

# ALLEGED CONDUCT REPORT & RISK ASSESSMENT (ACRRA)

**WE  
LIFE WITHOUT BARRIERS  
VE**

**To be completed for clients who are Children and Young People under 18 years.**

This form must be completed in its entirety as this information is crucial to the pending investigation and is also overseen by external stakeholders such as the NSW Ombudsman.

Please ensure your Operations Manager signs the end of this document prior to submission to the Investigations & Complaints Unit at: reportable@lwb.org.au

1. DETAILS OF THE ALLEGATION/S (a summary of who did what to whom, when and where)			
Date and time of allegation:			
Location of allegation:			
Date allegation received by LWB:			
Was the alleged conduct <u>witnessed</u> or <u>suspected</u> ?	Witnessed <input type="checkbox"/>	Suspected <input type="checkbox"/>	
Please provide details of witnesses or what caused the concerns:			
Any other evidence/documents such as photos or incident reports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide.
2. REPORTING DETAILS			
<b>Name of person making allegations:</b>			
Contact address:			
Phone number:		Role/function:	
<b>Person Subject of Allegation (PSOA):</b>			
Contact address:			
Date of birth:		CIRTS ID no.:	
Phone number:		Role/function:	
Position, programme and region:			
Would an interpreter aid the investigation?	Yes <input type="checkbox"/>	Language:	No <input type="checkbox"/>
<b>Name of person recording allegations:</b>			
Contact address:			
Phone number:		Role/function:	
Who advised you of this information:			
<b>Case Manager details (if different from person recording details):</b>	Name:		
	Phone number:		
3. ALLEGED VICTIM/S INVOLVED IN THE INCIDENT (insert additional rows if required)			

# ALLEGED CONDUCT REPORT & RISK ASSESSMENT (ACRRA)

**WE  
LIFE WITHOUT BARRIERS  
VE**

Name:	Cat score:	Date of birth:	Cultural background:	Who has Case Management – LWB or FaCS?	Current location:
<b>If FaCS has Case Management, please provide the Case Managers name and details:</b>			Name:		
			Phone number:		
<b>4. DETAILS OF ANY OTHER PEOPLE IN THE HOUSEHOLD</b> (e.g. spouse, biological children and other clients)					
Name:	Relationship to PSOA:		Date of birth:		
<b>5. MANDATORY HELPLINE REPORT</b> (this is now <b>compulsory</b> for all allegations involving LWB clients)					
Has a Helpline Report been made?	Yes <input type="checkbox"/>	Date:	No <input type="checkbox"/>	If <b>NO</b> , please make one by calling 132 111	
Who made the Helpline Report?				Helpline Ref no.:	
<b>6. RISK TO ALLEGED VICTIM/S</b> (Please note this section must be completed for each Child & Young Person, however if the risks are identical for all, then it is not necessary to separate out individuals)					
Brief victim history:					
Current risks to victim:					
What strategies have been implemented to mitigate risks?					
Has a placement move been undertaken to manage risks?			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date:		
On whose authority did this occur*?					
<b>*Please note authority for removal of a client can only be given by the Area Operations Manager (AOM)</b>					
What explanation was given to the clients and PSOA for the placement change and by whom?					
Has the victim been offered support or counselling?			Yes <input type="checkbox"/> Date offered: No <input type="checkbox"/>		
If yes, describe:					
Does the victim have any medical conditions:		Physical <input type="checkbox"/> Medical <input type="checkbox"/> Behavioural <input type="checkbox"/> Other <input type="checkbox"/>			
Describe conditions in detail: (e.g. ADHD)					

# ALLEGED CONDUCT REPORT & RISK ASSESSMENT (ACRRA)

**WE  
LIFE WITHOUT BARRIERS  
VE**

<b>7. RISK TO OTHER CHILDREN/YOUNG PEOPLE</b> (Please note this section must be completed for each Child & Young Person, however if the risks are identical for all, then it is not necessary to separate out individuals)					
What are any current risks to any other children/young person:					
What strategies have been implemented to mitigate the identified risk/s:					
<b>8. RISK TO PERSON/S SUBJECT OF ALLEGATIONS (PSOA/S)</b> (Please complete for each PSOA)					
Any known vulnerability factors or current risks to PSOA? (e.g. health/stress)					
How long has the PSOA been a carer/employee?					
Is the PSOA aware of the allegations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who told them:					
What support has been offered to the PSOA?					
Has the PSOA been given information about Connecting Carers and EAP? Yes <input type="checkbox"/> Date:      No <input type="checkbox"/>					
Have the PSOA's duties been suspended or changed? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, how and on who's authority*?					
<b>*Please note authority for suspension of a carer can only be given by the Area Operations Manager (AOM) &amp; authority for suspension of a worker or employee can only be given by Director of Operations.</b>					
<b>9. RISK TO INVESTIGATION AND ORGANISATION</b>					
Is there the potential for breach of confidentiality in this investigation:					Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there the potential for media involvement in this investigation:					Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there the potential for complaints to be made to regulatory agencies as a consequence of this investigation (e.g. NSW Ombudsman, OCG, ADT)?					Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>10. RISK ASSESSMENT</b>					
Based on your analysis of the risk, the 'Harm Consequence for the Victim' rating is:					<b>* Select *</b>
Based on your analysis of the risk, the 'Likelihood of Harm Continuing' rating is:					<b>* Select *</b>
<b>RISK ASSESSMENT MATRIX</b>					
<b>CONSEQUENCE</b>	<b>LIKELIHOOD</b>				
	<b>Almost certain</b>	<b>Likely</b>	<b>Possible</b>	<b>Unlikely</b>	<b>Rare</b>
<b>Catastrophic</b>	Extreme	Extreme	High	Medium	Medium
<b>Major</b>	Extreme	High	High	Medium	Medium
<b>Moderate</b>	High	Medium	Medium	Medium	Low
<b>Minor</b>	Medium	Medium	Low	Low	Low
<b>Insignificant</b>	Medium	Low	Low	Low	Low
Based on assessing the possible consequences of the harm by the likelihood of the harm occurring in the future, the risk decision is:					<b>* Select *</b>
<b>11. INITIAL RESPONSE PLAN</b> (insert additional rows if required)					

# ALLEGED CONDUCT REPORT & RISK ASSESSMENT (ACRRA)

**WE  
LIFE WITHOUT BARRIERS  
VE**

Agreed action - tasks:	Person responsible:	Timeframe for actioning task:

## 12. NEXT STEPS

- Allegations of abuse or risk of significant harm to children/young people in OOHC placed with LWB or allegations of misconduct by an LWB employee that has potential impacts on a child/young person in OOHC need to be reported to your Line Manager who will then report to the Operations Manager.
- It is your responsibility to contact your Line Manager immediately, in person or by phone
- Email this completed form to your Operations Manager who will forward this to the Investigations & Complaints Unit within 48 hours.
- If you are unable to contact your Operations Manager within 2 hours of you becoming aware of this information, it is your responsibility to attempt to make contact with the following groups of people in descending order:
  - Area Operations Manager (AOM) for your Region
  - State Investigations & Complaints Manager, NSW & ACT
  - Director of Operations, NSW & ACT
  - National Operations Manager
  - Corporate Services Manager
  - Chief Executive Officer
- If you have any questions about completing this form please contact your OM/AOM or the State Investigations and Complaints Unit Intake Officer on 02 9508 4114.
- If you have any questions about the removal of children or suspension of a carer or worker, please contact Life Without Barriers' Senior Advisor, Legal and Risk on 02 9508 4135.

## 13. OPERATIONS MANAGER SIGNATURE

Is the PSOA already on CIRTTS as a Carer or Worker? Yes  No  If no, please do this now.

Operations Managers: please review this document and when you are satisfied that it is completed in full and the details are correct, please sign in the box below then scan and email this form to: [reportable@lwb.org.au](mailto:reportable@lwb.org.au)

<b>OM Signature:</b>		<b>Date:</b>	
----------------------	--	--------------	--