Using the Charter in Policy and Practice

Ways in which community sector organisations are responding to the The Victorian Charter of Human Rights and Responsibilities

July 2008
Using the Charter in Policy and Practice

Action taken and planned in response to the Victorian Charter of Human Rights and Responsibilities

Contents

1. Introduction ........................................................................................................ 3
2. Background ........................................................................................................ 3
3. Rationale of Documentation Project ............................................................. 4
4. Method ................................................................................................................ 5
5. Findings .............................................................................................................. 6
   5.1 Satisfaction with Forums ........................................................................... 6
   5.2 Implementation .......................................................................................... 6
   5.2.1 Organisational Policy ................................................................. 7
   5.2.2 Organisational Practice or Procedures ..................................... 14
   5.2.3 Service Delivery / Advocacy ....................................................... 15
   5.3 Barriers to Implementation ................................................................... 17
   5.4 Further Resources Required .............................................................. 19
6. Conclusion ......................................................................................................... 20

Appendix 1: Survey ............................................................................................. 21
Appendix 2: Salvation Army; Territorial Social Policy and Resource Unit Project Plan ...... 22
Appendix 3: Melba Support Services Inc; Human Rights Committee ......................... 28
Appendix 4: Peter Harcourt Disability Services; Human Rights Committee ................. 43
Appendix 5a & b: Wallara; Human Rights Committee ........................................... 60
Appendix 6: Wallara; Human Rights Policy ...................................................... 66
Appendix 7a-e: Wallara; Reviewed Policies ....................................................... 70
Appendix 8: Women’s Health West; Watching Brief ............................................ 86
Appendix 9: Goulburn Valley Community Health Service; Charter Overview ............ 87
1. Introduction

The Victorian Council of Social Service (VCOSS) has served Victorians as the peak independent coordinating body of the social and community services sector for over 60 years. VCOSS raises awareness of the existence, causes and effects of poverty and inequality and advocates for the development of a sustainable, fair and equitable society. As well as promoting the wellbeing of those experiencing disadvantage and contributing to initiatives seeking to create a more just society, VCOSS also provides a strong, non-partisan voice for the community sector.

VCOSS works together with its members on issues of poverty and inequality and seeks to ensure that community resources and services are accessible and affordable. VCOSS promotes community participation and strengthening the value of citizenship in our community. VCOSS advocates on behalf of disadvantaged Victorians through:

- policy development and analysis;
- direct advocacy to government;
- evidence based research;
- reports, media releases and submissions;
- an annual State budget submission;
- strengthening the community sector with collaborative initiatives; and by
- providing a range of services to member organisations.

2. Background

In 2005, the Victorian Government established a committee to consult with the community about whether Victoria needed a Charter of Human Rights, and if so, what it should contain. As part of the Consultation Committee’s mandate to find ways of engaging marginalised and disadvantaged people in the consultation process, VCOSS and the Federation of Community Legal Centres were funded to run a series of 15 community consultations. A final report was submitted to the Consultation Committee which represented the views of the consultation participants.

Since then, VCOSS has been actively engaged in human rights policy, advocacy, and education, particularly focused on the Charter of Human Rights and Responsibilities 2006 (Vic) (‘the Charter’) and also working on local, national and international human rights issues that impact on Victorians.

Between August and November 2007, 19 forums on the Charter were jointly conducted across metropolitan and regional Victoria by VCOSS, the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) and the Department of Human Services (DHS). The Department of Justice (DoJ) also partnered in a number of the sessions.
The forums were directed at management and decision-makers in non-government organisations (NGOs), regional DHS offices, and local government.

The forums provided an introduction to human rights, an overview of the operation of the Charter (including the specific rights it contains and the limitations to those rights), an overview of public authorities, and an introduction to using the Charter as an advocacy tool.

3. Rationale of Documentation Project

The purpose of this documentation project was to assess the extent to which organisations had embarked on this process, and to gather examples of the way in which this had been done so as to provide practical suggestions and inspiration to other organisations.

The Charter became law on 1 January 2007. On 1 January 2008 the Charter became fully operational, which included the obligation for ‘public authorities’ to act compatibly with the Charter. While DHS and local government are known to be public authorities, many NGOs receiving funding from the state government to deliver services may also fall under the definition of a public authority, and consequently may have obligations under the Charter.

Given the indeterminacy of the public authority status of many NGOs, the principle intent of the forums was to introduce participants to the opportunities for creating change in organisational operations, policy, and practice through an understanding of both their possible responsibilities and obligations, and the potential advocacy possibilities presented by the Charter. It was the intention of the organisers to provide participants with information and strategies to incorporate human rights into their organisational policy, practice and service delivery as best practice – whether or not the organisation is a public authority.

It was not expected that organisations would be fully prepared in terms of their obligations under the Charter by 1 January 2008. It was hoped and anticipated, however, that organisations would take some action to assess whether their policies and practices were Charter compliant, (and whether they supported human rights more broadly), and to begin to implement changes where necessary.
4. Method

A survey was developed, based around a semi-structured interview of seven questions. The survey is provided in Appendix 1.

A total of 52 telephone surveys were conducted between December 2007 and February 2008. A sample number of participants from each forum were contacted to ensure the widest possible coverage of all forums across all geographical areas and a variety of organisations. All registered participants of the forums who were not contacted by telephone were sent an electronic version of the survey which they were invited to complete. A further 14 electronic survey were returned.

The survey explored:

• whether or not the forums had been useful, and asked participants to nominate the most useful and the least useful aspects of the forums;
• whether any changes had been made to organisational polices, procedures or service delivery, and aimed to gather any available examples;
• any problems they encountered in making changes to identify barriers to successful implementation; and
• what further information or resources are needed to assist in implementation.

All respondents were asked if they were willing to be identified and were given the option to remain anonymous.

---

1 This was originally ten questions. The change merged the questions separating future and current policy/procedure and service provision changes into one question as respondents generally shifted between current changes and future plans. Data collection was made simpler by being able to consolidate the information and did not significantly affect the information being provided.
5. Findings

Most respondents were happy to participate in the survey. As the survey began within three months of the last forum to be held, some organisations had not had much of an opportunity to implement changes. This has restricted the number of practical examples that were able to be obtained.

5.1 Satisfaction with Forums

The response was generally positive, and participants reported they found the forums useful. Participants – many of whom had little or no previous exposure to the Charter – felt the forums provided a good overview and clarified many issues or misunderstandings. Many found it useful to understand the context and framework of the Charter, and said it increased their understanding of its significance to them and their organisations.

The most popular aspect of the forums was the case studies and scenarios, which gave people the opportunity to apply the Charter to their own work through examples and exercises. One participant noted that this provided them with practical ways of working within the principles of the Charter. Many appreciated the opportunity to discuss the issues, particularly in small groups. These discussions also provided an opportunity to network and to understand the concerns of other organisations.

The handouts were also well received, and some participants either distributed copies within their organisation, or used them as the basis for presentations they later gave to others. One person noted that the web links had been a useful resource for them.

Others mentioned that they appreciated the regional locations of the forums, which better enabled people working in rural areas to attend.

Criticisms raised included that the full day was too long, and frustration was expressed at the lack of clarity on legal issues like definition of a ‘public authority’ in section 4 of the Charter. This correlates with evaluation forms submitted by participants at each of the forums.

5.2 Implementation

Organisations showed differing approaches to human rights. After attending the forum, the most common approach across organisations was that they already incorporated human rights issues into their policies, procedures and services. This can be described as a ‘passive dialogue model’; the organisation intends to wait until issues arise before taking steps to address human rights issues. Substantial investigation into possible
breaches of rights had not occurred in most organisations that participated in the survey.

Large organisations appeared to have been able to adapt and respond to the Charter more quickly than smaller community based organisations, particularly in the area of policy and procedural change. In other areas such as staff training, there was less of a disparity as the larger organisations were disadvantaged by having to communicate to a large staff and volunteer base. Organisations with strong existing communication and training systems appeared better placed to respond than other organisations.

5.2.1 Organisational Policy

A common response was that no changes needed to be made because, without extensive research, the respondent felt their policies and procedures already encompassed all aspects of human rights under the Charter. The smaller the organisation the less likely it seemed that any policy changes had been made. Many simply did not feel they have the resources to make major policy changes and needed pro forma policies and guidelines to take further action. Most organisations that had not taken action requested some form of guidance on how policies should be altered and intended to make changes when a policy came up for review under their current review cycle.

Some organisations had made changes to policies but copies could not be provided at that point in time, usually because they were pending approval at the time of the survey. Nevertheless, a significant number of organisations had begun to make systemic or specific changes to organisational policy. Examples of approaches taken are outlined below.
General approaches

- **Organisational Review**
  
  Some organisations have reviewed, or were in the process of reviewing, all their policies and procedures to ensure they have a human rights focus and consider any changes that may need to be made. Others indicated that they planned to incorporate a human rights perspective in any future review of policies and procedures as and when they came up for review.

**Case Study 1: Project Plan**

The Salvation Army has developed and adopted a comprehensive Project Plan to assess its obligations under the Charter, recommend policy changes and take measures to ensure that programs are in line with its obligations.

The Plan described the project, set out objectives and provided a detailed table of the project plan process including objectives, tasks, key performance indicators, start and finish dates and resources required.

Objectives include determining the legal impact on programs; developing appropriate responses (including training and information provision); and considering the Charter in relation to community sector accreditation reforms. The changes also encompass staff training, further presentations to management and developing an information/training package.

[Please see Appendix 2 for a copy of the project plan]

This approach primarily focuses on compliance obligations created by the *Charter*, and minimises risk created by the potential legal burden.

It is important to note that the provision of legal advice under the plan may be feasible for a large organisation such as the Salvation Army, but may not be a viable option for smaller organisations. In such cases, it is recommended that organisations take a ‘best practice’ approach to Charter rights, regardless of any potential legal obligation.
• **Committees or Working Groups**

A few organisations interviewed were accredited through the Council for Quality and Leadership, and had developed similar human rights committees and checklist templates for staff of the services to use when dealing with clients. Generally, these initiatives had not been implemented specifically in response to the Charter but rather as an independent initiative to provide best quality services and best practice in industry. These examples are even more relevant since the introduction of the Charter.

**Case Study 2: Human Rights Committee 1**

On occasions, the work of Melba Support Services - like many disability service providers – raises human rights issues, such as the use of restrictive interventions. To ensure that the rights of the people they support are being upheld and protected, Melba has instituted a Human Rights Committee with the functions of:

- monitoring and reviewing all individual rights restrictions of people whom Melba supports;
- reviewing policies and procedures;
- reviewing all incident reports; and
- having a role in the existing grievance procedure.

The Committee is made up of independent community members, medical practitioners and other relevant persons. When a client commences at the service a rights checklist is filled out to identify any restriction on rights that may be required to work with the client, this may include control of financial affairs, provision of sedative medication or physical restraint. Any rights restraint is reviewed by the Committee for any excessive incursions on rights and recommendations made to care workers to change the practice. A limitation period must be placed on any rights restriction and review occurs on a regular cycle. The Committee Policy, rights checklist and review documentation can be found at Appendix 3.

This process was not established in response to the Charter, but the procedure allows Melba to show that has given proper consideration to human rights, and to examine possible options through independent channels before placing limitation on a right.

---

2 Council on Quality and Leadership (www.thecouncil.org)
Case Study 3: Human Rights Committee 2

Peter Harcourt Disability Services has also established a Human Rights Committee responsible for reviewing cases where there is a potential restriction of rights.

A checklist is used for each client using the service, and any issues are referred to the Committee. The Committee reviews the case and makes recommendations to the case manager.

Appendix 4 contains:

- An outline of the Human Rights Committee
- The Role of Rights and Responsibilities
- Guidelines for completing the checklist
- Human Rights Checklist
- Report of a Rights Restriction

Case Study 4: Human Rights Committee 3

Wallara Australia has established a Human Rights Committee to ensure the rights of all people supported by the organisation. The Human Rights Committee has the responsibility to “review and advise on the use of any agency practices and procedures that could possibly infringe on the rights of any person as well as concern itself with Behaviour Support planning, rights protection issues, advocacy, investigation of incidents and injury reports.”

The Wallara Human Rights Committee Policy and Terms of Reference is at Appendix 5.

The Committee has been active in developing or reviewing a range of policies consistent with human rights. The Human Rights policy (see Appendix 6) outlines Wallara’s philosophy on human rights, and also states the organisation’s position on rights education for people receiving support, for Wallara staff, and for parents, family members and advocates. It also covers guardianship issues, informed consent, and Enduring Powers of Attorney.

The Human Rights Committee has also developed or reviewed policies on ‘Mistreatment, Abuse, Neglect and Exploitation’, ‘Making a Complaint’, ‘Complaints and Grievance Procedure for People’, ‘Families, Friends and Advocates’, and ‘Due Process’. These can be found at Appendix 7.
Case Study 5: Working Group

The City of Kingston council set up a working group comprising representatives from each divisional area to look at recommending policy changes and further training. The mandate of the working group goes beyond the Charter to establish "a positive and holistic approach designed to support proactive support and ensure only absolutely necessary restrictive intervention"

The working group consists of a Chair and one or two representatives from each of the 4 divisions in the organisation who have a direct interest in the issue of the Charter of Human Rights and can represent each Division’s business on appointment from their General Manager. The group began meeting in January 2008 subsequent to management discussions about the need to embed the Charter into their culture.

The Terms of Reference are:

• awareness-raising within Council of Charter obligations, (this would cover appropriate staff, Councillors, s 86 committee members, Access and Equity Committee, contractors and volunteers);
• the provision of (including engaging of external organisations to provide if appropriate), further information/education to any appropriate staff, as required;
• the management/overseeing of appropriate reviews of any internal Policies, procedures and practices;
• the management/overseeing of any analysis/documentation prepared in respect of justifications on identified limitations to Charter rights in Council’s Policies;
• ensuring that staff are aware that any proposed new Local Laws or Policies/ (significant) amendments to existing Local Laws or Policies should be reviewed for Charter compliance prior to public consultation and/or adoption;
• determining what level of Community awareness-raising about the Charter is appropriate for Council and what form this should take;
• incorporation of any appropriate documentation/reporting processes, for audit trail purposes, into Council’s everyday practices to ensure recording of instances of Charter breaches and/or justifiable limitations; and
• keeping the Corporate Leadership Group/Councillors informed of progress.
Incorporation into existing frameworks

Case Study 7: Quality/Standards Program

One organisation framed consideration of human rights in policy, procedure and practice as part of the implementation of a Quality / Standards program. The benefit of this approach is that human rights do not become an additional stand-alone consideration that places an extra burden on staff, but rather comes to be seen as part of an overall standard of quality.

The program was complemented by staff training and induction on human rights obligations. The respondent acknowledged that the effectiveness of the standards program would be directly related by the level of knowledge of staff. Without the day-to-day understanding created across the organisation any standards program could not be enforced. This approach provides a systematic framework to create the ‘cultural change’ required to fully incorporate obligations of the Charter.

Designating Responsibility

While some organisations used committee structures, others – particularly small to medium sized organisations – preferred to designate responsibility for oversight to one staff member. One such example is by creating a human rights ‘watching brief’ for an existing staff member.
Specific Initiatives

Not all organisations had the capacity or the perceived need to implement organisation-wide human rights systems. Following are some specific policies or initiatives that have been introduced.

Several organisations had amended their complaints procedures in light of the Charter.

- One organisation has expanded their complaints procedure to include the acceptance of complaints through non-verbal and non-written communication. Clients with disabilities limiting communication will now have greater ability to deal with grievances without creating undue burden on the organisation.

- Another draft Client Complaint policy was ‘framed around natural justice principles and individuals’ rights with the overarching aim of the policy to ensure complaints are processed in a way that reconciles the interests of clients and the organization whilst ensuring expectations of fairness are met.’ While not specifically mentioning the Charter, it includes principles of natural justice, flexibility, and consideration of clients from culturally diverse backgrounds or clients with a disability.

Other initiatives included:

- Issuing work instructions which ingrain considerations of human rights issues in everyday work; and

- One local Council is considering inserting human rights standards into all contracts with external service providers.

Case Study 6: Watching brief

Women’s Health West has prepared a human rights and citizenship watching brief for one existing staff member to ‘identify, initiate and respond to opportunities to promote human rights and citizenship’. The brief gives direction on what information the organisation needs to make further changes and run further staff development and training.

The outcome does not need to be set, but there is a clear plan to what will be required and staff resources allocated to ensure this occurs.

See Appendix 8 for the Watching Brief.
5.2.2 Organisational Practice or Procedures

Staff training

Most respondents outlined some form of staff-training that was taking place. Staff training has been delivered through a diverse range of approaches, which likely reflects the diverse methods for teaching and learning. With the exception of some small organisations training was a priority for most respondents. Training of existing staff and induction of new workers to include human rights obligations included:

- The MS Society conducts 2-3 hour workshops on major legislation affecting their services. Most recently they conducted training, with scenario planning, for the Disability Act 2006 (Vic); similar forums on the Charter for all staff were planned for later in the year.

- One organisation is providing staff and Board Members with a short (30 minute) presentation. The presentation has three core elements:
  - briefly outlines the role of the Charter;
  - the effect the Charter may have on the organisation; and
  - proposed set of actions to deal with the implications.

- Providing material handed out at the Human Rights forums to staff, together with a brief verbal overview. In some instances, this information had been customised to highlight issues relevant to the organisation.

- Goulburn Valley Community Health Service provided a brief statement about the Charter and the possible implications for the health service to its staff (Appendix 9).

- Arranging for outside presenters to present to staff, generally on-site and at regular staff meeting times. For example, Action on Disabilities in Ethnic Communities (ADEC) organised for a presenter from the Victorian Equal Opportunity and Human Rights Commission (VEOHRB) to attend their staff training session in March 2008.

- Providing staff with further training and development opportunities: Wallara Australia sends 20-25 staff annually to self-advocacy seminars. The attendees for each seminar are elected by clients and staff and have the opportunity to disseminate information back throughout the organisation.

- Including human rights in existing training programs: One local Council provides biennial equal opportunity training for staff; this will now include a significant portion of human rights discussion including the Charter.
### 5.2.3 Service Delivery / Advocacy

Respondents generally endorsed the use of the *Charter* where they provided advocacy services. However, many respondents appeared unsure of what actions to take, and are to be waiting for examples of where the *Charter* could be applied before taking steps themselves. Some positive initiatives include:

- **Change in practice: Working within a rights-based framework**
  
  Some organisations have used the introduction of the Charter as an opportunity to shift their practice from a welfare-based approach to a rights-based approach. The degree to which this has been done varies from an informal instruction for staff to take the Charter into account when they deal with clients, to a more integrated approach.

  Wallara Australia described the process of cultural change from a welfare approach, where the care worker has power to decide for a client, to a rights-based approach, where the client makes all decisions except where intervention is absolutely required. The rights based approach requires a support/care worker to understand they cannot always know the best interests of the client and acknowledge the client’s autonomy. Wallara has established systems to identify where staff have overridden particular wishes of the client and provide training to address the issue.

  In one case a client’s partner was restricted from entering their accommodation because concerns they could not monitor the partner in the residence. The client’s wishes had been unnecessarily restricted and no proper grounds could be given for restricting those wishes. The issue was then returned to the presumption the client’s interests should be granted.

  One organisation experienced problems with a client who had been violent and threatening towards staff. Staff had raised concerns that allowing this to continue was a breach of the *Occupational Health and Safety Act 1984* (Vic). The initial response of the organisation was to exclude the client from services provided at the premises. A Direct Care Worker objected to this on the basis that while staff had the right to be safe in their workplace, exclusion from the service may also be a breach of the clients’ rights. As a result the Care Worker successfully negotiated with management to allow the client restricted access to some services and instituted a method for monitoring when the client may become a safety risk for staff.
Client advocacy

Organisations have implemented a variety of strategies to increase their capacity to advocate for clients, or for self-advocacy, including:

- One organisation is developing a Client Committee to increase inclusion of client opinions in service delivery. This will ensure that all decisions made in future will have input from representatives of the clients of the service. At the time of the survey no documents were available, but it was envisaged that the privacy policy may be the first to be considered by the Client Committee. Feedback from the committee will then direct changes to policies.

- Community Leaders program: A local Council has developed a community leaders program that brings together leaders nominated by community groups. The meetings train the leaders to carry-out regular ‘community conversations’ on issues that affect their respective community. This allows the Council to reach a maximum number of people through a meeting of only 30-40 people. In late 2007 the leaders were given a training session around the Charter and planned to discuss this information with community members. Although the program was not developed in response to the Charter, it demonstrates as successful adaptation of an existing program to include human rights considerations.

- Several organisations had included or were planning to include the Charter into a check-list of information a client must be made aware of when commencing with the service.

- Litigation: A Community Legal Centre acknowledged the broad possibility of using the Charter, especially in criminal matters, but as yet there are no cases that have considered the Charter. Using the Charter can be a useful advocacy strategy when a person is already in contact with the legal system, but litigation will be of limited use to organisations unless legal proceedings have already commenced.

- Some respondents emphasised the role of a media campaign to...
promote awareness of the Charter, but most noted that the important element to self-advocacy is developing an understanding of the Charter through their own direct work with clients. The approaches to raising this awareness ranged from simple verbal communication when a client is introduced to the service to large community communication plans. Some examples mentioned include:

- Placing an article in the organisation newsletter.
- One organisation held discussions with client groups around different rights. The program groups then provide advice back on how to best communicate the rights to other clients.

- The Disability Advocacy Resource Unit (DARU) is planning workshops for disability advocates (including self-advocates) to explain the role of overlapping advocacy tools like the Charter, Equal Opportunity Act 1995 (Vic), the Disability Discrimination Act 1992 (Cth), and the United Nations Convention on the Rights of People with Disabilities.³

### 5.3 Barriers to Implementation

Many organisations noted that it was too early in the process to comment on barriers to implementation, as the survey covered the first two months of operation of the Charter. There were, however, a significant number of issues raised which hindered organisations’ ability to fully implement change.

One issue raised by a number of respondents was the confusion surrounding their public authority status and the legal implications of this uncertainty. Many expressed frustration at the lack of clarity around whether or not their organisation was a ‘public authority’. This was a consequence of both the indeterminacy of the definition in the Charter, and the lack of advice available to them about their status. While many had embraced a ‘best practice’ approach to human rights – meaning that in principle they incorporated human rights principles into policy, procedures and practice regardless of whether or not they have legal obligations – others felt that a clear direction that they were a public authority would provide an incentive to take action.

A concern for many regarding implementation was the amount of resources committed to implementing other Acts. There was concern that obligations under the Charter were yet ‘another layer of bureaucracy’. A significant number of the respondents worked in disability services, which have undergone major changes under the Disability Act 2006, moving away from block funding to funding for individual clients. The changes allow the client to demand a wider range of services and the times at which they should be provided, and many respondents pointed out that this was in line with a commitment to paying attention to individual rights. However, there was no specific link demonstrated

---

³ See DARU website for more information: http://www.daru.org.au/
between the types of services provided on an individual basis and how this interacted with the Charter.

One organisation had compliance changes with the Child, Youth and Families Act 2005 (Vic), which they estimated could cost as much as 10% of their annual operating budget to implement. ADEC also noted their need to comply with the Multicultural Victoria Act 2004 (Vic). ADEC, however, noted that they saw none of the three Acts covering their operations as more important than the other and focused training towards explaining the interaction and purpose of each.

The lack of a separate enforceable cause of action meant that many organisations did not prioritise work on the Charter, often delaying implementation in favour of other priorities. For example, ADEC noted that the lack of auditing or enforcement requirements has led the Charter being inadvertently less of a priority.

Some respondents had difficulties with segments of staff who believed their organisation adequately dealt with human rights and the Charter is an unnecessary burden to current processes. Some were trying to counter the perception within their organisation that there is no need to take action, as the organisation is already compliant. Others struggled with ‘doing it alone’ – often as the only staff member who had received training on the Charter or had sole responsibility for its carriage. Over time the Charter is likely to take greater priority for these organisations, but there will need to be ongoing education and training campaigns and support to assist those organisations with implementation.

The other main issues identified by respondents were connected to changes to organisational structure. One local council experienced a recent reorganisation from silo department to global services and this had led to lack of clarity on who should be responsible for the Charter implementation. Other organisations pointed to the difficulty in allocating responsibility for human rights incorporation; it was unclear who is, or should be, responsible for overseeing the process.

Some organisations experienced a loss of staff between the forum and the survey, and this had prevented moving on projects that had been planned. One had undergone rapid expansion from commencement of several new projects and was deciding where to allocate training for the new project.

While regional organisations appreciated the forums that were run locally, these are relatively scarce and the difficulty of attending forums in the city makes it harder for regional organisations to move as quickly as metropolitan groups on implementation.

Many organisations acknowledged that successful incorporation of human rights entailed a degree of cultural change. It is likely to take some time for human rights to become part of organisational culture. One respondent estimated that cultural change would take at least six to seven years to be effective; indicating the process would be an on-going procedure for an organisation. This again points to the need for ongoing education and training campaigns.
One respondent noted that the lack of general community awareness (and therefore acceptance) of human rights and the Charter made the job harder.

5.4 Further Resources Required

One of the most commonly voiced needs was for examples of practical ways that organisations have incorporated human rights to use as a starting point, including policy and procedure guidelines, case studies, pro forma policies or a matrix that provides the basic questions that need to be asked of a policy to ensure it conforms to the Charter.

Many organisations suggested that information needs to be more widely disseminated. Networking and sharing of information was considered critical to further development because it provided practical and relevant examples that other organisations can draw on and adapt to their organisation. Suggested methods include:

- establishing an e-mail network;
- producing a series of ‘Frequently Asked Questions’;
- distributing a bulletin of practical human rights issues in the community sector similar to the Human Rights Law Resource Centre bulletin;
- producing a credit-card sized advocacy information card;
- a community awareness campaign through plain English pamphlets, pamphlets in languages other than English, posters, and media advertising;
- some organisations requested as DVD be produced with everyday examples, but did not want a ‘daggy’ production because this often undermined the message; and
- one respondent suggested there should be a targeting of particular cultural groups through SBS and community radio. They also stressed that it must target both sides of a rights abuse by focusing making the perpetrator aware of their responsibilities, not just making the victim aware of their rights.

It was highlighted that there would be value in specific information being provided by a central contact person or agency, with skills to suggest tactics on practical issues. One suggestion was to have a telephone support line, particularly around legal clarification of specific issues.

Respondents appreciated the possibility of follow-up forums after at least a year to discuss the issues that had arisen for different organisations. Many people also spoke of the need to have information or training specifically targeted towards population groups or industries. Generic information was considered useful, but no substitute for specifically tailored information that was relevant to their organisations or client groups. Follow-up forums were suggested to be no more than half a day to maximise participation and could be focused around sub-areas of the sector like disability services, psychiatric services, housing services, etc. Some respondents enjoyed the
introductory level of the first forum but wanted information much closer to their area of work for further forums.

Forums that focus on the clients as recipients of information rather than management were also considered necessary and important. Client level forums could focus on specific areas of the community and be run in conjunction with community groups that have an existing active base of members and/or volunteers.

Further suggestions included making auditing of human rights compliance mandatory. It was suggested auditing could be built into current protocols for accreditation agencies, rather than creating a new auditing system. Industry regulations were also considered a useful tool.

6. Conclusion

The survey sought to document steps that had been taken by CSOs to implement the Charter and to gauge where the next steps might be. Although many respondents had taken little action they did not show a disinterest generally in the Charter, instead most struggled to find resources and time to prioritise it.

The examples provided and suggested resources listed in the recommendations will hopefully help organisations that have lacked experience in implementing human rights to develop programs to address problems that may arise.

There is a strong feeling within the sector that the Charter is a positive step, but wariness exists about exactly what effect it will and should have. The ultimate effectiveness of the Charter will be guided by whether or not organisations will begin, or continue, to take steps to incorporate the Charter into organisational culture.

We encourage any organisations with examples of policy, procedures and practice that incorporate the Charter or a human rights framework to contact VCOSS so that your examples can be shared with other community sector organisations to strengthen and improve human rights practice.
Appendix 1: Survey


Region: 
Forum Location: 
Forum Date: 

Organisation: 
Contact Person: 
Contact Number: 

Date of Interview: 
Time of Interview: 

Survey #: 

Responses: 

Basic/Introduction
Q1 – Did you find the forum useful?

Current Implementation
Q2 – Have you made, or planning to make, any changes to policies and procedures …?

Q3 – Have you made, or planning to make any changes to services delivered by …?

Q4 – Did you encounter any problems in making changes?

Future Implementation
Q5 - What other information did you find … needed to implement the Charter?

Conclusion
Q6 – Are you willing to be identified or prefer to remain anonymous if VCOSS publishes you experiences?
   - Needs to pose this to the CEO.

Q7 – Are there any other comments you would like to add?
TERRITORIAL SOCIAL POLICY & RESOURCE UNIT PROJECT PLAN

The Objectives of the Territorial Social Programme Department Strategic Plan are:

**MISSION FOCUS**
To ensure social programmes fit within the strategic mission, vision, values and plans of TSA;

**EXCELLENCE**
To promote, develop and evaluate excellence in social programmes of TSA;

**STRUCTURAL SUPPORT**
To ensure that there is appropriate use of resources and systems across social programmes of TSA;

**REFORMING SOCIETY**
To promote and support the role of TSA as an advocate for social justice.

**PROJECT DESCRIPTION:**

<table>
<thead>
<tr>
<th></th>
<th>Divisional Project</th>
<th>Territorial Project</th>
<th>National Project</th>
<th>Other</th>
</tr>
</thead>
</table>

Allocated Consultant: [Redacted]
Allocation date: November 2007

Project Title: Victorian Charter of Human Rights and Responsibilities
Project Description: Assessment of The Salvation Army Social Programme obligations under the Victorian Charter of Human Rights and Responsibilities, and preparation of the organisation and programs in Victoria for those implications.
Please provide details as to the Project Objectives, Outcomes and Timelines:

Objectives
Charter becomes effective legislation from 1 January 2008

To assist TSA to determine the legal relevancy of the Victorian Charter of Human Rights and Responsibilities (“The Charter”) specific to Victorian Social Programmes.

To assist TSA to develop appropriate responses to the introduction of the Charter, including training and information provision for the organisation and social programmes.

To consider the implications of the Charter with regard to community sector accreditation reforms occurring within Victoria.

To undertake a TSA – Southern Territory status analysis of the existence of similar Charters

To maintain a watching brief on the National discussion occurring with regard to a Bill of Rights.

TSPD Strategic Plan: Please provide details as to how the project meets the objectives of the TSPD Strategic Plan:
Providing support to relevant social programmes of TSA, and providing assistance in promoting client advocacy across services and programs.

PROJECT PLAN PROCESS:

Please provide details outlining the development of the Project Plan including attached drafts, meeting dates with the following: TSPRU Manager, TSPD Secretary, other Stakeholders.
<table>
<thead>
<tr>
<th>PROJECT OBJECTIVES</th>
<th>PROJECT TASKS</th>
<th>KEY PERFORMANCE INDICATORS</th>
<th>START DATE</th>
<th>COMPLETION DATE</th>
<th>RESOURCES REQUIRED</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Securing appropriate legal assistance for reviewing of obligations under the Charter</td>
<td>Acquisition of pro-bono legal advice.</td>
<td>Successful acquisition of pro-bono legal advice for analysis of TSA’s Charter obligations</td>
<td>September 2007</td>
<td>January 2008</td>
<td></td>
<td>Application to Public Interest Law Clearing House (PILCH) made to and accepted on 19 October 2007. DLA Phillips Fox appointed as law firm providing pro-bono support on 20 November 2007.</td>
</tr>
<tr>
<td>Initial meeting with pro-bono lawyers</td>
<td>Single or series of meetings with successful law firm to initiate the analysis project and provide firm with necessary information required to inform and guide the project</td>
<td>December 2007</td>
<td>December 2007</td>
<td>TSPRU Manager</td>
<td></td>
<td>Initial meeting held on 7 December.</td>
</tr>
<tr>
<td>Communication to Victorian Divisions</td>
<td>Letter to be written to all Victorian DC’s and DSPS in regards to the Charter, the project being undertaken, and potential requests that might be made of them in regards to information</td>
<td>January 2008</td>
<td>January 2008</td>
<td>TSPRU Consultant TSPRU Admin support</td>
<td></td>
<td>TSPRU to prepare and draft letter.</td>
</tr>
<tr>
<td>Provision of required information to legal team</td>
<td>TSPRU to bring together and provide necessary documentation.</td>
<td>January 2007</td>
<td>January/February 2008</td>
<td>Access to and cooperation of other parts of THQ and Victorian divisions to</td>
<td>Information already identified as required includes:</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Project Plan Approval by TSPRU Manager:**
<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect this information.</td>
<td></td>
<td>TSPD admin staff DSPS (Victoria) Maj. Malcolm Roberts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Foundation documents, be that an organisational structure, organisational manual, or any document which outlines how operations within TS A are structured and the delegations of authority within.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Pictorial chart of the structure.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Statement of accounts, as to where funding is received from to provide a general identification of funding sources for various programs/service components.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Copy of the Act under which TSA was established in Australia.</td>
</tr>
<tr>
<td>Provision of formal legal advice</td>
<td>December 2007</td>
<td>TSPRU</td>
</tr>
<tr>
<td>Production of formal legal advice in regards to TSA’s obligations as a public authority</td>
<td>February/March 2008</td>
<td>TSPD leadership, VSC and all Victorian DSPSs and DCs.</td>
</tr>
<tr>
<td>Analysis of legal advice</td>
<td>February/March 2008</td>
<td>TSPRU</td>
</tr>
<tr>
<td>Analysis of implications of formal advice to service provision and training/information requirements and priorities for TSPRU</td>
<td>March 2008</td>
<td>TSPD leadership, VSC and all Victorian DSPSs and DCs.</td>
</tr>
<tr>
<td>Training and information provision</td>
<td>Needs analysis</td>
<td>Following analysis of legal advice, and in consultation with affected priority service areas, determine primary needs in terms of training and information content and format.</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Information collection</td>
<td></td>
<td>Bringing together and appropriate formatting of necessary and relevant information to be contained within the training/information package</td>
</tr>
<tr>
<td>Development of training package</td>
<td></td>
<td>Development of a comprehensive training/information package or session for delivery to TSA services.</td>
</tr>
<tr>
<td>Training/information delivery</td>
<td>Acquire support of VEOHRC</td>
<td>Consult with VEOHRC in regards to level and type of support they are able to offer in regards to training and information provision.</td>
</tr>
<tr>
<td>Schedule of training provision</td>
<td></td>
<td>In consultation with priority and other services, determine training calendar for remainder of 2008.</td>
</tr>
<tr>
<td>Training delivery</td>
<td></td>
<td>Deliver x sessions to TSA services.</td>
</tr>
<tr>
<td>Presentation to VSC</td>
<td></td>
<td>Presentation to Victoria State Council in regards to existence and implications of the</td>
</tr>
<tr>
<td>Other activities</td>
<td>The development of an AST Charter of Human Rights and Responsibilities Position Paper</td>
<td>The purpose of this document is to develop a profile as to the status of Charters across the Territory. This document will assist the Divisions and Leadership to prepare for the introduction of any legislation and the implications for TSA.</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Position paper in regards to National Bill of Rights</td>
<td>Determine a TSA position in regards to a National Bill or Rights</td>
</tr>
</tbody>
</table>
Appendix 3: Melba Support Services Inc; Human Rights Committee

ROLE OF THE HUMAN RIGHTS COMMITTEE

BACKGROUND
The Human Rights for people with a disability have been clearly protected through Legislation since the IDPS Act was proclaimed in 1986. This Act and now the recently proclaimed Disability Act 2006 guarantees people with a disability full citizenship and clearly stipulates that it is illegal to discriminate on the basis of disability. Although some people may need assistance and support from others to exercise and maintain their rights, this does not change their basic rights, the need for assistance should not lead people to make assumptions about the individual’s ability to exercise their rights.

Melba Support Services strongly advocates for these rights for the people that they support and has an obligation to ensure that these rights are being upheld and protected.
In order to assist in this obligation, Melba Support Services are committed to forming a Human Rights Committee to act as an impartial body to review any practices, which may compromise people’s rights.

COMPOSITION
The Chief Executive Officer appoints the Human Rights Committee membership, for renewable terms of one year.
The Chief Executive Officer will select a chairperson.
The committee shall report to the Chief Executive Officer.
The members shall be appointed on the basis of their knowledge of the rights of adults with intellectual disabilities and their professional skills.
Existing members of the committee have the right to co-opt members to the committee in consultation with the Chief Executive Officer.
All members of the Human Rights Committee will sign confidentiality agreements prior to joining the committee. Any member breaking the confidentiality agreement will be asked to vacate the position immediately.

CONFLICT OF INTEREST
Any committee member who has a conflict of interest in regard to a particular individual or issue must declare this conflict to both the Chief Executive Officer and the committee. All parties involved will make a decision in regard to the appropriateness of the individual concerned being involved in the issue. If a decision is made that their involvement is not appropriate, the person is to withdraw from any discussions/decisions in relation to that issue.

ORIENTATION/TRAINING FOR THE HUMAN RIGHTS COMMITTEE
All committee members will be orientated to Melba Support Services and any other relevant information prior to joining the committee.
GRIEVANCES OF COMMITTEE MEMBERS
If the committee is not satisfied by a response by Melba to a committee decision, they should follow Melba’s grievance procedure for resolution.

MEETINGS
The HRC will meet three monthly, although the Chairperson may convene additional meetings. The Chairperson reserves the right to call an emergency meeting of the Committee any time deemed necessary. The Coordinator of Personal Outcomes Development will schedule and notify members of upcoming meetings, prepare the agenda and send necessary information to the Committee to review prior to the meeting. The Coordinator of Personal Outcomes Development will be responsible for informing the persons being reviewed, guardians, and advocates of time and place of the meetings. A copy of each issue or plan reviewed will be given to the person involved for his or her personal file.

CONSENT
Consent shall be sought by the person or guardian in regard to:

- Having a rights restriction assessment.
- Having a restriction reviewed by the committee.
- Any actions that take place as a result of the assessment or review.

Consent may be either in writing or verbally if the person is not able to consent in writing. In the case of verbal consent, this consent is to be witnessed by two people and documented on the consent form.
FUNCTIONS OF THE COMMITTEE
The committee will have four distinct functions as follows:

1. **Monitor and review all individual rights restrictions of the people that Melba supports.** These rights restrictions include but are not limited to:
   - Chemical restraint.
   - Restricted movement within the environment. eg. Locked doors, prohibited areas.
   - Locked cupboards within the person’s environment.
   - Physical restraints (that are not used for the general community).

2. **Review Policies and Procedures**
   The Human Rights Committee will examine any policies, procedures or practices to ensure they do not impact on the exercise of Individual Rights. The committee will make recommendations to alter or change policies that limit individual’s ability to exercise their rights.
   The Human Rights Committee should also review organisational practices intended to promote and enhance the exercise of rights, such as processes to obtain advocates when needed, to ensure these processes are effective.
   The Human Rights Committee will also serve as an avenue to scrutinise current practices and make suggestions for improvement as required.

3. **Review any incident reports that involve the people that Melba support.**
   These incident reports will be reviewed to ascertain if people’s rights were restricted in the incident.

4. **Have a role in the current grievance procedure for people who access Melba’s Services.**

   NOTE: Although these will be the primary functions of the HRC, the committee reserves the right to investigate and act on any other issues that they feel necessary.

MONITORING AND REVIEWING INDIVIDUAL RIGHTS RESTRICTIONS

1. Melba Support services will conduct a rights risk assessment for all individuals using the service. This risk assessment will be completed annually or when a new person commences using Melba’s services.

2. When a rights restriction is recognized, Melba Support Services will complete an assessment of rights restrictions. This document will be given to the Coordinator-Personal Outcomes Development who will forward to the HRC.

3. The HRC will discuss the restriction and either approve the restriction, approve with limitations or not approve. If Melba Support Services feels that the decision is unfair or the recommendations are not practical, the organization will further discuss with the HRC.

4. All rights restrictions are to be reviewed annually or earlier by discretion of the HRC.
REVIEW POLICIES AND PROCEDURES
1. Melba Support Services will provide an index of all policies and procedures to the HRC.

2. At each meeting, the HRC to request a policy for discussion at the next meeting. This gives reasonable time for the committee members to familiarize themselves with the policy.

3. At the following meeting, the policy/procedure to be discussed in line with any restrictions to people’s rights. All recommendations to be minuted and passed onto Melba Support Services.

4. Melba Support Services has an obligation to amend the policy in line with the recommendation before the next HRC meeting or provide feedback on issues in amending the policy.

REVIEWING INCIDENT REPORTS
1. The Coordinator-Personal Outcomes Development to be given copies of all incident reports that involve the people supported by Melba.

2. These incident reports to be collated into categories. The HRC to be given a copy of this summary four weeks before the next meeting. The HRC can request individual incident reports to be provided at the next meeting.

3. The HRC to discuss any requested reports and determine if any rights have been restricted.

4. The HRC to make any recommendations if it is deemed that a person’s rights have been restricted.

5. Melba Support Services to review practices within that incident, to reduce or eliminate the incident of rights restriction for the individual.

EDUCATIONAL/AWARENESS FUNCTION
1. Melba Support Services to educate all people associated with Melba on the establishment and function of the HRC. This may be done through the newsletter, information sessions or any other channel seen as appropriate. This education campaign will also need to be made available in a format, which is suitable for the people that Melba supports.

2. Members of the HRC to visit individuals who are supported by Melba and staff to familiarise themselves with these individuals and gain an understanding of the issues that are faced.

PROVIDE AN AVENUE FOR GRIEVANCE FOR INDIVIDUALS
1. All individuals who are wishing to make a complaint to do so through the “Grievance Procedure for people who access Melba’s Services.” Within this procedure, the HRC will be informed of the issue.

2. As outlined in the policy, the HRC will formally hear the grievance as stated in section1b of the policy.

PLEASE NOTE: Staff may only access this grievance procedure if they are supporting an individual not for their own personal grievances.
RIGHTS CHECKLIST- PART 1

Guidelines for completing this document

This document needs to be completed for every person that you support within Melba Support Services. This document is designed to alert Melba as an organization to any practices that could be restricting people’s rights. The ultimate aim is to remove the restriction however sometimes this is not possible due to the safety of the person and others. This document is to be completed annually or sooner if a rights restriction is identified.

Someone who does not directly support the person must complete this checklist. This is to ensure that the person can be objective when completing the checklist. You will need to speak to your manager in regard to who the best person may be.

At points throughout this document you may find questions that are difficult to answer. For example, if you are not sure that someone has the ability to do certain things, you may feel that we are not restricting their rights. The danger of this approach is that we often assume someone’s capabilities and are making personal judgments in relation to the person.

Please note that each question must be responded to with a Yes or No response. There is no option for a “Not applicable” response. Please use the prompts with each question to assist in obtaining a yes or no response.

For example, one question relates to people having input into their financial affairs. We may feel that someone does not have the ability to do this; however we must make attempts to educate the person in regard to this. How we do this is individual to the person. For example, for one person it may be educating them about their pension and what their money is spent on, for another person it may be letting them know that they buy their own clothes by discussing it when you are assisting them to purchase items.

In Part 2, there is a specific section to complete which asks what action is to be taken to reduce or lift restrictions. If the action to be taken involves educating the person then it is essential that this be incorporated into the person’s plan.

The Human Rights committee will not be endorsing restrictions based on people’s judgment that the person does not understand. You must be able to show some steps towards reducing the restriction.

In completing this checklist it is vitally important consideration is given to what rights are most important to the person for whom the checklist has been completed?

The information on the identified rights should be listed and then incorporated into any planning that is undertaken with and for that person. This information should be recorded in Part 3 of the Human Rights checklist.
Rights Checklist Part 1A

Name: ____________________________________

Date Completed: ___________________________

Assessment Number: _______________________

Person completing Checklist: ___________________________________________________

Persons in attendance:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

PART ONE

<table>
<thead>
<tr>
<th>No.</th>
<th>Rights restrictions</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Restrictive Interventions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Does the person receive any medications for behavioural issues? If yes, complete page 7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Are there guidelines or strategies in place that prevent the person from doing activities that anyone else can do? E.g. Unable to go into the community in certain situations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Does this person have a teaching or motivating contract/program/procedure that involves a consequence for behaviour?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Access to Personal belonging</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Is the person able to obtain or keep their own possessions?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Is anything locked up that this person has a right to access but can’t access?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Access to environment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Can the person freely access all areas of their immediate environment including access to the office?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If no please specify where: Home / Work

| 7.  | Does the person have to stay within a certain area in any areas of the environment? |     |    |          |

If no please specify where: Home / Work

| 8.  | Is the person able to use appliances in the environment when they chose to?           |     |    |          |

If no please specify where: Home / Work
<table>
<thead>
<tr>
<th>No.</th>
<th>Rights restrictions</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diet Choices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Is this person able to access food of their choice at all times?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b.</td>
<td>If no, is this a result of a medical condition diagnosed by a health / medical practitioner?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beverage Choices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Does this person have access to wide range of drinks?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Is this person able to drink or purchase alcoholic beverages if they wish?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Is the person able to go into a bar or restaurant if they wish?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health / Treatment choices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Is there a treatment or health option that this person doesn’t want to follow? Or is indicating through their actions that they don’t want to follow?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Money and Budget</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Is this person able to access his or her own money at any time?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Does this person have input into their financial affairs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Is this person able to purchase items / services of their choice?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Does this person know what smoking is?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Is this person prevented for smoking if they were to choose to?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Is this person limited to how many cigarettes or when they can smoke?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Freedom of movement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Is this person able to go where any other person can go?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Does this person have a restraint devise whilst travelling? ( other than a seat belt)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social opportunities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Is this person able to see or phone anyone they wish to?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Does this person have opportunities to have private phone calls?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Is this person able to pursue intimate relationships if they wish to? (Does this person know what intimacy is? Do they have adequate communication aids to indicate this desire? Does this person have appropriate supports to pursue this desire?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Rights restrictions</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td><strong>Communication</strong></td>
<td>-----</td>
<td>----</td>
<td>----------</td>
</tr>
<tr>
<td>25.</td>
<td>If this person is not able to effectively communicate with words is there a strategy in place to support them?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>If the person uses a communication aid or device, do they have access to this aid/device at all times?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>If this person uses a communication aid/device are there processes in place to ensure all staff is able to communicate with this person using this aid / device?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Access to personal Information</strong></td>
<td>-----</td>
<td>----</td>
<td>----------</td>
</tr>
<tr>
<td>28.</td>
<td>Does this person provide consent for who has access to their personal information and in what circumstances access is obtained?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Access to new opportunities</strong></td>
<td>-----</td>
<td>----</td>
<td>----------</td>
</tr>
<tr>
<td>29.</td>
<td>Does this person have opportunities to experience and perform different and varied roles and activities of choice in their community? (What are the local connections for this person?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Are there activities or opportunities that the person has not been able to experience?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>If yes, is this due to a resource issue?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Questions for people who live in a home supported by Melba CLSS.</strong></td>
<td>-----</td>
<td>----</td>
<td>----------</td>
</tr>
<tr>
<td>32.</td>
<td>Does the person have a choice of what time they go to bed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Does this person have a choice (taking in to account day time commitments) what time they get up in the morning?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Does the person have a choice in the clothing they wear?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>Does the person have a choice of what time they eat their meals?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>Does the person live in a home that is locked from the inside for their safety or the safety of others?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>Is the person able to have visitors in their home?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38.</td>
<td>Does this person use bed rails to prevent them from getting out of bed? (This doesn’t include bedrails, which are to protect the person from falling out of bed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39.</td>
<td>Within their home does this person have a wide range of food choices?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Other</strong></td>
<td>-----</td>
<td>----</td>
<td>----------</td>
</tr>
<tr>
<td>40.</td>
<td>Is this person given the opportunity and support to vote if they wish to?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41.</td>
<td>Is this person able to send and receive mail?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Human Right Checklist Part 1

<table>
<thead>
<tr>
<th>No.</th>
<th>Rights restrictions</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>42.</td>
<td>Are there any rights restrictions that specifically caused by a restriction placed on someone else? E.g. Cupboards in the kitchen locked due to someone else’s dietary restrictions</td>
<td></td>
<td></td>
<td>If yes, please state what restriction/s it is and who it is for.</td>
</tr>
<tr>
<td>43.</td>
<td>Are there any rights restrictions listed that can be lifted immediately?</td>
<td></td>
<td></td>
<td>If yes, please complete Part 1B of this form. See page 6.</td>
</tr>
</tbody>
</table>
PART ONE B
Restrictions for immediate removal.

Please complete below and forward this document to the Coordinator, Personal Outcomes Development.

<table>
<thead>
<tr>
<th>Restriction No.</th>
<th>Action to be taken</th>
<th>Person/s Responsible</th>
<th>Timeframe for completion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For all other restrictions please complete Part 2 and forward to the Coordinator, Personal Outcome Development, Ormeau Rd, Mt Evelyn. Part 2 must be completed for every restriction that is placed on the person. Restrictions are identified by ticks in the shaded boxes.
**CHEMICAL RESTRAINT REVIEW**

This section should only be completed if the person is prescribed any psychotropic medication. This includes medications prescribed by a General Practitioner or Psychiatrist.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage &amp; Frequency</th>
<th>Length of time on medication?</th>
<th>Does the medication impact on the person’s ability partake in daily life due to sedative effect? If yes, what alternative have been explored?</th>
<th>Have side effects been explained to the person &amp; / or their guardian?</th>
<th>Frequency of the medication’s review?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 monthly ☐ 6 monthly ☐ Annually ☐ Last appt: ____________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes: ☐</td>
<td>3 monthly ☐ 6 monthly ☐ Annually ☐ Last appt: ____________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No : ☐</td>
<td>3 monthly ☐ 6 monthly ☐ Annually ☐ Last appt: ____________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes: ☐</td>
<td>3 monthly ☐ 6 monthly ☐ Annually ☐ Last appt: ____________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No : ☐</td>
<td>3 monthly ☐ 6 monthly ☐ Annually ☐ Last appt: ____________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes: ☐</td>
<td>3 monthly ☐ 6 monthly ☐ Annually ☐ Last appt: ____________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No : ☐</td>
<td>3 monthly ☐ 6 monthly ☐ Annually ☐ Last appt: ____________________</td>
</tr>
</tbody>
</table>
### HUMAN RIGHTS CHECKLIST REPORT

**Assessment No:** ____________

**Review Date:** ____________

**Review:**  
- [ ] Scheduled  
- [ ] Emergency

<table>
<thead>
<tr>
<th>What is the Rights restriction?</th>
<th>Why is this restriction in place?</th>
<th>Is there a goal in place to remove/reduce the restriction?</th>
<th>Does the restriction impact on others who are supported?</th>
<th>What alternatives have been explored? Successful? Not successful?</th>
<th>What is in place to reduce the restriction?</th>
<th>Has the restriction been explained to the person &amp;/or their guardian? If not why?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HUMAN RIGHTS COMMITTEE USE ONLY

Does the Human rights Committee approve this restriction as presented / written?

Yes ☐

Yes with Revisions ☐

No ☐

Revisions required:

[Blank lines for revisions]

Date for review:

[Blank line for date]

Names and signatures of participating HRC members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Distribution: ☐ To person concerned ☐ To Person’s file ☐ To HRC  NB: Distribution to go to all 3 areas
Person's name:

Date of HR checklist completion:

**IDENTIFIED IMPORTANT RIGHTS**

List all the rights that have been identified as most important to this person in their everyday life.

<table>
<thead>
<tr>
<th>What is the right?</th>
<th>Is there a restriction in place currently?</th>
<th>Outline how and why this right is important to the person?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4: Peter Harcourt Disability Services; Human Rights Committee

PETER HARCOURT DISABILITY SERVICES
HUMAN RIGHTS COMMITTEE

Purpose

The Human Rights Committee, as an advisory body to the Chief Executive Officer of Peter Harcourt Disability Services, serves as a proactive rights assurance mechanism for the organisation. All people served by Peter Harcourt Disability Services will have access to the Human Rights Committee. The scope of review responsibility includes such areas as rights protection issues, behavioural programming, advocacy and investigation of critical incidents, and agency practices that impact on individual rights. The Human Rights Committee, in reviewing behavioral programs has its focus on the assurance of rights of individuals served. In addition to the protection of people’s rights, the Human Rights Committee also serves to assure the maximisation of rights and ensure that rights limitations are temporary and only occur in specifically designed situations.

In order to fulfill its purpose the Human Rights Committee acts to ensure that all individuals are treated with respect and dignity.

Composition

The Human Rights Committee membership is appointed by the Chief Executive Officer, for renewable terms of one year. The membership shall include paid staff, advocates and members of the community. The Chief Executive Officer will select a chairperson. The committee will be composed of five members; a minimum of two members will not be affiliated with Peter Harcourt Disability Services. The members shall be appointed on the basis of their knowledge of the rights of disabled adults and their professional skills. Any Human Rights Committee member involved in the development or review of an issue to be tabled before the committee is excluded from the committee’s decision making relative to that issue.

All committee members will be trained in the functions and duties of the committee before commencing and during their appointment. All members of the Human Rights Committee will sign confidentiality agreements before sitting at a meeting. Any member breaking the confidentiality agreement will be asked to vacate the position immediately.

Peter Harcourt Disability Services has developed guidelines for the Human Rights Committee.
Training for the Human Rights Committee

Each new member of the Human Rights Committee will be provided with training through Peter Harcourt Disability Services, when they join the Committee. A portion of each meeting will be dedicated to inservicing members about a specific Human Rights issue.

Meetings

The HRC will meet three monthly, although the Chairperson may convene additional meetings. The Chairperson shall have authority to temporarily endorse plans and procedures subject to subsequent review of the committee. The Chairman reserves the right to call an emergency meeting of the Committee any time deemed necessary. Four out of Five members must be present to form a quorum. The Chairperson will schedule and notify members of upcoming meetings, prepare the agenda and send necessary information to the Committee to review prior to the meeting. The Chief Executive Officer will be responsible for informing the persons being reviewed, guardians, quality coordinators and advocates of time and place of the meetings. A copy of each issue or plan reviewed will be given to the person involved for his or her personal file.

Functions

The Human Rights Committee functions in three specific areas:

1. Reviewing critical incidents, including injuries, and procedures in which program participants are involved.
2. Monitoring rights assurance aspects of intervention strategies and programs designed for individuals. (Due Process)
3. Performing advocacy functions with respect to specific issues.
Review all possible infringements of the rights of people served by the organisation.

Rights may include, but not limited to:
- Behavioural Supports
- Chemical Restraint
- Access to their own Money
- Use of Personal Possessions
- Ability to Access the Environment
- Privacy
- Contracts or agreements
- Confidentiality
- House Rules

The Human Rights Committee shall review the status of locked living areas annually.

The Human Rights Committee has the authority to seek outside assistance on questions of concern and will be supported by Peter Harcourt Disability Services in that endeavour.

Committee members are expected to be proactive in asking the difficult questions about the matters being reviewed. Primary obligation is to protect the rights of the individuals, not accommodate the organisation.

**Behavioural Program Review**

The Human Rights Committee will review the behaviour programs for all behavioural issues. The review will consider techniques suggested and how these impact on individual rights and the rights of other people served. The Human Rights Committee review will consist of written presentations of the behavior support program and any data collected regarding the behavior. Unless the program has been devised by the Behavioural Intervention Support Team, all interventions will be reviewed before any program is put into place for an individual. All strategies that include the use of intrusive behavioural Interventions require a support plan that includes consultation with the Behavioural Intervention Support Team (BIST)

Based on the review of the program and data, the Human Rights Committee may recommend one of the following actions:
- Endorsement of the implementation of the program for up to six months;
- Endorsement of the implementation of the program, contingent on specified modifications;
- Return for review, based on specified issues;
- Rejection or failure to endorse the proposed program.

The Human Rights Committee will not over rule any programs put in place by the Department of Human Services Behavioural Intervention Support Team, but will monitor the effectiveness of the interventions, through the data collected.

**Incident Report Review**

The Human Rights Committee will review incident reports generated within Peter Harcourt Disability Services. The focus of these reviews will be the assurance of individual rights of people accessing Peter Harcourt Disability Services. The committee
will review the actions taken by the organisation and may recommend actions to
minimise the probability of reoccurrence.

In considering such incidents, the committee may request staff members involved in the
incident be present during the review to clarify or present additional information as
required.

Use of Emergency Procedures

Emergency procedures are defined as chemical restraint, physical restraint and forced
removal from the environment.

Emergency procedures will only be implemented in the event of severe threat or harm to
the person or others. The use of emergency procedures must follow the use of the least
restrictive alternative. Staff must be trained in Professional Assault Response Training
(PART) before any emergency restraint is used.

Reporting emergency procedures must adhere to the following guidelines:

- A written Incident Report and emailed before the completion of the shift.
- An immediate verbal report to the Authorised Program Officer/On Call.
- Report the intervention on the Monthly IDRП Form.

Advocacy

The Human Rights Committee will provide a forum at which specific rights issues may
be discussed. Rights issues may be addressed at formal meetings or through informal
discussions with committee members. After such discussions, specific findings and
recommendations must be made a part of the permanent records of the committee.

Minutes

Minutes of HRC meetings will be kept and approved by the membership.
Copies of the minutes will be distributed to members of the Committee
Copies will be maintained by the organisation.
Peter Harcourt Disability Services Ltd.

**Human Rights Committee Members**

- Regional Advocacy
- Solicitor
- Board of Directors
- Social Worker
- Person with a disability
  Seeking additional member with medication experience

**How will the Committee operate?**

The Committee will review instances where there has been or there is the potential for a restriction of rights, or the rights of individuals might have been infringed and requires reviewing. These will come primarily but not exclusively from Human Rights Checklist, staff incident reports, behavior management plans, decisions by staff or other people.

**Incident Reports**

All Categories, 1, 2, 3 will be forwarded to CEO for review. The CEO will determine which Incidents show Rights Limitations and do not follow due process and refer these for the consideration of the HRC. These may include but are not limited to the following, Abuse, neglect and exploitation, restrictive behaviours, or abuse of privacy and informed consent.

Incident reports will be reviewed monthly and the committee will meet bi-monthly to consider the selected Incidents. Special meetings can be called more frequently if required.

Findings and/or recommendations will be forwarded to the CEO for implementation, action and advocacy as directed by the committee.

All plans and strategies recommended by the committee will have a review date of not more than six months.

Committee will ensure that all rights limitations are time limited and review dates allocated before the plan is implemented.
The Role of Rights and Responsibilities

The Personal Outcome Measures stress both the rights and the responsibilities that apply to all people. We are protected by basic National or constitutional rights, laws, and court decisions. These legal rights are particularly important to people with a disability.

Rights are balanced by responsibilities. People cannot always exercise their rights when the results would burden others. The importance of rights does not diminish people’s responsibilities for their own lives. The provider organisation has a responsibility to assist people to both exercise their own rights and be responsible for the outcome of their actions on others. Rights also include an obligation to act in a responsible manner.

*Personal Outcome Measures 2000 Edition*

People exercise rights

People exercise their human and civil rights. Each person defines which rights are most important. Rights include basic protections, personal freedoms and guarantees afforded to everyone. The Universal Declaration of Human Rights of the United Nations and the constitutions of nations and states apply to all people. These rights include freedom of speech, freedom of religion, freedom of association, equal opportunity and equal protection under the law.

Families, friends and close associates provide supports in preparing people to exercise rights responsibly. Just as for all of us, those closest to people increase their competency in decision-making and exercising rights.

Exercising rights and personal freedoms are a natural part of our daily lives. We worship at the place of our choosing. We might serve on a jury or get help with a legal matter. We can choose to be actively involved in a political cause or be content to vote or decide to abstain from voting. We read the newspaper and fee free to write a letter to the editor. We travel around our community, read our mail and engage in similar routines without giving much thought to the rights and personal freedoms these actions represent. Most of us would not tolerate intrusions or restrictions on our ability to engage in these kinds of activities. How active we are about exercising our rights depends on our personal situations and priorities.

Organizations assist people to exercise their rights. People with limited experience or knowledge about their rights receive training and support to make choices and exercise rights. Assistance also includes opportunities to exercise the responsibilities that accompany rights. People demonstrate respect for the rights of others as they assert and exercise their individual rights. Learning about individual freedom and rights of others is a pat of the service process.
Some people may need guardians or other substitute decision-makers. Assessment help determine a person’s specific abilities with regard to decision-making. Guardianship does not extend beyond the areas needed by the person.

The need for guardianship is periodically reviewed. If the person’s skills improve or a change in situation occurs, the person resumes making decisions. On the other hand, when an individual has been found legally incompetent to make basic decisions, an authorized surrogate represents the individual’s interests and protects all rights. Although guardianship puts legal limits on the person’s exercise of certain rights, it does not prevent the person from influencing decisions or exercising other rights.

Values

- People with disabilities have the same rights as everyone.
- The exercise of rights is a function of personal choice. People may decide not to exercise certain rights, such as voting or free speech, at certain times.
- The exercise of all rights is not limited when a person has a guardian.

Principles for Organizations

- Assist the person to fully exercise right and make choices.
- Provide training and supports to help people recognize and understand personal freedoms and the rights of others.

CQL Quality Measures 2005
Guidelines for completing this document

This document must be completed for every person is supported with in Peter Harcourt Disability Services Ltd.

The document is designed to alert PHDS as an organisation to any practices that could be restricting a person’s rights. The ultimate aim is to remove the restriction however sometimes this is not possible due to safety of the person and others.

This document should be completed annually or sooner if a rights restriction is identified.

Ideally someone who does not directly support the person should complete this checklist. This is to ensure that the person can be objective when completing the checklist. Generally it will be completed by the Coordinator responsible for the facility the person is attending/living in.

At points throughout this document you may find questions that are difficult to answer. For example, if you are not sure that someone has the ability to do certain things, you may feel that we are not restricting their rights. The danger of this approach is that we often assume someone’s capabilities and are making personal judgements in relation to the person.

For example, one question relates to people having input into their financial affairs. We may feel that someone does not have the ability to do this; however we must make attempts to educate the person in regard to this. How we do this is individual to the person. For example, for one person it may be educating them about their pension and what their money is spent on, for another person it may be letting them know that they buy their own clothes by discussing it when you are assisting them to purchase items. All questions are to be answered.

On the Report of the Human Rights Restriction Form, there is a specific section to complete which asks what action is to be taken to reduce or lift restrictions. If the action to be taken involves educating the person then it is essential that this be incorporated into the person’s plan. All plans must show elements of education, implementation, review and evaluation.

The Human Rights Committee will not be endorsing restrictions based on people’s judgement that the person does not understand. You must be able to show some steps towards reducing the restriction.

Remember always in supporting people we aim for:-
least restrictive practise
due process
the dignity of risk.
## Peter Harcourt Disability Services

### Human Rights Checklist

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
</table>

| Assessment Number | |

<table>
<thead>
<tr>
<th><strong>Restrictive Interventions</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Does this person receive any Medications due to behavioural issues?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. <strong>Are there Guidelines or strategies in place that prevents the person from doing activities that anyone else can do? (e.g. Unable to go into the community in certain situations)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. <strong>Does this person have a teaching or motivating contract/program/procedure that involves a consequence for behaviour? (e.g. something is taken away or not done due to a particular behaviour)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Access to Personal Belongings** | |
|----------------------------------||
| 4. **Is the person able to obtain or keep their own personal possessions safe?** |  |  |
| 5. **Do they have the means to keep their possessions safe?** |  |  |
| 6. **Is anything locked up that this person has a right to access but can’t access?** |  |  |

| **Access to Environment** | |
|--------------------------||
| 7. **Can the person freely access all areas of their Immediate environment?** |  |  |
| If no please specify home work or both |  |
| 8. **Does the person have to stay within a certain area of their environment?** |  |  |
| 9a. **Are there any locked areas in the buildings the person accesses regularly?** |  |  |
| 9b. **If yes, do they have access to the key/code without asking staff?** |  |  |
| 10. **Is the person able to use appliances in the environment when they choose to?** |  |  |
| If no please specify home work or both |  |

| **Diet Choices** | |
|-----------------||
| 11a. **Is the person able to access food of their choice at all times?** |  |  |
| 11b. **If no have the restrictions been introduced under the guidance of a doctor/ dietician?** |  |  |
| 12. **Within their home does the person have a wide choice of foods?** |  |  |

| **Health Treatment Choices** | |
|-----------------------------||
| 13. **Is there a treatment health option that this person does not want to follow? (Or is indicating through their actions)** |  |  |
### PETER HARCOURT DISABILITY SERVICES
#### HUMAN RIGHTS CHECKLIST

<table>
<thead>
<tr>
<th><strong>Budget and Money</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Is the person able to access their own money at any time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Does the person have input to their Financial affairs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a. Is the person able to purchase items / services of their choice?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b. If the answer to any of these questions is no, is there a legal administrator in place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Smoking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Is the person prevented from smoking if they want?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Is the person limited on how much or when they can smoke?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Alcoholic beverages</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Is the person able to drink or purchase alcoholic beverages if they wish?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Is the person able to go into a bar or restaurant in bars if they wish?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Freedom of Movement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Is this person able to go where any other person can go?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22a. Does this person live in a home that is locked from the inside for their safety or the safety of others?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22b. If yes, do they have access to the key/code without asking staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Does this person have a restraint device whilst traveling? (besides a seat belt)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Are bed rails used to prevent this person from getting out of bed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Opportunities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Is the person able to phone any person that they wish to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Does the person have the opportunity to have private phone calls?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Is the person able to have visitors to their own home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Is the person able to visit friends whenever they wish to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Is the person able to pursue intimate relationships if they wish to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. If the person is not able to communicate verbally is there a strategy in place to support them to communicate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. If the person uses a communication aid/system, do they have access to this aid/system at all times?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. If the person uses a communication aid/system are their processes in place to ensure all staff are able to communicate with the person using this aid/system?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Daily Choice Making (Home Only)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Does the person have a choice of what time they go to bed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Does the person have a choice (taking into account the daytime commitments) what time they get up in the morning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Does the person have a choice in the clothing they wear?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Does a person have a choice in what time they eat their meals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Are there any other rights restrictions in place for this person? (Give details on the next page)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Peter Harcourt Disability Services

#### Human Rights Checklist

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have not ticked any shaded boxes please stop here and place this document on the persons file.

If you have ticked any of the shaded areas then this person has a restriction, please continue with this assessment.

38. Are there any rights restrictions listed that are specifically caused by a restriction placed on someone else? (e.g. Cupboards in the kitchen are locked due to someone else’s dietary restrictions.)

Please state below what is in place to prevent the restriction impacting on this person.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For any restrictions applying to Q.38, the Human Rights Committee will only need to review the restriction for the person to whom the restriction applies. However staff will need to be able to demonstrate what they are doing to reduce the impact of that restriction on other people.
Are there any rights restrictions that can be lifted immediately? Yes ☐ No ☐

If yes please complete the table below and forward to this document to the Divisional Manager.

<table>
<thead>
<tr>
<th>No.</th>
<th>Action to be taken</th>
<th>Person responsible</th>
<th>Time to be completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approved Divisional Manager ……………………………………………….Date …………….

Approved Chairman Human Rights Committee. ……………………………Date…………...

For all other restrictions, please complete a REPORT OF A RIGHTS RESTRICTION FORM and forward to the Divisional Manager, along with this document, for review by the Human Rights Committee.

A REPORT OF A RIGHTS RESTRICTION FORM needs to be completed for EVERY restriction that is placed on the person.
Report of a Rights Restriction

Assessment Number ...................................... Completed By ...........................................

Date of Review ............................................ Review: Scheduled ☐ Emergency ☐

1. Description of Rights Restriction

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

2. Specific reason for the restriction

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

3. Is there a goal within the person’s plan which relates to removing or reducing the restriction? (If yes give details?)

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
4. Does the restriction of this right have an impact on any other people who PHDS supports? (If yes how is this managed?)

5. What other alternatives have been explored? (Please explain why these alternatives were not appropriate/ successful.)
6. What processes are in place to reduce the restriction(s)? (If no processes are in place, please explain why)

............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................

7. Has the rights restriction been explained to the person and/or their guardian? (If no, why not?)

............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
**CHEMICAL RESTRAINT REVIEW**

This section should only be completed if the person is prescribed any Psychotropic medications. These include medication prescribed by a General Practitioner or Psychiatrist.

8. Please list below all Psychotropic Medication that is prescribed for the person.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Length of time on Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Does the medication restrict the person partaking in activities in everyday life due to sedative effect? If yes, what alternative medications have been explored?

................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
10. Is this medication reviewed on a quarterly basis with the prescribing practitioner? If no, how often is the medication reviewed?

........................................................................................................................................

........................................................................................................................................

........................................................................................................................................

........................................................................................................................................

........................................................................................................................................

Last appointment ........................................... Next appointment ...........................................

11. Has any potential side effect of the medication been explained to the person and/or their guardian?  Yes □  No □

Does the Human Rights Committee approve this restriction as presented/written? Yes □ Yes, with revisions □ No □

RECOMMENDATIONS

........................................................................................................................................

........................................................................................................................................

........................................................................................................................................

........................................................................................................................................

DATE TO BE REVIEWED .................................................................

NAME AND SIGNATURES OF HRC MEMBERS

1.                          

2.                          

3.                          

4.                          

5.                          

6.                          

7.                          
Appendix 5a: Wallara; Human Rights Committee

**Wallara Human Rights Committee**

**Policy**

---

**Objective:**

The Wallara Human Rights Committee is established for the purpose of ensuring the rights of all people supported by Wallara Australia.

**Scope:**

The Wallara Human Rights Committee will preside across all Divisions of Wallara Australia.

**Policy Statement:**

The Wallara Human Rights Committee, as an advisory committee to the Board and CEO of Wallara, safeguards the rights of people supported by Wallara. The committee shall review and advise on the use of any agency practices and procedures that could possibly infringe on the rights of any person as well as concern itself with Behaviour Support planning, rights protection issues, advocacy, investigation of incidents and injury reports.

All people supported by Wallara Australia will have access to the Human Rights Committee.

**Internal Files/Links:**

UN Universal Human Rights 1945

WA-Policies

**Quality Document References:**

Wallara Human Rights: Policy -(WA) Global

**References to Standards:**

**VDS Standard 7:** Complaints and Disputes

**VDS Standard 9:** Freedom from Abuse and Neglect

**VDS Standard 9:** Freedom from Abuse and Neglect

**Other Information:**

**Committee terms of Reference**

**Membership:** The Committee will be comprised of five members, including community representatives and parent representatives, appointed by the CEO for an initial term of two years. Committee members will be trained in the functions and duties of the Committee before commencement of their appointment, and will be required to sign a Confidentiality agreement.
**MEETINGS:** The HRC will meet monthly, although additional meetings may be convened by the Chairperson. The Chairperson shall have authority to temporarily endorse plans and procedures subject to subsequent review of the committee. The Chairperson shall be designated to the position by Wallara.

**FUNCTIONS:** The HRC functions in three specific areas:

1. Reviewing special incidents, including injuries, and procedures in which program participants are involved.
2. Monitoring rights assurance aspects of intervention strategies and programs designed for individuals.
3. Performing advocacy functions with respect to specific issues.

**BEHAVIOR SUPPORT PLANNING REVIEW:** The HRC will review Behavior Support Plans prepared by Wallara staff. The review will consider techniques suggested and how these impact on individual rights. The HRC review will consist of written presentations of the behavior support plans and any data collected regarding behavior of people supported. All interventions will be reviewed before any program is put into place for an individual.

Based on the review of the program and data, the HRC may recommend one of the following actions:

- Endorsement of the implementation of the program for up to six months;
- Endorsement of the implementation of the program, contingent on specified modifications;
- Return for review, based on specified issues;
- Rejection or failure to endorse the proposed program.

**INCIDENT REPORT REVIEW:** The HRC will review incident reports generated within Wallara's services. The focus of these reviews will be the assurance of individual rights of people accessing Wallara Residential Services. The committee will review the actions taken by the organization and may recommend actions to minimize the probability of recurrence. In considering such incidents, the committee may request staff members and/or managers involved in the incident be present during the review to clarify or present additional information as required.

**USE OF EMERGENCY PROCEDURES:** Emergency procedures are defined as chemical restraint, physical restraint and forced removal from the environment. A report of each use of an emergency procedure is to be provided to the HRC.

**ADVOCACY:** The HRC will provide a forum at which specific rights issues may be discussed. Rights issues may be addressed at formal meetings or through informal discussions with committee members. After such discussions, specific findings and recommendations must be made a part of the permanent records of the committee.
**MINUTES**: Minutes of HRC meetings will be kept and approved by the membership. Copies will be maintained by the organization.

**Template**: tpc/dknetgrp1.asp  **Author**: Mark Nicklen  **DocId**: 13079  **Session**: 82007594  **Next Review**: 10/04/2009

**Created**: 29/01/2007  **Completed**: 15/04/2008  **Authorised**: 15/04/2008  **Reviewed**: 15/04/2008  **Issued**: 15/04/2008

**Keywords**: rights committee hrc human rights rights limitations rights restrictions osp rids restrictive interventions behaviours concern due process
Appendix 5b: Wallara; Human Rights Committee

### Human Rights Committee - Terms of Reference

**Procedure**

<table>
<thead>
<tr>
<th>Dept/Service: (WA)</th>
<th>Version: 1.009016</th>
<th>Stage: Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>Issued: 15/04/2008</td>
<td></td>
</tr>
</tbody>
</table>

**Objective:**
The Wallara Human Rights Committee, as an advisory committee to the Board and CEO of Wallara, safeguards the rights of people supported by Wallara. The committee shall review and advise on the use of any agency practices and procedures that could possibly infringe on the rights of any person as well as concern itself with behaviour management planning, rights protection issues, advocacy investigation of unusual incidents and injury reports.

**Scope:**
All people supported by Wallara Australia will have access to the Human Rights Committee

**Responsibilities:**

**MEMBERSHIP:** The Committee will be comprised of five members, including community representatives and parent representatives, appointed by the CEO for an initial term of two years. Committee members will be trained in the functions and duties of the Committee before commencement of their appointment, and will be required to sign a Confidentiality agreement. The committee will be convened by the Authorised Program officer (A.P.O.)

**MEETINGS:** The Human Rights Committee will meet monthly, although additional meetings may be convened by the Chairperson. The Chairperson shall have authority to temporarily endorse plans and procedures subject to subsequent review of the committee. The Chairperson shall be designated to the position by Wallara.

**FUNCTIONS:** The Human Rights Committee functions in five specific areas:

1. Reviewing special incidents, including injuries, and procedures in which program participants are involved.
2. To monitor the outcomes of all investigations into allegations of mistreatment, abuse, neglect and exploitation.
3. Monitoring rights assurance aspects of intervention strategies and programs designed for individuals.
4. Performing advocacy functions with respect to specific issues.
5. To ensure that due process is observed in the management of, and response to, all allegations raised.

**BEHAVIOUR SUPPORT PLANS REVIEW:** The Human Rights Committee will review all behavior Support plans. The review will consider techniques suggested and how these impact individual rights. The Human Rights Committee review will consist of written...
presentations of the behavior support program and any data collected regarding the behavior. All interventions will be reviewed before any program is put into place for an individual.

Based on the review of the program and data, the Human Rights Committee may recommend one of the following actions:
- Endorsement of the implementation of the Behaviour Support plans up to six months;
- Endorsement of the implementation of the Behaviour Support plans, contingent on specified modifications;
- Return for review, based on specified issues;
- Rejection or failure to endorse the proposed Behaviour Support plans.

**INCIDENT REPORT REVIEW**: The Human Rights Committee will review incident reports across Wallara Services. The focus of these reviews will be the assurance of individual rights of people accessing Wallara Residential Services. The committee will review the actions taken by the organization and may recommend actions to minimize the probability of recurrence. In considering such incidents, the committee may request staff members involved in the incident be present during the review to clarify or present additional information as required.

**USE OF EMERGENCY PROCEDURES**: Emergency procedures are defined as chemical restraint, physical restraint and forced removal from the environment. A report of each use of emergency procedure is to be provided to the Human Rights Committee.

**ADVOCACY**: The Human Rights Committee will provide a forum at which specific rights issues may be discussed. Rights issues may be addressed at formal meetings or through informal discussions with committee members. After such discussions, specific findings and recommendations must be made a part of the permanent records of the committee.

**MINUTES**: Minutes of Human Rights Committee meetings will be kept and approved by the membership. Copies will be maintained by the organization.

**Process Steps:**

**Responsibilities**

**References to Standards:**

- **VDS Standard 9**: Freedom from Abuse and Neglect

  - **9.1**: Staff treat clients with consideration and respect at all times
  - **9.2**: Procedures for the reporting and investigation of allegations of abuse and/or neglect
  - **9.3**: Response to incidents of abuse and neglect
Keywords: terms reference hrc human rights due process basic assurances factor five
Appendix 6: Wallara; Human Rights Policy

Wallara Human Rights Policy

**Objective:**
To ensure that all people receiving services from Wallara will be actively supported to understand and exercise their legal and civil rights

**Scope:**
This policy applies to all Wallara sites, services and people supported

**Policy Statement:**

**Wallara’s philosophy on Human Rights:** Human Rights, outlined in the UN Universal Declaration of Human Rights 1945, are based on the dignity and worth of all human persons and in the equal rights of men and women. There is international ‘consensus’ on the on the list of human rights. These are outlined in the following Declarations and Covenants, to which Australia is a signatory:

- Universal Declaration of Human Rights (1948)

Wallara recognizes that people with disabilities have the same rights that are constitutionally afforded to all Australian citizens. All people receiving services from Wallara will be actively supported to understand and exercise their legal and civil rights.

Wallara will provide ongoing training to staff about rights and supporting people to exercise their rights. Wallara may provide additional training to parents, family members, and advocates as needed and/or requested.

In addition, the organisation will introduce reporting measures for all Wallara managers and services to safeguard the rights of people supported by Wallara. These reporting measures will ensure that any possible infringements of individuals' rights will be reviewed and reported via the CEO to the Board of Directors. This includes, but is not limited to the following:

- Behaviour support planning
- advocacy
- rights protection issues
- unusual incidents and injury reports
- any practices and procedures that could possibly infringe on the rights of any
Internal Files/Links:
Charter of Human Rights - Victorian government  WA-Policies
UN Universal Human Rights 1945  WA-Policies

Quality Document References:
Due Process: Policy -(WA) Corporate Services
Human Relations & Sexuality: Policy -(WA) Global
Rights and Responsibilities of Residents: Policy -(WA) Support Services-Employment
(WA) Independent Person: Position Description -(WA) Global
Complaints and Grievance Procedure for People: Procedure -(WA) Global
(Not Issued - In Draft)

References to Standards:
**VDS Standard 3:** Decision-Making and Choice
3.4: Client decisions and choices regarding their daily activities

**VDS Standard 4:** Privacy, Dignity and Confidentiality
4.4: Protection of clients' privacy and confidentiality

**VDS Standard 6:** Valued Status
6.1: Promotion of people with a disability

**VDS Standard 7:** Complaints and Disputes
7.1: Grievance resolution procedure
7.2: Response to client grievances
7.3: Encouragement to raise grievances

**VDS Standard 9:** Freedom from Abuse and Neglect
9.1: Staff treat clients with consideration and respect at all times
9.2: Procedures for the reporting and investigation of allegations of abuse and/or neglect
9.3: Response to incidents of abuse and neglect

Other Information:

*Rights Education for People Receiving Supports:* Each person receiving supports from Wallara is entitled to an individualised assessment of their understanding of rights. This assessment will be done as a component of the development of each person’s Individualized Support Plan which incorporates the Personal Outcome Measures. When this is established, rights education will take place on an ongoing basis. Staff will capitalize on daily living experiences to give people a
context for generalizing their rights into daily living practices. Wallara will also provide ongoing opportunities for formalized rights education, including the following:

- individual review of rights at least annually
- monthly review within each person's program to assess development and understanding personal rights;
- rights education at all Wallara program meetings e.g. Core group meetings, Team meetings, Resident meeting, Executive group meetings
- access to consumer self advocacy groups;
- access to a human rights committee;
- Annual review of Wallara’s appeal and grievance procedures

**Rights Education for Wallara staff:** Staff employed by Wallara will receive formal training about human rights, as well as all legal and civil rights afforded to all people. Staff will receive training about prevention, recognition, and reporting procedures of abuse and neglect. Staff will be trained in assessing the understanding of the people they support in basic human rights issues. Staff will be trained on the policies of Wallara in relationship to individual rights, appeals processes and grievance procedures. This training will take place in the context of:

- new employee orientation
- site specific in-services
- program team meetings
- Occasional written information on specific rights as well as continuing education from Wallara’s training & Management

**Rights Education for Parents, Family Members, and Advocates:** In order to support people in exercising their rights Wallara will provide training for parents, family members, advocates, and other associates of the people for whom we work. This will be provided on an individual, as needed and/or requested basis. The group will be afforded the same training opportunities available to Wallara staff.

**Guardianship & Administration:** Guardianship is the appointment of a person i.e. a guardian to make personal & lifestyle decisions for an adult with a disability when they are unable to do so. A guardian may make decisions about healthcare, where a person lives, and what services are provided. Administration is the appointment of a person (an administrator) to make financial & legal decisions for an adult with a disability when they are unable to do so. An administrator can make decisions such as managing banking or property and paying the bills.

**Application for Guardianship:** Anyone can make an application for guardianship and/or administration to the Tribunal. The Tribunal will only appoint a guardian or administrator if:

1. The person has a disability
2. The person cannot make reasonable decisions because of that disability
3. Decisions need to be made and there is no less restrictive way of making these
decisions
4. It promotes the person's best interests

**Enduring Powers of Attorney:** Enduring powers of Attorney are legal documents that allow a person with a disability to choose a person to act on their behalf if he/she cannot make decisions about his or herself. There are 3 types:

1. Enduring Power of Attorney (medical treatment)
2. Enduring Power of Guardianship
3. Enduring Power of Attorney (financial)

**Informed Consent and Guardianship:** People will be encouraged to participate, to the extent to which they are capable, in all decisions regarding issues that require informed consent, such as: input about their medical treatment, financial issues, placement, programming, and other significant life events. Wallara recognises that people in our services will need some support in exercising their right to give informed consent. Each person receiving Wallara supports will be assessed as the situation arises to the degree of support needed in order to give informed consent. If the person does not meet the established criteria for giving informed consent, and a decision is required, the person, the person's advocates including family members shall be informed about the available options, including guardianship.

When a person is unable to give informed consent and does not have a guardian or involvement of a family member or advocate, they will have support and advocacy from the interdisciplinary team to exercise rights. Team members supporting the person will be invited to all Rights Committee meetings where issues for the person are presented.

Written documentation must be signed by the person and/or their legal representative to give informed consent. Documentation of informed consent for events shall include a purpose, description, and explanation of risks and benefits. Wallara will ensure that guardianship is only exercised in the area in which the person needs additional support and which have been designated by the VCAT.
Appendix 7a: Wallara; Reviewed Policies

Mistreatment, Abuse, Neglect & Exploitation

Policy

**Dept/Service:** (WA) Global  
**Version:** 1.005020  
**Issued:** 27/05/2008  
**Stage:** Issued

**Objective:**
To protect people from abuse and to raise awareness of the issue of abuse amongst people supported, family members, friends and advocates, staff members & managers

**Scope:**
Service users, their families, staff and management of Wallara

**Policy Statement:**
Many actions (or failure to act) may constitute abuse. Abuse typically involves the misuse of power. Abuse takes many forms, e.g. verbal, physical, sexual & psychological and in this policy, encompasses the concepts of mistreatment, abuse, neglect & exploitation. Wallara expressly forbids any action, either intentional or unintentional, that *causes harm* to any person, either temporarily or over a period of time that may be seen as abusive.

Abuse can happen in all sorts of situations:
- Support worker abuses resident/service user
- Resident/Service user abuses Support worker
- Resident abuses resident
- Visitor abuses resident
- Family member abuses son/daughter

The following characteristics can be present:
- X Bad work practices, lack of skill & knowledge or lack of commitment
- X Communication difficulties, frustration, personal anxiety & depression & lack of trust & respect
- X Familiarity, lack of respect, and personal intolerance

Wallara defines abuse and neglect from the perspective of the individual. People, and their family members, may consider some actions, environments and circumstances to be abusive and neglectful, even though they may not amount to a legal or reportable requirement. Nonetheless, they are important to the person and their family and will be recognised.

**COMPLEXITY:** Assessment, investigation & intervention in situations where abuse is suspected can be complex

**Who can be accused?**
Allegations may be made against service users, family members & friends, staff &
volunteers

**How will these matters be reported?**
The different emphases of these investigations imply the potential involvement with the victim of a range of individuals e.g. a case manager, independent social worker, a manager, Community Visitor, family member, core/key worker, doctor, counselor, police person

An allegation or suspicion of abuse within a Wallara service may have arisen in a number of ways:

- A Manager or Support Coordinator might recognise abusive practice in one of the Support staff
- A routine inspection of a CRU may have uncovered an abusive practice
- A relative or resident may approach Support staff describing abuse suffered by their relative
- A Support Coordinator or Manager might approach the VCAT because they have evidence of financial misconduct of a family member responsible for the financial administration of a person’ affairs
- A complaint may be instigated via a community visitor about misconduct of a member of staff

**Types of Investigations:** These examples illustrate that a number of types of investigations might be considered when a possibility of abuse is first raised/uncovered. These might include:

- A disciplinary investigation
- An investigation into the running of a service/ site/facility
- A resident/service user investigation
- A criminal investigation
- An investigation of a complaint
- An Office of the Public Advocate (OPA) investigation

**Potential breach of Victorian law:** If, in the course of an investigation it becomes apparent that an offence under Victorian law may have been committed, the investigation will be suspended and the matter referred immediately to Victoria Police for investigation

**Potential breach of Commonwealth law:** If in the course of an investigation it becomes apparent that an offence under Commonwealth law may have been committed, the investigation will be completed, and the matter referred to the relevant Government department

**Level of proof required to substantiate an allegation:** Whilst the legal requirement in a court of law relies on proof *beyond reasonable doubt* (i.e. >99%) to protect a
person from false accusation, for the purposes of preventing any possible recurrence of an instance of abuse, Wallara adopts the ‘balance of probability’ (i.e. >51%) as the required level of proof to substantiate an allegation. It is fully recognised that this may prove to be unfair to an accused person. The organisation acknowledges both the industrial and legal ramifications of this action, as well as due process means available to an accused person to appeal a determination.

Potential Actions to remedy proven allegation

✓ Policy/procedure review
✓ Program changes & alterations including transfer to another service
✓ Apologies
✓ Mediation
✓ Assessment & referral to counseling/treatment service
✓ Disciplinary action including dismissal
✓ Specialist Training

Best practice principles for Wallara - Priorities for action

✓ Workers, regardless of their role, must listen to people supported
✓ Abuse must stop immediately: Any person who becomes aware of possible abuse must ensure that the abuse cannot re-occur/continue. This means taking every measure to prevent recurrence and includes urgent responses that ensure the safety of the person. This may involve breaking confidentiality. (Duty of Care to protect)

✓ Confidentiality – In the event of a disclosure, it is necessary to explain what confidentiality is to the victim, as to be clear about who you have to share the information with, such as your Program Manager. If you have to break confidentiality, explain why e.g. other people may also be at risk.

✓ Mandatory Reporting - Staff are required to report every instance where abuse is suspected.

✓ Investigation: Wallara will investigate all allegations of abuse and neglect regardless of the source and all allegations proven to be true will be acted on

✓ Outcome of an investigation: The outcomes of an investigation will be reported back to those involved in the allegation. Every effort will be made to ensure that necessary supports are put in place to address the impact of mistreatment, abuse, neglect & exploitation.

✓ Treatment for the victim: Wallara will offer all necessary supports to a person who has experienced abuse and respect the right of the person to accept or refuse such supports.

✓ Treatment for the perpetrator: Wallara will offer all necessary supports
including training and counseling to a person who is the perpetrator of abuse.

✓ **Potential for Conflict of interest:** The welfare of the victim in any instance of abuse must be of paramount importance to all parties. This welfare cannot be compromised by the apparent conflict in offering supports to the perpetrator of abuse. On such occasions, every effort will be made to address their respective needs separately without compromise to the victim.

✓ **Register of investigations** is established for the purpose of Monitoring and reviewing all instances of abuse.

**Training for staff:** Support Staff are to be trained to identify
✓ The nature of abuse in institutional and family settings
✓ The possible explanations of abusive practice
✓ Recognised signs/indicators that abuse might be occurring
✓ The barriers to recognizing & confronting abusive situations
✓ Ways in which abuse might be prevented/addressed and a good lifestyle for people promoted

Managers & Support Coordinators will be trained in Assessment, Planning and Intervention methods.

**Rights & Responsibilities of key individuals:**

**Residents & Service users**
✓ The right to be made aware that there are clear policies on situations of abuse.
✓ The right to be safe and secure.
✓ The right to be listened to, informed & included in the investigation process in any situation of abuse.
✓ The right to be taken seriously.
✓ The right to be told the outcomes of investigations.

**Relatives**
✓ The right to be aware of policies.
✓ The right to be involved subject to the wishes of the victim & the boundaries of confidentiality
✓ The right to be told outcomes of an investigation.

**Support Staff**
✓ All staff should be made aware of this policy, and of how to respond in cases of suspected abuse. This will clarify assessment, reporting, recording and preventing/intervening in abusive situations
✓ Staff have a duty of care to take action against abuse and to ensure the most effective response is initiated.

**Managers & Support Coordinators**
✓ Have a responsibility to support where possible to secure the safety of individuals. They have a key role in this through detailed assessment of specific situations of alleged
abuse and then through intervening alongside the person and other agencies.

**Executive management**

✓ To offer protection to people supported by monitoring the compliance of the organisation’s services that they are taking steps to ensure the welfare of all people to whom they owe a duty of care.

N.B. Implicit in this must be an understanding that every Staff member, Support coordinator and Manager will at the earliest opportunity investigate any allegation or suspicion of abuse and refer the matter to their immediate supervisor where the suspicion/allegation appears to be well founded. Where it is not referred on for what ever are seen as good reasons then those reasons should be recorded.

**References:**


Jacki Pritchard, Elder Abuse Work – Best Practice in Britain & Canada, London, 1999

**Internal Files/Links:**

Serious Incident Reporting Procedure   WA-Procedures

**Quality Document References:**

Code of Conduct: Handbook -(WA) Global

Decision Making and Choice: Policy -(WA) Community

Due Process: Policy -(WA) Corporate Services

Making a Complaint: Policy -(WA) Community

**References to Standards:**

**VDS Standard 9:** Freedom from Abuse and Neglect

9.1: Staff treat clients with consideration and respect at all times

9.2: Procedures for the reporting and investigation of allegations of abuse and/or neglect

9.3: Response to incidents of abuse and neglect

**Other Information:**
Appendix 7b: Wallara; Reviewed Policies

Making a Complaint

<table>
<thead>
<tr>
<th>Dept/Service:</th>
<th>(WA) Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version:</td>
<td>3.005002</td>
</tr>
<tr>
<td>Issued:</td>
<td>5/02/2008</td>
</tr>
<tr>
<td>Stage:</td>
<td>Issued</td>
</tr>
</tbody>
</table>

**Objective:**
To establish a procedure to receive complaints and address sources of dissatisfaction.

**Scope:**
Families, volunteers, all Wallara employees, customers, service users, residents, managers, directors and members of the public.

**Policy Statement:**
- Wallara will support people through support and advocacy to make complaints appropriately around matters that are important to them.
- Wallara will ensure that complaints are heard and dealt with in a swift and systematic way that respects privacy, and where possible, complaints are resolved by negotiation and discussion between the parties.
- Wallara will advise the person details of how to request a decision to be reviewed or appealed where the outcome is not satisfactory to the person making the complaint.
- In the event the decision remains unsatisfactory details of the grievance process will be made available.
- Those making a complaint will be advised of external processes available to them, including the Disability Services Commissioner.

**Principles of Complaint and Grievance Resolution**
- It is confidential (confidentiality)
- It is impartial (fairness)
- It protects against unfair repercussions or victimization (Fear of reprisal)
- Complaints will be resolved as close to their source as possible (subsidiarity)
- Complaints will be handled sensitively (sensitivity)
- Complaints will be handled as fast as possible (timelines)
- Complaints must be proved before action is taken (false accusation)
- Parties may refer a matter to a higher authority (right of appeal)

**Quality Document References:**
- Due Process: Policy -(WA) Corporate Services
- Complaint & Grievance Procedure: Procedure -(WA) Global
- Complaints & Complaints Resolution Form: Work Instruction -(WA) Support Services-Employment

**References to Standards:**
- **VDS Standard 7:** Complaints and Disputes
  - 7.1: Grievance resolution procedure
  - 7.2: Response to client grievances
Other Information:
Type in text for Other Information here.
Appendix 7c: Wallara; Reviewed Policies

Complaints and Grievance Procedure for People

<table>
<thead>
<tr>
<th>Dept/Service: (WA)</th>
<th>Version: 3.005002</th>
<th>Stage: Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>Issued: 5/04/2007</td>
<td></td>
</tr>
</tbody>
</table>

**Objective:**

The objective of this procedure is to ensure that complaints and grievances that arise, are resolved in a timely and satisfactory manner by negotiation and discussion between the parties.

**Scope:**

This procedure applies to all Wallara Service users, supported employees, family members, advocates and other key stakeholders.

**Responsibilities:**

All Wallara service users, supported employees, managers, family members and advocates are expected to use this procedure for the successful resolution of complaints and grievances. The Senior Management Team and Support Coordinators are responsible for ensuring that the outcomes described herein are achieved. The Continuous Improvement Committee (CIC) is responsible for the on-going review of this procedure.

**Process Steps:**

- **Internal Files/Links:**
  - complaint form support services
  - Complaint Resolution Form Support Services

- **External Files/Links:**
  - Publications
  - Office of Public Advocate

**Quality Document References:**

- Complaints & Complaints Resolution Form: Work Instruction -(WA) Support Services-Employment

**Other Information:**

**Preamble**

A person who receives services at Wallara, their family/friends, guardian, advocate or a member of the public may make a complaint about a Wallara service or Wallara staff members or incidents that involve staff and service users. Any staff member who is approached in relation to an unresolved matter, complaint, or grievance, should make the complaint/concern known to the Manager.

**Procedure**
1. If the complaint involves another person or staff member, speak to that person and attempt to resolve the dispute through discussion, as quickly as possible.
2. If the complaint involves service delivery, every effort should be made to resolve the complaint at an informal level where appropriate.
3. If the complaint is not resolved at a local level to the satisfaction of the person making the complaint, inform the other party or service provider of your dissatisfaction and refer the matter to a higher authority.
4. The Manager will make sure a written record is initiated at this stage. The Manager will also attempt to resolve the dispute with a hearing between both parties.
5. If no satisfactory resolution to the complaint can be reached, management should ensure the complainant is aware of appropriate external agencies, to pursue the matter. An independent mediator may be appointed if all previous attempts to resolve a dispute have proved unsuccessful.
6. If attempts to resolve the dispute have not succeeded, the CEO will arrange for the dispute to be heard before a meeting, in which all parties will be involved. Both parties are able to have a representative or advocate present at the meeting.
7. The Board of Directors will hear all disputes not settled by the previous process.
8. Feedback must be provided to the person making the complaint, however, only in regards to the matter and any proposed resolution relating to the complainant.
9. If and when a settlement is reached at any stage in the formal process, the parties to the agreement shall exchange signed statements of agreement.
10. The Manager must ensure the complaint form and the statement of agreement is filed safely and confidentially, in an appropriate file location.
Appendix 7d: Wallara; Reviewed Policies

Families, Friends & Advocates

**Objective:**
To promote the importance of family connections, natural support networks and continuity & security in the lives of people we support

**Scope:**
Wallara staff, service users, their families & friends

**Policy Statement:**
Natural Support networks are groups of people whose commitment to support each other is usually lifelong. Families provide lifelong support and a safety net for many people. Quality of life is improved for people who choose the extent and frequency of contact with their support network.

People with disabilities need support networks composed of many individuals who provide many different types of support. These networks can only be nurtured as they grow and evolve over time. Time, age and distance can affect how well people stay connected. Wallara has a vital role to play in facilitating continuity in people’s existing relationships and building the capacity of potential support networks. Wallara can play a further role in supporting people to reconnect with family members, past friends and acquaintances.

Wallara formally commits to ensuring that continuity of significant relationships, stability of services & supports (e.g. Accommodation) and planned outcomes for people with disabilities are maximized.

**GUIDING PRINCIPLES**

**Staff Values**
- Wallara will work in a manner that promotes mutual respect and trust with families
- Wallara staff must always remember that maintaining a positive relationship with family is of paramount importance
- Wallara staff need to be courteous, respectful and professional in all dealings with family members and friends
- Staff need to ensure that they do not place their own judgments or values on the relationships that individuals may have with members of their family or support network

**Partnerships with families**
- Wallara believes strongly that a partnership relationship between the organisation, the family/friends/advocate and the individual is paramount in providing a quality service to the people we support.

**Services to Families**
Wallara will provide a range of services and supports to families to meet the differing needs of each family. These services will include, but not be limited by
- Information, advice & referral
- Education – Family forums
- Family Support
- Assistance with family contact
- Family Reconnections
- Advocacy

Wallara will ensure that all systems developed are family friendly and transparent.

**Active support for people to visit families**
- Wallara staff will provide, or assist people to access, the supports that will enable them to maintain connections to people in their support network
- Wallara will promote contact through the exchange of information in the form of letters, cards and photographs, face-to-face meetings between the person and their family and/or significant others

**Families & Decision-making**
- Wallara values and respects families and expects families to be involved in, and consulted about key choices and decisions affecting the lives of people we support. Wallara will strongly advocate for the rights of each person supported to have maximum input into decisions about their own lives
- In doing so, staff should respect and have clarity about what is personal and what is family business and should on every occasion, seek permission of the person involved to share information
- Mutual respect, openness and trust should characterise all dealings with family members and friends, who hold valuable information and knowledge about the person and their circumstances

**Good Practice principles**
Continuity will be achieved for each person by the adoption of the following good practice principles:
- Diligent search efforts to find absent parents and siblings.
- Aggressive and diligent searches for relatives who might have an interest in establishing contact with the person
- Support work with birth families.
- Frequent, meaningful visits between the person and their families.
- Full disclosure with birth families about the importance of permanence in the lives of their children, consequences of their actions or inactions; consistent communication with birth families throughout a person’s life
- On-going discussion with foster and adoptive families about the importance of permanency in the lives of their adult children, the importance of continuity and security, and reconnections with birth families; consequences of their actions or inactions; consistent communication with foster & adoptive families throughout a person’s life
- Contact with Support network members includes exchange of information in the form of letters, cards, photographs, emails and telephone calls, as well as various outings involving the person with their family and significant others in leisure activities, celebrations, significant cultural and religious events, etc.
- Contact plans should be developed in consultation with all parties concerned and decisions about contact should remain person directed and controlled.

**References to Standards:**
**VDS Standard 2:** Individual Needs

**2.2:** Implementation of Individual's service needs and goals

**VDS Standard 2:** Individual Needs

**2.3:** Support to the client

**VDS Standard 3:** Decision-Making and Choice

**3.4:** Client decisions and choices regarding their daily activities

**VDS Standard 3:** Decision-Making and Choice

**3.5:** Client consultation on major changes

**VDS Standard 4:** Privacy, Dignity and Confidentiality

**4.1:** Staff support clients in a manner which enhances dignity and privacy

**VDS Standard 8:** Service Management

**8.3:** Appropriately skilled and competent staff

---

**Template:** tpc/dknetgrp1.asp  **Author:** Mark Nicklen  **DocId:** 15485  **Session:** 82007594  **Next Review:** 21/05/2009

**Created:** 05/05/2008  **Completed:** 26/05/2008  **Authorised:** 26/05/2008  **Reviewed:** 26/05/2008  **Issued:** 27/05/2008

**Keywords:** trust & respect family members decision making natural supports support networks
Appendix 7e: Wallara; Reviewed Policies

**Due Process Policy**

**Dept/Service:** (WA) Corporate Services  
**Version:** 1.005015  
**Issued:** 5/06/2007  
**Stage:** Issued

**Objective:**
To ensure that all service-users, staff and volunteers understand the complaints and grievance procedure, and the appeal process to ensure that Wallara conducts all its services and operations in a fair, reasonable & accountable manner.

**Scope:**
This policy extends to all services, supports and sites of Wallara.

**Policy Statement:**
Wallara recognises that people with disabilities have the same rights that are constitutionally afforded to all Australian citizens. All people receiving services from Wallara will be actively supported to understand and exercise their legal and civil rights. Wallara will introduce reporting and monitoring measures for all Wallara services to safeguard the rights of people supported by Wallara. These measures will ensure that any infringement of rights or restrictions imposed on the freedom of any individual will be reported, reviewed and rectified in a systematic manner, and that every effort will ensure that restoration of rights is achieved as quickly as possible.

**Internal Files/Links:**
- Good & Best Practice - Complaints & Grievance: WA-Forms
- Good & Best Practice - Restrictive Interventions: WA-Forms

**Quality Document References:**
- Wallara Human Rights: Policy -(WA) Global
- Complaint & Grievance Procedure: Procedure -(WA) Global
- Complaints and Grievance Procedure for People: Procedure -(WA) Global
- Complaints and Grievance Procedure for People: Procedure -(WA) Global

**References to Standards:**
- **VDS Standard 1:** Service Access  
- **VDS Standard 3:** Decision-Making and Choice
- **VDS Standard 7:** Complaints and Disputes

**Other Information:**
Due Process in practice: How does this relate to Wallara's work?

'Due Process’ issues present to staff on a daily basis. Common examples could include:
- Restricting a person’s movement in program areas e.g. locking a door or gate
- Restricting a person’s freedom in a house e.g. refusing access to a kitchen or a fridge
- Physically restraining a person as an element of a Behaviour Management Plan
- Using a harness or Seat belt buckle guard to protect
- Administering P.R.N. medication

Each of these actions, in themselves, can be viewed as acceptable practices that ensure safety and protect people to who we owe a duty. ‘Due process’ demands, however, that people whose freedoms are limited by such actions, *consent to the limitation* and that every effort is made to withdraw the restriction at the earliest opportunity.

It is the *intent* of our actions that determines whether or not we do in fact, restrict or limit a person’s freedom or right. I.e. By our actions, are we trying to restrict the freedom of the person?

Indeed, it is extremely difficult to ensure that the ‘fairness’ principle is in place on every occasion, but this becomes even more important when we take actions in the course of our work that do restrict or impact in some way on a person’s freedoms and/or rights.

**How do we ensure that Due Process is present in all our dealings?**

There are several key ways in which we endeavor to ensure that the ‘fairness’ principle operates at all times across our service. Whilst some of these mechanisms are built into our services system by the community, DHS and the Victorian government, many of the mechanisms that protect people’s rights within Wallara have been developed over time and reflect good and best practice principles.

The Disability Act 2006 heralds a new era that intends to ensure that the rights and freedoms of people with disabilities are respected and protected.

In addition to these mechanisms, Wallara will introduce a system to routinely monitor our practices.

Due Process mechanisms can be summarized as follows:

**External mechanisms:** (new & existing)

- The Disability Act 2006 creates some new key roles that will ensure ‘fairness’ for people with disabilities:
  - The *Disability Services Commissioner*, an independent Office, will investigate and conciliate complaints relating to disability services
  - The *Senior Practitioner* is responsible for ensuring that the rights of people who are subject to restrictive interventions and compulsory treatment are protected and that appropriate standards in relation to these practices are complied with
  - Each Disability Service Organisation will be required to appoint an *Authorised Program Officer* whose key role is to ensure that a Behaviour Management Plan is developed and reviewed for any person whose freedoms are restricted by Chemical restraint, Mechanical restraint or Seclusion.
  - Each Disability Service Organisation will require the assistance of an *Independent Person(s)* who will be present to explain to a person a restraint intervention, when it will be used and how it will be used. Family members could act as the Independent Person. The critical issue is that the person is to be independent of the Service provider i.e. Wallara.
✓ The **Community Visitors program** provides independent community visitors who visit CRU’s on a monthly basis and report to the Office of the Public Advocate concerns and issues that emerge from their observations and investigations.

**Reportable actions could include the following:**
- Behaviour management planning
- Advocacy on behalf of a person who has been denied due process.
- Rights protection issues
- Unusual incidents & injury reports
- Any practices and procedures that could possibly infringe on the rights of any person

**Internal mechanisms:**
- **Practices, procedures and policies** that direct our efforts are available, documented, and routinely reviewed. The CIC and PAC play a crucial role in this regard.
- A **Complaint procedure** that ensures that People understand how to make a complaint within Wallara. I.e. People served & their legal representatives are provided with information about the organisation’s grievance & appeal process in a manner that is understandable to the person. In addition to this, Support is provided to people who wish to grieve or appeal a decision and retaliation for filing a grievance or appealing a decision is strictly prohibited. Grievances need to be resolved in a timely manner & communicated to the person and/or their legal representative. Grievances & their resolution are documented and recorded for review and monitoring purposes. A critical component of the complaint procedure is the **Appeals process.** Ensuring that people have the opportunity to challenge decisions taken minimizes the likelihood that problems escalate into grievances.
- **Positive services & supports:** People’s individual plans lead to person-centered and person-directed services and supports whilst the organization provides positive behavioral supports to people. I.e. we refrain from approaches and techniques that are controlling, or not directed by the person themselves.
- **Written Consent forms & Permissions**
- ** Provision of information** ensures that people know about Wallara’s services, major policies and procedures, and are kept up to date with pending changes.
- **Quality Assurance** – Our Wallara-wide accreditation by the Council on Quality & Leadership, our Disability Standards Certification at Wallara Industries and DHS Quality framework ensures that we meet industry standards as well as achieve satisfactory performance in the delivery of services and supports. A critical component of our CQL accreditation is meeting standards for the Basic Assurances.

**What are the Basic Assurances?**
There are ten Basic Assurances that have been established by the Council on Quality & Leadership and form an integral part of Wallara’s accreditation by the Council. Wallara must demonstrate that the practices, procedures, systems and policies are in place in order to meet the Council’s standards as outlined in Quality Measures 2005.

Factor 1 - **Rights protection & promotion**
Factor 2 - *Dignity & Respect*
Factor 3 - *Natural Supports*
Factor 4: *Protection from Abuse, Neglect, Mistreatment and Exploitation*
Factor 5: *Best possible Health*
Factor 6: *Environment*
Factor 7: *Staff Resources & Supports*
Factor 8: *Positive Services and Supports*
Factor 9: *Continuity and Personal Security*
Factor 10: *Basic Assurances*

Who decides what is ‘fair’?
In most instances, the person themselves, or their legally appointed guardian is the best person to decide about the fairness of our actions in limiting or restricting a freedom or right in the course of our work. Every effort needs to be made to explain our intentions to each person, and seek written permission for our actions.

Any planned restriction or limitation however, will require the approval of the Division Manager as well as the Authorised Program Officer. In addition to this, Behaviour Management Plans will need to be authorised by the Senior Practitioner.
### 3.1 Equity and Social Justice

#### 3.1.5 Human rights and citizenship watching brief

<table>
<thead>
<tr>
<th>Organisational HP Priority Goal:</th>
<th>Identify, initiate and respond to opportunities to promote human rights and citizenship in the western region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Target Group/s:</td>
<td>Women living, working or studying in the Western region who experience compounding social inequity, disadvantage and marginalisation</td>
</tr>
<tr>
<td>Objective:</td>
<td>Identify and support existing human rights initiatives in the western region and Victoria, and identify opportunities for future health promotion initiatives related to human rights and citizenship, by June 2008</td>
</tr>
</tbody>
</table>
| Method of Evaluation for Objective | Participation in, and support given to, current relevant human rights initiatives (eg Victorian Charter for Human Rights)  
Potential human rights initiatives identified  
HPR&D staff more aware of promoting human rights in health promotion programs |

#### Health Promotion Strategies

<table>
<thead>
<tr>
<th>Research, monitoring and evaluation</th>
<th>Estimated Reach</th>
<th>Timelines &amp; by whom</th>
<th>Estimated Budget from C&amp;WH program</th>
<th>OPTIONAL Estimated other Funding sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the current literature on human rights initiatives in Australia and globally, particularly as they relate to women</td>
<td>WHW</td>
<td>Ongoing, HP worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attend relevant forums on human rights</td>
<td>WHW</td>
<td>October 2007, Ongoing, HP Worker</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisational development</th>
<th>Estimated Reach</th>
<th>Timelines &amp; by whom</th>
<th>Estimated Budget from C&amp;WH program</th>
<th>OPTIONAL Estimated other Funding sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage the promotion of human rights in HPR&amp;D programs through ongoing discussion at HPR&amp;D team meetings, and facilitating 1 x two-hour workshop on the application of the Victorian Charter of Human Rights to How we Work</td>
<td>HPR&amp;D team, broader population</td>
<td>Ongoing, March/April 2008, HP worker</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Advocacy</th>
<th>Estimated Reach</th>
<th>Timelines &amp; by whom</th>
<th>Estimated Budget from C&amp;WH program</th>
<th>OPTIONAL Estimated other Funding sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and support campaigns that promote the human rights of women in the western region</td>
<td>Region wide</td>
<td>Ongoing, HP worker, HPR&amp;D team as appropriate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication and social marketing</th>
<th>Estimated Reach</th>
<th>Timelines &amp; by whom</th>
<th>Estimated Budget from C&amp;WH program</th>
<th>OPTIONAL Estimated other Funding sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote activities related to human rights and citizenship including events, conferences and research in the WHW newsletter and on the WHW website. Write one newsletter article about human rights as they relate to women in the west.</td>
<td>1500 copies of newsletter distributed; WHW website: AVERAGE 20,000 hits per month</td>
<td>Ongoing, HP worker</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legislative and policy reform</th>
<th>Estimated Reach</th>
<th>Timelines &amp; by whom</th>
<th>Estimated Budget from C&amp;WH program</th>
<th>OPTIONAL Estimated other Funding sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and respond to ways to support the implementation of the Victorian Charter of Human Rights</td>
<td>Region wide</td>
<td>Ongoing, WHW Researcher, Manager HPR&amp;D</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Budget per Objective**

**Total Budget per Priority Goal**
Appendix 9: Goulburn Valley Community Health Service; Charter Overview

Goulburn Valley Community Health Service Inc
Report on Professional Development Activity
Victorian Charter of Rights and Responsibilities
October 2007

The Department of Human Services, Victorian Equal Opportunity and Human Rights Commission and the Victorian Council of Social Services have been holding forums across Victoria to provide information regarding legislation which will come into effect from 1 January 2008. A summary of information gained at the forum held in Shepparton on Wednesday 10 October is provided below.

What is the Victorian Charter?
• An ordinary Act of Parliament
• It is modeled on UK, NZ and ACT Human Rights instruments
• Encourages dialogue between executive, parliament and the courts
• Protects the rights of individuals

How does it work?
• Sets out the rights to be protected
• Rights are absolute
• Provides guidelines on when and how rights can be limited
• Places obligations on parliament to consider human rights when making laws
• Requires laws to be interpreted to be compatible with human rights, wherever possible
• Requires Public Authorities (i.e. GVCHS) to act compatibly with the Charter

What Rights are protected by the Charter?
• Recognition and equality before the law and to enjoy the rights without discrimination (EEO)
• Right to life and right not to be arbitrarily deprived of life
• Protection from torture and cruel, inhumane or degrading treatment and medical or scientific experimentation or treatment without consent.
• Freedom from forced work
• Freedom of movement
• Privacy and reputation
• Freedom of thought, conscience, religion and belief
• Freedom of expression
• Peaceful assembly and freedom of association
• Protection of families and children
• Take part in public life
• Cultural rights
• Property rights
• Liberty and security of person
• Humane treatment when deprived of liberty
• Children in the criminal process
• Rights in criminal proceedings
• Right not to be tried or punished more than once
• Rights in relation to retrospective criminal laws

NB: s.7 (2) “A human right may be subject under law only to such reasonable limits as can be demonstrably justified in a free and democratic society based on human dignity, equality and freedom, and taking into account all relevant factors…”
What does the Charter mean for GVCHS?

• GVCHS must as a public authority act in a way which respects and upholds human rights and gives “proper consideration” to human rights in its decision making

• Existing policies and procedures will need to be revised and new polices developed to ensure human rights compliance

• Advocates, internal and external, may use the charter to support client rights

• GVCHS needs to be aware that breaches by public authorities may result in
  o Misconduct – Public Sector Code of Conduct
  o Finding of unlawful action
  o Formal/Informal complaints
  o Administrative review by the Ombudsman, etc
  o Significant impacts on funding agreements

• Best practice requires that GVCHS can demonstrate that it respects the Charter by
  o Addressing negative attitudes
  o Developing polices and procedures which are consistent with the Charter
  o Including human rights in staff performance plans, orientation practices, annual reports etc

Further information can be obtained from

Victorian Equal Opportunity and Human Rights Commission (VEOHRC)
www.humanrightscommission.vic.gov.au

Freida Andrews
Manager, Quality and Safety
24 October 2007