



MEMBER AGENCY POLICY AND PROCEDURES MANUAL

DRAFT

(September 2008)

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	6
1. OVERVIEW	7
1.1 History & Background to DV East Inc.	8
1.2 DV East Purpose/Mission Statement.....	8
1.3 DV East Service Objectives	9
1.4 Overview of DV East Member Organisations	10
1.4.1 Maroondah Half Way House Group	10
1.4.2 Kara House	11
1.4.3 Brenda House	12
1.4.4 Eastern Domestic Violence Service (EDVOS).....	13
1.4.5 Woorarra	14
1.4.6 Robinson House.....	15
1.4.7 Women's Liberation Half Way House (WLHH)	16
2. CREATING, CONTROLLING AND REVIEWING POLICIES AND PROCEDURES.....	17
2.1 What is the Difference Between Policy & Procedure?	18
2.2 Creating a New Policy & Procedure	18
2.3 Reviewing Existing Policies & Procedures.....	18
2.4 Electronic & Hard Copy Security	18
3. GOVERNANCE AND LEADERSHIP.....	19
3.1 Governance Policy	21
3.2 Governing Body Code of Conduct.....	25
3.3 Chair & Delegated Management Authority	27
3.4 Reporting to the Governing Body.....	28
3.5 Delegation of Authority.....	29
3.6 Conflict of Interest.....	33
3.7 Meeting Process	35
3.8 Legal and Regulatory Compliance	38
3.9 Strategic Planning and Service Direction	41
3.10 Governing Body Committees	44

3.11	Governing Body Duties.....	45
3.12	Appointment of CEO	49
3.13	Media Relations	50
3.14	Media Crisis.....	52
3.15	Self Evaluation	55
3.16	Grievance	57
4.	FINANCIAL INFORMATION MANAGEMENT	59
4.1	Funding.....	60
4.2	Fundraising	61
4.3	Donations & Gifts	63
4.4	Annual Budgets	64
4.5	Asset Register	65
4.6	Depreciation	67
4.7	Cheque Book & Internet Banking Provision & Use.....	68
4.8	Credit Card Provision & Use	69
4.9	Wages and Related Payments.....	70
4.10	Staff Reimbursement	71
4.11	Insurance.....	73
4.12	Petty Cash	74
4.13	Spending Limits.....	76
4.14	Financial Record Keeping	77
5.	ADMINISTRATION & PHYSICAL RESOURCES.....	78
5.1	Administrative Record Keeping.....	79
5.2	Supplies & Equipment	81
5.3	Maintenance & Repairs	82
5.4	Environmental Care.....	83
6.	INFORMATION AND COMMUNICATIONS	87
6.1	Electronic Record Keeping.....	88

6.2	Internet & Email Provision & Use.....	89
6.3	Security.....	90
7.	RISK MANAGEMENT AND OCCUPATIONAL HEALTH AND SAFETY	92
7.1	Risk Management	93
7.2	Workplace Occupational Health & Safety	95
7.3	OH&S Roles & Responsibilities	97
7.4	OH&S Review & Evaluation	99
7.5	First Aid	100
7.6	Injury & Incident Reporting	103
7.7	Manual Handling.....	105
7.8	Universal Infection Control.....	107
7.9	Smoking.....	110
7.10	Managing Hazardous Materials.....	111
7.11	Emergency Procedures	113
8.	HUMAN RESOURCES	116
8.1	Position Descriptions.....	117
8.2	Privacy & Confidentiality	119
8.3	Staff Recruitment and Selection	121
8.4	Performance Appraisals & Reviews	133
8.5	Staff Training & Professional Development	135
8.6	Staff Ethical Code of Conduct.....	136
8.7	Whistleblowers	140
8.8	Salary and Salary Packaging.....	141
8.9	EEO and Anti Bullying/Harassment.....	144
8.10	Disputes & Grievances	152
8.11	Staff Discipline.....	153
8.12	Annual Leave	160
8.13	Academic Leave	161

8.14	Superannuation	163
8.15	Probation	164
8.16	Orientation/Induction	165
8.17	Separation of Employment	166
8.18	Certificate of Employment	167
8.19	Supervision	168

ACKNOWLEDGEMENTS

This manual has been based on the Shekinah Homeless Services Network's Policy and Applications manual which was first developed in mid 2006 by Shekinah member agencies through a dedicated funded initiative. Cooroonya Domestic Violence Services' Policy and Procedures Manual has also been used as a key resource in developing this document along with significant input from each DV East member organisation. DV East would like to acknowledge and thank both Shekinah Homeless Services Network and Cooroonya Domestic Violence Services who kindly shared their QICSA Accredited Policy Manuals with us.

Special thanks are also extended to Janine Mahoney from Maroondah Half Way House for her extensive work in reviewing the policies and procedures within the Human Resources, OH&S and Risk Management sections of this manual.

Disclaimer

This document is the September 2008 DRAFT version of the DV East Policy and Procedures Manual. This version is not intended as a complete policy manual and remains, as at September 2008, 'a work in progress'. DV East takes no responsibility for the accuracy or otherwise of the content of this manual whilst it remains a 'draft' version and recommends to all organisations that intend to use this manual, to do so as a guide and broad template, and to further develop a tailored final policy manual for their particular organisation. Therefore, responsibility for ensuring the accuracy of the content of this manual rests with the individual organisations that choose to use it as base for the development of their own policy and procedures manual.

1. OVERVIEW

1.1 HISTORY & BACKGROUND TO DV EAST INC.

'DV East Inc, was first formed in the late 1980's as 'Eastern Linkages' and comprised of seven specialist family/domestic violence services in the Eastern Metropolitan Region (EMR) of Victoria. The original purpose of the network was founded on feminist principles and was to provide mutual support between agencies and a collective voice to better address and meet the needs of women and children experiencing family/domestic violence. The group was incorporated in 1995 using the combined philosophies and objectives of the seven member agencies. In 2006 Linkages formally changed its name to 'DV East Inc.'

For over 20 years DV East member agencies have met monthly to share information, plan and coordinate service delivery programs and services, establish protocols between related services in the EMR and respond to issues that affect clients and services alike. DV East membership has remained the same since the network's inception in 1988 and includes:

- Maroondah Halfway House Group
- Kara House
- Brenda House
- Eastern Domestic Violence Service
- Woorarra
- Robinson House
- Women's Liberation Halfway House

1.2 DV EAST PURPOSE/MISSION STATEMENT

DV East is a connected group of family violence services located in the Eastern Metropolitan Region in Victoria, which support the rights of all women and children to live free from violence.

DV East promotes and facilitates responses which encourage the development of high quality services for women and children who have experienced domestic/family violence and undertakes activities aimed at eradicating all forms of domestic/family violence against women and children, through encouraging changes in community attitudes and advocating for structural reform.

Overall, DV East aims to share its collective knowledge, wisdom, skills, expertise and experience, thus creating a body greater than the individual efforts which can be attained by each agency on its own.

Membership of the Network

Membership is open to specialist domestic/family violence services within the Eastern region which:

- (a) solely or substantially:
 - (i) provide services to women and children who have experienced domestic/family violence, or
 - (ii) provide services (including advocacy, education or networking) for the benefit of women and children who have experienced domestic/family violence; and
- (b) support the purpose and objectives of DV East.

Underlying Principles

All DV East member organisations are committed to the following principles:

- A commitment to a client focus
- A commitment to continuous improvement in service quality, organisational effectiveness, and overall service delivery
- Recognition that all members have something valuable to contribute, each from a different base of experience and service perspective
- A valuing of the different experience and perspectives of the member agencies, balancing diversity with agreement
- A willingness to share information and resources for the overall improvement of all agencies
- A responsiveness to the history and feminist philosophies of the refuge and outreach movements

1.3 DV EAST SERVICE OBJECTIVES

The following are the key objectives for the DV East Network:

1. To provide a state-wide and regional crisis accommodation and outreach response to women and children living with or escaping domestic/family violence.
2. To support the development of high quality services for women and their children who have experienced domestic/family violence.
3. To assist member agencies with access to Best Practice Continuous Quality Improvement processes, including formal accreditation.
4. To enhance the rights of all women and children to live free of violence through:
 - community education;
 - advocating for legal and social reforms;
 - building new knowledge / action based research; and
 - social action.
5. To provide consultancy at a regional level and advice on policy matters in relation to domestic/family violence.
6. To promote equity of access to services for all women and their children who have experienced domestic/family violence.
7. To increase awareness of the structural, gender and attitudinal issues which cause or promote domestic/family violence.
8. To increase awareness of the effects of domestic/family violence.

1.4 OVERVIEW OF DV EAST MEMBER ORGANISATIONS

1.4.1 Maroondah Half Way House Group

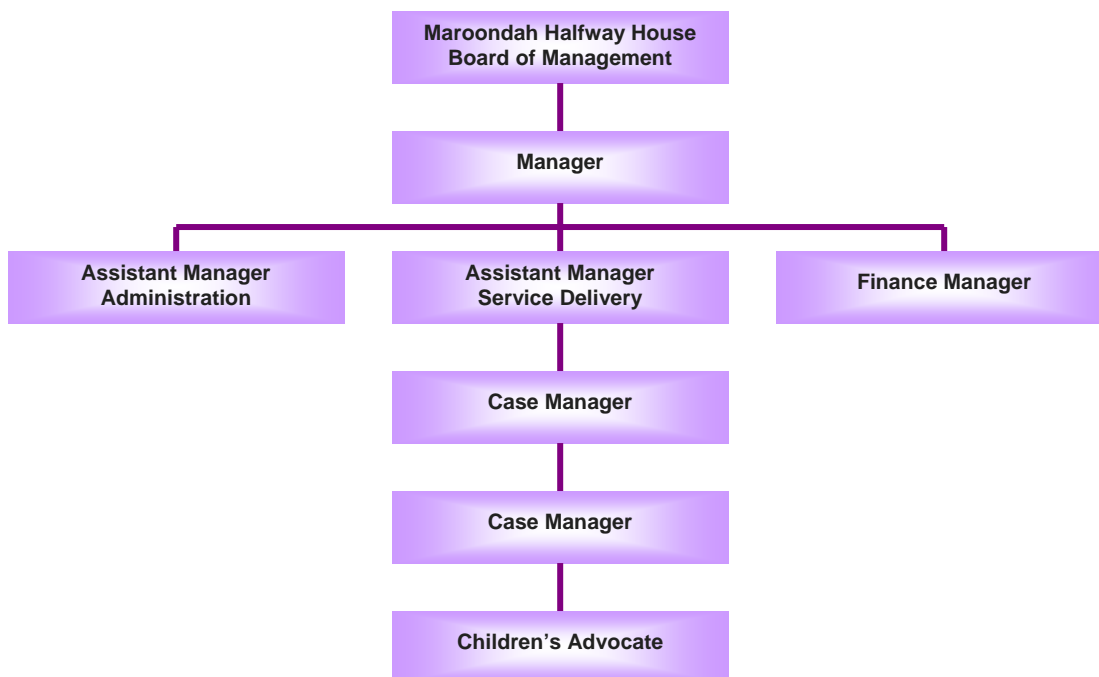
Maroondah Halfway House is a state-wide and regionally focussed organisation providing an emergency, crisis and transitional housing and support response to women and women and children who are experiencing family/domestic violence. The organisations major objective is to ensure the provision of a quality service response that offers a range of options in promoting women and children's safety and healing. Maroondah has a staff team of 5 EFT consisting of a Manager, an executive management team of 3 staff for service delivery, administration and finance respectively, 2 case managers and a children's advocate. The organisation has 2 crisis properties and access to 8 transitional properties.

Maroondah is committed to participating in and contributing to, the range of state and regional family violence and homelessness networks, working groups and committees in order to support initiatives and broader policy reforms that provide better outcomes for women and women with children who experience family violence.

The organisation's work is based on a case management model whereby women are provided with the information required to make informed decisions; are assisted to assess the risk to themselves and their children and develop an appropriate safety plan; are provided with self-determined support (where appropriate); are referred to specialist services when required; and assisted to exit the service with links to a range of community supports. Each child entering the service is considered a client in their own right and in consultation with their carer, are provided with case management and support. The organisation promotes the right of every child to be safe and have the opportunity to experience healthy development.

Maroondah is governed by a Board of Management, membership of which is drawn from a wider collective of women from the community who are united in their commitment to the support of survivors and elimination of family violence in all forms. Funding is received by the Victorian Department of Human Service via the Supported Accommodation Assistance Program (SAAP) and is based on a 3 year recurrent cycle.

Maroondah Halfway House Organisational Structure



1.4.2 Kara House

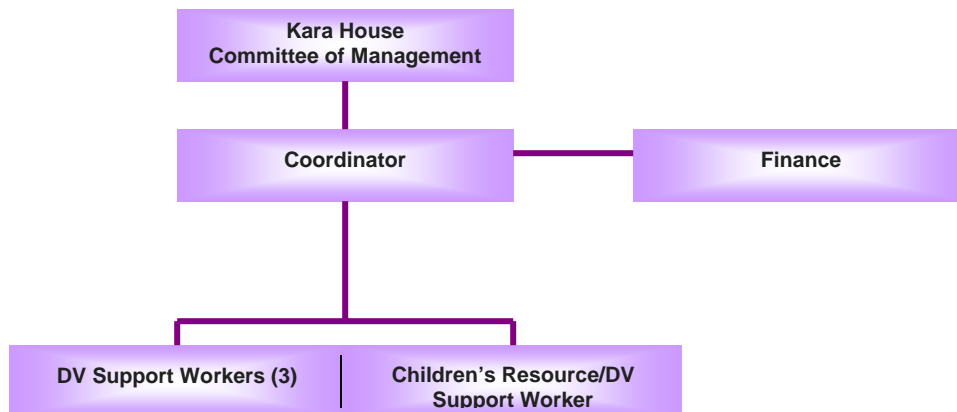
Kara House first commenced operation in 1975 known then as 'CO.AS.IT.', a secure refuge for Italian women and children experiencing family/domestic violence. From this small beginning Kara House has become a specialist family violence organisation focussing on providing high security short-term crisis accommodation as well as outreach support to women and women with children experiencing family/domestic violence.

Over the past 30 years of service Kara has been consistently committed to expanding on its original focus from the Italian community to including women and children from a broad range of culturally and linguistically diverse communities as well as women who identify as same sex attracted.

The staff team at Kara consists of five workers including a Coordinator, three domestic violence support workers and a children's resource/domestic violence support worker.

Kara is funded through SAAP and is governed by a Board of Management consisting of members drawn from the broader community who have a commitment and passion to supporting family violence services.

Kara House Organisational Structure



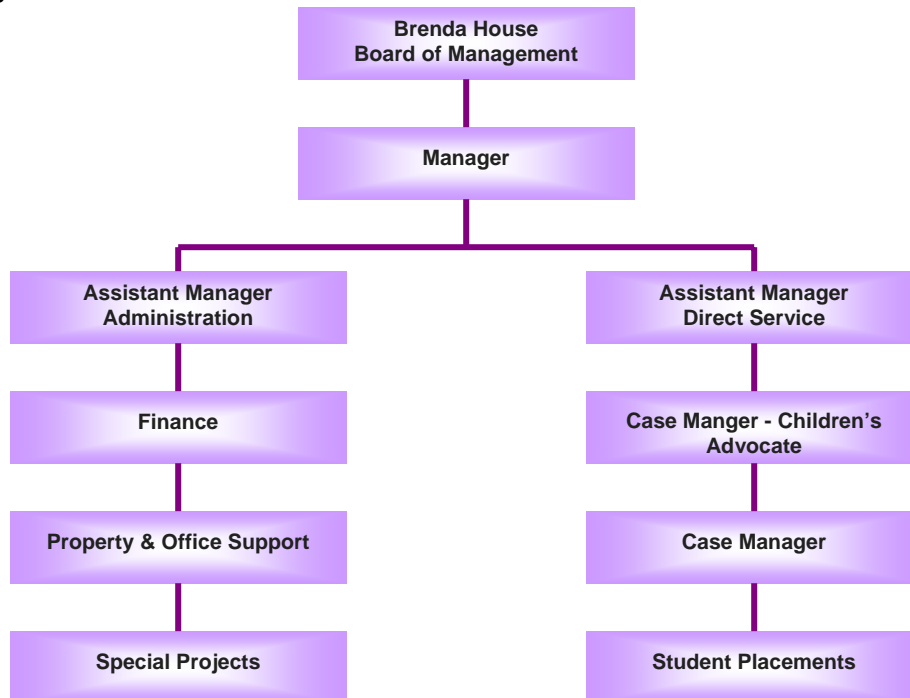
1.4.3 Brenda House

Brenda House is a not-for-profit state-wide and regionally focussed service. It provides an intensive crisis and transitional support and accommodation response to women and women with children experiencing family/domestic violence. Brenda House believes that all people have the right to be safe and is committed to the provision of high quality support in an empowerment framework, seeking outcomes that recognise each woman and each child as an individual client with unique needs. Brenda House has a staff team of 5 EFT consisting of a Manager, an executive management team of 2 staff for administration/finance and service delivery/case management respectively, and 2 other case managers dedicated to women and individual children, one including a children's advocate/resource role, and a property/office support role.

In order to support initiatives and broader policy reforms that provide better outcomes for women and women with children who experience family violence, Brenda House is committed to participating in and contributing to a broad range of state and regional family violence and homelessness networks, partnerships and committees. Brenda House is governed by a Board of Management, membership of which is drawn from the community. Particular skills are sought and offered that work toward the goal of quality management of the agency to support and advocate for women and children experiencing violence. Core funding is received through DHS via the Supported Accommodation Assistance Program (SAAP) and is based on a 3 year recurrent cycle. Brenda House was established by a community agency in Doncaster in 1978 as Doncare Women's Refuge. In the early 1980's it became autonomous as Brenda House, named after one of the founding members at Doncare.

Today, crisis support and accommodation is provided from an office and in eight separate living areas over four properties, using a dispersed model. Brenda House provides flexible and diverse options to women with a broad range of security needs and complex support and cultural requirements. 20-25% of our clients choose to return safely to their homes with sole occupancy orders, a safety plan and various security measures. The service has access to 10 transitional properties. Crisis intervention and support is also offered to women and children in the community who are experiencing violence. The service also works to build preventative responses to violence against women and children, participating in a range of related partnerships including men's behaviour change.

Brenda House Organisational Structure



1.4.4 Eastern Domestic Violence Service (EDVOS)

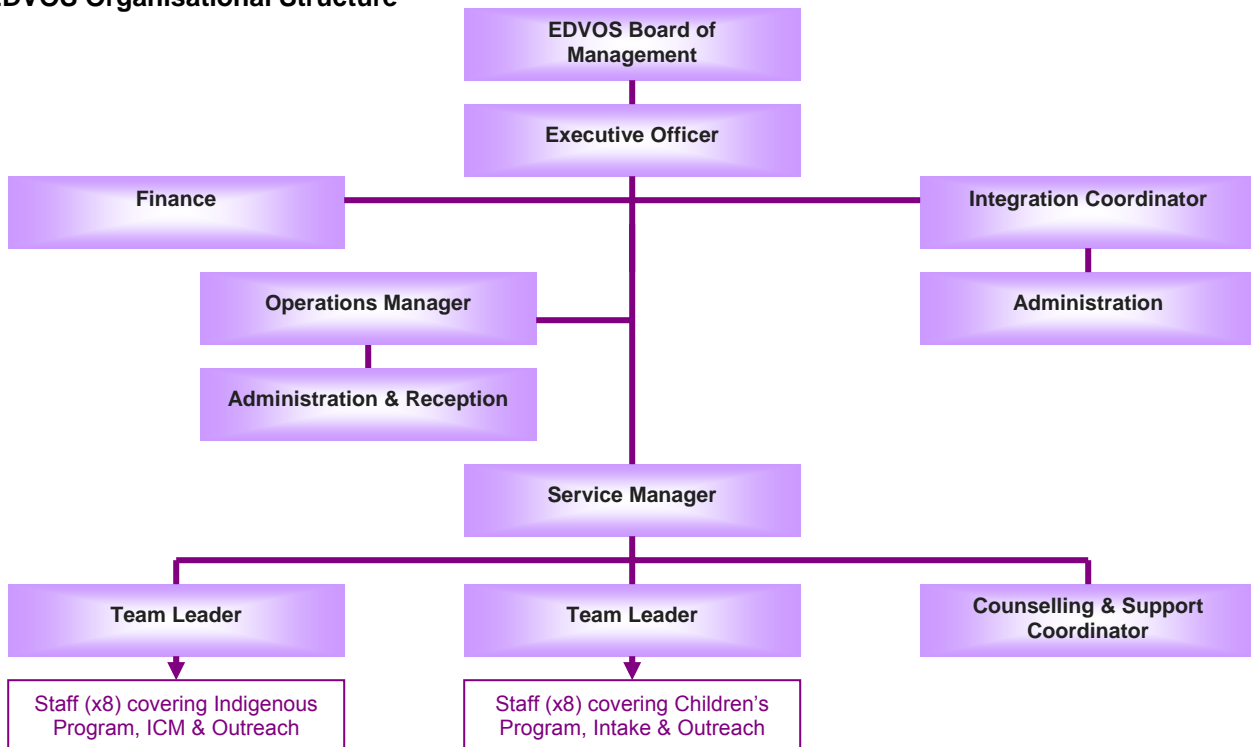
EDVOS is a non-government organisation which provides individual support, information, referral and advocacy to women and women with children who are experiencing domestic and family violence. Working within a feminist framework of domestic violence, and a gendered analysis, EDVOS believes women and children have the right to live free from all forms of abuse. EDVOS was first established in 1994 with the amalgamation of the Inner Eastern Women's Service and Outer Eastern Domestic Violence Outreach Services. EDVOS now services the Cities of Boroondara, Manningham, Whitehorse, Monash, Maroondah, Knox and Yarra Ranges.

Current programs and services include: outreach support incorporating an Indigenous program in partnership with the Eastern Indigenous Family Violence Action Group; a children's program; intensive case management; private rental brokerage program, police fax back program; intervention order support service in partnership with Eastern Community Legal Service and Victoria Legal Aid (Ringwood), 'Pets in Peril' in partnership with Animal Aid, and counselling and group work sub-contracted to agencies in each local government area in the region. EDVOS has responsibility for the regional integration coordination position and employs the Regional Family Violence Committee Chair.

The EDVOS staff team consists of 21 EFT positions including an outreach team, intensive case management team, two team leaders, a finance worker and administration worker, a Counselling and Support Coordinator, a Service Manager and Operations Manager and Executive Officer. EDVOS has access to 10 Transitional Housing properties and in partnership with a local real estate agency, manages three private rental properties.

All EDVOS staff are employed by, and accountable to, a community based Board of Management via the Executive Officer. Membership of the Board is open to women only who reside and/or work in the Eastern Metropolitan Region. The majority of EDVOS funds are received from the Department of Human Services through the Supported Accommodation Assistance Program (SAAP), Child Protection and Family Services and Transitional Housing Assistance. Donations also provide a valuable source of income.

EDVOS Organisational Structure



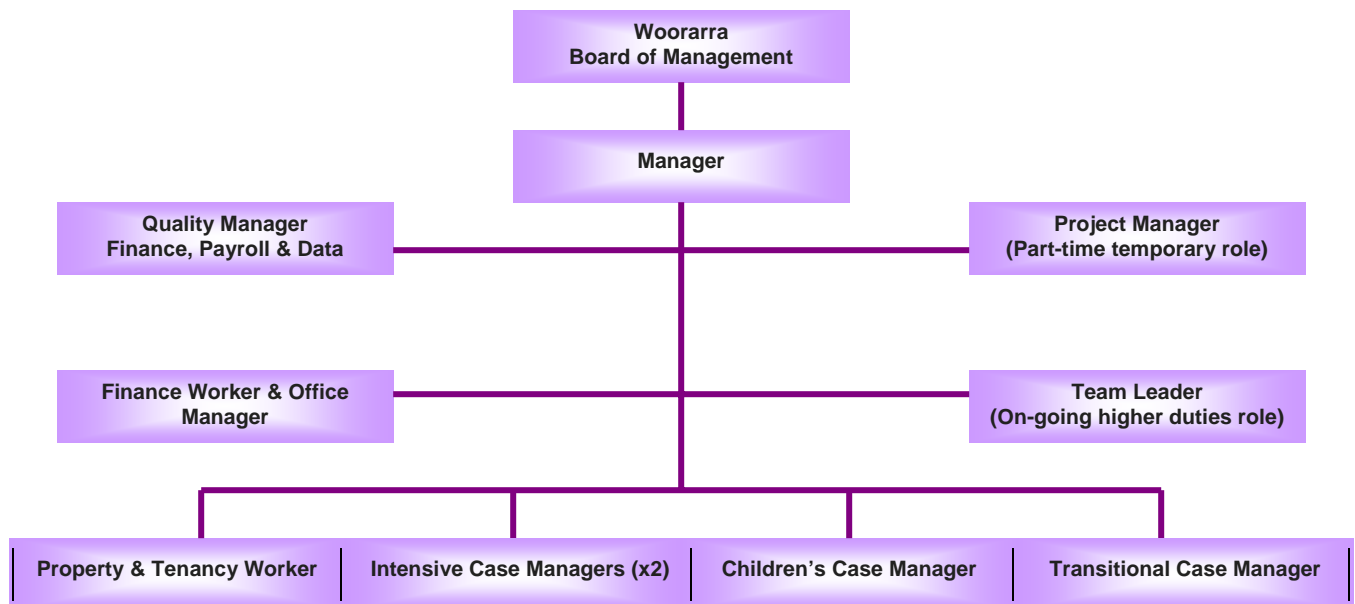
1.4.5 Woorarra

Woorarra is a feminist based Women’s Refuge which aims to provide safe and secure accommodation and support to women with and without children, who experience family violence and are in need of relocation from where they usually reside and enhancement of their safety. The service aims to assist women, addressing their issues especially their experience of family violence. Woorarra’s services include: short-term crisis supported accommodation, transitional housing and support and co-case management with other specialist and generalist services.

Woorarra was first established in 1978 by a group of concerned community members who saw the need for a safe, supported accommodation service for women and women with children who were ‘victims’ of family/domestic violence. Funding was pursued and achieved and the ‘Mountain Women’s Refuge Collective’ commenced operation in 1978. In 1992 the collective decided on a change of name and ‘Woorarra’ was thus born.

Woorarra is governed by a Board of Management, comprised of women drawn from the broader community who come with a range of skills, experience and expertise and who have an expressed interest in family/domestic violence issues. Woorarra’s operating budget provides for 4.4 EFT staff, comprising a Manager, casework staff, property/tenancy and finance staff. A temporary position also exists for project work when specific funding is available.

Woorarra Organisational Structure

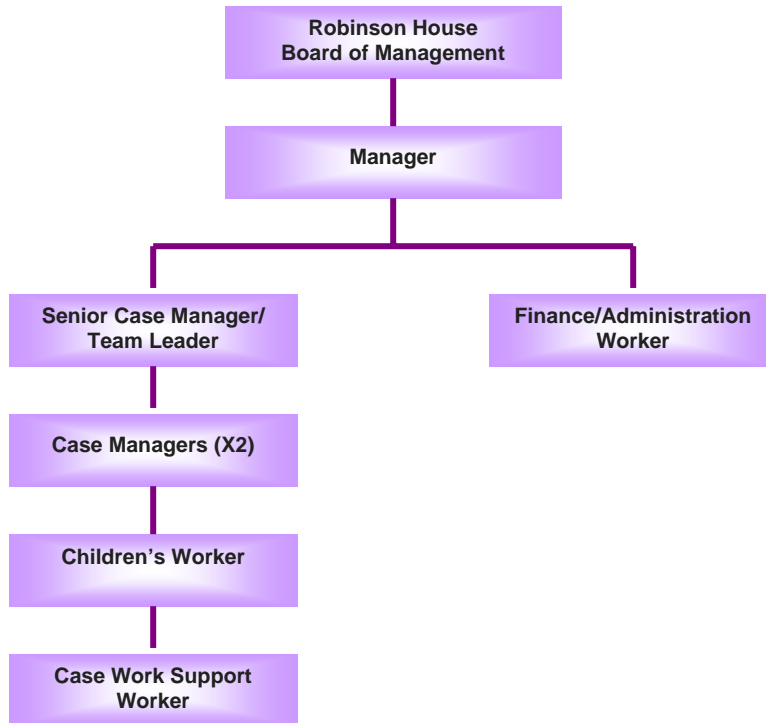


1.4.6 Robinson House

Robinson House was first established in 1977 by a concerned group of people from Blackburn Baptist Church who worked together to address the needs of women and children who needed a safe place to escape situations of family/domestic violence. The main property was bequeathed to the Blackburn Baptist Church who became the trustee's to ensure that the property was used for the sole purpose of supporting women and women with children experiencing family/domestic violence. A year later, in 1978, the refuge secured government funding and commenced operations under the auspice of the Blackburn Baptist Church until 1981 when the organisation became a collective. In 1987 Robinson House became an independently incorporated association and while the organisation no longer has any formal ties to the Church (now known as Crossway Baptist) strong links still exist, particularly with membership on the Board of Management.

Robinson has been SAAP funded for 5 EFT since 1988 and along with the main premises also operate two additional refuge properties owned by DHS Office of Housing. In addition, the organisational also provides case management support to women and children in 8 transitional housing properties. The staff team consists of a Manager, 3 case managers (including a senior worker), a finance/administration worker, a children's worker and a case work support worker.

Robinson House Organisational Structure



1.4.7 Women's Liberation Half Way House (WLHH)

WLHH was founded in 1974 by a group of committed women who were part of the Women's Liberation Movement. It was the first women's refuge in Victoria and operated with no funding until April 1975 when a small grant from government was secured. WLHH is a non-profit organisation that provides short-term intensive support, crisis accommodation and outreach services to women and children experiencing family/domestic violence.

WLHH operates a single, communal, high security refuge accommodating four women and their children at any time. To assist in meeting demand WLHH has negotiated nomination rights with seven additional Transitional Housing Managers – a current total of 17 properties.

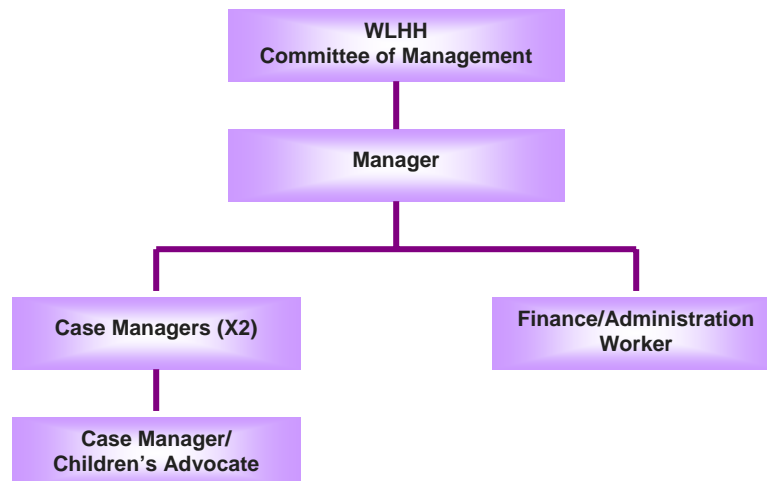
WLHH practice stems from the importance of women to determine their own lives and the recognition of the individuality of each woman's experience. The organisation seeks to run a service that ensures the diverse needs of women and children are addressed in a flexible and culturally appropriate manner.

WLHH is governed by a Committee of Management that encourages diversity, activism, shared values and common direction. The Committee aims to ensure membership is diverse in terms of class, cultural background and skill and that the personal experiences of women are valued.

Ex-resident involvement on the Committee is encouraged to ensure that the service operates in ways that are accountable and reflective of women's needs. The organisation is grounded on the principle that the service, staff and Committee are directly accountable to the women that it serves, to the feminist movement, to funding bodies and to the wider community in general.

WLHH is funded for five EFT including a Manager, a finance worker, 2 family violence case workers and a family violence case worker/children's advocate.

WLHH Organisational Structure



2. CREATING, CONTROLLING AND REVIEWING POLICIES AND PROCEDURES

2.1 WHAT IS THE DIFFERENCE BETWEEN POLICY & PROCEDURE?

A policy is an internal document that sets out the overall guidelines by which decisions are made. All policies should be consistent with:

- the ethos of DV East Inc.;
- funding and service agreements for DV East and member agencies.

Where applicable, policies should have appropriate procedures to support their implementation. The broad policy statement should be brief, usually only a few sentences, and be reviewed each time the relevant procedure is updated. Procedures are the explanatory notes of how to implement the policy and describe what steps are to be taken to ensure that policies are appropriately applied in the workplace.

2.2 CREATING A NEW POLICY & PROCEDURE

Policies and procedures for this Manual that relate to the operational management of DV East and its member agencies must be endorsed by the DV East Coordination Network at a regular meeting and appropriately recorded in the meeting minutes. Each policy is to include a standard format for document management and control. This standard format is to be placed at the top of each policy statement document (see below).

<i>Document Title:</i>	<i>Date signed off:</i>
<i>Date of Issue:</i>	<i>Review Date:</i>
<i>Formulated by:</i>	<i>Responsibility:</i>

2.3 REVIEWING EXISTING POLICIES & PROCEDURES

Any staff member or Governing Body member of DV East member agencies can suggest a change to this Manual. Suggestions for changes or updates will be reviewed in the first instance by the respective Manager/Coordinator of the agency and then referred onto the DV East Coordination Network for amendment (if necessary), ratification and approval. No changes will be made to section 1 through to section 8 (generic chapters) of this manual other than those approved by the DV East Coordination Network. Each year, at the DV East AGM, one member agency will be nominated to take on the primary responsibility for updating and maintaining the Manual for the period of 12 months. This agency will hold the electronic master copy of the Manual while all other electronic copies that are distributed among member agencies will be protected as 'read only'. All policies must be reviewed at least every three years.

2.4 ELECTRONIC & HARD COPY SECURITY

This Manual will be made available to all DV East member agency staff and posted electronically on member agencies respective internal shared drive systems as a 'read-only' file. The electronic Master copy of the Manual can only be altered via protected password. Hard copies of the Policy Manual will be made available to all staff of DV East member agencies and located in communal/key work areas where access for staff is easy. Any changes to the Manual will be done electronically and photocopied and/or printed with the altered page/s inserted in the appropriate place in the hard copy manual. The new date of issue should be noted in the document control box of the particular policy or procedure that has been changed.

3. GOVERNANCE AND LEADERSHIP

About Governance and Leadership

Governance is primarily concerned with improving an organisations' performance for the benefit of its stakeholders. It is focussed on the conduct of, and relationships between, the Governing Body, managers, workers, clients and other stakeholders. Good governance aims to improve policy development, strategic directions, risk management, effective organisational practice, leadership and executive performance.

(Based on OECD's Principles of Corporate Governance, and adopted by Standards Australia in AS 8000-2003, Good Governance Principles)

For member services of DV East governance is about:

- Accepting responsibility as the legal authority for the organisation.
- Setting and maintaining an organisation's vision and identity.
- Explicitly setting out organisational values and philosophy.
- Setting and reviewing strategic direction, based on an outward-looking focus and appreciation.
- Ensuring clear organisational and governance policies.
- Employing, supporting and monitoring the delegated management authority, as the key conduit to staff and service delivery.
- Ensuring the financial stability and long-term financial health of the organisation.
- Developing, maintaining and safeguarding the financial and property assets of the organisation.
- Ensuring the development and maintenance of the profile of the organisation within its particular sector and wider community.
- Taking ultimate responsibility for the organisation, as Trustee for a variety of stakeholders (including members), ensuring all legal requirements are met.

Governance is a crucial concept for all DV East member agencies and is particularly relevant in ensuring a separation of 'governance' from 'management'. This can be an issue for smaller agencies, where 'Committee' members frequently wear two hats – one as a member of the organisations governing body and the other in participating in service delivery or management activities. In clarifying the role of governing body members it is essential that there is an understanding of the full legal responsibility that comes with bearing the office of 'Board' or 'Management Committee' member. This includes an appreciation that the governing body is primarily responsible for the organisations overall direction and vision (and the resources needed to achieve that vision). Managing the organisation generally rests with the delegated management authority (i.e. CEO, Director, Coordinator or Manager) selected by the governing body and focuses on planning and implementation to ensure that the organisational vision and mission becomes a reality in a practical sense.

'Good governance is therefore primarily a function of the behaviours and values of the organisation's leaders and of the overall culture of the organisation.'

(Australian National Audit Office: Public Sector Governance Better Practice Guide, 2005)

3.1 GOVERNANCE POLICY

Policy Title:	<u>Governance Policy</u>	Date signed off:	_____
Date Issued:	<u>September 2008</u>	Review Date:	_____
Formulated by:	_____	Responsibility:	_____

POLICY STATEMENT

GOVERNING BODIES OF DV EAST MEMBER ORGANISATIONS SHALL ACT WITH FAIRNESS AND EQUITY IN ALL MATTERS CONCERNING GOVERNANCE, MAINTAINING A FOCUS ON STRATEGIC AND POLICY DIRECTION WHILE ENSURING THAT SOUND AND EFFICIENT MANAGEMENT PRINCIPLES AND PROCEDURES ARE ADOPTED AND PRACTICED. DV EAST MEMBER ORGANISATIONS WILL CONFORM TO APPROPRIATE LEGISLATIVE AND REGULATIVE REQUIREMENTS ON A LOCAL, STATE AND NATIONAL LEVEL.

PROCEDURE

Governing Bodies of DV East member agencies will:

- Be guided by their respective Constitution, Terms of Reference (see below) and their organisation's Strategic Plan to provide direction.
- Maintain a focus on the strategic implications and required outcomes of programs and services, rather than on their management.
- Maintain an emphasis on the policy implications of all matters coming before it. All policies stem from the mission and values established by the Governing Body.
- Maintain a commitment to excellence in all matters coming before it.
- Establish a code of behaviour that is expected of all members of the Governing Body.
- Accept the principle that the Governing Body speaks with one voice, that no one member shall publicly express her/his own opinion should this deviate from an agreed position and decision. The Governing Body may designate one member to speak on its behalf.
- Accept a level of accountability that automatically accompanies Governing Body membership. The Governing Body is accountable to stakeholders for the organisation's actions and decisions.
- Provide formal induction training for new Governing Body members and provide ongoing training to ensure positive support for members in their work on the Governing Body.

Terms of Reference

Governing Body Authority

All member agencies of DV East are incorporated in their own right under the Associations Incorporation Act (1981). They are therefore governed by a group (Governing Body) elected by its members.

The Governing Body is the legal entity for the organisation. Governing Body members represent the interests of the organisation's stakeholders including service users, staff, donors, philanthropic bodies and government. As such, both the Governing Body and its members are entrusted to ensure that the organisation is soundly managed for the benefit of all.

Governance

The key role of the Governing Body is the good governance of their organisation. It does this through a number of strategies including:

- Contributing personal expertise and skills, both at meetings and at other times.
- Strategic planning and development and working with their Manager/Coordinator to ensure organisational goals are achieved.
- Relationship building for strategic purposes to assist in gaining access to resources and an increased profile.
- Assisting the Manager/Coordinator to manage external realities and advocate on critical issues.

The Governing Body appoints and reviews the performance of their Manager/Coordinator annually. It also works in close partnership with her to determine, monitor and review organisational goals and key policies and supports and resources her to carry out her responsibilities.

The Manager/Coordinator is the Governing Body's sole direct employee, all other staff being employed by the Manager/Coordinator. The Governing Body will have no managerial relationship with organisational staff, this being the sole preserve of the Manager/Coordinator. The Governing Body may establish Standing Committees or 'Task Groups' to assist in performing its own role.

Requirements for Governing Body membership

Governing Body members are expected to have:

- A commitment to work for the good of the organisation.
- An ability to bring knowledge, expertise and influence relevant to the organisation's affairs and a willingness to use this appropriately.
- The capacity to be actively involved in the work of the Governing Body, through Committees or other means, preparation for and participation in meetings and other forums and by devoting sufficient time to become familiar with the organisation's affairs and the wider environment within which it operates.
- A commitment to a collective responsibility for all matters pertaining to the Governing Body and an acceptance of accountability to all stakeholders.
- Being prepared to represent the organisation in a manner befitting Governing Body member status.
- A commitment to operating in a manner consistent with the Code of Conduct for Governing Body members.
- Preparedness to represent and participate on the Governing Body, independent of any other affiliation with another organisation.

Appointment of New Members

When there is a casual Governing Body vacancy, the Chairperson and the Manager/Coordinator will review the existing Governing Body in terms of skills, knowledge, experience, diversity and representativeness. A Search Committee may be appointed when necessary.

Tenure

The period of tenure for a general Governing Body member and for Office Bearers is in accordance with the requirements of the organisation's particular rules.

Governing Body Policies

To fulfil its governing role of providing a framework for the organisation's operation, the Governing Body develops the organisational vision statements, defines key organisational principles and values and has responsibility for the constitution, by-laws and other legal frameworks. It also oversees three groups of policies:

Governing Body policies:	Describes the way the Governing Body carries out its governance role.
Governing Body/ Delegated Authority policies:	Defines the boundaries of the relationship between the Governing Body and the Manager/Coordinator.
Manager/Coordinator Delegation policies:	Provides the framework for the operational management of the organisation.

The Governing Body:

- Meets regularly to develop strategic policy and review strategic directions.
- Monitors the performance of the Manager/Coordinator.
- Monitors the achievement of organisational goals. To do this, the Governing Body ensures that appropriate monitoring and reporting systems are in place and that these are maintained and utilised to provide accurate and timely information to the Governing Body.
- Ensures that there is an appropriate separation of duties and responsibilities between itself and the Manager/Coordinator.
- Ensures that the views of all Governing Body members are given due consideration and weight and meetings are held in such a manner as to ensure fair and full participation of all Governing Body members.
- Ensures that stakeholders are provided with an accurate and balanced view of the organisation's performance, including both financial and service provision.

Governing Body Level Policies

- All Governing Body-level policies will be approved by the Governing Body at a formally constituted meeting.
- The need for new policies can be notified by individual Governing Body members or the Manager/Coordinator.
- New policies may be developed to draft standard by a Governing Body working party and the Manager/Coordinator. They will then be circulated to all Governing Body members and other interested parties for comment prior to presentation to the Governing Body for approval.
- Governing Body policies will be developed in accordance with the Policy Development Policy and the conditions outlined for the updating and maintenance of the DV East Policy Manual.
- All Governing Body-level policies shall be available to all Governing Body members, the Manager/Coordinator and to staff.

Policies Delegated to the Manager/Coordinator

- The Manager/Coordinator is responsible for the development of all operational policies.
- Operational policies shall be developed in accordance with the Policy Development Policy and the conditions outlined for the updating and maintenance of the DV East Policy Manual.
- All operational policies shall be accessible at each work site.
- All operational policies shall be regularly reviewed.
- Operational policies shall be available to Governing Body members as requested.

Monitoring

The Governing Body will regularly review:

- Progress towards the achievement of the organisation's goals and objectives.
- Those Manager/Coordinator Delegation policies that address ongoing business success.
- All other Governing Body-level policies as appropriate.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

3.2 GOVERNING BODY CODE OF CONDUCT

Policy Title: Governing Body Code of Conduct Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER ORGANISATIONS RECOGNISE THEY HAVE A LEGAL AND MORAL RESPONSIBILITY TO GOVERN THEIR ORGANISATION IN THE BEST INTERESTS OF THE COMMUNITY THEY SERVE. GOVERNING BODY MEMBERS OF DV EAST MEMBER AGENCIES WILL DEMONSTRATE PROFESSIONAL CONDUCT AND ETHICAL BEHAVIOUR AT ALL TIMES - IN THEIR RESPONSIBILITIES TO THEIR RESPECTIVE ORGANISATIONS, IN THEIR PROFESSIONAL RELATIONSHIPS WITH EACH OTHER AND IN THEIR PROFESSIONAL SERVICE TO THE COMMUNITY.

APPLICATION

It is expected that Governing Body members of DV East member agencies shall:

- Act honestly and in good faith at all times in the interest of their organisation and its stakeholders.
- Carry out its duties in a lawful manner.
- Ensure that the organisation carries out its business in a lawful manner.
- Avoid conflicts of interest. Where such a conflict arises, the member/s concerned must act within the terms of the Conflict of Interest Policy.
- Be diligent, attend Governing Body meetings and devote sufficient time to preparation for meetings to allow for full and appropriate participation in the Governing Body's decision-making.
- Observe the confidentiality of non-public information acquired by them in their role as Governing Body members and not disclose to any other person information that might be harmful to the organisation, its staff, or clients.
- Act in a prudent, responsible and ethical manner in respect to financial matters, complying with the spirit as well as the letter of the law, recognising both the legal and moral duties of their role.
- Review their own performance at regular intervals to ensure that they are making a suitable contribution to Governing Body deliberations and decision-making.
- Interact with the Governing Body and stakeholders of the organisation in a positive and constructive manner.
- Be loyal and supportive to the Governing Body, abiding by its decisions once reached.

- Not do anything that in any way denigrates the organisation or harms its public image.
- Meet regularly to monitor the performance of management and the organisation as a whole. To do this, the Governing Body will ensure that appropriate monitoring and reporting systems are in place and that these are maintained and utilised to provide accurate and timely information to the Governing Body.
- Ensure that there is an appropriate separation of duties and responsibilities between itself and the Manager/Coordinator and that no one has unfettered powers of decision making.
- Ensure that the independent views of Governing Body members are given due consideration and weight.
- Ensure that stakeholders are provided with an accurate and balanced view of the organisations performance including both financial and service provision.
- Ensure that the organisations assets are protected via proper physical resources management including an appropriate risk management strategy.
- Carry out its meetings in such a manner as to ensure fair and full participation of all Governing Body members.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

3.3 CHAIR & DELEGATED MANAGEMENT AUTHORITY

Policy Title: Chair & Delegated Management Authority Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

THE RELATIONSHIP BETWEEN THE CHAIRPERSON OF THE GOVERNING BODY AND AN ORGANISATION'S DELEGATED MANAGEMENT AUTHORITY (I.E. MANAGER, CEO, COORDINATOR) IS CRUCIAL FOR EFFECTIVE GOVERNANCE. IT ENABLES MANAGEMENT PERSONNEL TO SEEK POLICY INTERPRETATION, GUIDANCE AND SUPPORT FROM THE GOVERNING BODY THROUGH THE CHAIRPERSON BETWEEN REGULAR GOVERNANCE MEETINGS AND AT THE SAME TIME KEEPS THE CHAIRPERSON INFORMED OF VARIOUS OPERATIONAL MATTERS SO THAT EFFECTIVE GOVERNANCE CAN TAKE PLACE. THE RELATIONSHIP SHOULD BE AT ALL TIMES, OPEN AND CONSULTATIVE.

APPLICATION

- The Chairperson provides the formal link between the Governing Body and the Manager/Coordinator.
- There should be both regular formal and informal interaction between the Chairperson and the Manager/Coordinator with either party able to initiate contact.
- Communication between the Chairperson and the Manager/Coordinator shall not replace Governing Body meetings or committee tasks.
- The Chairperson and Manager/Coordinator are bound by Governance Policy at all times.
- The Chairperson advises the Governing Body of the agreed outcomes of such meetings as appropriate.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

3.4 REPORTING TO THE GOVERNING BODY

Policy Title: Reporting to the Governing Body Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

MANAGEMENT SHALL KEEP THE GOVERNING BODY FULLY INFORMED ON A REGULAR BASIS, OF THE STATUS AND OUTCOMES OF ALL PROGRAMS AND SERVICES, THE ORGANISATION'S FINANCIAL POSITION, IMPORTANT MANAGEMENT ISSUES AND ALL MATTERS THAT IMPLY A REAL OR POTENTIAL LEGAL CONSIDERATION FOR THE ORGANISATION.

APPLICATION

The Manager/Coordinator shall:

- Provide the Governing Body with a report at each of its meetings addressing the various issues to be monitored.
- Inform the Governing Body of significant trends, implications of decisions, issues arising from policy matters or changes in the basic assumptions upon which the Governing Body's Strategic Plan and Business Plan are based.
- Present information in a manner which enhances Governing Body members' understanding of the issues contained therein.
- Keep Governing Body members informed when for any reason there is non-compliance with a policy.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

The Manager/Coordinator can only delegate authority to others within the authority delegated to her. If the Manager/Coordinator does not know the nature and extent of authority delegated to her, further delegations become uncertain. The result can be that no-one in the total organisation is confident of the actions or decisions they are able to initiate without requesting permission or approval. Service quality can be at risk, as can the whole organisation.

A Statement of Delegation of Authority to the Manager/Coordinator should reflect the following documents:

- Manager/Coordinator PD & employment contract
- Performance appraisal procedure
- Performance indicators & measures for the Manager/Coordinator
- Governing Body-endorsed policy framework
- Legislative, funding & contractual obligations

All persons employed by an organisation need to know and understand what the organisation requires and expects from their individual positions. Such requirements and expectations form the basis for their annual performance appraisal. The process of formally delegating authority to each position should ensure that each person has appropriate authority to enable them to fulfil the requirements and expectations of their position.

The Manager/Coordinator must ensure that the person or groups to whom authority is delegated have the capacity, ability, commitment and resources to achieve the stated requirements and expectations.

The golden rule is that, whenever authority is delegated to any level within an organisational structure, there is also the requirement and expectation to be accountable for the proper use of such authority. Wherever authority is delegated, accountability is a requirement. 'Accountability' is defined as a requirement to report on or justify actions related to specified matters and to take carriage of the primary responsibility for actions undertaken.

The Manager/Coordinator Position Description must include:

- The nature and extent of authority delegated by the Governing Body to this position
- Specific areas of accountability and responsibility, including: advising the Governing Body on policy development and strategic direction; management of the total organisation (including finance, premises, equipment, administration, human resources, information, technology, programs and services); reporting to the Governing Body on progress of activities, initiatives and opportunities and on the financial viability of the organisation; employment and supervision of staff and volunteers
- Standards/requirements to be met and maintained under relevant legislation, the constitution, Governing Body-endorsed policies and procedures and funding, service or contractual agreements and obligations
- Terms and conditions of employment including rights and entitlements
- Processes and procedures for identifying and reviewing performance objectives and indicators, and for performance appraisal
- Professional training and development objectives

The Manager/Coordinator position description will act as the basis for the delegation of authority. It should also be the focus for an annual performance review or assessment, which would include a review of the details in the position description, together with a review of the nature and extent of delegated authority. A contract of employment or employment agreement, however, is a separate document, as it will set out the terms, conditions, benefits, etc., of employment.

Delegation of Authority by the Governing Body to the Manager/Coordinator

FUNCTION	AUTHORITY RETAINED BY GOVERNING BODY	AUTHORITY DELEGATED TO THE MANAGER/COORDINATOR
PLANNING	<ul style="list-style-type: none"> - All decisions to endorse & monitor strategic & business plans. - Endorse policies & procedures relating to all other planning activities. 	<ul style="list-style-type: none"> - Prepare recommendations for endorsement by submission to the Governing Body. - Implement & evaluate endorsed decisions. - Expend endorsed budgeted amounts on related activity.
POLICY DEVELOPMENT	<ul style="list-style-type: none"> - Endorse a policy & procedure for policy-making throughout the organisation. - Endorse all policies & procedures relating to the governance & management of the organisation's affairs, activities & interests. 	<ul style="list-style-type: none"> - Prepare & recommend draft policies & procedures relating to governance & management of the organisation's affairs, activities & interests. - Develop, implement & evaluate operational policies & procedures in line with the Governing Body-endorsed policy on policy making. - Expend budgeted amounts on related activity.
STAFFING	<ul style="list-style-type: none"> - All decisions regarding the position of Manager/Coordinator– selection, terms & conditions of employment, PD, performance indicators & measures, performance appraisal. - Endorse policies & procedures to establish an appropriate framework for employment & industrial relations throughout the organisation. - All decisions to create new positions or substantially change the nature & extent of authority for any position or person. 	<ul style="list-style-type: none"> - All decisions re: hiring, termination/replacement of staff - Creating new positions (subject to Governing Body approval & budget allocation). - Implement policies re: staff applications for overtime, time-in-lieu, all categories of leave, training & professional development – ensuring that such training & development aims to improve current work practices & is in line with current legislation. - Implement endorsed policy on matters related to employment & industrial matters. - Keep the Governing Body advised about effectiveness of policies & procedures & recommend improvements.
FINANCIAL	<ul style="list-style-type: none"> - Endorsement of forward annual budgets & cash flow projections prior to commencement of each financial year. - Approval of the format, content & language of monthly financial reports, particularly in relation to essential interpretation & commentary. - Approval of unanticipated expenditure above Manager's delegated level. - Endorsement of policies & procedures relating to asset & risk management, debt avoidance or management & investment. - Endorsement of a policy & procedure relating to the core business activity of submissions, grant applications & tenders. 	<ul style="list-style-type: none"> - Prepare recommendations to the Governing Body on matters including: <ul style="list-style-type: none"> - obtaining external financial resources, including submissions & grant applications to external authorities - tenders - budget preparation - negotiating contractual agreements, organisational performance indicators, performance measures & internal controls - asset & risk management - Make decisions about internal financial, administrative, information & accounting systems up to delegated level & within budgeted limit for major categories of income & expenditure.
MARKETING/PROMOTION	<ul style="list-style-type: none"> - Endorse all associated policies, plans, budgets & strategies. 	<ul style="list-style-type: none"> - Expend approved budget for any category of promotional activity within budget limits. - Make & implement decisions on external contacts within the endorsed marketing strategy. - Make recommendations re: external commitments to key organisations or networks. - Act as spokesperson for the organisation within the endorsed policy & strategic framework.
CONFLICT RESOLUTION	<ul style="list-style-type: none"> - Endorse relevant policies & procedures at governance, management & operational levels. 	<ul style="list-style-type: none"> - Act promptly as outlined in internal policies & procedures or industrial requirements & advise the Governing Body as appropriate.
CONSTITUTION/LEGAL	<ul style="list-style-type: none"> - All decisions. 	<ul style="list-style-type: none"> - Make recommendations on consideration & negotiation of all funding, service & contractual agreements. - Commit the organisation only after Governing Body approval or within the strategic & policy framework. - Deal promptly on any legal, legislative, statutory or contractual matters & advise the Governing Body immediately. - Make recommendations re: preparation for the AGM, auditing of the annual accounts, the annual report & corporate reporting obligations.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

3.6 CONFLICT OF INTEREST

Policy Title: Conflict of Interest *Date signed off:* _____
Date Issued: September 2008 *Review Date:* _____
Formulated by: _____ *Responsibility:* _____

POLICY STATEMENT

GOVERNING BODIES OF DV EAST MEMBER ORGANISATIONS PLACE GREAT IMPORTANCE ON IDENTIFYING ANY EXISTING OR POTENTIAL CONFLICT OF INTEREST. IT IS THE INDIVIDUAL GOVERNING BODY MEMBERS RESPONSIBILITY TO RECOGNISE AND DECLARE ANY CONFLICT OF INTEREST. ALL SUCH CONFLICTS OF INTEREST MUST BE DECLARED BY THE MEMBER CONCERNED AND DOCUMENTED IN THE MINUTES OF A REGULAR GOVERNANCE MEETING.

APPLICATION

Definition

A conflict of interest is a real, perceived or potential conflict between the personal or business interests of a Governing Body member and the member's duty to act in the best interests of their organisation. There can also be a conflict between the duty a member has to their organisation and a duty he or she has to another entity. Wherever a conflict of interest or duty may be perceived, the matter must always be resolved in favour of the public interest rather than the individual member. Declarations of private interests are the responsibility of the individual Governing Body member. Examples of a conflict of interest are when a Governing Body member:

- offers a professional service for payment to the organisation;
- stands to gain personally or professionally from any insider knowledge if it is used to advantage;
- is involved in another organisation which may conflict with their duties as a Governing Body member;
- their family, friends or business interests stand to gain financially from organisational business dealings.

Process

The best way to deal with a conflict of interest is to first consider the degree, nature and extent of such potential conflicts and make these known to all involved, including other Governing Body members. It may well be that a declaration of conflict of interest is sufficient in itself, and no specific action needs to be taken, given that the conflict of interest has been openly declared. All conflicts of interest must be declared to the Governing Body and recorded in the minutes of a regular meeting. Where a conflict of interest is identified and/or registered, the member concerned may be requested by the Governing Body to:

- not participate in any discussion on that topic or topics felt by the Governing Body to be closely related;
- leave the room during such discussions; or
- contribute to the discussion, but not participate in any vote taken on the topic.

A Governing Body member who believes another member has an undeclared conflict of interest should specify in writing the basis of this potential conflict and submit it to the Governing Body prior to the next regular meeting.

If a Governing Body member declares themselves to have an existing or potential conflict of interest confidentiality will be respected at all times. If a Governing Body member alleges that another member has a conflict of interest, whether existing or potential, the Governing Body will consider all views and opinions and resolve the issue to the satisfaction of both parties if possible. Any aggrieved parties must follow the procedures in the Governing Body grievance policy.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

3.7 MEETING PROCESS

Policy Title:	<u>Meeting Process</u>	Date signed off:	_____
Date Issued:	<u>September 2008</u>	Review Date:	_____
Formulated by:	_____	Responsibility:	_____

POLICY STATEMENT

GOVERNING BODIES OF DV EAST MEMBER ORGANISATIONS ARE COMMITTED TO THE ACHIEVEMENT OF EFFECTIVE AND EFFICIENT MEETINGS AND FAIR AND TRANSPARENT PROCESSES FOR THE DISCUSSION OF ISSUES. TO THIS END ALL MEETINGS WILL BE GUIDED BY AN AGENDA, PREPARED BY THE CHAIRPERSON IN CONSULTATION WITH THE GOVERNING BODY EXECUTIVE (DEPUTY CHAIR & TREASURER), THE ORGANISATION'S DELEGATED MANAGEMENT AUTHORITY AND OTHER GOVERNING BODY MEMBERS AS REQUIRED.

APPLICATION

The regular meeting of the Governing Body is the chief source of information and the key venue for Governing Body members to make decisions. This meeting is the core of the governance processes and the main opportunity for Governing Body members to:

- Obtain and exchange information with their Manager/Coordinator;
- Obtain and exchange information with each other;
- Establish and then reinforce goals and objectives;
- Share responsibility for the organisation's performance;
- Monitor relationships with the Manager/Coordinator;
- Delegate authority;
- Make decisions.

DV East member agency Governing Bodies believe that robust discussion supports effective decision making. Therefore, it is important that members are able to participate fully in meetings. Governing Body meetings will:

- Be based on an agenda, prepared by the Chairperson and/or the Executive (Chair, Deputy Chair, Treasure, Secretary) and in consultation with the Manager/Coordinator and other Governing Body members as required. The agenda is to be circulated to Governing Body members at least four days prior to the meeting.
- Consider reports prepared by the Manager/Coordinator and others (as agreed), which have been circulated sufficiently ahead of time for proper preparation.
- Include the Manager/Coordinator as of right. From time to time, staff may be invited to the meeting by the Governing Body to present an issue or provide information or advice.

- Have the right to go “in camera” but in doing so will:
 - make the reasons for this clear;
 - reserve the right to include or exclude a non-Governing Body member if so chooses;
 - make all efforts to look ahead and signal any such ‘in camera’ session in the agenda or at the beginning of the meeting.
- Be held with the expectation that all members have appropriately prepared for each meeting and will participate in all discussions at all times within the boundaries of the Governing Body Code of Conduct.
- Be recorded in written minutes.

Meeting Frequency

The Constitution of the Governing Body specifies the frequency and number of Governing Body meetings per annum. The Governing Body determines the meeting dates for the proceeding 12 months at its first meeting in the calendar year. A minimum attendance required of members is eight meetings per year.

Apologies/Non-Attendance

If a Governing Body member becomes aware that they cannot attend a meeting, an apology should be communicated in advance either to the Chair or the Manager/Coordinator. The apology can then be noted in the Minutes. It may be possible for the Governing Body member to participate by teleconference.

An apology will not be noted in the Minutes where a Governing Body member does not communicate an apology in advance and does not attend the meeting.

Leave of Absence

DV East member agency Governing Bodies recognise that there will be occasions when members will be unable to attend meetings for protracted periods. Examples might include extended vacations, study trips or recuperation from illness or injuries.

Leave of Absence will be granted on a case-by-case basis. There is no fixed reason why the leave will be granted and while the reason must be disclosed, the decision will not be made based on the requesting member's reason alone. Generally, leave of absence is appropriate when the member will miss at least three Governing Body meetings but intends to return within four months. Longer absences suggest that the member consider a voluntary resignation.

It is expected that an application for leave, stating the beginning and ending dates of the absence will be submitted and approved before leave is taken. This requirement, however, will be waived where the leave is necessitated by unexpected events. The Governing Body will act on the application for leave at its next regularly-scheduled meeting, unless an emergency situation requires earlier action by special meeting. Governing Body members will be reminded to keep in confidence the reasons for a member seeking a leave of absence. Members applying for a leave of absence will be notified by the Chair of the Governing Body's action. It is anticipated that most requests falling within the guidelines set out above will be granted. Repeated requests, failing more detailed explanations for the need, will likely not be granted and the member will be encouraged to submit a voluntary resignation.

This Policy will not change the absenteeism standards for Governing Body members. A member who simply ceases attending meetings without obtaining a leave of absence will be considered to have resigned when his/her attendance falls below minimum standards.

Annual General Meetings

These meetings are used to report to members and stakeholders on the year's activities and achievements, table the organisation's Annual Report and annual financial statements and to ratify nominations for Governing Body membership into the new calendar year. The AGM is a mandatory activity described in the constitution of each agency and is usually held in October-November of each year.

Extraordinary Meetings

These are held between general meetings when urgent decisions need to be discussed, negotiated and agreed upon.

Governing Body Sub-Committee Meetings

Different Governing Body sub-committees may be formed to perform specific tasks and/or address and consider particular issues. All sub-committees are to develop 'terms of reference' (which must be ratified and approved by the full Governing Body), to guide their deliberations and activities. As a general rule, sub-committees do not hold decision making power but are charged with the responsibility to advise the Governing Body on particular issues in their decision making process. Procedures for sub-committee meetings should echo those of the full Governing Body.

Retreats or Planning Days

These are often held away from the normal meeting location for a full day or weekend. They allow Governing Body members to take part in deeper discussions about strategic challenges and directions for the next year or beyond.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

3.8 LEGAL AND REGULATORY COMPLIANCE

Policy Title: Legal & Regulatory Compliance Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

GOVERNING BODIES OF DV EAST MEMBER ORGANISATIONS ARE COMMITTED TO OBSERVING AND OPERATING WITHIN RELEVANT LOCAL, FEDERAL & STATE GOVERNMENT LAWS, LEGISLATION AND REGULATIONS. CONSIDERATION OF THESE REQUIREMENTS IS TO BE INCLUDED AND INCORPORATED INTO THE DEVELOPMENT OF ALL GOVERNANCE AND OPERATIONAL POLICIES AND PROCEDURES.

APPLICATION

Compliance is about ensuring that the requirements of laws, regulations, industry codes and standards and organisational standards are met. A compliance strategy is an important element in the governance of an organisation and aims to:

- prevent, identify and respond to breaches of laws, regulations, codes or organisational standards occurring in the organisation;
- promote a culture of compliance within the organisation;

There are two important steps to begin the compliance process:

- identify the obligations to be complied with; and
- develop a compliance policy covering:
 - the primary objective (i.e. so the Governing Body can be satisfied that all possible measures are being taken by the organisation and its employees to comply actively with all relevant legislation, standards and codes);
 - the nature of the proposed compliance strategy that will ensure the organisation can operate and be compliant to manage risks, identify compliance responsibilities for all positions and incorporate an appropriate, consistent approach

The Governing Body of DV East member agencies undertake to:

- Comply with all relevant legislation, laws, standards, codes and internal policies;
- Maintain and raise the level of awareness of its compliance obligations throughout the organisation through appropriate provision of education programs, legal advice and updates;
- Develop and deploy appropriate practices and processes to ensure compliance with its obligations;
- Monitor its compliance with its legal obligations; and
- Take appropriate corrective action to prevent recurrence of compliance failures.

This policy encompasses DV East member agency's obligations to comply with all laws, whether State or Federal, applicable to the operation, programs and services of the organisation. Federal laws include those that govern employment, finance, privacy, freedom of information and the environment. State laws include those applicable to the organisation's role as a provider of family violence programs and services.

All Governing Body members, staff, contractors, agents, volunteers and other personnel performing activities for or on behalf of an organisation are required to comply with all aspects of the law and to act ethically and honestly at all times. References to the law detailed in this policy include:

- Acts, regulations, codes and other subordinate legislation;
- Government policy;
- Government and industry guidelines and practice statements;
- Court cases;
- Conditions imposed on approvals and licences.

The aim of this compliance strategy is to:

- Minimise regulatory risk through the establishment of a pro-active culture to compliance;
- Identify compliance strengths and weaknesses within DV East member agencies, maximising the benefits and effectively addressing any weakness;
- Empower all Governing Body members, staff, contractors, agents, volunteers and other personnel performing activities for or on behalf of the organisation to embrace a culture of compliance and be accountable for compliance within their area of work;
- Allocate responsibilities and accountabilities for compliance;
- Highlight/identify legislative requirements and obligations in need of reform and provide opportunities to proactively influence legislative and regulatory policy and change.

All Governing Body members and staff have an obligation to comply with the law. Wilful breaches of legislative and/or regulatory obligations pose an unacceptable risk and will not be tolerated. Legislative and/or Regulatory compliance is a shared, day-to-day responsibility.

All Governing Body members and staff are required to comply with the law as it is applicable to their role and responsibilities by:

- ensuring they are aware of and adhere to legal obligations;
- understanding the implications of breaching legal obligations;
- reporting any incidents of non-compliance.

Legislation Register

In line with good practice standards DV East member agencies will maintain an electronic 'Legislation Register' which will identify all legislations that are applicable to DV East member agency operations. The Register will detail the document title along with hyperlinks to specific items and will be updated as changes occur. Where such changes are likely to impact on operations or work practices a review of current policies, procedures and practices will be undertaken and appropriate amendments made. All staff shall have access to the Register via their shared drive on networked computers.

DV EAST MEMBER AGENCY

LEGISLATION REGISTER

February 2008

- Occupational Health and Safety Act 2004.
- Drugs, Poisons and Controlled Substances Act 1981.
- OHS Hazardous Substances Regulations 1999.
- OHS Manual Handling Regulations 1999.
- OHS Prevention of Falls Regulations 2003.
- Code of Practice for First Aid in the Workplace.
- Code of Practice for Hazardous Substances.
- Code of Practice for Manual Handling.
- Code of Practice for Prevention of Falls.
- Code of Practice of OHS information in languages other than English.
- Code of Practice for the storage and handling of dangerous goods.
- Environment Protection Act 1979.
- Taxation legislation both State and Commonwealth.
- WorkCover and Occupational Health legislation.
- Victorian Managed Insurance Authority Act 1996.
- Corporations Act 2001 (Commonwealth).
- the Public Records Act 1973.
- Information Privacy Act 2000.
- Freedom of Information Act 1982.
- Whistleblowers Protection Act 2001.
- Ombudsman Act 1973.
- Associations Incorporations Act (1981).
- Victorian Long Service Leave Act.
- DHS Regulations and Service Standards Guidelines.
- Charter of Human Rights and Responsibilities Act 2006.
- Equal Opportunity Act 1995 (Victoria).
- Working with Children Act 2005.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

Process

While there is no single model or approach for strategic planning, most organisations follow a common set of activities or steps. These are:

- Revisiting or defining the purpose and mission of the organisation;
- Identifying the aims and objectives of the strategic plan;
- Conducting an environmental analysis, internal assessment and resource analysis
- Identifying strategic opportunities, threats and choices
- Identifying the potential for development/expansion
- Developing a vision for the future (for the next 3-5 year period)

Key Result Areas

In order to realise the vision of the Strategic Plan the Governing Body must identify the key areas in which results are to be achieved (KRA's). These may include (but are not limited to): Marketing and Public Relations; Innovation; Partnerships and Strategic Alliances; Funding and Fundraising; Quality Improvement; Service Development and Expansion; Governance Development; and Resource Development.

For each KRA a set of aims and objectives are developed along with specific strategies, timelines, required resources and designated responsibility. An outcome statement is also developed which generally describes the intended achievements. KRA objectives aim to describe the way in which the aim will be achieved and are:

- specific – clear, unambiguous, straightforward and understandable;
- measurable – can be related to quantified or qualitative performance measures;
- attainable – the objective should be realistic and within known resources;
- relevant – linked to operations and services;
- timely – building in target and review dates;
- ambitious – extending the capability of team performance; and
- rewarding – acknowledge team achievement, reflection and learning.

Environmental analysis

An environmental analysis identifies how changes in the environment can indirectly influence the organisation. It is used to identify and analyse new hotspots. The environment could include other services, funding bodies, other projects, government policy, community attitudes, and so on.

Resource analysis

A resource analysis identifies all resources that are available to implement the aims and objectives of the Strategic Plan. The organisations overall budget as well as program and service budgets are a key resource and should consider revenue and expenditure as well as monitoring systems. Resource analysis is also likely to include an analysis of the organisation's strengths and weaknesses. The process of developing the Strategic Plan helps build commitment and public accountability through engaging key stakeholders in identifying priorities and evaluating strategies.

Annual Implementation Plan

An organisation's Annual Implementation Plan (sometimes referred to as an Annual Work-plan or Action Plan) articulates the specific tasks and activities that have been identified in the Strategic Plan for a 12 month period. Because Strategic Plans typically cover a number of years there is a need to identify the priorities for each year of the Strategic Plan (i.e. year 1, year 2, year 3). This is where the Annual Implementation Plan acts as a core strategy for achieving the goals that have been set out in the Strategic Plan in a planned and coherent manner. The implementation plan should also identify what data/information needs to be collected to inform monitoring and reporting processes and the criteria against which the outcomes will be evaluated.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

3.10 GOVERNING BODY COMMITTEES

Policy Title: Governing Body Committees Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

GOVERNING BODIES OF DV EAST MEMBER ORGANISATIONS RECOGNISE THAT THERE ARE TIMES WHEN A COMMITTEE CAN ACT MORE EFFECTIVELY THAN CAN THE FULL CAPACITY OF THE GOVERNING BODY. A GOVERNING BODY THEREFORE MAY HAVE 'PERMANENT' SUB-COMMITTEES OR MAY ESTABLISH SUB-COMMITTEES IN RESPONSE TO IDENTIFIED/EMERGING ISSUES.

APPLICATION

All DV East member agencies' Governing Body Sub-Committee's shall adhere to the following conditions:

- The Governing Body has the authority to establish standing committees and ad hoc committees to assist it in its work.
- Committees shall develop their own terms of reference, endorsed by the Governing Body, clearly defining their role, procedures and functions, and the boundaries of their authority.
- Committees may co-opt outside members from time to time in order to bring additional skills, experience or networks.
- Staff may be requested to report, advise and assist the committee to do its work. Committees may only request staff to undertake tasks if the Manager/Coordinator has specifically agreed to such requests.
- All standing committees shall review their terms of reference annually including their membership and the results of their work and so report to the Governing Body.
- All ad hoc committees automatically cease once they have completed their work and have reported to the Governing Body.
- Committees cannot make decisions that are binding on the Governing Body unless explicitly empowered by the full Governing Body. For the most part, the function of committees is to gather information, develop solutions for problems and make recommendations to the Governing Body on which the latter has the power to make decisions on policy.
- Committees cannot exercise authority over staff nor shall they delegate tasks to any staff unless the Manager/Coordinator agrees to such a request.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

3.11 GOVERNING BODY DUTIES

Policy Title: Governing Body Duties Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

FIDUCIARY AND GOVERNANCE RESPONSIBILITY FOR THE AFFAIRS OF DV EAST MEMBER ORGANISATIONS ARE VESTED IN THEIR RESPECTIVE GOVERNING BODIES, MEMBERSHIP OF WHICH WILL BE ELECTED EACH YEAR AT AN ANNUAL GENERAL MEETING. DUTIES OF GOVERNING BODY MEMBERS ARE DESCRIBED IN THEIR RESPECTIVE CONSTITUTIONS AND DETAILED IN SPECIFIC POSITION DESCRIPTIONS FOR THE EXECUTIVE (CHAIR, DEPUTY CHAIR, TREASURER AND SECRETARY) AS WELL AS FOR GENERAL MEMBERSHIP.

APPLICATION

Office Bearers

Governing Body office bearer positions include: Chairperson, Deputy Chairperson, Treasurer and Secretary/Public Officer.

Role of the Chairperson

The Chairperson leads the organisation's Governing Body. In negotiation with the Manager/Coordinator the Chair is also the public 'face' of the organisation and supports and assists the Manager/Coordinator in managing the organisation's principal relationships.

The Chair ensures that relevant policies are brought to the attention of members of the Governing Body, and ensures the Governing Body performs appropriately in relation to:

- Adherence to its mission, vision, aims and objectives;
- Risk management and OH&S;
- Financial management and accountability;
- Accountability to funding bodies;
- Performance assessment of the Manager/Coordinator and Governing Body;
- Adherence to the Governing Body's code of conduct, conflict of interest policy and media relations policy.

Key leadership requirements of the Chair:

- Builds an effective Governing Body with the necessary skills and capabilities;
- Leads Governing Body members and develops them as a cohesive and effective team;

- Assists Governing Body members' understanding of their role, responsibilities and accountability including the need to comply with the Governing Body's Code of Conduct;
- Informs members about developments in Government policy, priorities and financial reporting;
- Sets the Governing Body's agenda in consultation with the Manager/Coordinator and Executive and ensures key issues are discussed and there are no potential conflicts of interest and 'no surprises';
- Ensures interactive participation by all Governing Body members;
- Arranges adequate support for Governing Body members;
- Welcomes new members and leads the process for their induction;
- Manages the evaluation of the performance of the Manager/Coordinator in conjunction with the Executive;
- Manages the evaluation of the performance of the Governing Body;
- Represents the Governing Body to external parties as an official spokesperson for the entity on matters of governance.

Key relationships managed by the Chair:

- Establishes an effective and constructive working relationship with the Manager/Coordinator;
- Acts as the key liaison point between the Governing Body, Manager/Coordinator and Executive;
- Acts as key liaison point with regard to significant partnerships;
- Informs the Department of Human Services about significant issues and events;
- Delivers the strategic plan and annual report to the members;
- Provides training and support for the Deputy Chair.

Role of the Deputy Chairperson

The primary responsibility of the Deputy Chair is to act in the place of the Chair when the Chair is unavailable to do so (whether for reasons of absence, conflict of interest or other reason). The Deputy Chair may also assist the Chair in performing her role, particularly with regard to governance issues. It is expected that the Deputy Chair would take over the role of Chair when the current Chair's term expires.

Responsibilities of the Deputy Chair may include:

- Fulfilling the Chair's responsibilities for organising and leading Governing Body Meetings when the Chair is not available to do so;
- Keeping in close contact with the Chair on key issues;
- Actively participating in Governing Body committees, in order to be well informed and stay current with the view of committees and their members;
- Providing input on Governing Body agendas to the Chair;
- Together with the Chair, providing advice and support to senior management on public matters; and
- Advising the Chair as to the quality, quantity and timeliness of the flow of information to the Governing Body.

Role of the Treasurer

The Treasurer's primary role is to manage and report to the Governing Body on the organisation's finances. The Treasurer is the financial conscience of the Governing Body and is responsible to the members (as with every member of the Governing Body) and to all funding bodies for the funds received and spent by the organisation.

Responsibilities of Treasurer include:

- Carrying out the responsibilities of a member of the Governing Body;
- Understanding the organisation's finances;
- Liaising with the Manager/Coordinator on financial matters;
- Ensuring the Governing Body receives regular financial management reports and acts as financial interpreter for Governing Body members;
- Ensuring the Governing Body's financial policies are being followed;
- Liaising, on behalf of the Governing Body, with funding authorities, auditors and other external parties on financial matters where Governing Body representation is deemed to be necessary;
- Overseeing the auditing of the Annual Financial Report and to fulfil obligations in relation to the audited accounts;
- Providing informal support to the organisation in terms of development of financial and business policies, plans and practices.

Role of the Secretary/Public Officer

The Secretary/Public Officer has the important role of making sure that the business of the organisation stays on track by ensuring that official forms and correspondence are kept secure, that official documents are filed on time and that all other formal and statutory and regulatory requirements are met.

Responsibilities of the Secretary include:

- Recording the minutes of all Governing Body meetings as well as the minutes of any sub-committees to which the Secretary is assigned, making sure that all actions are duly noted;
- Keeping a record of all policies approved by the Governing Body;
- Maintaining and monitoring a calendar of important dates for the organisation such as the Manager/Coordinator's annual performance appraisal, grant filing dates, audit dates, AGM dates etc.
- Ensuring that all the records of the association are kept in a safe place;
- Disposing of old documents only with the approval of the Governing Body;
- Making sure that all files are in good order for the next Governing Body Secretary;
- Liaising with the Manager/Coordinator and Chair on any matters to do with the Governing Body's Executive role and responsibilities.

Term of Appointment

The Treasurer and Secretary will hold office for one term and will retire from their respective offices upon the conclusion of the Annual General Meeting next succeeding their appointments, but may be re-appointed by the Governing Body. No Chair, Deputy Chair, Treasurer or Secretary will hold office for more than 3 terms continuously unless such re-appointment is, on each occasion, approved by not less than 75% of the other Governing Body members.

Other Members of the Governing Body

The organisation's Constitution specifies the number of additional members of the Governing Body, how they are appointed, and whether they must also be members of the organisation.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

3.13 MEDIA RELATIONS

Policy Title:	<u>Media Relations</u>	Date signed off:	_____
Date Issued:	<u>September 2008</u>	Review Date:	_____
Formulated by:	_____	Responsibility:	_____

POLICY STATEMENT

DV EAST VIEW THE ROLE OF MEDIA RELATIONS AS AN IMPORTANT CONSIDERATION IN THEIR RESPECTIVE ROLES AS ADVOCATES FOR AND ON BEHALF OF WOMEN AND CHILDREN EXPERIENCING FAMILY VIOLENCE. GOVERNING BODIES OF DV EAST MEMBER ORGANISATIONS ARE COMMITTED TO ENSURING THAT EFFECTIVE MEDIA RELATIONS ARE NURTURED AND MAINTAINED AND THAT INFORMATION PROVIDED TO THE MEDIA IS ACCURATE AND TIMELY.

APPLICATION

In order to maximise the advantages of media presentation and minimise the risks of media misrepresentation it is necessary to establish guidelines for how media contacts will be conducted. It is not the intention of this policy to curb freedom of speech or to enforce strict rules and regulations. Rather, the intention is to establish a framework for achieving and maintaining an effective working relationship with the media.

Underpinning Principles for Media Relations

DV East member agencies operate on the following values in all representations to the public media:

- Honesty:** Never knowingly misleading the public, media or staff on an issue or news stories.
- Transparency:** Promoting openness and accessibility in all dealings with the media, whilst complying with the law and maintaining confidentiality when appropriate.
- Clarity:** All written communications with the media will be written in plain English
- Balance:** Information provided to the media will, as far as humanly possible, be objective, balanced, accurate, informative and timely.

Responsibility

In order to ensure that media communications meet the above principles, this policy regulates the choice of people entitled to speak for and on behalf of an organisation. It is the responsibility of the Governing Body and the Manager/Coordinator of each service to ensure that effective media relations are maintained. Staff, Governing Body members and other stakeholders should only speak directly to the media on any matter if:

- They have permission to do so by their Manager/Coordinator and/or Governing Body;
- They have the required expertise to speak on the issue under scrutiny;
- They have experience in media relations.

Furthermore:

- All enquires for information by media are to be directed in the first instance to the Manager/Coordinator or her delegated authority (i.e. 2IC).
- All representations to the media must observe confidentiality and privacy policies.
- The Manager/Coordinator and/or her delegated authority or the nominated Governing Body member are to ensure they are properly briefed and guided by relevant staff before talking to the media on any issue.
- In dealing with the media the Manager/Coordinator and/or her delegated authority or nominated Governing Body member should be conscious that they are representing their organisation as a whole and should therefore avoid making comments or participating in activities that may damage the organisation's long-term reputation.
- Any filming or taping by the media on organisational property or of staff, clients or other participants and/or of organisational proceedings, will be subject to prior permission of the Manager/Coordinator or the Governing Body.
- Significant statements on behalf of the organisation shall be made as authorised by the Manager/Coordinator and/or Governing Body in reference to the principles and conditions listed above.
- All media representations should always make absolutely clear whether the views put forward regarding any issue relating to the organisation are those of the organisation or of an individual.
- In the event that unauthorised release of confidential information occurs, an investigation will take place to establish who was responsible and appropriate action will be taken.
- The organisation reserves the right to withhold information that is deemed as 'sensitive' or which will infringe upon the privacy and confidentiality of another individual.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

3.14 MEDIA CRISIS

Policy Title: Media Crisis *Date signed off:* _____
Date Issued: September 2008 *Review Date:* _____
Formulated by: _____ *Responsibility:* _____

POLICY STATEMENT

GOVERNING BODIES OF DV EAST MEMBER ORGANISATIONS RECOGNISE THAT EVENTS THAT RESULT IN PUBLIC CONTROVERSY THROUGH NEGATIVE MEDIA REPRESENTATIONS IS A REALITY OF THE CONTEMPORARY PUBLIC AND POLITICAL ENVIRONMENT. SUCH EVENTS REQUIRES A CONSIDERED, INFORMED AND BALANCED RESPONSE FROM THOSE WHO REPRESENT THEIR ORGANISATION ON THE PUBLIC STAGE.

APPLICATION

The media themselves have a vital role to play on behalf of the community in holding community service organisations to account for their policies, actions and activities. It is important that the media have access to a spokesperson and to background information to assist them in this role. To balance this, an organisation must have the capacity to defend itself from any unfounded criticism and to ensure that the public are properly informed of all the relevant facts (if necessary using other channels of communication).

For the purposes of this policy a media crisis is defined as an incident or event that results in unwanted or unsolicited media attention and/or focus on the organisation which is fundamentally or potentially of a damaging nature to the organisation, its good reputation or programs and/or services. In the event of a media crisis the following procedure is to be followed:

- The Manager/Coordinator and Governing Body Chair are to act as appointed spokespersons;
- No other Governing Body member, staff member or other stakeholder is to engage in any communications with the media during a media crisis;
- All enquires from media are to be directed in the first instance to the Manager/Coordinator who will then consult accordingly with the Governing Body Chair;
- The Manager/Coordinator, in consultation with the Governing Body Chair, will instigate appropriate enquires, information gathering and discussion with key Governing Body members, staff, clients and/or other stakeholders who have a primary knowledge about the incident/event;
- The Governing Body Chair will instigate an emergency meeting of the full Governing Body (including the Manager/Coordinator) to report on the status of the incident/event and present options for responding to media attention;
- In the event that the Manager/Coordinator and/or Governing Body Chair are not available or contactable, the 2IC and Deputy Chair will act in their place.

The following check list has been adapted from the community resource website 'www.ourcommunity.com' and will act as a general guide to DV East Governing Body's in addressing and responding to a media crisis.

When bad things happen to a good organisation - What to do in a media crisis

- Decide that there is a crisis. The successful handling of a crisis can be decided in the first hours or days. By recognising early in the peace that you actually have a crisis on your hands, you can start to rectify it. The sooner you take action, the better your chances are of coming out with your reputation intact.
- Understand who the media represent. While "the media" is chasing you for details, the people who are going to be most interested in reading or listening to your response will be "the public" – and that means your members, donors, supporters, businesses, sponsors, potential supporters etc. Frame your responses with the real audience in mind.
- Decide who will be the spokesperson or public face. Where possible ensure it is the highest-ranking person (CEO, chairperson) who has the important mix of authority and access to all the latest information. You also need to have someone who is accessible and available to journalists. You need to stay on top of a crisis, not create a vacuum where yours is the only voice not being heard.
- Release as much as you can as quickly as you can. Sometimes you will be responding to an incident, such as someone getting injured, or a fraud, or a complaint of wrongdoing by an employee, but other times there may be serious and unfounded allegations. The more information you can release that puts the incident in context and puts your side of the story across, the better. And the quicker the better. The sooner you respond and show that you are acting in a sincere, honest and reliable manner, the sooner your voice is listened to and trusted.
- Say only what you know to be true. If you don't know the answer, don't guess at it. Be honest and stick to only confirmed information you know to be accurate and correct. If necessary, tell the reporter you don't know but will check it out and get back to them. Better to provide a correct answer than to flail around and guess incorrectly.
- Remember that first impressions count. No matter how much they try not to, the media will come with some sort of preconceived idea which normally boils down to whether you or your organisation are sinners or saints (in this particular incident or generally). Your attitude, openness and commitment to resolving the issue is important in ensuring they leave with a positive impression.
- Work out what you can legally release. If there are legal issues that come into play, be aware of where the line is drawn on what you can say. Also be aware that many legal advisers will advise you to say nothing at all and that is advice that should be challenged. You have to publicly address the issue, it is only the manner or amount of information that is up for discussion.
- Avoid speculation or answering hypothetical questions. Try to stick to the facts and what did happen, not what might have happened. You can fend questions off by saying things such as "I don't want to speculate on that" or "I would prefer not to deal in hypotheticals". What we do know is"
- Challenge information you know to be wrong. Don't leave wrong facts out there. If something is running that's wrong, let others know before it becomes common knowledge. Let the media organisation know the information is wrong and let other organisations know so they don't repeat it. Wrong facts left unchallenged are often more damaging than the truth.
- Show concern. You are a community group. Your main mission is to care/service/support the community so you need to be mindful of the feelings as well as the issues. If someone has been badly affected or hurt, mentally or physically, by an action of your group, express your concern and demonstrate your compassion.
- Don't bother blaming the media. If there is something wrong, point it out. If you have a different view, point it out. But avoid personal slanging matches. If it is a serious issue you want to be seen to be treating it seriously and dealing with it, not wasting time blaming the media for bringing to light an incident involving your group.

- Ban the words "no comment". Forever. Even if you keep repeating the same information you have released. Say: "all I can say is ..." or say "I can't provide that information until I have all the details ..." or "I can't answer that until I have a full report" or "I am happy to try to answer those questions once I have spoken to the right people ..." You never see seasoned media performers respond "No comment". The reason is that it sounds as though you know the answer but don't want to provide it.
- Don't run from the cameras. The one piece of vision you are absolutely guaranteed to see on television that night is the vision of someone running from the media, or shielding their face, or slamming the door in their face. Again, it makes you look like someone who has something to hide. If you have nothing new to add, say that.
- Stay calm. It's important you stay calm under pressure or swap places with someone who can. Anger makes good vision for TV stations and bad news for community groups. Avoid it.
- Consider bringing the media into your organisation. Hold frequent media briefings rather than have reporters camped on the nature strip. It lets them show how you are dealing with the crisis and the difficulties and problems that you face. And that you're human. And that you have nothing to hide.
- Talk in common, easily understood language. Avoid jargon. Speak in a manner that ensures people can actually understand the message you are trying to portray.

The first reaction – and the worst – for most groups is to try to ignore the attention and hope the story will go away. Resist the temptation to circle the wagons or stick your head in the sand. It doesn't go away and as long as what is on display is your organisation's failings, you're risking the ongoing haemorrhaging of support for your group. The reality is that your group will end up having to address the issue publicly. The longer it takes, the longer the media and the public believe you have something to hide.

The other reality is that the media will run a story. What you want as much as possible is to influence the nature of that story and ensure that what is run is accurate and fair. It is a bit rich to complain about not having your side of the story aired when you have refused to provide it.

The other theme that you want to stand out is that the incident is not acceptable and not normal and that your group is doing everything in its power to ensure that it's not repeated. Organisations that come out of a media crisis with their reputations intact are those that deal with the issue quickly, effectively, honestly – and just as importantly, are perceived to be doing exactly that.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

3.15 SELF EVALUATION

Policy Title: Self Evaluation Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

GOVERNING BODIES OF DV EAST MEMBER ORGANISATIONS ARE COMMITTED TO THE PRINCIPLES AND PRACTICES OF CONTINUOUS QUALITY IMPROVEMENT IN ALL ASPECTS OF GOVERNANCE. AS SUCH THEY WILL UNDERTAKE AN ANNUAL REVIEW PROCESS OF SELF EVALUATION TO IDENTIFY THEIR OWN AREAS OF STRENGTHS AS WELL AS WEAKNESSES AND DEVELOP AN ANNUAL WORK-PLAN FOR IDENTIFIED IMPROVEMENT ACTIVITIES.

APPLICATION

Self evaluation of Governing Body performance is seen as an important activity that assists in maintaining a real commitment to CQI processes. The findings that emerge from the Governing Body self evaluation will set the agenda for the professional development of the Governing Body over the proceeding 12 months. The Governing Body Self Evaluation aims to:

- Provide the Governing Body with a chance to reflect on and assess its areas of strength and weakness;
- Provide the Governing Body with an invaluable yardstick by which it can prioritise its activities for the future;
- Serve as an educational and consensus-building function - by clarifying and defining the overall standards of performance for the Governing Body;
- Encourage all members to reflect on what the Governing Body has accomplished, as well as on what it should be doing and how it works. Such a review can optimally result in all members contributing to setting the goals of the Governing Body. The commitment of all members to the Governing Body's priorities and to improving its effectiveness makes those goals all the more likely to be completed;
- Promote a responsible attitude among Governing Body members. Governance work is often a hard and thankless job. An evaluation which points to strengths as well as areas for improvement can give the Governing Body a sense of its own competence and accomplishment as a group. This is a good foundation on which to build positive change;
- Provide an increased level of accountability of the Governing Body, its activities and processes, to all stakeholders.

Evaluation Process

Generally, the Chair in consultation Secretary conducts the internal review. On occasion, the Chair may delegate this responsibility to another Governing Body member who has relevant skills or experience. The Governing Body may also decide to utilise the services of an external consultant to conduct the review and/or to assist in the areas identified through the self evaluation, as in need of further work and development.

Self-Evaluation Survey

- Each Governing Body member completes a Self Evaluation survey, which may or may not be anonymous, and which is aimed at identifying key issues and priorities that the Governing Body needs to address. The results are collated in advance of the next regular Governing Body meeting in order to serve as the focus for discussion.
- The Governing Body reviews the survey results and agrees on the priorities to be addressed in order to improve its performance.
- The issues emerging from the findings of the self evaluation are discussed and strategies developed for improvements. A Governing Body Work-Plan, which includes an ongoing monitoring tool, is developed and approved.
- Since the effectiveness of a governance system relies on people within the organisation, communicating the results to internal stakeholders is important. This may include broader dissemination throughout the organisation.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

3.16 GRIEVANCE

<i>Policy Title:</i>	<u>Grievance</u>	<i>Date signed off:</i>	_____
<i>Date Issued:</i>	<u>September 2008</u>	<i>Review Date:</i>	_____
<i>Formulated by:</i>	_____	<i>Responsibility:</i>	_____

POLICY STATEMENT

GOVERNING BODIES OF DV EAST MEMBER ORGANISATIONS RECOGNISE THAT GRIEVANCES OCCUR FROM TIME TO TIME AND THAT GOVERNANCE MEMBERS HAVE THE RIGHT TO RAISE COMPLAINTS OR GRIEVANCES AND HAVE THEM HEARD IN A POSITIVE MANNER AS QUICKLY, FAIRLY AND EFFECTIVELY AS POSSIBLE. THE SATISFACTORY RESOLUTION OF ANY GRIEVANCE WILL BE THE ULTIMATE GOAL FOR ALL PARTIES.

APPLICATION

Grievances can occur in any organisation and at any level of governance and management. Organisational governing bodies are not immune to conflict among themselves. Grievances, if not addressed and resolved quickly and fairly, may threaten the ability of Governing Body members to manage their roles and responsibilities properly. When ignored or not taken seriously grievances can have a major impact on an organisation. The ultimate aim of the Governing Body in responding to any grievance is to resolve the situation to the satisfaction of all involved parties. The Governing Bodies of DV East member agencies are committed to the following principles and practices in dealing with any grievance emerging from within their membership:

- The Governing Body will ensure that grievances are treated seriously and are addressed in a fair and consistent manner that respects the rights of all involved.
- The Governing Body will make every effort to establish an atmosphere of trust and open communication so that grievances are dealt with in a constructive manner.
- The resolution process will focus on the re-establishment of good relationships and positive outcomes through conciliation and negotiation.
- All relevant parties must be informed when the Grievance Procedure is instigated and must be given the opportunity to present their case and be fully informed about any allegations and decisions made.
- Resolution of any grievance is to be achieved as quickly as possible and with a minimum number of people involved.
- All parties have a right to confidentiality and privacy, subject to the necessary legal responsibilities of the organisation.
- Every effort will be made to resolve the grievance within a framework of informal but open and honest communication.
- All parties to any grievance resolution process should take responsibility for ensuring that the discussion is limited to details of the grievance.

Process

- A Governing Body member who has a grievance against another member shall organise to meet with the person against whom the grievance is held to discuss the matter and with the aim to achieve resolution to the satisfaction of both parties. Both parties will refrain at all times from communicating issues about the grievance via email or other electronic means.

If the grievance cannot be resolved:

- Either party must contact the Governing Body Chair who will subsequently organise and facilitate a meeting between the two parties to clarify the issues and seek to mediate a resolution.

If the grievance cannot be resolved:

- The Chair will decide on the most appropriate process to progress the resolution of the grievance. This may involve the Chair nominating one or two Governing Body members to meet with those involved to discuss the issues further and resolve the situation or the Chair may decide to bring in the services of a specialist mediator.
- If the outcome of this action is the resolution of the grievance then no further action will be taken and the situation will be considered resolved.
- If an external and impartial skilled mediator has not been involved in the previous attempt to resolve the grievance then the Chair will refer the matter to such an external individual/organisation.

If the grievance cannot be resolved:

- The outcome of the previous attempt at resolution will be reported to the Chair through the specialist mediator. The Chair may request the specialist mediator to put forth appropriate recommendations for the resolution of the grievance.
- The Chair will report the situation to the full Governing Body (with consideration given to confidentiality and privacy rights of both parties) at the next regular meeting or, if the situation is deemed an urgent matter, the Chair may call together the Governing Body Executive or quorum of the Governing Body to discuss the issues. The Governing Body shall have the discretion at this point to make a decision to resolve the grievance, taking into consideration the recommendations of the specialist mediator, the nature of the grievance, the willingness of both parties involved in the grievance to resolve the issues and the proposed options for resolution that have already been discussed between the two parties throughout this process.
- The decision of the Governing Body on the matter will be considered a final decision and all parties will resolve to abide by it.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

4. FINANCIAL INFORMATION MANAGEMENT

4.1 FUNDING

Policy Title: Funding *Date signed off:* _____
Date Issued: September 2008 *Review Date:* _____
Formulated by: _____ *Responsibility:* _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO ADVOCATING TO GOVERNMENT TO COMMIT ADEQUATE RECURRENT FUNDS TO PROVIDE SUPPORT AND SAFE ACCOMMODATION OPTIONS FOR WOMEN AND CHILDREN EXPERIENCING FAMILY VIOLENCE.

APPLICATION

DV East member agencies may obtain funding from:

- Government Grants
- Philanthropic Trusts and Donations
- Fundraising Activities
- Client Fees

DV East agencies commit to seeking and using these funds in accordance with their mission and vision statements and relevant agreements and legislation. DV East agencies will:

- Strictly comply with conditions contained in Funding and Service Agreements and funding guidelines
- Meet the accountability and reporting requirements of all relevant and legally binding documentation
- Use an appropriate electronic bookkeeping system for all financial recording of transactions, including income, expenditure and wages
- Produce clear and relevant financial reports to agency and other relevant bodies regularly and as required
- Conduct a full audit of all agency accounts at least annually, providing the auditor with complete access as requested to all financial records and relevant information held

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

4.2 FUNDRAISING

Policy Title: Fundraising Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO RAISING FUNDS TO SUPPORT THEIR ORGANISATION'S PURPOSES, ESPECIALLY FOR 'ADDED VALUE' PROJECTS WHICH CANNOT BE FUNDED THROUGH RECURRENT FUNDING.

APPLICATION

Public fundraising is subject to the Fundraising Appeals Act 1998 which came into effect on 1 July 1999. The Office of Fair Trading and Business Affairs have responsibility for administering the Act. In general, organisations intending to conduct fundraising activities are required to notify the Office of Fair Trading and Business Affairs at least twenty-eight days before they are undertaken.

DV East member agencies are guided by a simple principle for fundraising – 'to only use techniques that we would be happy to be used on ourselves'. In doing so, member agencies will adhere to the following standards:

- Fundraising activities carried out will comply with all relevant laws.
- Any communications to the public made in the course of carrying out a fundraising activity shall be truthful and non-deceptive.
- All monies raised via fundraising activities will be for the stated purpose of the appeal and will comply with the organisation's stated mission and purpose.
- All personal information collected is confidential and is not for sale or to be given away or disclosed to any third party without consent.
- Nobody directly or indirectly employed by or volunteering shall accept commissions, bonuses or payments for fundraising activities on behalf of the organisation, unless otherwise organised and approved by the Board.
- No general solicitations shall be undertaken by telephone or door-to-door.
- A community Investment Sub-Committee may be formed to carry out the major fundraising tasks. The Sub-Committee will report regularly to their respective Governing Body.
- All fundraising activities must have the prior approval of the Governing Body, as recorded in meeting minutes.
- A statement estimating income and expenses will be prepared prior to the commencement of any new fundraising activity that may present a financial risk. Fundraising activities should not be undertaken if they will expose the organisation to significant financial risk.

- Financial contributions will only be accepted from companies, organisations and individuals approved by the Governing Body.
- A report on fundraising activities will be prepared for inclusion in the organisation's annual report.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

4.3 DONATIONS & GIFTS

Policy Title: Donations & Gifts Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

ACCEPTANCES OF DONATIONS (BOTH FINANCIAL AND IN-KIND) AS WELL AS GIFTS TO DV EAST MEMBER AGENCIES ARE SUBJECT TO THE PRINCIPLES OUTLINED IN THE FUNDRAISING POLICY. ALL DONATIONS AND GIFTS ARE TO BE APPROPRIATELY RECORDED, RECEIPTED AND ACKNOWLEDGED (WHERE THE DONOR IS KNOWN).

APPLICATION

- All incoming donations are recorded and receipted according to accepted financial practices.
- All donations are deposited in the official organisational account unless otherwise specified.
- All known donors are issued a receipt.
- All monies received via donations will be used for the stated purpose (if applicable to a specific appeal) or according to the wishes of the donor where-ever possible.
- The use of all donations will comply with the organisation's stated mission and purpose.
- DV East agencies will work to maintain Income Tax Exempt Charity and Deductible Gift Recipient status. This information and verification will be provided to donors as required.
- Financial contributions will only be accepted from companies, organisations and individuals that the Governing Body consider as ethical. Companies and organisations specifically excluded from making financial contributions will be determined by reference to a defined schedule of products and/or services that the Governing Body has deemed potentially injurious to public health, moral health or ethics, and assistance in the promotion of such products or services would be inconsistent with the Governing Body's Vision, Mission and Values.
- A report on donations received will be prepared for inclusion in the annual report/annual financial statement.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

4.4 ANNUAL BUDGETS

Policy Title:	<u>Annual Budgets</u>	Date signed off:	_____
Date Issued:	<u>September 2008</u>	Review Date:	_____
Formulated by:	_____	Responsibility:	_____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO CLEAR, CONSISTENT AND UNINTERRUPTED PROVISION OF ALL FINANCIAL ADMINISTRATION SERVICES AS WELL AS THE DEVELOPMENT AND MAINTENANCE OF FINANCIAL YEAR BUDGETS FOR THE EFFECTIVE MANAGEMENT OF INCOME AND EXPENDITURE. MEMBER AGENCIES WILL DEVELOP AN ANNUAL BUDGET FOR ALL PROGRAMS AND SERVICES AND WHICH WILL BE DELIVERED WITHIN THE FORTHCOMING FINANCIAL YEAR.

APPLICATION

Preparation for the Annual Budget should commence in the same month of each year. The key personnel involved will meet and consult with all relevant staff on the implications of the annual budget. The Manager of each organisation will have prepared a consolidated budget for preliminary approval by their respective Governing Body. Governing Bodies will then have one month to amend the budget according to its direction and/or requirements. The final annual budget will be tabled and approved by the Governing Body at their next scheduled meeting. During the course of the financial year, income and expenditure not included in the Annual Budget associated with projects commenced since the completion of the budget shall be treated as variances from the budget in the monthly financial statements. Budgeting for specific projects is undertaken as new and/or renewed funding becomes available. In most cases, the Manager will prepare a specific budget according to the needs and requirements of the initiative.

The organisation's financial delegated authority (i.e. treasurer, accountant) is responsible for acquitting project funds and where required, arranging an audit of financial reports. Acquittals, along with audited financial reports, are then submitted to the relevant funding body. If required, use of any surplus funds is negotiated with the respective funding body. A general ledger chart of accounts provides the means to identify transactions, according to a description, for enquiries and reporting. The chart of accounts is perpetual and additions, changes and deletions must be actioned and controlled through the appropriate finance system. Accounts can only be deleted when the general ledger account does not report any budget, actual figures or commitment figures in the current year. A Chart of Accounts is set by Governing Bodies via their Treasurer and/or Accountant. The Chart of Accounts is to be reviewed each year immediately prior to preparation of the annual operating budget. At this time redundant and trivial accounts will be closed and new accounts will be added. The Chart of Accounts will be re-issued including updated descriptions of all accounts and altered account numbers.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

4.5 ASSET REGISTER

Policy Title: Asset Register Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES VIEW ALL ORGANISATIONAL ASSETS AS IMPORTANT FACTORS IN THE EFFECTIVE AND EFFICIENT DELIVERY OF PROGRAMS AND SERVICES. IN LINE WITH GOOD PRACTICE AND FUNDING REQUIREMENTS AGENCIES WILL MAINTAIN AN ACCURATE AND UP-TO-DATE ASSET REGISTER ALONG WITH A FUTURE PLAN THAT DETAILS PREDICTED TIMEFRAMES FOR THEIR RESPECTIVE GOVERNING BODY & MANAGER TO CONSIDER THE APPROPRIATE REPLACEMENT OF ESSENTIAL ASSET ITEMS.

APPLICATION

Asset Register

- Member agencies are required to have a delegated member of staff who is charged with the task of maintaining and up-dating the organisation's asset register and to liaise with the Governing Body Treasurer and/or Accountant in regard to the depreciation schedule.
- The Governing Body will review and determine annually the Asset Recognition threshold. All single capital purchases at or above this threshold are considered to be organisational assets and subsequently recorded in the asset register, while single items under the threshold will be expensed at the time of purchase. The threshold set by the Governing Body must not exceed the requirement of the funding body.
- The Governing Body will determine the minimum recording requirements for the Asset Register.
- Assets will be depreciated at rates that comply with current taxation law.
- Disposal or damage to assets must be recorded appropriately and reported to the Manager.
- While the asset register is to be checked and updated on an annual basis, each Governing Body and/or Manager will retain the right to initiate and conduct a periodic asset check on all operations and program and service areas as required.
- All correspondence and documentation relating to purchases are to be appropriately recorded, reported and kept on file.

Asset Replacement Plan

DV East Governing Bodies hold responsibility for providing their organisation and its staff with the appropriate furniture and equipment to support the achievement of the aims and objectives of their work. To this end Governing Bodies will maintain an annual Asset Replacement Plan which will be reviewed as part of their annual financial auditing process and which will detail essential operational assets and the predicted time frames for the Governing Body and/or Manager to consider strategies for the replacement of these essential assets.

Organisational essential operational assets are defined as:

- Vehicles;
- Office equipment including computers, computer peripherals & software, telephone systems, mobile phones and other communication items/systems as well as air conditioning/heating systems, file storage compactus, office desks & chairs.
- Kitchen electrical equipment including refrigerator.
- Equipment for specific programs & services.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

4.7 CHEQUE BOOK & INTERNET BANKING PROVISION & USE

Policy Title: Cheque Book & Internet Banking Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

ORGANISATIONAL OPERATING ACCOUNTS INCLUDE INTERNET BANKING, DIRECT DEBIT AND PAYMENT BY CHEQUE. DELEGATION IS AUTHORISED BY THE GOVERNING BODY THROUGH FORMAL MOTION.

APPLICATION

- All banking material is stored in a locked location at all times.
- All accounts to be paid must be approved and signed off by the Manager or the Manager's delegate and appropriately recorded as part of the financial management system.
- PIN numbers for Internet banking are the personal property of approved signatories.
- All cheque books are to be stored and locked in a secure place at all times.
- The Governing Body will establish and review annually the expenditure delegation levels allowed form specific positions/roles in the organisation (e.g. Manager, Team Leader, Finance Worker etc). Staff can expend and approve for payment up to their approved delegation level, and within the approved total budget. Any additional expenses that require funding from reserves must be approved by the Governing Body.
- All cheques and electronic transaction records must been accompanied by a Tax Invoice/Receipt.
- A blank cheque must NEVER be signed with a second signature.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

4.8 CREDIT CARD PROVISION & USE

Policy Title: Credit Card Provision & Use Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

CORPORATE CREDIT CARDS ARE ISSUED WHERE THERE IS A GENUINE NEED AND THE CARDHOLDER IS AWARE OF AND ACCEPTS (IN WRITING) THEIR LEGAL AND FISCAL RESPONSIBILITIES. CREDIT CARD PURCHASES ARE FOR WORK RELATED EXPENSES ONLY.

APPLICATION

To ensure that clear processes of authorisation and accountability govern all credit card purchases and usage the following responsibility applies to the cardholder:

- The cardholder is legally liable for all expenditure and the usage of their credit card.
- The cardholder is responsible for the safe keeping of the credit card at all times, must be fully conversant of the authorisation and audit procedures for each transaction made and secure the cards safety from unauthorised use at all times including the safe keeping of any PIN or security devices.
- The cardholder is responsible for returning the card to the Manager or other authority as directed by the Manager/ Governing Body on request or on leaving employment.
- The cardholder must notify both the issuing financial institution and the Manager/Governing Body immediately, if the card is stolen, lost or misused.
- The cardholder must ensure all purchases are within a pre-approved budget.
- The cardholder is responsible for the supply of relevant tax invoices to the delegated finance authority in a prompt manner.
- The following restrictions apply to credit card purchases and payments:
 - The current budget allocation for credit card purchases is to be reviewed and set by the Governing Body annually.
 - Credit card purchases of one-off emergency situations are permitted.
 - Credit Card purchases may include, but are not necessarily limited to: training course fees, food costs, client and staff travel (train/bus), air fares, accommodation, conference fees, and organisational purchases such as furniture, white goods, resource books etc
 - No cash advances from the credit card are permitted.
 - The credit card is only to be used for the purchase of items that are unable to be paid for within ordinary financial planning processes and procedures.
 - The delegated finance authority is to inform the Manager of any disputes or discrepancies.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

4.9 WAGES AND RELATED PAYMENTS

Policy Title:	<u>Wages and Related Payments</u>	Date signed off:	_____
Date Issued:	<u>September 2008</u>	Review Date:	_____
Formulated by:	_____	Responsibility:	_____

POLICY STATEMENT

DV EAST MEMBER AGENCIES WILL UNDERTAKE WAGE AND RELATED PAYMENTS IN A TIMELY MANNER AND IN ACCORDANCE WITH ALL RELEVANT LEGISLATION AND AGREEMENTS

APPLICATION

Payment of employees:

- Employees will be paid in accordance with relevant award and individual employment contracts.
- Employees are required to submit time sheets according to the agreed payment cycle.
- No over-time payments (excluding recall and agreed over-time conditions) will be paid unless approved by the Manager prior to the work being performed.

Salary Packaging:

- Employees will be offered the opportunity of tax advantages through salary packaging.
- All supporting receipts and documentation required for taxation compliance purposes will be provided by the employee as required.

Taxation:

- DV East member agencies will maintain recognition as income tax exempt charities.
- All records and returns required for taxation will be prepared as required.

Superannuation:

- DV East member agencies will comply with all superannuation legislation in the payment of superannuation on behalf of employees, this includes making payments to superannuation funds by the required due dates.
- Employees will be offered the opportunity make voluntary superannuation payments with consequent tax advantages.
- All records and returns required for superannuation will be prepared as required.

WorkCover:

- DV East member agencies will comply with all WorkCover legislation in purchasing WorkCover insurance.
- Exempt-FBT insurance will be held as required to offer full protection to employees that take up the opportunity to salary sacrifice.
- Premiums will be paid annually if funds permit to gain discount opportunities.
- All records and returns required for WorkCover will be prepared as required

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

4.10 STAFF REIMBURSEMENT

Policy Title: Staff Reimbursement Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES WILL REIMBURSE ITS STAFF FOR ANY REASONABLE AND AUTHORISED EXPENSES INCURRED BY THEM IN THE COURSE OF APPROVED BUSINESS.

APPLICATION

- Expenses for the following will not be reimbursed:
 - Expenses claimed by an employee as a tax deduction
 - Expenses normally recoverable from a third party
 - Expenses that are not incurred for business purposes
 - Parking, traffic, or other fines and penalties
- In travel expenses:
 - Employees will be reimbursed for the most direct and economical mode of travel available, considering all of the circumstances
 - Employees will not be reimbursed for additional costs incurred by taking indirect routes or making stopovers for personal reasons
 - Use of an employee's own vehicle for work-related travel will be reimbursed by way of an all-inclusive mileage allowance at a given rate
 - Trip cancellation insurance will be reimbursed
- For accommodation:
 - Employees will be reimbursed for moderate accommodation expenses, considering all of the circumstances
 - Employees will not be reimbursed for items of a personal nature charged to a hotel account
 - When accommodation is provided by an employee's friend or relative to whom the employee gives money or a gift as compensation or as a sign of appreciation, the employee may claim an overnight accommodation expense in accordance with per diem rates
- For the employee's own meals:
 - Employees will be reimbursed for reasonable and appropriate meal expenses actually incurred while on business

- When the staff member is offering hospitality in the course of their work:
 - Employees will be reimbursed for hospitality expenses incurred in the course of business, as appropriate
 - Appropriate hospitality charges include events hosted or sponsored for the purpose of promoting work of the organisation or enhancing its image, and include meals that are related to the transaction of business
 - When employees dine together while on business, it is appropriate for the senior person (if any) to arrange payment and submit the claim for reimbursement
- Reimbursement of reasonable but unauthorised expenses may be made on an ex gratia basis, however any significant reimbursements should be pre-approved, or comply with a pre-approved limit to spending.
- Advance payments may be authorised where appropriate. Such payments will be subtracted from the amount of any later reimbursements. If expenditure is not, for whatever reason, incurred then any advance payments made, or any unspent portion of such payments, must be returned.
- Fixed per diem payments may be authorised where appropriate.
- Except where per diem payments have been authorised, staff incurring authorised expenditure must wherever possible receive and retain receipts, invoices, vouchers, tickets, or other evidence of such expenditure.
- Staff incurring authorised expenditure must submit requests for reimbursement to the designated person (depending on the sum in question) describing the nature and purpose of the expenses.
- Except where daily payments have been authorised, staff incurring authorised expenditure must present all relevant original receipts, invoices, vouchers, tickets, or other evidence of such expenditure when seeking reimbursement. Where such evidence is for any reason lacking statutory declarations may be sought.
- The designated person is responsible for determining if the expenses being claimed are reasonable given the circumstances, and for ensuring they are charged against the appropriate account, and that any requirements under the Fringe Benefits Tax legislation have been met.
- Claims that have not been properly prepared, authorized, or supported by adequate documentation will be returned to the claimant and the reasons will be given for not processing the claim.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

4.11 INSURANCE

Policy Title: Insurance Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO ENSURING THAT ALL CLIENTS, STAFF (PAID AND UNPAID) AND ASSETS ARE APPROPRIATELY INSURED UNDER UP TO DATE, COMPETITIVE AND APPROPRIATE INSURANCE POLICIES.

APPLICATION

The following insurance policies will be maintained by DV East member organisations (many of these are covered automatically to all DHS-funded community service organisations through Victorian Managed Insurance Authority or VMIA):

VMIA

- Public & Products Liability.
- Professional Indemnity.
- Directors' & Officers' Liability.
- Association Liability.
- Medical Indemnity
- Personal Accident
- Employment Practices Liability

Agency

- Motor vehicle.
- Contents.
- Work Cover.
- Computer – loss or damage.

All insurance policies will undergo an annual review to ensure that the most appropriate cover is maintained for a competitive price. Payment of all current premiums must be made on time.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

For application of group petty cash allocations

The purpose of petty cash is to ensure that all appropriate staff have money on hand for purchasing necessary daily items. It is the responsibility of all staff using petty cash to maintain adequate recording, receipting and accounting practices.

The Manager shall review the petty cash budget allocation on an annual basis, making adjustments as necessary and in accordance with the cost of living index.

- Petty cash will only be used for small purchases or expenditure that cannot be made by cheque, electronically or on account.
- Petty cash allocation shall be a standard fixed amount of \$400 and under normal circumstances is expected to cover a 2-3 week period.
- It is the responsibility of all staff to manage the allocation responsibly to ensure that it is directed in accordance with organisational and program priorities.
- It is expected that staff keep within the petty cash budget. Under exceptional circumstance moderate overspending may be justifiable. In such cases the Manager should be informed.
- Underspending shall carry over to the following period
- Petty cash expenditure shall be recorded with date, item, amount and worker signature on the appropriate Petty Cash vouchers with all expenditure receipts attached.
- The maximum cash amount to be applied to petty cash is \$50 per transaction. Any other cash needs over this amount must be organised in advance with the appropriate authority.
- Petty cash shall be monitored, reconciled and replenished as required by the delegated finance authority. Reconciled petty cash records and attached receipts will be filed appropriately.
- Petty Cash will be locked in a secure place at all times.
- Tax Invoices (receipts) must be obtained for all purchases.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

4.13 SPENDING LIMITS

Policy Title: Spending Limits Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

ALL EXPENDITURE WILL BE IN ACCORDANCE WITH THE ANNUAL BUDGET APPROVED BY THE GOVERNING BODY. SPENDING LIMITS APPLY TO NON-BUDGETED ITEMS.

APPLICATION

- Each financial year, at the time of approving the annual budget, the Governing Body will set the delegated maximum purchasing level for the Manager and the staff. Purchases of items/services above the delegated level will require prior approval by the Governing Body.
- DV East agency payments and purchases will be made with a priority order of established accounts, business cheques, internet banking, direct debit or agency credit card to reimbursed personal worker credit account. In the unusual event of a cash cheque being required prior to a purchase the following limits shall apply:
 1. The Governing Body will determine the dollar limit on cash cheques.
 2. Cash cheques must be cashed over the counter at the bank.
 3. Cash cheques will not be banked into a worker's personal account.
 4. Receipts for the full amount of the cash cheque must be supplied immediately.
 5. Cheque requisites are required for all cash cheques and must be countersigned by cheque signatories.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

4.14 FINANCIAL RECORD KEEPING

Policy Title: Financial Record Keeping Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

ALL FINANCIAL RECORDS WILL BE KEPT SECURELY AND IN ACCORDANCE WITH RELEVANT LEGISLATION

APPLICATION

- Financial transactions will be recorded using an electronic bookkeeping system.
- All financial records will be securely held
 1. Accounts held electronically will be password protected and in the normal course of operation will only be accessed by the delegated financial authorities and the auditor.
 2. All hardcopy documentation and records will be filed as per accepted accounting practices. Confidential financial records will be filed securely in locked cupboards and filing cabinets in the approved office of each DV East member agency and in the normal course of operation will only be accessed by the delegated financial authorities and the auditor.
- A complete set of financial records for the year will be archived at the end of each year and after the audit is complete.
- Financial records will be kept according to current legislation (i.e. 7 years).

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

5. ADMINISTRATION & PHYSICAL RESOURCES

5.1 ADMINISTRATIVE RECORD KEEPING

Policy Title: Administrative Record Keeping Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO MAINTAINING FULL AND ACCURATE RECORDS OF ALL ACTIVITIES, DECISIONS AND TRANSACTIONS RELATING TO ORGANISATIONAL OPERATION. RECORDS ARE CREATED AND MANAGED TO MEET THE NEEDS AND ACCOUNTABILITY REQUIREMENTS OF THE GOVERNING BODY AND STAFF.

APPLICATION

Records are a key component of an organisation's corporate memory. They provide evidence of actions and decisions and are an indispensable ingredient in accountability. They support policy formation and managerial decision making, protect the interests of the organisation and the rights of employees, clients and citizens, and help deliver services consistently and equitably. Records help organisations to make good use of precedents and of organisational experience, and support consistency, continuity, efficiency and productivity in program delivery, management and administration.

In general, all staff are responsible for maintaining files relevant to their own work and/or projects. Copies of key documents (such as funding agreements, project/program budgets, MOUs, correspondence with funding bodies and contractor agreements) should be forwarded to the Manager for inclusion in the central file. Documents kept in the central file include:

- funding submissions;
- funding agreements;
- project budgets (including allocation of funds, expenditure etc);
- correspondence with funding bodies;
- copies of all reports and acquittals;
- copies of any agreements with contractors and/or other staff.

In order to ensure centralised record keeping, the Manager also maintains copies of: statutory documents (e.g. the certificate of incorporation) and copies of source documents such as insurance policies. All financial records are kept for a minimum of 7 years.

Archiving and Disposal of Files

The Manager, through her delegation, is responsible for maintaining the central file(s) as specified above. On an annual basis staff will cull documents from their filing cabinets. This ensures filing systems are current and unnecessary storage is reduced. Regular review of the files also assists in the transfer of relevant information in

the event of staff turnover. Archived files are kept within the central files (archive section) and maintained by the Manager, or her delegate.

When culling files, staff members are to make a decision as to whether material should be archived or submitted to the finance/administration delegated authority for disposal. To this end the following guidelines apply:

- All files that are to be discarded must be approved by the Manager;
- All financial records should be forwarded to the Manager;
- All organisational historical documents are to be retained and archived;
- All organisational publications/reports are to be retained and archived;
- Personal information on individuals that has been acquired is subject to the Victorian/National Privacy Act;
- Material that is ten years old or more should be submitted for disposal unless it falls within any of the above categories;
- Confidential documents that are no longer required and that have been approved for disposal are to be shredded;
- Any personal information on individuals that has been approved for disposal should be shredded;
- General information that is not considered sensitive can be placed in paper recycling.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

5.2 SUPPLIES & EQUIPMENT

Policy Title: Supplies & Equipment Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

OFFICE SUPPLIES AND ALL EQUIPMENT WILL BE MAINTAINED IN GOOD ORDER AT ALL TIMES. SAFETY IS NEVER TO BE COMPROMISED.

APPLICATION

Operation of equipment

All staff that are required to use equipment in carrying out their duties are to observe the appropriate occupational health and safety policy. If a staff member is inexperienced in the use of specific equipment, appropriate training will be provided by an authorised and duly experienced staff member.

Provision of day-to-day supplies

Provision of office supplies and maintenance of office equipment is the responsibility of the Manager via her delegation.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

5.3 MAINTENANCE & REPAIRS

Policy Title: Maintenance & Repairs Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES SEEK TO MAINTAIN ALL EQUIPMENT AND ENSURE SAFETY OF THEIR RESPECTIVE OFFICE SITES. AN ANNUAL REVIEW OF ALL ORGANISATIONAL EQUIPMENT AND THE OFFICE SITE SHALL BE UNDERTAKEN SO AS TO EXTEND THE USEFUL LIFE AND VALUE OF THESE ASSETS.

APPLICATION

Maintenance and repairs means ensuring that a safe and welcoming environment and atmosphere is preserved. Close liaison shall be maintained with the organisation responsible for building repairs and maintenance. The Board shall budget appropriately for minor maintenance and repairs. The agency shall operate within recognised legislation, e.g. OH&S.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

5.4 ENVIRONMENTAL CARE

Policy Title: Environmental Care Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO CARING FOR AND PROTECTING THE NATURAL ENVIRONMENT WHEREVER POSSIBLE, CONSCIOUS THAT THESE RESOURCES ARE FINITE. AGENCIES WILL ENDEAVOUR TO CONTINUALLY DEVELOP ENVIRONMENTALLY FRIENDLY AND SUSTAINABLE OPERATIONS, MAXIMISING THE USE OF ALL RESOURCES AND MINIMISING WASTE.

APPLICATION

DV East member agencies will maximise opportunities for the exploration and implementation of practices that facilitate the conservation of and the least damage to the environment. This ensures the enhancement of the social, economic and environmental benefits for the organisation.

The following principles of practice should underpin all operations:

- Continuous improvement in maximising resources and minimising waste in the use of water, gas and electricity, paper goods, plastics (recyclable), office equipment and household cleaning items.
- Promoting, educating and supporting staff and service users in recycling practices, proper disposal of environmentally harmful chemicals and the purchasing of goods and products that are environmentally friendly (i.e. bio-degradable products, products manufactured from recycled material, native and drought resistant garden plants)
- Promoting staff awareness of environmental issues and supporting staff and service users to actively contribute to improving organisational environmental practices.
- Encourage paper recycling in cleaning contracts;
- Use electronic reports wherever possible, electronic filing rather than paper filing.

Environment responsibility is the process of reducing environmental impact through procedures and practices that ensures that energy, natural resources and waste are managed to best environmental, economic and safety practices. Environmental responsibility is optimised by the periodic review of resource use and allocation with a focus on environmental impact. These reviews are to occur with each policy review cycle and will inform policy direction for that cycle.

A central concept to waste management in Victoria is that of resource efficiency. The Environment Protection Act (1970) establishes the waste hierarchy for Victoria which provides a list of preferences for waste management options:

- Avoidance;
- Re-use;
- Treatment;
- Disposal.
- Recycling;
- Recovery of energy;
- Containment;

Environment Protection (Resource Efficiency) Act (2002)

This act was developed to foster environmental innovation and provide the necessary infrastructure to support the implementation of sustainable solutions to Victoria's environmental issues. Major changes to the Environment Protection Act 1970 (the Act) were passed by the Victorian Parliament in June 2002 through the Environment Protection (Resource Efficiency) Act 2002 to provide a statutory basis for Victoria to remain at the forefront of sustainability developments.

Energy Efficiency

Energy efficiency is achieved through the implementation of strategies to reduce energy consumption where possible. Staff will at all times endeavour to reduce the unnecessary use of energy through the following means:

Lighting

- Where possible, turning off all lighting in rooms that are not in use for longer than half an hour;
- Purchasing of energy efficient light globes where-ever possible;
- Opening blinds and window coverings during office day-time hours to minimise the need for electric lighting.

Computers

- Computer screens should be turned off when not in use for more than 30 minutes.

Vehicles

- Ensuring vehicles are serviced at required intervals & tyres are maintained at the appropriate pressure levels;
- Vehicles used only when absolutely necessary;
- Using the most efficient route to destinations with vehicles;
- Car pooling where possible to combined meetings or destinations.

Heating and cooling

- Heaters are programmed to 20 - 22° C. (Over 20° every degree adds 10% to heating costs);
- Air conditioners set to 'economy' and on 26° C (Recommended government guidelines);
- Air conditioners only to be used in rooms that are occupied;
- Doors to unoccupied rooms are to be closed when possible to maximise cooling and heating efficiency;
- Regular cleaning and maintenance of air conditioners and heating system.

Photocopying, Printing & IT

- Photocopiers are fitted with economy saver options and photocopiers are in economy mode when not in use;
- Printing cartridges are to be recycled and purchased from a supplier that provides a cartridge recycle service;
- All desktop computers are to have the default settings for printers set to black and white & double sided print;
- 80GSM recycled paper is used across the agency for everyday printing requirements.
- Only documents that contain confidential information are to be placed in the shredder bin. All other paper can be recycled using the paper recycling bin available in each office.

Kitchen Equipment

- Dishwasher should always be set to 'economy' - 'fast wash' and only used when a full load is apparent.

Waste management

- Waste creation is to be minimised through appropriate ordering and use of supplies;
- Waste will be segregated to minimise the volume of general waste being collected;
- Waste shall be recycled where possible;
- Reusable materials and equipment are to be used whenever possible or appropriate in preference to disposable items;
- All waste will be disposed of according to DHS guidelines, State and Commonwealth legislation and Australian Standards.

Food Waste

- Where possible, composting of appropriate food waste should be instituted;
- Food waste that is not suitable for the compost is to be placed in a general rubbish bin in the kitchen;
- Food waste that is suitable for composting should be placed in a 'compost food waste' container which should also be located in the kitchen;
- The compost container in the kitchen is to be checked regularly and emptied into an appropriate compost bin.

General Waste

- Other waste (other than recyclable and compost food waste) should be disposed of in a general rubbish bin in the kitchen or an appropriate general waste bin in office areas;
- Cans, glass containers and plastic bottles marked with the acceptable recycling symbol should be placed in a recycle bin;
- All waste and recycling bins are to be emptied weekly – either by the cleaning contractor and/or by staff - and placed in the appropriate transfer bins for weekly/fortnightly retrieval by council;
- Non-confidential paper documents (e.g. newspapers, magazines, duplicate copies of material etc.) should be separated from general waste and placed in a paper recycling bin located in each office;
- Confidential documents (e.g. client notes, contact sheets, staff information, financial information etc.) is to be separated and shredded on site or placed in a security shredding bin for later shredding.

Council Recycling Bin

- Plastic containers displaying a 1, 2 or 3 on their base;
- Aluminium and steel cans;
- Cardboard;
- Paper (including newspaper, office paper and all magazines);
- Milk/juice containers (plastic and cartons);
- Large cardboard items such as large boxes or packing are to be flattened and placed in the recycling bins.

All waste disposals are to be by council road-side pick up or licensed contractors only.

Electronic Waste

Computers, mobile phones, batteries etc are to be collected and delivered to an appropriate electronic waste recycling company.

Purchasing of equipment

When purchasing products, consideration is to be given to the packaging of products and where possible minimal packaging or environmentally responsible packaged products are to be favoured. Where possible, suppliers are to be advised of the preferred methods of packing such as:

- Corrugated cardboard or reusable 'throw over rugs' is preferred to plastic bubble wrap for equipment protection during transport, unless the bubble wrap can be reused;
- Shredded paper/soluble starch beads are preferred to polystyrene, unless the polystyrene can be reused;
- Cardboard strips and moulds are preferred to polystyrene, unless the polystyrene can be reused;
- Specialised packaging is preferred to be made from high percentage recycled cardboard as specialised packaging may be difficult to reuse;
- Rechargeable batteries to be used wherever possible.

Purchasing of office supplies

In order to reduce the creation of waste, office supply purchases require the following;

- Office supplies are preferred to have a high recycled content and be packaged in an environmentally responsible manner;
- Plastic pens that can be re-used by purchasing ink inserts should only be used;
- High usage items such as office paper for printing and photocopying are to have recycled content where manufacturers and leaser allow. Where possible these items are to be manufactured in Australia.

Consideration is to be paid to all ordering of office supplies to determine if:

- It is required;
- It is not replicating equipment already in hand;
- It is likely to be utilised completely and effectively; and
- It can be reused or recycled after use.

Staff education

Staff will be updated as to the current and correct procedures with regard to recycling on a regular basis through staff meetings, signage, email, team meetings, orientation and induction and via the policy manual.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

6. INFORMATION AND COMMUNICATIONS

6.1 ELECTRONIC RECORD KEEPING

Policy Title: Electronic Record Keeping Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST ENDEAVOURS TO PROVIDE AN APPROPRIATE IT FRAMEWORK TO SUPPORT THE IMPLEMENTATION AND MAINTENANCE OF AN EFFECTIVE AND EFFICIENT ELECTRONIC RECORDS MANAGEMENT PROGRAM THAT PROVIDES EVIDENCE OF, AND ACCOUNTABILITY FOR, THE BUSINESS OF THE ORGANISATION WHILE ALSO MEETING RELEVANT STATUTORY REQUIREMENTS.

APPLICATION

Activities and business transacted electronically are still records, and must be managed accordingly. Electronic records fall into two main categories:

- PC based documents (including e-mail, word processing, spreadsheets etc); and
- Database and other complex systems.

All electronic PC based documents which are evidence of business transactions (i.e. records) should be electronically backed up on a regular basis (i.e. once per week/fortnight/month) and stored in a secure (i.e. lockable) location. In accordance with the 'Environmental Care Policy', the printing of documents and records should be kept to a minimum.

For privacy reasons, PC networks should be set up and administered in a manner that maximizes security and privacy. To prevent unrestricted access to other employees' folders and documents, the following guidelines should apply:

- All employees to be set up as users of the same operating system (i.e. Windows XP)
- The local disk drive on each PC should not be shared.
- All PC's should be locked when not in use and the screen saver lock should be activated.
- A shared hard disk should be set up to store files that need to be accessed by multiple users.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

6.2 INTERNET & EMAIL PROVISION & USE

Policy Title: Internet & Email Provision & Use Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

THE USE OF ELECTRONIC COMMUNICATIONS IS AVAILABLE FOR ALL STAFF AND DV EAST MEMBER AGENCIES WILL CONTINUE TO DEVELOP THESE TO ASSIST IN COMMUNICATING AND WORKING EFFICIENTLY AND PRODUCTIVELY. MEDIUMS SUCH AS THE INTERNET AND EMAIL ARE NETWORK RESOURCES AND FACILITIES THAT ARE OWNED BY THE RESPECTIVE ORGANISATION. AS SUCH THEY SHOULD BE USED TO COMMUNICATE EFFECTIVELY AND EFFICIENTLY FOR WORK PURPOSES, WITH PERSONAL USE KEPT TO A MINIMUM. THESE MEDIUMS SHOULD NOT BE ABUSED.

APPLICATION

In general, the principles regarding telephone calls also apply to e-mails. Personal information about individuals should not be revealed to any person in an e-mail unless doing so is necessary for the normal functioning of the organisation. When sending e-mails, care should also be taken to ensure that any attached files do not contain sensitive information regarding clients or employees.

All staff are responsible for their own conduct and use of these mediums. They must not be used to offend, discriminate or harass other work colleagues or the public. This includes, but is not limited to, sending, storing, transmitting, creating or downloading material of this nature. If staff receives inappropriate material through the electronic network, they should immediately delete it and notify the sender not to send inappropriate material. Staff should notify the Manager if they continue to receive such communications. Accidental connection to an inappropriate website on the Internet should also be disconnected immediately. Any offence may result in disciplinary action or termination of employment.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

- Information technology assets must not be used for private commercial purposes.
- Users must not breach copyright, nor use facilities for illegal purposes.
- Users must protect organisational and vendor intellectual property.
- All users must abide by the acceptable use policies for e-mail and Internet and not download, transmit, distribute or store any harassing or obscene messages and files, or any objectionable material via the organisational network. This includes the use of insulting, sexist, racist, obscene, suggestive or any other inappropriate language.
- All users are personally accountable for their own logon-id and password.
- Users are responsible for meeting published information technology standards, guidelines and acceptable use policies.
- Appropriate levels of security and encryption will be used when communicating electronically with external parties.
- Any variations or departures from this security policy must be endorsed by the Manager and must be available for audit.
- The organisation reserves the right to monitor usage and electronically record security breaches to ensure compliance is maintained.
- All computers will be loaded with Virus Protection software. Users must not disable or change the configuration settings of this software unless directed to do so by the Manager or an authorised IT professional.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

7. RISK MANAGEMENT AND OCCUPATIONAL HEALTH AND SAFETY

7.1 RISK MANAGEMENT

Policy Title: Risk Management Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES WILL ESTABLISH AND MAINTAIN AN ONGOING RISK ASSESSMENT PROCESS, ENSURING THAT ALL KEY RISKS ARE IDENTIFIED AND ONGOING ACTION STEPS TAKEN TO ELIMINATE OR MINIMISE THESE RISKS.

APPLICATION

Introduction

In essence, risk is a measurement of the likelihood of an adverse event occurring. This likelihood may be of varying significance and must be assessed with the magnitude and significance of the risk gauged against agreement about what is acceptable. The assessment of risk requires both quantitative and qualitative approaches, recognising that workplaces do not respond equally to these questions and that one response is not necessarily 'more valid' than another.

Risk Management, therefore is a process that enables an organisation to identify and deal with the possibility that some future events may cause injury or harm to its people, property or processes. For DV East member agencies possible sources of such risks can include, but are not restricted to:

- Governance failure;
- Legal relationships;
- Internal compliance factors;
- External compliance factors;
- Personnel/human resource actions;
- Business interruption;
- Security;
- Changes in Government Policy;
- Financial matters;
- Occupational Health and Safety;
- Management activities;
- Service performance;
- Public Liability;
- Property/assets;
- I.T. Technology;
- Socio-economic changes.

Risk Management Framework & Process

DV East risk management system is documented in the DV East Risk Management Manual which details the process for all member agencies. The results of the risk management process are articulated in the DV East Annual Risk Register.

Identification of Hazards

Occupational Health and Safety Hazards can be identified in any number of ways and should be appropriately recorded and registered in a dedicated Risk/Hazard Register and investigated for potential risk. All staff are required to document hazards and risks in the appropriate manner and include the following details:

- The date the hazard was first identified.
- All details of the hazard.
- The potential risk associated with the hazard.
- The remedial action taken.
- The name of the staff member who has reviewed the hazard and taken appropriate action.

Annual maintenance and monthly cleaning inspections of the premises should be conducted and appropriate remedies implemented and monitored. Incident Reports and a review of the Risk/Hazard Register must be undertaken on a frequent basis.

Staff Consultation

Staff members are encouraged to have active participation in OH&S issues in the following ways:

- Through the Occupational Health & Safety Officer.
- OH&S is a standing issue on staff meeting agenda.
- A maintenance and hazard reporting system is in place.
- Active involvement in OH&S is strongly encouraged from all staff.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

7.2 WORKPLACE OCCUPATIONAL HEALTH & SAFETY

Policy Title: Workplace OH&S Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO ENSURING THE HEALTH, SAFETY AND WELFARE OF ALL STAFF, VOLUNTEERS, CONTRACTORS AND VISITORS IN THE WORKING ENVIRONMENT AND ENCOURAGES ALL WORKERS TO REGARD ACCIDENT PREVENTION AND WORKING SAFELY AS A COLLECTIVE AS WELL AS INDIVIDUAL RESPONSIBILITY.

APPLICATION

The purpose of this policy is to ensure that staff members are aware of their occupational health and safety responsibilities under the associated legislation and are committed to ensuring the health and well-being of fellow workers, contractors and visitors. In fulfilling this responsibility, all staff have a duty to provide and maintain, so far as practicable, a working environment that Provides the highest level of protection against risk to health and safety.

Member agencies recognise their moral and legal responsibilities to provide a safe and healthy work environment for employees, contractors and visitors and endeavours to ensure that their operations do not place the wider community at risk of injury or illness. Toward this end agencies will fulfil the following activities:

- Undertake risk management activities to adequately manage risks to persons in the work environment, including review of changes to work methods and practices;
- Comply with all relevant legislation standards, and other requirements to which the organisation subscribes;
- Ensure that all equipment are safe and without risk to health when used in accordance with standard operating procedures;
- Implement measures to ensure the safe storage and handling of hazardous substances.
- Maintain safe systems of work, the work premises and the work environment, including systems to adequately manage emergency response;
- Provide adequate facilities to protect the welfare of all employees;
- Provide appropriate OH&S training to all employees;
- Provide information, instruction, training and supervision for all staff and students enabling them to work and study in a safe and healthy manner;
- Consult with all employees and contractors to enhance the effectiveness of the OH&S management system;

- Provide adequate resources to facilitate the fulfilment of the organisation's OH&S responsibilities;
- Regularly review and evaluate health and safety management systems, including audits and workplace inspections;
- Establish measurable objectives and targets to ensure continued improvement aimed at the elimination of work-related injury and illness;
- Establish and maintain an occupational health and safety officer.
- Provide amenities including toilets and eating areas, which are maintained in a safe and hygienic condition

The Occupational Health and Safety Policy and related procedures shall be displayed in the workplace and all employees will be provided with a copy. New employees will be provided with a copy of the policy as part of their induction. Further information regarding OH&S, can be found at the Victorian Government work cover website: <http://www.workcover.vic.gov.au>

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

7.3 OH&S ROLES & RESPONSIBILITIES

Policy Title:	<u>OH&S Roles & Responsibilities</u>	Date signed off:	_____
Date Issued:	<u>September 2008</u>	Review Date:	_____
Formulated by:	_____	Responsibility:	_____

POLICY STATEMENT

DV EAST AGENCIES RECOGNISE THAT THE PROPER IMPLEMENTATION, MANAGEMENT, MONITORING AND EVALUATION OF OCCUPATIONAL HEALTH AND SAFETY IN THE WORKPLACE MUST BE A SHARED RESPONSIBILITY. ALL STAFF THEREFORE HAVE A ROLE TO PLAY IN ENSURING A SAFE AND HEALTHY WORKPLACE THROUGH IDENTIFYING AND REPORTING HAZARDS, ASSESSING POTENTIAL RISKS AND IMPLEMENTING APPROPRIATE RISK CONTROL MEASURES.

APPLICATION

Manager

The Manager is accountable for providing a healthy and safe workplace for all staff and will ensure adequate resources are provided to meet the health and safety objectives and implement supporting strategies. In particular, the Manager will ensure that:

- appropriate health and safety policies and procedures are developed and implemented to enable the effective management of health and safety and control of risks to health and safety;
- mechanisms are provided which enable the identification, development, implementation and review of appropriate health, safety and welfare related policies and procedures;
- mechanisms are provided to enable employees and their representatives to be consulted on any proposals for or changes to the workplace, work practices, policies or procedures which may affect the occupational health, safety and welfare of employees;
- mechanisms are provided to regularly monitor and report on health and safety performance;
- Occupational Health and Safety Policy is reviewed annually to ensure it remains accurate and in line with legislative requirements.

Staff (including volunteers)

Staff have a duty to take care to protect their own health and safety and to avoid adversely affecting the health and safety of any other person. Staff and volunteers have a responsibility to:

- report any incident or hazards at work to their Manager or supervisor;
- carry out their roles and responsibilities as detailed in the relevant health and safety policies and procedures;
- obey any reasonable instruction aimed at protecting their health and safety while at work;

- use any equipment provided to protect their health and safety while at work;
- assist in the identification of hazards, the assessment of risks and the implementation of risk control measures;
- consider and provide feedback on any matters which may affect their health and safety;
- ensure they are not affected by alcohol or another drug which may endanger their own or any other persons' health and safety.

Contractors and Visitors

Contractors and visitors to DV East member agencies are required to:

- comply with the occupational health and safety policies, procedures and programs established by the organisation;
- observe directions on occupational health and safety from designated officers of the organisation.

Health and Safety Committee

Where required under legislation, agencies will establish a Health and Safety Committee consisting of management and employee representative. The responsibilities of such a Committee are to:

- assist in the development, monitoring and review of health and safety policies and procedures;
- consider any proposal for, or changes to the workplace, policies, work practices or procedures which may affect the health and safety of employees;
- promote the importance of health and safety amongst management and employees;
- monitor the organisations health and safety performance;
- monitor the rehabilitation of injured employees;
- assist in the resolution of health and safety disputes.

Health and Safety Representative

Agencies will encourage and facilitate the identification of a Health and Safety Representative to represent employees on health and safety matters when and where required. The role of Health and Safety Representative is to:

- represent employees on health and safety matters;
- investigate health and safety related complaints prior to representations to management;
- make representations to management and report back to employees on any matter relating to health and safety;
- discuss with the employees any proposals or matters which may affect their health and safety;
- assist management in the identification of hazards, the assessment of risks and implementation of risk control measures;
- assist in promoting adherence to health and safety policies and procedures;
- assist in the monitoring of risk controls and health and safety policies and procedures.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

First Aid Officers

The Manager will arrange training and, upon completion of training, copies of certificates and/or specific first aid qualifications should be stored in the personnel files. Additionally, the name and contact number of the First Aid officer is to be located next to all First Aid Kit. First aid emergency drills should be included as part of the emergency evacuation drill process.

The First Aid Kit must be inspected every month. The First Aid Officer is responsible for the First Aid Kit.

First Aid Kit

The contents of the First Aid Kit must be protected from dust and damage, and be kept in a container which clearly identifies the contents and purpose. The container must be easily recognisable (for example, a white cross on a green background prominently displayed on the outside) and should not be locked. The following items should be included in a basic First Aid Kit:

- emergency services telephone numbers and addresses;
- basic first aid notes;
- individually wrapped sterile adhesive dressing;
- sterile eye pads and protective eye glasses;
- sterile covering for serious wounds;
- triangular bandages;
- safety pins;
- small, medium and large sterile un-medicated wound dressings;
- Hypoallergenic adhesive tape;
- elastic or crepe bandages;
- scissors;
- disposable Hypoallergenic latex gloves;
- approved resuscitation face mask fitted with a 1-way valve;
- eye wash (once-only use container) & guidance notes;
- disposable face masks;
- disposal bags marked "Caution - Biological Hazard".

First Aid Treatment

If a person requires First Aid treatment the nearest First Aid officer must be contacted to administer First Aid treatment. The First Aid officer must record the following information:

- name and location of person;
- type of injury (if known);
- urgency of the matter; and
- assessment if another First Aid officer is required.

The First Aid Officer will attend to the injured or ill person and provide assistance that they consider the most appropriate. First Aid officers must only provide assistance in accordance with their training. Where an injury is of a more serious nature and requires the person to be referred to a doctor or taken to hospital, the First Aid officer will determine the most appropriate transport.

First Aid Records

The First Aid officer and/or an Occupational Health and Safety representative must record details of all injuries using an Injury/Incident Report Form. When using supplies from the First Aid Kit the 'First Aid Kit Log Book' must be completed. The log book is to be kept inside the First Aid Kit and should record the date and time of the incident; name of injured person; nature of injury/illness; treatment provided; supplies used; and the name of attending First Aid officer.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

It is the responsibility of all employees, including volunteers and contractors to ensure that:

- accidents and hazards are reported to management at the earliest opportunity;
- all requirements and obligations under the relevant legislation are complied with.

It is the responsibility of the Occupational Health and Safety Representative to:

- assist in identifying the causes of dangerous occurrences and accidents and develop corrective action;
- ensure State Authorities are appropriately notified of all reportable occurrences or events.

Process

- All accidents or incidents that result in an injury or illness at work must be reported to the Occupational Health and Safety Representative within 24 hours of the incident occurring;
- Any workplace accident or incident (dangerous occurrence) which has the potential to result in injury or damage to property must be reported in the same manner as an incident or accident that results in injury or damage.
- All injuries and illnesses must be assessed by a qualified First Aid officer to determine whether medical treatment is required.
- If medical treatment is required, the First Aid officer is to ensure that appropriate transport to a doctor or hospital is organised.
- All eye injuries (including foreign objects between the eye and eye lid which is not dirt or dust particles) must be referred to a doctor or hospital.
- When injury or illness involves a chemical, a Material Safety Data Sheet and other information which may have been prepared for such incidents must accompany the injured person to the doctor or hospital.
- The Occupational Health and Safety Representative must be notified immediately in the event of any incident which occurs.
- All injuries resulting in lost work time must be reported to the Occupational Health and Safety Representative within 24 hours.

In the event of a death emergency services should be immediately contacted (000) and the site of the incident must not be disturbed until either an inspector arrives at the site of the incident or an inspector directs otherwise at the time of notification. Disturbance to the site of the incident may occur for the purposes of:

- protecting the health and safety of any person; or
- aiding an injured person involved in an incident; or
- taking essential action to make the scene safe or to prevent a further occurrence of an incident.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

7.7 MANUAL HANDLING

Policy Title: Manual Handling Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

AS PART OF DV EAST MEMBER AGENCIES COMMITMENT TO OCCUPATIONAL HEALTH & SAFETY ALL AGENCIES WILL COMPLY WITH THE VICTORIAN OCCUPATIONAL HEALTH AND SAFETY REGULATIONS PERTAINING TO MANUAL HANDLING. THE PRINCIPLES THAT UNDERPIN GOOD PRACTICE IN THE WORKPLACE WHEN IT COMES TO DAY TO DAY MANUAL HANDLING ACTIVITIES WILL BE MADE EXPLICIT TO ALL EMPLOYEES.

APPLICATION

Manual handling means any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or to move, hold or restrain a person, animal or thing. This policy applies to all employees whenever any activity that requires the lifting, moving or transport of heavy objects is undertaken in the course of employment.

How does manual handling result in injury?

Injuries most commonly linked with manual handling include:

- injuries to muscles, ligaments and inter vertebral discs in the back;
- Injuries to soft tissues such as nerves, ligaments and tendons in the wrists, arms, shoulders and legs;
- Abdominal hernias; and
- Chronic pain.

The ways in which manual handling causes an injury are complex, however in general, the injuries are caused by wear and tear and damage to the joints, ligaments, muscles and intervertebral discs which occur during manual handling activities.

Manual handling injuries may result from:

- gradual wear and tear caused by frequent or prolonged periods of manual handling activity (e.g. lifting and moving heavy office equipment or supplies);
- increased wear and tear or sudden damage caused by intense or strenuous manual handling or awkward lifts (e.g. lifting an unconscious person or a person who has collapsed due to intoxication or illness); or
- sudden damage caused by unexpected movements (e.g. lifting and moving heavy furniture on uneven ground or up a flight of stairs).

Some of these conditions are known as repetitive strain injury (RSI), occupational overuse syndrome (OOS), cumulative trauma disorder (CTD) and work-related musculoskeletal disorder (WRMSD). In the Manual Handling Regulations (Victoria), all of these conditions are referred to as musculoskeletal disorders (MSD). Experience

has shown most manual handling injuries are associated with day to day tasks. Very often there is no specific 'accident' (sudden or unexpected event) associated with the injury. The person may not feel pain until several hours after the injury occurs.

Manual handling is an essential activity in most workplaces. The Occupational Health and Safety (Manual Handling) Regulations 1999 were introduced to help reduce the number and severity of manual handling injuries through three basic steps:

- Identification of manual handling hazards;
- Assessment of manual handling risks;
- Development of strategies to control risks.

Process

The Occupational Health and Safety (Manual Handling) Regulations 1999 require employers to assess the risk of any hazardous manual handling found in the workplace and put effective measures in place to prevent injury by eliminating the risk or where elimination is not practicable, reduce the risk of injury as much as practicable. Information and practical solutions for reducing manual handling injuries can be found on the Victorian WorkCover Authority website by using the search term 'manual handling'.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

7.8 UNIVERSAL INFECTION CONTROL

Policy Title: Universal Infection Control Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ADOPT AND PROMOTE ACCEPTED OH&S UNIVERSAL INFECTION CONTROL PROCEDURES AND PROCESSES FOR ALL STAFF WHEN ATTENDING TO AND/OR EXPOSED TO OH&S RISKS IN THE WORKPLACE.

APPLICATION

Infections may be a hazard for both workers and clients and there are many types of infections spread in many ways. Staff must treat everyone as potentially infectious. Intact skin is the natural defence barrier against infection, however if the skin breaks, lesions are possible sources of entry for infections. Washing hands and wearing gloves are the most important ways to prevent the spread of infection. Gloves must be worn in kitchen and food preparation/cooking areas and when cleaning wet areas. The use of Universal Infection Control Procedures eliminates the need to know the antibody status of any person. The following procedures are necessary health and safety precautions which should be generally applied for any situation in the workplace where a person is exposed to illness, accident or the like.

General Guidelines

- First aid shall be provided to anyone as necessary.
- In any first aid procedures, gloves must be worn.
- Gloves must be changed if they are torn or punctured during any procedure.
- Hands should be washed immediately after gloves are removed and before new gloves are put on.
- If hands or lower arms have cuts or open unhealed wounds, direct contact with blood is to be avoided. All cuts, abrasions, sores, etc. should be covered as a measure of protection for self and others.

Gloves

- Wearing of gloves does not replace the need for hand washing as gloves may have defects or become damaged during use. All cuts and lesions must be covered prior to wearing gloves.
- Latex and rubber gloves are available in small, medium and large sizes and must be easily accessible at all times (i.e. in kitchen areas, first aid room, staff meeting areas, outside smoking areas etc).
- To remove latex gloves peel back from the wrist and drop into a bin. Do not re-use latex gloves – always wash hands after removing gloves.
- Gloves must be worn at all times when using any cleaning products.

Washing Hands

It is recommended to use a hand cream to minimise irritation due to gloves and regular hand washing. Correct hand washing should be for a period no less than 60 seconds under running water, ensuring that fingertips and nails are washed.

Hands must always be washed:

- Prior to food preparation;
- After any contact with body fluids;
- After working in client wet areas;
- Before serving or handling food;
- After going to the toilet;
- After smoking;
- After any direct personal contact with a client involving fluids.

Syringes

Always notify management and the health and safety officer if a syringe is found on the premises. The following procedure must be followed if a syringe is found in or around working areas.

- Do not try to dispose of a syringe without the use of rubber/latex gloves and a sharps disposable container.
- Take the disposal container to the syringe – if there is not a sharps container, place into a screw top hard plastic or glass container and seal.
- Never attempt to re-cap a syringe or pick it up by the blunt end
- Avoid touching or moving sharps containers if objects are protruding from the container.
- Do not attempt to dispose of the syringe without informing appropriate management/occupational health and safety officer.
- Prepare an Incident Report.

Needle Stick Injury

Always notify appropriate line management/occupational health and safety officer if a needle stick injury occurs. The following procedure must be followed for a needle stick wound:

- Rinse point of penetration under cold water allowing bleeding to continue for 2 minutes;
- Dry injury area and apply a dressing (if necessary);
- Retain needle (using gloves and tongs and place in a container with a lid which the needle cannot penetrate);
- Contact appropriate management/occupational health and safety officer/first aid officer to arrange immediate medical treatment (medical treatment may include: blood tests, testing of needle, hepatitis injection, counselling if required);
- An Incident Report must be completed by the person involved and countersigned by appropriate line management/occupational health and safety officer.

Blood Spills

Always notify appropriate management/occupational health and safety officer/first aid officer if there is a blood spill. The following procedure must be followed when dealing with blood spills:

- Put on protective gloves, apron and mask (if required);
- Leave for 30 seconds to 10 minutes depending on the volume of the spill;
- Cover with paper towelling;
- Remove paper and place in bag;
- Wash down affected area with bleach solution;
- Remove protective gloves, apron, mask and place in bag for appropriate disposal;
- Prepare an Incident Report.

Infectious Illness

Some infectious diseases, such as Hepatitis B and C can be transmitted when the infected blood comes into contact with the blood stream of another person (e.g. from a cut). Other infectious diseases such as gastroenteritis and Hepatitis A are spread through faecal contamination of the hands, food or other objects that enter the mouth and digestive tract of another person. Infections such as influenza can be inhaled from an infected person's sneeze or cough.

If a person presents with symptoms of a potentially infectious medical condition, notify appropriate management/occupational health and safety officer/first aid officer for action and referral to appropriate medical services. Information on infectious diseases and appropriate procedures can be found in 'The Blue Book: Guidelines for the control of infectious diseases' – produced by DHS. A copy can be accessed on the Victorian Government Health Information website at www.health.vic.gov.au/ideas/bluebook

Immunisation

All staff members are offered immunisation during the course of their employment and have the option to be immunised for:

- Diphtheria/Tetanus (ADT)
- Influenza (Annually)
- Measles/Mumps/Rubella (MMR via DHS)
- Hepatitis A & B

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

7.9 SMOKING

Policy Title: Smoking *Date signed off:* _____
Date Issued: September 2008 *Review Date:* _____
Formulated by: _____ *Responsibility:* _____

POLICY STATEMENT

DV EAST MEMBER AGENCY PREMISES ARE A SMOKE-FREE ENVIRONMENT. ALL ORGANISATIONS ARE RESPONSIBLE, AS EMPLOYERS, FOR ENSURING THAT THE WORKING ENVIRONMENT IS SAFE AND DOES NOT POSE ANY THREAT TO THE HEALTH AND WELL BEING OF WORKERS. HEALTH AND SAFETY IS NOT EXCLUSIVE TO EMPLOYER AND EMPLOYEE BUT COVERS SERVICE USERS, VOLUNTEERS, CONTRACTORS AND VISITORS TO THE WORKPLACE SITE.

APPLICATION

This policy recognises the OH&S responsibility of member agencies to:

- Employed staff & volunteers;
- Clients and service users;
- Contractors; and
- Visitors.

Smoking is banned in all indoor areas of the premises. Appropriate signage is to be displayed in both office and public areas. Smoking is also banned in all agency vehicles.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

7.10 MANAGING HAZARDOUS MATERIALS

Policy Title: Managing Hazardous Materials Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO PROMOTING THE SAFE USE OF NON-HAZARDOUS CLEANING PRODUCTS CLASSIFIED AS SUCH BY THE NATIONAL OCCUPATIONAL HEALTH AND SAFETY COMMISSION (NOHSC) AND WORK SAFE VICTORIA WHERE-EVER PRACTICABLE. IN DOING SO THE RISKS FROM INCIDENTS OR ACCIDENTS ARISING FROM SOLVENT AND CHEMICAL HANDLING ARE MINIMISED.

APPLICATION

Guidelines for using cleaning products and chemicals

The following procedures and general guidelines should be noted and followed where-ever possible:

- Use cleaning products for their correct purpose.
- Stop using any chemicals which cause any reaction, move away from the area (even if the product has been determined to be non hazardous).
- Use exhaust fans and open windows where possible to increase ventilation, particularly when in enclosed areas like shower recesses and toilet areas.
- Ensure that any cleaning cloths or rags are rinsed out before being left to dry, or disposed of.
- Use gloves when using detergents and other substances to prevent dermatitis or irritation.
- Ensure that cleaning products are not kept in hot areas.
- NEVER mix chemicals together in the same container.
- NEVER use cleaning agents or chemicals which have been removed from their original containers.
- Only use products which are clearly marked in their original container.
- Cleaning products are not to be placed in trigger bottles that do not have a clear label.
- When using a spray type cleaning product, only use in well ventilated areas.
- Wipe on rather than spray on wherever possible to create fewer fumes.
- Spray the cleaner onto a cloth to minimise fumes and to allow the mist to settle.

Where an incident or accident has occurred as a result of using a cleaning product:

- Apply first aid with the assistance of an officer trained appropriately in first aid;

- Report the incident to the Manager and Occupational Health and Safety Officer as soon as possible;
- Seek medical advice if required or recommended at the earliest convenience;
- Complete an Incident Report.

Staff who suspect that they, or another person, may have an allergic reaction to a cleaning product are to notify the Manager even if the symptoms are not immediately or readily apparent. They are also encouraged to check the Material Safety Data Sheet (MSDS) for any product they suspect may be causing irritation.

Material Safety Data Sheet (MSDS)

Material Safety Data Sheets (MSDS) are required to be kept by employers and are produced by the manufacturer of the cleaning product. MSDS contain safety information relating to the product and potential product hazards. A register of all MSDS should be stored in an appropriate OH&S file. The organisations OH&S Officer is the appropriate contact person if an MSDS is required on a product that will be used on the premises.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

7.11 EMERGENCY PROCEDURES

Policy Title: Emergency Procedures Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO PROVIDING SAFE AND ORDERLY EXIT OF ALL PERSONNEL FROM THE WORKPLACE PREMISES IN THE CASE OF EMERGENCY AND TO RESPOND TO EMERGENCY SITUATIONS BY TAKING THE NECESSARY ACTIONS TO MINIMISE RISK AND HARM TO STAFF, VOLUNTEERS AND VISITORS

APPLICATION

Emergency Procedures

In the case of emergency situations such as fire or explosion, bomb scare, gas leak, structural damage to building, natural disaster, chemical spill, civil disorder (etc.), emergency evacuation procedures exist which are well known to staff. While the initial responses may vary in accordance with the type of emergency and its seriousness, the Evacuation Procedure is the same in each case.

Initial Response to Emergency

In the appropriate order and after identifying an emergency and assessing the degree of hazard:

- Notify the appropriate emergency service via 000;
- Notify the Emergency Response Warden, indicating whether emergency services have been notified;
- Assist any person in immediate danger if it is safe to do so;
- Direct evacuation of the incident area;
- If safe to do so, attempt to limit or control the hazard;
- Gather with other staff in a safe area to follow the Warden's directions;
- NOTE: The safety of the person is the first concern at all times.

Evacuation Procedure

The Warden or person assigned by the Warden announces by loud hailer, by phone or by 'runners'.

"Attention everyone, there is an emergency in the building. Please leave immediately"

(Repeat 3 times).

- The Warden notifies the emergency service if this has not already been done or if it is uncertain whether it has been done. Visitors begin to leave the building and are directed to a pre-determined assembly point outside of the building and its grounds.

- The Warden assigns each person one of two designated areas detailed in the organisation's emergency evacuation plan to check and evacuate.
- Each staff member reports back to the Warden on the status of the areas checked.
- The Warden assigns a staff member to prevent re-entry to the building/grounds.
- All other staff are to leave the building and assemble at the pre-determined assembly point.

Duties of the Warden

- To carry out regular emergency evacuation drills, particularly fire drills.
- To ensure regular checks of fire control equipment.
- To ensure regular checks of the building so that that fire exits are kept clear, that there is a clear pathway to the exit and that emergency signs and emergency lighting are in good working order.
- To ensure that emergency procedures are disseminated to staff, regularly reviewed and supported by effective staff training.
- To facilitate any necessary external monitoring of equipment or procedures.
- To ensure that clear emergency evacuation procedures are displayed prominently throughout the building. These should be written in simple language, with pictorial signs where possible.
- To advise the Manager on matters of safety and health within the organisation.
- To report back to the Manager on any emergencies that occurs.
- To supervise the conduct of any emergency evacuation, including:
 - Contacting emergency service;
 - Announcing the evacuation via a loudspeaker, runners, phone etc.;
 - Directing Wardens to check the premises during evacuation;
 - Assigning staff to prevent re-entry to the building;
 - Relaying information to the Emergency Service when it arrives;
 - Checking that all staff and visitors have left the building and gathered at the Assembly Point.

Duties of the Assistant Warden

- To assist the Warden;
- To deputise for the Warden in his/her absence.

The Warden is assisted by a Deputy Warden with specific responsibilities for clearing designated areas. In the event that no designated Warden is present when an emergency occurs, any staff member may be called upon to take up this role. All staff are therefore required to be familiar with the duties of the Warden in the event of emergency.

Duties of the Manager

- To report the condition of emergency evacuation readiness to the governing body on an annual basis and from time to time, call practice fire drills and simulated emergency evacuation exercises as deemed necessary. All staff are expected to participate fully in these exercises.

- Liaise with external agencies or statutory bodies with regard to relevant by-laws, legislation or standards.
- Arrange with DHS to organise regular fire safety inspections and take remedial action to mitigate any identified risks.
- Ensure adequate training for emergency evacuation procedures are in place.

Areas to Be Checked in Case of Emergency

The purpose of this check is to ensure that no-one remains in the building once an emergency has been announced. However, if a person is unable or unwilling to leave the area, the staff member undertaking the check should not attempt to remove the person. The staff member should complete the check then report the situation to the Warden, who then informs the Emergency Service of any person left in the building.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8. HUMAN RESOURCES

8.1 POSITION DESCRIPTIONS

Policy Title: Position Descriptions Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

EACH MEMBER OF STAFF IS ENTITLED TO A POSITION DESCRIPTION THAT CLEARLY DETAILS THE DUTIES THAT ARE EXPECTED OF THEM. EMPLOYEES ARE NOT EXPECTED TO PERFORM DUTIES THAT ARE NOT IN THEIR POSITION DESCRIPTION UNLESS THESE ARE NEGOTIATED AND AGREED WITH THE MANAGER. A POSITION DESCRIPTION FORMS PART OF THE EMPLOYMENT CONTRACT BETWEEN AN EMPLOYEE AND THE ORGANISATION.

APPLICATION

Purpose of the Position Description

Position Descriptions are a clear, accurate and unambiguous statement of the job to be done, establishing the expectations for both the employee and employer, and who directs the employees work and how they are accountable.

- An essential tool for conducting performance appraisals.
- Used to determine remuneration and benefit levels
- Used in the recruitment process.
- Used to assess training and development needs by identifying gaps between the requirements of the job and the employee's skills and knowledge.

Content

The following needs to be clearly detailed in each individual Position Description;

Position Title

Identify the Position including both its Formal Title and Local Title (if different).

Organisational Overview

Provide a brief statement about the organisation, its objectives and activities.

Program Background

Relevant short Program Background and any updates or additional information considered relevant to the Position.

Key objectives of the position

These should reflect the outcomes that a person successfully performing the position will achieve (i.e. for a Payroll Officer; effectively manage all aspects relating to the remuneration of all permanent and casual employees).

Duties

List the specific tasks to be performed. Ensure all tasks that are the sole responsibility and for which the incumbent is ultimately responsible are clearly identified. Where tasks are shared (i.e. administrative tasks), identify the expected contribution to these tasks. Included under this section should be a clause stating; 'Other duties consistent with the position and as directed from time to time by the Manager'.

An outline of the level of authority held (i.e. signing cheques, supervising staff, etc.) should also be included under duties. Action Plans clearly detail quantified outcomes and completion dates wherever possible and/or appropriate.

Key Selection Criteria

As either essential or desirable, list all qualifications, professional skills and experience required to perform this job. This should also include a list of all special skills (such as bi-lingual, physical requirements, interpersonal skills; computer literacy, etc.) that are essential to do the job. Also, list personal attributes (such as initiative, team building, communication skills, attention to detail etc.) that will assist in the performance of the job.

Location

State the work location from which this Position will usually operate.

Approved By and Date

Provide the date on which the Position Description was approved and signed by the Manager.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.2 PRIVACY & CONFIDENTIALITY

Policy Title:	<u>Privacy & Confidentiality</u>	Date signed off:	_____
Date Issued:	<u>September 2008</u>	Review Date:	_____
Formulated by:	_____	Responsibility:	_____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO SUPPORTING THE “NATIONAL PRIVACY PRINCIPLES FOR THE FAIR HANDLING OF PERSONAL INFORMATION”, WHICH SET CLEAR STANDARDS FOR THE COLLECTION, ACCESS, STORAGE AND USE OF PERSONAL INFORMATION WHICH ARE OBTAINED AS PART OF NORMAL OPERATIONS. ALL CLIENTS, VOLUNTEERS, STAFF AND DONORS HAVE A RIGHT TO PRIVACY OF THEIR PERSONAL INFORMATION. THE PROCEDURES CONTAINED HEREIN AIM TO ENSURE THAT ALL PERSONAL INFORMATION, NO MATTER HOW OR WHERE IT IS OBTAINED, IS HANDLED SENSITIVELY, SECURELY AND IN ACCORDANCE WITH THE NATIONAL PRIVACY PRINCIPLES.

APPLICATION

DV East member agencies are committed to protecting the privacy and confidentiality of clients, supporters, volunteers and staff. Agencies fully support the Privacy Amendment Act (2000) and the National Privacy Principles. This privacy policy describes how member agencies handle personal information and how access to that information can be gained. Personal information will be respected at all times and personal privacy will not be interfered with when handling this information.

Privacy and Client Information

Sensitive information is information relating to a person’s racial or ethnic origin, political opinions, religion, trade union or other professional or trade association membership, sexual preferences, criminal record and health information about an individual.

All appropriate measures will be taken to ensure all clients’ personal information is protected from unauthorised access, loss, misuse, disclosure or alteration. Only staff with a direct professional involvement in a matter has access to files. Measures are also taken to destroy or permanently de-identify personal information when it is no longer required. The types of measures that are taken may vary with the type of information, and how it is collected and stored.

Where possible, disclosure of information to other organisations (for example Government departments that provide funding for our programs) is performed in a way that does not personally identify individuals. Extreme care and vigilance are exercised in the use of any identifiers that may be passed through to a Government agency. Such identifiers are only ever used in accordance with the terms and conditions of the contract that is held with the relevant agency.

Privacy and Employee Records

Employee Records include information about staff members collected for the purposes of administering an individual's employment or contract and meeting any legal obligations. Although these records are exempt from the Commonwealth Privacy legislation, the confidentiality of the Employee Records that are held are fully respected and procedures are in place to protect them from misuse, loss, unauthorized access, modification or disclosure. Employee records are not stored for longer than is required to meet the purposes stated above.

Access to Personal Information

All persons may be provided with access to their personal information except in the limited circumstances recognised by privacy law. There will be occasions when access is denied, such as where release of the information would have an unreasonable impact on the privacy of others or where the release may reasonably be expected to cause a breach of duty of care.

Complaint Process

DV East member agencies are committed to promoting a culture that respects the privacy rights of individuals. However, any person who feels that there has been an unwarranted invasion of their privacy should contact the Manager in writing. If the complaint remains unresolved the matter can be referred to the Privacy Commissioner on 1800 023 985.

Record Collection, Retention and Disposal

Client information is collected and files stored by their respective case worker, according to confidentiality and privacy laws. These files are kept secure and should only be accessed by the case worker or relevant employees.

It is critical that all records containing personal or sensitive information that are marked for disposal are shredded and not simply put in a recycling bin. Each program should have a shredder on-site or contract a secure document shredding service. All staff can play a key role in ensuring that everyone is aware of the importance of document security and disposal particularly in regard to sensitive and personal information.

Display of Privacy Statement

A brief general statement regarding privacy policies and procedures should be prominently displayed for all staff, volunteer, visitors and service users.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.3 STAFF RECRUITMENT AND SELECTION

Policy Title: Staff Recruitment & Selection Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO THE RECRUITMENT OF STAFF WHICH AIMS TO ENSURE THAT THE PRINCIPLES OF EQUITY AND MERIT PREVAIL AND THAT THE PROCESS IS FAIR, EQUITABLE, AND REASONABLE AND WILL ENCOURAGE AN ATMOSPHERE OF SELECTION BASED AROUND THE KEY CRITERIA FOR POSITIONS AND ORGANISATIONAL FIT. IN MAKING EMPLOYMENT DECISIONS, SELECTION COMMITTEES WILL ABIDE BY EQUAL EMPLOYMENT OPPORTUNITY (EEO) PRINCIPLES AND INDUSTRY PROFESSIONAL STANDARDS.

APPLICATION

Personal information on individual applicants may be collected and stored for the purpose of recruitment. While some exceptions exist, this information will only be used and disclosed for the primary purpose of its collection. For more information and details please refer to the DV East privacy and confidentiality policies.

A uniform and consistent format will be used for advertising positions compliant with all relevant legislation and statutory requirements. Organisations will ensure that all staff are advised of new vacant positions being advertised externally.

Process

- Position Vacancy file opened for all documents relating to the advertisement and selection process.
- Position Description reviewed and updated if necessary
- Salary level benefits, awards and benchmarks are classified.
- Position advertised in relevant internal/external publications and websites (e.g. infoxchange)
- All applications are to be acknowledged within 3 working days of receipt.
- Selection committee formed, selection criteria made available to members and initial screening of applications undertaken.
- Short list applicants to be advised and scheduled for interview.
- Unsuccessful applicants to be advised if not short-listed for interview.
- Interviewed applicants are to be advised by telephone of outcomes within 3 working days of selected applicant accepting offer of employment.
- Offer of employment is subject to receipt of satisfactory Police Check and Working with Children Check which is made clear in the interview and letter of offer.

Reference Checks

After candidates sign a 'Referee Check Authority', an agreed member of the interview panel contacts nominated referees and obtains detailed reports on all potentially suitable interviewees (notes to be recorded and retained in employee files).

Equal Employment Opportunity (EEO)

All DV East agencies are eligible for EEO exempt, permitting employment of women only to all positions. EEO exemption should be checked prior to any recruitment process commencing.

Definitions and areas of Responsibility

The authority to fill existing positions is vested in the Manager who has delegated authority to ensure compliance with the Recruitment and Selection Policy. Authority to create new positions requires Governing Body approval.

Chair of Selection Panel

The Chair is responsible for the smooth functioning of the Selection Committee including ensuring the principles of merit and equal employment opportunity are observed in all aspects of the selection process, obtaining referee reports and preparation of the selection report at the conclusion of the process. The Manager shall adopt the position of Chair of all selection panels, except in the case where the vacant position is that of the Manager in which case the Chair of the Governing Body shall be appointed as Chair of the Selection Panel.

Confidentiality

All discussions, applications, documents, reports or information received, produced or provided in consequence of any recruitment or selection processes are treated as confidential and private.

Access to applications, copies of applications and reports relating to advertised vacancies are restricted to: members of selection panels; the person appointed by the panel to provide administrative support and the Manager.

Upon completion of a selection process all copies of applications must be returned to the Manager. Applications of unsuccessful applicants are to be securely stored pending disposal in accordance with the Records Act.

Training

It is a requirement of this policy that staff be provided with a copy of these procedures prior to participation in the recruitment and selection of employees, thus ensuring a consistent and fair approach to staff selection and recruitment.

Recruitment Procedures - Getting Started

Each new position shall, prior to advertisement, require:

- Specification of the start and end date where possible and the nature of the appointment
- A classification consistent with the Relevant Award standards
- Each position to be occupied requires a current, accurate position description in the agreed format and that has been approved by the Manager.

Types of Appointment

In commencing the recruitment process key decisions need to be made as to the category of employment required and whether the duration of the employment is short term or long term in nature.

- *Permanent Employee*: can be either part-time or full-time but is not a fixed term or casual employee.
- *Fixed Term Employee*: is an employee who is engaged on either a full or part time basis to work in a position, which is temporary in nature for a specified period of time and/or for a specific project or task/s.
- *Casual Employee*: means an employee who is engaged intermittently for work of an unexpected or casual nature and does not include an employee who could properly be engaged as a fulltime or part-time employee. A casual employee shall be engaged for a minimum of three consecutive hours each shift.
- *Full-time Employee*: is one engaged to work the full complement of ordinary hours of duty as prescribed by the Award (i.e. 38 hours of ordinary time per week).
- *Part-time Employee*: shall mean an employee who is engaged to work regular ordinary hours of less than 38 hours per week.

Temporary (Fixed Term) Staff Vacancies

When temporary staff shortages occur (for example due to a worker taking leave or suffering from an extended illness) initial consideration may be given to the potential for redistributing the work-load among current staff in order to provide appropriate coverage. In circumstances where this is not a viable option, the vacancy can be temporarily filled, either internally or externally. A temporary vacancy is one that is:

- temporary in nature for a specified period of time: or
- for the completion of a specified project; or
- to relieve a vacant position as a result of staff taking leave or resigning.

As a general rule temporary vacancies that are likely to last for less than six months duration do not have to be advertised nor does there need to be a formal selection process. In the case of internal applications for a temporary position the Manager/Coordinator will interview each candidate and decide upon the most suitable for the position. The organisation may maintain a database of people who may be employed for temporary vacancies for relief for sick or otherwise unavailable workers. All vacancies that are deemed to last for more than six month's duration will be advertised and a selection committee established.

Permanent/Long-term Staff Vacancies

All job advertisements must include:

- name of the organisation, address, contact numbers and incorporation number;
- job title and nature (permanent, temporary, etc);
- mission, vision, overall aims of the organisation;
- a concise summary of all duties and performance indicators;
- essential and desirable requirements;
- salary range and award (where applicable);
- hours of work;
- closing date for applications;
- contact person and number for job descriptions and enquiries;
- requirements for police check/working with children card.

Permanent and contract positions must, at a minimum, be advertised in one major newspaper and where applicable and cost effective, either on the Infoxchange website, through relevant networks or other community organisations.

Termination/Suspension of Procedures

In most cases these procedures are successfully concluded for a given position when a candidate has been selected to fill that particular position. However there may be cases from time to time where the selection and recruitment process may be suspended or terminated and the process must commence again. The Manager must implement any suspension or termination of these procedures. Cases where a suspension or termination may occur can include but are not limited to:

- where no candidate meets the minimum selection criteria;
- where candidates interviewed , have not adequately demonstrated that they meet the minimum selection criteria;
- where the Selection Panel cannot arrive at a consensus decision and decide that re-advertisement is necessary;
- where there has been a significant breach of this policy and procedure;
- where it is proven that qualifications of candidates have been falsified;
- where confidentiality has been breached;
- where a Selection Panel member has failed to declare a conflict of interest;
- Where complaints are lodged pursuant to anti-discrimination legislation; or
- Where external funding or project funding is withdrawn.

Position Descriptions

Principles for Position Descriptions include:

- All position descriptions, must be written as concisely as possible and in accordance with the style, format and language of the template position description.
- The development of the position description is fundamental to the development of the selection criteria and plays a crucial role in the short listing and selection process.
- All position descriptions must include:
 - the position title;
 - the appropriate classification consistent with the Award;
 - the supervisor of the position;
 - signature of the Manager;
 - reporting relationships; and
 - Key responsibilities and duties of the position including position scope and objectives, the extent of authority and accountability invested in the position holder.
- The position description will also specify the organisations strategic objectives and mission statement.
- Position Descriptions must be finalised in advance of being submitted for advertising.

Selection Criteria

Principles for Developing Selection Criteria include:

- When deciding on appropriate selection criteria, it is essential that it be designed to ensure that the best person for the position is readily identified when tested at interview and that applicants are fully aware of the job, knowledge, skills and attributes required.
- The selection criteria are the minimum standard that an applicant must satisfy to be able to do the job i.e. if you interview an applicant and they do not meet selection criteria they are not the best candidate for the position.
- The selection criteria will outline in descending order of priority:
 - The degree of knowledge required to perform key duties and responsibilities
 - The range, level and type of skills required
 - The attributes and personal qualities required in performing effectively within the position and meet the position requirements
 - The selection criteria will also include essential pre-requisites such as: minimum educational level requirement and/or specific essential requirements such as current motor vehicle licence.

Advertising

The Manager shall authorise all advertisements, no later than the close of business prior to advertisement. The Manager shall determine the placement of advertisements. The following information should be provided to potential applicants:

- basic details of the position
- closing date for applications
- appointment type on offer
- location (suburb or region) of the advertised position
- number of copies of applications required and the address to which they are to be sent
- Privacy Policy
- An invitation to access a position description and information electronically or by telephone must be included.
- All staff appointments will be subject to the legislated period of probation prior to confirmation of appointment of tenure, except where the successful candidate is an internal appointee in which case they would already have completed a probationary period in their former position.

Applicants are informed that applications must systematically address the selection criteria in the position description.

Applications for Positions

Principles for Applications include:

- The Manager will receive applications.
- Every effort will be made to acknowledge applications within 3 business days of receipt.
- Generally, late applications will not be accepted.
- Applicants will be required to meet any associated travel and accommodation costs.

Processing of Applications

- All applications should be date stamped;
- Unless otherwise agreed, only applications received by close of business on the date specified in the advertisement/position description will be accepted;
- Those received after the closing date shall be returned with an explanatory letter;
- All applications shall be destroyed at the completion of the selection process unless otherwise requested and agreed by applicants.

Applications from Board Members

Any member of an agency Governing Body who wishes to apply for a position as a paid worker must:

- declare her interest in the position to the Governing Body and the Manager/Coordinator prior to any detailed discussion taking place;
- remove herself from any discussions and negotiations relating the position; and
- immediately resign her position on the Governing Body if she is offered employment and chooses to accept such an offer.

Internal Candidates

All internal candidates should be interviewed. Where it is decided that an internal candidate will not be interviewed that candidate should be informed by the convenor of the Selection Panel and given detailed reasons for the decision. Where appropriate, they should be offered further feedback to assist them in career planning and identification of training and development needs.

Selection Panel members must declare any known conflict of interest. This means specifying any personal or professional relationships with candidates - whether this be of a positive or negative nature, past or present. The Selection Panel can then decide jointly how they will ensure fairness, equity and impartiality in the recruitment process.

The Selection Panel must also ensure that the selection process for internal candidates does not act as an unfair disadvantage. The internal candidate is entitled to a reference from their immediate supervisor, which should be made in writing and submitted to the Selection Panel as part of the application process.

The Convenor of the Selection Panel is responsible to notify short-listed applicants to arrange a suitable time for an interview. For applicants who have not been successful in securing an interview, the Convenor will notify them via written correspondence.

The Selection Process

Establishment of Selection Panels

A Selection Panel will be formed to fill vacancies of over six month's duration. The Selection Panel has the authority to make an offer of employment to a successful applicant and appoint such candidates. The Selection Panel will operate on a consensus basis in its decision making process.

For a vacant Manager/Coordinator position the Selection Panel should consist of:

- At least one member from the Board of Management (Chair or Deputy Chair); and
- At least one member of the management staff team (i.e. 2IC, team leader etc)

An additional member may be appointed to the panel as an independent person with particular expertise that is required for the appointment process. If a funding body wished to send a representative to view the selection process, such representatives will not have the right to vote.

For vacant Caseworker or Case Manager Positions the selection panel should consist of:

- The Manager/Coordinator;
- A member of the Management Team;
- One caseworker.

All members of the Selection Panel will be familiar with the principles and practices of EEO and preferably have had some experience or training in staff selection and recruitment, particularly in the field of family violence. A member of the selection panel cannot duly act as a referee for any applicant.

The Selection Panel will be convened by the Manager/Coordinator and will be responsible for:

- arranging meeting times and locations;
- reviewing the current job description and after ensuring it is up to date set the selection criteria based on it;
- setting the closing date for applications;
- writing the advertisement;
- deciding on the location and extent of advertising;
- ensuring that all members of the Selection Panel have the documents they require.

Short Listing

The short listing process is facilitated and conducted by the Selection Panel unless otherwise delegated to the Convenor. Each member of the Selection Panel should review all applications and make a list of:

- Candidates that definitely should be interviewed - generally those that meet the essential and desirable selection criteria;
- Candidates that are deemed as 'potential' interviews – generally those that meet the essential requirements and some of the desirable requirements;
- Candidates that should not be interviewed – generally those who do not fully meet the essential and desirable requirements; and
- Candidates who can be immediately rejected – those that do not meet the essential requirements at all.

The Selection Panel should aim for at least three candidates to be interviewed. At the same time they should.

- determine the time and location of the interviews; and
- decide who will develop the interview questions.

Principles for Short Listing include:

- All members of the Selection Panel should meet and participate in the short list of applicants, discussion of the role of panel members, development of questions and development of scoring assessment.
- In compiling the short list, the panel must base its decision on the selection criteria in the position description.
- All Applicants short-listed for interview must meet all the minimum key selection criteria requirements as set out in the position description. When reviewing applications the skills and knowledge of the applicant along with their ability to perform and complement the unit should be taken into consideration.
- All internal applicants must be assessed against selection criteria in the same manner as external applicants and not be short-listed solely because they are internal applicants.
- Where an internal applicant clearly does not meet the key selection criteria, the Manager must discuss this with the candidate face to face and provide constructive feedback on any skills gap and/or areas for improvement.
- The reasons for short listing shall be documented

Where no candidates meet the key selection criteria the recruitment process must be suspended or terminated in accordance with these procedures. The Manager is required to:

- Shortlist applicants for interview against the key selection criteria. Panel members should be involved in the shortlist phase to assist in selecting the best possible candidates for the role
- Inform applicants they have been selected for interview
- Terminate or suspend the process where no candidates meet the required criteria.

Conflict of Interest

In the case of a Selection Panel member standing to personally benefit (financially or otherwise) from any appointment of a short listed candidate (i.e. because of a close family/personal relationship), they will be required to resign their position on the Panel. For Governing Body members that stand to personally benefit (financially or otherwise) from the appointment of a short listed candidate they will be required to exclude themselves from all deliberations, discussions and decisions of the Governing Body and Selection Panel that relate to the candidate in question. In all cases the Manager/Coordinator must report this conflict to the Governing Body.

Conduct of Interviews

The Selection Panel will conduct them-selves in a professional manner at all times, maintaining sensitivity to any special needs of short-listed candidates and ensuring that they feel welcomed and at ease. Selection Panel members will individually record their comments and rankings on the Interview Schedule form for each short-listed applicant. The Interview Assessment Summary form is to be used to summarise scores against each short-listed candidate after all interviews have been conducted. Interview questions formulated by the Selection Panel should relate to the specified essential and desirable selection criteria as well to the 'good' character of

the applicant and their compatibility with the workplace culture of the organisation, its mission, aims and objectives. Each candidate, at the point of interview, will be required to complete the Referee Check Authority form in order to authorise permission to conduct follow-up discussions with supplied referees.

Principles in the Conduct of Interviews include:

- The purpose of the interview process is to collect information, appraise and assess the applicants' qualifications, job knowledge, skills and personal qualities against the key selection criteria for the position.
- Interviews will only be granted to those applicants who best meet the selection criteria. Internal applicants will not automatically be selected for interview.
- Interviews will in most cases be held within 14 consecutive days of the close of applications.
- All Questions must be targeted and directed towards assessing the applicants' knowledge, skills, abilities and attitudes as described in the selection criteria within the position description. Interview questions should be open ended and call on applicants to demonstrate from their past experiences or by use of other demonstrated evidence how they meet the selection criteria.
- To ensure all applicants are assessed equally the Selection Panel should plan the same questions for each applicant and these should be clearly expressed and their relevance made obvious to applicants. The Selection Panel may ask further relevant questions as a follow up to answers provided by a candidate(s).
- Where it may be appropriate in some cases, to ask applicants to prepare a short presentation or undertake other tasks that can be used to test their skills or aptitude, these tasks/presentations must be of relevance to the selection criteria and it is important to assign the same tasks to all those being interviewed.
- The applicant that best meets the minimum selection criteria requirements, as set out in the relevant position description should be offered appointment.
- Either before each interview or at its commencement, each applicant should be given the same information about the position and the organisation.
- The decisions of the Panel must be documented

Post-Interview Procedure

Selection Panel members are to assess a score for each applicant against each criterion or question. After all applicants have been interviewed Selection Panel members are to tally the scores accumulated for each applicant and participate in subsequent deliberations. Where there is a significant gap in the total scores and/or opinions of Selection Panel members over particular candidates, the Convenor will mediate the process until agreement is reached. As a general guideline, the applicant with the highest score should be the preferred candidate. Where possible, two further candidates should be identified so that three candidates are ranked in order of preference. The Convenor will delegate the appropriate reference check using the Referee Check Schedule. Following the satisfactory completion of the preferred applicant's references, the Convenor will be responsible for contacting the candidate to extend an offer of employment.

If the Selection Panel feels that none of the candidates are suitable for appointment they may choose to interview applicants from the reserve list or to readvertise. In the case of a no-consensus vote and where the Selection Panel is unable to agree on who to appoint, they may either re-interview selected applicants or re-advertise the position. Alternatively the Selection Panel may seek the assistance of an independent person with relevant expertise to assist in the decision making process or to participate in further interviews.

The Convenor is responsible for ensuring that all applicants who have been interviewed are contacted to inform them of the outcome of the process. Unsuccessful applicants will be provided, on request, with constructive comments and feedback in respect to their interview presentation, content, strengths and weaknesses. Unsuccessful internal candidates must be promptly informed and provided with appropriate feedback and reason. A one to one debriefing session with the Convenor is to be provided to the unsuccessful internal applicant and a detailed explanation as to why she was unsuccessful against the individual selection criteria given. The debriefing session will also cover a discussion of the skills and professional development activities the staff member would need to acquire to successfully apply for the position in the future. The debriefing session is also seen as an opportunity to review the staff member's current career goals and therefore ascertain how the organisation may provide appropriate support for the achievement of such ambitions.

Decision Making on Selection Panels

Principles for Selection Panels in decision-making include:

- Selection panels will be required to ensure strict confidentiality of application information and interview documentation, before and after the interview process.
- The decision making process for Selection Panels shall be one of consensus agreement as to the preferred candidate. Consensus means the panel hold the same view on the preferred candidate and may include: re-clarification, questioning and review of all short list candidates.
- Where consensus cannot be reached then the process below shall be implemented.
- All members of the panel should be informed of the final decision.
- Applicants will normally be notified of the panel's decision within three working days of the conclusion of all interviews.

Process where Consensus Agreement can not be Reached

Where consensus cannot be reached then the process below shall be implemented:

- The reference checking of all preferred candidates shall occur.
- Where after reference checking the panel can still not agree on the preferred candidate, the Manager must obtain an additional referee from the preferred candidates. The referee requested should be able to comment on the area/s of deliberation.
- Alternatively a second interview of the preferred candidates may be required and is encouraged where necessary to ensure that the best possible candidate is recruited.
- If after all of these steps have been exhausted, and if consensus can still not be reached, then the Selection Panel shall recommend action which may include the commencement of a new Recruitment and Selection Process.

Qualifications

Any person applying for a position may be asked to provide a written authority for the Chair of the Selection Panel to conduct a check on their Qualifications.

Skills Tests

Where a specific skill requirement is necessary to the satisfactory performance of the position, selected applicants may be required to undergo skill tests (e.g. word processing) as part of the selection process. Testing

should match the essential requirements of the job. The tests should be up to date, relevant and unbiased (that is, testing for aptitude rather than to exclude certain candidates).

Reference Checks

No offer of employment can be made without a proper reference check having been conducted and completed on preferred candidate(s). An appointment cannot be offered without at least 2 referee reports for the preferred applicants. Reports of referees are an integral part of the selection process.

- The Selection Panel Chairperson is responsible for ensuring that a reference check is completed for the preferred applicant/s.
- All panel members must be informed of the outcomes of the reference checks to assist the group to reach consensus on the preferred candidate.
- Reference checks can only be carried out on the referees that the candidate provides with their application, or agrees to on request. It is against Privacy Laws for a Panel, member to conduct a reference check on a candidate via their own networks without prior consent from the candidate.
- To ensure objectivity throughout the selection process, where a Selection Panel member has been nominated as a referee, they cannot participate as a Selection Panel member.

Process for reference Checks

In obtaining referees reports the following points should be considered:

- Current supervisors/managers will make the best referees as they have current information on applicant's knowledge and work practice.
- Applicant's current employment is not jeopardised when seeking information.
- Address selection criteria when asking the referee any questions.
- Where a Selection Panel are is unable to obtain agreement in a specific instance, where a reference is considered vital, the applicant should be invited to nominate an alternate referee. Where this is not possible, the panel should assess the candidate noting the incompleteness of referee comment.
- Where a candidate has not provided a supervisor as a referee, they must be asked the reason they have not done so.

Security Checks

All positions require that the successful candidate undergo a Police Records Check and a Working With Children Check. All potential applicants will be advised of this requirement in the position description and advertisement.

Medical Assessment

It is against the law to discriminate against a job applicant on the basis of a disability or impairment by treating them less favourably than someone else. It is against the law to refuse someone a job on the basis of a medical condition that does not affect the person's ability to perform the role. Agencies can use pre-employment medical tests only where they relate to the requirements of a job.

Appointment

Offer of Employment

In accordance with the Social and Community Services Award, "at the time of engagement, an employer shall provide each employee with written advice of the terms of their employment which specifies whether they are fulltime, part time or casual, an outline of the duties of the position, details of hours and days of work, the classification and rate of pay for the position and any other relevant details attaching to the employment arrangement."

An offer of employment can only be made where: a reference check has been completed. Any offer of employment made for positions requiring a security check can only be done so provided it is made clear that the offer is subject to a favourable security check.

- Appointments will be confirmed in writing within seven (7) days prior to commencement.
- All unsuccessful candidates will be advised in person or by telephone that they have been unsuccessful in gaining the position. This advice shall be provided as soon as possible and confirmation in writing provided within seven (7) days.
- All unsuccessful internal applicants will be advised at a formal meeting with the Manager outlining any skills gap and areas for growth, as well as notification in writing.
- Post selection counselling conducted by the Chair of the Selection Panel should be offered to all unsuccessful internal applicants and also be made available to external applicants upon request.
- To ensure the most suitable candidate for the job is appointed, should a subsequent vacancy occur within three (3) months of a position being filled, the position may be re-advertised depending on the quality of the applicant pool.
- Where minimal qualifications are required, verified copies of certificates must be sighted prior to an appointment being confirmed.
- All staff appointments are subject to a period of probation prior to the confirmation of appointment. The only exception to this rule may be where an internal candidate has been appointed.
- All offers of employment must be made at the commencement rate for that classification, except where special circumstances exist.

Upon the preferred candidate's acceptance of the offer of employment a commencement date will be set. The new employee will be required to sign the Letter of Appointment, agreeing to all terms and conditions of employment, including a mandatory 3 month probationary period and the successful completion of the organisations orientation and induction program. All employees will be required to sign a contract of employment.

Discrimination Complaints

The Manager will formally investigate all complaints of discrimination in the Recruitment and Selection process.

Induction

All new employees shall participate in the orientation and induction process, which is the responsibility of the Manager/immediate supervisor and is of critical importance to the success of inducting new incumbents into the organisation.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.4 PERFORMANCE APPRAISALS & REVIEWS

Policy Title: Performance Appraisals & Reviews Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES WILL AT ALL TIMES ENDEAVOUR TO ASSIST EMPLOYEES TO MAXIMISE THEIR WORK POTENTIAL AND JOB SATISFACTION, AND WILL ATTEMPT TO PROVIDE APPROPRIATE TRAINING FOR STAFF TO MEET THE DEMANDS OF CHANGING WORK ENVIRONMENTS. EMPLOYEE PERFORMANCE APPRAISALS REPRESENTS AN OPPORTUNITY FOR THE ORGANISATION AND THE EMPLOYEE TO ENHANCE PERFORMANCE AND CONTRIBUTE POSITIVELY TO AN EMPLOYEE'S JOB BY IDENTIFYING AND ELIMINATING BARRIERS TO JOB SATISFACTION.

APPLICATION

DV East member agencies are to conduct Annual Performance Appraisal and Development Reviews with the aims of:

- Encouraging free and confidential discussions about work with each staff member.
- Providing an opportunity to discuss the staff member's progress and review their performance in comparison with agreed job standards.
- Providing the opportunity to discuss any work related problems which have arisen and to search for a solution.
- Provide recognition of work performance achievements and professional development.
- Discussing ways of improving job performance, such as training and development needs to enable all staff to reach their full potential and keep the organisation aware of their own needs and aspirations.

In particular, career development of all staff is encouraged through regular discussion of their performance in meeting the Key Performance Indicators in their Position Description.

Appraisal Reviews focus on positive ways that staff can better develop themselves in their work and a staff member's Performance Appraisal Review may have no connection with their remuneration while in their current position.

Process

The Manager will conduct performance appraisals and reviews each calendar year on a date to be determined. Informal reviews will be conducted on a more frequent basis.

Where an employee has not previously been engaged a performance appraisal and review will be conducted at the conclusion of the twelve-week probation period with the aim of providing feedback and guidance to the new employee.

A Standard Performance Appraisal and Development Review document will be completed in writing and treated as confidential. Once signed by both the employee and employer the originals will be kept in the staff member's personnel file. Staff who are authorised to look into personnel files are expected to keep strictest confidence about their content. Staff members have the right to see their personal files on request.

Performance appraisal and reviews must be closely related to the employee's position description (covering tasks, duties and responsibilities) and job specification (covering knowledge, skills and abilities required).

The review is intended to identify:

- current performance;
- the performance objectives required;
- the current training needs to be undertaken to meet individual and organisational objectives in both the short and long term and to enable the employee to meet the standards of their existing position;
- any development and expansion anticipated by the employer for the employee in their position both in the short and the long term; and
- career development opportunities.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.5 STAFF TRAINING & PROFESSIONAL DEVELOPMENT

Policy Title: Staff Training/Professional Development Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO PROMOTING THE PERSONAL AND PROFESSIONAL DEVELOPMENT OF STAFF AND TO FACILITATE BEST PRACTICE IN THE SERVICES PROVIDED. ALL EMPLOYEES ARE ENTITLED TO DEVELOP THEIR PROFESSIONAL SKILLS.

APPLICATION

Staff development should be:

- Proactive – designed to meet the agencies long term objectives;
- Responsive – needs driven;
- Designed to provide career pathway and choices, improve job security and increase job satisfaction.

Staff development includes:

- Organisational seminars and workshops;
- Scheduled internal or external training seminars or workshops in an area, skill or interest appropriate to individual staff members;
- Attendance at conferences;
- Attendance at professional forums.

Staff development excludes:

- Academic Leave
- Attendance at conferences at which staff are presenting papers or workshops;
- Internal workshops or meetings that are oriented towards organisational or administrative functioning, such as those covering OH&S, privacy or risk management issues.

In the event that a review of the organisation's activities identifies a gap in skills/expertise that critically affects the functioning or viability of the organisation, it may be deemed appropriate to provide training for particular job roles that is exceptional to regular staff development & requires a level of expenditure from program budgets.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

Personal and professional behaviour

All staff are expected to:

- Respect their principal responsibility to implement and administer the policies and programs of the organisation in the spirit in which they are intended. Personal views and opinions on particular matters that differ from those of the organisation must not interfere with the performance of duties.
- Treat all people with whom they have contact in the course of work fairly, and with courtesy and sensitivity.
- Act with propriety and be able to demonstrate this in relation to any advice or service that is given.
- Justify any decisions made and/or actions taken.
- Strive to assist the organisation to maximise service delivery and avoid waste and extravagance in the use of funds and resources.
- Seek out a full understanding of the personal and material resources available at the organisation.
- Use the facilities and other resources of the organisation only to carry out the functions of the organisation and maintain them properly.
- Treat colleagues with respect, and seek where necessary, the professional opinions of colleagues in their area of competence, and acknowledge their contribution. Discussion around work issues should never be abusive, personal or derogatory, and an awareness of issues around the use of position and power should be maintained, where relevant. Criticism or correction should be done in a confidential and private manner.
- Treat all colleagues fairly, involve them in decisions that affect them, and provide equal opportunity to develop their skills.
- Perform duties diligently and responsively.
- Observe relevant occupational health and safety requirements, and act to remove, deal with appropriately or bring to the attention of the Manager any situation that is, or may be, a health or safety hazard.
- Fully support the principles of the Victorian and Commonwealth Equal Employment Opportunity and Anti-Discrimination legislation and not harass anyone or discriminate on the grounds of sex, sexual preference, age, marital status, pregnancy, the state of being a parent, childless or a de facto spouse, race, colour and national extraction, lawful religious or political belief or activity, or impairment.
- Comply promptly with all lawful directions which are given by management. Grounds for complaint arising out of such directions, whether ethical or otherwise, should be discussed and an attempt to resolve the matter should be made. If the matter remains unresolved staff may lodge a personal grievance to have the matter reviewed by the Manager. Staff must continue to carry out any lawful directions that may be given until the matter is resolved.
- Use organisational facilities and other physical resources for their proper purpose and maintain them properly.
- Act and advise with honesty and integrity in all aspects of directed duties. If an aspect of organisation policy or administration may have unforeseen consequences or otherwise requires review, then staff are directed to bring it to the attention of the Manager.

Public Statements

Public comment includes public speaking engagements, comments on radio and television and expressing views in letters to the newspapers or in books, journals or notices where it might be expected that the publication or circulation of the comment will spread to the community at large. Organisations retain the copyright of work produced by all staff during their employment unless the Manager grants specific approval by prior arrangement.

- Comments made on behalf of the organisation should have prior written authorisation from the governing body/delegated organisational authority.
- Any fee received for any seminar participation in a professional capacity will be paid to the agency unless specifically exempted in writing from this requirement by the governing body/ Manager.

Management of Information

All information concerning service users, their family/friends and other service providers disclosed in the course of service delivery is confidential, except where:

- Referrals are to be made and other professional consultation is sought (with written consent);
- Failure to disclose information would breach the terms of the worker's employment (such exception must be notified to the service user);
- There is a statutory requirement (e.g. threat of harm to self or another and crimes against children).

Conflict of Interest

While it is not possible to define all potential areas of conflict of interest, staff are expected to act with diligence and integrity. If circumstances arise that cast any doubt as to whether a conflict exists, staff are expected to raise the issue with the Manager.

All staff are expected to:

- Disclose potential conflicts of interest to management when dealing in the course of official duties with relatives, close friends or business acquaintances. In particular, conflicts that could arise as a result of membership to committees or boards of management of other organisations whose operations compete with those of the employing organisation.
- Exercising integrity in all financial dealings and demonstrate that all interests are to the organisation's benefit and are/were of paramount importance. Where those interests are, or appear to be, in conflict, staff must notify their Manager prior to discharging any financial delegation.
- Respect their own position with the organisation and refrain from using this to obtain a private benefit for themselves or for someone else. Family or other personal or working relationships should not improperly influence decisions.

Financial Probity and Accountability

All staff should ensure that in financial matters, including the handling of monies, there is full accountability in relation to any advice or transaction in which they may be involved. If staff have financial responsibilities, they are to observe the relevant legislative and regulatory requirements and be familiar with the financial and administration policies of the organisation.

Confidentiality of information (post employment)

Upon leaving the organisation for other employment, staff must refrain from using any confidential information obtained during their employment. This includes the use of confidential information which would provide an advantage to any prospective employer or which would disadvantage the organisation in commercial or other relationships with a prospective employer.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.7 WHISTLEBLOWERS

Policy Title: Whistleblowers Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO THE AIMS AND OBJECTIVES OF THE WHISTLEBLOWERS PROTECTION ACT 2001 AND DO NOT TOLERATE IMPROPER CONDUCT BY EMPLOYEES, OFFICERS OR MEMBERS, NOR THE TAKING OF REPRISALS AGAINST THOSE WHO COME FORWARD TO DISCLOSE SUCH CONDUCT.

APPLICATION

DV East member agencies recognise the value of transparency and accountability in all administrative and management practices, and support the making of disclosures that reveal corrupt conduct, conduct involving a substantial mismanagement of organisational resources, or conduct involving a substantial risk to public health and safety or the environment. All reasonable steps will be taken to protect people who make such disclosures from any detrimental action in reprisal for making the disclosure. All employees are encouraged to report either orally or in writing to the Manager, all evidence of activity by an employee that may constitute:

- Any instances of fraud;
- Unethical business conduct;
- Violation of state or federal law;
- Substantial and specific danger to public health and safety;
- Violation of the Code of Conduct;
- Questionable accounting.

In the case where the report is about the Manager, employees would report this to the Chair of the Governing Body.

Any employee who, in good faith reports such incidents as described above will be protected from threats of retaliation, discharge, or other types of discrimination including, but not limited to, compensation or terms and conditions of employment that are directly related to the disclosure of such reports. In addition, no employee may be adversely affected because of refusing to carry out a directive which, in fact, constitutes fraud or is a violation of State or Federal Law.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.8 SALARY AND SALARY PACKAGING

Policy Title:	<u>Salary & Salary Packaging</u>	Date signed off:	_____
Date Issued:	<u>September 2008</u>	Review Date:	_____
Formulated by:	_____	Responsibility:	_____

POLICY STATEMENT

AS RECOGNISED PUBLIC BENEVOLENT INSTITUTIONS, DV EAST MEMBER AGENCIES HAVE LIMITED EXEMPTION FROM THE PAYMENT OF FRINGE BENEFITS TAX. THIS LIMITED EXEMPTION UNDER SECTION 57A OF THE FRINGE BENEFITS ASSESSMENT ACT, 1986 ALLOWS A BENEVOLENT ORGANISATION TO PROVIDE NON-CASH BENEFITS TO STAFF OR TO REIMBURSE STAFF PERSONAL EXPENSES UP TO AN AGREED VALUE.

APPLICATION

The purpose of this policy is to provide consistency in salary and classification matters pertaining to staff.

Salary Classification

Updated Salary Rates

DV East member agencies undertake to provide a copy of the most recent salary rates of pay provided for in the relevant awards and as amended from time to time by the Australian Fair Pay Commission.

SACS Award

The correct classification for positions is determined on the basis of the definition of the classification as provided for in clause 13 of the SACS Award. The starting point on the incremental scale for the classification is then determined according to the employee's qualification and job tasks or job title within the classification and the position description.

Clerical and Administrative Award

All positions covered by the Clerical and Administrative Award are graded according to the grading structure set out in clause 16 of the Award. The grading assigned to each position shall be according to the skill level or levels required.

Disputes Regarding Classification

Any dispute regarding a classification assigned to a position must be notified to the Manager in writing. Such notification must specify the reasons for the application for reclassification and be based on the classifications/gradings in the relevant Award and the requirements for the position as set out in the position description.

Progression

For staff covered by the SACS Award Progression from one incremental point to the next within each class shall be dependent on the following:

- the acquisition and satisfactory utilisation of new or enhanced skills required by the employer; and
- demonstrated competency and satisfactory service over a minimum period of twelve months at each level within the class
- the meeting of established performance objectives as determined between the parties. This includes the satisfactory completion of required training modules as determined between the parties.

An annual review will be undertaken by the employer for all fulltime and part time employees in order to assess the employee's progression within the class.

In cases where the review is delayed, the anniversary date of the twelve month review shall not be changed and the increase if any will be paid retrospectively to the anniversary date.

For staff covered by the Clerical and Administrative Employees Victoria Award, progression will occur in accordance with the conditions set out for the gradings in the Award.

Remuneration/Salary Packaging

Salary packaging refers to an employment package offered by a benevolent organisation to its employees that allows full-time and part-time staff to receive a portion of their gross salary in the form of employee expenses and which is paid by the employer. The employer will have regard to the wishes of staff as to how they would like their remuneration structured, but it will always be the employers decision as to what expense reimbursements are actually available to staff. It is the responsibility of staff members to determine the most suitable salary packaging arrangement, within this Policy, to meet their own individual needs.

In deciding whether to participate in salary packaging, the benefits need to be carefully considered in relation to individual financial and personal circumstances. It is strongly recommended that employees obtain independent expert financial advice to ensure that their salary package suits their personal and financial requirements. Participation in salary packaging is optional.

General Terms & Conditions

- The Governing Body will determine whether the scheme is also open to casual and temporary staff.
- The scheme is open to all permanent staff.
- Involvement in the scheme is optional and is subject to completion and signing of the Salary Packaging Scheme Agreement. It is also not necessary to package all that you are entitled to under the current legislation.
- If legislation or events or changes have the effect of increasing the cost of packaging, then those costs shall either be paid by the staff member or the salary packaging program terminated immediately once the legislation or events or changes take effect.
- It is recognised and accepted that member agencies have no liability for a staff member's taxation obligations or any other outcomes resulting from entering this arrangement.
- For Fringe Benefit Tax liable items, the maximum amount that staff will be allowed to salary package in any one FBT year is \$30,000 (grossed up amount). The Governing Body will review and determine at the commencement of each FBT year the limits (if any) on the amount that can be salary packaged in one FBT year for benefit items that do not attract a Fringe Benefit Tax (Subject to legislation requirements).

- The Notional Base Salary will be the basis for determining salary for Salary packaging purposes. Notional Base Salary is defined as the annual or weekly salary for normal hours of work and excludes variable allowances, penalties, loadings and other benefits.
- Benefit items to be packaged can only include those items allowed through legislation.
- At the end of the package year an annual reconciliation will take place. Any amount of expenses unused shall be converted and added to PAYG salary from which PAYG tax will be deducted and the staff member must reimburse for any overpayment.
- A staff member may cancel their salary packaging arrangements at any time on giving two weeks notice.
- In the event of a change of legislation removing Fringe Benefits Tax exemption status, alteration to FBT capping or otherwise making the operation of the salary packaging unfeasible or unworkable, member agencies reserve the right to cease offering salary packaging without any liability to compensate staff for the loss of the benefit. In this situation the employee's salary will revert to the regular fortnightly salary paid through the payroll system.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.9 EEO AND ANTI BULLYING/HARASSMENT

Policy Title:	<u>EEO & Anti-Bulling/Harassment</u>	Date signed off:	_____
Date Issued:	<u>September 2008</u>	Review Date:	_____
Formulated by:	_____	Responsibility:	_____

POLICY STATEMENT

DV EAST MEMBER AGENCIES BELIEVE THAT ALL STAFF ARE ENTITLED TO BE TREATED ON THE BASIS OF THEIR TRUE ABILITIES AND MERIT, AND TO WORK IN AN ENVIRONMENT THAT IS FREE OF DISCRIMINATION. IN THIS REGARD, MANAGEMENT WILL WORK WITH STAFF TO ACHIEVE THE OBJECTIVES OF THE EQUAL EMPLOYMENT OPPORTUNITY LEGISLATION. EQUAL EMPLOYMENT OPPORTUNITY FOR ALL STAFF IS SEEN AS A MEANS OF INCREASING THE EFFECTIVENESS OF ORGANISATIONAL OPERATION AND RECOGNISING THE TRUE POTENTIAL OF ALL EMPLOYEES.

APPLICATION

DV East member agencies are committed to providing a workplace free of all forms of discrimination, bullying, harassment, sexual harassment and victimisation. The fundamental principle of anti-discrimination laws relating to employment is that all people should be managed on their ability to perform the inherent requirements of the job and not on any presumed or real attributes that an employer or other employee's may think affect their job performance. Anti-discrimination aims for equality of opportunity for all employees and is consistent with the policy of merit-based selection and promotion. Implementation of the Equal Employment Opportunity (EEO) and Anti-Bullying Policy demonstrates a commitment towards employees being treated fairly and enables a good working relationship amongst employees.

Discrimination, bullying, harassment, sexual harassment and victimisation are not only unacceptable, they are unlawful pursuant to State legislation and Federal legislation. It is the responsibility of the Manager, Governing Body and staff to provide a working environment free from discrimination, bullying, harassment, sexual harassment and victimisation. All employees will have fair access to training opportunities, promotional opportunities, suitable work allocation, and flexibility with leave arrangements.

The Manager and Governing Body Chair are to ensure all complaints regarding discrimination, bullying, harassment, sexual harassment or victimisation are treated confidentially, seriously and sympathetically. To this end an internal complaint resolution process has been developed to assist staff raise issues of concern. Relevant action will be taken against anyone found to have breached this Policy, in accordance with the Disciplinary Policy and Procedure.

Definitions

Discrimination

Discrimination is unfair treatment towards an individual based on a personal characteristic protected by law. It can be direct or indirect. Protected attributes in Victoria include:

- Age
- disability/impairment
- industrial activity/inactivity
- lawful sexual activity/sexual orientation
- gender identity
- marital status, including defacto
- physical features
- political belief or activity
- pregnancy/breastfeeding
- race
- religious belief or activity
- sex
- status as a parent or carer
- personal association with someone of the above attributes
- irrelevant criminal conviction

Direct discrimination happens when a person treats, or proposes to treat, someone who has one of the personal characteristics protected by law less favourably than someone who doesn't have that personal characteristic. In some cases, treating everybody the same way may also be unfair. This is known as indirect discrimination. Under the law it means setting a requirement which:

- someone with a particular personal characteristic protected by law can't satisfy;
- a higher proportion of people without that characteristic or with different characteristics can satisfy;
- the requirement is not reasonable in all the relevant circumstances; and

In determining whether or not a person discriminates, the person's motive is irrelevant.

Bullying

Workplace bullying is repeated, unreasonable behaviour directed toward an employee, or group of employees, that creates a risk to health and safety. Furthermore "unreasonable behaviour" means behaviour that a reasonable person, having regard to all circumstances would expect to victimise, humiliate, undermine or threaten. It can include, but is not limited to, behaviours which may be considered unreasonable, such as:

- deliberately changing work rosters to victimise particular employees;
- verbal abuse;
- initiation practices;
- intimidation;
- humiliation;
- undermining and threatening behaviour;
- sabotaging someone's work;
- ridiculing someone's opinion;
- Assigning meaningless tasks unrelated to the job;
- Psychological harassment;
- Excluding or isolating employees;
- Deliberately withholding information that is vital for effective work performance; and/or
- repeated behaviours of the above mentioned.

Bullying is contrary to the Occupational Health and Safety Act that requires that the work environment must be safe and without risks to health for employees. Bullying is not an acceptable part of work culture. Furthermore, bullying is a significant occupational health and safety consideration, if it occurs in the workplace or a working environment, as it can cause harm to a person's health and well being, both physically and psychologically.

Bullying does not cover situations where an employee has a grievance about legitimate and reasonable:

- performance management processes;
- disciplinary action; and/or,
- allocation of work in compliance with systems.

Harassment

Harassment is an unwanted behaviour and can take many forms. It may involve inappropriate actions, behaviour, comments or physical contact that is objectionable or causes offence. Unlawful harassment may relate to any of the attributes protected in various equal opportunity legislation mentioned above. Harassment may be seen to have occurred if the behaviour makes the victim feel:

- offended and humiliated;
- intimidated or frightened; and/or,
- uncomfortable at work

Sexual Harassment

Sexual harassment occurs when a person makes an unwelcome sexual advance or an unwelcome request for sexual favours to another person, or engages in any other unwelcome conduct of a sexual nature in relation to another person. It may also include a wide range of verbal, visual or physical behaviour by which a reasonable person, having regard to all circumstances, would have anticipated that the person harassed would be offended, humiliated or intimidated. It has nothing to do with mutual attraction or private, consenting friendships whether sexual or otherwise. Some examples of sexual harassment include:

- persistent, unwelcome demands or even subtle pressures for sexual favours or outings;
- leering, patting, pinching, touching or unnecessary familiarity;
- offensive comments on physical appearance, dress or private life; and,
- the public display of pornography

Victimisation

Victimisation is unlawful and is defined as treating or threatening to treat a person detrimentally because they:

- Consider making a complaint or have made a complaint;
- Act as a witness; and/or
- Support a claimant.

Contact Officer

The Contact Officer is a trained employee who is responsible to deal with employee enquiries relating to alleged cases of discrimination, bullying, harassment, sexual harassment and victimisation. They are also responsible for providing advice to employees on the EEO Policy procedures.

Investigating Officer

An Investigating Officer refers to an individual delegated by the Manager to conduct the investigation of allegations.

Responsibilities of the Employer and Employees

Employer responsibilities

An 'employer' for this purpose could be either the organisation or the Manager, depending on the situation or issue. An employer must not discriminate against, bully, harass, sexually harass or victimise:

- employees;
- prospective employees;
- contract workers;
- volunteers; or
- members of the public.

Employers are responsible for providing a workplace free from harassment and bullying. This requires that they:

- Issue a clear statement or policy indicating that the organisation will not tolerate unlawful harassment or bullying;
- Conduct an awareness program to ensure all employees understand what constitutes unlawful harassment and bullying and their rights and responsibilities;
- Develop an internal grievance procedure and complaint management process that gives employees with concerns an opportunity to discuss their concerns and a possible resolution.

An employer must not cause, instruct, induce, aid or permit another person to commit an act of discrimination, bullying, harassment, sexual harassment or victimisation.

Employee responsibilities

An employee must not discriminate against, bully, harass, sexually harass or victimise:

- a co-worker or contract worker;
- a prospective co-worker or contract worker;
- volunteers;
- students
- members of the public.

An employee must not discriminate against, bully, harass, sexually harass or victimise a person in the course of providing or offering to provide goods and services. It is also unlawful to discriminate against, bully, harass, sexually harass or victimise another person in the course of receiving or selecting goods or services.

An employee must not cause, instruct, induce, aid or permit another person to commit an act of discrimination, bullying, harassment, sexual harassment or victimisation.

Prevention

Ways to prevent workplace discrimination, bullying, harassment, sexual harassment or victimisation include, but are not limited to:

- Discussion of this policy and of the immediate workplace culture so as to raise awareness and understanding including how to recognise discrimination, bullying, harassment, sexual harassment or victimisation, the possible effects of such conduct, where to get further information, and local steps that might be taken to reduce the likelihood of such conduct;
- Monitoring the workplace for signs of bullying, through attending to direct or indirect signs of discrimination, bullying, harassment, sexual harassment or victimisation. Possible indirect signs of such conduct could include levels and reasons for employees turnover, number and nature of grievances or complaints, deterioration of workplace relationships, employees becoming withdrawn or isolated;
- Appointing and training a Contact Officer to deal with employee enquiries relating to alleged cases of discrimination, bullying, harassment, sexual harassment and victimisation;
- Education, training and coaching of all employees and managers; and,
- Investigation of all formal complaints as per the procedures outlined below.

Reporting an incident

Employee responsibilities

The Policy recommends the following to employees who may be experiencing discrimination, bullying, harassment, sexual harassment or victimisation:

- Do not ignore the unacceptable conduct – ignoring the behaviour could be taken as tacit consent;
- Inform the offender that the behaviour is offensive, unacceptable and against organisational policy;
- Seek assistance in having the behaviour stopped. If possible, discuss the situation with the Manager. If you are uncomfortable raising the issue with your Manager, or feel that this is not appropriate, discuss the issue with a Contact Officer or designated OHS representative; and,
- Any formal complaint should be lodged with the Manager. The formal complaint should preferably be in writing and include the name and contact details of the employee lodging the complaint, the specifics of the alleged discrimination, bullying, harassment, sexual harassment or victimisation the employee has experienced, and any evidence or other supporting information or comments. The Contact Officer or the Manager can assist the complainant to confirm the essence of the complaint.
- Where the complaint relates to the alleged inappropriate behaviour of the Manager, then the complaint shall be lodged (in writing) with the Chair of the Governing Body.

Employer responsibilities

If a matter is reported, there are three essential actions for the Manager to take when such an incident has been reported or has occurred:

- conducting an investigation to identify what has occurred;
- consideration of the possibilities for complaint resolution; and,
- providing the complainant and the person against whom the allegations have been made with support.

In all instances where an allegation of discrimination, bullying, harassment, sexual harassment or victimisation is made to the Manager, the Manager should discuss the matter with Chair of the Governing Body.

Where a formal complaint has been made, the Manager will appoint an Investigating Officer to conduct an investigation. Where the complaint has been made regarding the Manager then the Chair of the Governing Body will appoint the investigating officer. The Investigating Officer will have appropriate skills and experience in dealing with confidential and sensitive investigations.

An investigation of the allegations will be undertaken in a confidential and sensitive manner by the Investigating Officer [appointed by the Manager]. The investigation will be completed as soon as practicable and the Investigating Officer will put their report and findings to the Manager (unless the complaint was made against the Manager in which case the report and findings will be provided to the Chair of the Governing Body) for consideration. The Manager will then determine whether the complaint can be substantiated.

Contact Officer Responsibilities

Contact Officers are trained and responsible to deal with employee enquiries relating to alleged cases of discrimination, bullying, harassment, sexual harassment and victimisation. They are also responsible for providing advice to employees on the EEO & Bullying Policy procedures.

A Contact Officer may provide advice to employees on resolving the issue/s prior to lodging a formal complaint.

Informal Issue Resolution

Informal issue resolution is whereby an issue of concern/complaint is generally resolved in the workplace through discussion between the parties. This may be facilitated at the Manager level or by another independent person such as an external mediator. Employees involved may elect to have a support person with them at the time of an intervention occurring under these options.

Employees are encouraged to discuss the opportunity of informal issue resolution with the Contact Officer prior to making a formal complaint.

Formal Investigation Objectives and Principles

The main objective of any investigation is to identify what may have occurred, who was involved and whether it has happened before. Investigation principles include:

- *Non-victimisation of person who reports:* It is important to ensure that anyone who raises such an issue of alleged discrimination, bullying, harassment, sexual harassment or victimisation at work has the allegations taken seriously and is not victimised for coming forward. In some cases a work group may need to be monitored after a complaint has been made.
- *Support for both parties:* A range of support systems, such as the Employee Assistance Program (EAP), may be made available as necessary to the complainant and the person against whom the allegations have been made.
- *Neutrality:* The Investigating Officer appointed to take charge of the investigation is to maintain neutrality and impartiality towards all parties through the investigation process.
- *Timeliness and communication of process:* Every endeavour will be made to complete an investigation efficiently and as soon as possible and the amount of time and resources put into an investigation will be determined case by case. All parties should be informed of the process, anticipating timelines of estimated completion of the investigation and how they will be communicated the findings of the process.

- *Documentation*: The investigation will be documented.
- *Confidentiality*: The investigation will be conducted in a confidential manner. Only documents relating to the findings (if any), of the investigation will be placed on personnel files.
- *Accessibility*: All employees should feel that an appropriate and timely investigation will be undertaken. The complaint procedure can be used if they are discriminated against, bullied, harassed, sexually harassed or victimised in any way. No action will be taken against anyone making or assisting someone to lodge a complaint that is not vexatious. Every effort will be taken to ensure that victimisation of any innocent party who is involved in the grievance does not occur.

Natural Justice

The principles of natural justice will be followed during any investigations to protect all parties. The person who is alleged to have committed the discrimination, bullying, harassment, sexual harassment or victimisation should be treated as innocent unless the allegations are proved to be true. Any allegation of such conduct should be investigated promptly.

- All allegations need to be put in full to the person who is alleged to have committed the discrimination, bullying, harassment, sexual harassment or victimisation; and,
- The person alleged to have committed the discrimination, bullying, harassment, sexual harassment or victimisation, must be given a chance to explain his or her version of events.

Post Incident Processes

Note: These post investigation procedures only apply to instances of reported discrimination, bullying, harassment, sexual harassment, victimisation or where the source of the allegations is internal.

Following completion of the investigation, the Investigating Officer will put their report and findings to the Manager for consideration. It will then be determined whether the complaint can be substantiated.

Where the Allegation Is Substantiated

Where allegations are substantiated, the employee against whom the allegations have been substantiated in full or to some degree will be asked to attend an interview to discuss the findings. After this interview, the investigator and relevant employees should meet to discuss the recommended strategy for resolution. A decision will be made on the balance of probabilities identified through a thorough, non-biased investigation. Any action (including disciplinary action), that is to be taken needs to be commensurate with the seriousness of the matter. Mitigating factors will be taken into account when assessing the form of action to be implemented. Any disciplinary action must conform with the Disciplinary Policy.

The complainant will be notified of the findings and informed of the options or process to resolve the issue. The person or persons who have been affected by the behaviour need to be satisfied that their concerns have been dealt with appropriately.

Appeals

In the event that the person making the allegations is dissatisfied with the outcome of the internal investigation, they have the right to take the matter externally to the Equal Employment Opportunity Commission of Victoria (EOCV). The EOC will then investigate utilising their processes and procedures.

Strategies for Resolution

The options for resolving a substantiated case will vary on a case-by-case basis according to circumstances. There is no one 'fix' that will resolve every situation. Some options that might be considered are outlined below – a number of these may be used in conjunction:

- commitment to ceasing the behaviour;
- mediation between the parties [only where both parties agree to mediation, and to the mediator];
- training for the employee at fault [training options can include: communication skills; diversity awareness; inter-personal skills etc.];
- counselling for the perpetrator [where necessary];
- support and counselling for the target;
- moving the perpetrator away from the target;
- disciplining the perpetrator, including potential termination of employment;
- an apology; and/or,
- training for entire work group [such as bullying awareness; communication skills].

Where the Allegation Is Not Substantiated

If the complaint is not substantiated the employee will not be penalised or disadvantaged as a result of raising concerns or complaints if these were raised in good faith.

A complaint may not be able to be substantiated because of a lack of evidence or witnesses. However, there still may be a problem of discrimination, bullying, harassment, sexual harassment, or victimisation in that workplace. Options for in these circumstances, include:

- providing further opportunities for the complainant to seek support;
- assessing if there is a need for specific training in that work section [such as verbal tactics, aggression management or communication skills]; and/or,
- closely monitoring the situation for a period of time.

Notification of investigation findings

Irrespective of the findings of an investigation, the findings will be communicated to the relevant parties. Action may be taken against anyone found to be guilty of false or dishonest allegations or accusations against a employee relating to discrimination, bullying, harassment, sexual harassment, or victimisation. Any disciplinary action must conform with the Disciplinary Policy.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.10 DISPUTES & GRIEVANCES

Policy Title: Disputes and Grievances Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO ENSURING THAT DISPUTES AND GRIEVANCES ARE RESOLVED BY NEGOTIATION AND DISCUSSION BETWEEN RESPECTIVE PARTIES IN ORDER TO AVOID INDUSTRIAL DISPUTATION WHERE POSSIBLE.

APPLICATION

To aid in the maintenance of co-operative workplace relations, DV East member agencies shall establish a consultative mechanism and adopt appropriate procedures. The consultative mechanism shall comprise equal numbers of persons representing management and the employees. Employees may nominate all or any of the representatives to be union representatives if desired. DV East member agencies reserve the right to suspend an employee with or without pay during the course of attempting to resolve a dispute/grievance. In recognition that consultation may not always avoid grievances and/or industrial disputes occurring, the process below will be followed.

Process

An employee who has a dispute/grievance arising out of his/her employment shall have the right for the dispute/grievance to be heard through management:

- The employee shall inform the Manager and they shall attempt to resolve the matter. A representative of the appropriate union (either a local representative or representative nominated by State Branch) or other representative nominated by the employee may be present at the request of either party.
- If the employee still feels aggrieved, the Manager shall inform the Governing Body Chair and the matter shall be referred to the appropriate representative/s who shall consult with the parties. A representative of the appropriate union, or representative as nominated, may be present at the request of either party.
- If after all reasonable steps have been taken in an endeavour to resolve the matter, as set out above, and the matter remains unresolved, then the appropriate union shall be advised in writing and a meeting arranged with employer representative(s) and the appropriate union.

In the event the matter remains unresolved, it may be referred by either party to the Australian Industrial Relations Commission for resolution. Until the matter is determined, work shall continue normally in accordance with custom and practice existing before the dispute/grievance while discussions take place. Neither the organisations nor the employee shall be prejudiced as to the final settlement by the continuation of work.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.11 STAFF DISCIPLINE

Policy Title: Staff Discipline Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES UNDERSTAND THAT IN THE MANAGEMENT OF STAFF THERE ARE TIMES WHEN A DISCIPLINARY PROCEDURE MUST BE IMPLEMENTED TO ADDRESS UNACCEPTABLE EMPLOYEE BEHAVIOUR. FURTHER, DV EAST MEMBER AGENCIES REGARD BREACHES OF THE CODE OF CONDUCT, CRIMINAL CONDUCT OR PROFESSIONAL MISCONDUCT WITH THE UTMOST SERIOUSNESS AND RESERVE THE RIGHT TO DISMISS AN EMPLOYEE FOR SUCH BREACHES.

APPLICATION

The intention of these procedures is to establish a process for the management of all employees. Those specifically excluded from this policy are:

- Casual employees
- probationary employees

DV East member agencies require employees to behave in an appropriate and professional manner at all times. Standards of work performance and behaviour are identified in position descriptions and policies and procedures. The expected norms of employee conduct including behaviour standards are detailed in the Code of Conduct. At all times employees are expected to represent their organisation in an appropriate manner and to ensure that they do not endanger the services, safety or the reputation of DV East or its member organisations.

Principles

- Employees whose behaviour, conduct or work performance is unsatisfactory may be disciplined in accordance with these procedures.
- In some cases of serious misconduct nothing in this policy and procedures shall limit the right of the Manager to summarily dismiss an employee.
- Discipline issues are difficult to manage and it is important that the Manager ensures procedures are followed in a fair and equitable manner.
- The authority to instigate these procedures is vested in the Manager. Where the conduct or work performance of the Manager is unsatisfactory then the authority to instigate these procedures is vested in the Governing Body Chairperson.
- An employee may be represented throughout the discipline procedure by a representative of her choice. A representative may be a union representative, a peer, a colleague or a workplace representative

- The employee concerned shall receive notification of an allegation of unsatisfactory performance and/ or misconduct and/or serious misconduct.
- No employee shall be dismissed on the grounds of: Age; Disability/Impairment; Industrial Activity/inactivity; Lawful sexual activity; Gender Identity; Marital status including Defacto; Physical features; Political belief or activity; Pregnancy; Breastfeeding; Race; Religious belief or activity; Sex, Sexual orientation; Status as a parent or carer; national extraction or social origin; Irrelevant criminal conviction: and Personal association with someone with one of the above attributes.
- Furthermore, no employee shall be dismissed on the grounds of: temporary absence from work because of illness or injury; trade union membership or participation in trade union activities; non membership of a trade union; seeking office as, or acting or having acted in the capacity of, a representative of employees; the filing of a complaint, or the participation in proceedings involving alleged violation of laws or regulations or recourse to competent administrative authorities; absence from work during maternity leave or other parental leave or temporary absence from work because of the carrying out of a voluntary emergency management activity.
- These procedures shall be implemented in accordance with principles of natural justice in that employees shall be treated fairly by providing them with the opportunity to respond to allegations raised against them, prior to any action being taken in relation to the allegation.
- A minor breach of these procedures shall not in itself, nullify the outcome.
- In cases where an allegation is not substantiated, all records pertaining to that allegation or process shall be destroyed. In cases where disciplinary action has been implemented, records pertaining to the allegation, discipline process and discipline outcome shall be retained and thereafter placed in a confidential discipline file for a 12 month period. This file can only be accessed by the employee and the Manager. Where there is no reoccurrence of the issues which led to the disciplinary action within 12 months of the action having been implemented then all records pertaining to that issue shall be destroyed.
- The Employee Assistance Program (EAP) shall be offered to staff involved in the Disciplinary process.

Definitions

"Unsatisfactory Performance" means types of conduct or action by employees that will result in their employment being reviewed. Grounds include inefficiency, inability, non-performance or negligence in the performance of the specified duties of the position held.

"Serious Misconduct" includes, but is not limited to:

- wilful or deliberate behaviour by an employee that is inconsistent with the continuation of the contract of employment
- conduct that creates an imminent and serious risk to the health or safety of any person, or the reputation, viability or profitability of the employer's business
- theft, fraud, assault, intoxication, illegal drug use or refusal to carry out a lawful and reasonable instruction consistent with the employee's contract of employment

"Misconduct" shall mean conduct or behaviour which is not serious misconduct but which is nonetheless conduct or behaviour that is unsatisfactory.

"Disciplinary Action" shall mean action taken by the Manager to discipline a member of staff for unsatisfactory performance, misconduct or serious misconduct and is not limited to:

- formal censure/reprimand or counselling;
- withholding of an increment(s);
- suspension with or without pay;
- transfer to another position;
- termination of employment.

Scope and Operation of Disciplinary Procedures

The conditions leading to Disciplinary Action are:

- continued inefficiency, inability, non performance or negligence in the performance of the duties of the position held; or
- misbehaviour (which shall include favouritism) or the failure to comply with a reasonable lawful instruction of a person in line management control of the staff member; or
- breach of policies or procedures; or
- breach of code of conduct; or
- unauthorised use of organisational information, resources and data for personal or financial advantage
- misconduct; or
- serious misconduct.

In the circumstances that an employee's employment is being reviewed on the grounds of unsatisfactory work performance the provisions outlined in 'Disciplinary Procedures – Unsatisfactory Work Performance' of these procedures shall apply.

In the circumstances that an employee's conduct or behaviour falls within the definition of misconduct or serious misconduct the provisions outlined in 'Disciplinary Procedures – Misconduct/Serious Misconduct' of these procedures shall apply.

Disciplinary Procedures - Unsatisfactory Work Performance

In the normal course of employment it is recommended that the Manager meet with their staff to discuss and evaluate performance. These procedures shall be instigated where performance has been deemed to be unsatisfactory.

Where the work performance of an employee is deemed unsatisfactory, the Manager shall notify the employee of the concerns or problems being experienced.

The employee concerned shall be asked to attend a meeting and be provided with 48 hours notice of such a meeting taking place. Prior to the meeting being conducted the employee concerned shall be informed that he or she has the right to have a representative present and shall be provided with a copy of these procedures. At this meeting when the allegations on unsatisfactory performance have been detailed, the Manager will:

- Discuss the concerns and issues and the employee shall be provided with the opportunity to respond to the concerns or problems raised;
- Discuss appropriate solutions to concerns or problems;
- Establish realistic timeframes, not exceeding 3 months for anticipated improvements;

- Schedule regular monitoring meetings, between the Manager and the employee concerned;
- Outline measures whereby the organisational will provide reasonable assistance to the employee to enable improvements in work performance and this may involve training, counselling and regular monitoring of the matter; and
- Advise the employee concerned, that a continuation of unsatisfactory performance can lead to termination.

Following this meeting a first written warning signed by the Manager, shall be issued to the employee and shall include details of: agreed actions; agreed timeframes for improvement; and further scheduled monitoring meetings. Where requested by the employee a copy of this letter shall also be provided to their nominated representative. This letter shall also be recorded on the employee's personnel file.

In the event that after the first warning has been issued, the performance of the employee has become satisfactory or the improvements in work performance have been sustained or the agreed actions/solutions to problems have been successfully implemented, a letter to the effect that performance issues have been resolved, shall be provided to the employee and duly recorded on the employee's personnel file.

Second Written Warning

Where the unsatisfactory performance of the employee continues or the improvements in work performance do not occur or the agreed actions/solutions to problems are not demonstrated, the matter will be discussed with the employee and a second written warning will be given and recorded on the employee's personnel file. Prior to any discussions taking place the employee will be informed that he/she has the right to have a representative present. At this meeting the Manager will:

- Restate the issues raised and provide the employee with the opportunity to respond;
- Advise the employee of the timeframe for improvement, not exceeding 3 months;
- Schedule regular monitoring meetings between the Manager and employee concerned;
- Schedule a date for review not more than 3 months from this meeting;
- Discuss and reach agreement on appropriate remedies for improved performance; and
- Advise the employee concerned that a continuation of unsatisfactory performance can lead to termination.

Following this meeting a second written warning signed by the Manager, shall be issued to the employee and shall include details of: agreed actions; agreed timeframes for improvement; and further scheduled monitoring meetings. Where requested by the employee a copy of this letter shall also be provided to their nominated representative. This letter shall also be recorded on the employee's personnel file.

In the event that after the second warning has been issued, the performance of the employee has become satisfactory or the improvements in work performance have been sustained or the agreed actions/solutions to problems have been successfully implemented, a letter to the effect that performance issues have been resolved, shall be provided to the employee and duly recorded on the employee's personnel file.

Third Written Warning

Where the unsatisfactory performance of the employee continues or the improvements in work performance do not occur or the agreed actions/solutions to problems are not demonstrated, the matter will be discussed with the employee. Prior to any discussions taking place the employee will be informed that he/she has the right to have a representative present.

Following this meeting a third written warning signed by the Manager, shall be issued to the employee and shall include: details of the alleged unsatisfactory performance; details of the timeframe for improvement, not exceeding 3 months; details of the agreed actions/solutions necessary; and information that a failure to improve work performance may lead to termination of employment. Where requested by the employee a copy of this letter shall also be provided to their nominated representative. This letter shall also be recorded on the employee's personnel file.

In the event that after the third warning has been issued, the performance of the employee has become satisfactory or the improvements in work performance have been sustained or the agreed actions/solutions to problems have been successfully implemented, a letter to the effect that performance issues have been resolved, shall be provided to the employee and duly recorded on the employee's personnel file.

Discipline Action

Where at the end of the timeline the unsatisfactory performance of the employee continues or the improvements in work performance do not occur or the agreed actions/solutions to problems are not demonstrated and sustained, the Manager shall determine and implement discipline action, following a meeting where detail is provided to the employee of continued unsatisfactory performance or lack of improvement in performance or failure to implement agreed actions/solutions. At this meeting the employee shall be provided with an opportunity to respond to the issues raised. The employee concerned must be advised prior to this meeting that they have the opportunity to have a representative present.

Where termination of employment is the discipline action recommended, termination shall occur with notice in accordance with the Australian Workplace Relations Act 1996. The employee shall be provided with written notice of termination, inclusive of reason for termination and advice of payment details. Where a Letter of Termination is issued in accordance with these procedures it shall be signed by the Manager.

Disciplinary Procedures Misconduct/Serious Misconduct

Allegation

Where an allegation of misconduct or serious misconduct is made against a staff member the Manager shall ask the employee concerned to attend a meeting to discuss the nature of the allegation. The employee concerned shall be offered the opportunity to have a representative present at this meeting. Where the employee denies the allegation or fails to respond to the allegation then the Manager will:

- Notify the employee in writing and in sufficient detail the precise nature of the allegations;
- Provide the employee with a copy of these procedures;
- Require the employee to submit a response to the allegations, within 3 working days. Such a response must be written in form and provided to the Manager.

At the time of notifying the employee of the allegations and where the matter is serious or the employee's presence may hinder or obstruct the conduct of an investigation the Manager may suspend the employee on full pay or may transfer the employee to another site or position, pending the outcome of the investigation.

Where the allegations are admitted in full by the employee and the behaviour falls within the definition of misconduct or serious misconduct, the Manager shall advise the employee in writing of his/her decision and the operative date of disciplinary action.

Where the allegations are denied in full or part by the employee or no response is received, the allegation of misconduct or serious misconduct will be investigated.

Investigation

Where a conflict of interest does not arise, the investigation may be conducted by the Manager. Alternatively, where the allegations fall within the definition of serious misconduct or where specialist expertise cannot be found internally or where it is appropriate in those circumstances, an external person may be appointed to conduct the investigation. The Manager shall nominate the individual selected to conduct the investigation. During the conduct of the investigation, the investigator will:

- Investigate the allegation in a fair and impartial manner;
- Provide the opportunity for the employee concerned to respond to the allegation and provide evidence and details to support their case;
- Interview relevant employees;
- Document interviews with employees;
- Make a finding as to whether the allegations are substantiated or whether the allegations are not substantiated;
- Conduct proceedings as expeditiously as possible; and
- Operate under the principles of natural justice.

Following the investigation, where the allegation is not substantiated, the employee concerned shall be advised and the relevant parties will be notified in writing of the decision by the Manager and no further action will be taken. In this case any records pertaining to the allegation shall be destroyed.

Formal Meeting

Following the investigation where the allegation is substantiated the Manager will organise a meeting with the employee and his/her representative.

The employee will be provided with 48 hours notice of the meeting, to enable them to organise for a representative to attend. At the meeting the Manager will:

- Clearly and concisely outline the details of the incident;
- Clearly and concisely outline the findings of the investigation;
- Provide the employee with the opportunity to respond to the allegations;
- Consider the employee's response prior to making a decision on the appropriate action;
- Advise the employee that a decision on action will be made within 48 hours.

Outcome

In arriving at a decision the Manager will:

- Consider all facts, including mitigating circumstances
- Arrive at a decision within 48 hours of the formal meeting
- Advise the employee of the decision in relation to Disciplinary Action.

Termination of Employment

In cases where the decision in relation to Disciplinary Action is termination of employment the employee shall be provided with written notice of termination, inclusive of reason for termination and advice of payment details. Where a Letter of Termination is issued in accordance with these procedures, it shall be signed by the Manager or nominee.

Dismissal without notice (Summary Dismissal)

In situations of serious or gross misconduct it may be appropriate to terminate the employee's employment without giving notice or prior warnings. In these cases, the employee's conduct is so contrary to the employment relationship as to indicate a rejection or repudiation of the contract of employment. Situations that may justify termination of employment without notice include:

- Theft
- Physical assault
- Fighting
- Insubordination
- Wilful disobedience
- Drunkenness
- Wilful dishonesty
- Commission of a crime

It is important to note that:

- Not every instance of the situations mentioned above will justify summary dismissal, and each case must be considered on its own particular merit. Some instances of misconduct may be dealt with more appropriately by the provision of a final warning.

An employer should never summarily dismiss an employee without first giving them the opportunity of a hearing to justify their actions. This rule applies even where the employees have been caught undertaking what would appear to be very serious acts of misconduct. The following process shall apply:

- The employee shall be advised they have the right to have a representative present
- The employee shall be asked to attend a meeting
- The employee shall receive written details of the allegations
- The employee shall be provided with the opportunity to respond to the allegations
- The employee shall be provided with the opportunity to state any mitigating circumstances.

Five criteria need to be satisfied for a summary dismissal to be justified and fair:

1. The employer had a genuine belief that the employee committed the misconduct in question.
2. Such a belief must be reasonable.
3. The employer investigated the matter thoroughly, and was convinced beyond doubt that the event/s took place.
4. Dismissal without notice was in all the circumstances, a fair sanction to apply.
5. The dismissal itself was conducted fairly, in that the employee was given a chance to respond to all allegations and was given an opportunity to justify their actions.

A summary dismissal should be documented carefully and a copy of an 'Instant Dismissal Notification' issued to the employee.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.13 ACADEMIC LEAVE

Policy Title: Academic Leave Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES RECOGNISE THE IMPORTANCE OF ONGOING STUDY AS ONE MECHANISM FOR IMPROVING INDIVIDUAL PERFORMANCE AND IN TURN, THE REALISATION OF ORGANISATIONAL GOALS. ACADEMIC LEAVE IS PROVIDED IN ORDER TO ENHANCE THE CAPACITY OF A STAFF MEMBER TO PERFORM IN EITHER THEIR CURRENT ROLE OR A FUTURE ROLE AND FORMS PART OF THE COMMITMENT OF THE ORGANISATION TO CAREER DEVELOPMENT FOR ALL EMPLOYEES.

APPLICATION

Academic Leave includes;

- Study leave;
- Attendance at courses run by respected tertiary institutes relevant to the field of work;
- Examination leave;
- Attendance at examinations associated with the above tertiary studies;
- Placement leave;
- An extended period of work experience mandated by a particular tertiary course.

Process

Applications for academic leave will be lodged with the Manager. Approval is not automatic and the principles of merit and equity will be applied in approving applications. Academic leave may be paid or unpaid at the discretion of the organisation.

Academic leave is available primarily to assist staff to participate in courses that cannot be undertaken outside of normal hours of duty. This may involve class attendance, scheduled supervision sessions, set program viewing times (distance education) or agreed specified research activities (such as supervision sessions).

The Governing Body will determine the maximum amount of leave allowable for academic leave, and will review this annually.

It is the responsibility of the applicant to provide sufficient information to enable a decision for approval to be made and ongoing evidence of satisfactory progress. If sufficient supporting evidence is not provided, it is unlikely that the application will be approved.

Applicants are required to submit an application for academic leave on the appropriate form at least two months prior to the commencement date of their intended course. The following criteria for approval should be addressed in the course of preparing an application:

- Is the request in line with training and development needs identified during the staff member's Performance Appraisal and/or Professional Development Review?
- Is the professional development course of study of specific value to the organisation and/or the staff member's career aspirations?
- The comprehensiveness and quality of the application (i.e. has a good case been made? Is there sufficient supporting documentation such as a course outline, class timetable, evidence of enrolment, evidence of support from other senior staff members? etc.)
- The merit of the application (compared with others received).
- Assessed benefits to the organisation of the professional development course of study in terms of achieving short term targets and long term goals.
- Assessed standard of the course of study.
- Assessed costs to the organisation (particularly backfilling costs).
- Length of service (12 months minimum).
- Previous training undertaken.
- Previous Study Leave granted.
- Likelihood of successful completion.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.14 SUPERANNUATION

Policy Title: Superannuation Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES WILL PAY SUPERANNUATION AT THE STATUTORY RATE ON TOTAL GROSS BASE SALARY INCLUDING SALARY PACKAGING TO AN APPROVED FUND OF THE EMPLOYEE'S CHOICE. IRRESPECTIVE OF PARTICIPATION IN THE ORGANISATION'S SALARY PACKAGING SCHEME, STAFF MAY ELECT TO MAKE ADDITIONAL SUPERANNUATION CONTRIBUTIONS WITHIN THE PRESCRIBED REASONABLE BENEFIT LIMITS (RBL) IF APPLICABLE.

APPLICATION

Upon commencing employment new staff members must complete details of Superannuation on the appropriate form. Where appropriate, staff must nominate a Superannuation Fund as their preferred Fund and complete the application form for that particular Fund. The Payroll Officer/delegated finance authority will forward the application to the relevant Fund. Staff wishing to salary sacrifice part of their salary towards additional Superannuation, should advise the Payroll Officer/delegated finance authority to include this with their other packaged items.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.15 PROBATION

Policy Title:	<u>Probation</u>	Date signed off:	_____
Date Issued:	<u>September 2008</u>	Review Date:	_____
Formulated by:	_____	Responsibility:	_____

POLICY STATEMENT

DV EAST MEMBER AGENCIES PROVIDE ALL NEW STAFF APPOINTMENTS WITH A TWELVE-WEEK PROBATIONARY PERIOD DURING WHICH TIME THE CONTRACT OF EMPLOYMENT MAY BE TERMINATED BY THE ORGANISATION IF IT JUDGES THE PERFORMANCE OF THE APPOINTEE TO BE BELOW EXPECTATIONS FOR WHAT IS REQUIRED TO ADEQUATELY PERFORM IN THE POSITION.

APPLICATION

A Performance Appraisal will be conducted by the Manager with the new appointee approximately 2 weeks prior to the completion of the probationary employment period. In the course of the Appraisal, the Manager will indicate whether the new appointee must improve their performance if they are to be allowed to continue beyond the Probation Period. At the conclusion of the probationary period the Manager will again meet with the new appointee to update the Performance Appraisal and subsequently determine if the new incumbent will continue in the position.

Aside from Performance Appraisals conducted pursuant to the above timeframes, a Performance Appraisal will also be conducted immediately that the Manager becomes aware that the work performed by the probationary employee is unacceptable. Should the result of the Appraisal be that it is not expected the probationary employee's work will reach an acceptable standard within the remaining probationary period, the probationary staff members employment may be terminated without waiting until the end of the twelve week probationary period.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.16 ORIENTATION/INDUCTION

Policy Title: Orientation/Induction Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO PROVIDING ALL STAFF, UPON COMMENCEMENT OF EMPLOYMENT, WITH AN APPROPRIATE LEVEL OF KNOWLEDGE AND SKILLS THAT WILL ASSIST NEW STAFF TO EFFECTIVELY AND EFFICIENTLY ORIENTATE THEMSELVES TO THE ORGANISATION. DV EAST MEMBER AGENCIES WILL PROVIDE THE INFORMATION NECESSARY IN A TIMELY, ACCURATE AND RELEVANT MANNER AS WELL AS A LEARNING ENVIRONMENT THAT WILL FOSTER A COMMITMENT TO PRACTICE REFLECTION AND CONTINUOUS QUALITY IMPROVEMENT.

APPLICATION

The specific objectives of the orientation and induction process are:

- That the individual understands the organisations service philosophy, vision and strategic directions;
- That the individual understands and knows the organisational structure;
- That the individual understands and knows the organisations policies and procedures;
- That the individual understands and knows the tasks, duties and responsibilities they are required to perform as part of their work;
- That the individual understands and knows the performance indicators against which their performance will be assessed.

All new staff will be required to undertake and successfully complete the 'Orientation and Induction Manual'. This will equip them with the basic knowledge, information and skills to meet the requirements of their position. Line managers will provide support, assistance and where necessary, appropriate time schedules and frameworks for the process as well as access to key documents, systems, policies and procedures.

New employees to the organisation will undertake to:

- Read all relevant induction material including documents and manuals that are referred to in the manual.
- Become familiar with the broader service system policy frameworks, standards, legislative and other partnership or collaboration documents and procedures.
- Acknowledge and confirm that this has been undertaken by signing the declarations as provided.
- Adhere to the employment conditions as noted in the Position Description, letter of appointment, and all policies and procedures current or in application during the term of employment.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.17 SEPARATION OF EMPLOYMENT

Policy Title: Separation of Employment Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES SEEK TO LEARN FROM DEPARTING EMPLOYEES AREAS WHERE IMPROVEMENT MIGHT BE IMPLEMENTED PURSUANT TO AN EMPLOYEE LEAVING BY REASON OF RESIGNATION, END OF CONTRACT, RETIREMENT OR RETRENCHMENT. IT IS RECOGNISED THAT AT SUCH TIMES, A DEPARTING EMPLOYEE MAY BE MORE CANDID AND PREPARED TO PROVIDE THEIR OPINIONS FREELY AND VOLUNTARILY.

APPLICATION

Dismissal situations are excluded from this policy as they are unlikely to yield constructive contributions. For all other separating staff the Manager will request the departing employee to attend an exit interview. Attendance at exit interviews is not mandatory and will be limited in attendance to the employee, the Manager or governing body member in agreement between the employee and the organisation. Exit Interviews are to be documented and conducted in a constructive spirit within a loose format but addressing the following matters;

- Specific areas of the Position Description for the now vacant position (excluding retrenchment) that could be improved/changed;
- Improvements to processes;
- Improvements to management;
- Improvements to communications.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.18 CERTIFICATE OF EMPLOYMENT

Policy Title: Certificate of Employment *Date signed off:* _____
Date Issued: September 2008 *Review Date:* _____
Formulated by: _____ *Responsibility:* _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES UNDERSTAND THAT CURRENT STAFF MAY REQUIRE DOCUMENTATION FROM THE AGENCY REGARDING THEIR EMPLOYMENT DETAILS IN ORDER TO SUPPORT PRIVATE FINANCIAL MATTERS. TO THIS END DV EAST MEMBER AGENCIES WILL PROVIDE (AS EXPEDITIOUSLY AS POSSIBLE) EVIDENCE EITHER IN WRITING OR VERBALLY, STATING THE EMPLOYEE'S NAME, THEIR POSITION TITLE, CURRENT SALARY, PRIOR PERIOD OF EMPLOYMENT AT AND DURATION OF THEIR CURRENT CONTRACT OF EMPLOYMENT TO A THIRD PARTY NOMINATED BY THE EMPLOYEE.

APPLICATION

Process

Staff requiring evidence of their employment and which is not covered by their Contract of Employment, should approach the Manager indicating all items that they wish evidence for to supply to a third party, stating the name, address and phone number of the third party. A confirmation of employment will be prepared on organisational letterhead to the nominated third party or directly to the employee verifying the facts requested.

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]

8.19 SUPERVISION

Policy Title: Supervision Date signed off: _____
Date Issued: September 2008 Review Date: _____
Formulated by: _____ Responsibility: _____

POLICY STATEMENT

DV EAST MEMBER AGENCIES ARE COMMITTED TO PROVIDING PROFESSIONAL AND APPROPRIATE SUPERVISION FOR ALL STAFF WITHIN THEIR EMPLOY. SUPERVISION IS SEEN AS AN ENTITLEMENT FOR ALL STAFF AND PROVIDES STAFF WITH REGULAR AND ON-GOING OPPORTUNITIES TO REFLECT ON THEIR PROFESSIONAL PRACTICE AS WELL AS THEIR PERSONAL, PROFESSIONAL AND ORGANISATIONAL NEEDS WITHIN A SAFE AND CONFIDENTIAL ENVIRONMENT. APPROPRIATE SUPERVISION OF ALL STAFF IS SEEN AS A MECHANISM THAT UNDERPINS THE PROVISION OF HIGH QUALITY PROGRAMS AND SERVICES.

APPLICATION

Supervision is a respectful and reflective process that is based on a partnership and shared commitment between a staff member and their supervisor. It promotes professional practice and empowers and supports staff in their daily work practice as well as through identifying personal and professional development issues, needs and future goals.

Supervision is a working alliance between two professionals where supervisees offer an account of their work, reflect on it and receive feedback and guidance if appropriate. The object of this alliance is to enable the worker to gain in ethical competency, confidence and creativity so as to give the best possible service to clients'.

(Ethical Framework for Good Practice in Counselling and Psychology, 2003)

For DV East member agencies supervision is seen as an essential tool in ensuring:

- quality outcomes;
- evidence based work practices;
- accountability for standards of service; and
- that staff are provided every opportunity to gain the necessary skills, ideas, strategies and feedback to support them in their work.

The intent of this policy and its associated procedures is to ensure that all staff are:

- provided with regular and effective supervision
- aware of, and understand, the purpose and principles of supervision
- aware of their rights and responsibilities in relation to supervision
- aware of the rights and responsibilities of their respective supervisor

Supervision may be provided in different ways, determined by individual needs and the organisational context however, there are two generally accepted methods for the provision of supervision:

Internal Supervision

Internal Supervision refers to a regular supervision session conducted within the confines of the organisation (usually on a monthly basis) between a staff member and their immediate line manager. For managers, internal supervision is most often undertaken with the Chairperson of their governing body although this may be delegated by the Chairperson to another governing body member if agreed by the Manager. Internal supervision is also a key activity that underpins the organisational and staff accountability needs. Issues, concerns and discussions that staff feel are not appropriate within an internal supervision context should be addressed through their external supervision session.

External Supervision

External supervision refers to a regular supervision session (again, most often on a monthly basis) with a suitably qualified person external to the organisation and who has no undeclared conflict of interest. An external supervisor is selected by the individual staff member and is funded by the organisation through their staff training and professional development budget. External supervision is a confidential arrangement and partnership between the employee and her external supervisor. The purpose of external supervision is to support staff in accessing support, knowledge, skills and experience that is not available or appropriate within the internal environment of the organisation.

Models of Supervision

Overall, supervision may be provided within a group arrangement or on an individual one to one basis (or a combination of both), as determined by the organisational context and the needs of individual staff members. For some organisations staff undergo regular one to one supervision with their immediate line Manager and group supervision within their program/service 'team' as well as one to one external supervision. The combination of how supervision is provided and the subsequent approaches that are considered most effective and/or favoured by staff and Managers should be determined on an individual organisational basis.

- That supervision processes and frameworks are consistent with good practice in the industry;
- That all staff require supervision to ensure best practice in their job;
- That supervision is a shared responsibility between the organisation, management and staff;
- That the supervision process supports the principles of competency based/informed practice; accountability and communication.

Principles underpinning Supervision

- Communication: Listening skills; effective sharing of information, knowledge, and expertise; and confidentiality.
- Trust: Openness, respect, reliability, fairness, honesty and integrity. Providing and receiving supervision based on trust has the benefit of offering consistency, non-discrimination, a non-blaming culture, well considered decisions, encouragement, approachability and transparency
- Sensitivity: Supervision creates an environment of understanding that allows for compassionate decision-making. An environment of understanding that offers balance in the work/life/family circumstances of all staff
- Recognition: Rewarding people for what they do well and ensuring others within the organisation know about their achievements
- Support: Providing sufficient resources to enable staff to do their work without undue stress and unreasonable time constraints, where-ever possible

Key Functions of the Supervision Process

- Management of client cases
- Monitoring of client/case workloads
- Review of work practice issues and developments that may have arisen since the previous supervision session
- Activities, action plans and strategies planned for the next supervision session
- Implementation of activities, action plans and/or strategies that arise out of the supervision session
- Awareness and understanding of organisational issues, such as policies and procedures, program development and planning, organisational development, OH&S and duty of care;
- Identify and discuss any inter-agency or intra-agency relationship issues or problems
- Identify and discuss any professional development/training needs
- Ensure practices and behaviours are consistent with legal requirements, organisational policies and procedures, codes of conduct, CQI and industry standards etc.
- Assist in identifying, preventing and managing occupational stress issues and potential or actual work practice errors
- Provide the opportunity for feedback and/or discussion on areas such as personal strengths/challenges, successes, program related issues, other items of concern or relevance.

Process

All staff will be provided with regular and effective supervision. This means:

- Staff will be provided with supervision on a regular basis
- Supervision will include an Annual Performance Appraisal
- All Supervision will include a Professional Development Plan (PDP)
- If a regular supervision meeting needs to be altered – for example, where the supervisee/supervisor cannot attend the supervision meeting – a new meeting date/time must be arranged as close as possible to the original date/time set down
- Any written supervision agreement must be mutually agreed upon, include long-term development objectives, and be periodically reviewed
- Because of the confidential and sensitive nature of supervision files and documents, strict control will be applied to the security and storage of staff supervision documents.
- Supervision will be considered as a high priority reflected in the workloads of both the supervisor and the supervisee
- Conflict resolution procedures will be in place to negotiate situations where the relationship between the supervisor/supervisee is difficult
- Supervisors will have significant and relevant practice experience
- New staff will receive at least 1 hour of uninterrupted supervision per week/fortnight throughout their 3-month probation period of employment

RESPONSIBILITY

- [insert position/s title of person/s responsible for the implementation & monitoring of this policy]