
Comparison of the Structures and Strategies of Three National Voluntary Organizations Seeking to Influence Public Policy

Abstract

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This was part of a series of studies in Canada and Southeast Asia sponsored by CIDA under a component of the Canadian government’s Voluntary Sector Initiative, Sectoral Involvement in Development of Public Policy.

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Introduction

This report compares and contrasts the organizational structure and strategies of three (unincorporated) Canadian nonprofit organizations attempting to influence public policy, examines their contributions to the public policy debate and analyzes whether differences in organizational form or strategies may have greater or lesser influence. Two of the organizations, Campaign 2000 and the National Children's Alliance, were involved in public policy issues related to children. The third, the Health Charities Council of Canada, has a mandate to seek influence on Canadian health policy. This report is a background paper to a case study report that examined 'Benefits for Children: Case Study on the Role of Canadian Nonprofits in Development of Public Policy' developed for the Institute On Governance.

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Campaign 2000

Mandate

Campaign 2000 is a cross-Canada public education movement to build Canadian awareness and support for the 1989 all-party House of Commons resolution to end child poverty in Canada by the year 2000. It began in 1991 out of a declaration (by the Child Welfare League of Canada, the Canadian Council on Social Development, the Canadian Council on Children and Youth and the Child Poverty Action Group) expressing concern about the lack of government progress in mitigating child poverty. Its goals are to:

- Raise and protect the basic living standards of families so that no child must ever live in poverty
- Improve the life chances of all children in Canada to fulfill their potential, nurture their talent and become responsible, contributing citizens.
- Ensure the availability of secure, affordable, and suitable housing as an inherent right.
- Create, build and strengthen family support and community-based resources to empower families to provide the best possible care for their children.

Organizational Structure and Financing

Campaign 2000 has become a vibrant network of some 90 national, regional and local partner organizations that actively work on child/family issues from diverse perspectives. Hundreds of other groups, such as children's aid societies, faith organizations, community agencies, health organizations, school boards, and low-income people's groups, also work on the issue. Members are asked to agree to its principles, be identified as partners, participate in activities (meet with their Member of Parliament at least once a year) and support the campaign with financial or in-kind resources. There is a significant overlap in membership between its national members and those of the National Children's Alliance.

The Family Service Association of Toronto (FSA) is the organizational host and trustee and provides the administrative coordination. A 'Steering Committee', selected by voluntary participation representing national and provincial partner organizations (4 each) and 1 local

community partner, provides advice to staff. Campaign 2000 has drawn heavily for research support from recognized experts and the Canadian Council for Social Development.

Core support for Campaign 2000 has historically been provided by grants from the Laidlaw Foundation in addition to office and administrative contributions from the FSA of Toronto. Project funding has also been received from the Atkinson Foundation, Ontario Trillium Foundation, HRDC, Health Canada and others along with in-kind contributions from partner organizations. Although there is no set membership fee, national partners usually make annual financial contributions ranging from \$250 to \$2,000 while provincial and local partners make smaller contributions.

Decision-Making

Decision-making during the earlier years of Campaign 2000 was lead by staff and key experts based in Toronto. The recent establishment of a Steering Committee and more regular liaison with Ottawa-based members has served to broaden participation in decisions. Partners are now more regularly provided an opportunity to provide feedback on key position papers, although tight deadlines and financial resources have not always made this possible in the past. Financial constraints have also limited its ability to bring members together in national forums to debate policy issues and build trust and understanding between members. Member commitment to the Campaign 2000 mandate has served to largely offset this disadvantage as commitment to cause and membership overlap with other national organizations, often mitigate concerns about the inclusiveness of processes.

Strategies

Campaign 2000 annually issues a national Report Card on Child Poverty in Canada measuring the progress, or lack of progress, in achieving its goals. Many partners also produce local report cards. It is involved in public and government consultations around the issue of child and family poverty and government policy. It also engages in non-partisan Ottawa and constituency-based lobbying for improved social policies relating to the national child benefit, social housing, child care, labour market supports, community services and other relevant policy areas. In addition to the report cards, Campaign 2000 has lobbied actively through letters to federal and provincial first ministers, briefs to parliamentary committees, celebrity endorsements, media releases, opinion columns and letters to the editor. It has published policy discussion papers, recommendation for a national plan of action for children, sponsored discussion forums and provided advice and resources for public education and advocacy. It is perceived as having historically tended (to the occasional consternation of politicians and bureaucrats) to stress deficiencies in government policy initiatives over appreciation for the 'sometimes small but important' steps taken to advance policy objectives.

Achievements

Campaign 2000 is perceived to have had a significant impact in keeping the issues of child poverty and deficiencies in childcare supports in the public eye, developing political sensitivity to the issues and increasing general awareness of the magnitude and impact of child and family poverty and inadequate social supports. It is credited with contributing to public and political support for the federal government's decision to implement the National Child Benefit and the Early Childhood Development Initiative.

National Children's Alliance

Mandate

The National Children's Alliance (NCA) is a network of some 58 national organizations committed to improving the lives of children and youth in Canada focusing on issues of common interest to member organizations. Since its inception in 1996 the Alliance has worked to:

- Facilitate dialogue on children's issues with government
- Strengthen the network of national voluntary organizations and NGOs
- Develop policy recommendations;
- Engage provincial/territorial/regional constituent organizations in working collaboratively on issues, and
- Promote the development and implementation of a national children's agenda

Organizational Structure and Financing

The 54 national member groups of the alliance represent hundreds of thousands of people who work with children and families in the fields of social services, education and health, as professionals and as volunteers. National organizations conducting research and promoting improved economic and social security are also members of the alliance. Member organizations maintain their autonomy but commit to operating according to a set of guiding principles and collaborating on issues of common interest.

The Alliance's office has been advantageously located with the Coalition for National Voluntary Organizations in Ottawa, which acts its organizational host for administrative purposes. The Alliance has no formal organizational structure separate from this. Leadership is shared among the members for internal and external relations.

The Children's Alliance, during its initial two years, depended entirely on the volunteer efforts of its members for administrative supports. Since then a small secretariat has been funded entirely by project grants, primarily from Health Canada and Human Resources Development Canada. There are no membership dues although individual members participate in development of research, policy positions and advocacy in their own areas of interest.

Decision-Making

Decisions are made with active participation of organizations in a decision-making model based on consensus, inclusiveness, transparency and openness in process, and having the "right" mix of leadership and process. Policy recommendations are based on consensus with all members having an opportunity for input to draft policy papers and an opportunity to withhold approval. This is reported to have sometimes stretched consensus to near the point of breaking. Nevertheless, it has worked effectively. Achievement of consensus has been facilitated by the NCA's success in securing sufficient project financing to periodically bring members together in national forums to build trust and understanding, debate policy issues and determine strategic directions.

Strategies

The Children's Alliance has worked to promote the development of a National Children's Agenda by the federal and provincial/territorial governments based on the document "Investing in Children - A Framework for Action" developed as a result of the November 1996 *Canada's Children...Canada's Future* conference.

It built on that document to develop a "National Plan of Action for Children". It has also developed position papers on a range of specific children's issues. The Alliance has used regional forums, think tanks and round table discussions with members to define issues, identify priorities and set its agenda as well as disseminate information. Papers are drafted by members with a particular interest in the topic and then circulated for feedback. A number of means have been used to advance policy positions.

The alliance has met with members of the federal Cabinet, MPs from all parties, and federal officials responsible for children's issues. It has also made presentations to key committees of Parliament and the Romanow Commission on the Future of Health Care. Its advocacy efforts have been built upon solid research, nurturing of relationships with key decision makers, a 'behind closed doors' approach to criticism of policy shortcomings, and a public appreciation for 'sometimes small steps taken' in pursuit of policy objectives.

Achievements

The National Children's Alliance has established a reputation as a credible voice for national organizations with an interest in children. It has played a pivotal role on children's issues as a catalyst and facilitator of cross-sectoral dialogue and collaborative action. It represents the first time that national organizations from health, education, environment, recreation, literacy, disabilities, child care, social services and community-based programs have worked together to develop consensus on a broad range of public policy issues.

It is credited with considerable influence on the development of the National Children's Agenda and the Early Childhood Development Initiative, which it considers a significant building block in the implementation of the National Children's Agenda. (NCA website)

Health Charities Council of Canada

Mandate

The Health Charities Council of Canada (HCCC) was established in June 2000 with encouragement from the Minister of Health Canada who was seeking a single primary contact point with national voluntary health organizations (NVHOs). The HCCC, reconstituted from its predecessor organization the Canadian Health Charities, represents some 54 national health charities of all sizes. Member organizations bring together a wealth of knowledge, expertise, experience and resources dedicated to improving the health of Canadians and strengthening Canada's health system through research, information/surveillance and community/patient support.

National health charities invest approximately \$300 million annually in health research in the quest for scientific answers and breakthroughs. They develop quality educational materials, programs and activities to help Canadians maintain and improve their health and

prevent disease. Across the country, national health charities comprise hundreds of staff and millions of volunteers who serve Canadians in their communities year-round.

The HCCC provides a strong voice in areas of shared concern. It acts as a resource to member organizations and facilitates networking opportunities. The HCCC is committed to strengthening the health system, increasing the voluntary health sector's ability to monitor and influence public policy and securing increased funding for health research.

Organizational Structure and Financing

The Health Charities Council of Canada (HCCC) was established in 2000 as an 'un-incorporated coalition'. It received initial funding support from Health Canada and has subsequently drawn on project funding from Health Canada and HRDC to sustain its small organizational infrastructure.

The following criteria must be met in order for an organization to qualify for membership on the Health Charities Council of Canada:

- The organization must be a Canadian registered health charity
- The organization must express a commitment to providing service in both English and French languages
- The organization must be national in scope

The members of HCCC elect an Executive Board comprised of 9 individuals elected each year (3 each from small, medium and large member organizations) to ensure that the decisions of the members are carried out, respond to emerging issues, approve resource allocation and generate funding strategies.

The legal responsibility for administering 'HCCC projects' is vested in the Coalition of National Voluntary Organizations' (NVOs') Health Issues Division, and ultimately its Board of Directors, as the sponsoring organization. NVO Health Division provides a secretariat for HCCC which is an 'unincorporated coalition.' This creates a somewhat complicated accountability relationship that requires a fairly high degree of tolerance for ambiguity. This can work if it is clear to all how all the pieces fit together...To paraphrase one interviewee: *'There are a lot of moving parts here...that may not make it the most efficient structure'*.

HCCC fees are structured on a sliding scale proportionate to the organization's annual operating budget. However, the substantial majority of its funding derives from project grants and contributions from Health Canada and other federal government departments.

Decision-Making

The members of HCCC are responsible for 'setting broad policy parameters and direction, determining priorities, approving advocacy positions of HCCC, and electing members to the 'representative council' or Executive Board which has the decision-making responsibilities noted above. Members establish broad strategic directions at the annual health charities roundtable, which strengthen the network through building trust and understanding. Policy positions are developed by members with a particular interest in the topic and then circulated for feedback. There has been concern that activities undertaken are unduly influenced by having to adapt its activities to the criteria prioritized by funding programs thereby 'bending' its mandate.

Strategies

The HCCC uses an annual Health Charities Roundtable to bring members together for networking, information sharing, debate on policy issues and establishment of strategic directions. It uses an inclusive process for development of policy positions and briefs that are presented to parliamentary committees and commissions. It has a liaison committee with the Canadian Institute for Health Research. Members meet periodically with key government officials and political decision-makers.

Achievements

HCCC has provided a valuable opportunity for members to work collaboratively on (cross cutting) issues of common interest. It has provided opportunities for health charities to participate in development of common positions on public health policy. It has also provided opportunities to develop and nurture relationships with colleagues in other National Voluntary Health Organizations through annual 'roundtable' discussions and collaboration on committee work.

HCCC is reported by Health Canada officials to have had a strong influence on broadening the scope of 'Assisted Reproductive Technologies' legislation/policy and supporting its approval. It was also reported to have had a notable influence on the inclusion of a focus on community-based services and health promotion in the report of the Romanow Commission on Health Care. HCCC also succeeded in persuading the Canadian Institute for Health Research (CIHR) to avoid competition with other health charities for private fundraising dollars.

Analysis

Mandate

The clear focus of the Campaign 2000 mandate on child poverty, especially during its earlier years, concentrated its efforts on this issue. Some decision-makers perceived the broader, and arguably more process-oriented, mandates of the National Children's Alliance (NCA) and the Health Charities Council of Canada (HCCC) as diluting their messages.

Organizational Structure and Financing

Campaign 2000's evolution as a cause-focused movement or organic coalition and lesser dependence on financial support from government gave it a degree of 'arms-length' independence and credibility within the broader community and government circles.

The NCA, which operated entirely on volunteer effort and without formal organizational structure or government financial support for its first two to three years, was able to quickly develop credibility with decision-makers. Its subsequent success in obtaining federal government support for a number of its initiatives, particularly facilitating regional forums on implementation of the National Children's Agenda on behalf of an HRDC grant, left it open to the perception that it was working in partnership with the federal government. This led some to observe that it had, to an extent, been co-opted to work 'inside the tent' as compared to their perception of Campaign 2000 as working 'outside the tent'. There are obvious advantages to both approaches, discussed in the companion report to this paper. (Gill 2004)

Both these and the HCCC derive credibility from the broad base of their member organizations and the perception that their positions on issues represent a general consensus of the membership of their member organizations.

HCCC's more formal organizational structure (an Executive Board and more formal governance processes) may strengthen its credibility. However, like the NCA it operates as a sub-coalition within the Coalition of Voluntary Organizations, which acts as an organizational host providing financial administration and secretariat support. This has created some blurring of accountability to funders though both organizations maintain accountability to their members through regular accounting of activities and expenditures. Campaign 2000, like the HCCC and NCA, accounts to its funders for expenditures and reports regularly to funders and members on its activities. Its budget had, up to 2003, been incorporated into that of its organizational sponsor making it difficult for an outside observer to discern the actual budget. Some might consider budgetary accountability to members as less important than accountability to major financial contributors since all three organizations operate as unincorporated associations on limited budgets, but with substantial volunteer contributions from members.

Decision-Making

The process of decision-making within Campaign 2000, for reasons already discussed, has historically been less inclusive than the processes employed by the NCA and the HCCC. This has led to some concerns within its membership about process. This does not appear to have impaired the ultimate effectiveness of Campaign 2000 efforts although it has caused periodic strains in its relationship with Ottawa-based members more active in the NCA. Commitment to cause, as noted earlier, often mitigates concerns about process.

The more dispersed shared leadership and participatory policy development and consensus decision-making model employed by the NCA has been effective in garnering member support. The more formal governance model employed by the HCCC and its similar model for policy development and consensus building has also been effective for it. However, both have been more successful than Campaign 2000 in securing resources to support member communications, networking and consensus building.

There is no evidence that one approach to decision-making has resulted in greater impact on achievement of organizational objectives than another. Increased inclusiveness in decision-making typically generates greater support for policy directions and greater member satisfaction with process, outputs and outcomes. Financial constraints and a geographically broadly dispersed membership may make it more difficult to build organizational cohesion and participation. However, reliance on inter-net communication and discussion facilities can serve to mitigate these problems.

Building consensus, while more time and resource intensive, also risks dilution of final outputs to the lowest common denominator of agreement. The strength and influence of large numbers in support of common concerns about social problems, policy objectives and implementation mechanisms often offset the challenges of building broad consensus.

Strategies

A variety of vehicles can be used to build consensus on issues, identify priorities, develop strategic directions, set agendas, disseminate information, strengthen networks and build alliances. Round table discussions, periodic membership meetings, think tank or

brainstorming sessions, conferences and newsletters are among those that have been used effectively by the three organizations examined in this report.

Annual report cards such as that used by Campaign 2000 to measure progress in reducing child poverty can be particularly powerful as a means of communication, education, generating commitment to a cause and supporting advocacy efforts. Organized non-partisan lobbying nationally, provincially and in local constituencies, based on solid research and a strong case for investment, is usually essential to obtain progress on policy objectives. Provision of toolkits and training in these areas can serve to build the capacity of member organizations to support the cause.

Letters to federal and provincial first ministers, briefs to parliamentary committees, celebrity endorsements, media releases, opinion columns and letters to the editor keep the issues in public eye and attract the attention of key decision-makers. Policy discussion papers supported by evidence-based research stimulate interest and dialogue.

Strong criticism of deficiencies in government inaction or policy initiatives can momentarily capture public and political attention and perhaps spur action. However, it also risks alienating key allies. Constructive criticism accompanied by appreciation expressed for the 'sometimes small but important' steps taken to advance policy objectives will likely gain more favour. Both may perhaps be necessary for creation of the constructive tension that often precedes substantial progress in a parliamentary system that must weigh the relative importance of competing priorities.

A plan of action with clear statements of the problems, policy objectives, and implementation and progress measurement mechanisms increase the likelihood of bureaucratic support and political approval when 'windows of opportunity' open.

Achievements

Campaign 2000 has been credited with significant influence on the development of the National Child Benefit and the Early Childhood Development Initiative. The National Children's Alliance has been credited with significant influence on the development of the National Children's Agenda and the Early Childhood Development Initiative. The HCCC has been credited with significant influence in broadening the scope of 'Assisted Reproductive Technologies' legislation, the inclusion of a focus on community-based services and health promotion in the report of the Romanow Commission on Health Care and in persuading the Canadian Institute for Health Research (CIHR) to avoid competition with other health charities for private fundraising dollars.

The complexity of actors and factors involved in the development of public policy makes it difficult to establish causal relationships between the efforts of particular actors and eventual outcomes. The broader an organization's mandate and goals, the more difficult it becomes to assess its overall effectiveness. Well-defined policy objectives clearly make it easier to assess the impact of an organization's efforts to promote a particular policy or implementation mechanism. However, influence should not be confused with instrumentality.

References

Campaign 2000 website: www.campaign2000.ca

Health Charities Council of Canada website: www.healthcharities.ca

National Children's Alliance website: www.alliancenaionaleenfants.com/nca/pubs/index.htm

Gill, Mel (2004) "The Role of Canadian Voluntary Sector Organizations in Development of Public Policy Related to Benefits for Children", Institute On Governance, Ottawa. *A more detailed list of related references may be found in this Report.*