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RE: REVIEW OF NOT-FOR-PROFIT GOVERNANCE ARRANGEMENTS CONSULTATION PAPER DECEMBER 2011

Thank you for the opportunity to comment on this consultation paper.

Asthma Australia

One in ten Australians has asthma – one in nine children, and in 2008, 449 people died from asthma.

Asthma Australia is the recognised national community voice of people with asthma and linked conditions and their carers. It comprises the Asthma Foundations from each Australian state and territory working together on national policy, advocacy and programs and promoting research. Asthma Australia is a national, nongovernment, incorporated body with no political affiliations. Our National Strategic Directions outline our collaborative intent.

Context for comment: Asthma Australia Governance and National Operations

Asthma Australia operates under a federated structure. Each of the eight Foundations is a registered company or incorporated body in its own right as is the national body, which is incorporated under Australian Capital Territory (ACT) legislation. Each of the nine organisations has its own Board with the Asthma Australia Board comprising nominees from each of the eight member Foundations plus independent members, including the President.

In 2009, the National Board resolved to work towards becoming a single national entity to more effectively represent and support people with asthma and linked conditions. This resolve brought into sharp relief the complex regulatory environment in what was already, for the Foundations, a challenging national governance and operational context. Action to simplify this arrangement is supported. The importance of mistaking centralised red tape and ease of government interface for greater simplicity and ease of operational context – and accountability – is noted

This submission

Our comments on the Review Of Not-For-Profit Governance Arrangements Consultation Paper December 2011 comprise general comments adn then responses to the questions posed in the body of the paper.

General comments

The paper is comprehensive and informative: this is appreciated and supports genuine consultation within and across the sectors.

We support transparency, accountability and ease of comparability across the sector, including a reduction in red tape. The minimum standards and risk management approach – with high level mandated principals and non-mandated guidance — is therefore supported.

Transition processes will need to reflect the reality of the sector: the 1 July commencement date is given but not the period for transition: the sector will need some indication fo what is intended regarding timelines for implementation and compliance.

Comment in response to consultation questions (where relevant)

- 1. Yes, as a minimum and not exclusive guidance
- 2. Yes, all of these
- 3. The England and Wales Charity Commission is a good place to start; duty of care, legislative and regulatory compliance, public reporting against mission, financial and management accountability
- 4. Volunteers should comply as explicitly informed and trained and in accordance with their informed consent; employees should comply as explicitly outlined in their position description and employment contract; professionals should comply as per employees and in addition meet their professional code/scope of practice requirements
- 5. Knowledge, skills and experience in accordance with what is required: not necessarily a particular qualification unless prior competency must be demonstrated
- 6. Depends on definition of responsible individual: each position description within an NFP should declare whether the role fits within this accountability framework
- 7. Yes unless it is a generic statement (like we have for occupational health safety and welfare) and says the organisation must identify those persons responsible for compliance in this area
- 8. Requirements should sit with key employees who enact the governance requirements and ensure others who have a role to play (including volunteers) are equipped and agree to do so: a similar approach has been enacted in the child protection area.
- 9. Not in general terms some NFPs have more vulnerable members and less resources to ensure compliance, but overall broad principles should be the same. You could never accurately categorise NFPs for this purpose since their capacity and circumstance can often change on a daily basis and you would need lots of red tape to keep track
- 10. In our case, 'incorporated association' meets all the requirements for accountability and reasonable simplicity, enabling the public (our main concern) to understand and be engaged in our business.
- 11. Board/directors; audited financial accounts; report from responsible individual(s) against mission statement and strategy; partnerships/alliances; risk management
- 12. No, not publicly
- 13. Yes

- 14. Yes
- 15. Yes
- 16. Annual audited accounts which address all income and expenditure
- 17. No NFPs should be allowed self determination as long as they are externally audited and accountable
- 18. Yes, but for specific functions/risks not universally
- 19. Yes via their organisation
- 20. Monthly financial and activity reporting against the mission/strategic direction
- 21. A per model Constitutions in our case we use the ACT incorporated associations model Constitution works perfectly well
- 22. Only in accordance with legislation and regulation not mandate quality assurance. This can be required for government contracts but should not be imposed on all NFPs.
- 23. Court of law or funding body
- 24. No
- 25. Yes
- 26. As per ACT incorporated associations model rules or similar
- 27. No because it is only as it affects the members that it is relevant
- 28. No but compulsory communication and decision-making requirements are feasible.

We look forward to engaging in the next steps of this process and thank you again for the opportunity to contribute.

Sincerely

Debra Kay CEO

Asthma Australia

26 January 2012

CC National President, Mr Terry Evans