networks' connections to other individuals and networks not immediately in one's circles and perhaps very far from it" (Altschuler, Somkin & Adler, 2004:1221). Bridging capital makes it possible for knowledge and information dissemination to extend beyond the reach of the bonded group. For example, Woolcock and Narayan (2000) suggest that a key function of bridging capital is to enable organisations to access information and knowledge resources from sources external to the organisation and argue that this can have significant advantages. Bridging capital within organisations is evidenced by large networks that function to facilitate sharing of information and knowledge resources albeit with 'relatively strict reciprocity' (Leonard & Onyx, 2003:193). Thus, those organisations with greater levels of bridging capital have greater opportunity to exchange ideas about community participation methods and further, bridging capital may also operate to create a normative expectation in relation to these activities.

H4	Human service organisations affiliated with other health care organisations and networks (i.e. evidence of bridging capital) implement community participation mechanisms.
----	--

Developing this set of hypotheses has been an interesting process of incorporating what is known (social capital theory) to investigate something that is unknown (the function of social capital in human service organisations in relation to community participation). This process explicated some of the assumptions to be explored and possible means of finding these out. The hypotheses were developed with respect to research by Lee, Chen and Weiner (2004) who explored the links between the level of social capital in the community and levels of accountability by the hospitals to their community. They found community social capital had very little influence compared to the organisational characteristics of the hospital (what the hospitals were, whom they were affiliated with, and the competitiveness of the local hospital market), however, they did not conceptualise these organisational characteristics as organisational social capital. Operationalising social capital theory in the context of this study has assisted to further clarify my research

design by explicating the relationships between the theory and the object of my research.

These hypotheses propose that the existence of organisational social capital determines whether an organisation implements community participation mechanisms. As stated previously, this study views organisational social capital as both a resource for and outcome of community participation. The focus of this study is the generation of organisational social capital at the level of organisational culture. It is only once the existence of organisational social capital has been established, that the hypotheses concerning the influence of social capital on community participation efforts can be tested. It is not the intention of this study to assess the practice of community participation, rather the intention is to investigate how organisations create conditions where community participation can occur.

Introduction to the human service organisations participating in this study

This section provides an overview of the three organisations that participated in the participant observation part of the study. The SAAP funded services in Tasmania are located in the non-government community sector and range in size and complexity. The funded is provided in accordance with the Supported Accommodation Assistance Act 1994. For the purposes of this Act, people who are homeless includes: “(a) people who are in crisis and at imminent risk of becoming homeless; and (b) people who are experiencing domestic violence and are at imminent risk of becoming homeless” (*Supported Accommodation Assistance Act 1994 (Cwlth), s3, definitions*). The notes accompanying the Act describe the underlying philosophy for the provision of services:

“Homeless people form one of the most powerless and marginalised groups in society. Responses to their needs should aim to empower them and to maximise their independence. These responses should be provided in a way that respects their dignity as individuals, enhances their self-esteem, is sensitive to their

social and economic circumstances, and respects their cultural backgrounds and their beliefs.” (*Supported Accommodation Assistance Act 1994 (Cwlth), notes, preamble*).

The kinds of service activities that may be provided by SAAP funded organisations include: case management; assessment and referral; supported accommodation; brokerage; early intervention; outreach; mediation, including re-establishment of family links where appropriate; counselling; and advocacy.

At the time the study commenced, Community Partners (a division of the Housing program of the Tasmanian government Department of Health and Human Services) had commenced a Quality Development Project involving all of the SAAP-funded services. Through their involvement in the Quality Development Project, the SAAP-funded organisations undertook education, training and self-assessment in relation to the Quality Improvement Council (QIC) review process. The self-assessment process typically includes discussion of the standards during staff meetings or meetings held specifically for this purpose; small group work in relation to gathering evidence about the organisation’s performance in relation to the standards; and the completion of a quality journal.

The following section provides a description of the participating organisations, commencing with an excerpt from my field notes taken from my first visit to the organisation. Potentially identifying features of the buildings have been removed and each organisation has been assigned a pseudonym. These excerpts were chosen as they provide my first impressions of the physical premises as well as the organisation itself.

Kidsville

I got a bit lost on the way to the service. It was not quite what I was expecting. The building is not marked or identified in any way. It is a ... in a suburban street. There are sliding glass doors downstairs where a garage door may have once been. There was a screen door but not a security door. There was only one car in the drive way. The gardens were neatly kept, and a trendy pot plant was positioned near the door. I walked upstairs and knocked on the front door but no one answered. Now I felt really silly. What if they weren't expecting me? What if this is the wrong address? I went back downstairs and knocked on the glass sliding door. A man answered who I assumed was the CEO. By this time I was feeling very disoriented and nervous. I asked if he was the CEO, he said no, that they were meeting in the meeting room and indicated for me to go along the hallway. I wasn't at all sure where I was going. I walked along the hallway which opened into a meeting room. I introduced myself to the CEO and smiled trying to appear cheery and confident when inside I felt like jelly.

(Excerpt from first visit to Kidsville)

Kidsville youth accommodation service is part of a larger organisation that also provides alcohol and drug services and a transitional support service. The organisation is incorporated and has a board of governance that has recently transitioned from a board of management. The organisation has embarked on a process to revise its mission statement, strategic plan and governance policies. The organisation operates according to a Carver Model of Governance whereby the CEO is responsible for policy and the staff for the service delivery.

Kidsville engaged with a quality review process for the first time as part of its involvement in the Tasmanian SAAP Quality Development Project. The staff readily participated in the review process and contributed to the self-assessment in a committed and productive manner. There is a commitment to service development across all components of the organisation. Staff appear to enjoy working for the organisation and have a shared understanding of its mission and appreciate its client focus.

Within the organisation, a strong client focus fosters therapeutic client relationships and guides service delivery. Client feedback to the organisation indicates that clients do not feel judged and are cared for in a supportive environment. Kidsville communicates clearly and has transparent interactions with stakeholders and its community of interest.

Southpark

I had some trouble finding the organisation because there wasn't any sign, which I expected, but also the house numbers were hard to find too. I thought I had found the right house and walked up to the front door. It was very quiet and it looked like a home rather than a refuge. I knocked and when no one answered, I wandered around to the front of the house to see if I could find the house number and then realised I was at the wrong house. Thank goodness no one was home! The refuge was on the opposite corner.... The house was not that distinguishable from other houses other than A high fence surrounded the front yard and provided privacy. Staff were outside in the front yard smoking when I arrived. We went inside via the main door upstairs. The main door had an intercom and a security door. The coordinator wanted me to go and meet the dog before we started the meeting... She led me through the main part of the house... So I followed the coordinator outside to pat the dog... We came back downstairs and went into the meeting room.

(excerpt from first visit to Southpark)

Southpark was established in 1978 response to an identified need for alternative crisis accommodation and currently operates as a young women's refuge. Southpark provides emergency accommodation for homeless young women without accompanying children. Accommodation is provided on a short-term basis for up to six weeks. Originally operating as part of a larger organisation, it became separately incorporated in 1981. The feminist values of its original auspicing organisation significantly influenced its development. Up until 2006, the organisation was operated as a collective with a flat structure. Southpark has since moved to a more hierarchical structure consisting of a management committee, coordinator and team of support workers. As a result this change, the organisation has reviewed its constitution, policies and procedures.

Southpark engaged with a quality review process for the first time as part of its involvement in the Tasmanian SAAP Quality Development Project.

The self-assessment process revealed to the organisation several areas for development, particularly in relation to policy and procedures. The previous flat structure had inadvertently created an ‘oral culture’ whereby very few procedures were documented and staff relied on verbal communication. The recent structural changes within the organisation had occurred without a change management plan and lack of clarity about roles and decision-making ensued.

The building premises are old and its design does not always meet the needs of the organisation. Despite this, the staff endeavour to create a welcoming and safe environment for the clients. Feedback from clients to the organisation indicates that they feel treated with respect and the service is well regarded. The staff appear very committed to helping the clients and have shown their initiative in the development of programs to assist in this regard. Historically, the organisation has not had extensive external networks, however, this is slowly beginning to change.

Havenwood

I was nervous
I found the premises quite easily. The building is in a small cul de sac and while there is no signage, it looks different to the other houses. It is new but has some features that suggest it is public housing stock. Maybe it's the colour of the bricks, or it could be the security screens on all the windows and door. There's an intercom as well.
I rang the door bell.
The door was opened by one of the staff members. The door opened into a front porch area and there were doors to the left and right. The door to the right led to the office and meeting area. They were expecting me.
They assigned me to a seat on the outside of the group.
There were four staff present.
There was food to share on the centre table.
(excerpt from first visit to Havenwood)

Havenwood has been operating for 29 years and is funded as an accommodation service for young females aged 13-20. The organisation moved into a purpose built facility about ten years ago. The organisation has a flat management structure and a voluntary Management Committee. The effectiveness of the organisation’s flat structure is related to the reliable

systems, communication strategies and professionalism of staff and Management Committee members. The staff share the daily coordination role and work as a team. The organisation has a stable team for the past twelve months with many staff being long-term employees. Havenwood is well established in the local community and has networks with a range of peak bodies, forums and other groups relevant to the needs of their clients. These connections are proactively managed and nurtured.

Havenwood engaged with a quality review process for the first time as part of its involvement in the Tasmanian SAAP Quality Development Project. As a result of its history and stable workforce, Havenwood is a well-established organisation with a strong sense of identity and purpose. The organisation is focused on providing a safe and supportive environment to clients and to assist clients to find appropriate accommodation. The organisation recognises that clients have individual needs and demonstrates an awareness of the various issues facing the clients from different age groups. The staff present as a professional and mature team of service providers who work consistently to improve the services they are providing and to enable children and young people to have safe and supported accommodation.

Chapter Summary

This chapter has provided an overview of the research setting, that is, the non-government community-based organisations funded to provide accommodation support services. This study makes two important contributions related to this research setting:

- Social capital research within non-government organisations;
- Research within human service organisations which are under-researched.

Each of the participating organisations has been introduced by presenting information gained from the participant observation and from the organisations themselves. In doing so, this chapter has sought to apply the concepts presented in the previous chapters about community participation,

social capital and organisational research. Four exploratory hypotheses are presented with the intention of guiding the ethnographic research process, rather than being used in a deductive positivistic way. The following chapter presents the research design developed in response to the research questions.

Chapter 6: Research Design

Introduction

This chapter documents my process of reflexive self-consciousness that has influenced the choice of strategies of inquiry and then describes the logic of the research design. In doing so, the research is located within particular epistemological and ontological paradigms which underpin the methodology. Yin (1994) explains that research design addresses four key problems: what questions to ask, what data are relevant, how data should be collected, and how the data should be analysed. Hence, what follows is an explication of the logic that links theoretical concepts with the research questions, restated here:

- A) What are the cultural elements (for example, norms, assumptions, symbols, artefacts, values, and accepted ways of behaving) within human service organisations that are features of social capital?'*
- B) Can the culture of community-based human service organisations be understood within the theoretical framework of social capital and if so, how does organisational social capital impact on their community participation efforts?*
- C) What contributes to the capability of community-based human service organisations to effectively foster community participation?*

The theoretical frameworks of organisational culture and organisational social capital are complex and multifarious which renders them highly susceptible to tautological conclusions about their sources, forms and consequences. Therefore, the aim of this chapter is to describe a methodology and methods that work towards achieving coherence and correspondence. Hodder (1994:400) explains that "Coherence is produced if the parts of the argument do not contradict each other and if the conclusions follow from the premises...Similarly the coherence of the arguments is supported by the fit to the data" (Hodder, 1994:400).

Reflexive self-consciousness

All research is theory dependent or contingent on researchers’ own theoretical maps of the world and their conceptual frameworks provide boundaries for their research (Lewins, 1992). It is important to recognise that “research *cannot* and should not be isolated from the researcher”(Boyce, Emmanuel & Williams, 2003, original emphasis). I have carefully considered the ways my personal attributes (values, goals and assumptions) have influenced choices in this research design process. The purpose of this reflexive self-conscious exercise is to identify the social influences on this study and the extent to which they influence the production of knowledge. This has been an important step in developing the conceptual framework for this study as it has enabled critical reflection on the contingent nature of the research process. Making these influences explicit is fundamental to identifying where this study is situated theoretically and, therefore, epistemologically. These influences have been explored with reference to six areas of theory dependence described by Lewins (1992). A summary of these six areas is provided in Table 6.

Table 6 Application of Lewins (1992) Six Areas of Theory Dependence to This Study

Area of theory dependence	Application to self as researcher	Application to this research
<i>Location of research in a discipline</i>	Sociological perspective	Organisations studied as ‘micro-societies’
<i>Orientation of the researcher</i>	Non-positivist; interpretive	Exploratory study
<i>Practice of ‘normal science’ within particular paradigms</i>	Question taken-for-granted assumptions through critical reflection	Test assumptions
<i>Selection of evidence (theory dependent observation)</i>	Grounded approach to data coding	Exploring organisational culture through a social capital lens
<i>Problem of induction</i>	Consider the hidden deductive premises	Limited generalisability
<i>Ad hoc modification</i>	Be sceptical about the findings	Compare findings with research from other disciplines

The first area of theory dependence relates to the process of choosing a research topic that is considered acceptable within the particular discipline (Lewins, 1992). Lewins (1992:11) explains: “What counts as an acceptable research question in any discipline is shaped by unstated and often unrecognised assumptions governing the nature and limits of that discipline”. The choice of this research topic has been influenced by my sociological background. Sociology includes the study of social contexts, social interaction, social institutions and organisation, social change and development (Haralambos et al., 1996). Essentially sociology is concerned with establishing the relationship between what happens to individuals in their lives and the larger processes of social, economic and political change which lie behind these happenings. The sociological approach that adopted in this study enables an exploration of the social factors within human service organisations, understood as organisational culture, and how these influence the development of social capital as an output and community participation as an outcome. This research could also be undertaken within other disciplines including business ethics, organisational studies and management, however, to do so would require reframing the research question in a manner that is ‘acceptable’ in one of these alternate fields. For example, organisational culture can be studied in an instrumentalist positivist way (as it often is in management studies) or it can be viewed as a social construction and other alternative viewpoints within the field of sociology.

The second area of theory dependence concerns the choice of a particular research topic as this reveals the theoretical assumptions and orientation of the researcher (Lewins, 1992). The choice of this research topic reveals my orientation as a researcher that is exploratory and non-positivist. The research questions are suggestive of theory-testing and theory-building elements through the exploration of the utility of social capital, and in this way are both inductive and deductive. Lewins (1992) also develops an argument to suggest that the choice of a particular topic reflects the particular ‘normal science’ paradigm of the discipline. This being the case, the way that the research topic has been conceptualised is consistent with the ‘normal

science' paradigm of sociology. Boyce, Emmanuel and Williams (2003) suggest that "the personal characteristics of any researcher should be an important determinant of what is, *for that person*, worthwhile research" (original emphasis). On a personal level the second part of this proposition has been a challenge as I have been wrestling with two powerful influences, namely, my professional clinical background as a nurse and my academic grounding as a sociologist.

Theory dependence also surfaces in relation to the preconceived ideas that lead to certain questions *not* being asked (Lewins, 1992). This particular feature of the concept of theory dependence has challenged me to consider what things may be so embedded within my own world view that they remain unquestioned assumptions. A critical perspective is characterised by its ability to explore taken-for-granted assumptions in order to reveal how things might be otherwise, and therefore create the possibility for change. By subjecting my role as researcher to critical reflection I may become aware of these influences. Lewins (1992) relates this third area of theory dependence to the existence of research paradigms which are discussed later in this chapter.

A related area of theory dependence occurs in the process of selecting evidence to answer a research question (Lewins, 1992). This has been an important consideration during the process of selecting data collection methods. Lewins (1992) states that events are only evidence when selected as such. This selection process is dependent upon what the events are considered evidence of and reflects the particular theory or concepts in the intellectual foreground. I am acutely aware that I am drawn to the data collected during the QIC review process as a form of evidence as I believe it is inherently valuable. Careful planning has been required to ensure the process will yield useful information in relation to this research question. The research design includes interviews with people who have had extensive involvement with the QIC review process which provides opportunity to test these assumptions. I have also tried to mitigate against making theory dependent observations by

examining organisational culture through the lens of social capital rather than assuming the (pre-) existence of organisational social capital.

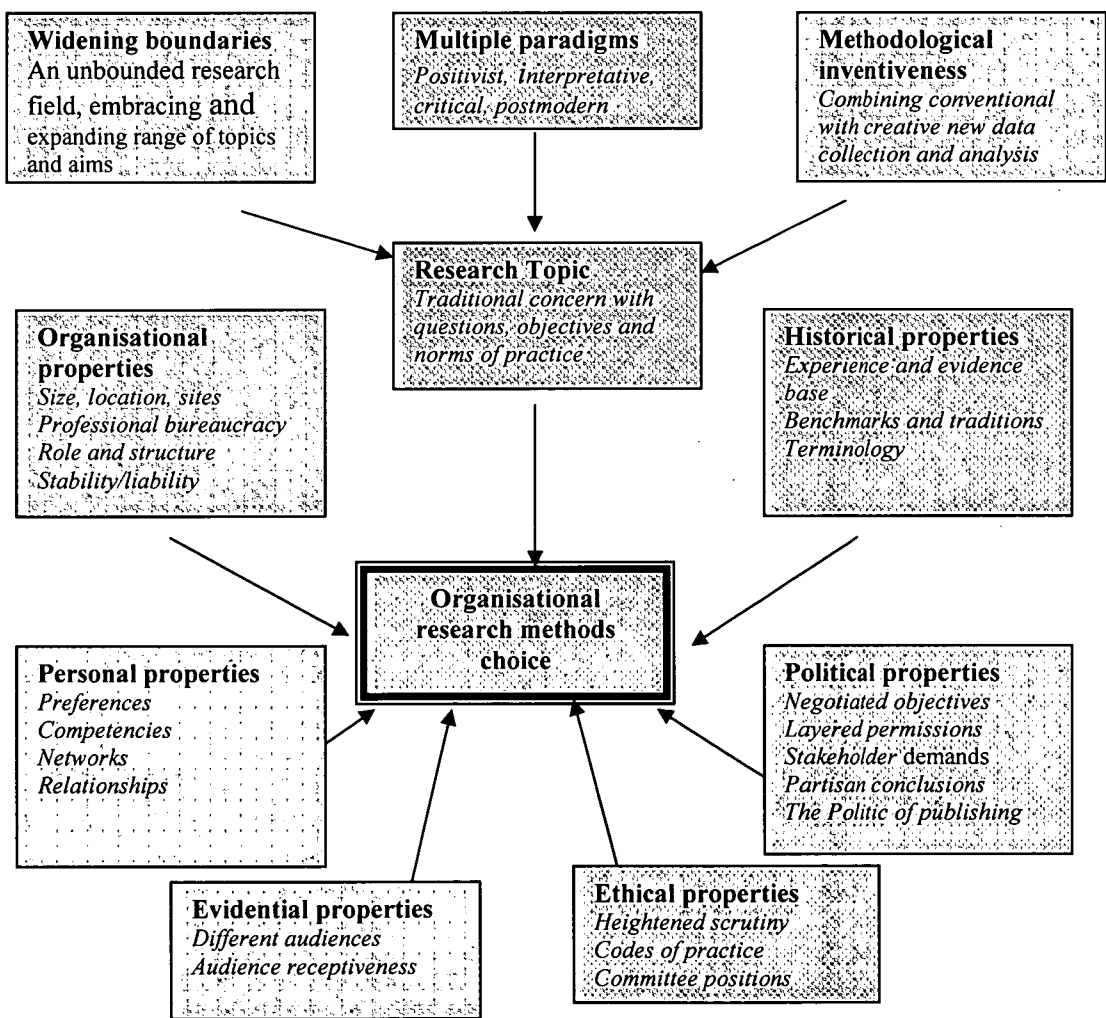
In relation to the selection of evidence, Lewins (1992) also refers to the problem of induction or the way that general principles are developed from discrete events. There is potential to develop invalid arguments as a result of moving from the particular to the general in data analysis and interpretation. For example, the limitations of this study include its small sample size and its location in a particular type of community sector organisation. These facets of the research design enable a rich and comprehensive study of the participating organisations, but limit the generalisability of the findings.

The final area of theory dependence is *ad hoc* modification described by Lewins (1992) as the process of altering the findings of any piece of research so that they conform to certain theoretical maps in the discipline. For example, this danger potentially exists in relation to my application of a social capital lens to examine organisational culture. There is a risk that by applying this conceptual framework to the analysis of the observational data, it may result in *ad hoc* modification in two ways – through misrepresentation of the elements of organisational culture as social capital and through modifying the study's findings to fit the social capital thesis. To mitigate this risk requires ensuring the findings contribute to the further development of the social capital thesis rather than conform to this theoretical map.

The introspective and reflexive process described above has helped in the identification and selection of appropriate methodological assumptions. Harvey (1990:1) explains that “methodology is thus the point at which method, theory and epistemology coalesce in an overt way in the process of directly investigating specific instances within the social world”. Boyce, Emmanuel and Williams (2003) explain that this process is important “to ensure achievement of a non-conflicting match between the individual researcher's attributes and the research undertaken”. Figure 4 below depicts

the influences on the choice of organisational research methods developed by Buchanan and Bryman (2009:6) that summarises some of the issues discussed. The following section will locate this study within a particular paradigm primarily because “research tools operate only within a given set of assumptions about the nature of society, the nature of human beings, the relationships between the two and how they may be known” (Hughes, 1990:11). Thus, this next section emphasises the linkages between the research questions and the methodological assumptions that underpin this study. These methodological assumptions are conceptualised by the philosophical concepts of epistemology and ontology.

Figure 4 The System of Influences on Choice of Organisational Research Methods



(Buchanan & Bryman, 2009:6)

Research Paradigm

There has been ongoing debate about the most appropriate approaches for studying organisational culture. These debates generally reflect the positivist / non-positivist divide that occurs when culture is studied as a variable or metaphor respectively. As a result, these debates are also divided along the lines of the objective-subjective dualism of social research (Deetz, 1996; Hassard, 1991). Burrell and Morgan (1979) defined four paradigms for organisational analysis – functionalist, interpretive, radical humanist and radical structuralist. The sites of contestation within the debates ('paradigm wars') that followed focused on the (in)commensurability of the different paradigms within organisational sociology, and the extent to which each paradigm needed to be separately developed and applied. More recently there has been consideration of the complementarity and pluralistic nature of organisational research (Deetz, 1996; Hassard, 1991; Schultz & Hatch, 1996). Thus, decisions about research methodology need to emanate from different orientations that conceptualise social problems in a particular way and propose specific ways of answering the questions, rather than from a fixed position within a predetermined paradigm. To achieve this requires an understanding of what is known about the phenomenon that is being studied, as well as how this knowledge has been gained, or in other words, determining the epistemological position. In addition, it is important to make explicit both the orientation from where the question has been derived, and of the researcher, in other words the ontological position. The concepts of epistemology and ontology are discussed below.

Epistemology

Determining an epistemological position is pivotal to the development of an appropriate methodology because it provides a philosophical basis for deciding "how we know what we know" (Crotty, 1998:8). Harvey (1990) explains that epistemology is the presuppositions about the nature of knowledge and of science that inform practical enquiry. Minichiello, Aroni, Timewell and Alexander (1990:224) more comprehensively define epistemology as:

“a philosophical concept or term which is used as a technical definition of a theory of knowledge or how human beings come to have knowledge of the external world. In sociology, the term is often used to refer to the methods of scientific procedure which lead to the acquisition of sociological knowledge”.

Therefore, to develop an epistemological position requires consideration of what represents knowledge or evidence of the social reality that is being investigated (Mason, 1996). Further, Denzin (1994:99) argues that an epistemological position also articulates the relationship between the inquirer and the known.

An epistemological position is related to the first and second areas of theory dependence described by Lewins (1992). These were discussed above as both the choice of discipline and the orientation of the researcher influence ideas about the nature of social reality. Epistemologies are described as existing within a broad spectrum that includes objectivism, constructivism and subjectivism. Objectivist epistemology views reality as having intrinsic meaning, that is, the meaning “exists apart from the operation of any consciousness” (Crotty, 1998:8). Thus objectivism aims to discover knowledge in the form of the objective truth. Constructivism rejects the notion of objective truth and instead, “meaning is constructed, not discovered” (Crotty, 1998:9). A subjectivist epistemological stance argues that “meaning does not come out of an interplay between subject and object but is imposed on the object by the subject” (Crotty, 1998:9). Thus, the fundamental conceptions of social reality form the basis of the grounds for knowledge in each of these epistemologies.

Within this study, the nature of social reality is viewed as the product of social, cultural and political interactions, that is, it is viewed from a social constructionist perspective. The central tenet of social construction is that knowledge, and, in turn, the interpretation of meaning is the result of social interactions (Berger & Luckmann, 1971). In this way, social reality is embedded in the symbols, language, rituals, routines and actions that occur

within these social interactions (Morgan & Smircich, 1980). The actors make sense and meaning of their situation from these experiences as they engage with the world they are interpreting (Crotty, 1998). As a result, there can be multiple interpretations, that is multiple realities, as the sense-making process is subjective (Creswell, 2003). This approach to social inquiry aims to identify and understand how taken-for-granted ideas and common-sense knowledge is produced and reproduced from the actor's point of view (Creswell, 2003). Research conducted from this perspective considers reality "an intersubjective world of cultural objects, meanings and social institutions, derived as a consequence of social interaction" (de Laine, 1997:35). Importantly, social constructivist researchers recognise that their own background influences their interpretation also. Through the process of reflexive self-consciousness described above I have endeavoured to make these influences explicit. A social constructionist perspective is particularly relevant to this study of organisational culture because it seeks to understand the taken-for-granted assumptions of those within the participating organisations.

Ontology

Whereas epistemology is a way of understanding how we gain knowledge, ontology is the study of what is, or the study of being. There is a high degree of confluence between the two concepts as ontology defines what the object is (reality) and epistemology describes what is known about the object (knowledge). de Laine (1997:44, original emphasis) explains that "*ontology* raises basic questions about the nature of reality, of what it is that we can know about the world". Ontology studies conceptions of reality and can also be described as the theory of objects and their ties. Objects can be concrete or abstract, existent or non-existent, real or ideal, independent or dependent. Ties can be relations, dependences or predications. Mason (1996) suggests depending upon the particular ontological perspective, social reality might be made up of a wide range of ontological components including social actors, emotion, interpretations, narratives, beliefs or words. While essentially there is no right or wrong ontological position, there are competing versions

of different ontologies. Therefore, Mason (1996:12) warns against choosing “bits of one and bits of another in an eclectic or ad hoc way”.

An ontological position is sometimes referred to as a world view or paradigm. In this context, a paradigm reflects the orientation to theory and research which includes the basic assumptions, the types of questions that are asked and the research methods used (Neuman, 2003). Research paradigms can be positioned on a continuum from positivist to interpretive. Positivist views have a tendency towards precise and objective truths whereas interpretive views suggest that reality exists in the social meanings of its members. Realist and constructivist viewpoints lie on the continuum between positivist and interpretive. Realist views suggest reality exists independently of the observer and activities of social science. Constructivist views focus on the way that the social world is produced and reproduced by social actors. Another perspective on the interpretive end of the spectrum is a critical perspective in which “the ontological claims of feminism, embedded in the feminist/post structuralist paradigm, consider both the natural and social worlds as social constructions” (de Laine, 1997:36). In this way, a critical perspective also has an emancipatory component.

This study has been conducted in ways consistent with an interpretive social science approach. Crotty (1998:67) describes an interpretivist approach as looking “for culturally derived and historically situated interpretations of the social life-world”. An interpretive approach follows from a social constructionist view of social reality in that it acknowledges that social reality is the product of the experience of the actors. Morgan (1980:609) explains “the interpretive social theorist attempts to understand the process through which shared multiple realities arise, are sustained, and are changed”. The origins of interpretive social science are linked to Weber (Heydebrand, 1994) who referred to *Verstehen* as a type of science that emphasised the need to understand something in its context and account for the subjective standpoint of the social actors. Neuman (2003:76) encapsulates these descriptions in the following definition:

“the interpretive approach is the systematic analysis of socially meaningful action through the direct detailed observation of people in natural settings in order to arrive at understandings and interpretations of how people create and maintain their social worlds”.

While the interpretive approach holds that meanings are socially constructed and therefore there may be multiple realities; interpretive researchers may identify patterns and typifications that are used to categorise and organise the flow of life experiences (Neuman, 2003). Thus, interpretive approaches enable an insight into the lived experience of others as well as an understanding of their sense-making.

Interpretive approaches have particular relevance to studies of organisational culture that view culture as a metaphor, rather than a variable. Prasad and Prasad (2009) describe the significance of the ‘interpretive turn’ that occurred in organisational studies which resulted in a shift from the search for universal laws to contextual knowledge. This ‘interpretive turn’ fostered studies of organisational culture and organisational symbolism that extended beyond a functionalist-positivist approach and emphasised the objectivist-subjectivist dualism. Deetz (1996:202) explains “the expressed goal of interpretive studies is to show how particular realities are socially produced and maintained through norms, rites, rituals, and daily activities”. Interpretive approaches enable analysis of the symbolic, meaning-making dimensions of organisational life. The key characteristics of a constructivist-interpretive paradigm are displayed in Table 7 below which depicts the objectivist-subjectivist continuum. The approach taken in this study has been shaded.

Table 7 Network of Basic Assumptions Characterising the Subjective-Objective Debate within Social Science

	Subjectivist approaches to social science ←			Objectivist approaches to social science →		
Core ontological assumptions	Reality as a project of human imagination	Reality as a social construction	Reality as a realm of symbolic discourse	Reality as a contextual field of information	Reality as a concrete process	Reality as a concrete structure
Assumptions about human nature	Man as pure spirit, consciousness, being	Man as social constructor, the symbol creator	Man as an actor, the symbol user	Man as an information processor	Man as an adaptor	Man as a responder
Basic epistemological stance	To obtain phenomenological insight, revelation	To understand how social reality is created	To understand patterns of symbolic discourse	To map contexts	To study systems process change	To construct a positivist science
Some favoured metaphors	Transcendental	Language game, accomplishment, text	Theatre, culture	Cybernetic	Organism	Machine
Research methods	Exploration of pure subjectivity	Hermeneutic	Symbolic analysis	Contextual analysis of Gestalten	Historical analysis	Lab experiments, surveys

(Morgan & Smircich, 1980:492)

This section has outlined the epistemological and ontological positions and explored how these have impacted on the choice of research topic and approach. The constructivist-interpretive approach is consistent with the aim of this study to seek to understand the relationship between organisational culture and organisational social capital. Some of the assumptions that underpin this study have arisen from previous research that has investigated the link between organisational performance and organisational culture. Many of these investigations have been conducted in ways that view culture as a variable. By contrast, in the context of this study, organisational culture is viewed as an anthropological metaphor, something an organisation *is*, rather than *has* (Hyde & Davies, 2004). This perspective draws attention to the symbols, values, concepts, rules of behaviour and shared understandings that are the manifestations of organisational culture. Thus, the process of research design has focused on ways to expose organisational culture and view this through a social capital lens to identify the dimensions of organisational social capital for the purposes of analysing and interpreting differences in organisational performance. The logic of the research design is presented in the following section.

The logic of the research design

The aim of this study is ‘to elucidate the factors that influence community participation efforts and generate theoretical insight into the relationship between organisational culture, social capital, and community participation within human service organisations.’ The subject of research is the phenomenon that is studied to reveal the object (aim) of the research. The phenomenon chosen for this study is the involvement of community-based human service organisations in a quality improvement program, namely the Quality Improvement Council (QIC) Standards and Review program (see Figure 5 for a description of the program and further explanation of its relevance to this study). As part of their involvement, the organisations are required to conduct a self-assessment of their organisation in relation to the standards. This study is particularly concerned with the process of self-assessment as a mechanism to learn about the organisations participating in this study because of the ability of this process to encourage critical reflection about the taken-for-granted ideas and assumptions within organisations. This is consistent with the study’s focus on organisational factors, rather than the techniques of community participation.

Figure 5 Key Features of the Quality Improvement Council (QIC) Standards and Review Program

The QIC Standards reflect the basic tenets of primary health care including:

- a responsibility to meet the main health needs of a defined community;
- equity and accessibility;
- an emphasis on health promotion and primary health care;
- the participation of people and communities in debate and decision making about health issues and their own health care; and
- organisational structures that promote multidisciplinary teamwork amongst health practitioners (Fry, 1990).

The QIC Review process is underpinned by these principles:

- the review process is flexible and allows for organisational diversity; involves all concerned with the organisation;
- based on continuous improvement rather than pass/fail;
- peer review;
- organisational ownership of the review; and
- consumer involvement.

The features in figure 5 are consistent with a democratic approach to quality. A democratic approach is defined by Pfeffer and Coote (1991) as one that understands that the public has a complex set of relationships with health services - not just as customers but as citizens and providers too. A democratic approach to quality emphasises the need to be responsive, that is, to recognise diversity of need and to plan to meet identified needs (Pfeffer & Coote, 1991). The perspective of empowerment as both a *means* and an *end* in the provision of services is inherent in a democratic approach (Pfeffer & Coote, 1991). The QIC standards and review program display empowerment strategies such as encouraging community participation in service planning and evaluation, confirming consumer rights, and ensuring public accountability. The founding principles of the QIC program depicted in Figure 6 have been moulded over time to remain contemporaneous and reflective of those organisations engaged in the program.

Figure 6 Founding Principles of the Quality Improvement Council (QIC) Standards and Review Program

To achieve quality, an organisation as a whole needs to be:	
<i>Efficient</i>	The organisation’s services and programs are cost-effective and operate smoothly
<i>Legal</i>	The organisation ensures compliance with all laws and regulatory requirements that govern its operations
<i>Accountable</i>	The organisation is open and transparent with its consumers, funders and other stakeholders, including staff and volunteers
<i>Sustainable</i>	The organisation is structured to ensure consumers can receive continuous services
<i>Participatory</i>	The organisation actively engages consumers, relevant external organisations, staff, volunteers and other stakeholders in defining, delivering and improving services and maintaining their relevance
<i>Reflective</i>	The organisation reflects on its services and actively seeks improvement
<i>Integrated</i>	The organisation works with external organisations and individuals to share knowledge, avoid unnecessary duplication and achieve better outcomes for consumers and other stakeholders.

Source: *Quality Improvement Council Health and Community Services Standards (2004)*

The logic of this research design is premised on the ability of the self-assessment process to reveal the organisational culture in two ways. The first way is through the processes of communication, collaboration and reflection that occur when people within the organisation come together to discuss how their organisation performs in relation to the standards. These discussions focus on how the organisation addresses the standards and identifying the evidence to support this. The second way that organisational culture is revealed, results from the strong values-base of the standards; therefore, discussions about performance in relation to the standards are also discussions about the underlying values and assumptions of the organisation. The relationship between the subject (organisations participating in the QIC program) and object of this study (aim of the study stated earlier) and the (abbreviated) research questions is represented diagrammatically as:

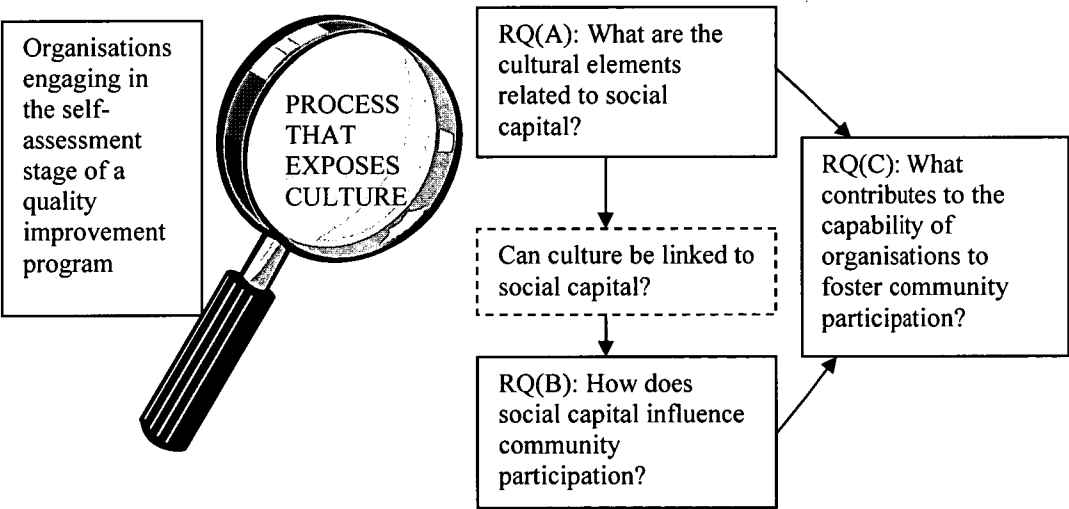


Figure 7 Logic of the Research Design

Describing the research logic in this way suggests that social capital is generated in a particular direction. Scott et al. (2003c), however, point to the recursive nature of the relationship between the phenomena being studied, that is, the recursive relationship between organisational culture, social capital and performance (in terms of community participation). For example, the social capital that exists in the community may generate social capital within the organisation and this may be evidenced in the organisational culture. The

issue of causality is compounded by the way in which social capital is simultaneously drawn upon and generated during social interactions. Further to this, Scott et al. (2003c) argue that patient (client) and organisational cultures may be mutually constitutive which highlights the danger of clouding cause and effect. Understanding that patient (community) cultures and organisational cultures do not exist in isolation also leads to questions about the experience of the organisations when engaging their community and the resultant impact on their respective cultures. Therefore, it is not sufficient to assume there are linear pathways, nor is it correct to assume that social capital is an independent variable. Instead, Adam and Roncevic (2003) argue for a view of social capital that is interdependent and therefore, one that takes account of the complex causal mechanisms. Thus, while searching for possible sources of social capital within the organisational culture, I am also mindful that this is a complex social phenomenon and therefore, there are complex causal mechanisms at play.

The logic that underlies this research design points to the need for an exploratory research approach. The intention is to understand organisational culture from the perspective of those within the participating organisations. The self-assessment process undertaken as part of involvement in the QIC program is viewed as a rich medium for social interaction that can reveal the meanings of organisational life. The following section will outline the methodology chosen for this study. Harvey (1990:1) explains that 'methodology is viewed as the interface between methodic practice, substantive theory and epistemological underpinnings'. In doing so, however, it is important to recognise that no method of data collection is inherently objective or subjective, rather that some methods are more suited to epistemological positions.

Distinguishing between qualitative & quantitative approaches

Social science is broadly divided into two approaches – quantitative and qualitative – with researchers using either or a combination of the two

depending on their paradigmatic position. A quantitative approach uses post positivist claims for developing knowledge so it involves the use of hypotheses, specific variables, experiments, statistical data and the like (Creswell, 2003). Historically organisational research has taken an instrumental view of culture, with the underpinning assumption that culture is something that can be readily measured and viewed, and therefore, has been conducted within a positivist paradigm using quantitative methods (Alvesson, 1993; Scott, 1987b). As a result many previous studies have attempted to draw conclusions about the relationships between organisational culture and outcomes in a linear fashion. These approaches are often criticised for their lack of depth and focus on surface issues.

Qualitative research is characterised by the way in which researchers use “complex reasoning that is multifaceted, iterative and simultaneous”(Creswell, 2003:182). As a result of this ongoing and reflective process, there is often not a clear distinction between data analysis and other stages of the research as inductive and deductive processes occur at the same time as collecting, analysing and recording the data. Rice and Ezzy (1999:1) explain: “Qualitative research aims to elicit the contextualised nature of experience and action, and attempts to generate analyses that are detailed, ‘thick’ and integrative in the sense of relating individual events and interpretations to larger meaning systems and patterns”. Theory emerges from qualitative research methods as the researcher develops statements or a set of statements about relationships between variables or concepts that focus on meanings and interpretations (Ezzy, 2002). The statements may form the basis of new theory or elaborate on an existing theory. It is important to note that qualitative research is characterised by its emergent quality and as such it is not tightly prefigured (Creswell, 2003). The distinctive features of qualitative research are most evident when they are contrasted with quantitative approaches as depicted in Table 8.

Table 8 Quantitative Style vs. Qualitative Style

Quantitative Style	Qualitative Style
Measure objective facts	Construct social reality, cultural meaning
Focus on variables	Focus on interactive processes, events
Reliability is key	Authenticity is key
Value free	Values are present and explicit
Independent of context	Situationally constrained
Many cases, subjects	Few cases, subjects
Statistical analysis	Thematic analysis
Researcher is detached	Researcher is involved

This table appears in Neuman (2003:16) and is drawn from these sources: Creswell (1994), Denzin and Lincoln (1994), Guba and Lincoln (1994), Mostyn (1985), and Tashakkori and Teddlie (1998).

The advent of postmodernism within organisational studies has enabled organisations to be conceived both as a verb instead of a noun and gone beyond the often “objectivist and abstract” empirical research within the traditional positivist paradigm. Scott et al. (2003c:116) argue that “more insights may be gleaned by examining deeper assumptions and the ways in which such assumptions are expressed through behaviour”. They suggest that examining the discrepancies between “espoused values and observed artefacts (especially behaviour)” may reveal these deeper assumptions (Scott et al., 2003c:116). This study seeks to address the knowledge gap about “how organisational cultures are created and communicated, and the mechanisms through which culture influences performance” (Hudelson, 2004:345). This is consistent with an anthropological approach and requires the use of qualitative methods that enable exploration of complex questions. The use of these methods is also supported by Prasad and Prasad (2009:136) who argue “once we recognise the substantial behavioural component of culture, ethnography, with its traditional emphasis on observation and interpretation, becomes a far more suitable methodology than quantitative survey instruments”.

Ethnography

Ethnography is designed to produce cultural theory, hence its relevance to the study of organisational culture. Organisational culture in the context of this study is understood as the shared set of values, ideas, concepts and rules of behaviour that allow a social group to function. Blommaert (2001) argues that ethnography has its roots in anthropology and therefore must be understood within the ontological and epistemological paradigm of anthropology. Spradley (1980:5) explains that ethnography is the work of describing culture:

“The essential core of ethnography is this concern with the meaning of actions and events to the people we seek to understand. Some of these meanings are directly expressed in language; many are taken for granted and communicated only indirectly through word and action”.

Savage (2003:3) argues that ethnography “can provide a nuanced understanding of an organisation and allow comparison between what people say and what they do”. Qualitative approaches such as ethnography seek to understand these aspects of organisational culture from the perspective of the people being studied. An exploration of culture in this way is conducive to ethnographic methods that employ an emic perspective, that is, they seek to reveal the meaning of actions and events from the insider’s point of view (Spradley, 1980).

Within the ethnography literature debate emerges over the meaning of ethnography as to its use as a philosophy or a method. Blommaert (2001) agrees that more often than not, ethnography is perceived as a data collection method and argues that in this way, ethnography is reduced to fieldwork/description and denied its fullness as an intellectual program. Hammersley (1990) questions the ability of ethnography to produce theoretical descriptions, that is, descriptions that employ concepts and theories. He acknowledges that descriptions are accounts of the particular and that theories are universal and generalisable, however, in doing so he argues that the theoretical characteristic of ethnography derives from its ability to be

explicit, coherent and rigorous. It is at this point that he challenges the conservative underpinnings of traditional ethnography that veil the multiple interpretations of reality in an effort to portray objectivity. Koch (1998) calls for an ethnography that does not collapse into relativism but acknowledges the reality of living in a world of competing interpretations. These debates emphasise the need to position the researcher not as a neutral data gatherer and independent entity (not a neutral research tool) but as integral to that data. Bruni (1995:50) explains that “As both productive of, and produced within the research process, the researcher is continually confronted with the need to deconstruct herself, the participants and the practices in which both are engaged in order to unravel their construction.”

The differing conceptions of ethnography can also be understood within their historical and social context. Bruni (1995) argues that ‘new ethnography’ has moved on from where “fieldwork is a method; society or culture is external to the researcher; and the fieldwork is a natural phenomenon.” The new ethnography emerges from the constant tensions between subjectivity and objectivity, which are heightened during participant observation. The researcher becomes poignantly aware of their own subjectivity because of the duality of researcher and participant. Strain is also experienced because of the desire to maintain the integrity of the research setting which conflicts with the knowledge that a participant observer will inevitably impact on the research setting. Spradley (1980) argues that a complete participation provides a high level of immersion in the research context but that this may also compromise objectivity. The researcher in this case becomes a research instrument through developing introspectiveness. Ethnography provides for depth, multiple perspectives and process but is limited in terms of control, bias and generalisability (Fine, Morrill & Surianarain, 2009).

Within this study, ethnography has been chosen as a way of understanding and interpreting a particular cultural system, in this case, organisations. The use of ethnography within organisational studies has a long

history as organisational life is amenable to qualitative analysis. Fine, Morrill and Surianain (2009:602) describe six substantive areas of inquiry examined through ethnography: the elaboration of informal relations; organisations as systems of meaning; organisations and their environments; organisational change; ethics and normative behaviour; and power, politics and control. This study of organisational life focuses on culture, and therefore on organisations as systems of meaning. The ethnographic approach used in this study involved in-depth interviews with key informants and participant observation. This is in accordance with the way that ethnography gathers unstructured data collected by a variety of methods and records these as field notes (Atkinson & Hammersley, 1994). Ethnography is consistent with the approach described by Scott et al. (2003c:106) that aims to “illuminate participants’ interpretations, evaluations and expressions of their roles within the social, political and technical life-world of an organisation”. Perhaps most importantly this study has been designed to uncover the tacit knowledge “which natives understand, but are not conscious of knowing” (Scott et al., 2003c:106). The use of ethnography will facilitate an in depth study of the participating organisations, their practices and their artefacts in the context of their existing work environment. The way that the researcher views their lived experience is critical to the interpretation of the data. The process of interpretation relies on the researcher’s own ontological and epistemological assumptions and this is further justification for making explicit my own ontological and epistemological assumptions earlier in this chapter.

Atkinson and Hammersley (1994:248) describe four key features of ethnography:

- “a strong emphasis on exploring the nature of particular social phenomena, rather than setting out to test hypotheses about them
- A tendency to work primarily with ‘unstructured’ data, that is, data that have not been coded at the point of data collection in terms of a closed set of analytic categories
- Investigation of a small number of cases, perhaps just one case in detail

- Analysis of data the involves explicit interpretation of the meanings and functions of human actions, the product of which mainly takes the form of verbal descriptions and explanations, with quantification and statistical analysis playing a subordinate role at most”

Descriptions of the data collection methods utilised in this study will emphasise the ways these methods exhibit these key features.

Unstructured data

Taking the second point offered by Atkinson & Hammersley (1994), the data collected this study included direct observation of cultural artefacts and symbols, practices, patterns of behaviour and the relationships between the participants. The data was unstructured and gathered in its natural form – as it occurred, as it was observed and as it became available. Detailed descriptions of the observations were recorded and where possible the exact words and language used by the participants was written down, together with notes about the feelings or emotions expressed in their body language. Pre-determined categories were not used, however, the ethnographic focus created mindfulness about the need to pay particular attention to observations relevant to the study of organisational culture.

Small number of cases

While an invitation to participate was offered to each of the thirty five services funded through the Supported Accommodation Assistance Program (SAAP) via a third party, only three services accepted the invitation to participate in the participant observation part of the study. I had previously decided that a maximum of five services could be included and that three was the minimum number. This has allowed an in-depth consideration of the three organisations. Each organisation was considered as a separate case. The meaning and practice of a case-study approach is contested although it is generally agreed that they “can provide powerful stories to illustrate particular social contexts” (Grbich, 1999:190). Grbich (1999:188) states that “in qualitative research, a case is generally a bounded unit with some established identity”. The ‘case unit’ in this instance is each of the three participating organisations. Case studies of participation processes yield fruitful insights,

not because their findings are readily generalisable, rather because they allow theory and new ideas to be tested and results to be compared and disseminated (Morgan, 2001). Although the number of cases is small, Daly and Lumley (2002) state that it is possible for a small sample to have very similar responses, especially if their common experience is significant in their lives. This case study of the SAAP funded organisations provides important lessons about organisational culture and organisational social capital, although the pervasive influence of the local context means these findings cannot be used to predict what might happen in a different context.

The organisations who participated in this study were located in a different region of the State and each had a different target group. This allowed for comparison across the three services, however, there was not complete equivalence which limited the ability to identify similarities. The periods of observation were subject to negotiation with the organisations involved, however, they were limited to attendance at meetings concerning the organisations' self-assessment in relation to the QIC Standards. Each of the three organisations were in different stages of readiness to participate in the QIC self-assessment process, therefore the timing of the periods of observation were staggered. Delays occurred in relation to the recruitment of organisations to participate in the observation stage of this study. Training required by organisations to commence the process of self-assessment was not completed until December 2006 rather than as originally intended in July 2006.

Interpretations of meanings

The final point made by Atkinson & Hammersley (1994) relates to the process of understanding what is under observation. The observations took place within the organisations while the staff members were engaged in the process of discussion and self-assessment in relation to the QIC standards. This permitted direct observation of the artefacts and symbols and the ways in which these were used within the particular culture. During periods of observation I was able to watch for patterns of behaviour, observe interactions

including jokes, gossip, story-telling and power relations. These observations developed a picture of the elements of organisational culture and the meaning and functions of human actions within this context.

In this process of interpretation, the researcher exploits their closeness to the empirical study in order to produce a narrative that reflects and embodies a hermeneutic understanding of the subjectivities of both the researcher and the researched. Dey (2002:108) argues that “In this way, the ontological principles of interpretive research can be fulfilled on a methodological level”. Reflexivity then is integral to ethnography as it is this element that guards against misinterpretation and permits third-party assessment of the research (Harvey, 1990). However, there remains a tense relationship between reality and representation. This process of reflexivity is evident in the following excerpt from my reflective journal:

The staff member gave each of us a draft copy of the quality journal. She asked if we could focus on this task today. She asked if I could possibly provide some advice and feedback. However, this moved my position as participant observer to more like a participant. I wasn't prepared for this and wasn't sure how it would work.

On one level I was a little bit suspicious and felt that maybe this was 'pay back' for my insistence on coming - like if they were going to have to do the QMS work because I was coming, then they were going to make me work. But I also saw this as an opportunity in two ways. It gave me an opportunity to give something back to the organisation and contribute to their experience rather than taking.

It also gave me the opportunity to do a form of 'member checking'. This way I could discuss with them my understanding of their organisation and how it functions in relation to the standards. In this way I could check my interpretations with their reality.

Fourth visit to Southpark

Participant-observer roles

A controversial and contested characteristic of ethnography is the nature of participant observation and this is evident within the examples from my own research experience described above. The ‘fuzziness’ is in relation to the degrees of participation and observation, for example, some suggest a continuum consisting of complete observer, observer as participant, participant as observer and complete participant and degrees in between

(Spradley, 1980:58). Spradley (1980) suggests the participant observer behaves as an ordinary participant with six major differences:

- The participant observer has two purposes – to engage in activities appropriate to the situation and to observe;
- The participant observer seeks to become explicitly aware of things usually blocked out to avoid overload;
- The participant observer approaches social life with a wide-angle lens taking in a much broader spectrum of information;
- The participant observer experiences being both the insider and the outside simultaneously;
- The participant observer increases their introspectiveness to become a research instrument; and
- The participant observer keeps a record of these experiences.

In this research I have taken a participant observer approach. If I were to place my approach on a continuum, I would argue that my role was more of observer than participant, however, I participated in so much as contributing my knowledge and expertise in relation to the QIC standards as appropriate during the self assessment process. This usually occurred when invited or at times when the discussion became convoluted and lacked clarity. At these times, I volunteered an alternative view point. The role of participant observer also seemed to fluctuate at different points within the research and was also subject to negotiation with the research participants. For example, one organisation seemed to have an expectation that I would participate more than observe. This caused strain as described earlier in this chapter as a result of the dual roles of researcher and participant. In order to manage these expectations, I explained that while I could answer specific questions and offer some clarification, further guidance and assistance in relation to the process was available from the QMS State Manager. The strain I experienced is reflected in the excerpt below:

I learned from the project officer that one of the staff from this organisation had been bragging about an experienced QMS reviewer who was working with their organisation to help them with the self-assessment - me! Again I was alarmed about my role and their expectations of me.

Preliminary meeting at Southpark

Ethical dimensions of ethnography

Recognising that ethnography can be done to serve the needs of informants as well as the researcher, draws attention to the ethical dimensions of ethnographic research. In particular, the way that the researcher exploits their closeness with the empirical study, requires some consideration of how this can be achieved in a way that maintains the integrity of both the researcher and the informants. A distinction must be made between exploiting the researcher's intimate knowledge of the setting in order to generate rich and revealing insights and exploiting the researcher's intimate knowledge of the informants. The interests and concerns of the informants need to be paramount, especially in relation to sensitive information and things that are said and done 'off the record' (Spradley, 1980). Researchers need to consider what constitutes fair return to avoid exploiting participants. This excerpt from my reflective journal is illustrative of situations where the needs of the participants were privileged over the needs of the researcher:

Although they offered, I did not ask them to sign the forms as I wanted them to have some time to consider the information and to share the information with other staff members and their board before making their final decision. Another example of where I respected the needs of the service to make an informed decision without undue pressure, harassment or stress even though it would have been 'nice' to have their commitment.

Preliminary visit to Havenwood

This excerpt demonstrates how the shift in emphasis from observer to participant in the process of participant observation served to benefit the organisation:

They raised concerns that their management committee was not sure about the process. They asked if I could come along to their next meeting and explain the research and the QMS process. I was pleased that they had invited me to meet with the management committee but a bit nervous as well. Again I felt like there was a shift from observer to participant.

First visit to Havenwood

Another important ethical consideration relates to the understanding that the participants have of the research. Ethnographers must communicate the aims of the research at the beginning and as the research unfolds (Spradley, 1980). This process commenced through the third party recruitment process whereby the potential research participants were forwarded information about the research and the researcher (me) by a third party. Further information was provided to participants during my first meeting with them and as part of the informed consent process.

When I first visited the sites where the participant observation took place, I explained to the research participants that I would be taking some notes during the time that I spent with them and observing their interactions. I took notes in an open and visible manner, either while sitting around the meeting table with the participants, or as part of the circle of participants. While this is usual practice with participant observation (Atkinson & Hammersley, 1994), it also caused some level of anxiety among the participants. This anxiety occurred not in relation to the feeling of being observed and their actions recorded, but more in relation to their concern for providing me with the information that I require. This is exemplified in this excerpt from my reflective journal:

There was a sense during this first visit that they wanted to perform. They had an overriding concern that I get the data I need. Somewhat paradoxically this stifled proceedings and negatively impacted on the data collection. In some ways with a small number of people in the group their interactions felt contrived. My presence was more like an accountability measure. Were they seeking my approval? Were they nervous in view of my QMS experience that I might tell them they were doing it wrong? Or was it just me changing the dynamics - can't be easy having a person come in and out of your organisation's meetings.

First visit to Havenwood

There were other points in the data collection process when I felt it was necessary to revisit the aims of the research, particularly at the end of the first and the fourth visit to the services. For example, at the end of the first visit, staff within the organisations expressed their nervousness that perhaps they “hadn’t given me what I wanted”. Their overriding concern was for me as the researcher to gain some value from visiting their organisation. At this point I reiterated the aims of the research and emphasised the prolonged rather than ‘one off’ nature of this type of research. By the end of the fourth visit, the staff seemed less concerned about how they performed and more concerned about whether their performance was giving me the information that I needed. This process is illustrated in the following excerpt from my field notes:

It became necessary to explain again about the process of my research. The staff were obviously more relaxed and less concerned about 'their performance' but were now questioning how this could be useful. It was almost like they were questioning how their ordinary experiences could be 'extraordinary' or of interest to me.

I reassured them that my research is not about the literal interpretation or meaning - it's about what these observations might mean in relation to the research questions.

Second visit to Southpark

Participant observation process

As a novice to formal participant observation, I was aware that I might find it difficult to discern what to include in the field notes and what to focus on. I found the field note recording model offered by Spradley (1980:78) to provide a useful guide in relation to nine major dimensions of every social situation:

Space: the physical place

Actor: the people involved

Activity: the set of related acts people do

Object: the physical things that are present

Act: single actions that people do

Event: a set of related activities that people carry out

Time: the sequencing that takes place over time

Goal: the things people are trying to accomplish

Feeling: the emotions felt and expressed

This model provided me with some clarity around what to observe and what to think about. Spradley (1980) argues that conducting a focused ethnographic enquiry enables an in depth investigation and guards against a scattered approach which considers a broad range of cultural domains. I was familiar with the experience of note-taking, however, I found it difficult to take notes verbatim during the periods of observation. Instead, I recorded the notes as ‘memory joggers’ in relation to some or all of the nine major dimensions of social situations (Spradley, 1980) listed above. I later expanded on the notes as soon as possible after the encounter, either on the bus, in the office or at home in the evening.

While conducting the participant observation, I also engaged with the participants in “informal interviews”. Informal interviews occur in the field when the researcher asks questions, listens and takes note of what was said for the purpose of gaining a better understanding of subjective meanings (Fontana & Frey, 1994). These interviews differ from formal ethnographic interviews that occur at an appointed time and result from a specific request to hold the interview. Within this study, these interviews occurred in an unplanned manner and were opportunistic. For example, sometimes they occurred when staff were taking a break from their formal discussions or when a staff member would invite me to walk outside or join them for coffee in kitchen. These interviews took the form of conversations that arose about the activities that were occurring or particular aspects of the organisation. These interviews helped to gain a deeper understanding of the participant’s perspective and the events under observation. Creswell (2003:390) explains that the researcher and the participants jointly produce these interviews as the researcher’s response and interaction with the participant (for example, listens, encourages, interrupts) are integral to the interview. Within this study, these informal interviews occurred spontaneously and also gave the participants the opportunity to speak freely outside of the formal process of observation of group processes.

Interviews

In contrast to the informal interviews, formal phone interviews were conducted with people who had considerable experience with the QIC program as a reviewer associated with QMS. These participants fulfilled the role of key informants in the sense that they were had extensive knowledge about the ‘in practice’ realities of the QIC quality improvement program (Kumar, Stern & Anderson, 1993). They were not selected to be a representative group, rather I anticipated that they would provide a generalised account of their observations and experience. These participants were recruited via third party in accordance with the ethics protocol. The interviews were audio taped and notes were taken at the time of interview. The tapes were later transcribed and entered into QSR NVivo 8 (2008). The interview subject matter concerned the participants’ observations of organisations that engage with the QIC process.

These interviews were exploratory in nature and focused on the participants’ stories about the organisations they had reviewed. These stories relate how these organisations operate and the impact of engaging with the QIC review process. This approach is characteristic of ethnographic interviews that make use of descriptive questions that aim to discover cultural meanings (Creswell, 2003). The interviews lasted between 40-60 minutes. The ethnographic style of interviewing promoted an exploration of the participants’ insights which I was then able to use to test my own assumptions that are evident in the interview questions. For example, from my own experience I assumed that the strong values-base of the QIC program held an attraction for both reviewers and the organisations being reviewed. I wanted to explore the extent to which these values are reflected in the reviewer’s role and the organisations. Table 9 provides an outline of the interview protocol (questions and prompts) and the rationale for asking these questions, particularly in relation to the assumptions that I hold. My main motivation for constructing the interviews in this way was to guard against the possibility of viewing observations in the field from my own biases and assumptions.

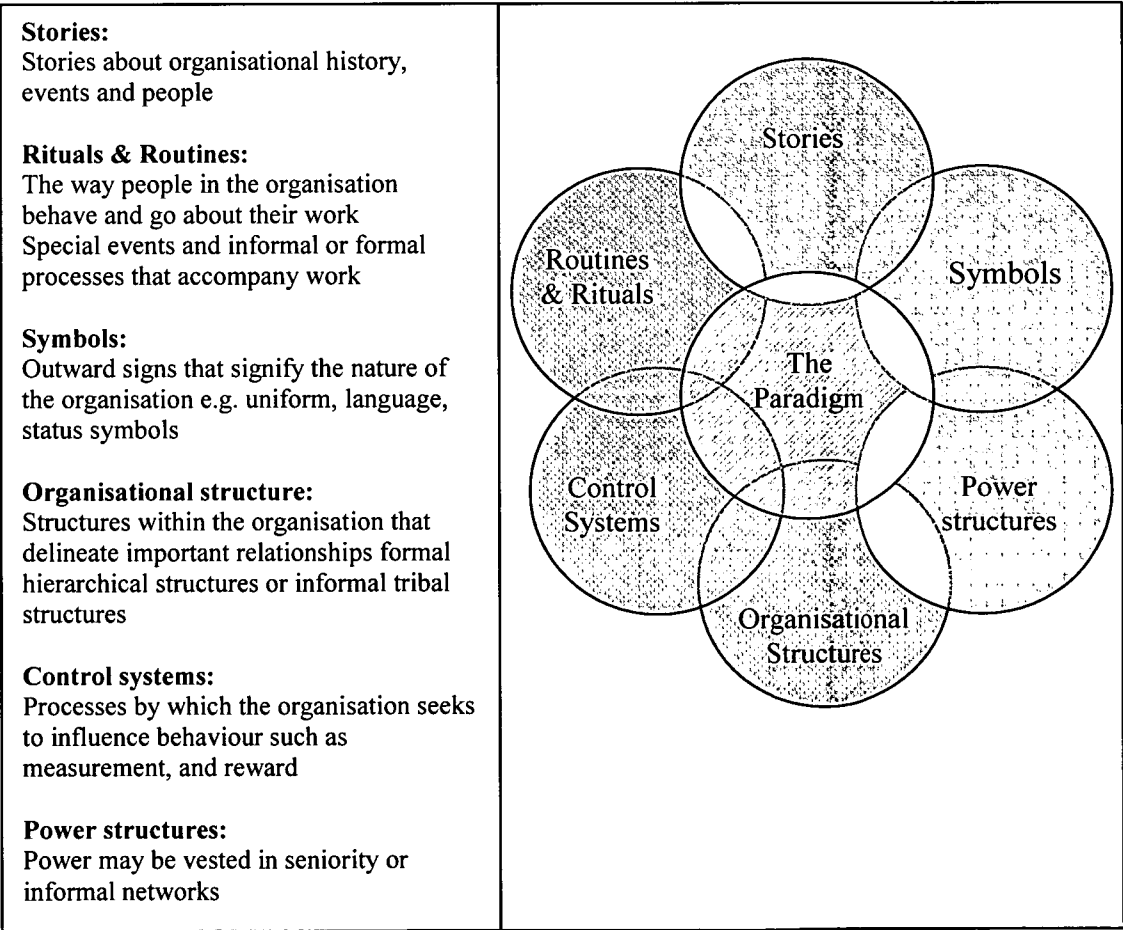
Table 9 Interview Protocol Including Questions, Prompts and Rationale

Interview topic area (questions & prompts)	Rationale
<p>Can you talk about your experience with the QIC program?</p> <ul style="list-style-type: none"> • Role as a reviewer, staff or board member • How many reviews conducted? • How long their involvement has been? • Their thoughts, feelings, ideas about the program 	<p>Defines the scope of the interview topics</p> <p>Provides cues for the following questions</p> <p>Sets the exploratory tone for the interview</p> <p>Confirm their experience & key informant status</p>
<p>Based on these experiences, what effect does engaging with the QIC program have on organisations?</p> <ul style="list-style-type: none"> • What changes in thinking or behaviour do you notice? • What effect do you think it has on the beliefs or values espoused by those in the organisation? • Do you think the process challenges the taken for granted assumptions in the organisation? • Do you think the strong values base of the QIC program makes any difference? 	<p>The process of self-assessment as part of a QIC review requires discussion and critical reflection about the organisation's performance in relation to the QIC standards.</p> <p>These discussions will be observed during the participant observation period, therefore I wanted to test my assumptions that the self-assessment process will reveal much about organisational culture.</p> <p>In particular, I wanted to know if others had observed whether the self-assessment process exposes tacit knowledge of those within the organisation.</p> <p>Another assumption I hold is that the values-base of the standards provides a potent prompt for the examination of organisational values.</p>
<p>The QIC program emphasises community participation. Can you tell me about your observations of community participation through your involvement with the program?</p> <ul style="list-style-type: none"> • What do you think constitutes community participation? • What impact does the QIC program have on the organisation's community participation processes? • What makes community participation more or less successful? 	<p>This topic area enabled an exploration of what these participants considered to signify community participation and what factors contributed to these processes.</p> <p>These questions prompted the participants to consider the characteristics of community participation in general – both from the perspective of the community and the organisation.</p>
<p>Do you think the relationships between people in the organisation impact on the organisation's ability to engage with their community?</p> <ul style="list-style-type: none"> • Team work, small groups etc • How would you characterise these relationships e.g. trusting, based on common understandings? • Why do you think that people would want to work in this way? 	<p>This topic area encouraged the participants to consider the organisational characteristics that might facilitate community participation in a very general way.</p> <p>These prompts led to a discussion about the structural, relational and cognitive elements of organisational social capital without labelling them as such.</p>
<p>Do you think there is any evidence of social capital in these organisations?</p> <ul style="list-style-type: none"> • Why do you say that? • What do you mean by social capital? 	<p>This question was asked last to avoid imposing a theoretical perspective on the experience of the participants.</p> <p>These responses will also help to determine the appropriateness of dimensions (relational, structural, cognitive) of social capital in selected for investigation.</p>

Data analysis

To achieve the purposes of this study, I have used the Cultural Web (Johnson, 1992) as a framework for the coding and analysis of data gathered through the process of ethnographic participant observation. Using the framework in this way has enabled the development of a Cultural Web for each of the participating organisations. The Cultural Web (Johnson, 1992) depicts six interrelated elements of the work environment which influence and signify the organisation’s paradigm or the essence of the organisation’s culture. In this way, the Cultural Web makes explicit the link between ideational culture and cultural artefacts. The six elements are stories, rituals and routines, symbols, organisational structure, control systems and power structures. Figure 8 outlines these elements which are also represented diagrammatically as six semi-overlapping circles.

Figure 8 Johnson's (1992) Cultural Web



The detailed descriptions gathered through the ethnographic research process have been analysed for salient themes and issues. An inductive approach was used to develop major themes and sub-themes from an initial data scan. The process of categorising and coding the data was assisted through the use of NVivo, a computer qualitative software program. The data was coded into free nodes at first to reflect the major topics that emerged from the observations. They were recurring themes about what the people in the participating organisations did or said. From this initial stage I moved on to making a componential analysis and discovering cultural themes. Spradley (1980) describes this as the process of searching for components of meaning associated with cultural categories. The six elements of the Cultural Web served the purpose of cultural categories. The cultural themes or patterns emerged from this process, some of which were explicit such as recurrent stories and others were more tacit, such as the way food was present in the participating organisations. The Cultural Web also helped to develop a schematic diagram of the cultural scene within each participating organisation.

The use of the Cultural Web as an analytical tool is consistent with the view of organisational culture as a metaphor, that is, organisational culture as something an organisation 'is' rather than 'has'. This contrasts with the view of organisational culture as a variable which leads to an instrumental view of culture, with the underpinning assumption that culture is something that can be readily measured and viewed. Seel (2000:3) proposes that "organisational culture is the emergent result of the continuing negotiations about values, meanings and properties between the members of that organisation and with its environment." This definition emphasises the emergent quality of culture and also provides Seel (2000) with the premise for his argument to view culture as a metaphor as it is the result of social interactions and not the entity itself. Understood in this way, culture is dynamic, constantly created, affirmed and expressed (Douglas, 1985). Johnson and Scholes (1999:73) explain 'to understand the taken-for-grantedness may then, mean being very sensitive to what is signified by the more physical manifestations of culture evident in an

organisation'. These manifestations provide clues about the organisational paradigm. Thus culture is "not imposed from outside but exposed from within" (Seel, 2000:3).

Identifying the substance of the six elements of the Cultural Web enables the cultural assumptions and practices of the organisation to be exposed in order to gain a more in depth understanding of the organisation's paradigm. Often described as a filter or world view, the concept of paradigm has been variously adapted and used since coined by Kuhn (1962) to refer to the way that the beliefs of researchers shape the research process. He defined the term as "universally recognised scientific achievements that for a time provide model problems and solutions to a community of practitioners" (Kuhn, 1970:viii). Capra (1997:6) has since adapted the definition of paradigm in a way that is conducive to the study of organisations: "a paradigm is a constellation of concepts, values, perceptions and practices shared by a community, which forms a particular vision of reality that is the basis of the way a community organises itself". When the concept is operationalised in accordance with this definition, an organisation's paradigm can be understood as the shared understandings, taken-for-granted assumptions, ideas and beliefs that influence how people perceive and make sense of their work environment. Thus, the Cultural Web depicts the set of core beliefs and assumptions – the paradigm - that influences the manifestations of culture.

Chapter Summary

This chapter has outlined the approach taken to address the research questions. It has located this qualitative, ethnographic research within an interpretivist paradigm. In making these choices, competing paradigms and research approaches have been discussed as they apply to the study of organisations. Ethical considerations have been described and the limitations of this study have been raised and strategies to mitigate these risks have been proposed. As a result of these considerations, three major strategies of inquiry have been used within this study. The first is an analysis of documents in the public domain that provide a record of the involvement of organisations

engaged with the QIC program. These included editions of a newsletter published by Quality Management Services (QMS) (a licensed provider of the QIC program); case studies produced by QMS; annual reports of QMS and QIC; and QIC related information. The analysis has focused on identifying key messages about the QIC program and those who engage with it. The second strategy involved interviews with key informants who had previous involvement with the QIC program, particularly in relation to conducting reviews of organisations in relation to the QIC Standards. These interviews were exploratory in nature and served to test the logic of the research design. The first and second strategies also helped to prepare me for entering the field and embarking on the third strategy of inquiry, participant observation. Three organisations in the process of preparing for a service development review in relation to the QIC Standards were recruited to participate in the participant observation stage of this study. This stage also involved a member checking process achieved through the informal (field) interviews that occurred during the participant observation process. The following chapter tests the logic of the research design.

Chapter 7: Preparing for fieldwork: Stories of organisational assessment, culture, social capital & community participation

Introduction

This chapter presents the findings of the strategies of inquiry conducted prior to the participant observation stage of the study. These strategies included a document analysis of information in the public domain about Quality Management Services (QMS) and its role as a licensed provider of the Quality Improvement Council (QIC) Standards and Review Program. QMS also made available collated results from routine evaluation surveys conducted between July 2005 and June 2006. Another strategy of inquiry reported here includes interviews with those who had previous involvement with the QIC Program. In the context of this study these participants acted as key informants. The data gathered from these strategies of inquiry has served to prepare me for the participant observation stage. Emphasis was placed on discovering more about the impact of the QIC program within organisations, the in-practice meanings of community participation and social capital.

Participant observation provides the observer with opportunities to explore in depth the occurrences of everyday life, or in this case everyday work-life, to uncover the taken-for-granted assumptions, meanings and social processes that create this lived experience (Grbich, 1999). Part of the challenge of engaging with this research method is to navigate the field, shed preconceptions and develop sensitivity and receptiveness to the observed events (Atkinson & Hammersley, 1994). Through my experience of working with organisations engaged in quality improvement programs such as the Quality Improvement Council's Standards and Accreditation Program (QIC Program), I had become aware of the impact this process has on organisational life. For example, I was aware that the process of self-assessment can provide a mechanism for critical reflection both at the level of the service provider, and the organisation. Ideas about how the process both reveals and shapes organisational culture were already forming in my mind

prior to this research. In order to test both the research logic and the operationalisation of key concepts (such as community participation and social capital), I explored these ideas with others who had similar experience working with organisations. The following sections detail the process of data analysis and the findings, which further revealed my preconceptions and clarified the significance of the observed events.

Document analysis

Prior to embarking on the fieldwork, I conducted an analysis of key documents about the QIC Program and QMS that were available in the public domain including the QIC and the QMS websites. Key documents included the annual reports 2001-2008, Quality Bound (a quarterly newsletter produced by QMS), and case studies. These particular documents were selected for analysis because of their currency and their availability from the QMS web site. Hodder (1994:393) argues that “such texts are important for qualitative research because, in general terms, access can be easy and low cost, because the information provided may differ from and may not be available in spoken form, and because texts endure and this give historical insight”. The aim of this process was to identify the public messages that were conveyed about the QIC Program and QMS as an organisation. The intention was to use these findings in the development of interview questions with the key informants and to become familiar with the language used in the industry. The particular turns of phrase or vernacular or jargon used by people within a setting is referred to as the argot (Creswell, 2003). Described below are two salient themes identified within these documents: creating an imperative for quality improvement; and acknowledging the work of those involved in quality improvement.

First, QMS creates an imperative for engaging in quality improvement activities. This imperative is conveyed through the use of words and phrases such as: “*fundamental*”, “*demand our scrutiny*”, “*greater utilisation of evidence is essential*”. QMS portrays itself as a “*busy*” and “*growing*” organisation which is reflected in its “*ever increasing diverse*

client group". A related theme is the way in which QMS claims to be "*responsive*" to the diverse needs of its client group. There are many references to QMS processes that are "*flexible*" and "*tailored*" to meet these needs. In a similar way, QMS states that it is aiming to reduce/remove duplication of quality improvement requirements to "*streamline*" processes for its client group. QMS's efforts to reduce duplication are also a result of its need to act in accordance with the agenda of national accrediting bodies. Creating a sense of urgency in relation to quality improvement initiatives serves a two-fold purpose for QMS. First, it provides further justification for organisations to work towards accreditation and affirms QMS as their preferred service provider. Second, it reinforces the dominant discourses that surround the need to improve performance through engaging with continuous quality improvement activities (Berwick, 2003; Shortell et al., 1995). These findings are consistent with the literature presented in Chapter 5 and provide further support for the argument that the pursuit of quality is a driver for research in human service organisations.

Second, a significant amount of space and text within the newsletters is dedicated to acknowledging the work of people engaged with QMS. This occurs in the section called "Quality Cheers" as well as in other articles where people and their organisations receive recognition for the work undertaken. Another role of the newsletter is to publish stories of inspiration and encouragement. The newsletter publishes "*quality ideas*" which are practical hints about how to engage with the quality improvement process. In addition to this, there are several references within the newsletters about the ways in which organisations achieve quality improvement. The value-based nature of the QIC Standards was evident in both the activities of QMS and the commentary about particular events. For example, a conference was lauded for its primary health care focus and principles such as maximising participation and being non-judgemental. Each newsletter contained information about the changes that occur within organisations as a result of the QIC Program. These changes reportedly occur in relation to practice, policy and accountability. These were viewed as "*worthwhile*". These themes

reflect the prominence of values within the QIC Program. These features have particular relevance to the research setting as non-government organisations generally have a strong values-base and social justice perspective as described in Chapter 5 (Department for Victorian Communities, 2007; Lyons, 2000; Productivity Commission, 2009).

These texts represented the official view of QMS as a licensed provider of the QIC Standards and Review Program. Hodder (1994) suggests that when used in conjunction with other sources of evidence, texts can help to understand particular biases. Close scrutiny of the texts revealed the language used by QMS to guide, facilitate and encourage services to participate in activities related to the review process. I chose to invite organisations from the SAAP sector to participate in this study as the process of engaging with the QIC Program had not been previously undertaken in this sector. Based on this, I made an assumption that for these services, engaging with the QIC Program for the first time, would accentuate the effects such as critical reflection, questioning, and assessment. In particular, I assumed that the activities related to engaging with the QIC Program would reveal much about their organisational culture. The need for community participation is a key value that underpins the QIC Standards and as such is inherent, if not explicit in each standard. Thus, I also assumed that while the organisations were undertaking the self-assessment process this would result in critical reflection about the ways in which they sought to engage with their community. Reviewing information about the QIC program as provided by QMS provided important clues about the areas the services might choose to focus on and the kinds of activities that may be occurring during the course of the participant observation.

Key Informant Interviews

Interviews were conducted with people who have considerable experience assessing services against the Quality Improvement Council's (QIC) Standards for Health and Community Services. Their experience provides them with a contextual understanding of the issues being explored in

this thesis, namely, the links between organisational culture, organisational social capital and community participation. Thus, they are able to describe how engaging with such a process reveals and shapes organisational culture. Based on their experience, these key informants were also able to discuss the features of organisational culture that may generate social capital. These key informants are also well-versed in community participation mechanisms and assisted in identifying organisational attributes that foster or impede the development of these mechanisms. Nine in depth semi-structured interviews were conducted as this process allows for an exploration of the complex and in-process nature of meanings and interpretations. Their collective experience is documented in Table 10 (note to protect their anonymity, pseudonyms have been used).

Table 10 Key Informants Length of Involvement with the QIC Program and Number of Reviews Conducted

Interviewee (pseudonyms)	Length of time of involvement	No. of reviews conducted
<i>Shirley</i>	10 years	5
<i>Ruth</i>	5 years	20
<i>Julie</i>	6 years	2
<i>Bonnie</i>	7 years	12
<i>John</i>	10 years	7
<i>Sally</i>	4 years	5
<i>Sandra</i>	13 years	8
<i>Phillip</i>	7 years	6
<i>Bruce</i>	5 years	2
Total	67 years	67

In the context of this research, these people function as key informants as they were considered to be knowledgeable about this research topic and willing to communicate about them (Kumar, Stern & Anderson, 1993). Key informants are described by Patton (2002:321) as “people who are particularly knowledgeable about the inquiry setting and articulate about their knowledge – people whose insights are particularly useful in helping an observer understand what is happening and why”. It is not necessary for key informants

to be representative of the members of the participating organisations (Kumar, Stern & Anderson, 1993). These interviews were conducted to provide additional insights about the phenomena I planned to observe during the participant observation. These insights served to both 'prime' me for what I was about to observe and to 'reality test', through comparison with my own ideas about what occurs within organisations in relation to quality improvement and community participation.

The interview protocol and the rationale for the questions appear in the Chapter 6. Each interview lasted for at least 40 minutes and was conducted by phone as all of these key informants are located interstate. The audio tape of the interviews was transcribed and the transcripts examined for salient themes. The transcripts were also analysed for evidence of dominant discourses about organisational culture and its relationship to the performance of the organisations, particularly in relation to community participation.

Analytical process

The interviews were transcribed directly into QSR NVivo 8 (2008) which I used as a tool to code the interview data from the key informants in ways that placed different emphasis on the data. Each interview was examined as a separate case, and to provide a consistent format, I first inserted headings approximately where the interview focused on particular topics or interview questions. I then coded the data in relation to the rationale for asking the questions. Some of these overlapped with the interview questions, for example, 'reasons for becoming involved with the QIC program'. I moved on to look for themes within the tree nodes and check for relationships between them. This led to the process of categorising themes within the existing nodes. To guard against the development of the tree nodes constraining the process of massaging the data, I printed a hard copy of the tree node list and cut this into separate tree nodes and placed them on an A3 size piece of paper to move them around without being constrained by the parent nodes. After several iterations of this process, I grouped the data into 4 stories – the stories of the key informants' involvement with the QIC program; the stories of

organisational involvement with the QIC Standards and Review Program; the stories of community participation; and the social capital stories. These stories are presented in the next section.

The stories of the key informants’ involvement with the QIC Program

Each of the key informants described their story of involvement with the QIC Program. While the pathway that led to becoming involved varied, the factors that sustained their involvement were markedly similar. The key informants described a strong accord between their own values-base as a service provider and the values-base of the QIC Standards and Review Program³.

The values that underpin it are really commensurate with my own personal values

(Sandra)

There’s you know an accord between my personal value systems ((laugh)) and the value systems that are accorded in the QMS/QIC processes

(Shirley)

One participant particularly emphasised the ‘client focus’ of the standards and review process as an important principle (value). This aspect is prominent throughout the key informants’ stories, thus affirming and providing further evidence of the embedded nature of the client focus within the QIC Program.

The reason I stay involved separately with QMS process is because of its different... emphasis on and focus in a greater mix between understanding and respecting how services are actually delivered to clients and maintaining what I think should be the focus of all of these sorts of quality systems on the interface between the user of the system as the key point of reference

(Shirley)

The key informants also reflected on what they gained from being involved in the QIC Program. There was a variety of aspects that the key

³ The values and principles underpinning the QIC Program appear in Chapter 5.

informants found enjoyable such as the challenge, the opportunity for cross-fertilisation of ideas, and working with different people in different workplaces. These areas of enjoyment are reflected in the excerpts below.

I think it's fascinating to go into a service and just kind of get your head around what they do.
(Phillip)

I love working with different teams of people.
(Ruth)

It's very intense, there's a bit of preparation, there's a bit of relationship development. It's multi-skilled, that's what I like and think is interesting about it
(Sally)

Involvement in the process also caused the key informants to become reflexive about their own work practices as well as their role in the assessment process. This reflexivity was evident in comments such as:

And I think it also invites review coordinators [key informants] to think about their own values. Even though these processes are intended to be objective, they can never be completely objective because each reviewer will come with their own history and culture and values around it so what they pay attention to and what they ignore will be different.
(Sally)

The key informants also commented on the sense of satisfaction derived from their involvement with a process that is beneficial for organisations.

People will comment on how it makes them look at their own practices and identify things and policies, processes, protocols that they can improve upon and I think that's how they can see that quality is a useful thing.
(John)

These factors that sustained their involvement were also reflected in what the key informants viewed as valued attributes of the QIC Program, namely the values and principles of the Program and the benefits for the organisations. The specific values and principles referred to included: the broad view of health; client focus; participatory approach; and the values-base as exemplified in the following excerpts.

I see it [QIC Program] as being able to be used within all kinds of organisation; at an organisational level, at a governance level; at a team level; and at an individual level.

(Bonnie)

It's [QIC Program] always had a great commitment to a broad range to understanding public health services across the continuum in my opinion.

(Shirley)

There's a value set that QIC still maintains and holds true which is...the old... "quality" in inverted commas paradigm which is "it's the customer" that's the point of reference.

(Sandra)

The benefits to organisations identified by the key informants included: the QIC Program as a vehicle for change; becoming outcome focused; and encouraging a systems approach.

... moves to help people understand that what they should be considering is outcome, rather than process, have been good and right developments. I think that's the principle thing that engages people.

(Shirley)

And also I feel that the sectors that we are working with are desperately in need of the kind of work that we do - continuous improvement processes and organisational learning processes.

(Sandra)

In light of their experience working with quality improvement frameworks and assessment processes, these key informants were well-positioned to comment on the negative aspects of the QIC Program and some other quality improvement programs. These aspects contrasted with the valued attributes of the QIC Program and some of these are described in the interview excerpts below.

I mean the cycles of [name of program] and really that...never really impacted on practicing nurses.

(Bonnie)

And my own experience and belief that the other process that I've engaged with [name of program] is much more driven by what I call "services looking up their own fundamental" and I don't mind if that's in the transcript ((laugh))

(Shirley)

I found them [other QI programs] a little bit procedural, you know this "ticking off" the indicators.

(Ruth)

The point of this discussion is not to advocate on behalf of a particular quality improvement program. Rather, this discussion reinforces and affirms the significance of the values-base of the QIC Program. Thus, this discussion supports the logic of this research which is premised on the understanding that the process of self-assessment is strongly influenced by the values-base of the QIC Standards, and therefore, reveals organisational values and culture. As discussed previously and depicted in figure 6 (Chapter 6), consumer and community participation is a core value of the standards, therefore, organisational self-assessment in relation to these standards reveals organisational values and culture in relation to community participation.

Stories of organisational involvement with the QIC Program

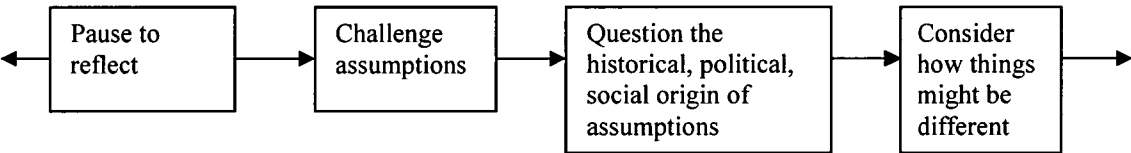
The key informants were invited to describe their observations of organisations engaged with the QIC Program. The interview questions guided the key informants to describe the ways in which engaging with the QIC Program impacted on the organisations. The key informants also commented on the various changes organisations experience as they progress through the self-assessment. These changes are depicted below on continuums as they are neither starting nor endpoints; rather they are indicative of how perspectives change over time. These findings were then compared to evaluation survey results conducted by QMS with organisations who had participated in the QIC Program. This process has allowed the comparison of an *etic* (the outsider) and an *emic* (the insider) perspective. The terms *emic* and *etic* were first coined by Pike (1954 cited in Patton, 2002) from the words phonemic and phonetic in relation to language sounds, the difference in the terms relating to the sounds that are locally significant (phonemic) and all possible sounds (phonetic). *Emic* then is about the perspective of an insider who knows the ways things are from their lived experience, whereas the *etic* is the perspective of an outsider who thinks they know from what they see and experience from the outside. The key informants provide an *etic* perspective whereby they

provide an outsider’s point of view about the impact of these processes on the organisations, whereas the surveys provide opportunity for the organisations to comment themselves about these issues.

Organisational self-assessment through critical reflection:

The key informants observed the way the process of self-assessment against the standards encourages critical reflection within organisations. Importantly, participation in the self-assessment process is viewed as a ‘legitimate’ opportunity to “*stop and take stock*” (interview with Shirley) that may not otherwise occur in busy client-driven services where non-direct service provision activities are depicted below.

Figure 9 Organisational Self-Assessment Through Critical Reflection



The key informants described this process in various ways, some focusing on the evidence of reflection and others on the nature of these reflections as illustrated in the excerpts below.

And I think that when people are filling out those journals they really feel like that's how their organisation should be working.

(Phillip)

I think that the challenge is for us as reviewers is inviting people to look at how those values are demonstrated on the day-to-day basis in what they write and how they treat each other and how they treat the clients.

(Sally)

Provides a structure that allows people to do that reflection ... I think a structure that helps people to join the dots, that validates taking time to reflect and reconfigure.

(Shirley)

And I think that perhaps we don't give enough... credence to exactly how valuable it is to commit people to stop and take the time to reflect.

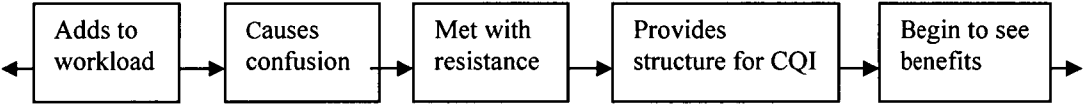
(Shirley)

The experiences of the key informants affirm the logic of the research design whereby the participant observation is planned to coincide with these times of critical reflection in an effort to capture the discussions relating to the assumption analysis and reflective scepticism that is anticipated to occur (Brookfield, 1997).

The task of organisational self-assessment:

At the same time as recognising the value of the QIC Program as a mechanism for critical reflection, the key informants also described their observations of additional workload generated within organisations as they prepare for review. Their observations seem to indicate that initially the additional workload is viewed as onerous and an imposition, however this changes overtime, particularly when organisations begin to see the benefits. The continuum below represents the changes overtime in staff attitudes and reactions to the tasks involved with the QIC Program, the self-assessment in particular.

Figure 10 The Task of Organisational Self-Assessment



These findings are further illustrated in the interview excerpts below.

I guess, in general, most organisations... often find that process really daunting.

(Phillip)

I'm always interested to see how the frequently there is a bit of resistance at the time of the prep session when they are beginning to do it.

(John)

Everybody sort of gets this sense of total confusion, and it doesn't seem to matter how much you try and explain the standards to them, they are still confused.

(Sandra)

It provides a structure not always as... usable as you might like, but it does provide a structure that allows people to do that reflection.

(Shirley)

All along the way there is, especially in the initial stages, ... resistance ... even in the organisations that are ... really happy to take on the process.... . And it doesn't seem to end until they get right to the very end of the internal review stage. When they do get that report, they are able to... raise their eyes from all the work they've been doing and actually see there's been some really significant improvements. (Sandra)

People can see the benefits of it because they often implement things before the review actually happens.

(Sally)

These observations from the key informants are reflected in the evaluations and feedback from organisations who participate in the QIC Program. These excerpts from the QMS surveys below exemplify these similar themes.

It assisted us to pull lots of threads together as a launching pad for our next development. Also informed lots of new staff about the service and process.

Respondents continue to be satisfied with the review teams and the professionalism, skills and understanding they bring to the review process. Hence they found value in participating in the review cycle.

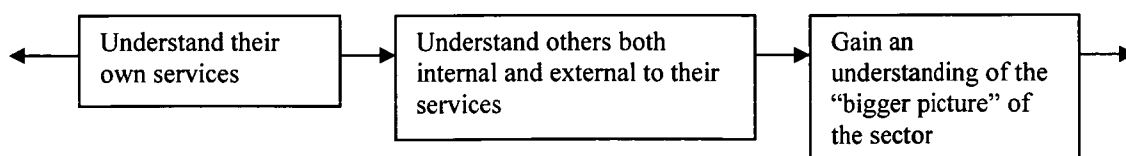
(Excerpts from QMS survey results)

The staff responses to the tasks involved with preparing for a QIC review change overtime, which may be a reflection of the readiness of an organisation to embark on this process. The key factor that changes staff perceptions of the workload is achieving tangible benefits.

Organisational awareness resulting from participation in the QIC Program:

Other observations made by the key informants of organisations that engage with the QIC Program relate to the changes in organisational perspective. The continuum illustrates the ways organisations develop an awareness and deeper understanding of their own organisation, and of their relationship with other organisations, including their position within a particular group of services or sector.

Figure 11 Organisational Awareness Resulting From Participation in the QIC Program



The key informants recalled their observations of organisations that developed this level of understanding and awareness as reflected in the excerpts below.

Most services in the first stages feel like that it's a pretty significant part of the review.... they've got a really good understanding of what their service needs and where the gaps are. (Phillip)

Everybody sort of understanding their roles a bit better as well as the bigger picture of where the organisation is going. (Julie)

The impact of the QIC Program on an organisation's view of itself and other organisations is also reflected in the *emic* perspective and exemplified in the following excerpts.

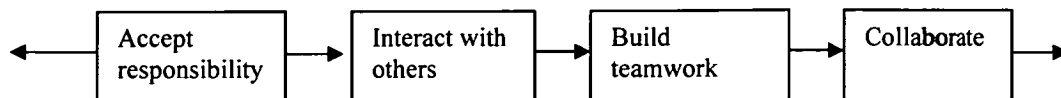
The review cycle process helped us understand our organisation's strengths and weaknesses.
The review cycle helped us clarify our organisation's objectives and set priorities.
The review cycle process helped us improve our service coordination.
(Excerpts from QMS survey results)

These data highlight the ability of the QIC Program to encourage information sharing within organisations so that there is a greater understanding of the role and function of the organisation and those within it. Becoming aware of an organisation's position within the array of health and human services is important as it helps to foster an external focus which is critical to the development of networks.

Changes in the nature of social interactions resulting from engaging with the QIC Program:

The key informants and the QMS surveys provided data about how engaging with the QIC Program changes the nature of social interactions within the organisations. This becomes evident in the way that people work together, view their role and responsibility for service development and pursue common goals. The continuum below depicts these changes in the social interactions.

Figure 12 Changes in Social Interactions



The key informants described the participatory nature of the QIC Program which often provides a focal point for discussions between staff as well as a mechanism to encourage staff to work together. These reflections are reflected in the interview excerpts below.

There needs to be a designated person for the QIC Program, and everybody knows who it is but it's a shared responsibility.
(Sally)

And accreditation processes are a formal way of services accepting that responsibility.
(Shirley)

Some people say it's like a team-building thing and it gets people working together.
(Ruth)

It's a reality check when a group of clinicians sitting in a room together ... hear the perspectives of other service providers from other sorts of organisations and consumers
(Shirley)

The *emic* perspective (gathered from the QMS surveys) further reflects the extent of these changes. For example, the organisations remarked on the changes in the teamwork dynamics.

Staff recognised personal responsibility for the service and increased their involvement in service development and quality improvement.

The review cycle process improved the communication among the staff members.

The review cycle process improved the organisation's teamwork.
(Excerpts from QMS survey results)

The participatory nature of the QIC Program has the potential to profoundly impact on the social interactions within organisations. This is

significant because it is at the level of these social interactions that culture is produced and re-produced (Schein, 2004).

Embedding Continuous Quality Improvement through the QIC Program:

Common to both the *emic* and *etic* perspective are observations about the way that engaging with the QIC Program enables organisations to make improvements and develop a quality improvement culture. A goal of the QIC Program is to assist organisations to develop a supportive environment for quality improvement and embed this through the development of formal (e.g. policy and procedure) and informal mechanisms (promoting innovation and creativity). This process does not occur through particular stages, rather it occurs in a cyclical process often referred to as the plan, do, check act cycle.

The key informants described the way organisations reflect on their commitment to quality improvement and the processes to support this.

It's good to compare themselves to what is considered good practice... they're the ones that really have a commitment to quality.

(Ruth)

... in terms of contributing to a quality of culture improvement within the organisation I think it [the QIC Program] does this.

(John)

I think the moves to helping people understand that what they should be considering is outcome rather than process, have been good and right developments. I think that's the principle thing that engages people.

(Shirley)

The QMS surveys indicate that organisations agree that the QIC Program assists them to embed a culture supportive of quality improvement as evidenced by the survey excerpts below.

It [QIC Program] stimulated activity and provided positive change towards service development and quality improvement.

The review cycle process increased our ability and confidence in developing quality service plans.

(Excerpts from QMS survey results)

The stories of organisational involvement with the QIC Program as told by the key informants reveal the ways in which the self-assessment process is a potent vehicle for critical reflection. This is particularly evident in relation to the values-base of the Standards which causes reflection on the values and beliefs within organisations about client, staff and organisational practices. As a result of the insights gained from the key informants I am better prepared to enter the field as I have gained greater clarity about the impact of the QIC Program in terms of workload, social interactions and quality improvement initiatives.

Stories of organisational involvement in community participation

The key informants were asked to consider what (if any) impact participating in the QIC Program has on the community participation efforts of organisations. This was asked in various ways and the concept of ‘community participation’ unpacked by asking the key informants what they thought constitutes community participation. During the data analysis process, these elements of community participation were coded as a set of activities which consisted of:

- active involvement of consumers;
- being engaged with the service;
- informal activities;
- involvement in decision-making processes;
- the opportunity to influence; and
- a partnership.

These elements of community participation reflect both processes and outcomes of community participation and are consistent with the definition of community participation used within this study: *“the ways that those who may be affected by policies and services are involved in the planning*

and development of these policies and services.” These elements are variously described by the key informants in the excerpts below.

The idea of developing ... and maintaining good strong networks and relationships
(Sally)

It is often recommended that the community is more actively involved To think about how they can, ... be more involved in or programming or how they can be more actively involved in the strategic planning process...
(Ruth)

Because for me participation bespeaks an opportunity to influence and be engaged and involved in decision-making processes perhaps not deciding but certainly being engaged at that level of influence rather than be engaged at a level of inputting information
(Shirley)

All of the key informants commented on the way that the values-base of the QIC Standards and Review Program was commensurate with, and in some cases provides a platform for, the practice of community participation. The values considered important by the key informants included: commitment; equality; holistic approach; openness to diversity; shared understandings; trust; respect; and an underlying philosophy within the service. These observations are consistent with the previous research about enablers of community participation (Gregory, 2006; Johnson & Silburn, 2000). These values are reflected in the excerpts below.

But for the organisation where it's done best there is a real commitment to having a relationship with their consumers.
(Sandra)

They have an openness to difference and diversity and change so it works well in places that have the flexibility to change as and when needed.
(Shirley)

An openness, a respect, a clarity about who does what. A willingness to challenge.
(Sally)

This example below provided by one of the key informants brings together the different facets of community participation.

It's a drug and alcohol prevention organisation and ... everything that they do involves community ... the steering committees for their projects always include young people and will always include relevant community members and program implementation involves young people.... Because if the grownups are doing it, not many kids turn up whereas ... if there are kids behind a stall at an expo ..., the stall is mobbed by young people.

(Ruth)

The key informants identified factors that created an impetus for community participation. The extent to which an organisation is aware of, and influenced by, community expectations contributes to this imperative. For example, a participant explained: *"I think particularly the pride in the organisation is ... a very externally focused thing. ... where they've achieved QIC accreditation they see that as a mark of quality for the community to see"* (Julie). Another pointed to the role of leadership: *"Having that genuine community involvement really does take leadership from the top. It's an attitudinal thing"* (Ruth). The factors identified are consistent with the findings of Johnson and Silburn (2000) who concluded that the organisation's underlying philosophy (particularly a commitment to community health principles) and leadership are integral to fostering community participation.

Other organisational factors identified that enabled community participation were those that build organisational capacity. Some key informants referred to examples of organisations that had a funded position to facilitate community participation, such as a consumer advocate. The size and structure of organisations was also noted as an important determining factor. Smaller, non-government organisations were considered to be better positioned than larger ones. For example, *"so it [community participation] works well in places that have the flexibility to change as and when needed and bureaucracies are enormously slow ((laugh)) at being able to do that."* (Shirley). The need to build the capacity of staff and the community to participate was expressed by Bonnie as: *"... the culture of the organisation has to expect meaningful consumer and community participation which means that consumer and community representatives have to have adequate training to actually represent consumer and community views and not just be*

tokenistic". Coupled with training and support was the need to provide the physical resources necessary for community participation as explained by this participant: *"They don't have to be paid for their time but they certainly need to get their needs met in terms of travel and accommodation and in terms of providing photocopying and keeping ... a consumer space with a computer so they can come and write up minutes"* (Bonnie). Other research has also found that these kind of organisational factors are integral to the implementation of community participation (Gregory, 2006; Johnson & Silburn, 2000).

Challenges involved in the practice of community participation were also identified by the key informants. In general the process of community participation was viewed as a difficult task, mostly because of the need to demonstrate meaningful participation, for example: *"I think it's very difficult for any type of service to get meaningful community participation"* (John). The key informants referred to the difficulty of putting policy into practice, for example: *"The places I've seen it [community participation] done well are the places that have developed sense of understanding of consumer participation at a policy ... level and then to struggle with ... how you implement that at the coal face"* (Shirley). The key informants also referred to the need to view consumers holistically and as valuable, for example: *"I think the ones where it [community participation] works best are the ones where the organisation sees the client as a whole person, not just in terms of their sickness"* (Sandra). These ideas are reflected Draper and Hill's (2009) critique of community participation which found that an overreliance on democratic or consumer-led approaches tend to fail because they do not acknowledge the need for capacity building at an organisational and community level.

These stories have pointed to barriers and enablers for community participation within organisations and these findings are reflected in the community participation literature. Importantly, these stories have provided information about the various ways community participation can be interpreted and enacted. As a result, while conducting participant observation

I will be sensitive to both the organisational factors that support and constrain community participation efforts.

Stories of organisational social capital

The key informants were asked for their ideas about social capital and whether they had seen any evidence of this in the organisations that they had reviewed. Not all of the key informants were familiar with the concept of social capital and required some prompting to link what they had seen within organisations to the social capital framework. In analysing the data, I examined their responses for evidence of Nahapiet and Ghoshal's (1998) organisational social capital framework and focused on the structural, relational and cognitive dimensions in particular.

The structural dimension refers to the networks and patterns of connections between individuals (Nahapiet & Ghoshal, 1998). The key informants identified the influence of the size of organisations in determining the nature of the patterns of relationships. For example, Shirley had observed *“a tension in public bureaucracy with the notion of social capital; not because it's an antithetical value system but because... in resourced strapped environments we like to think that it's someone else's business to do”*.

The key informants also commented on the nature of the social interactions which can be understood as the relational dimension of social capital. For example, Ruth suggested that there *“maybe more sort of acknowledging and respectful of what other people in the team do”*. The cognitive dimension refers to the shared understandings, shared interpretations and systems of meaning (Nahapiet & Ghoshal, 1998). For example, Sandra described how this is sometimes observable in the shared philosophy of an organisation *“I think it's an underlying philosophy that influences their way of working.”*

The interviews with Sally and Phillip provide examples of the prompting and probing interview process that elicited their observations relevant to social capital. Excerpts from their interview transcripts appear

below, together with coding according to the structural, relational and cognitive dimensions of organisational social capital proposed by Nahapiet and Ghoshal (1998).

When you go into a service that doesn't have lots of political issues within the service, everyone seems to get along, ... I guess there's a calmness, sort of a happiness within the service. [relational]

...where ...people seem to be more committed to the organisational goals [relational] and seem to work in collaboration a lot more... [structural]

small non- government organisations appear like ... they don't have much funding, they don't have enough staff, the conditions are usually pretty poor but the people in these organisations seem really committed to the values of the organisation. [relational]

They usually tend to get along better with their colleagues. [relational]

They tend to work better in collaboration with each other and with outside organisations to reach whatever the goals are for that organisation. [structural]

Whereas a lot of the government services that I've looked at both in QMS and in my own work here ... the conditions tend to be better but... staff tend to be more fractured, [structural]

(Phillip)

During this exchange the key informant drew on his experience of organisations and described them in relation to the social capital framework. While not expressing these ideas in the 'language' of social capital (trust, reciprocity, networks, shared values and beliefs, social norms), the contrasting examples of the organisations present clear images of social capital. Phillip described the collaboration both within and external to the organisation, as well as the sense of harmony and the proximity of the relationships between people as a determining factor in the nature of social capital.

The excerpts below from the interview with Sally also include observations of organisations that could be viewed through the social capital framework of Nahapiet and Ghoshal (1998).

When I think of social capital, I think of the invisible bits of glue that links people together. [cognitive]

It [social capital] presents itself numerous ways... both formally and informally. By the way that the person answers the phone, for example, your first initial contact... by the way people talk, the shared understandings that people have about their values and priorities. And the people are there... for the same reasons. [cognitive]

And their behaviour goes both internal and external... they perhaps go to regional forums... [structural]

It's kind of about their loyalty and pride within the organisation that they work for as well [relational]

(Sally)

When Sally reflected on what the ‘invisible bits of glue’ were and how they were evident in the organisations, she identified signs of shared understandings, of networks and shared norms all of which are significant indicators of social capital. Sally also described the ways that these signs were observable within an organisation’s practices.

Exploring the concept of social capital with the key informants was very enlightening. Their responses were consistent with previous research about social capital that suggests it is widely known about but not well understood (Productivity Commission, 2003). These findings confirmed the appropriateness of an exploratory approach whereby social capital theory is used as an analytical lens rather than data collection tool. The feedback from the key informants also confirmed the relevance to this context of the social capital framework proposed by Nahapiet and Ghoshal (1998).

Chapter Summary

This chapter has presented data and findings from strategies of inquiry conducted prior to the participant observation stage of data collection. These strategies included a document analysis and interviews with key informants. The document analysis revealed information about QMS and the QIC Program that is consistent with the discussion about the research setting. For example, the emphasis placed on continuous quality improvement, the need to reduce duplication of quality processes and respond to the diversity of

organisations. These documents referred to the onerous task of preparing for accreditation and provided examples of the efforts of QMS to assist organisations by acknowledging their work and publishing stories of inspiration and encouragement.

The findings presented in this chapter have served two purposes. The first purpose was to test the assumptions underlying the logic of the research design. The interviews with the key informants have been reported here in the form of four stories that confirm the logic of the research design:

- the stories of key informants' involvement with the QIC Program;
- the stories of organisational involvement with the QIC Program;
- the stories of community participation; and
- the social capital stories.

The stories of the key informants' involvement spoke of the prominence of the values-base of the QIC Standards. The observations of the key informants confirmed that the process of self-assessment as part of the QIC Program impacts on organisations in several ways. These findings were supported by the results of QMS evaluation surveys that were received from organisations engaged in the QIC Program over a twelve month period. The key informants shared their ideas about community participation gained from their reviewer perspective. Many of these ideas were consistent with the key themes identified in the literature review. The key informants were not very familiar with the concept of organisational social capital, however, some were able to describe the key features based on their observations of organisations. These findings demonstrated the applicability of Nahapiet and Ghoshal's (1998) framework to community-based health care organisations. They also further highlighted the under-researched nature of organisational social capital within this research setting.

The second purpose has been to prepare me for the participant observation stage of the research. The document analysis revealed the argot used in relation to quality improvement activities. The findings from the

interviews with key informants served to clarify and confirm some of my ideas about what happens when organisations engage with a quality improvement program. Furthermore, the findings provided examples of the ways the concepts of community participation and organisational social capital are operationalised within the research setting. Thus, these findings have provided important clues about key activities to focus on during the course of the participant observation. The findings from the participant observation stage are presented in the following chapter.

Chapter 8: Cultural Webs

Introduction

This chapter presents findings derived from analysis of data collected during the participant observation stage of this study. The previous chapter provided an overview of the findings gathered from strategies of inquiry performed prior to entering the field. These findings served to both test the proposed research logic, and to prepare me as the researcher for entering the field. This chapter provides detailed analyses of the observations recorded at each of the three participating organisations. These analyses have been organised according to a particular framework that depicts aspects of organisational culture as interconnected elements with a central paradigm. Known as the Cultural Web (Johnson, 1992), this framework has provided a useful analytical tool that provides a framework for coding the data and also represents the data diagrammatically. An overview of the three participating organisations is provided in Chapter 4, which describes the research setting.

In this chapter, each organisation is described in turn, with reference to the elements of the Cultural Web (Johnson, 1992). As explained in Chapter 5, the Cultural Web (Johnson, 1992) facilitates an examination of the internal integration of culture within organisations. Schein (2004) suggests the main issues relevant to the relationships within organisations are: the development of a common language; group boundaries for inclusion or exclusion; distributing power and status; developing norms of friendship; rewards and punishments; and myths, stories and legends. The Cultural Web (Johnson, 1992) framework enables an exploration of these issues and is also consistent with culture-embedding mechanisms, that Schein (2004) proposes as ways leaders can embed and transmit culture. Thus, while the Cultural Web (Johnson, 1992) emanates from the field of management, its emphasis is on the role of symbolic action and, therefore moves away from the traditional rationalist and positivist approaches to organisational culture towards a more exploratory approach (Johnson, 1990). In these ways, the Cultural Web

(Johnson, 1992) is applicable to this study's view of culture as a metaphor and its interpretive social science approach.

Application of the Cultural Web

Within this study, organisations are considered as social communities, or as Meek (1988:465) suggests, "a structured association of individuals". This has significant implications for determining the unit of analysis. The meanings, symbols, values, beliefs are created, socially reproduced and enacted by the individuals within the organisation. Meek (1988:467) explains, however, that "organizations cannot be reduced to the individual, for to do so misinterprets the significance, and the power of organization". Hence, while the field notes recorded the observations of individuals, they have been analysed at the level of the organisation. Further, in relation to understanding organisational culture, Meek (1988:465) suggests "the task ... is not to observe culture or structure, but to observe the concrete behaviour of the individual actors. Culture and social structure are not concrete entities, rather they are abstract concepts that are used to interpret behaviour". Thus, what follows is an interpretation of organisational culture based on observations of the behaviour of the individuals within the organisations.

The data gathered from the participant observation process were entered into QSR NVivo 8 (2008) as separate sources for each organisation and each visit. These data were initially coded as free nodes based on the recurring themes and patterns of interactions that were observed. The free nodes were then examined for their relevance to the six constituent elements of the Cultural Web (Johnson, 1992) which were developed as tree nodes. It is important to note that not all of the codes were mutually exclusive, that is, some data were coded more than once. This reflects the interrelatedness of the elements of the Cultural Web (Johnson, 1992). It is predominantly the data coded with respect to the tree nodes that is presented in the next section. A brief description of these tree nodes is provided below.

Stories (and myths) about important events and people serve to reinforce assumptions commonly held within an organisation. It is evident from the stories gathered during the observation process that they perform the function as described by Johnson and Scholes (1999:76) to “distil the essence of an organisation’s past, legitimise types of behaviour and are devices for telling people what is important in the organisation”. In a similar way, the **symbolic aspects** of organisations reflect the nature of the organisation and people’s role within it (Johnson, 1990). The symbolic features are important to the sense-making process of those within the organisation, as they assist with the process of developing shared beliefs and understandings (Pfeffer, 1981). Many elements within the other parts of the web also have symbolic significance.

Routines and rituals “are about ensuring that everyone ‘knows their place’” (Johnson & Scholes, 1999:76). Hence, the importance of a process through which routines and rituals are learned and reinforced. The rituals are key signifiers of what is important in an organisation. The coding process identified eight routines and rituals across the three organisations. These were then grouped into different kinds of activities: activities staff do together (food, smoking, and work together); activities that characterise their work with clients (individualised care and protectors); and those activities that signify how staff feel about organisational life (humour, pride, and mutual respect).

According to Johnson and Scholes (1999), **control systems** are the processes by which the organisation seeks to influence behaviour such as measurement, reward and control systems. Across the three organisations I identified three main mechanisms of control – education and training; policy and procedures; and monitoring. **Power Structures** are not necessarily vested in the official position, that is within the hierarchy of an organisation, however **organisational structures** are likely to reflect and preserve power structures (Johnson, 2000). The power structures are those that have the most influence on decisions, operations and strategic direction.

The central **paradigm** is the taken-for-granted assumptions that are linked to the political, symbolic and structural aspects of an organisation (Johnson & Scholes, 1999). Johnson (1990:185) explains the important function of the paradigm as “an organizational view of the world which helps interpret the changes the organization and the individual within it meet”. Johnson (1990) adopts Sathe’s (1985:6) description of a paradigm as the “set of assumptions (often unstated) that members of a community share in common and which govern communications, justifications and behaviour”. The paradigm for each of the participating organisations has been derived by examining the constituent elements of the web for the core assumptions that underpin them.

Cultural Webs of Three Organisations

This section presents the analyses of the observations recorded within the three participating organisations in relation to the Cultural Web. Each organisation is presented in turn, commencing with a brief description and diagram of the field. The elements of the cultural web as described above are discussed and illustrated with excerpts from field notes. This analysis is presented in the following order:

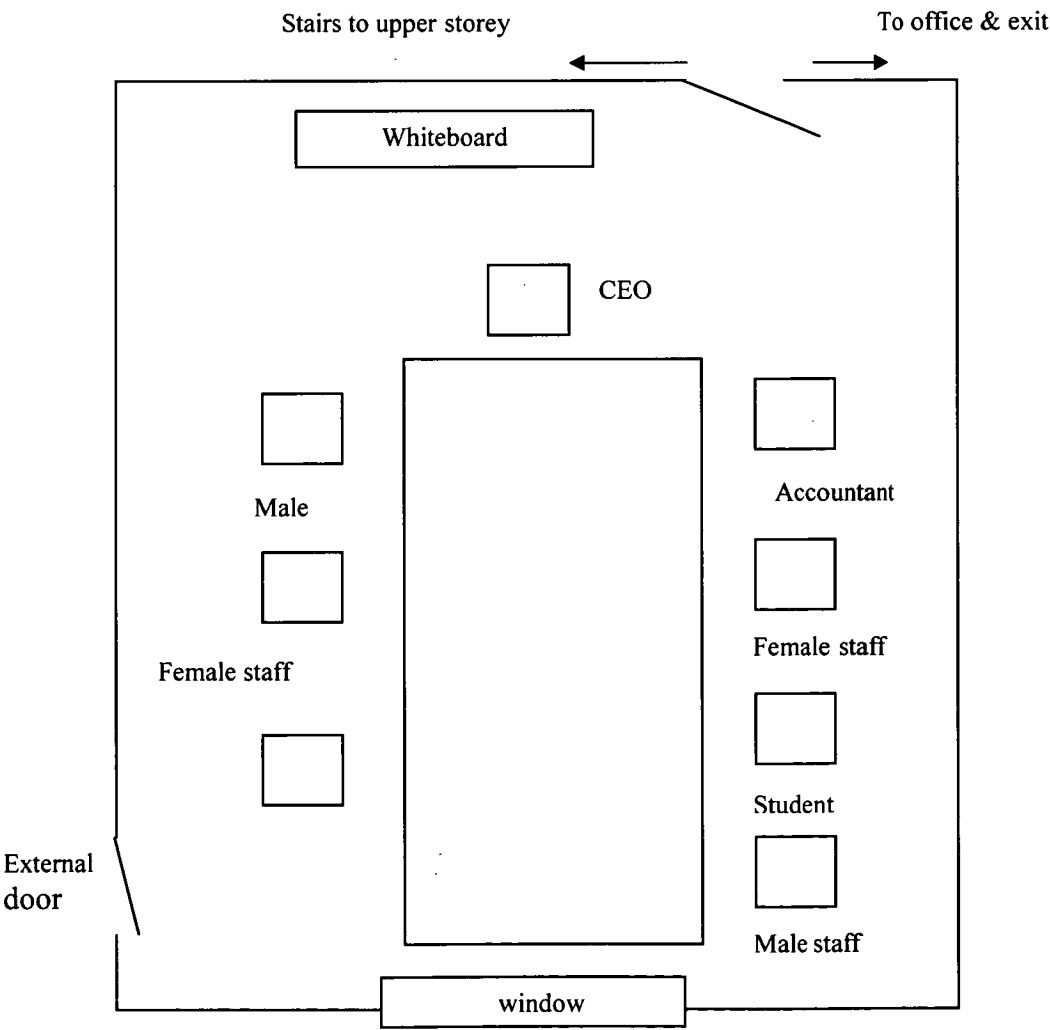
- Description of the space (field) where the observations occurred;
- Stories (villains, heroes, challenges of work);
- Rituals and routines (activities staff do together, emotional norms, client work);
- Symbols (clothing, images, language);
- Organisational structure (hierarchy, management committee);
- Control systems (education and training, monitoring, policy and procedure);
- Power structures (leadership, inter-organisational pecking order); and
- Organisational paradigm.

Kidsville

The observations at Kidsville occurred mainly in the meeting room on the ground floor of the two-storey house. The room is accessible via an

internal door at the bottom of a set of stairs leading to the top-storey and at the end of a hallway leading to an office and an external door. The meeting room is also accessible by an external door at the side of the house. At the first meeting, I entered the room via the internal door as I was unaware the external door existed because it is not visible from the front of the house. Subsequent to this, I accessed the room using the external door. The room is devoid of any decorations. The room contained a large grey table, chairs, and a whiteboard. Most of the male staff positioned themselves close to the front of the room, while the female staff sat in the middle. The student on placement and a male staff member, who usually declined to actively participate in discussions, sat towards the back of the room. Staff tended to sit in the same places each week. The layout of the room is depicted in Figure 13.

Figure 13 Kidsville’s Meeting Room



Stories from Kidsville:

There are very few instances of stories recorded in the field notes from Kidsville, as the discussions remained formal and focussed for the most part. There are only three occasions that I can identify when story-telling took place. The first occasion occurred during my first visit to the organisation and is **a story about organisational change**. At the commencement of the meeting, the CEO spent quite a bit of time explaining the recent restructure and the significant changes that had occurred at the governance level. He seemed particularly keen to ensure that I understood their organisational history and the implications of the changes. One of the key messages that I gleaned from this story was that the QIC process created some difficulties for the organisation. Some of their practices and policies are not yet bedded-down, but to document current practice would be inaccurate in this stage of transition. The CEO seemed to want to ensure that I was aware the organisation has changed and not to misjudge them. Over the course of the field visits it became evident that the way in which people form judgements is very important to the CEO.

The second story told by the organisation portrayed the Department of Health and Human Services (DHHS) as the 'villain' and the CEO as the 'hero'. The story goes that when the organisation first moved to this location, DHHS requested that they build a six foot fence and electric gates at the front of the property. The CEO is reputed to have replied by asking them (DHHS representatives) if they wanted gun turrets and spot lights too. The underlying messages in this story were on overriding concern of being undistinguishable and non-institutional in order to be accessible to clients and the hero status of the CEO for defending this core belief.

The **third story relates to the challenge of providing care to particularly complex clients**. While not disclosing the details of the case, staff eluded to a situation which required them to be especially flexible in the provision of services to a very troubled young man. This occurred in response to a crisis situation in which this young man had no other accommodation

available and it was an interim measure only. The messages in **this** story relate to the core value that youth work is challenging and also the **desirable** staff attributes to be flexible and responsive to individual needs. **These** three stories signify the importance of the CEO both as a 'hero' within the **organisation** and in creating the image of the organisation as **progressive**, **responsive** to and protective of its clients.

Kidsville Rituals & Routines:

a) Activities staff do together:

A key point of difference between this and the other two **participating** organisations is **the role of food**. While the meeting procedures **are** informal, the predominant mood is business-like and task focused. There is never any food at any of the meetings I attended. One or two staff members occasionally brought with them a hot drink or bottle of water.

At Kidsville, not all **staff smoke**, and the CEO and accountant are among the non-smokers which is significant because of their influence. Despite this, the meetings are punctuated by breaks to allow those that do smoke to have this opportunity. It seems to be an accepted and **sanctioned** part of the workplace. Some tensions, however, became evident during a meeting when the impact of staff smoking on the behaviour of the young people at the shelter was questioned as evident in the excerpt from the field notes below.

Then the discussion leader leapt into a discussion about smoking in response to the [QIC] evidence questions about their efforts to maintain the health and wellbeing of their client group. The discussion leader said 'well I don't think we do address the determinants of well being - we encourage the residents to smoke'

'No we don't' 'How do we?' were the replies from two of the staff members who smoked.

'We give them [the clients] a lighter, we go out or they [the clients] go out with you to smoke or they [the clients] ask you to come out with them' explained the discussion leader.

'But we have all the QUIT literature around' said one of the smokers defensively, arms folded, leaning back in his chair.

'Yeah but you cover up the poster picture' rebutted the discussion leader.

'Yeah but it's a horrible picture. I leave the bit about contacting the QUIT line visible.' was the response from one of the smokers (laughing).

(excerpt from 7th visit)

Even though this discussion was good humoured there was some tension about the role and place of smoking in the organisation. This exchange occurred when the CEO and the accountant were unavailable to attend the meeting and I am unsure whether it would have occurred in their presence. This discussion focused on the smokers defending their right as individuals to smoke and implicit denial of their position as a role model for the young people at the shelter. The discussion leader tried to make explicit the influence of staff in the decision of the young people to smoke. This resulted in the attribution of blame to staff and also to the young people themselves for smoking.

How **staff work together** at Kidsville could be described as productive, supportive and cooperative. This is exemplified in the excerpt below from the field notes that describes the conclusion of one of the meetings.

They thanked each other for their contributions today but this was done in a rather tongue in cheek manner. Today they managed the discussion without the whiteboard. It seemed like they just wanted to get the job done.
(excerpt from 8th visit)

Staff discussed their access to appropriate professional supervision and the ways that they assist each other with professional development and support. This is further evidence of the convivial nature of the working relationships that predominated as illustrated in the following excerpt from the field notes below.

'Supervision - everyone has access to it' stated a staff member.
'Team members also supervise and support each other' agreed another staff member.
'We even make time to hand over to evening staff' reinforced another staff member.
Someone else commented 'mentoring occurs all the time'.
There was a lot of nodding in agreement with the comment: 'we all help and do this with each other'.
(excerpt from 6th visit)

b) Emotional norms:

Humour featured in many of the discussions at Kidsville. The topics that they found humorous sometimes related to staff and their life outside of work. For example, during the first visit reference was made to a staff member on leave and attending a yoga/meditation retreat.

One staff member was distributing the mail to the relevant people. She made a joke about changing the name of one staff member to the Dalai Lama. Everybody laughed. The staff member she was referring to was away at a yoga/meditation retreat. Another staff member commented on how difficult it would be for the staff member not to speak while at the retreat. This resulted in more laughter.

(excerpt from 1st visit)

The excerpt from the field notes below demonstrates how staff could see the 'funny side' in their attempts to grapple with the tasks associated with the self-assessment process. Within the excerpt there is also evidence of organisational learning.

They then moved on to the second evidence question and began to analyse it from the systems perspective. There was some laughter about their first attempt at addressing this standard. This was a standard that they had addressed when they first commenced this process to get some feedback from QMS. There was a lot of focus on 'what did we get wrong last time' 'we didn't get the stop, think, act, do bit right'. Again there was a lot of laughter as the staff member realised that she should have said 'plan, do, check, act.' 'There wasn't much of a narrative as was expected' added another staff member.

'Even though it was quite lengthy, I think we were on the wrong track' explained another staff member.

'Yes, I think we focused on plan, do, check, act, instead of systems' concluded another staff member.

(excerpt from 6th visit)

It is evident from both the tone and topics of conversation at Kidsville that there is a great deal of **mutual respect** between staff members. The CEO plays an important role in setting the tone and example for this type of behaviour. The CEO edifies his staff in a positive way. Staff contributions to discussion are rewarded with praise. This is illustrated in the excerpt from the field notes below.

What was very interesting was the way in which the CEO edified the staff. 'We have the best staff here' he told me. 'The staff with the best brains around the table' he added. 'Staff here have 2 or more diplomas or a degree. This service attracts the best staff' he qualified. He made a point of stating one of the staff members has a law degree so 'knows the legal side of things'. He seemed to want to signify both the status of the staff and the organisation. He doesn't call the staff 'my staff', he refers to them as 'the people I work with'. Staff seemed accustomed to him speaking about them this way because they didn't seem to mind this public form of praise and never interjected to downplay their importance.

(excerpt from 1st visit)

There is evidence that collectively staff take **pride in their work**. The CEO indicates how proud he is of staff and their work through the praise that he bestows and the manner in which he talks about them. In some ways, this sense of pride also leads staff to be defensive about any criticism and feedback that they might receive about their services from others. The excerpt from the field notes below is evidence of the pride in themselves and their service.

They then moved back to talking about the standards. They were discussing the evidence questions about removing barriers to accessing the service. There was a certain amount of pride evident when compared to other services because they think that they are more accessible because of their 24 hours access. They also prided themselves on providing a higher quality service because of the interlinked components.

(excerpt from 8th visit)

c) Client work:

There are several references to the way in which staff endeavour to take an **individualised approach to client care**. In doing so, they emphasise their ability to be flexible, responsive and respectful towards clients. From this, it became clear that these are desirable attributes of staff. The excerpts from the field notes below are examples of how the organisation strives to focus on the needs of individual clients.

They discussed how their individualised approach is engendered at the level of their philosophy and operationalised through their objectives via governmental and operational policies. Their inclusive and flexible approach is evidenced in the individualised case management plans. They also have a 'clean slate' whereby any previous debts, bad behaviour and sanctions do not apply if clients return to the shelter.

(excerpt from 2nd visit)

The staff explained the post case management analysis focuses on 'how could we have met their needs better?'

(excerpt from 5th visit)

CEO described Maslow's hierarchy of need and the way that it is used by their organisation as a framework to describe the importance of meeting needs - people's safety and protection is foremost in this.

(excerpt from 2nd visit)

The final excerpt from the field notes above signifies the view of staff that they are addressing fundamental and basic needs of their clients. This excerpt from the field notes also provides evidence of a prominent feature of client work which is their **role as a protector**. This is perhaps a reflection of the perceived vulnerability of the clients. Their role as a protector extends to protecting the clients from the boarder community, as well as other service providers including those who could also be considered to be acting in the client's best interest (such as the police in the excerpt from the field notes below). This indicates that staff perceive the need to protect their clients, even from those whose intentions are 'good'.

They then discussed circumstances when it is more difficult to maintain client confidentiality. For example when the police make enquiries about who is staying at the shelter. They wondered whether this breached confidentiality or not. A staff member explained 'It is difficult when police call around on fishing expeditions asking who's here or sometimes for specific people.' 'Are clients aware that we may have to answer police enquiries?' asked another staff member.

(excerpt from 4th visit)

The eight routines and rituals discussed above describe the nature and patterns of interaction among staff. These routines and rituals also revealed the dominant feelings of staff towards each other and their work (humour, pride, mutual respect). They also signify how staff characterise their work

with clients as providing individualised care and guarding against their vulnerabilities.

Symbols at Kidsville:

The **clothing** worn by staff at Kidsville is reflective of the organisation's purpose, that is, to provide crisis accommodation for young people. Therefore, there are no uniforms or clothing with distinguishing insignia. The youth workers dress in casual clothes that are unlikely to be intimidating to clients. The accountant and CEO dressed more formally than other staff, thus symbolising their positions of control and power.

Like the other two participating organisations, the Kidsville house has **no identifying features**. There is no signage on the building or gates. This reflects the organisation's desire to provide safe accommodation that is non-institutional and indistinguishable from other houses in the neighbourhood.

Staff within the organisation are aware of **the impact of names and classifications** in relation to stereotypes and, in turn, access to the services. This concern extends to both the name of the components of the organisation as well as the positions within the service. This is evident in the example from the field notes below.

One of the staff members mentioned some discussions about wanting to change the name of workers to residential case manager, however, there was a concern that this might sound disability focused.

(excerpt from 8th visit)

Staff want to ensure the labels given have positive connotations and are not associated with negative images of youth or youth workers. In particular, they want to avoid nomenclature that denotes a shelter or homelessness because of the stigma associated with these terms. This is explained by the CEO and staff in the excerpt from the field notes below.

'About stigma, shelter is the lowest form of homelessness' explained a staff member.
'It is a master status given to stigma by peers' added the CEO in an attempt to theorise how the stigma arises and is attributed.
'We've done what we can do in relation to stigma' suggested a staff member.
'In a libertarian government with a strong focus on individualism and self-reliance, and minimal government intervention, stigma about shelters is inevitable' explained the CEO.
(excerpt from 9th visit)

A related issue is **the images** that are often associated with a shelter. Staff are aware that many of these images are negative and that these can be a barrier to accessing the services. The negative images described by staff include the belief that people in the shelter steal other people's belongings - which is of major significance given that these people have so few personal possessions. Staff suggested that when people are in a crisis, however, the negative images and stigma have less impact. Other negative images described by staff revolved around the stereotypes of homeless people and the associated images. They explained terms such as 'vagabond', 'hobo', 'waif', 'shrapnel' and 'urban camper' are commonly used to describe homeless people in a derogatory manner. These terms were never used by staff in my presence while I was at the organisation. The underlying philosophy and practice of social role valorisation is often referred to, particularly by the CEO, as a means of addressing the socially ascribed attributes of homeless young people. Staff understand that the stigma surrounding homelessness includes the broader social and political context. The approach to dealing with stigma and negative images is outlined in the excerpts below.

Then the staff finally moved on to discussing 'stigma' and the ways they try to mitigate the impact and level of stigma experienced.
They discussed how they address the concept of stigma through social role valorisation at a local level.
The CEO suggested that when concerned about stigma, the clients are responding to the status socially attributed to the word homeless.
A staff member added, 'We also have rules which try to address some of the myths about bad behaviour in the shelter'.
(excerpt from 9th visit)

*'They judge that they are being judged' suggested the CEO.
They were discussing the connotations of the word 'shelter' suggesting that the
name has a reputation.*
(excerpt from 9th visit)

*A staff member summarised that 'For those in crisis, stigma means nothing.
Those for whom it does, must have other options.'*
(excerpt from 9th visit)

The four interrelated symbols identified at Kidsville are consistent with the routines and rituals that are present. The symbols reflect the organisation's core business as a youth service and the organisation's attitudes towards working with youth.

Kidsville's organisational structure:

Kidsville operates within a **hierarchical structure**. During my first visit to the organisation, the CEO explained in detail the recent changes that have been made to the governance structure and the management structure of the organisation. The organisation is no longer managed by an auspicing body; it now has its own management committee with governance responsibilities. The CEO and the accountant have important roles in the management structure. They act as a conduit between the management committee and staff. The following excerpt is suggestive of their pivotal roles but is also in stark contrast to other discussions about issues related to direct service provision when the accountant said relatively little.

This QIC Standard focuses on the way services are coordinated. This led to a discussion about the 3 components of the organisation. The accountant had a lot to say and seemed to be able to conceptualise the coordination between the administrative services and the two service delivery arms. There was recognition that the CEO and accountant played pivotal roles as the connection and conduit between the service components.
(excerpt from 5th visit)

Staff view the CEO as more closely aligned with management than themselves is displayed in their disappointment with the lack of rewards from him for their work, as well as their frustration with the work imposed. During the QMS training to prepare organisations for the self-assessment and review

process, participants are encouraged to identify at what stages they will celebrate their achievements in regards to their progress. It appears in this instance that there is a mismatch between how staff perceive their progress and what merits a celebration in the view of the CEO and management. There is no delineation among the remaining staff members in relation to rank. Some staff work across both service components, aiding continuity for clients and communication between staff.

Control systems at Kidsville:

Education and training have been included as part of the control systems at Kidsville because opportunities for education and training are offered on a regular basis and appear to be a key mechanism for controlling and modifying staff behaviour. These opportunities include formal sessions as well as regular in-service education and visits from other services and professionals. This excerpt from the field notes illustrates the importance placed on education and training.

From the comments of staff and the CEO it seems that in-service education is seen as very valuable. For example, the CEO mentioned professional development and described it as 'profession-based and development-based'. The staff commented that they have 6-8 in-service meetings each year. The induction/orientation process provides opportunity for new workers to identify services they don't know very well and provide them with opportunity to work at these places to gain information and experience.

(excerpt from 3rd visit)

I have included **monitoring** as a control system as it is a process that enables the organisation to control processes and modify them according to the results. However, for Kidsville, there is very little evidence that monitoring occurs. This excerpt from the field notes describes my concerns in relation to this observation.

They seem to struggle with the evaluation component. They can't confidently describe how this occurs. They seem to think this is a fluid process and that in their organisation evaluation and monitoring occurs all the time, however, they weren't able to provide concrete evidence of this. Rather than try to address this, they were dismissive. I'm not convinced that they don't get stuck in the 'plan-do-plan-do' cycle.

(excerpt from 3rd visit)

There are very few instances where **policy and procedure** were referred to as a mechanism to govern and control the behaviour of staff and clients at Kidsville. Rather, it seems that policy and procedure sit in the background to support and guide behaviour. By comparison, in the other two organisations, policy and procedure featured in the foreground. Perhaps this is a reflection of the mature stage of development of Kidsville, whereby its policy and procedure documents are well known and embedded into practice.

The control systems identified at Kidsville suggest that staff are able to self-regulate and remain accountable to each other and the clients. This negates the need for formal explicit control mechanisms.

Kidsville's power structures:

It is clearly evident that the **leadership** displayed by the CEO at Kidsville is a significant influence. He is able to provide leadership through his knowledge and experience and also through his presence. He is a large man and commands space and attention. Yet he is also considerate and respectful. There were occasions to observe staff without the presence of the CEO. At the first of these meetings I observed that staff seemed lost as described in the excerpt from the field notes below.

The CEO explained that he would not be present for the meeting today and delegated his usual job of writing on the whiteboard to the staff member who usually scribes at the meetings. This meant she would need to lead the discussion. The job of scribing was voluntarily picked up by one of the other staff members. The staff member delegated to lead the discussion attempted to do so by sitting down in the CEO's usual spot at the head of the table.

The process didn't work. The staff were so accustomed to the CEO writing on the board that they couldn't seem to think critically or discuss the issues without this process. The discussion leader was asked to stand up and write on the white board. There was a lot of joking and laughing about this, particularly how she would need to draw squiggly arrows to imitate the CEO. Without the CEO's strong direction, they seemed a little lost. "I just can't think this through without seeing any writing on the board" stated one staff member.

(excerpt from 4th visit)

During the periods of observation, there were very few mentions of the **management committee** at Kidsville. This may be a reflection of the strong presence of the CEO and the accountant who take the place of management. Or it may be that in the new governance structure there are clear lines of delineation and some distance between the management committee concerned with governance issues and the staff who focus on operational matters.

Consistent with the pride and belief in themselves as 'good' service providers who offer a high quality service, staff at Kidsville considered their organisation to be higher in the **pecking order** of related SAAP funded organisations. The CEO also inferred this when he indicated that in his view his organisation attracted the 'best staff', suggesting that other organisations were did not have such a high calibre of staff. The excerpt below is indicative of the competition between services for kudos.

The staff were discussing the name of their organisations. They discussed whether the name needed to be changed and proposed some alternative names. They said anything would be ok except for M&M. There was lots of laughter. I asked who they were referring to and they said they were their counterparts in a nearby town. This other organisation had recently had some coverage in the local newspaper. They talked about how the other service had lots more resources. There was more than a hint of jealousy and resentment in the tone of discussion.

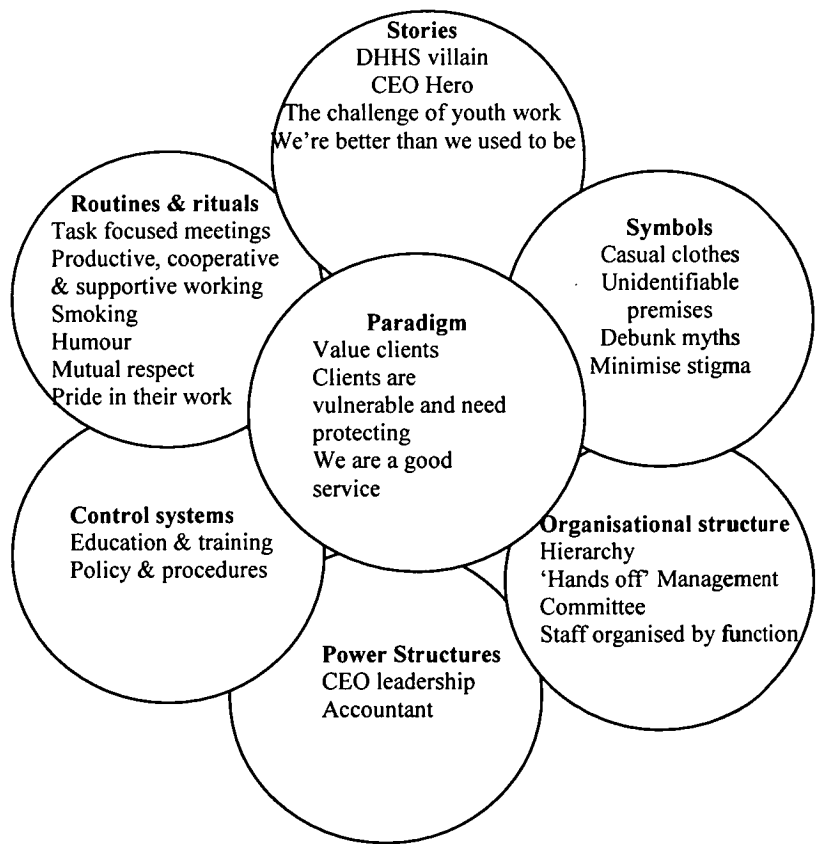
(excerpt from 8th visit)

The CEO displayed strong and unequivocal leadership within the organisation. The faith he displayed in staff and the quality of service they provide conferred a high level of status on both the organisation and staff.

Kidsville’s Paradigm:

The interrelated themes in the elements of the cultural web reveal Kidsville’s paradigm, that is, the taken-for-granted assumptions that shape the organisational view of the world. Those within the organisation value clients and their work with them and, in turn, they seek to restore the clients’ sense of self-worth. At the same time, staff are protective of the client group and seek to guard against their vulnerabilities. In particular, the symbols within the organisation reveal the ways staff seek to protect their clients through reducing stigma, tackling community myths about homeless youth and in their personal presentation. There is a strong shared belief among those within the organisation that they are a ‘good’ service. These beliefs and assumptions are also discernible in the stories and explanations provided by the CEO. This is significant because in this way, the CEO makes explicit the organisational paradigm and his pervasive influence in this regard noticeable especially when he is not present. Figure 14 depicts the cultural web for Kidsville.

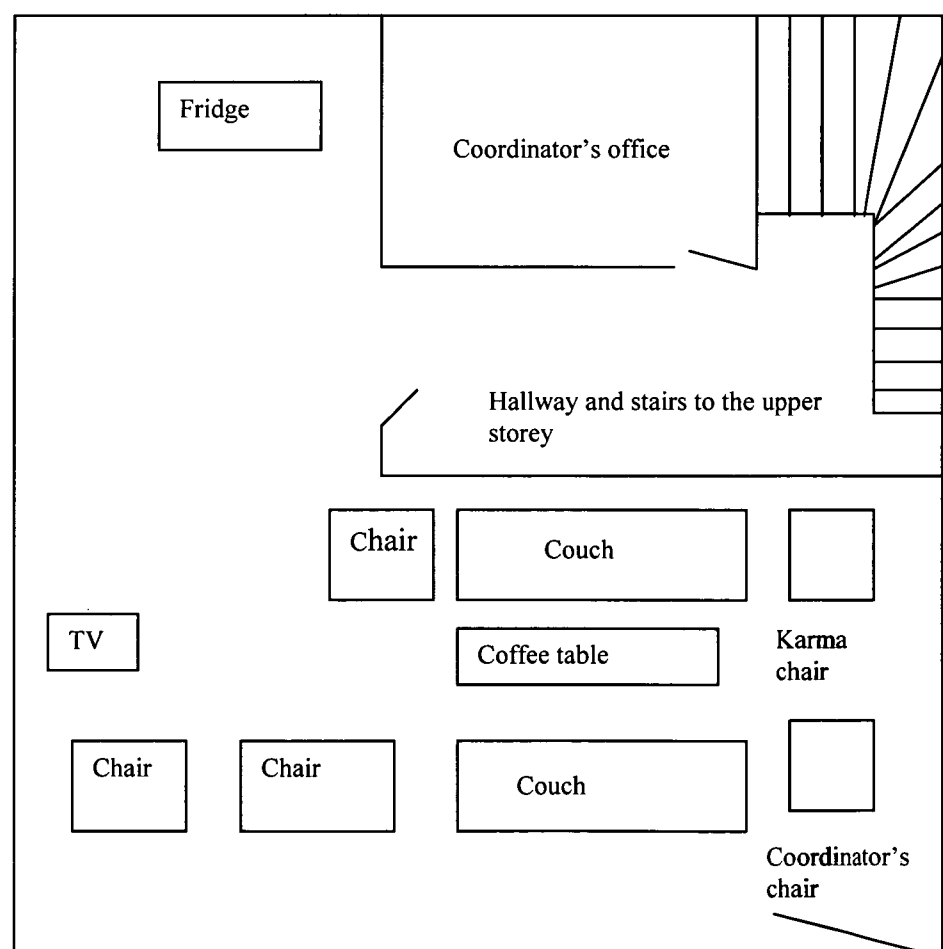
Figure 14 Kidsville's Cultural Web



Southpark

The observations at Southpark mainly occurred in the lower storey of the building. This area is restricted to staff. It is a large room without any windows or natural light. This made it dark and cold, even in the middle of summer. The first visit occurred in summer and when I entered the room staff were huddled together under blankets. The room is generally not very well kept, messy, smelled of stale cigarette smoke and was untidy. A whiteboard is positioned on one of the walls but this was not used during our meetings. The room is accessible by a door at the front of the house beside the main stairs leading to the front door, however, it did not share the same security features as the front door. A short hall way and stair case joins the room to the rest of the house. The room appeared to be furnished mostly with second-hand furniture and staff explained that some items had come from their own homes. Staff tended to sit in the same places each meeting. The room is drawn diagrammatically below.

Figure 15 Southpark’s Meeting Room



Stories from Southpark:

At Southpark, the ‘**hero, or rather heroine**’, is a worker who died suddenly just a few years before this study was conducted. This worker had been with the service for about twelve years and key person dependence had developed from an overreliance on this person to complete the majority of tasks related to the essential functions of the organisation. When she died the remaining staff at the organisation had little knowledge of the tasks that she performed. Consequently the stories about this worker are about how hard she worked and how much she knew, and the injustice of her death. There is also mention of how this worker’s death had made them were aware of the shortcomings in their knowledge and engaging in this process even more so.

The stories at Southpark portray some staff, the management committee and parts of the Department of Health and Human Services (DHHS) as **villains**. The common thread between these villains is that staff perceive that they do not understand or value the clients. The excerpt from the field notes below refers to the management committee in this way.

There was a heated discussion about the management committee being out of touch with reality, not demonstrating an understanding of clients but also not listening to staff who do understand clients and talk to clients.
(excerpt from 6th visit)

The next excerpt from the field notes is illustrative of the tensions that exist between staff and the management committee. Staff consider that they are working very hard and investing their own and the organisation’s time completing the self-assessment. There is a sense that this work and commitment is not appreciated or valued by the management committee because it is not repaid with an investment of resources (equipment).

The staff were upset because the computer had crashed and they lost about 3 weeks work. It had been backed up onto disc but this hadn't worked and they have no back up copy. Most of the work was related to the development of new policy and procedures. Some of this work had been completed in the staff's own time. They had been asking management for a new computer for ages. Now there's a new one coming in about 3 weeks.
(excerpt from 6th visit)

Other services, and in particular parts of DHHS, are sometimes viewed as villains by staff because of the lack of assistance they provide to their clients and the sense that they do not value their clients as shown in the excerpt from the field notes below.

One of the staff members described the way that she felt the service is used by other services as a dumping ground. The implication was that people don't value their clients

(excerpt from 6th visit)

How staff members feel about the contributions made by casual staff are also displayed in the following excerpt from the field notes. These comments were made about the apparent lack of work done by the casual staff while the core staff are struggling to juggle their workload and participate in the self-assessment process.

There was also a discussion about staffing - both the levels of staff as well as the type of staff. In their opinion it seemed that some staff are not helping. A number of casual staff are working at the refuge at the moment but according to a regular staff member they "don't do anything. They clean the office, read the paper may be, write three lines in the day book and then complain they are bored"

(excerpt from 6th visit)

Within the SAAP sector **rumours** about other services abound. In this instance it was rumoured that Southpark's mobile phone policy for clients was too rigid and unfair. The following excerpt from the field notes is an exchange that occurred when representatives from Southpark visited Havenwood.

Southpark talked about working with the local council's youth consultative committee to develop a pamphlet. During this work, the youth raised the issue of use of mobile phones at Southpark. Taking away mobile phones was viewed as a barrier to accessing the service. The policy was changed so that now the requirement is for the ring tone to be switched off and allow text and vibrate mode after evening curfew. The primary concern was the use of mobile phones during the night which may disturb other residents.

(excerpt from 5th visit)

The most prominent story about staff in the organisation trying to ‘do good’ for the clients is the story about the dog ‘Freda’. The dog came to live at the shelter for a short time as it was thought that she would help the clients learn valuable life lessons. The following excerpts from the field notes show that, despite the good intentions, keeping Freda at the shelter was a failed experiment.

She thought that the girls (residents) liked having the dog around. They thought it had been beneficial for the residents to have something to care for. But they also thought the dog might have the added benefit of providing security. For example, the dog would bark if someone is prowling around at night time.

(excerpt from 1st visit)

The conversation then returned to the dog. They have been talking about the development of policy and procedure about the dog - their primary concern is about protecting the dog.

(excerpt from 2nd visit)

I asked about Freda the dog. She's now gone to live with a staff member. As it turned out, Freda was a failed experiment. They had thought it would give the girls some opportunities for nurturing and to take responsibility. But instead the girls were cruel to her. They took the dog out of the refuge and used her as a weapon against each other and people outside the refuge.

(excerpt from 6th visit)

There are four main topics for the stories that are often told at Southpark – heroes, villains, rumours and stories about trying to ‘do good’ for clients. The characters in the stories may change, but these topics remain constant.

Rituals & Routines at Southpark:

a) Activities staff do together:

Food plays a significant role in the meetings held at Southpark. There is always food and lots of it. Three staff members always have chicken, cheese and mayonnaise sandwiches, to which they add additional mayonnaise, kept in the fridge downstairs. There are often cream cakes and chocolate too. Based on the type of food made available, it seems that food is used as a reward and as a comfort.

All staff at Southpark **smoke**. Their meetings are punctuated by breaks to enable those staff to go outside to smoke. More often than not, staff were outside smoking when I arrived for their meetings. For these staff, smoking seemed to be a coping mechanism in response to the (at times) highly stressful work environment created from responding to clients in crisis. It also seemed to be a social activity. The conversations would often continue when staff went outside to smoke. This activity and its impact on me as a researcher are described in the excerpt from the field notes below.

It was time for a break and they reached for their cigarettes and lighters. One staff member stopped, looked at me and said "You should take up smoking" and laughed. I laughed too. I said the thought had crossed my mind.

The worker said that she had given up smoking once but found it really difficult at work, especially at break times. At lunch time she found it difficult to fill in the time. I said I had wondered what difference it would make to these meetings if I did smoke. She said that often more things were talked about during the break but often it was just chatting. I was intrigued to find that my own observations of the smoker/non smoker researcher/staff separation or perhaps differentiation on these grounds had been echoed in the conversation with the worker.

(excerpt from 3rd visit)

Staff work together at Southpark in ways that are **supportive** and this is evident in their interactions, as well as the way in which they conduct their meetings. For example, the excerpts from the field notes below shows how this support is embedded into their meeting structure.

I took note of the agenda for the meetings which was written on the white board. The items included date, time, present, absent, minute taker's name, how are you's?, previous minutes read out, matters arising from previous minutes, previous minutes accepted and passed. The agenda item about 'how are you's' seems to signal that it's ok to say how you are feeling and further that it is a routine part of working here.

(excerpt from fifth visit)

The coordinator was looking flustered, bothered and tired. She asked the group for permission to talk about this. "Can I describe how I'm feeling?" The coordinator explained that she was upset about the papers that have been put in the back of the day book for her to sort out, rather than being put in the appropriate place.

A staff member apologised and said she wasn't sure where else to put them. They all agreed that there really wasn't much paperwork, but it seemed to have upset the coordinator.

(excerpt from 3rd visit)

Sometimes though, this level of support and concern seemed to get in the way of productive work. Staff are preoccupied with the personal lives of staff members and equity of work issues sometimes negatively impacted on their productivity. The high level of support only extends to staff considered as belonging to the organisation. I observed that there were two staff members who were not extended this support. One was a staff member who was in the midst of a dispute with the organisation and the other was a casual staff member. The next two excerpts are about the staff member who was in the midst of a dispute with the organisation.

The coordinator looked very tired. She had recently returned to work from some bereavement leave. The tension about 'the other' worker also seems to be mounting. The 'other worker' hasn't been mentioned by name but her actions have been talked about. The 'other worker' is on some sort of leave as there is a dispute about her work at the shelter. The coordinator mentioned that 'the other' worker has been stalking her at work and at home.

(excerpt from 5th visit)

During this visit there was an interesting reference made to the 'Karma Chair'. This chair was left empty during the meeting (and every other meeting). The chair was regularly sat in by a staff member who caused some problems and was currently on leave from the organisation. No one ever stated what sort of leave this was but the murmurs and innuendos suggested it was related to work performance and some sort of dispute. The other staff chose not to sit there.

(excerpt from 6th visit)

The excerpts from the field notes below relates to my observations of an interaction with a casual staff member that illustrates **exclusionary behaviour**.

I asked the casual worker if she had worked here much before. She said she had been there before but that whenever she comes they don't seem to be very busy. She didn't really seem to know what her role was or what was expected of her.

She did not appear to be happy to be there. She was not smiling and appeared to disengage during the meeting.

She was frustrated when she was not provided with a copy of the draft quality journal to read during the meeting. The other staff member said that she could have a copy if she wanted one but it was 35 pages and she didn't want to waste paper.

The casual worker left the room to photocopy her own copy. The meeting continued in her absence...

During the meeting, the coordinator took the regular staff members out of the room on two occasions to discuss issues. This had not happened before. I wondered what was behind the different treatment of these casual staff members compared to the other staff.

(excerpt from 5th visit)

Staff appear to be used to working together in a fluid informal way that is characteristic of a flat organisational structure. The move from this to a more hierarchical structure with the recent introduction of the coordinator position seems to have created some tension, particularly in relation to the management of staff and increased accountability. This is evident in the excerpt from the field notes below about the proposed introduction of the performance management system.

The process of assessing performance of staff was discussed.

Informal processes included one-to-one with coordinator; in discussions about clients; and planning of staff development sessions.

They acknowledged they needed more formal mechanisms.

There seemed to be some sensitivity around this subject as it seemed to be an area that made staff and the coordinator feel uncomfortable.

They talked about the need to 'manage the process' of transition to a more formal process.

(excerpt from 5th visit)

b) Client work:

Unlike the other two participating organisations, staff at Southpark did not describe their work with clients as being individualised. This is not to say that their approach to clients is not individualised, rather, their focus is more on the vulnerability of their clients. Hence, the discussions about their work with clients focused more on their **role as a protector**. The following excerpt

from the field notes from the first visit is illustrative of this role. In this circumstance, staff discussions about their role in medication management centred on the need to ensure the medications were taken as directed and that they were kept locked away from other clients. In this way, staff are protecting the clients by trying to ensure they have their medications and also protecting other clients by making sure they do not have access to other clients' medications.

They talked about medication management. The coordinator stated: "we won't take client medications from them if they don't want us to, but we could persuade them".

They keep the medications in a locked drawer in the office.

The clients need to come and ask staff for the medications at the required times as directed on the packet.

The staff are not allowed to actually administer or give out the medications so their duty of care is limited.

They also can't make clients take their medications.

The staff spent quite a bit of time discussing the difference between reminding clients to take their medications and asking them to come and get them.

The clients need to self-administer their medications.

(excerpt from 1st visit)

The previous excerpt from the field notes also highlights the tension that exists in relation to the role of staff as a protector but not a legal guardian. In this instance, this distinction means that staff are not able to insist that clients take their medications. They are reliant upon their ability to persuade and convince clients that they should as evident in the excerpt from the field notes below.

One of the staff members described the way that she felt the service is used as a dumping ground. The implication was that other people don't value their clients. These comments also draw attention to the difficulties the service has because they do not have guardianship therefore they are reliant upon others (such as Child, Youth and Family Services, DHHS) to provide this sort of care and make decisions on the client's behalf. For example, if a client leaves the service, the staff are unable to ask the police to bring them back because the clients are there voluntarily. They can only involve the police if there is an 'order' in place "but orders are as scarce as hen's teeth".

(excerpt from 5th visit)

The role of protecting clients includes protecting them from harming themselves and harm from other clients. It is interesting how this role extended to protecting clients from people who would ordinarily be viewed as also having a role in protecting and caring for clients. Of particular note, is the way that staff tried to protect clients from their management committee and the police. Perhaps this is related to these people being in a position of power which evoked the protective behaviour. The following excerpt from the field notes demonstrates the way staff advocate for their clients when they perceive that the management committee is displaying a lack of understanding.

The management committee also want to change the wording of the complaints procedure. Staff are anxious and upset about this suggestion because they have already sought client feedback about the complaints policy. They do not want to devalue the clients' input by making changes without giving clients opportunity for comment. They [the management committee] want to use the word grievance instead of complaint. The staff think that the term grievance has much more serious connotations than complaint. They are also concerned that clients will not understand the meaning of the term grievance. The management committee also want the statement that "you will not be asked to leave the shelter if you make a complaint" removed. The staff found this particularly worrying.
(excerpt from 3rd visit)

Staff are aware that sometimes their clients can find themselves in circumstances whereby they are engaged in illegal activities and/or have knowledge of these activities. The two particular circumstances of concern to staff were illegal drugs and prostitution and the way that their clients occasionally become embroiled in these activities. Staff recognise that some clients find themselves in these situations because they are vulnerable and preyed upon by these criminal elements. The following excerpts from the field notes display an awareness by staff of these issues and also the ways that they try to protect their clients from the legal ramifications of their actions. The discussion in the first of these excerpts from the field notes occurred when staff were reflecting on the way that their policy and procedure development had proven to be more convoluted than expected.

Clients are not permitted to come into the refuge under the influence of drugs or alcohol. Occasionally clients come to the refuge with drugs or alcohol in their possession so the drug and alcohol policy also needs to include disposal of illegal drugs.

"How can we do this legally?" asked a staff member.

The staff discussed how they could do this without jeopardising themselves or clients. A staff member had contacted the police about this matter. The police advised they would be reluctant to call out to the service to collect small amounts. The option would be for staff to go in to the police station with the illegal drugs. However, a staff member who had done this previously described how uncomfortable she felt, particularly around the way she was questioned about where and who the drugs came from.

(excerpt from 3rd visit)

The next excerpt from the field notes comes from a meeting between staff from Southpark and representatives from Tasmania police. The meeting occurred after staff contacted the police relating to their concerns about underage prostitution. This followed an enquiry into prostitution in Tasmania after the introduction of the Sex Industry Regulation Bill (2005). Staff had contacted the police because they were concerned that there was the possibility that their clients (including some that were underage) could be lured into prostitution through illegal drugs. The excerpt from the field notes describes the exchanges that took place.

When the police representatives entered the room there was an obvious change in mood. It became very sombre and serious...

Staff at Southpark were concerned that some of their clients (and potential clients) were at risk of becoming involved in prostitution via illegal drugs. The discussion started very generally as Southpark staff asked questions along the line of "if we know this is happening, why don't you and if you do, what are you doing about it".

During the meeting Southpark staff gave several instances of circumstances under which they would not reveal the identity or identifying information to the police.

However, it soon became evident from the responses from the police representatives that they were not going to be able to break the cycle of drugs to prostitution by withholding this kind of information.

Southpark staff described the way that they thought the police viewed their clients as expendable in the process of catching the criminals and their overriding concern was to protect their clients. In this way, the police were seen as a threat, not necessarily protective of their clients.

It also seemed as though the Southpark staff were also scared and intimidated by the police because of the changes in their body language, tone of voice, and mood...

The staff were in a quandary. They were concerned that if their client was doing something illegal, then reporting this activity as a way of making the police aware of this somehow implicates their client. They seemed unsure of how to deal with this situation legally and responsibly. It was as though Southpark are working with a vulnerable group and they themselves feel vulnerable dealing with the criminal element and also with the police because of the power differential.

(excerpt from 5th visit)

c) Emotional norms:

Generally the good **humour** displayed at Southpark is in relation to the way staff work together, rather than about a particular circumstance or person. This is exemplified in the following excerpts from the field notes.

They then returned to their discussion about the QIC standards. There was some friendly banter about who was doing what. For example, "Sally's name is on these but it will have to be the coordinator because workers no longer go to the management committee meetings." (laughter)

"we're in a stirring mood"

"it's good when we see something that we don't have to do" (more laughter)

(excerpt from 1st visit)

They laughed and were embarrassed about the types of policy and the content that were in place before. For example, there were policies about the bathroom, the toilet, when clients were allowed to eat, the kitchen and bed time. These policies were seen as controlling the behaviour of clients and they were made up when needed. They were not based on legislation, standards or a framework.

(excerpt from 6th visit)

Staff described how they are taking **pride** in the work generated from engaging with the QIC program. They made comments about the significant improvements in the operation of the refuge, particular in relation to policy and procedure. There are some indications that staff may not have felt this sense of pride in their work in the past as illustrated in the excerpts from the field notes below.

Comments were made in relation to the way that the policies are now more robust and based on more than a worker's whim. They were also more related to the bigger picture rather than just the everyday living within the shelter. It seems to have changed the staff's approach becoming less about controlling clients and more about making the shelter work properly. "So the focus is less on the menial and more on the meaningful" explained one staff member.

(excerpt from 2nd visit)

"We're really committed to this process. We want to do it professionally. We can see the benefits." explained one of the staff members.

(excerpt from 6th visit)

The routines and rituals at Kidsville are potent indicators of the shared understandings and beliefs held by staff including the need to be supportive and protective of each other and their clients. These values and beliefs are also evident in the symbols described below.

Symbols at Southpark:

Consistent with the need to protect their clients, the Southpark building has **no distinguishing features**. There is no signage or indications that it is anything but a suburban house. When I rang for a taxi from Southpark I asked staff the address and they told me I was allowed to say the street name and number but not the name of the refuge or to tell people that this place is a refuge. The secrecy of the location is another measure taken to protect the clients. There are security measures in place such as an intercom and security door. During the time I was visiting the organisation, a new security door was installed downstairs, however, as evident in the excerpt from the field notes below, there was some dispute about the need for this door.

I noticed then that the downstairs meeting room did not have a security door. I thought this was unusual as the main door upstairs had one and these sorts of security measures were very visible reminders of the vulnerability of the client group. This was to come up in later discussions as a point of contention between the staff and management who took some time to convince that this door was necessary.

(excerpt from 4th visit)

The way staff are protective of their clients is also reflected in their desire to provide a **safe, home-like environment**. This view of the refuge as a home is shared by all staff, however, staff were made aware of the need to be sensitive around this view when talking to parents as described in the excerpt from the field notes below.

*The coordinator told the staff about a situation that arose a few **days** ago. A mother of a client rang and asked to speak to her daughter. **The** coordinator replied "she's not home at the moment". The mother became very upset replying "that is not her home, **this** is her home". The coordinator raised this matter with the other workers and **encouraged** them to be sensitive around these issues.*

(excerpt from 3rd visit)

Southpark operates within a **youth culture**. In order to 'fit in' with this culture, staff dress in smart casual clothes, there are no uniforms or distinguishing features on their clothing. Staff display a willingness to learn about their clients and develop an in depth understanding of their client group. Staff recognise the importance of shared language in order to achieve this level of shared understanding, and to convey the message that they value their clients. Staff became angry and upset when the management committee insisted on the use of language that is foreign in youth culture and directed staff not to use 'client language' as described in the excerpt from field notes below.

The new contract directs staff not to speak in 'client language'. The staff seemed to be very upset about this. They claim that not using client language is a barrier to dealing with clients. They agree that it is not ok to swear or use profanities but using client's slang can show clients that you understand them and also help them to understand you. The staff discussed the requirement of the QIC standards to provide a culturally appropriate service. They extended this idea to include youth culture as well as ethnicity. Part of the youth culture includes 'youth' language.

*They had sought the advice of their union representatives who **had** advised them not to sign the contracts until this matter had been resolved.*

(excerpt from 6th visit)

The symbols evident at Southpark are consistent with the routines and rituals that are present. The symbols reflect the organisation's **core** business as a youth service and the organisation's attitudes towards working with youth.

Southpark's organisational structure:

Southpark has historically had a collective organisational culture. Within the last two years, this has changed to a **hierarchical structure**. This

change has had many positive benefits for staff and management. From the comments made by staff it seems that the collective structure was dominated by one or two particular personalities and consensus was inferred from the unwillingness of staff to disagree for fear of causing conflict and disharmony. In this way the collective structure that staff experienced was oppressive, whereas the new hierarchical structure is quite liberating and enables “*more free thinking*” (Coordinator). Within the hierarchical structure, the coordinator has a key role in decision-making and as an intermediary between staff and the management committee. Under the previous collective arrangement, staff were allowed to attend the management committee meetings, however, this is not possible under the new arrangements. The coordinator is trying to enact her role in such a way as to put in place clear lines of accountability. There seems to be a gap between the management committee and staff which could be filled by the coordinator but these role distinctions act to widen, rather than narrow the gap. Coupled with this, is the tendency of staff to rely upon the coordinator to ‘sort things out’, whether this be paperwork or day-to-day office tasks. This situation is evidenced in the excerpts from the field notes below.

All workers have input so that process for the development of policy and procedures is 'participatory' but the coordinator was quite clear that she determines the parameters for policy and procedure and takes them to the management committee for sign off.

(excerpt from 1st visit)

The coordinator from Southpark expressed her concerns that not all staff were willing or able to use the computer or access the technology, particularly in relation to completing the self-assessment. She gave the example of the fax machine requiring paper but no-one replaced it, it was left for her to do when she returned to work. She was concerned that they were becoming dependent on her as a result of the new structure.

(excerpt from 5th visit to Havenwood)

In many ways Southpark is still transitioning to a hierarchical structure. The role of the coordinator is developing and is yet to establish clear boundaries in relation to the management functions and the interplay between the management committee and staff. At the same time, however, the coordinator position is pivotal in the organisation and unless systematic

processes are developed, the organisation is at risk of continuing the pattern of key person dependence.

Control systems at Southpark:

At Southpark access to **education and training opportunities** are tightly controlled as a measure of ensuring staff do not attain qualifications greater than their post. There seems to be concern with the inadequacies of the award they are paid under whereby people could be performing at a level above the descriptor for their job and formal qualifications, but are not receiving remuneration for this. This struggle for status within the organisation is echoed in the following excerpt from the field notes.

The discussion about the medication management policy and procedure then turned to the coordinator who is currently undertaking a medication management course which has cost \$580 for four days. The new policy and procedure for medication management requires that someone has this qualification but the coordinator is paying for this out of her own money...

One of the other staff members suggested that they too might like to do the medication management course. As if deterring this staff member, the coordinator reminded her that she is paying to do the course out of her own pocket. She seemed to be actively discouraging the staff member from pursuing this option. The coordinator said "If I get this ticket, I have to remember all the medications and need to do a test". The inference was that this would be too hard for the interested staff member.

(excerpt from 1st visit)

A key focus for the organisation has been the development of a consistent approach to the provision of service delivery. This has been largely achieved through the introduction of **policy and procedure** which has provided the organisation with a means to monitor the behaviour of staff. Staff made reference to the need for staff to exercise their initiative or discretion to assess the situation and respond appropriately. I explored with staff this entailed and they described this as having some guidelines to follow that outlined alternative courses of action and using their own initiative or discretion to choose the most appropriate response. In this way, staff's response to particular circumstances is clearly defined. A staff member

explained: "So now it's a system, workers can't go off and do *their* own thing. This is the biggest area for improvement".

The development of policy and procedures has generated a significant amount of work for staff, however, they can also see and have experienced the benefits of having these in place. The policy and procedures have increased staff accountability, as well as provided a means for addressing poor performance. The development of the policy and procedures has enabled staff to express how they would like their organisation to function.

They saw these old policies as a form of power and control. The policies tended to be dictatorial and mainly developed by one worker in particular... They explained how they are grateful for the QMS process because it's helped them to see things differently and to shift the focus to clients. People also have to be accountable for their behaviour and this has increased their level of responsibility.

(excerpt from 6th visit)

The processes to influence behaviour at Southpark included education and training, as well as policy and procedure. Education and training opportunities seem to reinforce the individual staff member's status and position within the organisation. The development of more robust policy and procedure has played a significant role in influencing the behaviour of staff, including creating opportunities for monitoring performance.

Power structures at Southpark:

The **leadership** within the organisation comes from a number of different sources. Formally leadership is vested in the coordinator. During my first visit to the organisation this was conveyed to me by the way that staff positioned themselves relative to the coordinator and in the way the coordinator behaved towards staff. It was like a performance to make it clear to me that staff listened to and were directed by the coordinator as described in the excerpts from the field notes below. This performance was not sustained during my other visits to the organisation.

The coordinator sat opposite two workers and the other worker sat in the middle. It seemed like the coordinator was reporting to the other workers and to me about what the service had been doing during its self-assessment process.

(excerpt from 1st visit)

The **struggle for power** between staff occurred at a more subtle and informal level. A potent struggle was taking place between staff who had embraced the new structure and the associated changes and those who were resistant. Prior to these changes, leadership was exerted by a small number of staff through the domineering and dictatorial way they worked with other staff and clients. The new organisational structure threatens to diminish their power. This power struggle extended to the decision to participate in my research as evident in the excerpt from the field notes below.

During a break from the discussion about the QIC Standards, I was talking with the coordinator who thanked me for bringing additional consent forms and information sheets. She said: "We lied last time when we said we couldn't find them. One of the other workers threw them out. We found them in the rubbish bin. She didn't think we should participate so she threw them away. She's scared of the state manager for QMS and was worried you were friends with her. But we all really want to participate and think that it will be good to have you on board"

(excerpt from 2nd visit)

Some of the behaviour of the coordinator and staff is also suggestive of a desire to have 'power over' and control of the casual staff. For example in the following excerpt from the field notes displays this attitude.

When the casual worker was out of the room I made a comment to the coordinator that they seemed to be short-staffed. The coordinator said "we need people who can go in and pick up where you left off - pick up after you" She didn't mean literally pick up the mess. She meant she needed workers who were able to see what needed to be done and to use their initiative to do it. She said this in a way that indicated this casual worker couldn't do this.

(excerpt from 5th visit)

The formal power of the **management committee** has been strengthened and reinforced by the recent restructure within the organisation. This is understood by staff but there is ill-feeling when the exercise of this

power directly impacts on their role within the organisation. The following excerpts from the field notes describe these kind of situations.

The coordinator said a suggestion had been made that the organisation should access someone from Mentoring Tasmania as a way of getting assistance in the development of their organisation. But this had been stifled at the management committee level because Mentoring Tasmania was considered to be strongly influenced by the Liberal party.

This issue was not explained well by the coordinator and perhaps not well understood. There was a sense that working with this group would not be a good thing. Perhaps this was because there was a concern that their feminist philosophy would be contrary to their right wing approach.

(excerpt from 1st visit)

It's not that they don't want the policy and procedures to go to the management committee; rather it's that the management committee are holding up the process by debating and pulling apart the content rather than ratifying them.

(excerpt from 6th visit)

In many ways Southpark relegate themselves to the bottom of the **pecking order** within SAAP. They never described their circumstances in these terms, however, their apparent lack of resources, scant policy and procedures and disharmony within the organisation rendered them as such. They seem to be aware of that they are not as fortunate or as 'well off' when they compared themselves with other organisations. This is evident in the following excerpts from the field notes.

For a service that has been established for a long time, there are some major deficits in relation to the supporting infrastructure in relation to policy and procedures. However, the staff are not afraid to ask for help from other organisations. Neither pride nor fear prevents them from doing this. I wondered whether this contributed to the pecking order among organisations. Does asking for help relegate Southpark to a lower order position in the pecking order?

(excerpt from 1st visit)

But then they started to worry about how things would get done for the self-assessment. They talked about the differences in resources among organisations. A staff member commented that "larger organisations are better off, we really struggle here". They seemed to be aware of a sense of inequity and how this process meant "a lot of work for coordinator" because they had few other resources to call upon.

(excerpt from 1st visit)

Southpark commented that they are not as 'well off' in relation to resources as Havenwood. For example, they have a basketball ring but nowhere to put it. They have no eight ball table. These games are not just viewed as a recreational activity for the residents, but they also provide a means of communicating and actively engaging with the clients.

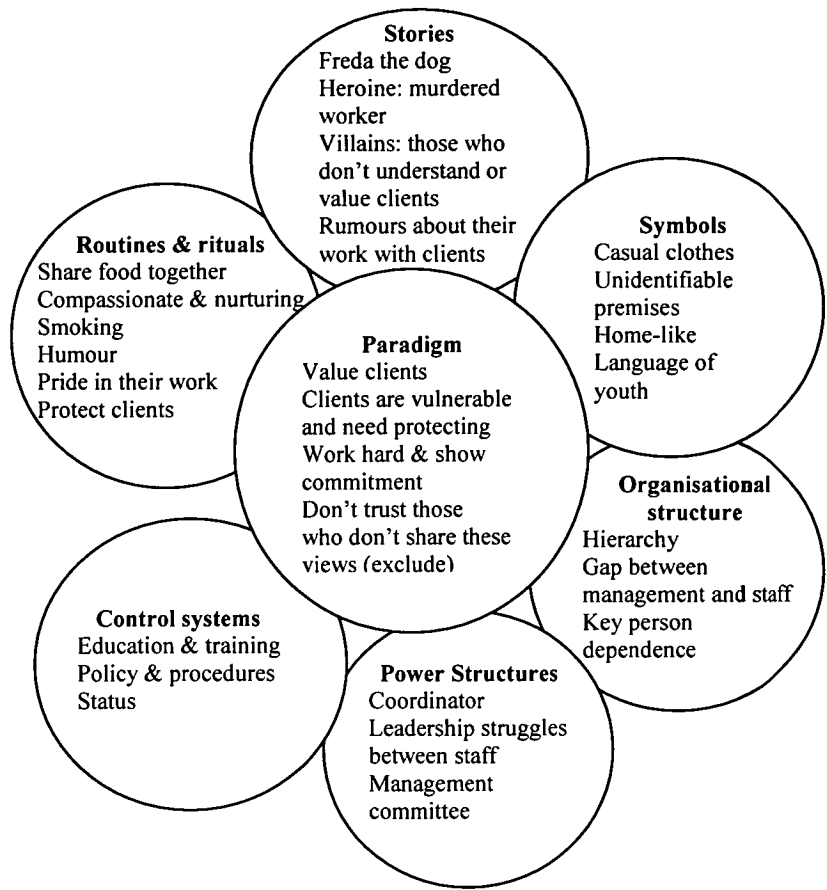
(excerpt from 5th visit)

The jostle for power within Southpark is evident at a number of levels. The coordinator is trying to establish her role as a position of power by aligning herself with management. The management committee is a formal power structure whose power is reinforced by the coordinator. Between staff there are issues of power between core and casual staff, as well as staff who are struggling to adjust to the new structure, resulting in informal power structures. There are also power structures that position Southpark relative to other services in the SAAP sector.

Southpark's paradigm:

Southpark's paradigm is revealed in the recurring themes within the elements of the cultural web. During the time that I was conducting participant observation at Southpark, it appeared that this organisation had reduced capacity to effectively engage with the self-assessment process and other tasks extraneous to direct client care. The reduced capacity seemed to be the result of a pre-occupation with an ongoing dispute with a staff member, staff shortages and the struggle to transition to a hierarchical structure. Tensions also exist when the needs of direct service provision come into conflict with organisational needs. This is particularly evident in the leadership struggles, whereby some staff engage only with client work, some privilege client work, but can also see the benefit of organisational development, and the coordinator is consumed by an organisational focus. As a consequence, those staff committed to the organisation work hard and resent those who do not share the same work ethic. The clients are viewed as vulnerable and need of protection. This view brings to the fore the protectionist qualities of staff which also leads to a mistrust of 'outsiders'. The cultural web for Southpark is represented diagrammatically below.

Figure 16 Southpark's Cultural Web

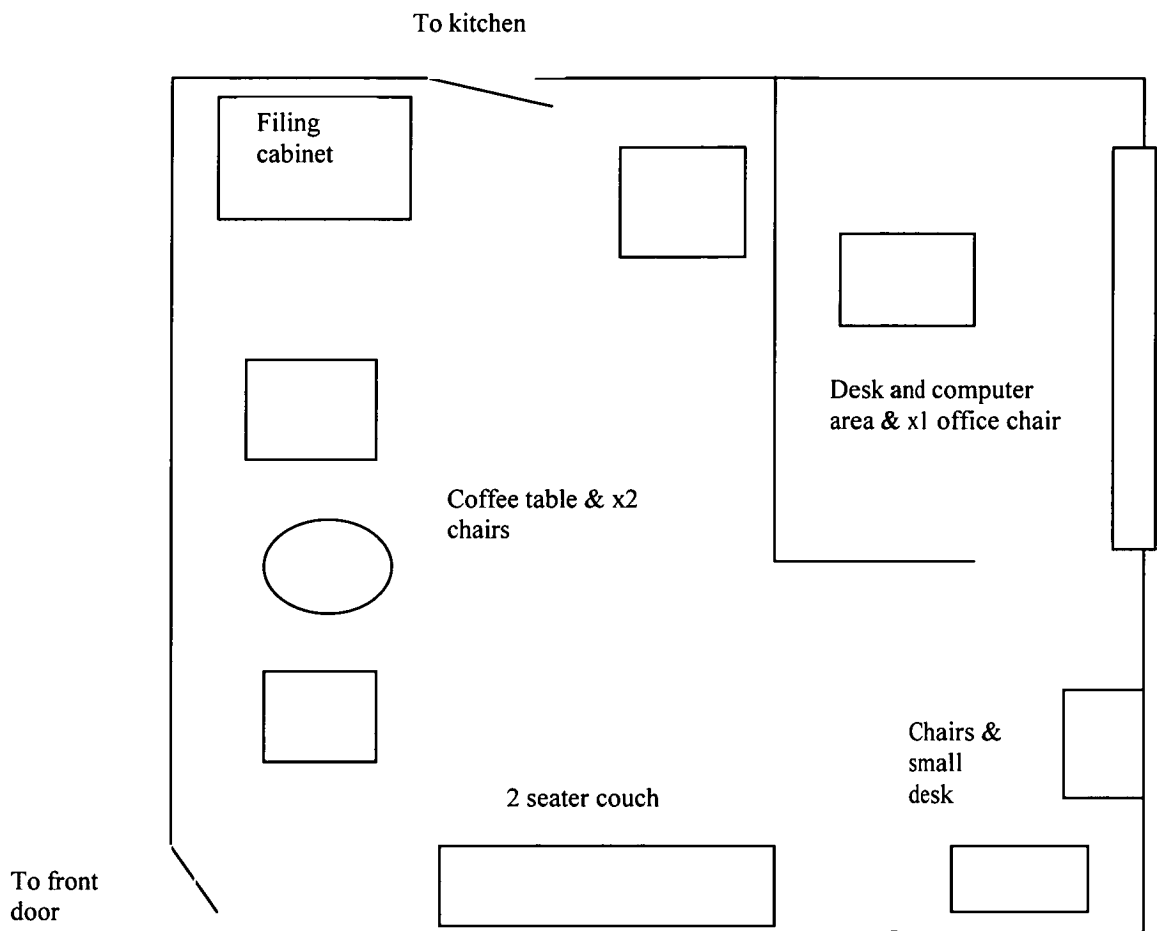


Havenwood

The observations at Havenwood all took place within the office area. The office area is not very big and is a separate part of the house that is restricted to staff. Entry to the room is via the front door, and off to the right of the hallway. Often when I arrived, staff were outside the front of the house taking a break. There is usually food to share, such as a savoury platter or occasionally something more substantial. There is a jar of hats shared around too. Staff were always prepared for my visit and reserved a place for me. Staff tended to sit in the same place each meeting. The room contained a mix of office furniture and furniture that might be expected to be found in an informal study, such as an arm chair, a cane setting, coffee table and two book cases. The walls in the room displayed posters that were colourful and

conveyed messages of justice and health promotion relevant to **their** client group. For example, there is a poster about sexually transmitted diseases and another about refugee health. There are also some humorous cartoons related to the workplace. The room felt cramped when all staff were present. These features combined to create a comfortable, welcoming and productive environment. The room is drawn diagrammatically below.

Figure 17 Havenwood's Meeting Room



Stories from Havenwood:

During my visits to Havenwood there were **three recurring stories about the way staff had responded to the special needs of clients**. One client had particular cultural needs as she was from Africa; another client was blind and required physical assistance; and another client had a psychological disorder requiring special understanding and consideration from staff and

other clients. These three stories are described in the excerpts from the field notes below.

The staff talked about a young blind woman who was accommodated in the refuge. This story was also mentioned on 2-3 different occasions. The staff talked about how caring for this woman was possible because the refuge was not full so they had the capacity to pay particular attention to the client and the physical environment. For example, they were able to ensure that the furniture stayed in the same place.

(excerpt from 3rd visit)

The discussion then turned to another story of a client with multiple personalities who had been successfully accommodated at the refuge. The client's issues were explained to the other residents who took on a nurturing role when required. For example, when the client regressed to being childlike another resident read her a story.

(excerpt from 3rd visit)

As an example of striving to meet client needs the staff talked about buying a rice cooker for a client from Africa. Staff talked with pride and enthusiasm about this example. The staff observed that the rice cooker made a lot of difference to the client in relation to her feelings of being valued and her ability to prepare meals. Subsequent to this client leaving the service, the rice cooker was accidentally destroyed by another client who overcooked the rice.

(excerpt from 4th visit)

These stories served to illustrate the ways that staff could successfully accommodate for the special needs of their clients. Embedded within these stories were details about the circumstances that made this possible, for example, the refuge had some vacancies. Thus, even though staff were talking with pride about the successful outcomes of the care they provided, there was also a caveat that this level of care could not be routinely expected as it depended on the circumstances at the time.

Stories about the management committee at Havenwood suggest that the management committee does not fully understand or appreciate the nature of the work undertaken by staff. In this way the management committee is portrayed as a 'villain'. These sentiments are illustrated in the excerpts from the field notes below.

They invited me to come along to their management committee meeting. From what the staff said I gathered that they were not convinced the management committee had a very good understanding of the QMS process and what the staff are doing in relation to the review process.

(excerpt from 1st visit)

The discussion then turned to compliance in relation to governance of the organisation. After pondering for a short time, one staff member commented: "I suppose it's good governance". Another staff member questioned: "Are the management committee aware of their role?"

(excerpt from 2nd visit)

The staff discussed the ways the management committee learn about their role through training, provision of information and induction. Another staff member questioned: "What about their knowledge of our requirements? Is this limited? Should there be a test every month?"

(excerpt from 2nd visit)

The stories told at Havenwood reveal a strong client focus and suggest that responding to the individual needs of clients is paramount. The management committee are viewed by staff as being somewhat removed from the organisation, and perhaps not fully aware of the context of care or the organisational needs.

Rituals & Routines at Havenwood:

a) Activities staff do together:

Food is a significant part of the gatherings at Havenwood. Food is placed on the top of one of the desks in the office for staff to share. Rather than an individual allocation of food (like the sandwiches at Southpark), the selection of food is shared. The food made available includes sandwiches, biscuits and dip, different types of cheese and occasionally hot savoury food. The lolly jar makes a regular appearance late in the meetings when people are beginning to show signs of fatigue. Food is also viewed as a way to entice other organisations to visit their organisation for the purposes of networking, as described in the excerpt from the field notes below. In these ways, sharing food at Havenwood is an important social ritual that signifies a concern for nurturing and generosity.

Before the visitors arrived, the staff were talking about how they could increase their networking with other local organisations. They discussed using food to lure people and whether a breakfast or lunch 'open home' might have more appeal. Food was seen as an incentive for people to come.
(excerpt from 5th visit)

The majority of staff at Havenwood **smoke**. The breaks during the meetings occur when it is time for the smokers to have another cigarette. Staff go out to the front of the building to smoke. The breaks are generally short because not all staff smoke, so some stay inside while the others go out. As a result, the discussion during the break is usually not about work, as not everyone is included. In this way, smoking at Havenwood is more of a social activity than a continuation of a work discussion. I usually chose to stay inside with staff who did not smoke.

During the meetings at Havenwood, it became apparent that staff are a mix of people whose **approach to work is either task-focussed or process-oriented**. This, coupled with their collective organisational structure, seemed to make it very difficult for staff to make progress as a team. The following excerpt from the field notes is typical of these discussions and clearly demonstrates the effect of this clash of approaches on the (non)completion of tasks. This often meant that two conversations would happen at the same time with one conversation about the task at hand and the other about the content of the standard.

About half an hour into the meeting the clash between some staff's task-focussed approach and other staff's process-oriented approach became evident again.
The staff were discussing the process of completing the quality journal.
A task-focussed staff member seeming confused questioned: "Why am I scribing this, why isn't it in the journal?"
A process-oriented staff member replied: "Because this is a discovery process where we brainstorm and make comments"
Another process-oriented staff member commented: "We need to stop then consolidate and celebrate"
Another task-focused staff member sounded frustrated when she asked: "Who's going to take carriage of this?"
The first task-focussed staff member still sounding confused asked: "Who will put this into the matrix?"

The staff moved on to a different QIC Standard in a different section. The Standard was about cultural diversity. Again two conversations started at the same time. One group of staff moved on to discussing the content of the standard. The other group was concerned about what jobs were still to be done on the action list.

(excerpt from 4th visit)

b) Client work:

As reflected in the stories at Havenwood, staff try to **respond to the individual needs** of clients. However, staff are also quite clear about their inability to provide extraordinary care because of their limited resources and their working environment. They accept that this might create barriers for some women to access the services. This is evident in the excerpt from the field notes below.

When discussing the ways the staff respond to identified client needs, one staff member concluded: "But we can't be everything to everybody. We just have to be flexible and account for individual needs."

(excerpt from 3rd visit)

The staff moved on to talking about the issue of exclusionary practice. After some discussion the staff decided that there are some clients who may be excluded on the basis of the resources required to care for them.

The organisation is flexible and has clear intake procedures.

There are also rules governing client behaviour because some clients are manipulative and their behaviour may exclude them from the service.

There is common ground for things that can't be tolerated but primarily exclusion is related to the resources available.

A staff member summarised this as: "If we have the resources then 'yes' and if not, 'no'".

Another staff member added: "we are a homelessness service, not an intensive care house".

(excerpt from 7th visit)

The role of staff in providing a **safe place** is also foremost in their approach to working with clients. Some of the processes in place to achieve this are required in their policy and procedures, as well as legislation. They sometimes find that this runs counter to the directives from their funding body who would like to see throughput increased. The ways they attend to client safety is evident in the excerpts from field notes below.

The discussion turned to legal compliance and issues such as mandatory reporting and the related training and updates to comply with this. One staff member commented: "Thank goodness we haven't had to do this for a long, long time".

(excerpt from 2nd visit)

The staff then talked about the process for obtaining a national police check and the time and costs associated with this. Someone was delegated (or did they volunteer) to check the costs and requirements.

(excerpt from 2nd visit)

This led to a brief discussion about helping clients to feel safe and supported and the ways this is counter to the expectations that the clients will move through the service quickly.

(excerpt from 5th visit)

c) Emotional norms:

The meetings at Havenwood were generally **good-humoured**. Staff tended to laugh and joke about the behaviour of each other. This was done in a way that did not cause offence or ill-feeling. This type of humour is exemplified in the following excerpts from field notes.

One staff member's mobile phone rang. It sounded like a frog. There were lots of jokes about her ring tone. No one seemed to mind that the phone was on or that it had rung. The staff member didn't answer it.

(excerpt from 4th visit)

As they were preparing to go for a break, there was a lot of laughter. They were joking about one worker (who wasn't there) and her spelling of 'pacifically' instead of 'specifically'. This was done in a jovial, fun way and it seemed to be well known that this worker has a problem with spelling correctly.

(excerpt from 7th visit)

Staff at Havenwood display **pride in their work** and, more than this, they seemed convinced that the work they do is good work. The excerpt from field notes below illustrates their belief that their work is consistent with best practice.

The staff talked about how they find out about best practice and identified such things as journal articles, industry related publications, conferences and visits to other services. They seemed convinced that they the work they do is consistent with best practice. There is a strong sense of confidence that they 'do the right thing' in their practice.

(excerpt from 4th visit)

The routines and rituals described above are indicative of Havenwood's commitment to upholding feminist values of nurturing, social justice and equity. These shared values and beliefs are also evident in the symbols described below.

Symbols at Havenwood:

As mentioned above, in relation to client work, staff at Havenwood expressed their intention to provide a **safe place** in a crisis. This is achieved in part by the physical environment, which is described in the following excerpt from field notes. These security features are visible reminders of the vulnerability of the clients and perhaps of the risks that staff and clients may be exposed to from partners, family members and friends of the young women.

There are security screens on the front door and on some of the windows. There is an intercom system on the front door. There is also a 'double door' set up to the entrance of the building, that is, a security door, front door, alcove and then another front door and a door to the left. The doors are always locked.

This is a reminder of the need for security. The location is 'secret'.

(excerpt from 1st visit)

There is a mirror beside and above the computer. It reminds me of one of those mirrors at intersections that enable you to see what's coming up the road. I presume it's there so people can see behind them when working at the desk. I've never seen anybody actually look at themselves in it.

(excerpt from 1st visit)

Havenwood had **changed its name** to remove the word refuge from its title. This is viewed by staff as being responsive to community and client needs as it removed some the stigma associated with refuges and shelters. The excerpt below provides an example of the issues discussed. When discussing

potential barriers to accessing the organisation, staff considered the impact of **community perceptions of the organisation**. The excerpts from the field notes below display their awareness of these issues, and actions taken to minimise any negative impacts.

The staff wondered how the organisation is seen in the community. One staff member commented: "Bad news stories travel fast".

The staff talked about the link between refuge care and youth detention and they were aware that this had been a trajectory for some young women.

If word-of-mouth is negative then the organisation addresses this quickly by contacting the workers from the other organisation to discuss any misunderstandings.

This has happened in the past and their attempts to resolve the issues also improved their networks with other organisations.

(excerpt from 4th visit)

The staff are aware that 'the rules' might be a deterrent to clients' to access the service. However, they have found that the clients like the rules once they are resident in the refuge. This is based on the feedback provided in the client evaluations.

(excerpt from 4th visit)

The symbolic aspects of Havenwood serve to reinforce and enact the shared values and beliefs in relation to the protection of clients. They are outward indications of that the need to be guard against the vulnerability of clients and also to ensure that staff are kept safe in the provision of this care. Reducing stigma and thereby increasing access to the service, has been achieved through open communication with other services and being mindful of client and community perceptions.

Havenwood's organisational structure:

Havenwood has a **flat organisational structure** and operates as a collective. While this might seem the ideal for a women's organisation and consistent with a feminist philosophy, it seemed to be particularly problematic in relation to getting work done. The impact of the collective structure features prominently in my notes. During the first visit, staff told me that they had a flat structure. When I explored this with them, and I found out that what they meant is they operate as a collective. Staff explained to me that this type of structure emphasises the strengths of the team. In a practical way, it means

that tasks were shared among the team. For example, two staff are sharing the role of review contact because they work shifts which may interfere with the continuity of their work. Even at this early stage I had some misgivings about these arrangements as sharing responsibility can build a sense of team, but on the other hand it is difficult to monitor if responsibility is not designated. The following excerpt from the field notes records some of my reflections on the way that staff get things done in a collective structure.

The emphasis was on jointly going through the process as a team. No-one was delegated responsibility for anything. Staff volunteered to do tasks but tasks were not delegated.

The discussions focused on achieving consensus but there was still room for debate...

It seemed that the internal review contacts were becoming increasingly nervous that they were going to be lumbered with the job of completing the quality journal - they didn't see this as their role but somebody needed to do this.

(excerpt from 2nd visit)

Havenwood's control systems:

At Havenwood, there is **very little evidence of control systems**. The discussions indicated that there is a lack of monitoring and control. In practice, the absence of monitoring systems often means that issues are not followed up. In addition, there are no processes in place to evaluate the effectiveness of strategies that were put in place. Some of this stems from staff working on shifts, which is exemplified in the excerpt from the field notes below.

Staff commented that the discontinuity caused by the shift work is an issue for them and caused a loss of momentum. The rostering system meant that staff may miss 2-3 meetings and make it difficult for staff to attend consecutive meetings. As a result, staff forget where they are up to. At the same time, there is a sense that everybody needs to be involved where and when they can.

(excerpt from 4th visit)

Another example of this lack of follow through occurs in relation to the organisation's strategic plan. The strategic plan is written but it is not systematically reviewed. It is sometimes discussed at management meetings. Staff suggested that review of the strategic plan needs to be a set agenda item and there needs to be a process for quarterly evaluation of the strategic plan by working groups.

Another example of the lack of follow up (monitoring) relates to a long-term issue concerning their working relationship with Child, Youth and Family Services in with regards to children less than 16 yrs. The staff identified the need to keep a file about this issue.

(excerpt from 4th visit)

One of the staff member's asked the group: "'where do we write down when people from other organisations visit to get information?"

Other staff suggested these occurrences are documented in meetings, the daily diary, and management committee meetings. Another staff member commented that: "the follow up might be missing because it's not written down".

(excerpt from 4th visit)

The lack of follow up and monitoring, and the *ad hoc* approach to evaluation is perpetuated and enhanced by the predominance of an oral culture, which results in scant documentation. The collective approach, whereby there is no delegation and everything is considered everybody's responsibility, also compounds these issues. Again, these kind of control systems can be linked to the organisation's underlying feminist ideology.

Power structures at Havenwood:

Within the organisation, there is no formal **leadership** position. One staff member demonstrated strong leadership qualities, and in fact, before I fully understood the collective structure, I thought she was the team leader. During the time that I visited with the organisation, this staff member left the organisation to work elsewhere. I thought this would make a significant difference to the group dynamics, but the collective structure is pervasive enough to draw on the strengths of other staff to take on leadership roles. The following excerpt from the field notes documents some of my reflections about how I gained this impression of her leadership role.

I stopped to reflect on why I thought she was the team leader: I recalled how she took the lead in contacting me and asking me to come to the organisation to inform them about my research. This staff member mentioned that she had been to the management committee meeting. During the staff meetings she sat in a central position, that is, in the middle of the group of staff, not to the side. She seemed confident and people seemed to defer to her. This staff member was also one of the internal review contacts for the self-assessment process. She also assumed responsibility for some of the tasks that needed to be done. She seemed more senior and experienced than some of the other staff.

(excerpt from 4th visit)

Even though the stories told at Havenwood portrayed the **management committee** as ‘villains’, staff seemed to be accepting of their power. In this way, the management committee’s power is legitimised as exemplified in the excerpts from the field notes below.

Their management committee is seen as an extension of the service into the community and of the community into their organisation.

(excerpt from 4th visit)

Havenwood agreed that constantly updating policies is time consuming, taking 2-3 management committee meetings to get things finalised.

(excerpt from 5th visit)

Staff at Havenwood consider that **their organisation is better than some other SAAP services**. This is a reflection of their pride in their organisation and work that they do. These sentiments are evident in the following excerpts from an interaction between Havenwood and Southpark at a meeting to discuss their efforts in the self-assessment process.

There was a sense that the staff at Havenwood see themselves as 'better than' the [other] service. One staff member explained: "'they are coming here to get help from us'".

Their perspective is that the [other] service doesn't have the knowledge, policies etc that they do.

(excerpt from 5th visit)

It seemed at first that Havenwood wanted to present themselves as 'the experts' but as the meeting progressed, it seemed that Southpark's experience raised doubts for Havenwood and they became more questioning of their own practices as well as their approach to the self-assessment.

(excerpt from 5th visit)

Havenwood had a discussion after Southpark left in relation to the value of borrowing policy and procedure in the way that Southpark are doing. There seemed to be an inference that Southpark was cheating or if not cheating, then they were short-cutting the process somehow. They wondered if Southpark would fully benefit from the process as a result. Havenwood could see the benefits of their prolonged discussions and debate and the development of policy and procedure based on consensus and shared understanding. They questioned whether this would happen for Southpark.

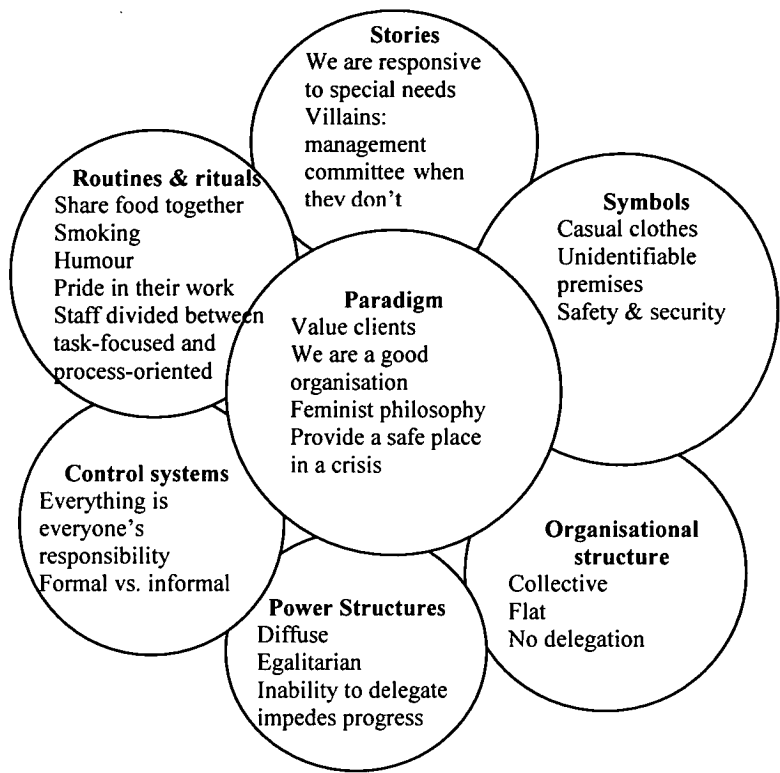
(excerpt from 5th visit)

Within an egalitarian structure such as a collective, the power structures are more subtle. Staff are confident that their organisation is well organised and in their ability to provide quality care, which leads them to elevate their organisation above others within the SAAP sector.

Havenwood's paradigm:

The interrelated themes in the elements of the cultural web reveal Havenwood's paradigm, that is, the taken-for-granted assumptions that are embedded within the organisation's feminist ideology. The similarities in the stories, symbolic actions, and the rituals and routines, suggest that these act to preserve and legitimise the core beliefs and assumptions. Those within the organisation believe that their key role is to provide a safe place in a crisis and, in doing so, seek to protect their client group. Staff display a strong commitment to each other and the organisation, which is further evidence of the power of the paradigm to function as a means of control and ensuring conformity. This is particularly important at Havenwood where there is an egalitarian approach and very little formal monitoring therefore, the paradigm plays a central role in determining the interpretation and response to particular situations. The cultural web for Havenwood is represented diagrammatically below.

Figure 18 Havenwood's Cultural Web



Chapter Summary

This chapter has presented findings from the participant observation process, which has sought to reveal the organisational culture of the three participating organisations. Within this study, culture is viewed as emergent; as something an organisation *is*, rather than *has*. Thus, culture is embedded within and observable through social interactions. Staff within organisations produce and reproduce culture through their social interactions. This study has taken a social constructionist and interpretive approach, suited to the exploration of culture in this way. The Cultural Web (Johnson, 1992) has proven to be a useful tool for the analysis of culture in accordance with this study's research design. The observable actions have been coded in relation to the elements of the cultural web. In doing so, this process has unveiled the

paradigm, defined by Johnson (1990:186) as “a cognitive schema, which in itself has no social reality, an organization’s cultural artefacts are likely to be reflective and preserving of its constructs”. Identifying the beliefs, assumptions and values held by the members of these organisations enables an understanding of their social, cultural and cognitive context.

Kidsville’s paradigm is one that values clients and seeks to restore their value in society through protection and guidance. There is a strong belief that the calibre of staff is high and the services provided are good. Southpark’s paradigm also holds clients as a central value, and recognises their vulnerability and need for protection, however, this leads to a mistrust of those whose views differ. Within Havenwood’s paradigm, clients are also valued and the organisation seeks to provide a place of safety, nurture and reassurance in a crisis. The next chapter progresses this analysis further by examining these findings for evidence of social capital characteristics, namely trust, reciprocity, norms of cooperation, and networks and relational ties. The analysis is then taken to a higher order of abstraction by viewing the organisational culture through a social capital lens.

Chapter 9 Organisational culture, social capital & community participation.

Introduction

The aim of this study is 'to elucidate the factors that influence community participation efforts and generate theoretical insight into the relationship between organisational culture, social capital, and community participation within human service organisations.' This aim reflects a desire to extend the exploration of community participation beyond the level of practice, to expose the organisational factors that influence community participation. This study is particularly concerned with organisational culture, and this has been interpreted through the observation of the social interactions between staff in the participating organisations. This approach situates an understanding of community participation within a cultural framework at the level of organisational social which has contributed to an appreciation of the complexities of the practice context. This chapter presents an analytical framework developed for this purpose by relating Johnson's (1992) Cultural Web to Nahapiet and Ghoshal's (1998) social capital framework.

Chapter 7 described the experiences of key informants which provided useful insights about the links between core concepts of interest to this study (organisational culture, social capital and community participation), as well as the potential of involvement with the QIC program to provide a rich medium to examine these links. Chapter 8 presented participant observation data analysed using the Cultural Web (Johnson, 1992) to reveal the cultural elements and organisational paradigms. This chapter brings together the findings of the previous two chapters to elucidate how community-based non-government human service organisations create conditions supportive of community participation.

To establish the context for addressing the research questions in this chapter, the approach taken to organisational culture in this study is reviewed and applied to each of the participating organisations. Following this, the

relationship between organisational culture and organisational social capital is discussed, to explain how the social capital framework has been applied as an analytical tool. The research questions have been used as a framework for the remainder of this chapter and will be addressed in turn.

An over(re)view of organisational culture

Within this study, organisational culture is considered as a type of metaphor, something an organisation *is*, rather than *has*⁴. This framework is consistent with a social constructionist viewpoint which considers the social factors that constitute the culture of the organisation. Davies, Nutley and Mannion (2000:112) describe the emergent quality of culture whereby culture emerges from the organisation's constituent parts. The characteristics of organisational culture may also be described in relation to how they function, however, considering the function of culture in this way does not constitute the adoption of a functionalist perspective. Assumptions underlying a functionalist analytical framework suggest that there are predefined universal levels and functions of culture, whereas this study assumes that culture is emergent and the meaning of culture is unique to each context (Schultz & Hatch, 1996). The focus of this study is not the causal relations between cultural elements, rather it is the discovery of meaning and associations between them (Johnson, 1990; Johnson, 2000). Therefore, this study of organisational culture has been approached from a social constructionist and interpretive perspective (Crotty, 1998; Morgan & Smircich, 1980).

This study endeavours to identify the taken-for-granted assumptions that give meaning to the culture of the participating organisations. This has involved observing the behaviour of individuals because: "culture and social structure are not concrete entities, rather they are abstract concepts that are used to interpret behaviour" (Meek, 1988:465). Thus, this study has explored how each of the participating organisations has been socially constructed through observing the shared language, stories, symbols, routines, forms of

⁴ The conceptualisation of organisational culture as a metaphor was discussed in-depth in Chapter 4.

power and control and considered these as cultural artefacts. The following overview of the organisational culture of the three participating organisations recognises the emergent nature of culture. It also seeks to explain how these characteristics of culture function, as evidenced by the symbolic actions of the participants. The overview of each organisation is presented with the intention of summarising the organisational paradigm through the use of metaphors. Metaphors have been widely used by organisational scholars to “bound, frame and differentiate that category of experience referred to as (an) ‘organisation’” (Smircich, 1983:340). Metaphors used in this way serve to make the link between what we interpret and what we know, consistent with the social constructionist and interpretive perspective of this study. The particular metaphors chosen for the organisations in this study focus attention on the nature of the relationship between the organisations and their clients, as this is pivotal to the capability of the organisations to create conditions where community participation may occur.

Kidsville’s culture could be described as authoritative organisational culture as evidenced by a formalised meeting structure, staff with high levels of qualifications, and general professional demeanour of staff. The development of this culture could also be attributed to the influence of the CEO who has a commanding presence and strives for excellence. He tries to engender a high level of professionalism throughout the organisation which, in turn, fosters a sense of pride within the organisation. In some ways staff acted like the ‘parents’ of the young people in the shelter. They behaved like the ‘grown-ups’ and worked in ways to protect and guard against the vulnerabilities of the clients and provide guidance. The receptiveness of the organisation to outsiders was limited by the extent to which this was seen to potentially place the clients at risk. By comparison, the culture within Southpark could be described as capricious. This was reflected in the limited capacity of staff to participate in the QIC self-assessment process because of the lack of resources to participate, inadequate understanding, and distractions caused by conflicts occurring within the organisation. Southpark was in a state of transition from a collective, flat structure, to one with more definition and

hierarchical form - however, many characteristics of the previous structure endured. If the relationship between Kidsville and the clients can be portrayed as 'parents and children', then Southpark could be viewed as the 'strict aunties' who want to control, set limits, protect and care for the clients, in the absence of legal guardianship. At Havenwood, the organisational culture is characterised by close relationships, friendship, and camaraderie. These features are embedded in the feminist organisational philosophy. Their perception of themselves as nurturers and carers of each other and the clients is evident. The 'kind big sisters' of the clients is an apt metaphor for representing the relationship between Havenwood and its clients.

While the metaphorical descriptions of Kidsville as 'the parents', Southpark as 'the strict aunties' and Havenwood as 'the kind big sisters', might at first seem to trivialise or oversimplify these aspects of organisational culture, they are indicative of a set of assumptions that underpin staff perceptions of the organisation's role. The metaphors are also consistent with the central paradigm of each organisation revealed in the Cultural Web (Johnson, 1992) discussed in the previous chapter. The organisational paradigms will be revisited later in this chapter to illustrate how these paradigms shape the conditions created for community participation. The remainder of this chapter discusses the relationship between organisational culture and organisational social capital, and the ways that these organisational factors shape community participation. The next section explains the use of the social capital framework as an analytical lens.

Social capital as an analytical lens

The review of social capital research presented in Chapter 3 revealed that the study of social capital tends to centre on structural features and social processes. The structural features include the forms of association between people and also the nature of these structures described in terms of bonding, bridging and linking social capital. The social processes include shared understandings, norms, normative behaviours, and values and the relationships between people. Adam and Roncevic (2003) offer a critique of

previous social capital research, proposing that there is a weak relationship between theoretical and empirical work. They explain “the problem is how to execute procedures of operationalisation and measurement consistent with certain theoretical premises while at the same time remaining sensitive to context” (Adam & Roncevic, 2003:164). This study addresses this issue by employing social capital as an analytical framework, rather than a construct in and of itself. This approach recognises the exploratory nature of this study and, in addition, allows the theoretical premises of social capital to be drawn upon to develop an understanding of the complex social relationships. By focusing on identifying sources of social capital, this study is also open to exploring the forms and consequences of social capital within this context. Thus, this study is an attempt to unravel the characteristics of social capital rather than begin with a statement about its causes, sources and outcomes that could possibly be more or less tautological.

This study seeks to understand more about organisational culture: how it functions, how it is formed and how it relates to organisational social capital. Thus, it is more than a study of organisational culture; it is a cultural analysis. Prasad and Prasad (2009:135) explain that these kinds of studies are “using culture as a prism for examining organizational activities and interactions”. As stated earlier, the theoretical frameworks of social capital facilitate a focus on social processes and structural features. This has led to the development of empirical approaches that aim to identify social processes such as trust and norms (for example, Guenther & Falk, 1999; Park, 2006; Veenstra, 2002) and others that describe the structural features in terms of network density (for example, Burt, 2001; Falk & Kilpatrick, 2000; Gargiulo & Benassi, 2000). Other frameworks have sought to combine these elements to overcome some of the limitations of a singular approach (for example, Anssi, 2008; Onyx & Bullen, 2000; Rhodes, Lok, Hung & Fang, 2008). This study has adopted the theoretical framework of organisational social capital developed by Nahapiet and Ghoshal (1998) as this is holistic in its approach, taking account of relational, structural and cognitive dimensions.

A new analytical framework: linking organisational culture with organisational social capital

An analytical framework has been developed for the purpose of analysing the organisational culture of the participating organisations through a social capital lens. The three dimensions of organisational social capital proposed by Nahapiet and Ghoshal (1998) have been linked to the six elements of the Cultural Web (Johnson, 1992). The *structural* dimension has been linked to the power structures, control systems and organisational structure as these elements of the Cultural Web (Johnson, 1992) are indicative of the relational ties. The *cognitive* dimension is linked to the symbols and stories, as it is through these elements that shared understandings are developed and conveyed. The *relational* dimension is linked to the routines and rituals as these are the enactment of the shared norms. By making these connections between the two theoretical frameworks, both the structures and process of social capital are considered, as well as the relationship between organisational social capital and organisational culture. The links between the dimensions of organisational social capital and the elements of the Cultural Web (Johnson, 1992) are depicted in Table 11 below.

Table 11 Links Between Dimensions of Organisational Social Capital and Organisational Culture

Organisational Social Capital	Organisational Culture
<p><i>Structural dimension:</i></p> <p>Networks and linkages between those in the organisation; overall pattern of connections.</p>	<p><i>Power Structures, Control Systems & Organisational Structure:</i></p> <p>Reveals the power, influence and authority within the organisation that are embedded within the networks and linkages.</p>
<p><i>Cognitive dimension:</i></p> <p>Shared representations, narratives, interpretations, and systems of meaning.</p>	<p><i>Symbols & Stories:</i></p> <p>The myths, stories and metaphors are a mechanism for those within the organisations to interpret and understand their experiences in a shared way.</p>
<p><i>Relational dimension:</i></p> <p>The relationships between those within the organisation that influence their behaviour.</p>	<p><i>Routines and Rituals:</i></p> <p>The daily activities signify normative behaviour and the nature of the relationships between those within the organisation.</p>

Sources: Nahapiet and Ghoshal (1998) and Johnson (1992)

The analytical framework developed here will be drawn upon to conduct further analysis and synthesis of the data gathered for this study in relation to the research questions. This process commences by addressing the following research question that aims to identify whether features of organisational social capital arise out of the organisational culture.

Research Question A:

What are the cultural elements (for example, the assumptions, norms, artefacts, symbols, values, and accepted ways of behaving) within human service organisations, that are features of social capital?

This question is premised on the assumption that social capital inheres within the relations between people, therefore, the development of social capital is influenced by factors that shape social relationships. Conceptualising organisations as social communities (Kogut & Zander, 1992) draws attention to the social interactions between the people within the participating organisations. It is at the level of these social interactions that the elements of organisational culture become visible. Organisational culture, as it is operationalised within this study, is the product of, and is observable within, social interactions. The elements of culture of interest are the norms, values, and accepted ways of behaving within organisations that shape staff experiences and influence their organisations' attempts at community participation. In this way, organisational culture is viewed as a determinant of organisational performance. The following paragraphs describe elements of culture within the participating organisations in relation to key features of organisational social capital - namely, trust, shared meanings, norms of cooperation and reciprocity, and networks and relational ties. The discussion of these features draws upon the analysis of the organisations using Johnson's (1992) Cultural Web.

In the context of social capital, **trust** is generally conceived as a property of social relationships, that is, something that inheres in the nature of relationships and is associated with confidence, faith and belief (Veenstra, 2002). Trust is required for the exchange of tacit knowledge achieved through

common assumptions and long-term social relationships (Staber, 2003). **Shared meanings** and common values are a key feature of social capital and are evidenced by tacitly agreed social rules, for example dress codes, speech and manners (Adler & Kwon, 2002). **Norms of cooperation** have been chosen for discussion as this topic encapsulates related ideas of cohesion and working together for mutual benefit (Adler & Kwon, 2002; Nahapiet & Ghoshal, 1998). Within the context of this discussion, norms of cooperation refer to the accepted and expected level of involvement, and the extent to which people participate in discussions and decision-making. Denison and Mishra (1995) refer to these organisational traits as involvement, and suggest that they lead to a sense of ownership and responsibility. **Reciprocity** in the context of social capital is related to the concept of trust, as it refers to the belief that others will behave in the manner expected (Fukuyama, 1995a). Similar to the norms of cooperation, reciprocity also emanates from shared norms and understandings (Stone & Hughes, 2002a). **Networks and relational ties** are a structural feature of social capital (Baum & Ziersch, 2003; Onyx & Bullen, 2000). Networks are apparent in the nature of the social interactions that are influenced by the shared norms and understandings (Nahapiet & Ghoshal, 1998) and generalised reciprocity results from these close relationships. Later in this chapter, these features of social capital will be discussed in relation to Nahapiet and Ghoshal's (1998) theory of organisational social capital with reference to structural, cognitive and relational dimensions.

Trust

Elements of the Cultural Web (Johnson, 1992) that provide evidence of the way trust works in organisations include the routines and rituals which are indicative of how the members of the organisation behave towards each other and signify what is important in the organisation (Johnson, 2000). The following discussion focuses on the extension of trust to 'insiders' and 'outsiders' of organisations in a manner similar to what Fukuyama (2001) describes as the radius of trust. The kind of trust observed in these interactions

is further referred to as either generalised (Putnam, 1993a), fragile or resilient (Ring, 1996).

Staff at Kidsville display high levels of trust in the CEO. He exhibits characteristics of a charismatic leader such as self-confidence, influence, moral conviction and pro-social assertiveness (Howell & Shamir, 2005). He communicated high expectations and inspired confidence in staff. The CEO also indicated that he trusts staff within the organisation. He referred to staff as “the people I work with”, not as “my staff”. He emphasised to me the high level of qualifications of staff. This is also consistent with the behaviour of charismatic leadership by “expressing positive evaluations, communicating higher performance expectations of followers, showing confidence in followers' ability to meet such expectations, and emphasizing the individual's ties to the collective” (Shamir, House & Arthur, 1993:584). Staff within the organisation also indicated that they trust each other to do a good job.

Those external to Kidsville are not as well trusted about issues relevant to their involvement with the client group and community of interest. For example, staff do not trust others in the community to portray their client group in a positive manner. This includes those in formal positions such as, the media and police, as well as the general public. The CEO explained he found it problematic whenever the local press contacted him for an opinion about youth related issues because his organisation is not representative of all youth in the area. He stressed that his organisation is in contact with a very small number of youth with very specific issues. When the police come to the shelter asking for particular clients in response to an incident in the nearby town, this causes concern for staff who react by refusing to provide specific client details. Within the organisation there is a heightened sense of awareness that there are not high levels of trust in the community in relation to their client group.

Trust is often referred to as contextually situated, that is, trust is specifically cultivated in different contexts (Giddens, 1994; Mayer, Davis &

Schoorman, 1995) and this is evident within Southpark. There is trust between some staff but there is little trust between staff and the management committee. The trust between staff and the coordinator is variable, and reflective of fragile trust (Ring, 1996). There is a definite distrust of those 'on the outer' in the organisation including casual staff, although there is a stronger sense of distrust with people and organisations external to the organisation, including those in a position of authority. There is even a level of distrust of the clients which lies beneath the restriction of client freedoms and their limited involvement in decision-making. Their clients are viewed as vulnerable and in need of protection from everyone, including themselves. This is evident in the process of policy development within the organisation, whereby policy was formerly used as a means of control of both staff and clients. Changes are beginning to occur in this area as the transition to a new organisational structure has prompted a review of all policies and procedures.

High levels of trust are evident throughout Havenwood. Staff reportedly work well together, and they trust each other to get the job done. For example, tasks that need to be completed are written in an exercise book and staff take responsibility for checking what needs to be done and working towards completing these tasks. New staff, visitors and staff from other services are made to feel welcome. Staff did not display any mistrust of others external to the organisation. They talked about ways to encourage people to visit and collaborate with their service particularly in relation to issues of common concern for the client group.

Reciprocity

Similar to trust, reciprocity is also evident in the cultural elements related to routines and rituals as these are the daily patterns of behaviour and actions of people that signal acceptable behaviour (Johnson, 2000). The shared norms and understandings determine what is expected to happen in particular situations. In the following discussion, reciprocity is discussed predominantly with reference to what occurs within the organisations in relation to expectations and perceptions of behaviour.

Reciprocity is evident at Kidsville in the way staff members rely on each other to do the work that needs to be done. Interactions between staff are characterised by willingness and support which, in turn, increases productivity so that they work well together. This behaviour is encapsulated in the concept of reciprocity, and of working together for mutual benefit. This is evident in their discussions about mentoring and supervision when they explained that they supervise and support each other as a routine part of their work.

It is very different at Southpark where there is little reciprocity evident within this organisation. Staff indicated they could not rely on each other to do the work required. For example, they expressed concern about the way that new staff or casual staff complained about being bored but did not contribute to the process of the QIC self-assessment. Interactions between staff and the management committee are also characterised by a lack of reciprocity. For example, during a field visit, staff were very upset about the management committee's lack of empathy and understanding of the work required to undertake the QIC self-assessment process. This tension was heightened when the computer 'crashed' and many hours of work were lost. The reluctance to reciprocate extended to others external to the organisation. For example, during a field visit, staff described how they felt "put upon" by a government agency. Staff perceived that the agency was taking advantage of them and using their note-taking as an official recording of the proceedings instead of doing this task themselves.

Consistent with Havenwood's former structure as a collective, there are high levels of reciprocity throughout the organisation. These values are embedded in their approach to working within the organisation. As a result, staff struggle with task delegation but cope well with the notion that it is everybody's responsibility to get things done; that they will all contribute in some way; they will "pick up after" each other; and that they will somehow almost instinctively know what needs to be done and do it. The reliance on instinct and intuition is also a reflection of the gendered identity of the organisation (Acker, 1990; Martin, 1990).

Cooperation

The following discussion about the norms of cooperation considers the evidence of participation within the organisation such as how staff cooperate, the level of cohesion and whether they work together for mutual benefit (Adler & Kwon, 2002; Nahapiet & Ghoshal, 1998). This discussion is related to the social norms within the organisation with reference to the way members of the organisation participate and cooperate in the performance of organisational activities. These norms are ingrained in the organisational milieu and play a pivotal role in determining choices and interactions. The power and control elements of the Cultural Web (Johnson, 1992) provide evidence of the systems in place to reinforce conformity with these norms.

There are high levels of cooperation within Kidsville. For example, there is an expectation that *all* staff will participate in *all* the meetings and in light of this, staff are conspicuous by their absence if they do not attend. The discussions are participatory and led by the CEO (or his delegate) who directs questions to those staff in attendance. When he was absent, other staff take turns leading the discussion, which also encouraged input and contributions from the group.

Cooperation waxed and waned in Southpark. For example, the responsibility for the organisational QIC self- assessment eventually came to rest with just two staff members but they expected the coordinator to be heavily involved as well. The 'outsiders', for example casual staff, were excluded from participating in a productive way in discussions about the quality journal. By contrast, staff enthusiastically participated in projects and activities developed for the clients. For example, staff developed a program designed to teach the clients how to plan, prepare and present a meal which included a formal dinner. Thus, there seem to be different levels of engagement and participation in activities related to the development of the organisation and the provision of services for clients. This may reflect staff feelings of being devalued and disenfranchised by the organisation, and their strong sense of purpose and commitment to the clients.

Like reciprocity, cooperation levels are high within Havenwood. There is always a full complement of staff at the meetings. Meetings are characterised by participatory decision-making and consensus. These processes are supported by a flat organisational structure. The management committee does not have a high profile role that impacts on staff decision-making; rather, staff seem assured that the management committee is fulfilling its role effectively. Cooperation results from a shared sense that staff are “all in it together”, they are all valued and that their input matters. However, as with reciprocity, these shared values had a negative impact on productivity within the workplace because staff felt unable to delegate tasks.

Relational ties

Related to the concepts of trust, reciprocity and cooperation are ideas about the nature of the connections between those within the organisation and those external to it. Within Kidsville, there are close bonds between staff that derive from the stability of group membership, which also means that they know each other quite well. For example, when a staff member was on holidays they joked about how they would re-address her letter using a different name that reflected where she had gone on holidays. This and other forms of humour are used, not in a derogatory manner, but rather they revealed an intimate knowledge of each other. This does not extend to associating with each other outside of work, however, as their ‘home lives’ appear to be kept quite separate. There is some competition for “kudos” and image between this organisation and others in the non- government sector, especially their counterparts in a neighbouring town. Networks exist with other organisations that provide support to the same target group. Those within the organisation are cautious about forging networks with others who may not protect or recognise the vulnerability of the target group, relying instead on stereotypes and prejudice.

The relational ties between those at Southpark are more complex and problematic. The recent structural changes within the organisation occurred in the absence of an organisational change management strategy. This is

significant as moving from a feminist collective to a hierarchical structure involves a change of philosophy, as well as the movement and creation of positions. Consequently, there is a lack of role clarity and authority for decision-making. The high rate of staff turnover and the use of casual staff to fill vacancies makes it difficult for staff to establish networks and disrupts those that are formed. Some of the 'regular' staff appear to have close working relationships and friendships outside of work. There are definite divisions between the different groups within this organisation, namely between the management committee and staff; between 'regular' staff and casual staff; and between all staff and the coordinator. These divisions are evident in the patterns of interaction. The routines within the organisation separate, rather than coordinate the groups within the organisation. Issues related to trust and reciprocity within the organisation negatively impact on the development of external networks, whereby those external to the organisation are viewed with suspicion and as potentially exploitative. While staff suggested this is starting to change, the organisation remains insular.

Havenwood facilitates the development of networks within the organisation and externally through staff preparedness to work with others, particularly for the benefit of the client group. There are close links between staff. In a very supportive and caring manner, staff within this organisation share food and information about their lives. There are high levels of mutual respect. At least a once a year they go away together for a "girlie" retreat. External networks include other service providers and other organisations in the community who are related to the community of interest.

Conclusions for Research Question A

The preceding discussion has demonstrates how the participant observation process made it possible to identify constituent elements of social capital within each of the participating organisations. In doing so, these findings support the assumption made in this study that organisations, as institutional settings, are conducive to the development of social capital, and

that this development occurs at the level of organisational culture. However, I also recognise the potential for a different causal direction.

The concept of social capital is a relatively new and emerging concept in the field of organisation science. Staber (2003:414) draws attention to the way that social capital has been appropriated in this field and how some of the formulations of organisational social capital are similar to conceptions of organisational culture and questions whether this is a case of “old wine in new bottles”. However, Staber (2003) notes that a point of convergence for organisational culture theorists and organisational social capital theorists, is the desire to develop explanations beyond rational control for organisational management by looking towards the socio-cultural context. Thus, the following section aims to progress the development of organisational social capital theory by exploring how organisational culture appears when viewed through a social capital lens.

Research Question B:

Can the culture of human service organisations be understood within the theoretical framework of social capital and if so, how does organisational social capital impact on community participation efforts?

The previous section presented the evidence of trust, norms of cooperation, networks and relational ties, and reciprocity within the organisational culture of the three participating organisations. This section further analyses how these elements of organisational culture can be understood within the theoretical framework of social capital developed by Nahapiet and Ghoshal (1998), that describes the relational, structural or cognitive dimensions of social capital. As Nahapiet and Ghoshal (1998) explain these dimensions of social capital are highly interrelated and mutually reinforcing, however, within this discussion they are addressed independently for the sake of analytical clarity. The structural dimension refers to the connections between actors and has been a prominent feature of social capital research (for example, Burt, 1997; Burt, 2001). By exploring organisational culture, this study reveals the character and content of these connections

which are conceptualised here as the relational and cognitive dimensions. Mele (2003) refers to these dimensions as trust and associability (respectively) and argues that they are particular features of organisational culture that provide the antecedents for social capital. Applying the theoretical framework of social capital to the culture of the participating organisations facilitates an exploration of the impact of these features on organisational performance, with regards to community participation (Adler & Kwon, 2002; Leana & Van Buren, 1999).

Structural social capital

Structural aspects predominate in social capital research and tend to focus on the networks of individuals. Nahapiet and Ghoshal (1998:244) extend this to refer to structural dimensions as “the overall pattern of connections between actors”. The connections are characterised by their density, connectivity, hierarchy and pattern of linkages. In the language of social capital, the connections within organisations are often referred as bonding social capital to describe the “horizontal tight knit ties between individuals or groups” (Baum & Ziersch, 2003:320). High levels of bonding social capital can be beneficial for organisations in developing a sense of shared identity, and facilitating collective action. However, this can also result in organisations becoming exclusionary, inward looking and isolated (Cohen & Prusak, 2001). The connections external to the organisation are referred to as bridging capital, and these can facilitate access to external resources and information dissemination (Putnam, 2000). The networks and linkages evident within the organisational culture can be viewed as part of the cluster of social capital referred to as the structural dimension (Nahapiet & Ghoshal, 1998). Within the three participating organisations many features of structural capital are evident which affect the conditions for community participation. A summary of the elements of organisational culture relevant to the structural dimension of social capital appear in Table 12 below.

Table 12 Elements of Organisational Culture Linked to the Structural Dimension of Organisational Social Capital

	Kidsville	Southpark	Havenwood
Organisational structure	Hierarchical structure Governance committee Staff organised by function Formal communication mechanisms Staff rotate through service components	Hierarchical structure recently introduced Coordinator position Board of Management	Feminist collective Flat organisational structure Management Committee
Control systems	CEO & accountant conduit between Board, staff and service components Education & training Policy & procedures followed Very little monitoring	Coordinator conduit between staff and Board Access to education & training tightly controlled Policy & procedures linked with accountability Monitoring processes recently introduced	Predominance of oral culture Very few control systems evident Lack of monitoring
Power structures	Key person dependence vested in CEO “Hands off” Board Government viewed with suspicion because of bureaucratic requirements Rank their organisation high on the pecking order of SAAP funded organisations External networks based on personal relationships Organisation viewed as key informant on youth issues	Coordinator powerful position Leadership struggles between staff and management Board “out of touch” Rank their organisation lower on the pecking order of SAAP funded organisations Organisation feels less powerful than other organisations Government viewed with suspicion as organisation not treated fairly	Shared responsibility for key tasks Power and leadership diffused throughout the organisation External networks developed based on the needs of clients Rank their organisation high on the pecking order of SAAP funded organisations

The norms of trust, reciprocity and cooperation contribute to the development of bonding social capital. Bonding social capital is evident in all three participating organisations, however, its function varied within each of them. At Havenwood, the close bonds between those within the organisation serve to nurture and support. Similarly within Kidsville, the bonding social capital facilitates reciprocity and collective action. By comparison at

Southpark, bonding social capital has a negative effect by demarcating the divisions that exist between the various groups. This is especially tangible for the casual staff who are overtly excluded from conversations, participating fully in meeting processes and contributing to the organisation. On the basis of the preceding discussion about trust, reciprocity and participation, Havenwood and Kidsville have higher levels of bonding social capital than Southpark, and in these two organisations the bonding social capital operates to facilitate the sharing of information, low turnover rates and organisational stability. At Southpark, bonding social capital exists between the different groups (factions) within the organisation, but these serve to block the transfer of information between the different groups, destabilise the organisation and led to the development of an isolated, inward-looking ethos.

The presence of external networks or bridging social capital is stronger at Havenwood and Kidsville than at Southpark. Gillies, Bolam and Pennington (2003) argue it is the complementary external networks associated with bridging social capital that assist the development of outward-looking and inclusive cultures. Havenwood demonstrates an outward-looking and inclusive culture as its management committee is viewed as an extension of the community's links with the organisation and the organisation actively seek opportunities to form external relationships that might benefit their client group. For example, Havenwood has a long established history of interagency networks, participation in youth forums, and linkages with culturally specific organisations. At Kidsville, a more strategic approach is taken to the formation of external networks. For example, these networks are formed to gain additional kudos (that is, for the sake of appearances), to facilitate easier working relationships, or gain some leverage that may benefit their client group. At Southpark connections with those external to the organisations are generally formed in response to issues arising from client work. For example, regular interactions occur with employment related organisations in order to access services required for the clients, however, networks do not extend beyond this and are not generally sustained beyond these encounters.

The above discussion illustrates the ways that the structural dimensions of social capital within Havenwood and Kidsville create conditions for community participation because of their open and outward-looking focus. The external linkages assist these organisations to engage with their community of interest directly through activities such as community awareness programs, and indirectly by accessing information to keep abreast of the issues affecting young homeless people. In contrast, they serve to limit the opportunities at Southpark as this organisation is more inward-looking and it does not have the same levels of bridging social capital. These findings are supported by Skidmore, Bound and Lownsbrough (2006:18) who argue that “where decision-makers are prepared to be open and outward looking they are more likely to encourage public participation”. Thus, bridging social capital is a key resource for community participation.

Relational social capital

Nahapiet and Ghoshal (1998:244) describe the relational dimension of organisational social capital as focused “on the particular relations people have, such as respect and friendship, that influence their behaviour. It is through these ongoing personal relationships that people fulfil such social motives as sociability, approval, and prestige”. Leana and Van Buren (1999:541) also attribute the characteristic of associability to this dimension of social capital which they define as “the willingness and ability of participants in an organisation to subordinate individual goals and associated actions to collective goals and actions”. Personal relationships are developed through social interactions. Trust, norms, sanctions, obligations and expectations, identity and identification all contribute to the formation of these relationships. Viewing the elements of organisational culture through an organisational social capital lens makes it possible to conceptualise trust, norms of participation and reciprocity as relevant to the relational dimension of organisational social capital. Within the three participating organisations many features of relational capital are evident which affect the conditions for community participation. A summary of the elements of organisational culture

relevant to the relational dimension of social capital appears below in Table 13.

Table 13 Elements of Organisational Culture Linked to the Relational Dimension of Organisational Social Capital

	Kidsville	Southpark	Havenwood
Routines & rituals	<i>Activities staff do together:</i>		
	Formal meetings (no catering). Staff take smoking breaks together. Working relationships productive, supportive, cooperative & professional. High levels of participation, reciprocity & involvement.	Food used as a reward and comfort. Work discussions continued over smoking breaks. Staff supportive of each other, compassionate & nurturing. Staff work together in informal ways.	Food shared as part of nurturing. Working relationships supportive & cooperative. Staff socialise together outside of work. Effective functioning reliant on reciprocity.
	<i>Client work:</i>		
	Broader community expected to stereotype & negatively portray client group.	Primarily concerned with protecting clients.	Provide a safe place in a crisis.
	<i>Emotional norms:</i>		
	High levels of trust vested in CEO. Interactions characterised by humour. Pride in their work. Mutual respect.	Trust is situated. Interactions characterised by humour. Staff take pride in their work but embarrassed by some of their history.	High levels of trust and associability. Interactions characterised by humour. Take pride in their work and their organisation.

While structural social capital refers to the patterns of linkages, relational social capital describes the nature of these social interactions and networks within the organisations. Havenwood and Kidsville experience higher levels of generalised trust (Putnam, 1993a) and mutual respect throughout their organisations. Trusting relationships facilitate collaboration, participation and reciprocity even in the absence of formal and explicit measures (Onyx & Bullen, 2000). Thus, within Havenwood and Kidsville,

there are also high levels of cooperation, participation and shared norms in relation to reciprocity. In these ways, the trust within these organisations could be described as resilient because it is based on the belief in the goodwill and reliability of others and the reciprocal benefits may extend into the future and may even be deferred (Ring, 1996). Leana and Van Buren (1999:543) argue that “work-groups that successfully complete a project are likely to exhibit higher trust, which makes further and more complex collaborative efforts possible”. The resilient trust within Havenwood and Kidsville creates favourable conditions for community participation as there is a greater willingness to commit to relationships when someone is trusted. This is reflected in the external orientation of these organisations discussed in the previous section about structural social capital.

At Havenwood, the relational social capital creates conditions favourable for community participation to occur. Further, given the nurturing nature of the relationships within this organisation, community participation efforts are based on relationship building. For example, the organisation has regular resident meetings which provide opportunities for the clients to provide feedback, make suggestions and be involved in service planning. At Havenwood sociability predominates whereby staff spend time socialising together. While this fosters close bonds between them, at times, the result is akin to what Leana and Van Buren (1999:542) refer to as “social loafing” whereby the organisation displayed the propensity to socialise but found it difficult to establish systems for holding one another accountable, thereby resulting in some group productivity losses. Productive and effective actions are possible, however, when staff focus on task and are goal-oriented. The social nature of Havenwood creates conditions where community participation can occur through the development of external and internal relationships. This is evidenced by the organisation’s success in gaining external funding for the purchase of African musical instruments and other recreational equipment for clients.

The relational social capital within Kidsville also creates favourable conditions for community participation. While generalised trust exists within the organisation, the organisation is cautious about its external relationships. These relationships are based on the personal experience of a staff member with another in a particular organisation and reflective of dyadic trust: “trust between two parties who have direct knowledge of one another” (Leana & Van Buren, 1999:543). In this way, the relationships with others and the community participation efforts are likely at first to be based on fragile trust and transition to resilient trust which Ring (1996) argues is possible over time and with the development of shared norms and expectations. Consistent with the higher levels of professionalism and the formal structures in place at Kidsville, together with the reliance on fragile trust, community participation efforts occur in a more formalised way. For example, Kidsville has a very comprehensive case management process which includes formal opportunities for clients to have input into the development of their case plan, as well as a post-case management process that includes feedback from clients.

By contrast, within Southpark, trust is situated which is described by Noorderhaven (1995) as dependent upon the circumstances, and how the actors characterise the outcomes of the transaction and each other. At Southpark, the absence of generalised trust adversely impacts on the nature of the relationships within the organisation, as well as the external networks and the relationships with clients. The troubled relationship between staff and the management committee at Southpark illustrates these issues. For example, the management committee members’ stance on the terminology used in the complaints policy (preference for the word ‘grievance’) and request for staff to refrain from the use of colloquial language when working with clients served to place them in an adversarial position and appear to be ‘out of touch’. As a result, staff became unwilling to cooperate and self-interested for example refusing to sign the proposed workplace agreement, and no longer spending time outside of work on the organisational self-assessment. The strain between the management committee (and to some extent the coordinator) and staff is reflective of what Blau (1960) refers to as a clash

between organisation-centred values (concerned with administration and bureaucracy) and occupation-centred values (concerned with client services).

In these circumstances trust at Southpark is replaced with suspicion. For example, the motives of clients are questioned; other service providers are viewed as potentially exploiting the organisation; and other organisations (even those with legitimate authority such as the police) are not trusted. In these ways, the trust within Southpark can be likened to Ring's (1996:154) concept of fragile trust, whereby the actors make calculated decisions about the degree to which they can trust each other based on the predicted likelihood of immediate rewards. In this organisation, the conditions for community participation are diminished because of the lack of mutual commitment required for collective action (Leana & Van Buren, 1999). Thus community participation occurs in an *ad hoc* fashion, and at the whim of individuals, rather than as an organisation-wide initiative. For example, a particular staff member demonstrated commitment to regularly meeting with a local council network of young people, but this was not incorporated into an organisational-wide strategy to strategically develop external linkages.

Cognitive social capital

Nahapiet and Ghoshal (1998:244) define the cluster of social capital features relating to the cognitive dimension as: "the resources providing shared representations, interpretations, and systems of meaning among parties" and focus in particular on shared language and codes and shared narratives. Inkpen and Tsang (2005:153) explain that cognitive social capital is evident in the degree of "common understanding and approach to the achievement of network tasks and outcomes". The cognitive dimension of social capital becomes evident in the shared culture among organisational members and the extent to "which employees within a social network share a common perspective or understanding" (Bolino, Turnley & Bloodgood, 2002:506). Thus, the elements of cognitive social capital are evident in the myths, stories, metaphors, symbols and routines within the organisations that were discussed in the previous chapter. These elements make it possible for

those within the organisations to interpret and understand their experiences in a shared way. Features of cognitive social capital within the three participating organisations are displayed in Table 14.

Table 14 Elements of Organisational Culture Linked to the Cognitive Dimension of Organisational Social Capital

	Kidsville	Southpark	Havenwood
Symbols	<p>All staff wear casual clothes except for CEO & accountant.</p> <p>Unidentifiable premises.</p> <p>Service aim to debunk myths about shelters and the young people who stay there.</p> <p>Minimise stigma experienced by young people.</p> <p>Clients views as vulnerable and in need of protection.</p> <p>Shared belief in the possibility for improvement both for the organisation and the clients.</p>	<p>Casual clothes worn by all staff.</p> <p>Unidentifiable premises but obvious safety features in place.</p> <p>Home-like environment.</p> <p>Language of youth spoken and valued by staff.</p> <p>Clients viewed as vulnerable.</p> <p>Staff view themselves as protectors.</p>	<p>Casual clothes worn by all staff.</p> <p>Unidentifiable premises but obvious safety features in place.</p> <p>Safety & security features prominent.</p> <p>Shared feminist values.</p> <p>Shared belief that the organisation “does a good job” and “the right thing by their clients”.</p>
Stories	<p>DHHS viewed as the villain.</p> <p>CEO viewed as a hero.</p> <p>The challenge of youth work is a recurring story.</p> <p>Organisation tells stories about how they are “better than they used to be”.</p>	<p>Freda the dog who was removed from the shelter when the clients were cruel to her.</p> <p>Heroine: murdered worker.</p> <p>Villains: those who do not understand or value clients.</p> <p>Rumours about their work with clients.</p>	<p>Stories about instances when the organisation has been responsive to special needs.</p> <p>Villains: management committee when they do not understand & value staff’s work.</p> <p>Stories about the need to protect clients and provide a safe place in a crisis.</p>

The cognitive dimensions of social capital make the exchange of meaningful dialogue possible through the existence of shared meanings that are created and sustained through ongoing relationships. Through constructing meaning, those within the organisations develop a sense of shared identity and

cohesiveness (Edelman et al., 2004). The perception of shared identity leads to the development of bonding social capital and justifies the investment of trust and cooperation in these relationships (Szreter, 2002). In these ways, cognitive social capital is also evident in the paradigm of the organisations as depicted in Johnson's (1992) Cultural Web. The elements of the Cultural Web (such as the myths, metaphors and stories) are manifestations of culture which result from the influence of the paradigm, defined by Johnson (1992) as the taken-for-granted assumptions of an organisation. The presence of an organisational paradigm is premised on the view that, while it is possible for the individuals within an organisation to have different beliefs about aspects of their organisation, there exists a core set of assumptions required for the organisation to function (Johnson, 2000; Smircich, 1983). The existence of an organisational paradigm and the cognitive processes through which it is developed reflects a central tenet of institutional theory whereby organisations become institutionalised as a result of social processes by which individuals develop a shared definition of social reality (Scott, 1987a). This study has examined the links between organisational processes in terms of routines, symbols and paradigms (core assumptions) to explain the collective framing and response to community engagement within the three organisations.

The belief that the organisation is a 'good organisation' where people work hard for the good of the clients was shared across the three participating organisations. This belief provided those within the organisations justification for their commitment to the organisation. Leana and Van Buren (1999:547) explain that the organisational social capital "can provide the individual with a rationale for deferring his or her immediate individual interests in favour of longer-term group and organisational goals". At Havenwood, the organisational paradigm includes the view of the organisation as a safe place in a crisis and the provision of safety was underpinned by core values such as nurturing and equality. At Kidsville, the organisational paradigm displays a strong belief in the 'right to a fair go', and seeks to achieve this by reducing the myths, stereotypes and stigma that surround their client group. Within these two organisations, the cognitive dimensions of social capital operate to

facilitate collective action because of the existence of these shared understandings and norms, together with generalised and resilient trust (Leana & Van Buren, 1999). By contrast, at Southpark, the organisation assumes a protectionist role, which tends to be exclusionary and insular by defining who is inside and who is outside the 'ring of protection' formed around the clients. This is the result of bonding social capital. Edelman et al. (2004) propose that at a group level, cognitive social capital can result in strong bonds, however, at an organisational level, these bonds make more evident the differences between groups which can serve to impede collective action.

Conclusions for Research Question B

In response to Research Question B, the organisational culture of the three participating organisations was subjected to further analysis by viewing these findings through an organisational social capital lens. This discussion has made explicit the links between organisational culture and organisational social capital. The process of analysis and the findings have tested the usefulness and applicability of the analytical framework developed by linking Johnson's (1992) Cultural Web with Nahapiet and Ghoshal's (1998) social capital framework and found it to be a valuable tool for this purpose.

As stated earlier, this study assumes that organisational social capital emerges from organisational culture, however, the causal direction is inconclusive and there is evidence to suggest that these factors are mutually reinforcing. Research concerned with building social capital in organisations (Adam & Urquhart, 2009; Cohen & Prusak, 2001; Edelman et al., 2004; Leana & Van Buren, 1999; Mele, 2003; Nahapiet & Ghoshal, 1998) point to the need to foster trust, connections and cooperation in order to invest in organisational social capital. As well as describing the organisational social capital in the participating organisations, this discussion has explored how the three dimensions of social capital proposed by Nahapiet and Ghoshal (1998) influence the conditions for community participation. Thus, the discussion has encompassed both the sources and outcomes of organisational social capital, thereby also drawing links to organisational performance. This has revealed

that the performance of organisations in relation to creating conditions for community participation to occur is variable, a finding that is consistent with other research (Botes & Van Rensburg, 2000; Butterfoss, Goodman & Wandersman, 1996; McCluskey et al., 2004). The causes of this heterogeneity in organisational performance will be explored in response to Research Question C.

Research Question C:

What contributes to the capability of human service organisations to effectively foster community participation?

Carroll (1993) argues that determining why organisations differ is complex both because of the wide variety of the nature and sources of these differences, and the need to distinguish between the differences and the success factors. An objective of this research is to identify the factors that contribute to the capability of organisations to create conditions where community participation is possible. The existence of heterogeneity in organisational performance in relation to community participation is perplexing, particularly in light of the compelling evidence for the benefits of participation and the array of techniques available. This study has explored whether organisational social capital is present in the human service organisations that participated, and if so, how it has operated to create conditions for community participation. In doing so, the intention is to elucidate the factors that influence and sustain community participation efforts, and generate theoretical insight into the relationship between organisational culture, social capital, and community participation within human service organisations.

In Chapter 5, I proposed a set of hypotheses about the nature and function of social capital within human service organisations to guide the research design. These hypotheses have been used in an ethnographic way, that is, to generate questions and to search for questions (Marshall & Rossman, 2006). They have been revisited here to examine whether my

original logical conjecture about the nature of organisational social capital within human service organisations and its influence on community participation holds true in light of the research findings.

The four hypotheses are:

- H1 Community participation occurs in human service organisations with higher levels of social capital.
- H2 Human service organisations with a strong presence of community representatives in formal management structures have higher levels of social capital.
- H3 Human service organisations with community representation in formal management structures implement community participation mechanisms.
- H4 Human service organisations affiliated with other human service organisations and networks (i.e. evidence of bridging capital) implement community participation mechanisms.

Based on the analysis of the three organisations using Nahapiet and Ghoshal's (1998) theory of organisational social capital, Havenwood and Kidsville exhibit higher levels of social capital compared to Southpark, as evidenced by the presence of generalised trust, reciprocity and social cohesion. In particular, the relational and cognitive dimensions of social capital at Havenwood and Kidsville serve to positively enact the concern for clients and foster the development of internal and external relationships. Therefore, the conditions for community participation are more favourable at Havenwood and Kidsville and in turn, there is a wider variety of and more systematic approach to, community participation. Thus, the evidence supports the first hypothesis, however, it would be useful to conduct further research based on the measurement of social capital to comprehensively and quantitatively compare the levels of social capital across the organisations. In this way, the guiding hypothesis has served to shape a hypothesis to be explored through quantitative analysis (Neuman, 2003).

The second and third hypotheses concern the enactment of community participation at a management level within organisations. These hypotheses propose that there is a relationship between the involvement of community

members in the management of an organisation, organisational social capital and community participation. These hypotheses are borne out in the study as Havenwood provides evidence that community participation in formal structures such as boards of management provides both a consumer voice, and linkages to the local community. At Havenwood the management committee is viewed as an extension of the community into the organisation and as a connection from the organisation to the wider community. Staff take turns in attending the management committee meetings which both engenders a sense of trust, and provides a mechanism for the dissemination of information generated by, and about, the management committee among those within the organisation. It is evident at Havenwood that the management committee is perceived as a way of finding out about its community of interest, in addition to disseminating information. In these ways, Havenwood has demonstrated the importance of a management committee whose members are representative of the community, committed to understanding the aims of the organisation and appreciate their role as boundary-crosses. Thus, the management committee at Havenwood serves as a key community participation mechanism.

Southpark is similar to Havenwood in that the management committee is a link to the broader community, although the selection of new management committee members occurs in an *ad hoc* and ill-defined way. The management committee at Southpark is involved with management as well as day-to-day operation of the organisation. The coordinator of the organisation attends the management committee meetings, however, consistent with the findings about the nature of bonding and relational social capital at Southpark, the processes for decision-making and communication are fraught. The opportunities for meaningful participation at a management committee level and as a result of this structure are diminished as a result. By contrast, at Kidsville, there is a much greater distance between the governing body and the operational level of the organisation. The governing body also has responsibility for governance of other service components of this organisation. Board members include representation from small business,

education, government, and local government. The CEO acts as the conduit between the staff and the Board. The formal governance arrangements create structural opportunities for community participation.

The final hypothesis relates to the presence of bridging social capital and suggests that there is a positive correlation between the affiliation with other human service organisations and community participation. The findings of this study support this hypothesis. Havenwood and Kidsville both have larger external networks and strong linkages across the SAAP sector than does Southpark. Bridging social capital is evidence of the outward-looking focus of organisations. These networks and affiliations directly and indirectly support community participation as discussed previously.

Conclusions for Research Question C

This study has explored the influence of structural dimensions of social capital which includes the networks and patterns of connections internal and external to the organisations. The findings suggest that the relational and cognitive dimensions strongly influence the nature and extent of these networks. For example, within Southpark the existence of fragile trust and low levels of reciprocity and mutual cooperation negatively impacts on the formation of external networks and fosters the development of fractured groups within the organisation. By comparison, the relational and cognitive dimensions of social capital at Havenwood and Kidsville encourages these organisations to be outward-looking and prepared to form relationships based on the mutual benefit of their client group.

The discussion thus far, leads to the conclusion that organisational social capital theory offers a potentially valuable perspective for understanding and explaining the creation of conditions where community participation can occur. In the context of this study, organisational social capital is an important resource with particular relevance to community participation activities as these are social activities and social capital inheres in these relationships and interactions. Kilpatrick and Falk (2003) propose that

interactional and values infrastructure are the social capital resources that exist at a *meso* level, that is at the level of communities and organisations. The interactional infrastructure (Kilpatrick & Falk, 2003) consists of networks, organisational structures, communication sites and people and bears some resemblance to Nahapiet and Ghoshal's (1998) structural dimension of social capital. The values infrastructure (Kilpatrick & Falk, 2003) is similar to Nahapiet and Ghoshal's (1998) relational and cognitive dimensions. The interactional infrastructure of the organisation tends to be more visible than the values infrastructure which underlies the social interactions (Kilpatrick & Loechel, 2004). This study has focused on the interactional infrastructure by examining the internal and external networks and the values infrastructure by exploring organisational culture. Social capital has been used as a resource for social action within the organisations. Importantly, as Kilpatrick and Falk (2003) explain, social capital resources are simultaneously built and drawn upon in these social interactions between the organisation and its community of interest. Therefore, developing stores of social capital is a pre-requisite for the creation of conditions where community participation can occur.

This study has examined organisational culture as a way of identifying the origin or genesis of social capital. As a result, organisational culture is linked to performance by way of the development and use of social capital resources. This draws attention to the importance of the socio-cultural aspects of organisations as a source of social capital. Prusak and Cohen (2001) suggest that investing in social capital requires making connections, enabling trust and fostering cooperation. Arguably these practices occur and the level of organisational culture. Mele (2003) explicitly points to the possibility of organisational culture providing a base for the creation of social capital when he argues that organisational humanising cultures characterised by trust and associability have the potential to achieve this. While more research is required to explore how organisational culture can influence performance and generate social capital, this study has contributed to knowledge in this area.

The heterogeneity in organisational performance in relation to community participation evident in this study is related to the way that the function of social capital varies according to the context. Narayan and Cassidy (2001) explain that this occurs because the socialisation of the actors involved leads to the internalisation of norms and values which are specific to that context (Narayan & Cassidy, 2001). Therefore, as evidenced by this study, the practical implications of organisational social capital are very broad and its consequences may be positive or negative. This study has found that the organisational paradigm is an important determinant of how concern for clients is enacted. The organisational paradigm is evidence of the key norms and values that form the basis of socialisation within the organisation. The differences in the enactment of client focus as a core value, demonstrates that a client focus alone is not sufficient to create conditions for community participation. The heterogeneity in organisational performance stems in part from the socio-cultural context of the organisations. Importantly, the organisations create conditions for community participation, not just by viewing clients as central (and essential) to their organisation, but also in the ways that they relate to each other and relate to the organisation.

Chapter Summary

This study seeks to look beyond the “techniques-based participatory orthodoxy” (Cleaver, 2001:38) that pervades community participation research. Instead, the focus has been the organisational factors that influence how organisations create conditions where community participation can occur. This has led to an exploration of organisational culture which has been examined by observing the social interactions and behaviour of those within the participating organisations. Organisational culture has been explored at the level of social capital within the organisation. The theoretical framework of organisational social capital developed by Nahapiet and Ghoshal (1998) has been used as an analytical lens to expose the relationships between organisational culture and organisational social capital. This has been possible through the development of an analytical framework that has linked the

elements of the Cultural Web (Johnson, 1992) with the relational, structural and cognitive dimensions of social capital (Nahapiet & Ghoshal, 1998).

Evidence of the nature of trust, shared meanings, norms of cooperation and reciprocity, and networks and relational ties were explored as potential antecedents of social capital. These findings reaffirmed that organisations, as institutional settings, are conducive to the development of social capital, and that this development occurs at the level of organisational culture. The analytical framework developed by linking the Cultural Web (Johnson, 1992) to Nahapiet and Ghoshal's (1998) social capital framework provided a social capital lens with which to view organisational culture. The analytical process in this chapter confirmed the utility of the analytical framework developed for this purpose.

The dimensions of social capital are visible in different ways within each of the participating organisations. The structural dimension of social capital within Havenwood and Kidsville creates conditions where community participation occurs, whereas they serve to limit the opportunities at Southpark. The relational dimension focused predominantly on the elements of trust and associability. For example, the resilient trust within Havenwood and Kidsville creates more favourable conditions for community participation as there is a greater willingness to commit to relationships when someone is trusted. Community participation efforts occur in a more formalised way at Kidsville where there are higher levels of professionalism and the formal structures in place, together with the reliance on fragile trust. Exploring the cognitive dimension of social capital revealed the importance of the organisational paradigm. The organisational paradigm defines the key assumptions, as well as the perspective of the role of the organisation and their role within this, thus enabling social cohesion. Each participating organisation had a strong client-centred focus which was enacted in different ways, and came into conflict with organisation-centred values.

These findings support the assertion that organisational social capital theory offers a potentially valuable perspective for understanding and explaining the creation of conditions where community participation can occur. In the context of this study, organisational social capital is an important resource with particular relevance to community participation activities since these are social activities and social capital inheres in these relationships and interactions. Therefore developing stores of social capital is a pre-requisite for the creation of conditions for community participation. The heterogeneity in organisational performance stems in part from the socio-cultural context of the organisations.

Chapter 10: Conclusion

Introduction

The aim of this study is *'to elucidate the factors that influence community participation efforts, and generate theoretical insight into the relationship between organisational culture, social capital, and community participation within human service organisations.'* This aim derives from a desire to better understand community participation, and the social and cultural factors that influence its practice. Indeed, it is my commitment to primary health care principles and practice that centralise the notion of communities in this interpretive inquiry. By unravelling the concept of community participation in action, this study reveals how benefits at the individual and community level can be achieved through the development of social networks, better informed services, and the exercise of democracy.

This study specifically explored the role that three human service organisations play in creating conditions supportive of community participation. Studies of organisational performance typically focus on the links between organisational culture and performance and view culture as an independent variable. Instead, this study has adopted an alternative stance by viewing organisational culture as a metaphor: something an organisation *is*, rather than *has*. By conceptualising organisational culture in this way, it has been possible to use an interpretive exploratory research framework to interpret culture through observing social interactions, symbols, routines, rituals, and stories. In doing so, this study sheds light on the emergent, taken-for-granted and often hidden facets of organisational culture that shape community participation.

Prior to embarking on the participant observation stage of this study, a document analysis and interviews with key informants were undertaken. The findings from these data collection processes tested the assumptions underlying the logic of the research design. The document analysis revealed the argot used in relation to quality improvement activities. The key

informants spoke of the prominent values-base of the QIC Standards, which also provide a potent prompt for critical reflection during the self-assessment stage of the QIC Program. The findings from the interviews with key informants clarified and confirmed the ways that engaging with the QIC Program has a significant impact upon organisations. Furthermore, the findings provided examples of how the concepts of community participation and organisational social capital are operationalised within the research setting.

A deeper understanding of the way organisational culture shapes community participation is urgently required because human service organisations in the non-government sector provide services to some of the most vulnerable people in society. The contribution of these organisations to the social capital of Australia is well documented (Productivity Commission, 2009). Further, social capital is an important alternative framework for these organisations to respond to people experiencing disadvantage and social marginalisation (Hampshire & Healy, 2000). The organisational life of these organisations, however, is a neglected research theme and as such, the development, existence, and function of social capital within these organisations are not well understood. To address this need for research, culture has been used as a prism through which to examine organisational life to better understand organisational culture and social capital. The organisations that participated in this study are small, community-based, non-government organisations funded to provide services in accordance with the SAAP Act (1994). By examining their organisational culture, this study provides new insights into relationship between the concepts of organisational culture and organisational social capital and how they influence community participation.

This study makes a powerful contribution to the field of community participation by developing and testing a new analytical framework to explore social capital at the level of organisational culture. This study adopts Falk and Kilpatrick's (2000) view which proposes that social capital is the product of

social interactions during which social capital is simultaneously used and built. By doing so, this study examined the existence and function of the social capital of organisations that is mobilised for social interactions within the organisations, and between the organisations and their communities of interest. By linking Johnson's (1992) notions of the Cultural Web with Nahapiet and Ghoshal's (1998) social capital theory, a new analytical framework was developed to facilitate an understanding of organisational culture in relation to the structural, relational and cognitive dimensions of social capital.

The findings in this study confirm that organisational social capital is an important resource for community participation. This study highlights that the nature of the social interactions within organisations (relational dimension of social capital), together with the shared meanings and value attributed to clients (cognitive dimension of social capital) play a key role in determining how community participation occurs. The organisational paradigm determines how concern for clients is enacted, and therefore, strongly influences community participation. The findings also support other research that highlights the power of symbolic and cognitive artefacts in the production and re-production of organisational culture, and therefore, key to strategic management and change (Johnson, 1988; Johnson, 1990; Johnson, 1992).

The Original Contributions of this Study

This section presents the three research questions that emanated from the research aim (stated earlier in this chapter), together with the answers generated by this study. The answers have been grouped in relation to the original contributions made in three areas:

- A new analytical framework that links the Cultural Web (Johnson, 1992) with social capital theory (Nahapiet & Ghoshal, 1998);
- Community participation knowledge and research; and
- Theoretical understandings of the links between organisational culture, organisational social capital and community participation.

A new analytical framework

A new analytical framework that links Johnson's (1992) Cultural Web with Nahapiet and Ghoshal's (1998) social capital theory was developed to explore social capital at the level of organisational culture. **The application of this analytical framework facilitated an understanding of organisational culture in relation to the structural, relational and cognitive dimensions of social capital. More specifically, the newly developed analytical framework revealed how these dimensions of organisational social capital influence community participation.** The role and function of organisational social capital is not typically analysed using standard community participation methodologies. Application of the analytical framework was used to answer research questions:

- A) *'What are the cultural elements (for example, norms, assumptions, symbols, artefacts, values, and accepted ways of behaving) within human service organisations that are features of social capital?'; and*
- B) *'Can the culture of human service organisations be understood within the theoretical framework of social capital and if so, how does organisational social capital impact on their community participation efforts'?*

The new analytical framework facilitated analysis of the structural dimension of social capital. **The power structures, control systems and organisational structures from the Cultural Web were viewed as part of the structural dimension of organisational social capital.** Within Havenwood and Kidsville this dimension creates structural opportunities for community participation, whereas it serves to limit the opportunities at Southpark. This can be predominantly explained through the existence of bonding and bridging social capital. At Havenwood and Kidsville the outcomes from higher levels of bonding social capital support community participation by enabling collective action and providing the community of interest with continuity in relation to organisational contacts. At Southpark, bonding social capital exists between the different groups (factions) within the

organisation, resulting in 'knowledge holes' which render the social networks ineffective, and therefore, community participation is more problematic. The presence of bridging social capital is stronger at Havenwood and Kidsville, than at Southpark and this, in turn, influences the nature and extent of external networks and relationships.

The new analytical framework facilitated analysis of the relational dimension of social capital, which refers to the nature of the social interactions within and external to the organisations. **The relational dimension was linked to the organisational routines and rituals identified in the Cultural Web as these are the enactment of shared norms.** The associability within Havenwood is conducive to community participation as it fosters the development of external and internal relationships. Consistent with formal structures for social interaction at Kidsville, together with the reliance on fragile trust, community participation occurs in a more formalised way. At Southpark, the absence of generalised trust adversely impacts on the nature of the relationships within the organisation, therefore, the conditions for community participation are diminished because of the lack of mutual commitment required for collective action (Leana & Van Buren, 1999).

The new analytical framework facilitated analysis of the cognitive dimension of social capital, which is largely responsible for determining how the organisation 'frames' its relationship with its community of interest. **The cognitive dimension of social capital was linked to organisational processes such as routines, symbols and paradigms (core assumptions).** The analytical tool was used to explain the collective framing and response to community participation within the three organisations. Those within the three participating organisations believed that their own organisation is a place where people work hard for the 'good' of the clients, and that this characteristic made it a 'good' organisation. This belief provided those within the organisations justification for their commitment to the organisation and its activities. The enactment of this core belief, however, differed within each of

the organisations, which suggests that a strong client focus on its own is not sufficient to support community participation.

Contributions to Community Participation Knowledge & Research

This study has encompassed both the sources and outcomes of organisational social capital, thereby also drawing links to organisational performance in relation to community participation. This has highlighted the ways that organisational performance in this area varies. These findings are discussed in this section, which addresses research question:

- C) *‘What contributes to the capability of community-based human service organisations to effectively foster community participation?’*

This study actively demonstrates that the structured process of critical reflection which occurs during preparation for a QIC review, is a rich source of information about organisations and their organisational culture, and therefore their organisational paradigm. The need for community participation in debate and decision-making about health issues and health care is a key feature of the QIC Standards. As a result, self-assessment in relation to the QIC Standards is a potent prompt for examining key organisational values, beliefs, attitudes and actions to achieve community participation. By using quality improvement processes as a mechanism to expose organisational culture, this study also contributes to research about the links between organisational culture, quality and performance with specific reference to community participation.

Community participation occurs in ways that reflect the different organisational paradigms. At Havenwood, the organisational paradigm includes the view of the organisation as a safe place in a crisis, and the provision of safety was underpinned by core values such as nurturing and equality. This was reflected in community participation activities such as the development of a living skills resource and transitional accommodation

support. At Kidsville, the organisational paradigm displays a **strong** belief in the ‘right to a fair go’, and seeks to achieve this by reducing the **myths**, stereotypes and stigma that surround their client group. Thus, **community** participation efforts focus on activities that enhance the social **value** of the clients, for example, displaying client artwork on the walls. The organisational paradigm assists those within Southpark to define who is ‘inside’ and who is ‘outside’ the ‘ring of protection’ formed around the clients, thus **the** organisation tends to be exclusionary and insular. Community participation efforts are limited to those activities that occur within the organisation, such as ‘house meetings’ between staff and clients.

This study concentrated on identifying the resources required for social capital including: the interactional infrastructure, by examining the internal and external networks; and the values infrastructure, by exploring organisational culture. Organisational social capital is an important resource with particular relevance to community participation activities since social capital inheres in these interactions and social relationships. **Thus, the development of stores of social capital is a pre-requisite for creating conditions supportive of community participation, however, the practical implications of organisational social capital are very broad and its consequences may be positive or negative.** The conclusions drawn from the research questions point to several important contributions made by this study to the theory of community participation and these are discussed below.

Contributions to Community Participation Theory

This study makes four key contributions to theories of community participation. These theoretical insights have been gained by responding to the research gaps identified in relation to social capital within organisations, human service organisations in particular, and its influence on **community** participation. Drawing on the answers to the three research questions, these contributions address the research aim: *‘to elucidate the factors that influence community participation efforts, and generate theoretical insight into the*

relationship between organisational culture, social capital, and community participation within human service organisations.'

First, the study contributes to research about human service organisations in general, and the internal functioning of human service organisations in particular. The literature reviewed for this study identified four drivers understanding factors that influence performance in organisations: efficiency and effectiveness; quality; workforce management; and consumer orientation. This study has examined the ways that organisational culture and organisational social capital determine the performance of three human service organisations, specifically in relation to community participation. This is important as these organisations have a distinctive role in contributing to community social capital through the active involvement of community members and community building (Hampshire & Healy, 2000).

Second, by focusing on the role of organisations, this study responds to an identified gap in community participation research. **Rather than focusing only on the *techniques* of participation, the study evidences the need for organisations to examine their organisational socio-cultural context in order to determine their readiness for engaging in these activities.** It demonstrates the importance of an organisational development approach to build organisational capacity to enable community participation.

Third, the findings of this study provide evidence that organisations, as institutional settings, are conducive to the development of social capital, and that this development occurs at the level of organisational culture. The participant observation process identified four constituent elements of social capital within each of the participating organisations. These elements included trust, reciprocity, cooperation, and relational ties within the three organisations. From these findings it can be concluded that an organisational culture that is characterised by trust, reciprocity, cooperation and relational ties provides the basic elements for the generation of social capital.

Heterogeneity in organisational performance in relation to community participation is linked to an organisation's ability to exploit their organisational social capital, and the way that the function of social capital varies according to the context.

Fourth, this study has made a major contribution to community participation research by utilising Nahapiet and Ghoshal's (1998) social capital framework to develop an understanding of links between social capital and community participation, beyond what is known about networks (structural processes). In doing so, this study highlights the importance of the relational dimension of social capital for creating and sustaining relationships within organisations that are characterised by trust and reciprocity. The cognitive dimension of social capital plays an important role in developing a shared frame of reference that determines the nature of community participation activities. Thus, organisations support community participation not just by viewing clients as central (and essential) to their organisation, but also in the ways that their members relate to each other and relate to the organisation (the relational and cognitive dimensions of social capital). **While all three dimensions of are necessary for the successful use of social capital, the relational and cognitive dimensions are particularly important to understand why the techniques of community participation (usually based on structural processes) either work or fail.**

While the data collected prior to the main data collection stage tested the assumptions underpinning the logic of the research design, this study was not without some limitations which are discussed in the next section.

Limitations

Through an intensive investigation this study has generated new ideas and theoretical insights about organisational culture and organisational social capital, and the relationship between these concepts and community participation. This was achieved by the selection of a small number of non-government organisations specifically chosen because of their involvement

with the QIC Program. The findings from this study are the product of research within a particular context and may not be readily generalisable to other contexts, but the value is in the rich detail and ideas for future research.

Social capital research is subject to many potential limitations because of its different dimensions, levels and conditions (Woolcock, 1998). An example of a limitation with particular relevance to this study is the difficulties that arise in trying to distinguish the sources of social capital from its consequences (Portes & Landolt, 1996). This study viewed organisational culture through a social capital lens which suggests that social capital arises from culture. The issue of causality may be considered a limitation of this research, as there are complex causal mechanisms at play. This study addressed this issue by predominantly using social capital as an analytical framework, rather than an independent variable.

Another limitation related to social capital research is that this study has not extensively considered the negative effects of social capital, for example, the exclusionary effects of bonding social capital. This approach is not uncommon in social capital research which generally assumes 'more social capital is better' (Adler & Kwon, 2000; Edelman et al., 2004; Portes & Landolt, 1996). This study concentrated mainly on the role of organisational social capital in creating conditions supportive of community participation on the assumption that trust, cooperation and reciprocity are necessary pre-requisites. The findings acknowledge, however, that social capital may serve to limit or constrain the community participation efforts of organisations.

The scope of this study was limited to the understanding the culture and social capital of the organisations involved and their potential to enable community participation as defined within this thesis. The emphasis has been on understanding the socio-cultural dynamics. Therefore, this study did not include any direct observation or objective measures of the organisations in the act of community participation, however, information about community participation activities was gathered. While it was never intended that this

study would venture into this realm, not observing the interactions between the organisations and their communities of interest has limited the ability to observe the use and development of social capital in these exchanges.

These limitations have been considered as part of the research design, however, some of these limitations persist as they are inherent in the approach (for example, ethnography) or as a result of the bounded nature of the research. Particular limitations arise within social capital research because of the multi-faceted (and slippery) nature of this concept.

This study identifies several areas for future research which are presented in the following section. Some of the suggestions for research address the limitations identified within this study.

Further research

This study explored the role of organisational social capital within non-government organisations. The findings are not readily generalisable, as it is not possible to predict what may happen in a different context. In particular, the form and usage of social capital varies according to the context that it is created and utilised. These factors draw attention to the need for comparative studies of non-government and government organisations. For example, non-government organisations contribute to and draw upon the social capital in their community, and this is possible (in part) because they are embedded within their community. Further research needs to explore whether non-government health and human service organisations have higher levels of organisational social capital than their government counterparts as a result of this embeddedness. Comparative research is also required to determine whether non-government health and human services organisations are more likely to implement community participation mechanisms than their government counterparts. These kinds of comparative research would help to explore the function of organisational social capital in relation to community participation within different socio-cultural and structural contexts.

Chapter 5 presented four exploratory hypotheses and Chapter 9 discussed these in relation to the research findings. Further research is required to empirically test the qualitative claims of this study, that is, to test the hypotheses. For instance, additional research is required to explore in a quantitative way the relationship between the inclusion of community members in formal structures and higher levels of organisational social capital.

Further research is required to observe organisations in the process of community participation. This would add to this study's findings about the enactment of a client focus and the role that this plays in shaping community participation activities. It would also facilitate an exploration of the evidence of the dimensions social capital within these interactions and the parties to the interaction.

A related area for further research is the “communicative space” (Randell, 2004) in which these interactions occur. This study has concentrated on understanding how organisations create conditions supportive of community participation. Additional research is required to extend this to conceptualise these ‘conditions’ as a communicative space between the organisation and its community of practice where interactions about common concerns occur.

The findings from this study suggest further research is needed to gain a better understanding of how to influence the development of cognitive and relational dimensions of social capital within organisations as these play a key role in creating conditions supportive of community participation. The following section details the implications of this study for the theory and practice of community participation.

Theoretical and practical implications

The key message in this thesis for managers of organisations is to recognise the important role that organisations play in creating conditions that

are supportive of community participation. These conditions are a reflection of the socio-cultural context of organisations. Therefore, successful community participation should not rely on technical approaches to community participation. Success for community participation is generated from the very core of organisations, that is, the organisational paradigm where the central value of clients is defined and enacted through organisational processes. Managers have a key leadership role to play as they make explicit the implicit and deeply held assumptions and values of the paradigm through the stories that they tell and the routines and rituals that they encourage.

The use of Johnson's (1992) Cultural Web focuses attention on the symbolic and social interactionist perspective of organisations. The Cultural Web has been used as part of a process that seeks to understand, rather than manipulate organisational culture, therefore, it is important that these findings are not used in an instrumental way. Managers need to appreciate the subjective and emergent nature of the organisational culture of which they are a part in order to identify and respond to the contexts, events and signals that facilitate change, rather than objectifying culture as readily malleable (Johnson, 2000). Most cultural change is not sustained because it focuses on the elements of organisational culture, rather than the organisational paradigm which reflects the collective cognition (Johnson, 1992; Johnson, 2000). It is the organisational paradigm that determines the "collective framing of issues [and the] collective response to such issues" (Johnson, 2000). This study shows that the organisational processes emanate from the organisational paradigm and in this way produce and re-produce the paradigm. Using the Cultural Web in this way highlights the power of symbolic acts as a mechanism for strategic change (Johnson, 1990).

This study and other research concerned with building social capital in organisations (Adam & Urquhart, 2009; Cohen & Prusak, 2001; Edelman et al., 2004; Leana & Van Buren, 1999; Mele, 2003; Nahapiet & Ghoshal, 1998) point to the need to foster trust, connections and cooperation in order to invest in organisational social capital. These practices occur at the level of

organisational culture. Mele (2003) explicitly points to the possibility of organisational culture providing a base for the creation of social capital when he argues that organisational humanising cultures characterised by trust and associability have the potential to achieve this. Thus, this study highlights the need for research into the most effective ways to invest in social capital in order to build stocks of social capital as a resource for community participation.

This study suggests that it is important to examine government policies carefully, as they may alter the relationship between government and non-government organisations. Hampshire and Healy (2000:2) explain that “the practices of government... can inadvertently damage the special capacities of not-for-profits to engage with communities”. This is particularly relevant to bridging social capital which may be adversely affected by competition policy. Competition between organisations may lead to distrust and fear of losing a competitive advantage through sharing organisational knowledge. In this way, government policy and practices may have a flow on effect to the organisational social capital of non-government organisations.

This study has drawn attention to the complexities of policy implementation on-the-ground. Non-government organisations need to be aware that their own policies and practices influence the nature and content of organisational social capital. For example, policies seeking to control and constrain the actions of clients negate the development of trust and reciprocity compared to those that seek to empower clients through participatory decision-making. In addition, implementation of policy that is viewed as organisation-centred can be difficult in organisations where the organisational paradigm has a strong client focus. For example, typically participation in a quality improvement program (like the QIC Program) is viewed as onerous and an imposition until tangible benefits are realised for client service provision.

Chapter Summary

The flow of support from non-government organisations, like those within this study, is not simply from these organisations to the community of interest – it is two-way. The social capital within these organisations, needs to be valued as much, if not more than, the social capital they contribute to the community. Organisational social capital is critical to the performance of non-government organisations, particularly in relation to creating conditions that are supportive of community participation. Much more attention needs to go towards understanding the processes that for sustaining, developing or eroding social capital within these organisations. The analytical framework developed within this study provides a useful tool for exploring organisational social capital at the level of organisational culture in order to identify the areas for social capital development.

Appendix A Ethics Approval



HUMAN RESEARCH ETHICS COMMITTEE (TASMANIA) NETWORK

FULL APPLICATION APPROVAL

10 February 2006

AssocProf Sue Kilpatrick
Rural Health
Private Bag 1372
Launceston

H8695:
Exploring the relationship between organisational culture, social capital and community participation in health services.

Dear AssocProf Kilpatrick

The Tasmania Social Sciences HREC Ethics Committee approved the above project on 10 February 2006.

All committees operating under the Human Research Ethics Committee (Tasmania) Network are registered and required to comply with the *National Statement on the Ethical Conduct in Research Involving Humans 1999* (NHMRC guidelines).


Therefore, the Chief Investigator's responsibility is to ensure that:

- 1) All researchers listed on the application comply with HREC approved application.
- 2) Modifications to the application do not proceed until approval is obtained in writing from the HREC.
- 3) The confidentiality and anonymity of all research subjects is maintained at all times, except as required by law.
- 4) Clause 2.37 of the National Statement states:
An HREC shall, as a condition of approval of each protocol, require that researchers immediately report anything which might warrant review of ethical approval of the protocol, including:
 - a) *Serious or unexpected adverse effects on participants;*
 - b) *Proposed changes in the application; and*
 - c) *Unforeseen events that might affect continued ethical acceptability of the project.*

The report must be lodged within 24 hours of the event to the Ethics Executive Officer who will report to the Chairs.

- 5) All participants must be provided with the current Information Sheet and Consent form as approved by the Ethics Committee.
- 6) The Committee is notified if any investigators are added to, or cease involvement with, the project.
- 7) This study has approval for four years contingent upon annual review. An *Annual Report* is to be provided on the anniversary date of your approval. Your first report is due 10 February 2007. You will be sent a courtesy reminder by email closer to this due date.
Clause 2.35 of the National Statement states:
As a minimum an HREC must require at regular periods, at least annually, reports from principal researchers on matters including:
 - a) *Progress to date or outcome in case of completed research;*
 - b) *Maintenance and security of records;*
 - c) *Compliance with the approved protocol, and*
 - d) *Compliance with any conditions of approval.*
- 8) A *Final Report* and a copy of the published material, either in full or abstract, must be provided at the end of project.

Yours sincerely



for
Amanda McAully
(Executive Officer)

Appendix B Informed Consent Documents

Information Sheet (Date)

“Exploring the relationship between organisational culture, social capital and community participation in health services”

Investigators

- Associate Professor Sue Kilpatrick, Director, University Department of Rural Health, Tasmania (Chief investigator)
- Dr Clarissa Hughes, Research Fellow, University Department of Rural Health, Tasmania
- Shandell Elmer, PhD Student, University Department of Rural Health, Tasmania

What is the Purpose of the Study?

You are invited to participate in a study of organisational culture which is understood in the context of this study as the shared set of values, ideas, concepts and rules of behaviour that allow an organisation to function. The objective of this research is to explore the cultural dynamics (the shared values, attitudes and beliefs that underpin patterns of behaviour) in health care organisations. The intention is to learn how these cultural resources work in relation to community participation.

This study is being undertaken to fulfil the requirements of a doctoral (PhD) thesis by Shandell Elmer.

Who is being asked to participate?

All organisations in Tasmania funded through the Department of Health and Human Services (DHHS) Supported Accommodation Assistance Program (SAAP) are being invited to participate in the study. However, it is not a requirement, nor is it expected that all of these organisations will participate. A small number of organisations (minimum of 3, maximum of 5) will be chosen from those who indicate their interest in participating.

The SAAP funded organisations have been targeted for this study because they are about to commence education, training and self-assessment in relation to the Quality Improvement Council (QIC) review process. This provides an ideal opportunity to study organisational culture because the self-assessment process is quite extensive and requires organisations to reflect on their performance in relation to a set of standards based on community and primary health care principles. In this way, the organisation's culture is exposed.

Your organisation is amongst those selected to participate in the study, therefore, you are invited to be involved in the study activities that take place within your organisation.

The participation of your organisation is supported and approved by Liz Murray, DHHS, Michael Cousins, Director, Quality Management Services (QMS) and Steve Einfield, Executive Director, Quality Improvement Council (QIC).

What will be the benefit of participating?

Because of the exploratory nature of this study, those who participate will receive no direct benefit. Rather the study aims to increase our theoretical understanding of:

- Organisational culture which will in turn inform policy development and strategies for culture change/management;
- Social capital within health care organisations in order to better mobilise and utilise this resource; and
- Community participation within health care organisations to inform and improve the practice.

What will I need to do?

Shandell Elmer will attend your workplace periodically, as negotiated with your manager, to observe those within the organisation as they undertake the self-assessment process in readiness for the QIC review. The self-assessment process typically includes discussion of the standards during staff meetings or meetings held specifically for this purpose; small group work in relation to gathering evidence about the organisation's performance in relation to the standards; and the completion of a quality journal. Shandell will be present as an observer during these activities.

Shandell will take notes during her visits to your workplace. Shandell will focus on identifying relevant aspects of your organisation's culture. During the periods of observation, you are required to do nothing more than you would ordinarily do during the course of these activities. It is **not** the intention to make any observations when you are engaged in direct client service delivery.

Will there be any risk or discomfort and will I be identifiable?

It is not anticipated that there will be any risk above the everyday norm for persons participating in this research project. You may feel embarrassed when the Shandell is present however, Shandell aims to be as unobtrusive as possible and behave in a manner that makes you feel comfortable providing your input.

Shandell is very aware that participant observation is an invasion and that sensitive information may be revealed. Your rights, interests and wishes will be considered first when choices are made regarding reporting the data. You can request that Shandell does not observe particular events or if you would prefer that Shandell does not take notes at a particular time during the observation.

Neither you, nor your organisation will be identifiable when the data is reported. Your identity and that of your organisation will be disguised.

How private is the information that I give?

All notes and records from the observations will be stored by Shandell at the University Department of Rural Health in a manner that will protect the confidentiality of the participants. This includes the use of password protected computers and locked cabinets. The information is required to be kept for five years after which time it will be shredded and removed from computer hard drives.

Can I withdraw if I want to?

Participation in this research is voluntary. Even if your organisation has been selected to participate, this does not oblige you to participate in the study. If you decline to participate, Shandell will still conduct observations of the activities described above within your organisation, however, your actions will not be included. A consent form is required to be signed to evidence your consent to participation prior to the commencement of the first period of observation. You will be provided with a copy of the signed consent form.

You will be free to withdraw from the study at any time without having to provide an explanation. To withdraw, simply inform Shandell or one of the other investigators listed. If you withdraw, this will not affect your relationship with QIC, QMS or the University Department of Rural Health. If you choose to withdraw, if you wish you can also withdraw any information you have supplied to date as long as your decision to withdraw is made within two weeks of the data collection period.

Am I able to find out about the results of the research?

The results of the research will be included within the doctoral thesis of Shandell Elmer and relevant journal articles and conference presentations as deemed appropriate by the investigators. You and your organisation will not be identifiable in the reporting of the results.

An abstract of the final thesis will be provided to the SAAP funded organisations.

Who can I contact if I have further questions?

For further information about the study please contact Shandell Elmer, phone (03) 63244046 or email: Shandell.Elmer@utas.edu.au or Sue Kilpatrick, phone (03) 63244000 or email: Sue.Kilpatrick@utas.edu.au or Dr Clarissa Hughes phone (03) 62267797 or by email (Clarissa.Hughes@utas.edu.au).

This project has received ethical approval from the Human Research Ethics Committee (Tasmania) Network which is constituted under the National Health & Medical Research Council. The Committees under the HREC (Tasmania) Network use the *National Statement on Ethical Conduct in Research Involving Humans* Guidelines to inform their decisions. If you have any concerns or complaints about the manner in which the project is conducted please contact the Executive Officer of the Human Research Ethics Committee (Tasmania) quoting reference no.

Statement of informed consent for the research project: Exploring the relationship between organisational culture, social capital and community participation in health services

1. I have read and understood the 'Information Sheet' for this study.
2. The nature and possible effects of the study have been explained to me.
3. I understand that the study involves the following procedures:
 - Being periodically observed in my workplace during activities related to the internal review and assessment phase of the Quality Improvement Council (QIC) program
 - The activities that may be observed will typically include relevant parts of meetings specifically held for the purpose of preparing for the QIC review; small group work in relation to gathering evidence about the organisation's performance in relation to the standards; and the completion of a quality journal.
 - These periods of observation will be negotiated with the manager of my organisation and the investigator
4. I understand that the following risks are involved:
 - There is the potential risk that organisations and the individuals that participate will be identifiable. This risk will be mitigated through the use of a de-identification and coding process during the analysis and reporting of findings. The de-identification process will extend to removing any distinguishing characteristics of the organisation and the use of pseudonyms. The potential for this occurrence will also be minimised through the collapsing of data in the thematic analysis.
 - There is the potential risk for participant discomfort (anxiety or embarrassment) during the observation process. The investigator is acutely aware that the observation process is an invasion of the workplace and will endeavour to be as unobtrusive as possible and behave in a manner that puts the participants at ease.
 - The investigator acknowledges that sensitive information may be revealed during the observation process. The potential for harm will be minimised as field notes will only be taken about observations that are directly relevant to the research questions so there will be no record of extraneous events. In addition, the investigator will uphold the rights, interests and wishes of the participants when choices are made regarding reporting the data.
5. I understand that all research data will be securely stored on the University of Tasmania premises for at least five years, and will be destroyed after that time.
6. Any questions that I have asked have been answered to my satisfaction.
7. I agree that research data gathered from me for the study may be published provided that I cannot be identified as a participant.

8. I understand that my identity will be kept confidential and that any information I supply to the researcher(s) will be used only for the purposes of the research.
9. I agree to participate in this investigation and understand that I may withdraw at any time without any effect, and if I so wish, may request that any data I have supplied to date be withdrawn from the research as long as my decision to withdraw is made within two weeks of the data collection period.

Name of Participant: _____

Signature: _____ Date: _____

Statement by Investigator

☐ I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation

Name of investigator

Signature of investigator _____ Date _____

Appendix C Quality Improvement Council Standards Summary

QIC HEALTH AND COMMUNITY SERVICES CORE MODULE

Section 1 Building Quality Organisations

- Standard 1.1 Leadership and management
- Standard 1.2 Human resources
- Standard 1.3 Physical resources
- Standard 1.4 Financial management
- Standard 1.5 Knowledge management
- Standard 1.6 Risk assessment and management
- Standard 1.7 Legal and regulatory compliance

Section 2 Providing quality services and programs

- Standard 2.1 Identifying and meeting community needs
- Standard 2.2 Focusing on positive outcomes
- Standard 2.3 Ensuring cultural safety and appropriateness
- Standard 2.4 Confirming consumer rights
- Standard 2.5 Empowering consumers
- Standard 2.6 Coordinating services and programs

Section 3 Sustaining quality external relationships

- Standard 3.1 Service agreements and partnerships
- Standard 3.2 Collaboration and strategic positioning
- Standard 3.3 Incorporation and contribution to good practice
- Standard 3.4 Community and professional capacity building

References

- Abbott, J.** (1995), 'Community Participation and its relationship to Community Development', *Community Development Journal*, 30, 2, 158-168.
- Acker, J.** (1990), 'Hierarchies, Jobs, Bodies: A Theory of Gendered Organizations', *Gender and Society*, 4, 2, 139-158.
- Adam, F. and Roncevic, B.** (2003), 'Social capital: recent debates and research trends', *Social Science Information*, 42, 2, 155-183.
- Adam, M.S. and Urquhart, C.** (2009), 'No man is an island: Social and human capital in IT capacity building in the Maldives', *Information and Organization*, 19, 1, 1-21.
- Adams, D. and Hess, M.** (2001), 'Community in Public Policy: Fad or Foundation?' *Australian Journal of Public Administration*, 60, 2, 13-23.
- Adler, P. and Kwon, S.-W.** (2002), 'Social capital: prospects for a new concept', *Academy of Management Review*, 27, 1, 17-40.
- Adler, P.S. and Kwon, S.** (2000), 'Social Capital: The Good, the Bad, and the Ugly.' in Lesser, E.L. (ed.), *Knowledge and social capital: foundations and applications*, Marshall School of Business Working Paper No. MKT 03-09, Boston, MA, Butterworth-Heinemann.
- Allaire, A. and Firsirotu, M.** (1984), 'Theories of Organizational Culture', *Organization Studies*, 5, 3, 193-226.
- Allison, G.T.** (1971), *Essence of Decision*, Boston, Little Brown.
- Altschuler, A., Somkin, C. and Adler, N.** (2004), 'Local services and amenities, neighbourhood social capital and health', *Social Science and Medicine*, 59, 1219-1229.
- Alvesson, M.** (1993), *Cultural Perspectives on Organisations*, Oakleigh, Cambridge University Press.
- Anderson, E., Shepherd, M. and Salisbury, C.** (2006), 'Taking off the suit': engaging the community in primary health care decision-making', *Health Expectations*, 9, 70-80.

- Anssi, S.** (2008), 'The knowledge system of a firm: social capital for explicit, tacit and potential knowledge', *Journal of Knowledge Management*, 12, 1, 63.
- Armstrong, F.** (2005), 'Magnet hospitals: what's the attraction?' *Australian Nursing Journal*, 12, 8, 14-17.
- Arnstein, S.** (1969), 'A Ladder of Citizen Participation', *American Institute of Planners*, July 1969, 216-224.
- Atkinson, P. and Hammersley, M.** (1994), 'Ethnography and participant observation', in Denzin and Lincoln (eds.), *Handbook of Qualitative Research*, Sage.
- Australian Institute of Health and Welfare** (2007), 'Australia's Welfare', *Cat. no. AUS 93*, Canberra, Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare (AIHW)** (2006), 'Australia's health 2006', *AIHW cat. no. AUS 73*, Canberra, AIHW.
- Australian Research Alliance for Children and Youth** (2009), 'Measuring the outcomes of community organisations'.
- Barnard, C.I.** (1938), *The Functions of the Executive*, Cambridge, Harvard University Press.
- Baum, F.** (1990), 'the new public health: force for change or reaction?' *Health Promotion International*, 5, 2, 145-150.
- Baum, F.** (1997), 'Public health and civil society: understanding and valuing the connection', *Australian and New Zealand Journal of Public Health*, 21, 7, 673.
- Baum, F.** (1999a), 'Public Health Issues for the 21st century', *Australian and New Zealand Journal of Public Health*, 23, 2, 115.
- Baum, F.** (1999b), 'The role of social capital in health promotion', *Health Promotion Journal of Australia*, 9, 3, 171-178.
- Baum, F.** (1999c), 'Social capital: Is it good for your health?' *Journal of Epidemiology and Community Health*, 53, 4, 195-196.
- Baum, F.** (2002), *The New Public Health* (2nd Edition), South Melbourne, Oxford University Press.

- Baum, F., Bush, R., Modra, C., Murray, C., Cox, E., Alexander, K. and Potter, R.** (2000), 'Epidemiology of participation: an Australian community study', *Journal of Epidemiology & Community Health*, 54, 6, 414-423.
- Baum, F., Bush, R., Modra, C., Murray, C., Palmer, C. and Potter, R.** (1999), 'Building Healthy Communities: Health Development and Social Capital Project, Western Suburbs of Adelaide', Adelaide, South Australian Community Health Research Unit and Department of Public Health, Flinders University of South Australia.
- Baum, F. and Ziersch, A.M.** (2003), 'Social Capital', *Journal of Epidemiology & Community Health*, 57, 5, 320-323.
- Beil-Hildebrand, M.** (2002), 'Theorising culture and culture in context: institutional excellence and control', *Nursing Inquiry*, 9, 257-274.
- Bell, C. and Newby, H.** (1972), *Community Studies*, New York, Praeger Publishers.
- Benn, S. and Onyx, J.** (2005), 'Negotiating Organisational Domains: The Politics of Social, Natural, and Symbolic Capital', in Dale, A. and Onyx, J. (eds.), *A Dynamic Balance: Social capital and sustainable community development*, Georgetown, University of British Columbia Press.
- Berger, P. and Luckmann, T.** (1971), *The Social Construction of Reality*, Harmondsworth, Penguin.
- Berwick, D.M.** (2003), 'Improvement, trust, and the healthcare workforce', *Quality Safety Health Care*, 12, supplement 1, i2-i6.
- Besch, J. and Minson, J.** (2000), 'Participatory policy making, ethics and the arts', *The American Behavioral Scientist*, Jun/Jul, 1446-1461.
- Beugelsdijk, S., Noorderhaven, N.G. and Koen, C.I.** (2003), 'Organizational culture, alliance capabilities and social capital', Tilburg, Tilburg University.
- Billings, J.** (2000), 'Community development: a critical review of approaches to evaluation', *Journal of Advanced Nursing*, 31, 2, 472-480.
- Bilton, T., Bonnett, K., Jones, P., Skinner, D., Stanworth, M. and Webster, A.** (1996), *Introductory Sociology* (3rd Edition), London, Macmillan Press Ltd.

- Bishop, P. and Davis, G.** (2002), 'Mapping Public Participation in Policy Choices', *Australian Journal of Public Administration*, 61, 1, 14-29.
- Blau, P.** (1960), 'Structural Effects', *American Sociological Review*, 25, 2, 178-193.
- Blommaert, J.** (2001), 'Ethnography as counter-hegemony: Remarks on epistemology and method', in Street, B. and Barton, D. (eds.), *International Literacy Conference*, Cape Town.
- Bolino, M., Turnley, W. and Bloodgood, J.** (2002), 'Citizenship Behaviour and the Creation of Social Capital in Organisations', *Academy of Management Review*, 27, 4, 505-522.
- Botes, L. and Van Rensburg, D.** (2000), 'Community participation in development: nine plagues and twelve commandments', *Community Development Journal*, 35, 1, pp41-58.
- Botterill, L. and Fisher, M.** (2002), 'Magical thinking: The rise of the community participation model', *Jubilee conference of the Australasian Political Studies Association*, Canberra, Australian National University.
- Bourdieu, P.** (1985), 'The Formes of Capital', in Richardson, J. (ed.), *Handbook of Theory and Research for the Sociology of Education*, New York, Greenwood.
- Bower, P., Campbell, S., Bojke, C. and Sibbald, B.** (2003), 'Team structure, team climate and the quality of care in primary care: an observational study', *Quality Safety in Health Care*, 12, 273-279.
- Bowles, S. and Gintis, H.** (2002), 'Social Capital and Community Governance', *The Economic Journal*, 112, November, 419-436.
- Boyce, G., Emmanuel, C. and Williams, S.** (2003), 'Reflexive Self-Consciousness and Research Design: Incorporating Personal Attributes Into the Processes of Research', *2003 Interdisciplinary Perspectives on Accounting Conference*, Madrid, Spain: Universidad Carlos III.
- Bracht, N. and Tsouros, A.** (1990), 'Principles and strategies of effective community participation', *Health Promotion International*, 5, 3, 199-208.
- Brager, G. and Specht, H.** (1973), *Community Organizing*, New York, Columbia University Press.

- Brennan, C.** (1998), 'Government and Civil Society: Restructuring Community Services', in Smyth, P. and Cass, B. (eds.), *Contesting the Australian Way: States, Markets and Civil Society*, Melbourne, Cambridge University Press.
- Brookfield, S.** (1997), *Developing Critical Thinkers: Challenging Adults to Explore Alternative Ways of Thinking and Acting*, San Francisco, Jossey-Bass.
- Bruni, N.** (1995), 'Reshaping ethnography: contemporary postpositivist possibilities', *Nursing Inquiry*, 2, 44-52.
- Buchanan, D. and Bryman, A.** (2009), 'The Organizational Research Context: Properties and Implications', in Buchanan, D. and Bryman, A. (eds.), *The SAGE Handbook of Organizational Research Methods*, London, Sage.
- Burrell, G. and Morgan, G.** (1979), *Sociological paradigms and organizational analysis*, London, Heinemann.
- Burt, R.S.** (1997), 'The contingent value of social capital', *Administrative Science Quarterly*, 42, 2, 339-365.
- Burt, R.S.** (2001), 'Structural holes versus network closure as social capital', in Lin, N., Cook, K. and Burt, R.S. (eds.), *Social Capital: Theory and Research*.
- Burt, R.S., Hogarth, R.M. and Michaud, C.** (2000), 'The social capital of French and American managers', *Organization Science*, 11, 2, 123.
- Butler, A.** (2002), 'Consumer participation in Australian Primary Care: A literature review', Melbourne, National Resource Centre for Consumer Participation in Health.
- Butler, C., Rissel, C. and Khavarpour, F.** (1999), 'The Context for Community Participation in Health Action in Australia', *Australian Journal of Social Issues*, 34, 3, 253-264.
- Butterfoss, F., Goodman, R. and Wandersman, A.** (1996), 'Community coalitions for prevention and health promotion: factors predicting satisfaction, participation and planning', *Health Education Quarterly*, 23, 65-79.
- Campbell, C. and Jovchelovitch, S.** (2000), 'Health, Community and Development: Towards a Social Psychology of Participation', *Journal of Community Applied Social Psychology*, 10, 255-270.

- Capra, F.** (1997), *The Web of Life: A New Synthesis of Mind and Matter*, London, Flamingo.
- Carey, G.** (2008), 'Conceptualising the Third Sector: Foucauldian Insights Into the Relations Between the Third Sector, Civil Society and the State', *Third Sector Review*, 14, 1, 9-22.
- Carroll, G.R.** (1993), 'A Sociological View on Why Firms Differ', *Strategic Management Journal*, 14, 4, 237-249.
- Charles, C. and DeMaio, S.** (1993), 'Lay participation in health care decision-making: a conceptual framework', *Journal of Health Politics, Policy and Law*, 18, 4, 881-901.
- Cleaver, F.** (1999), 'Paradoxes of participation: questioning participatory approaches to development', *Journal of International Development*, 11, 4, 597-612.
- Cleaver, F.** (2001), 'Institutions, Agency and the Limitations of Participatory Approaches to Development', in Cooke, B. and Kothari, U. (eds.), *Participation: The New Tyranny?*, London, Zed Books.
- Cohen, D. and Prusak, L.** (2001), 'In good company: how social capital makes organisations work', Boston, Harvard Business School Press.
- Coleman, J.** (1988), 'Social capital in the creation of human capital', *American Journal of Sociology*, 94 (supplement), s95-s120.
- Consumer Focus Collaboration** (2001), *The evidence supporting consumer participation in health*, Bundoora, National Resource Centre for Consumer Participation in Health.
- Conway, S., Crawshaw, P. and Bunton, R.** (2007), 'There is a Mantra of: "Community Involvement is Good", and We All Tick the Boxes and Say We Have Done the Consultation': Health Action Zones and the Normative Principles of Government', *Social Theory & Health*, 5, 3, 208-227.
- Cooke, B. and Kothari, U.** (2001), 'The Case for Participation as Tyranny', in Cooke, B. and Kothari, U. (eds.), *Participation: The New Tyranny?*, London, Zed Books.
- Cortis, N., Hilferty, F., Chan, S. and Tannous, K.** (2009), 'Labour dynamics and the non-government community services workforce in NSW', *SPRC report prepared for the Department of Premier and Cabinet and*

the Department of Community Services, Sydney, University of New South Wales.

- Cox, E.** (2002), 'The social audit cookbook: recipes for auditing the way we connect', Sydney, University of Technology Sydney.
- Creswell, J.W.** (2003), *Research design: Qualitative, Quantitative and Mixed Methods Approaches* (2nd Edition), Thousand Oaks, Sage Publications.
- Crotty, M.** (1998), *The Foundations of Social Research: Meaning and Perspective in the Research Process*, St Leonards, Allen & Unwin.
- Cunningham, I.** (2002), 'Developing human and social capital in organisations', *Industrial and Commercial Training*, 34, 3, 89-95.
- Daly, J. and Lumley, J.** (2002), 'Bias in qualitative research designs', *Australian and New Zealand Journal of Public Health*, 26, 4, 299-300.
- David, R. and Bitektine, A.** (2009), 'The Deinstitutionalization of Institutional Theory? Exploring Divergent Agendas in Institutional Research', in Buchanan, D. and Bryman, A. (eds.), *The SAGE Handbook of Organizational Research Methods*, London, Sage.
- Davies, H.T., Nutley, S. and Mannion, R.** (2000), 'Organisational culture and quality of health care', *Quality in Health Care*, 9, 111-119.
- de Laine, M.** (1997), *Ethnography: Theory and applications in health research*, Sydney, MacLennan & Petty Pty Ltd.
- Deal, T. and Kennedy, A.** (1982), *Corporate Cultures: The Rites and Rituals of Corporate Life*", Harmondsworth, Penguin Books.
- Debertin, D.L.** 'A Comparison of Social Capital in Rural and Urban Settings', Kentucky, University of Kentucky.
- Deetz, S.** (1996), 'Describing Differences in Approaches to Organization Science: Rethinking Burrell and Morgan and Their Legacy', *Organization Science*, 7, 2, 191-207.
- Deetz, S.** (2009), 'Organizational Research as Alternative Ways of Attending To and Talking About Structures and Activities', in Buchanan, D. and Bryman, A. (eds.), *The Sage Handbook of Organizational Research Methods*, London, Sage Publications.

- Dempsey, K.** (1996), 'Community: Experiences and Explanations', in Kellehear, A. (ed.), *Social Self, Global Culture*, Melbourne, Oxford University Press.
- Denison, D.R. and Mishra, A.K.** (1995), 'Toward a Theory of Organizational Culture and Effectiveness', *Organization Science*, 6, 2, 204-223.
- Denzin, N.** (1994), 'The Art and Politics of Interpretation', in Denzin, N. and Lincoln, Y. (eds.), *The Handbook of Qualitative Research*, Sage.
- Department for Victorian Communities** (2007), 'Stronger Community Organisations Project, Discussion Paper'.
- Dey, C.** (2002), 'The use of critical ethnography in an active research methodology', *Accounting, Auditing & Accountability Journal*, 15, 1, 106-121.
- Diez-Roux, A.** (1998), 'Bringing context back into epidemiology: variables and fallacies in multilevel analysis', *American Journal of Public Health*, 88, 2, 216-222.
- Douglas, M.** (1985), 'Introduction', in Gross, J. and Rayner, S. (eds.), *Measuring Culture: A Paradigm for the Analysis of Social Organization*, New York, Columbia University Press.
- Draper, M. and Hill, S.** (1995), 'The Role of Patient Satisfaction Surveys in a National Approach to Hospital Quality Management', Canberra, Faculty of Social Sciences and Communications, Royal Melbourne Institute of Technology, for Commonwealth Department of Health and Human Services.
- Draper, M. and Hill, S.** (2009), '403 Submission Cochrane Consumers and Communication Review Group - Public Voice', La Trobe University Bundoora, Cochrane Consumers and Communication Review Group.
- Duckett, S.** (1984), 'Structural Interests and Australian health policy', *Social Science and Medicine*, 18, 11, 959-966.
- Durkheim, E.** (1893), *The Division of Labor in Society*, New York, Free.
- Durkheim, E.** (1961), *The Elementary Forms of Religious Life*, New York, Collier.
- Dwyer, J.** (1989), 'The politics of participation', *Community Health Studies*, X111, 1, 59-65.

- Edelman, L.F., Bresnen, M., Newell, S., Scarbrough, H. and Swan, J.** (2004), 'The Benefits and Pitfalls of Social Capital: Empirical Evidence from Two Organizations in the United Kingdom', *British Journal of Management*, 15, S59-S69.
- Edmondson, R.** (2003), 'Social capital: strategy for enhancing health?' *Social Science and Medicine*, 57, 1723-1733.
- Edwards, J., Cheers, B. and Graham, L.** (2003), 'Social change and social capital in Australia: a solution for contemporary problems?' *Health Sociology Review*, 12, 68-85.
- Enduring Solutions on Behalf of Consumer Focus Collaboration** (2000), 'Consumer Participation in Accreditation Resource Guide', Canberra, Commonwealth Department of Health and Aged Care.
- Erben, R., Franzkowiak, P. and Wenzel, E.** (1999), 'People empowerment vs. social capital: from health promotion to social marketing', *Health Promotion Journal of Australia*, 9, 3, 179-182.
- Ezzy, D.** (2002), *Qualitative Analysis: Practice and Innovation*, Crows Nest, Allen and Unwin.
- Falk, I. and Kilpatrick, S.** (2000), 'What is Social Capital? A study of interaction in a rural community', *Sociologia Ruralis*, 40, 1, 87-110.
- Farrell, H. and Knight, J.** (2003), 'Trust, Institutions, and Institutional Change: Industrial Districts and the Social Capital Hypothesis', *Politics and Society*, 31, 4, 537-566.
- Fayol, H.** (1937), 'The Administrative Theory In The State', in Gulick, L. and Urwick, L. (eds.), *Papers on the Science of Administration*, New York, Institute of Public Administration.
- Fine, G., Morrill, C. and Surianarain, S.** (2009), 'Ethnography in Organizational Settings', in Buchanan, D. and Bryman, A. (eds.), *The SAGE Handbook of Organizational Research Methods*, Sage Publications, London.
- Flora, J.** (1998), 'Social capital and communities of place', *Rural Sociology*, 63, 4, 481-506.
- Flynn, L., Carryer, J. and Budge, C.** (2005), 'Organisational Attributes Valued by Hospital, Home Care, and District Nurses in the United States and New Zealand', *Journal of Nursing Scholarship*, 37, 1, 67-72.

- Foley, M.W. and Edwards, B.** (1996), 'The Paradox of Civil Society', *Journal of Democracy*, 7, 3, 38-52.
- Fontana, A. and Frey, J.** (1994), 'Interviewing: The art of science', in Denzin, L. and Lincoln, Y. (eds.), *Handbook of Qualitative Research*, Thousand Oaks, Sage Publications.
- Fox, N.** (1993), *Postmodernism, Sociology and Health*, Milton Keynes, Open University Press.
- Fry, D.** (1987), 'Demystifying the new public health - enhancing everyone's education - the 'new public health'', *SICH Interdisciplinary Workshop*, Adelaide.
- Fry, D.** (1990), 'Systems of Standards for Community Health Services In Australia', *Quality Assurance in Health Care*, 2, 1, 59-67.
- Fukuyama, F.** (1995a), 'Social capital and the global economy', *Foreign Affairs*, 74, 5, 89-103.
- Fukuyama, F.** (1995b), *Trust: The Social Virtues and the Creation of Prosperity*, New York, Free Press.
- Fukuyama, F.** (1999), 'Social capital and civil society', *IMF Conference on Second Generation Reforms*, Washington D. C., International Monetary Fund.
- Fukuyama, F.** (2001), 'Social Capital, Civil Society and Development', *Third World Quarterly*, 22, 1, 7-20.
- Galbraith, J.** (1973), *Designing Complex Organizations*, Reading, Addison-Wesley Publishing Co.
- Gargiulo, M. and Benassi, M.** (2000), 'Trapped in your own net? Network cohesion, structural holes, and the adaptation of social capital', *Organization Science*, 11, 2, 183.
- Giddens, A.** (1994), 'Living in a post-traditional society', in Beck, U., Giddens, A. and Lash, S. (eds.), *Reflexive Modernisation, Politics, Tradition and Aesthetics in the Modern Social Order*, Cambridge, Polity Press.
- Gillies, P., Bolam, B. and Pennington, A.** (2003), 'Social Capital in Organisations: A study of community based organisations and service providers in the context of CityNet', Nottingham, The University of Nottingham.

- Gilson, L.** (2003), 'Trust and the development of health care as a social institution', *Social Science and Medicine*, 56, 1453-1468.
- Gleeson, D.** (2001), 'The conceptual and empirical utility of social capital for public health', *School of Public Health, Faculty of Health Sciences*, Melbourne, La Trobe University.
- Granovetter, M.S.** (1973), 'The Strength of Weak Ties', *The American Journal of Sociology*, 78, 6, 1360-1380.
- Granovetter, M.S.** (1985), 'Economic Action and Social Structure: The Problem of Embeddedness', *American Journal of Sociology*, 91, 3, 481-510.
- Grant, S.** (1994), 'Review: Quality Improvement in Employment and Other Human Services: Managing for Quality through Change by Joyce M. Albin (1992)', *The Social Service Review*, 68, 1, 146-148.
- Grbich, C.** (1999), *Qualitative Research in Health: An Introduction*, St Leonards, Allen and Unwin.
- Green, J.** (2004), 'Is trust an under-researched component of healthcare organisation?' *BMJ*, 329.
- Gregory, J.** (2006), 'Conceptualising consumer engagement: A review of the literature', *Consumer engagement in Australian health policy: Investigating current approaches and developing new models for more effective consumer participation*, Australian Institute of Health Policy Studies.
- Guenther, J. and Falk, I.** (1999), 'Measuring trust and community capacity: social capital for the common good', Launceston, University of Tasmania.
- Gusfield, J.R.** (1975), *Community: A Critical Response*, Oxford, Basil Blackwell.
- Guterbock, T.M.** (1990), 'Community of interest: Its definition, measurement, and assessment', *Sociological Practice Review*, 1, 2, 88-104.
- Haas, M.** (2004), 'Health services research in Australia: an investigation of its current status', *Journal of Health Services Research & Policy*, 9, S2:3-9.

- Hammersley, M.** (1990), 'What's wrong with ethnography? The myth of theoretical description', *Sociology*, 24, 4, 597-615.
- Hampshire, A. and Healy, K.** (2000), 'Social Capital In Practice', *Social Capital and Civil Society*, Seventh Australian Institute of Family Studies Conference.
- Haralambos, M., Van Krieken, R., Smith, P. and Holbom, M.** (1996), *Sociology: themes and perspectives* (Australian Edition), South Melbourne, Addison Wesley Longman.
- Harvey, L.** (1990), *Critical Social Research*, Sydney, Allen & Unwin.
- Haslam McKenzie, F.** (2003), 'The Challenges of Achieving Community Self-determination and Capacity Building in a Neo-liberal Political Environment', *Australian Journal of Primary Health*, 9, 1, 39-49.
- Hassard, J.** (1991), 'Multiple Paradigms and Organizational Analysis: A Case Study', *Organization Studies*, 12, 2, 275-299.
- Haugh, H. and Kitson, M.** (2007), 'The Third way and the Third Sector: New Labour's Economic Policy and The Social Economy', *Programme on Regional Innovation*, Cambridge, The Cambridge-MIT Institute.
- Hawe, P. and Shiell, A.** (2000), 'Social capital and health promotion: a review', *Social Science and Medicine*, 51, 871-885.
- Hean, S., Cowley, S., Forbes, A., Griffiths, P. and Maben, J.** (2003), 'The M-C-M cycle and social capital', *Social Science and Medicine*, 56, 1061-1072.
- Herman, R., D. and Renz, D., O.** (2008), 'Advancing nonprofit organizational effectiveness research and theory: Nine theses', *Nonprofit Management and Leadership*, 18, 4, 399-415.
- Heydebrand, W.** (ed.) (1994), *Max Weber: Sociological Writings*, Continuum, New York.
- Hodder, I.** (1994), 'The Interpretation of Documents and Material Culture', in Denzin and Lincoln (eds.), *Handbook of Qualitative Research*, Sage.
- Hoelscher, M.L., Hoffman, J.J. and Dawley, D.** (2005), 'Toward a Social Capital Theory of Competitive Advantage in Medical Groups', *Health Care Management Review*, 30, 2, 103-109.

- Hofmeyer, A.** (2003), 'A moral imperative to improve the quality of work-life for nurses: building inclusive social capital capacity', *Contemporary Nurse*, 15, 9-19.
- HomeGround Services and Rural Housing Network Ltd** (2008), 'Consumer Participation Resource Kit for housing and homelessness assistance services', Collingwood.
- Hongseok, O., Labianca, G. and Myung-Ho, C.** (2006), 'A MULTILEVEL MODEL OF GROUP SOCIAL CAPITAL', *Academy of Management Review*, 31, 3, 569-582.
- Howell, J.M. and Shamir, B.** (2005), 'The Role of Followers in the Charismatic Leadership Process: Relationships and Their Consequences ', *Academy of Management Review*, 30, 1, 96-112.
- Hudelson, P.M.** (2004), 'Culture and quality: an anthropological perspective', *International Journal for Quality in Health Care*, 16, 5, 345-346.
- Hudson-Rodd, N.** (1994), 'Public Health: People Participating in the Creation of Healthy Places', *Public Health Nursing*, 11, 2, 119-126.
- Hughes, J.** (1990), *The Philosophy of Social Research*, London, Longman.
- Hyde, P. and Davies, H.T.O.** (2004), 'Service design, culture and performance: Collusion and co-production in health care', *Human Relations*, 57, 11, 1407-1426.
- Inkpen, A.C. and Tsang, E.W.K.** (2005), 'SOCIAL CAPITAL, NETWORKS, AND KNOWLEDGE TRANSFER', *Academy of Management Review*, 30, 1, 146-165.
- Jewkes, R. and Murcott, A.** (1996), 'Meanings of community', *Social Science and Medicine*, 43, 4, 555-563.
- Jewkes, R. and Murcott, A.** (1998), 'Community representatives: representing the "community"?' *Social Science and Medicine*, 46, 7, 843-858.
- Jifeng, M., Edwin, L. and Gang, P.** (2008), 'Interfirm networks, social capital, and knowledge flow', *Journal of Knowledge Management*, 12, 4, 86.
- Johnson, A.** (2001), 'An outline of consumer participation in health', *Collegian*, 8, 2, 25-27.

- Johnson, A. and Silburn, K.** (2000), 'Community and consumer participation in Australian health services - an overview of organisational commitment and participation processes', *Australian Health Review*, 23, 3, 113-121.
- Johnson, D., Headey, B. and Jensen, B.** (2003), 'Communities, social capital and public policy: literature review', *Melbourne Institute Working Paper No. 26/03*, Melbourne, Melbourne Institute of Applied Economic and Social Research, The University of Melbourne.
- Johnson, G.** (1988), 'Rethinking Incrementalism', *Strategic Management Journal*, 9, 1, 75-91.
- Johnson, G.** (1990), 'Managing Strategic Change: The Role of Symbolic Action', *British Journal of Management*, 1, 183-200.
- Johnson, G.** (1992), 'Managing Strategic Change - Strategy, Culture and Action', *Long Range Planning*, 25, 1, 28-36.
- Johnson, G.** (2000), 'Strategy through a Cultural Lens: Learning from Managers' Experience', *Management Learning*, 31, 4, 403-426.
- Johnson, G. and Scholes, K.** (1999), *Exploring Corporate Strategy* (5th Edition), Hemel Hempstead, Prentice Hall.
- Kawachi, I., Kennedy, B., Lochner, K. and Prothrow-Stith, D.** (1997), 'Social capital, income inequality and mortality', *American Journal of Public Health*, 87, 9, 1491-1498.
- Keleher, H.** (1994), 'Public health: challenges for nursing and allied health', in Waddell, C. and Petersen, A. (eds.), *Just Health: Inequality in Illness, Care and Prevention*, Melbourne, Churchill Livingstone.
- Kenny, S.** (1999), *Developing Communities for the Future: Community Development in Australia*, Melbourne, Nelson.
- Kickbusch, I.** (1986), 'Health promotion: a global perspective', *Canadian Journal of Public Health*, 77, Sep/Oct, 321-326.
- Kickbusch, I.** (2003), 'The Contribution of the World Health Organisation to a New Public Health and Health Promotion', *American Journal of Public Health*, 93, 3, 383-388.
- Kickbusch, I.** (2004), 'Health and citizenship: the characteristics of 21st century health', *IAP0 reception*, Geneva.

- Kickbusch, I. and Payne, L.** (2003), 'Twenty-first century health promotion: the public health revolution meets the wellness revolution', *Health Promotion International*, 18, 4, 275-278.
- Kilpatrick, S. and Falk, I.** (2003), 'Learning in agriculture: building social capital in island communities', *Local Environment*, 8, 5, 501-512.
- Kilpatrick, S. and Loechel, B.** (2004), 'Interactional infrastructure in rural communities: matching training needs and provision', *Rural Society*, 14, 1, 4-21.
- King, L. and Wise, M.** (2000), 'Building Capacity for Public Health', *NSW Public Health Bulletin*, 11, 3, 21-23.
- King, N.** (2004), 'Social capital and nonprofit leaders', *Nonprofit Management and Leadership*, 14, 4, 471-486.
- Koch, T.** (1998), 'Reconceptualising rigour: the case for reflexivity', *Journal of Advanced Nursing*, 28, 4, 882-890.
- Koch, T.** (2004), 'Commentary: expert researchers and audit trails', *Journal of Advanced Nursing*, 45, 2, 134-135.
- Kogut, B. and Zander, U.** (1992), 'Knowledge of the firm, combinative capabilities and the replication of technology', *Organization Science*, 3, 3, 383-397.
- Kogut, B. and Zander, U.** (1996), 'What Firms Do? Coordination, Identity, and Learning', *Organization Science*, 7, 5, 502-518.
- Kostova, T. and Roth, K.** (2003), 'Social Capital in Multinational Corporations and a Micro-Macro Model of Its Formation', *The Academy of Management Review*, 28, 2, 297-317.
- Krothe, J.S., Flynn, B., Ray, D. and Goodwin, S.** (2000), 'Community Development through Faculty Practice in a Rural Nurse-Managed Clinic', *Public Health Nursing*, 17, 4, 264-272.
- Kuhn, T.S.** (1970), *The structure of scientific revolutions* (2nd Edition), Chicago, University of Chicago Press.
- Kumar, N., Stern, L. and Anderson, J.** (1993), 'Conducting interorganisational research using key informants', *Academy of Management Journal*, 36, 6, 1633-1651.

- Kumlin, S. and Rothstein, B.** (2003), 'Investing in social capital: the impact of welfare state institutions', *2003 Annual Meeting of the American Political Science Association*, Philadelphia, American Political Science Association.
- Labonte, R., Woodard, G.B., Chad, K. and Laverack, G.** (2002), 'Community capacity building: a parallel track for health promotion programs', *Canadian Journal of Public Health*, 93, 3, 181-182.
- Laverack, G. and Wallerstein, N.** (2001), 'Measuring community empowerment: a fresh look at organisational domains', *Health Promotion International*, 16, 2, 179-185.
- Lawrence, P.R. and Lorsch, J.W.** (1967), *Organization and Environment: Managing Differentiation and Integration*, Boston, Harvard Business School Press.
- Leana, C.R. and Van Buren, H.J.** (1999), 'Organisational social capital and employment practices', *The Academy of Management Review*, 24, 3, 538-555.
- Lee, S.D., Chen, W.L. and Weiner, B.J.** (2004), 'Communities and hospitals: social capital, community participation, and service provision in US community hospitals', *Health Services Research*, October.
- Leonard, R. and Onyx, J.** (2003), 'Networking Through Loose and Strong Ties: An Australian Qualitative Study', *Voluntas: International Journal of Voluntary and Nonprofit Organisations*, 14, 2, 189-203.
- Lewins, F.** (1992), *Social Science Methodology*, Melbourne, MacMillan.
- Lindström, M.** (2005), 'Ethnic differences in social participation and social capital in Malmo, Sweden: a population-based study', *Social Science and Medicine*, 60, 1527-1546.
- Litva, A., Coast, J., Donovan, J., Eyles, J., Shepherd, M., Tacchi, J., Abelson, J. and Morgan, K.** (2002), 'The public is too subjective: public involvement at different levels of health-care decision making', *Social Science and Medicine*, 54, 12, 1825-1837.
- Liukkonen, V., Virtanen, P., Kivimäki, M., Pentti, J. and Vahtera, J.** (2004), 'Social capital in working life and the health of employees', *Social Science and Medicine*, 59, 2447-2458.
- Lomas, J.** (1998), 'Social capital and health: implications for public health and epidemiology', *Social Science and Medicine*, 47, 9, 1181-1188.

- Loury, G.** (1977), 'A Dynamic Theory of Racial Income Differences', in Wallace, P.A. and LeMund, A. (eds.), *Women, Minorities, and Employment Discrimination*, Lexington, Lexington Books.
- Lundberg, C.C.** (1985), 'On the feasibility of cultural intervention in organizations', in Frost, P.J., Moore, L.F., Louis, M.R., Lundberg, C.C. and Martin, J. (eds.), *Organizational Culture: The Meaning of Life in the Workplace*, Beverly Hills, Sage Publications.
- Lynch, J., Due, P., Muntaner, C. and Smith, G.D.** (2000), 'Social capital--is it a good investment for public health?' *Journal of Epidemiology and Community Health*, 54, 6, 404.
- Lyons, M.** (2000), 'Non-profit Organisations, Social Capital and Social Policy in Australia', in Winter, I. (ed.), *Social Capital and Public Policy in Australia*, Melbourne, Australian Institute of Family Studies.
- Macintyre, S. and Ellaway, A.** (1999), 'Local opportunity structures, social capital and social inequalities in health: what can central and local government do?' *Health Promotion Journal of Australia*, 9, 3, 165-170.
- MacKian, S.** (2002), 'Complex cultures: rereading the story about health and social capital', *Critical Social Policy*, 22, 2, 203-225.
- Mannion, R. and Davies, H.T.O.** (2005), 'Taking stock of social capital in the production of health care', *Journal of Health Services Research & Policy*, 10, 3, 129-130.
- Marshall, C. and Rossman, G.** (2006), *Designing Qualitative Research* (4th Edition), London, Sage Publications.
- Martin, L.L.** (2004), 'The privatisation of human services: myths, social capital and civil society', *Journal of Health and Human Services Administration*, 27, 1/2, 175-193.
- Martin, P.Y.** (1990), 'Rethinking Feminist Organizations', *Gender and Society*, 4, 2, 182-206.
- Mason, J.** (1996), *Qualitative Researching*, London, Sage Publications.
- Matheson, A., Howden-Chapman, P. and Dew, K.** (2005), 'Engaging communities to reduce health inequalities: why partnership?' *Social Policy Journal of New Zealand*, 26, 1-16.

- Mayer, R.C., Davis, J.H. and Schoorman, F.D.** (1995), 'An Integrative Model of Organizational Trust', *The Academy of Management Review*, 20, 3, 709-734.
- Mayo, E.** (1933), *The human problems of an industrial civilization*, New York, Macmillan.
- McClure, M.M., Poulin, M., Sovie, M. and Wandelt, M.** (1983), 'Magnet hospitals: attraction and retention of professional nurses', *American Academy of Nursing Task Force on Nursing Practice in Hospitals*, Kansas City, MO, American Nurses Association.
- McCluskey, M.R., Deshpande, S., Shah, D.V. and McLeod, D.M.** (2004), 'The efficacy gap and political participation: when political influence fails to meet expectations', *International Journal of Public Opinion Research*, 16, 4, 437-455.
- McKinsey & Company for Venture Philanthropy Partners** (2001), 'Effective Capacity Building in Nonprofit Organizations'.
- McMillan, B., Florin, P., Stevenson, J., Kerman, B. and Mitchell, R.E.** (1995), 'Empowerment praxis in community coalitions', *American Journal of Community Psychology*, 23, 5, 699-.
- McPherson, P.** (1992), 'Health for all Australians', in Gardner, H. (ed.), *Health Policy: Development, Implementation, and Evaluation in Australia*, Melbourne, Churchill Livingstone.
- Meek, V.L.** (1988), 'Organizational Culture: Origins and Weaknesses', *Organization Studies* 9, 4, 453-473.
- Mele, D.** (2003), 'Organizational humanizing cultures: Do they generate social capital?' *Journal of Business Ethics*, 45, 1, 1-14.
- Meyer, J.W. and Rowan, B.** (1977), 'Institutional Organizations: formal structure as myth and ceremony', *American Journal of Sociology*, 83, 2, 340-363.
- Meyer, M.W.** (1971), *Structures, Symbols, and Systems: Readings on Organisational Behaviour*, Boston, Little, Brown and Company.
- Milewa, T., Valentine, J. and Calnan, M.** (1999), 'Community participation and citizenship in British health care planning: narratives of power and involvement in the changing welfare state', *Sociology of Health & Illness*, 21, 4, 445-465.

- Milio, N.** (1983), 'Commentary: Next steps in community health policy: matching rhetoric and reality', *Community Health Studies*, V11, 2, 185-192.
- Minichiello, V., Aroni, E., Timewell, E. and Alexander, L.** (1990), *In-depth interviewing: Researching people*, Melbourne, Longman Cheshire.
- Mintzberg, K.** (1979), *The Structuring of Organizations: A synthesis of the research*, Englewood Cliffs, Prentice-Hall.
- Moore, S., Shiell, A., Hawe, P. and Haines, V.** (2005), 'The Privileging of Communitarian Ideas: Citation Practices and the Translation of Social Capital Into Public Health Research', *American Journal of Public Health*, 95, 8, 1330-1337.
- Morgan, G.** (1980), 'Paradigms, Metaphors, and Puzzle Solving in Organization Theory', *Administrative Science Quarterly*, 25, 4, 605-622.
- Morgan, G. and Smircich, L.** (1980), 'The Case for Qualitative Research', *The Academy of Management Review*, 5, 4, 491-500.
- Morgan, L.** (2001), 'Community participation in health: perpetual allure, persistent challenge', *Health Policy and Planning*, 16, 3, 221-230.
- Mosse, D.** (2001), 'People's Knowledge', Participation and Patronage: Operations and Representations in Rural Development', in Cooke, B. and Kothari, U. (eds.), *Participation: The New Tyranny?*, London, Zed Books.
- Mowbray, M.** (2000), 'Beyond 'a thousand tiny empowerments' advocacy and social action in Australia', *Just Policy*, September, 24-31.
- Mowbray, M.** (2004a), 'Beyond Community Capacity Building: the effect of government on social capital', Observatory Pascal Place Management, Social Capital and Learning Regions.
- Mowbray, M.** (2004b), 'Community development the third way: Mark Latham's Localist policies', *Urban Policy and Research*, 22, 1, 107-115.
- Mowbray, M.** (2004c), 'The new communitarianism: building great communities or Brigadoonery?' *Just Policy*, No. 32, June, 11-20.

- Murray, M.** (2000), 'Social capital formation and healthy communities: insights from the Colorado Health Communities Initiative', *Community Development Journal*, 35, 2, 99-108.
- Mutaner, C., Lynch, J. and Smith, G.D.** (2000), 'Social capital and the third way in public health', *Critical Public Health*, 10, 2, 107-124.
- Nahapiet, J. and Ghoshal, S.** (1998), 'Social capital, intellectual capital and the organisational advantage', *Academy of Management Review*, 23, 2, 242-266.
- Narayan, D. and Cassidy, M.F.** (2001), 'A Dimensional Approach to Measuring Social Capital: Development and Validation of a Social Capital Inventory', *Current Sociology*, 49, 2, 59-102.
- Narayanan, V.K. and Fahey, L.** (1982), 'The Micro-Politics of Strategy Formulation', *The Academy of Management Review*, 7, 1, 25-34.
- National Health Strategy** (1993), 'Healthy Participation: Achieving greater public participation and accountability in the Australian health care system', *Background paper no. 12*, Melbourne, National Health Strategy.
- National Public Health Partnership (NPHP)** (1998), *Public health in Australia: the public health landscape: person, society, environment*, Melbourne, NPHP.
- Neuman, W.L.** (2003), *Social Research Methods: Qualitative and Quantitative Approaches* (5th Edition), Sydney, Allyn and Bacon.
- Noorderhaven, N.G.** (1995), 'Trust and Transactions: toward Transaction Cost Analysis with a Differential Behavioral Assumption', *Tijdschrift voor Economie en Management*, 40, 1, 5-18.
- NSW Government** (2009), 'communitybuilders.nsw - working together to strengthen communities', *NSW Communities Division, Department of Community Services*, Ashfield.
- Oakley, P.** (1989), *Community involvement in health development*, Geneva, World Health Organisation.
- OECD** (2001), 'The well-being of nations: the role of human and social capital', Paris, Organisation for Economic Cooperation and Development.

- Onyx, J. and Bullen, P.** (2000), 'Measuring social capital in five communities', *The Journal of Applied Behavioral Science*, 36, 1, 23-42.
- Park, J.-H.** (2006), 'The Role of Trust on Knowledge Creation In A Virtual Organization: A Social Capital Perspective', *Journal of Knowledge Management Practice*, 7, 4, on line.
- Parsons, T.** (1951), *The Social System*, London, Routledge & Keegan Paul Ltd.
- Passey, A. and Lyons, M.** (2006), 'Nonprofits and Social Capital: Measurement through Organizational Surveys', *Nonprofit Management and Leadership*, 16, 4, 481-495.
- Patton, M.Q.** (2002), *Qualitative Research and Evaluation Methods* (3rd Edition), London, Sage.
- Pearce, N. and Davey Smith, G.** (2003), 'Is social capital the key to inequalities in health?' *American Journal of Public Health*, 93, 1, 122-128.
- Pennings, J.M. and Lee, K.** (1998), 'Social Capital of Organization: Conceptualization, Level of Analysis and Performance Implications', in Leenders, R. and Gabbay, S. (eds.), *Corporate Social Capital and Liability*, Norwell Kluwer Academic Publishers.
- Pennings, J.M. and Lee, K.** (1999), 'Social Capital of Organization: Conceptualization, Level of Analysis and Performance Implications', in Leenders, R. and Gabbay, S. (eds.), *Corporate Social Capital and Liability*, Norwell Kluwer Academic Publishers.
- Peregudov, S.** (2003), 'Corporate Capital and State Power Institutions', *Social Sciences*, 34, 3, 32-43.
- Petersen, A.** (1994), *In a Critical Condition: Health and power relations in Australia*, St Leonards, Allen & Unwin.
- Petersen, A. and Lupton, D.** (1996), *The New Public Health: Health and self in the age of risk*, St Leonards, Allen & Unwin.
- Pfeffer, J.** (1981), 'Management as Symbolic Action: The Creation and Maintenance of Organizational Paradigms', in Cummings, L.L. and Staw, B.M. (eds.), *Research in Organizational Behaviour*, London, JAI Press.

- Pfeffer, N. and Coote, A.** (1991), 'Is Quality Good For You?' *Social Policy Paper No. 5*.
- Plant, R.** (1974), *Community and Ideology*, London, Routledge and Kegan Paul Ltd.
- Pope, J.** (2006), 'Indicators of community strength: a framework and evidence', Melbourne, Strategic Policy and Research Division, Department for Victorian Communities.
- Portes, A.** (1998), 'Social capital: Its origins and applications in modern sociology', *Annual Review of Sociology*, 24, 0_12.
- Portes, A. and Landolt, P.** (1996), 'Unsolved mysteries: The Tocqueville Files II The Downside of Social Capital', *The American Prospect*, 7, 26.
- Portes, A. and Sensenbrenner, J.** (1993), 'Embeddedness and Immigration: Notes on the social determinants of economic action', *American Journal of Sociology*, 98, 6, 1320-1350.
- Prasad, P. and Prasad, A.** (2009), 'Endless Crossroads: Debates, Deliberations and Disagreements on Studying Organizational Culture', in Buchanan, D. and Bryman, A. (eds.), *The SAGE Handbook of Organizational Research Methods*, London, Sage Publications Ltd.
- Productivity Commission** (2003), 'Social capital: reviewing the concept and its policy implications', Canberra, Ausinfo.
- Productivity Commission** (2005), 'Australia's Health Workforce, Research Report', Canberra.
- Productivity Commission** (2009), 'Contribution of the Not-for-Profit Sector, Draft Research Report', Canberra, Australian Government.
- Prusak, L. and Cohen, D.** (2001), 'How to invest in social capital', *Harvard Business Review*, June, 86-93.
- Putnam, R.** (1993a), *Making Democracy Work: Civic Traditions in Modern Italy*, Princeton, Princeton University Press.
- Putnam, R.** (1993b), 'The Prosperous Community: Social capital and public life', *The American Prospect*, 4, 13.
- Putnam, R.** (2000), *Bowling Alone. The collapse and revival of American community*, New York, Simon and Schuster.

- Putnam, R.D.** (1995), 'Bowling Alone: America's Declining Social Capital', *Journal of Democracy*, 6, 1, 65-78.
- Randell, M.** (2004), 'Constructing participation spaces', *Community Development Journal*, 39, 2, 144-155.
- Rhodes, J., Lok, P., Hung, R.Y.-Y. and Fang, S.-C.** (2008), 'An integrative model of organizational learning and social capital on effective knowledge transfer and perceived organizational performance', *Journal of Workplace Learning*, 20, 4, 245-258.
- Rice, P.L. and Ezzy, D.** (1999), *Qualitative Research Methods: A Health Focus*, South Melbourne, Oxford University Press.
- Richmond, K.** (1999), 'Health Promotion Dilemmas', in Germov, J. (ed.), *Second opinion: an introduction to health sociology*, Melbourne, Oxford University Press.
- Rifkin, S.** (1990), 'Community participation in maternal and child health/family planning programmes: an analysis based on case study materials', Geneva, World Health Organisation.
- Rifkin, S.** (2001), 'Ten best readings on community participation and health', *African Health Sciences*, 1, 1, 42-45.
- Ring, P.S.** (1996), 'Fragile and resilient trust and their roles in economic exchange', *Business and Society*, 35, 2, 148-175.
- Robert, C.F., Celeste, P.M.W. and John, C.** (2008), 'Strategically crafting a customer-focused culture: an inductive case study', *Journal of Strategy and Management*, 1, 2, 143.
- Roche, M.** (2004), 'Social Policy and Social Capital: A Clear Case of Putting Merit before Method?' *Social Policy & Society*, 3, 2, 97-111.
- Roemer, M.** (1986), 'Priority for primary health care: its development and problems', *Health Policy and Planning*, 1, 1, 58-66.
- Roskam, J.** (2003), 'Is Social Capital the New Socialism?' *Review - Institute of Public Affairs*, 55, 3, 30.
- Rowe, R. and Shepherd, M.** (2002), 'Public Participation in the New NHS: No Closer to Citizen Control?' *Social Policy and Administration*, 36, 3, 275-290.

- Sathe, V.** (1985), 'How to decipher and change corporate culture', in Kilmann, R., Saxton, M. and Serpa, R. (eds.), *Gaining Control of the Corporate Culture*, San Francisco, Jossey-Bass.
- Savage, J.** (2000), 'Ethnography and health care - education and debate', *BMJ*, December.
- Schein, E.** (2004), *Organizational Culture and Leadership* (3rd Edition), San Francisco, Jossey-Bass.
- Schultz, M. and Hatch, M.J.** (1996), 'Living with Multiple Paradigms: The Case of Paradigm Interplay in Organizational Culture Studies', *The Academy of Management Review*, 21, 2, 529-557.
- Schwab, M. and Syme, S.L.** (1997), 'On paradigms, community participation and the future of public health', *American Journal of Public Health*, 87, 12, 2049-2050.
- Scott, D.** (1999), 'Creating social capital: the distinctive role of the non-government agency', *Children Australia*, 24, 1, 4-7.
- Scott, T., Mannion, R., Davies, H.T.O. and Marshall, M.** (2003a), *Healthcare performance and organisational culture*, Abingdon, Radcliffe Medical Press.
- Scott, T., Mannion, R., Davies, H.T.O. and Marshall, M.** (2003b), 'Implementing culture change in health care: theory and practice', *International Journal for Quality in Health Care*, 15, 2, 111-118.
- Scott, T., Mannion, R., Marshall, M. and Davies, H.T.** (2003c), 'Does organisational culture influence health care performance? A review of the evidence', *Journal of Health Services Research & Policy*, 8, 2, 105-117.
- Scott, W.R.** (1987a), 'The Adolescence of Institutional Theory', *Administrative Science Quarterly*, 32, 4, 493-511.
- Scott, W.R.** (1987b), *Organisations: rational, natural and open systems* (2nd Edition), New Jersey, Prentice-Hall Inc.
- Scott, W.R.** (2004), 'Reflections on a half-century of organisational sociology', *Annual Review of Sociology*, 30, 1-21.
- Scutchfield, F.D., Ireson, C. and Hall, L.** (2004), 'The Voice of the Public in Public Health Policy and Planning: the Role of Public Judgement', *Journal of Public Health Policy*, 25, 2, 197-205.

- Seel, R.** (2000), 'Culture and Complexity: New Insights on Organisational Change', *Organisations and People*, 7, 2, 2-9.
- Selznick, P.** (1948), 'Foundations of the Theory of Organizations', *American Sociological Review*, 13, 25-35.
- Selznick, P.** (1957), *Leadership and Administration*, New York, Harper & Row.
- Shamir, B., House, R.J. and Arthur, M.B.** (1993), 'The motivational effects of charismatic leadership: A self-concept based theory', *Organization Science*, 4, 577-594.
- Shaw, S. and Allen, J., B.** (2009), '"To be a business and to keep our humanity"', *Nonprofit Management and Leadership*, 20, 1, 83-96.
- Shiell, A. and Hawe, P.** (1996), 'Health Promotion Community Development and the Tyranny of Individualism', *Health Economics*, 5, 241-247.
- Short, S.** (1998), 'Consumer Activism in the Health Policy Process: the Case of the Consumers' Health Forum of Australia, 1987-96', in Yeatman, A. (ed.), *Activism and the Policy Process*, Sydney, Allen & Unwin.
- Shortell, S.M., O'Brien, J., Carman, J., Foster, R., Hughes, E., Boerstler, H. and O'Connor, E.** (1995), 'Assessing the impact of continuous quality improvement/quality management: concept versus implementation', *Health Services Research*, 30, 2, 377-401.
- Simon, H.** (1997), *Administrative Behavior: a study of decision-making in administrative organizations* (4th Edition), New York, The Free Press.
- Skidmore, P., Bound, K. and Lownsborough, H.** (2006), 'Community Participation - who benefits?' York, Joseph Rowntree Foundation.
- Skidmore, P. and Craig, J.** (2005), 'Start with the people: How community organisations put people in the driving seat.' London, Demos.
- Smircich, L.** (1983), 'Concepts of Culture and Organizational Analysis', *Administrative Science Quarterly*, 28, 3, 339-358.
- Smith, D.E.** (2001), 'Community Participation Agreements: A model for welfare reform from community-based research', *Discussion Paper no. 223*, Canberra, Centre for Aboriginal Economic Policy Research, Australian National University.

- Spence, L., Schmidpeter, R. and Habisch, A.** (2003), 'Assessing Social Capital: Small and Medium sized enterprises in Germany and the U.K.' *Journal of Business Ethics*, 47, 17-29.
- Spence, L.J. and Schmidpeter, R.** (2003), 'SMEs, social capital and the common good', *Journal of Business Ethics*, 45, 1, 93-108.
- Spradley, J.P.** (1980), *Participant Observation*, Orlando, Harcourt Brace Jovanich Inc.
- Staber, U.** (2003), 'Social capital or strong culture?' *Human Resource Development International*, 6, 3, 413-420.
- Stacey, M.** (1988), 'Strengthening communities', *Health Promotion*, 2, 4, 317-321.
- Stone, W. and Hughes, J.** (2002a), 'Social capital: empirical meaning and measurement validity', *Research Paper no. 27*, Melbourne, Australian Institute of Family Studies.
- Stone, W. and Hughes, J.** (2002b), 'Understanding community strengths', *Family Matters*, 61, Autumn, 62-67.
- Szreter, S.** (2002), 'The state of social capital: Bringing back in power, politics, and history', *Theory and Society*, 31, 573-621.
- Taylor, F.** (1947), *Scientific Management*, New York, Harper & Brothers.
- Taylor, J., Wilkinson, D. and Cheers, B.** (2006), 'Is it consumer or community participation? Examining the links between 'community' and 'participation'', *Health Sociology Review*, 15, 38-47.
- Tolbert, P.S. and Zucker, L.G.** (1996), 'The institutionalisation of institutional theory', in Clegg, S., Hardy, C. and Nord, W. (eds.), *Handbook of organisation studies*, London, Sage Publications.
- Torpe, L.** (2003), 'Democracy and Associations in Denmark: Changing Relationships between Individuals and Associations?', *Nonprofit and Voluntary Sector Quarterly*, 32, 3, 329-43.
- Veenstra, G.** (2002), 'Explicating Social Capital: trust and participation in the civil space', *Canadian Journal of Sociology*, 27, 4, 547-572.
- Veenstra, G., Luginaah, I., Wakefield, S., Birch, S., Eyles, J. and Elliott, S.** (2005), 'Who you know, where you live: social capital,

neighbourhood and health', *Social Science and Medicine*, 60, 2799-2818.

Vuori, H. (1984), 'Primary health care in Europe - problems and solutions', *Community Medicine*, 6, 221-231.

Wagner, R. and Spence, N. (2003), 'Paucity Management Practices in Australian Nonprofit Human Service Organisations', *Third Sector Review* 9, 1, 119-135.

Wakefield, S. and Poland, B. (2005), 'Family, friend or foe? Critical reflections on the relevance and role of social capital in health promotion and community development', *Social Science and Medicine*, 60, 2819-2832.

Wallerstein, N. (1993), 'Empowerment and health: The theory and practice of community change', *Community Development Journal*, 28, 3, 218-227.

Walshe, K. and Freeman, T. (2002), 'Effectiveness of quality improvement: learning from evaluations', *Quality Safety in Health Care*, 11, 85-87.

Weber, M. (1947), *The Theory of Social and Economic Organization*, London, Collier Macmillan Publishers.

Webster, I. (2002), 'Social inclusion and the public health: the case for partnerships', *NSW Public Health Bulletin*, 13, 6, 133-136.

Weick, K. (1969), *The Social Psychology of Organizing*, Reading, Addison-Wesley.

Weick, K. (1974), 'Middle range theories of social systems', *Behavioral Science*, 19, 357-367.

Wharf Higgins, J. (1999), 'Citizenship and empowerment: a remedy for citizen participation in health reform', *Community Development Journal*, 34, 4, 287-307.

White, K. (2002), *An introduction to the Sociology of Health and Illness*, London, Sage Publications Ltd.

Wilkins, A. and Ouchi, W. (1983), 'Efficient Cultures: Exploring the Relationship Between Culture and Organizational Performance', *Administrative Science Quarterly*, 28, 3, 468-481.

Wilkins, A. and Patterson, K.J. (1985), 'You can't get there from here: What will make culture-change projects fail', in Kilmann, R., Saxton, M. and

Serpa, R. (eds.), *Gaining Control of the Corporate Culture*, San Francisco, Jossey-Bass.

Willis, K. and Elmer, S. (2007), *Society, culture and health: An introduction to sociology for nurses*, South Melbourne, Oxford University Press.

Woolcock, M. (1998), 'Social Capital and Economic Development: Toward a Theoretical Synthesis and Policy Framework', *Theory and Society*, 27, 2, 151-208.

Woolcock, M. (2001), 'The place of social capital in understanding social and economic outcomes', *Isuma*, Spring, 11-17.

Woolcock, M. and Narayan, D. (2000), 'Social capital: Implications for development theory, research, and policy', *The World Bank Research Observer*, 15, 2, 225-249.

World Health Organisation (1978), 'Declaration of Alma-Ata', *International Conference on Primary Health Care*, Alma-Ata.

World Health Organisation (1981), 'Global Strategy for Health for All by the Year 2000', Geneva, World Health Organisation.

World Health Organisation (1986), 'Ottawa Charter for Health Promotion', *An International Conference on Health Promotion: The move towards a new public health*, Ottawa, Ontario, Canada, World Health Organisation.

World Health Organisation (1990), 'Milan Declaration on Healthy Cities', *WHO Healthy Cities Project*, Milan, World Health Organisation.

World Health Organisation (1997), 'Jakarta Declaration on Health Promotion into the 21st Century', Geneva, World Health Organisation.

World Health Organisation (1998), 'Health Promotion Glossary', Geneva, World Health Organisation.

World Health Organisation Regional Office for Europe (1998), 'Health21', *European Health for All Series; No. 5*, Copenhagen, World Health Organisation Regional Office for Europe.

Yin, R.K. (1994), *Case Study Research: Design and Methods*, Thousand Oaks, Sage.

Young, I.M. (1995), 'The Ideal of Community and the Politics of Difference',
in Weiss, P. and Friedman, M. (eds.), *Feminism and Community*,
Philadelphia, Temple University Press.

Zakus, J.D.L. and Lysack, C.L. (1998), 'Revisiting community
participation', *Health Policy and Planning*, 13, 1, 1-12.