Partnerships between Not-for-profit Organisations and Health Promotion: Exploring critical issues through an organisational typology

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Abstract

The partnerships approach has been part of a broader transition in public health focus from service-delivery to a community-based paradigm. In particular, the focus on communities and community-level action has meant that not-for-profit organisations (also referred to as ‘community-based organisations’) have been targeted for partnerships to promote health. However, limited attention has been given within the public health literature to describing and understanding the not-for-profit sector, its functions or the challenges it faces in creating social change and community action.

To assist in building this understanding, we have developed a typology of Australian not-for-profit organisations. The typology outlines four ‘ideal types’ of not-for-profit organisations, distinguishable through their differing relationships with community groups and government. We then discuss how these four types of organisations are likely to contribute to health. In using this heuristic device, researchers and practitioners can gain a better understanding of not-for-profit organisations and the challenges they face. This understanding can form the basis of more respectful partnerships between public health and not-for-profit organisations.

Keywords

Health promotion; partnerships; not-for-profit typology
Introduction

Over the last two decades, governments have increasingly targeted the not-for-profit sector as a way to cost-effectively deliver public services to communities (Phillips & Smith 2009). For example, the sector has been part of the Obama administration’s Change Agenda in the United States, the Cameron government’s ‘Big Society’ program in the United Kingdom (and the Blair Government’s ‘Third Way’ prior to this) and the Australian Government’s ‘Social Inclusion Agenda’, while the European Union has placed engagement with the not-for-profit sector at the heart of its strategies for legitimacy and expansion (Australian Government 2011; Phillips & Smith 2011). Internationally, this has resulted in a wide array of policy approaches aimed at reshaping the relationships between the not-for-profit sector and government, creating changes to funding, accountability and regulatory arrangements that are aimed at producing greater collaboration and partnerships between the sectors.

In Australia prior to the 1980s, not-for-profit organisations were primarily supported by donations (Lyons 2001). Money from government was drawn in the form of flexible grants and subsidies. This meant that organisations had considerable autonomy and flexibility to respond to community needs, to provide advocacy and to engage in grassroots activism (Lyons 2001). Since the 1980s, governments have increasingly pulled organisations into contractual funding arrangements, whereby organisations must compete for government service contracts (Melville 2008). Prior to the 1980s, organisations might have drawn around 10% to 20% of their funding from government. In contrast, some large organisations now rely on government for up to 70% of their funds (Mendes 2008). Large not-for-profits have also formed partnerships with the private sector – for example, by partnering with banks to provide financial assistance in the form of low-interest loans. These changes have had significant implications for the flexibility and autonomy of organisations, the kinds of services they deliver and the work they do in and with communities (Salamon & Anheier 1997; Salamon & Sokolowki 2004; Melville 2008, Onyx et al. 2008, Carey & Braunack-Mayer 2009).
Within the not-for-profit literature, it has been widely argued that government contracts and partnerships have limited the ability of organisations to fulfil roles beyond government service delivery. The use of not-for-profit organisations in the delivery of public services has meant the organisational performance is now central to governments achieving their own agenda and policy goals (Wannan 2008). Consequently, service contracts carry accountability requirements and are accompanied by rigid admission policies for services, outside the control of organisations (Oakleigh 2009). These contracts can be a drain on organisational resources, creating tensions between efficacy and effectiveness, autonomy and dependence and advocacy and service delivery (Wannan 2008; Oakleigh 2009). The challenge, according to Wannan (2008: 80), is for organisations to ‘remain true to purpose’ and resist what is routinely referred to in the not-for-profit literature as the ‘professionalisation’ of the not-for-profit sector. Under threat are important auxiliary functions, such as advocacy, informal welfare and social and informal support (Salamon & Anheier 1997; Maddison et al. 2004; Salamon & Sokolowski 2004; Phillips 2005; Owen & Kearns 2006).

Rather than working at the grassroots level, organisations are ‘professionalised’. Here, the users of not-for-profit services become ‘consumers of welfare delivered by a professionalised workforce of paid staff and highly trained volunteers’ (Fyfe & Milligan 2003: 407). Professionalisation is, therefore, a process by which organisations gradually shift away from being well integrated into their communities and largely voluntary in nature and towards being bureaucratised organisations that deliver services on behalf of government. With their close ties to government and their restricted ability to provide political advocacy or to respond to communities, these organisations are sometimes referred to as ‘proxy state organisations’, or are seen as constituting part of the ‘shadow state’ (Wolch 1989; Kenny 2008). The shifts in organisational structure and workforce associated with professionalisation have been heavily criticised for their potential to cause ‘mission drift’ (see, for example, Fyfe & Milligan 2003a; Bondi & Laurie 2005; Milligan & Conradson 2006; Kenny 2008). When mission drift occurs, organisations’ objectives become increasingly aligned.
with government policies, rather than working with communities to challenge government to create more equitable and socially responsive policies and programs.

In public health and health promotion, social issues – such as unemployment, housing and social security – have become known as ‘the social determinants of health’ and are understood to be the main factors which drive disease and ill health (Marmot et al. 2010). The field is increasingly realising that these complex social issues, which produce poor health outcomes, cannot be addressed through the actions of one sector (Marmot et al. 2010). For health promotion activities, this has created a push towards greater community involvement in health programs and cross-sectoral partnerships between public, private and community-based institutions (Laverack & Labonte 2000; Roussos & Fawcett 2000).

The professionalisation of the not-for-profit sector has significant implications for community-based approaches to health promotion, given the shifts in organisational structure and workforce. For example, where health promotion programs seek to increase personal and community control to address important determinants of health, they need to ensure they partner with organisations that operate at the grassroots level and that foster community action. Moreover, for health promotion programs that take a ‘top-down’ approach, exerting power on communities to create change (Laverack & Labonte 2000), it is important to ensure that partnerships do not have a detrimental (or professionalising) effect on small organisations by disconnecting them from their community groups.

Through a review of the literature and experience in the field, we categorise Australian not-for-profit organisations into four classes, based on their differing levels of engagement with community groups, the market and government. These categories are: Voluntary civil society groups, small civil society organisations, large civil society organisations and shadow state organisations. Voluntary civil society groups are highly engaged with communities and have very limited interaction with government. At the other end of the spectrum, shadow state
organisations are heavily government-funded and restrict much of their activities to delivery of public services.

In this paper, we map these ‘ideal types’ against the contributions they are likely to be able to make to health. Typologies of ideal types such as this are heuristic devices that assist our understanding of complex social phenomena (Rogers 1969). Although they are not a direct reflection of the real world, real-world phenomena can be better understood through comparison with an ideal type (Riley & Hawe 2009). As such, we anticipate that this model will alert researchers and practitioners to the potential strengths, weaknesses and challenges different types of organisations face, and will provide insight into the ways they are likely to behave.

The Process of Developing the Typology

This paper presents a model of not-for-profit organisations that elucidates the diversity of organisations found in the not-for-profit sector. To create this model, we have simplified complex ‘real-life’ phenomena. As such, the model is an abstraction, or a simplified representation, of the real world. Through this abstraction, we are able to see a ‘meta-theme’ that may not otherwise be visible (Riley & Hawe 2009).

We have chosen to call the model a ‘typology’ as it presents four ‘ideal types’, which represent a continuum of organisations from ‘community-based’ to ‘professionalised’. The notion of an ‘ideal type’ stems from the work of Weber. According to Weber, an ideal type sets out the defining, or essential, characteristics of a given phenomenon (Rogers 1969; Swedberg & Agevall 2005). It does not extend to any one particular case, or to all cases within a given category. Moreover, it is not normative – that is, it does not tell us what the most desired characteristics are for a particular category (Rogers 1969; Swedberg & Agevall 2005). Rather, typologies of ideal types are heuristic devices that offer insight into social phenomena and have the potential to predict likely behaviour in the real world (Swedberg & Agevall 2005; Riley & Hawe 2009); they are not designed or intended to accurately reflect social reality. Indeed, if no exceptions or deviations existed, an ideal
type would not be necessary (Rogers 2003). Thus, as Riley and Hawe (2009: 5) suggest, while typologies do not contain a ‘particular statement of fact’, nor do they contain ‘falsehoods’.

In the design of two independent studies, the researchers sought to identify different categories of not-for-profit organisations (e.g. for sampling purposes). In the public administration literature, several typologies have been developed that establish different types of governance arrangements between not-for-profit organisations and governments (see, for example, Evers 1995; Coston 1998; Najam 2000; Phillips 2007; Kenny 2008). As such, these typologies do not model types of organisations but types of relationships. They provide very limited insight into organisational variations and behaviour. One exception to this is a model created by Kenny (2008).

Kenny (2008) classes not-for-profit organisations into ‘civil society’ and the ‘proxy state’ (which we have called ‘shadow state’). Kenny’s ‘civil society’ framework describes organisations whose primary rationale is to encourage community action and change with regard to social issues, but that may also have a service-delivery role (government-funded or non-government-funded). They are generally more voluntary-based and seek autonomy and independence from government. In contrast, shadow state organisations are professionalised and are involved in relatively large-scale service-delivery for government. They tend to work with the state to deliver on government policy objectives (Kenny 2008).

Although relevant, Kenny’s model was not consistent with our experiences in the field. Her model was too narrow to capture the diversity of the organisations that make up the not-for-profit sector. We drew on three sources to redesign Kenny’s (2008) model: firstly, Australian and international literature on not-for-profit organisations; secondly, consultation with four experts in the field (researchers with extensive experience both researching and working in the sector); and thirdly, our own experience in the field, conducting two independent in-depth qualitative studies on the sector. Through this process, we identified that Kenny’s typology needed an additional two categories.
Kenny’s ‘civil society’ category was broken down to distinguish between organisations that have no government service contracts (although they may still receive small government grants) – ‘small civil society organisations’ – and civil society groups that are not incorporated or that lack a formal organisational structure and may only have one or two paid staff – ‘voluntary civil society groups’.

The validity of the typology was tested by applying it to two independent research projects. The projects engaged a total of 38 organisations in the Australian not-for-profit sector. All but one organisation could be abstracted into one of the four categories, encompassing many (but not all) characteristics of that type. The one organisation that could not be abstracted into one of the categories exhibited characteristics of shadow state, large and small civil society organisations.

In keeping with existing typologies of the not-for-profit sector, our typology has been developed from a combination of existing literature and the experience of the researchers involved. A limitation of such models is that they are not the product of an empirical study designed explicitly to develop or test such models. The extent to which our model applies in different real-world contexts is, therefore, an area for future exploration.

Finally, given the diversity of the not-for-profit sector, it is important to note that this research focused on social services and welfare organisations. However, we recognise that there may be a partnership role between health promotion and organisations outside of welfare, such as sporting organisations. While the issues discussed in this paper are relevant to the entire Australian sector, we have focused on welfare organisations because they have been most heavily implicated in government contracting and professionalisation. This means the majority of not-for-profit research and literature explores the experiences of welfare organisations over other types of not-for-profits. Further research might explore whether the model presented in this paper applies to other parts of the sector.
A Typology of Not-for-profit Organisations:
A framework for health promotion

Figure 1  A typology of not-for-profit organisations and their contributions to health

**Civil Society Organisations**

**Voluntary Civil Society Groups**

**Characteristics:**
- Issues-based or narrow in scope
- Strong connections with community groups
- Limited or few resources
- Largely self-funded
- Limited engagement with government
- Delivers welfare projects with specific community groups
- Volunteer-run (few or no paid staff)
- Engages in advocacy work on specific issues
- Strong adherence to core mission
- Flexible and responsive to community needs

**Main contributions to health:**
- Small-scale community empowerment and development (e.g. volunteering)
- Provides social support
- Provides advocacy and assistance on specific issues
- Welfare projects such as soup kitchens, community meals, mentoring
- Run community activities, e.g. sports clubs

**Small Civil Society Organisations**

**Characteristics:**
- Issues-based or narrow in scope
- Strong connections with community groups
- Limited or few resources
- Draws little or no funding from government
- Limited engagement with government
- Delivers welfare programs
- Relies heavily on (lay) volunteer labour
- Few paid staff
- Engages in advocacy work on specific issues
- Strong adherence to core mission

**Main contributions to health:**
- Community empowerment and development, e.g. volunteering
- Provides social support
- Advocacy (on specific issues)
- Volunteer roles
Large Civil Society Organisations

Characteristics:
- Broad focus
- Connections with community groups
- Reasonably well resourced
- Has significant government funding
- Politically engaged
- Partnerships with the private sector
- Delivers substantial services
- Utilises professional volunteer labour
- Engages in advocacy work
- Undertakes policy research
- Able to respond to community needs
- May experience some mission drift

Main contributions to health:
- Community empowerment and development
- Advocacy
- Local service-delivery (e.g. housing, unemployment, emergency relief, community building programs, mentoring, training)
- Volunteer roles

Shadow State Organisations

Characteristics:
- Broad focus
- Few connections with community groups
- Well resourced
- Majority of funding from government (e.g. 70+%)  
- Politically engaged and well networked with government
- Partnerships with the private sector
- Delivers extensive national services
- Utilises professional volunteer labour
- Advocacy work can be limited by government contracts
- Undertakes policy research
- Experiences substantial mission drift

Main contributions to health:
- Large-scale service-delivery (such as unemployment and housing services)
Laverack and Labonte (2000) argue that two distinct discourses now exist in the field of health promotion. One is a top-down approach, which generally focuses on lifestyle issues and takes a more authoritarian approach to communities – for example, they exert power on communities to create change. Recent examples of top-down health promotion approaches include tobacco control reforms such as plain packaging and restricting smoking in public areas (Australian Government 2012). The other is a bottom-up approach aimed at community empowerment and development. These health promotion programs work with communities to give them power over their own lives and wellbeing (Laverack & Labonte 2000) – examples are community gardens in disadvantaged communities tended by local residents (Capetola & Noy 2011), and programs that focus on promoting self-determination for Aboriginal communities (Franks et al. 2001). Laverack and Labonte’s (2000) top-down and bottom-up classification is a useful distinction to make with regard to health promotion partnerships. The same framework can be used to broadly describe the differences between the two overarching categories outlined in the typology presented in this paper: ‘civil society organisations’ and ‘shadow state organisations’. Civil society organisations develop out of communities, usually in response to a particular set of needs. They are embedded in the communities they serve, working at the grassroots level to promote social change by empowering individuals (Kenny 2008). Shadow state organisations take a more top-down approach, delivering a more prescribed set of services across multiple communities (and sometimes nationally). The form and function of these services is usually dictated by government through contractual funding arrangements (Kenny 2008).

At a basic level, health promotion programs that take bottom-up approaches should find greater synergy with organisations in the civil society category, while programs that take a more top-down approach would work better in partnerships with shadow state organisations. To explore this idea, we next describe the different categories of organisations outlined in the typology in greater detail.
Shadow State Organisations

Shadow state organisations offer large-scale service-delivery across multiple communities (or locations) and often operate nationally. In this sense, they take a more ‘one size fits all’ approach to communities. Shadow state organisations draw considerable (e.g. 70%) funding from government (Mendes 2008). As a result, they tend to be more inflexible and lack the autonomy necessary to respond to the needs of local communities as they arise. While such organisations have considerable capacity to undertake policy research and advocacy, their reliance on government funding can act as a disincentive to do so. In a recent study, Phillips (2007) found that although organisations with close relationships to government undertake advocacy work, it is not elevated to broad political debates. Phillips (2007) argues that the activities of these organisations are constrained by their close relationships with government; for example, advocacy is restricted to politically acceptable areas. Shadow state organisations are therefore more likely than other parts of the sector to support government policies, even where positive outcomes for disadvantage communities are uncertain. As Phillips (2007: 33) argues, these organisations tend to ‘carry the core policy values set by government’ and conform to the political agenda of governments in power. Similarly, Najam (2000) argues that organisations that have close relationships with government not only share similar policy goals with government but also prefer similar strategies for achieving them. This work suggests that while shadow state organisations and civil society organisations may share common goals (such as to reduce the number of people experiencing disadvantage or supported by welfare), shadow state organisations are more likely to align their efforts with the current policy environment.

In the Australian context, this has been evident in debates over welfare conditionality, where financial penalties are placed on unemployed people who have been unsuccessful at finding work. Within these debates, Phillips (2007) has demonstrated that certain ‘favoured’ organisations (which hold considerable government funding) emerged in support of the policies, while the sector more broadly argued that
restricting the incomes of welfare recipients worsened disadvantage (Eardley 2003). This divide emerged again in very recent debates over ‘compulsory income management’. In 2010 the Australian government implemented a policy of compulsory income management in a number of Indigenous communities and a range of locations with high levels of disadvantage. At the time of writing, this includes the entire Northern Territory, along with areas such as Bankstown in New South Wales and Playford in South Australia. (Australian Government 2013). Within these locations, individuals on government welfare have a proportion of their payments ‘quarantined’ for spending on designated items such as food or clothing (Macklin 2010). While the evidence of the effectiveness of income management is piecemeal and inconclusive (see Bray et al. 2012), large not-for-profit organisations engaged in close partnerships with government supported the policy (see, for example, Hall 2010). For instance, Mendes (2008) and Phillips (2007) have identified Mission Australia as a not-for-profit organisation that has close ties to government (at the time of writing, 83% of its total revenue comes from government contracts). Consistent with Phillips’ (2007) and Najam’s (2000) arguments, Mission Australia’s CEO has spoken out publicly in favour of compulsory income management (see Hall 2010, 2010a). This is in stark contrast to other not-for-profit organisations, which have strongly opposed the policy, arguing that it worsens disadvantage (see, for example, Falzon 2009; ACOSS 2010).

The case of welfare conditionality also draws attention to another critical function of shadow state organisations: to encourage support for and the legitimacy of policy interventions that may lack a solid evidence base or that may have low community support. For government, these organisations can lend support to unpopular policies, raising their acceptance amongst not-for-profit organisations and, by extension, the community more broadly.

Health promotion programs that seek bottom-up approaches, incorporating community empowerment and development methodologies into their work, would have limited synergy with shadow state organisations, particularly where programs seek to work with communities that have very specific needs, such as interventions
to improve Aboriginal health. In a survey of over 500 organisations engaged in contracting, Rawthorne (2002) found that over half felt that contracts restricted their ability to seek and receive grants for innovative prevention and development activities. This was particularly the case for innovative community development activities (Rawthorne 2002). Similarly, programs that challenge government policy (such as the establishment of safe injecting rooms) may find it difficult to engage with these organisations, as advocacy and campaigning tends to be restricted to non-sensitive issues (Phillips 2007). Moreover, in Rawthorne’s aforementioned survey, 50% of organisations felt more accountable to government than to community groups.

The emergence of shadow state organisations is viewed negatively by many not-for-profit researchers; their quasi-government status is seen as being inherently damaging to the trusting and supportive relationships that exist between the not-for-profit sector and the community more broadly (see, for example, Phillips 2007; Kenney 2009). While these concerns may be valid, the privileged position of shadow state organisations also opens up new opportunities to influence policy-making processes, to gain political momentum and to garner community support.

Research suggests that shadow state organisations have considerable political clout; both Phillips (2007) and Mendes (2006) have found that shadow state organisations are chosen by government to represent the views of civil society and to provide policy input, sometimes displacing other organisations in the process. If the constraints and limitations of such organisations can be overcome, they have the potential to become powerful political allies that can be engaged in health promotion partnerships. To take a topical public health example, the ability of shadow state organisations to legitimise and garner support for policies with a limited evidence base could have been of use in the recent fight for plain packaging for tobacco, where the evidence base is sparse (Freeman et al. 2007).

Similarly, the potential of these organisations to legitimise unpopular policies might be harnessed to gain community support for more challenging interventions (such as the outright banning of tobacco
products, or what is increasingly known in health promotion as the ‘tobacco endgame’ (Thomas et al. 2012). Shadow state organisations also have considerable resources at their disposal, such as a large workforce and strong partnerships with private organisations. Concurrently, they are able to leverage resources for communities in ways that small organisations cannot. The ability to garner public and political support, accompanied by their access to resources, suggests that, under the right conditions, these organisations might be powerful allies for health promotion. In particular, large-scale health interventions (such as anti-smoking campaigns) might work well in partnership with shadow state organisations.

**Large Civil Society Organisations**

Large civil society organisations manage a delicate balance between government-funded service-delivery and more flexible, community-based work, such as community development. They can advocate strongly to government on behalf of communities: they have the capacity and resources to undertake policy research, which enables them to place considerable effort into making submissions to government and influencing policy. Unlike that of shadow state organisations, the range of their advocacy work is not limited by government partnerships (see Phillips 2007). Often, organisations in this category have made strategic decisions to decline government service contracts that might threaten their independence or their connections to community groups.

Organisations in this category are still well resourced, being able to draw funds from donations, social enterprise initiatives, government grants and contracts, and philanthropy. Large civil society organisations can therefore be social innovators, willing to invest in experimental programs and services. Their size and professional profile means that they can also partner with the private sector to generate and deliver programs. They still have ties to community groups, although, like shadow state organisations, they are staffed by a professional workforce and volunteers.
For health promotion, these organisations offer a good balance between being able to offer services to a relatively large number of people and being embedded in communities. They also have more resources than smaller civil society organisations to place into programs. They are able to combine local service-delivery with broader advocacy efforts, such as creating or modelling effective programs and encouraging broader uptake by government. For example, in Australia no-interest loan schemes were developed by not-for-profit organisations and later supported by the federal government as a result of effective advocacy campaigns. Similar successes have been achieved in child development, with not-for-profit programs being implemented by the Victorian government. Large civil society organisations are predominantly staffed by a professional workforce, and are therefore able to participate in the administrative aspects of health promotion programs, such as grant applications and reporting requirements.

**Small Civil Society Organisations**

Unlike large civil society organisations, small civil society organisations are frequently issues-based. That is, rather than working broadly across multiple areas to improve community wellbeing, they focus on one particular issue, such as disability support, housing and homelessness, support for asylum seekers or care and support for women experiencing domestic violence. Often these organisations are not in a position to compete for large service contracts, due to their insufficient organisational infrastructure and expertise (Ryan 1999; Milligan & Conradson 2006; Zappala & Lyons 2006). Instead, they tend to attract piecemeal funding from government and philanthropic organisations and fundraising efforts (Zappala & Lyons 2006). Rather than advocating broadly on behalf of the disadvantaged, their advocacy work tends to be targeted on specific issues that relate to their organisational mandates (such as the needs of refugee communities).

The services offered by these organisations are likely to be informal in nature, rather than professionalised (such as support groups or drop-in centres). They are not involved in delivering standardised
government services, as large civil society organisations or shadow state organisations are. Rather, they tend to be embedded in the communities in which they work, drawing on the efforts of volunteers. They operate at a truly grassroots level, building social cohesion and social capital through volunteering, social support and a more informal approach to welfare. They are flexible, adaptive and locally responsive, however their reduced resources and funding may limit their efforts to work with communities or expand their activities. While they are interested in influencing policy, their funding and resource levels, compared to those of the larger organisations, limit the breadth of their work.

In Australia since the advent of government contracting in the early 1990s, many small civil society organisations have struggled to maintain membership numbers and identify sources of funding (Lyons 2001; see Minahan 2009 for an in-depth case study). In some instances, this has resulted in closure (Lyons 2001), while other organisations have been forced to merge (Baulderstone 2008). These changes have significant implications for communities, as civil society organisations are often able to provide types of support that shadow state organisations cannot, or do not wish to, facilitate (such as informal drop-in arrangements) (Lyons 2001; Carey & Braunack-Mayer 2009). In a survey of the experiences of frontline staff engaged in large-scale contract delivery for government (in employment services), Considine et al. (2011) found that contracts had reduced flexibility in service-delivery and increased the ‘routinisation’ and standardisation of services to comply with contract agreements and government regulations. In contrast, research by Ayton (2013) found that voluntary civil society organisations were less restricted and more flexible in their service-provision.

Health promotion programs that take community development approaches, or that are targeted at very marginalised or disadvantaged groups, are likely find a great deal of synergy with the work of small civil society organisations. However, those conducting these programs need to be aware of the potential to create mission drift and professionalisation within their organisations. As Jones (2007) argues, while mission drift is often discussed in terms of corporate or government partnerships, its sources can be many and varied. Similarly, Weisbrod (2004) contends
that not-for-profit organisations need to carefully manage activities not
related to their primary missions. Health promotion partnerships are
not an exception to this. Organisations in this category can be seduced
by the desire to create a higher profile for their work (see Carey &
Braunack-Mayer 2009; Carey et al. 2009). For example, Carey and
Braunack-Mayer (2009) describe the experiences of one not-for-profit
organisation concerned with the support of people living with hepatitis
C. They document the organisation’s shift away from community
development, one-on-one support and advocacy work, and towards
government-directed initiatives. Hence, health promotion programs
need to be aware of their potential to cause mission drift, and strive to
minimise these effects when working in partnership and collaboration
with not-for-profit organisations.

**Voluntary Civil Society Groups**

Voluntary civil society groups are embedded in their local communities
and consist of a workforce of lay volunteers with minimal numbers of
paid staff (generally one or two staff members) (Peterson et al. 2002).
The lay volunteers are often community members; in some cases,
those most vulnerable in society are encouraged to participate in these
groups, with support from more able volunteers (Keevers et al. 2008).
These groups are flexible and responsive in their approach as they
are predominantly self-funded (through community donations and
fundraising, for example) and are therefore not restricted by contracts
or grant requirements. They may draw funds from local councils or
community grants schemes, however these are not generally for the
provision of services. Rather, they are to support activities such as
community meals and peer-mentoring programs.

The support and programs offered by these groups tend to involve
intensive one-on-one support, addressing individual needs as they
arise, such as food insecurity, adult illiteracy and social isolation. This
work is supported through charitable donations and voluntary support
roles. While their approach is not professional, these organisations
see themselves as filling the gap that is left by professional services.
The ‘Kids Hope’ program, run nationally by a range of church-based voluntary groups, is a good example of this type of work. The program trains volunteers to provide support to children and families who need social, academic or family assistance.

Participatory health education and community action approaches to health promotion (Keleher 2007) are best suited to the culture of voluntary civil society groups. Challenges to consider include their limited resources and voluntary nature; they may not have the capacity to manage the administrative aspects of health promotion programs. The volunteers may also require training by health promotion professionals (Sutherland & Hale 1995). Many small civil society groups are based on activism, or were established on the basis of a shared set of beliefs, such as faith-based groups. These beliefs may not always be consistent with health promotion messages – for example, in the case of faith-based groups and HIV/AIDS prevention. Lastly, key volunteer leaders often drive such groups; when these individuals leave their groups, existing activities or programs may cease.

Conclusion

At its core, health promotion is concerned with creating social change (Labonte 1997; Laverack & Labonte 2000; Laverack 2004). Hence, not-for-profit organisations are natural and powerful allies for health promotion, as they are products of our collective will for social change (Lyons 2001). However, greater awareness of the changing nature of the not-for-profit sector is required if respectful partnerships are to be developed and maintained – that is, partnerships that capitalise on and support the existing strengths of not-for-profit organisations, rather than precipitate less desirable outcomes such as professionalisation or mission drift.

We anticipate that the typology of organisations presented in this paper will form the basis for greater understanding between health promotion agencies and the not-for-profit sector. A notable limitation of such models is that they are not empirically tested. While useful for comparison with real-world phenomena, they are an abstraction and are
not directly representative of the real world. The extent to which our typology of not-for-profit organisations applies in different real-world contexts, both within and outside Australia, is therefore an area for future research.

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