CONGREGATION OF THE SISTERS OF NAZARETH

AUSTRALASIAN RISK MANAGEMENT STRATEGY

"Everything we do as a Congregation

comes from the heart of who we are".

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1. Introduction

The Congregation of the Sisters of Nazareth (CSN) in partnership with Nazareth Care (NC) is committed to providing a safe environment that minimises the potential of abuse or harm to children and adults at risk. Together with the Safeguarding Commitment Statement, Safeguarding Policy, Code of Conduct and Complaint-Handling Policy the Risk Management Strategy supports the practical implementation of this commitment. It is approved and endorsed by the Regional Superior.

The Risk Management Strategy complies with the National Catholic Safeguarding Standards (Australia) and the Standards for Creating and Maintaining a Safeguarding Culture (New Zealand) which outline requirements for Catholic entities in Australia and New Zealand to promote the safety of children and adults at risk through implementing policies and activities to prevent, respond to and report concerns regarding abuse and harm.[i] It also reflects relevant safeguarding legislation in Victoria, New South Wales, Queensland, Western Australia and New Zealand.

The Risk Management Strategy will be published on the CSN & NC website together with the related safeguarding policies noted above plus the NC intranet.

2. Purpose and Scope

The purpose of the Risk Management Strategy is to document the strategic approach taken by the CSN in partnership with NC to identify and minimise risks to the safety of children and adults at risk (see section 4 of the Safeguarding Policy for the definition of both cohorts). It includes practical tools to help personnel implement these approaches:

- Appendix A: interview questions
- Appendix B: referee questions and checklist
- Appendix C: pre-employment screening checklist and forms
- Appendix D: safety hazard checklist & risk management
- Appendix E: risk assessment and management template
- Appendix F: making a complaint
- Appendix G: comments & complaints feedback
- Appendix H: initial risk management checklist

The Risk Management Strategy applies to all personnel of the Congregation of the Sisters of Nazareth (CSN) in collaboration with Nazareth Care (NC) who provide services to children and adults at risk. Keeping in mind the role of Governance & Workplace Health and Safety (WH&S). It covers all aspects of service by the CSN/NC in any location (including physical

[i] The Standards are based on the child safe standards recommended by the Royal Commission into Institutional Responses to Child Sexual Abuse but include additional 'core components.'

premises under the CSN/NC, control and/or management such as buildings, structures, open spaces, grounds, homes of religious and clergy, and arrangements for live-in carers/caretakers, as well as the online environment.

NOTE: Nothing that is written in these procedures prevents any clergy, religious, aspirant, candidate, paid employee, volunteer or any other person from taking immediate action to notify Police and/or the relevant child protection agency (for children under 18 years), https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/child-protection Australia

Worried about a child? Tell us | Oranga Tamariki — Ministry for Children New Zealand

particularly if he/she believes that it is essential to act to ensure a vulnerable person's safety.

3. Roles and Responsibilities

The Regional Superior has overall responsibility for identifying and minimising risks to the safety of children and adults at risk who have contact with CSN/NC through implementing and monitoring the Risk Management Strategy. She is supported to meet this responsibility by the person appointed as the Safeguarding Coordinator, Regional Council, plus the General Manager – Compliance & Risk Nazareth Care & Manager of People and Culture Nazareth Care.

CSN Safeguarding Committee and the NC Systems Improvement Committee supply feedback and recommendations regarding risks. The Nazareth Care Board/Governing Body oversee that the entity assesses and manage the risks as part of the risk management plan or strategy.

All personnel CSN/NC share day-to-day responsibility for identifying and minimising risks to the safety of children and adults at risk by observing and complying with the Risk Management Strategy.

As part of their initial safeguarding induction and refresher training, personnel will be familiarised with the Risk Management Strategy and supported to understand and fulfil their safeguarding responsibilities.

4. Strategies for Identifying and Managing Risks

The following strategies will be implemented by CSN and NC to identify and manage risks.

4.1 Recruiting safe and suitable people

The CSN and NC will implement the following practices to support the recruitment of people who are safe and suitable to have contact with children and adults at risk:

4.1.1 Job advertisements, role descriptions and requests for volunteers will contain the following statement:

'Nazareth Care is predominantly an aged care provider and aims to ensure that its employees are qualified and equipped to work under the Aged Care Standards, NDIS, and National Catholic Safeguarding Standards'.

4.1.2 Applicants for all roles, including volunteers,[ii] will be required during interview to demonstrate an understanding of safeguarding/elder abuse and commitment to safeguarding principles and culturally safe practices that reflects their expected level of contact with children and/or adults at risk. **Appendix A** Interview questions.

4.1.3 Applicants for all roles, including volunteers, will be required to disclose whether they have been the subject of any criminal or disciplinary proceedings.

4.1.4 At least two recent verbal referee checks will be directly obtained and documented for all applicants, including volunteers. Referees may be former or current employers (paid or volunteer). Referees will be asked specific questions about the person's suitability to have contact with children and adults at risk, including (but not limited to) whether they have been the subject of previous disciplinary proceedings. The identity of referees will be verified with the referee, where possible by telephone. **Appendix B** Referee questions and checklist.

4.1.5 Pre-employment screening checks will be completed and documented. Any person in a role required by legislation to have a current Working with Children Check, NDIS Worker Screening Check and/or Working with Vulnerable People check will have their clearance verified prior to being permitted to have contact with children or adults at risk.[iii] A current National Police Check/National Police Certificate will also be conducted, and the outcome assessed before any person is permitted to have contact with children or adults at risk. **Appendix C** Pre-employment screening checklist.

4.1.6 Selection and screening procedures for overseas religious will as far as practicable be the same as those for Australian personnel. The Congregation of the Sisters of Nazareth will obtain background checks from the relevant country and overseas Church Authority.

4.1.7 Additional robust screening of candidates for their suitability to have contact with children and/or adults at risk will take place before and during religious formation and before final vows. This will include external psychological and psychosexual assessments.

4.1.8 The Congregation of the Sisters of Nazareth will securely record and store all recruitment information, including disclosures of criminal history/disciplinary

[ii] In this section, 'volunteer' means any individual who provides an unpaid service to CSN and NC on a more than occasional basis. It does not include individuals who are involved as volunteers in one-off events or are supervised at all times by another appropriately screened adult.

[iii] A person is generally permitted to work with children if they have applied for a clearance, however, you must ensure that the outcome of the application is checked and that their work with children is more closely supervised until the clearance has been given. You need to be clear on any restrictions on individuals working with children while an application is pending in your jurisdiction.

proceedings, references and pre-employment screening checks (see also section 9). The Safeguarding Coordinator, CSN and designated NC personnel, Reception Administrator will monitor the status of Working with Children Checks, NDIS and any other background checks for all personnel to ensure they remain current.

4.1.9 All personnel are required to sign an acknowledgement before commencing employment then follow their agreement to comply with CSN or NC Code of Conduct. The Code of Conduct clearly outlines conduct, including conduct towards children and adults at risk, that is not acceptable. Breaching the Code of Conduct may constitute misconduct and result in disciplinary proceedings up to and including dismissal (with or without notice) and possible criminal proceedings. In addition, religious clerics, religious brothers, and sisters may be removed from ministry and be dispensed from his or her vows as applicable. This may impact on the individual's ability to work with children and/or adults at risk in the future.

NOTE: Prior to contracting a third party to deliver services to children or adults at risk, the CSN or NC will confirm the third party has appropriate recruitment and training policies and practices in place to safeguard children and adults at risk. See also section 5.

5. Supporting our People to Safeguard Children and Adults at Risk

The CSN and NC recognises that our people play a critical role in keeping children and adults at risk safe. We support them to fulfil this role in the following ways.

5.1. Providing initial and refresher safeguarding training to all personnel. The training will equip personnel with information and skills to understand and fulfil their safeguarding responsibilities, including preventing, identifying, and reporting concerns about safety to children and adults at risk. At a minimum, the training will cover the areas outlined in section 7 of the Safeguarding Policy. Refresher safeguarding training will be provided to personnel.

5.2. Maintaining up-to-date participation records to ensure personnel complete induction and refresher safeguarding training as required.

5.3. Ensuring that leaders and members of religious institutes in active full-time ministry will be offered and expected both to access ongoing professional development plus appraisals. At a minimum, they will participate in not less than 6 hours of professional/pastoral supervision per year. Those not in full-time ministry participate in 6 hours of reflective practice activities each year.

5.4. Professional supervision for personnel will include attention to safeguarding of children and adults at risk, with specific consideration to the appropriate management of power imbalances in relationships.

5.5. Ensuring that members of religious institutes recruited from overseas will be supported with a suitable mentor for at least their first two years in Australia.

5.6. Candidates for the religious life (both before and during formation prior as well as during times of initial formation prior to professions of vows) will be screened for their suitability to engage in work that involves contact with children and adults at risk. Screening will include external psychological and psychosexual assessments. Check 4.1.7

5.7. Where a candidate does not continue through to profession of vows, the CSN will draw on broad-ranging professional advice in complying with a positive duty to disclose relevant information to other Church Authorities if required.

5.8. Initial formation programs will include appropriate curriculum throughout the formation program to build candidates' safeguarding knowledge and skills, including pastoral responses to victims/survivors of sexual abuse. Attitudes and behaviours involving the abuse of powers will be explicitly addressed.

5.9. Newly professed religious will be supported with a suitable mentor for at least five years or more up to final profession.

6. Creating and Maintaining Safe Environments

The CSN and NC will strive to maintain safe environments for all people, particularly children and adults at risk, through implementing the following practices:

6.1 We will communicate with the CSN community and NC about our approach to safeguarding and how people can raise concerns about the safety of children or adults at risk.

6.2 Adults at risk (or their families/carers, where appropriate) will be:

- made aware of the roles and responsibilities of personnel providing services to them
- provided with accessible information in appropriate formats about their right to be safe and how to speak up about problems or concerns
- consulted about what makes them feel safe and about decisions that affect them
- where appropriate, provided with accessible information about safe and respectful relationships
- where appropriate, referred to other organisations/services for specialist advice or support.

6.3 Physical premises or environments under our control and/or management (including buildings, structures, open spaces, grounds, homes of religious, and arrangements for live-in carers/caretakers) will be assessed and regularly monitored for safety hazards to

minimise the risk of injury or harm to any person, particularly young children, people with physical disability and frail older people. Where potential hazards are identified, the designated personnel are responsible for ensuring they are documented and promptly mitigated. Appropriate risk management strategies will be put in place during any interim period. **Appendix D** Safety Hazard Checklist & Risk Management.

6.4 One-to-one interactions between an adult and a child will not take place, whether on CSN/NC premises or elsewhere, unless in an open or visible space, or within the clear line of sight of another adult, unless express permission has been provided. This includes ministries and/or services such as counselling, one-to-one tuition, the sacrament of reconciliation, coaching, spiritual direction, and mentoring.[iv] A similar approach will generally be taken with an adult at risk; however, this will depend on the individual's circumstances, preferences and right to privacy. Prudent judgement will be exercised on a case-by-case basis, having regard to any issues of diminished capacity.

6.5 When CSN or NC becomes aware that a person (other than personnel) attending or residing in any of its services or activities poses an unacceptable risk to others (e.g. those with a serious criminal conviction resulting in parole conditions, domestic and family violence orders) the risks posed by the person's ongoing involvement in the service or activity will be appropriately managed. The designated personnel are responsible for decision-making in relation to any person who poses an unacceptable risk to others. Advice should be sought from Police in this regard as appropriate on a case-by-case basis.

6.6 Personnel will use appropriate, and safe online applications to minimise online risks to the safety of children and adults. Electronic devices will be appropriately secured to prevent unauthorised access; usage may be monitored to ensure compliance with the Code of Conduct. Where appropriate in the context of programmes, services or activities we provided, the CSN and NC will provide adults with safe online applications to learn, communicate and seek help.

6.7 Personnel must report any incident that raises concern for the safety of a child or adult at risk to the designated personnel as soon as practical. A safety concern reporting flowchart is provided at **Appendix E**. Risk Assessment and Management Template. If it concerns, CSN or NC personnel the procedure in No.5 Complaint-Handling Policy will be followed. A safety concern reporting **Appendix F**. Making a Complaint. The Australian and New Zealand process.

6.8 Where relevant in addition to the above, CSN or NC will comply with all legislative and statutory requirements associated with the provision of relevant services e.g.

[iv] Where the sacrament of reconciliation is celebrated using the first form of the Rite of Penance, that is, the Rite for Reconciliation Individual Penitents, this may occur in a chapel or other space within a church that is set apart for this purpose, but physical contact between the cleric and penitent is not permitted.

Residential, disability, respite, personal care, or other services for adults at risk, or through the procedure in No.5 Complaint-Handling Policy will be followed or **Vos Estis Lux Mundi reporting processes for SEXUAL ABUSE re clerics & religious.**

7. Planning Specific Programs, Activities, and Events

In addition to maintaining safe environments through the steps outlined in section 3, CSN/NC will take a structured approach to risk management for specific programs, activities and events, whether on or off premises (including overseas). Using the template provided in **Appendix E**, Risk Assessment and Management Template. The designated personnel will ensure that a risk assessment and management plan is completed for each program, activity or event where it is anticipated that children and/or adults at risk may be present.

The plan will include (but not be limited to) consideration of the following:

- the nature of physical spaces and physical safety hazards
- privacy (e.g. Toilets, change rooms)
- health/medical needs of participants
- supervision arrangements
- child-to-child interactions; adult-to-child interactions and adult-to-adult interactions
- access and transport arrangements
- access to electronic equipment and on-line environments
- use of cameras/audio-recorders/video-recorders
- needs of adults with diminished capacity

The plan will consider the ability for adults to make informed choices while also having regard to the needs of adults with diminished capacity. Adults with heightened vulnerability will be consulted about their safety needs and their views will be considered. Where appropriate, families/carers will also be encouraged to participate in safety planning for adults at risk.

8. Handling Disclosures and Complaints

The CSN and NC have a robust process for receiving, recording, managing, resolving, and monitoring complaints, including disclosures or allegations of current or historical abuse towards children or adults. These processes are documented in the Complaint-Handling Policy.

The Safeguarding Policy and CSN Code of Conduct require personnel to promptly report any concern for the safety of children or adults at risk to the CSN reporting protocol or NC protocol as soon as practical. If the concern relates to the Safeguarding Coordinator, it must be

reported to Regional Superior. If it relates to designated personnel of NC it must be reported through the NC procedures.

9. Keeping Records and Sharing Information

The CSN and NC acknowledge that in the past, institutions have not always fulfilled their obligations to keep records and share appropriate information about risks to the safety of children and adults. We recognize that record-keeping and information sharing is a key risk management strategy and will implement this in the following ways:

9.1. Complete and accurate records will be created and maintained for all incidents, complaints (including disclosures/allegations), responses and decisions that relate to abuse or harm to children or adults at risk. Records will be created at the time of, or as soon as practicable following, an incident, complaint, response, or decision.

9.2. All records will be securely stored, maintained, and disposed of in accordance with legislative and statutory requirements relating to WA, QLD, VIC, NSW, and New Zealand, or after a period of 50 years (whichever is higher). Access to information and records will be restricted to CSN/NC personnel who require it to discharge their safeguarding obligations.

9.3. We will maintain current knowledge of, and comply with, our legislative obligations to maintain confidentiality and protect personal information and privacy. Information and records relating to incidents, complaints, responses, and decisions will be treated as confidential except where the sharing or distribution of information and/or records is mandated by statutory requirements or principles of natural justice. In this regard, if the complaint involves conduct that is serious and/or potentially criminal, any legal obligations to report relevant information to bodies such as the Police or child protection services will over-ride confidentiality, or to other prescribed bodies.

9.4. We will uphold and facilitate, to the fullest extent possible, individuals' rights to access, amend or annotate records about themselves. If the individual has capacity issues, consideration will be given to the most appropriate way to release records and information and who else may be authorised to receive it on their behalf (e.g. a guardian or nominee. When determining what information to release relating to a complaint record, CSN/NC will be mindful of privacy and confidentiality obligations concerning the release of personal information about other individuals, such as a subject of the complaint.

9.5. The CSN/NC will proactively share risk-related information with other entities, if necessary. For example, when candidates in religious life move between formation programs and Church jurisdictions.

References: Australian Privacy Principles | OAIC The Privacy Act | OAIC
Office of the Privacy Commissioner | Privacy Act 2020 and the Privacy Principles
Privacy Act 1993 No 28 (as at 01 December 2020), Public Act Contents – New Zealand Legislation

10. Review of Risk Management Strategy

The Risk Management Strategy will be updated as required and reviewed at least every three years. In doing so, CSN/NC will have regard to best practice models and the views of expert stakeholders and community members, children, and adults at risk, including those with disability, diminished capacity and/or cognitive impairment.

Risk Management Strategy approved	Regional Superior	9th September 2024
Risk Management Strategy review annually		

11. Related Documents

- Safeguarding Commitment Statement
- Safeguarding Policy
- Code of Conduct
- Complaint-Handling Policy

12. Templates and Checklists

Appendix A: Interview questions

Appendix B: Referee questions and checklist

Appendix C: Pre-employment screening checklist and applications

Appendix D: Safety hazard checklist and risk management

Appendix E: Safety concern reporting flowchart)

Appendix F: Making a complaint (and process)

Appendix G: Comments and complaints (feedback for continuous improvement)

Appendix H: Initial risk management checklist

APPENDIX A: INTERVIEW QUESTIONS

Nazareth Care Australasia	RECRUITMENT PERSONAL CARE WORKER/ ASSISTANT IN NURSING

INTERVIEW RECORD – PERSONAL CARE WORKER (PCW) | ❑
- ASSISTANT IN NURSING (AIN) - QLD ❑

Candidate Name:	
Interviewer (Name & Title):	
Date:	

Please note:

- ***Panel Interviews should always include a Sister and the subject matter expert, the department manager. For management roles, the Facility Manager (or in their absence, a HR Representative) should be included.***
- ***Ensure applicant has completed the Employment Application form and had time to read through the position description for the role, prior to interview.***
- ***Interview notes need to be retained on site for a period of up to 6 months, confidentially, in a file, as the applicant can challenge a decision to decline and Fair Work could call upon interview notes for this purpose. The applicant has 3 months from the date of being informed that their application has been declined to lodge a claim.***

RATINGS KEY

Ranking Insert ✓ as applicable	❑ Clearly misses requirements 1	❑ Less than requirements 2	❑ Meets requirements 3	❑ Exceeds requirements 4

1. **Clearly misses requirements**
   - Much less than acceptable; below criteria for successful job performance
2. **Less than requirements**
   - Less than acceptable; generally does not meet criteria for successful job performance.
3. **Meets requirements**
   - Acceptable; meets criteria for successful job performance
4. **Exceeds requirements**
   - More than acceptable; exceeds criteria for successful job performance

INTERVIEW QUESTIONS				
Interviewer	**Introduction** • Introduce panel • Explain format of interview – questioning based around key selection criteria and organisational fit. • Opportunity to ask questions			
1. Motivation Fit *The extent to which job activities and responsibilities, the organisation's model of operation and values, and the community in which the individual will work are consistent with the type of environment that provides personal satisfaction; the degree to which the work itself is personally satisfying.*				
Interviewer (Initials)	**1a. What attracted you to this position and what is your understanding of this role?** **1b. What makes you the most suitable candidate for this role?** ***(invite the applicant to talk about their experience here; what their daily duties are/were and what skills they can transition into this role)*** **1c. What is important to you in the workplace?**			
Ranking **Insert ✓ as Applicable**	❑ Clearly misses requirements 1	❑ Less than Requirements 2	❑ Meets Requirements 3	❑ Exceeds Requirements 4

2. Values Fit (House Sr Superior)

Nazareth Care is a mission based organisation. An important part of each role is ensuring that all potential employees understand what this means and are aligned to the values.
Our philosophy gives expression to our core values of Love, Compassion, Patience, Respect, Justice and Hospitality.
Our services are interdenominational.

Interviewer (Initials)	*Nazareth Care is a values and mission based organisation (Love, Compassion, Patience, Respect, Justice and Hospitality).* **2a. Please describe what this means to you?** **2b. How would you model the value of respect in the work setting?** **2c. Can you talk us through your experience where you demonstrated qualities that are important in aged care, such as kindness and the ability to be caring and respectful in the delivery of your work?**			
Ranking **Insert ✓ as applicable**	❑ Clearly misses Requirements 1	❑ Less than Requirements 2	❑ Meets Requirements 3	❑ Exceeds Requirements 4

3. Analysis and Judgment *Analytical Thinking is about bringing disciplined analysis to data and situations, to see cause and effect and to use this to make effective decisions. This is important in enabling us to prioritise and make important decisions based on an assessment of the impact and implications of the likely outcomes.*				
Interviewer (Initials)	**3a. Our residents are of the utmost importance to us, they are why we are here. Considering both the Aged Care Standards and the relevant National Catholic Safeguarding Standards, how would you ensure consistency, and maintain high standards and compliance when caring for our vulnerable residents?** **3b. With aged care, as you know, it's important to preserve the dignity of residents in your care, ensuring they are well taken care of, comfortable and that any pain is carefully monitored and relieved. What would you do if you noticed a resident in a great deal of pain? Talk us through the steps you would take.** **3c. Working with residents with challenging behaviors can be difficult. How do you deal with this usually?**			
Ranking **Insert ✓ as applicable**	❑ Clearly misses Requirements 1	❑ Less than Requirements 2	❑ Meets Requirements 3	❑ Exceeds Requirements 4

4. Communication & Leadership *Effective communication includes both speaking and listening, informing others and fostering open communication skills. Communication skills enable you to lead others. The team will not go with you unless you have established with them your ability to lead.*				
Interviewer (Initials)	**4a. Nazareth Care is proud of the diversity of our staff and volunteers. When communicating to someone where perhaps English is not their first language, how do you ensure that your message was understood?** **4b. Describe a time where you have been involved in conflict with another coworker or manager in the workplace? Talk us through how you resolved this with the other person.**			
Ranking **Insert ✓ as applicable**	❑ Clearly misses Requirements 1	❑ Less than Requirements 2	❑ Meets Requirements 3	❑ Exceeds Requirements 4

5. Organisational Awareness *Having and using knowledge of systems, situations, pressures, and culture inside the organisation to identify potential organisational problems and opportunities;/perceiving the impact and the implications of decisions on other components of the organisation.*				
Interviewer (Initials)	**5a. How would you ensure you are contributing to a positive and values driven workplace culture?** **5b. What is team work to you? Can you give me an example of when you worked well within a team?** **5c. Health & Safety is everyone's responsibility and being aware of surroundings and situations is important. Talk us through a time where you identified a possible risk, what did you do and what was the outcome?**			
Ranking **Insert ✓ as applicable**	❑ Clearly misses Requirements 1	❑ Less than Requirements 2	❑ Meets Requirements 3	❑ Exceeds Requirements 4

6. Self – Awareness *Active participation in, and facilitation of, team effectiveness; taking actions that demonstrate consideration for the feelings and needs of the organisation; being aware of the effect of one's actions on the organisation.*				
Interviewer (Initials)	**6a. Looking at time management and managing conflicting priorities and pressure in the work place, how do you deal with this?** **6b. What would you do if you notice someone in your team is not following health and safety guidelines? (eg not following infection control measures in high-risk areas)** **6c. What would you do if you were to see someone (family/staff) rough handling a resident? (Do you know what elder abuse is?)** **6d. How do you ensure that you maintain privacy, confidentiality and the dignity of a resident?**			
Ranking **Insert ✓ as applicable**	❑ Clearly misses Requirements 1	❑ Less than Requirements 2	❑ Meets Requirements 3	❑ Exceeds Requirements 4

7. Skills *Understanding of the key selection criteria of the role. Demonstration of key skills required.*				
Interviewer (Initials)	**7a. It is important that our residents are provided with the best possible care – what sort of details would you document on a resident's file?** **7b. Are you able to explain the focus of the new Aged Care Quality Standards and can you provide an example of how they may have changed your role?** **7c. Do you have an understanding of Accreditation for Aged Care facilities and the importance of providing quality care according to resident Care Plans?** **7d. What skills do you believe you need to develop in this role to be an expert?**			
Ranking **Insert ✓ as applicable**	❑ Clearly misses Requirements 1	❑ Less than Requirements 2	❑ Meets Requirements 3	❑ Exceeds Requirements 4

8. End of Interview Process	
Interviewer (Initials)	**8a. We have come to the end of the interview. Do you have any questions you would like to ask of us?** **8b. Is there anything you would like to add as part of your application?** **Check the following with the Applicant:** • **Qualifications:** Certificate III in Aged Care or similar, desirable First Aid Certificate, desirable • Contact details and suitability of referees provided on their employment application form. • Availability to commence employment. • Worker Screening Check – NDIS (AUS), Police Check (NZ) • Evidence of Flu & COVID-19 Vaccination • Visa Check (if required) **Inform the applicant:** • Of the process to follow regards decision making and selection. **Confirm with the applicant:** • We will advise you of the outcome of your application within the next week.

DIMENSION	RATING	TOTAL
Motivation Fit		
Values Fit		
Analysis & Judgement		
Communication & Leadership		
Organisational Awareness		
Self-Awareness		
Skills		
TOTAL		

POSITIVES:

_____

_____

_____

CONCERNS:

_____

_____

_____

Was the applicant suitable for the position?

☐ YES ☐ NO

Interviewer's Signature: _____

If yes, the following must be completed:

- Reference Checks x 2 (with direct line managers or supervisors to assess skills and fit)
- Position offered verbally by department manager, followed in writing via e mail with contract attached.

APPENDIX B: REFEREE QUESTIONS AND CHECKLIST

Nazareth Care Australasia	EMPLOYMENT Reference Check Form

Nazareth Care predominantly an aged care provider and aims to ensure that its employees are qualified and equipped to work under the Aged Care Standards, NDIS, and relevant National Catholic Safeguarding standards.

Candidates can request access to any personal information we obtain on them.

Are you comfortable for me to share this reference check with them should they request for it? ☐ Yes ☐ No

Can we have permission to retain this reference provided by you on file? ☐ Yes ☐ No

Candidate Name:	
Position Title:	
Referee Name:	
Contact No:	
Company Name:	
Position:	
How do you know him/her?	
How long did you work together for?	
What is/was the candidate's role?	
What are his/her strengths?	
What are the areas where he/she could improve on?	
Knowledge, ability, skills to deliver safe, quality care and services aligned to Quality Standards.	
How was his/her rapport with internal and external stakeholders?	
Did he/she ever supervise anyone?	☐ Yes ☐ No

Nazareth Care Australasia	EMPLOYMENT Reference Check Form

Did he/she learn new processes, systems or pick up tasks easily?	☐ Yes ☐ No
Are there any honesty or integrity issues?	☐ Yes ☐ No
Could you please comment on his/her work performance?	
Does he/she handles pressure well? If No, please give an example.	☐ Yes ☐ No
Did he/she allow external or personal issues to affect workplace performance whilst at work?	☐ Yes ☐ No
How was his/her reliability/attendance/punctuality/ professionalism?	☐ Excellent ☐ OK ☐ Poor
Reason for leaving.	
Would you reemploy?	☐ Yes ☐ No
Anything else you believe we should know about him/her?	

Reference Check Completed By:

Name:_____ **Designation:**_____

Signature: _____ **Date:**_____

APPENDIX C: PRE-EMPLOYMENT SCREENING CHECKLIST AND APPLICATIONS

Applications for Screening Checks			
Jurisdiction	**National Police Check/Police Certificate**	**Working with Children Check/Working with Vulnerable People Check**	**NDIS Worker Screening Checks**
ACT	AFP National Police Checks	ACT Working with Vulnerable People Check	NDIS Worker Screening Checks All states and territories
QLD	QLD Police National Police Certificates	QLD Blue Card	
NSW	NSW Police National Police Certificates	NSW Working with Children Check	
VIC	VIC Police National Police Checks	VIC Working with Children Check	
SA	SA Police Record Checks	SA Working with Children Check	
WA	WA Police National Police Certificates	WA Working with Children Check	
TAS	TAS Police Criminal history checks	TAS Working with Vulnerable People registration	
NT	NT National Police Certificates	NT Working with Children Clearance	
NZ	www.police.govt.nz/faq/how-do-i-get-a-police-clearance-certificate	https://checkpoint.cvcheck.com/working-with-children-in-new-zealand www.justice.govt.nz/criminal-record/police-clearance/	

APPENDIX D: SAFETY HAZARD CHECKLIST AND RISK MANAGEMENT

Safety hazards checklist[v]

This checklist can be used as a guide for identifying common safety hazards on your premises.

Person completing checklist: **Date completed:**

	ITEM	YES	NO	ACTION
1	**Fire**			
	Extinguishers are in place			
	Extinguishers are clearly marked & readily located			
	Extinguishers have been serviced in the last six months			
	The area around extinguishers is clear for a radius of 1 metre			
	Fire exit signs are in place			
	Fire exit signs are in working order			
	Exit doors are not blocked			
	Exit doors can be easily opened			
	Fire alarm is in working order			
	Emergency plan is displayed			
	There is safe access & egress			
2	**Electrical**			
	Power outlets accessible to children are appropriately covered			
	Electrical plugs, sockets, switches are safe			
	Frayed or damaged leads are removed			
	Portable power tools are in good condition			
	Temporary leads on the floors are appropriately covered			
	Testing and tagging of electrical items has been completed			
	Everything on the switchboard is clearly labelled			
	Electrical fittings & equipment are regularly inspected			
3	**General Lighting**			

[v] Archdiocese of Canberra and Goulburn, https://cgcatholic.org.au/wp-content/uploads/2016/08/16-0817-WHS-Policy-Safety-Plan.pdf

	There is adequate illumination in working areas			
	There is good natural lighting			
	Light fittings are in good working condition and are clean			
	Emergency lighting is operational			
4	**Walkways**			
	Walkways are free of oil or grease			
	Carpets are wrinkle free with no obvious trip hazards			
	Walkways are clear of obstructions			
	Stairs (altar) are not blocked and are in good condition			
5	**Amenities**			
	Toilets are cleaned regularly			
	Bins are not overflowing			
	Tiled floors are free of chips or cracks causing sharp edges			
	Soap and handtowels are provided			
	Surfaces (including toilet seats & lids) are free of chips, cracks			
6	**Work Areas**			
	Benches are clear of clutter			
	Tools are stored properly			
	Benches are at an adequate work height			
	Work benches are free of sharp edges			
	Chair backs & seat heights are adjustable			
	Storage shelves are organised to minimise bending & stretching			
8	**Chemicals**			
	MSDS are available for all chemicals			
	The MSDS register is available an up to date			
	Chemical containers are clearly and accurately labelled			
	All chemicals are stored in accordance with the MSDS			
9	**First Aid**			
	First aid kits and contents are clean and orderly			

	First aid kits are adequately stocked			
	First aid kits are readily accessible			
	A sign is displayed advising the location of the first aid kit			
10	**Floors**			
	Floors are even with no large cracks, holes or trip hazards			
	Floors are not cluttered			
	Floors are free from slip hazards			
12	**Grounds and Garage**			
	Power equipment maintenance is carried out			
	Power equipment is clean			
	There is adequate signage for parking (disabled and no parking)			
	There are MSDS for all chemicals and gardening products			
	Safe operating procedures exist for plant such as ride on lawn mowers			
	Pathways and walkways clear and unobstructed			
13	**Display Material**			
	The WHS policy is signed and up to date			
	The WHS policy is displayed			
	No smoking signs are displayed			
	A safety noticeboard is available and up to date			
14	**WHS Information**			
	The WHS manual is available to volunteers			
	Incident report forms are available			
	Hazard report forms are available			
	An emergency evacuation plan is displayed			
	An assembly point after evacuation has been identified			
	Training records are up to date			

APPENDIX E: RISK ASSESSMENT AND MANAGEMENT TEMPLATE

Nazareth Care Australasia	**CLINICAL/NURSING SYSTEMS** **Risk Assessment**

Identify Risk Briefly describe what could happen, where it could happen and when		
Causes of Risk Briefly describe why this could happen. Consider the resident's co-morbidities, functional status inc. mobility and manual dexterity, and cognitive status		
List consequences If this event/s occurred, what may result?		
Rate the risk (use Risk Matrix and Risk table overleaf) & **Take Action** List any immediate action and escalate to your line manager if rating is **High or above**	**Extreme** (17-25) ☐ **High** (10-16) ☐ **Moderate** (4-9) ☐ **Low** (1-3) ☐	
List controls What could prevent this event from occurring? Consider the hierarchy of controls • Elimination (of the hazard) • Substitution (of lower risk solution) • Isolation (prevent access) • Engineering Controls (change environment or process) • Administrative Controls (change procedure or provide instruction) • Protective Equipment		
Level of risk control/ outcome of actions (Refer to Control Assurance Level overleaf)		
(Print name) **Risk first identified by**	Print name: Signature:	**Date**
Risk assessed by	Print name: Signature: Designation:	**Date**
Delegate	Print name: Signature:	**Date**

Assessment of Risk – *multiply the consequence score by the likelihood score to determine the Risk Score*

Taken from *LASA Aged Care Health & Safety Manual* (2015)		LIKELIHOOD (L)				
		1 **Rare** (Could happen but probably never will)	2 **Unlikely** (Could happen once every 2-3 years)	3 **Possible** (Could happen once a year)	4 **Likely** (Could happen more than once a year)	5 **Almost Certain** (Could happen daily/ regularly)
CONSEQUENCE	5 **Catastrophic** (Death or permanent disability)	5	10	15	20	25
	4 **Major** (Long term illness or serious injury)	4	8	12	16	20
	3 **Moderate** (Needs medical attention +/- several days off work)	3	6	9	12	15
	2 **Minor** (First Aid only required)	2	4	6	8	10
	1 **Insignificant** (Near Miss, minor injury not requiring First Aid)	1	2	3	4	5

Using the Assessment of Risk Table, determine the Risk Score and the Level of Risk

Risk Score: ____ Level of Risk ____

Risk Score & Risk Rating	ACTION
17-25 Extreme Risk	**Immediate action required.** Notify relevant manager and WHS committee chair immediately. Detailed control plan developed and implemented urgently. Senior management including CEO notified of risk and controls implemented. Log in House Risk Register for ongoing surveillance or until risk eliminated.
10-16 High Risk	Notify relevant manager and WHS committee chair immediately. Detailed control plan developed and implemented urgently. Log in House Risk Register for ongoing surveillance or until risk eliminated.
4-9 Moderate Risk	Management responsibility to specify monitoring and surveillance program and response procedures. Log in House Risk Register for ongoing surveillance or until risk eliminated.
1-3 Low Risk	Manage by routine procedures; unlikely to need specific allocation of resources.

Control Level	Criteria for assurance that control is having an effect
Fully effective	• Risk is being managed effectively, controls well designed and effective at addressing root cause • Only requires monitoring and review of existing controls.
Substantially effective	• Most controls are designed correctly and are evident as being effective. • Some existing controls require more work. • Manager has some concerns about the effectiveness or design of some controls.
Partially effective	• Controls are designed correctly by addressing the root causes, but are not currently very effective. • Some controls not well designed as they do not treat root causes; there is too greater reliance on post-event or reactive controls. • Manager believes not enough of the controls are effective or reliable.
Largely ineffective	• Significant control gaps; controls if they exist are reactive or not monitored or reviewed. • Either controls do not treat root causes or they do not operate effectively. • Manager believes the controls require significant improvement or new controls should be used.
None or totally ineffective	• No reliable controls are in place or available. • Manager has no confidence that the controls are effective due to poor control design and/or limited operating effectiveness.

APPENDIX F: MAKING A COMPLAINT AND PROCESS

5 Making a Complaint

A person wishing to report a concern or make a complaint may do so by contacting:

Australia Process:

- **Regional Superior of the CSN** Telephone (03) 9835 3165 Mobile +61 409 842 330
  Email: regional.aus@nazarethcare.com
  Nazareth Care (NC) Facility Manager or use the "Feedback & Complaints" Form
  Australian Parish Safeguarding Contact
  Australian Catholic Safeguarding Limited (ACSL): Church Related
  complaints.response@acsltd.org.au or 1300 603 411 for General contact information

New Zealand process:

- **Contact Regional Superior as above or –**
  Nazareth Care (NC) Christchurch Facility Manager or use the "Feedback & Complaints" Form
  New Zealand Diocesan Safeguarding Officer: Telephone +64 353 0757/011 012 4142
  cward@doc.nz
  The National Office for Professional Standards NZ NOPs for **Sexual issues:**
  Telephone **0800 114 622**
  https://safeguarding.catholic.org.nz/wp-content/uploads/2021/09/NOPS-Complaint-Process-summary-1.pdf
  New Zealand Professional Standards Committee direct for **non-sexual issues**:
  nzpsc@sistersofnazareth.com Telephone +64 02 254 21757

Anonymous complaints

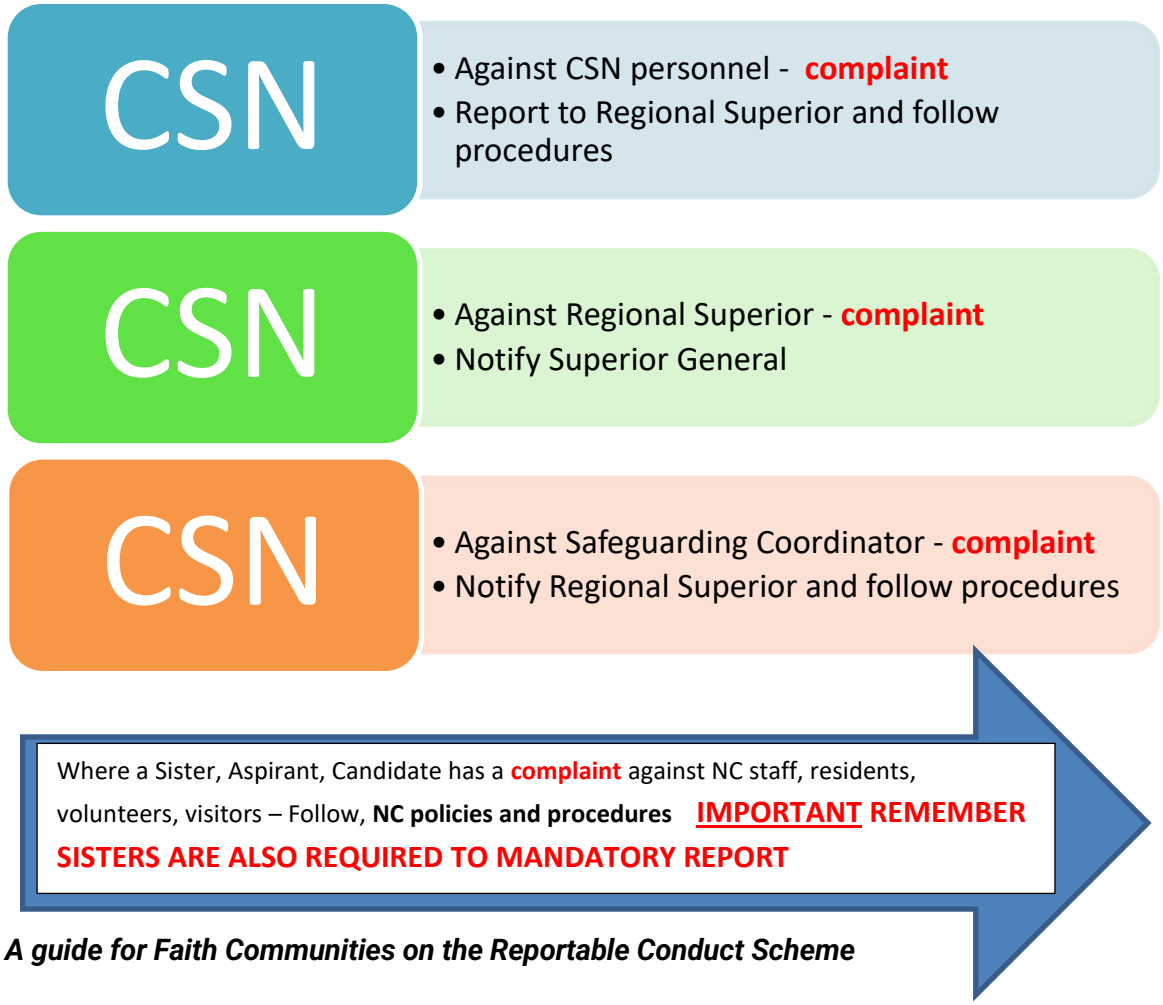
- Complaints may be made anonymously. However, CSN recognises the difficulty with anonymous complaints in verifying relevant facts and being satisfied as to the legitimacy of the complaint, as well as the challenges that may arise in affording fairness to the person the subject of the complaint in circumstances where the identity of the complainant is a central issue.
- **Call Police if any person is in immediate danger 000 Australia 111 New Zealand**

Appendix 2

Refers to the reporting process for CSN, NC and Historical Complaints

COMPLAINT'S REPORTING PROCESS

CONGREGATION OF THE SISTERS OF NAZARETH (CSN)



A guide for Faith Communities on the Reportable Conduct Scheme

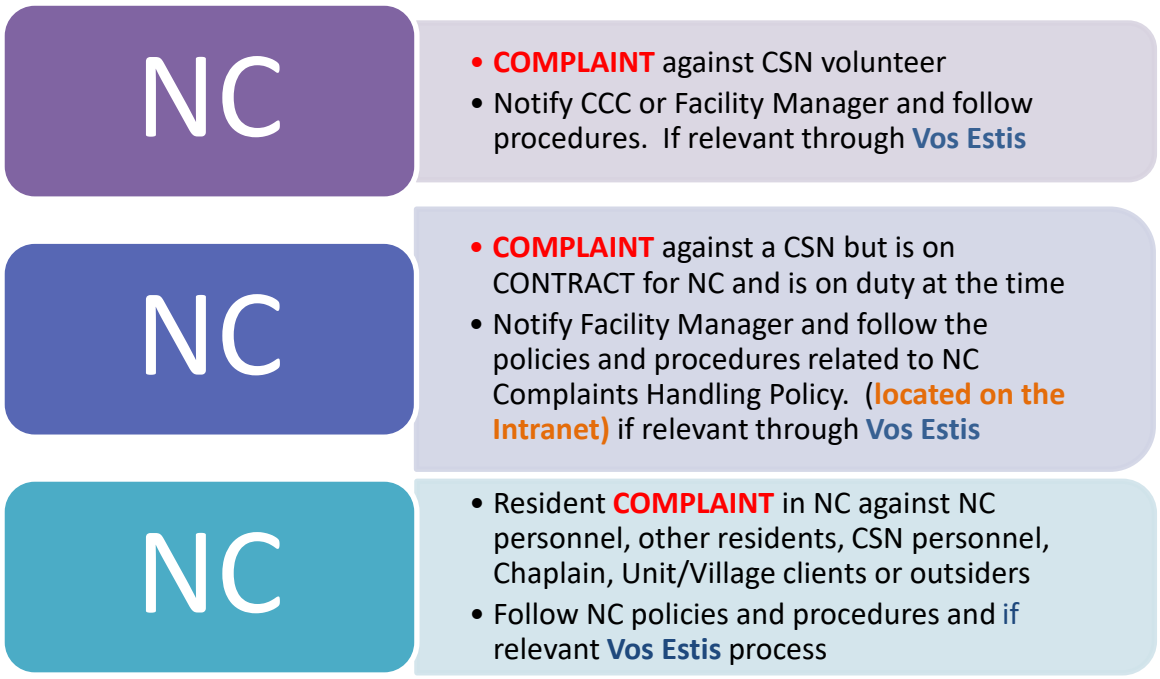
religious-orgs-guidance-web-lower-resolution.pdf (ccyp.vic.gov.au)

Requirements of religious organisations. Religious organisations are now obliged to: • identify or nominate the head of the organisation – the person who is primarily responsible for the organisation's management of any allegations of abuse of children, and • establish, with the head of the organisation, systems to deter and prevent abuse, and procedures for responding to any allegations that may occur.

Allegations which are reportable conduct

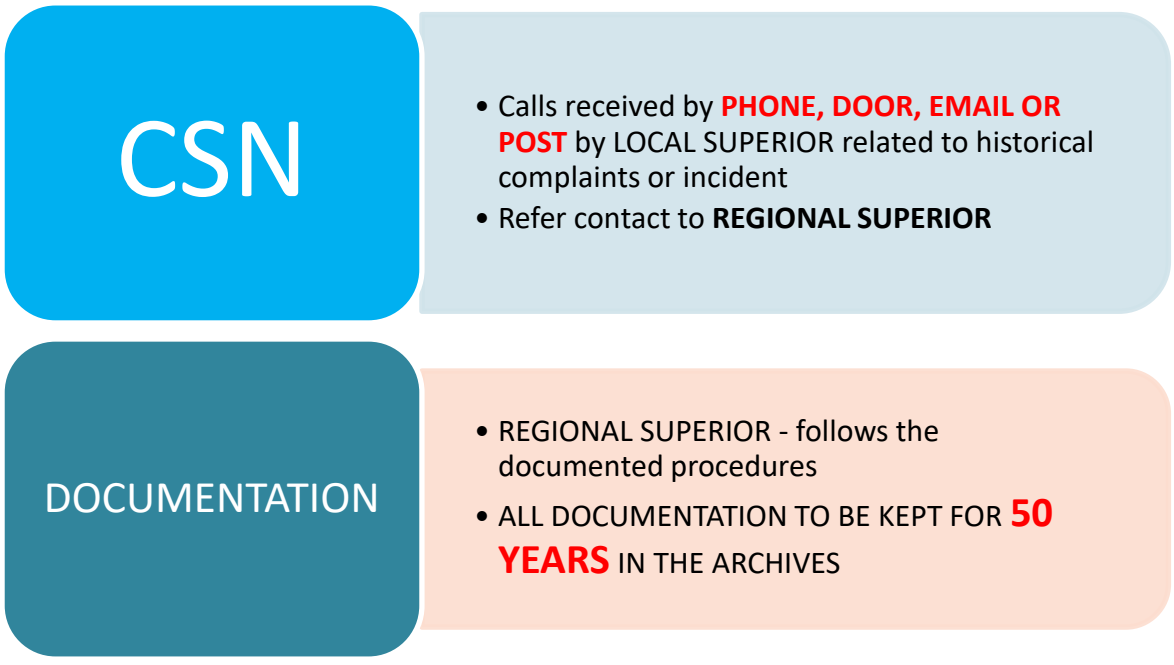
- Sexual offences
- Sexual misconduct
- Physical violence
- Behaviour that causes significant emotional or psychological harm
- Significant neglect

NAZARETH CARE (NC)



Vos Estis Lux Mundi (catholic.au)

Historical Complaints re CSN personnel:



REGIONAL OFFICE
16 Cornell Street, Camberwell Victoria, 3124A
PO Box 6900
Middle Camberwell Victoria, 3124
Telephone (03) 9835 3165
Mobile +61 409 842 330
Email: regional.aus@nazarethcare.com

ARCHIVES
archives.aus@nazarethcare.com

APPENDIX G: COMMENTS AND COMPLAINTS (FEEDBACK…)

Nazareth Care Australasia	**QUALITY SYSTEM** **Comments and Complaints** **(Feedback for Continuous Improvement)**

We value your feedback

- *Suggestions for improvement are always welcome*
- *Compliments help us to recognise excellent service*
- *Complaints help us to improve our service to you*

If you require assistance with completing this form, please refer to Employee/Sister/Volunteer

Please place competed forms into designated collection boxes

CI No: ..... **Date:** .....

If you are happy for us to contact you please provide your contact details below.

Name:	Are you a:
Phone:	( ) Resident ( ) Representative
Email:	( ) Staff ( ) Sister
Room & care area/ Address:	( ) Visitor ( ) Volunteer ( ) Other

Preferred contact method:

☐ Phone ☐ Email ☐ Post ☐ Face to face, in person

Is this matter confidential? ☐ Yes ☐ No

Is this a ☐ Compliment ☐ Suggestion for Improvement ☐ Complaint

If a compliment, do you consent for Nazareth Care to use this on our website as a testimonial? ☐ Yes ☐ No
Would you like to receive an email with instructions on how to leave us a Google review? ☐ Yes ☐ No

Please provide details: (or attach a letter/note)

Department this issue concerns: (select one using X)

☐ Administration ☐ Care ☐ Catering ☐ Cleaning ☐ Laundry ☐ Maintenance
☐ Wellbeing & Lifestyle ☐ Allied Health ☐ Pastoral Care

Please specify House and Area:_____

Do you have any suggestions on how this may be addressed?

Nazareth Care Australasia	**QUALITY SYSTEM** **Comments and Complaints** **(Feedback for Continuous Improvement)**

This Page is for OFFICE USE ONLY

Date: _____

Priority ☐ High ☐ Medium ☐ Low

Referred to:_____

Action/s Taken:

Date/ Initials	

Continuous Improvement Plan: ☐ Yes ☐ No CIP Ref. No: _____

Feedback Response:

Date of response to instigator of feedback:_____ ☐ Verbal ☐ Written ☐ Email

Outcome of Actions Taken

Date for Evaluation:_____

Evaluation of Outcome inc. from instigator of feedback

Changes made/ to be made as a result of this feedback

Date Closed: _____

APPENDIX H: INITIAL RISK MANAGEMENT CHECKLIST

Initial risk management checklist[vi] This checklist can be used to guide the initial risk management response to an incident, disclosure or complaint that relates to the safety of a child or adult at risk.
Immediate safety
Is immediate medical assistance required for any person?
Is there a risk to the immediate safety of the child or adult affected by the incident, disclosure or complaint, or any other child or adult, that requires necessary action to address the risks posed?
Have you considered the safety of the person who made the disclosure, report or complaint (other than the affected child or adult), provided appropriate advice, and made relevant referrals to Police and/or other emergency services?
Evidence
Have you made sure that any physical/ electronic evidence is immediately secured, and future evidence (eg. from witnesses) is not compromised?
Reporting
Does the incident, disclosure or complaint raise any allegation of criminal conduct?
Do the issues raised by the incident, disclosure or complaint warrant a report or notification to an external authority, in accordance with legislative obligations (eg. Police, child protection authority, reportable conduct oversight body, NDIS Quality and Safeguards Commission)?
Person affected by the incident/disclosure/complaint
Does the affected child or adult require a referral to a support service or counselling?
Person the subject of complaint

[vi] Adapted from National Office of Child Safety, *Complaint handling guide: Upholding the rights of children and young people,* 2019. Appendix I: Conducting an initial risk assessment https://childsafety.pmc.gov.au/sites/default/files/2020-09/nocs-complaint-handling-guide.pdf

If the person who is the subject of the complaint is a staff member or volunteer, what actions should be taken? • Should they remain in their current position, be moved to another area, or be suspended? • If the staff member remains in the workplace, a decision should be made about the duties that they will undertake and who will monitor and assess the risks associated with them having access to children or adults at risk in the care of the organisation. Relevant factors to consider include the vulnerability of the children or adults they would be in contact with, e.g. the age of the children, their communication skills, or disability.
What type of support and information should the subject of complaint be given to ensure the complaints process is fair?
What risk management action should be taken if the incident/disclosure/complaint involves a peer of the child or adult affected by the complaint?
Confidentiality and information sharing
Have you informed the involved parties of the need to treat the matter of confidentiality?
Have you explained to the affected person (and their family/carer if appropriate) reasons why certain information may need to be shared, e.g. to protect safety and/or comply with reporting obligations?
Do others outside of the parties to the complaint/incident need to be informed?
Conflict of interests
Have you identified and put steps in place to address any actual or potential conflict of interests?
Other initial risk management
Are there any other steps that should be taken to prevent any further harm or risk?