

CO-P-014 Responding to Allegations of Abuse Made by Clients of MacKillop Family Services

1. PURPOSE

MacKillop Family Services aims to provide children, young people and adults with a safe and nurturing environment that respects their cultural identity and addresses their unique educational, developmental, medical, emotional, spiritual and safety needs and connection to community and family.

Children, young people and adults have the right to be protected against all forms of neglect, cruelty, abuse and exploitation.¹ The reporting of allegations of physical, emotional or sexual abuse and neglect is therefore mandatory (see *CO-P-08 Incident Reporting and Review*).

This procedure is based on five key principles:

- The safety and well-being of the client is paramount
- The commitment to prevention and early intervention informs all service delivery
- The processes to respond to allegations of abuse must be transparent, confidential, just, timely and reflect due process
- The commitment to continuous improvement
- Our obligation to comply with state and federal legislation
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2. SCOPE

This procedure applies to all MacKillop staff, volunteers, foster carers, students on placement and sub-contractors employed by or engaged with MacKillop Family Services' Victorian services. The procedure does not apply to MacKillop services in NSW. In NSW MacKillop is required by legislation to report an allegation to the NSW Ombudsman. The *NSW-P-001 Head of Agency* reflects the NSW requirements and the *NSW-P-004 Responding to allegations of abuse and complying with Reportable Conduct obligations* outlines the steps for NSW services to take in investigating allegations.

Allegations by clients of MacKillop's founding agencies (the Christian Brothers, Sisters of Mercy and Sisters of St Joseph) are dealt with under *CO-P-09 Procedure Regarding Disclosures by Adults of Past Child Abuse within Founding Agencies*.

This procedure **does not** replace or deal with complaints about MacKillop services. MacKillop has separate guidelines that cover these situations (*CO-P-01 Client Complaints Procedure*).

This procedure integrates with the *Guidelines for responding to quality of care concerns in out-of-home care (2009)*² (hereafter referred to as the '*DHS Guidelines*'), developed by the Department of Human Services (DHS) for responding to allegations of abuse, and details the processes that must be followed when children or young people make allegations of abuse against a staff member, contractor, volunteer and/or foster carer (including home-based caregivers). It also applies to an allegation by MacKillop's adult clients of neglect or physical,

¹ See for example United Nations 'Convention on the Rights of the Child', 1989.

² <http://www.cyf.vic.gov.au/placement-support/library/publications/guidelines-responding-to-quality-of-care/guidelines-responding-quality-care-out-of-home-care-2010.pdf>

emotional or sexual abuse by a staff member, a student on placement, a volunteer or contractor.

The *DHS Guidelines* provide a comprehensive framework for DHS to work collaboratively with community service organisations (CSOs) to investigate allegations of abuse and quality of care concerns in a timely manner.

This procedure specifies the process to be undertaken where it is deemed necessary for MacKillop to undertake its own investigation into allegations of abuse – see 4.6-4.10. It covers the following circumstances:

- Allegations of abuse involving a client who is not clients of Child Protection (for example, a client of Refugee Services or Community Programs); or
- Allegations of abuse that have been investigated by DHS or another external agency but in respect of which MacKillop has made a determination to undertake its own investigation.

MacKillop staff involved in investigations are to adhere to the principles of procedural fairness and natural justice including:

- Informing the person who is the subject to the allegation (the respondent) and providing them with as much detail about the allegation and the processes as possible without prejudicing the investigation
- Providing the respondent with a reasonable opportunity to respond to the allegations raised, either in writing or otherwise and their right to a support person
- Making reasonable inquiries or investigations before making a decision about the outcome
- Conducting the investigation without undue delay
- Informing all parties, including the individual making the allegation, of the outcome of the process.

3. DEFINITIONS

Abuse	An act or omission by an individual or group that endangers a child, young person or adult's physical or emotional health and development. Abuse may be a single incident, or may take place over time. Abuse in the out-of-home care context may be perpetrated by a residential carer, lead tenant, foster carer or member of their household.
Physical abuse	Any non-accidental form of physical injury or serious physical harm caused by the application of force inflicted on a child, young person or adult. Physical abuse may include, but is not limited to, beating, shaking, burning, kicking and assault with weapons. Abuse may also include serious threatened or attempted assault that results in discomfort or pain. This may also include witnessing family violence. Physical injury and significant harm may also result from neglect. The failure of an adult to adequately ensure the safety of a child may expose the child to extremely dangerous or life-threatening situations, which may result in physical injury and significant harm. Physical assault of any type is unacceptable, regardless of the intent of the person committing the violence.
Sexual abuse	When any person uses their authority or power over an individual to engage in a sexual activity. Sexual abuse involves a wide range of sexual activity and may include fondling genitals, masturbation, oral sex, vaginal or anal penetration by finger, penis or any other object. Sexual abuse can also include behaviour that does not involve actual touching, such as forcing someone to watch pornography or masturbation, voyeurism or exhibitionism. It can also include exploitation through pornography or prostitution. Children under sixteen years of age cannot give consent to sexual activity; consent is not a defence to sexual abuse of children or young people nor to sexual activity

	with an older or adult client in the care of the alleged perpetrator and organisation. Any and all sexual contact between a staff member and client is expressly prohibited.
Neglect	A failure to provide a child, young person, or adult with an adequate standard of nutrition, medical care, clothing, environmental stimulation, shelter or supervision, to the extent that the health and development of the person is significantly impaired or placed at risk. For example, a child is neglected if left uncared for over long periods of time or abandoned. Neglect of medical care refers to a situation where a parent or caregiver's refusal to agree to a certain medical procedure may be determined to be an unacceptable deprivation of the person's basic right to life and health. Neglect may also be constituted by a lack of genuine interest in or care for the client.
Quality of care	<p>The point at which a poor quality of care concern moves from one that can be dealt with as a part of the usual support and supervision function, to one that requires an incident report (and potential investigation as a quality of care matter) depends on the extent and nature of the impact on the child or young person. Some examples of situations which would amount to a quality of care concern may include (but are not limited to):</p> <ul style="list-style-type: none"> · concerns, especially ongoing or repeated concerns, about hygiene in the caregiver's home (including foster care, kinship care, permanent care and residential care); quality of diet provided to the child or young person; inappropriate clothing; poor levels of supervision; or inappropriate behaviour management · the methods used to discipline a child (that have already been determined not to be abuse or neglect) · where it is alleged that the caregiver or member of their household has engaged in criminal behaviour · inappropriate behaviour by caregivers, such as not cooperating with reasonable access arrangements; making derogatory comments about the child or their family; not accepting reasonable visits from the CSO worker; or treating a child in placement in a persistently negative, discouraging or discriminatory manner, for example providing them with a lower standard of care than the caregiver's birth children.
Substantiated	On the balance of probabilities it is determined that the abuse did occur.
Unsubstantiated	On the balance of probabilities it is determined that the abuse did not occur.
Incapable of determination	There is insufficient evidence to make a judgement about whether or not the alleged abuse occurred.
Principal Practitioner	The MacKillop Principal Practitioner is a therapeutic specialist responsible for providing specialist advice and support across MacKillop Programs and Services.
Investigation Planning Group (IPG)	Generally comprising the Child Protection Unit Manager, the Quality of Care Coordinator and the relevant MacKillop Manager as specified in the <i>Guidelines for responding to quality of care concerns in out-of-home care</i> (2009). The IPG is responsible for screening all concerns of possible physical and sexual abuse, neglect and other quality of care concerns and determining the most appropriate response.
General Manager	The MacKillop staff member to whom the Manager reports.
Staff	All persons engaged by the agency on a full-time/part time/casual/ contracted basis.
Student	All persons who are on placement at MacKillop as part of their study requirements.

Volunteer	Approved volunteers, including foster and other carers, and members of the carer's household, who undertake volunteer work for MacKillop.
Central Investigation File	The central record of all investigations into allegation of abuse and quality of care concerns. This file is maintained by the Office of the CEO.
Investigation database	The central database of all investigation into allegation of abuse.

4. PROCEDURES

All Allegations

4.1. Immediate Response to an Allegation of Abuse

- 4.1.1 The staff member, carer or volunteer who first receives or becomes aware of an allegation of abuse must take it seriously, listen carefully and record the information.
- 4.1.2 The staff member, foster carer or volunteer will explain to the individual making the allegation that she/he will do their best to help, and that they need to tell others (only those necessary) in order to ensure their safety.
- 4.1.3 Any allegation, belief or suspicion of abuse (past or present) must be reported **immediately** to the Manager. If the Manager is unavailable, direct contact is to be made with the relevant General Manager, the Director of Operations, Director Human Resources or CEO.
- 4.1.4 The allegation must then be recorded according to the Incident Reporting procedures (*CO-P-08 Incident Reporting and Review*). If the allegation relates to a past client, but involves a current staff member, foster carer or volunteer the same procedure is to be followed.
- 4.1.5 The Manager is generally responsible for notifying the General Manager, Director of Operations and the Director of Human Resources (and/or the Deputy CEO where the staff member reports through this management line) but where this is not possible, the priority is that these officers are notified as soon as possible irrespective as to by whom.

4.2 Protecting the client and managing staff (as soon as possible within 24 hours)

- 4.2.1 Once an allegation has been made there should be an immediate response directed by the Manager that assesses the level of risk and protects the child from further potential abuse or victimisation. Where possible the child/young person should remain in their place of residence or relevant program and the alleged perpetrator removed. Exceptions might include the situation where the child/young person is deemed to be at risk of victimisation by peers as a result of the allegations or because the alleged abuse has occurred in home based care and the alleged perpetrator cannot be practicably removed.
- 4.2.2 The General Manager, in consultation with the Manager, Director Operations and Director Human Resources (and where relevant the Deputy CEO) will determine if the person subject to the allegation is to be stood down or otherwise distanced from the individual making the allegation. Stand down is mandatory where there is an allegation of sexual or physical assault. However, in some circumstances where the allegations are of a less serious nature, the General Manager (in consultation with Director Operations and Director Human Resources) may decide that the appropriate response is for:
 - The staff/volunteer/foster carer/student to have no contact with the client until the completion of the investigation; or
 - Allocation of another caseworker to the client; or

- Redeployment to another program or team (e.g. reassignment to another residential house or to office based non-client contact work).
- 4.2.3 When a staff member is to be stood down, the Manager is to verbally inform the staff member of the stand down. A letter confirming the stand down should be provided to the staff member by the Director of Human Resources, within 48 hours of the verbal advice.
- 4.2.4 Permanent staff who are stood down continue to receive full pay while the investigation is undertaken.
- 4.2.5 During this stage, the person subject to the allegations is entitled to know that an allegation has been made and the process to be adopted to respond to the allegation. The person subject to the allegations is not entitled to know the identity of the client making the allegation, the detailed content of the allegation, or information from witnesses. This is particularly important if police are involved.
- 4.2.6 The Manager is to inform the staff member of the support available through the Employee Assistance Program (EAP).
- 4.2.7.1 It is the responsibility of the Director of Human Resources and the relevant Manager (or nominee) to keep the staff member informed of progress on the investigation.
- 4.2.7.2 It is the responsibility of the relevant General Manager to ensure the carer or other volunteer is informed of progress on the investigation. The General Manager may delegate this task but it is not to be performed by the Manager who is part of the investigation.
- 4.2.8 The Manager is responsible for notifying the Director of Policy and Quality of the incident. This will normally involve forwarding a copy of the relevant incident report.

4.3 Report to Child Protection and/or Police

- 4.3.1 All concerns about possible physical or sexual abuse, neglect or poor quality of care of a child or young person in home-based care that would meet the threshold for the requirement to complete an incident report as per the DHS *Critical Client Incident Management Instruction (technical update, 2014)* must be verbally reported as soon as possible to the Child Protection (or equivalent) Unit Manager for initial screening to determine the exact nature of the concern and the most appropriate response.
- 4.3.2 Under the DHS *Critical Client Incident Management Instruction (technical update, 2014)*, MacKillop staff are required to report to police alleged criminal acts that occur during service delivery. In addition, the *Crimes Amendment (Protection of Children) Act 2014* means that MacKillop staff are required to report to police all incidents involving a sexual offence against a child, regardless of whether the offence occurred during service delivery regardless of whether or not the child is a client of MacKillop.
- 4.3.3 The DHS *Instruction on Responding to Allegations of Physical or Sexual Assault (technical update, 2014)* (RAPSA) supplements the *Critical Client Incident Management Instruction* by providing additional instructions where the incident involves physical or sexual assault. Under the RAPSA, there is a mandatory requirement to report sexual assaults against certain clients to police. This includes assaults where the client is a statutory child protection client, resides in out-of-home care, or is in receipt of a funded disability service.
- 4.3.4 The Manager will make phone contact with the appropriate DHS Child

Protection worker and the relevant DHS quality of care coordinator prior to the written Incident Report being forwarded.

- 4.3.5 If the child or young person in out-of-home care is Aboriginal, the Aboriginal Child Specialist Advice and Support Service (ACSASS) must be consulted.
- 4.3.6 If the child is under three years of age, a specialist infant protective worker should be consulted.
- 4.3.7 The Manager in consultation with the General Manager and the Principal Practitioner will decide if immediate assessments, for example, medical or other assessments, are to be conducted.

4.4 Inform the family of a client

- 4.4.1 It is the responsibility of the Manager (or nominated delegate) to inform the family of a client of the allegation, and action taken to date (where this is not communicated by Child Protection).

4.5 Disability Worker Exclusion Scheme

- 4.5.1 The Disability Worker Exclusion Scheme provides a mechanism to collect, store and use information about people who are unsuitable to work with clients in disability services. The scheme applies to disability residential services.
- 4.5.2 MacKillop is required to notify the Disability Worker Exclusion Scheme Unit in the Department of Human Services if a staff member or volunteer meets the following criteria:
 - a) Where a person has been found guilty of any criminal offence, regardless of whether they are imprisoned, which:
 - i. involves bodily harm
 - ii. involves violence or threats of violence
 - iii. is of a sexual nature
 - iv. involves dishonesty
 - v. involves neglect of a person in their care.
 - b) Where a person's employment has previously been terminated for conduct which includes abusing a client, sexual misconduct with a client or otherwise placing a client at risk of serious harm, including where such conduct occurred in an area outside disability services, for example in a school or a nursing home, regardless of whether there was a criminal prosecution.
 - c) Where a person has been the subject of a workplace investigation because of an allegation relating to conduct falling within paragraphs 2(a) or 2(b) above, but has resigned before that investigation has been concluded.
 - d) Where there are reasonable grounds to consider that the engagement of the person in a direct support role would represent a risk to the health, safety or welfare of a client, which may include circumstances such as where a person has been found guilty of an offence that does not fall within paragraph 2(a).
- 4.5.3 A person only needs to fall within one of the above criteria to be considered for placement on the list. Notification should also be made if:

- a) Staff become aware that a current or former worker in a residential service has engaged in conduct that falls within the above criteria.
- b) An investigation is commenced into a worker for conduct, which, if proven, may fall within the criteria.
- c) An investigation that relates to matters which, if proven, may fall within the criteria, has been concluded, or a worker in a residential service has resigned before such an investigation has been concluded.

4.5.4 A person only needs to fall within one of the above criteria to be considered for placement on the list. Falling within one of the above criteria means that a person will be considered for placement on the list but does not mean that the person will be automatically placed on the list. While MacKillop is responsible for notifying the Disability Worker Exclusion Scheme Unit, the decision to place an individual on the list resides with the Disability Worker Exclusion Scheme Unit.

4.5.5 If staff become aware of such conduct they must report it to their Manager immediately.

4.5.6 Staff unsure if conduct constitutes a notifiable matter should consult their Manager immediately.

4.5.7 Notifications to the unit are to be made using the Disability Worker Exclusion Scheme Notification Form, which is located at www.dhs.vic.gov.au/disability-worker-exclusion-scheme.

4.5.8 The Manager responsible for the disability residential services is responsible completing and submitting the Disability Worker Exclusion Scheme Notification Form and for advising a person in writing that they have been the subject of a notification to the Disability Worker Exclusion Scheme Unit. A standard letter explaining the scheme and the notification to the unit is located at the internet address above.

4.5.9 The Manager must notify the Director of Human Resources, the General Manager of Community Programs and the Director of Operations of all matters referred to the Disability Worker Exclusion Scheme Unit.

4.5.10 Further advice on the scheme is available in DHS *Disability Worker Exclusion Scheme Management Instruction (2014)*.

Allegations of Abuse in Victorian Out-of-Home Care Services

4.6 Investigating Allegations of Abuse in Victorian Out-of-Home Care Services³

4.6.1 The steps involved in responding to allegations of abuse are outlined in the DHS Guidelines. This process is not replicated in this MacKillop procedure. The full procedure to be followed is outlined in the DHS Guidelines and it is essential that relevant MacKillop staff familiarise themselves with these guidelines. MacKillop staff are required to cooperate fully with this process. The following procedures (4.5.2 – 4.5.11) apply over and above the procedures outlined in the DHS Guidelines.

³ *Allegations which involve clients who are not receiving child protection services in Victoria will not be investigated by DHS and must be handled by MacKillop through the process outlined at 4.6 - 4.10.*
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- 4.6.2 The relevant Manager (or case manager, if appropriately trained) is to be involved in investigations in their area and be a member of the IPG. However, in those cases where either the Manager or the General Manager can discern that there would be a clear conflict of interest due to the closeness of a working relationship or other factor, it would be appropriate for the General Manager to nominate another Manager to be part of the IPG. For more information on conflicts of interest refer to DHS Guidelines – section 6.1.4.
- 4.6.3 Prior to the first IPG screening meeting, the Manager is to liaise with the relevant General Manager to discuss the factors of the investigation, including the staff member or carer's past history of any allegations. This information should be obtained from the staff member or carer's file.
- 4.6.4 The Manager and the General Manager will determine if an investigation or formal care review is warranted (prior to the IPG meeting).
- 4.6.5 The Manager must inform the General Manager of the outcome of the IPG screening, the General Manager in turn informing the Director of Operations.
- 4.6.6 The General Manager in consultation with the Manager will determine what action is required. If the IPG decision is not to conduct an investigation or a formal care review, but the General Manager believes that the matter should be investigated, it should raise these concerns with DHS. If DHS still does not agree to conduct an investigation (or formal care review), MacKillop may determine to conduct its own investigation (see 4.6 – 4.10 for the procedures for conducting an internal investigation).
- 4.6.7 It is the Manager's responsibility to keep the carer, staff member or volunteer informed of the IPG investigation.
- 4.6.8 Once MacKillop has received advice regarding the outcome of the investigation or formal care review, it must determine the most appropriate course of action. MacKillop holds sole responsibility for any decisions regarding the caring/employment status of the carer or staff member. A recommendation to the CEO regarding the most appropriate course of action is to be developed jointly by the Manager, the relevant General Manager, the Director Operations and the Director Human Resources (and the Deputy CEO where applicable) within 5 working days. The CEO will consider the recommendation and make a determination within 3 working days.
- 4.6.9 The General Manager is to inform the carer or staff member of the outcome of an investigation. This must be in writing (see template letter at Appendix L.4 of DHS Guidelines). The carer or staff member can seek a review of a substantiation decision. This must be put in writing to DHS within 20 working days.
- 4.6.10 The Manager is responsible for advising the relevant DHS Quality of Care Coordinator of the action to be taken, in writing, for the purposes of completion of the investigation process.
- 4.6.11 In circumstances where there is a disagreement between DHS and MacKillop regarding a decision or recommendation made during a process of responding to quality of care concerns, the following shall apply:
- The dispute must first be referred to the relevant Child Protection manager, the placement and support manager and a more senior manager within MacKillop for resolution.
 - If the dispute is still unable to be resolved, it must be referred to the Director Child Protection and MacKillop's Director Human Resources, the Director of Operations or the CEO.

Internal Investigations

4.7 Initiating an internal investigation into allegations of abuse

- 4.7.1 The relevant General Manager is responsible for initiating an internal investigation.
- 4.7.1 An internal investigation into allegations of abuse will be initiated if one or more of the following is the case:
- No external investigation process is mandated
 - The external process (including but not limited to the IPG process) makes a determination not to proceed with a formal investigation, but the General Manager (in consultation with the Manager, Director of Operations and Director of Human Resources and, where applicable, Deputy CEO) deems it necessary
 - The General Manager, Director Operations and/or CEO is not satisfied that the external investigation has adequately taken into account all of the factors, including the past history of the carer or worker
 - MacKillop staff have not been adequately involved in the investigation, for example, if staff were not involved in the interviews or in the unlikely event that MacKillop representatives did not attend IPG meetings
 - The relevant General Manager, Director Operations, Deputy CEO or and/or CEO make a determination that the external investigation was manifestly inadequate.

4.8 Internal investigation into allegations of abuse

- 4.8.1 Following the decision to conduct an internal investigation into allegation of abuse, the General Manager in conjunction with the Director of Operations will appoint an Investigation Panel to determine if misconduct has occurred, taking into account a range of factors, and if so, what disciplinary action should be taken in accordance with *HR-P-017 Managing Unsatisfactory Performance, Misconduct and Serious Misconduct*. The Investigation Panel will consider and determine:
- Risks and measures taken to protect clients
 - Police or Child Protection involvement (noting that an Investigation Panel can meet but cannot make a decision until the Police have completed its investigation)
 - Lines of communication between relevant parties
 - The investigation process
 - Support to clients and workers subject to or impacted by the allegations
- 4.8.2 The Investigation Panel is to comprise the Manager, the relevant General Manager and the Director of Human Resources or their delegate.
- 4.8.3 The Investigation Panel is to meet:
- within two working days of the incident in circumstances where no external investigation process is mandated; or
 - as soon as practicable but not later than 5 working days following the decision to initiate an internal investigation.

4.8.4 The following roles and responsibilities apply to the Investigation Panel:

Manager

- Ensure that the family of the client has been notified

- Arrange (and attend) interviews with client⁴
- Write up notes of interviews
- Liaise with the person subject to the allegation (where relevant) during and at the conclusion of the investigation
- Present evidence (e.g. interview notes and other relevant material) to the Investigation Panel
- Ensure the client and other relevant parties are notified of the outcomes of the investigation
- Ensure the relevant records relating to the investigation are placed on the staff, foster carer or volunteer (including students on placement) file. This includes forwarding material to the Director of Human Resources to place on the staff file.

General Manager

- Chair the Investigation Panel
- Make decisions (in consultation with Manager) regarding whether an internal investigation should be conducted in cases where an IPG has convened and has made a determination not to proceed with a formal investigation
- Provide briefings to the Director of Operations / Deputy CEO and the CEO.

Director of Human Services (or delegate)

- Inform staff member in writing if they have been stood down (if relevant)
- Liaise with the staff member during and following the investigation
- Arrange interviews with the staff member or other relevant parties
- Ensure that any disciplinary action is implemented in consultation with the relevant General Manager/Manager
- Ensure all other appropriate employment matters are dealt with.

4.8.5 The internal investigation is to be finalised as far as practicable within 28 days of being initiated

4.9. Conduct interviews

4.9.1 Where the police or DHS has interviewed the client, the Manager should request a copy of the interview notes and avoid re-interviewing the client. Otherwise, the interview should be conducted by the Manager (or authorised delegate) and another staff member known to the client, preferably the person to whom the allegation was made, or the case manager.

4.9.2 Questions should be prepared in advance and the interview should be of a standard that would meet the scrutiny of a court examination. The interview should begin with:

- Introduction of interviewers and a brief description of investigation process, extent of confidentiality and purpose the information will be used for
- The interviewers' understanding of the allegation and clarification of its accuracy
- An invitation to give a fuller account to assist investigation.

4.9.3 Full notes should be taken of everything said in the interview and the typed notes provided to the Investigation Panel within 48 hours of the interview.

⁴ If an external investigation (such as an IPG) has been conducted, it may not be necessary to conduct interviews as these have already occurred.

- 4.9.4 The Manager (or authorised delegate) and another staff member will interview the person who is subject to the allegations and other relevant parties (e.g. staff members and clients).
- 4.9.5 The person subject to the allegation is entitled to bring a support person who may be a union representative to the interview. The interview should begin with:
- Introduction of interviewers and a brief description of investigation process extent of confidentiality and purpose the information will be used for
 - Accurate account of the allegation including the identity of the client
 - An invitation to respond in full to the allegation.
- 4.9.6 Full notes should be taken of everything said in the interview and the typed notes are to be provided to the Investigation Panel within 48 hours of the interview.
- 4.9.7 The interviews are to be conducted in as manner and location that protects the privacy of staff and clients.
- 4.9.8 Other staff or clients, or other witnesses, may be interviewed as part of the investigation and will be reminded of the requirement to adhere to strict confidentiality.

4.10. Making a determination

- 4.10.1 Following an assessment of the available evidence the Investigation Panel is to make a determination whether on the balance of probabilities the allegation is substantiated, not substantiated or incapable of determination, and more broadly, whether misconduct has occurred.
- 4.10.2 In circumstances where the Investigation Panel for an internal investigation is unable to reach a consensus on the determination, the matter will be referred to the CEO via the Director of Operations / Deputy CEO.
- 4.10.3 Following the determination, the Investigation Panel for an internal investigation will compile a formal report outlining the decision of the Investigation Panel, the associated recommendations (including an Action Plan outlining what actions should be taken to support the client, prevent recurrence of the behaviours of concern and the timelines and the persons responsible for monitoring the implementation) to the CEO. The report is to be accompanied by all available documentation including the Incident Report (where applicable) and records of interviews. It is the responsibility of the Chair of the Investigation Panel to ensure this occurs within 28 working days of the Investigation Panel being initiated.

4.11 Endorsement of the CEO

- 4.11.1 Following an assessment of the final report, the CEO will resolve whether to endorse or not endorse the determination and recommendations of the Panel and communicate this decision and the rationale to the Chair of the Investigation Panel.

All investigations

4.12 Communicating the outcomes and monitoring the implementation of the Action Plan

- 4.12.1 A copy of the finalised Investigation Panel report is to be placed on the staff file. The General Manager is responsible for forwarding a copy of the finalised investigation report to the Director Human Resources.
- 4.12.2 A copy of the final report is also to be provided by the General Manager to the Director of Policy and Quality to allow for the updating of the Investigation Database.
- 4.12.3 The General Manager is responsible for ensuring the relevant external authorities are notified of the outcome of an investigation into allegations of abuse (e.g. Disability Services Commissioner).
- 4.12.4 The responsibility for communicating the outcomes of the investigation to the staff member, foster carer, volunteers or student on placement resides with the General Manager. The outcome is to be communicated in writing. If appropriate the outcome should also be communicated verbally. The General Manager may delegate the written or verbal communication to the relevant Manager.
- 4.12.5 The responsibility for communicating the outcomes of the investigation to child, young person, adult making and their family resides with the General Manager. The outcome is to be communicated in writing. If appropriate the outcome should also be communicated verbally. The General Manager may delegate the written or verbal communication to the relevant Manager.
- 4.12.6 A summary of the findings of the investigation report may be provided to the person subject of the investigation on request, however the full report will not be provided.
- 4.12.7 The responsibility for monitoring the implementation of actions arising from an investigation report resides with the relevant General Manager.

4.13 Appeals and disputes

- 4.13.1 Appeals or disputes regarding the outcomes of an investigation are to be resolved using the relevant complaint or grievance procedures (*HR-P-018 Grievance and Formal Complaints Resolution Procedure (Employees)*, *CO-P-01 Client Complaints Procedure*, *CO-P-02 Volunteer and Foster Carer Complaints Procedure*).

4.14 The Maintenance of the Central Investigation File and the Investigation Database

- 4.14.1 A Central Investigation Database of Quality of Care (QoC) incidents is maintained by the CEO/delegate. Incident and investigation details are forwarded to Director Policy and Quality for entry to the database and confirmation that required procedures have been followed.

4.15.1 Reporting on Investigations into Allegation of Abuse

- 4.15.1 The MacKillop Executive will receive a report (no less than quarterly) on the number and outcomes of investigations into allegations of abuse. Other related data will be reported as required.

- 4.15.2 The MacKillop Board, via the Quality and Research Committee will receive a regular report on the number and outcome of any/all investigations into allegations of abuse.