



**ADVOCACY**

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## Policy Consultation Feedback

**Date:** 27 February 2026  
**To:** [employment-policy@unimelb.edu.au](mailto:employment-policy@unimelb.edu.au)  
**Subject:** **Feedback on the *Appropriate Workplace Policy* (MPF1328) Amendments**

The UMSU Advocacy Service welcomes the opportunity to provide feedback on the proposed changes to the *Appropriate Workplace Policy* (MPF1328), given its impact on students' safety and on their ability to complain and progress matters within the University's formal processes in a manner that is student-centred and trauma informed.

Our feedback will be centred on several areas of concern.

Firstly, the shortcomings with the current approach for feedback, including the limited timeframe provided to engage in the consultation process.

Secondly, while the stated purpose in the explanatory memorandum is to bring the policy up-to-date with the *National Higher Education Code to Prevent and Respond to Gender-based Violence 2025 (The National Code)*, we are of the view that the changes proposed only offer superficial improvements and fall short of substantively aligning university policy with the National Code

Finally, the lack of rigour apportioned to reviewing a policy that fails to account for the power imbalance students experience when lodging complaints against staff and the failure to mitigate any conflicts of interest inherent in a process where institutions are charged with self-investigating processes.

From a student perspective, the amendments are largely structural and technical in nature. They do not fully embed the trauma-informed, person-centred, and power-sensitive approach envisioned by the National Code, nor the University's own Strategy 2030 areas of focus to improve student experience, especially when a student is faced with challenging circumstances.



## Feedback on the Consultation Process

### Short Timeframes for Feedback

UMSU endorses policy changes that better comply with the new National Higher Education Code to Prevent and Respond to Gender-based Violence (National Code); however, we note that while the draft policy has prioritised an update to terminology and scope to better align with the National Code, these changes introduce ambiguities that create uncertainty. UMSU has also identified several substantive gaps that continue to present risks to compliance.

While UMSU acknowledges the urgency of these amendments, we note that the University has had a long lead time to complete this work, given the availability of the [Action Plan Addressing Gender-based Violence in Higher Education](#) since March 2024 and the full draft *National Code* since February 2025. We believe this consultation is taking place in a timeframe that is insufficient for adequate feedback and has not been circulated or promulgated to an appropriate audience of stakeholders. Considering the *National Code* requires that Providers consult widely in the development and review of policies (clause 2.5), we are of the view that this consultation itself already falls short of compliance with the *National Code*.

Ultimately, as the *National Code* was developed over two years with extensive consultation and reflects minimum acceptable standards, UMSU believes that the University should view compliance not as a burden but as an opportunity to demonstrate sector leadership in addressing gender-based violence. Unfortunately, we are of the view that the policy amendments represent only the barest progress towards meaningful compliance and should not be approved in its current form.

In addition, the current amendments demonstrate little appetite to engage with the current limitations within the existing policy that fail to include best-practice complaint-handling approaches, which, when enshrined in policy, ensure robust protections for students.

**Recommendation 1:** Allow for longer consultation timeframes in future so relevant stakeholders can meaningfully engage with the consultative process.

**Recommendation 2:** Prioritise substantive policy reforms that directly and proactively address and reduce the power imbalances students face during challenging interactions with staff to promote processes that acknowledge the difficulties students often experience when making a complaint against staff.



## Feedback on Key Changes set out in Explanatory Note

### Token Inclusion of Gender-Based Violence

Aligning terminology is necessary but not transformative. We acknowledge that replacing “complaint” with “disclosure” and “formal report” aligns with Code language. However, the policy’s procedural architecture remains largely institution focused.

The National Code mandates trauma-informed, person-centred processes (Standards 3–5). The draft Appropriate Workplace Behaviour (**AWB**) policy does not include the following requirements mandated by the National Code. These include:

- Explicitly mandate risk assessments within this policy
- Tailored support plan requirements
- Prohibiting the same staff from supporting both the discloser and respondent
- Discloser consultation before investigation escalation

This creates fragmentation and disconnects where protections are distributed across a range of documents and increases the likelihood of creating damaging circumstances for a student as staff are unable to deliver trauma-informed and person-centred support to the discloser.

We are of the view that the AWB should independently reflect trauma-informed and person-centred approaches rather than rely solely on cross-reference to other policies. This presents a risk to disclosers that staff handling their processes may not be sufficiently informed to provide a trauma-informed and person-centred escalation process.

While the policy references alignment with *Sexual Misconduct and Gender-based Violence Prevention and Response Policy (MPF1359)*, it does not independently embed trauma-informed obligations as set out in Standards 2 and 4 of the the National Code.

**Recommendation 3:** To move trauma-informed practice from being implied by cross-reference to explicit policy obligation, we recommend the following is inserted under Policy Principles:

*The University will respond to Disclosures and Formal Reports of sexual misconduct or gender-based violence in a manner that is trauma-informed and person-centred.*

*In implementing this Policy, the University must:*

- minimise the need for Disclosers to repeat their account or provide the same evidence;*
- prioritise safety and wellbeing;*
- actively consider the views of the Discloser in determining next steps; and*
- ensure that procedural fairness to Respondents is balanced with the safety and dignity of Disclosers.*



## **Misalignment with the National Code Scope**

The draft AWP does not detail the requirements set out in The Code that there be a separation of support roles for each the Discloser and the Respondent. Standard 4 requires that the same staff member not support both Discloser and Respondent.

**Recommendation 4:** We recommend the separation of support roles where the following is included in the policy:

*The University must ensure that the same staff member is not assigned to provide support to both the Discloser and the Respondent in matters involving sexual misconduct or gender-based violence.*

The draft policy does not contain the requirement set out in The National Code for explicit declarations pertaining to:

- Conflicts of interest pertaining to intimate relationships (Standard 2.2)
- Conflicts of interest pertaining to prior or potential academic or other decision-making (Standard 2.2)
- Declarations from University employees on whether they have been investigated for an allegation of Gender-based Violence or determined to have engaged in conduct that constitutes Gender-based Violence during their previous employment. (Standard 2.1)

These explicit declarations provide safety to students and staff at universities. The requirement for staff to disclose any previous investigations or findings relating to GBV aims to prevent respondents from moving to different institutions and perpetrating violence, a known issue within the tertiary sector. The requirements for employees to disclose current or previous intimate relationships with students, over whom they have decision-making responsibility, provide essential protections for research by higher-degree students who are vulnerable to being targets of gender-based violence by their supervisors due to significant power-imbalances.

**Recommendation 5:** We recommend the inclusion of a documented conflict-of-interest implementation management plan, including permanent alternative arrangements where necessary to ensure safety and integrity. Employees must declare any intimate personal relationship with a student, where the employee has, or is likely to have, academic, supervisory, employment or decision-making responsibilities in relation to that student, and whether they have been subject to previous gender-based violence investigations.



### **The Discloser and Institutional Overrides**

The draft AWB policy should include the rationale for institutional override to wishes of disclosers in relevant instances where a discloser may withdraw from pursuing a matter. Although the draft policy allows the University to proceed with processes even if a discloser withdraws (and, we acknowledge there are legitimate safety and public policy grounds for this), the criteria for overriding a discloser's wishes are not clearly articulated in this policy.

**Recommendation 6:** We recommend the inclusion of explicit thresholds for any institutional override and require a documented safety rationale.

*Where the University determines that it is necessary to proceed with an investigation despite the wishes of a Discloser, that decision must:*

- (a) *be based on a documented safety or systemic risk assessment;*
- (b) *confirm why alternative measures are insufficient; and*
- (c) *be communicated in writing to the Discloser, including reasons.*

### **Ongoing Risk Assessment**

The National Code requires ongoing risk assessment for all disclosures and formal reports (Standard 4). The AWB does not clearly embed this obligation. We are of the view that this is a substantive compliance gap within this policy and risks making any process under this policy unsafe for students.

**Recommendation 7:** We recommend that the draft policy should include ongoing risk management for all disclosures and formal reports. The policy should include the following:

*In all matters involving sexual misconduct or gender-based violence under this Policy, the University must undertake a documented risk assessment conducted by personnel with relevant expertise and must monitor identified risks on an ongoing basis.*

### **Non-Disclosure Agreements**

The National Code prohibits NDAs unless requested by the discloser. The AWB does not reference NDA limitations. Again, this is only mentioned in the *Sexual Misconduct and Gender-based Violence Prevention and Response Policy (MPF1359)*. Given sector history regarding confidentiality clauses, explicit reaffirmation is critical.



**Recommendation 8:** We recommend the following is included in the policy:

*The University must not require or propose a Non-disclosure Agreement in relation to sexual misconduct or gender-based violence unless expressly requested by the Discloser.*

*Any such agreement must not restrict the Discloser from seeking support, advice, or exercising reporting rights under law or the National Higher Education Code.*

### **Transparency and Governance**

The National Code imposes strong reporting obligations on providers. While these may sit in elsewhere institutional governance frameworks, the AWB could:

- Reference publication of de-identified data
- Affirm commitment to trend reporting
- Embed transparency principles

**Recommendation 9:** To demonstrate alignment with Standard 6 reporting obligations, the policy should include a commitment that demonstrates integration into whole-of-organisation reporting framework.

*The University will collect, monitor and report de-identified data regarding Disclosures, Formal Reports and outcomes under this Policy in accordance with its obligations under the National Higher Education Code.*

### **Timeframes and timelines**

The draft AWB policy makes no reference to any timelines and/or timeframes other than the extension to timelines to afford respondents procedural fairness. Under Standard 5 of The National Code, a provider must ensure their procedures are designed to allow formal reports to be finalised within 45 business days, including finalisation of a disciplinary process.

Although the *Sexual Misconduct and Gender-based Violence Prevention and Response Policy* (MPF1359) refers to this requirement under section 5.28 of the policy, it is important that this is also included in the AWB to ensure safe processes for students and disclosers and avoid the fragmentation of processes that can occur when rights and obligations are spread over multiple policy instruments.

**Recommendation 10:** Include reference to expected and required timelines in the draft AWP policy as stipulated in The National Code under section 5.15.



## **Investigator Expertise Clarification**

The AWB references *Sexual Misconduct and Gender-based Violence Prevention and Response Policy (MPF1359)* but does not directly codify investigator competency requirements.

Standard 3 of the National Code requires specific expertise and 3-year training cycles.

**Recommendation 11:** Training and specific expertise is an essential part of creating a safe process for disclosers. Accordingly, we propose the following amendment:

*Any person investigating under this Policy relating to sexual misconduct or gender-based violence must have relevant expertise and training consistent with the requirements of the National Higher Education Code and must have undertaken such training within the previous three years.*

## **Information given to disclosers following an investigation and disciplinary process**

The National Code outlines that disclosers have a right to written outcomes following an investigation; they also have a right to receive a written outcome detailing the outcome of a disciplinary process and the reason for that outcome (s.5.14 and 5.15). To our understanding, it is not the practice for disclosers to receive any information regarding the disciplinary outcomes following an investigation under the AWP. The right for disclosers to receive in writing information on the investigation outcome and the disciplinary outcome is not reflected in the AWB. The AWP does refer to the *Sexual Misconduct and Gender-Based Violence Prevention and Response Policy (MPF1359)* when discussing disclosures about investigation findings. However, the *Sexual Misconduct and Gender-Based Violence Prevention and Response Policy (MPF1359)* does not outline that disclosers have a right to investigation and disciplinary outcomes; it states that this should be decided on a “case-by-case basis” (5.42).

**Recommendation 12:** The University should ensure that they outline the rights of disclosers to information on investigation and disciplinary outcomes clearly in the AWP.



## **How the Policy Fails Students When They are at their Most Vulnerable**

### ***The Ever-Widening Power Imbalance***

There are further issues with the draft AWP outside of the need to ensure that the policy align with the requirements of The National Code.

For many years, the AWP has presented students with a very difficult approach to complaints that has felt one-sided and not protective of the challenges students face making complaints against members of staff.

Although the policy does caution staff to be mindful that a power imbalance may exist between a member of staff and a student, and the policy also has sections that prohibit the victimisation of students who make a complaint, the policy does not provide students with processes that reassure them that a complaint will be handled in a trauma-informed, power-sensitive and person-centred way. In essence, the policy as it currently stands (and will continue to stand) is unsafe for students who wish to raise a complaint that is not GBV related.

Processes within policy are there to demonstrate the commitment a policy provision makes in action.

For example, the policy should allow for a clear separation between academic assessment/supervision and the complaints process. If the staff member complained about holds any academic authority over the student (which may include teaching, marking or supervision), the AWB policy should require the immediate implementation of alternative supervision or marking arrangements and written confirmation to the student detailing how academic impartiality will be maintained. The fear of academic reprisal is a significant barrier to reporting. As a service, we have observed students deciding to wait to file formal complaints until they have completed their degree due to these fears of victimisation.

In addition, there is scope to automatically flag a student's matter for 6-12 months after the complaint has been finalised, monitoring for grades, research opportunities, placement allocations and supervisory arrangements. Additionally, no-reprisal notices can be issues to staff members and students should be allowed to report reprisals through a fast-track response channel.

It is these types of mechanisms that will ensure that students can have confidence in university processes where they are making a complaint against a staff member.

In the last few years, students have reported declining levels of trust in their educational institutions. The results of the Student Experience Survey 2025 attest to this, especially as it pertains to the University of Melbourne. Including proactive procedures that show non-victimisation and redress the power-imbalance in action will result in an increase in institutional trust by students facing challenging circumstances.



**Recommendation 13:** Include in the AWB policy practical measures against complainant victimisation and that redresses power imbalances such as:

- The implementation of alternative marking and supervisory arrangements
- Written confirmation to the student about how academic impartiality will be maintained, and
- Post-complaint support for the student by monitoring their grades, placement & scholarship opportunities and supervisory arrangements to ensure they are not subject to reprisals.

### **Never-ending Timeframes**

In the Good Practice Guide: Complaint Handling for Victorian Public Sector Organisations (April 2025), the Victorian Ombudsman notes that complaints get harder to manage the longer they stay unresolved. As per their advice, complaints should generally be resolved within 30 days. If the complaint is complex and requires more time, this should be properly set out in writing to the complainant. This is also supported by *the National Code*, which specifies that Formal Reports should be finalised within 45 business days, including the finalisation of the disciplinary process (s5.15).

The UMSU Advocacy Service has assisted many students to make complaints under this policy. It becomes extraordinarily difficult for students when complaints can take 6-12 months to resolve. This creates psychosocial harm to the student and many a time has an impact on their ability to properly engage with their studies.

In light of this, the AWB policy should include transparent timelines in the policy. These may include set or fixed timelines for certain aspects of the complaint process (for example, intake assessment should be done within 5 business days, or the preliminary risk assessment of a complaint should be completed within 3 business days). If timelines cannot be met, then clear communication should be provided to the student setting out a written explanation, a revised timeline and the assurance of ongoing safety measures.

This level of detail regarding timelines will communicate transparency of process to students and increase the trust that student-complainants have in their educational institution.

**Recommendation 14:** Clear timeframes for complaints processes should be set out in the AWB policy that includes information on how long certain aspects of the process will take. If timelines cannot be met, student should receive a written explanation, a revised timeline and the assurance of ongoing safety measures.