



**Unique Peaks:  
The Definition, Role and Contribution of Peak Organisations in the  
South Australian Health and Community Services Sector**

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## Executive Summary

Peak organisations have a strong track record in helping to develop a strong, responsive and high quality Health and Community Services Sector for the South Australian community, and in supporting the government responsibility to provide effective health and community services. The peaks' roles and functions, however, are rarely well theorised or articulated. Based on a literature review of current writings on the role and functions and peak bodies, and on extensive consultation with the health and community services sector in South Australia, including with peak organisations themselves, SACOSS proposes that peak bodies be defined as follows.

*Peak bodies within the health and community sector are representative, non-government organisations whose membership predominantly consists of other (legally unrelated) organisations of allied interests and which are recognised by other peaks and their sectors generally as a representative of the whole of their sector. As such, peak bodies offer a strong voice and important integrative functions by undertaking key peak roles which normally include:*

- *Research, policy development, advice to government and their sector*
- *Advocacy and representation to government and other decision makers*
- *Information dissemination within their sector and to the community*
- *Sector consultation and coordination within their sector*
- *Sector capacity building to enable better service delivery and functioning of community organisations.*

Each element of this definition is important, but the definition particularly recognises the unique member-group representative structures of peak bodies and the mission-oriented roles that they fulfil. In doing so, it excludes some South Australian organisations currently labelled as peaks. These groups, primarily large consumer representative organisations, perform vital functions in consumer information and advocacy and should continue to be funded and supported in this work. However, this is separate from the functions of the peaks in representing the *whole sector* (as per the above definition).

The peaks funded by the Department for Families and Communities and by the Department of Health engage in all the key peak roles noted above, although the degree of engagement varies depending on resources and priorities. A desktop survey of a subset of peak organisations (supplemented by direct consultation and feedback) reveals a vast amount of work in all these categories.

The relationship of peak organisations to government is a significant one, both because most peaks are primarily government funded and because government is the target of much of their advocacy and representative roles. Compacts like the South Australian *Stronger Together* document provide some base for managing the inherent tension in the peak-government relationship, but need to be buttressed by other initiatives and different funding arrangements. The aim of these changes would be to ensure the independence of peaks' advocacy and to benchmark the activities and practices expected of the peaks.

## Findings and Recommendations

1. Without diminishing the importance of work done by other organisations and the need to value and fund consumer advocacy and representation, peak bodies should be defined as per the definition above.

2. While compacts like *Stronger Together* are an important tool for achieving good collaborative outcomes for the sector, they should not be seen as a tool to “manage the sector” nor should they distract peaks from the need to maintain their core constituency in the community.
3. There should be consultation between government and peak groups about whether a standardised peaks’ service agreement is a useful addition to the *Stronger Together* compact, and if so, on the content and implementation of any such standardised agreement.
4. Government and peak bodies should explore ways to firewall funding when the departments that may be the targets of peak body advocacy are also the funders of peak bodies. This exploration may include developing stand-alone mechanisms to review funding, or in some cases (particularly where the ambit of a peak crosses many departments) moving the core funding of peak bodies to the Department of Premier and Cabinet, or some other central body.
5. Peak bodies should be granted sufficient core funding to ensure that they can employ sufficient staff to undertake core roles and that their advocacy is not overly dependent on project funding. This core funding should be based on five-year cycles and be paid on time and at the beginning of a financial year.
6. More research and discussion with the sector should be undertaken on how to assess and report the outcomes of peaks’ work, with the emphasis of such dialogues on outcomes rather than outputs.
7. Government departments and agencies should engage with relevant peak bodies at all stages of the policy development process, but also recognise the often limited resources of the peak bodies.
8. Peak bodies should utilise their resources strategically and prioritise policies, responses and advice to deal with areas where there are the broadest implications and/or where they can offer a unique perspective (for instance, where there are no other community sector voices, where the unanimous or overwhelming view of the sector is itself an important contribution to public policy, or where the issue is one of the relation between the government and the sector).
9. Government should ensure sufficient time is given in consultation with peaks to ensure that the advice and responses can be formulated in discussion with the peaks’ membership.
10. Where there is disagreement within sectors represented by peak bodies, it is the peak body’s role to:
  - a. Ensure that dialogue between organisations (or organisations and government) is happening, is happening in a constructive manner, and that all sides understand the other points of view; and
  - b. Acknowledge the lack of consensus, even when the peak itself may take a particular side.

It is not the role of the peak body to artificially create or ensure unanimity in the sector.
11. Peaks’ member organisations must be funded sufficiently to allow time and commitment of resources to peak body processes.

# 1. Introduction

Peak bodies exist in a variety of areas across the broad not-for-profit sector. There are peak bodies for church groups, trade unions, health and community service organisations, environment groups (at the state level), education institutions, community legal services, and sports and recreation organisations. This paper focuses on health and community services peak organisations, although some of the definitions and observations will be relevant to other sectors.

The health and community services industry (as defined by the Australian Bureau of Statistics) includes government and for-profit health and community services, as well as services run by community not-for-profit organisations. The peaks arise out of and are part of this “third” (not-for-profit) sector, which in this paper is referred to as the *health and community services sector*, although technically it is the “community-run health and community services sector”. The taxonomy is summed up in the following diagram, but the peaks also play a wider role by facilitating community engagement and impacting on government policy and programs across all health and community services.

Figure 1: Peak bodies and the health and community services sector



Peak organisations initially emerged throughout Australia as small community-based collectives in which likeminded individuals from similar organisations met to share concerns or to develop joint responses to common issues. Peaks were thus defined by a commonality of interests and the recognition that more could be achieved by working together than separately. Over decades these loose collaborations grew in strength and shared purpose, and became funded organisations in their own right. They began to employ staff to work on behalf of their members and their sector of concern, often raising broad social awareness around myriad issues to assist the vulnerable and disadvantaged to access services, and an improved quality of life, to which everyone is entitled (Quixley, 2006).

While charitable and community service organisations have been a part of the Australian landscape since our country’s inception, the first government funding to a non-government peak welfare organisation did not occur until 1939 (May, 1996, cited in Melville & Perkins, 2003). The number of peak organisations in Australia has grown exponentially over the last four decades. The Australian Industry Commission (1995) reported that in 1978 there were 100 peak bodies across

the country, with the number rising to around 200 peak bodies in 1995. More recently, the 2003 Melville and Perkins study into the peak bodies identified more than 400 organisations across Australia that state they are peaks in their particular areas. This growth itself speaks to the value that community organisations put on peak bodies, as without members committing time, resources and passion, there would be no peak bodies.

In addition to peak bodies organised around certain issues or population groups, each state or territory also has a 'peak of peaks' organisation representing the broader health and community services sector. Nationwide the peak of the peaks in the health and community services sector is the Australian Council of Social Service (ACOSS), with the South Australian entity being SACOSS (the South Australian Council of Social Service), although it should be noted that members of those organisations may themselves straddle different sectors. For instance, the churches and unions involved in the health and community services sector are broader than just that sector, as are some peaks, like Volunteering SA & NT, that work across both different sectors and different states.

Peak bodies currently operate in an increasingly difficult environment. The health and community services sector as a whole is under pressure to fulfil increasing demand and to meet increasingly complex community and individual client needs. This is happening in an environment where there is inadequate and insecure funding and myriad workforce development issues. While previous funding structures allowed for flexibility in service design and delivery, the purchaser/provider model introduced over the past few decades now sees funding tied to a pre-determined set of activities and outcomes. This means increasingly complex accountability measures with an extra compliance workload, which the funding does not cover. Moreover, the competitive tendering system has led to the corporatisation and polarisation of a once strong and interlinked sector due to direct competition among organisations for funds (Carson, Maher & King, 2007). Finally, the increasing provision of project based, short-term funding has contributed to increasing difficulty in organisations' ability to hire permanent staff and implement long term planning solutions and sustainable projects. Peak bodies are affected by this, both as community organisations who are themselves subject to the changed funding models, but also because it has limited the ability of their members to collaborate or give time to the peak organisations. The fact that member organisations, and particularly service-providers who would otherwise be competing for contracts, continue to form and play a vital part in peak bodies demonstrates the value they put on the shared vision that peaks articulate.

Despite this history and value put on the work of peaks, their role is not well articulated or theorised. This paper attempts to explore the role of peaks in the South Australian health and community sector context. It first examines the various competing definitions of peak bodies and peak body functions and discusses what peaks do and what they 'should' do in a general sense. There is also an examination of the changing relations between peaks and government and how the peaks are funded.

Having considered these issues in a broad, national context, the paper then examines in the same themes in relation to South Australian peaks.

The final section of the paper examines proposals for reforms and identifies a range of options which could result in a more strategic approach to the funding and functioning of peaks, as well as identifying best practice measures in each of the roles identified in the previous chapters.

## 2. The definition and role of peaks

### 2.1 Context and literature review

There are many definitions of what constitutes a peak body and this has led to confusion from government and from within the sector. Melville and Perkins' authoritative survey of the community sector peak bodies elicited 108 responses to the question of the definition of a peak body and the report reproduces 15 of these definitions – most of which were deemed useful lists or descriptors of various roles and functions, but lacking any theoretical base (Melville & Perkins, 2003). In the research and sector consultation for this paper there was no initial consensus and much discussion over the type of definition, and whether a standard definition was useful at all.

The difficulties in arriving at an agreed definition of peak bodies stem partly from the diversity of the health and community services sector, but mostly from the politics of the situation and the fact that the discussion of the definition tends to get tied to questions of funding. If a definition outlines essential features of a peak body, and if some bodies which have been viewed as peak bodies in their area do not meet those criteria, there is a real and legitimate fear that their advocacy will be taken less seriously by government or that they may lose funding. As will be seen below, this is particularly the case in relation to consumer-based groups. While it is easy (and true) to note that the definition is about structure and function and not about legitimacy of advocacy, and that advocacy from many parts of the health and community services sector is important and should be properly funded, this does not say that the political consequences of any definition are not real.

On the other hand, the failure to agree and articulate a definition has undermined the ability of peak bodies to say what they do and why it is important, and left peak bodies (and the sector as a whole) vulnerable to political attack. This was very much the case in the Howard government years where there was a concerted campaign stemming from the right-wing think-tank, the Institute of Public Affairs and pursued by members of the government to sideline and/or defund “political” non-government organisations. Funding and tax concessions for charities involved in advocacy were cut or threatened, and the government established a number of “round tables” so it could consult the people of its choosing, rather than those people and organisations that the sector might put forward – ie. the established peak bodies (Melville and Perkins, 2003; Hamilton and Maddison, 2007). With the 2010/11 South Australian Budget announcing substantial funding cuts to the Family and Community Development Program, which is the source of peak body funding for a number of peaks, these funding and legitimacy issues are ongoing.

In short, there are political costs in any definition, but the implied legitimacy of being recognised as a peak body muddies the analytical discussion. However, after several rounds of consultation, SACOSS' Policy Council weighed the issues and decided that the articulation of a theoretically robust definition which pointed out the unique role of peak bodies in representing, coordinating and strengthening the sector would, on balance, be a good thing and would assist peak bodies in understanding themselves, their relationship to government and the sector, and in developing best practice in peaks' operations.

There are few starting points for such a definition. At the government level, the most authoritative statement seems to be the 1995 Australian Industry Commission report on Charitable Organisations in Australia, which defined a peak body as:

*A representative organisation that provides information dissemination services, membership support, coordination, advocacy and representation, and research and policy development services for its members and other interested parties (Industry Commission, 1995, p.181)*

The Australian Industry Commission added that peak bodies do not provide direct services to the public. This may be unnecessarily restrictive as a number of organisations which are undoubtedly peak bodies also provide direct services – either to fill gaps in the sector, to trial programs or as a



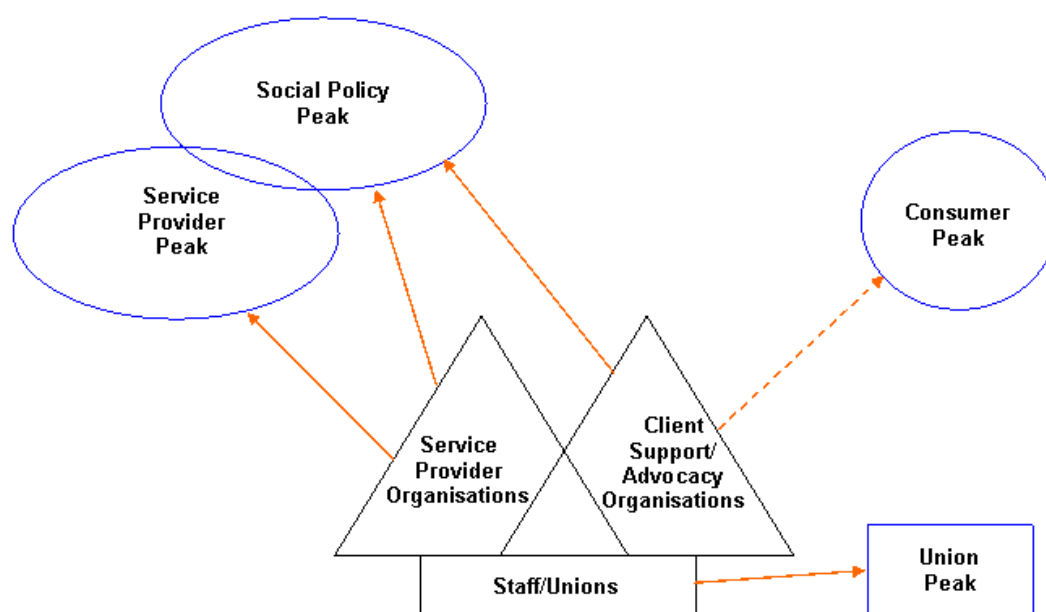
way to raise profile and/or resources. From a definitional point of view though, the provision of such services is not a part of their peak body role.

The Industry Commission accepted four categories of peaks at the national level:

- Social policy peaks (eg. ACOSS) [membership is organisations, but bodies represent consumers]
- Service development peaks (eg. ACROD) [service provider ‘trade’ organisations]
- Consumer peaks (eg. Councils for the Ageing) [broad based membership of consumers advocating for consumers]
- Employer/employee peaks (eg. Australian Society of Association Executives) (Quixley, 2006)

These categories reveal useful distinctions, but there are a number of problems with the taxonomy. The service development peak cited, ACROD, which is now National Disability Services, has two stated purposes, the first being service development and the other being advocacy for the needs of people with disability and their service providers (ie social policy). There is also a lack of clarity around the employer/employee peaks as the example cited is a union equivalent, but unions have their own peak structures (eg the ACTU, or Unions SA) which may make the terminology confusing. Changed slightly to take these issues into account, the Industry Commission’s taxonomy of peak bodies can be represented as in Figure 2 below:

Figure 2: Industry Commission Taxonomy of Peaks



This taxonomy and diagram is useful because it draws attention to the different base of the various groups. While all the so-called peaks are representative, they represent different groups within the sector whose interests may not always coincide. Thus, the service provider peaks should be seen as representing the interests of the organisations and not necessarily or always of the disadvantaged clients/consumers – although in mission-driver organisations the lines are less clear than in the commercial world. This understanding of different bases for different groups is also useful in understanding where peaks/groups sit in the sector. For instance, in South Australia in the aged sector there is Aged and Community Services SA & NT and also the Council on the Ageing – Seniors’ Voice. This is not duplication: one is representing the service providers, the other the seniors themselves.

However, while attention to this difference remains useful in a definition, the model itself is less useful. This is not just in relation to the confusion around union peaks, but more importantly in the positing of large consumer groups as peak bodies – consumer peaks. Given that many consumer

groups provide advocacy and representation it is not clear how or when a consumer group becomes a peak body. The category may simply be descriptive or historical - where a group is the largest (or only one) in the sector, or has at some stage been recognised as a peak body. While such peer recognition is vital, if the only criteria is peer recognition the definition is somewhat circular and does not assist in understanding what makes an organisation a peak.

For its part, ACOSS adds a political dimension to these definitions of peak bodies, arguing that community-sector peaks exist principally to ensure that the voices of the vulnerable and disadvantaged are not silenced by bodies that have a greater share of power and influence (such as the government, or potentially, service providers). This may apply more to the bodies the Industry Commission called “social policy peaks” than to service provider peaks, but the advocacy directly for the disadvantaged (rather than just for their member groups) is a common, important and unique feature of most Australian peaks (Melville & Perkins, 2003). However, this description is still largely in the realm of a functional definition focusing on what peaks do rather than a theoretical insight into what they are and what makes them useful or important.

In what was probably the widest consideration of the issue, Melville and Perkins’ report concluded with a recommendation for the sector to adopt the following standard definition of a peak body:

*A ‘Peak body’ is a non-government organisation whose membership consists of smaller organisations of allied interests. The Peak body thus offers a strong voice for the specific community sector in the areas of lobbying government, community education and information sharing between member groups and interested parties (Melville and Perkins, 2003).*

There are several key parts to this definition which will be picked up in the definition adopted in this paper and will be considered more fully below. However, there are a number of problems with the Melville-Perkins definition.

Health and community sector representatives consulted as part of this research thought the Melville-Perkins definition did not emphasise enough the representative role of peak bodies, both as core business and also as what legitimises peaks: peak bodies represent their sector and are recognised as representative bodies by their members, other peaks and government. Melville and Perkins’ definition of membership was also viewed as being too restrictive in that many peaks (including SACOSS itself) have individual members alongside organisational members – although as will be argued below, the organisational membership is key.

It is also not true to say that membership consists of *smaller* organisations of allied interest. Peak bodies themselves may be relatively small as legal entities (ie in terms of assets, revenue, staffing etc) while their members may be large service providers or other organisations. For instance, Anglicare, Uniting Care Wesley and Mission Australia are members of SACOSS and dwarf the revenue and staffing of the peak body. The important point about peak bodies is not the size of the legal entity, but rather that their value lies in the collective weight and wisdom of all their members.

Melville and Perkins’ definition does not distinguish between different types of member-constituted organisations. For instance, under their definition, a federal organisation with state entities as members would qualify as peak body, even though for most purposes it and its members are one organisation sharing the same name, purpose and values. This is different from a peak which, by definition, has a more diverse membership. Similarly, the Melville and Perkins definition does not distinguish between peak bodies and “industry groups” or what the Industry Commission referred to as “service provider peaks”. As noted above, these industry groups have a different purpose (to advocate on behalf of their organisational interests) and structure (they do not contain members from across the sector – eg. consumers, professional bodies, etc). While the Industry Commission labelled them as different types of peaks, it is argued here that the definition of a peak should distinguish these industry groups from peak bodies. Industry groups only represent part of the sector, and therefore miss an important feature of peak bodies which is key to their role in integrating sector diversity.

Finally, while the second part of Melville and Perkins' definition (the second sentence) gives a flavour of the mission and activities of peak bodies, the list of activities is not comprehensive. While capturing in detail everything that peaks do is unrealistic, even at the broadest level the list is missing a key peak function: sector development. It is also not clear how those activities fit with the definition. Are they necessary pre-requisites for an entity to be regarded as a peak, and if not, are they really part of the definition? This is perhaps pedantic, but as the definition is often cited as definitive, some clarity would be useful and the activities listed need to include all the key headings of activities undertaken.

A third important definition of peak groups derives from Strickland and Goodes' review of the Tasmanian health and human services peak bodies (2008). They posited a number of definitive characteristics that all peaks receiving government funding should meet. The characteristics were:

- a. membership base is predominantly organisations not individuals;
- b. membership base is proportionate to the sector or industry being represented;
- c. demonstrates effective mechanisms to represent members' views;
- d. no direct service delivery to consumers;
- e. demonstrates an effective state-wide coverage; and
- f. demonstrates the capacity to provide input into policy, program and service development.

The Tasmanian peaks did not disagree with this recommendation (TasCOSS, 2009), but as per the discussion above, point (d) is too restrictive and many of the other criteria are value/performance judgments rather than simple descriptions of roles. It is not clear how or who would assess any peak against such criteria, but more importantly, *any* peak's ability to meet these characteristics will depend on availability of sufficient funding and resources to perform the functions. At this point, if these are the only characteristics defining a peak, the definition becomes circular in that any group funded to do those tasks would by definition be a peak group. This is probably what was envisaged as the Strickland and Goodes report advocated a rationalising of the number of peaks to 6 sector peaks plus TasCOSS as the industry peak – with the sector peaks being built around pre-defined sectors with organisations being able to tender for funding to perform these functions (Strickland and Goodes, 2008). This was rejected by the Tasmanian peaks as being a bureaucratic framing which did not recognise either the uniqueness of particular parts of the sector or the way community organisations work across different areas (TasCOSS, 2009). It would also appear to ignore the history and social capital developed by existing peaks and the necessary peer recognition and legitimacy of representation that peak bodies have and require.

## **2.2 Definition and explanation**

### **2.2.1 Proposed definition**

The three definitions above provide the main starting points in the literature for a definition of a peak body. Taking these, and the above critiques of those definitions into account, and after much consultation with the health and community services sector in South Australia, SACOSS proposes the following definition.

*Peak bodies within the health and community sector are representative, non-government organisations whose membership predominantly consists of other (legally unrelated) organisations of allied interests and which are recognised by other peaks and their sectors generally as a representative of the whole of their sector. As such, peak bodies offer a strong voice and important integrative functions by undertaking key peak roles which normally include:*

- *Research, policy development, advice to government and their sector*
- *Advocacy and representation to government and other decision makers*
- *Information dissemination within their sector and to the community*
- *Sector consultation and coordination within their sector*

- *Sector capacity building to enable better service delivery and functioning of community organisations.*

## 2.2.2 Elements of the Definition

There are many parts to this definition which includes both an essentialist description of what peak bodies *are*, as well as a summary of the key roles which most peaks would undertake to some degree or another (usually depending on available resources). An examination of the elements contained within this definition sheds light on the nature of peak bodies and their functions.

### **Representative NGOs**

The first part of the definition suggests that peak bodies are “representative, non-government organisations”. The notion that they are “representative” states a core function that peak bodies speak on behalf of others, but in the context of the rest of the definition, this representation should be seen as more than simply advocating for others or on behalf of its members (which many organisations do). Peaks represent the specific community sector for which they are the peak, and as will be seen below, this representativeness infuses all elements of the definition.

It may seem obvious to say that peak bodies are non-government organisations, but the definition is adapted from the work of Melville and Perkins (2003) which was written at a time when the federal government and some state governments had defunded some sector peak bodies and replaced their role with appointed panels and consultative committees. These panels are not peak bodies as they are top down appointees rather than “bottom-up” representatives of the community. The statement that peaks are non-government organisations is therefore important.

### **Membership predominantly consists of other organisations**

The second part of the definition suggests that peaks are organisations whose “membership predominantly consists of other (legally unrelated) organisations”. The term “legally unrelated” is included to differentiate peaks from federations for the reasons noted in the critique above of the Melville-Perkins definition. However, the important point in the definition is that peaks’ membership predominantly consists of other *organisations*.

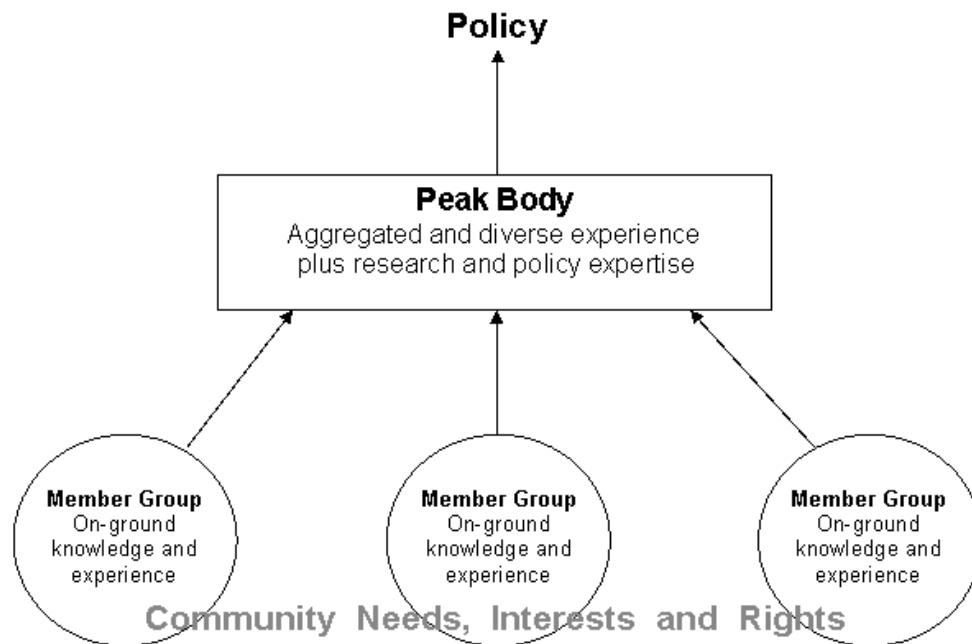
While many peak organisations also have individual members alongside their member organisations, the definitional feature of a peak body is that membership is *predominantly* organisational. This predominance may or may not be in simple numbers of members, but the purpose and structures of peaks will normally be based around member organisations. Again, this would appear to rule out organisations the so-called ‘consumer peaks’ (ie. large membership organisations representing those who use community services) despite the fact that they carry out important work in the systemic advocacy and representation and may receive peer recognition as peaks. Placing them outside this definition is not to make any negative value judgement, indeed their advocacy – and the proper funding of that advocacy is vital to improving both government policy and the lives of those they represent.

However, the focus on peaks having predominantly organisational membership is fundamental to the definition and is important for three reasons. Firstly, as noted above, it is important because otherwise it is unclear when or why organisations with individual membership become “peaks”. Secondly, and perhaps more importantly, difficulties can arise where there is division or different policy views within a sector. Whatever the merits of the different views, the views of organisations with general individual membership in that instance are not the views “of the sector”. They are the views of the membership (as articulated through the relevant internal structures). There may be others in the sector (either other consumer organisations, or service providers rather than consumers) with different views, but the views of a large organisation may be legitimised as the views of the sector by the status of being perceived as a peak body. This can cause resentment in the sector and mistakes in government policy where it believes it is reacting to “the sector”. Moreover, while a peak body may disagree with its members, in a representative structure the disagreeing members can argue the case in the peak’s internal forums where they may or may not be successful in changing the policy. Where a non-peak organisation is recognised as a peak

body, other organisations disagreeing with that non-peak organisation have no way to change its policy.

The final reason the definitional focus on member organisations is important is that it points to what is unique to peak organisations in the core areas of representation and advocacy. What peaks do, when properly resourced and functioning, is to synthesise the experience of their member groups with their own policy expertise to provide a uniquely representative perspective on policy. The process is shown in the diagram below.

Figure 3: The definitive peak structure



While groups based on individual members can consult their membership and do carry out effective policy advocacy, the consultation will inevitably be filtered through a prism of the culture, values and experience of that organisation. By aggregating the diverse experience of different member groups, peak bodies can filter out the particular organisational traits and arguably come up with policy and advocacy from a broader perspective that more truly represents the sector.

Of course we are talking in ideal types here. The resources and ability to do that on every issue and occasion are limited, but again, at least in principle the member groups have recourse when they are not being properly represented.

### Allied interests

In the definition, the peak bodies' member organisations are described as being "of allied interests". As noted above, peak bodies represent specific community sectors, but the definition of a sector is itself infinitely debatable. However, the notion of "allied interests" suggests a commonality of interests, but in a way which does not prescribe artificial boundaries. This is in contrast to the model proposed by Strickland and Goodes (2008) who argued for broad pre-defined sectors reflecting an external (ie. government) viewpoint and definition (TasCOSS, 2009). Such an approach would not allow for the diversity or particularity of community voices to be heard. It fails to recognise that areas of disadvantage may overlap, but also require specific responses which are different even within one broad area. Thus for instance, Aboriginal health – represented in SA by the peak Aboriginal Health Council – is about Aboriginality and health. To simply include it under a health peak would ignore or make more difficult the acknowledgement of unique Aboriginal issues which impact on health outcomes. Similarly, to subsume it under an "Indigenous" sector would risk losing the focus on health and marginalising those organisations and issues from the mainstream

provision of health services. The sector which a peak may represent is probably the result of an organic and/or political process at a given time, but is accommodated in the notion of peak bodies representing members with allied interests.

### **Peer recognition**

Another important part of the definition is the requirement for peer or community recognition of the peaks' status – ie. you can't simply declare yourself a peak. Again, this may seem obvious, but it is necessary to distinguish peak bodies from government sponsored roundtables and other consultation mechanisms. Peer recognition is also necessary to ensure that peaks truly represent the sector. The sector agreeing that those bodies are indeed their representative bodies is a necessary precondition of that representative function.

### **Whole of sector**

Finally, in relation to the first part of the definition referring to what peak bodies are, is the requirement for peaks to represent the "whole of their sector" (however the sector is defined). As noted above in relation to the Melville-Perkins definition, peaks are distinguished from "industry groups" by a diversity of membership which includes employer/service providers, staff, and consumers. This is not the case in other industries where sectional interests have peak bodies (eg. Business SA, Unions SA), but it is a unique feature of the health and community services sector that peaks can incorporate all these and speak for the whole of the sector. Hence, for the health and community services sector, it is useful not to lose sight of this feature and the extra level of diversity and integration it brings. It is therefore necessary to differentiate peak bodies from industry groups and to include representation of "the whole of their sector" in the definition.

### **The roles of peaks**

The representative nature of peak organisations is again highlighted in the second sentence of the definition in reference to peaks offering "a strong voice and important integrative functions" and these are reflected in the various key functions outlined in the definition. These functions are at a very broad level and could be supplemented by any number of other activities undertaken by peak groups and the list could be disaggregated, reorganised or added to in as many ways as there are peak bodies. As Quixley notes, the fact that peak groups developed organically from grass roots groups of interest helps us explain why peak groups across the country are diverse, complex and have differing priorities and ways of operation (Quixley, 2006). However, unlike the issues above around what peak groups are, debates around the roles of peak groups have less political importance attached as there is a fair degree of commonality in the various lists of roles. The Industry Commission (1995, p 183) grouped the roles performed under five headings: information dissemination; member support; coordination; advocacy and representation; and research and policy development. The most recent listing in Strickland & Goodes (2008) offers a very similar list of key functions:

- Policy development, advice and responses
- Advocacy and representation
- Information dissemination
- Sector consultation and coordination
- Sector capacity building.

In response to that paper, the Tasmanian peak groups suggested a further two roles: *community education* and *research* be included, bringing the list to seven key roles (TasCOSS, 2009). However, it could be argued that research is an inherent part of policy development, providing advice and responses to government (as per the Industry Commission listing). Thus, in this paper it is considered as part of an expanded category of "research, policy development, advice and response". Similarly, community education is part of information dissemination (or a broader and more explicit definition of it) and so the definition adopted here uses the (slightly modified) five categories from Strickland and Goodes.

Before turning to a description and analysis of each of these peak body roles, it should also be noted that peak bodies may perform functions that lie outside of these key headings. For example,

peak bodies may also act as service providers, either to fill a gap in service provision in a particular sector, or more commonly to supplement or earn income to ensure they are able to carry out their “peak roles”. This does not detract from their legitimacy as peak bodies, but simply reflects the complexities, conflicts and interconnectedness of the ‘real world’ and the organic nature of peak body emergence. Similarly, it must be recognised that not all peak bodies may do all of these things, or all of the things equally or all the time, either for reasons of lack of resourcing or differing sector and organisational priorities. However, defining these five functions as the normal work of peak bodies provides a convenient list around which to organise the discussion of the role of peak bodies.

## **2.2 The role of community sector peaks**

### **2.2.1 Research, policy development, advice and response**

Peak bodies are ideally placed to contribute to the development of inclusive and innovative public policy due to the united (relative to those of individual interest groups or organisations) and diverse perspectives they represent. Whilst differing in their focus and stance on various issues, it is the range and depth of perspectives offered by different peaks that has been described as contributing “fundamental authenticity” to the policy development process (Quixley, 2006, p.11). In seeking advice from peak bodies, governments can ensure they are acting democratically and promoting community participation in political processes (Quixley, 2006).

Peak bodies are able to provide policy input in a number of ways:

- Participation on government reference groups and meetings
- Through formal and informal consultation
- Formal policy submissions (government-commissioned or independent)
- Preliminary research and recommendations
- Final comment and submissions
- Formal analysis of, and recommendation regarding existing policies
- Sector research, data collection/collation and presentation

### **2.2.2 Advocacy and representation**

The representation and advocacy work of peak bodies is systemic rather than personal. Peak organisations actively intervene on behalf of *groups* of individuals or organisations with shared concerns or issues, rather than on behalf of individuals themselves. The primary aim is to influence public or institutional policies and/or systems (Onyx & Dalton, 2004, in Strickland & Goodes, 2008). Although there may be exceptional cases where peaks engage in individual advocacy, either because it is a test-case or there is no-one else to do so, systemic advocacy is a core function of every peak body. The Melville and Perkins (2003) study found that the largest portions of time spent by peaks were in the areas of advocacy and information dissemination.

Advocacy activities can include representation and lobbying, media releases, policy development, research, publication and comment on government work (Youth Coalition of the ACT, 2009). In their role as systemic advocates, peaks act to give a voice to minority and disadvantaged groups who often remain un-consulted during the policy development process. Furthermore, the advocacy work carried out by peaks can, in effect, ‘get the ball rolling’, initiating interest and opening doors for smaller organisations to build upon the platforms they put in place. While there are inevitably grey areas, such advocacy is distinguished from community education as the former is normally related to more specific policy asks or changes and its target is usually government or regulatory authorities, while community education is usually more broadly focussed on increasing general knowledge or understanding of issues or groups (although obviously greater community knowledge and understanding will also assist advocacy).

### 2.2.3 Information dissemination/community education

As noted above, the information dissemination/community education role of peaks is closely related to their advocacy functions, but is usually more generic. It may relate to raising the profile of people, groups or organisations, or raising awareness of issues in the community but it is not focused explicitly on policy change. This is usually done by newsletters, websites, resource centres, guides and toolkits, and sometimes formal targeted education kits or programs.

The other important aspect of information dissemination is that peaks play a key role in disseminating information to the sector on changes in policy, government programs or the broader environment which will impact on the sector and/or their clients. This represents an efficient way for government to communicate with the sector. Information dissemination is also between members themselves or from the community to the members via the sharing of research, opinion and experience of members. Peak bodies are ideally situated to sift through the many issues faced by their represented sector and flag the most poignant/urgent issues, about which they can then disseminate information to the necessary communities and organisations.

### 2.2.4 Sector consultation and coordination

As evident from the argument above, sector consultation is a core part of the role of peak bodies. Incorporation of the concerns and aspirations of their constituency is ensured by organisational structures, which should be based around consultation with and incorporation of the views of members.

Consultation between peak organisations and their respective sectors occurs in a vast array of ways and at all levels of decision making and output. Consultative methods include (but are not limited to):

- One-off round tables, workshops, conferences and meetings
- Member surveys
- Issue based policy/advocacy working groups or policy councils
- Representation by members on the governing board
- Electronic communication
- Input by members into publications and e-bulletins
- Calls for comment and contribution in regards to any publications or actions taken
- Involvement with sector activities and relevant committees/groups
- Informal conversations and networking

These consultations can be either in response to issues that member groups are themselves raising on behalf of their clients or experience, or they may be in response to specific government processes or requests. In the latter case, approaching a peak body may be much more efficient for the government than instigating its own inquiries around the sector, but the timelines for response will be crucial in the extent to which the peaks can themselves consult and truly represent their sectors.

One of the unique and most highly valued roles of peak bodies, which is part of their role as sector coordinators, is their ability to bring organisations and people together through drawing on common goals and passion for advocacy around certain issues — that is, drawing on the reasons why members are involved in peaks in the first place.

### 2.2.5 Sector capacity building

Peak bodies generally grew out of need for sector coordination and support. Stronger, more efficiently run organisations undoubtedly provide better community services in a more cost-effective manner. However, where the community services sector has such a large range of organisations, many of which are small and/or run by volunteers or non-professional managers, it is often not possible for each organisation to source or run their own training or to gather the resources necessary for organisational development. Thus the sector development role of peak



bodies has grown to include the provision and sharing of information, referrals, training, representation, and management support. There are also economies of scale in coordinating sharing of resources across the sector rather than duplicating programs and resources in many organisations, and peak organisations can often also offer cheaper and more targeted sector-specific support than may be available in the commercial market.

Furthermore, with access to large networks of members and other contacts, peaks are able to run and/or promote conferences, forums and other events that provide opportunities for organisations to share knowledge and resources to build the capacity of the sector.

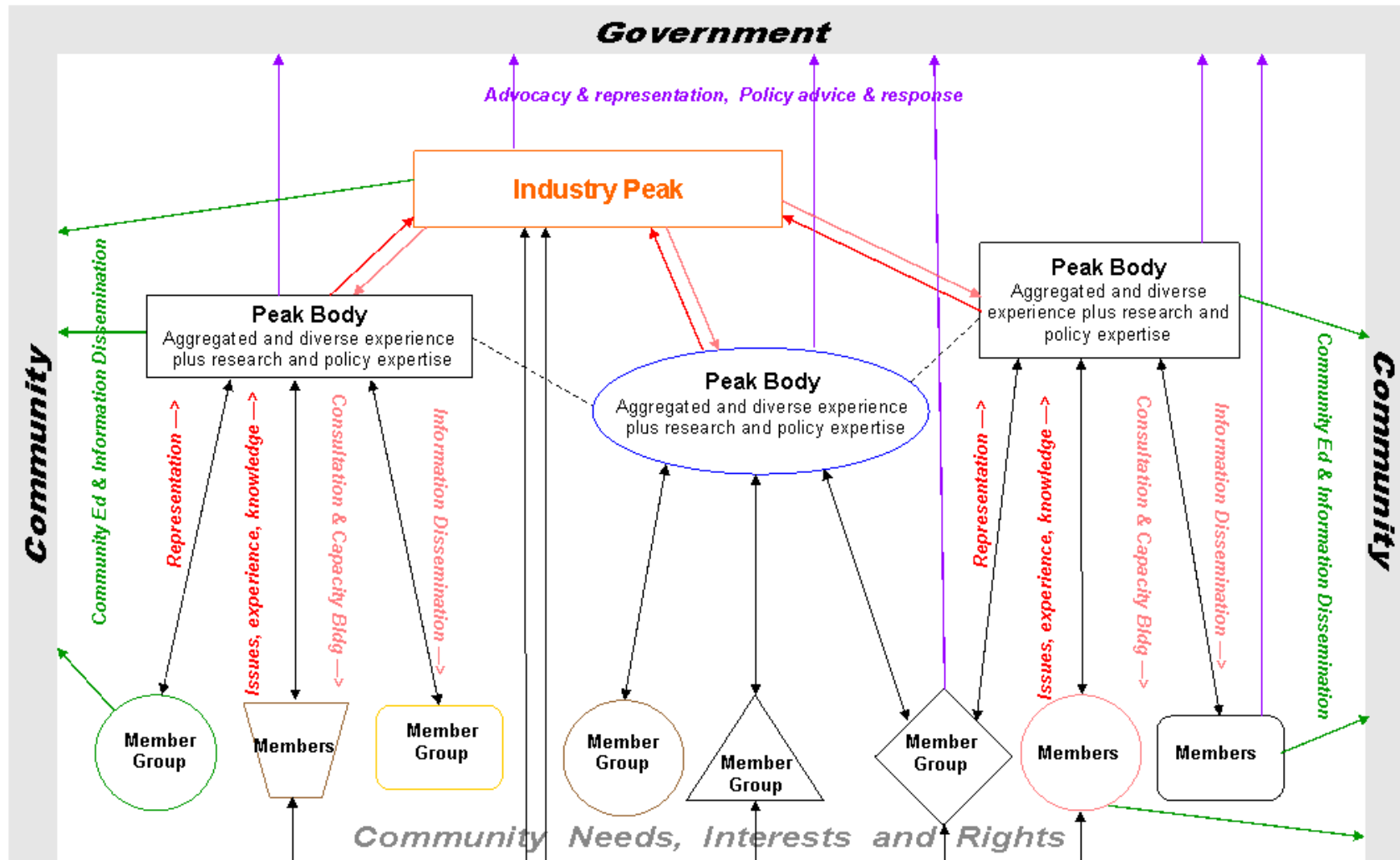
## Diagram of peaks

Summing up all of the above, it is possible to draw a model of the role of peaks within the community sector as per Figure 4 below.

While Figure 4 aims to reflect much of the discussion above, it should be noted that there are also any number of informal and often short-term collaborations directly between members (represented by the dotted lines in the diagram). There are also a number of “loop mechanisms”. Some peak groups may be members of other peak groups, while large community service agencies may also be members of several peak groups. Thus for instance, Anglicare or its agencies are variously members of Aged Community Services SA & NT, SA Network of Drug and Alcohol Services, the Mental Health Coalition and other peak groups, as well as directly being a member of SACOSS. Such loop mechanisms should not be viewed as a mark of inefficiency or confusion (although they would make the diagram unnecessarily messy). Rather, loop mechanisms are important sources of support and information sharing and reflect both the interconnectedness of many areas of disadvantage and good networking in response to overlaps of interests.

Obviously Figure 4 is an idealised model of peaks. As noted above, in practice many peaks also run service programs – either to fill identified program gaps in the sector or to supplement functions and funding. Similarly, while peaks may have a representative structure, they still may lack the resources, culture or internal processes to properly consult members (or the processes may require more time than short timelines allow) and so policy may be less filtered and representative than the model suggests. Nonetheless, the model is useful both as an aspiration and in terms of understanding the unique position and role of peak bodies.

Figure 4: Peak bodies' representation and policy advocacy



## **2.3 The contribution of the peaks to the sector and the community**

Governments at both federal and state levels have recognised the contribution of peak bodies, with the South Australian government noting that:

*Peak bodies in the community services sector have an important role to play in the development of public policy and the improvement of programs and services. Peak bodies represent the views of their members and seek to advance the interests of the community, particularly those who are most disadvantaged. In carrying out these functions peak bodies provide a valuable service to the community, including government (Government of South Australia et al, 2001).*

Melville and Perkins (2003) were more specific, summarising the contribution of peak bodies as:

- Providing a cost effective conduit to garner the views and issues of disadvantaged or marginalised groups, which contributes to and improves the development of social policy and programs;
- Acting as a repository of sector knowledge and expertise in relation to the needs and circumstances of specific groups in the community, through specialist knowledge and contributions from members;
- Instigating and promoting public debate which assists in fostering participatory democracy while contributing to sound social policy development;
- Offering a source of dialogue at the national or state level on issues which may impact the health and community services sector and across states and territories;
- Providing a low cost mechanism by which governments can access the knowledge and expertise of the sector to improve the quality, efficiency and relevance of their programs and services;
- Assisting government to be accountable to the wider community, by providing information and feedback on the impacts of policy and programs on specific groups in the community;
- Representing counter perspectives that assist in a balancing of perspectives presented by other interest groups, and;
- Assisting in facilitating dialogues and information sharing amongst community sector organisations.

This list focuses heavily on the advisory and intermediary roles of peak bodies, but as discussed above, peaks are also heavily involved in sector capacity building which in turn contributes to the enhancement of the quality of service delivery within their respective member organisations.

## **2.4 Funding of peaks**

To be able to make these contributions, peak bodies obviously need to have the resources to fulfil their roles. The actual income of peak bodies varies enormously with Melville and Perkins' study revealing that (in 2002) 30% of the 142 peak bodies responding to the questionnaire had an income of less than \$100,000 per annum, while only 15% had incomes over \$1m per annum. Many peaks were often being unable to afford full-time professional staffing. This is clearly a major limitation to the operation of those peak bodies with about half the peaks stating that reduced or inadequate funding and capacity restraints were impediments to them meeting their obligations (Melville & Perkins, 2003, p. 24).

State and federal governments provided the mainstay of funding for peak bodies with approximately 70% of respondents in Melville and Perkins' study receiving more than half their funds from government. The remainder of the income was derived from membership fees, interest, service fees and donations (Melville and Perkins, 2003, p. 19). With government providing the bulk

of funding to peak bodies, the loss or threatened loss of government funding is a major concern. As Melville and Perkins point out:

*Even a threat of the loss of government funding can mean a threat to a peak's viability because this invariably results in changes to structure and/or operation to satisfy the government's demand that prompted the threat in the first place. Many peaks feel that in such an event their role and importance to their constituents are greatly diminished, if not undermined altogether. (p. 20)*

At the time Melville and Perkins were writing, this was a big issue. Of the 142 respondents to the Melville and Perkins survey, 19% reported a loss or threatened loss of government funding due to their political activity, while another 19% lost or were threatened with loss of funding due to changes in funding guidelines. By contrast, only 2% were faced with losing funding due to mismanagement or contract disputes. Similarly, a number of peaks lost or were threatened with loss of various concessions, which are also crucial to their bottom lines. Over half of all peaks surveyed had income tax exemption with 10% of these saying that was threatened, while more than a third of recipients of fringe benefit tax exemptions (crucial in allowing salary packaging to attract staff) felt that that exemption was threatened (Melville & Perkins, 2003, p.20).

Of course not all of these threats amounted to actual loss of benefits as the study reports that only one in 10 respondents actually lost funding, and no peaks lost tax concessions (although some other non-government organisations did). With the potential establishment of a national not-for-profit regulator (Shorten, 2011) and the outcomes of the Henry Review of the tax system not fully resolved, the issue of the funding of peak bodies is far from settled, although current governments do appear to be more supportive of the role of peak bodies.

## **2.5 The relationship with government**

Beyond issues of funding, a strong relationship with the government and policy makers is also directly relevant to the role of peaks as representatives of the views of minority and particular interest groups, and as contributors to the policy development process. However, the relationships have not always been good. Melville and Perkins' study found that the majority of peaks view their relationship with the government as negative — less than 20% of peak bodies in Australia described their relationship with governments as 'amicable', while 6% said the relationship had broken down completely. The figures were much the same at both state and federal levels. (Melville & Perkins, 2003, p.vii).

While the change of federal government has seen a change in atmosphere and the development of a compact between government and the "third sector" (discussed below), there is an inherent tension in the relationship between peaks and governments. The majority of peak bodies are reliant (often to a large extent) on government funding, and therefore inevitably find themselves in a position of sometimes having to critique the bodies that fund them. Even where the relationship is robust and recognises the right to independent advocacy, there are also competing priorities that may be a problem where funding is tied to action on certain issues. This can threaten organisations' autonomy and ability to truly represent the perspectives of members, who often expect their peak bodies to focus on their roles as advocates and support providers, and often champion a different angle or focus than that required by government funding guidelines.

To assist in managing these tensions there has been a trend over the last decade to negotiate formal compacts between government and peak bodies. In March 2010 the federal government signed a national compact, in doing so recognising the importance of the relationship between government and community organisations as key to promoting social inclusion and the delivery of effective services (Commonwealth of Australia, 2010). For its part, ACOSS highlighted the potential for the compact to increase the capacity of the community sector and make the policy development process truly reflective of consultation (ACOSS, 2010). However, a cautionary note was sounded by The Australia Institute who were concerned that such compacts may entrench

reliance on government funds and distract the peak bodies from establishing and maintaining strong grassroots support (Edgar, 2008). The critique echoes but did not go as far as the left critiques of the “corporatism” of the government-trade union Accords of the 1980s, which were in some ways similar sorts of compacts. We will return to the Australia Institute critique later when considering best practice in this area.

Alongside the National Compact there are various compacts between state governments and peaks, with the Productivity Commission suggesting that state and territory governments will remain the key to promoting collaboration with community organisations and improving the capacity of both the government and community sector to address issues and improve services. The Commission’s inquiry further noted, however, that such compacts alone are not enough to impact on decision-making and that they must be complemented with detailed plans for implementation and monitoring to “give concrete expression to the proposed relationship” (Productivity Commission, 2010, p.378).

## 3. Peaks in South Australia

### 3.1 Defining the peaks in South Australia

The Department for Families and Communities and the Department of Health (SA Health) fund a range of groups as peak bodies (or for peak body roles). According to these departments, there are 33 Health and Community Services Sector peak bodies at July 2009, as follows:

DFC (including Disability SA, Housing SA and Community Connect):

- National Disability Services
- Shelter SA
- Homelessness SA
- South Australian Council of Social Service
- Council on the Ageing-Senior's Voice
- Community Centres and Neighbourhood Houses' Association
- Child and Family Welfare Association
- Multicultural Communities Council
- Volunteering SA & NT
- Youth Affairs Council of South Australia
- Aboriginal Health Council of SA
- Carers SA
- Connecting Foster Carer

SA Health:

- Palliative Care Council of SA
- Mental Health Coalition of SA
- Attention Disorders Association of SA
- SA Network of Drug and Alcohol Services
- South Australian Council of Churches
- Aboriginal Drug and Alcohol Council of SA
- The Diabetic Association of SA
- Health Consumers Alliance of SA
- Aboriginal Health Council of SA
- Aids Council of SA
- Anti-Cancer Foundation of SA – Cancer SA
- Overseas Chinese Association of SA
- Carers Association of SA (Carers SA, also listed under DFC above)
- Eating Disorders Association of SA (now part of ACEDA)
- Grow (SA) Inc
- Mental Illness Fellowship of SA Inc
- Obsessive Compulsive Disorders Support Service
- Panic Anxiety Disorder Association Inc (now ACEDA)
- Australian Breastfeeding Association
- Australian Medical Association
- Community & Neighbourhood Houses and Centres Association Inc
- Council on the Ageing (SA) Inc
- Australian Council for Health, Physical Education & Recreation Inc
- Sexual Health Information Networking & Education SA Inc

While detailed information on all the organisations was not available within the confines of this study, this list appears to include some organisations that, under the definition above would not be recognised as peak bodies. For instance, organisations like the Australian Medical Association and

the Australian Council for Health, Physical Education and Recreation are organisations of individual health professionals. They are clearly important stakeholders, but not necessarily peak bodies.

### **3.2 What the peaks do in South Australia**

Peak bodies in South Australia perform the various roles noted in the previous section. For this study, we did a desktop survey of the websites of South Australian peaks to provide a more specific picture of the functions of peak organisations in the state. The desktop survey was supplemented in some cases by individual consultation. The five key functions of peaks, as discussed above, were used as a framework for analysing the work each organisation undertakes. A table summarising the work of these peaks organisations is at Appendix 1, and the results of the survey are discussed below.

#### **Research, policy development, advice and response**

Peak bodies in South Australia carry out a wide variety of tasks that fall under this core function. Nearly every organisation included in the desktop survey contributed to government policy and budget development processes through formal written submissions, legislative review, and through membership on boards or in policy development groups. For instance, in the 12 months from January 2009, SACOSS made 18 submissions to government policy processes (including state budget).

Beyond the research required for the policy development and response process, many peaks undertook issue based research. Partnerships and collaborations also formed the basis of some research. For example the Aboriginal Drug and Alcohol Council (SA) Inc. has participated in numerous research projects in collaboration with different South Australian universities, while the Aboriginal Health Council of SA Inc. participates in research and research promotion through its participation in the Centre of Clinical Research Excellence and the Aboriginal Health Research Ethics Committee.

#### **Advocacy and representation**

Advocacy is listed, either directly or indirectly, by every South Australian peak body as central to their functioning. It is embodied in almost all of the work undertaken by peak organisations, while there are also explicit advocacy activities. Of the peak bodies analysed in this study, many were involved in direct lobbying of government, and were involved in, or the architects of campaigns around, particular issues or events (such as the "Create a Better State" 2010 SA state election campaign and the Magill Training Centre campaign). Beyond direct lobbying of government, advocacy was also done through the peaks' roles as board or committee members, through presentations or events in which they participated or ran, and initiated media coverage around specific issues, events or member organisations.

#### **Information dissemination**

The type of information and the purpose of the distribution of information by peak bodies varies greatly. The websites of most peak bodies offer comprehensive primary information, resources and links pages allowing members and the community to access large amounts of information without actually having to contact the peak body. Beyond websites, various peaks run resource centres and libraries (electronic and physical), and produce guides, toolkits, newsletters, magazines, presentations and workshops, events, media releases, reports, factsheets, e-bulletins, annual reports, and other publications. For instance, Shelter SA produces a regular newsletter (*Sheltashortz*), a series of information booklets (*Snaphotz*) plus a number of issue-specific major publications, as well as providing an online toolkit for share-housing and links to 11 state housing organisations and five government websites.

While most peaks are not direct service providers themselves, all offer some kind of information for members on how, where, and what services are available to them. Information on sector-wide training opportunities and events is also provided by nearly every peak analysed.

### Sector consultation and coordination

The peak bodies analysed performed tasks aimed at bringing together organisations and individuals to share information, services, ideas, aspirations and resources. This networking and coordination happens via the internal structures of peak organisations, but over half of the South Australian peak bodies also run annual conferences and forums aimed at bringing the sector together to discuss issues and coordinate future action (or the principals guiding future action). Partnership projects, e-bulletins, training and/or event diaries (outlining sector-wide events, training opportunities, etc) and events are also used by South Australian peaks to promote cohesion, coordination and consultation within their respective sectors.

For its part, SACOSS has a 40-strong Policy Council elected by and from its membership, a number of issue-specific Policy and Advocacy Groups, and holds a biennial conference and a number of other less formal information forums each year.

### Sector capacity building

Peak bodies in South Australia build sector capacity through numerous initiatives including workforce development guides, issue/industry/position specific training, distribution of training calendars, provision of cheap and needs-based training and education campaigns, best practice guides, industry development papers and handbooks. On the spot member/sector support provided by South Australian peaks includes help with grant applications, locating services or information, gaining accreditation, locating and winning funding, and manager support. For instance, the Mental Health Coalition has undertaken a two year project identifying training needs in the sector and it links people to a range of training courses, while the Aboriginal Health Council has a number of programs for workforce development and the support of Aboriginal health workers.

Peak bodies also seek to strengthen the capacity of their sector not only through supporting individual organisations to develop their capacity, but also by looking to initiatives that strengthen the functionality and viability of the entire sector. In this regard, identification and promotion of issues such as workforce development, wages and training are often priorities. Thus, for instance, SACOSS has produced a range of papers on workforce development, keeps a watching brief on the national equal remuneration case, and is developing policies around increasing staff retention and attraction.

## **3.3 Relationship to government**

Melville and Perkins' 2003 survey of 13 South Australian peaks found they had varied and often tumultuous experiences with the state government. While some peaks in the study continued to receive funding from government sources and reported amicable relations with the government, many (particularly in the youth sector) had lost all of their government funding due to changes in funding guidelines or political activity (as discussed earlier in the paper). However, the study was largely reflecting the experience under previous state and federal governments, and it did note that just prior to the completion of the study the state government had entered into an agreement with SACOSS to provide a framework for collaboration. This was to be the first of three agreements over the past ten years.

The first of the agreements, *Working Together* (Government of South Australia et al, 2001) — not to be confused with the 2010 National Compact of the same title — was developed and signed in 2001 by the then Department of Human Services and SACOSS. The agreement was a long time in the making and in the assessment of one of Melville and Perkins' respondents:



*It has actually been a very useful document when processes that have been set out in Working Together have not been followed through at ground level. I know several of my members have pointed to the document and said “hang on a minute, what you’ve just done in the Department is in total contravention of the document you signed off on”. It has been a way of getting a dialogue going about some of the processes...*

*Working Together* also saw the development of the Human Services Peaks Forum, with a goal of implementing and monitoring the framework, comprising senior executives from the Department of Human Services (now represented by SA Health and the Department for Families and Communities) and health and community services sector peak bodies. This initial agreement included basic recognition of the role and importance of peak bodies, a commitment to skills strengthening, performance monitoring, resource distribution, and guidelines for contracting for services.

In 2004 the *Common Ground* agreement was signed with the new state government with a view to providing a framework for the pooling of resources and joint identification of issues, resolutions and new initiatives. Improved relationships were intended to facilitate improved policies and community participation in planning and service management (Government of South Australia, SACOSS, 2004). The agreement was essentially very similar to the previous *Working Together* document, with a stronger emphasis on principals and objectives. A review of *Common Ground* in 2008 found a need for renewed commitment to its original goals and led to the implementation of the latest agreement, *Stronger Together* (Government of South Australia, SACOSS, 2009). Representing collaboration between the same parties as *Common Ground*, the agreement will be reviewed in 2012, valid until 2014. As with the previous agreements, the Peaks Forum is outlined as the mechanism for implementation and monitoring.

### **3.4 Funding of peaks in South Australia**

While financial information on all South Australian peaks was not accessible via the desktop survey carried out as a part of this project, the Annual Reports that were available showed a heavy reliance by peak bodies on government funding. Furthermore it made evident that the funding arrangements were asymmetrical – that is, while the extent of government funding of peak bodies is relatively limited in terms of the Department of Health and DFC budgets, it is a relatively major part of the funding of those organisations. For instance, in 2008/09 the Aboriginal Health Council received approximately \$2m in state government grants which in the context of DoH grants to NGOs of approximately \$63m in 2009 is relatively small, and is a tiny fraction of the Department’s overall budget (DoH, 2009), while the \$2m funding accounted for 42% of AHC’s total funding (with federal government funding accounting for 50% of its income) (AHC, 2009).

Of the 33 organisations listed as peaks by the two departments, only four received funding in excess of \$1m (DFC 2009; DoH 2009). The highest amount was \$4.3m for SHINE (Sexual Health Information Networking and Education SA) but it is likely that much of this was for specific services rather than for its core peak body functions.

The clear conclusion is that funding of peak bodies is not a big budget item for the government and that given the contributions they make, peak bodies operations are a relatively cheap and efficient expenditure for government.

## 4. Strategic approaches and defining best practice

### 4.1 General operation

The previous sections of this paper have provided an overview of the key roles of health and community services sector peak bodies, both nationally and in South Australia. This section seeks to explore best practice in relations between governments and peaks, including in relation to funding and accountability, and also best practice in each of the identified roles of the peak bodies.

#### 4.1.1 Compacts as basis of strategic approaches

The current South Australian *Stronger Together* compact commits the government to “recognising the value and legitimacy of peak bodies and the strength of their constituency”, but it is less specific than the earlier *Common Ground* agreement, which stated that:

*Peak Bodies often develop substantial networks of policy expertise that bring together unions, consumers, academics and community groups. The departments value this expertise and aim to provide peaks with sufficient funding to enable them to carry out their role in policy development* (Government of South Australia, SACOSS, 2004).

This recognition and respect is important, but such compacts are not without problems. As The Australia Institute points out, recognition of the role of peak bodies is essential, but compacts also give legitimacy to government, and to the outsourcing of government service provision which many organisations may not see as the best policy approach. Where, as has been the case in Australia, compacts have usually been signed with centre-left (Labor) governments, the compacts risk being seen as a deal with a party rather than the government, which can create a problematic environment for a peak body with a change of government. Further, as compacts are not legally binding documents, there remain issues around enforceability (and therefore usefulness). Finally, The Australia Institute argues that committing to working closely with government may not always be the best strategy – a point particularly relevant to peak bodies with a core advocacy function which may be opposed to government policy (Edgar, 2008).

The *Stronger Together* document recognises the independence of community service organisations and their role in advocating in the interests of vulnerable and disadvantaged groups. However, those groups also signed up to recognise and respect “the challenges and processes that are inherent in State Government administration”, which may be seen to limit advocacy and the processes used. Of course in practice many peak groups (and other community organisations) go beyond simply responding to government agendas and use the media and political process more broadly. This should be seen as good practice and a legitimate part of their advocacy work.

In summary, compacts like *Stronger Together* need to be seen as a tool for cooperation and for achieving particular results in particular areas. They should not be seen as a new mandate for the peaks and should not distract from the need to build and maintain their core constituency in the community. Nor should they be seen as a tool for governments to manage the sector. The peaks’ role is to coordinate and give greater coherence to the sector’s voice(s), but any management function would undermine their ability to represent the sector.

#### 4.1.2 Service Agreements

Compacts are not only a limited tool rather than a panacea, they are written at a general and aspirational level. They do not provide specific guidelines for best practice in the sector, let alone for peak bodies. Hence, the Productivity Commission (2010) recommendation for development of implementation and monitoring plans.

One example of detailed plans buttressing a compact is New South Wales where, in the year following the signing of their *Working Together* compact, the government human service agencies negotiated with peak bodies a set of Standard Service Specifications for funded peak activities (NSW Government, 2007). This was followed by a raft of further departmental guidelines. These documents have formed the basis of funding for peak entities in the areas of ageing, disability and home care in NSW. As such, the service agreements provide a level of implementation of the broad compact, but also enshrine valuable concepts – like the recognition of the peaks’ advocacy role – in a document which is more binding than the compact.

That said, there are some problems with the NSW approach. The service specifications state that funding will not be provided to “peak organisations” per se, but will fund eligible organisations to perform an agreed set of “peak activities”. These activities are basically the ones outlined in this paper, though with a different taxonomy. This approach neatly sidesteps definitional debates about what a peak is, but it does not ensure that an organisation funded to do “peak activities” actually has the confidence or recognition of the sector vital to doing those activities.

Further, the tone of the NSW Standard Service Specifications, and particularly the listing of the core activities required of peaks (which will be discussed further below), seems somewhat top-down and more prescriptive than a document made in partnership agreement. However, despite the problems, the specifications were made with the broad agreement of the peaks. Properly adjusted and negotiated, this could provide a model for South Australia.

*A standardised peaks service agreement could provide a number of benefits for government and the community sector peaks in SA, including:*

- greater and more legally robust recognition of the role of peak bodies
- greater certainty about what was expected of peak bodies
- administrative efficiency for both government and peaks arising out of the standardisation of contracts (and presumably reporting requirements).

However, any process of standardisation also runs a risk of inflexibility and implementation problems. In the consultation for this paper, a number of peaks noted the need for flexibility to take account of differences between the contexts that different peaks operate in, and also the variance in funding and resources available to different peak bodies, which may make any standard operational targets problematic. We also note that in NSW the “standard” agreement has not been implemented across the whole of government.

*It is recommended that there be consultation between government and peak groups about whether a standardised peaks’ service agreement is a useful addition to Stronger Together, and if so, on the content and implementation of any such agreement.*

#### 4.1.3 Funding of peaks

Notwithstanding arguments about the need to maintain the independence of peak bodies, it remains the case that almost all peak bodies are heavily reliant on government funding. The experience of peaks has been that philanthropic money is far more likely to go to service providers than peak organisations, while funding from membership is very limited. The review of peaks in Tasmania proposed moving to an “industry membership funding model” where peaks would be funded from higher membership fees, which would in turn be included in the funding agreements for the member bodies (Strickland and Goodes, 2008). However, this is a clunky import from the business sector that does not account for the difference in resources available between the sectors, or the fact that many community service organisations do not receive government funding and would therefore be seriously disadvantaged – either financially or because they could not afford to be part of the peak organisation.

Thus government funding of peaks will remain essential. The key issue then becomes not just the adequacy of such funding, but also the ability to access that funding regardless of the advocacy positions a peak body may take. The national compact, *Working Together*, identifies as a priority developing ways to “Protect the Sector’s right to advocacy irrespective of any funding relationship that might exist.” This is particularly relevant for peak bodies because advocacy is a core function. As Melville and Perkins (2003, p.vii) point out, peak bodies are often caught in a dilemma:

*They must attempt to fully perform the duties of representation expected of them by their membership and broader constituents, while at the same time having to make compromises with the demands of government to avoid losing favour and even losing funding that would seriously curtail their ability to perform these duties.*

In response, Melville and Perkins recommend the introduction of legislation to protect peaks’ funding and advocacy role, with an arbitration committee of MPs and community sector representatives to oversee the funding arrangements. This recommendation was at a national level with a suggestion that state jurisdictions follow suit and it predated the Senate Economics Committee (2008) recommendation for a UK-style Charities Commission, and the Productivity Commission consideration of a Registrar for Charity and Community Purpose Organisations – now under further consideration by the Federal government (Shorten, 2011). However, given the limited number of peaks and the scale of funding in South Australia, the suggestion in the Melville and Perkins’ report may not be the best solution. An alternative, which would not require the development of new structures to such an extent, might be to move the core funding of (some) peaks from the Department for Families and Communities and/or the Department of Health into the Department of Premier and Cabinet.

Bringing peak funding under the Department of Premier and Cabinet may be particularly appropriate for peak bodies whose ambit goes beyond any one department or sector. SACOSS, for example, is representative of organisations from, and therefore the interests of, a number of sectors including law and justice, housing, energy and urban planning, as well as health and community services. Peaks operating across sectors would benefit from having a single funding source allowing them to carry out their peak roles, rather than receiving smaller blocks of funding from several departments tied to certain issues/projects in each sector. Furthermore, shifting funding mechanisms to DPC may provide some “firewall” for any advocacy work of peak bodies directed at a particular program or department. However, for peak bodies that operate clearly within one sector, operating and working within a group of people who are aware of the goings on in that sector can help facilitate meaningful conversation and projects. Moving such organisations to DPC may lead to funding coming from a body that is not so intimately aware of the needs and progress of a sector and peak body. Furthermore, there may be internal reasons why DPC may not be the appropriate body to administer a peaks funding program, or it may create a broader range of conflicts, so further investigation is clearly needed.

Neither of the two mechanisms suggested above are perfect, and *it is recommended that government and peak bodies explore ways to separate funding sources from the departments that may be the targets of peak body advocacy, and that this exploration include looking at moving the funding of at least some peak bodies from DFC and DoH to the Department of Premier and Cabinet or some other central body.* Any such arrangement would not disturb the sector-departmental/ministerial cooperation articulated in *Stronger Together*, but would serve to reinforce the government’s commitment to the independent advocacy of the peaks.

There are other measures that would also be useful in ensuring that peaks are free to advocate without threat (perceived or real) to their funding. The most obvious of these is to ensure longer term funding contracts for peak bodies. Short-term funding contracts are prevalent in the sector generally, but for peaks they have a particular implication for their freedom in advocacy – both in terms of “pulling punches” for fear of offending governments, but also (more mundanely, but in the longer term just as problematic) by setting agendas by virtue of which projects are funded and

which are not. While governments are entitled to have policy agendas – and get peaks’ responses to those agendas – to be fully representative peaks also need the resources to be able to articulate and advocate the issues that arise from the community. Similarly, in the consultation for this paper, many peaks reported undertaking project work (with the inherent contradictions and potential clashes with members) as the only way to supplement inadequate funding of peak functions.

*Thus, to ensure that the advocacy functions of peak bodies are not compromised by funding needs, peak bodies should be granted sufficient core funding to ensure that their advocacy is not overly dependent on project funding. This core funding should be based on a five year cycle rather than annual contracts, and should be paid on-time and at the beginning of a financial year.* The longer term and upfront funding would allow for more efficient management, better retention of staff, better service delivery to members (ie sector development), as well as providing a greater level of freedom of advocacy.

Obviously, as well as being firewalled, the funding of peaks also needs to be adequate to fund the roles identified in this paper. This is a substantial amount because the roles are broad and may require different skill sets from staff and volunteers. If peak bodies are not funded sufficiently to keep all these skills on board, the performance of their roles will be patchy. In particular, the quality of representation – the amount of sector consultation which underpins the policy and advice of a peak – will suffer if there are not the resources to do that consultation.

It may be useful to *develop funding benchmarks to ensure funding is sufficient to allow for certain vital positions and functions can be filled by peaks.* For example, funding benchmarks for peak bodies could be set to ensure ongoing funding covers a minimum number of administrative and policy staff, training programs, etc. Alternatively (or additionally), there may be different outcome/output indicators depending on the level of funding and resources available to a peak body. Further investigation is needed (in close consultation with the sector) into exactly what these benchmarks should be, however set minimum levels of funding could ensure that key roles of peak bodies are resourced and fulfilled.

#### 4.1.4 Reporting and data collection

Given the reliance of peak bodies on government funding, both government and the wider community have a right to transparency and accountability for the use of those funds. Furthermore, well developed and relevant reporting and accountability measures can also contribute to growth and improvement in the sector. As a general proposition, proper evaluation and reporting contributes to developing sector capacity by providing outcome information, guiding government funding allocations, and by directing improvement in the quality and relevance of services. This should also apply to peak organisations, although the performance indicators for peaks may be harder to assess. In principle reporting should be on outcomes (results) rather than on activity/output, but the outcomes for peak organisations may be intangible and difficult to measure. For instance, in terms of policy advice, it is possible to measure the number of submissions, reports, attendance at roundtables etc, but this measure of output says nothing of the quality of that advice. Reporting against such standards would only encourage short-cuts and lack of consultation with the sector, thus undermining the contribution of peaks.

The *outcome* of peaks policy advice may or may not be a change in policy. To assume that the only real outcome is a tangible impact on government policy is to judge peaks by something they may not have control over. Government policy may also be better even if it is unchanged by advice from a peak, simply because the policy is made with knowledge and consideration of the issues raised. Again in that case, it is difficult to measure the quality of the advice or the outcome of the peak’s work. The NSW government, even while generally moving towards outcome based performance-monitoring, nonetheless ended up with a number of output indicators for peak organisations and SACOSS’s own six-monthly reporting requirements under DFC’s Industry Support & Development program remains mired in inappropriate ‘output’ counts.

The starting point for assessment and reporting of the work of peak bodies is probably much the same as for the sector more broadly. There needs to be budget, capacity and time for reporting and evaluative/data collection methods that are not overly costly or disruptive to programs or clients (OCS, 2005). Evaluations must serve the programs they run (not vice-versa). Results-based accounting could be used as a framework, but the key would be a clear statement of the desired outcomes from peak roles (Friedman, 1995).

Cheverton (2005, p.435) suggests empirical research on practical examples of peaks already operating responsively and with strong member-focused organisational and governance structures to help develop and support other peak bodies. Any such research should also seek to establish whether the practices and outcomes are generalisable to other programs/peaks and can be incorporated as part of evidentiary based reporting. *Further substantial research work and sector discussion are needed to explore specifically the options and most suitable methods for assessing and reporting the work of peaks and that of the sector more generally.*

#### 4.1.5 Strategic planning and peak roles

Identifying the core functions of peak bodies also allows peaks to plan strategically around those functions to ensure that explicit decisions are made around where to put organisational effort. The spreadsheet attached at Appendix 2 provides a quick tally to match staff roles to both the core roles for peak bodies and to the objectives in an organisation's strategic plan. The numbers are simply the proportion of a full-time position dedicated to the particular role or objective, and the cumulative figures in the bottom row of each column provide a snapshot of organisational effort (at least as reflected in staff roles) dedicated to each core function.

### **4.2 Best practice in peak functions**

Beyond the general operating principles above, it is also possible to consider best practice approaches to each of the core functions for peak bodies.

#### 4.2.1 Research, policy development, advice and response

Research and policy development in peak organisations can be driven either by the demands of members or by government initiative or policy, or both. It is beholden on the peaks to ensure that any policy development is both based on solid research, including consultation with the sector, and reflects the interests of the groups/sectors they represent. In turn, given that the government "values and respects the resources, expertise and perspectives" of the community sector (Government of South Australia, SACOSS, 2009) and funds peak bodies to provide informed advice, *government departments should engage with their respective peak bodies at all stages of the policy development process.*

However, the sheer number of government programs and issues will inevitably overwhelm the limited resources of peaks to respond to all processes. Peak bodies therefore need to recognise that they cannot and should not respond to every process. Governments must also recognise this limitation. *Best practice requires peak bodies to utilise their resources strategically and prioritise policies, responses and advice where there are the broadest implications and where they can offer a unique perspective (for instance, where there are no other community sector voices, where the unanimous or overwhelming view of the sector is itself an important contribution to public policy, or where the issue is one of the relation between the government and the sector).*

*Respectful timelines are also crucial to the peaks' ability to provide meaningful advice and responses.* Peaks need time to consult their members and formulate responses. Peaks' internal governance and policy mechanisms are unlikely to meet more often than monthly, and where member organisations are concerned, they will also often be operating on monthly meeting cycles. Where volunteers are involved in the process, timetables need to factor in that a week of

consultation time really only translates into a couple of hours after work on one or two nights or on the weekend.

The implication of such practices is that consultation timelines (at least for complex issues or proposals) should allow for up to four weeks just to get into a meeting cycle, get initial agreement to respond, and for the group to agree upon their relative key priorities. Beyond this, a month to research, write and/or develop a formal response and have it approved at another meeting is needed at a minimum, with further time to finalise drafts or positions. This is at the member organisations level, so for peaks with multiple member groups it may be more complicated with another similar cycle on top of this – although of course member-group processes may be shorter if they are feeding into a peak process rather than direct to government. On the other hand, processes may be longer for consultation with rural, regional or remote groups.

Obviously these timelines will vary depending on the complexity of proposals and policies, and the peaks' staffing capacity at the time. Of course, sometimes processes can also be sped up by informal consultations and out-of-session decisions, but this is not good practice. The reality is that good consultation takes time.

#### 4.2.2 Advocacy and representation

The issues around limited resources and timelines noted in the section above apply equally to advocacy and representation, as without proper consultation there is no representation and the legitimacy of peak advocacy is undermined. That said, peak bodies should (and do) do more than merely aggregate the views of the sector. Best practice requires distilling the various views from within the sector, and where there is disagreement on an issue, articulating that disagreement – even if the peak itself ultimately advocates a particular view on the issue.

Finally, given the importance of this advocacy and representation of the sector, rather than the approach suggested by Strickland and Goodes (discussed above) of 'rationalising' the peak bodies into pre-defined sectors, *governments should look at encouraging the formation of peaks in areas where there are no peak bodies*. This encouragement should be by way of facilitating a coming together of groups in the sector, rather than, as Strickland and Goodes (2008) suggested, a public tendering process to determine the most appropriate body to undertake peak roles. Such a tender process is a top-down imposition on the community sector and cannot guarantee the cooperation and therefore the representation of the sector.

#### 4.2.3 Information dissemination

Information dissemination is in part providing information to the sector, and in part to the broader community. *The function of keeping the sector informed of changes in policy, government programs or the broader environment is vital, but it should not limit the peaks' right to criticise or advocate change to that policy or program*. It is the obligation of peak bodies to inform the sector, even while they may be engaged with government in trying to change what they are being asked to disseminate information on.

In terms of the broader community, *peaks should endeavour to ensure that their information output is pitched to be broadly accessible, and beyond that, to be accessible to the groups/sectors in whose interests they operate*. This is difficult on limited budgets, but there is at least some obligation to attempt to provide community information accessible across lines of cultural and linguistic diversity, geographic distance or disability.

Best practice also involves ensuring that all communication vehicles are accurate, up to date and comprehensive.

#### 4.2.4 Sector consultation and coordination

Much of what might constitute best practice for peak bodies in sector consultation and coordination flows from the above discussion around resources and timelines. The New South Wales government (2007) outlined the requirements of effective consultation that ensures a high level of representativeness as:

- Utilising methods that effectively and efficiently identify and relate perspectives and information to respective government agencies, the sector and community.
- Constant and open communication with members on issues affecting service delivery.
- Taking appropriate action regarding any issues identified as impacting on the membership/sector.
- Ensuring appropriate methods of consultation appropriate to a diversity of clients/groups, such as those from Aboriginal, Torres Strait Island and CALD backgrounds, the elderly, young people, people with disabilities and those from remote locations (where relevant).
- Provision of any relevant and practical information and advice collected from members/sector to appropriate government body.

These are all markers of best practice in consultation, but it should be remembered that consultation and coordination are key functions of peaks because it is more efficient for governments to deal with peaks than with a host of individuals and organisations. This is what peaks offer, and while extensive consultation with members and the distilling of their views may assist in developing *consensus in the sector*, *this is not necessarily the goal of consultation and coordination*. Diversity remains a strength of the sector, and where there is disagreement within the sector, *best practice for peak bodies may simply be to ensure that dialogue between organisations (or organisations and government) is happening, that it is happening in a constructive manner, and that all sides understand the other points of view*.

#### 4.2.5 Sector capacity building

The NSW government's list of sector building outcomes/outputs provides a useful starting point for best practice consideration (NSW Government, 2007). These include:

- Provision of (or of access to) workforce and learning development services, training and support;
- Development of resource documents, tools and the delivery of intensive support, including to embed best practice;
- Coordination and/or demonstration of relevant or new projects/initiatives;
- Provision of management support or negotiation services to member organisations where needed on a temporary basis; and
- Promotion of the development of a culture of evaluation and practice amongst members.

While these are all important initiatives for building capacity in the sector, they are largely training or managerially focused. However, best practice in building capacity in, and of, the sector would also take a broader approach and include:

- Advocacy for, and the promotion of, the work of the sector (to government, media and the wider community);
- Identification of key issues for the sector which were not directly service related, and updating or skilling the sector in relation to those issues;
- Promoting collaborative approaches across the sector; and
- Facilitating strategic thinking and planning in the sector (eg. leadership development, providing forums for strategic thinking, scanning of future issues).

However, for peak bodies to service their sectors comprehensively, relevant organisations must also have the time and resources to become involved in the work of peaks. Workload demands and prescriptive funding contracts for community organisations, plus competitive tendering regimes which posit community organisations as competitors rather than allies, mean that some organisations may be limited in their capacity to participate in peak organisations. For peaks to



function effectively, and for capacity building to happen across the sector, *member organisations must be funded sufficiently to allow for both the allocation of adequate time and resources to the support of their peak bodies along with the meeting of service demands* (Cheverton 2005, p.435).

## Appendix 1: Functions of peak bodies in SA

	<i>Members</i>	<i>Research, Policy Development, Advice and Response</i>	<i>Information Dissemination</i>	<i>Advocacy &amp; Representation</i>	<i>Sector Capacity Building</i>	<i>Sector Consultation and Coordination</i>	<i>Other</i>
<b>Aboriginal Drug and Alcohol Council (SA) Inc.</b>	20 Aboriginal community organisations	Research – individual and collaborative with varied universities	Grief and Trauma project – pamphlets and information Health resources for individuals and organisations	For issues of Aboriginal health in all they do	Grief and trauma – program development and support Makin' Tracks – drug and alcohol education and training for communities and programs	Weekly West Tce barbecue to foster member relationships <a href="#">Moving Across the Frontline: Young Aboriginal people and Hepatitis C</a> Conference	Police Drug Diversion Liaison project <a href="#">Young NUNGAS Yarning Together-</a> education and support for young indigenous people
<b>Aboriginal Health Council of SA Inc</b>	19 organisations	Centre of Clinical Research Excellence  Aboriginal Health Research Ethics Committee  Developed and endorsed the 'Our Health, Our Choice, Our Way' Policy Framework (2006)  Aboriginal Health Sector Statewide Strategic Plan (AHSSSP) 2004-2009  Numerous publications, reports, editorials	Website: Publications, resource library, links, careers SA Aboriginal Health Innovation Launch Pad Newsletter	Statewide Aboriginal dental scheme – lobbying for funding Through all policy work represents the expertise, needs and aspirations (health related)of Aboriginal communities at both state and national levels	Recruitment Program Rural Aboriginal Health Worker Program Education and Training Eye Health & Chronic Disease Specialist Support Program (EH&CDSSP) Business Management Accreditation support SA Aboriginal Health Innovation Launch Pad	Aboriginal Hospital Liaison Officers Network Aboriginal Primary Health Care Workers Forum SA Aboriginal Health Innovation Launch Pad	

	<i>Members</i>	<i>Research, Policy Development, Advice and Response</i>	<i>Information Dissemination</i>	<i>Advocacy &amp; Representation</i>	<i>Sector Capacity Building</i>	<i>Sector Consultation and Coordination</i>	<i>Other</i>
<b>Child &amp; Family Welfare Association SA (CAFWA SA)</b>	20 Organisations	Research, policy development, advice and response in the areas of: -Workforce development and training - Service delivery models - Child Protection - Out of home care standards	Email circulars Website Seminars	Submissions to inquiries Events Advocacy with decision makers	Dissemination of sector relevant information CAFWA conference	Monthly Member Meetings Participation in child and family focussed networks Reference groups	
<b>Community Centres SA (CCSA)</b> Formerly Community and Neighborhood Houses and Centres' Association Inc. (CANH)	90 Community Centers and Neighborhood Houses across South Australia	Budget submissions	CCSA learning centre Resource kits Library and resource centre Newsletters Information and resources available at members centers	Campaigns Representing to government and relevant bodies	Empowerment and community capacity building are their key goals CCSA learning centre Resource kits Training Workforce Development Community gardens Funding opportunities for members	Annual Conference Events – participation and running	Health and wellbeing promotion through centers
<b>Homeless SA Inc</b>	Organisations, services, and individuals	One of main aims to contribute to policy development Foster an understanding of homelessness through research	Website: links, accommodation services, information about homelessness	Representing those who are homeless to all levels of government, media and community			Memorial services for homeless who have died Accommodation finding assistance

	<i>Members</i>	<i>Research, Policy Development, Advice and Response</i>	<i>Information Dissemination</i>	<i>Advocacy &amp; Representation</i>	<i>Sector Capacity Building</i>	<i>Sector Consultation and Coordination</i>	<i>Other</i>
<b>Mental Health Coalition of SA Inc</b>	27 members, organisational (1 individual member)	Training needs analysis Industry development papers Numerous publications on how to develop sector, guides, etc.	Mental health week, associated publications, events, competitions, forums Guides, publications, papers regarding building organisational and sector capacity Newsletters, reports, media releases	Events, including mental health week and conference Contribution to development o the Family support and carer respite project Through all publications, etc.	Training Family support and carer respite project Industry Development papers “Quality Project” – sector capacity building initiative	Annual Conference Mental Health week, associated publications, events, competitions, forums Events	
<b>Multicultural Communities Council SA</b>	200+ organisations and individuals	Core function: provide strong and accurate policy advice to government	Core function : provide information on key issues facing CALD communities	Core function: “To advocate on behalf of CALD communities on a range of important issues such as ageing, health and wellbeing, women’s issues and youth issues.” Human Services Peaks Forum SACOSS policy council	Core function – to support CALD communities to become stronger, functional and viable Workshops on social welfare issues Assist with grant submissions	Radio program Event outlines and calendar Links to other organisations and programs	Transport services Sport teams Carer support Connecting CALD South Australians with local communities
<b>National Disability Services</b>	Over 650 nfp organisations (Nationally)	Purpose: to influence governments to provide a policy environment that is responsive to the needs of people with disability and their service providers. (1 of 2 main goals)	Website: publications, guides, research, links, training Presentations (at events, forums, etc.)	Submissions Independent research Response and comment Commissioned research	Best practice guides Training Lists training opportunities and calendar for sector	Runs conferences, forums, meetings. Partnerships projects	Services, including parking permit assistance, insurance scheme, etc.
<b>South Australian Council of Social Service</b>	Around 300 organisations and individuals	Principals papers on social justice issues Numerous research papers, information papers, series, etc. Policy submissions, responses, recommendations	E-bulletin SACOSS News quarterly journal Resources and information (online and in-person)	2010 State Election campaign Through all submissions, research, etc. Strong Community Healthy State Campaign Participation on boards & groups	Training Resources	E-bulletin Policy Council Policy and Advocacy groups (issue specific) Events Biennial conference	

	<i>Members</i>	<i>Research, Policy Development, Advice and Response</i>	<i>Information Dissemination</i>	<i>Advocacy &amp; Representation</i>	<i>Sector Capacity Building</i>	<i>Sector Consultation and Coordination</i>	<i>Other</i>
<b>Shelter SA</b>	Organisational members and individuals	Research and publications on housing related issues Policy submissions and reviews Aboriginal Homelessness and Housing Support branch Refugee Housing - research	Newsletter Information booklets and brochures Multicultural directory Website – information and links (government platforms, housing & related issues, events, publications, etc.) Library of housing resources	Aboriginal Homelessness and Housing Support branch Members of boards and groups eg. SACOSS Women’s Housing Caucus	Toolkit Links to research and other organisations and services Aboriginal Homelessness and Housing Support branch ASHRA branch	Aboriginal Homelessness and Housing Support branch Refugee Housing program Consultations Forums	
<b>South Australian Network of Drug and Alcohol Services</b>	45 NGOs and individuals.	Policy advice and development Submissions and reviews Research around related issues	Information dissemination via email bulletin and e alerts to all members and cross sector distributions Coordination of Drug Action Week for SA as part of the national program	Media comment Public awareness raising Represent the SA AOD NGO sector on state wide government and NGO committees including the SA Alcohol Management Reference Group and State Reference Group on Drug Diversions Submissions	Co-morbidity project Training coordination Sandasonlinelearning.e3learning.com.au Representing the sector on various government and non-government working parties, reviews etc.	Forums Co ordination of C’wealth funded Co-morbidity capacity building project with major cross-overs with mental health sector, primary health and GP programs Website resources and links Annual member survey	Provide organisational development and support to individual member organisations, including improved processes for funding applications
<b>Volunteering SA &amp; NT</b>	Individuals (young people and youth workers) and organisations	Policy development Volunteer effectiveness evaluation Drive volunteerism research agenda	Vitality Magazine Resources and information for volunteers and organisations	Campaigns, public awareness and media activities Reference point for government and organisations on volunteering issues	Golden Gurus workforce development program Information for volunteers and organisations Support and info for managers Training & training calendar	Vitality Magazine Publications and links Events Congresses Networking events	Referral service for volunteers

	<i>Members</i>	<i>Research, Policy Development, Advice and Response</i>	<i>Information Dissemination</i>	<i>Advocacy &amp; Representation</i>	<i>Sector Capacity Building</i>	<i>Sector Consultation and Coordination</i>	<i>Other</i>
<b>Youth Affairs Council of South Australia</b>	Individuals, organisations and networks	Policy submissions Budget submissions Research Response and advice Issues papers	Events/Workshops Fortnightly electronic bulletin Quarterly newsletter E-mail updates via 'interest group' distribution lists	Campaigns, including Magill Training Centre campaign Media releases Supporting members through participatory decision-making processes (e.g. sitting as YACSA representatives on external groups) Submissions	Training diary and links Best practice guides Handbooks Training delivery across various areas Ad hoc information and advice	Events Forums Annual visits to youth sector networks YACSA Policy Council Support to the Youth Services Forum	Lends technology to members

## Appendix 2: Strategic planning and core functions

The following is a generalised template from one peak body's allocation of staff according to the peak body roles.

Peak Body Staffing	Peak Body Roles							Strategic Plan Objectives			
	Research, Policy, Advice	Advocacy, Represent, Campaign	Info Dissemination	Mvt Consult Co-ord	Mvt Capacity Building	Own Org Maintenance	PEAK BODY ROLES TOTALS	Object 1	Object 2	Object 3	STRATEGIC PLAN TOTALS
CEO		0.2	0.1	0.2	0.1	0.4	1	0.4	0.1	0.3	0.8
Exec/Member Support			0.2	0.2	0.1	0.2	0.7			0.3	0.3
Project Officer 1	0.2	0.2			0.1	0.1	0.6	0.3	0.3		0.6
Policy Officer	0.7	0.2	0.1				1	0.2	0.7		0.9
Office Coordination						0.8	0.8			0.8	0.8
Project Officer 2	0.2			0.2	0.2		0.6	0.2	0.3		0.5
IT/Web						0.2	0.2			0.2	0.2
<b>TOTALS PER ROLE</b>	<b>1.1</b>	<b>0.6</b>	<b>0.4</b>	<b>0.6</b>	<b>0.5</b>	<b>1.7</b>	<b>4.9</b>	<b>1.1</b>	<b>1.4</b>	<b>1.6</b>	<b>4.1</b>

Note: Totals may not match or add up to whole person due to part-time work, other duties performed and own-organisation maintenance work.

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