Key Conversations – Upholding Human Rights Workshop Presentation

This resource was developed by the NDS Quality and Safeguards Sector Readiness Project and is funded by the Government of Western Australia Department of Communities.

This is the content of the Human Rights Workshop Presentation which includes the content of the slides and the relevant notes. These slides were designed to be use alongside the Key Conversations – Human Rights Facilitator Guide.

**Please note:** This resource was developed in January 2024 by the NDS Quality and Safeguards Sector Readiness Project. The resource is general in nature and is provided as a guide only. NDS believes that the information contained in this publication is correct at the time of publishing, however, NDS reserves the right to vary any of this publication without further notice. The information provided in this publication should not be relied upon instead of other legal, medical, financial, or professional advice. Please always refer to online documents for the latest versions including the NDIS Practice Standards and advice to providers on the Code of Conduct.

# Slide 1: Key Conversations – Upholding Human Rights

## Notes:

**Welcome**

**Introductions if needed**

**Housekeeping**

**Support options for workers**

Let the group know that if the activity or discussion brings up current or past situations that they have been part of, or if they have concerns, they can:

* Leave the session at any time if they do not feel comfortable.
* Advise the group of any identified people who you have made available, to discuss any concerns if they choose to.
* Encourage people to seek support from an appropriate person after the session.
* Discuss any Employee Assistance Programs or other organisational supports that may be available.

**Go through Team Workbook - 5 minutes.**

**A possible script:**

“To help you with these exercises, you should have the Team Workbook in front of you. The workbook contains 3 group activities and handouts. Before each group activity, we will talk through the subject before breaking into groups to complete the activity and feedback.”

# Slide 2: What are Human Rights?

## Human Rights outline

* How we interact
* What we can expect from life
* Our responsibilities to one another

## Notes:

Talk to the team about the reasons why you are doing this exercise, and why Human Rights are important.

A possible script is:

“Human rights are the fundamental rights and freedoms we all enjoy. People with disability have the same rights as every other person in society, however they commonly face barriers in having their rights upheld.

As professionals supporting people with disability, we have a responsibility to promote and uphold people’s human rights in our supports and services. As workers we play a key role in supporting people to express their choices and fully realise their human rights.”

# Slide 3: The NDIS Code of Conduct

In providing supports or services to people with disability:

* act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions
* respect the privacy of people with disability
* provide supports and services in a safe and competent manner, with care and skill
* act with integrity, honesty and transparency
* promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability
* take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect and abuse of people with disability
* take all reasonable steps to prevent and respond to sexual misconduct

[NDIS Code of Conduct NDIS Quality and Safeguards Commission webpage](https://www.ndiscommission.gov.au/about/ndis-code-conduct)

## Notes:

A possible script is:

“As a NDIS provider, we also have a legal obligation, under the NDIS Practice Standards and NDIS Code of Conduct. The NDIS Code of Conduct tells us that we must

act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with applicable laws and conventions

respect the privacy of people with disability

- provide supports and services in a safe and competent manner, with care and skill

- act with integrity, honesty, and transparency

promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports and services provided to people with disability

take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect, and abuse of people with disability

- take all reasonable steps to prevent and respond to sexual misconduct.”

# Slide 4: Where do human rights come from?

## Universal Declaration of Human Rights - Article 1

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

* UN Declaration of Human Rights in 1948
* Convention for the Rights of People with Disabilities (CRPD) was developed and opened for signatures on March 30, 2007
* 198 countries are signatories to the CRPD, with Australia being one of the first.

[Australian Human Rights Commission Intro to Human Rights Webpage](https://humanrights.gov.au/our-work/education/introduction-human-rights)

[Status of Ratifications to the CRPD webpage](https://www.un.org/disabilities/documents/2016/Map/DESA-Enable_4496R6_May16.jpg)

## Notes:

**To be used alongside Team Workbook: Group Activity 1, page 7**

**Talk to the team about the reasons why you are doing this exercise.**

**A possible script is:**

“Human rights are a set of universal rules that describe how we should interact with one another and what we can expect from life. They refer to the freedoms and entitlements that every person should have.

Throughout human history - nearly all cultures have ideas on human rights. However, these ideas differed greatly - both in terms of what these rights are and who they apply to. This ad hoc way of defining human rights was fundamentally flawed, and often failed to prevent atrocities.

In the aftermath of World War 2, the nations of the world came together to create the Universal Declaration of Human Rights.

This was fundamentally different in a few keyways:

• These were not tied to any set of religious beliefs or ideology. No matter who you were, what you believed: if you are a human being, you have these rights.

• It was written and agreed to by all the major nations in the world.

As time passed by, it became apparent that some groups were at higher risk of their human rights being breached and had unique considerations, and so there was a need for further treaties aimed at them.

One of those groups is people with disability, and so the Convention on the Rights of People with Disability (CRPD) was developed in 2007. People with disability have all the rights outlined in other treaties as well, but the CRPD exists because for people with disability, these rights are at high risk of being breached.”

# Slide 5: Rights under the CRPD

DARU have created this video - [Rights Under the UN Convention on the Rights of Persons with Disability (UNCRPD) webpage](https://www.bing.com/videos/riverview/relatedvideo?q=UN+coverntion+of+people+with+disbaility+video&mid=014D4E4767968B90AC43014D4E4767968B90AC43&FORM=VIRE)

Notes:

DARU have created this video - [Rights Under the UN Convention on the Rights of Persons with Disability (UNCRPD) webpage](https://www.bing.com/videos/riverview/relatedvideo?q=UN+coverntion+of+people+with+disbaility+video&mid=014D4E4767968B90AC43014D4E4767968B90AC43&FORM=VIRE)

You might also choose to play this video to the group.

# Slide 6 - Different Models of Disability

## Medical Model

**View of disability: Medical pathology.**

**Example:** Viewing medication as the only option, rather than looking holistically at the person, their needs and environment.

**Focuses on:** What is 'wrong' with the person.

**Goals:** 'Fix' or 'cure' the person with the disability so they will 'fit in'

## Charity Model

**View of disability: Unfortunate. A burden.**

**Example:** Having to use crowd funding to buy a wheelchair, so that a person can access the community.

**Focuses on:** Treating people with disability with sympathy and pity.

**Goals:** Provide support and help – out of kindness

## Social Model

**View of disability: Inability to take part in everyday activities due to barriers caused by society.**

**Example:** If a person cannot access a building, it is because the building is not accessible.

**Focuses on:** The different ways in which our society is not set up for the person.

**Goals:** Addressing and fixing unjust systems, processes and attitudes

## Human Rights Model

**View of disability: People with disability have the same set of rights and freedoms as anyone.**

**Example:** To fully participate in a planning meeting, the right supports are in place to assist them to communicate their choices and make decisions.

**Focuses on:** The different ways in which people with disability are at risk of having their rights breached.

**Goals:** Ensure we and others fulfil our obligations to meet the human rights of people with disability.

## Notes:

**This is also “Handout 3” of the Team Workbook and can be found on page 6.**

**To be used alongside Team Workbook: Group Activity 2 – page 7.**

**Talk to the team about the reasons why you are doing this exercise. A possible script is:**

“The way we think about people with disability (or the 'model' we use) makes a huge difference to how we support people with disabilities.

Over time, the way our culture thinks about people with disability has changed. As professionals working in this area, it's important that our 'model of disability' is as modern as possible, so we can help others to update their thinking.

Historically, **the medical model** of disability was used. The medical model sees disability as a defect, a problem to be fixed or cured. The medical model focuses on the impairment and neglects everything else about the person. In the medical model the goal is to fix the person with disability so they can fit in with the world.

An example of the medical model would be an individual is diagnosed with ADHD, and rather than looking at how their learning environment could be adapted to meet their needs, they are simply automatically prescribed medication to manage their symptoms. Medications may - of course - be an important part of the supports for a person with ADHD, but in the medical model it may be the only solution.

**The charity model** is another older and outdated model of disability - sees disability as a burden and as a tragedy. In the charity model we help people with disability when we can, because we are good people. There is no responsibility for us to help people with disability, it is something we do when we can. In the charity model we give people with disability sympathy and pity, and they should be grateful for any support we provide.

An example of the charity model would be a family launches a crowdfunding campaign so they can purchase a motorised wheelchair for their child with mobility issues. The family are relying on the generosity of the public in the hopes their campaign will raise enough money to enable their child to access the community.

Both the medical and charity models are inherently disempowering for people with disability, and so more modern approaches have been developed - the social model and the human rights model.

**The social model** sees disability as not inherently good or bad, just one aspect of how we all differ.

Disability is seen as one aspect of a person’s identity, much like race/ethnicity, gender or sexuality.

The social model argues that the challenges people with disability face are not the fault of the people with disability, but that the world is simply not set up for them.

For instance: if a wheel-chair user can't access a building because there is no ramp, it is not the wheel-chair user who is responsible. It is the fact that the building is not accessible that caused the problem.

The social model sees that people with disability are living in a world that is designed to cater to the majority, not to them and that our community has a responsibility to meet their needs.

**The Human Rights model** sees people with disability as people who have the same set of rights and freedoms as anyone.

It focuses on the ways in which people with disability are at risk of having their rights eroded.

The goals of the human rights model are to ensure we and others fulfil our obligations to meet the human rights of people with disability. This is not seen as a kindness, but as a responsibility that our government and society have.

An example of the human rights model would be a school developing a tailored learning plan for a student with dyslexia, providing them with specific reading aids and extra time for exams, acknowledging the student's right to an education that accommodates their unique learning needs.”

# Slide: 7 Legislation in Australia

## Legislation in Australia

* Disability Discrimination Act 1992
* Disability Services Act 1986
* Australian Human Rights Commission Act 1986
* National Disability Insurance Scheme Act 2013

## How are human rights are implemented?

* International Human Rights Treaties
* State-level legislation and regulation
* Social norms and standards

## Notes:

**To be used alongside Team Workbook: Group Activity 3 - page 9.**

**Talk to the team about the reasons why you are doing this exercise. A possible script is:**

“The United Nations puts together different treaties defining human rights, and different governments of the world sign these treaties. But how are these treaties put into action in a practical sense?

This happens at three different levels - each more important and impactful than the last.

• The first is at the international level. The UN does have some ability to directly enforce a treaty. For example, they require the Australian government to report on their human rights record and individuals can make complaints directly to the UN. However, while the UN does have some power to implement a treaty, ultimately their power is limited.

• State level legislation is a more concrete and tangible way in which human rights are implemented to enforce and defend those rights. The government signs the treaty, and then it writes up laws to ensure this treaty is upheld.

In Australia there are a few key pieces of legislation that do this:

• The Disability Discrimination Act which makes it unlawful to discriminate against a person based on their disability.

• The Disability Services Act, which outlines how services must be provided to people with disability.

• The Australian Human Rights Commission Act, which lays the foundation for the Australian Human Rights Commission, an independent statutory authority that ensures human rights are upheld.

• The National Disability Insurance Scheme Act is a key piece of legislation because it is all about how people with disability will have their needs met and be included in society.

And how is the NDIS legislation implemented? Us!

We are paid by the NDIA to deliver services, so we share a significant part of this responsibility. We have a responsibility to be familiar with human rights and to stand up for the people we support.

Legislation is there to give formal defence to these rights. However, very few human rights breaches will ever be addressed through legal frameworks.

Far more often human rights are addressed through social norms and standards. Norms are the informal, unwritten rules that define acceptable and appropriate treatment.

Legislation and regulation are complicated and imperfect tools. They take time to implement and can be unreliable. Norms are much more responsive and flexible.

However, norms rely on members of that community for them to be met.

Norms are defined, in no small part, by each of us, by asking ourselves important questions like:

• What are our expectations for the people we support? What do we accept, what do we refuse to accept?

• What do we do when we see these expectations broken?”

# Slide 8: For Further Information

These resources were developed as part of the NDS Sector Readiness project in January 2024.

For more information on the project and access to more free resources, visit our website at [NDS Quality and Safeguards Sector Readiness Project WA webpage](https://www.nds.org.au/resources/all-resources/wa-ndis-quality-and-safeguards-sector-readiness-project)

All these resources are free to access as a result of the continued support from Department of Communities.

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