



Office for the Not-For-Profit Sector

Engaging today for a better tomorrow
Code of Best practice for Engagement with the not-for-profit sector

29 April 2013

The Alcohol and other Drugs Council of Australia (ADCA) and the Public Health Association of Australia (PHAA) welcome the opportunity to respond to the Consultation draft of the *Code of best practice for engagement with the not-for-profit sector*.

The Alcohol and other Drugs Council of Australia (ADCA) is the national non-government peak body representing the interests of the Australian alcohol and other drugs (AOD) sector. It works with government and non-government organisations, business and the community to promote evidence-based, socially just approaches aimed at preventing or reducing the health, economic and social harm of AOD to individuals and the broader Australian community.

The PHAA is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

ADCA and PHAA are pleased to see that much of the feedback provided during the initial consultation for the development of the draft has been taken into consideration and incorporated into the draft Code. The development of *Principles of engagement* within the Code recognises the different types of interaction the government has with the not for profit sector and distinguishes true consultation from information sharing or collaboration and the different stages of consultation such as consultation on policy development and/or implementation. Clear understanding and acceptance by all parties of the genuine nature of this engagement is critical to achieving good will and the best outcomes.

We welcome transparency in dealings between government and non government organisations and acknowledge the importance of each partner fulfilling their obligations as part of that process. The obligation to both sides is to be fair-minded and open in their approach yet ADCA and PHAA remain concerned about the potential implications for some in providing advice to government which may be contrary to government thinking and/or policy. Developments in at least one jurisdiction over the past 12 months have given rise to this concern. A clear agreed/definition on consultation and engagement is required.

ADCA and PHAA would like to see greater emphasis on determining the purpose of the engagement. For example, does the government want to consult with the sector, share information, collaborate or some other activity? And if the purpose is to consult, does the government wish to consult on the development of a policy, implementation or some other aspect? The draft Code distinguishes between engagement and consultation, however, there is some switching in terminology throughout the document which could potentially be confusing.

The table that details *Code undertakings* could therefore benefit from including a section prior to *Preparing for consultation* which refers to defining the type of engagement. This would reinforce the message that there are different types of engagement between the government and the not-for-profit sector and the need for clarity and understanding about the purpose of the engagement. The current reference to different types of engagement is in relation to *timing* of consultations (ie when the government let's people know about the type of engagement) rather than identifying its purpose.

In developing and implementing policy, it is critical that government consults with target groups such as consumers, Aboriginal and Torres Strait Islander people, people with culturally and linguistically diverse backgrounds, migrants, and refugees and that policy development is based on or informed by evidence. It may also be beneficial for government to engage with participants following a consultation process to gain a better understanding of the issues and gain a broader perspective.

Consultation processes will no doubt benefit from alliances established to facilitate advocacy on particular issues. For example, within the past 6 months, ADCA has been involved in discussions with a number of new collaborations including the Council of Non Government Organisations on Mental Health, the Social Determinants of Health Alliance and the Social Inclusion and Complex Needs Alliance, along with longer standing coalitions such as the National Alliance for Action on Alcohol and an NGO Coalition facilitated by Families Australia. The recent Social Inclusion and Complex Needs Conference, out of which the Social Inclusion and Complex Needs Alliance was born, highlighted the importance of working together, collaboration, partnerships and moving away from a silo approach to service provision across sectors to a more coordinated process where sectors and organisations are working together. Mark Butler, Minister for Mental Health and Aged Care, referred to the Partners in Recovery program as an example of good practice, where clients have a single point of contact and agencies talk with each other.

These are important initiatives that bring together a range of organisations and sectors with different perspectives and approaches that can work together to provide greater benefit than individual organisations working alone.

We would be happy to discuss this further with you. In the first instance, please contact Meredythe Crane at meredythe.crane@adca.org.au or 02 6215 9808.

Yours sincerely



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