



Marymead CatholicCare

CANBERRA & GOULBURN

Marymead CatholicCare Canberra & Goulburn

Safeguarding Audit Report
December 2025

National Catholic Safeguarding Standards

Report prepared by:

Australian Catholic Safeguarding Ltd acknowledges the lifelong trauma of abuse victims, survivors and their families, the failure of the Catholic Church to protect, believe and respond justly to children and vulnerable adults, and the consequent breaches of community trust.

Australian Catholic Safeguarding Ltd is committed to fostering a culture of safety and care for children, and adults at risk.

This report is available on the ACSL website.

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Foreword

Safeguarding certification by ACSL is an independent recognition that a religious entity and its ministries meet the requirements of the National Catholic Safeguarding Standards, which align with National Principles for Child Safe Organisations.

NCSS Certification:

- Provides independent recognition that the religious entity is committed to safeguarding.
- Fosters a culture of quality and continuous improvement.
- Reduces and mitigates safeguarding risks.
- Provides the community with confidence that the Church is taking action to address past abuse.
- Fosters a systematic approach to safeguarding quality and performance.
- Increases capability and safeguarding capacity.
- Complies with regulatory requirements, and, where relevant, established canonical requirements.

The following report is based on an independent assessment of the performance of Marymead CatholicCare Canberra & Goulburn (MCCG) against the National Catholic Safeguarding Standards. The report includes compliance level ratings for each standard, criterion and indicator, and includes explanatory notes for key findings.

The information contained in this report is based on evidence provided by the MCCG and its representatives at the time of the assessment and where applicable any further subsequent information supplied through the reporting process.

Certification issued by ACSL and/or its accredited auditors relates to safeguarding practices. It does not guarantee the safety, quality or acceptability of a participating organisation, its services or programs, or that legislative and funding requirements are being, or will be, met for other purposes.

TO THE BOARD OF MARYMEAD CATHOLIC CARE CANBERRA & GOULBURN

Opinion

ACSL has undertaken a safeguarding audit of a range of services of Marymead CatholicCare Canberra & Goulburn. This audit comprises an analysis of their NCSS Self-Assessment, interviews with personnel and follow up conversations. ACSL considers that the audit evidence obtained is sufficient and appropriate to provide a basis for this opinion.

In ACSL's opinion, the National Catholic Safeguarding Standards Audit Report for Marymead CatholicCare Canberra & Goulburn offer a true and fair view of the organisation's safeguarding policies, procedures and processes as at 30 October 2025 and of its performance against the NCSS for the period ended on that date.

ACSL is independent of Marymead CatholicCare Canberra & Goulburn, in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to this audit. The professional obligations and ethical requirements imposed on members are based on the five fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour in the Code.

Disclaimer

The information contained in this report is based on evidence provided by Marymead CatholicCare Canberra & Goulburn and its representatives at the time of the assessment and, where applicable, any subsequent information Marymead CatholicCare Canberra & Goulburn have supplied through the reporting process.

Certification issued by ACSL and/or its accredited auditors does not guarantee the safety, quality or acceptability of a participating organisations, its services or programs, or that legislative and funding requirements are being, or will be, met.

Signed:



Dr Ursula Stephens
Chief Executive Officer
Australian Catholic Safeguarding Ltd



Dr David Treanor
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Australian Catholic Safeguarding Ltd

December 2025

1. Executive Summary

1.1 Context

Australian Catholic Safeguarding Ltd (ACSL) was established in 2020, to bring together the work of Catholic Professional Standards Ltd, the Australian Catholic Centre for Professional Standards and the Australian Catholic Ministry Register. ACSL is a company limited by guarantee, whose membership is composed of the Australian Catholic Bishops Conference, Catholic Religious Australia, and the Association of Ministerial Public Juridic Persons.

ACSL is committed to fostering a nationally consistent culture of safety and care throughout the Catholic Church in Australia. This includes providing a range of services to support the implementation of the National Catholic Safeguarding Standards (NCSS), a framework for the protection and care of children and adults at risk. ACSL maintains the NCSS, undertakes audits and reviews of Church entities, and publishes reports which demonstrate a Church entity's commitment to the NCSS.

ACSL's core values are leadership, integrity and compassion. These values guide the way we work and inform cultural change within the Catholic Church and the wider community. We take our duty to care for and protect all children and adults at risk seriously and have zero tolerance for abuse of any kind.

The Australian Human Rights Commission released the National Principles for Child Safe Organisations (the National Principles). The National Principles are derived from the Child Safe Standards recommended by the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) which relate specifically to child safety. The Office of the Children's Guardian considers that organisations in NSW that are implementing the National Principles will be simultaneously implementing the Child Safe Standards.

The NCSS give effect to the National Principles and are the way that the Catholic Church is responding to the recommendation of the Royal Commission that religious organisations adopt and implement the Child Safe Standards. The NCSS are designed to contextualise the National Principles and Child Safe Standards to the Catholic Church in Australia. For more information about the NCSS please see: [National Catholic Safeguarding Standards - Australian Catholic Safeguarding Ltd \(acsltd.org.au\)](https://acsltd.org.au).

This audit report includes the results of the assessment against the NCSS for Marymead CatholicCare Canberra & Goulburn.

1.2 Background

Marymead CatholicCare Canberra & Goulburn (MCCG) is an agency of the Catholic Archdiocese of Canberra and Goulburn.

CatholicCare Canberra & Goulburn was established in 1957 as the social services arm of the Catholic Archdiocese of Canberra and Goulburn.

Marymead Child & Family Centre was established in 1967 by the Franciscan Missionaries of Mary, who departed in 1986 and responsibility was assumed by the Catholic Archdiocese of Canberra and Goulburn.

In 2021 the Archbishop of Canberra and Goulburn and the Trustees made the decision to bring together CatholicCare Canberra & Goulburn and Marymead Child & Family Services to become MCCG. The Trustees determined that CatholicCare Canberra & Goulburn would change its name to "The Trustees of the Roman Catholic Church for the Archdiocese of Canberra and Goulburn as trustee for Marymead CatholicCare Canberra & Goulburn" known as Marymead CatholicCare Canberra & Goulburn. They directed that MCCG

adopt a revised Charter, and that the business, assets and liabilities of Marymead Child & Family Services be transferred to MCCG on 30 June, 2023.

Under the Charter, the Archbishop established the Board of MCCG to advise the Archbishop and Trustee in the operation of MCCG and provide strategic direction, guidance and support to the CEO in performing their duties. The Archbishop has the power to appoint Board members and a Board Chair and the Archbishop appoints the CEO following a recommendation from the Board, and delegates to the CEO responsibility for managing the day-to-day operations of MCCG.

MCCG is a not-for-profit organisation servicing the ACT and southern and western regional areas of NSW with offices in Canberra and in NSW at Goulburn, Moruya, Young and Wagga Wagga. MCCG has over 540 (FTE 385) staff and an estimated 90 volunteers.

MCCG's diverse range of more than seventy programs and services include children and young people's services, family and relationship support, counselling and therapeutic supports, out of home and foster care, mental health support, disability services, tenancy and property management, accommodation and support services, alcohol and other drug supports, homelessness services, retirement living and aged care.

MCCG has been assessed by ACSL as a Church entity needing to meet the requirements of the 10 NCSS Standards, under ACSL's risk-based framework. For further details of this framework, refer to the [ACSL website](#).

Our assessment of MCCG's maturity in implementing the NCSS is detailed in Section 4 of this report. Our recommendations for improvement, including the MCCG's management responses, are included in Section 3 of this report.

1.3 Audit approach

The purpose of the National Catholic Safeguarding Standards (NCSS) is to build a culture of shared responsibility for safeguarding and to ensure that policies, practices, and codes of behaviour work together to prevent, detect, and respond appropriately to potential or actual incidents of abuse for children, young people and adults in vulnerable circumstances.

The NCSS are interrelated and interdependent. They work together to ensure every entity, ministry, and organisation across the Catholic Church in Australia places the safety of children and adults at risk at the core of how they plan, think and act. The 10 Standards are grouped into four capability areas according to common safeguarding principles. These capability groupings and how they work together holistically are represented below.



The audit processes we have undertaken are intended to provide reasonable assurance that safeguarding controls have been designed appropriately and are operating effectively. Therefore, this report provides a point-in-time assessment of the safeguarding practices implemented by MCCG and the extent to which they meet the requirements of the NCSS.

This audit was conducted jointly by ACSL and Woods Consulting. Woods Consulting is a specialist safeguarding consultancy with deep expertise in independent audit, review, and evaluation of organisational safeguarding systems. The firm partners with government, non-government, and faith-based organisations to assess compliance, governance, and practice alignment with the National Principles for Child Safe Organisations and related legislative frameworks.

Joint auditors partner with ACSL through an engagement agreement which is compliant with ASAE 3100 (produced by the Australian Auditing and Assurance Standards Board).

ACSL audit processes integrate The International Standards for the Professional Practice of Internal Auditing (IIA Standards) which are developed by the Global IIA and followed by all IIA members in Australia. These Standards include principles and requirements for undertaking professional and internal auditing and for evaluating internal audit performance.

ACSL uses an efficient risk assessment mechanism that permits its auditors to focus their efforts on risks that are proportionate to the purpose, size, complexity, and structure of an organisation. This approach to planning audits ensures optimum use of the organisation's limited resources, has maximum impact on the day-to-day activities and programs and ensures constant stakeholder engagement. This approach is consistent with the IIA Standards.

ACSL assesses the risk management safeguarding practices of an organisation through a multilayered system keeping in mind IIA Standard 2010.A1 which states: *"The internal audit (here meaning the organisation)*

activity's plan of engagements must be based on a documented risk assessment, undertaken at least annually. The input of senior management and the board must be considered in this process."

ACSL can therefore provide objective assurance that the organisation is complying with the risk management components of the National Catholic Safeguarding Standards (NCSS).

1.4 In scope assessment

In October 2025 ACSL completed a review of MCCG NCSS Self-Assessment which allowed the organisation to present their evidence of their compliance with the regulatory requirements in the federal, NSW and ACT jurisdictions with the NCSS. Based on this review an audit scope was prepared, and site visits were conducted from 14th - 16th October 2025. This report was completed in November 2025.

Key personnel at MCCG were engaged to discuss safeguarding practices that are subject to existing regulatory requirements and external accreditations. Under the ACSL audit framework, representatives from these entities were interviewed and sites visited to assess the implementation of their safeguarding practices.

The audit scope included:

- Audit activities at the administrative centre.
- Interviews, observations, and enquiry with the leadership, including the Board, Safeguarding Committee and relevant agency personnel.
- A review of key safeguarding documents, policies, and procedures.
- Assessment of the design and testing of the operation of safeguarding controls being implemented
- Site visits to:
 - Favier House
 - Narrabundah
 - Tenison Woods House
 - CHOICES Community Programs and Support
 - CHOICES Accommodation Services
 - Allied Health Services
 - Youth, Mental Health, Homelessness and Family Support Services
 - Counselling and Family Services portfolio
- Interviews with personnel:
 - Executive
 - Board Members
 - CEO / DCEO / Executive Directors
 - Corporate Services
 - Chief Financial Officer
 - Strategic and Finance Projects
 - Human Resources
 - Quality & Compliance
 - Property & Housing
 - Clinical Governance, Fundraising & Partnerships
- Service Delivery:
 - Program Management
 - Service Delivery Personnel
- Safeguarding Working Group:
 - Members

The following services were not deemed to be in scope:

- MCCG Retirement Villages.

1.5 Safeguarding in Social Services

The wellbeing of children and young people is enshrined in Commonwealth and State legislation, standards, and regulations, MCCG policies and procedures and other supporting documentation. The social services sector is highly regulated and, therefore, safeguarding considerations are both systemic and contextual. For MCCG this includes the following legislation, legislative instruments, standards and regulations:

- Australian Human Rights Commission Act 1986.
- QIC Health and Community Service Standards.
- National Standards for Mental Health Standards.
- NDIS Quality and Safeguards Commission – NDIS Practice Standards.
- Aged Care Quality and Safety Commission – Strengthened Aged Care Quality Standards.
- ACT Human Services Registrar – Care and Protection Organisation (ACT) Suitable Entity.
- ACT Human Services Registrar for National Regulatory System for Community Housing – Tier 3 Housing Provider.
- ACT Children and Young People Act 2008.
- NSW Child Protection Act 2012.
- NSW Office of Children’s Guardian – Statutory Out-Of-Home Care Foster Care.
- NSW Children’s Guardian Act 2019.
- Disability Discrimination Act 1992.
- Family Law Act 1975.
- Privacy Act 1988.

2. Overarching findings

The NCSS assessment of MCCG indicates that MCCG is successfully implementing and embedding a culture of safeguarding throughout its organisation.

ACSL assessment of the implementation of NCSS has been determined using a four-point maturity scale¹. Our assessment indicates that MCCG has fully implemented or has substantially progressed in the implementation of 88 (100%) of the indicators relevant to their operations. Assessment for each maturity scale is as follows:

- 70 (80%) indicators are developed and embedded.
- 16 (18%) indicators are substantially progressed.
- 2 (2%) indicators assessed as developing.
- No indicators assessed as yet to develop.

Note on scoring:

- If an indicator is assessed as '**developed and embedded**' or '**developed**', it means the implementation is **fully or substantially progressed** — so the indicator will be **counted as implemented**.
- If an indicator is assessed as '**developing**' or '**yet to develop**', it means the implementation is **not substantially progressed**, so the indicator will be **counted as not implemented**.

¹ Refer Appendix A for definitions of the maturity scale used for the Compliance Assessment.

Table 1: Summary of NCSS Assessment

Table 1 shows the overall assessment for each of the Standards.

| National Catholic Safeguarding Standard | # NCSS Indicators | Assessment of Implementation | | | |
|---|-------------------|------------------------------|-----------|------------|----------------|
| | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 1: Committed leadership, governance & culture | 16 | 10 | 5 | 1 | - |
| 2: Children and adults are safe, informed and participate | 6 | 6 | - | - | - |
| 3: Partnering with families, carers and communities | 6 | 4 | 2 | - | - |
| 4: Equity is promoted, and diversity is respected | 4 | 4 | - | - | - |
| 5: Robust human resource management | 9 | 6 | 3 | - | - |
| 6: Effective complaints management | 18 | 18 | - | - | - |
| 7: Ongoing training & education | 11 | 8 | 2 | 1 | - |
| 8: Safe physical and online environments | 7 | 6 | 1 | - | - |
| 9: Continuous improvement | 5 | 3 | 2 | - | - |
| 10: Policies and procedures support the safety of children and adults | 6 | 5 | 1 | - | - |
| TOTAL | 88 | 70 | 16 | 2 | - |
| | | 98 % | | 2% | |

The key findings from the audit are summarised by NCSS capability areas below.

Capability Area: Leadership, monitoring and improvement (Standards 1 and 9)



MCCG demonstrates strong leadership across the organisation in promoting a safeguarding culture. This is actively promoted by the Board and Executive who have completed the Leaders safeguarding training through ACSL.

The focus in Standards 1 and 9 is on how MCCG influences and implements a positive safeguarding culture across its services. These Standards expect MCCG leadership personnel to display strong safeguarding direction that includes an accountable and transparent governance structure within their activities. The audit assessed safeguarding policies, procedures and process to understand how a zero tolerance approach to abuse is implemented and how all people (children and adults) are provided a safe environment, free from abuse and discrimination.

- A culture of safeguarding and care for children and adults is championed and modelled at all levels of the entity from those at the Board, Executive and at the program level. There is a clear ownership from the Board and throughout the Executive to drive best practice and support the practical implementation of the Standards.
- There is an overt commitment by the leadership to safeguarding and zero tolerance to abuse. This is evidenced through posters, signage, publications, and SharePoint bulletin messages throughout the organisation and a safeguarding commitment statement on the MCCG website.
- There are two Codes of Conduct that have been adapted for personnel through the Code of Conduct and a Child and Vulnerable Adult Code of Conduct to meet safeguarding responsibilities. MCCG's Safeguarding Commitment is also on display in all sites visited.
- MCCG has an internal Risk Management Reference Group (RMRG) where all internal meetings / working groups feed new and emerging risks into as a standing agenda item on a quarterly basis.
- The Safeguarding Working Group refer new or emerging risks to the internal RMRG (these are standing agenda item reports). The RMRG reports to the Board Risk and Audit Committee Board. The RMRG is chaired by the Safeguarding Officer (Director Clinical Governance & Supervision) and includes the CFO, Director HR, Executive Directors and Quality Compliance Director - this membership is a risk thought leader for MCCG. The Director Clinical Governance & Supervision has overall responsibility for the Safeguarding Risks. This is reflected in the MCCG Eco System Compliance Quality Diagram.
- MCCG has an overarching Safeguarding Risk Management Plan and provided a sample of Program Level Risk Assessment.
- MCCG has adopted a strengths-based approach including governance and risk management processes, the appointment of a senior Safeguarding Officer, dedicated safeguarding resources, the internal quality assurance audit program and regular program assessments to provide safeguarding oversight by the Board.
- The audit also assessed MCCG personnel's awareness of their safeguarding responsibilities. In the site visits and interviews personnel were able to offer examples of practices that demonstrate awareness and understanding of their safeguarding responsibilities.

Areas for Improvement:

- Safeguarding information on the website should be given more prominence including a link to Safeguarding policies, adding a short zero tolerance statement to the current Safeguarding statement in the footer, and a link to full Commitment Statement.
- Several programs identified safeguarding as mitigating risk to their clients, this was externally focused. There is continued work needed to drive a proactive safeguarding culture when looking at risks posed by MCCG personnel.
- There is an overarching safeguarding plan for the organisation, however, specific safeguarding risks of individual programs are not outlined. Profiles should be developed for programs to understand the level of risk of the program and improve oversight based on the: type of services provided, vulnerability of the child or vulnerable person and the type of supervision in place by MCCG.
- Develop a safeguarding audit schedule reflective of the program risk profile and safeguarding controls that is overseen and approved by the Safeguarding Committee on an annual basis.
- While the Code of Conduct is referenced in some intake documents, there was no easily accessible version of either Code of Conduct, and children and vulnerable adults are not provided the Code of Conduct in an easily understandable version. Create an easily accessible version of the Code of Conduct in partnership with children and vulnerable adults [1.4 and 2.1] and embed the Code of

Conduct resource into all induction for children and vulnerable adults. Publish Code of Conduct on the website and on premises.

- Ensure clear reference and consistency of communication and training for all personnel in both the Child and Vulnerable Adult Code of Conduct and Code of Conduct Policy to provide consistency in expectations.
- Provide an annual scenario-based training of the combined Code of Conduct to reinforce appropriate behaviours and refresh staff understanding of what classifies as a breach and how to report breaches of staff relating to children and vulnerable adults, [1.4, 5.3 and 7.2].



Capability Area: Engaging with children, adults, families and communities (Standards 2, 3 and 4)

The documentation provided by MCCG for their desktop assessment demonstrates their understanding that every person has the right to be protected from harm, to be listened to, to be taken seriously, and to have a say in matters that affect them. MCCG has in place several formal and informal programs, and services to encourage the active engagement of clients, their families and carers in the life of the community. This effort is aided in the work of the MCCG Auxiliary.

- Program and service information for parents and carers is widely available in a range of formats.
- In interviews and visits, the audit team confirmed that in regulated agencies and people-facing roles, the voices and views of their clients form part of the participation framework and included in service delivery processes.
- MCCG has adopted the CARE (Creating Conditions for Change) program provided through Cornell University which underpins trauma-informed practices in their services.
- Information about child wellbeing, e-safety and abuse prevention programs and related support services is provided in a range of settings for children, adolescents and parents.
- Interviews with personnel in the CHOICES programs revealed their commitment to providing gentle ministry and skilfully offering support to adults at risk in a non-judgemental and sensitive manner.
- Age-appropriate materials have been designed to encourage the participation of children in decision making and to provide feedback.
- Staff interviews demonstrated a strong awareness of safeguarding policies.
- MCCG demonstrates an inclusive approach to supporting children and vulnerable people with diverse needs, in their decision-making.
- References to cultural safety, neurodiversity, and a positive focus on inclusive practices were evident in both the desktop audit and in interviews with personnel.
- The Board strongly supports the principles of Catholic Social Teaching and MCCG's responsibility to care for the most vulnerable in the community.
- Staff and clients are encouraged to actively participate in a culture that is safe for them and their peers.
- The importance of relationships and social connections for adults at risk is recognised and encouraged, helping them to feel safe and less isolated. This was demonstrated through the operational teams. Strong examples were noted in the MULCH program and Supported Independent Living.
- Where relevant to the setting or context, children and families are often referred to other services within MCCG when a need is identified (i.e., counselling services). This is a strength of the various services provided by MCCG.

Areas for improvement:

- In the sample of the discussions and intake assessment documents it was not clear that there is a consistent process for addressing safeguarding issues.
- Update the Client Information Packs to include an easily accessible version of the Vulnerable Adult Code of Conduct that has been developed in partnership with children and vulnerable adults.
- Best practice models and stakeholder consultation to strengthen the development and review of MCCG policies and procedures.
- Develop processes in partnership with MCCG programs to identify how children, vulnerable adults and their families can be informed of and supported to understand core safeguarding policies of MCCG.

Capability Area: Right people, right role, right knowledge (Standards 5 and 7)



Personnel who are engaged in MCCG range of services are critical to the success of implementing the organisation's mission – a community strong in faith and committed to the common good. In meeting this capability area, MCCG strives to recruit appropriately skilled people to the right role to provide quality services.

The audit assessment of Standard 5 revealed that MCCG's employment practices are underpinned by a strong safeguarding culture.

- Overall, there is consistency between current employment relations and best practice HR processes.
- Position descriptions outline the job's requirements, duties and responsibilities regarding child safety and wellbeing and identify essential or relevant qualifications, experience and attributes in relation to child safety and wellbeing.
- MCCG has comprehensive standard operating procedure templates for recruitment and engagement in place. All MCCG employment related information provided to potential or successful personnel emphasizes a zero tolerance to abuse.
- There is an emphasis on safe recruitment, professional development, ongoing support, and supervision of personnel, which enhances risk mitigation.
- Applicants are advised about the child safety practices of the organisation, including the Code of Conduct.
- Applicants are screened in line with the legislative requirements relevant to the jurisdiction and engagement this includes:
 - NSW - WWCC
 - ACT - WWVP
 - All - National Criminal History Checks
 - Specified Programs (Contact) Child Protection Records Check (CYPS) Suitability Clearance
 - All - Driving History Check
 - Specified Staff/Roles - NDIS Worker Screening Clearance
 - Specified Staff/Roles - OCG Residential Care Workers Register
- Proof of identity, qualifications, history of working with children, and references are checked and recorded.

- Child safety risks relevant to a volunteer role are assessed and, if reasonable and appropriate, proof of identity, qualifications, history of working with children and references are collected and recorded.
- Procedures for managing complaints and concerns related to child abuse are explained, and a flow chart is readily available and displayed.
- The processes for managing reportable conduct allegations involves a panel of leadership of operational areas and the Safeguarding Officer. This is a strong demonstration of ensuring transparency, increased independence, and that the process focuses on the rights of children and adults at risk.
- Complaints are overseen by the Executive Directors and discussed with Directors at regular meetings to ensure appropriate, prompt, and thorough responses.
- An induction is provided to staff, volunteers and contractors engaged in child-related work, regarding child safety and wellbeing that is appropriate to the nature of the role.
- MCCG provides staff regular clinical supervision. This includes, 1:1 supervision; team/group supervision; access to senior practitioners and line management support, combined with the Employment Assistance Program.
- MCCG is currently using SALT safeguarding training modules. As the federal government continues to strengthen regulations around funded services, the current safeguarding training module will need to be updated and applied to the MCCG context. The emergence of contemporary issues including peer-on-peer abuse should be addressed in training updates.

Areas for Improvement:

- WWCC for carers and adult household members are managed by the Permanency Carer Team. Registers observed to be various date sequences and multiple records in one cell. This limits the accuracy of WWCC status.
- The Training Matrix indicates Safeguarding Training is only required for 'CAC' staff and is not identified in the Training Matrix for all staff. It is unclear which staff are covered.
- There is no training on the Code of Conduct.
- Volunteers and third parties are not included in the scope of the Staff Training and Professional Development Policy.

Capability Area: Systems, Policies and Procedures (Standards 6, 8 and 10)



This capability area brings together the responsibilities of ensuring that the systems, policies and procedures for safeguarding children, young people and adults at risk are integrated, work in practice and are monitored. MCCG has demonstrated that their policies and procedures are relevant and accessible, are informed by best practice and are well understood by those they apply to.

- MCCG is implementing rigorous risk management and employment best practices to ensure a safe environment.
- It has comprehensive processes for engaging volunteers outlined in their policy documents demonstrating a sound understanding of risk mitigation factors that must be considered.

- It has effective and operational risk management plans relating to clients and program activities across multiple sites and within the community-including emergency evacuation plans, mental health supports, behaviour management and safe online environments.
- MCCG is integrating a range of online tools and apps to improve record keeping and mitigate safeguarding risks.
- All staff and Board members are encouraged to understand and implement the policies and procedures.
- The Executive and staff champion and model the policies and procedures to enhance a child-safe environment.
- MCCG has documented its policies and procedures and made them easy to access and understand.
- Effective risk management is embedded in the organisation through effective, transparent and well understood policies, procedures and practices.
- MCCG has demonstrated it has embedded a trauma-informed approach in its safeguarding practices.
- Processes for raising concerns and complaints are understood by staff and clients and are available through the MCCG website and intranet. Staff promote these processes to children, adults, families, carers and volunteers that engage in their programs.
- Processes are formally documented in the organisation's policies and procedures and are made publicly available. The Board and leadership commended the support of the Archdiocese's Institute for Professional Standards in ensuring that policies and procedures align with best practice and are compliant with civil and canon law.
- Where employees are the subject of a complaint or allegation, support is to be provided to ensure consistency and procedural fairness for all parties involved.
- MCCG is currently upgrading its IT systems architecture to strengthen cyber-security and compliance with the Essential Eight plan to protect against cyber-attacks and is continuously monitoring for attacks. While MCCG has not experienced a cyber breach, there is high awareness of the risk of the implications of a systems breach on the organisation.
- Access within the online environment is monitored, and all personnel must use a MCCG domain name address to access systems and when representing the organisation.
- There is generally a strong awareness of managing risks associated with third parties, contractors, and external use of facilities.
- MCCG third party contracts include specific reference to responsibilities and commitment to safeguarding and have policies and procedures in place for contractors and visitors.
- Legislative register and updates are provided through various Committees to the Board including evidence of the impact.

Areas for Improvement

- Embed safeguarding risk within program and activity risk assessments to ensure context specific safeguarding risks are consistently identified and managed effectively.
- Risk assessments are conducted; however, they do not have a specific Safeguarding element outlining specific boundary risks and how these are communicated to the client.
- Based on the samples of risk management templates and discussions with programs it was observed that risks faced by clients or by MCCG personnel in delivering services (i.e., 1:1 settings – transport, open windows for counselling services) need to be improved to ensure safeguarding risks of services, activities, physical environments and online are identified and managed in a consistent

way. This will be elevated by identifying the risk profile of each service/program as outlined in Standard 1.5.

- Tenison Woods House - Counselling Rooms have no windows internally for natural surveillance.
- Conduct regular reviews on training completion status to uplift completion rates.

3. Summary of recommendations

Audit recommendations are classified according to priority and urgency for remediation.

- There are no Priority 1 (high rated) audit recommendations.
- There are three Priority 2 (medium rated) recommendations.
- There are four Priority 3 (low rated) recommendation.

These are detailed in Section 5 of this report. Each recommendation also contains the response of MCCG to the audit finding, including management actions.

This audit brings into focus the achievement in integrating systems and policies made since the amalgamation of Marymead and CatholicCare. ACSL acknowledges that there is a strong commitment to meeting regulatory obligations and the challenges of embedding culture across such a large, growing and diverse organisation that works across jurisdictions. By implementing the identified areas for improvement, MCCG will continue to mature its safeguarding systems and demonstrate sustained alignment with the Standards

We would like to thank the leadership team of MCCG and all personnel who were involved in the audit for their cooperation and assistance.

| No. | Indicator | Recommendation |
|------------------|------------------------------|--|
| Recommendation 1 | 1.2.4 | Ensure that all programs identify and assess safeguarding risks that may arise from or relate to personnel. |
| | 1.4.1, 1.4.2, 5.3, 7.2 | Ensure clear reference and consistency of communication and training for all personnel in both the Child and Vulnerable Adult Code of Conduct and Code of Conduct Policy to provide consistency in expectations. Provide an annual scenario-based training of the Code of Conduct to reinforce appropriate behaviours and refresh staff understanding of what classifies as a breach and how to report breaches of staff relating to children and vulnerable adults. |
| | 1.4.2, 5.3. 2.1 | Create an easily accessible version of the Code of Conducts in partnership with children and vulnerable adults. Embed the Code of Conduct resource into all induction for children and vulnerable adults and publish on the website and on premises. |
| | 1.5, 8.1.1, 9.1.2 | Develop risk profile for programs to understand the level of risk of the program and to improve oversight based on the: type of services provided, vulnerability of the child or vulnerable person, type of supervision in place by MCCG. Incorporate into the overarching risk management plan. Develop a safeguarding audit schedule reflective of the program risk profile that is overseen and approved by the Safeguarding Committee on an annual basis. |
| Recommendation 2 | 2.1.2, 3.3.1, 10.3.1 | Develop processes in partnership with MCCG programs to identify how children, vulnerable adults and their families can be informed of and supported to understand core safeguarding policies of MCCG. |
| Recommendation 3 | 3.1.1, 3.2.2, 3.3.1 | Update the Client Information Packs to include an easily accessible version of the Vulnerable Adult Code of Conduct that has been developed in partnership with children and vulnerable adults. Strengthen existing stakeholder consultation groups to include development and review of relevant MCCG policies and procedures. |
| Recommendation 4 | 5.2.3 | Improve the record management of WWCC of carers and adult household members at Permanency Care Team to ensure clear filtering and effective oversight on expiration dates. |
| | 5.3.1, 7.1.1 | Update the Safeguarding section on the MCCG Staff Orientation to clearly align to the Code of Conduct, including processes for reporting of inappropriate behaviours towards children and vulnerable adults i.e., alignment of the Complaints Policy and reporting system. Update the Staff Training and Professional Development Policy and Procedures and Training Matrix to clearly state annual requirements of Safeguarding Essentials Training for all staff, volunteers, foster carers and third parties, where appropriate. |
| | 5.4.1 | Map position descriptions and roles to ensure safeguarding responsibilities are included in professional supervision and performance reviews. |

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| Recommendation 5 | 6.1.1 | Update the Incident and Complaints Policies and related document to refer to the Children's Guardian Act 2019 [completed at time of report] |
| Recommendation 6 | 7.1.2 | Update Safeguarding Essentials Training Module to contextualise and reference specific MCCG's safeguarding policies and practices (i.e., Code of Conduct, Safeguarding Policy, Risk Assessments, Complaints Policy). Provide Safeguarding Essentials Training Module to all personnel (i.e., foster carers, volunteers, third parties, where appropriate). |
| | 7.1.3 | Conduct regular reviews on training completion status to uplift completion rates. |
| Recommendation 7 | 8.1.1 8.1.3 | Review all physical environments to ensure they are suitable for activities and meet regulatory requirements to allow for natural surveillance. Embed safeguarding risk within program and activity risk assessments to ensure context specific safeguarding risks are consistently identified and managed effectively. |

4. Assessment of maturity against NCSS indicators

| Standard 1 | | Committed leadership, governance and culture | | | |
|--|---|--|-----------|------------|----------------|
| <i>The safeguarding of children and adults is embedded in the entity's leadership, governance and culture</i> | | | | | |
| Criterion 1.1 – There is a public commitment to safeguarding that takes a zero-tolerance approach to abuse. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 1.1.1 | The Safeguarding Policy is approved and endorsed by the leadership body and is publicly available. | ✓ | | | |
| 1.1.2 | The Safeguarding Commitment Statement is published, widely displayed, and made publicly available. | ✓ | | | |
| Observations: | | | | | |
| 1.1.2 Safeguarding information on website should be given more prominence including a link to Safeguarding policies, adding a short zero tolerance statement to the current Safeguarding statement in the footer, and a link to full Commitment statement. | | | | | |
| Criterion 1.2 - A culture of safeguarding children and adults is championed and modelled at all levels of the organisation | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 1.2.1 | A strong safeguarding culture is created and maintained by the Board and leadership promoting safeguarding, and the dignity and rights of everyone. <ul style="list-style-type: none"> • emphasising that safeguarding children and adults is everyone's responsibility; and • actively monitoring safeguarding compliance and risk management. | ✓ | | | |
| 1.2.2 | A Safeguarding Committee is appointed at the highest level of leadership to oversee the effective ongoing implementation of safeguarding practices, policies, and procedures. | ✓ | | | |

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| 1.2.3 | A Safeguarding Co-ordinator(s) is appointed with clearly defined roles and responsibilities. | ✓ | | | |
| 1.2.4 | Personnel understand that good safeguarding practices are everyone's responsibility and are empowered to contribute to the organisation's safeguarding practices. | | ✓ | | |

Observations:

1.2.4 Programs demonstrated personnel have a strong awareness of safeguarding risks to their clients, however, this was externally focused. Continue efforts to strengthen a proactive safeguarding culture to further enhance awareness and attention to risks that may arise from or relate to personnel.
See Recommendation #1.

| Criterion 1.3 - Governance arrangements facilitate the implementation of the Safeguarding Policy across the entity's activities. | | Developed & Embedded | Developed | Developing | Yet to Develop |
|--|--|----------------------|-----------|------------|----------------|
| 1.3.1 | Governance arrangements are transparent and include safeguarding roles and responsibilities to ensure accountability for the safeguarding of children and adults is clear. | ✓ | | | |

Observations:

Requirements of the indicators are in place. No recommendations for improvement noted.

| Criterion 1.4 – The entity's Code of Conduct sets clear behavioural standards towards children and adults. | | Developed & Embedded | Developed | Developing | Yet to Develop |
|--|---|----------------------|-----------|------------|----------------|
| 1.4.1 | The Code of Conduct is explicit and inclusive of all personnel and provides guidance on appropriate and expected standards of behaviour. | | ✓ | | |
| 1.4.2 | The Code of Conduct is written in accessible language and communicated to personnel, children, families, and carers. | | ✓ | | |
| 1.4.3 | The Code of Conduct considers the needs of all children and adults at risk, paying particular attention to: <ul style="list-style-type: none"> • First Nations people. • individuals who are elderly, are living with disability, are suffering from an illness, or who are at risk of abuse'; • individuals from culturally and linguistically diverse backgrounds. • children in out of home care, or are homeless; and, • children and adults of diverse sexuality. | ✓ | | | |
| 1.4.4 | The Code of Conduct outlines the importance of considering how power imbalances can occur in ministries and services. | ✓ | | | |

Observations:

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| <p>1.4.1 Annual scenario-based training of the Code of Conducts should be provided to reinforce appropriate behaviours and refresh staff understanding of what classifies as a breach and how to report breaches of staff relating to children and vulnerable adults. Refer to Recommendation #1 and related Indicators 5.3 and 7.1.</p> <p>1.4.2 There is no easily accessible version of either Code of Conduct for communication to children, families, and carers. While it is referenced in some intake documents, children and vulnerable adults are not provided the Code of Conduct in an easily understandable version. [Related Indicators 2.1, 5.3, 7.2].</p> <p>See Recommendations #1 and #3.</p> |
|--|

| Criterion 1.5 - The entity's risk management plan focuses on preventing, identifying, and mitigating safeguarding risks to children and adults. | | Developed & Embedded | Developed | Developing | Yet to Develop |
|---|--|----------------------|-----------|------------|----------------|
| 1.5.1 | The Risk Management Plan considers the needs of children and adults with diminished capacity, and how and when adults at risk make informed choices (dignity of risk). | | ✓ | | |
| 1.5.2 | The Risk Management Plan incorporates procedures to assess, evaluate, review, and oversee safeguarding of children and adults at risk across its services. | | | ✓ | |
| 1.5.3 | There is a documented program to regularly identify, monitor, report, and review risks. | | ✓ | | |

Observations:

While there is an overarching risk management plan, specific safeguarding risks of individual programs are not outlined. [See related Indicators 8.1.1 and 9.1.2].

See Recommendation #1.

| Criterion 1.6 - Personnel understand their obligations on information sharing and record keeping for safeguarding and professional standards. | | Developed & Embedded | Developed | Developing | Yet to Develop |
|---|--|----------------------|-----------|------------|----------------|
| 1.6.1 | Information sharing and record keeping policies and procedures are documented and communicated to personnel. | ✓ | | | |
| 1.6.2 | Information sharing and record keeping policies and procedures align with best practice. | ✓ | | | |

Observations:

Requirements of the indicator are in place. No recommendations for improvement noted. The auditors note a new complaints handling system is under development for roll out in 2027.

| Standard 2 | | Children and adults are safe, informed and participate | | | |
|--|---|--|-----------|------------|----------------|
| <i>Children and adults are informed about their rights, participate in decisions affecting them and are taken seriously</i> | | | | | |
| Criterion 2.1 – Children and adults at risk engaged in services are informed about their rights, including safety, decision making, participation and how a complaint will be managed. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 2.1.1 | Age-appropriate strategies are used to engage children, seek their views about what makes them feel safe, and enable them to participate in decisions that affect them. | ✓ | | | |
| 2.1.2 | Adults at risk (or carers where appropriate) are engaged to provide their views about decisions | ✓ | | | |

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| | which affect them, what makes them feel safe and to contribute to safeguarding approaches. | | | | |
| 2.1.3 | The organisation makes children and adults at risk aware of their rights, including their right to be safe from abuse, and who to contact if they are concerned about their safety or the safety of others. | ✓ | | | |

Observations:

2.1.1 and 2.1.2 Best practice models and stakeholder consultation strengthen the development and review of MCCG policies and procedures. [See related Indicators 3.3.1 and 10.3.1]. Refer Recommendation #2.

| | | | | | |
|-------|---|----------------------|-----------|------------|----------------|
| | Criterion 2.2 - The importance of friendships is recognised and support from peers is encouraged, helping children feel safe and less isolated. | Developed & Embedded | Developed | Developing | Yet to Develop |
| 2.2.1 | Children are provided with age-appropriate information about safe and respectful peer relationships. | ✓ | | | |

Observations:

Requirements of the indicator are in place. No recommendations for improvement noted.

| | | | | | |
|-------|---|----------------------|-----------|------------|----------------|
| | Criterion 2.3 - The importance of friendships and social connections for adults at risk is recognised and encouraged, helping them feel safe and less isolated. | Developed & Embedded | Developed | Developing | Yet to Develop |
| 2.3.1 | Adults at risk (or their carers where appropriate), are provided with information about safe and respectful relationships. | ✓ | | | |

Observations:

Requirements of the indicator are in place. No recommendations for improvement noted.

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|-------|---|----------------------|-----------|------------|----------------|
| | Criterion 2.4 – Where relevant to the setting or context, children and families are offered access to abuse prevention programs and related information that is age appropriate. | Developed & Embedded | Developed | Developing | Yet to Develop |
| 2.4.1 | Children and families are provided with information, access and/or referral to abuse prevention programs, appropriate to the child's age, development, ability, and level of understanding. | ✓ | | | |

Observations:

Requirements of the indicator are in place. No recommendations for improvement noted

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|--|--|----------------------|-----------|----------------|
| Standard 3 | Partnering with families, carers and communities | | | |
| <i>Families, carers and communities are informed and involved in promoting the safeguarding of children and adults.</i> | | | | |
| | Criterion 3.1 – Parents, carers and/or guardians participate in decisions affecting their child, or adults with diminished capacity. | Developed & Embedded | Developed | Developing |
| 3.1.1 | Parents, carers and/or guardians are encouraged to take an active role in monitoring the safety of those engaged in the service. | ✓ | | Yet to Develop |

| Observations | | | | | |
|---|--|----------------------|-----------|------------|----------------|
| Refer related Indicator 3.3.1 and Recommendation #3. | | | | | |
| Criterion 3.2 – Families, carers and communities are engaged with and are provided information about the organisation’s approach to safeguarding. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 3.2.1 | Families, carers and communities are encouraged to contribute to discussions about safeguarding approaches. | ✓ | | | |
| 3.2.2 | Safeguarding information widely available, including contact details of the Safeguarding Committee and/or Safeguarding Co-ordinators. | | ✓ | | |
| Observations: | | | | | |
| 3.2.2 Families, carers and communities were provided reference to the Code of Conduct throughout intake of a services reviewed however, were not provided the document or explicit safeguarding processes relating to the services. [Related Indicator 3.3.1]. See Recommendation #3. | | | | | |
| Criterion 3.3 - Families, carers and communities are informed about the organisation’s operations and governance; and have an opportunity to have a say in the safeguarding policies and practices. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 3.3.1 | Processes are in place to engage families, carers and communities about their views on safeguarding policies and practices. | | ✓ | | |
| 3.3.2 | Families, carers and communities are aware of the roles and responsibilities of personnel providing services directly to children and adults at risk. | ✓ | | | |
| Observations: | | | | | |
| 3.3.1 Update the Client Information Packs to include an easily accessible version of the Vulnerable Adult Code of Conduct that has been developed in partnership with children and vulnerable adults. Strengthen existing stakeholder consultation groups to include development and review of relevant MCCG policies and procedures. [Related Indicators 2.1.2, 10.3.1] Refer Recommendation #3. | | | | | |
| Criterion 3.4 – The organisation raises community awareness of the dignity and rights of all children and adults | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 3.4.1 | The entity promotes and/or participates in activities which raise awareness of abuse prevention and the rights and dignity of children and adults at risk. | ✓ | | | |
| Observations: | | | | | |
| Requirements of the indicators are in place. No recommendations for improvement noted. | | | | | |

| Standard 4 | | Equity is promoted and diversity is respected | | | |
|--|---|---|-----------|------------|----------------|
| | | | | | |
| <i>Equity is upheld and diverse needs respected in policy and practice</i> | | | | | |
| Criterion 4.1 - The diverse circumstances and backgrounds of children and adults at risk are acknowledged and accommodated by providing appropriate support. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 4.1.1 | The Safeguarding Policy and procedures demonstrate an understanding, and awareness of the diverse circumstances and experiences that increase the risk of abuse. | ✓ | | | |
| 4.1.2 | The Complaints Handling Policy and practices address barriers that may prevent a disclosure of abuse being made and that hinders personnel from recognising and responding appropriately. | ✓ | | | |
| <i>Observations:</i> | | | | | |
| Requirements of the indicator are in place. No recommendations for improvement noted. | | | | | |
| Criterion 4.2 – Children and adults have access to information, support and complaints processes in ways that promote inclusion, are culturally safe, and accessible. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 4.2.1 | Information about the organisation's processes and supports are provided in culturally safe, accessible, and easy to understand formats. | ✓ | | | |
| <i>Observations:</i> | | | | | |
| Requirements of the indicator are in place. No recommendations for improvement noted. | | | | | |
| Criterion 4.3 - The diverse needs of Aboriginal and Torres Strait Islander people, those living with disability, those from culturally and linguistically diverse backgrounds, children and adults who are unable to live at home, and those of diverse sexuality, are acknowledged. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 4.3.1 | The Safeguarding Policy and procedures empower children and adults by reflecting attitudes and behaviours that respect their inherent dignity, are inclusive and are responsive to diverse needs. | ✓ | | | |
| <i>Observations:</i> | | | | | |
| Requirements of the indicator are in place. No recommendations for improvement noted. | | | | | |

| Standard 5 | | Robust human resource management | | | |
|---|---|---|-----------|------------|----------------|
| | | <i>People working with children and adults at risk are suitable and supported to reflect safeguarding values in practice</i> | | | |
| Criterion 5.1 – A strong commitment to safeguarding underpins the organisation's recruitment. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 5.1.1 | The commitment to safeguarding and a zero-tolerance approach to abuse are explicit in | ✓ | | | |

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|-------|--|---|--|--|--|
| | advertising, screening, and recruitment for personnel. | | | | |
| 5.1.2 | Recruitment and screening procedures and processes are fully documented. | ✓ | | | |
| 5.1.3 | Positions are assessed for the expected level of contact with children/adults at risk and appropriate safeguarding recruitment procedures are implemented. | ✓ | | | |

Observations:

Requirements of the indicator are in place. No recommendations for improvement noted.

| Criterion 5.2 – Personnel have current clearances (for example, working with children checks) and/or equivalent background checks relevant to their role. | | Developed & Embedded | Developed | Developing | Yet to Develop |
|---|---|----------------------|-----------|------------|----------------|
| 5.2.1 | All personnel are required to have a background check or clearance (as relevant to their role). | ✓ | | | |
| 5.2.2 | As required by legislation, personnel must have a current working with children check (or working with vulnerable people check) and/or NDIS Worker Screening Check prior to working with children and adults at risk. | ✓ | | | |
| 5.2.3 | Records of all checks, for all personnel, are maintained and monitored in accordance with legislation. | | ✓ | | |

Observations:

5.2.3 WWCC for carers and adult household members are managed by the Permanency Carer Team. Registers observed were inconsistently recorded with various date sequences used and multiple records in one cell. This limits the accuracy of WWCC status. See Recommendation #4.

| Criterion 5.3 - Personnel complete appropriate induction and are aware of their safeguarding responsibilities including reporting obligations. | | Developed & Embedded | Developed | Developing | Yet to Develop |
|--|---|----------------------|-----------|------------|----------------|
| 5.3.1 | All personnel participate in a safeguarding induction program, which occurs as soon as possible after commencement. | | ✓ | | |
| 5.3.2 | The Board and their leadership team undertake Leaders Safeguarding program | ✓ | | | |

Observations:

5.3.1 Across the organisation aim for 95% completion rate for safeguarding training and refresher training.
There is no Code of Conduct Training.
Update the Safeguarding section on the MCCG Staff Orientation to clearly align to the Code of Conduct, including processes for reporting of inappropriate behaviours towards children and vulnerable adults i.e., alignment of the Complaints Policy and reporting system
The Training Matrix indicates Safeguarding Training is only required for 'CAC' staff and is not identified in the Training Matrix for all staff. It is unclear which staff are covered.
Volunteers and third parties are not included in the scope of the Staff Training and Professional Development Policy.

[Related Indicators 1.4, 7.1] Refer Recommendations #1 and #4.

| Criterion 5.4 - Ongoing supervision and people management includes an emphasis on safeguarding responsibilities. | | Developed & Embedded | Developed | Developing | Yet to Develop |
|---|---|----------------------|-----------|------------|----------------|
| 5.4.1 | Professional supervision, mentoring, and annual performance reviews are in place for personnel, and include a focus on safeguarding responsibilities. | | ✓ | | |
| Observations: In some services safeguarding responsibilities are not clearly defined. [Related Indicator 1.2.4] See Recommendation #4. | | | | | |
| | | | | | |

| Standard 6 | | Effective complaints management | | | |
|--|----------------------|---------------------------------|------------|----------------|--|
| Processes for raising concerns and complaints are responsive, understood, accessible and used by children, adults, families, carers, communities and personnel. | | | | | |
| Criterion 6.1 - The organisation's Complaints Handling Policy outlines the roles and responsibilities, approaches to dealing with different types of complaints, reporting obligations and record keeping requirements. | Developed & Embedded | Developed | Developing | Yet to Develop | |
| 6.1.1 Policies and procedures address mandatory reporting obligations. | ✓ | | | | |
| 6.1.2 There are clear procedures that provide step-by-step responses and action to be taken for different types of complaints, including: <ul style="list-style-type: none"> • breaches of Code of Conduct. • disclosures, allegations, or concerns of current abuse of a child. • an adult bringing forward a complaint of abuse suffered as a child; and • an adult bringing forward a complaint of current or past abuse experienced as an adult. | ✓ | | | | |
| 6.1.3 The Complaint Handling Policy outlines how perceived or actual conflict of interests are managed. | ✓ | | | | |
| 6.1.4 The Complaint Handling Policy acknowledges that power imbalances exist between the complainant and respondent and has strategies in place to address this. | ✓ | | | | |
| 6.1.5 The Complaint Handling Policy spells out who has responsibilities in relation to handling complaints and when procedures are enacted. | ✓ | | | | |
| 6.1.6 All abuse complaints, incidents, allegations, disclosures, concerns and referral are recorded, and confidential information is stored, protected and retained according to the Privacy Act, and for 50 years. | ✓ | | | | |
| Observations: | | | | | |

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|--|---|----------------------|-----------|------------|----------------|
| Update the Incident and Complaints Policies and related document to refer to the Children's Guardian Act 2019 [complete at time of report]. See Recommendation #5. | | | | | |
| | | | | | |
| Criterion 6.2 - The Complaint Handling Policy is understood by children, adults, families, carers, and personnel, and focuses on the rights of children and adults at risk. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 6.2.1 | The Complaint Handling Policy and procedures demonstrate how the safety and well-being of children and adults at risk are prioritised. | ✓ | | | |
| Observations: Requirements of the indicator are in place. No recommendations for improvement noted. | | | | | |
| Criterion 6.3 - Complaints are taken seriously and responded to promptly and thoroughly. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 6.3.1 | The Complaints Handling Policy is aligned, and operates in conjunction, with the Code of Conduct, HR and other policies. | ✓ | | | |
| 6.3.2 | The Complaints Handling Policy commits to an initial risk assessment if a complaint of abuse is received, to identify and minimise any risk to children or adults. Ongoing risk assessments are conducted throughout investigation processes. | ✓ | | | |
| 6.3.3 | Complainants are responded to promptly and kept informed as to the progress of dealing with their complaint. | ✓ | | | |
| 6.3.4 | Trauma-informed and victim-centred support and care is offered to any child or adult who has experienced abuse. | ✓ | | | |
| 6.3.5 | Sharing information relating to complaints adheres to the Australian Privacy Principles and relevant legislation. | ✓ | | | |
| 6.3.6 | The Complaints Handling Policy and procedures empower and support personnel to raise, in good faith, concerns and allegations about unacceptable behaviour towards children and adults by other personnel. | ✓ | | | |
| 6.3.7 | Where a complaint related to the sexual abuse of a child or adult against personnel is substantiated under a civil standard, the organisation undertakes a risk management process to determine the appropriate action. | ✓ | | | |
| Observations: Requirements of the indicator are in place. No recommendations for improvement noted. | | | | | |
| Criterion 6.4 - The Complaints Handling Policy includes the process of reporting complaints and concerns to relevant authorities, requiring cooperation with any statutory or contractual processes. | | Developed & Embedded | Developed | Developing | Yet to Develop |

| | | | | | |
|-------|---|---|--|--|--|
| 6.4.1 | <p>The Complaints Handling Policy requires that:</p> <ul style="list-style-type: none"> concerns and complaints of child abuse occurring within the entity be reported to the appropriate statutory authorities, in accordance with regulations. any concerns and/or complaints of a criminal against adults be reported to statutory authorities; and personnel cooperate with law enforcement procedures and directives. | ✓ | | | |
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Observations:

Requirements of the indicator are in place. No recommendations for improvement noted.

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|---|--|----------------------|-----------|------------|----------------|
| Criterion 6.5 – The organisation ensures mechanisms are in place to support complainants of child and adult sexual abuse. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 6.5.1 | Appropriate pastoral care is provided to complainants. | ✓ | | | |

Observations:

Requirements of the indicator are in place. No recommendations for improvement noted.

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|--|--|----------------------|-----------|------------|----------------|
| Criterion 6.6 - The organisation ensures respondents facing allegations are supported and monitored. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 6.6.1 | Appropriately trained personnel engaged in consultation with the respondents to counsel and represent the pastoral needs of the respondent. | ✓ | | | |
| 6.6.2 | Arrangements are in place to monitor, supervise and support a respondent, where there is a complaint, until (and if) the organisation no longer has this responsibility. | ✓ | | | |

Observations:

Requirements of the indicator are in place. No recommendations for improvement noted.

| Standard 7 | | Ongoing education and training | | | |
|---|--|--------------------------------|-----------|------------|----------------|
| <i>Personnel are equipped with knowledge, skills and awareness to keep children and adults safe through information, ongoing education and training.</i> | | | | | |
| Criterion 7.1 - Personnel are trained and supported to implement the safeguarding policies and procedures. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 7.1.1 | Personnel are provided regular education and training on safeguarding policies and procedures. | | ✓ | | |
| 7.1.2 | The organisation's induction and refresher Safeguarding of Children and Adults training must as a minimum cover: <ul style="list-style-type: none"> Code of Conduct. Safeguarding risk management. | | | ✓ | |

| | | | | | |
|-------|---|---|---|--|--|
| | <ul style="list-style-type: none"> • Safeguarding Policy and procedures. • Complaints Handling Policy and procedures. • reporting obligations; and • e-safety training. | | | | |
| 7.1.3 | Records are maintained to ensure all personnel attend induction training and participate in refresher safeguarding training at least every three years. | | ✓ | | |
| 7.1.4 | All personnel with specific safeguarding responsibilities receive ongoing support and professional development to their role. | ✓ | | | |

Observations:

7.1.1 The Training Matrix indicates Safeguarding Training is only required for 'CAC' staff and is not identified in the Training Matrix for all staff. It is unclear which staff are covered. Volunteers and third parties are not included in the scope of the Staff Training and Professional Development Policy. [Related Indicators 1.4.1, 5.3
See Recommendation #4.]

7.1.2 There is no explicit training module on the Code of Conduct. Update Safeguarding Essentials Training Module to contextualise and reference specific MCCG's safeguarding policies and practices (i.e., Code of Conduct, Safeguarding Policy, Risk Assessments, Complaints Policy). Provide Safeguarding Essentials Training Module to all personnel (i.e., foster carers, volunteers, third parties, where appropriate). [Related Indicator 5.3]
See Recommendations #1 and #6

7.1.3 Conduct regular reviews on training completion status to uplift completion rates.
See Recommendation #6.

| Criterion 7.2 - Personnel are supported to recognise the nature and indicators of child abuse, including harmful behaviours by a child towards another child. | | Developed & Embedded | Developed | Developing | Yet to Develop |
|---|---|----------------------|-----------|------------|----------------|
| 7.2.1 | <p>Education and training programs include materials addressing factors that may place children at risk of abuse, building knowledge to:</p> <ul style="list-style-type: none"> • understand the nature and impact of child abuse. • understand the nature, factors, and impact of institutional abuse. • identify risk factors, such as grooming behaviours; and • understand, identify, and respond to abusive behaviours by a child towards another child. | ✓ | | | |

Observations:

Requirements of the indicator are in place. No recommendations for improvement noted.
See related Recommendation #1.

| Criterion 7.3 – Personnel are supported to recognise the factors that contribute to adult abuse, with a focus on adults at risk. | | Developed & Embedded | Developed | Developing | Yet to Develop |
|--|---|----------------------|-----------|------------|----------------|
| 7.3.1 | <p>Education and training programs include materials addressing factors that may place adults at risk of abuse, building knowledge to:</p> <ul style="list-style-type: none"> • understand the nature and impact of adult abuse. | ✓ | | | |

| | | | | | |
|--|--|--|--|--|--|
| | <ul style="list-style-type: none"> • understand the nature, factors, and impact of institutional abuse. • identify risk factors, such as abuse of power, and exploitation. • recognise how adults and institutions can be groomed, including power imbalances can be exploited; and • understand what could make specific adults at increased risk of abuse. | | | | |
|--|--|--|--|--|--|

Observations:

Requirements of the indicator are in place. No recommendations for improvement noted.

| Criterion 7.4 - Personnel have the information and skills to respond effectively to safeguarding risks, concerns, disclosures, and allegations of abuse. | | Developed & Embedded | Developed | Developing | Yet to Develop |
|--|--|----------------------|-----------|------------|----------------|
| 7.4.1 | Education and training programs equip relevant personnel to appropriately respond to and support anyone bringing forward concerns, disclosures, and allegations of abuse. | ✓ | | | |
| 7.4.2 | Personnel receive training on information sharing and record keeping policies and procedures. | ✓ | | | |
| 7.4.3 | Personnel receive training on reporting obligations under Commonwealth/State/Territory legislative and canon law, which includes: <ul style="list-style-type: none"> • reporting suspected criminal behaviour to police. • mandatory reporting to child protection authorities. • Reportable Conduct Scheme. • reporting to other regulatory authorities or government departments; and • Canonical reporting requirements. | ✓ | | | |

Observations:

Requirements of the indicator are in place. No recommendations for improvement noted.

| Criterion 7.5 - Personnel receive training and information on how to build culturally safe environments for children and adults. | | Developed & Embedded | Developed | Developing | Yet to Develop |
|--|---|----------------------|-----------|------------|----------------|
| 7.5.1 | Cultural safety training is provided to equip personnel to create, culturally safe environments for Aboriginal and Torres Strait Islander people. | ✓ | | | |
| 7.5.2 | Training is provided to relevant personnel to equip them with the knowledge and understanding of diverse cultural backgrounds and how to create safe environments for people from these groups. | ✓ | | | |

Observations:

Requirements of the indicator are in place. No recommendations for improvement noted.

| Standard 8 | | Safe physical and online environments | | | |
|---|---|---------------------------------------|-----------|------------|----------------|
| <i>Physical and online environments promote safety and contain appropriate safeguards to minimise the opportunity for children and adults to be harmed.</i> | | | | | |
| Criterion 8.1 – The Safeguarding Risk Management Strategy addresses both physical and online risks, without compromising the individual's right to privacy or wellbeing. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 8.1.1 | <p>Both physical and online risks are addressed within the provision of services including risks arising from:</p> <ul style="list-style-type: none"> one-to-one interactions between an adult and a child. services such as counselling, home visits, outreach, one-to-one tuition, and mentoring. one-to-one interaction with adults at risk. child-to-child interactions. adult-to-child interactions. adult-to-adult interactions (with consideration to power imbalances); and the nature of physical spaces. <p>Wherever possible, these interactions are conducted in an open or visible space, or within clear line of sight of another adult.</p> | | ✓ | | |
| 8.1.2 | Policies require the safe use of online applications for children and adults to learn, communicate and seek help. | ✓ | | | |
| 8.1.3 | Personnel are involved in identifying and mitigating physical and online risks to children and adults. | ✓ | | | |
| Observations: <p>Risk assessments are conducted, and Program Safeguarding Risk Management Plan sample was provided.</p> <p>Based on the samples of risk management templates and discussions with programs it was observed that risks faced by clients or by MCGC personnel in delivering services (i.e., 1:1 settings – transport, open windows for counselling services) need to be improved to ensure safeguarding risks of services, activities, physical environments and online are identified and managed in a consistent way. This will be elevated by identifying the risk profile of each service/program as outlined in Standard 1.5.</p> <p>Tennison Woods Centre - Counselling Rooms do not have windows internally for natural surveillance.</p> <p>See Recommendation #7 and related Recommendation #1 for Indicator 1.5.</p> | | | | | |
| Criterion 8.2 - The online environment is used in accordance with the Code of Conduct and Safeguarding policy. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 8.2.1 | Personnel access and use online environments in line with the organisation's Code of Conduct, Privacy Act and relevant communication protocols. | ✓ | | | |
| 8.2.2 | The online environment is monitored, and breaches are managed in accordance with disciplinary, or other relevant policies and reported to the leadership. | ✓ | | | |
| Observations: | | | | | |

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|--|---|----------------------|-----------|------------|----------------|
| Requirements of the indicator are in place. No recommendations for improvement noted. | | | | | |
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| Criterion 8.3 - Risk management plans address the range of settings, activities, and physical environments in which ministry and/or service occur. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 8.3.1 | A process is in place to assess and manage risk if the organisation becomes aware of the presence of someone who poses an unacceptable risk to others within their service. | ✓ | | | |
| Observations: Requirements of the indicator are in place. No recommendations for improvement noted. | | | | | |

| Standard 9 | | Continuous improvement | | | |
|--|---|------------------------|-----------|------------|----------------|
| <i>Entities regularly review and improve implementation of their systems for keeping children and adults safe.</i> | | | | | |
| Criterion 9.1 - The safeguarding practices for the protection of children and adults at risk are regularly reviewed. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 9.1.1 | The Safeguarding Implementation Plan outlines how safeguarding practices are monitored and reviewed, and how this information is reported. | ✓ | | | |
| 9.1.2 | The organisation monitors the implementation of the National Principles of Child Safe Organisations and co-ordinates annual local self-assessment checks. | | ✓ | | |
| 9.1.3 | The Safeguarding Policy is subject to review at least every three years and outcomes of this review are documented. | ✓ | | | |

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|--|--|----------------------|-----------|------------|----------------|
| Observations: See related Indicator 1.5 and Recommendation #1. | | | | | |
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| Criterion 9.2 – Concerns and complaints are analysed to identify causes and systemic failures in safeguarding practices. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 9.2.1 | All individual incidents or complaints relating to safeguarding practices and/or failures are considered by the leadership to identify systemic patterns and support continuous improvement. | | ✓ | | |

| Observations: Safeguarding Reports to Executive are numbered rather than trended and providing analysis on actions undertaken. | | | | | |
|--|----------------------|-----------|------------|----------------|--|
| Criterion 9.3 - The organisation reports on the findings of its safeguarding reviews. | Developed & Embedded | Developed | Developing | Yet to Develop | |
| 9.3.1 The findings of relevant reviews of safeguarding policies, procedures, and practices to are reported to stakeholders. | ✓ | | | | |
| Observations: Requirements of the indicator are in place. No recommendations for improvement noted. | | | | | |

| Standard 10 | | Policies and procedures support the safety of children and adults | | | |
|--|----------------------|--|------------|----------------|--|
| <i>Policies and procedures document how the entity is safe for children and adults.</i> | | | | | |
| Criterion 10.1 - Policies and procedures address the National Catholic Safeguarding Standards. | Developed & Embedded | Developed | Developing | Yet to Develop | |
| 10.1.1 All relevant policies and procedures reference appropriate safeguarding approaches, requirements and responsibilities. | ✓ | | | | |
| Observations: Requirements of the indicator are in place. No recommendations for improvement noted. | | | | | |
| Criterion 10.2 - Policies and procedures are accessible and easy to understand. | Developed & Embedded | Developed | Developing | Yet to Develop | |
| 10.2.1 The policies and procedures relevant to safeguarding are readily available and accessible to all personnel. | ✓ | | | | |
| Observations: Requirements of the indicator are in place. No recommendations for improvement noted. | | | | | |
| Criterion 10.3 - Best practice models and stakeholder consultation inform the development and review of policies and procedures. | Developed & Embedded | Developed | Developing | Yet to Develop | |
| 10.3.1 There are processes in place to monitor how safeguarding policies and procedures ae being implemented. | | ✓ | | | |
| 10.3.2 There is a process in place to develop and review safeguarding policies and procedures. | ✓ | | | | |
| Observations: 10.3.1 See Recommendation #2. [Related Indicators 2.1.2, 3.3.1] | | | | | |

| Criterion 10.4 - Leader's champion and model best practice implementation of the National Catholic Safeguarding Standards. | | Developed & Embedded | Developed | Developing | Yet to Develop |
|--|--|----------------------|-----------|------------|----------------|
| 10.4.1 | The Board and leaders promote the NCSS and enact all policies and procedures relevant to safeguarding. | ✓ | | | |
| Observations: | | | | | |
| Requirements of the indicator are in place. No recommendations for improvement noted. | | | | | |
| Criterion 10.5 - Personnel understand and implement the policies and procedures. | | Developed & Embedded | Developed | Developing | Yet to Develop |
| 10.5.1 | Personnel are encouraged to reflect on their understanding and practical implementation of policies and procedures and provide feedback. | ✓ | | | |
| Observations: | | | | | |
| Requirements of the indicator are in place. No recommendations for improvement noted. | | | | | |

5. Detailed findings and Recommendations

Standard 1: Committed leadership, governance and culture

The safeguarding of children and adults is embedded in the entity's leadership, governance and culture

Standard 2: Children and adults are safe, informed and participate

Children and adults are informed about their rights, participate in decisions affecting them and are taken seriously

| Recommendation #1 | | Priority 3 |
|-------------------|--|------------|
| Indicator No. | Indicator | |
| 1.2.4 | Personnel understand that good safeguarding practices are everyone's responsibility and are empowered to contribute to the organisation's safeguarding practices. | |
| 1.4.1 | The Code of Conduct is written in accessible language and communicated to personnel, children, families, and carers | |
| 1.4.2 | The Code of Conduct is written in accessible language and communicated to personnel, children, families, and carers | |
| 1.5.1 | The Risk Management Plan considers the needs of children and adults with diminished capacity, and how and when adults at risk make informed choices (dignity of risk). | |
| 1.5.2 | The Risk Management Plan incorporates procedures to assess, evaluate, review, and oversee safeguarding of children and adults at risk across its services. | |
| 1.5.3 | There is a documented program to regularly identify, monitor, report, and review risks. | Priority 2 |

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| Details of finding | <p>1.2.4 Several programs identified safeguarding as mitigating risk to their clients, this was externally focused. There is continued work needed to drive a proactive safeguarding culture when looking at risks posed by MCCG personnel.</p> <p>1.4.1 Annual scenario-based training of the Code of Conducts should be provided to reinforce appropriate behaviours and refresh staff understanding of what classifies as a breach and how to report breaches of staff relating to children and vulnerable adults.</p> <p>1.4.2 There was no easily accessible version of either Code of Conduct for communication to children, families, and carers. While it is referenced in some intake documents, children and vulnerable adults are not provided the Code of Conduct in an easily understandable version.</p> <p>1.5 While there is an overarching risk management plan, specific safeguarding risks of individual programs are not outlined</p> |
| Recommendations | <p>1.2.4 Ensure that all programs identify and assess safeguarding risks that may arise from or relate to personnel.</p> <p>1.4.1 Ensure clear reference and consistency of communication and training for all personnel in both the Child and Vulnerable Adult Code of Conduct and Code of Conduct Policy to provide consistency in expectations</p> <p>Provide an annual scenario-based training of the combined Code of Conduct to reinforce appropriate behaviours and refresh staff understanding of what classifies as a breach and how to report breaches of staff relating to children and vulnerable adults.</p> <p>1.4.2 Create an easily accessible version of the Code of Conducts in partnership with children and vulnerable adults. Embed the Code of Conduct resource into all induction for children and vulnerable adults and publish on the website and on premises.</p> <p>1.5 Develop risk profiles for programs to understand the level of risk of the program and to improve oversight based on the: type of services provided, vulnerability of the child or vulnerable person, type of supervision in place by MCCG.</p> <p>Develop a safeguarding audit schedule reflective of the program risk profile that is overseen and approved by the Safeguarding Committee on an annual basis.</p> |
| Agreed Actions | As per recommendations. |
| Responsibility | Safeguarding Officer |
| Due date | 1.2.4, 1.4 - 1 December 2026 1.5 - 30 June 2026 |

| Recommendation #2 | | Priority 3 |
|-------------------|--|------------|
| Indicator No. | Indicator | |
| 2.1.1 | Age-appropriate strategies are used to engage children, seek their views about what makes them feel safe, and enable them to participate in decisions that affect them. | |
| 2.1.2 | Adults at risk (or carers where appropriate) are engaged to provide their views about decisions which affect them, what makes them feel safe and to contribute to safeguarding approaches. | |
| 3.3.1 | Processes are in place to engage families, carers and communities about their views on safeguarding policies and practices. | |

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| 10.3.1 | There are processes in place to monitor how safeguarding policies and procedures are being implemented. | |
| Details of finding | Best practice models and stakeholder consultation are needed to strengthen the development and review of MCCG policies and procedures. | |
| Recommendation | Develop processes in partnership with MCCG programs to identify how children, vulnerable adults and their families can be informed of and supported to understand core safeguarding policies of MCCG. | |
| Agreed Action | As per recommendation. | |
| Responsibility | Safeguarding Officer | |
| Due date | 1 December 2026 | |

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| Recommendation #3 | | Priority 3 | |
| Indicator No. | Indicator | | |
| 3.1.1 | Parents, carers and/or guardians are encouraged to take an active role in monitoring the safety of those engaged in the service. | | |
| 3.2.2 | Safeguarding information widely available, including contact details of the Safeguarding Committee and/or Safeguarding Co-ordinators. | | |
| 3.3.1 | Processes are in place to engage families, carers and communities about their views on safeguarding policies and practices | | |
| Details of finding | Information about Safeguarding, complaints processes and expectations of service (i.e. Code of Conduct) should be provided and discussed with families, carers during intake, engagement and completion to prompt areas for practice or policy improvements. | | |
| Recommendation | Update the Client Information Packs to include an easily accessible version of the Vulnerable Adult Code of Conduct that has been developed in partnership with children and vulnerable adults Strengthen existing stakeholder consultation groups to include development and review of relevant MCCG policies and procedures. | | |
| Agreed Action | As per recommendation. | | |
| Responsibility | Safeguarding Officer | | |
| Due date | 1 December 2026 | | |

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| Recommendation #4 | | Priority 2 | |
| Indicator No. | Indicator | | |
| 5.2.3 | Records of all checks, for all personnel, are maintained and monitored in accordance with legislation. | | |
| 5.3.1 | All personnel participate in a safeguarding induction program, which occurs as soon as possible after commencement. | | |
| 5.4.1 | Professional supervision, mentoring, and annual performance reviews are in place for personnel, and include a focus on safeguarding responsibilities | | |

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| Details of finding | <p>5.2.3 WWCC for carers and adult household members are managed by the Permanency Carer Team. Registers observed were inconsistently recorded with various date sequences used and multiple records in one cell. This limits the accuracy of WWCC status.</p> <p>5.3.1 Staff Safeguarding Training requirements outlined on Training Matrix is only for 'CAC' Staff not all staff. Aim to be within 5% with justification of why staff have not completed the training.</p> <p>There is no explicit Code of Conduct Training</p> <p>The Safeguarding section on the MCCG Staff Orientation requires updating to clearly align to the Code of Conduct, including processes for reporting of inappropriate behaviours towards children and vulnerable adults i.e. alignment of the Complaints Policy and reporting system</p> <p>Volunteers and third parties are not included in the scope of the Staff Training and Professional Development Policy.</p> <p>5.4.1 In some services safeguarding responsibilities are not clearly specified, see also 1.2.4 above.</p> |
| Recommendation | <p>5.2.3 Improve the record management of WWCC of carers and adult household members to enable clear filtering and effective oversight on expiration dates.</p> <p>5.3.1 Update the Staff Training and Professional Development Policy and Procedures and Training Matrix to clearly state annual requirements of Safeguarding Essentials Training for all staff, volunteers, foster carers and third parties, where appropriate. [See related Indicator 7.1].</p> <p>Update the Safeguarding section on the MCCG Staff Orientation to align to the Code of Conduct, including processes for reporting of inappropriate behaviours towards children and vulnerable adults i.e. alignment of the Complaints Policy and reporting system.</p> <p>5.4.1 Map position descriptions and roles to ensure safeguarding responsibilities are included in professional supervision and performance reviews.</p> |
| Agreed Action | As per recommendation. |
| Responsibility | <p>5.2.3 Permanency Carer Team</p> <p>5.3.1 Safeguarding Officer</p> <p>5.4.1 Safeguarding Officer</p> |
| Due date | <p>5.2.3 - 30 June 2026</p> <p>5.3.1 & 5.4.1 - 1 December 2026</p> |

| Recommendation #5 | | |
|---------------------------|--|-----|
| Indicator No. | Indicator | N/A |
| 6..1.1 | Policies and procedures address mandatory reporting obligations. | |
| Details of finding | Legislative register and updates through various Committees are reported to the Board on the impact. However, within the incident and complaints policies the Children's Guardian Act 2019 was not referenced. This is the core legislation for Child Safe Organisations requirements and reportable conduct within NSW. The policy had been reviewed in 2025 and had not referenced this. | |
| Recommendation | Update the Incident and Complaints Policies and related document to refer to the Children's Guardian Act 2019 [complete at time of report]. | |
| Agreed Action | N/A | |

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|-----------------------|------------------------------|
| Responsibility | N/A |
| Due date | Completed at time of report. |

| Recommendation #6 | | Priority 3 |
|---------------------------|---|-------------------|
| Indicator No. | Indicator | |
| 7.1.1 | Personnel are provided regular education and training on safeguarding policies and procedures. | |
| 7.1.2 | <p>The organisation's induction and refresher Safeguarding of Children and Adults training must as a minimum cover:</p> <ul style="list-style-type: none"> • Code of Conduct. • Safeguarding risk management. • Safeguarding Policy and procedures. • Complaints Handling Policy and procedures. • reporting obligations; and e-safety training. | Priority 2 |
| 7.1.3 | Records are maintained to ensure all personnel attend induction training and participate in refresher safeguarding training at least every three years. | |
| Details of finding | <p>Update Safeguarding Essentials Training Module to contextualise and reference specific MCCG's safeguarding policies and practices (i.e., Code of Conduct, Safeguarding Policy, Risk Assessments, Complaints Policy).</p> <p>Provide Safeguarding Essentials Training Module to all personnel (i.e., foster carers, volunteers, third parties, where appropriate).</p> <p>The Staff Training and Professional Development Framework indicates Safeguarding related Training is only required for 'CAC, staff and is not identified for all staff. It is unclear which staff are covered under CAC.</p> <p>There is no training on the Code of Conduct or Vulnerable Adult Code of Conduct outlined in the Staff Training and Professional Development Framework.</p> <p>Volunteers and third parties are not included in the scope of the Staff Training and Professional Development Policy.</p> | |
| Recommendation | <p>7.1.1 See Recommendations #1 and #4</p> <p>7.1.2 Update Safeguarding Essentials Training Module to contextualise and reference specific MCCG's safeguarding policies and practices (i.e., Code of Conduct, Safeguarding Policy, Risk Assessments, Complaints Policy).</p> <p>7.1.3 Conduct regular reviews on training completion status to uplift completion rates</p> | |
| Agreed Action | As per recommendations | |
| Responsibility | Safeguarding Officer | |
| Due date | <p>7.1.2 – 30 June 2026</p> <p>7.1.3 - Ongoing</p> | |

| Recommendation #7 | | Priority 2 |
|-----------------------|---|---|
| Indicator No. | Indicator | |
| 8.1.1 | <p>Both physical and online risks are addressed within the provision of services including risks arising from:</p> <ul style="list-style-type: none"> one-to-one interactions between an adult and a child; services such as counselling, home visits, outreach, one-to-one tuition, and mentoring; one-to-one interaction with adults at risk; child-to-child interactions; adult-to-child interactions; adult-to-adult interactions (with consideration to power imbalances); and the nature of physical spaces. <p>Wherever possible, these interactions are conducted in an open or visible space, or within clear line of sight of another adult.</p> | Priority 2 |
| 8.1.3 | Personnel are involved in identifying and mitigating physical and online risks to children and adults. | |
| Observations | | <p>Risk assessments are conducted and Program Safeguarding Risk Management Plan sample was provided.</p> <p>Based on the samples of risk management templates and discussions with programs it was observed that risks faced by clients or by MCCG personnel in delivering services (i.e., 1:1 settings – transport, open windows for counselling services) need to be improved to ensure safeguarding risks of services, activities, physical environments and online are identified and managed in a consistent way. This will be elevated by identifying the risk profile of each service/program as outlined in Standard 1.5.</p> <p>Tennison Woods Centre - Counselling Rooms do not have windows internally for natural surveillance.</p> |
| Recommendation | | <p>8.1.1 Embed safeguarding risk within program and activity risk assessments to ensure context specific safeguarding risks are consistently identified and managed effectively.</p> <p>8.1.1 Review all physical environments to ensure they are suitable for activities and meet regulatory requirements to allow for natural surveillance.</p> |
| Agreed Action | As per recommendations. | |
| Responsibility | Safeguarding Officer | |
| Due date | 30 June 2026 | |

Appendix A – Maturity Assessment

| | General | Processes & Systems | People & Resources |
|------------------------|--|---|---|
| Yet to Develop | As an entity we are unable to demonstrate that the requirements of the indicator are in place and will implement the necessary strategies developed through the Standards Action Plan. | Processes may be in place however the specific requirements of the indicator have not been addressed. The actions generated through the Standards Action Plan will be implemented. | At an entity level resources have yet to be assigned. The people and resources will be determined and allocated in the Standards Action Plan. |
| Developing | Our entity has begun to address the requirements of the indicator, however processes are developing and not universally applied. | Some relevant processes have been implemented which align with the requirements of the indicator; however they are: <ul style="list-style-type: none"> • siloed; and/or • undocumented; and/or • inconsistent; and/or • lack clarity. | Personnel capabilities vary across the entity and resources and responsibility are not formally assigned. This will be addressed in the Standards Action Plan. |
| Developed | Our entity is addressing the indicator and is in the process of implementing its requirements. The gaps will be highlighted and addressed through the Standards Action Plan. | Relevant processes and systems have been defined and developed but are yet to be implemented across the full operations of the entity. A plan is being developed to fully implement processes and systems. | Resources have been assigned and responsibilities defined, however there is no formal training or communication of standard procedures, and it is unlikely that deviations will be detected. This will be remediated through the Standards Action Plan. |
| Developed and embedded | The entity can demonstrate that indicator requirements are formally embedded. Processes are operating effectively, and opportunities provided for continuous improvement. | Relevant processes are integrated and coordinated, including remote operations and reviews/audits of activities. | Personnel are trained to detect and report on deviations or break downs in processes. Resources have been assigned to monitor and address requirements. |

Appendix B – Audit Finding Priorities

The following priority ratings have been used to assess findings arising from this audit:

| Priority 1 | Priority 2 | Priority 3 |
|--|--|---|
| <p>Gaps or control weaknesses have been identified resulting in non-compliance with the indicator.</p> <p>Mitigation actions are required to be developed and initiated as soon as practicable but no later than 30 days from the issuance of this report, with expected resolution within 3 months.</p> | <p>Progress has been made with respect to implementation of the required indicator, however full compliance is yet to be achieved.</p> <p>Mitigation actions are required to be developed and initiated within 3 months or earlier from the issuance of this report, with expected resolution within 6-9 months.</p> | <p>Issues have been identified which represent minor procedural weaknesses or improvement opportunities with respect to the operation of the indicator.</p> <p>Expected resolution is within 12 months or earlier from the issuance of this report.</p> |

Appendix C – Glossary

The definitions of terms used in the National Catholic Safeguarding Standards take into account Australian State, Territory and federal laws and relevant regulations, canon law, information from the Holy See, the Royal Commission into Institutional Responses to Child Sexual Abuse, the National Principles for Child Safe Organisations and the Glossary on Sexual Exploitation and Abuse published by the United Nations in 2017.

The glossary does not have any legal force and is meant only to serve as a reference tool for the National Catholic Safeguarding Standards. All terms and definitions are to be read in the context of these Standards alone.

| | |
|----------------------------|---|
| Abuse | when used throughout the NCSS document this is an inclusive term covering both child and adult abuse. |
| Abuse of Power | means the abuse of position, function, or duty to take advantage of another. This can take many forms and include situations where a person has power over another person by virtue of their relationship (e.g., employer and employee, teacher and student, coach and athlete, parent or guardian and child, clergy/religious and parishioner) and uses that power to their advantage. |
| Accessible language | means information is provided in multiple formats for individuals with different levels of English literacy and proficiency, modes of communication, languages, and cognitive abilities. |
| Adult | means any person 18 years or older. When used throughout the NCSS document this is an inclusive term referring to all adults, including adults at risk. |
| Adult abuse | means the improper treatment of a person that results in the actual and/or likelihood of causing physical or emotional harm. Abuse can come in many forms, such as: physical or verbal maltreatment, neglect, injury, assault, violation, rape, unjust practices, crimes, exploitation, or other types of aggression. There are several categories of abuse of adults, such as: <ul style="list-style-type: none">• Sexual abuse*• Physical abuse*• Emotional/psychological abuse*• Neglect*• Elder abuse*• Financial abuse*• Exploitation* Within the context of the Catholic church and faith-based entities, it is also important to recognise spiritual abuse* as an additional subtype of abuse. |
| Adult at risk | means any person aged 18 years and over who is at increased risk of experiencing abuse, such as people: |

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| | <ul style="list-style-type: none"> • who are elderly. • with a disability. • who suffer from mental illness. • who have diminished capacity. • who have cognitive impairment. • who have suffered previous abuse. • who are experiencing transient risks. • who in receiving a ministry or service are subject to a power imbalance. • who are from a culturally or linguistically diverse background. • who are of diverse sexuality. • who have any other impairment or adversity that makes it difficult for them to protect themselves from abuse. |
| Allegation | means a complaint, still to be verified, claiming, or asserting that someone has committed an act of abuse against a child or adult. The term is used interchangeably and in combination with “complaint”. |
| Audit | means a mechanism to assess how a Church Authority, ministry or entity governed by a Church Authority, is implementing the National Catholic Safeguarding Standards. |
| Australian Catholic Bishops Conference | means the assembly of Bishops of Australia exercising together certain pastoral offices for the Catholics of Australia. |
| Bishop | means a diocesan bishop or archbishop, the ordinary of an Ordinariate and the prelate of a Personal Prelature of the Latin Church and an eparch of the Eastern Churches. |
| Certification | means the act of giving official authority or approval and certification of the implementation of the NCSS and permission to use the ACSL Certification symbol. |
| Child/ren | means individuals under 18 years of age. |
| Child abuse | <p>There are different legal definitions of child abuse in Australia. Definition sourced from the Australian Institute of Family Studies:</p> <p>https://aifs.gov.au/cfca/publications/reporting-abuse-and-neglect</p> <p>Child abuse refers to any behaviour or treatment by parents, caregivers, other adults or older adolescents that results in the actual and/or likelihood of causing physical or emotional harm to a child. Such behaviours may be intentional or unintentional and can include acts of omission (i.e., neglect) and commission. Child abuse and neglect is commonly divided into five subtypes:</p> <ul style="list-style-type: none"> • physical abuse • emotional/psychological abuse • neglect • sexual abuse • exposure to family violence |
| Church Authority | means: |

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| | <ul style="list-style-type: none"> • a diocesan bishop or archbishop, an ordinary of an Ordinariate and the prelate of a Personal Prelature of the Latin Church and an eparch of an eparchy of an Eastern Church. • the competent authority, howsoever titled, exercising the ministry of governance for religious institutes in Australia in accordance with their Constitutions; or • for ministerial PJPS the competent authority in accordance with the statutes. • for any other Church entity, the senior authority within the organisation in accordance with its rules. |
| Civil Standard | the most common standard of proof relates to civil proceedings, which is the balance of probabilities (incorporating the principles from <i>Briginshaw v Briginshaw</i>) – which means it is more probable than not that what the person says happened is true (in criminal cases, the standard is proof beyond reasonable doubt). |
| Clergy | includes bishops, priests and deacons. |
| Cleric | a member of the clergy. |
| Clericalist/ism | means an attitude toward clergy/religious characterised by an excessive deference and an assumption of their moral superiority. Pope Francis has said that it occurs when “clerics feel they are superior, [and when] they are far from the people.” It can be “fostered by priests themselves or by lay persons”. |
| Cognitive impairment | means when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life, because of their condition. Some causes of long-term or permanent cognitive impairment include dementia, stroke, or brain injury. For further information see: https://www.healthdirect.gov.au/cognitive-impairment |
| Complainant | means any person who makes a complaint that may include any allegation, suspicion, concern, or report of a breach of the entity’s Code of Conduct. A complaint may also include disclosures made to an institution that may be about, or relate to, abuse in the entity’s context. context |
| Conflicts of interest | means situations (perceived or actual) where a conflict arises between a person’s official duties and their private interests, which could influence the performance of those official duties. Such conflict generally involves opposing principles or incompatible wishes or needs and may occur when personnel function in multiple roles. |
| Cultural safety | means an environment that is safe for people of all ethnicities and cultural identities: where there is no assault, challenge, or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge, and experience, of learning, living and working together with dignity and truly listening. |
| Dicastery | means a department of the Roman Curia. refers to enabling individuals the right (or dignity) to take reasonable risks. It recognises that restricting this right can stifle |

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| | <p>the individual's growth, self-esteem and the overall quality of life:</p> <p>'Given that an individual's personal dignity is manifested, in part, by their ability to remain autonomous, and being autonomous engenders risk-taking. Inhibiting an individual's ability to take risks erodes their dignity. Dignity of risk is therefore the principle of allowing an individual the dignity afforded by risk-taking, subsequently enhancing their personal growth and quality of life.'</p> <p>(Joseph E Ibrahim and Marie-Claire Davis, 'Impediments to Applying the "Dignity of Risk" Principle in Residential Aged Care Services: "Dignity of Risk" in Residential Aged Care', <i>Australasian Journal on Ageing</i> 32, no. 3 (September 2013): 188–93)</p> |
| Diminished capacity | <p>means if an adult needs to make a decision and is unable to carry out any part of this process (as listed below), they have impaired decision-making capacity.</p> <p>There are three elements to making a decision:</p> <ul style="list-style-type: none"> • understanding the nature and effect of the decision; • freely and voluntarily deciding; and • communicating the decision in some way. |
| Diocese | <p>means a diocese, archdiocese, ordinariate or personal prelature of the Latin Church and an eparchy of an Eastern Church.</p> |
| Disability (persons with) | <p>means those who have physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (Article 2, United Nations Convention on the Rights of Persons with Disabilities.)</p> |
| Diversity | <p>means a range of people who have various racial, ethnic, socioeconomic, and cultural backgrounds and various lifestyles, experience, and interests.</p> |
| Diverse sexuality | <p>refers to all the diversities of sex characteristics, sexual orientations, and gender identities, without the need to specify each of the identities, behaviours, or characteristics that form this plurality.</p> |
| Elder abuse | <p>means a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.</p> |
| Emotional abuse (adults) | <p>is a common form of abuse that occurs in close relationships. Emotional abuse is defined as abuse that occurs when a person is subjected to behaviours or actions aimed at preventing or controlling their behaviour, with the intent to cause them emotional harm or fear, through manipulation, isolation, or intimidation.</p> |
| Emotional abuse (children) | <p>Emotional abuse of children refers to a parent or caregiver's inappropriate verbal or symbolic acts towards a child and/or a pattern of failure over time to provide a child with adequate non-physical nurturing and emotional availability. Such acts of commission or omission are likely to damage a child's self-esteem or social competence.</p> |

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| Entity | means a diocese, religious institute, ministerial PJP (including their agencies) or association recognised as Catholic in accord with canon law. |
| Exploitation | is the deliberate maltreatment, manipulation or abuse of power and control over another person. It is taking advantage of another person or situation usually, but not always, for personal gain. |
| Exposure to family violence | is generally considered to be a form of psychologically abusive behaviour, where a child is present (hearing or seeing) while a parent or sibling is subjected to physical abuse, sexual abuse, or psychological maltreatment, or is visually exposed to the damage caused to persons or property by a family member's violent behaviour. |
| Financial abuse | involves the illegal or improper use or mismanagement of a person's money, property or resources. Stealing, fraud, forgery, embezzlement, forced changes to a will, inappropriate removal of a resident's decision-making powers and misuse of power of attorney are all forms of financial abuse or exploitation. |
| Formation/program | means a program preparing individuals for ordination or profession of vows and a life-long journey to the invitation of Christ to proclaim and live the Gospel message, within the life of the Church. |
| Good Standing | A person in good standing is regarded as having complied with all their safeguarding obligations, and is not subject to any form of allegation, disciplinary process, sanction suspension. |
| Grooming (child) | refers to a pattern of behaviour aimed at engaging a child as a precursor to sexual abuse. It includes establishing a 'special' friendship/relationship with the child. Grooming can include the conditioning of parents, other adults or whole communities to think that the relationship with the child is 'normal' and positive. |
| Grooming (adult) | is the predatory act of manoeuvring another individual into a position that makes them more isolated, dependent, likely to trust, and more vulnerable to abusive behaviour. |
| Guardian | refers to the person(s) who has the legal authority to care for the personal and property interests of another person. |
| Institutional abuse | means abuse or poor care within an institution or specific care setting. Possible causes of institutional abuse include: <ul style="list-style-type: none"> • a "closed" culture within an organisation where transparency is discouraged. • lack of flexibility and choice for people using the service. • failure to properly check the backgrounds and interview staff. • inadequate training. • lack of safeguarding policies and procedures. • lack of support of staff by management. • poor supervision; and • poor standards of care. |
| Lay/lay person | means members of the Catholic Church and Church personnel other than bishops, priests, deacons and religious. |

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| Leaders | means personnel who are responsible for important governance decisions within a Church entity and/or who lead and coordinate Church improvement initiatives. |
| Mentor | means an experienced and trusted advisor or a person who gives a younger or less experienced person help and advice over a period. |
| Ministerial PJP | means a legal entity which is constituted a public juridic person in canon law and carries on its mission in the name of the Church, in accordance with its statutes approved by the competent ecclesiastical authority. |
| Ministry | means any activity within, or conducted by, an entity, that is authorised by formal appointment and designed to carry out the apostolic and charitable works of the Catholic Church. |
| NDIS Worker Screening Check | <p>The NDIS Worker Screening Check is an assessment of whether a person who works, or seeks to work, with people with disability poses a risk to them. The assessment determines whether a person is cleared or excluded from working in certain roles with people with disability.</p> <p>For further information see https://www.ndiscommission.gov.au/about/ndis-worker-screening-check</p> |
| Neglect (adult) | is the failure of a carer to provide the necessities of life to a person for whom they are caring. |
| Neglect (child) | refers to a failure by a caregiver to provide the basic requirements for meeting the physical and emotional developmental needs of a child. Physically neglectful behaviours include a failure to provide adequate food, shelter, clothing, supervision, hygiene or medical attention. |
| Offender | means a person who has admitted abuse or whose responsibility for abuse has been determined by a court of law (criminal or civil), statutory or Church procedure. |
| Organisation | means a ministry and/or service operating under the governance of a recognised authority (such as a legal entity) and/or a Church Authority. |
| Pastoral care | means when one person has responsibility for the wellbeing of another or for a faith community. It includes the provision of spiritual advice and support, education, counselling, medical care, and assistance in times of need. All work involving the supervision or education of children and young people is a work of pastoral care. |
| Personnel (Church personnel) | means a cleric, religious or other person who is employed by the entity or engaged on a contract, subcontract, voluntary or unpaid basis. |
| Physical abuse | is a non-accidental physically aggressive act which results in physical pain or injury, and which may include physical coercion and physical restraint. Physical abuse may be intentional or may be the inadvertent result of physical punishment. |
| Professional/pastoral supervision | means a professional activity in which personnel are engaged in reflection and learning, under the guidance of a supervisor. Supervision assists personnel in their accountabilities for professional standards, defined competencies for their role and understanding and implementation of organisational policy and procedures. For clerics and religious, professional supervision |

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| | assists in the maintenance of boundaries of the pastoral relationship and enhances the quality of their ministry. |
| Protective behaviours program | Is a type of abuse prevention program and means an age-appropriate structured education program to equip children and young people with the skills and knowledge to enhance their personal safety. |
| Reflective practice | is a professional development technique that involves thoughtfully considering one's own experiences in applying knowledge to practice. It is expected to be a continuous process, whereby an individual explores an experience to identify what happened and what their role in this experience was, including behaviour, thinking, and related emotions. Reflective practice enables potential changes in approaches to similar future events to be identified, with the aim of improved performance. |
| Religious institute | means an entity within the Catholic Church whose members commit themselves through religious vows to lead a life of poverty, chastity and obedience. Societies of apostolic life resemble religious institutes in that their members also live a life in common. They do not take religious vows but live out the apostolic purpose of the group. In these Standards, the term 'religious institutes' is used to include religious institutes, societies of apostolic life and secular institutes. |
| Religious | means a member of an institute of consecrated life or a society of apostolic life. |
| Respondent | means a person against whom a complaint is made. |
| Review | means an internal self-assessment of an entity's implementation of the National Catholic Safeguarding Standards. A review can also be an assessment that forms part of the process of continuous improvement which occurs when following up recommendations made during an audit. |
| Risk-based audit and Review Framework | means a framework for assessing the implementation of the National Catholic Safeguarding Standards that reflects a proportionate response based on the risk profile of the Church Authority. |
| Risk Profile | means an assessment against key safeguarding risk factors. |
| Safeguarding | refers to proactive measures designed to protect the health, wellbeing, and human rights of individuals. These measures allow children, young people and adults to live free from abuse, harm and neglect. Within the life of the Church, safeguarding includes pastoral, liturgical and spiritual responses through engagement in the Sacraments and the life of the Church. |
| Safeguarding Committee | means a committee established to advise and support the Church Authority on all matters relating to safeguarding, including the development and implementation of a Safeguarding Implementation Plan and coordinating annual self-audits at a local level. Committee members need relevant and varied professional expertise in relation to safeguarding, child protection, organisational culture and structure, policy development, etc. and include lay women and men. |
| Safeguarding Culture | means embedding safeguarding into everything an organisation does. In promoting this culture, young people and adults at risk |

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| | will understand they will be listened to, supported, and known action will be taken on their behalf. |
| Safeguarding Commitment Statement | means a Commitment Statement describing an entity's commitment to keep children and adults safe from harm. It informs the entity's safeguarding culture. |
| Safeguarding Co-ordinator | means an individual who champions safeguarding and co-ordinates the implementation of the National Catholic Safeguarding Standards within an entity. |
| Safeguarding Implementation Plan | means a documented plan which articulates actions to be taken across the entity to ensure safeguarding practices are in place. It includes actions, strategies, responsibilities, delegations, and accountabilities, and tracks review and progress. It is overseen by the Safeguarding Committee. |
| Safeguarding policies and procedures | means any policies or procedures of the entity that address elements of safeguarding children and adults. For example, but not limited to: <ul style="list-style-type: none"> • recruitment. • risk management. • complaint handling; and • acceptable use of online applications. |
| Seminarian | a student in a theological formation and education centre preparing for ordination as a priest. |
| Seminary | means a centre for the formation and education of students preparing for ordination. |
| Sexual abuse (adult) | Sexual abuse is a form of sexual assault. Sexual abuse includes rape, indecent assault, sexual harassment, and sexual interference. Sexual activity with an adult who is incapacitated by a mental or physical condition (such as dementia) that impairs his or her ability to grant informed consent, is defined as sexual assault/abuse. Sexual assault/abuse includes where through force, threats or abuse of authority, an individual commits a canonical offence or forces someone to perform or submit to sexual acts. Sexual assault is a crime. |
| Sexual abuse (child) | refers to exposing a child to any form of sexual activity. This may or may not involve physical contact. This may take the form of taking sexually explicit photographs or videos of children, forcing children to watch or take part in sexual acts and forcing or coercing children to have sex or engage in sexual acts with other children or adults. |
| Spiritual abuse | means abuse of a person that invokes a person's religious beliefs and faith to perpetrate harm. Spiritual abuse can occur as a secondary experience of abuse when abuse is perpetrated by someone in a position of spiritual authority and trust within the Church a |
| Substantiated complaint | means under the civil standard of proof an allegation of abuse for which the investigator finds that sufficient evidence exists to believe that the alleged conduct more likely than not occurred. |
| Third parties | means any individual, group or legal entity outside the Church entity who contract services and facilities to or from the Church entity. |
| Transient Risk | means short-term risk, experienced by people at different stages in their life: e.g. when someone is vulnerable due to: |

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| | <ul style="list-style-type: none"> • grief • bereavement • relationship breakdown • homelessness • unemployment • financial hardship |
| Trauma-informed and victim-centred support | is a strengths-based framework which is founded on five core principles – safety, trustworthiness, choice, collaboration, and empowerment. Trauma-informed services do no harm: they do not re-traumatise or blame victims for their efforts to manage their traumatic reactions, and they embrace a message of hope and optimism that recovery is possible. In trauma-informed services, trauma survivors are seen as unique individuals who have managed their responses to the experiences as best that they could. |
| Validation | means an assessment by ACSL of any self-assessment, review or audit, undertaken to achieve ACSL Certification status. |
| Working With Children Check | means generic term used to denote the statutory screening requirement for people who work or volunteer in child-related work. There is not yet a single national framework setting out requirements for 'working with children' checks. Each State/Territory in Australia has its own system. They are one part of a Church entity's recruitment, selection, and screening practices. |
| Working with Vulnerable People Check | means the Working with Vulnerable People (Background Checking) Act 2011 in the Australian Capital Territory which requires those working with children (and other vulnerable groups) to complete a Working with Vulnerable People Check and be registered before they can commence employment. Tasmania has a 'Working with Vulnerable People Check' which requires all employees and volunteers aged 16 and over working in childcare services or other child-related services to apply for a WWVP check. To date, only the ACT and Tasmania have this requirement. |