



healthylivingNT

Child Protection Policy

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Policy

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Healthy Living NT
 is the trading name of the
 Diabetes Association
 of the Northern Territory
 Incorporated.

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Child Protection Policy

1. Policy Statement

Healthy Living NT (HLNT) is committed to the safety and wellbeing of all children and young people accessing our services and programmes.

HLNT will aim to protect children from abuse while creating and maintaining a protective environment for children throughout the delivery of our programmes.

Consistent with NT Government laws contained in the Care and Protection of Children Act (2007), HLNT will comply with mandatory reporting to child abuse and will deal with all allegations of child abuse in a prompt, sensitive and confidential manner. Investigation and mediation of any allegation of child abuse will be handled by the police and relevant authorities and will not fall under the purview of HLNT.

The Board values the integrity of the Association and is therefore committed to the review of the currency and operation of the Child Protection Policy regularly.

2. Child Abuse and Neglect

Child abuse and neglect refers to all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

3. Recruitment and Selection

HLNT requires all employees, volunteers or contractors funded or organised by HLNT, engaged to work in child-related programmes, to comply with statutory obligations in the Northern Territory.

Anyone employed or engaged by HLNT in providing child-related services must obtain a Working with Children Clearance in the form of an Ochre Card prior to the conduct of any child-related program delivery. Healthy Living NT may also require a National Police clearance to be obtained by employees, volunteers or contractors.

Northern Territory statutory obligations of members working with children can be found at: <http://www.workingwithchildren.nt.gov.au>

4. Parental Consent

4.1 Use of Photographs/Media

Where use of media containing images of children is necessary, HLNT will seek parental consent via the HLNT Photographic/Media Consent Form (Appendix A) or Participant Consent for Health Promotions (Appendix B). Parents/guardians must be informed on the nature and extent of use of such images.

Where any photograph or media of a child is used, no further details of the child, including names, age, address and any other relevant information, should be reflected in any of the publications be it in print or online. Unless prior consent is given, any photograph or media of a child should present the child in a manner of dignity.

4.2 Consent will be assumed where programs are being conducted within or on behalf of another organisation which has previously received parental consent for publishing of photos. In such cases photos will only be utilised in accordance of the policies and consent within the participating organisation.

4.3 Medical Declaration and Participation in Activities

Structured Health Promotion Activities

Structured programs require children to register to participate. Prior consent and medical declaration from a parent/guardian is required in order for the child to participate in the activity. For all structured health promotion physical and nutritional activities conducted by or in partnership with HLNT, the use of medical declaration forms is necessary to ensure physical well-being and nutritional considerations of the child prior to the onset of any such activity. (Appendix B).

Unstructured Health Promotion Activities

Unstructured programs allow children to participate in a program in an ad-hoc nature. Before participation HLNT staff will to the best of ability ascertain the following;

- The participating child has no medical conditions that may affect ability to safely participate in activity
- Assess the child for abilities and modify activities accordingly
- Take reasonable steps to ensure environment the activity takes place in is a safe area including assessment of public facilities including playgrounds and toilets.

If activities are conducted within a school or club, the school/club will manage the information relating to the child and update HLNT accordingly.

All forms collected by HLNT be stored with full confidentiality in accordance with our Privacy Policy (http://www.healthylivingnt.org.au/public.cfm/Privacy_Statement/0/36/).

4.4 Transportation

For activities conducted within schools/clubs, transport arrangements are the sole responsibility of the school/club.

For activities conducted by HLNT that are independent of any school/club, parents/guardians will be required to make appropriate transport arrangements. Where such arrangements cannot be made, HLNT will not offer transport arrangements to children to facilitate their participation.

5. Mandatory Reporting

5.1 Reporting Procedure

5.1.1 What to report?

HLNT staff are mandated to report behaviour from any individual (employee, volunteer, contractor or community member) associated with, or observed during a HLNT program or service delivery that you suspect may expose a child to any significant detrimental effect caused by any act, omission or circumstance on the physical, psychological or emotional wellbeing or development of the child, including:

- (i) neglect
- (ii) physical abuse
- (iii) exposure to physical violence (e.g. a child witnessing domestic violence)
- (iv) harm, bullying or exploitation
- (v) emotional or psychological abuse
- (vi) sexual abuse
- (vii) other exploitation of the child

5.1.2 How to report?

Contact the Central Intake Team of the Northern Territory Families and Children (NTFC) Division, within the Department of Health and Families on: **1800 700 250**. This hotline operates 24 hours a day, 7 days a week.

To report an offence that requires immediate police attention, please call:

Police Emergency: 000

Darwin Police: (08) 8922 3344

Alice Springs Police: (08) 8951 8888

For more information on reporting child abuse, please visit <https://www.childwise.org.au/page/48/state-legislation-reporting-nt>

If you suspect on reasonable grounds that a child has suffered or is likely to suffer harm or exploitation, abuse or neglect, or you wish to discuss your concerns about a child or young person, you can telephone:

National Child Abuse Helpline: 1800 99 10 99. This helpline operates Monday to Friday, 9am-5pm AEST.

Once this report has been logged, you should also advise the CEO of Healthy Living NT who will put in place immediate action to remove the individual if employed, contracted or volunteers for HLNT from contact with children, pending outcomes of any formal investigation.

For suspected inappropriate behaviour from an individual outside the organisation, a risk assessment will be conducted and delivery of programs reviewed accordingly.

5.1.3 Information required in report

- (i) date(s) of incident(s)
- (ii) details of alleged incident(s)
- (iii) name of organisation(s) involved
- (iv) alleged offender's details, including name, nationality and occupation
- (v) whether local law enforcement authorities or Australian Federal Police have been informed
- (vi) any other relevant information.

Failure to report suspected abuse or neglect may be in violation of the *Protection of Children Act 2007 (NT)* and maybe subject to legal proceedings.

5.2 Organisational Support

5.2.1 *When attending to a child who has just experienced child abuse:*

- Listen carefully to what child is saying
- Acknowledge that it is hard to talk about such things
- Tell the child that you believe them and are taking them seriously
- Make it clear that whatever happens, it is not the child's fault and that the child is not bad.
- Tell the child that you know that adults sometimes do the wrong things and that this has also happened to others
- Believe, validate and support the child
- Control your expressions of panic or shock
- Reassure the child that they did the right thing by telling you (many abusers threaten children to prevent disclosure)
- Tell the child honestly that you have a legal duty to tell someone so that they can stop the abuse
- Record details of the conversation, any visible injuries and any other observation you have made.

5.2.2 *When dealing with a staff member, contractor or volunteer who:*

- 1) is the subject of an alleged complaint of child abuse; or
 - 2) is reasonably suspected of having, at any time, engaged in child abuse
- HLNT must ensure that that person does not have contact or communicate with any child without adequate supervision.
 - A known child abuser is not permitted to conduct or be present during any programme conducted by HLNT.



6. Code of Conduct for Employees, Volunteers and Contractors

Code of Conduct Acknowledgement

I, _____[insert name], acknowledge that I have read and understand HLNT's *Child Protection Policy*, and agree that in the course of my association with HLNT, I must:

- > treat children with fairness and respect regardless of race, colour, gender, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status
- > be able to immediately produce a Working With Children clearance upon request when undertaking an activity for HLNT.
- > not react in anger or use language or behaviour towards children that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate
- > not engage children under the age of 18 in any form of sexual intercourse or sexual activity, including paying for sexual services or acts
- > only use physical contact when absolutely necessary to develop sports skills, respond to or treat an injury and to meet the specific requirements of the sport.
- > treat all information of a child with complete confidentiality
- > wherever possible, ensure that another adult is present when working in the proximity of children
- > not transport a child independently (except in exceptional circumstances such as immediate risk of injury or physical danger)
- > not invite unaccompanied children into my home, unless they are at immediate risk of injury or in physical danger
- > avoid being alone with a child in an enclosed area.

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- > not use any computers, mobile phones, video cameras, cameras or social media inappropriately, and never to exploit or harass children or access child exploitation material through any medium.
- > not use physical punishment on children and must limit any forms of discipline to time-outs not longer than 5 min at each time. If any such intervention does not mitigate the child from ill-behaviour, then the child must be referred to the parent/guardian.
- > attend to any child who is injured to ensure immediate safety and request for assistance from a trained first-aider to tend to child.
- > immediately report concerns or allegations of child abuse and policy non-compliance in accordance with appropriate procedures
- > Immediately disclose all charges, convictions and other outcomes of an offence, which occurred before or occurs during my association with HLNT that relate to child abuse.

I hereby accept the terms of this policy and agree to conduct myself in accordance with its terms.

Name:	
Signature:	
Date:	



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Healthy Living NT

Photographic / Media Consent Form for Children

I _____ hereby consent to the collection and use of my child’s personal images by photography or video recording.

I acknowledge these may be used on the Healthy Living NT website, in newsletters and publications as well as distributed to members.

I further acknowledge that my child’s image may be used by the Healthy Living NT and media to promote activities in the future.

I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I also understand that my consent can be withdrawn at anytime in writing to Healthy Living NT at PO Box 40113 Casuarina NT 0811

I give this consent voluntarily.

In addition to images, I also consent to the use of my child’s name:

YES / NO

(Please circle your preferred response)

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Parent’s Name:	
Signature:	
Date:	



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Participant Consent Health Promotion Programs

I agree to participate in <insert program name>

In the event that I experience any medical issues that may affect my participation in the program, I agree to inform the program staff immediately.

Name of participant:					
Address:					
Date of Birth:		Gender (circle)	Female	Male	Other
Phone:		Email:			
Emergency contact name:		Relationship to participant			
Emergency contact phone:					
Any activities the participant cannot participate in? If yes provide details					
Does the participant have any medical conditions requiring treatment? If yes provide details					
Does the participant have any allergies? If yes provide details					
If does the participant have dietary requirements? If yes provide details					
<input type="checkbox"/> I give my consent that if an emergency medical situation arises, Healthy Living NT staff may administer first aid and/or other medical treatment according to the staff members scope of practice to myself and/or my child.					
<input type="checkbox"/> I give my consent for Healthy Living NT to take photos and/or video of me and/or my child for the purposes of displaying, advertising and reporting on the program					
<input type="checkbox"/> I do not give my consent for Healthy Living NT to utilise photos of me and/or my child for any purpose					
Participant Name:				Signature:	
Date:					
Parent Name (if participant under 18)				Signature	
Date:					

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Consumer Charter

Policy Statement

Healthy Living NT:

- assists its members and people with chronic health conditions such as diabetes and heart disease with products, information, education and support,
- provides health promotion and prevention programs and information to support people and communities to adopt healthier lifestyles, and
- provides support, training and information to health professionals.

We make the following commitments to our members, consumers and education clients.

Healthy Living NT is committed to serving the whole Territory community in all its diversity.

We value and promote inclusive service provision treating clients and staff with dignity and respect.

Our services seek to empower people to make their own informed choices free from bias.

What you and your carer can expect from Healthy Living NT

You can expect us to:

- be helpful and courteous
- treat you with respect and honesty, and be fair and impartial in our dealings with you
- provide you with clear and accurate information
- ensure that you can access our services
- respond to you promptly
- respect your privacy
- listen to your feedback and be responsive, and
- be sensitive to your cultural background.

Education clients and their carers can also expect to receive from Healthy Living NT:

- considerate, respectful, culturally relevant and confidential service and advice
- a professional and understandable explanation about your condition
- advice on management and treatment of your condition based on current best practice guidelines
- advice on diabetes and cardiac products, schemes and services which may be beneficial
- prompt access to diabetes and cardiac literature, education and educators
- access to interpreter services, and
- the opportunity to interact with us through a variety of means.

What we ask of you

To assist our staff in delivering the highest quality of service, we ask that you:

- treat our staff with courtesy and respect
- provide us with accurate information, and
- advise us when your personal details change.

Your privacy

The Privacy Act 1988 regulates how Healthy Living NT handles your personal and health information and provides ways for you to access and correct the information held about you.

As an individual, you have the right to know:

- when your personal information is being collected by us
- who will have access to this information
- what the information will be used for, and
- whether it will be disclosed to someone other than Healthy Living NT.

You also have the right to not identify yourself or to use a pseudonym, when dealing with us.

For further information on how Healthy Living NT handles your personal information, and the sorts of personal information that is collected and stored, please refer to our *Privacy Policy and Statement*.

Products

Healthy Living NT is happy to exchange or refund faulty merchandise when proof of purchase is supplied. Requests for refunds on product for any other reason will only be made if the product is returned with proof of purchase and unused in the original packaging within one (1) month of purchase.

For health and product integrity reasons, we are unable to refund or exchange the following products which have been purchased in error:

- all NDSS products
- lancets and lancet devices
- home blood glucose monitors and similar devices
- other injection devices

How you can tell us what you think of our services

We aim to continuously improve our products and services. Your feedback is important to us as it can help us make improvements for the benefit of all our customers. We also like to hear about a job well done.

If you have a suggestion or feedback about our services, you can complete a *Client Feedback Form* available from our front counter or contact us by any of the means shown on the last page of this brochure.

It's OK to Complain!

We don't always get it right. Healthy Living NT seeks to ensure that an efficient, fair and accessible way exists for dealing with complaints. Complaints can be made in person, in writing or by phone to any of the contacts shown on the last page of this brochure.

Wherever possible, complaints should be resolved directly with the staff or manager of the service concerned. If you are uncomfortable with talking to the staff member directly you can ask to talk to a manager.

It is important you tell us what you expect to occur as a result of your complaint. For example, you may want an apology, explanation or a change to occur that will prevent other clients from experiencing the same issue. If we are unable to meet your expected outcome, you will be advised of this, including the reason why.

Staff involved in handling complaints are required to treat all information as confidential and your personal details will only be provided to the personnel involved in managing the complaint. If you wish to do so, you can make a complaint without providing your name. However, this does limit our capacity to investigate the complaint.

We value feedback and we will strive to acknowledge and resolve your complaint as quickly as possible.

If you are unsatisfied with the way we have managed your complaint or with the outcome of our response, you may seek an external review by the Health and Community Services Complaints Commission. The Commission is an independent statutory body established under the *Health and Community Services Complaints Act* which provides assistance to Territorians to resolve complaints about health, disability and aged services.

The Health and Community Services Complaints Commission can be contacted as follows:

4th Floor, NT House
22 Mitchell Street
DARWIN, NT 0800

GPO Box 4409 DARWIN, NT 0801

Phone: (08) 8999 1969

Fax: (08) 8999 6067

E-mail: hcscc@nt.gov.au

Toll Free Phone: 1800 004 474

GUIDING VALUES

To pursue excellence in all facets of Healthy Living NT's operations, through:

- Professionalism and ethical practice
- Fairness, honesty, confidentiality and compassion
- Mutual respect for all individuals, their roles and the organisation
- Continuous quality improvement in all activities
- Involvement with, and responsiveness to, community diversity
- Working collaboratively

Our Contacts

Phone: 0889 278 488

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Life. Be in it.™



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Customer Issues Resolution and Complaints Mechanism

As a provider of a broad range of services to a large number of people with diabetes and cardiac conditions, general public and health professionals, it is both natural and expected that Healthy Living NT (HLNT) will receive complaints against its staff and service(s). As a means of continuous quality improvement, it is important that HLNT:

1. Has systems established to process both verbal and written complaints
2. Fairly and objectively manages and investigates complaints and
3. Uses complaints to modify and improve services where appropriate

It is important to also understand that a major part of HLNT's role is to assist people, generally consumers, to navigate through the system in accessing the necessary support or products they need to assist in the management of their condition, both from HLNT and across the spectrum of the health system. This is often a complex matter and customers can and do experience issues which they frequently refer to HLNT for guidance or resolution. This is core business for HLNT and resolution of these (often minor) issues is more often than not a relatively simple task.

Where an issue is not easily resolved or not resolved to the customer's satisfaction, an issue may become either:

- a) A formal complaint, or
- b) An advocacy issue

Customer Issues Register

Issues experienced by customers that are referred to HLNT must be systematically recorded on the Customer Issues Register (attached). The purpose of the Customer Issues Register is to provide a systematic approach to:

- a) recording issues or difficulties raised by customers in navigating through the system in accessing necessary support or products
- b) documenting HLNT action about how the issue was resolved/not resolved
- c) identifying trends in customer issues which may highlight the need for additional more-directed action required by HLNT such as further education required for a particular Access Point or as a result of changes to a product supply scheme eg restriction of access to BGTS

The Customer Issues Register is to be completed by all staff, but primarily by administrative staff, who are the first point of contact with HLNT. Both the Darwin and Alice Springs office will maintain a register. The Register is to be sent to the CEO, MES and FAM on a monthly basis for review.

<i>Status</i>	<i>Approved</i>	<i>Customer Issues Resolution and Complaints Mechanism</i>	<i>Document ID</i>	<i>G0035</i>
<i>Consultation</i>	<i>Board & Staff</i>		<i>Date of Issue</i>	<i>9/12/2023</i>
<i>Approval By</i>	<i>Board</i>		<i>Current Version#</i>	<i>5.0</i>
<i>Circulation (on approval)</i>	<i>Staff and Board</i>	<i>Page 2 of 5</i>	<i>Review Cycle</i>	<i>Annual</i>

What is a complaint?

A complaint is any expression of more serious dissatisfaction or discontent received from a customer about any aspect of HLNT service or staff or Access Points. HLNT services fall into a number of broad categories including:

1. Services directly provided by HLNT eg. Membership, HBGM Sales etc and services provided through Access Points
2. Services provided on behalf of a third party eg. Diabetes Education Service (NT DoH) or National Diabetes Services Scheme (Commonwealth Government)
3. Services, which in the perception of the complainant, should be provided by HLNT eg. Lobbying activity

All complaints about the performance or operation of medical aids need to be recorded on the Customer issues Register but it is important to note that it is a manufacturer responsibility and the client is to be encouraged to make complaints directly to the manufacturer.

Complaints can be both reasonable and unreasonable. The purpose of a complaints mechanism is not to make judgement about the nature of the complaint or the complainant. It is to ensure that complaints are resolved in an efficient and equitable manner, and that the organisation learns and improves its services.

Handling a complaint

Complaints can be made in person, in writing or by phone.

Wherever possible, complaints should be resolved directly with the staff or manager of the service concerned. If a person is uncomfortable with talking to the staff member directly they should be provided with the opportunity to talk to a manager.

It is important that consumers are asked what they expect to occur as a result of their complaint. For example, they may want an apology, explanation or a change to occur that will prevent other clients from experiencing the same issue.

Staff involved in handling complaints are required to treat all information as confidential and personal details will only be provided to the personnel involved in managing the complaint. Consumers can make a complaint without providing their name. However, this does limit our capacity to investigate the complaint.

The Complaint Form is located in the staff portal on the HLNT website.

Refer attached flow chart.

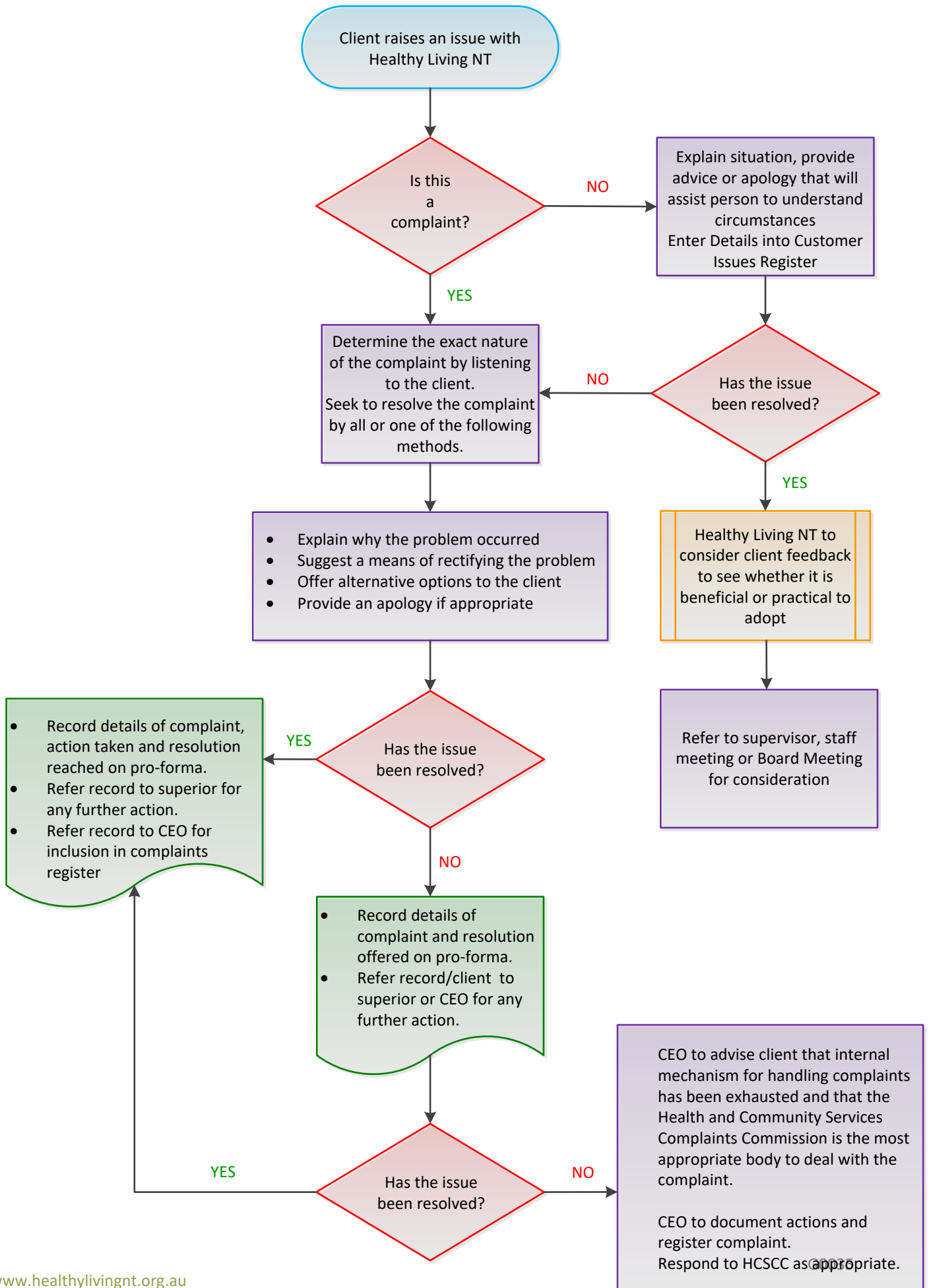
1. All HLNT staff can (and will) receive complaints. The staff member receiving the complaint must seek to resolve it in an equitable fashion in the first instance
2. If this is not possible, the complaint must be referred to the staff member's immediate superior or the CEO. The CEO may refer complaints to the President or the Health and Community Services Complaints Commission if they cannot be satisfactorily resolved
3. All complaints must be documented on the attached form

The CEO will maintain a register of complaints.

Healthy Living NT
Customer Issues Register

Date	Customer Name	Member #	NDSS #	Phone#	AP Code	Issue	Taken By	Action Taken	Date
4/09/2018			9367087		DRW05	Billy went to DRW05, was told that his NDSS card had expired. He has an old green card. They charged him \$45.00 for a box of Accu-Chek Guide. Billy then came to HL to renew his NDSS card. Found that he is on insulin.	Allirra	ordered Billy a new NDSS card. Rang DRW05, spoke to Jo who said that if Billy took the receipt to in he would get a refund. When Jo was asked to please explain to his staff NDSS cards do not expire he hung up.	4/09/2018
							Ruth	Rang Billy, he did get his refund at DRW05.	6/09/2018
5/09/2018						Registrant came to the counter saying he had been to a pharmacy & they told him his NDSS card had expired. His 6mth access had expired. He stated he is on insulin & would go home & bring back his script so we could update his NDSS registration.	Ruth	Did not take details as client said he would return shortly (said he lived nearby). Client has not returned	
11/09/2018			9407138		CAS01 & CAS05	Trevor went to CAS01 for 6mm Novo pen needles. They had run out but told him they were getting an order in that afternoon. He went back the next morning but they still did not have any. He went to CAS05 who also did not have any, so he came to HL.	Ruth	Suggested to Trevor that rather that he could try shorter needles, but he likes 6mm.	11/09/2018
					CAS01	Impersonated CAS01 in Navision. There is no 6mm on their current order & none in the order for the past 6 weeks	Ruth	Rang CAS01, they said they haven't had 6mm in stock for a very long time	11/09/2018
					CAS05	Impersonated CAS05. They did not have any 6mm in a order since June	Ruth	Rang CAS05. They think that staff person must have given out the 6mm but selected some other length in connect, as they don't currently have 6mm on their shelf	11/09/2018
12/09/2018			9555569		COOL02	Elizabeth went to COOL02 to purchase lancets. She said that Emma who served her told her that NDSS no longer existed & only HL provided subsidy on diabetes products. I explained the difference between HL & NDSS but Elizabeth was adamant that NDSS used to subsidise lancets and that Emma was ripping her off.	Ruth	Rang COOL02, spoke with Karen. Emma is now on AL. Karen advised that Emma is training to be a nurse and is a very experienced staff member	12/09/2018

Healthy Living NT Consumer Complaints Process



Healthy Living NT Consumer Complaint Pro-forma

Person Making Complaint:

Date:

Address:

Contact Number:

Name of Healthy Living NT Staff Member:

Describe the nature and details of the complaint (include dates etc where relevant):

Describe the action taken in order to resolve the complaint:

Complaint Resolved: YES NO

Signed:
(Staff Member)

Date:

Resolved Complaint: Send completed pro-forma to CEO

Unresolved Complaint: Refer complaint to superior/manager or CEO with completed pro-forma.



Discrimination POLICY

Objective

Healthy Living NT is committed to providing a discrimination free environment. All members of the Board, staff and volunteers have a responsibility to support this commitment. Discrimination can be in many forms, and includes:

- Racial Discrimination
- Sexual Discrimination
- Disability Discrimination
- Human Rights & Equal Opportunities

Acts

The **Racial Discrimination Act 1975** aims to ensure that everyone is treated equally, regardless of their race, colour, descent, or national or ethnic origin.

The **Sex Discrimination Act 1984** makes it against the law to treat you unfairly because of your sex, marital status or because you are pregnant or might become pregnant.

The **Disability Discrimination Act 1992** makes it against the law to treat you unfairly because of your disability, whatever the disability is, or if people think you have a disability and discriminate against you because of it.

The **Human Rights and Equal Opportunity Commission Act 1986** ensures that everyone is treated equally, regardless of their:

- age
- religion
- political opinion
- sexual preference or orientation
- social origin
- trade union activity
- criminal record.

The **Anti-Discrimination Act 1992 (NT)** makes it against the law to discriminate against any person on the basis of any disability, race or ethnic origin, disability, age or gender. Significant amendments to this Act passed into law in 2022 extends the range of Protected Attributes to include:

- language, including signed language
- gender identity
- sex characteristics
- accommodation status
- employment status
- employment in sexual services or engaging in sexual services, including past employment in sexual services or engagement in sexual services
- carer responsibilities



- subjected to domestic violence, and
- infectious disease status

The Fair Work Act 2009 prohibits an employer from taking adverse action against an employee or a prospective employee for discriminatory reasons. Employees and prospective employees have the right to be free from discrimination based on protected attributes. The protected attributes under the Fair Work Act are:

- race
- colour
- sex
- sexual orientation
- age
- physical or mental disability
- marital status
- family or carer's responsibilities
- pregnancy
- religion
- political opinion
- national extraction
- social origin
- breastfeeding
- gender identity
- intersex status.

Glossary

Discrimination can be Direct or Indirect:

Direct

Racial discrimination	occurs when someone is treated less fairly than someone else in a similar situation because of their race, colour, descent or national or ethnic origin.
Sexual discrimination	occurs when a man or woman is treated less favourably than a person of the opposite sex would be treated in the same or similar circumstances.
Disability discrimination	occurs when a person with a disability is treated less favourably than a person without the disability would be treated in the same or similar circumstances.
Sexual orientation and gender discrimination	refers to harassment or differential treatment based on someone's perceived or actual sexual or gender orientation.
Protected Attributes	refers to when someone is treated less fairly than someone else in a similar situation because of particular circumstances or unique personal attributes.

Indirect

Racial discrimination	when a rule appears to treat everyone on the same way, but actually has an unfair effect on more people of a particular race, colour, descent or national or ethnic origin than others.
Sexual discrimination	when there is a condition, requirement or practice that is the same for everyone but has an unfair effect on a particular group of people
Disability discrimination	when there is a condition, requirement of practice that is the same for everyone but has an unfair effect on a particular group of people.
Human Rights and Equal Opportunities	<p>a person suffers from Human Rights and Equal Opportunity discrimination if they have been:</p> <ol style="list-style-type: none"> a) refused a job, b) dismissed from employment c) denied training opportunities d) denied promotion e) subject to less favourable working conditions or terms of employment because of one or more of the following grounds: <ul style="list-style-type: none"> - age – including minimum and maximum retiring age - religion - political opinion - sexual preference and gender - social origin - trade union activity - criminal record.

Policy Statement

HLNT is committed to providing a fair and equal environment, free of discrimination. Discrimination is unlawful and unacceptable.

HLNT accepts its responsibility under Commonwealth and Territory legislation to ensure that, as far as practicable, no staff member, client or volunteer, while dealing with HLNT is subjected to or subjects another person to any form of discrimination.

In exercising its legislative responsibilities HLNT acknowledges that:

- Individual staff, clients and volunteers are responsible for ensuring that they are non-discriminatory in their dealings with other staff, potential staff, clients and volunteers.
- Supervisors and managers must ensure that, as far as practicable, the environment for which they are responsible is free from any form of discrimination.

In carrying out these responsibilities, HLNT will take active steps to support staff, clients and volunteers. It will provide information to all staff, clients and volunteers about what constitutes discrimination and about their responsibility not to discriminate against others. It will provide information and training to supervisors and managers on meeting their responsibilities in relation to maintaining an environment free from discrimination.

Recommended Action for Breach in Policy

HLNT also recognises its responsibility to take prompt and effective action to deal with complaints of discrimination and to ensure that all people involved are treated fairly with dignity and respect. To assist in fulfilling this responsibility HLNT has established the following Resolution Procedure:

1. Report the incident to the CEO, or if you believe the circumstances warrant, to a member of the Executive Board, ensuring you include the following:
 - details of how you were discriminated against, e.g. I have been discriminated against because of my sexual preference, I have been discriminated against because of my religious beliefs;
 - describe the event. Include as much detail as you can, and explain why you think it happened.
 - date/dates of the event you are complaining about,
 - name of the person's relationship to you, e.g. supervisor, educator;
2. The CEO/Executive member will promptly investigate the incident by talking/holding private meetings with all concerned.

In the event that the complaint(s) are not satisfied with the results of the investigation, you should contact the Australian Human Rights & Equal Opportunities Commission (www.hreoc.gov.au) or the Northern Territory Anti-Discrimination Commission (<https://adc.nt.gov.au/>) for further advice.

HLNT will do everything in its power to prevent victimisation of people who have, or are involved in dealing with, complaints of discrimination.

Responsibility for Policy

Board of Management for Healthy Living NT.

Approval

Original Date Approved:	Meeting 3/02 of 22 June 2002
Revision 1 Approval Date:	Board Meeting 6/17 of 9 December 2017
Revision 2 Submission Date:	Board Meeting 2/23 of 15 April 2023
Revision 2 Approval Date:	Board Meeting 2/23 of 15 April 2023

Circulation: This document is available to all staff, clients and volunteers of HLNT.



Signature:

On behalf of HLNT Board

Related Documents and Policies

HLNT Ethical Relationships Guide
 HLNT Consumer Charter
 HLNT Privacy Policy
 HLNT Cultural Safety Policy
 HLNT Clinical Governance Policy
 HLNT Workplace Behaviour Policy
 HLNT Workplace Investigations Policy

www.healthylivingnt.org.au

Incorporated as Diabetes Association of the Northern Territory ABN 11 374 693 055
 The Diabetes Association of the NT Inc. trades as Healthy Living NT.

Workplace Behaviour Policy

Our commitment

Healthy Living NT is committed to providing all employees and volunteers with a healthy and safe work environment free from the inappropriate behaviours. Everyone should be able to feel comfortable in the workplace and that a culture of mutual respect exists within that workplace.

Healthy Living NT will treat reports of inappropriate workplace behaviour seriously. We will respond promptly, impartially and confidentially.

Scope

This policy:

- applies to all Healthy Living NT employees and volunteers in all workplaces
- will be made available to all employees and volunteers and included in the induction kit for new employees/volunteers.

This policy applies to behaviours that occur:

- in connection with work, even if it occurs outside normal working hours
- during work activities, for example when dealing with clients
- at work-related events, for example at conferences and work-related social functions
- on social media where workers interact with colleagues or clients and their actions may affect them either directly or indirectly.

Expected workplace behaviours

Under work health and safety laws employees and other people at our workplace must take reasonable care that they do not adversely affect the health and safety of others.

Healthy Living NT expects people to:

- behave in a responsible and professional manner
- treat others in the workplace with courtesy and respect
- listen and respond appropriately to the views and concerns of others
- be fair and honest in their dealings with others.

Principles

All employees and volunteers are expected to engage in appropriate behaviours when at work and at work related activities by exhibiting:

- professional conduct including appearance and language
- accountability for performance
- respect for other employees, volunteers, clients and stakeholders
- safe and healthy behaviour
- impartial and ethical practices

<i>Status</i>	<i>Approved</i>	Workplace Behaviour Policy	<i>Document ID</i>	O0022
<i>Consultation</i>	<i>Management</i>		<i>Date of Issue</i>	14/12/2019
<i>Approval By</i>	CEO		<i>Current Version Number</i>	4.0
<i>Circulation (on approval)</i>	<i>All Staff</i>		<i>Review Cycle</i>	Annual
		Page 1 of 4		

- managers and supervisors need to have open discussion regarding appropriate behaviours within work groups and reach agreement on shared team values and behaviours
- all employees need to foster and contribute to a culture of open communication where employees and others in the workplace can raise issues informally and discuss and resolve issues as they occur
- appropriate management of an employee's performance, legitimate feedback, advice and direction from supervisors and occasional differences of opinion do not constitute inappropriate behaviour
- employees who experience inappropriate behaviours that cannot be resolved at the work unit should report the behaviour to a manager
- any report of inappropriate behaviours will be treated seriously and investigated promptly, confidentially and impartially
- managers and supervisors have a responsibility to ensure employees and others in the workplace are not treated unfairly or victimised for reporting inappropriate behaviours
- inappropriate behaviour in the workplace can result in disciplinary action, such as:
 - suspension without pay
 - dismissal
 - referral to regulatory authorities.
- inappropriate behaviour that contravenes Territory or Federal Law will be reported to the appropriate authority for further investigation. Incidents, such as, but not limited to:
 - possession or selling of illicit drugs in the workplace, including work vehicles;
 - physical assaults;
 - sexual assault;
 - destruction of property.

What you should do

If you feel you are subject to inappropriate workplace behaviour, you should raise the matter directly with the person(s) involved. If your attempts to do so have not been successful or you are not comfortable dealing with the problem yourself, you should raise the issue either with your supervisor, or other manager within the organisation.

How we will respond

If unreasonable behaviour is reported or observed we will take the following steps:

1. The responsible supervisor or manager will speak to the parties involved as soon as possible, gather information and seek a resolution to satisfactorily address the issue for all parties.
2. If issues cannot be resolved or the unreasonable behaviour is considered to be of a serious nature, an impartial person will be appointed to investigate. Both sides will be able to state their case and relevant information will be collected and referred to management for consideration before a decision is made.
3. All complaints and reports will be treated in the strictest of confidence. Only those people directly involved in the complaint or in resolving it will have access to the information.
4. There will be no victimisation of the person making the report or helping to resolve it. Complaints made maliciously or in bad faith will result in disciplinary action.

Consequences of breaching this policy

Appropriate disciplinary action will be taken against a person who is found to have breached this policy. These measures will depend on the nature and circumstance of each breach and could include:

- a verbal or written apology
- one or more parties agreeing to participate in counselling or training
- a verbal or written reprimand
- suspension without pay, demotion or dismissal of the person engaging in the behaviour.

If the investigation finds inappropriate behaviour has not occurred or cannot be substantiated, Healthy Living NT may still take appropriate action to address any workplace issues leading to the report.

Definitions

The following definitions apply for the purpose of this policy:

Workplace includes but is not limited to the physical worksite, training sessions, business travel, conferences, work related social gatherings, vehicles, etc. It also includes any place where actions of an employee, whether on duty or not, will have such serious repercussion on the work environment as to seriously affect relationships between employees.

Bullying is a repeated unreasonable and inappropriate behaviour directed towards an employee in the course of employment. Behaviour that harms, intimidates, threatens, victimises, undermines, offends, degrades, ridicules, insults or humiliates an employee or employees, whether in front of co-workers, clients, visitors, customers or alone is considered workplace bullying. It can be indirect, unintentional or deliberately directed at an individual employee or group of workers.

Cyberbullying is the use of e-mail, instant messaging, chat rooms, social network sites, pagers, mobile phones, or other forms of information/digital technology to deliberately harass, humiliate, embarrass, torment, threaten, target, or intimidate someone.

Harassment is behaviour that is perceived to be offensive, abusive, belittling or threatening. It can be indirect, unintentional or deliberately directed at an individual or group of workers. The behaviour is unwelcome, unsolicited, unreciprocated and/or usually but not always repeated.

Sexual Harassment may include either an unwelcome act of physical intimacy or an unwelcome demand or request for a sexual favour, or an unwelcome remark with sexual connotations, or unwelcome conduct of a sexual nature, it is usually but not always repeated.

Discrimination includes any distinction, restriction, exclusion or preference made on the basis of a particular attribute that has the effect of nullifying or impairing equality of opportunity and also includes harassment on the basis of an attribute.

Attribute includes race, gender, age, colour, religious beliefs, national origin, ancestry, place of origin, impairment or disability, sexuality, marital status or pregnancy, union or employer association activity, irrelevant medical/criminal record.

Workplace Aggression - is an act that creates a hostile work environment and that affects employees' physical or psychological well-being. It can be expressed by people in the form of physical and/or psychological abuse.

Workplace Violence – is an action or incident that physically or psychologically harms another person. It includes situations where employees and other people are threatened, attacked or physically assaulted in a work-related setting.

Psychological Violence – is the use of power against another person or group that results in psychological harm or an inability to develop professionally. This includes, but is not limited to, verbal abuse, suggestive behaviour, threats of physical abuse, intimidation and bullying.

Non-physical Abuse - such as verbal abuse, intimidation and threatening behaviour, may also significantly affect a person's health and wellbeing. Threats may be perceived or real and there does not have to be

physical injury for the violence to be a workplace hazard. Employees may be affected by workplace violence even if they are not directly involved.

Physical Abuse - is the use of physical force against another person or group that results in physical harm. It includes, but is not limited to, pinching, biting, pushing, spitting, slapping, kicking, beating, shooting and stabbing.

Under the influence of Drug/Alcohol is a state of intoxication produced by the consumption of a drug/alcohol.

Illicit Drugs are those which are prohibited by the Controlled Substances Act, 1984, Examples include alkoxy amphetamines, cannabis, heroin, isomethadone and LSD.

Abuse of authority is where an individual improperly uses the power and authority inherent in a position to endanger a person's economic job, undermine the performance of that job, and threaten a person's economic livelihood or in any way interferes with or influences a person's career.

Employees include all permanent, temporary, contract and part time employees.

Complainant is the individual against whom the alleged inappropriate behaviour has taken place and/or is the individual who has lodged a complaint relating to the behaviour.

Respondent means any employee against whom a complaint has been lodged.

Legislation and related policy

Northern Territory Anti-Discrimination Act (NT)

Work Health Act (NT)

Racial Discrimination Act (Cth)

Sex Discrimination Act (Cth)

Sex Discrimination and Other Legislation Amendment Act (Cth)

Human Rights and Equal Opportunity Commission Act (Cth)

Disability Discrimination Act (Cth)

Workplace Relations Act (Cth)

Controlled Substances Act (Cth)

Working from Home Policy

Policy Statement

Due to the client-facing nature and consumer orientation of our business, Healthy Living NT's (HLNT) primary expectation is that its employees will operate from HLNT premises. Exceptions to this policy must be approved by the CEO in accordance with this policy.

Flexible working arrangements (Working from Home) can include:

- a) *Informal, temporary and/or ad hoc*
- b) *Formal, fixed schedule of working away from the office*

Healthy Living NT (HLNT) recognises the potential benefits that flexible working arrangements will have for some employees where it can be demonstrated:

- to provide benefits both to HLNT and the employee, and
- that risks to both to HLNT and the employee can be reasonably minimised.

This Working from Home Policy, along with the below procedures outlining areas and circumstances where Working from Home may be appropriate, is intended as a general guide for employees. Assessment will be on a case-by-case basis as Working from Home is unlikely to be an appropriate arrangement for the majority of employees and jobs.

HLNT considers *Formal* Working from Home arrangements specified in b) above to be a viable and flexible option when both the employee and the job are a match for the arrangement.

A *Formal* Working from Home arrangement as specified in b) above should be assessed against the following criteria.

- The arrangement would enhance or maintain the employee's personal productivity;
- The employee's role is one that can be done remotely in an effective way;
- There is a demonstrable benefit to HLNT;
- HLNT and its clients as a whole are not disadvantaged if the employee is not present at the office;
- There are no significant security or data privacy concerns;
- The employee's infrastructure / internet speed is suitable to complete their work;
- The employee's home office is safe, and complies with guidelines;
- The employee's home office environment is safe and there is no threat of violence from other members of the household;
- There is a health and safety issue/s associated with working in the office.

Having regard to HLNT's staff size, there are limited instances where a long-term formal work from home arrangement does not adversely impact on HLNT operations.

Exceptions to Policy

This policy does not cover extraordinary circumstances such as times of emergency, natural disasters or health crises. Noting that a number of HLNT's functions are regarded as essential services, any work from home arrangement will be determined on a case by case basis according to the emergency or crisis.

Status	Approved	Working from Home Policy	Document ID	00039
Consultation	Board and Staff		Date of Issue	17/04/2021
Approval By	Board		Current Version Number	1.0
Circulation (on approval)	Board and staff	Page 1 of 4	Review Cycle	Annual

Types of Working from Home, Conditions and Expectations

Types of Working from Home	Conditions	Expectations
a) Informal, Temporary or ad hoc		
<p>Examples of this include logging on from home after return from a trip, for illness (e.g. broken limb where the employee is fit to work), potential illness (isolation or quarantine), or a one-off arrangement that may be project or circumstance-related (e.g. carer responsibilities or weather events).</p>	<p>Healthy Living NT understands the need to allow employees to Work from Home for singular events or circumstances.</p> <p>These arrangements will be approved on a case-by-case basis and with no expectation that they may be ongoing. Other short-term arrangements will be considered for employees on an as-needed basis.</p> <p>Prior approval should be sought from your manager, wherever possible.</p> <p>A time-sheet, detailing hours worked and worked completed must be submitted to your manager on return to the office.</p>	<p>OH&S: HLNT has a duty of care to our employees to ensure their safety; additionally, we expect that the employee Working from Home is aware of and takes seriously the commitment to maintain a safe working environment. All safety policies which apply at HLNT workplace shall, as far as practicable, apply to working from home.</p> <p>Communication: The employee agrees to be contactable and available for communication with HLNT during the periods in which working from home is carried out. Where appropriate, the employee must also be able to return to the office if required.</p> <p>Equipment: HLNT believes the individual has appropriate equipment in their home office.</p> <p>Security of Assets and Information: Security of information shall be as per HLNT office-based operations, Privacy Policy and related policies and procedures. It is agreed that the employee shall take all reasonable precautions necessary to keep HLNT information, data and assets secure.</p>
b) Formal, fixed schedule of working away from the office		
<p>Examples of this include where an employee does not live in either Darwin or Alice Springs, or where an individual employee has been approved to work from home on an extended basis</p>	<p>Either an employee or a manager can suggest Working from Home as a possible working arrangement. Final approval of Working from Home is at the discretion of HLNT, assessed against the criteria in this policy. All Working from Home arrangements will begin on a trial basis for the first 30 days and can be discontinued at any time by either the employee or HLNT. The arrangement will be reviewed and evaluated quarterly.</p>	<p>OH&S: HLNT has a duty of care to our employees to ensure their safety; additionally, we expect that the employee Working from Home is aware of and takes seriously the commitment to maintain a safe working environment.</p> <p>All safety policies which apply at HLNT workplace shall, as far as practicable, apply to working from home. Additionally, the employee must complete and have approved a Health and Safety Remote Workplace audit prior to the commencement of any arrangement.</p>

Types of Working from Home	Conditions	Expectations
Formal, fixed schedule of working away from the office (continued)		
	<p>Individuals requesting a formal Working from Home arrangement must be employed with HLNT for a minimum of 6 months. The employee and the supervisor, with input from management, will evaluate the arrangement, specifically reviewing the following areas:</p> <ul style="list-style-type: none"> • Job Responsibilities – The employee and the manager are responsible for outlining job responsibilities, job changes, and working habits of the employee to create a successful Working from Home arrangement. • Equipment and Location – The employee is to have a designated workplace and may be issued proper, needed equipment on a case-by-case basis, using input from both the employee and the supervisor. However, the provision of HLNT assets cannot be assumed. <p>The Working from Home arrangement necessitates that communication between the employee and manager, and the employee and the team, continue normally, based on the job responsibilities and work-related projects.</p>	<p>Hours and Objectives of Work: Hours / Days of work and work objectives are to be agreed in advance on a fortnightly basis as per the Staff Remote Workplan.</p> <p>Communication: The employee agrees to be contactable and available for communication with HLNT during the periods in which working from home is carried out. Where appropriate, the employee must also be able to attend the office if required.</p> <p>Equipment: HLNT believes the individual is to set up their workplace with appropriate equipment. They may borrow or loan items on a case by case agreement.</p> <p>Equipment and software belonging to HLNT will be solely used for the purposes of performing Working from Home duties for HLNT. All equipment owned by HLNT will remain the property of HLNT.</p> <p>Security of Assets and Information: Security of information shall be as per HLNT office-based operations, Privacy Policy and related policies and procedures.</p> <p>It is agreed that the employee shall take all reasonable precautions necessary to keep HLNT equipment and data secure.</p>

Responsibility for Policy

The Board of Healthy Living NT is responsible for ensuring this policy is up to date and complied with.

Approval

Original Submission Date: Board Meeting 2/21 of 17 April 2021

Original Approval Date: Board Meeting 2/21 of 17 April 2021

Circulation: Board and Management

Sign off by: Chair of the Board

A handwritten signature in black ink, appearing to read 'Ron O'Brien', with a large, stylized flourish at the end.

Signature: Ron O'Brien
On behalf of Healthy Living NT Board

Related Policies and Documents

Occupational Health and Safety Policy

Privacy and related policies

Health and Safety Remote Workplace Audit

Staff Remote Workplan.

Business Continuity Plan and associated documents



HealthyLivingNT

Crisis Communications Strategy

December 2010

Original Approval Date:	Board Meeting 7/06 of 9 December 2006
Revision 1 Date Approved:	Board Meeting 6/09 of 12 December 2009
Revision 2 Date Approved:	Board meeting 6/10 of 11 December 2010
Circulation:	All HLNT Board Members and staff
Sign off by:	Association President
Signature:	

A handwritten signature in black ink, with the letters 'OK' written below it.

On behalf of Healthy Living NT Board

1 Background & Objectives

HealthyLivingNT operates within a dynamic environment and is subject to the influence of a wide range of internal and external factors.

These factors include:

- Changing NT and Commonwealth Government policy;
- Changing demographic and medical profiles of our members and clients;
- Changing relationships with key personnel in stakeholder organisations;
- Changes to the financial environment (for example, changing interest rates and taxation arrangements);
- Changes to the governance and management of the organisation.

This **Crisis Communications Strategy** has the following objectives:

- To support Healthy Living NT and ensure input and participation by stakeholders, through the use of planned, positive and targeted communication.
- To promote community understanding by creating awareness of the issue and its underlying causes and/or means of resolution

2 Target Audiences

The key groups of people that HealthyLivingNT may communicate with are:

Internal	External
<ul style="list-style-type: none"> • HLNT Board • HLNT Management • HLNT Staff • HLNT Members 	<ul style="list-style-type: none"> • NDSS Registrants • HLNT Clients • NT Minister for Health and Community Services • Other NGOs • Members of the Good Health Alliance • Commonwealth Department of Health and Ageing • Professional Associations • Broader NT community • Media • DA Ltd • DA Federation members • S/T Diabetes Organisations • MLAs • Health Professionals, including GPs and specialists

3 Research

In order to implement an effective Crisis Communications Strategy, we need to understand as much of the prevailing environment as possible. Through research, we need to consider issues such as:

- What are all of the planned policy and operational initiatives for the coming year, and how might they impact on members, clients and other key stakeholders?
- Where are our vulnerable points?
- What external factors (such as elections, contract issues, funding initiatives etc) exist?

4 Key Messages

In order to maintain our public standing and profile, we will continue to deliver the following key messages about our organisation on an ongoing basis:

- The Diabetes Association of the Northern Territory Inc (trading as HealthyLivingNT) is a strong, vibrant, sustainable, community based deliverer of high quality services to members and clients;
- We are community-based and responsive to the needs of our members and clients;
- We are financially sustainable, and accountable to our members, clients, and funding bodies;
- We work closely with our funding partners to achieve the best possible level of service delivery on their behalf; and
- We are committed to working together with other stakeholders in order to improve the health and well-being of Territorians.

5 Communication Methods/Tools/Strategies

This **Crisis Communications Strategy** recognises that communications activities need be conducted on both proactive and reactive levels.

Proactive communication activities are aimed at positioning and maintaining HealthLivingNT's brand and reputation on an ongoing basis.

Reactive communication activities are designed to address specific emerging issues as they occur.

Both of these approaches are interdependent. Effective proactive communications needs to take place as a foundation for effective reactive communications.

6 Proactive Communication

The objective of proactive communications is to build sustainable and ongoing relationships with key stakeholders, groups and organisations through the President, the Board Executive, the CEO and staff engagement with these groups and individuals.

This engagement will allow HealthyLivingNT to coordinate the strategic intent of our community relationship tactics, to anticipate and respond to member, client and funder expectations, and to address key influencers' concerns and issues.

We will create LEVERAGE on behalf of the organisation.

6.1 Proactive Communication Methods

- Agree on key messages for communicating about the project/initiative/issue with stakeholders – its purpose, desired outcome, process, timeframes, etc.
- Announce the project/initiative/issue to employees in the fortnightly staff meeting and/or via email.
- Provide information to members and other stakeholders via Territory Way and the website.
- Invite community participation in the development of the <report/plan/project> by advertising public forums in community newspapers and other communication mediums.
- Ensure media lists and contacts are kept current

Provide Briefing Notes to the Minister and Agency Executive team to signpost issues and note achievement of milestones.

7 Reactive Communication

Reactive communications activities will occur as a result of a new or emerging issue that could potentially pose a threat to HealthyLivingNT.

7.1 Reactive Communications Methods

Responding to a “Crisis”

A communications “crisis” may take many forms.

Typically, a crisis is any situation where stakeholder perceptions of HealthyLivingNT are likely to be adversely impacted as a result of an internal or external event.

Such a crisis needs active management in order to limit damage and ensure that the organisation's reputation is preserved.

The Crisis Communication Team

The formation of a crisis communication team is essential to identify what actions should be taken. The Crisis Communications Team may be formed by the Executive Board or Board, utilising Terms of Reference contained at Attachment 2.

This team will develop and implement a plan of action.

One of the first responsibilities of the crisis communication team will be to determine the appropriate positioning or message to address the issue. The first and foremost goal is protecting the integrity and reputation of the organisation.

Positioning

To decide on a position, it is important for the crisis communication team to step out of their own role in the organisation and put themselves in the situation of whomever was involved in the crisis or try to view the crisis from the eye of the public or other stakeholders. Ignoring the situation will only make things worse.

Formulating HealthyLivingNT's position must take into the broadest range of factors and consequences, including (but not limited to):

- Legal issues, including legislative and contractual compliance;. and
- The impacts on the organisation's administrative and operations, including financial management, client and stakeholder relations, and staff morale.

Designated Spokesperson

One individual should be designated as the primary spokesperson to represent the organisation, make official statements and answer media questions. A back-up to the designated spokesperson should also be identified to fill the position in the event that the primary spokesperson is unavailable.

In addition to the primary spokesperson and the backup spokesperson, individuals who will serve as communications and technical experts or advisors may be identified and utilised.

These resources might include a Board member with specific expertise or responsibility, or a staff member with specific professional expertise or responsibility. The use of external "experts" such as medical practitioners, might also be utilised.

In addition to HealthyLivingNT's designated spokesperson, it can be anticipated that other stakeholders involved in the crisis (such as politicians, public servants, health professional organisations, etc) will also have a spokesperson. It is important to know who these people are as early as possible so all statements and contacts with the media can be coordinated between the two individuals and their organisations/interests whenever possible.

Engaging External Expertise

The crisis communication team may consider engaging external expertise, such as communications specialists and/or lobbyists, if the seriousness of the situation of an individual situation warrants it.

Media Policies and Procedures

Remember that the media have the right to interview anyone they want to, and if they do not get the answers they want from us they will get them somewhere. They are all after the scoop. They all want a different angle than the reporter standing next to them. They will try for that scoop with you.

If the possibility is there to provide them with what they want, consider it very carefully. If possible, the crisis communications team will attempt to be as proactive as possible with the media in order to exercise as much leverage over the media agenda as possible.

All media should be treated equally. What is given to one (such as access to an area effected by the crisis) should be available to all media. This policy should be made clear to all media from the outset.

Prepared Statements

The crisis communication team should develop a prepared statement (or prepared statements) in order to accurately present HealthyLivingNT's position on the emerging issue. This can be used to respond to initial requests by the media when knowledge about the crisis first becomes known on a widespread basis. The statement may also used to inform other stakeholders of our position.

As the crisis progresses and new information and facts become available, it is also advisable to develop additional prepared statements to be made by the spokesperson at the onset of any media interview, briefing or news conference.

These prepared statements also can be read over the telephone to reporters who call to request information but are not represented at news conferences or briefings. The statement can also be sent by fax or e-mail upon request.

Collateral Materials

Information brochures or fact sheets about HealthyLivingNT or specific topical issues might be helpful in informing the reporters or anyone else seeking information about the company.

In some cases it might be necessary to create materials that explain technical systems or in-house procedures. If we explain how a technical system or in-house procedure works and point out where a breakdown occurred, there is less chance of a reporter interpreting the situation erroneously.

Attachment 1 – Crisis Response Checklist

- Crisis/emerging issue is identified accurately.
- Crisis communications team formed and briefed.
- HealthyLivingNT's position formulated.
- Clear identification of desired objectives or outcomes sought
- HealthLivingNT's spokesperson/spokespeople identified.
- External "experts" and/or professional communications assistance sought where necessary
- Contact made with "allies" to ensure they are appropriately briefed on the issue and suggested manner of response.
- Initial position statement prepared.
- Contact made with media and other stakeholders.
- Copies of media reports and interviews etc are kept.
- A Log of HealthyLivingNT media/stakeholder interaction is kept.

Attachment 2 – Sample Terms of Reference – Crisis Communications Team

TITLE	Crisis Communication Team (CCT)
COMMENCEMENT DATE	
RESPONSIBLE TO	Healthy Living NT Executive Board or < nominated body >
AUSPICING AUTHORITY	Healthy Living NT Executive Board / Board Meeting <Board Mtg Number> of date < Date of Board Meeting>
POLICY AUTHORITY	Crisis Communications Strategy endorsed by Board Meeting <Board Meeting Number> of <Board Meeting Date>
NATURE OF CRISIS	
PRIMARY FUNCTIONS	<p>The primary function of the Crisis Communications Team is to act as a mechanism of Healthy Living NT to protect the integrity and reputation of the organisation in response to the identified crisis. As such, additional functions include: (specifics need to be confirmed/ added)</p> <ul style="list-style-type: none"> • Ensure the organisation has a well positioned and co-ordinated communications response to the identified crisis based on key identified outcomes. • Advise on and oversee the development of specific crisis communications strategies, initiatives and plans. • Manage and evaluate the implementation, and where necessary, modify the organisation's crisis communications response, and • Identify, communicate and seek resolution of any communications issues that may arise in the course of responding to the crisis.
MEMBERSHIP	<p>Membership of the CCT is determined by the auspicing authority and will comprise:</p> <ul style="list-style-type: none"> • Committee Chair: <Chair Name> • Board Members, specifically: <Names of Board Members> • Senior staff members, specifically: <CEO/MES > • Other members, specifically: <nominated staff members> <p>The Committee has the ability to co-opt external support or expertise to support the work of the Committee as appropriate. This external expertise will act in an advisory capacity only, and will not form part of the Committee unless approved by the auspicing authority.</p>
MEETINGS	Frequency of meetings shall be determined by the Chair. Wherever possible, meetings will be face-to-face with telephone link up where necessary
REPORTING	<p>The Chair of the Committee will report to the Executive Board/Board/nominated person on the following basis:</p> <ul style="list-style-type: none"> • Daily/weekly/milestone/monthly/verbal/written <Circle appropriate reporting frequency>

OPERATIONAL STATUS	Release of information about the Committee's work will be determined by the Executive Board/Board in consultation with the Chair.
ADMINISTRATIVE SUPPORT	Administrative and organisational support will be provided by Healthy Living NT
BUDGET	<p>The Committee will develop a budget for approval of the Executive Board/Board OR</p> <p>\$, <Budgeted amount> budget is allocated to the Committee. Any additional expenditure must be approved by the Executive Board/Board</p>
SUNSET DATE	<p>The Committee will cease formal operational work when the earlier of the following dates is reached:</p> <ul style="list-style-type: none"> ● The auspicing authority agrees to a recommendation from the CCT that the crisis has been managed/resolved and the CCT be withdrawn from active operational activity, or ● The auspicing authority terminates the operational work of the CCT. <p>If neither of the above termination dates is reached before <determined number of months> months from the CCT's commencement date, the Terms of Reference and work of the CCT must be reviewed by the auspicing authority and re-affirmed. In the event that this review and/or re-affirmation does not occur, the operational work of the CCT will be deemed to have ceased.</p> <p>Within one month of termination of operational work, the Committee will present a report to the auspicing authority reviewing the:</p> <ul style="list-style-type: none"> ● Work conducted ● Effectiveness in reaching identified outcomes ● Lessons learnt from the conduct of the exercise, and ● Recommendations for future activity <p>The CCT will formally disband on acceptance of the final report by the auspicing authority.</p>

Membership Review Policy

Purpose

This protocol is designed to guide the Board of Healthy Living NT in its role in the consideration and rejection of membership applications to the Association, following key changes in the Association's Constitution (No. 5) of 26 October 2024

Scope of Policy

This policy applies only to new members joining the Association in a two-month period prior to every scheduled bi-monthly Board meeting.

Once a person or organisation's name has been reviewed by the Board and no further review requirements have been noted, the person or organisation is deemed to be a member of the Association.

Background

Under the Association's Constitution, any person or organisation who is interested in supporting the objects of the Association may become a Member.

The specific clause (Clause 16) in the Constitution is shown below:

16. All persons or organisations wishing to support the Objects (Applicant) may apply to become a Member by making a written application to Board as prescribed by the Board and paying the Subscription.

Clause 16 effectively ties membership to support for the objects of the Association. The objects of the Association (as detailed in the Constitution – Clauses 3, 4 and 5) are as follows:

3. The Association is a charity, established for the benefit of and service to people affected by, or at risk of, diabetes and related chronic health conditions (the Beneficiaries).
4. The objects of the Association are to:
 - promote, provide and coordinate services for Beneficiaries;
 - provide Beneficiaries, their carers and their health professionals with information and education in relation to the management and prevention of diabetes and related chronic health conditions;
 - advocate on matters relevant to the Beneficiaries;
 - provide support to the health care system to improve the services provided to Beneficiaries;
 - support funding initiatives or projects and promote research aimed at preventing or reducing the impact of diabetes and related chronic health conditions relevant to Beneficiaries;
 - advocate, encourage, promote and educate preventative health measures to Beneficiaries and the community; and
 - comply with all requirements under the ACNC Act and the Act.
5. The Association shall carry out the Objects for the benefit the Beneficiaries and without regard to whether or not those persons are Members of the Association.

In addition to subscribing to the objects of the Association, becoming a member of the Association also means that the person or organisation is bound by the Association's Constitution ie they are agreeing to uphold the Constitution and operate under the rules of the Constitution. The specific clause (Clause 12) in the Constitution is shown below:

12. This Constitution (including all Schedules) is binding upon all Members and the Association to the same extent as if every Member and the Association had signed and sealed this Constitution and agreed to be bound by it.

Under Constitution No. 5, the Board may accept or reject membership applications. However, there is no longer an absolute requirement for the Board to actively approve every membership application. The specific clauses (Clauses 17-20) in the Constitution relating to this are shown below:

17. The Board may seek additional information (including supporting evidence) from an Applicant.

18. The Board may accept or reject any application for membership in its sole and unfettered discretion.

19. Upon acceptance of an application, the Applicant must pay the Subscription within the time stipulated by the Board.

20. Where an application is rejected, the Applicant shall be advised as soon as reasonably possible and the Association shall refund the Subscription paid by the Applicant in accordance with clause **Error! Reference source not found.** to the Applicant.

Role of the Board

In effect, Constitution No. 5:

- removes the requirement for the Board to formally accept every membership application, thus making membership of the Association an automatic process
- allows for the Board to reject a membership application – by exception.

This policy sets out the process by which the Board may reject an application for membership. In undertaking this process, the Board and each individual Board Member are bound by the Association's Privacy Policy and Ethical Practice and Relationship Guidelines.

One of the prime roles of the Board is to ensure that the Association is governed in accordance with its Constitution, which includes adherence to the Objects of the Association.

Therefore, the **primary criteria** the Board needs to consider when reviewing an application for membership for rejection is whether the person or organisation, in the opinion of the Board, is likely to:

- pose a threat to, or seek to undermine, the objects of the Constitution, or
- be generally unwilling to uphold, or conduct themselves in accordance with, the Association's Constitution.

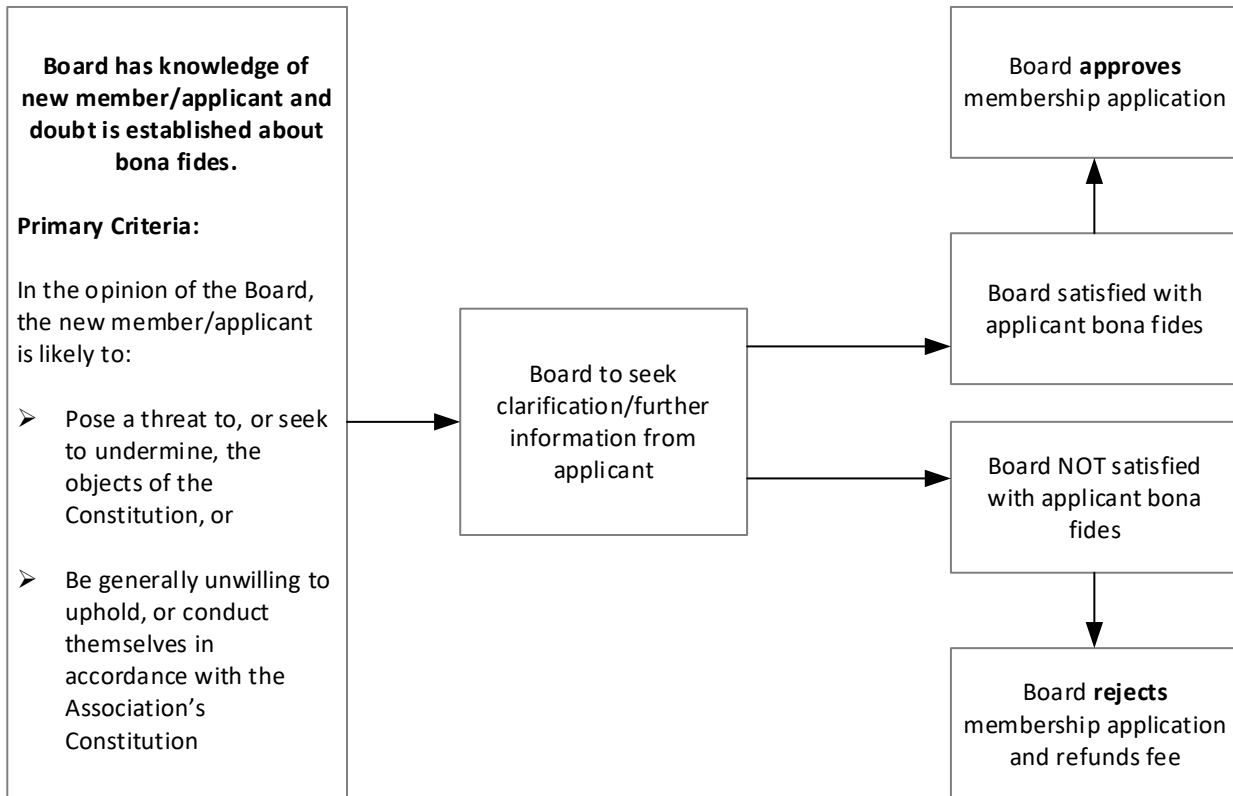
Examples of where this could occur include where a person or organisation:

- is known to have objectives or publicly stated views that are in direct opposition to the Association's Objects e.g. the promotion of diabetes as a general condition justifying euthanasia;
- is reasonably suspected of wanting to join the Association for reasons other than the Association's Objects e.g. for personal, political or organisational gain not related to diabetes or the NT;
- is known to, or is reasonably suspected of, being unwilling to conduct themselves in accordance with the Association's Constitution e.g. a serial trouble-maker;

- is likely to bring the Association into disrepute by virtue of their membership.

A list of new members to the Association will be provided to every scheduled meeting of Board. Where the Board holds sufficient doubt regarding the bona fides of an applicant it may elect to make further enquiries prior to considering a formal rejection of the application. This process should be tailored by the Board of the day on a case by case basis.

The below flow chart shows the preferred process:



Information to be considered by the Board

In considering membership applications, the Board is reasonably entitled to receive sufficient information to enable it to make an informed decision, but not so much information that it could reasonably be regarded as an intrusion on personal privacy.

The current information considered by Board includes:

- Date of application
- Title, first name and surname of applicant or organisation name
- General location of the applicant eg town, suburb or community
- Membership type sought, and
- Whether the applicant has diabetes or not.

This range of information is considered appropriate for the purposes of initial review of a membership application. The Board should specifically tailor additional information sought based on the nature of concerns.

Responsibility for Policy

The Board of Management of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

Approval

Original Approval Date: Board Meeting 4/07 of 18 August 2007
Revision 1 Approval Date: Meeting 6/09 of 12 December 2009
Revision 2 Date Approved: Board Meeting 6/19 of 14 December 2019
Revision 3 Date Proposed: Board Meeting 6/4 of 14 December 2024
Revision 3 Date Approved: Board Meeting 6/24 of 14 December 2024

Circulation: All Board Members



Sign off by: William De Decker
Chair of the Board

Research Participation and Assessment Framework

Policy and Procedures

Policy Statement

Healthy Living NT recognises the value of all levels and aspects of research related to people with chronic disease. Healthy Living NT will actively consider proposals to support research applications and consumer participation in research activities in which the core ethical values of merit and integrity, respect, justice and beneficence are met and full compliance with Australian Privacy laws and Healthy Living NT's Privacy Policy is demonstrated.

Healthy Living NT will also take the following factors into account when assessing research proposals:

1. Relevance to NT population and ability of NT residents to fully and equally participate in the study
2. Operational impact on HLNT
3. Protection of, and respect for, consumer rights and information

Healthy Living NT:

- will not release personal details to researchers without the express permission of the individual and will at all times ensure compliance with our Privacy Policy.
- will generally not directly recruit participants to an external research study.

Once a research proposal has received support from Healthy Living NT, potential participants will be provided with the researcher's contact details via methods deemed appropriate by Healthy Living NT and asked to contact the researcher directly.

Procedure

Healthy Living NT will manage all requests for research participation and research support openly and fairly through a clear process as outlined in HLNT's Research Participation Policy (appended).

This process is outlined in the attached flow charts which indicate HLNT's responses to Scenarios 1-8 identified later in this paper.

Healthy Living NT will maintain a register of all research activities seeking its support. This register will be reviewed annually by the Board.

Definitions

APPs	Mean the Australian Privacy Principles adopted in 2014
Consumer	Means any person that Healthy Living NT: <ul style="list-style-type: none"> • holds personal and/or sensitive information about or • has access to personal and/or sensitive information through service provision. <p>This includes, but is not limited to, members, education service clients and program participants.</p>
Evaluation (program level)	Program evaluation activities are not considered research when: <ul style="list-style-type: none"> • Their intent is only to provide information for and about the session or program in which the consumer is involved • They are conducted as part of the standard operating procedures of the program or session • They provide information to support organisational decision-making on specific programs • They are conducted within settings of changing consumers, priorities, resources and timelines
Ethical Research	Refers to, as a minimum, research that meets the following standards: <ul style="list-style-type: none"> • Australian Code for the Responsible Conduct of Research • National Statement of Ethical Conduct in Human Research • Statement on Consumer and Community Involvement in Health and Medical Research • Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research
External Funder	Means contracted services that HLNT holds with a variety of funders including (but not limited to) the OHS Agreement with the PHN, Service Agreements with NT DoH and the NDSS Agency Agreement with DAL.
HLNT Data	Refers to personal and/or sensitive information about consumers that HLNT directly collects and manages in HLNT databases
HLNT Data Access	Refers to personal and/or sensitive information about consumers that HLNT staff have access to in delivering services to external clinics and services. Examples include the Outreach Health Services and NDSS programs. Whilst HLNT may input data into these databases, they are external to HLNT and ownership vests in the fund-holder.
Identifiable Data:	Means data, whether recorded in a material form or not, that will enable a person to establish the identity of a person. (also known as Personal and Sensitive Information)
Personal and Sensitive Information	Refers to any information of a personal and/or sensitive nature, for example contact details and a medical diagnosis that identifies or could identify a person. This is confidential information. (also known as Identifiable Data)
Privacy	Refers to how personal and sensitive information is handled
Privacy Act	Means the Privacy Act 1988 as amended
Research	As defined by the Australian Code for the Responsible Conduct of Research . This includes health, medical, social and behavioural research. <p>From Healthy Living NT's perspective, research can be additionally defined as a situation where consumer data (identified or de-identified) held by (or can be accessed by) HLNT is sought for purposes other than the reason for which it was collected or provided.</p>

Re-identifiable Data: Means when Unidentifiable Data is ascertained and used in various combinations, it may reveal sufficient details and characteristics of a person to the extent it will enable the identification of a person to be made.

An example of potentially re-identifiable data would be data that holds date of birth and an area code – in an area consisting of 200 – 300 residents. The following factors should be considered when determining whether research involves potentially re-identifiable data:

- Presence of rare characteristics in a Statistical Local Area (SLA);
- Accuracy of the data;
- Age of the data;
- Coverage of the data (completeness);
- Presence of other information that can assist in identification, including:
 - publicly available information;
 - restricted access data holdings that a data user may have access to; and
 - personal knowledge that a user may have.

Service Reviews Service reviews conducted by external funders which may seek the release of consumer personal and sensitive information to assist in service appraisal. Service reviews are not considered research in the context of this Framework but will require consideration under HLNT’s Privacy Policy.

Unidentifiable Data: Means data, whether recorded in a material form or not, that do not contain any identifiers such as names, street and postal address of a person. (also known as De-identified or Non-identified data)

Background

Healthy Living NT (HLNT) receives requests from external bodies, researchers and HLNT staff who are seeking support from Healthy Living NT under the following general scenarios:

Scenario 1:	HLNT support in recruiting consumer participation in research projects involving release of personal data to researchers or HLNT communicating directly to consumers on behalf of researchers
Scenario 2:	Access to personal and sensitive consumer data held internally by HLNT to undertake research
Scenario 3:	HLNT participation in research activities, based on HLNT’s role as a major service provider to people with chronic conditions
Scenario 4:	HLNT support in general promotion of research projects to consumers
Scenario 5:	HLNT involvement in the recruitment of consumers in the assessment of management devices or therapies owned or manufactured by a third party, with results written up by HLNT in de-identified case studies.
Scenario 6	HLNT participation (organisationally or at an individual practitioner level) in service benchmarking activities based on personal and sensitive consumer data held by HLNT or can be accessed by HLNT staff.
Scenario 7:	HLNT co-participation in research and innovation activities that may be of benefit to consumers; no requirement to access consumer data
Scenario 8	HLNT support for research funding applications

Healthy Living NT is governed by the Privacy Act 1988 ('the Privacy Act'), as amended by the Privacy Amendment (Private Sector) Act 2000, the *Privacy Amendment (Enhancing Privacy Protection) Act 2012* and the *Privacy Amendment Notifiable Data Breaches (NDB) Act 2017*.

Healthy Living NT is committed to maintaining client, member and customer privacy and confidentiality in accordance with HLNT's Privacy Policy, in compliance with the above Acts and HLNT's ethos as a consumer advocate. Healthy Living NT only collects (with consent) consumer personal and sensitive information that is reasonably necessary for the delivery of one or more of our services or activities. In obtaining consumer consent for the collection of personal and sensitive information HLNT broadly specifies the use of the information to be:

- Provision of education and information and services
- Reporting back to health professionals (where required)
- Use in non-identifiable statistics for reporting to funders and for internal service/program evaluation (internal and externally contracted services)

The use and/or provision of consumer personal and sensitive information for the purpose of research are not permitted under HLNT's Privacy Policy.

Additionally, Healthy Living NT has access to a range of consumer personal and sensitive information contained in non-HLNT databases through external funding agreements covering, for example, provision of services to external clinics and services or the NDSS. This data access is strictly for the purpose of provision of defined services and cannot be accessed or used for any other purpose.

Healthy Living NT recognises the value of research in improving knowledge about the prevention and management of chronic health conditions. However, HLNT's involvement in recruiting consumers for research studies or as a co-participant or participant in research activities requires careful consideration. HLNT support for research activities should be guided by the core ethical values of merit and integrity, respect, justice and beneficence (appended). Additionally, issues of personal privacy, informed consent and risk of coercion or incentivisation are major concerns. HLNT must also be acutely aware of risks arising from notifiable data breaches and reputational damage associated either with a breach or a poorly administered research study.

This framework seeks to outline the parameters under which Healthy Living NT will support the conduct of research activities and the processes to be followed.

Ethical issues associated with research participant recruitment

Whilst all research studies generally require Ethics Committee Approval, this does not automatically confer *ethical status* on the research activity. Compliance with Australian Privacy law and respect of consumer rights and information are additional matters which must be considered as shown in the examples below. Healthy Living NT, as a consumer representative and advocate, cannot rely on Ethics Committee approval alone, when considering its support for, or involvement in, research activities. HLNT must satisfy itself of the bonafides of each application.

Potential ethical issues involved in recruitment of participants to research studies are outlined below.

Recruitment strategies associated with common study designs in primary care research and ethical issues associated with these strategies

Type of study/study design	Possible recruiting strategy	Examples of ethical implications
Audit of clinical records for quality assurance (eg searching own/clinic electronic database)	Not applicable	Minimal. This type of study is unlikely to require review by an ethics committee, so long as consumers are not identifiable in any subsequent outputs. However, because of variable editorial policy, it is advisable to get ethics approval if publication in a journal is planned.

Type of study/study design	Possible recruiting strategy	Examples of ethical implications
Audit of clinical records for research	Searching clinical databases	<p>Moderate. This study would require review by an ethics committee. Major issues:</p> <ul style="list-style-type: none"> • Consent needed from HLNT • Consumer consent may be needed even if provided data accessed is de-identified • Who has access to record data • Using records for a purpose they were not originally collected for • Safe storage of data • Privacy protection with publication (especially small sample and towns)
Qualitative study (eg interviews with consumers or their carers of older consumers attitudes)	<ul style="list-style-type: none"> • Notice, flyer or information pack in clinic, with information to contact external researcher or let HLNT staff know of interest • Searching HLNT databases by HLNT staff, followed by invitation to participate face to face or by mail 	<p>Minimal–moderate. This study would require review by an ethics committee. Major issues:</p> <ul style="list-style-type: none"> • Identifying participants <ul style="list-style-type: none"> • Are consumers’ clinical records needed to identify likely participants? • Who has access to this clinical information? • Will HLNT staff know if participants have taken part in the research? • Contacting participants <ul style="list-style-type: none"> • How will information about the study be given? Who will give this and is there risk of coercion? • Management of data <ul style="list-style-type: none"> • Consent to record interviews • Access to data (eg for transcription and analysis) and safe storage of data • Dissemination of results • Privacy protection with presentations and publication. Is there a possibility the participants could be identified by the characteristics or location of the sample?
Survey of consumers (eg a quality-of-life survey of primary care consumers with chronic illness)	<ul style="list-style-type: none"> • Notice in clinic • Searching clinic databases by HLNT staff, followed by invitation to clients to participate face to face or by mail 	<p>Moderate. This study would require review by an ethics committee. Major issues:</p> <ul style="list-style-type: none"> • Identifying eligible participants • Role of HLNT staff in informing consumers about the study, or recruiting consumers to the study <ul style="list-style-type: none"> • Will HLNT staff know which consumer participates and who does not? • Will participation or non-participation impact on clinical care? • Completion of survey may constitute consent. However, if survey addresses issues or topics that may lead to distress, separate written consent may be required • Access to data (eg for data entry and statistical analysis); safe storage of data • Privacy protection with publication (especially small sample)

Type of study/study design	Possible recruiting strategy	Examples of ethical implications
Experimental study – lifestyle or other non-invasive intervention (eg a trial of chronic disease self-management support)	<ul style="list-style-type: none"> • Notice in clinic • Searching clinic databases by HLNT staff, followed by invitation to consumers to participate face to face or by mail 	<p>Moderate–high. This study would require review by an ethics committee. Major issues:</p> <ul style="list-style-type: none"> • Identifying eligible consumers • Role of HLNT staff in informing consumers about the study • Randomisation to control and intervention groups[†] • Consumer aware of risks, likely benefits or potential harms • Access to data (eg for data entry and analysis); safe storage of data • Privacy protection with publication (especially small sample and towns).
Experimental study – drug trial, medical device or other invasive procedure	<ul style="list-style-type: none"> • Notice in clinic • Searching clinic databases by HLNT staff, followed by invitation to patients to participate face to face or by mail 	<p>High. This study would require review by an ethics committee. Major issues:</p> <ul style="list-style-type: none"> • Identifying eligible consumers • Randomisation to control and intervention groups; • Role of HLNT staff in informing consumers about the study • Consumer awareness of risks, likely benefits or potential harms • Access to data (eg for data entry and analysis); safe storage of data • Privacy protection with publication (especially small sample and towns)

Key Issues for Consideration:

1) Consumer Privacy

Prior to recruiting participants to a research study, there is a need to identify consumers who meet the study selection criteria and inform them about the study. How researchers go about identifying consumers for inclusion and how they gain access to the detail needed to contact potential participants (through Healthy Living NT) is critical.

The key privacy principle is that personal information about an individual that was collected for a particular purpose (the primary purpose) must not be used or disclosed for another purpose (the secondary purpose) unless the individual has consented to it. However, the *Privacy Act 1988* does allow for use and disclosure for a secondary purpose that is *directly related* to the primary purpose.

Policy Position:

Healthy Living NT’s Privacy Policy explicitly requires consumer consent for use of personal and sensitive data held by HLNT for additional (or secondary) purposes. Unless research has been nominated as a primary purpose for data collection, the data cannot be used for research unless further specific informed client consent has been given.

The Board of Healthy Living NT must approve any consumer consent form that specifies research as a primary or secondary data collection purpose.

It is not permissible for HLNT or its staff to access or use consumer personal and sensitive data held by third party clinics or in external databases for a reason other than service provision.

2) Informed Consent

A common, acceptable practice among primary care researchers is, following agreement from the participating organisation, to provide the selection criteria to practice staff who will then identify consumers at their clinic from information held in each consumer's clinical record. The participating organisation will then make these consumers aware of the research and invite them to take part. These consumers will then need to contact the researchers to register their interest or otherwise enroll in the study directly.

Consideration of privacy and confidentiality should also be made in the reporting of results from studies of small samples, or samples drawn from small towns, such that individual confidentiality can be protected. It is important to note that ethics do not apply just to the individual, but also to the community or population.

Once potential participants have been identified, they need to be informed about the study and given the necessary information to make an informed decision about participation. Good, informed consent is guided by the principle that *a person's decision to take part in research is to be voluntary, and based on sufficient information and adequate understanding of both the proposed research and implications of participation in it.*

3) Power Relationships

Healthy Living NT must be acutely aware of the potential power imbalance between:

- Consumers and their HLNT health professional(s), and
- Consumers and Healthy Living NT.

In some cases this potential power imbalance is a reflection of the potentially dependent nature of their relationship. Good research design should determine whether a consumer is likely to experience coercion or pressure to agree to take part in the research, or receive (or alter) treatment that they would not otherwise consent to.

Policy Position:

For reasons related to informed consent and power relationships, it is generally inappropriate for Healthy Living NT or its staff to directly recruit participants to a research study. Exceptions must be approved by Board.

4) Incentivisation

A further issue is the use of incentives as part of the recruitment strategy. There is good evidence that incentives (both financial and non-financial) increase response rates to surveys. While incentivisation increases response/participation rates, there is also an overriding need to protect vulnerable individuals.

The use of incentives remains contentious in research. Some consider that any inducement that influences decision-making is a form of coercion – that participation in research should be voluntary and/or for altruistic reasons, and that incentives compromise voluntariness. Others consider that 'payment is never coercive', as it is an offer rather than threat. Pragmatically, reimbursement of costs for out-of-pocket expenses related to research (eg travel, accommodation and parking) is not usually considered unethical in the Australian research context.

From an NT perspective, noting that the majority of Australian research activities are conducted from a southern base, Healthy Living NT believes it is reasonable that a consumer should not be out-of-pocket as a result of participation in a research activity.

Policy Position:

Healthy Living NT does not support incentivised research recruitment practices.

Healthy Living NT does support reimbursement of reasonable costs related to a consumer's participation in research.

5) Project Creep

In the context of research studies, project creep occurs when a study evolves beyond the scope of the original Ethics Approval. Such evolution or project creep in research studies is often perceived as a normal response to mitigating issues or barriers occurring in the implementation phase. This occurs particularly in the area of participant recruitment as studies are dependent on reaching a critical mass in order to achieve a valid sample.

A clear example of this type of project creep occurred in the NT DiP research project – under the Ethics Approval, HLNT's role was clearly defined as service provision and provision of information about the study to potential participants; when the study failed to recruit sufficient participants, it was assumed that HLNT would take a formal role as a recruitment agent for the study. (Whilst HLNT rejected this, the primary researchers perceived no need for a new Ethics Approval and no conflict of interest for HLNT as both a service provider and a research participant recruiter.)

A secondary issue associated with project creep relates to re-use of research data for purposes not specified in the original Ethics Approval. Major research studies such as the NT DiP study obtain a wealth of consumer data which is attractive to other non-related research activities. Research project Steering Committees are often attracted to the idea of consumer data from their specific study being utilised for broader research purposes. In this context, research project Steering Committees falsely assume a level of ownership of consumer data and a role in approving its use in additional research projects not contemplated in the original Ethics Approval and consumer consent documentation.

Policy Position:

Where the conduct of a research study is likely to (or seeks to) vary from the parameters of its original Ethics Approval, a new Ethics Approval must be sought.

Use of consumer data is only permissible for the purposes of the original Ethics Approval. Applications for re-use of consumer data for purposes other than the approved purpose in the original Ethics Approval should form a new Ethics Committee application.

6) HLNT as a researcher

This framework does not preclude Healthy Living NT or its staff undertaking primary research activities involving use of personal and confidential data. However, noting issues related to informed consent and power relationships, HLNT must strive to ensure avoidance of a conflict of interest (research vs best interests of consumers) and potential reputational damage.

Policy Position:

HLNT-initiated research proposals must comply with the policies described in this Framework and adhere to the standards expected of external research applicants.

HLNT-initiated research proposals must be approved by the Board.

7) Requests for support for research funding applications

From time to time, Healthy Living NT receives requests from researchers to provide a letter of support for their research funding application based on HLNT's credentials as a consumer-based advocacy organisation and/or service provider to people with chronic disease(s).

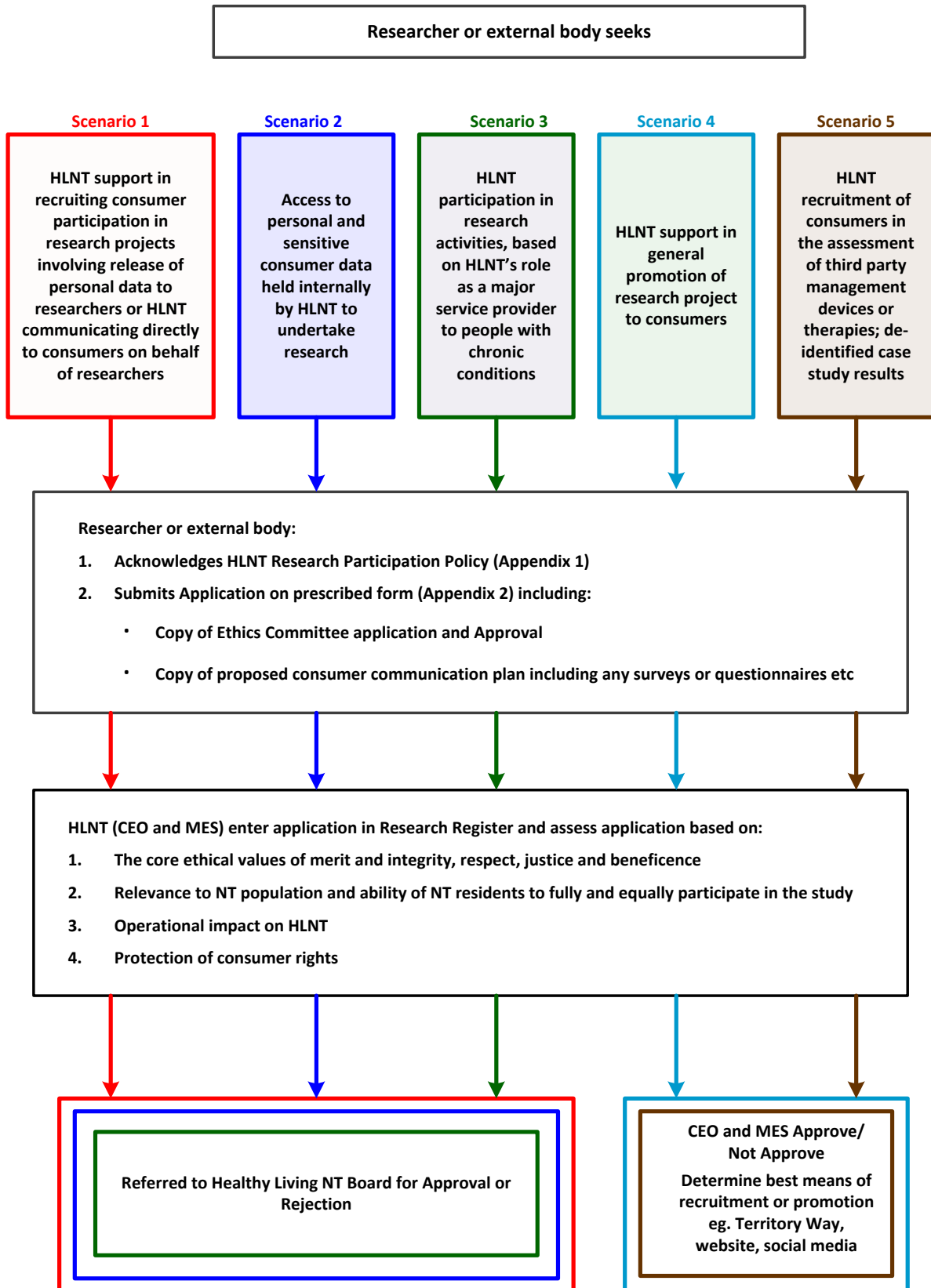
Requests for support for research funding applications may occur prior to Ethics Committee approval, even though the study may ultimately need access to consumer personal and sensitive data. There may or may not be an associated request for HLNT participation.

Policy Position:

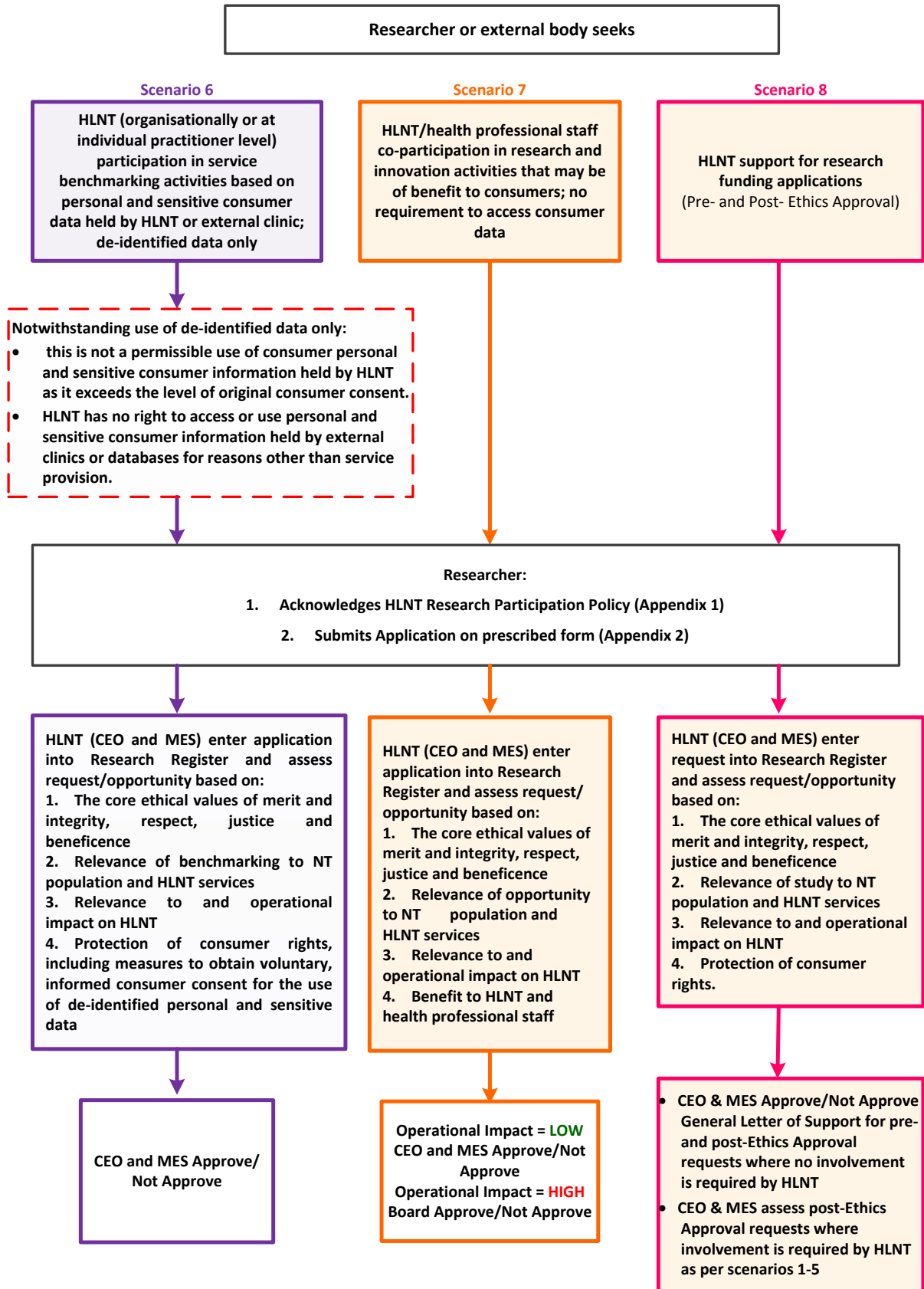
HLNT may provide general letters of support for research funding proposals with or without Ethics Committee approval where they are relevant to the NT population, provided no commitment is given in relation to access to consumer data.

Requests for letters of support for research funding proposals that also seek HLNT commitment to research participation require assessment under Scenarios 1-5 as appropriate.

Research Participation and Assessment Framework – Scenarios 1 - 5



Research Participation and Assessment Framework – Scenarios 6-8



Responsibility for Policy

The Board of Healthy Living NT is responsible for ensuring this policy is up to date and complied with.

Approval

Submission Date: Board Meeting 6/18 of 8 December 2018

Approval Date: Board Meeting 6/18 of 8 December 2018

Circulation: All HLNT Board Members and staff.

Sign off by: Chair of the Board



Signature: Ron O'Brien

Related Documents, References and Resources

- HLNT Privacy Policy
- HLNT Privacy Operational Guidelines
- HLNT Ethical Relations Guide
- [NDSS Privacy Policy](#)
- [NDSS Privacy Breach Complaints Policy and Procedure](#)
- HLNT Service Agreements with external funders
- [Privacy Act 1988](#)
- [Australian Privacy Principles](#)
- [My Health Records Act](#)
- [Office of the Australian Information Commissioner, Data breach notification guide: A guide to handling personal information security breaches, August 2014.](#)
- Privacy Amendment (Notifiable Data Breaches) Act 2017 (Cth)
- HLNT Privacy Breach Policy and Procedure
- [Australian Code for the Responsible Conduct of Research](#)
- [National Statement of Ethical Conduct in Human Research](#)
- [Statement on Consumer and Community Involvement in Health and Medical Research](#)
- [Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research](#)
- <https://www.racgp.org.au/afp/2016/march/ethical-considerations-in-recruiting-primary-care-patients-to-research-studies/>

Definition of core ethical values of merit and integrity, respect, justice and beneficence

SECTION 1: VALUES AND PRINCIPLES OF ETHICAL CONDUCT

GUIDELINES

Research merit and integrity

- 1.1 Research that has merit is:
- (a) justifiable by its potential benefit, which may include its contribution to knowledge and understanding, to improved social welfare and individual wellbeing, and to the skill and expertise of researchers. What constitutes potential benefit and whether it justifies research may sometimes require consultation with the relevant communities;
 - (b) designed or developed using methods appropriate for achieving the aims of the proposal;
 - (c) based on a thorough study of the current literature, as well as previous studies. This does not exclude the possibility of novel research for which there is little or no literature available, or research requiring a quick response to an unforeseen situation;
 - (d) designed to ensure that respect for the participants is not compromised by the aims of the research, by the way it is carried out, or by the results;
 - (e) conducted or supervised by persons or teams with experience, qualifications and competence that are appropriate for the research; and
 - (f) conducted using facilities and resources appropriate for the research.
- 1.2 Where prior peer review has judged that a project has research merit, the question of its research merit is no longer subject to the judgement of those ethically reviewing the research.

- 1.3 Research that is conducted with integrity is carried out by researchers with a commitment to:
- (a) searching for knowledge and understanding;
 - (b) following recognised principles of research conduct;
 - (c) conducting research honestly; and
 - (d) disseminating and communicating results, whether favourable or unfavourable, in ways that permit scrutiny and contribute to public knowledge and understanding.

Justice

- 1.4 In research that is just:
- (a) taking into account the scope and objectives of the proposed research, the selection, exclusion and inclusion of categories of research participants is fair, and is accurately described in the results of the research;
 - (b) the process of recruiting participants is fair;
 - (c) there is no unfair burden of participation in research on particular groups;
 - (d) there is fair distribution of the benefits of participation in research;
 - (e) there is no exploitation of participants in the conduct of research; and
 - (f) there is fair access to the benefits of research.
- 1.5 Research outcomes should be made accessible to research participants in a way that is timely and clear.

Beneficence

- 1.6 The likely benefit of the research must justify any risks of harm or discomfort to participants. The likely benefit may be to the participants, to the wider community, or to both.

SECTION 1: VALUES AND PRINCIPLES OF ETHICAL CONDUCT

- 1.7 Researchers are responsible for:
- (a) designing the research to minimise the risks of harm or discomfort to participants;
 - (b) clarifying for participants the potential benefits and risks of the research; and
 - (c) the welfare of the participants in the research context.
- 1.8 Where there are no likely benefits to participants, the risk to participants should be lower than would be ethically acceptable where there are such likely benefits.
- 1.9 Where the risks to participants are no longer justified by the potential benefits of the research, the research must be suspended to allow time to consider whether it should be discontinued or at least modified. This decision may require consultation between researchers, participants, the relevant ethical review body, and the institution. The review body must be notified promptly of such suspension, and of any decisions following it (see paragraphs 5.5.7 to 5.5.10).

Respect

- 1.10 Respect for human beings is a recognition of their intrinsic value. In human research, this recognition includes abiding by the values of research merit and integrity, justice and beneficence. Respect also requires having due regard for the welfare, beliefs, perceptions, customs and cultural heritage, both individual and collective, of those involved in research.
- 1.11 Researchers and their institutions should respect the privacy, confidentiality and cultural sensitivities of the participants and, where relevant, of their communities. Any specific agreements made with the participants or the community should be fulfilled.

- 1.12 Respect for human beings involves giving due scope, throughout the research process, to the capacity of human beings to make their own decisions.
- 1.13 Where participants are unable to make their own decisions or have diminished capacity to do so, respect for them involves empowering them where possible and providing for their protection as necessary.

Application of these values and principles

Research, like everyday life, often generates ethical dilemmas in which it may be impossible to find agreement on what is right or wrong. In such circumstances, it is important that all those involved in research and its review bring a heightened ethical awareness to their thinking and decision-making. The National Statement is intended to contribute to the development of such awareness.

This National Statement does not exhaust the ethical discussion of human research. There are, for example, many other specialised ethical guidelines and codes of practice for specific areas of research. Where these are consistent with this National Statement, they should be used to supplement it when this is necessary for the ethical review of a research proposal.

These ethical guidelines are not simply a set of rules. Their application should not be mechanical. It always requires, from each individual, deliberation on the values and principles, exercise of judgement, and an appreciation of context.