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Vital Signs

An exploratory case study of community foundations'
local collaborations in a National program context

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EXECUTIVE SUMMARY

The Vital Signs program allows community foundations across Canada to produce a “report card” on the state of well-being of their respective communities. Vital Signs is presented as both a tool that benefits community foundations – as a means by which they can build their profile, ground their relevance and position their leadership in the community – and as a means to engage local communities around issues of concern. At the present time, community foundations are invited to expand the range of roles that they occupy to include that of knowledge broker. At the same time, in recognition of the growing number of other actors present in the community data and indicators landscape, community foundations are invited to rethink Vital Signs’ relationship to actual and potential partners, collaborators and competitors.

This case study’s overall purpose was to describe and explore the local collaborations and partnerships that community foundations undertake within the context of the Vital Signs program, and to understand their relationship to the program’s purposes and outcomes. The investigation was framed by an understanding of the Vital Signs program as one means by which community foundations fulfill the “community leadership” aspect of their mission. This case study is part of a larger multiple case study design looking into the collaboration practices of grantmaking foundations. The case studies that form part of the research cluster’s initial exploratory phase aim to identify potential areas for fuller inquiry at a later stage.

Community Foundations of Canada (CFC) was a full partner in this research undertaking, helping to define research questions and assisting in data collection. For CFC, it was hoped that the case study would help to illustrate the effects that collaboration and the use of common indicators can have upon planning and decision-making for community and local development.

An embedded mixed methods design was chosen for this study, with the Vital Signs program as its primary unit of analysis, and participating community foundations as subunits. Mixing occurred through all points of the research: at the point of design, with the choice to embed quantitative methods in a primarily qualitative design, as well as data collection, analysis and interpretation.

Data collection relied on three sources:

- a review of Vital Signs program documents produced by CFC as well as local reports and related documents produced by respondent organizations;
- a web-based survey sent to participating community foundations, that sought to gain an overall portrait of the range and extent of collaboration at the stage of preparation of the Vital Signs report and at the stage of follow-up action;
- semi-structured follow-up interviews with five community foundations, that sought to gain more information about what they understood collaboration to be in the context of Vital Signs, about the intentions that had accompanied the development of collaborations and the form that these had taken, about the role played by respondents alongside other stakeholders, and about perceived outcomes of the program and of the collaborations that had been engaged.

Results revealed that respondents undertaking Vital Signs pursued purposes that were consonant with those promoted by the national program, as they sought both to enhance the community foundation’s profile and to contribute to desired community outcomes. Connecting these two sets of purposes, respondents spoke of a desire to build up the community foundation’s role as a convener and curator of community knowledge. With Vital Signs, community foundations

propose to play a role of “neutral” knowledge broker and convener in their community, through which they can legitimately strive to build a form of consensus among local stakeholders. In ensuring that Vital Signs reports present a balanced portrait of the community’s assets and challenges, community foundations negotiate political considerations and engage in risk management.

Collaboration at the stage of Vital Signs data collection, analysis and report presentation was seen by most to be fundamental to the project, as a means of ensuring its legitimacy and the quality of the Vital Signs product. This collaboration most often took the form of a core advisory group that brought together representatives with expertise in each of the issue areas that the national Vital Signs program had defined. In almost all cases, existing relationships laid the foundation for the form that this collaboration took and for the composition of the core advisory committee. The members of this core team played two roles: individual members provided content expertise, and collectively the members played a deliberative role.

To varying degrees, Vital Signs served as a basis for follow-up action by community foundations and other local stakeholders in the areas of granting, convening, and support for new programs or projects. Follow-up actions remained primarily the purview of individual stakeholders, with some activities carried out in cooperation between two or three actors. Municipalities, in particular, appear to be targeted as “end users” of the program.

In this case study, we contend that this community knowledge role represents one stage of a broader local agenda-setting process. The Vital Signs report may help to frame certain issues in a way that gives them a new or different prominence than they had before. As follow-up action falls outside of the purview of Vital Sign’s own program logic, the community knowledge role helps to frame the agenda-setting process but it does not complete it, for the agenda-setting process also involves establishing common priorities and shared change goals as a prerequisite for collective action.

it was thought that the question of local ownership of Vital Signs – by the community foundation and/or by a larger consortium of local stakeholders – would emerge as a source of dynamic tension, especially if Vital Signs supports a process of local agenda-setting involving the reconciliation of different interests. Respondents described Vital Signs as an initiative that was “owned” both by the community foundation - that was critical to its standing and profile in the community - and to varying degrees by the larger consortium of stakeholders represented on the core team. The balance between one form of “ownership” and the other was highly dependent upon existing local conditions and the existing culture of collaboration in the community.

Issues for ongoing and future practice

- Vital Signs was described by respondents as a “conversation-starter”, a collaborative product that is meant first and foremost to serve a community knowledge function, and where follow-up action is *mostly* left to the discretion of individual actors. To what extent is *collective* design and action considered to be a desirable form of follow-up by community foundations and their partners? Could the program logic of Vital Signs be extended to include this? Who is best positioned to lead the design and implementation of follow-up collective action? Could Vital Signs be used as a catalyst for more intensive place-based strategies? What further opportunities could be explored for alignment and coordination among local funders?
- While the discussion emerging from this study considers that Vital Signs reports reflect a high-level consensus that is sensitive to local political considerations, community foundations

might want to continue to explore what else a community knowledge curation role might involve. Would an expanded community knowledge role pose any potential conflicts for community foundations in terms of their own mission, goals and public profile?

- CFC's Vital Signs task force identified the desire to bring about a strategic shift within the program, seeking to further embed Vital Signs in a post-proprietary, collaborative community knowledge landscape. To support this shift, CFC might consider working with its member community foundations to cultivate the conditions of organizational readiness and capacity for collaboration identified in the literature.
- In the context of the shift described at the beginning of this summary, CFC could consider working with its members to define and refine what successful *community* outcomes might look like in a renewed, post-proprietary Vital Signs model. CFC could consider using its national influence and leverage to build capacity among member foundations to lead evaluation and action learning efforts that are of value to the community of stakeholders, and to lead a network-wide assessment of community outcomes to which Vital Signs has contributed.

Issues for research

- A next phase of research should seek to gain a better understanding of the influence of Vital Signs from the perspective of local partners. Interviews with community foundation respondents appear to indicate that Vital Signs helps to legitimize, build support, and possibly neutralize opposition to certain forms of follow-up action. Interviews with local partners could look for indications of this type of influence. What is their perception of Vital Signs' contribution to local agenda-setting? How do partners experience and perceive the process of negotiation and of reconciling different interests that is at the core of this process?
- A future study could also seek to gain a deeper understanding of certain processes and conditions that emerged from the present study's data collection, and that are discussed in the literature. These include how Vital Signs, as a knowledge curation process, works to frame issues and to introduce new ideas into the local arena; the process by which different interests are reconciled and agreement is brokered within this space; and the internal adjustments that community foundations have made to increase their readiness and capacity for collaboration and for community leadership roles.
- A future study should seek a greater breadth of representation of community foundations, in terms of the diversity of local conditions as well as the age, size and capacity of respondents. As small and mid-sized community foundations were over-represented among the present study's interview respondents, in particular a future study should seek to understand the different realities of the large, high-capacity urban community foundations. Amongst other things, a focus on the larger community foundations could investigate the role that Vital Signs has played to support larger community foundations' engagement in more intensive place-based strategic philanthropy.

INTRODUCTION

The Vital Signs program allows community foundations across Canada to produce a “report card” on the state of well-being of their respective communities. Indicators are drawn from ten broad thematic issue areas such as health, environment, economic activity, education and employment. After nine years of coordinating the national Vital Signs program, Community Foundations of Canada (CFC) is seeking to foster a deeper integration of the program into community foundations’ core work. While Vital Signs has always relied on local stakeholder engagement for its implementation, the current program repositioning also seeks to push understandings of the program as a collaborative endeavour.

Designed and carried out in collaboration with Community Foundations of Canada (CFC), this case study focuses in particular on the Vital Signs program and on the collaborative relationships that are engaged in the course of its local implementation by individual community foundations. Framing this investigation is the understanding that the Vital Signs program is one means by which community foundations fulfill the “community leadership” aspect of their mission.

The case study set out to understand the ways in which the Vital Signs program supports the expression of community foundations’ “community leadership” mission, the place given to collaboration with local stakeholders within the exercise of these “community leadership” roles - and specifically the purpose that collaboration serves in the context of the Vital Signs program, and the ways in which community foundations negotiate potential tensions between national program alignment and local ownership.

This case study is part of a larger research cluster looking at collaborations led by grantmaking foundations. The overall research cluster seeks to understand how Canadian grantmaking foundations and the civil society organizations they fund can best be poised to have a catalytic (changemaking) effect. More specifically, the initial exploratory phase of this research cluster proposes to examine grantmaking foundations’ collaboration practices using a multiple case study design.

As part of an exploratory first stage in a longer research effort, this case study offers an initial scan of the area of inquiry, seeking to identify research questions, generate preliminary insights as a partial response to them, and identify directions for further, more in-depth research on the topic. As a stand-alone study, it seeks to provide a useful snapshot and reflective analysis to Community Foundations of Canada regarding the state of the local collaborative practices that member foundations engage as part of implementing Vital Signs.

Key findings

Results revealed that respondents undertaking Vital Signs pursued purposes that were consonant with those promoted by the national program, as they sought both to enhance the community foundation’s profile and to contribute to desired community outcomes. Connecting these two sets

of purposes, respondents spoke of a desire to build up the community foundation's role as a convener and curator of community knowledge. With Vital Signs, community foundations propose to play a role of "neutral" knowledge broker and convener in their community, through which they can legitimately strive to build a form of consensus among local stakeholders. By ensuring that Vital Signs presented a balanced portrait of the community's assets and challenges, community foundations were negotiating political considerations and engaging in risk management.

Collaboration at the stage of data collection, analysis and presentation was seen by most to be fundamental to the project, as a means of ensuring its legitimacy and the quality of its product. This collaboration most often took the form of a core advisory group that brought together representatives with expertise in each of the issue areas that the national Vital Signs program had defined.

Respondents described Vital Signs as an initiative that was "owned" both by the community foundation - that was critical to its standing and profile in the community - and to varying degrees by the larger consortium of stakeholders represented on the core team. The balance between one form of "ownership" and the other was highly dependent upon existing local conditions and the existing culture of collaboration in the community.

To varying degrees, Vital Signs served as a basis for follow-up action by community foundations and other local stakeholders in the areas of granting, convening, and support for new programs or projects. Follow-up actions remained primarily the purview of individual stakeholders, with some activities carried out in cooperation between two or three actors. Municipalities, in particular, appear to be targeted as "end users" of the program.

In this case study, we contend that this community knowledge role represents one stage of a broader local agenda-setting process. The Vital Signs report may help to frame certain issues in a way that gives them a new or different prominence than they had before. As follow-up action falls outside of the purview of Vital Sign's own program logic, the community knowledge role helps to frame the agenda-setting process but it does not complete it, for the agenda-setting process also involves establishing common priorities and shared change goals as a prerequisite for collective action.

Organization of report

The report that follows is structured in five main sections. The first of these presents the context and objectives for this case study. This is followed in the second section by a review of the literature that discusses the "community leadership" roles played by community foundations and the context and factors that influence their expression. Following this, this section reviews a few elements from the literature on interorganizational collaboration that are perceived to be of particular relevance to the field of place-based philanthropy. The section concludes with a few assumptions that the literature review suggests about the present study. The third section offers a detailed description of the research design and methods. This is followed by a presentation of the

study's findings; quantitative and qualitative results are grouped together around five thematic response areas. These findings are discussed and interpreted in light of the insights that they shed upon the research questions. The section ends with implications and recommendations for practice and indications for future research.

I. CONTEXT AND OBJECTIVES OF CASE STUDY

A. The Vital Signs program in search of repositioning

Vital Signs originated as an initiative of the Toronto Foundation in 2001. In the context of the recent municipal amalgamation and concerns about its consequences for services, the Toronto Foundation launched the program as a means to benchmark progress on a number of quality-of-life indicators. At the time, it was unique in its genre as a community indicators report that was made publicly available to a wide audience and to a broad range of potential users.

The Toronto Foundation's initiative attracted the attention of other community foundations, and in 2006 Community Foundations of Canada (CFC) took over coordination of Vital Signs as a national program in which all member community foundations are invited to participate¹. In this role, CFC provides orientation and training resources to member community foundations that wish to develop and use Vital Signs in their community, coordinates the production of national and local data sets that correspond to Vital Signs indicator areas, makes a report template available on an optional basis to participating community foundations, and coordinates a national media strategy in connection with a common Vital Signs release date each year.

Since its inception as a national program, Vital Signs has evolved to become more flexible and accessible to a broad range of community foundations. Thus, at the present time, roughly half of the 52 participating community foundations² produce a Vital Signs report in any given year; community foundations can choose to report on the full range of Vital Signs issue areas, or they can choose to focus on only a few. In recent years, CFC has shifted towards a thematic focus with its national Vital Signs report³, and has worked to offer ways for member community foundations to draw upon these themes in their local Vital Signs report.

The case study project comes at a time when CFC is seeking to reposition the Vital Signs program and to foster a deeper integration of Vital Signs into community foundations' core work. This repositioning is motivated by a few considerations. First among these, CFC considers that uptake of Vital Signs amongst CFC members has remained relatively limited; roughly a quarter of the national association's 191 members have implemented the program at one point or another.

¹ Participating community foundations agree to abide by the norms of the Vital Signs program regarding data integrity, format and visual presentation of the report.

² Total number of community foundations having produced a Vital Signs report one or more times, as of the fall of 2015

³ Thematic focus on youth in 2012, food security in 2013 and belonging in 2015

For CFC, this is an indicator that Vital Signs has yet to be integrated into most community foundations' "core business".

At the same time, in recognition of the growing number of other actors present in the community data and indicators landscape, community foundations are invited to rethink Vital Signs' relationship to actual and potential partners, collaborators and competitors. Can Vital Signs continue to be a proprietary program of CFC and its members, while at the same time offering itself as an input to a broader ecosystem of collaborative "community knowledge" that is owned by a broad range of stakeholders and decision-makers? This tension appears to be at the heart of the current repositioning exercise.

A Vital Signs Future Vision Task Force produced a strategic framework in 2014 to guide the repositioning exercise (CFC, 2014a). Two elements appear to be central to an emerging vision of the way forward⁴:

1. A desire to achieve better positioning and uptake of Vital Signs within the community foundation network by promoting Vital Signs as the community foundation "operating system", as a diagnostic exercise that can drive and inform granting priorities and decisions. While a handful of community foundations currently use Vital Signs in this way, this understanding of its purpose and place is not widely shared within the community foundation network.
2. A desire to reposition Vital Signs within local communities, by guiding a shift in understanding and approach among community foundations towards seeing Vital Signs as a contribution to a broader ecosystem of collaborative "community knowledge" (shared data, analysis/diagnostic and planning processes). Community foundations are invited to integrate a knowledge function into their understanding of their own work, to expand the range of roles that they occupy and, by implication, the value that they represent to their community, to include that of knowledge broker.

This second shift aligns with a broader strategic vision that sees community foundations expanding the range of roles that they play/fulfill in their community. This type of shift mirrors broader discussions about community foundation positioning in North America: while continuing to act as grantmakers, community foundations are encouraged to leverage the full range of their assets, to act as knowledge brokers and conveners in their local community.

Interlocutors at CFC identify certain challenges in connection with a shift towards more collaborative ways of working, and perceive potential tensions that community foundations undertaking this shift may need to navigate. Amongst other things, a shift to a more collaborative way of working challenges funding organizations to relinquish some control over the establishment and execution of their own singular strategies, and subordinates competitive positioning to collaborative strategies to achieve common goals. Community foundations that embark upon this shift may be challenged to move away from seeing Vital Signs primarily as a

⁴ drawn from conversations with Lee Rose and Cindy Lindsay of CFC

community foundation-branded product towards seeing it as one potential tool or input into a process of community analysis and planning that is owned by a broad range of stakeholders and decision-makers.

For CFC, it was hoped that a case study of Vital Signs at this juncture could lend evidence and analysis to inform reflection and discussion within the community foundation network on the program's future direction. In particular, it was hoped that the case study would help to illustrate the effects that collaboration and the use of common indicators can have upon planning and decision-making for community and local development. In addition, it was hoped that the study could point to promising directions for the deployment of Vital Signs in a post-proprietary, collaborative landscape.

At the outset of this project, Community Foundations of Canada already had considerable knowledge about the community foundations that had implemented the Vital Signs program one or more times. The different Vital Signs resource guides (McMillan 2012a,b,c) tell anecdotes or brief narratives about at least a dozen community foundations' experience with the program. An earlier document discussing opportunities and conditions for collaboration, mostly among community foundations, also profiles the experiences of five different community foundations that collaborated to produce Vital Signs reports (CFC, 2010). The present study aims to add to this existing knowledge in ways that could be of value to the community foundation network, by bringing a particular focus to the local collaborative relationships that community foundations have established in the context of the Vital Signs program.

B. Focus and objectives of case study

Initial discussions with CFC identified three different actual and potential sites of collaboration within the context of the Vital Signs program. The first of these sites of collaboration is amongst community foundations; in a number of instances, small community foundations have partnered to produce a joint Vital Signs report for a single region. A 2010 CFC discussion paper⁵ provides several examples of this type of collaboration, such as that of five community foundations in B.C. and B.C.'s Social Planning and Research Council. The second is alignment of Vital Signs with other national and/or provincial indicator programs. A few community foundations have undertaken efforts to align Vital Signs analysis and reporting with the indicators and issue areas of the Canadian Index of Wellbeing⁶; examples include the Kingston and Victoria community foundations.

The third site of collaboration is with local community stakeholders for the production of Vital Signs reports or for the planning and implementation of follow-up actions. The case study opted to make this third site its primary focus, and to study the collaborations that occur between community foundations and a range of local partners within the context of the Vital Signs program. As each community foundation pursues a mission that is rooted in place, these local

⁵ Community Foundations of Canada (2010). *Community Foundation Strategic Alliances: Partnering for Impact and Sustainability. A Discussion Paper for Community Foundations of Canada.*

⁶ <https://uwaterloo.ca/canadian-index-wellbeing/>

collaborations were considered to represent the most significant and complex nexus of relationships for community foundations.

These local collaborations can occur at two different points in the program's "life cycle": at the stage of preparing the Vital Signs report card (data collection, analysis and presentation), and at the stage of follow-up activity inspired by Vital Signs findings (e.g. planning and implementing granting priorities, convening stakeholders around a particular issue area, supporting the development of a new program or project). As less is known by CFC about the extent of collaborations that have sprung up amongst local stakeholders in response to the Vital Signs diagnostic report, it was hoped that this case study research could add to the community foundation network's knowledge in this second area.

As the study did not operationally define the term "collaboration" during data collection, respondents were invited to define it themselves, naming a variety of activities that could range from foundation-led stakeholder engagement activities to more sustained partnerships where responsibilities are jointly held.

The case study set out to understand:

- The purposes that Vital Signs has served for community foundations: how it supports the expression of their community leadership mission, and the effects that local context has on the fulfillment of this mission;
- The place given to collaboration with local stakeholders within the exercise of community foundations' "community leadership" roles, and specifically the purpose that collaboration serves in the context of the Vital Signs program;
- The range, extent and focus of collaborations at different stage(s) of the Vital Signs process (e.g. production, follow-up), the forms that collaboration takes and the stakeholders involved at these different stage(s);
- The outcomes of collaboration in the context of the Vital Signs program for participating community foundations, for partners and for the community;
- How dynamics are negotiated between alignment with Vital Signs national program requirements (presenting a "top-down" dynamic with a prescribed model and role for community foundations), and local dynamics (presenting "bottom-up" dynamics that may call for more distributed leadership).

Through this study of collaborations that are generated in the context of a defined, branded program, we hoped to learn about the ways in which community foundations were negotiating the potential tension between national program alignment and local ownership. How does the process and experience of local collaboration influence community foundations' understanding of the Vital Signs program and of their own role within the community?

In the literature review section that follows, we explore discussions about the goals and challenges associated with community foundations' "community leadership" practices. These discussions shed light on the context in which community foundations are encouraged to play these roles, as well as the conditions and factors that affect how they are able to do this. The

literature review then turns to a few frameworks and tools for thinking about collaboration, especially in the context of place-based philanthropy.

II. LITERATURE REVIEW

A. Place-based philanthropy, community foundations and “community leadership”

The last fifteen years have seen a revival of the local: the view that “place matters” and that local communities⁷ should be enabled to flourish has gained momentum, and communities are perceived as spaces for innovation, bottom-up problem solving and economic rejuvenation (Phillips, Jung & Harrow, 2011). This revival has been supported by a decentralization of state authority, a devolution of responsibilities for social and economic development, and a shift towards new governance arrangements involving the coordination of public projects by cross-sector networks (Perry & Mazany, 2014).

Accompanying this reaffirmation of the local, the last twenty-five years have seen a concurrent movement towards strategic “place-based” or “embedded” philanthropy. With this current, foundations that have a stake in “place” engage in multidimensional and collaborative approaches that attempt to address the underlying causes of complex problems that are felt within local communities, seeking improvement in the areas of local economic development, community revitalization, educational outcomes and social cohesion (Murdoch, 2007).

As “anchor institutions”⁸ established to serve a particular locality, community foundations pursue a threefold mission, seeking to catalyze local investment for the community’s benefit, engaging donors in community-building and granting in a broad range of areas related to community vitality and, and seeking to exercise a range of “community leadership” roles (Ranghelli, 2006; McMillan, 2012b). Recent trends have been the source of both challenges and opportunities for community foundations. Phillips et al (2011, 1-2) speak to the opportunities here:

With their inherent focus on place, community foundations should be expected to be key players in a new localism. ... Aiming to connect resources to improve the quality of life within their locality, they can offer a range of approaches to address the changing role of government, to engage communities in dealing with local problems and to strengthen the third sector.

Various discussions have pointed out the paradoxical nature of this focus on grassroots decision-making and on the belief that local communities can find solutions to local problems. Local communities are confronted with increasingly complex challenges driven by forces that are beyond their control, embedded as they are in the larger context of “fluid cities” that are

⁷ The term “community” is used in fluid and often ambiguous ways in the literature; while it most often refers to a given geographical locale and/or to the population of this territory, it can also refer to groups of stakeholders within a given locale that represent different positions and interests.

⁸ Mazany & Perry (2014, 276) describe these as non-market-based institutions that have as their mission the communities they serve; along with local philanthropic organizations, these include hospitals and universities.

experiencing an accelerated pace of change driven by the forces of globalization. With these changes the leadership of corporations has moved out of smaller, “second-tier” cities to focus globally on the metropolitan regions that are key to the world’s economy (Mazany & Perry, 2014, 276). Along with this delocalization of the drivers of economic growth, local communities are confronted with an increasingly heterogeneous social needs and issues. At the same time, an observed increase in the number and diversity of local actors, - nonprofit, public and parapublic – can result in a fragmentation of responses to these challenges (Hamilton, Parzen & Brown, 2004).

Moulaert (2009) juxtaposes these tensions with the potential that infuses place-based strategies. Local communities, urban neighbourhoods in particular, are sites of paradox within the territorial development arena, as locations where the consequences of the spatial, social and economic fragmentation alluded to above have direct salience and impact on populations, and as spatial “showcases (for) the cracks of hope in the system” (Moulaert, 2009, 16).

In addition, several observers have drawn attention to an increasingly crowded community philanthropy landscape. Community foundations in the US, in particular, have come to face competition in the donor services market that they have traditionally occupied (Kasper, Marcoux & Ausinheiler, 2014a), and recent developments indicate that these pressures may catch up with community foundations in Canada (Kasper, Marcoux & Ausinheiler, 2014b). Phillips et al (2011) temper this concern, considering that long-standing particularities of the Canadian community foundation model insulate it against some of these pressures. In particular, they note, the Canadian model has always placed a greater relative emphasis on the community leadership aspects of community foundations’ mission, and less emphasis on the financial management aspects.

An expansion into non-grantmaking “community leadership” roles

In the face of these challenges and opportunities, various discussions have examined the ways in which place-based philanthropic organizations are embracing the full range of non-grantmaking roles that they can fulfil and making them more central to the accomplishment of their mission. Auspos et al. (2009) have equated this range of non-grantmaking roles with the exercise of *civic capacity*, or the ability to influence or shape policy, practice, and resources in the public, nonprofit, for-profit, and philanthropic sectors in ways that increase the scale, scope, and effectiveness of community change activities.

While community foundations are not alone in embracing these kinds of community leadership roles, many commentators argue that with their institutional flexibility, range of boundary-crossing relationships, civic standing, and ability to see and connect the pieces into a larger whole, community foundations are uniquely positioned to fulfill these roles (Hamilton et al., 2004). Some studies show that community leadership yields benefits for community foundations in return, in the form of new relationships, increased visibility, greater local credibility, and attracting new donors (James Irvine Foundation, 2003).

In particular, as providers of local knowledge and legitimacy and as bridges to additional

resources, community foundations are looked to as neutral conveners and honest brokers able to leverage diverse networks of relationships:

As institutions with resources and with reach into many diverse constituencies, local foundations can serve as conveners in ways that few other community institutions can. They often have both knowledge of the programmatic areas that are part of the broader neighborhood agendas and connections to leadership in many of those domains.

Auspos et al, 2009, 137-138

Because of this position of neutral convener, Duan-Barnett et al. (2012) contend, community foundations have a particularly valuable role to play in the *agenda-setting* process of place-based change initiatives. It is at this critical agenda-setting stage, the authors contend, that social change initiatives must reconcile the challenge of assembling multiple, overlapping and/or conflicting agendas to develop a shared understanding of problems and possible solutions.

Community foundations' unique positioning allows them to capitalize upon their credibility and connections in other ways as well, fostering strategic partnerships as a way to carry out initiatives, leverage investments and mobilize community participation. This can involve brokering new, fragile or even contentious relationships (Ranghelli, 2006). Several discussions of community leadership also point to place-based foundations' engagement with policy makers and the local level and beyond, to advocate and partner for policy solutions that further community change outcomes (Auspos et al. 2009; Hamilton et al., 2004; Phillips et al., 2011).

Finally, most discussions also point to a critical role for community foundations in helping to build useful knowledge, in mobilizing community attention around issues, and in shaping community discourse and dialogue about responses to local problems (Auspos et al. 2009; Hamilton et al., 2004; JIF, 2003; Phillips et al., 2011; Perry & Mazany, 2014). This role involves three interrelated components of research (uncovering and making sense of local data that points to trends and needs in the community), communications (framing issues) and knowledge brokering (introducing and testing new ideas, exposing a variety of audiences to new information and innovative practices).

Alongside these non-granting roles, the literature has also pointed to the ways in which community foundations have strategically aligned their grantmaking and donor engagement activities to support their community leadership agenda – by prioritizing and bundling their grantmaking to address local issues that have emerged through the activities and processes described above, and by engaging and mobilizing donors as participants and leaders of efforts to address community problems (Hamilton et al., 2004; JIF, 2003).

In Canada, community foundations have taken different routes to exercising these types of local leadership roles, finding their own niche among other local actors and among other community foundations across the country. Phillips et al. (2011) point to the examples set by the Winnipeg and Hamilton Foundations⁹ in the area of place-based strategic philanthropy - involving

⁹ The Winnipeg Foundation's work is the focus of another case study within this research cluster. The Hamilton Foundation launched a neighbourhood-focused poverty reduction initiative in 2002 and established the Hamilton

alignment of multiple partners and program areas around ambitious community change goals, and to the Edmonton Foundation's leadership in the area of social finance. The Vital Signs program, for its part, stands out as the flagship avenue for Canadian community foundations to mobilize knowledge and shape community discourse.

Conditions and factors for exercising community leadership

A combination of context, networks and organizational factors affect community foundations' leadership approaches (Phillips et al., 2011). First among these, the nature of the issues that need to be addressed and the characteristics of each local community condition the opportunities for community leadership. In addition, the potential of local philanthropy to address these issues is shaped by factors such as the nature of wealth and the extent of poverty and income inequality in a given locale, levels of population growth and mobility, as well as the degree of political unity or divisiveness (Phillips et al., 2011).

The literature, however, has paid greater attention to the organizational factors that create internal readiness and capacity to engage in these community leadership roles. First among these factors is lifecycle stage: one study (Graddy & Morgan, 2006) found that older foundations and those in more stable communities are more likely to dedicate significant effort to community leadership other than grantmaking than younger ones which feel the need to give priority to building their endowments and establishing relationships.

Next, Hamilton et al. (2004) draw attention to the necessary alignment of organizational structures with a mission that embraces community leadership, contending that new and expanded leadership roles often require extensive, interrelated changes in a community foundation's own structure and capacities.

Another study (JIF, 2003) looking at community foundations' ability to play a "catalyst" role found that the most critical internal requirement was the commitment of the organization's senior leadership to carry out the work. Of particular relevance was the composition and stance of the board, notably its diversity and approach to risk management (Hamilton et al, 2004; Phillips et al., 2011). As Auspos et al. (2009, 144) note,

...this civic work sometimes requires foundations to take greater risks, to put their own name and credibility on the line publicly in order to advance a cause, and to support less powerful partners. This ... is difficult for institutions like foundations that are often risk-averse.

Beyond this commitment, skill and capacity also emerged as critical requirements. While asset size and grantmaking leverage are part of the capacity equation, Phillips et al.'s (2011) review concludes that these are not the most critical factor. In keeping with the convening and brokering roles at the centre of the community leadership model as exercised by community foundations, process skills were deemed to be the essential ingredient to catalyst success, including skills at meeting facilitation, communications, policy analysis, and, in particular, community engagement and community politics (JIF, 2003).

A third important set of factors is found in the nature of relationships and networks at the community level. These affect the space that exists for a foundation to carve out its own distinctive niche. In this last area, the literature finds that community foundations' identification with community leadership roles is not without tension and ambiguity. As one illustration, for decades community foundations and United Way organizations have existed in close proximity to each other in the same local communities (Ragey, Masaoka & Peters, 2005). Since the 1990s, a changing philanthropic landscape has led to an ever-greater convergence in terms of grantmaking focus, donor base and competing claims on the position of community leadership. While Ragey et al.'s (2005) study examines these relationships in the U.S., as early as 1996, the then-director of Community Foundations of Canada recognized a similar ambiguity in the relationship between community foundations and United Way organizations in Canada (Patten, 1996).

The configuration of these network relationships and leadership possibilities is influenced in turn by public policy, particularly approaches to new localism, and by the role of the national association in establishing a coordinated strategy for community foundations and in promoting connections among them (Phillips et al., 2011).

In most of Canada, there has been little in the way of explicit policy frameworks supporting place-based policy. Provincial approaches have varied widely, with Quebec being an international policy leader in a "holistic, place-based approach to the social economy" (Bradford, 2011)¹⁰. For the most part, however, an absence of explicit policy frameworks in support of localism has left the playing field open for local organizations to lead and coordinate community change (Phillips et al., 2011).

Canada's national association of community foundations (CFC) and its Vital Signs program have been cited as an asset that supports Canadian community foundations' ability to innovate and embrace the full range of community leadership roles (Kasper, Marcoux & Ausinheiler, 2014b). Unique in the North American landscape, since the association's inception in 1992 it has moved beyond a focus on member services and capacity-building to leverage the strengths of its network. Its latest strategic directions (CFC, 2014b) further assert this network advantage in promoting a strong collective identity for community foundations, offering a collective voice on issues, and developing and managing programs and partnerships at the national level that can then be deployed or leveraged locally by member community foundations.

As national coordinator of the Vital Signs program, CFC plays a strong role in promoting the program to member foundations and in supporting them as they move to implement it, and exercises considerable normative influence over the ways in which local foundations come to understand Vital Signs' purpose and use in their community. Vital Signs is presented as both a tool that benefits community foundations – as a means by which they can build their profile and

¹⁰ As community foundations have less of a presence in Quebec than in other parts of Canada – and as Vital Signs has a particularly low uptake in Quebec, - this discussion does not focus extensively on the differences that Quebec's localist policy frameworks present.

position their leadership in the community – and as a means to engage local communities around issues of concern.

Towards the first of these ends, CFC promotes Vital Signs as a means to build profile in the community, as an activity that validates the work of the community foundation and grounds its relevance - by connecting donor development and stewardship and grantmaking to a strategy founded in demonstrated community need, and that demonstrates the community foundation's convening role, positioning it as a centre of knowledge about the community (McMillan, 2012b).

Next, as a tool for community engagement, Vital Signs is promoted in ways that echo the literature on community leadership - as a means to convene and build agreement among different stakeholders about issues that need attention, to prioritize actions, foster partnerships among stakeholders and grantmakers, and even to undertake public policy work around identified priorities (McMillan, 2012a).

In promoting Vital Signs, CFC recognizes that the existing niche for these community leadership roles may vary from one local community to another. The series of Vital Signs resource guides are careful to state that community foundations wishing to develop Vital Signs in their community must ensure that it responds to a real need, and be sensitive to duplication of other efforts that use data to monitor indicators of community well-being. One resource guide (McMillan, 2012a) proposes that Vital Signs can build upon existing community indicator initiatives by consolidating new and existing data, by making a wide range of information easier to access, and by publishing a reader-friendly document that appeals to a wide range of readers looking for a snapshot of quality of life and of community vitality. It suggests as well that Vital Signs adds value by involving the community in the process of its development, in ways that include determining the report's indicators, exploring research sources and grading the community's "performance" in different areas.

B. Collaboration among stakeholder organizations in place-based philanthropy

Across many fields of activity, interorganizational collaboration has come to be embraced as a primary strategy for cultivating social innovation and addressing complex problems (Woodland & Hutton, 2012; Marek, Brock & Savla, 2014). The fields of place-based philanthropy and community change reflect this broader trend; collaboration with business, nonprofits, other foundations and government is seen as essential to their effectiveness (Murdoch, 2007).

Conceptualizing interorganizational collaboration

Despite a vast literature in support of interorganizational collaboration, Woodland and Hutton (2012) contend that collaboration itself remains an underempiricized and misunderstood concept taken to refer to a wide range of distinct practices. For the purposes of this discussion, the term *interorganizational collaboration* refers to "a cooperative, interorganizational relationship that is negotiated in an ongoing communicative process and that relies on neither market nor hierarchical

mechanisms of control” (Lawrence, Hardy & Phillips, 2002, 282). This definition is inclusive enough to encompass a wide range of collaborative arrangements, but distinguishes interorganizational collaboration from other arrangements in which cooperation is either purchased (as in a supplier-client relationship) or based on some form of legitimate authority (as in a relationship between a public agency and an organization operating within its jurisdiction).

Woodland and Hutton’s (2012) review of the literature singles out a few defining attributes of interorganizational collaboration: collaborations are formed around a shared purpose, they are developmental in nature and they entail cycles of inquiry and action. In addition, collaboration exists at varying levels or degrees of *integration*, referring to the degree of alignment of strategies and decision-making among actors; different purposes define different appropriate levels of integration.

Several typologies of collaboration have been established using this integration variable. Among the best known of these is the one proposed by Mattessich, Murray-Close and Monsey (1992), representing a continuum of loose to tight alignment of different actors’ efforts (Figure 1).

Compete	Coexist	Communicate	Cooperate	Coordinate	Collaborate	Partnership
Organizations compete for resources, partners, public attention	Organizations have no systematic connection between each other	Organizations regularly network and share information with each other	Organizations cooperate on a project by project basis but remain autonomous	Organizations automatically adjust and align their work with one another	Organizations formally share decision-making resources and risks	Organizations fully integrate select programs, planning, funding

Figure 1: Continuum of alignment in collaboration efforts

Woodwell and Hutton (2012) propose a similar integration typology (reproduced in Appendix A). In this typology, different forms of collaboration exist for different purposes, ranging from communication at one end to the joint achievement of shared outcomes at the other. Differing forms and purposes induce variance as well in the level of integration of strategies and tasks, leadership and decision-making, and also entail greater or lesser possibilities for interprofessional conflict.

Grantmakers for Effective Organizations (2014) offers another typology that lines up different forms of collaborative action in the social sector along a continuum of purpose and degree of formality. Here, variance can be found in terms of commitment of time and resources, alignment of goals and coordination of efforts. These forms range from informal networks for information-sharing purposes to collective impact initiatives, in which a common agenda is established to solve a specific social problem, entailing long-term commitments by actors from different sectors.

Conditions and factors for successful collaboration

The literature on interorganizational collaboration also identifies a series of practices and factors that contribute to collaboration effectiveness. Marek, Brock and Saval’s (2015) collaboration assessment tool, tested for validity and reliability with respondents from seventy-seven different

coalitions, groups these factors into seven interrelated clusters:

- 1) The *context* cluster accounts for the shared history between coalition partners and their organizations, the context in which they function, and the collaborative's role within the community
- 2) The *membership* cluster refers to individual members' characteristics, skills, attitudes and beliefs that either contribute to or detract from successful collaboration outcomes
- 3) The *process and organization* cluster focuses on the processes by which the collaborative and its members achieve their purpose, and the implementation of those processes.
- 4) The *communication* cluster looks at informal and formal communication between members of the collaborative and with the larger community or system.
- 5) The *function* cluster encompasses the determination and articulation of the collaborative's goals and objectives.
- 6) The *resources* cluster refers to the processes and outcomes of identification, coordination and sharing of human and financial resources.
- 7) Finally, the *leadership* cluster articulates characteristics of a successful collaborative leader, considering this to be a unique and critical element on its own.

As with the literature on community leadership, the literature on collaboration in the nonprofit and philanthropic sectors discuss internal conditions of readiness and capacity that organizations must develop in order to collaborate effectively. As a precondition to effective collaboration, Wei-Skillern and Silver (2013) derive four principles of a “network mindset” from their study of a number of collaborative endeavours:

- Collaboration requires prioritizing the shared goal or mission above any single organization's considerations;
- It is far more important to focus on cultivating trust and seeking value alignment than on establishing formal control mechanisms, such as contracts or accountability systems;
- Network leaders exhibit a strong norm of humility above all else, sharing credit and foregoing opportunities for individual advancement and institutional growth and brand building. As Bartczak (2015) points out, this means that grantmakers, who are often accustomed to being the strongest presence in the room or at the table, work alongside their peers as equals and willingly take a backseat when others are in a better position to lead.
- Those who embrace the collaborative mindset see their organizations as one part of a larger web of activity directed toward a shared goal or mission, not the hub of the action.

Building upon these preconditions, Bartczak (2015) identifies other practices that help to establish a philanthropic organization's readiness to collaborate effectively. These include clearly defining the role that the organization can play in a collaborative effort based on an effective reading of the landscape of issues and players, and investing in strong relationships with potential partners. Cultivating trust in these relationships requires a willingness to cede control and to compromise.

Beyond these readiness conditions, Bartczak (2015) contends that philanthropic organizations also need to adapt their practices and processes to support collaboration. Several of these adaptations mirror and add to the organizational readiness conditions named in the literature on community leadership. They include:

- achieving the commitment/buy-in of senior leadership;
- providing the resources needed to engage in collaboration (for grantmakers, this may include allocating program staff's time away from the mechanics of the granting cycle and towards relationship-building with partners and constituents), and covering the costs related to a collaborative's cycle of inquiry and action;
- developing formal mechanisms that help to maintain collaboration as an organizational priority so that it does not get lost in the pressures of the day-to-day demands; these can include supporting the exercise of collaborative skills through performance monitoring and incentives.

Collaboration within “community leadership” processes

Collaboration with local stakeholders is understood to be integral to the exercise of community foundations' convening and partnering leadership roles. Consistent with this understanding, collaboration is likewise encoded into the Vital Signs program; engaging a variety of partners in the process is perceived to be critical to ensure that the Vital Signs report is reflective of the whole community (McMillan, 2012c). In addition, stakeholder engagement at initial stages holds the possibility that Vital Signs may help to build agreement among different local actors about issues that need attention, and spark the will to coordinate planning and action.

However, collaboration can be a costly endeavour: relationships between foundations, service providers and local governments can be difficult to initialize and maintain over time; differing and possibly competing agendas can complicate implementation of collective action (Murdoch, 2007). Perry and Mazany (2014) contend that the community agenda-setting process in which community foundations play such a central role is achieved through an evolving process of contested pluralism – requiring that the differences between community interests, institutions and sectors be acknowledged, understood, accommodated and reconciled.

Mirroring the point made by Wei-Skillern and Silver (2013), Auspos et al. (2009, 144) remind us that

(P)artnerships of any kind require giving up exclusive control, sharing credit for the work, and staying strategically in the background as needed. These practices may work against the grain of any single institution's advancement agenda — and foundations are no exception.

These considerations suggest two areas of potential tension with regards to community foundations' exercise of leadership in processes of contested pluralism:

- 1) The increasing emphasis on community leadership frequently challenges community foundations to have a point of view and to assert their position. In shifting from their traditional role of neutral convener to advocate, Perry and Mazany (2014) muse, community foundations risk removing themselves from the unique position that affords them leadership legitimacy and reducing their identity to yet one more self-interested stakeholder.
- 2) The attitudes required to broker collaboration in spaces of contested pluralism may often

require their protagonists to relinquish ownership over an endeavour that they have acted to champion.

This second tension recalls the challenges identified by CFC (named in section I) as it seeks to reposition Vital Signs as a contribution to a broader ecosystem of collaborative community knowledge. How is local collaboration negotiated in the context of a national (vertically-integrated) program that bears the community foundation? What limits to shared local ownership do these program traits/characteristics pose?

C. Implications for the present study

To recall, the case study set out to understand:

- The purposes that Vital Signs has served for community foundations: how it supports the expression of their community leadership mission, and the effects that local context has on the fulfillment of this mission;
- The place given to collaboration with local stakeholders within the exercise of community foundations' "community leadership" roles, and specifically the purpose that collaboration serves in the context of the Vital Signs program;
- The range, extent and focus of collaborations at different stage(s) of the Vital Signs process (e.g. production, follow-up), the forms that collaboration takes and the stakeholders involved at these different stage(s);
- The outcomes of collaboration in the context of the Vital Signs program for participating community foundations, for partners and for the community;
- How dynamics are negotiated between alignment with Vital Signs national program requirements (presenting a "top-down" dynamic with a prescribed model and role for community foundations), and local dynamics (presenting "bottom-up" dynamics that may call for more distributed leadership).

The present study locates the Vital Signs program as a core part of community foundations' community leadership agenda. The discussion of this broader agenda, its context and the ways in which collaboration is understood and approached within it offers a basis from which several assumptions can be formed about the Vital Signs program and the study population. First among these, we can expect community foundations' expression of community leadership to be conditioned by their own internal capacity and readiness, as well as by their local context and by the niche that they are able to occupy within it.

Second, it can be expected that collaborations named in the context of the Vital Signs program will fall within the mid-range of levels of integration on Mattessich et al's (1992) continuum (Figure 1, p 16), from "communication" to "collaboration". Differences in level of integration will reflect the different purposes that local Vital Signs collaborations may serve – ranging from consultation and data sharing to the collective identification of local priorities for action. Where collaboration on follow-up actions is named, in some cases this might provide greater opportunities for integration, indicating commitment to a collective-impact style endeavour.

Finally, the question of local ownership of Vital Signs – by the community foundation and/or by a larger consortium of local stakeholders – can be expected to emerge as a source of dynamic tension, especially if Vital Signs supports a process of local agenda-setting involving the reconciliation of different interests. Community foundations where leadership and staff display a “network mindset” (Wei-Skillern & Silver 2013) are more likely to be inclined to see Vital Signs as a product that belongs to the local community, not to the community foundation.

III. RESEARCH DESIGN AND METHODOLOGY

A. Research design

This case study is part of a larger multiple case study design looking into the collaboration practices of grantmaking foundations. The case studies that form part of the research cluster’s initial exploratory phase aim to identify potential areas for fuller inquiry at a later stage. The case study research strategy was retained, as it lends itself to an inquiry that seeks to understand the reasons for undertaking collaborative practices, how the dynamics of collaboration are negotiated, and the influence of the broader context within which each unit (group of actors or program) operates (Yin, 1994).

This particular case study’s overall purpose is to describe and explore the local collaborations and partnerships that community foundations undertake within the context of the Vital Signs program, and to understand their relationship to the program’s purposes and outcomes.

The case study’s desired outcomes are of a dual nature. First, from a research perspective, it seeks to generate data and insights from analysis that speak to the assumptions suggested by the theoretical framework, helping to confirm, disconfirm, enrich or amend current understandings that grounded in theory and practice.

Second, it seeks to identify issues that may deserve practical attention, and propose recommendations for follow-up. As Community Foundations of Canada (CFC) is associated with this case study as a community partner organization, early decisions reflected the desire to frame the research in ways that could be useful to the partner organization and that could yield useful data and insights for it. CFC provided a staff liaison who acted to supervise the research, and the study’s focus and research questions were determined in collaboration with CFC.

An embedded mixed methods design was chosen for this study, for two reasons. First, while the unit of analysis is the Vital Signs program, the study takes as subunits the local sites of the program’s implementation – that is, participating community foundations. Second, an embedded case study can employ multiple methods for data generation, while keeping as the starting and ending points the comprehension of the case as a whole in its real-world context (Scholz & Tietje, 2002).

For this study, both qualitative and quantitative data sets were considered to be necessary to

answer the range of research questions that it laid out. Most of the research questions, such as those pertaining to the purposes of the Vital Signs program and the purposes that collaborations serve within it, could best be addressed through qualitative inquiry (interviews). However, the question(s) pertaining to the range, extent and focus of collaborative efforts could more effectively be addressed by quantitative methods (survey).

In this design, data collection and analysis were sequential, with priority placed on the second stage of qualitative data collection and analysis. An initial quantitative data set was collected and analyzed to gain an overall picture of the range, extent and types of collaboration reported by participating community foundations at the stages of preparation of the Vital Signs report and of follow-up action. These initial quantitative results were also used to identify and purposefully select participants for the qualitative data collection stage (follow-up interviews). While both quantitative and qualitative data collection instruments were developed concurrently at the start of the project, quantitative analysis results were used to refine and personalize the shape, focus and direction of the semi-structured interview guide used in the stage of qualitative data collection.

Mixing occurred through all points of the research: at the point of design, with the choice to embed quantitative methods in a primarily qualitative design, of data collection, where quantitative results informed participant selection for the qualitative stage and helped to refine the focus and direction of qualitative data collection, to a lesser degree at the point of data analysis, where in some cases quantitative and qualitative results were juxtaposed and compared, and finally at the point of interpretation (Creswell & Plano Clark, 2011).

B. Data collection and management

The study population consisted of members of Community Foundations of Canada (CFC) that had participated one or more times in the Vital Signs program by researching, writing and launching a local Vital Signs report. At the time of data collection, this represented a total number of 48 community foundations, or 25% of CFC's 191 members.

CFC collaborated with the researcher at key points in the data collection process:

- Initial meetings with the Director of Community Knowledge (staff liaison for the project) and the Director of Member Services served to frame the research, along with key internal documents pertaining to the Vital Signs program;
- The survey instrument was refined through feedback from CFC staff and pretested with a few eligible respondents to ensure that it was adapted and relevant to members' realities;
- CFC handled communications and outreach with the study population (CFC members that had implemented Vital Signs), tying the research to Vital Signs program objectives and ensuring a higher rate of participation and engagement than would otherwise have been possible;
- Based on a list of selection criteria derived from survey response analysis, CFC helped to identify potential respondents for the follow-up interview phase, and handled initial outreach communications.

Data collection relied on three sources.

1. Document review

First, a review of Vital Signs program documents produced by CFC between 2012 and 2014, along with orienting interviews with two CFC staff, served to establish the history and context of the Vital Signs program, its goals and parameters, as well as current issues and challenges. A review of 17 Vital Signs reports and related documents produced by interview respondent organizations was also carried out to provide background and orientation to each respondent.

2. Online survey

Second, a web-based survey was sent to the entire study population of community foundations that had implemented Vital Signs locally, seeking to gain an overall portrait of the range and extent of collaboration at the stage of preparation of the Vital Signs report and at the stage of follow-up action.

This stage sought to establish a baseline of information about participating community foundations in the following areas:

- duration of participation in Vital Signs
- collaborations engaged in the *production* of Vital Signs: types of partners, type and duration of collaborative activity
- type of activity engaged as *follow-up* to Vital Signs production
- collaborations engaged in *follow-up* to Vital Signs production: types of partners, focus and duration of collaborative activity

A 15-question survey (see Appendix B) was developed on the SurveyMonkey platform, using the CFC account for which access permission had been granted to the researcher. An invitation to participate in the survey was sent on February 18, 2015 by CFC's Director of Community Knowledge to 48 community foundations that had implemented Vital Signs one or more times, with a link to complete the survey. The invitation was directed to the person in each community foundation who was most familiar with its Vital Signs work.

Survey questions yielded nominal data only. The greatest number of survey questions were matrix-style multiple choice questions with multiple response options (6 questions). Two questions were simpler multiple choice questions with either single or multiple possible response option. Only one question asked for a textual response.

The completed survey data was exported in .xls format for data analysis; original survey data remained in CFC's SurveyMonkey member account. Survey respondents were not anonymous; as CFC was a full partner to the research, the survey was presented to study participants as a complement to CFC's ongoing data-gathering activities on the Vital Signs program. The report, however, presents aggregated survey data in an anonymized way.

3. Semi-structured follow-up interviews with selected survey respondents

A second phase of primary data collection began in the first week of April 2015. Semi-structured follow-up interviews with five community foundations sought to gain more information about what they understood collaboration to be in the context of Vital Signs, about the intentions that had accompanied the development of collaborations and the form that these had taken, about the role played by respondents alongside other stakeholders, and about perceived outcomes of the program and of the collaborations that had been engaged.

Interviewees were selected among survey respondents who had indicated a willingness to participate in a follow-up interview; the selection also ensured that respondents were drawn from community foundations of different sizes. Priority was given to survey respondents who had indicated a high number of collaborations at both stages, and who appeared to have sustained at least two partnerships between the two stages. Additional criteria included a balance of geographical representation and of degree of experience with the Vital Signs program.

The design of interview questions (see Appendix C) was informed by the initial question template provided for all case studies in the research cluster looking at grantmaking foundations' collaborations. During the early stages of orientation to the case study project, this initial template was modified to better reflect the particularities of local collaborations undertaken in the context of a national program. The question guide was further refined following quantitative data analysis to allow some interview questions to build upon the survey responses that interview respondents had already provided.

Interview respondents were asked to complete and sign a consent form beforehand (see Appendix D); this included their consent to the audio recording of the interview. Recorded data was transferred and stored on the researcher's personal computer under password protection, and will be will be erased at the end of the overall research project in 2017. Once again, the identity of interview respondents and of their organization are known to CFC, but their identity has not been revealed in any documents that could reach a broader audience, such as this report. As per the consent form signed by respondents, direct quotations from interviews are used in this report only where the quote could not reasonably be expected to identify the speaker.

4. An unrealized stage of data collection: Interviews with local partners

This case study originally planned for a third stage of primary data collection. According to this intention, interviews with key local partners, referred by respondent community foundations, would seek to gain their perspectives on the Vital Signs program and on the collaborations undertaken in the context of the program. As only two out of five community foundation respondents followed up on the request to contact partners and refer them for an interview, this stage of data collection was postponed until a possible future research stage.

C. Data analysis

The analysis of survey data segmented respondents according to size of foundation and level of experience with Vital Signs implementation, and used simple descriptive and correlative statistics to report on patterns that associated respondents' characteristics, partners named, forms and depth of collaboration at the stage of preparing and launching the Vital Signs report, and types of collaboration named in connection with follow-up activities in response to issues highlighted in a Vital Signs report.

The results section provides a primarily descriptive and inferential analysis of survey results. On the basis of this analysis, several observed and possible relationships are noted between variables. The use of the word "significant" in the results section denotes the presence of a statistically significant relationship between variables. Because of the relatively small total number of respondents (23), subgroupings according to variables are often quite small. Thus, statistically verified relationships between variables should (still) be interpreted with caution. While possible interpretations are advanced for some of these observed relationships, it is important to note that these are exploratory interpretations only. However, they may offer directions for future inquiry.

Interview analysis used a grounded theory approach to generate open categories for initial coding. Interviews were transcribed, and descriptive codes were assigned to distinct concepts appearing in interviewees' question responses. In similar fashion to Greenwald's (2013) analysis of interview data, assignment of new codes was stopped when theoretical saturation (Strauss and Corbin, 1990) was reached, that is, when no new concepts emerged in response to the interview questions.

D. Limitations

1. Research design

The design of this case study reflected the exploratory intentions of this phase of research within the cluster on grantmaking foundations' collaborations. The choice of a mixed methods design offered the possibility of bringing both breadth and depth to this exploration. However, in seeking to do both, one of the study's limits is that it could do neither in any sort of exhaustive way.

The design of the survey instrument involved trade-offs between simplicity and user-friendliness, on the one hand, and level of useful detail, on the other. The consequences of these trade-offs are described in the section below on construct validity. With regards to qualitative data collection:

- Because the study involved a single meeting with each interviewee, it was difficult to establish the trust level needed to surface and probe "conflict narratives" to a satisfactory level, and in particular to surface perspectives that could speak to the tensions named and anticipated in the previous sections.
- Most interviews involved just one respondent per organization, meaning that only one perspective was represented. The absence of the trustee perspective represents a particular limit.

- Finally and most significantly, interviews were limited to community foundation respondents, and did not include the perspective of local partners. As mentioned above, this phase of data collection had initially been intended, but was not carried out. The lack of partners' perspectives poses significant limits to a case study whose very focus is the collaborations among community foundations and other local stakeholders.

2. Sampling and generalizability

The issue of statistical generalization applies only to the quantitative data collected. A survey response rate of 48%¹¹ was obtained; the results section compares survey respondents and non-respondents according to significant variables of size and level of experience with the Vital Signs program. According to these characteristics, the respondent sample was representative of mid-sized and large community foundations within the overall study population, but not of the group of smallest community foundations.

The issue of sampling applies to the selection of subunits (individual community foundations) for follow-up interviews. The sample of interview respondents aimed to reflect the diversity of experience, context and organizational characteristics of Vital Signs implementers. However, during analysis it emerged that the sample did not allow the perspective of the largest urban community foundations to be adequately heard. As mentioned in the discussion (section V), the absence of this perspective presents a limit in terms of the study's potential contribution to theory and practice

3. Construct validity and interpretations

For this study, a deliberate choice was made not to define the term "collaboration" for its respondents, but to leave the interpretation of this term up to them. While it was possible to surface respondents' interpretations in the interviews, it was not possible to do this in the survey, with the consequence that survey data presents some ambiguities with regards to the ways in which survey respondents interpreted the term "collaboration". One of the survey questions about Stage 1 collaborations (question 4 in the survey instrument presented in Appendix B) was able to mitigate this ambiguity by offering examples of collaborative action as response options. However, the questions about follow-up collaborations (Questions 8 to 12 in the survey instrument presented in Appendix B) did not offer similar response options, as it was thought that this would have made the survey overly cumbersome and difficult to navigate for respondents. As a result, the survey did not gather data that could provide indications as to what constituted collaboration in respondents' eyes at the follow-up stages to Vital Signs.

¹¹ of the entire study population

IV. RESULTS

Results of both quantitative (survey) and qualitative (interviews) data collection and analysis are presented together in five subsections, that together seek to respond to the research questions laid out on page 19. The first section presents a number of respondent characteristics that are believed to have some relevance to understanding and discussing the results that are presented in the following sections. These characteristics are discussed as possible variables in the quantitative analysis, and, where relevant, as distinguishing particularities in the qualitative analysis.

Following this, a next section reports on the purposes that the Vital Signs program fulfills for interview respondents, and locates their collaboration practices within the local context in which the program was developed by respondent community foundations. This sets the stage for a description of the collaborations engaged as part of the process of preparing the Vital Signs report. The final two sections report first on follow-up activities captured in survey data, and then on the uses and influences of Vital Signs, both for respondent community foundations, for their partners and within the broader community.

E. Overview of study respondents

1. Survey respondents

Twenty-three respondents completed the survey; this represents a little less than half of the total number of potential respondents in the study population (n=48). Two key characteristics of survey respondents were considered to be possible variables that could affect respondents' capacity and incentive to engage in and sustain local collaborations; these were the size of the community foundation and the length of its experience with implementing the Vital Signs program. Using these same characteristics, respondents' profile was compared to the overall study population.

1.1 Size of community foundation

CFC groups its member community foundations according to three size categories, these take into consideration the size and type of the community in which each one operates, the community foundation's assets, and its staff size:

- Group I is made up for the most part of younger foundations that may be in smaller communities; with assets normally under \$2 million, they are predominately volunteer-run by the board of directors.
- Group II is made up of a mixture of urban and rural communities; with assets between \$2 and \$50 million, community foundations of this group usually have fewer than four staff.
- Group III represents the 12 largest community foundations in Canada, all based in the largest urban centres. All have assets over \$50 million, have more than 4 staff dedicated to programs (grants, community outreach, donor development), and are actively engaged in the community either through Vital Signs or other programs.

Eighty-seven percent (87%) of survey respondents were from Groups II and III, representing large and mid-sized community foundations. Among the overall population of Vital Signs implementers, over half of participating large and mid-sized community foundations responded to the survey (58% and 52% respectively). The perspective of small, often rural community foundations was less represented, with only 27% of all Vital Signs implementers from the Group I category responding to the survey. With the limited human resources of these small community foundations, this lower response rate was perhaps to be expected.

With these variable response rates, while survey data may provide a reasonable portrait of Vital Signs collaborations undertaken by large and mid-sized community foundations, this is less likely to be the case for Vital Signs collaborations undertaken by the smallest community foundations. Given the small number of respondents from Group I, the analysis cannot make inferences about this group's participation in Vital Signs or its experience with collaboration.

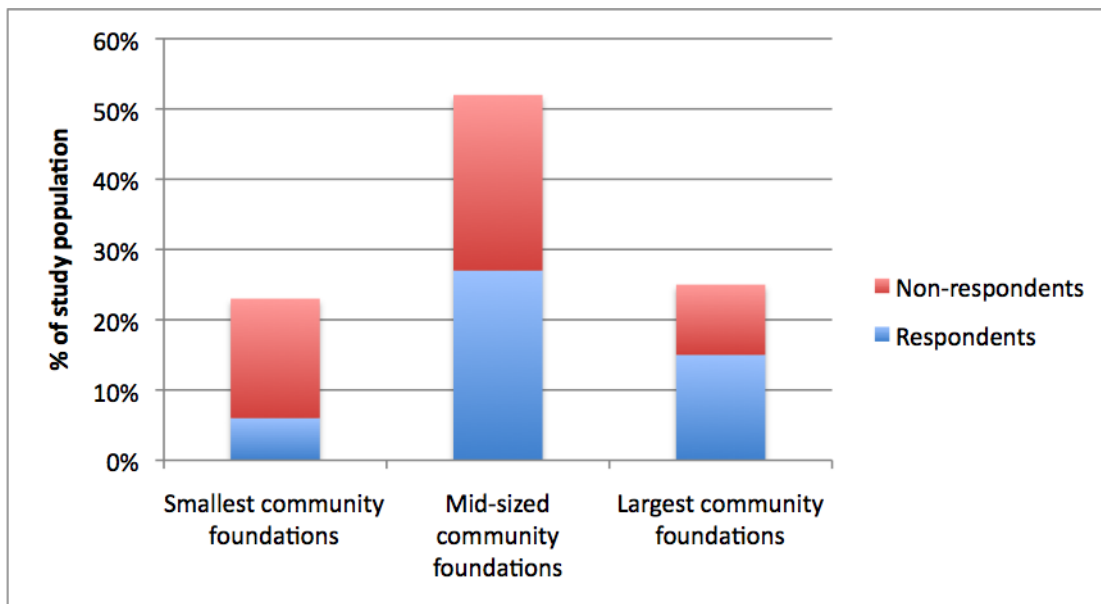


Figure 2: Breakdown of study population by size of community foundation

1.2 A mix of seasoned Vital Signs implementers and newcomers to the program

Three out of five Vital Signs implementers were relative newcomers to the program at the time of the study, having produced a report only once or twice in their community. The other two out of five were “seasoned” implementers, with three or more years of experience with the program. The mix of survey respondents fairly closely reflected this breakdown in the overall study population:

- Thirteen respondent community foundations were relative newcomers to Vital Signs (2 years or less), representing 52.5% of respondents.
- Ten respondent community foundations were “seasoned” implementers of the Vital Signs program (3 years or more), representing 43.5% of respondents;

It should be noted here that “seasoned” implementers were slightly more represented amongst survey respondents (43.5%) than among the overall group of Vital Signs implementers (40%). Thus, the “newcomers” were slightly less represented amongst survey respondents (56.5%) than among the overall group of Vital Signs implementers (60%).

2. Follow-up interview respondents

Five survey respondents were selected for follow-up interviews; these included a mix of size and of experience with the Vital Signs program (two “seasoned” and three “newcomer” respondents). Two respondent community foundations were located in British Columbia, one in Alberta, one in Ontario and one in Atlantic Canada. While the oldest respondent organization was over seventy-five years old, two respondent organizations had been in existence for less than fifteen years.

Three of the five respondent organizations were mid-sized community foundations (Group II), with assets ranging from \$4.8 to \$9 million and total annual granting budgets ranging from less than \$120 000 to \$260 000. Each of these covered a territory that included a small to mid-sized urban centre with a population ranging from 33 000 to almost 80 000, and a surrounding rural municipality or county with a population ranging from 20 000 to over 55 000. While another respondent organization was a smaller community foundation (Group I), with assets of \$1.2 million, its annual granting (at over \$300 000) outpaced that of the mid-sized community foundations. With a territory covering an entire province, it stood apart from most of its Group I counterparts. The final respondent organization was a much larger community foundation (Group III) operating in a mostly urban area with a population of 360 000, with assets of almost \$250 million and annual grants of almost \$12 million.

Interviews were set up with the individual in each organization who had the most direct experience with the Vital Signs program. These respondents occupied different roles within their organizations, and thus likely represented different perspectives in relation to their respective vantage points. In three cases, this was an individual in an executive role (executive director, CEO or other). For the other two respondent organizations, a program or development coordinator was interviewed.

B. Purposes and context for undertaking Vital Signs

The purposes named by interview respondents for undertaking Vital Signs closely reflected the purposes mentioned in national Vital Signs program training resources (McMillan, 2012a & b). They were of two types, the first one concerning the community foundation itself and its own goals. First among these was a desire to build up the profile of the community foundation in the community¹²; Vital Signs was described by one respondent as “the highest profile single thing that we do”. Vital Signs was also seen as a way to give more direction and focus to the foundation’s grantmaking function, and to engage current and prospective donors. Finally, Vital

¹² Throughout this discussion, the term “community” is used to refer variously to the geographical territory of respondent community foundations and to its population, and to the stakeholder individuals, groups and institutions that the community foundation defines as its constituency.

Signs was seen as a way to (develop new relations with different stakeholders, and in particular to) help the community foundation to develop or to consolidate its visibility throughout its territory, reaching beyond the urban centre in which it was most established to connect with the smaller/rural communities that it aimed to serve.

A second set of purposes focused on desired outcomes for the community itself. Vital Signs was seen as a way to bring the community together around a common set of information, to start conversations about the community's strengths and challenges, and ultimately to establish some priorities around which to focus common action. A couple of respondents expressed the explicit concern that Vital Signs *not* be seen by the community as a project by and for the community foundation, but that it be embraced by the community as its own.

Connecting these two sets of purposes, several respondents spoke of a desire to fulfill and to build up the community foundation's role as resource to the community, a convener and curator of community knowledge (of information and knowledge¹³ about the well-being of the community as a whole and of the groups that make it up). This intimate knowledge of and connection to a place, a community, was seen as part of the unique value of community foundations, and something that differentiated them from private foundations.

In some cases, the initial impetus to undertake Vital Signs came from the recognition that the community foundation needed to fill a gap in its own knowledge about the community: "We couldn't really be good at our job without (an understanding of our community)" (respondent, April 2015). For one respondent's organization, the desire to build up this role of resource to the community had crystallized following the 2008-2009 financial crisis, when the foundation had found itself unable to fulfill the granting role for which it had previously been known.

In other cases, this impetus came from its leadership, spurred in particular by the arrival of a new CEO with a vision for the fuller spectrum of roles that the community foundation could be taking on. Often, community foundation board members needed to be convinced of the value of committing resources to a project that, in their view, was not part of the community foundation's core business. Several respondents mentioned the role that CFC and the national Vital Signs program played in providing leadership and inspiration to its members and in conferring the legitimacy and credibility that local community foundation administrators sought in order to undertake a major new public commitment.

In most cases, Vital Signs was introduced into communities in which various programs already existed for tracking and reporting upon local population indicators, although often enough, these existing programs tracked data that was specific to single sectors or issue areas. In announcing their intention to undertake Vital Signs, community foundations needed to "sell" its added value as a highly accessible, curated presentation of existing information and knowledge about the

¹³ Frost (2013) presents the distinction made in the knowledge management literature between *data* (unstructured facts and figures), *information* (data "with a purpose", that has been contextualized, categorized, calculated and condensed), and *knowledge* (defined by Gamble & Blackwell (2001) as "a fluid mix of framed experience, values, contextual information, expert insight, and grounded intuition that provides an environment and framework for evaluation and incorporating new experience and information").

community. Respondents explained that Its added value lay in its ability to juxtapose and to weave together multiple strands of data from different sectors, to augment them with new angles or perspectives such as those offered by the community perception survey, and to bring them to life with stories.

For almost all respondents, undertaking Vital Signs for the first time was described as a risky process; for many board members, this undertaking could expose the community foundation to criticism and jeopardize the relationships that it had carefully cultivated with donors and community leaders. In a few cases, prominent individuals in the community actively opposed the undertaking, considering that Vital Signs could present the community in an unflattering light by drawing attention to its problems. To allay these concerns, respondents sought to ensure that Vital Signs presented a balanced portrait both of the community’s strengths and assets and of its challenges.

C. Collaborations at the stage of preparing the Vital Signs report (Stage 1)

As mentioned in section II, it is standard practice for the production of a Vital Signs report to be informed by a process of community input. For all interview respondent organizations, undertaking Vital Signs represented a major new direction that involved taking on a different and very visible role in the community. In this context, collaboration with local stakeholders was for respondent organizations both a means to get relevant input into the process of producing the community report card, and a way to add legitimacy and credibility to the report. As one respondent explained,

There’s no way we could have done Vital Signs without a collaborative process. Firstly, we aren’t subject matter experts. Secondly, we needed buy-in and support from community members.

Respondent, April 2015

1. Collaborative relationships named by survey respondents

Almost all survey respondents (96%) indicated collaborating with others to prepare their Vital Signs report, for the stage of data collection, analysis and presentation (referred to as Stage 1 in the figures in this section).

In the survey, “seasoned” respondents named significantly more partners on average (6.7) than “newcomer” respondents (4). This difference reflects the likelihood that community foundations with a longer history of implementing Vital Signs have had more time to build relationships with a greater range of partners.

In order of importance, the most frequently-named partners at this stage were social service agencies, academic or research institutions (university, college, institute or think tank), public health departments or planning units, municipal authorities and school boards. As the chart above/below illustrates (Figure 3), established collaborations (lasting two years or longer) outnumbered new ones in all categories. In particular, collaborations with municipal authorities,

public health and social service agencies were much more likely to be established for two or more years than those with other partners (respectively 86%, 80% and 76% of the time).

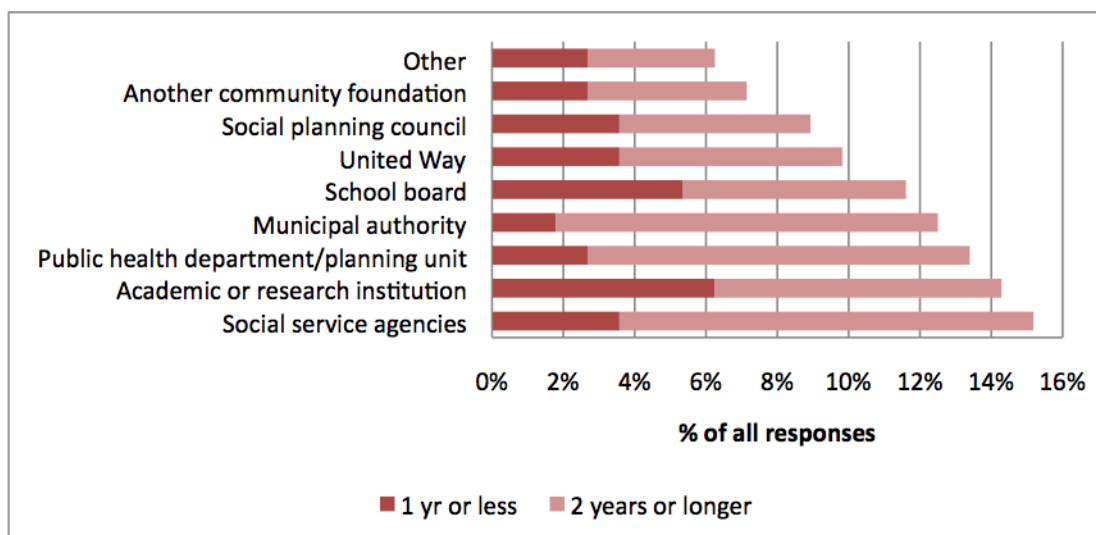


Figure 3: Distribution of named Stage 1 collaborators, by length of relationship

Here again, “seasoned” respondents had established a greater number of relationships with each of these partners than the “newcomer” respondents, with only two notable exceptions. Community foundations that were new to the Vital Signs program were more inclined than their experienced counterparts to collaborate with other community foundations (accounting for 71% of responses in this category), and equally as inclined as their experienced counterparts to collaborate with academic or research institutions. In the first case, newcomers to the Vital Signs program may be pairing up with more experienced community foundations for time-limited guidance or mentoring assistance. In the second case, collaborations with research institutions for the purposes of collecting and analyzing may be among the most straightforward to establish for community foundations that are starting out with the Vital Signs program. As interview data appears to confirm, relationships with other stakeholders may take more time to establish, as they involve negotiating interests and “place” in the community knowledge landscape.

Twelve respondents indicated collaborations with partners other than those mentioned in the response choice categories. These included entities such as chambers of commerce or economic development corporations, industry experts and police.

2. Forms of collaboration at the stage of Vital Signs data collection, analysis and presentation

2.1 Survey responses

Across all answer options provided in the survey, information and data sharing was the most popular form of collaboration indicated at this stage (30% of responses), followed by consultation to gain input on issues of importance to the community (25% of responses). Sixteen percent of

the time, respondents indicated that they discussed with partners to reach a common understanding of an issue. It was thought that this latter response might indicate the type of groundwork that would enable further collaboration in the follow-up stages, and the analysis did indeed establish a correlation here for municipal and public health partners (see page 41).

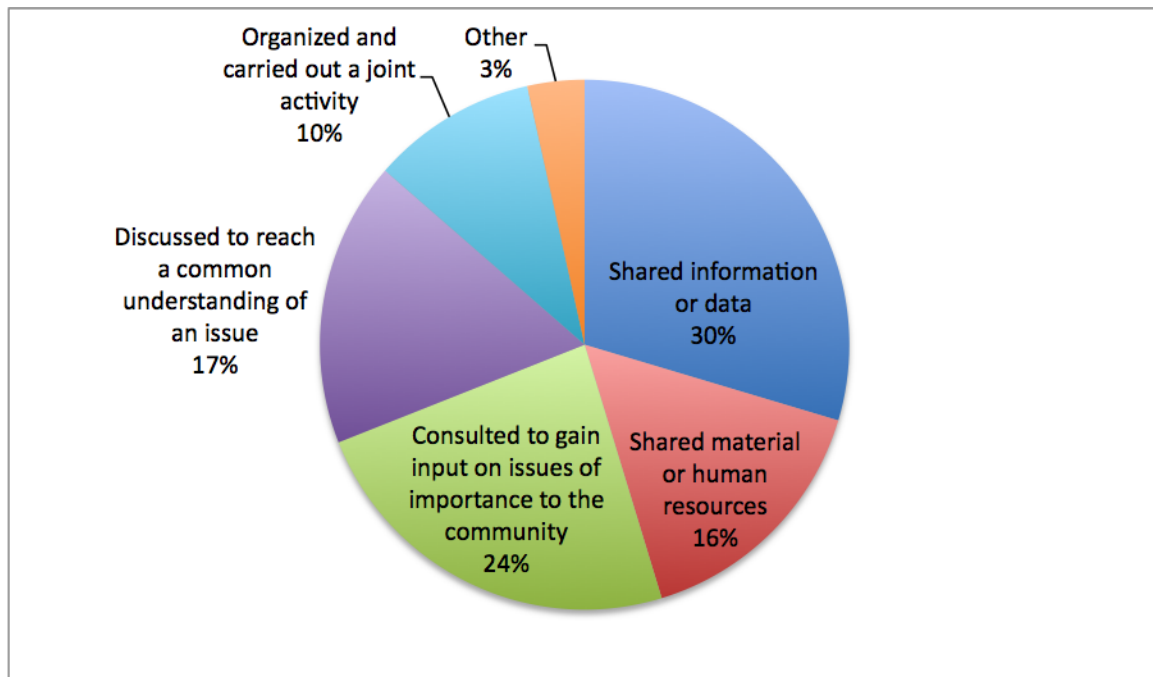


Figure 4: Forms of collaboration named in Vital Signs preparation (Stage 1)

Some partners were more frequently associated with certain forms of collaboration than with others (Figure 5):

- With other community foundations, the sharing of human and material resources took on greater relative importance as a form of collaboration than it did with other partners;
- With social service agencies and public health units, discussion to reach a common understanding of an issue took on greater relative importance as a form of collaboration than it did with other partners;
- With academic or research institutions, working together to organize and carry out a joint activity took on greater relative importance as a form of collaboration than it did with other partners.

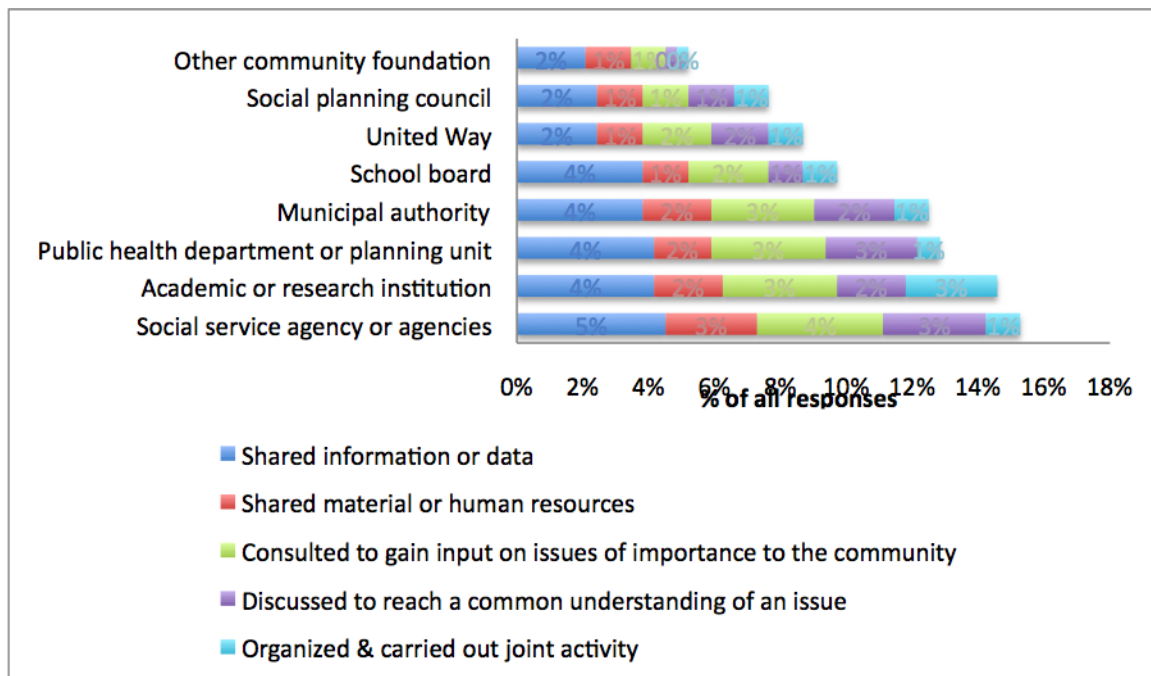


Figure 5: Type of Stage 1 collaborative activity, by partner

Intensity of collaboration at the stage of Vital Signs data collection, analysis and presentation

When survey respondents named two or more forms of collaboration with one partner, this collaboration was considered to be more intense in nature. Less experienced “newcomer” respondents had significantly fewer intense collaborations with partners than their more experienced counterparts.

Intense collaborations were not necessarily longer-lasting. Where social service agencies and other community foundations were named as partners, earlier-stage collaborations were more intense than collaborations that had lasted for two years or longer. It may be that in their early days of implementing the Vital Signs program, many community foundations associate more intensively with a limited number of partners that are more familiar to them, and that as their experience with the program and associated profile within the community increase, their collaborations are spread out across a more diverse group of partners.

2.2 Interview perspectives

For three out of the five interview respondents, this collaboration at the stage of Vital Signs preparation took the form of a core advisory group (called a “think tank” or a “community leadership team”) that brought together representatives with expertise in each of the issue areas that the national Vital Signs program had defined. In all cases these representatives came from different sectors of activity; representatives from municipalities and regional districts, health units, school boards, and the local Chamber of Commerce or Economic Development Corporation were present on all of these core advisory groups. These teams also often included

representatives from local or regional police, arts organizations, and the local university or college.

Rather than work with a multi-stakeholder core team configuration, one respondent, a large urban community foundation with a long experience of Vital Signs implementation, had instead over time moved to establish a primary collaboration with one key partner, the regional municipality.

Outside of this team of primary collaborators, most respondents also mentioned other, more focused patterns and episodes of collaboration. These most frequently referred to individual organizations sharing pieces of data with the community foundation for the Vital Signs report, whether they be the results of a specific study or statistics collected relative to a particular issue area. A few specific collaborations around data collection were also mentioned. One respondent community foundation partnered with a research group affiliated with the local university to undertake the community perception survey associated with Vital Signs, and obtained the cooperation of libraries across the region to distribute the survey. Another partnered with the regional municipality to undertake an arts and culture impact survey.

In discussing collaborations at the stage of Vital Signs preparation, respondents also named other forms of engagement. Several had undertaken a stakeholder consultation prior to embarking upon Vital Signs, as part of their process of assessing the place that the program might occupy within the community and the reception that it might receive; in one case, this consultation was held after the launch of the first Vital Signs report, and focused on gathering feedback and input for future reports. One respondent described a process of engagement with community agencies and other actors outside of the core team, for the purpose of gathering stories that could illustrate the data.

Existing conditions and relationships in the community

In almost all cases, it became apparent that existing relationships laid the foundation for the form that this collaboration took, and for the composition of the core advisory committee. Most of the time, these existing relationships helped to buy trust and to achieve acceptance for the program in the community and to bring the first partners around the table. The community foundation's staff and administrators had consciously cultivated some of these relationships, whether they be with local municipalities, United Way organizations, service clubs or educational institutions.

In a couple of cases, the entire community was described as having a culture of collaboration: “(In our community,) it’s really hard to do anything without bringing other people to the table” (respondent, April 2015). In these cases, the Vital Signs leadership team’s orientation and style of working sprang from this existing culture, taking collective ownership of the project right from the start. When stakeholders were approached with whom the community foundation had not previously cultivated a prior relationship, the proposal to collaborate on Vital Signs could be met with suspicion: “There was a disconnect in that.... What’s the value? What’s in it for me?” (respondent, April 2015).

The limits of these existing relationships could also limit the scope of collaborations established around Vital Signs. One respondent described difficulties with engaging First Nations communities in the region in the Vital Signs process, suggesting that the existing web of tightly-knit relationships in this community did not include the region's indigenous groups. Another community foundation opted not to include any not-for-profit organizations in the advisory group -- in striking contrast to other respondents -- indicating issues of representation: "if we invited one, we'd have to invite them all" (respondent, April 2015). In this case, a past history of distrust between the community foundation and local not-for-profits may have left its mark on the conditions for collaboration, even though relationships had since improved.

What did core team partners stand to gain from their collaboration on the Vital Signs project? In the view of respondents, partners were brought on board by the appeal of what the Vital Signs report had to offer, as an accessible, visually appealing, curated collection of community data, and the ways in which they themselves could make use of it. In particular, partners that fulfilled a public mandate encompassing several distinct jurisdictional responsibilities -- such as municipalities -- appreciated Vital Signs' ability to present a broad picture spanning different issue areas. In addition, the Vital Signs process offered an opportunity to the issue experts around the table to bring their knowledge into a cross-sector community knowledge forum, to give it broader visibility and legitimacy through the process of forging a cross-sectoral consensus about "what matters" to the community.

3. Roles within the core team collaboration

In almost all cases recounted by interview respondents, the community foundation initiated the Vital Signs project and retained primary responsibility for its execution. The community foundation identified and reached out to the advisory committee partners who it felt could provide the needed issue expertise.

The case of one respondent stood out as an exception to this pattern. Here, Vital Signs was undertaken as a true joint venture with a university research centre. This appears to have been the product of serendipitous circumstances, as the community foundation in question lacked the resources to invest in producing a Vital Signs report. The university research centre, for its part, already had the desire and the capacity to produce an indicators-based report, but needed an external partnership that would give it the legitimacy to move in this direction. The Vital Signs program, with its national reach and proven track record, provided this framework.

The members of this core team played two roles. Individual members provided content expertise, offering guidance on the interpretation and presentation of certain pieces of data. Collectively, the members played a deliberative role, often reaching a decision together about the choice of issue areas to cover in the report, indicators to highlight and presentation format.

One respondent described how these roles had evolved over time, as a process of mutual influence had taken place within this advisory group, acting to shape and sometimes shift the group's thinking about particular issue areas. This respondent described how a particular core

team member had helped to shift other partners' thinking about sustainability and to apply it as a lens to a variety of indicators outside of the realm of environmental stewardship. After working together through the process of two or more Vital Signs reports, members of these core teams came to articulate their own wishes and expectations for future Vital Signs reports, including their ability to highlight cross-cutting issues and interconnections between issues.

D. Follow-up activities undertaken as a result of issues highlighted in Vital Signs reports (survey responses)

The survey asked distinct questions regarding all follow-up activities undertaken by community foundations and those follow-up activities undertaken in collaboration with others; these are presented here as distinct data sets.

1. Community foundation follow-ups

All survey respondents indicated that they had undertaken one or more follow-up activities as a result of issues highlighted in one or more Vital Signs report(s). The issue areas¹⁴ that most frequently prompted follow-up activity were the gap between rich and poor (poverty and social inequality), health, housing, and youth and families. These follow-up activities took primarily three forms: planning and implementing granting priorities, convening stakeholders relative to a particular issue area, and supporting the development of a new program or project. Thirteen of the 23 respondents indicated that they had undertaken all three types of follow-up, including five “newcomer” community foundations.

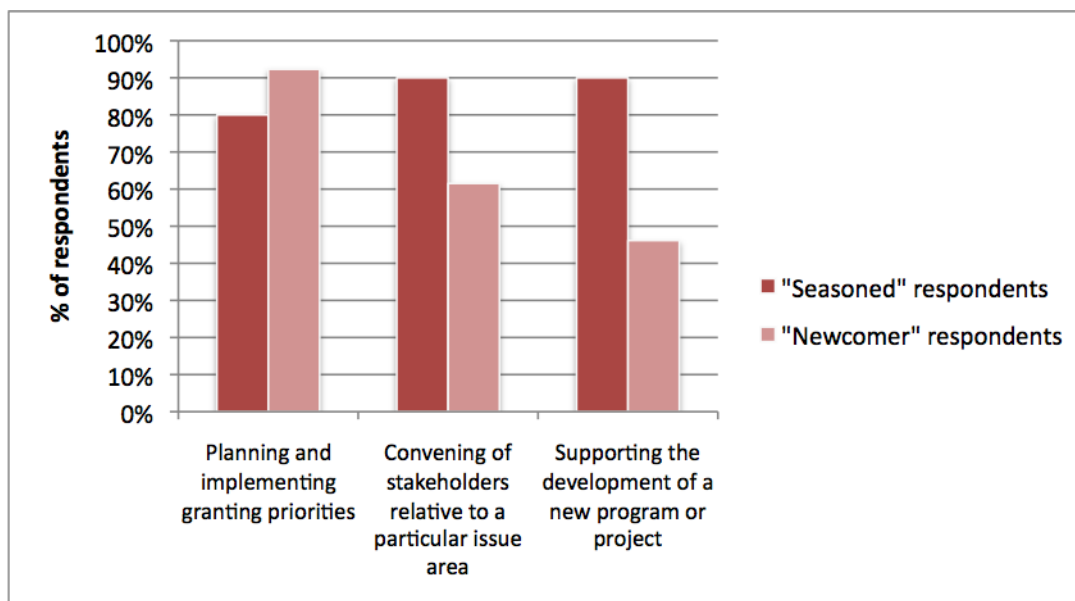


Figure 6: Type of follow-up activity undertaken, by level of experience with Vital Signs

¹⁴ using the labels given to them by the national Vital Signs program

Community foundations with two years experience or less with Vital Signs were roughly as likely¹⁵ as “seasoned” community foundations to report follow-up in the form of planning and implementing of granting priorities and slightly more inclined than their “seasoned” counterparts to convene stakeholders relative to a particular issue area. However, they were significantly less likely than their “seasoned” counterparts to support the development of a new program or project. As the development of new programs or projects in response to issues highlighted in Vital Signs is likely to involve longer planning and preparation than the other two forms of follow-up, community foundations that have a longer track record with Vital Signs may be in a better position to invest the time and resources needed for this type of follow-up.

Respondents from mid-sized community foundations were more likely than respondents from large urban community foundations to indicate follow-up in the areas of planning and implementation of granting priorities and convening of stakeholders¹⁶. On the other hand, respondents from large urban community foundations were more likely to indicate follow-up in the area of support for program or project development¹⁷; this finding is consistent with the greater resources and capacity at their disposal.

2. Follow-up activities undertaken in collaboration with others

Eighteen survey respondents, or 78% of the total, indicated that they had carried out one or more of these activities in collaboration with others. Respondents from mid-sized community foundations were better represented among this group than those from large urban community foundations (i.e., 85% of Group II respondents indicated that they collaborated in follow-up activities, as opposed to 57% of Group III respondents). With the greater resources and capacity at their disposal, the larger community foundations may feel less of a need to partner with others to enable follow-ups, and be more inclined to undertake follow-up activities on their own.

¹⁵ Wherever statistically significant correlation has not been established, the term “likely” is used in a non-literal sense.

¹⁶ 100% and 67%, respectively, of Group II respondents, versus 77% and 57%, respectively, of Group III respondents

¹⁷ 71% of Group III respondents versus 61.5% of Group II respondents

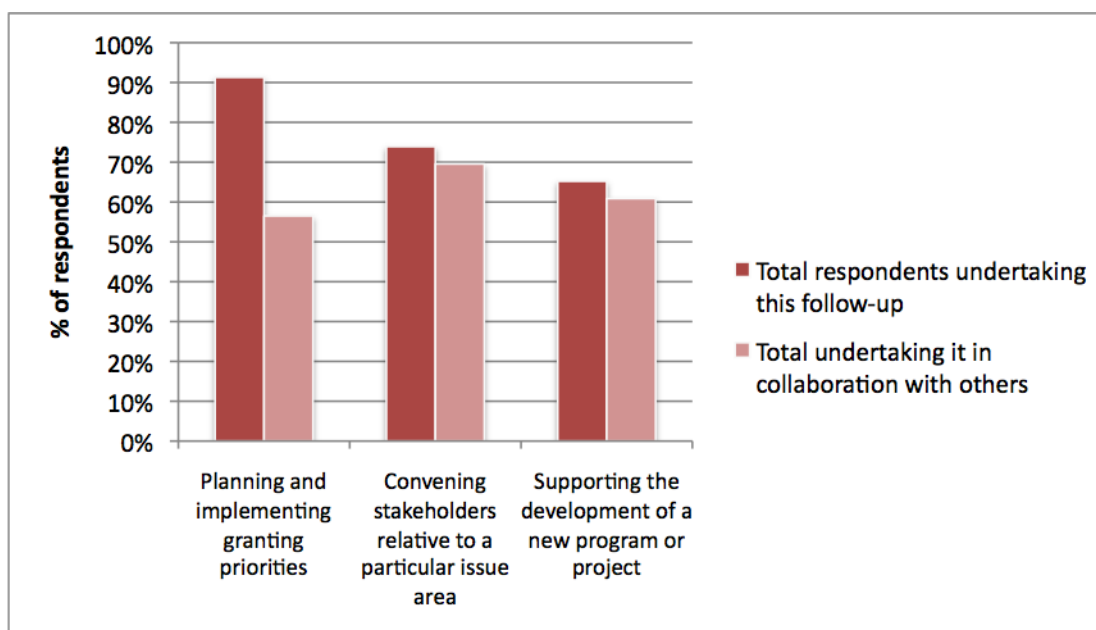


Figure 7: Follow-up activities undertaken in collaboration with others

Eighty-eight percent (88%) of respondents from this group¹⁸ indicated that they collaborated with others to convene stakeholders relative to a particular issue area, and 78% collaborated with others to support the development of a new program or project.

In contrast to this, while planning and implementing granting priorities was the *most* frequently-named form of Vital Signs follow-up (91% of all respondents), it was also the form of follow-up least frequently undertaken in collaboration with others (57% of all respondents). As much community foundation grant decision-making is the purview of particular donors, it is likely a more challenging undertaking to open up grant planning activities to collaboration with stakeholders who are external to the community foundation.

More than with the other types of follow-up activities, “seasoned” Vital Signs implementers were significantly more likely than Vital Signs “newcomers” to indicate collaboration with others in planning and implementing granting priorities. From the interviews it is apparent that the web of collaborative relationships and the sense of community “ownership” of the Vital Signs venture grew stronger over time. As community ownership over Vital Signs increases, community foundations may become more inclined to align their grant planning with the considerations of external partners.

While the largest community foundations were *more* likely than other respondents to undertake follow-up in the form of developing new programs or projects, they were *less* inclined than mid-sized community foundations to do this in collaboration with others. Here again, in this case, the greater resource base of the larger community foundations may allow them to undertake more

¹⁸ referring to the subgroup of respondents that had indicated undertaking follow-up activities in collaboration with others

projects on their own out in the community.

The activities most frequently undertaken in collaboration with others were also those that logged the greatest number of collaborative relationships (Figure 8). Overall, however, the number of collaborative relationships named per respondent and per activity (ranging from 3 to 3.8) were fewer than for Stage 1 collaborations (5.1). In contrast to the Vital Signs preparation process, which requires broad-based input and collaboration in order to ensure the value and legitimacy of the Vital Signs report, follow-up collaborations may be more selective and targeted, as they tend to focus on a single issue area.

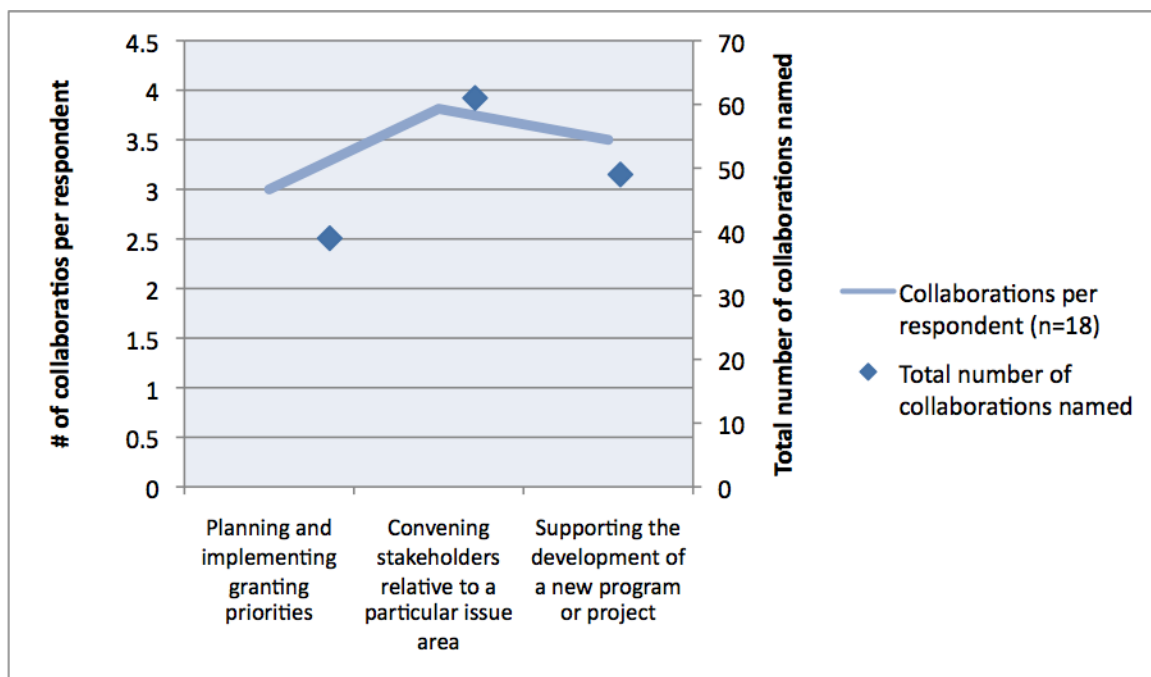


Figure 8: Collaborations named by type of follow-up

For the stage of follow-up activities, the ranking of most frequently-named partners is somewhat different than for the stage of preparing the Vital Signs report. In comparison to the Vital Signs preparation stage (see Figure 3, p 31), collaborations with municipal authorities rank more highly at the follow-up stage than those with either public health departments or academic or research institutions (Figure 9). A different ranking of collaborators from one stage to the other is consistent with different needs at each stage: while research institutions are valued partners for data analysis, municipal partners are considered to be key stakeholders for the planning and implementation of follow-up action.

In relation to this point, municipalities and municipal politicians were consistently named as key stakeholders whose buy-in was particularly important. Respondent community foundations consistently engaged in a process of promoting the Vital Signs reports to the various municipal councils that were inside their territory. In so doing, they sought to position the community foundation and Vital Signs as allies of the municipalities on their territory: Vital Signs was

presented as a resource to municipalities, as they would have more authority and jurisdiction than the community foundation itself to act upon highlighted issues.

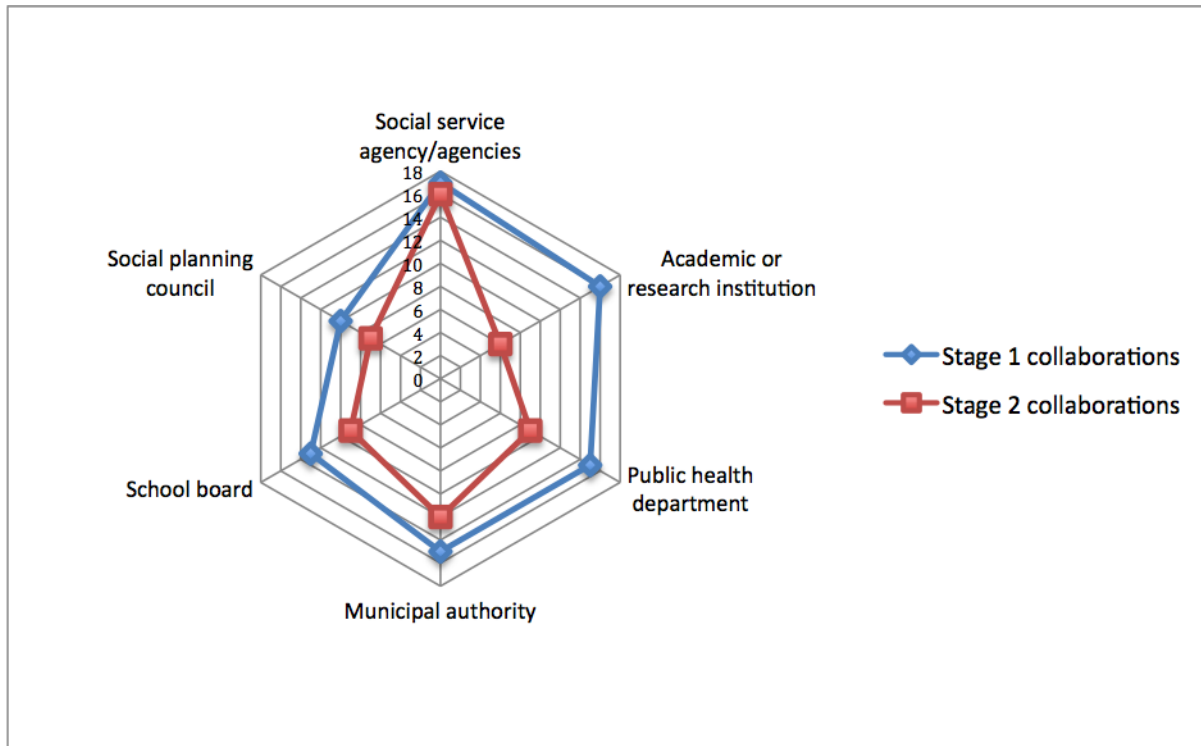


Figure 9: Frequency of named collaboration by partner¹⁹, stage 1 (Vital Signs preparation) and stage 2 (follow-ups)

Seven survey respondents named partners in follow-up activities that were different from the response categories provided. These other responses included corporate partners, industry experts, financial sector representatives, nonprofit organizations from non-social service sectors, First Nations communities, and service clubs.

3. Continuities between collaborations at the stage of Vital Signs preparation (data collection, analysis, presentation) and follow-up collaborations

Survey data analysis also sought to identify whether the presence, intensity and types of collaborations named at the stage of Vital Signs preparation (Stage 1) had any bearing on collaborations named at the follow-up stage (Stage 2). It also looked for continuities between specific Stage 1 and Stage 2 collaborations – i.e., where a collaboration with a particular partner at the stage of Vital Signs report preparation appears to have been sustained through into follow-up activities.

Overall, second-stage collaborations were strongly linked with the presence of first-stage collaborations, in that respondents who indicated fewer collaborations in Stage 1 were also less

¹⁹ Each Stage 2 partner was counted only once per respondent, even if named as a collaborator for more than one type of follow-up activity.

likely to indicate collaborations in Stage 2.

A strong association also emerges between intensity of relationships (those spanning two or more forms of collaboration) in Stage 1 and the presence of collaborative relationships in Stage 2 follow-ups. Generally speaking, respondents who indicated fewer intense partnerships in Stage 1 were less likely to indicate collaborations in Stage 2. As revealed through the interviews, municipalities' participation and buy-in at Stage 2 appeared to be particularly important. Here, an analysis of survey data reveals that municipal authorities are the only partner for which a specific correlation was established between the intensity of collaborations named in Stage 1 and follow-up collaborations named in Stage 2.

An earlier section (page 31) advanced the hypothesis that when community foundations discussed with partners to reach a common understanding of issues during Vital Signs preparation, this would set the stage for later follow-up collaborations with these same partners. The idea here was that, among all possible forms of collaboration during Vital Signs preparation, this particular form was most indicative of co-construction of the Vital Signs project. This, in turn, was thought to be a stronger predictor for collaborative action at the follow-up stage. This hypothesis was borne out, as a strong correlation was established between one and the other; when community foundations discussed to reach a common understanding of issues with public health departments and municipal authorities, there was a greater likelihood of follow-up activity in collaboration with the same partners.

E. The uses and influence of Vital Signs; follow-ups and outcomes

While the survey asked different questions of respondents to indicate all follow-ups undertaken by the community foundation and those undertaken in collaboration, yielding distinct data for each one, interview respondents tended to speak of follow-ups to the Vital Signs report in fluid ways, referring as easily and readily to the follow-ups undertaken by partners as to their own follow-ups. In discussing follow-ups, interviewees also shared perspectives on the uses and outcomes of Vital Signs – what it has changed for the community foundation and in some cases for the community. Reflecting this fluidity, outcomes and follow-ups for community foundations and by other actors in the community are presented together in this last section.

1. Uses and outcomes of Vital Signs

For all interview respondents, Vital Signs had acted significantly to raise the profile of the community foundation. Before undertaking Vital Signs, they considered that the community foundation was not well known in its community; this was the case even for a community that had been in existence for over 75 years.

We've become more of a go-to place. (Community stakeholders) see us as somebody that should be around the table, for our knowledge.

Respondent, April 2015

Many respondents spoke of the promotion and outreach work that they undertook on the basis of the Vital Signs report, in particular with the municipal councils and Chambers of Commerce of their territory. This promotion and outreach appears to have served a dual purpose, building the profile of the community foundation with these audiences while encouraging the use of Vital Signs in their own decision-making.

For most respondents, the overall impact of Vital Signs on the community foundation's own planning and programming operations was significant. A few spoke of a choice made to align Vital Signs with all of the community foundation's core program areas:

It's launched programs that are built into what we do now. We could never go back to not producing Vital Signs.

Respondent, April 2015

Building upon the knowledge curation role that it had taken on with Vital Signs, one respondent organization had launched a Community Knowledge Centre, a searchable online directory of service providers in the region, filtering their programs by the response they provided to Vital Signs issue areas.

Alongside follow-ups that had been directly motivated by Vital Signs, respondents also spoke of a few "spinoff" effects that Vital Signs had had in the community, leading to greater rigour in data collection and indicators tracking, and in a few cases sparking practices of data sharing and alignment beyond the Vital Signs project. One respondent described how the Vital Signs process had raised awareness in the community of the many different indicators tracking practices that existed; this had led to the creation of a Community Indicators Network.

2. Follow-up actions

To varying degrees, Vital Signs served as a basis for follow-up action by community foundations in the areas of granting, convening, and support for new programs or projects. In addition, respondents named numerous examples of actions undertaken by other local stakeholders in response to Vital Signs. Follow-up actions were most frequently initiated by single actors, whether they be by the community foundation itself or by other community stakeholders. Interviews provided the opportunity to clarify what respondents had designated as follow-up collaborations in the survey. What "collaboration" was taken by respondents to mean at this stage appeared to be more variable and even ambiguous than at the stage of Vital Signs preparation, ranging from influence to engagement to joint action. In some cases, this referred to activities initiated by one stakeholder but that called upon the participation of others, such as convening activities. In other cases, named collaborations had designated activities that were still at the stage of conceptualization.

2.1 Granting, planning and leveraging funding

Most respondent community foundations indicated that they had followed through on their intention to tie at least part of their discretionary granting to one or more issues highlighted in

Vital Signs reports²⁰. In addition, a couple described having been able to use Vital Signs to direct the granting decisions of one or more donor-directed funds.

Vital Signs was used by police, municipalities and school districts to inform their own strategic planning exercises, and by other local granters, including United Ways, municipalities and service clubs to inform their own granting priorities. Community-based projects, such as a housing/food security hub project in one community, were also able to use Vital Signs data to make their case to other funders.

One respondent organization had used its own funding capacity to leverage longer-term funding commitments from other partners. In response to a Vital Signs-highlighted issue regarding access to arts and culture, this community foundation had for a time subsidized youth and family culture passes to a museum and an art gallery; when these subsidies proved successful at increasing overall attendance, the organizations in question integrated the subsidies into their culture pass program.

This same respondent had recently launched a joint food security funding program in partnership with area service clubs. This respondent organization had the longest Vital Signs experience of all interview respondents, a characteristic that was in keeping with survey results that revealed that more experienced Vital Signs implementers were much more likely to undertake collaborative grant planning and implementation.

2.2 Convening

A majority of interview respondents had also undertaken or attempted to undertake a convening role in the community on the basis of an issue highlighted in Vital Signs. Here, the idea was to act as a catalyst, sparking follow-up action on the part of other stakeholders. The community foundation's own capacity to sustain some sort of convening role beyond the initial discussions seems to have an effect on the outcomes of these convenings. In one case, a high-capacity community foundation was able to facilitate the initial work of a new food security round table for a period of time, up until the point where another appropriate organization in the community was able to take on this mandate. In another case, an initial convening around poverty issues did not generate any follow-up action, for the convening community foundation did not itself have the capacity to sustain stakeholder discussions through to this point.

In two respondents' communities, the local Chamber of Commerce – both of them present on the Vital Signs core team – had used Vital Signs as a convening springboard to host a local policy forum.

²⁰ One respondent tempered the significance that this granting follow-up represented: “To be fair, Vital Signs is quite broad, so it’s not that hard to make the connection (between an organization’s work and a Vital Signs issue area)”.

2.3 Development of new projects or programs

Among interview respondents, only one community foundation had acted on its own to support the development of new projects or programs in the community as a response to issues highlighted in Vital Signs reports. This included reaching out to a social service agency to set up a new program that would help to address a lack of child care spaces in the community, and supporting the expansion of an existing physical activity program to new sites. As this respondent came from the group of the largest urban community foundations, its own financial and human resource capacity no doubt contributed to its decision to act on its own in this way. One could speculate that other larger, higher-capacity community foundations might similarly be inclined to act on their own to catalyze the development of new projects in the community; this is supported by survey data, which indicates that larger community foundations were more likely to undertake this type of follow-up.

In this respondent's community as well in others' communities, a range of other community actors had also launched new projects or adapted existing programming in order to seek to address issues or needs highlighted in one or more reports. In most cases, these follow-up actions were undertaken by partners who were close to the Vital Signs project, having sat on the advisory committee. This would indicate that involvement in the core collaborative space appears to have fostered a sense of ownership of the results and of responsibility for action. In one case, the findings from a youth-themed Vital Signs report spurred the local community college to change some of its practices in the areas of student support services and campus safety. In this same community, Vital Signs findings also spurred the regional arm of provincial health service – also a core team member – to launch an obesity prevention/intervention initiative. In another, a core team member was inspired by Vital Signs findings on community belonging and connectedness to launch a new philanthropic initiative geared at women in the community.

However, Vital Signs follow-ups also rippled out to involve actors beyond the core team. In one case, local not-for-profit agencies developed new programming in response to the findings from a youth-themed Vital Signs report. In another case, local libraries created youth zones in response to a need highlighted by a Vital Signs report.

Some of these efforts took the form of cooperative ventures involving two or three actors. However, many of these appear to have been of a time-limited nature, such as the partnership named between a local public health service and a service club to promote immunization. Two initiatives named appear to have taken the form of a more enduring, structured collaborative effort. The food security round table named earlier was a durable collaborative initiative that produced a joint, sector-specific diagnostic and struck working groups that developed concrete projects and initiatives.

Another respondent organization had launched a joint youth strategy with the local United Way, that brought together a variety of other partners in the community to address distress, poverty and homelessness within the local youth population. In this case, while Vital Signs did not itself

provide the direct impetus for this strategy, data from the Vital Signs report did help to inform the direction of the project.

V. DISCUSSION

B. Vital Signs as an expression of community leadership

The literature suggests that one of the ways in which community foundations can take on a community leadership role is by acting as providers of useful information and knowledge. As discussed in the literature, this particular aspect of the community leadership role involves the three components of research, communication (issue framing), and knowledge brokering, in the form of introducing and testing new ideas.

Several interview respondents echoed the language of CFC's Vital Signs program literature, speaking of contributing to "community knowledge" when discussing the purpose and role of Vital Signs. As this term is used within the community foundations network, it appears to be evocative of practices that have developed within the knowledge management discipline. The latter identifies a need and proposes a methodology for organizing and making accessible the existing relevant knowledge within an organization, whether this be explicit, implicit or tacit (Koenig, 2012). The term "community knowledge" implies that similar reserves of knowledge exist within a community, and that they too need to be organized and made accessible.

In keeping with this idea, most interview respondents described Vital Signs not as a producer of new knowledge, but as a leverager and organizer of existing knowledge. In taking on Vital Signs, then, the community foundation proposes to take on a specific kind of knowledge role – not one of producing new knowledge, but of convening and managing (*curating*) existing knowledge.

We contend here that this community knowledge role represents one stage of a broader local agenda-setting process. The Vital Signs report may help to *frame* certain issues in a way that gives them a new or different prominence than they had before.

The three threads of community foundations' mission (grantmaking, catalyzing local investment, and community leadership) come together in a common theme of "building community", of bringing local stakeholders together and engaging them around a shared intention of acting for the betterment of their community. In positioning themselves as "community builders", community foundations can legitimately strive to build a form of consensus among local stakeholders. Such a process may involve seeking out and expanding upon existing areas of agreement. At other times it may involve a more difficult process of negotiation to reconcile different values and viewpoints.

"That is one of the great strengths of community foundations. We're seen as neutral."
(respondent, April 2015)

With Vital Signs, community foundations propose to play a role of “neutral” knowledge broker and convener in their community, bringing together different stakeholders who are perceived to be expert spokespersons for different issue domains. This neutrality must be carefully cultivated, as community foundations understand it to be essential to their own position and credibility, both with donors and with a broader range of influential local stakeholders.

As such, Vital Signs can be understood to be a strategic and even political activity, taken on as a calculated risk to enhance their credibility and legitimacy in the eyes of their primary public (donors and community influencers). While community foundations’ assumed neutrality is part of what allows them to take on this role of convener and broker, the crafting of consensus among stakeholders must be done carefully, in a way that does not jeopardize these ends. It is in this context that decisions about “what gets in” to the Vital Signs report become all important: how agreement gets negotiated, whose voice gets heard, must serve the larger purpose. The Vital Signs core team is the primary site through which the different interests of local stakeholders are engaged and where these choices about “what gets in” are negotiated.

At this framing stage, the national Vital Signs program and the network it sustains can have a significant influence on local agenda-setting processes, as the choice and framing of the broad thematic issue areas are established nationally. Working within the overall parameters of this framework, local communities are able to further frame issues by selecting from among these issue areas to highlight those that are most salient locally, and by choosing to work with pieces of data that illustrate local phenomena.

Vital Signs helps to frame the agenda-setting process but it does not complete it, as this process also involves establishing common priorities and shared change goals as a prerequisite for collective action. Follow-up action to the Vital Signs report, while desirable, falls outside of the purview of the program itself. In a few cases, respondent organizations took on follow-up convening with a view to completing the agenda-setting process in at least one issue area. In other cases, there was no obvious process by which local actors came to common agreement about action priorities and change goals. For the most part, follow-up action was left up the initiative of stakeholders, either singly or in small groups. By this feature, Vital Signs sets itself apart from other community-level diagnostic initiatives that are embedded in a larger collective-impact-style program cycle. In these latter cases, a diagnostic phase, followed by the planning and coordinated implementation of collective action, are all integral parts of the initiative’s logic.

Beyond community foundations’ role in agenda-setting, the literature on community leadership also discusses the ways in which some act as issue leaders, either visibly or behind the scenes, by acting themselves as champion of community change goals and/or by brokering strategic partnerships that can further specific change agendas. For the most part, interview respondents identified more with the leadership role of neutral convener than with the role of issue champion or leader. The case of a collaborative youth strategy co-founded and co-led by a respondent community foundation and a local United Way appears to be an exception.

Outside of the largest urban community foundations, it should be noted that the granting influence of most community foundations is limited within the broader funding landscape²¹. Given these limits, the option to invest in place-based change strategies at a scale and an intensity that could hope to produce change outcomes, such as those undertaken by other types of strategic place-based funders, would not be available to most Canadian community foundations. Beyond resource constraints, community foundations may have other reasons for not choosing to go this route. Ostrower's (2004) research suggests that the option to invest in intensive place-based change strategies may not in fact be a good fit with the community foundation model²². In any case, because interview respondents did not include any of the largest community urban community foundations that are most likely to play this more "activist" kind of role, their perspective was largely absent from this case study.

B. Forms and conditions of collaboration in producing Vital Signs

In describing their organization's decision to undertake Vital Signs, interview respondents mentioned a few of the conditions and factors that are discussed in the literature on community leadership. First, the role of the organization's executive leadership and board came through as critical; in all cases, the board recognized and engaged with Vital Signs as a risky endeavour to the foundation's reputation. In most cases, the community foundation's networks and prior relationships seem to have been important to Vital Sign's acceptance, promotion and uptake, as well as to the success of to certain follow-ups that were named. Finally, for several of the small and mid-sized foundations represented among respondents, resources and staff capacity posed constraints upon the organization's ability to move beyond the knowledge role and to take on other complementary community leadership roles.

From the interviews, a strong distinction emerged between the nature of collaboration at the stage of preparing the Vital Signs report and at the stage of follow-up. Collaboration at the first stage was seen by most to be fundamental to the project, as a means of ensuring its legitimacy and the quality of its product. In contrast to what survey responses indicated, follow-up actions continued to be primarily the purview of individual stakeholders²³.

Based on respondents' accounts, the core Vital Signs advisory team appears to correspond most closely to the "collaboration" point on Mattessich et al.'s (1992) continuum of loose to tight

²¹ 94% of CFC members are small and mid-sized foundations with assets less than \$50 million. According to 2011 figures, the average annual granting budget of Group I and Group II foundations amounted to just over \$100 000 each (CFC, 2011). In contrast to this, the 12 largest community foundations each granted an average of \$11.3 M in 2011.

²² In Ostrower's (2004) study on models of foundation effectiveness, community foundations score higher than private foundations on many measures that have come to be associated with strategic philanthropy, including a proactive orientation, engaging in activities beyond grantmaking, and all forms of collaboration. However, a marked distinction emerged between community foundations and other types of foundations in one area typically associated with strategic philanthropy; while private and corporate foundations were more inclined to establish focused and limited granting areas, community foundations were overwhelmingly inclined to maintain a broad grants program. This is in keeping with their mission that seeks to connect a broad spectrum of donor interests to community needs and opportunities.

²³ To recall, interviews provided the opportunity to clarify what respondents had designated as follow-up collaborations in the survey. In some cases, these referred to activities initiated by one stakeholder, but that called upon the participation of others, such as convening activities. In other cases, named collaborations had designated activities that were still at the stage of conceptualization.

alignment of different actors' efforts (see Figure 1 reproduced below), characterized by a sharing of decision-making, resources and risks.

Compete	Coexist	Communicate	Cooperate	Coordinate	Collaborate	Partnership
Organizations compete for resources, partners, public attention	Organizations have no systematic connection between each other	Organizations regularly network and share information with each other	Organizations cooperate on a project by project basis but remain autonomous	Organizations automatically adjust and align their work with one another	Organizations formally share decision-making resources and risks	Organizations fully integrate select programs, planning, funding

Figure 1: Continuum of alignment in collaboration efforts

The partners present in the core collaboration, and the role that they played, appear to be mediated by a number of factors.

- First, the community foundation's existing relationships in the community laid the foundations for the type of actors who formed the initial Vital Signs core advisory group.
- Second, in communities characterized by an existing culture of collaboration, the advisory committee's role in decision-making appears to have emerged more strongly alongside its content expertise role.
- For community foundations with greater resources and capacity to act autonomously, the stakes of collaboration may be different than for smaller community foundations. Whereas the collaborative process of the core advisory group was seen by mid-sized community foundation respondents to be a condition for carrying out Vital Signs successfully, this may have been less the case for the larger community foundation respondent.

In contrast to the core team's positioning corresponding to one point on the continuum of collaboration integration/alignment, the jointly carried out follow-up actions described by respondents vary in terms of where they fall upon this continuum.

- In some of the examples cited by respondents, cooperation occurred on a project-by-project basis, where each actor retained full autonomy.
- In at least one other case, the presence of an ongoing convening structure (the Food Security Roundtable) allowed for emergence of coordinated projects, implying that participating organizations adjusted and aligned their work with one another.
- A joint food security funding program involving one respondent community foundation and area service clubs would likely correspond once again to the "collaboration" point on the continuum, with formal mechanisms for sharing decision-making and resources;
- Finally, the youth strategy described in the previous section, co-founded and co-led by one respondent community foundation and the local United Way, is the only action named that appears to correspond to the "partnership" point on the continuum, where two or more organizations fully integrate select planning, funding and programs. To recall, however, Vital Signs did serve as a direct impetus for the formation of this partnership.

C. The question of Vital Signs' "ownership"

To return to a question asked at the outset, how do community foundations implementing Vital Signs navigate an apparent tension between upholding a proprietary program and contributing to a broader ecosystem of “community knowledge”? While this tension did not emerge in explicit ways in the interviews, respondents did provide some indications as to perceptions of the program’s ownership. Respondents described Vital Signs as an initiative that was “owned” both by the community foundation - that was critical to its standing and profile in the community - and to varying degrees by the larger consortium of stakeholders represented on the core team. The balance between one form of “ownership” and the other was highly dependent upon existing local conditions and the existing culture of collaboration in the community. Some respondents appeared to describe an evolution over time towards some degree of greater collective ownership by the core team -- while all continued to acknowledge the Vital Signs brand and give public credit to the community foundation. As this question was central to this inquiry, it deserves closer attention in follow-up research²⁴.

As an indirect indicator of “ownership”, interview respondents testified to Vital Signs’ use by numerous local partners as a catalyst to inform their own planning and programming activities. Both survey and interview data indicate that municipalities, in particular, are targeted as “end users” of the program. This suggests that further attention should be paid to the perceptions of partners fulfilling a broad public mandate regarding Vital Signs’ usefulness and influence in their own line of work.

D. Issues and recommendations for ongoing and future practice

- Vital Signs was described by respondents as a “conversation-starter”, a collaborative product that is meant first and foremost to serve a community knowledge function, and where follow-up action is *mostly* left to the discretion of individual actors. To what extent is *collective* design and action considered to be a desirable form of follow-up by community foundations and their partners? Could and should the program logic of Vital Signs be extended to include this? How can the effects of collaboration generated by Vital Signs’ existing core program logic be leveraged to better foster and support this? Who is best positioned to lead the design and implementation of follow-up collective action? Whereas some discussions have considered that community foundations are well positioned to play the role of backbone organizations (Rose, 2014), respondents from community foundations of all sizes reiterated a conception of themselves as catalysts and convenors, not as long-haul collective action backbone organizations.
- A related question can be raised about the desired breadth and scope of Vital Signs follow-up actions. In any given issue area, is it preferable to “let a thousand flowers bloom”, or to aim for depth and focus? On this subject, could Vital Signs be used as a catalyst for more

²⁴ As mentioned in the section on research design and methods, because of the present study’s limits, it may not have been possible to take this inquiry to the level that would have been needed in order to surface issues related to this question.

intensive place-based strategies? What further opportunities could be explored for alignment and coordination among local funders?

- While the discussion in the previous section considers that Vital Signs reports reflect a high-level consensus that is sensitive to local political considerations, community foundations might want to continue to explore what else a community knowledge curation role might involve. In any cases, are other aspects of knowledge held within the community muted, discarded or simply not collected in the first place? Would there be any potential value for the community to have these aspects brought into the conversation, possibly involving new voices? What are some potential implications of this for the process by which consensus is forged (who participates), and for the emergence and negotiation of conflicting narratives within the community knowledge space? Would an expanded community knowledge role pose any potential conflicts for community foundations, in terms of their own mission, goals and public profile?
- CFC's Vital Signs task force identified the desire to bring about a strategic shift within the program, seeking to further embed Vital Signs in a post-proprietary, collaborative community knowledge landscape. To support this shift, CFC might consider working with its member community foundations to cultivate the conditions of organizational readiness and capacity for collaboration identified in the literature. Towards this end, CFC could consider developing communications and tools that actively promote the four pillars of the "collaboration mindset" identified by Wei-Skillern and Silver (2013), and that help member community foundations to pinpoint and undertake the kinds of adjustments to organizational structures and practices that support effective collaboration, as identified by Bartczak (2015).
- *"I think (we) would like to do a better job of tracking what the impact (of Vital Signs is)." Respondent, April 2015*

In the context of Vital Signs' strategic program shift, CFC could also consider working with its members to define and refine what successful *community* outcomes might look like in a renewed, post-proprietary Vital Signs model. As Auspos et al. (2009) contend, foundations play a central role in creating active learning vehicles and a culture that supports measuring progress and sharing results in real time in order to improve practice. CFC could consider helping community foundations and their partners to understand the practices and conditions that lead to successful community outcomes, and to better learn from their own practices in real time and to adapt accordingly. To this end, CFC could consider using its national influence and leverage to:

- a) build capacity among member foundations to lead evaluation and action learning efforts that are of value to the community of stakeholders, including the effectiveness of collaborative efforts²⁵;
- b) lead a network-wide assessment of community outcomes to which Vital Signs has contributed, using appropriate methods that have been developed for assessing multistakeholder efforts²⁶.

²⁵ To this end, tools such as Marek et al.'s (2015) Collaboration Assessment Tool or those proposed by Network Impact and the Center for Evaluation Innovation (2014) could be considered.

E. Issues for research

Future research should seek to compensate for certain limitations of the present study with regards to breadth and depth:

- A next phase of research should seek to gain a better understanding of the influence of Vital Signs from the perspective of local partners. Interviews with community foundation respondents appear to indicate that Vital Signs helps to legitimize, build support, and possibly neutralize opposition to certain forms of follow-up action. Interviews with local partners could look for indications of this type of influence. What is their perception of Vital Signs' contribution to local agenda-setting? How do partners experience and perceive the process of negotiation and of reconciling different interests that is at the core of this process?
- A future study should seek a greater breadth of representation of community foundations, in terms of the diversity of local conditions as well as the age, size and capacity of respondents. As small and mid-sized community foundations were over-represented among the present study's interview respondents, in particular a future study should seek to understand the different realities of the large, high-capacity urban community foundations. Does the greater capacity at the disposal of larger, better-resourced community foundations act as a greater incentive for these foundations to "go it alone" on some Vital Signs-related initiatives, where smaller foundations are forced to go the route of collaboration in order to leverage the resources for action? Do the larger urban centres in which these largest foundations are located produce different conditions for collaboration, including conditions that are less conducive to broad spectrum convening? Finally, a focus on the larger community foundations could investigate the role that Vital Signs has played to support larger community foundations' engagement in more intensive place-based strategic philanthropy.
- A future study could also seek to "drill down" and gain a deeper understanding of certain processes and conditions that emerged from the present study's data collection, and that are discussed in the literature. In particular:
 - A future study could look more closely at *how* Vital Signs, as a knowledge curation process, works to frame issues and to introduce new ideas into the local arena.
 - Following up on the reflection above on the ways in which Vital Signs helps to legitimize and ensconce community foundations in a "community builder" identity, and on the political dimensions of the process of community knowledge curation, future research on Vital Signs could seek to pay specific attention to the process by which different interests are reconciled and agreement is brokered in this space.
 - Finally, a future study could pay closer attention to the internal adjustments that community foundations have made to increase their readiness and capacity for collaboration and for community leadership roles.

²⁶ A rich literature and practice in this area has emerged over the years. Cabaj (2014) offers an accessible orientation to the key principles guiding this kind of evaluation work.

- Finally, a study with a complementary focus to the present one could look at the relationships that are brokered at the national level within the context of the Vital Signs program, in order to understand their leveraging effect on raising the profile of particular issue areas and on shaping national dialogue about these issues, and on the ways in which dialogue is then shaped in different localities.

CONCLUSION

The exploratory case study set out to yield insights into the role that local collaborations play in community foundations' implementation of the nationally-coordinated Vital Signs program. The investigation was framed by an understanding of the Vital Signs program as one means by which community foundations fulfill the "community leadership" aspect of their mission.

The study revealed that with Vital Signs, community foundations propose to play a role of "neutral" knowledge broker and convener in their community, through which they can legitimately strive to build a form of consensus among local stakeholders. This community knowledge role plays a part in a broader process of local agenda-setting, in particular by helping to select and frame the issues that are brought to the attention of the community. However, community knowledge initiatives such as Vital Sign do not themselves complete the agenda-setting process, as this process also involves establishing common priorities and shared change goals as a prerequisite for collective action.

A review of discussions in the literature about this community leadership mission and about collaboration in place-based philanthropy gave rise to a few assumptions about what the study might reveal.

First, it was thought that a combination of internal and external factors would condition community foundations' readiness and capacity to engage in these community leadership roles and to embrace collaboration as a strategy. In describing their organization's decision to undertake Vital Signs, respondents mentioned a few of these conditions and factors, including resources and staff capacity and the role of the organization's executive leadership and board. The community foundation's networks and prior relationships seem to have been particularly important to Vital Sign's acceptance, promotion and uptake as well as to the success of to certain follow-up actions that flowed from it.

Second, it was thought that collaborations named in the context of the Vital Signs program might serve different purposes ranging from consultation and data sharing to the collective identification of local priorities for action, and that the forms of collaboration would reflect these different purposes. In the study, a strong distinction emerged between the nature of collaboration at the stage of preparing the Vital Signs report and at the stage of follow-up. Collaboration at the first stage was seen by most to be fundamental to the project, as a means of ensuring its legitimacy and the quality of its product. The core advisory team assembled for this stage presented characteristics of fairly strong integration, characterized by a sharing of decision-making,

resources and risks. In contrast to this, follow-up actions continued to be primarily the purview of individual stakeholders. Where collaborative action was named in this follow-up stage, the forms this took varied considerably, as did their level of integration.

Finally, it was thought that the question of local ownership of Vital Signs – by the community foundation and/or by a larger consortium of local stakeholders – would emerge as a source of dynamic tension, especially if Vital Signs supports a process of local agenda-setting involving the reconciliation of different interests. Respondents described Vital Signs as an initiative that was “owned” both by the community foundation - that was critical to its standing and profile in the community - and to varying degrees by the larger consortium of stakeholders represented on the core team. The balance between one form of “ownership” and the other appeared to be highly dependent upon existing local conditions and the existing culture of collaboration in the community.

Because of its exploratory nature and the limits named in the section on research design and methods, this study cannot claim to have answered all of the research questions in a satisfactory way. However, as part of an exploratory first stage in a longer research effort, this case study does offer an initial scan of the area of inquiry and generates preliminary insights as a partial response to these questions. In keeping with this exploratory nature, it provides some indications as to how follow-up research could build upon these foundations while enhancing the breadth and depth of future research efforts.

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APPENDIX A

Table 1. Levels of Organizational Integration Rubric

Level of Integration	Purpose	Strategies and Tasks	Leadership and Decision Making	Interprofessional Communication
Independent (none) 0	None identified	Shared strategies and tasks do not exist	No shared leadership or decision-making structures	Nonexistent or very infrequent and unplanned
Network 1	Create a web of communication Identify and create a base of support To explore interests	Loose or no shared structures Flexible, roles not defined Few clear tasks	Nonhierarchical Flexible	Very little interprofessional conflict Communication among members is planned, but infrequent
Cooperating 2	Work together to ensure tasks are done Leverage or raise money	Member links are advisory in nature Few structures and shared tasks Distinct organizational missions	Nonhierarchical, decisions tend to be low stakes Facilitative leaders, often Voluntary Several people form a “go-to” hub	Some degree of personal commitment and investment Minimal interprofessional conflict Communication among members is clear, but largely informal
Partnering 3	Share resources to address common issues Organizations remain autonomous but support something new To reach mutual goals together	Strategies and tasks are developed and maintained Tasks are delegated Documented overlaps in organizational mission	Central leadership group identified Partners share equally in the decision-making process Decision-making mechanisms are in place	Some interprofessional conflict Communication system and formal information channels developed Evidence of problem solving and productivity
Unifying 4	Extract money from existing organizations and merge resources to create something new Commitment for a long period of time to achieve short- and long-term outcomes	Formal structure to support strategies and tasks Specific short- and long-term strategies and tasks identified A shared organizational mission	Strong, visible leadership Committee and subcommittees formed Roles and responsibilities clear and designated	High degree of commitment and investment Possibility of interprofessional conflict is high Communication is clear, frequent and prioritized

Source: Woodland, R. H. and Hutton, M.S. (2012). Evaluating organizational oollaborations: Suggested entry points and strategies. *American Journal of Evaluation*, 33(3), 366-383.

APPENDIX B – Web-based survey on Vital Signs collaboration

Vital Signs reports are often produced in collaboration with a range of stakeholders in the community. They can also catalyze a collective response to issues that they help to bring to the community's attention. The Vital Signs case study project will allow Community Foundations of Canada and its members to gain a better understanding of both of these types of collaborations, and begin to explore their value for the community and for the community foundation movement.

In the first phase of this project, we will seek to establish a broad snapshot of the range, extent and duration of these two types of collaborations. This will be followed by in-depth interviews with a smaller number of community foundations (and community partners at a later stage), in order to gain a better understanding of how these collaborations developed, how they worked and what they have helped to accomplish.

This online survey is part of the first phase of this research project. Your participation is important, as you have firsthand knowledge of the collaborative activities that take place in connection with your own community foundation's work with Vital Signs.

We know that your time is precious, and we have designed this online survey so that it can be completed in 5 to 15 minutes. We are grateful for your participation.

A note on information collected in this survey:

All responses will be compiled and aggregated to produce a portrait reflecting overall tendencies amongst community foundations participating in Vital Signs. The portrait will present all data anonymously. We do ask you to provide the name of your community foundation in the questionnaire below; this identifying information will be used during the data analysis phase to allow us to integrate certain statistics into the analysis (e.g. region, demographics of region served, size of community foundation).

Survey Questions

1. What is the name of your community foundation?

2. You are being asked to participate in this survey because your community foundation has produced a Vital Signs report one or more times. For which years have you been directly involved in this process? Please check all that apply.

<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	<input type="checkbox"/> 2003	<input type="checkbox"/> 2004	<input type="checkbox"/> 2005	<input type="checkbox"/> 2006
<input type="checkbox"/> 2007	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	<input type="checkbox"/> 2011	<input type="checkbox"/> 2012
<input type="checkbox"/> 2013	<input type="checkbox"/> 2014	<input type="checkbox"/> 2015 (Anticipated)			

Thank you! As you move on, please answer the remaining questions to the best of your knowledge.

The questions on this page are concerned with the work involved in producing a Vital Signs report.

3. At any point in this process, did your community foundation collaborate with other partners to collect, analyze or present data for your Vital Signs report? For how long was this collaboration sustained?

	1 year or less	2 years or longer
Another community foundation	<input type="radio"/>	<input type="radio"/>
Academic or research institution (university, college, institute, think tank)	<input type="radio"/>	<input type="radio"/>
Public health department or planning unit	<input type="radio"/>	<input type="radio"/>
Municipal authority	<input type="radio"/>	<input type="radio"/>
School board	<input type="radio"/>	<input type="radio"/>
Social planning council	<input type="radio"/>	<input type="radio"/>
United Way	<input type="radio"/>	<input type="radio"/>
Social service agency or agencies	<input type="radio"/>	<input type="radio"/>
Other (please explain below)	<input type="radio"/>	<input type="radio"/>
Other partner (please explain): _____		

4. For each collaborator that you indicated in the previous question, what form(s) did the collaboration take? Please check all the boxes that apply.

	Shared information or data	Shared material or human resources	Consulted to gain input on issues of importance to the community	Discussed to reach a common understanding of an issue	Organized and carried out a joint activity	Other (please explain below)
Another community foundation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic or research institution (university, college, institute, think tank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health department or planning unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Municipal authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social planning council	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United Way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social service agency or agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (indicated in Q3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you checked the column on the far right, please provide details of these other forms of collaboration:

The following questions are concerned with activities undertaken after the release of your Vital Signs report.

5. As a result of the issues highlighted in one or more Vital Signs report(s), has your community foundation chosen to undertake follow-up activities? Examples might be:

- planning and implementing granting priorities
- convening of stakeholder relative to a particular issue area
- supporting the development of a new program or project

☐ One or more follow-up activities

☐ No follow-up activities

SKIP LOGIC APPLIED – “NO FOLLOW-UP ACTIVITIES” RESPONSES DIRECTED TO QUESTION 13

You have been directed to this page because you selected the response "One or more follow-up activities" in Question 5.

6. As a result of issues highlighted in one or more Vital Signs report(s), what type of follow-up activity or activities has your community foundation undertaken? Please check all that apply.

☐ Planning and implementing granting priorities

☐ Convening of stakeholder relative to a particular issue area

☐ Supporting the development of a new program or project

☐ Other (please provide details):

7. What issue area(s) highlighted in one or more Vital Signs report prompted these responses?

8. At any point, did your community foundation carry out one or more of these activities in collaboration with others?

☐ yes

☐ no

SKIP LOGIC APPLIED – “NO” RESPONSES DIRECTED TO QUESTION 13

You have been directed to this page because you indicated that your community foundation has carried out follow-up activities in collaboration with others. Please respond only to the questions that apply to you.

9. If you worked with others to **plan and implement granting priorities**, who were your collaborators? Please choose all that apply and indicate the length of time for which this collaboration was sustained.

	1 year or less	2 years or longer
Another community foundation	<input type="radio"/>	<input type="radio"/>
Academic or research institution (university, college, institute, think tank)	<input type="radio"/>	<input type="radio"/>
Public health department or planning unit	<input type="radio"/>	<input type="radio"/>
Municipal authority	<input type="radio"/>	<input type="radio"/>
School board	<input type="radio"/>	<input type="radio"/>
Social planning council	<input type="radio"/>	<input type="radio"/>
United Way	<input type="radio"/>	<input type="radio"/>
Social service agency or agencies	<input type="radio"/>	<input type="radio"/>
Other (please explain below)	<input type="radio"/>	<input type="radio"/>
Other partner (please explain): _____		

10. If you worked with others to **convene stakeholders relative to a particular issue area**, who were your collaborators? Please choose all that apply and indicate the length of time for which this collaboration was sustained.

	1 year or less	2 years or longer
Another community foundation	<input type="radio"/>	<input type="radio"/>
Academic or research institution (university, college, institute, think tank)	<input type="radio"/>	<input type="radio"/>
Public health department or planning unit	<input type="radio"/>	<input type="radio"/>
Municipal authority	<input type="radio"/>	<input type="radio"/>
School board	<input type="radio"/>	<input type="radio"/>
Social planning council	<input type="radio"/>	<input type="radio"/>
United Way	<input type="radio"/>	<input type="radio"/>
Social service agency or agencies	<input type="radio"/>	<input type="radio"/>
Other (please explain below)	<input type="radio"/>	<input type="radio"/>
Other partner (please explain): _____		

11. If you worked with others to **support development of a new program or project**, who were your collaborators? Please choose all that apply and indicate the length of time for which this collaboration was sustained.

	1 year or less	2 years or longer
Another community foundation	<input type="radio"/>	<input type="radio"/>
Academic or research institution (university, college, institute, think tank)	<input type="radio"/>	<input type="radio"/>
Public health department or planning unit	<input type="radio"/>	<input type="radio"/>
Municipal authority	<input type="radio"/>	<input type="radio"/>
School board	<input type="radio"/>	<input type="radio"/>

Social planning council	<input type="radio"/>	<input type="radio"/>
United Way	<input type="radio"/>	<input type="radio"/>
Social service agency or agencies	<input type="radio"/>	<input type="radio"/>
Other (please explain below)	<input type="radio"/>	<input type="radio"/>
Other partner (please explain): _____		

12. If you worked with others on another type of follow-up activity, who were your collaborators? Please choose all that apply and indicate the length of time for which this collaboration was sustained.

	1 year or less	2 years or longer
Another community foundation	<input type="radio"/>	<input type="radio"/>
Academic or research institution (university, college, institute, think tank)	<input type="radio"/>	<input type="radio"/>
Public health department or planning unit	<input type="radio"/>	<input type="radio"/>
Municipal authority	<input type="radio"/>	<input type="radio"/>
School board	<input type="radio"/>	<input type="radio"/>
Social planning council	<input type="radio"/>	<input type="radio"/>
United Way	<input type="radio"/>	<input type="radio"/>
Social service agency or agencies	<input type="radio"/>	<input type="radio"/>
Other (please explain below)	<input type="radio"/>	<input type="radio"/>
Other partner (please explain): _____		

Thank you for taking the time to complete this survey!

13. What is the name of the person who completed this survey? _____

14. What is your job title?

15. Following this survey, we will be conducting telephone interviews with a small number of community foundations in order to gain a better understanding of how these collaborations developed, how they worked and what they have helped to accomplish. Interviews will be approximately 1 to 1½ hours long, and will take place between mid-March and mid-April of this year. Would you like to be contacted for a follow-up telephone interview?

___ yes
___ no

16. Preferred email address for contact: _____

Thank you for taking the time to complete this survey!

APPENDIX C
Vital Signs collaborations case study
Follow-up interviews with community foundations

Question guide

Note: Interviews will follow a semi-structured format. Thus, the questions, prompts and probes that follow represent a guideline only. Depending on the flow of conversation, items may be discussed in a different sequence than laid out here. In addition, specific questions may be dropped if a) not applicable, or b) responses have already been provided at an earlier point.

The invitation to participate will be sent by Lee Rose from CFC, and will contain an overview of subject areas for the interview. To community foundation contacts that consent to be interviewed, a follow-up e-mail will be sent requesting that they read, sign and return the consent form attached to the e-mail. Because interviewees may not have personal knowledge of the history of their organization's involvement in Vital Signs, this follow-up e-mail will prompt them to be prepared to answer questions, to the best of their knowledge, about their organization's past experience with Vital Signs.

1. What motivated your community foundation to undertake Vital Signs?
(Check against reasons/benefits communicated by CFC in resource guides)

What purposes did you hope that it would serve when you first undertook it? Who was part of making this decision?

(Check: internal decision, informed by external players, how?)

2. Have you come to see the purpose of Vital Signs any differently since this initial point? In what ways?
3. When you think of your own community foundation's experiences and the responses that you gave in the survey, what does the notion of "collaboration" refer to in the context of Vital Signs? *(alternate formulation: In your own words, how would you define "collaboration" in the context of Vital Signs?)*

Does it refer to different things at different stages?

Does it refer to different things with different partners?

4. Who were your first Vital Signs collaborators/partners? How did these first collaborations come about?
(Check for: initiated by CF or by other partner, collaborative relationship that pre-dated VS; deliberate choice vs opportunity that presented itself...)

What motivated your community foundation to enter into this collaborative relationship? What purposes did you hope it would serve?

What do you understand the partner's motivations to have been?

5. *(If applicable, beyond the first collaborator(s) named:)* You named (X number of) collaborators at the stage of data collection, analysis and presentation in preparing your Vital Signs report. How did these other relationships emerge?
(Check: were the trajectories similar or different to the first ones named?)

6. How would you describe the role that the community foundation played at this stage?
(Check for: role description that aligns or sets itself apart from the singular “leadership” discourse...)

What kind of role did your partners and collaborators play?

(Check for: use of partnership agreement, terms of reference, other form of partnership guidelines such as suggested by CFC resource guide)

7. *(If applicable – in the case of repeat Vital Signs:)* How have your collaborative relationships at the stage of data collection, analysis and presentation changed/evolved from one year to another?
(Check for: new/different partners, different dynamics, different distribution of roles...)

8. How did your community foundation come to the decision to follow up on the findings of the Vital Signs report to *(name forms of follow-up action that apply, according to survey responses):*

- Plan and implement granting priorities; and/or
- Convene stakeholders around an issue of concern to the community; and/or
- Support the development of a new program or project?

(Check for: it had been our intention all along to do follow-up vs asked or encouraged to do so by collaborators, participants or other stakeholders, vs other possibility...)

9. You named collaborations with (X partners) at this/these follow-up stage(s).

For each initiative mentioned:

- 9a. How did these collaborations come about?

(Check for: initiated by CF or by other partner, collaborative relationship that pre-dated VS; deliberate choice vs opportunity that presented itself...)

What motivated your community foundation to undertake this collaborative relationship? What purposes did you hope it would serve?

What do you understand the partners’ motivations to have been?

- 9b. What was the duration of this collaborative endeavour? Was there a stated common intention? How did this evolve (if at all) over the course of the endeavour?

- 9c. How would you describe the role that the community foundation played at this stage?
(Check for: role description that aligns or sets itself apart from the singular “leadership” discourse...)

What kind of role did your partners and collaborators play?

How did these roles (how did the different partners’ involvement) shift and evolve over the duration of the endeavour?

- 9d. How would you describe the outcomes of each endeavour? From the perspective of the community foundation, would you characterize this as a success? Why/why not?

How do you believe your partners would characterize these outcomes?

If appropriate: What would you say were (are) the key factors or conditions that allowed this to be successful?

10. *Whenever a **challenge or conflict narrative** emerges, ask questions to understand:*
 - a. How did it emerge? What was the trigger? Were other issues at play?
 - b. How did it get resolved?
 - c. Did anything change as a result of this incident/episode? e.g. ways of working together, of sharing information, making decisions....
11. What would you say has changed for your community foundation as a result of engaging in these collaborative efforts?
e.g.: Has it changed how you think about your community? Has it changed the kind of activities that your community foundation undertakes? Has it changed how you undertake certain activities?
12. As a follow-up to this interview, we would like to be able to interview one or two local partners that you have worked with on Vital Signs. The purpose of these interviews will be to hear about their experience of collaboration within the context of Vital Signs and to get their perspective on what it has changed for them. Would you be able to suggest a couple of partners who might be willing to participate in an interview of this type?

Thank you for your time and for sharing your perspectives with me.

Appendix D - INFORMATION AND CONSENT FORM

« Philanthropic action of Canadian's grant-making foundations: investigating their social innovation and catalytic role in societal change »

PREAMBLE:

Social innovation, societal change, and grant-making foundations (GMF) is a research development project on the social impact of private, public and community foundations, done in partnership with academics and philanthropic partners. The project will extend over three years (2014-2017). It is coordinated by Jean-Marc Fontan (Principal Investigator), Université du Québec à Montréal, and Peter R. Elson, Mount Royal University & University of Victoria.

It is jointly funded by the Social Science and Humanities Research Council (SSHRC) and four research partners: Philanthropic Foundations Canada (PFC); Community Foundations Canada (CFC); Ontario Trillium Foundation (OFT); and Institute for Nonprofit Studies (INS).

In a period of rapid changes and complex issues, it is important to understand the role played by and the contributions of GMFs in their attempt to identify and to conceive appropriate solutions to large problems and social issues.

Before accepting to participating in this project, it is important to take the time to read and understand the information below. If there are words or sections that you do not understand, do not hesitate to ask questions.

CONTACT INFORMATION:

Principal Investigator for Project: Jean-Marc Fontan Telephone : 514.987.3000 ext. 0204.
Department of Sociology, Research Centre on Social Innovation, Montreal Laboratory of Research on Canadian Philanthropy
Mailing Address: 1255 rue Saint-Denis, Montreal (Quebec) H2X 3R9
Email Address: fontan.jean-marc @uqam.ca

Team Members: (see following page)

Che rcheur	Affiliation	Courriel
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Dan Wilson	Ontario Trillium Foundation	DWilson@otf.ca
Hilary Pearson	Philanthropic Foundations Canada	hpearson@pfc.ca
James Stauch	Institute for Nonprofit Studies	jstauch@mtroyal.ca
Lee Rose	Community Foundations of Canada	lrose@cfcc-fcc.ca
Co llab orateur	Affiliation	Courriel
Maria Martinez-Cosio	University of Texas, Arlington	mcosio@uta.edu
Mirle Rabinowitz Busse II	U.C. San Diego	mbussell@ucsd.edu
Taieb Hafsi	HEC	taieb.2.hafsi@hec.ca

PROJECT OBJECTIVES AND FUNDING

You are invited to participate in a research project that aims to:

- Bring together the university research community and the private, public and community foundations community.
- Generate new knowledge that will be largely distributed in the relevant sectors concerning civil society, in all three levels of government and among the public.
- Establish a solid network as part of the work plan, in order to create the conditions for the creation of a solid proposal of research in partnership.

PROCEDURES OR TASKS ASKED OF THE PARTICIPANT:

Your participation consists of an interview that will last a maximum of 90 minutes. We will ask you to confirm the information presented in a summary of the interview to be provided. We also expect that this approach will help us achieve the objectives related to networking and diffusion of knowledge.

With your permission, this interview will be audio recorded digitally. The time and place of the interview is at your convenience. The transcription of the audio that will follow will not identify you.

ADVANTAGES AND POTENTIAL RISKS:

Your participation will contribute to the advancement of knowledge to better understand the environment of grant-making in Canada. You can equally benefit from this project by becoming a part of the research network that will be formed.

There are no risks of significant discomfort associated with your participation in this research.

ANONYMITY AND CONFIDENTIALITY:

It is understood that all the information collected during the interview is confidential. Only the members of the research team will have access to the recorded data. All the research material and your letter of consent will be kept separately in a secure place in the laboratory (or an office) of the principal researcher for the duration of the project.

To protect your identity and confidentiality of the data collected from you, you will always be identified by an alphanumeric code. This code associated with your name will not be known by the principal researcher (and delegate). Direct quotations from this interview can only be used in subsequent reports if a) the lead researcher or his delegate have obtained your written agreement, and/or b) the quote cannot responsibly be expected to identify you as a respondent.

The digital audio recordings will be erased at the end of the project in 2017. Your information and consent form will be kept for a period of three years before being destroyed.

VOLUNTARY PARTICIPATION AND RIGHT TO WITHDRAWAL:

Your participation in this project is voluntary. This means that you accept to participate in the project without any constraint or external pressure, and that moreover, you are free to end your participation at any time in the course of this research, without prejudice of any nature and without having to justify your reasons. In this case, unless directed otherwise by you, your documents will be destroyed.

Your permission to participate means equally that you accept that the research team can use the information collected for the purposes of research (articles, theses or dissertations of students, members of the research team, conferences, and scientific papers) on the condition that none of the information that will identify you will be disclosed unless you explicitly consent.

FINANCIAL COMPENSATION OR OTHER:

It is understood that you will not receive any sum as compensation for any expenses incurred for your participation in the project.

LIABILITY CLAUSE:

By agreeing to participate in this project, you do not waive any of your rights nor release any of the researchers, sponsors, or institutions involved from their legal or professional obligations.

FURTHER RESEARCH:

At the end of the current project, we will keep, for a period of 3 years, the data collected from you for the purposes of other research projects. The ethic regulations for the current project apply to this long-term preservation of your data. You are free to refuse the secondary use of this data.

- ☐ I accept that my data can be used for further research projects
- ☐ I refuse that my data can be used for further research projects

QUESTIONS ON THE PROJECT OR YOUR RIGHTS?

For additional questions on the project, on your participation, and on your rights while a participant in this research, or to withdraw from the project, please contact:

Jean-Marc Fontan – Principal Investigator for project _____
Telephone: 514-987-3000, ext 0240#
Email: fontan.jean-marc@uqam.ca

The Research Ethics Board of UQAM has approved this research project in which you are consenting to participate. For information concerning the responsibilities of the research team in terms of ethics of research with humans or to file a complaint, you can contact the Chair of the Board, via their administration at (514) 987-3000 # 7753 or by email CIEREH@UQAM.CA

ACKNOWLEDGEMENTS:

Your collaboration is important to the success of our project and the research team would like to thank you. If you wish to obtain a written summary of the main research findings of this research, please contact us at the coordinates above.

SIGNATURES:

Hereby:

- a) I acknowledge that I have read the this information and consent form;
- b) I voluntarily consent to participate in this research project;
- c) I understand the objectives of the project and what my participation means;
- d) I confirm having had a sufficient amount of times to reflect on my decision to participate;
- e) I acknowledge as well that the Principal Investigator (or their delegate) has responded satisfactorily to my questions; and
- f) I understand that my participation in this research is totally voluntary and that I can terminate my participation at any time, without penalty of any kind, nor with giving justification.

Signature of participant: _____ Date: _____

Name (Please print) and contact information: _____

I, the undersigned, declare:

- a) I have explained the goals, the nature, the advantages, the risks of the project, and aspects of the information and consent form; and
- b) I have responded to the best of my knowledge to the questions asked.

Signature of Principal Investigator or their delegate: _____

Name (Please print) and contact information: _____

Date: _____

A copy of the information sheet and signed consent must be given to the participant.