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Australasian Society for HIV Medicine

Inquiry into Paid Maternity Leave, Paternity Leave and Parental Leave

Submission from Australasian Society for HIV Medicine

ATT: Roberta Bausch
Productivity Commission
GPO Box 1428
CANBERRA ACT 2601

Dear Ms Bausch

Please find attached a brief submission from the Australasian Society for HIV Medicine. We have focused on maternity leave (including paternity leave and parental leave) affecting our paid staff, rather than maternity leave as an issue for our membership. In doing this we have approached maternity leave as a workplace issue affecting a small to medium sized not-for-profit organization which employs about 40 people.

We believe that submissions reflecting the working conditions of our members (Medical Practitioners in the public and private sector, nurses and other allied health staff and others working in the health sector will be covered by submissions from their Union, Federation, College and Employer organizations. If this is not the case or should you be wanting to take further submission particularly on the health and caring professions then we would be prepared to participate in this. We are particularly involved in the promotion of services and support of practitioners in rural and remote as well as non-metropolitan areas and could look to provide information from this already over stretched group of professionals.

We have circulated this submission to others with an interest in these issues in the hope that they may make submission to you directly or support the observations and suggestions made in this document.

Should you want any further information please do not hesitate to contact me.

Kind regards

Levinia Crooks
Chief Executive Officer

26 May 2008

Organisational Information

I am the CEO of a small to medium Non Government Organisation, the Australasian Society for HIV Medicine. We provide education, training, resources and policy development in HIV, viral hepatitis and sexual health medicine to medical practitioners and other health care providers. We work in all Australian states and territories and internationally, predominately in New Zealand and the Asia Pacific Region.

We incorporated in 1990 and employ 40 people with an effective fulltime workforce of about 22. Domestically we are funded through grants from the Commonwealth Department of Health and Ageing, State and Territory Governments and area or district health authorities. We also receive funds from AusAID in support of our regional activities approximately \$350,000 per annum in support of our programs and host a capacity development program with AusAID which will provide \$12 million over 3 years to 9 agencies.

We run an annual conference on HIV and collaborate with others in the HIV, Viral Hepatitis, STI and Development sectors to deliver, conduct and promote conferences and workshops.

We participate with HIV, Viral Hepatitis and STI sector partner NGO's, work with development NGO's and participate in the NGO sector through a number of vectors including: Associations Forum, Not-for-Profit Network AuSAE, ACFID and we are a signatory to the ACFID Code of Conduct

We are a registered charity in Australia and are finalizing arrangements for tax deductibility and authority to collect funds for charitable purposes for use overseas.

In short we are like many other small to medium non-government organisations. Our workforce is a combination of very specialized content experts through to more generally skilled administrative staff.

Maternity Leave

We are a progressive employer within financial constraints.

We have provided return to work placements for people living with HIV/AIDS and others with health and psychological issues.

In the past 5 years we have had 10 babies. 9 to female staff and one to a male who took some paid and unpaid paternity leave and varied his working arrangements to give him one day at home with some working at home time. We have 12 further female staff who are of child bearing age and 9 of these have indicated that they intend to have families.

NGO Funding

Our government funding does not allow for the payment of Maternity Leave. We provide 6 weeks paid leave in addition to leave accrued and allow staff to carry leave for the purpose of taking this as maternity leave. Some of our grants specifically indicate that all leave must be taken in the year it is accrued, even on grants which span 3 years. This would seem to be illegal in the case of sick leave and does not allow for the accrual of recreation leave for these purposes.

We have to date been able to honor these arrangements, but if we had an increase in the frequency of births, or if we had a larger number of births occurring in any given period, then the cost impost could jeopardise our viability.

Our funders do not generally allow us to accrue leave so any leave accruals must come from fundraised or conference profit, or through staff taking on additional unresourced activity. This puts a strain on other staff and can lead to hostility in the workplace. This is very problematic.

We don't want to lose skilled, well trained staff. We have realized that pregnancies don't go as planned and a variety of health issues may impact on work, birthing and return to work plans. We also recognized that returning to work may be delayed or need to be part-time or more part-time than estimated for a number of reasons.

Some staff have returned to work on very short days, to facilitate their own and their child's adjustment of child-care. This is suboptimal as it provides them with negligible pay (which can be further eroded as they have to pay for a full days childcare, while only using a part of a day). It is also of mixed benefit to the organisation as others need to double up on responsibilities so that the "rest of the job" can be covered when the new mother is not in the office. We have got around some of these problems for the employer and other staff by keeping a position available for the new mother, but not necessarily the same position she left, for a period of time usually 12 months so that someone else can take over the position until the situation is clearer and she knows what is realistic in the return to work scenario.

In our Conference Division it is essential that collaborators have a dedicated conference coordinator. Conferencing is an area dominated by young women and we encourage and support students entering this profession. We have found that it is better to remove the pregnant worker from the staff planning at least 2 months before the due date (if there are no complications) and to keep her out of the planning agenda for 12 months. This is a general rule and might be varied as a function of the number of days worked.

This allows us to then back fill a position for a 12 month period. It also allows us to allocate work to the returning staff member contingent on her hours back.

This might sound generous but it is not and it allows the returning staff member to take up a skilled 'consultant' type role or to work on shorter term or less external client based activities i.e. write our policies and procedures manual for running conferences and events, rather than organise an event where client liaison is required.

Flexibility of arrangements

The Issues/Discussion Paper fails to recognise the not-for-profit sector at all, nor as a significant employer. As such it does not recognize the constraints placed upon NFP who receive a significant amount of their funding from Government sources. These agencies often have little scope to fund activities such as maternity leave, to introduce such schemes and or to save for them. In some instances the funding body requires funds to be spent within any calendar year or funding period, even where funding may span more than one year.

- **What it will fund**
Any scheme which impact on the funded NFP sector must be approved by the funding bodies and for agencies which get funding from a variety of sources must be consistent across jurisdictions. This will mean the institution of a position formula which allows NFP to save.
- **What it will allow by saving**
NFP must be allowed to retain earnings and funds and to accrue or make provisions for future expenditure. This must be allowable in such a way that an agreed formula does not detract from the pool of funds available for program, project or operational activities.
- **Minimizing direct negative impact allocated or provisional savings can have on NFP.**
By example, a senior bureaucrat in one state department suggested that our organisation not receive funds from his jurisdiction as we had funds in reserve as reported in our annual report. All of our retained earnings were, at that time, allocated to activities which had been funded by other parties. It would have been illegal for us to use these funds to run and activity in another state jurisdiction. This lack of understanding on the part of government will need to be resolved with clear instructions which protect the NFP, charities and community sector if a meaningful policy is to be implemented

The NGO/NFP Sector

- **Being a NGO/NFP does not mean being amateur**

As a sector we have a desire to be fair to our employees. We are at a considerable disadvantage when private enterprise can work outside award systems, and some governments are able to pay considerably higher wages with better benefits than we are able to provide.

- **Being NGO/NFP does not mean small**

Many of our organizations employ large number of employees whether or not they are in receipt of government funding

- **Being NGO/NFP does not mean unskilled**

Increasingly our organizations are highly professional and highly skilled. This is evidenced both in our program and project staff and in our association management areas. The Australasian Society for HIV Medicine is not alone in employing medical and other tertiary qualified staff in our program areas and we, like other NFP/NGO organizations invest in the ongoing professionalisation of our managers, administrators and association executives. We do not want this capacity to be diminished by not being able to offer maternity leave to our staff members as this would see a bleed from our sector to those which do have this capacity.

Priorities

- Employed staff often don't like "for profit" climate or working for the individual profit of an owner. Our staff have often moved from the private sector to work with us, where they can see the benefits of their labour being put back into the sector.
- It may be the case that NGO's are more sympathetic to Maternity Leave but less able to support it. ASHM has within its confines and financial constraints tried to institute flexible arrangements which allow staff to have babies, care for them and remain active in the workplace.
- It is essential that we are supported in our efforts to do this and that those agencies that fund us and other like us recognize this as a fundamental feature of our staff management and therefore an essential component of our planning and funding arrangements. Maternity leave will not simply be able to be funded from existing budgets.

Better capacity for organizations to save

Mechanisms need to be put in place to allow the NFP/NGO sector to save. One mechanism to allow this could be government funding for NGO/NFP to allow for:

- 2 weeks Sick Leave
- 4 weeks Leave
- 46 weeks working (including public holidays)
- Plus 4 weeks allowed by organization to carry

From the additional 4 weeks funding NFP/NGO should be allowed to carry:

- Up to 2 weeks Sick Leave per year
- Up to 2 weeks Annual Leave per years managed by the NFP/NGO
- One week allocation to maternity leave per year per position
- One week allocation to long service leave per year per position

End.