Social Science & Medicine 172 (2017) 10–18

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

A network approach to policy framing: A case study of the National Aboriginal and Torres Strait Islander Health Plan

Jennifer Browne [a, *], Evelyne de Leeuw [b, c, d], Deborah Gleeson [a], Karen Adams [e], Petah Atkinson [e], Rick Hayes [a]

[a] La Trobe University School of Psychology and Public Health, La Trobe University, Bundoora, Victoria 3086, Australia
[b] Centre for Health Equity Training, Research and Evaluation (CHETRE), University of New South Wales, Sydney, NSW 2052, Australia
[c] South Western Sydney Local Health District, Liverpool, NSW 2170, Australia
[d] Ingham Institute, Liverpool, NSW 2170, Australia
[e] Gukwonderuk Indigenous Engagement Unit, Monash University Faculty of Medicine, Nursing & Health Sciences, Monash University, Clayton, Victoria 3168, Australia

ARTICLE INFO

Article history:
Received 27 December 2015
Received in revised form
2 September 2016
Accepted 7 November 2016
Available online 9 November 2016

Keywords:
Aboriginal health
Indigenous health
Health policy
Australia
Networks
Policy analysis
Frame analysis
Network analysis

ABSTRACT

Aboriginal health policy in Australia represents a unique policy subsystem comprising a diverse network of Aboriginal-specific and "mainstream" organisations, often with competing interests. This paper describes the network structure of organisations attempting to influence national Aboriginal health policy and examines how the different subgroups within the network approached the policy discourse. Public submissions made as part of a policy development process for the National Aboriginal and Torres Strait Islander Health Plan were analysed using a novel combination of network analysis and qualitative framing analysis. Other organisational actors in the network in each submission were identified, and relationships between them determined; these were used to generate a network map depicting the ties between actors. A qualitative framing analysis was undertaken, using inductive coding of the policy discourses in the submissions. The frames were overlaid with the network map to identify the relationship between the structure of the network and the way in which organisations framed Aboriginal health problems. Aboriginal organisations were central to the network and strongly connected with each other. The network consisted of several densely connected subgroups, whose central nodes were closely connected to one another. Each subgroup deployed a particular policy frame, with a frame of "system dysfunction" also adopted by all but one subgroup. Analysis of submissions revealed that many of the stakeholders in Aboriginal health policy actors are connected to one another. These connections help to drive the policy discourse. The combination of network and framing analysis illuminates competing interests within a network, and can assist advocacy organisations to identify which network members are most influential.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

This article presents a unique approach to analysing policy development, combining two conceptual-methodological approaches in order to concurrently examine the network structure of organisations attempting to influence national policy, and the way in which the policy discourse is framed by different subgroups within the network.

Australian Aboriginal and Torres Strait Islander (Aboriginal) people, like other Indigenous populations within colonised Western countries, experience significant health inequalities compared to the non-Indigenous population (Anderson et al., 2007; Bramley et al., 2004; Ring and Brown, 2003). Life expectancy for Aboriginal Australians is ten years less than that of other Australians (Australian Institute of Health and Welfare, 2015; Anderson et al., 2016).

2. Aboriginal health policy in Australia

Aboriginal health policy, a subsystem of health policy in

* Corresponding author.
E-mail addresses: jsbrowne@students.latrobe.edu.au (J. Browne), e.deleeuw@unsw.edu.au (E. de Leeuw), d.gleeson@latrobe.edu.au (D. Gleeson), karen.adams@monash.edu (K. Adams), Petah.Atkinson@monash.edu (P. Atkinson), r.hayes@latrobe.edu.au (R. Hayes).

http://dx.doi.org/10.1016/j.socscimed.2016.11.011
0277-9536/© 2016 Elsevier Ltd. All rights reserved.

Australia, is characterized by pressing and often seemingly intractable policy problems, and a large number of stakeholders and interest groups with competing discourses.

To many Aboriginal people, "health" is viewed as "not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and includes the cyclical concept of life-death-life" (National Aboriginal Health Strategy Working Party, 1989, p. x). While this definition of health appears in policy documents and is widely used by Aboriginal organisations, other (sometimes perhaps incompatible) approaches have been adopted by Government departments responsible for Aboriginal Affairs policy (Sullivan, 2011).

The Australian Government has also developed a number of different policy responses to specifically address Aboriginal health (see for example National Aboriginal Health Strategy Working Party, 1989; National Aboriginal and Torres Strait Islander Health Council, 2003) and comprehensive analyses of these have been published elsewhere (Anderson and Sanders, 1996; Anderson, 2004, 2007). Despite the purported "whole of government" approach to Aboriginal affairs policy, which began in 2004, many advocates believed that Aboriginal health remained insufficiently and unevenly funded (Calma, 2005; Dwyer et al., 2004). They called for unequivocal political and public commitment to ending Aboriginal health inequality (Calma, 2008).

In 2007, following the election of a new Labor (social democratic) Government, a commitment was made "to a partnership between all levels of government to work with Indigenous communities to achieve the target of closing the gap on Indigenous disadvantage" (Council of Australian Governments, 2007, p. 2). While this policy discourse has been criticised for perpetuating a deficits approach which stigmatises Aboriginal people (Pholi et al., 2009), it coincided with increased cooperation and investment in programs to improve Aboriginal health. For example, in 2008, $4.6 billion was invested by Commonwealth, State and Territory governments as part of the landmark *Closing the Gap* initiative (Council of Australian Governments, 2009). The Federal Government also appointed Australia's first ever Minister for Indigenous Health in June 2009.

3. The National Aboriginal and Torres Strait Islander Health Plan

In November 2011, it was announced that a new National Aboriginal and Torres Strait Islander Health Plan ("Health Plan") would be developed (Roxon and Snowdon, 2011) to guide action towards achieving the Closing the Gap targets over the next decade. The Australian Government's Department of Health and Aging released a discussion paper (Department of Health and Ageing, 2012) in September 2012, and invited written comments and answers to specific questions from key stakeholders to inform the development of the new Health Plan.

The online submission portal was open for a period of three months. During this time, the Department received 141 submissions from individuals and organisations. Many of the organisational submissions were written by senior policy officers, while others were presented as letters from the organisation's chief executive officer. Some submissions were written by individual academics. Submissions varied in length from one to 32 pages. Some simply provided answers to the twelve consultation questions posed in the discussion paper (Department of Health and Ageing, 2012), while others set their own direction.

The Australian Federal Government reported that key issues raised in the submissions were used, along with the themes arising from 17 community consultation meetings, to shape the development of the Health Plan. Itwas published in July 2013 (Department of Health and Ageing, 2013). Details of the community consultation meetings were published on the Health Plan website, along with the written submissions. The publication of stakeholder submissions on a public website made the Health Plan a convenient case study for network analysis.

4. Conceptual-methodological approach

The number of policy process investigations deploying network theories has been increasing (Adam and Kriesi, 2007). This is unsurprising, since policy decisions result from engagement by, and reciprocally impact on, a variety of stakeholders; therefore, many of these individuals and organisations devote resources to attempt to influence the policy agenda, and each other, in order to progress their particular interests. It is suggested that these actors essentially determine policy, with the most powerful groups driving policy most significantly (Lewis, 2006).

Applying a policy network approach enables examination of the linkages between individuals and organisations who attempt to influence policy (de Leeuw et al., 2013; Lewis, 2005). While examining stakeholder involvement in decision-making is frequently a goal of policy analysis (Brugha and Varvasovszky, 2000), Holden and Lin (2012) argue that simply mapping the resources and advocacy strategies of individual actors fails to uncover the way in which stakeholders interact with and influence one another. More narrative and dynamic information on engagement between actors and what happens at network nodes is required (de Leeuw et al., 2016).

One way in which stakeholders shape the policy agenda is through framing the policy discourse. "Framing" is a sociological concept concerned with the construction of meaning. It has been defined as "the process by which people develop a particular conceptualization of an issue or reorient their thinking about an issue" (Chong and Druckman, 2007, p. 104). Framing is relevant to policy studies: it can be used to examine the way in which political actors mobilise support for their agenda. Social movement organisations craft sets of beliefs and meanings to inspire action. These shared interpretations are known as "collective action frames" (Benford and Snow, 2000, p.614). Cobb and Elder (1983) empirically established that policy issues enter the political agenda when they are framed persuasively; perceived as being socially relevant; seen as pertinent to long-term perspectives; perceived as non-technical; and positioned as having few historical precedents. Application of rhetorical tools is critical in the framing process – these include metaphors, synecdoche, parabole, analogy, etc. (Stone, 2012).

Both network analysis (Holden and Lin, 2012; Lewis, 2006) and framing analysis (Garvin and Eyles, 2001; Olsen et al., 2009) have been applied to provide an understanding of stakeholder activity in the (health) policy process. These approaches, however, have seldom been used together in policy analysis. One of the few studies combining these approaches concluded that they provide a robust framework for exploring collective identity of political actors, in terms of structure and culture (Tucker, 2013). A combination of two or more theoretical perspectives in a rigorous conceptual framework adds strength to research (Greenhalgh and Stones, 2010).

In combining policy network concepts with framing analysis, we wished to assess whether networks and sub-networks ("cliques") fully align with the frames that are used. Where network configurations and frames do not align, we surmise that opportunities exist for policy change through so-called "boundary spanning" (e.g., Fernandez and Gould, 1994). We graphically represent this conceptual-methodological logic in Fig. 1. Identifying frame overlaps between network cliques would allow a boundary spanner to connect policy agendas - and possibly reshape network configuration and frame rhetoric – this would create new policy process opportunity.

According to Laumann and Knoke (1987, p. 5), "policies are the

Download English Version:

https://daneshyari.com/en/article/5046783

Download Persian Version:

https://daneshyari.com/article/5046783

Daneshyari.com