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| Client incident management  guide  Client incident management system  30 May 2024 |
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| **Related documents**  The *Client incident management guide* should be read in conjunction with relevant addenda/ums providing specific guidance for nominated program areas and service types, and with subsequent policy updates and related summary documents.  Changes in ***Policy update 1-2020*** <https://providers.dffh.vic.gov.au/cims-policy-update-1-2020> (applicable from 3 February 2020) include:   * extending the timeline for submission of major impact incident reports from 24 hours to within three business days of becoming aware of the incident * replacing the monthly bulk submission of non-major impact incident reports with a requirement to submit reports individually within three business days of becoming aware of the incident * removing the screening process for major impact incidents (follow-up actions are determined automatically) * a requirement to submit case review outcomes and outcome reports to the department * replacing the term ‘alleged perpetrator’ with ‘subject of allegation’.   Changes in ***Policy update 2-2024***  (applicable from 17 June 2024) include:   * New ‘Serious risk’ incident type * New gender reporting options * New ‘Family violence and sexual assault services’ program type * Updated services in scope   **Documentation is being progressively amended to reflect changes. For more information visit the Client incident management system page,** <https://providers.dffh.vic.gov.au/cims>**.** |

# Glossary

Table 1: Glossary of terms

| Term | Definition |
| --- | --- |
| abuse | For the purposes of this guide, abuse includes physical, sexual, financial or emotional/psychological abuse or neglect, as discussed in more detail in Appendix A: Definitions of incident types. |
| advance statement | Sets out a person’s treatment preferences in case they become unwell and need compulsory mental health treatment. |
| addendum | An addition to the *Client incident management guide* (guide), relating to a specific program area or service type. To be read in conjunction with this guide. |
| alleged perpetrator | Term used for ‘subject of allegation’ prior to implementation of *Policy update 1-2020* on 3 February 2020. |
| business day | Monday to Friday, excluding public holidays. |
| carer | Someone who cares for clients, including staff members, volunteers and kinship or home-based carers. |
| case management | A collaborative, client-focused approach in which services and responses are coordinated and delivered, based on assessed risk and need, to achieve goals (outcomes) that are identified by the individual. |
| client | A person receiving services delivered or funded by the department[[1]](#footnote-2) within the scope described in Appendix C: Scope of this guide. |
| client incident | See ‘incident’. |
| client incident management system (CIMS) | The client incident management system (CIMS) outlines the approach and key actions to manage a client incident; this process is outlined in this document, the Client incident management guide. |
| client incident register | A register owned, managed and maintained by all service providers which captures all the required information regarding client incidents. See Chapter 3 Reporting an incident for more details on the requirements in relation to the client incident register and Appendix E: Client incident register data fields for mandatory client incident register data fields for both major and non-major impact incidents. |
| client incident report | A report of a client incident which will capture the information set out in Appendix E: Client incident register data fields. |
| cognitive impairment | Refers to disabilities that affect a person’s ability to understand and process information. It is defined under section 3 of the Criminal Procedure Act 2009 and includes impairment because of mental illness, intellectual disability, dementia or brain injury. |
| contract management | The tools and approaches used by the department to procure services, and hold both the service provider and the department accountable for key obligations, objectives, rights and responsibilities as set out in the service agreement. |
| department | The ‘department’ refers to the Department of Families, Fairness and Housing, unless otherwise stated. |
| department-funded organisation | A non-government entity which is funded by the department to provide services on behalf of the department. This is synonymous with ‘funded provider’, ‘funded organisation’, and ‘community service organisations’, ‘CSOs’ or ‘funded agencies’.  In addition, for the purpose of this guide, this includes Victorian approved National Disability Insurance Scheme providers registered under the Disability Act 2006: Victoria's quality and safeguards arrangements will remain during transition to full scheme roll-out in 2019.  See Appendix C: Scope of this guide for more details on entities in scope of this guide. |
| disability | Disability means a disability as defined in the Disability Act 2006. |
| divisional office | The staff within the Department of Families, Fairness and Housing divisional offices responsible for quality assurance and endorsement of client incident information. This does not include staff involved in direct service delivery by the department, who are covered under the term ‘service provider’. |
| during service delivery | An incident that has occurred **‘during service delivery’** is an incident that occurs during any of the following circumstances:   * provision of an in-scope service (refer to Appendix C: Scope of this guide for a full list of in-scope services) * as a result of, or related to, a deficiency or a potential failure in service provision (for example, through hazards, neglect or inadequacy).   Further information is available in section 3.2.1 Definition of ‘during service delivery’ of this guide. |
| Funded Organisation Performance Monitoring Framework (FOPMF) | The end-to-end process for monitoring staff to assess service providers’ compliance with the requirements of the service agreement. |
| impact | The level of harm to the client as a result of an incident. In instances of Dangerous Action incidents (see Appendix A: Definitions of incident types), this includes the level of risk of harm as a result of an incident. |
| incident | Also ‘client incident’.  An event or circumstance that occurred during service delivery, which resulted in harm or is reasonably likely to cause serious harm to a client.  (Note that this excludes incidents that affect staff or members of the public that do not have an impact on a client. Such incidents should be reported through other appropriate channels, including reports to Victoria Police or WorkSafe.)  This includes both major impact incidents and non-major impact incidents, which are defined in Chapter 3, section 3.3 as summarised below:  **Major impact incident**   * The unanticipated death of a client. * Severe physical, emotional or psychological injury or suffering which is likely to cause ongoing trauma. * A pattern of incidents related to one client which, when taken together, meet the level of harm to a client defined above. This may be the case even if each individual incident is assessed as a non-major impact incident. * In addition, certain incidents listed in Appendix A: Definitions of incident types are always required to be reported as major impact incidents – for example, allegations of physical or sexual abuse.   **Non-major impact incident**   * Incidents that cause physical, emotional or psychological injury or suffering, without resulting in major impact as defined above. * Impacts to the client which do not require significant changes to care requirements, other than short-term interventions. For example, first aid, observation, talking interventions or short-term medical treatment. * Incidents that involve a client but result in minimal harm. * Incidents that do not otherwise meet the criteria for ‘major impact’ above. * Incidents that are reasonably likely to cause serious harm to a client.   See section 3.3 for more information. |
| incident investigation | A formal process of collecting information to ascertain the facts relating to an incident, which may inform any subsequent criminal, civil penalty, civil, disciplinary or administrative sanctions.  Investigations may be carried out by service providers (including the department), or external investigators.  For the purposes of this guide, an **incident investigation** is an investigation into an allegation of abuse, poor quality of care or unexplained injury of a client, undertaken or commissioned by the service provider.  This can be distinguished from an **incident review**, which involves analysis of an incident to identify what happened, determine whether an incident was managed appropriately, and to identify causes of the incident and subsequent learnings to apply to reduce the risk of future harm. |
| incident review | Analysis of a client incident to identify what happened, determine whether an incident was managed appropriately, and to identify the causes of the incident and subsequent learnings to apply to reduce the risk of future harm. Such reviews may be carried out by service providers (including the department) or external reviewers.  There are two types of incident review that must be considered in response to a major impact incident:  **Case review**  A review led by the service provider following a major impact client incident to identify what happened and any process and system issues. This is a less structured and resource-intensive review than a root cause analysis review.  **Root cause analysis (RCA) review**  A structured review process for identifying the basic or causal factor(s) that underlie an incident, in order to facilitate learning from that incident. It requires trained staff and appropriate resourcing and time, and therefore is only required in certain defined cases (see section 5.2.1 Selecting a case review or RCA review).  A review can be distinguished from an **incident investigation**, which is a formal process of collecting information to ascertain the facts, which may inform any subsequent criminal, civil penalty, civil, disciplinary or administrative sanctions.  This should not be confused with a **service review,** undertaken in line with the **Funded Organisation Performance Monitoring Framework (FOPMF),** which relates to a department-funded organisation’s broader activities rather than individual incidents. While **service** **reviews** are undertaken by contract management staff within the division (for example, local engagement officers and program advisors), **incident** **reviews** will generally be carried out by **service providers**. |
| Independent Persons | Independent Persons are trained to assist young people (under the age of 18 years) and act in the absence of a parent or guardian. |
| Independent Third Persons | The Office of the Public Advocate (OPA) has trained volunteer Independent Third Persons who attend Victoria Police interviews for adults and young people with disability or mental illness to ensure that they are not disadvantaged during the interview process. |
| investigation manager | The person with responsibility for determining what investigation action is appropriate and for reviewing the investigation report to determine the appropriate outcome. This person must be separate from staff working with the client or involved in the incident. |
| key support person | A key support person is independent of the service being provided and may include a parent or family member, a significant other, a guardian appointed by the Victorian Civil and Administrative Tribunal, or an advocate. |
| live monitoring | The technology that supports departmental monitoring staff to record information in real time regarding the performance of department-funded organisations. It is an element of the FOPMF described above. |
| medical attention | The attendance and/or treatment by a health practitioner including, but not limited to a doctor, ambulance officer and/or an allied health professional. |
| oversight | External oversight involves an external agency, such as the Ombudsman, Auditor-General, Disability Services Commissioner, Commission for Children and Young People, Social Services Regulator, Health Services Commissioner or Mental Health Complaints Commissioner, reviewing the conduct and decisions of government agencies and public officials. This may take the form of an investigation, inspection or audit and can be based on a complaint, a legal obligation or the oversight body’s own discretion. Oversight seeks to maintain the integrity of government agencies and public officials by holding them accountable for their actions and the decisions they make while carrying out their duties.  Internal oversight in this guide refers to departmental staff involved in oversight of this system through the department’s role as funder and regulator. |
| person-centred and rights-based approach | Approach to working with clients that is respectful of and responsive to a client’s preferences, needs and values while supporting the client’s safety and wellbeing. |
| service agreement | The contract used by the department to govern the relationship with agencies that it funds to provide services to clients. |
| service provider | A service provider is:  the Department of Families, Fairness and Housing where it provides services directly to clients  department-funded organisations  Victorian approved National Disability Insurance Scheme providers of disability and psychosocial supports. |
| the Standards | The Human Services Standards (gazetted as Department of Health and Human Services Standards) represent a single set of service quality standards for department-funded service providers and department-managed services. The Standards comprise the department’s four service delivery standards and the governance and management standards of a department-endorsed independent review body.  The new Social Services Standards replace the Human Service Standards on 1 July 2024. |
| subject of allegation | Person identified as responsible for the abuse, neglect or maltreatment of a client.  The term ‘subject of allegation’ replaced ‘alleged perpetrator’ on implementation of *Policy update 1-2020* on 3 February 2020. |

# 1 Introduction to the client incident management system

## 1.1 Introduction

The client incident management system (CIMS) outlines the approach and key actions to manage a client incident. The Client incident management guide (guide) describes each of the actions and responsibilities of service providers and the department during the management of client incidents. The intended audience of this guide is:

* service provider staff and management of community service organisations and the department
* monitoring and oversight staff and management of the department.

The guide is intended to empower service providers to effectively respond to client incidents, to be accountable for their actions, to manage the quality of their own services and to make the best use of departmental support resources, particularly in relation to the most serious incidents. This will help to improve the safety and wellbeing of all clients.

Service providers include department-funded organisations and department-delivered services. This guide applies to all service providers who deliver specific programs and activities (see section 1.3 Scope). Department-funded organisations and department-delivered services will follow the same processes and requirements across each of the five stages of the CIMS and are equally accountable for their management of client incidents.

The effective operation of the CIMS relies on all parties acting with transparency, integrity and accountability. There is an expectation that all activities undertaken by service providers and the department required by the guide will be based on appropriate professional judgement, and all parties acting in good faith, in the best interests of clients.

In instances where professional judgement or good faith are lacking, departmental quality assurance, monitoring and oversight mechanisms will be used to identify and act on performance issues. These accountability arrangements are set out in Appendix D: Accountability mechanisms for service providers and include:

* CIMS-specific accountability arrangements, including divisional office endorsement of incident reports, quality assurance of incident investigations and incident reviews, incident data analysis and CIMS performance audits.
* broader monitoring and regulation mechanisms such as the Funded Organisation Performance Monitoring Framework, including key performance indicators, targets and reporting requirements.
* regulatory actions where there has been a breach of applicable standards, such as those made under the Children, Youth and Families Act 2005 or the Disability Act 2006.
* external oversight bodies such as the Victorian Ombudsman and relevant commissioners.

The effective management of a client incident has five stages which are outlined in Figure 1 below.

Figure 1: Overview of the CIMS stages

1. Identification and response
2. Reporting
3. Incident investigation
4. Incident review
(Stage 3 or 4 is required for major impact incidents)
5. Analysis and learning

Definitions of each of the five stages of the CIMS are provided below.

1. **Identification and response**
   * + Identification is when an incident is disclosed to, or observed by, a service provider at any service delivery setting (for example, provider premises, outreach location, client’s home). This can include disclosure by a client, family member or other professionals, to the service provider.
     + Response covers the immediate activities undertaken to ensure the safety and wellbeing of clients, staff and visitors, preserve evidence and notify emergency services and family or other support people.
2. **Reporting**
   * + Reporting captures specific information regarding the incident identified.
     + As part of this stage, follow-up is undertaken to ensure that the information provided in an incident notification is accurate, and service providers and the department are assured that appropriate actions are being planned and undertaken to manage the incident.
3. **Incident investigation**
   * + An investigation is a formal process of collecting information to ascertain the facts, which may inform any subsequent criminal, civil, disciplinary or administrative sanctions.
     + In the context of this guide, the purpose of an incident investigation is to determine whether there has been abuse or neglect of a client by a staff member or another client, in relation to an allegation in a client incident report.
4. **Incident review**
   * + A review is an analysis of an incident to identify what happened, determine whether an incident was managed appropriately, and to identify the causes of the incident and any subsequent learnings to apply to reduce the risk of future harm. Such reviews may be carried out by service providers (including the department) or external bodies.
     + Note that incident reviews are distinguished from incident investigations (above), which have a focus on determining whether there has been abuse or neglect of a client by a staff member or another client. In general, if an investigation has been carried out, there is no requirement for the service provider to undertake an incident review, so long as the investigation sufficiently covered any relevant issues of quality assurance and continuous improvement that would otherwise be considered by a review.
5. **Analysis and learning**
   * + Analysis and learning includes monitoring and acting on trends identified through the analysis of client incident information to enhance the quality of service and supports to clients.

The following five chapters of this guide are structured to align with each of the five stages of CIMS described above.

Reporting, investigating, reviewing and analysing incidents enables service providers to assess the way in which an incident has been managed, implement improvements, minimise risk and embed a continuous improvement approach which involves the client within service delivery. This in turn supports better client experience and outcomes.

If there are any disputes between the service provider and the departmental divisional office in regards to their obligations or interpretation of this guide, parties should make use of standard escalation and dispute resolution procedures as appropriate.

## 1.2 CIMS aims, objectives and principles

### Aim

The overarching aim of the CIMS is to support the safety and wellbeing of clients.

### Objectives

The objectives of the CIMS are to:

* ensure that timely and effective responses to client incidents address client safety and wellbeing
* ensure effective and appropriate investigation of client incidents
* ensure effective and appropriate review of client incidents
* learn from individual incidents and patterns of client incidents, to reduce the risk of harm to clients, and improve the quality of services and the service system
* ensure accountability of service providers to clients
* protect and maintain the personal and sensitive information of clients, service provider staff, carers and others from whom a service provider collects personal information for the purpose of client incident reporting.

### Principles

The following principles underpin the design of the CIMS, and guide all actions undertaken:

* **Client-centred** – management of a client incident is respectful of and responsive to a client’s preferences, needs and values while supporting the client’s safety and wellbeing.
* **Outcome-focused** – management of a client incident should enhance a client’s safety and wellbeing first and foremost.
* **Clear, simple and consistent** – the client incident management system is easily understood and accessible to all stakeholders across the service system, and applies consistently to all service providers, both department-delivered and department-funded organisations.
* **Accountable** – service providers have primary accountability for managing the response to client incidents. Each party involved in the management of a client incident understands their role and responsibilities and will be accountable for decisions or actions taken in regard to an incident.
* **Continually improving** – the client incident management system facilitates the ongoing identification of issues and implementation of changes that result in better outcomes for client safety and wellbeing.
* **Fit for purpose** – the client incident management system is capable of meeting the objectives of the system.
* **Proportionate** – the nature of any investigation, review or other actions following a client incident will be proportionate to the harm caused to the client and the risk of future harm to the client.

## 1.3 Scope

This section outlines the scope of the programs and activities that this guide applies to, and the out-of-scope programs and activities.

The scope of this guide covers incidents that occur during service delivery and result in harm to a client or is reasonably likely to cause serious harm to a client.

A client is defined as a person receiving services delivered or funded by the department. Note that the point at which a person becomes a client may vary depending on the type of service, based on the usual understanding for that service type.

Issues that do not impact clients, but that otherwise affect staff, other people, property or reputation, should be managed and reported through other appropriate channels, rather than through the CIMS. Examples of other issues and the channels that should be used to manage them are outlined below.

Appendix C provides a list of the services out-of-scope for this guide.

### In-scope services

The services in-scope for this policy are aligned to the prescribed social services of the *Social Services Regulations Act* 2021 (the Act). The *Social Services Regulations* 2023, Part 1(5) sets out the following list of services that are prescribed. The list below is a high-level summary of the services in scope of the Social Services Regulator and CIMS policy[[2]](#footnote-3):

* child protection services;
* community-based child and family services;
* disability services;
* family violence services;
* homelessness services;
* out of home care services;
* secure welfare services;
* sexual assault services.

Providers are referred to the Social Services Regulator for detailed guidance on specific services or programs in-scope of the Act.

The following services will remain in scope of CIMS even though they are outside the scope of the Social Services Regulations, noting services that report through the Victorian Health Incident Management System (VHIMS), do not need to report in CIMS.

#### Housing and community building services:

* department managed public housing

#### Health services:

* aged care and carer’s support services
* alcohol and drug treatment services
* community palliative care services
* home and community care (HACC) services for people aged under 65 and under 50 for Aboriginal people)
* mental health community support services (MHCSS)
* sexual health prevention services.

The following issues should be primarily managed through the alternative channels identified below, rather than through the CIMS:

* Case management – service providers are responsible for undertaking ongoing case management activities.
* Staff occupational health and safety issues, including allegations of client to staff assaults.
* General staff performance and conduct – management of staff performance and conduct policies.
* Reportable conduct of staff – the reportable conduct scheme requires centralised reporting to the Commission for Children and Young People of allegations of child abuse made against workers or volunteers in relevant organisations with a high level of responsibility for children. This requirement is in addition to obligations under this policy.
* General service provider performance and management issues – through the Funded Organisation Performance Monitoring Framework, including the decision to undertake further contract reviews, such as service reviews or investigations.
* Staff/carer appropriateness to work with clients – relevant employment/carer schemes and screening processes include the Disability Worker Exclusion Scheme (DWES), the Suitability Panel and the Carer’s Register.
* Property damage – property damage as a result of fires in public housing should be reported to the department by following the fire incident reporting procedure. Other types of property damage should be reported to the department by following appropriate property and maintenance processes, such as advising property and assets services if the property is owned by the department.
* Media and public interest issues – the department’s Notification protocol on incidents sets out the process to manage and escalate issues involving possible media and public scrutiny, both within the department and to ministers’ offices.
* Privacy breaches – potential breaches of service provider compliance with policies, regulatory requirements or service agreements – line management, regulatory activity and contract management to determine and act upon breaches.

Where an issue identified through any of the above processes is identified as having a direct impact upon a client, consideration should be given to the completion and submission of a client incident report via CIMS.

# 2 Responding to an incident

## 2.1 Overview

During the process of service delivery, different types of events will occur that affect the client. Events may have a positive, negative or neutral influence on a client. Some of these events will meet the definition of a ‘client incident’ within the meaning of this guide and therefore fall within the scope of this guide.

A client incident is defined as:

|  |
| --- |
| **An event or circumstance that occurred during service delivery and resulted in harm to a client, or is reasonably likely to cause serious harm to a client.**  **Note that this excludes incidents that affect staff or members of the public but do not have an impact on a client. Such incidents should be reported through other appropriate channels, including reports to Victoria Police or WorkSafe (refer to section 3.9 Other reporting requirements for other examples).** |

Once an incident has occurred, the health, safety and wellbeing of the client and other involved parties is paramount. An appropriate incident response is critical.

This stage covers both the immediate response after an incident is identified or disclosed, as well as the ongoing support for the client.

* **Immediate response**

This involves ensuring the immediate safety, health and wellbeing of the client and other involved parties, obtaining medical attention, notifying Victoria Police and other emergency services as appropriate, preserving evidence, accessing specialist victim and support services as required and contacting the nominated key support person.

* **Ongoing support**

These responses involve supporting the client’s wellbeing by ensuring a safe and secure environment, whilst also providing and managing any rehabilitation, counselling or other support they may need in the future in response to the incident.

Further details on both these phases are provided in this chapter.

Particular types of incidents may require additional response actions to ensure the safety and wellbeing of the client. In particular, for all incidents that involve allegations of abuse, refer to Appendix B: Responding to allegations of abuse. Abuse includes physical, sexual, financial or emotional / psychological abuse or neglect. Key actions required to respond to abuse are identified in this chapter and cross-referenced to Appendix B: Responding to allegations of abuse for further details where appropriate.

When an incident involves misconduct by a staff member to a child, service providers must consider requirements under the Reportable Conduct Scheme to notify the Commission for Children and Young People.

All actions should be undertaken in a way that is respectful of the person, culturally appropriate, and empowers them to make their own choices and decisions wherever possible, to the extent that the client is capable of making informed decisions. Some clients, such as those receiving disability services or children in any service, may have a key support person to support them (the client) in their decision-making (see section 2.2.3 Contact the key support person for a broader understanding of the key support person).

Actions taken by service providers in response to an incident should include the client, or key support person acting in the client’s interests, in the following activities:

* recognising and acknowledging the impact of the incident on the client
* assuring the client that the incident will be taken seriously and dealt with in a fair and equitable manner
* clearly educating clients about their rights and taking their wishes into consideration
* identifying an advocate or key support person if appropriate, and keeping them informed throughout the process
* keeping the client informed of the progress, outcome and any follow-up of incidents
* involving the client in the process of reviewing or investigating the incident, including the opportunity to provide their account of what happened, with communication support if required
* ensuring the client has the opportunity to provide feedback on the response to the incident
* ensuring that personal and sensitive client information is appropriately managed and secured so as to mitigate the risk of privacy breaches.

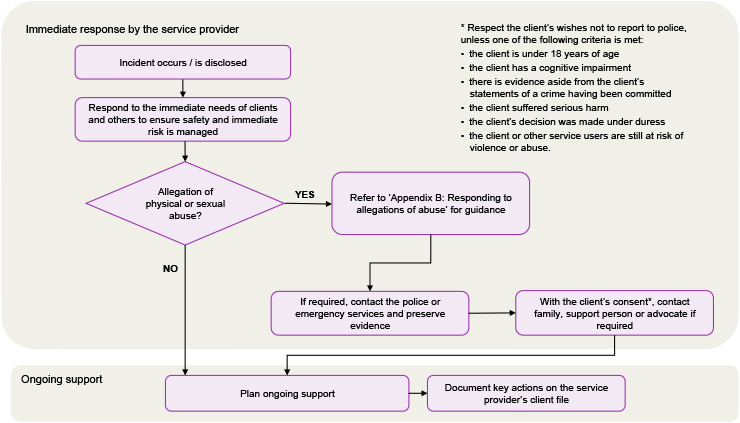
This chapter sets out general guidelines for the minimum standard for responding to any client incident (whether major impact or non-major impact, as defined in chapter 3 Reporting an incident).

Service providers responding to incidents where the client is an adult with disability or mental illness should also refer to the [Office of the Public Advocate’s (OPA) website](http://www.publicadvocate.vic.gov.au/) <http://www.publicadvocate.vic.gov.au/> for good practice responses.

Disability service providers may also refer to the [Disability Services Commissioner’s website](http://www.odsc.vic.gov.au/) <http://www.odsc.vic.gov.au/> for additional guidance.

Figure 2.1 provides an overview of the process for responding to client incidents.

Figure 2.1: Process for responding to client incidents



## 2.2 Immediate response

A number of actions must be taken immediately after an alleged incident has occurred and should be carried out or led by the most senior service provider staff member present at the location of the incident or at the service provider site.

These actions are listed according to the general order in which they should be carried out, but some may occur simultaneously, and in specific circumstances some actions may need to be prioritised according to the assessment and professional judgement of the service provider.

* Client’s immediate safety needs met
* Medical attention provided
* Client debriefing or counselling
* Referral to appropriate support services
* Change client care (support plan)
* Notify next of kin, guardian or key support person
* Reported to Victoria Police
* Staff member stood down or removed.

### 2.2.1 Ensure the safety of the client, staff and any other parties

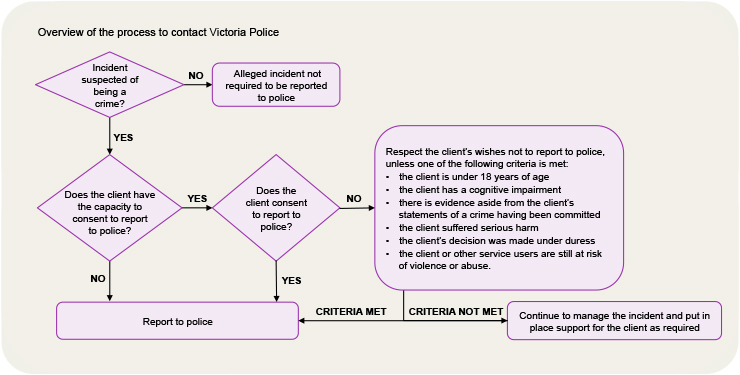
* Assess the situation to ensure a safe and secure environment and remove the source of danger or the client from the source of danger if safe to do so. In urgent cases, such as situations where a crime is suspected or alleged to have occurred, or where there is ongoing danger, Victoria Police and other emergency services should be called immediately.
* If the client, staff member or any other person requires immediate medical attention, a medical practitioner or ambulance should be called, or the client conveyed to the nearest hospital accident and emergency department.
* If the client has injuries that do not require immediate attention, support the person to see a doctor for assessment and treatment of any injuries, including psychological trauma.
* Assure the client that the incident will be taken seriously, discuss their options with them and ask them how they would like to be supported throughout the process.
* If a staff member is accused or suspected of harming the client, they should be removed from contact with all clients pending an investigation (see Chapter 4 Investigating allegations of abuse, poor quality of care or unexplained injuries for further guidance).In these matters, service providers must also consider the requirement to report the matter under the Reportable Conduct Scheme to the Commission for Children and Young people.
* If another client is accused or suspected of harming the client, where possible, they should be removed from contact with other clients pending an investigation (see Chapter 4 Investigating allegations of abuse, poor quality of care or unexplained injuries for further guidance).
* Consider the impact of the incident on the other clients within the setting and provide them with appropriate support. It is important that they are not treated simply as potential witnesses.
* If they can provide informed consent to contact and receive specialist services, the client (or, if not, his or her key support person) should be asked whether he or she wishes to contact specialist/victim support services such as crisis care, counselling, advocacy, a legal information service or a lawyer.
* Notify other service providers known to be working with that client, if appropriate. Refer to section 3.7 Clients receiving services from multiple service providers (shared clients) for further information.

For specific guidance on the immediate response to allegations of abuse, including information on contacting the local Centre Against Sexual Assault (CASA), refer to Appendix B.

### 2.2.2 Report alleged criminal acts to Victoria Police and preserve evidence

Figure 2.2 provides an overview of the process to contact Victoria Police and consideration of the consent and wishes of the client.

Figure 2.2: Overview of the process to contact Victoria Police



If a crime is suspected to have occurred, the most senior staff member present should follow the flow chart above to determine whether or not to contact Victoria Police. Refer to Appendix B: Responding to allegations of abuse for more details.

As shown in Figure 2.2, if the client wishes not to report the matter to Victoria Police, and has capacity to make this decision, this wish should be respected unless one or more of the following criteria is met:

* The client is under 18 years of age. Note that if the child is a client of child protection, child protection should be immediately informed of the alleged incident.
* The client has a cognitive impairment.
* There is evidence aside from the client’s statements of a crime having been committed.
* The client suffered serious harm.
* The client’s decision was made under duress.
* The client or other service users are still at risk of violence or abuse.

For additional advice on determining whether a client has the capacity to decide not to report the matter to Victoria Police, contact the client’s case manager (as appropriate). Inquiries in regard to clients with a disability may also be referred to the Office of the Public Advocate.

In relation to an individual who is the subject of an allegation, staff should consult with Victoria Police as to whether the person should be told of the report to Victoria Police. It is important that any steps taken do not compromise or undermine action that Victoria Police may take (including an incident investigation).

#### Preserving evidence

Staff should preserve any physical or documentary evidence that may be critical to an investigation by Victoria Police or the service provider. This may require discussions with Victoria Police.

If multiple clients witnessed the incident, clients should be separated where possible so as to minimise the risk that their evidence may be compromised before they are interviewed.

In the case of alleged sexual abuse that has just occurred, to preserve any forensic evidence, the client should not be showered or bathed or offered drinks or food until after Victoria Police have been contacted and provide further instruction. Staff must not photograph or otherwise record details of the injuries suffered unless instructed otherwise by Victoria Police.

Refer to Appendix B: Responding to allegations of abuse for further information on assisting Victoria Police in the case of alleged abuse.

### 2.2.3 Contact the key support person

Where the client consents, or does not have the capacity to consent, the service provider should engage a key support person to support the client, advocate on their behalf and ensure his or her rights are respected. Case notes should reflect that a client has been offered a key support person and the decision of the client and rationale as to whether this occurred or not.

Service providers should also refer to existing support plans or advance statements which contain guidance on how to best support the person, if available.

A key support person must be independent of the service provider and may include a parent or family member, a significant other, a guardian appointed by the Victorian Civil and Administrative Tribunal, or an advocate. The role of the key support person is to provide support and advocacy, and ensure the client’s rights are respected in relation to any subsequent investigation or action taken. The key support person may attend interviews with the client in a support role. A key support person should be someone who preferably knows the client well and has their trust.

A key support person should not be contacted if Victoria Police has advised that they are a witness or suspect in the investigation, unless instructed otherwise by Victoria Police. Subject to any instructions by Victoria Police, the service provider should encourage the client to choose an alternative key support person to provide assistance and support.

In relation to allegations of abuse, detailed guidance regarding when and how to contact the next of kin or guardian is provided in Appendix B, section B.4.4 Notification of next of kin or guardian, for:

* clients receiving disability services
* clients with a legal guardian
* clients under the age of 18 and receiving child protection services
* clients on a Care by Secretary order
* clients on a family reunification order.

## 2.3 Ongoing support

After the immediate response to the incident has occurred, ongoing support should be provided in order to promote and assist a client’s recovery from the incident, and to ensure a client’s ongoing wellbeing and safety. Service providers should plan for the provision of ongoing support to all affected clients, as their ongoing needs may change. Ongoing support should also be provided to any staff affected. Key ongoing actions in response to the incident should be documented on the client’s file.

Appropriate actions may include:

* steps to assure the client’s safety and wellbeing in the future
* providing and supporting the client to access treatment, counselling, or trauma and victim support services to address their safety and wellbeing as required
* modifications in the way services are provided or to the client’s care plan, including updating any support documentation
* supporting the client through any action the client takes to seek justice or redress, including making a report to Victoria Police or accessing legal counsel
* providing direct support to clients to discuss the incident
* any ongoing risk management strategy required where this is deemed appropriate
* support and debriefing for staff and client witnesses. Further detail about debriefing in the case of allegations of abuse is provided in Appendix B, section B.7 Debriefing for staff and clients.

## 2.4 Roles and responsibilities for response

It is the primary responsibility of the service provider to maintain a safe environment for clients. This includes providing an immediate response to the observation or disclosure of an incident. The division of roles and responsibilities in this guide recognises that responding to an incident and maintaining a safe environment is ultimately the service provider’s responsibility, but that the divisional office may support service providers in discharging this responsibility at times, by exception.

Note that the service provider responsibilities outlined below refer to the responsibilities of the service providing services to the client at the time an incident takes place.

Table 2 provides a summary of the roles and responsibilities for response to an incident.

Table 2: Roles and responsibilities for response to an incident

| Service provider  (including department-delivered services) | Divisional office |
| --- | --- |
| Providing immediate response to incidents to ensure safety and wellbeing of the client and others at risk  Reporting to Victoria Police (as appropriate)  Contacting relevant support services such a CASA (as appropriate)  Preserving evidence  Notifying relevant next of kin / guardian (as appropriate)  Plan and undertake actions to provide ongoing support to the client in response to the incident  Document key actions undertaken on the client’s file. | Ensuring minimum standards and actions for the response to client incidents are adhered to by the service provider  Providing practice guidance and expert advice when requested by the service provider, where appropriate. |

# 3 Reporting an incident

## 3.1 Overview

This chapter sets out the process to report incidents to the department. Service providers must manage the response and subsequent actions to all client incidents through their incident management processes. As part of this process, client incidents must be electronically reported to the divisional office (via the department’s CIMS IT webform or the service provider’s IT system) within three business days of the service provider becoming aware of the incident.

All service providers must own, manage and maintain a client incident register. The client incident register captures all information regarding client incidents that is submitted to the divisional office, as outlined in this chapter. The service provider is responsible for keeping the client incident register up-to-date, and for monitoring trends and patterns as described in Chapter 6 High-level data analysis framework. The incident reporting guidelines outlined below are designed to fulfil the objectives stated in the introduction to this guide. See Appendix E: Client incident register data fields for mandatory client incident data fields for both major and non-major impact incidents.

### 3.1.1 The definition of a ‘client incident’

During the process of service delivery, different types of events will occur that affect the client. Events may have a positive, negative or neutral influence on clients. Some of these events will meet the definition of a ‘client incident’ as outlined in this guide and therefore are required to be reported to the department. See Figure 3.1 for an illustration of the difference between incidents and other events that do not need to be reported.

**A client incident is defined as:**

|  |
| --- |
| **An event or circumstance that occurred during service delivery and resulted in harm to a client or is reasonably likely to cause serious harm to a client.** |

Note that this excludes incidents that affect staff or members of the public that do not have an impact on a client. Such incidents should be reported through other appropriate channels, including reports to Victoria Police or WorkSafe.

* **Both major and non-major impact incidents** require service providers to notify divisional offices of the incident within three business days. The service provider must also record details on their client incident register.

Figure 3.1 outlines the relationship between non-reportable events, non-major impact incidents and major impact incidents.

**Figure 3.1: Events, non-major impact incidents and major impact incidents**

Figure 3.1: Events, non-major impact incidents and major impact incidents

Other events managed by service providers:
Events that do not meet the definition of an ‘incident’ do not need to be reported under CIMS.
Information relevant to the service or care provided to the client should be recorded as per the service provider’s own policies. For example, in a day book or client file.

Major and non-major impact incidents reported individually to divisional office within 3 business days of the incident occurring or the service provider becoming aware of the incident.

The level of information provided in reporting varies depending on whether the incident is a major impact or non-major impact incident. The incident reporting processes for major impact and non-major impact incidents are outlined below.

Refer to section 3.9 Other reporting requirements, for other examples of issues that may not be reported through the CIMS but will require a response from the service provider.

### 3.1.2 The client incident reporting process

An overview of the activities that should be undertaken sequentially following the occurrence or disclosure of an incident is provided below. These steps will support the service provider to identify the reporting process that should be followed. The process is summarised at a high level here, with further details on each of the key decision points provided in the sections following.

#### Did the incident occur ‘during service delivery’?

The most senior witness to the incident or, if there were no witnesses, the staff member to whom the incident was disclosed, should determine whether the incident occurred during service delivery.

If the incident did not occur during service delivery, it is not required to be reported through CIMS. The event should be managed in the best interests of the client using the professional judgement of staff in accordance with the service provider’s policies and procedures and any other applicable departmental policies. The staff member must ensure that other appropriate processes are followed to manage the event and impact on the client, which may include using other guidance or policies from the department. See section 2.3 Ongoing support for a list of channels to manage issues, and section 3.9 for a list of the reporting processes required for purposes beyond a client incident as defined in this guide.

See section 3.2 Did the incident occur during service delivery? for more guidance on this decision.

#### Determine whether the incident resulted in major impact or non-major impact on the client

Definitions of major impact and non-major impact and more guidance on making this decision is provided in section 3.3.

* **Both major and non-major impact incidents** require service providers to notify the divisional office of the incident within three business days. The service provider must also record details on their client incident register.

### 3.1.3 What was the incident type?

For each client incident report, one primary incident type must be selected, with the option to add a secondary incident type (if required) to record associated events that occurred as part of the incident.

When choosing a primary incident type, staff should choose the incident type that best describes the circumstance that caused the most impact on the client.

The optional secondary incident type should be used to capture associated events related to the primary incident type. This may be relevant for complex incidents where multiple types of harm occurred.

The incident type also helps determine whether an investigation or review is required to be carried out (see Chapters 4 Investigating allegations of abuse, poor quality of care or unexplained injuries and 5 Reviewing incidents).

Note that for certain incident types, particular incidents are deemed to be major impact incidents in every case. For example, all deaths of clients in unexpected or unanticipated circumstances, including suicides, must be reported as major impact incidents.

Appendix A: Definitions of incident types provides a full list of incident types, including those incidents deemed to be major impact incidents. See section 3.6 for more guidance on this decision.

## 3.2 Did the incident occur during service delivery?

The definition of an ‘incident’ will be met if the event caused harm to a client and occurred ‘during service delivery’.

This section provides guidance on the definition of ‘during service delivery’. If an incident occurs during service delivery, it is required to be reported. This section also provides guidance on the treatment of historical disclosures.

### 3.2.1 Definition of ‘during service delivery’

An incident that has occurred ‘**during service delivery**’ is an incident that occurs during any of the following circumstances:

* provision of an in-scope service
* as a result of, or related to, a deficiency or a potential failure in service provision (for example, through hazards, neglect or inadequacy).

‘**During service delivery**’ includes:

* When the client is receiving a service (for example, when a staff member is with a client, when the client is on an outing where a staff member is present, or when the client is engaging with a service online or via telephone).
* When the client attends a service provider’s premises, including offices, residential services, respite facilities or day services. This includes the area within the boundaries of the premises, as well as the surrounding area within sight of the premises.
* For off-site/outreach services, this includes incidents that occur at the location of service delivery and the surrounding area within sight of that location. (For example, this includes when a staff member is providing in-home support or support in the community with the client, even if that support is minimal, such as an hour a month).
* For clients under the care of 24-hour services (for example, residential care, custodial services, supported accommodation or statutory child protection), any incident is deemed to occur during service delivery.

‘**During service delivery**’ excludes harm that may occur to a client:

* In the general course of life (for example, when a client is receiving episodic care and an incident occurs when the client is not receiving the services). This exclusion does not apply to clients who are under the care of 24-hour services.
* Where a client is receiving episodic care and an incident occurs when the client is not receiving the services and **is unrelated to the services provided**.
* Following adequate and appropriate discharge or release from the department-funded service or following the completion of the service provision period.

### 3.2.2 Historical disclosures

At times, clients may disclose incidents that occurred in the past. Such incidents should generally be considered in the same way as any other client incident – noting that the appropriate response may be different for an incident that occurred sometime in the past.

For these disclosures, service providers should consider whether the incident occurred during service delivery as defined in section 3.2.1, including during service delivery by another service provider. If so, the incident should be reported in accordance with this guide if it has not already been reported.

Where the disclosed incident relates to a different service provider, they should be contacted to determine whether an incident report has already been completed, and which service provider should complete the incident report and other requirements of this guide. Further guidance on this decision is available at section 3.7. If additional information is required, the service provider should contact the relevant divisional office.

Service providers should also consider whether a report to Victoria Police is appropriate for a historical disclosure of criminal conduct or suspected criminal conduct in accordance with the guidance in Chapter 2 Responding to an incident.

## 3.3 Did the incident result in major impact or non-major impact on the client?

‘Major impact’ and ‘non-major impact’ are used to define the two incident categories. In determining the category of the incident, the focus must be on the impact (level of harm) to the client. While the most senior staff member present is responsible for completing the initial incident report, the management of the service provider is responsible for using their professional judgement to confirm the assessment of the appropriate categorisation for the incident, based on the guidance set out in this section.

The following two boxes set out the definitions of these two categories.

**Major impact on the client:**

|  |
| --- |
| **The unanticipated death of a client.**  **Severe physical, emotional or psychological injury or suffering which is likely to cause ongoing trauma.**  **A pattern of incidents related to one client which, when taken together, meet the level of harm to a client defined above. This may be the case even if each individual incident is a non-major impact incident.**  In addition, certain incidents listed in Appendix A: Definitions of incident types are always required to be reported as major impact incidents. For example, all deaths of clients in unexpected or unanticipated circumstances, including suicides, must be reported as major impact incidents. |

**Non-major impact on the client:**

|  |
| --- |
| **Incidents that cause physical, emotional or psychological injury or suffering, without resulting in major impact as defined above.**  **Impacts to the client which do not require significant changes to care requirements, other than short-term interventions (for example, first aid, observation, talking interventions or short-term medical treatment).**  **Incidents that involve a client but result in minimal harm.**  **Incidents that do not otherwise meet the criteria for ‘major impact’ above**  **Incidents that are reasonably likely to cause serious harm to the client (serious risk incident type only)** |

Note that a **pattern of incidents related to one client** which, taken together, meet the definition of a major impact incident should be reported as major impact. This is the case even if each individual incident would otherwise be classified as a non-major impact incident. This is to reflect the impact of cumulative and persistent harm that is out of the ordinary for the client. This threshold is based on professional judgement and knowledge of the particular circumstances of the client, and the context of the service being delivered.

### 3.3.1 Considerations for assessing impact on different client cohorts

When determining whether an incident is major impact or non-major impact, the service provider’s management is responsible for confirming the categorisation of impact, and should take into account specific client characteristics that may influence their experience of an incident. The senior staff member confirming the categorisation of the incident by the staff member must exercise professional judgement and consider the following factors in determining whether an incident has resulted in major or non-major impact.

#### Client experience

* Was the client physically, emotionally or psychologically harmed in the incident? To what extent? What level of treatment or care did they require as a result of the incident?
* Is the client still at risk of further harm from this incident?

#### Severity of outcome

* What was the nature and extent of the harm suffered?
* What was the level of distress or suffering caused to the client?
* Does the client have a history of incidents of this nature?

#### Vulnerability of client

* Does the client’s age and stage of development, culture or gender increase the severity of suffering and trauma experienced?
* Does the balance of power or position between the individual who is the subject of an allegation and the victim affect the impact of the incident on the client?
* Does the client’s individual mental and/or physical capacity, understanding of potential risks or communication skills affect the impact of the incident?
* Does the client have a history of trauma or other co-factors which increase the impact of the incident? For example, homelessness, social isolation, health status (particularly poor health or other incapacity), poverty or discrimination.

#### Pattern and history of behaviour

Some clients may have a habit of dangerous actions that is understood and being managed by the service provider. In such cases, the service provider should classify incidents of such behaviour as non-major impact incidents, unless the incident is linked to either of the following:

* an **escalation** in the severity or frequency of dangerous actions
* **abnormal** actions outside the known behavioural patterns of that client.

## 3.4 Major impact – reporting process

This section outlines the steps to be undertaken to complete a client incident report. Reporting incidents in a timely and complete manner helps to ensure that the incident is being managed. For major impact incidents, the incident report will also form the basis of any subsequent investigation, case review or root cause analysis (RCA).

Figure 3.3 provides an overview of the process for completing a major impact incident report.

Figure 3.3: Major impact incident reporting process

A flow chart of the process for reporting major impact incidents, as described below.

1. **The service provider must complete a client incident report**

Service providers must electronically report all major impact incidents to the department within three business days of the incident occurring or the service provider becoming aware of the incident (via the department’s CIMS IT webform or the service provider’s IT system).

In addition to providing incident information to the department, all client incidents must also be recorded in the service provider’s client incident register. The service provider must update their client incident register within three business days of becoming aware of a major impact incident.

1. **Who records the incident on the client incident report?**

The most senior witness to the incident or, if there were no witnesses, the staff member to whom the incident was disclosed, must complete the detailed components of the client incident report.

The client incident report should record all necessary details. Required client incident data fields can be found at Appendix E: Client incident register data fields.

It is critical that the information provided in the incident report is accurate, comprehensive and clear. This report will form the basis of any subsequent investigation, case review or RCA, and therefore must be completed to a high standard by the most senior person present when the incident was disclosed or occurred. Any witnesses, physical evidence, persons of relevance or other information necessary for a future investigation must be recorded in the incident report.

Incident reports must be factual and use objective language. Service providers can seek guidance and advice on completing incident reports by:

* referring to the [CIMS toolkit on the department website](https://providers.dffh.vic.gov.au/cims) <https://providers.dffh.vic.gov.au/cims>.
* contacting the divisional office of the department for guidance or advice as needed.

1. **The service provider records action taken in response to the incident**

The senior management representative reviews the incident report submitted by their staff member and completes:

* a brief description of the incident (20 words or less)
* reports additional actions completed, for example notification to Victoria Police if required
* a quality check of the client incident report, ensuring that appropriate incident type, category, client and location details were recorded.

The service provider’s chief executive officer or delegated authority approves the incident report prior to submission to the divisional office.

1. **Submit completed client incident report to the divisional office within three business days**

The service provider will submit the fully completed client incident report to the designated divisional office as soon as possible, and at the latest within three business days of first becoming aware of the incident.

Incident reports and any other supporting information regarding the incident must also be attached to the individual client’s file. This supports the appropriate management and follow-up of the incident.

1. **Divisional office contacts the service provider to follow-up on the incident**

It is the responsibility of the service provider to ensure appropriate actions are undertaken to ensure client safety.

Department divisional office staff **will** review the incident report to ensure the safety and wellbeing of the client.

The divisional office **may** contact the service provider to follow up on the incident if there are concerns about the safety of clients or the management of the incident. Follow-up may be undertaken to confirm that appropriate actions are being planned and undertaken to ensure the safety of the client.

The divisional office may also request the service provider to provide further information and details regarding prior incidents to further understand the context and any contributing factors.

Once any follow-up is completed to the satisfaction of the divisional office, they will endorse the incident for their records.

## 3.5 Non-major impact – reporting requirements

This section outlines the steps to be undertaken to collect and report information for a non-major impact incident. Non-major impact incidents must be reported electronically (via the department’s CIMS IT webform or the service provider’s IT system) and recorded in the service provider’s client incident register.

Each non-major impact incident is required to be reported to the department individually no later than three business days after the provider becomes aware of the incident.

Note: If unsure whether to report an incident under the serious risk incident type, or another non-major impact incident type, the serious risk incident type must be used to comply with the requirements of the Social Services Regulation Scheme.

Figure 3.4 provides an overview of the process for completing a non-major impact incident report.

Figure 3.4: Non-major impact (including serious risk)– reporting process

Figure 3.4: Non-major impact – reporting process

A flow chart of the process for reporting non-major impact incidents, as described below.


1. **Reporting requirements for non-major impact incidents**

Service providers must electronically report all non-major impact incidents to the department within three business days of the incident occurring or the service provider becoming aware of the incident (via the department’s CIMS IT webform or the service provider’s IT system).

In addition to providing incident information to the department, all client incidents must also be recorded in the service provider’s client incident register. The service provider must update their client incident register within three business days of becoming aware of a major impact incident.

1. **Collect required details of the incident**

Service providers must collect required minimum information regarding each individual non-major impact incident. The client incident report should record all necessary factual details. Required client incident data fields can be found at Appendix E: Client incident register data fields.

1. **Record details on the client incident register and client file**

Service providers must maintain a register of all incidents and keep records of incidents on client files.

This supports appropriate incident management and follow-up of the incident.

1. **The divisional office staff may contact the service provider to follow-up on incident data**

The divisional office **will** review the non-major impact incident data submitted by service providers.

The divisional office staff **may** contact the service provider to:

* follow up on the incident and ensure the information provided is accurate
* confirm that service providers and the department are assured that appropriate actions are being planned and undertaken to manage incident trends and the potential for cumulative harm.

## 3.6 How to classify incidents by type

Incidents are classified into a range of incident types. An incident type is a descriptor used to signify the key aspect of the incident. For each incident report, one primary incident type must be selected, with the option to add a secondary incident type (if required) to record associated events that occurred as part of the incident.

When choosing a primary incident type, staff should choose the incident type that best describes the circumstance that caused the most impact on the client.

The optional secondary incident type should be used to capture associated events related to the primary incident type. This may be relevant for complex incidents where multiple types of harm occurred.

As discussed above, incidents are also categorised as major impact or non-major impact, in line with the definition provided in section 3.3. For each incident type, guidance and examples are provided of what is considered a major impact incident or a non-major impact incident. Some incident types must always be categorised and reported as major impact. Definitions and guidance are provided at Appendix A: Definitions of incident types.

It is expected that staff will use their professional judgement in considering the appropriate classification of incidents.

## 3.7 Clients receiving services from multiple service providers (shared clients)

An incident may occur in relation to a client who is involved with a number of service types (such as disability case management, child protection and public housing) and/or in receipt of services from a number of service providers. Only one client incident report is required per incident. This section provides more details on which service provider is responsible for completing the incident report, and when information should be shared with other service providers.

### 3.7.1 Determining responsibility for completing the incident report

The service provider that **first** becomes aware of the incident is responsible for ensuring the client’s safety and completing the incident report unless, by mutual agreement of the service providers, a more appropriate service or service provider takes over this responsibility.

If the service provider that first becomes aware of the incident is not the lead service provider with prime responsibility for the client, then they must ensure that the lead service provider, where known, is informed. Together, the service providers are to determine who will take responsibility for completing the client incident report. The following considerations may be relevant to making this decision:

* whether the incident has a direct and obvious relationship to, and impacts on, the delivery of a particular type of service
* whether an incident is not required to be reported by one service provider, but is required for another service provider.

If the service provider that first becomes aware of an incident is not sure of who the lead service provider might be, they should contact the divisional office for guidance.

The service provider who is responsible for completing the incident report is also responsible for discharging the other obligations in this guide in regards to incident investigation, review and data analysis unless, by mutual agreement of the service providers, a more appropriate service or service provider takes over this responsibility.

### 3.7.2 Notifying other service providers

There are a number of situations where there may be a need for personal or health information relating to an incident to be shared in order to effectively respond to and manage an incident.   
These may include:

* Where there are multiple service providers and/or clients involved in an incident and the information needs to be disclosed in order to lessen or prevent a serious and imminent risk to the safety and wellbeing of the relevant client or clients.
* Where an incident occurs involving a client who is engaging with services offered through a consortium of service providers and other service providers within the consortium need to know about the incident in order to lessen or prevent a serious and imminent risk to the safety and wellbeing of the client.
* Where it has been determined that a contractor or external organisation should participate in or lead an incident investigation or review and it is necessary to disclose certain personal or health information with the contractor or external organisation in order to properly investigate or review the incident (see subsequent chapters).

The list above is not exhaustive.

Where permissible under applicable laws, including the Privacy and Data Protection Act 2014, the Health Records Act 2001 and any other legislation applicable to the relevant service, the service provider that has responsibility for completing the incident report should consider whether it is appropriate to alert other service providers known to be working with that client that the incident has occurred.

When determining whether it is appropriate for personal or health information to be shared, service provider staff should consider their legal obligations and privacy policies, as referred to in section 3.8. It is important to note that there may be a lawful basis for disclosing some personal or health information, but not other personal or health information (for example, information relating to the client may be able to disclosed where necessary to ensure the safety and wellbeing of the client, but information relating to staff or other individuals may not need to be shared for that purpose).

### 3.7.3 Lead division or central office service agreements

Where a department-funded organisation has a lead division or central office service agreement, the organisation should report the incident to the geographic division in which the service outlet is located, using the usual process.

The divisional office receiving the incident report is responsible for providing a copy of the report to the relevant divisional or central office service agreement lead.

## 3.8 Privacy

Section 3.7 discusses situations and circumstances where it may be appropriate for service providers to share or disclose personal or heath information relating to an incident with parties other than the department. In these and other situations there may be clear benefits of information-sharing for the client, the sector and the broader community. In particular, these benefits may include providing opportunities to improve client safety, service quality and continuous improvement of the CIMS. However, it is important that personal and health information is only used and disclosed to third parties where it is lawful to do so, having regard to the service provider’s obligations under the Privacy and Data Protection Act 2014, the Health Records Act 2001 and any other legislation applicable to the relevant service.

In sharing information, respecting the privacy of individuals who are involved in incidents, including witnesses to an incident, is an important consideration, especially as incident reports contain personal information and may contain health information and other sensitive information. While the possible advantages of information-sharing will in some situations be clearly evident, it is nonetheless essential to comply with all applicable legal obligations, including those relating to privacy. Service providers will need to consider their relevant legal obligations when determining whether to share personal or health information in the best interests of the relevant client or clients.

### 3.8.1 Identifying incident reports with client personal details

In most circumstances, incident reports will be identified and include a client’s personal information, as well as possibly some health information. This identification is for the purpose of:

* facilitating the identification of patterns and trends which can improve client safety and service quality
* facilitating data analysis.

The department recognises that some services and/or service providers, due to the nature of their services (for example, needle and syringe programs), operate on an anonymous basis and do not collect identifiable information about their service users. If a service operates on an anonymous basis, it may enter into an agreement with the department under which incident reports are not required to include identifiable client information.

### 3.8.2 Department-funded organisations’ obligations and requirements

There are a number of laws that regulate the collection of personal information and prescribe how information can and cannot be handled. These include the Privacy and Data Protection Act 2014 and the Health Records Act 2001. Other Acts, such as the Disability Act 2006 and the Children, Youth and Families Act 2005, regulate certain types of service provision and contain additional privacy or secrecy provisions. These Acts must be complied with in addition to the Privacy and Data Protection Act 2014 and the Health Records Act 2001.

Under service agreement clause 17.3(i), department-funded organisations must notify the department about privacy breaches, or possible breaches within one business day. Using the web-based privacy incident report form, agencies enter details about the privacy breach, clients involved, immediate risks, and how the breach is being managed and contained. The report is directed to the organisation’s contract manager within the department (i.e. local engagement officer or program and service advisor), who will work with the agency on managing the breach as required. A privacy breach that impacts a client may need to be reported as a client incident under the CIMS as well as through a privacy incident report.

### 3.8.3 Department staff

Department staff must comply with the department’s privacy policy whenever personal and health information about clients, staff or others is collected, stored, transmitted, shared, used or disclosed.

The privacy policy is an integrated policy which supports the sensitive protection and management of personal information to meet the requirements of the Privacy and Data Protection Act 2014 and the Health Records Act 2001. Information relating to the department’s privacy policy is available on [the department’s website](https://www.dffh.vic.gov.au/publications/privacy-policy) <https://www.dffh.vic.gov.au/publications/privacy-policy>.

### 3.8.4 Sharing client incident information

As discussed above, service providers are required under this guide to disclose certain relevant personal and health information in incident reports to the department.

In addition, there may be situations and circumstances where service providers have a legal obligation, or it may otherwise be lawful and appropriate for certain personal or health information relating to an incident to be disclosed to parties other than the department. In these situations, this guide assumes that relevant personal or health information will be shared to the extent that it is lawful and necessary to do so in the interest of clients and their wellbeing. Examples of situations and circumstances where this may be the case are outlined in section 3.7; however, service providers must always ensure that they are familiar with and comply with any applicable laws.

There may be circumstances outside of those listed in section 3.7 where it may be lawful and appropriate for personal or health information relating to an incident to be shared. In these situations, service providers will need to consider whether any applicable laws, including privacy laws, must be considered before doing so. If in doubt, service providers should obtain their own independent legal advice.

Note that, depending on the circumstances and the applicable laws, consent of any relevant individuals to whom the relevant personal or health information relates may be a lawful mechanism for allowing personal or health information to be used or disclosed. Service providers should be aware of the potential complexities of using consent as a primary mechanism to authorise the sharing of personal or health information. Again, service providers will need to consider their legal obligations and, if in doubt, obtain their own independent legal advice. In relation to personal information, service providers may also wish to consider guidance material published by the [Victorian Information Commissioner, Privacy and Data Protection](https://www.cpdp.vic.gov.au/), which is available online at <https://www.cpdp.vic.gov.au>.

### 3.8.5 Collection notices

Service providers, as part of their existing service agreement with the department, must issue collection notices to their clients. Most information about clients will have been collected ahead of any incident in scope of CIMS and should have been collected in line with the requirements and/or appropriate collection notices at the time.

When collecting personal information from non-clients, such as witnesses or the subject of allegation, the service provider must provide a collection notice to explain what information is being collected for the purposes of client incident reporting.

A collection notice explains what information is being collected, and how it will be collected, used, disclosed and stored. This includes how information may be shared with the Social Services Regulator under section 48(1) of the *Social Services Regulation Act* 2021. Template collection notices are available at the [CIMS providers website](https://providers.dffh.vic.gov.au/cims) at <https://providers.dffh.vic.gov.au/cims>

## 3.9 Other reporting requirements

This guide is one of several departmental processes for dealing with a range of incidents, issues or events. All have a common central focus on risk management and the desire to learn from and prevent repeat occurrences of adverse events. Some incidents will require a **number of reports** for different purposes.

Additional reporting requirements that may need to be directly undertaken by service providers are discussed in this section.

Once an incident report is received by the divisional office, it will ensure that other statutory offices are notified of relevant incidents where appropriate, such as the Commission for Children and Young People or the Disability Services Commissioner. Service providers must ensure compliance with the Reportable Conduct Scheme and notify relevant incidents directly to the Commission for Children and Young People.

### 3.9.1 Occupational health and safety

Under the Occupational Health and Safety Act 2004 the employer may be obliged to notify WorkSafe in the event that there is an incident at a workplace. For more information, refer to the [WorkSafe website](https://www.worksafe.vic.gov.au/) < https://www.worksafe.vic.gov.au/>. Departmental staff may contact their relevant divisional occupational health and safety team for further information as necessary. Service providers other than the department should consider their own legal obligations and obtain independent legal advice as needed.

Department-funded organisations that are insured by the Victorian Managed Insurance Authority (VMIA) may also be required to report incidents that may lead to a claim against the organisation to the VMIA as detailed in its insurance manual for service providers.

If a department staff member is injured or becomes ill in the workplace a Disease/injury/near miss/accident (eDINMA) form may need to be completed. It is a requirement to complete a eDINMA for all incidents alleging assault to a staff member by a client.

### 3.9.2 Fire risk management

The department has developed a series of guidelines to provide a consistent approach to fire risk management in certain buildings. Refer to the [*Fire risk management procedures and guidelines*](https://providers.dhhs.vic.gov.au/fire-risk-management-procedures-and-guidelines) at <https://providers.dffh.vic.gov.au/fire-risk-management-procedures-and-guidelines>.

### 3.9.3 Fires in public housing and community housing

In cases of fire in public housing and community housing, irrespective of severity, the responding officer (housing manager or representative) must complete a fire incident report as soon as possible after the fire and forward it to the Fire Risk Management Unit, Property and Asset Services. More information is available at the [Housing website](http://www.housing.vic.gov.au/fire-safety-public-housing-tenants) at <http://www.housing.vic.gov.au/fire-safety-public-housing-tenants>

### 3.9.4 Death of a current or former child protection client

Where an incident results in the death of a child (that is, a person who is under 18 years of age) who was a child protection client at the time of death or within 12 months before their death, a copy of the client incident report must be provided to the Commission for Children and Young People and the Child Protection Unit, Statutory and Forensic Services branch of the department. The Secretary is specifically obliged to notify the Commission for Children and Young People directly under relevant legislation.

Where an incident results in the death of a child who was not a child protection client either at the time or within 12 months before their death, senior management of the service provider should consider what action may be required and whether the matter should nevertheless be reported to the department and/or the Commission for Children and Young People. Relevant factors to consider include:

* the length of time elapsed since child protection’s involvement with the child
* the extent of child protection’s involvement
* the sensitivities of the case
* the potential for public, political or legal scrutiny
* the particular facts and circumstances.

In the event of the death of a child who was a child protection client at the time of death or within 12 months before their death, the Commission for Children and Young People must conduct an inquiry into the death of the child in accordance with the Commission for Children and Young People Act 2012.

The Commission for Children and Young People may conduct inquiries in relation to certain other matters concerning children and young people at its own election or if recommended by the minister.

See the [Commission for Children and Young People website](http://www.ccyp.vic.gov.au/) at <https://ccyp.vic.gov.au/> for more details.

### 3.9.5 Reporting to the coroner

In addition to reporting client deaths as required under this guide, a statutory obligation to report deaths to the Coroner may also apply.

Refer to the [Coroner's Court website](http://www.coronerscourt.vic.gov.au/) at <http://www.coronerscourt.vic.gov.au/> for more information.

### 3.9.6 Mental health – reportable deaths

In addition to reporting client deaths as required under this guide, a statutory obligation to report the death of any person receiving mental health services may also apply under the Mental Health Act.

For more information on the definition of a ‘reportable death’, the scope of mental health service providers required to report mental health reportable deaths and the procedures for reporting refer to the [Chief Psychiatrist’s website](https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines) at < https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines>.

### 3.9.7 Reporting alleged criminal acts

See section 2.2.2 Report alleged criminal acts to Victoria Police and preserve evidence for further information on reporting alleged criminal acts that occur during service delivery to Victoria Police as soon as practicable.

If the client is suspected of committing a criminal act, service providers should refer the matter to police. Only incidents which meet the definition of a ‘client incident’ within the meaning of this guide must be reported under the CIMS.

### 3.9.8 Reportable conduct scheme

The reportable conduct scheme (the scheme), commenced on 1 July 2017 and has been introduced to improve oversight of how organisations prevent and respond to allegations of child abuse. The scheme requires centralised reporting to the Commission for Children and Young People of allegations of child abuse made against workers or volunteers in relevant organisations with a high level of responsibility for children, such as out-of-home care services.

Service providers are required to follow their organisations policies and procedures for the notification to the Commission for Children and Young people of an incident that meets the threshold for the Reportable Conduct Scheme. For service providers’ in-scope for the CIMS, reporting under both processes may be required.

Further information about the scheme can be found at the [Commission for Children and Young People website](http://www.ccyp.vic.gov.au/) at <https://ccyp.vic.gov.au/>.

## 3.10 Roles and responsibilities for reporting

It is the primary responsibility of the service provider to report and manage an incident. The division of roles and responsibilities in this guideline recognises that reporting and managing an incident is ultimately the service provider’s responsibility, but that the divisional office may support service providers in discharging this responsibility at times.

Table 3 provides a summary of the roles and responsibilities for reporting an incident.

| Service provider  (including department-delivered services) | Divisional office |
| --- | --- |
| Collect required information regarding major impact and non-major impact incidents  Complete reporting requirements to divisional offices, including confirming categorisation and classification of incidents  Identify trends regarding non-major impact incidents  Document actions undertaken, and actions planned, in response to the client incident, and record on the client file  Maintain a client incident register that captures the minimum required information for reporting  Respond to follow-up requests from the divisional office as appropriate | Ensuring minimum standards for reporting major impact and non-major impact incidents to divisional offices are adhered to  Providing advice on the categorisation and classification of incidents  Follow up on incident reports to ensure accuracy and confidence in actions undertaken and planned (as necessary), including actions from trend analysis  Providing advice on other reporting requirements  Review and endorse major impact incident reports  Review non-major impact incidents on a prioritised basis |

# 4 Investigating allegations of abuse, poor quality of care or unexplained injuries

## 4.1 Overview

This chapter sets out the minimum standards for when and how an investigation into an incident is to be carried out by service providers.

The standards in this chapter apply to incident investigations required for major impact incidents involving:

* abuse[[3]](#footnote-4) of a client by a staff member (including a volunteer) or another client
* poor quality of care
* unexplained injury.

The service provider will determine what internal policies and procedures should apply for investigations of non-major impact incidents of alleged abuse, poor quality of care or unexplained injury.

Service providers must have robust, documented processes in place for carrying out or commissioning investigations in line with this guide.

The department may also develop specific procedures for particular service types to provide further detail in line with this guide.

The divisional office will conduct compliance audits as required to ensure that service providers are carrying out their responsibilities in relation to investigations. This may include audits and inspections of investigation records and reports, and the extent to which recommended actions have been implemented.

These obligations apply equally to department-delivered services and department-funded organisations.

Investigations into incidents may be carried out by Victoria Police and other external parties as well as service providers. For more information on interactions with Victoria Police, see section 4.1.2.

### 4.1.1 Defining ‘incident investigation’

In the context of the CIMS, an incident investigation is defined as:

|  |
| --- |
| **A formal process of collecting information to ascertain the facts, which may inform any subsequent criminal, civil, disciplinary or administrative sanctions.**  **The purpose of an incident investigation by a service provider under the CIMS is to determine whether there has been abuse or neglect of a client by a staff member (including a volunteer) or another client, pursuant to an allegation in a client incident report.** |

This can be distinguished from an incident review, which is for the purpose of determining whether an incident was managed appropriately and identifying learnings to apply in practice – see Chapter 5.

Under the CIMS, all major impact incidents must be subject to either an investigation or review (case review or RCA).

An investigation involves the planned and systematic gathering and analysis of all relevant facts by interviewing witnesses, examining documentation, skilled observation and obtaining expert opinion where appropriate.

As part of the initial response to a client incident and the process of preparing an incident report, the service provider will collect basic information about what occurred for the purpose of responding to and reporting the incident, as covered in the previous two chapters of this guide. The immediate response may also require the service provider to preserve evidence for the purposes of an investigation (see section 2.2.2 Report alleged criminal acts to Victoria Police and preserve evidence). These processes are not necessarily part of an incident investigation, though the basic information gathered forms a critical foundation for any investigation. The response and reporting processes may include talking to staff and clients about the incident (but note that if a suspected criminal act has occurred, no questioning of the individual identified as the subject of allegation can occur without Victoria Police approval – see section 4.1.2).

The outcome of an investigation may differ depending on whether an allegation has been made against a person and if so, whether that person is a staff member or another client. If an allegation has been made against a staff member, the outcome of the investigation and any subsequent disciplinary proceedings may relate primarily to the staff member’s employment. If an allegation has been made against a client, the outcome may be a change in the service or care arrangements for that client, to keep others safe. In either case, the primary concern should be to safeguard the clients affected by the incident, and any other individuals who could be put at risk.

### 4.1.2 Interaction with Victoria Police and other incident investigations and incident reviews

In addition to the service provider undertaking an incident investigation, it may be necessary to refer the incident to another party for their own investigation. In particular, allegations of criminal conduct may be investigated by Victoria Police, allegations of breaches of professional standards may be investigated by professional standards bodies, allegations of reportable conduct may be investigated by the Commission for Children and Young People and a range of allegations of poor practice may be investigated by oversight bodies and regulators. Different investigations may have different processes and purposes. For example, criminal investigations such as those carried out by Victoria Police may require a higher degree of evidentiary proof than an incident investigation carried out by a service provider for other purposes.

Multiple investigations may operate on different timeframes, including in parallel with one another. To the extent possible, investigations should avoid unnecessary duplication and overlap. Importantly, where Victoria Police decides to conduct an investigation, they may request the service provider to put investigative processes on hold. Service providers should not interview staff or clients without direction from Victoria Police that it is safe to proceed.

### 4.1.3 The incident investigation process

Figure 4 sets out the overall process for an incident investigation of major impact incidents of abuse, poor quality of care or unexplained injury.

The first priority of the service provider should be to respond to the incident in the interests of the safety and wellbeing of the client and any other individuals affected by the incident, as discussed in Chapter 2 Responding to an incident. Following that, the service provider should complete relevant reporting requirements as set out in Chapter 3 Reporting an incident.

Figure 4.1: Incident investigation process

Figure 4.1: Incident investigation process

This flowchart shows the incident investigation process as described in detail below.

## 4.2 Determining follow-up actions after a major impact incident

This section sets out the process for determining the appropriate investigative action.

### 4.2.1 Which incidents must be investigated

An investigation **must be undertaken** for incidents assessed as major client impact with one or more of the following incident types:

* physical, sexual (including sexual exploitation), financial, or emotional/psychological (including cultural) abuse where the subject of the allegation is a staff member (including a volunteer) or client
* poor quality of care
* injury – unexplained (in order to determine whether there has been any abuse or neglect that caused the injury).

Other major impact incident types and incidents involving allegations of abuse where the subject of the allegation is not a staff member, volunteer, or client will not be investigated under the CIMS. These incidents must instead be subject to a case review or an RCA review as set out in Chapter 5 Reviewing incidents.

This is consistent with the service provider’s obligation to ensure the safety of its clients, and maintain a safe and professional workforce.

During the initial assessment, service providers should consider any additional requirements to notify the Commission for Children and Young People of any reportable conduct that meets the threshold for the Reportable Conduct Scheme. Further information can be found at the [Commission for Children and Young People website](http://www.ccyp.vic.gov.au/) <https://ccyp.vic.gov.au/>.

Once the relevant incident parameters for a major impact incident have been established and the incident report has been endorsed by the department, service providers can immediately initiate an investigation or review, as outlined in the business rule matrix in Table 4.1.

If one client meets the criteria for investigation (for their primary and/or secondary incident type), the incident will automatically progress to investigation irrespective of the incident parameters for any other clients included in the incident report.

Table 4.1: Business rule matrix for determining follow-up action after a major impact incident

| Incident impact | Incident type | Client involvement | Additional parameters | Follow-up action |
| --- | --- | --- | --- | --- |
| Major | Physical abuse | Victim | * Incident type - more information is: staff to client or client to client | Investigation |
| Major | Sexual abuse | Victim | * Incident type - more information is: staff to client or client to client | Investigation |
| Major | Sexual exploitation | Victim | * Incident type - more information is: staff to client or client to client | Investigation |
| Major | Financial abuse | Victim | * Incident type - more information is: staff to client or client to client | Investigation |
| Major | Emotional / psychological abuse | Victim | * Incident type - more information is: staff to client or client to client | Investigation |
| Major | Poor quality of care | Victim | * Incident type - more information is: staff to client | Investigation |
| Major | Injury | Participant | * The injury is unexplained | Investigation |
| Major | Incident types other than abuse (staff to client or client to client), poor quality of care, or unexplained injury | Any | * Service processes and systems were not, or do not appear to be, a significant causal or contributing factor | Case review |
| Major | Incident types other than abuse (staff to client or client to client), poor quality of care, or unexplained injury | Any | * Service processes and systems were, or appear to be, a significant causal or contributing factor | Root cause analysis |

Note: If one client meets the criteria for investigation, the incident will automatically progress to investigation irrespective of the incident parameters for any other clients included in the incident report

Note: Where Injury is given as either the primary or secondary incident type, it will be further classified in CIMS IT as resulting from known cause/s (explained injury) or from unknown cause/s (unexplained injury).

The department will confirm that the business rules have been correctly applied when quality assuring incident reports.

### 4.2.2 Investigation types

The service provider should appoint a person with appropriate decision-making authority to have overall responsibility for coordinating and directing the investigation. This person must be separate from staff working with the client or involved in the incident. This person, the ‘**investigation manager**’, will have responsibility for determining what investigative action is appropriate and reviewing the investigation report to determine the appropriate outcome. The proposed investigation action must:

* be in proportion to the nature and significance of the incident and any associated allegations
* include the identification of any previous relevant allegations that should be considered regarding the relevant individuals.

The investigation manager must determine which one of the following investigative actions is appropriate in the given case, with advice from other staff members if appropriate:

* **Full investigation (internal)** - In some cases, the service provider will have the capability to undertake an investigation that meets the minimum standards set out in the next section, in such a way that does not compromise the independence of the investigation. This may not be possible in smaller organisations without separate business units or an independent investigative function.
* **Full investigation (external)** - In other cases, the service provider will need to commission an investigation by an external party to ensure the investigation is robust, objective and expert. The service provider may commission an investigator, or a person from another organisation with relevant expertise.
* **Short-form investigation and review** - In instances where the information and evidence available (such as CCTV footage) enable a conclusion to be reached during the initial follow-up and assessment as to whether allegations can (or cannot) be substantiated, service providers can complete an **investigation outcome and case review report** or an **investigation outcome and root cause analysis report** to advise the department of:
  + the investigation outcome (substantiated or not substantiated), on the balance of probabilities
  + the rationale for not further investigating
  + the evidence that supports that outcome
  + the approach and findings of the subsequent review.

Where an incident relates to potential staff-to-client abuse or poor quality of care, some degree of independence is required for the investigation. The service provider must consider how the independence requirement can be met in a given case. Depending on the nature of the incident and the organisation, one of the following may be appropriate to conduct the investigation:

* an area of the organisation that is sufficiently independent from staff who are the subject of any allegations, such as another division or an independent investigative function
* another service provider independent from the staff who are the subject of any allegations
* an external investigative body.

The follow-up actions after a major impact incident are illustrated in Figure 4.1.

Figure 4.2: Follow-up actions after a major impact incident

Fig 4.2: Follow-up actions after a major impact incident

This flowchart shows the decision making process to determine the required follow-up recommendation type in response to a major impact incident. 

Note: References to staff members also include people who are volunteers

Investigations must meet the minimum standards set out below.

### 4.2.3 Determine whether divisional office joint management of the investigation is required

It is generally the direct responsibility of the service provider to oversee, direct, conduct or commission the investigation and implement any actions in response.

While every allegation of abuse or poor quality of care and major impact incident is a serious matter, it is not expected that the divisional office of the department will manage the investigation of every major impact incident.

However, in exceptional cases, an incident may occur that requires divisional staff and the service provider to jointly oversee the investigation. The service provider must consider whether one or more of the following criteria for divisional office joint management of the investigation have been met:

* the allegation relates to a pattern of similar serious allegations
* it is not possible to undertake an independent investigation because of the seniority of staff involved
* there has been a demonstrated lack of capability by the service provider in their capability to conduct or commission an investigation that meets these standards.

In these cases, the service provider should note, as part of the proposed investigative action, that divisional office joint management may be required. The divisional office will review this recommendation once the incident follow-up action is submitted. It is up to the divisional office to determine whether joint management of an investigation is required in any given case, and the divisional office may determine that joint management is appropriate even if not recommended by the service provider.

* The divisional office will ultimately determine what level of involvement is necessary in each case, applying a risk-based approach. If necessary, the divisional office may nominate a staff member as joint investigation manager with the service provider’s nominated investigation manager. The divisional office may determine that the joint investigation manager will be involved in one or more of the following parts of the investigation process, and have the power to approve:
* proposed investigation action
* selection of an investigator
* investigation plan
* final investigation report
* proposed actions following on from the investigation.

If the divisional office’s joint involvement in the investigation is not required, the service provider may nevertheless request advice or assistance during the investigation and provide updates to the divisional office at key milestones.

## 4.3 Undertaking the investigation

**Key timeframes for investigations under the CIMS:**

|  |
| --- |
| If a **full investigation** is to be undertaken, the investigation report must be finalised and submitted **within 28 business days** of incident report endorsement.  **Investigation outcome and case review reports** must be finalised and submitted **within 28 business days** of incident report endorsement.  **Investigation outcome and root cause analysis reports** must be finalised and submitted **within 60 business days** of incident report endorsement.  **Timeframes exclude** any time that the investigation is put on hold as directed by Victoria Police. |

The investigation process should comply with the minimum standards described below.

* Each full investigation should commence with an overall planning process and result in a written investigation plan, including:
  + scope and purpose of the investigation
  + timeframes
  + the resources required
  + any requirements or conditions to ensure maximum feasible involvement of the client
  + arrangements for an interview with the client, including consideration of how best to support the client to provide their account of the incident, and the involvement of a support person if required
  + arrangements for communicating progress on the investigation with the client and their key support person
  + the witnesses to be interviewed and order of interviews (if any)
  + arrangements to provide the individual identified as the subject of the allegation (if any) with the substance of the allegation(s) made against them
  + arrangements to interview the individual identified as the subject of the allegation (if any)
  + documentary evidence to be reviewed by the investigator
  + arrangements for site visits
  + arrangements to obtain expert evidence, for example, a forensic medical assessment
  + a plan for communicating with other clients, families and staff
  + in the case of more complex investigations, reporting and review arrangements.
* The investigation should adopt a person-centred and rights-based approach, taking into account what is important to the client. Clients should be invited to participate in the investigation process and obtain the support they need to do so. The investigation must, however, remain impartial and independent at all times.
* The investigation should abide by the standard principles of good investigations:
  + principles of procedural fairness – hear all parties involved in the incident, consider all relevant submissions, act fairly and without bias, and conduct the investigation without undue delay
  + confidentiality and privacy – keep information provided by a witness confidential (unless required to be disclosed by law, in which case the witness should be informed of the potential need to disclose), obtain consent from the person being interviewed to record the interview, provide people with the opportunity to review their statements, and check to make sure their statements are accurate
  + appropriate interview techniques to obtain objective and reliable evidence. Interviews should be professional, planned and sensitive to the interviewee
  + weighing the evidence according to how persuasive and probative it is
  + recording interviews and obtaining witness statements.
* An investigation report should include:
  + details of the allegation(s) / unexplained injury
  + the scope of the investigation
  + the list of procedures performed in the investigation, including any procedures that could not be performed and the reasons why
  + the witnesses interviewed
  + documentary evidence considered
  + summary of the key evidence
  + in instances of abuse or neglect, conclusions and findings based on the salient evidence and an assessment as to whether or not these incidents types can be substantiated based on the civil standard of proof (the balance of probabilities)
  + in instances of unexplained injury, conclusions and findings based on the salient evidence.

The investigation report must be provided to the divisional office for review and quality assurance. The divisional office will endorse this report if it has been completed satisfactorily and in accordance with the standards outlined above.

For investigations where the alleged victim is a person with an intellectual disability or cognitive impairment, refer to the [Disability Services Commissioner’s website](http://www.odsc.vic.gov.au/) <http://www.odsc.vic.gov.au/> for further guidance on this topic.

## 4.4 Responding to the investigation report

The investigation manager within the service provider should carefully consider the investigation report and determine whether it meets the standards set out in this chapter and in Chapter 5 (in the case of investigation outcome and review reports). The investigation manager should also consider whether the investigation is complete and whether the findings and recommendations made are sound and based on accurate consideration of all the facts. If the investigation report does not meet these expectations, the service provider should consider whether additional investigation is appropriate in the circumstances. The investigation manager should also attest to, or provide assurance that, the investigation has adequately explored the incident and all relevant information.

Based on the investigation report, the investigation manager should prepare a response plan, including determined outcomes for staff or clients who were involved, any actions to ensure the safety of clients in the future, and any practice improvements that may have been identified. The service provider must log any determined actions against the incident and record when they have been carried out. Actions relevant to the client’s ongoing service provision should also be recorded on a client file.

Once any actions required as a follow-up to the investigation have been implemented, the service provider can complete the incident investigation.

### 4.4.1 Undertaking a review, post investigation

Once a full investigation has been completed, the service provider may decide that an incident review is appropriate (for example, because the investigation did not provide adequate information about quality assurance and accountability or opportunities for continuous improvement). If this is the case, the review should not occur until the investigation is completed, and avoid unnecessary duplication of evidence-gathering processes.

## 4.5 Roles and responsibilities for investigations

It is the direct responsibility of the service provider to maintain a safe environment for clients. This includes investigating allegations of abuse or neglect of its clients by its staff or other clients. The division of roles and responsibilities in this guide recognises that maintaining a safe environment and investigating allegations of abuse or poor quality of care is ultimately the service provider’s responsibility, but that the divisional office may support service providers in discharging this responsibility at times.

In exceptional cases where the divisional office is involved in the investigation of an incident (see section 4.2.3 for guidance on this decision), the divisional office may choose to nominate a joint investigation manager to undertake the investigation jointly with the service provider.

Table 4.2 provides a summary of the roles and responsibilities for investigations.

Table 4.2: Roles and responsibilities for investigations

| Service provider  (including department-delivered services) | Divisional office |
| --- | --- |
| Maintaining documented investigations processes in line with this guide  Carrying out or commissioning the investigation  Provide assurance that the investigation has adequately explored the incident and all relevant information  Reviewing the investigation report and preparing a response plan  Ensuring any response actions are implemented and monitored | In the majority of cases, monitor investigations and provide support and advice to service providers as appropriate throughout the investigation process  Setting of thresholds for when an external investigator should be commissioned  Regulatory oversight of service providers to ensure compliance with departmental requirements, including audits of investigation reports and responses where appropriate  Deciding whether joint management of an investigation is required  **Only in cases where divisional office joint involvement in the investigation is required (see section 4.2 for criteria for specific cases where departmental joint involvement is appropriate):** undertake joint management of the investigation with the service provider and approve key decisions  Oversight / quality assurance of investigative process  Review and endorse the investigation report submitted by the service provider |

## 4.6 Review of the decision to substantiate abuse

This may be a review of a decision that substantiates abuse, or a review of a decision that determines that abuse did not occur. The service provider is required to lead the decision review, when a request is made.

A written request for a decision review can be made to the chief executive officer or delegated authority of the service provider **within 14 business days of parties being notified of the outcome of the investigation**. The service provider is required to send a return letter acknowledging receipt of the request for a decision review within 48 hours of receipt of the written request. The service provider must also notify the department in writing that a request for decision review has been received within 48 hours of receiving the written request. The decision review must be completed within 28 business days of the written request.

In out-of-home care settings, carers, children, young people and their families have the right to request a review of the outcome of an investigation. Child protection, as the delegated statutory parent of a child or young person, may also request a review of a decision.

### 4.6.1 Undertaking the review

The service provider must appoint a lead decision reviewer. This person should be as independent as possible from the investigation manager who led the initial investigation, to avoid conflicts of interest. Depending on the nature of the original incident and the service provider’s organisation, one of the following may be appropriate to lead the decision review:

* An area of the organisation that is sufficiently independent from staff involved in the original incident and original investigation.
* Another service provider independent from staff involved in the original incident and original investigation.

The lead decision reviewer is responsible for ensuring that:

* The people who requested the review are interviewed, where required, to gather further details on why they requested the review.
* All documentation relevant to the initial investigation is carefully reviewed.
* Consultation with the original investigation manager is conducted as necessary.
* All steps taken during the decision review process are clearly documented in a decision review report, including a conclusion based on the civil standard of proof (balance of probabilities).

Once the review of the decision report has been completed, it must be endorsed by a service provider’s chief executive officer or delegated authority, before being sent to the divisional office.

The review of decision manager is then responsible for communicating the result of the review to all parties, including clear reasoning as to why decisions were or were not overturned.

# 5 Reviewing incidents

## 5.1 Overview

This chapter outlines what incident reviews are, when they should be undertaken, and the minimum standards that should be addressed when undertaking a review.

Service providers are required to have robust, documented processes in place for carrying out or commissioning incident reviews in line with this guide. The department may also develop specific procedures for particular service types to provide further detail in line with this guide.

The divisional office and regulatory functions will conduct contract management and regulatory compliance activity where appropriate to ensure that service providers are discharging their obligations regarding incident reviews. This may include regular audits and inspection of review records and reports, and reviewing the extent to which recommended actions have been implemented.

These obligations apply equally to department-delivered services and department-funded organisations.

### 5.1.1 Definition of an ‘incident review’

In the context of the CIMS, an **incident review** is defined as:

|  |
| --- |
| **Analysis of an incident to identify what happened, determine whether an incident was managed appropriately, and to identify the causes of the incident and subsequent learnings to apply to reduce the risk of future harm.** |

Reviews may be carried out by service providers (including the department), external bodies or jointly by the service provider and the department.

Reviews must adopt a person-centred and rights-based approach. Clients should get the support they need to participate in the review process, including through engagement with a key support person if desired. Service providers must consider how the client’s experience and welfare could be improved and seek client input regularly and throughout the review process as appropriate.

In addition, a review seeks to answer one or both of the following key questions:

* Did the service provider respond with appropriate actions to manage the incident? (Focus on quality assurance, accountability and client outcomes.)
* Why did the incident happen, and what can be changed to reduce the likelihood of similar or related incidents in the future? (Focus on continuous improvement.)

|  |
| --- |
| There are two types of incident review that are required under this guide:  **Case review** – a review led by the service provider following a client incident to identify what happened and any process and system issues. This is a less structured and resource-intensive review than a root cause analysis review.  **Root cause analysis (RCA) review** – a structured review process for identifying the basic or causal factor(s) that underlie an incident, in order to facilitate learning from that incident. It requires trained staff and appropriate resourcing and time, and therefore is only required in certain defined cases. |

More information about these two types of reviews is provided in section 5.2.

The initial follow-up and assessment that occurs directly after an incident has occurred is not a ‘review’ as defined in this chapter.

### 5.1.2 Interaction with other investigative and review processes

Note that reviews are distinguished from incident investigations, which have a focus on determining whether there has been abuse or neglect of a client by a staff member (including a volunteer) or another client (see Chapter 4 Investigating allegations of abuse, poor quality of care or unexplained injuries).

Where an investigation under Chapter 4 is carried out, there is no requirement for the service provider to undertake an incident review under this chapter, so long as the investigation covers any relevant issues of quality assurance and continuous improvement that would otherwise be considered by a review of that incident. However, in instances where the information and evidence available (such as CCTV footage) enable a conclusion to be reached during the initial follow-up and assessment as to whether allegations can (or cannot) be substantiated, service providers can complete an investigation outcome and case review report or an investigation outcome and root cause analysis report, as outlined in Chapter 4.

If the service provider decides that an incident review is appropriate once a full investigation has been completed, for example, because the investigation did not provide adequate information about quality assurance and accountability or opportunities for continuous improvement, the review should not occur until the investigation is completed, and avoid unnecessary duplication of evidence-gathering processes.

Methods to avoid duplication include:

* collecting evidence in such a way that it can be used for both investigative and continuous improvement purposes (for example, witness interviews should occur with both purposes in mind, and witness statements be prepared accordingly)
* where appropriate, through the investigation and review being conducted by the same person.

Incident reviews are also distinguished from:

* other types of review with a broader scope than individual incidents, such as service reviews
* reviews carried out by external oversight bodies, including those pursuant to legislative processes.

### 5.1.3 The incident review process

Figure 5 sets out the overall process for an incident review. The shaded boxes show the relevant sections of this chapter that apply to each stage of the process.

Figure 5.1: Incident review process

Figure 5.1: Incident review process

This flowchart shows the incident review process as described in detail below.

## 5.2 Determine the appropriate incident review action

Every major impact incident must be subject to an investigation and/or a review, as outlined in Chapter 4 Investigating allegations of abuse, poor quality of care or unexplained injuries.

This section sets out the process the service provider is required to follow to conduct or commission an incident review.

### 5.2.1 Selecting a case review or RCA review

Major impact incidents must first be assessed to determine whether service processes or systems were, or appear to be, a significant causal or contributing factor to the incident. The senior manager of the service provider must record the process/system factors that contributed to the incident as well as any other contributing factors (such as client actions, third party intervention or accident). Based on this written assessment, the senior manager must determine whether a **case review** or an **RCA review** is the appropriate action.

The two potential outcomes of this decision are summarised in Table 5.1.

Table 5.1: Selecting a case review or root cause analysis review

| Nature of major impact incident | Review required |
| --- | --- |
| Service processes or systems **were not, or do not appear to be, a significant causal or contributing factor** to the incident. | Service provider to carry out a **case review** meeting the standards set out in section 5.3. The review must be planned and undertaken by the service provider.  The case review report **is** **required** to be submitted to the divisional office and must be retained on the client’s file. |
| Service processes or systems **were, or appear to be, a significant causal or contributing factor** to the incident occurring. | Service provider must undertake a review using **root cause analysis** methodology, meeting the standards set out in section 5.3.  The RCA review report **is required** to be submitted to the divisional office and must be retained on the client’s file.  In exceptional cases, the divisional office may opt to jointly manage the review – see guidance at section 5.2.2. |

Templates for case reviews and RCA reviews can be found as part of the CIMS toolkit on [department website at](https://providers.dffh.vic.gov.au/cims) <https://providers.dffh.vic.gov.au/cims>.

### 5.2.2 RCA review: determine whether divisional office joint management is required

In the vast majority of cases, it will be the responsibility of the service provider to conduct or commission and manage the root cause analysis review of an incident, with support from the divisional office where appropriate.

However, in exceptional cases, the divisional office may determine that it is necessary to jointly manage the review with the service provider. This option is limited to cases where there has been a demonstrated lack of capability by the service provider to conduct or commission a root cause analysis that meets these standards.

The divisional office will ultimately determine what level of involvement is necessary in each case, applying a risk-based approach.

The divisional office may determine that they should be involved in one or more of the following parts of the process of a review, and that they should have the power to approve:

* whether to commission an external root cause analysis expert to undertake the review
* the selection of a reviewer
* the terms of reference of the review
* the final review report
* the proposed actions following on from the review.

## 5.3 Undertaking the review

If an incident review is to be undertaken, the review planning and approach must comply with the minimum standards for each type of incident described below.

### 5.3.1 Case review

A case review is a review led by the service provider following a client incident to identify what happened and any process and system issues. It is not intended to be as detailed or in-depth as a root cause analysis review.

Case reviews must be **completed by service providers within 21 business days** of incident report endorsement, and include the following information at a minimum:

* summary of the incident
* assessment of the appropriateness of the management of the incident
* contributing factors / causes of the incident
* actions to be taken to reduce the risk of similar incidents occurring, including staff member responsible for each action and the target date for completion
* administrative information
  + incident frequency (one-off / pattern for staff / pattern for client)
  + name and position of person who conducted the review
  + date of the review.

Case reviews may require the following activities to be undertaken by the reviewer to complete the report:

* document review
* interview staff member present
* interview client
* interview managerial staff.

In some instances, a case review will indicate the need for a root cause analysis review (that is, if the case review finds that service processes or systems were the main cause of an incident). Where this becomes obvious, the case review should be used to inform a root cause analysis review.

### 5.3.2 RCA review

An RCA review is a structured process for identifying the basic or causal factor(s) that underlie a client incident, in order to facilitate learning from that incident.

An RCA review **must be completed within 60 business days** of incident report endorsement, and can be undertaken by service providers or commissioned from an external provider. RCA reviews must meet the minimum standards below.

RCA reviews should include the following key steps:

* verify the incident and define the problem
  + provide a clear understanding of the problem required to be addressed
  + the scope of the review
  + the consequences of the incident for the individual client
* map a timeline, including causal factors
* identify critical events
* analyse critical events (cause and effect)
* identify root causes
* support each root cause with evidence
* identify and select the best solutions
* develop recommendations
* complete written report.

To be credible, recommendations should be evaluated against:

* the root cause (conclusion) statement
* the level of associated risk
* the hierarchy of control / scale of effectiveness
* achievability
* the perceived value to the organisation.

The written report’s comprehensiveness depends on the significance and complexity of the findings. The report should be written after the recommendations have been evaluated for effectiveness, and should include the following elements:

* executive summary
* event map
* cause and effect chart
* conclusions, supporting evidence
* recommendations.

The RCA review should abide by the following principles:

* focus on systems and processes, not individual performance
* be fair, thorough and efficient
* focus on problem-solving
* use recognised analytical methods
* use a scale of effectiveness to develop recommendations
* adopt a client / person-centred approach.

A risk reduction action plan should be developed, which converts the causal statements developed in the RCA review into risk statements. The risk reduction action plan should include a description of:

* Who is accountable for the risk?
* What action is to be taken?
* Who is responsible for the action?
* When the action is to be completed by?
* A measurable performance target.

## 5.4 Responding to the review report

### Case review

The service provider chief executive officer or delegated authority signs off the case review and records any changes relevant to the services provided to the client on the client’s file.

To support the department in efficiently discharging its system steward role, service providers are required to submit the outcomes of all case reviews to the divisional office. The divisional office will retain a copy of the case review report on the CIMS IT. This will enable the department to attest that case reviews are being completed in a timely manner, and to the expected standard. However, case review documents and outcomes will not be subject to a dedicated quality assurance process and will not require endorsement by the department.

To sign off the case review, the chief executive officer or delegated authority should carefully consider the review report and determine whether it meets the standards set out in this chapter.

The service provider must log any determined actions against the incident and record when they have been carried out. Actions relevant to the client’s ongoing service provision should also be recorded on a client file.

Service providers are responsible for communicating the findings of reviews to the people involved in the incident (including the client and his or her key support person).

Once any actions required as a follow-up to the review have been implemented, the service provider can close their file on the incident.

#### RCA review

RCA review reports must be submitted to the divisional office within 60 business days of incident report endorsement. The divisional office will retain a copy of the RCA review report on the CIMS IT. Where the service provider is a department-funded organisation, this information will be recorded in live monitoring, the department’s performance monitoring system.

Keeping a copy of all completed reports, risk reduction action plans and the outcomes achieved is necessary to apply learnings if similar problems occur, and there is a need to identify whether strategies were effective or ineffective. Documenting risk reduction action plans in a risk register or other tracking system is necessary to ensure the monitoring and outcome loop is closed. On receipt of the reports, the divisional office will assess the outcomes and recommendations made to determine whether all appropriate actions have been identified based on the facts and findings of the RCA review.

The divisional office may also follow up with the service provider to determine whether the actions and outcomes identified have been implemented.

Once any actions required as a follow-up to the incident have been implemented, the service provider can close the incident file.

## 5.5 Roles and responsibilities for incident reviews

It is the primary responsibility of the service provider to maintain a safe environment for clients. This includes conducting reviews to determine the appropriateness of the response to an incident and identify any learnings. The division of roles and responsibilities in this guide recognises that maintaining a safe environment and conducting reviews is ultimately the service provider’s responsibility, but that the divisional office may support service providers in discharging this responsibility at times.

Table 5.2 provides a summary of the roles and responsibilities for incident reviews.

Table 5.2: Roles and responsibilities for incident reviews

| Service provider  (including department-delivered services) | Divisional office |
| --- | --- |
| Maintaining documented review processes in line with this guide  Undertaking or commissioning the review  Reviewing the review report and preparing a response plan  Ensuring any response actions are implemented  Communicating the findings | In the majority of cases, provide support and advice to service providers as appropriate throughout the review process  Ensuring minimum standards and thresholds for undertaking reviews are adhered to  Regulatory oversight of service providers to ensure compliance with departmental requirements  Quality assurance of the outcomes and recommendations of root cause analysis review reports  **Only in exceptional cases** where the divisional office **jointly manages an RCA review of an incident (see section 5.2.2):** undertake joint management of the review with the service provider and determine whether the review is conducted internally or externally, and its terms of reference. The department will also analyse the review report once complete to assess it against the standards in this document. |

# 6 High-level data analysis framework

## 6.1 Purpose of data analysis

Incident data analysis includes the monitoring, interrogating and acting on trends identified through the analysis of incident information. The purpose of analysing incident data is to learn from patterns of client incidents in order to safeguard the safety and wellbeing of individual clients, as well as improve the quality of services and the service system.

Data analysis in the CIMS IT is designed to align with the principles of the CIMS and, in particular, has been developed to be:

* **Clear, simple and consistent** – CIMS is easily understood and accessible to all stakeholders across the service system, and applies consistently to all service providers, both department-delivered and department-funded organisations.
* **Accountable** – Service providers have primary accountability for managing the response to client incidents. Each party involved in the management of a client incident understands their role and responsibilities and will be accountable for decisions or actions taken in regard to an incident.
* **Continually improving** – The CIMS IT facilitates the ongoing identification of issues and implementation of changes that result in better outcomes for client safety and wellbeing.

### Objectives of data analysis framework

At its core, the purpose of analysing incident data is to fulfil three core objectives in relation to client incidents:

* **Understand what is happening in relation to incidents** (that is, with trends in the volume and type of client incidents, key risk areas)
* **Understand why this is happening** (that is, what is driving these events – why are certain types of incidents / services / clients / locations seeing increases / decreases in incidents?)
* **Inform what we can do to produce better outcomes for client safety and wellbeing** (that is, based on this understanding, how can we make changes to policy / practice / case management in order to prevent and mitigate the risks of incidents and improve the quality of services and the service system for the benefit of clients).

The data analysis component of the CIMS IT is designed to support continuous improvement through the ongoing identification of issues and implementation of changes that result in improved services and better outcomes for client safety and wellbeing, including changes in relation to:

**case management**

**practice changes**

**policy changes.**

This chapter is designed to outline the high-level data analysis activities and requirements that will be performed by service providers (including the department where it is the service provider) in order to enable the analysis of incident data and the identification of patterns and trends at the level of the individual service provider. These actions will support the identification and implementation of service provider level improvements and embed a continuous improvement approach to service delivery.

This chapter also outlines high-level data analysis activities that will be undertaken by the department’s central and divisional offices in order to enable the analysis of incident data and the identification of patterns and trends at the service provider, division and state level. These actions will support the identification and implementation of improvements to the CIMS as a whole and embed a continuous improvement approach to service delivery.

To facilitate continuous improvement at all levels, service providers and the department will share results of their analysis and learnings with each other on a regular basis, through the mechanisms set out in this chapter.

## 6.2 Data analysis framework

Incident data analysis will fulfil the key objectives through activities occurring across three levels of analysis: service provider level, division level, and state level (service level cuts across all of these). At each of these levels, three key activities will be occurring: descriptive analysis, diagnostic analysis, and recommendations.

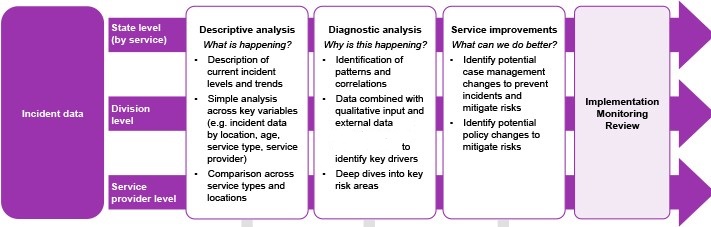
**Descriptive analysis** aims to answer the question: what is happening? It includes analysis that will identify current incident levels and trends across a variety of variables.

**Diagnostic analysis** will go beyond what is happening to seek to answer the question: why is this happening? It includes analysis that will identify patterns and correlations and, when combined with qualitative input from service providers and external data, seek to identify key drivers of incident trends and patterns. This stage of analysis will require the exchange of information between the three levels of analysis.

**Service improvements** - Understanding why trends are occurring will support the third key activity, which is to utilise the deeper understanding gained in order to identify potential case management, practice or policy changes aimed at improving services and mitigating incident risks.

These objectives, activities and outputs are displayed in the below high-level data analysis framework and further detailed in this chapter.

Figure 6: Overview of CIMS data analysis framework



### 6.2.1 Department-built client incident register data reports

The department-built client incident register is available for use by funded organisations that do not have an existing IT platform to record client incident details.

The department-built client incident register holds a suite of reports to assist service providers with analysis of client incident data. These reports include (but are not limited to):

|  |
| --- |
| Client incident register report type |
| Count of incidents by impact (incident level/client level) by month |
| Count of incidents by division, by program, by month (incident/client level) |
| Count of incidents by division, by area, by month (incident//client level) |
| Count of incidents by division, by area, by month (client level) |
| List of clients by impact category (top 10 incident counts only) |
| List of clients by incident type (top 10 incident counts only) |
| Count of incidents by incident type, by impact (incident level) and by area |
| List of staff (other) by impact category and by role in incident (top 10 incident counts only) |
| Count of incidents by impact category |
| Count of incidents by incident type |
| List of withdrawn incidents |
| Count of incident follow-up recommendations, by follow-up recommendation type, by month |
| Count of incident investigation outcomes at client level, by organisation, by month, by outcome |
| Count of incident review (root cause analysis only) outcomes at incident level by month, by outcome |
| Count of withdrawn recommendations and outcomes (incident investigation and incident review (root cause analysis only) at incident level by month by withdrawal reason |
| Submission timelines KPI information on incident reports, incident investigation and incident review outcomes |

# Appendix A: Definitions of incident types

Table A1: Definitions of incident types

| Incident type | Definition | Always major impact  (Incidents which must always be categorised as major impact) | Generally non-major impact  (Any additional guidance on incident types which should generally be classified as non-major impact) |
| --- | --- | --- | --- |
| **Absent client** | A client is unexpectedly absent from the service or absent without authorisation and there are concerns for their safety. | Use the categorisation process as per section 3.3 Did the incident result in major impact or non-major impact on the client? | Use the categorisation process as per section 3.3 Did the incident result in major impact or non-major impact on the client? |
| **Escape from a secure facility** | This type only applies to clients in custodial care and/or disability services clients subject to compulsory treatment or judicial orders. This incident type includes:  a client escaping a centre with defined boundaries  failure of a client to return from temporary leave. | Successful escape by clients in disability services clients subject to compulsory treatment or judicial orders must be reported as a major impact incident. | Use the categorisation process as per section 3.3. |
| **Dangerous actions – client** | Dangerous actions that cause the client harm or place the client at risk of harm. This includes:  dangerous actions as a result of the misuse of drugs, alcohol or other substances  high-risk activities such as arson or train surfing  sexually-orientated actions by a client in circumstances that place their safety at risk. | Use the categorisation process as per section 3.3. | Dangerous actions by vulnerable clients that are understood and being actively case-managed by the service provider are not major impact incidents. This does not apply to dangerous actions which are:   * + an escalation in the severity or frequency of dangerous actions   + abnormal actions outside the known behavioural patterns of that client.   Legal, consensual, sexually-oriented actions that do not impact on client safety or put client safety at risk do not meet the definition of an incident. |
| **Death** | The death of a client during service delivery where the death is unanticipated or unexpected. This includes death as a result of the use or misuse of drugs, alcohol or other substances. | All deaths of clients in unexpected or unanticipated circumstances, including suicides, must be reported as major impact. | Client deaths as the consequence of the progression of a diagnosed condition or illness are not reportable as a client incident unless the death occurred in a disability residential service. |
| **Emotional/ psychological abuse** | Actions or behaviours that reject, isolate, intimidate, or frighten by threats, or the witnessing of family violence, to the extent that the client’s behaviour is disturbed or their emotional/ psychological wellbeing has been, or is at risk of being, seriously impaired. This includes:  rejecting, isolating, terrorising and ignoring behaviours  denying cultural or religious needs and preferences  emotional abuse perpetrated by other clients.  Service providers should consider any potential power imbalance between the client and the person engaging in the behaviour. | Allegations of emotional/psychological abuse of a client by a staff member, volunteer carer or member of the carer’s household are usually classified as major impact. However, there may be circumstances of a minor nature which are not major impact – use of professional judgement is required based on the categorisation process outlined in section 3.3. | There may be circumstances which meet the adjacent definition but are of a minor nature which are not major impact – use of professional judgement is required based on the categorisation process outlined in section 3.3. |
| **Emotional/ psychological trauma** | A reaction or set of reactions which develop in a client because they have witnessed, heard, or otherwise been exposed to, a traumatic event which has threatened the client’s life or safety, or that of others around them. As a result, the person experiences feelings of intense anxiety, fear or helplessness. This includes (but is not limited to) the witnessing of catastrophic events such as the severe injury or death of a close family member or friend or the diagnosis of a life-threatening condition. | Use the categorisation process outlined in section 3.3. | Use the categorisation process outlined in section 3.3. |
| **Financial abuse** | The misuse of a client’s assets, property, possessions and finances without their consent. It includes:  denying a client the use of their own assets, property, possessions and finances  theft, fraud, exploitation and pressure in relation to assets, property, possessions and finances  obtaining assets through deception.  This also includes financial abuse perpetrated by other clients. | Allegations of financial abuse of a client by a staff member, volunteer carer or member of the carer’s household are usually classified as major impact. However, there may be circumstances of a minor nature which are not major impact – use of professional judgement is required based on the categorisation process outlined in section 3.3. | There may be circumstances which meet the adjacent definition but are of a minor nature which are not major impact – use of professional judgement is required based on the categorisation process outlined in section 3.3. |
| **Inappropriate physical treatment** | Actions that involve the inappropriate use of physical contact or force against a person that result in **non-major impact** harm to the client. This includes impact resulting from:  threats of physical abuse made to a client by another person  excessive use of physical force or restraint by a staff member.  Inappropriate physical treatment does not include an act or omission that constitutes a lawful exercise of force, such as the lawful and duly authorised use of physical restraint. | All incidents which meet this definition should be classified as ‘non-major impact’ unless the incident is linked to:  an **escalation** in the severity or frequency of dangerous actions  **abnormal** actions outside the known behavioural patterns of that client.  Where the level of harm to the client is a major impact, the incident must be reported instead as physical abuse – see below for definition. Use of professional judgement is required based on the categorisation process outlined in section 3.3. | All incidents which meet this definition should be classified as ‘non-major impact’ unless the incident is linked to:  an **escalation** in the severity or frequency of dangerous actions  **abnormal** actions outside the known behavioural patterns of that client. |
| **Inappropriate sexual behaviour** | Actual or attempted unwanted sexual actions (or allegations of such actions) that result in **non-major impact** harm to the client, unless the relevant behaviour meets the definition of **sexual abuse**, in which case it must always be reported as major impact (see definition below). | All incidents which meet this definition should be classified as ‘non-major impact’ unless the incident is linked to:  an **escalation** in the severity or frequency of dangerous actions  **abnormal** actions outside the known behavioural patterns of that client.  Where the level of harm to the client has a major impact nature, the incident must be reported instead as sexual abuse – see below for definition. Use of professional judgement is required based on the categorisation process outlined in section 3.3. | All incidents which meet this definition should be classified as ‘non-major impact’ unless the incident is linked to:  an **escalation** in the severity or frequency of dangerous actions  **abnormal** actions outside the known behavioural patterns of that client. |
| **Injury** | Actions or behaviours that unintentionally cause harm which requires first aid or medical attention. Includes both explained and unexplained injuries. | Use the categorisation process outlined in section 3.3. | Use the categorisation process outlined in section 3.3. |
| **Medication error** | Refers to any error in the administration of a client’s prescribed medication, where the service provider is responsible for such administration. Includes:  the administration of incorrect medication  missed medication  the incorrect or unauthorised administration of PRN (from the Latin ‘pro re nata’) restraint medication  psychotropic medicines misuse  client refusal of prescribed or authorised medication  pharmacy error (an error in the dispensing of medication). | Misuse of psychotropic medicines administered by a staff member **must** be reported as major impact. | Use the categorisation process outlined in section 3.3. |
| **Physical abuse** | Actions that involve the inappropriate use of physical contact or force against a person that result in **major impact** harm to the client. This includes impact resulting from:  threats of physical abuse made to a client by another person  excessive use of physical force or restraint by a staff member  physical abuse perpetrated by other clients, as well as by caregiver or staff.  Physical abuse does not include an act or omission that constitutes a lawful exercise of force, such as the lawful and duly authorised use of physical restraint. | All incidents of physical abuse **must** be reported as major impact.  Where the level of harm to the client has a non-major impact to the client, the incident must be reported instead as inappropriate physical treatment – see above for definition.  Use of professional judgement is required based on the categorisation process outlined in section 3.3. | All incidents of physical abuse **must** be reported as major impact.  Where the level of harm to the client has a non-major impact to the client, the incident must be reported instead as inappropriate physical treatment – see above for definition.  Use of professional judgement is required based on the categorisation process outlined in section 3.3. |
| **Poor quality of care** | Inappropriate or inadequate care by caregivers or staff in the context of service delivery.  **Note**: Abuse by a caregiver or staff member should be categorised under the sexual abuse, physical abuse, emotional/psychological abuse or financial abuse types. | Neglect of a client **must** be reported as a major impact incident. Neglect is the failure to care adequately for a client to the extent that the health, wellbeing and development of the client is significantly impaired or at risk. | Use the categorisation process outlined in section 3.3. |
| **Self-harm / attempted suicide** | Actions that intentionally cause harm or injury to self.  Actions to attempt suicide (the intention to end one’s own life). | Attempted suicide **must** be reported as a major impact incident. | Use the categorisation process outlined in section 3.3. |
| **Serious Risk** | To align with the *Social Services Regulation Act 2021*, serious risk is:  An incident that is reasonably likely to cause serious harm to a service user (s48(2)(b)).  For the serious risk incident type, serious harm is defined in the *Social Services Regulation Act 2021* as:   * Death/Permanent or long-term serious impairment/Permanent or long-term serious disfigurement/Loss of foetus; or * Permanent or long-term severe psychological injury or developmental delay | All incidents of serious risk **must** be reported as non-major impact. | All incidents of serious risk **must** be reported as non-major impact. |
| **Sexual abuse** | Actual or attempted unwanted sexual actions (or allegations of such actions) that result in **major impact** harm to the client or which are otherwise forced upon a client against their will or without their consent, through the use of physical force, intimidation and/or coercion. | All incidents of sexual abuse **must** be reported as major impact.  Examples may include (regardless of level of harm or perceived harm to client):  all allegations of rape, which is the actual or attempted penetration or attempted penetration (anal, oral, vaginal) through the use of physical force, intimidation and/or coercion without that person’s consent  sexual abuse of a child by another child. | All incidents of sexual abuse **must** be reported as major impact. |
| **Sexual exploitation** | Sexual exploitation, defined as the abuse of a person under 18 or a person with a cognitive disability, which may include:  the exchange of sex or sexual acts for money, goods, substance or favours  involving a child in creating pornography  contact with a known sex offender. | All incidents of sexual exploitation **must** be reported as major impact. | All incidents of sexual exploitation **must** be reported as major impact. |

# Appendix B: Responding to allegations of abuse

This appendix outlines the immediate response requirements for all in-scope service providers in response to an allegation of all types of abuse that involves a client.

This appendix provides additional guidance for responding to an incident in the case of allegations of abuse, to supplement the general requirements of Chapter 2 Responding to an incident of this guide.

The focus of this appendix is allegations of abuse of clients, whether by staff members, volunteers, other clients or third parties. Such allegations are reportable as client incidents under the client incident management system (CIMS). Allegations of abuse of staff members by clients, while serious matters, are not reportable client incidents under this guide unless the service provider assesses there is an impact upon the client and other mechanisms should be used. A reportable incident for the purposes of this guide involves harm to the client – see the definition of an incident under Chapter 3 Reporting an incident.

Other reporting obligations apply, including reporting to Victoria Police or work health and safety notifications. Where a child is the alleged victim abuse by an employee, procedures for notifying the Commission for Children and Young People under the Reportable Conduct Scheme should be followed. Any allegations of abuse of staff members by clients should be reported through appropriate occupational health and safety mechanisms. If unsure, please discuss with your line manager.

In the CIMS, abuse includes physical, sexual, financial or emotional/psychological abuse and neglect.

Some sections of this appendix will not be applicable or relevant in cases of financial or emotional/psychological abuse.

Note that, depending on the particular circumstances of the allegation, more than one of the sections above of this appendix may be relevant. For example, in the case of alleged client-to-client abuse, both section B.4 (where a client is the alleged victim) and section B.5 (where a client is the subject of allegation) must be followed.

## B.1 Introduction

Many clients, including children, young people and people with a disability, are at greater risk of abuse than the general population.

There are a range of risk factors associated with abuse:

* people with cognitive, communication and/or sensory impairments, particularly people who are non-verbal
* people with English as a second language and/or from culturally or linguistically diverse backgrounds
* people with high physical support needs and dependence
* people who display behaviours of concern
* people without family, advocacy and community connections
* neglected physical environments
* staff turnover, stress and high use of agency or casual staff
* isolated or ‘closed’ services, where unacceptable staff attitudes and practices can become normalised
* ‘weak’ management and lack of practice leadership
* lack of policy awareness and skills of staff.

Irrespective of gender, victims of abuse may experience negative outcomes including dissociation, post-traumatic stress disorder, depression and anxiety. Victims of abuse also frequently experience shock, numbness and fear. In recognition of this, after an allegation of abuse additional support or a review of current supports may be required.

### B.1.1 Indicators of possible abuse

A service provider may become aware of potential abuse under various circumstances including:

* a client alleges that abuse has occurred, by a staff member, volunteer, another client, or other person
* a staff member or volunteer observes or is told about the alleged abuse
* a staff member or volunteer suspects that abuse has occurred (for example, a client may have unexplained injuries, a client may be distressed or anxious, or clothes may have been ripped)
* a client’s behaviour changes significantly (this might include self-destructive behaviour, sleep disturbances, acting-out behaviour, emotional distress, or persistent and inappropriate sexual behaviour)
* a client complains of physical symptoms or a staff member observes symptoms (this might include bruising, abdominal pain, sexually transmitted disease or pregnancy).

Where a staff member considers that a client’s behavioural changes or symptoms may be a result of abuse, they should contact a senior officer or on-call supervisor to discuss their concerns.

## B.2 Immediate response

See section 2.2 Immediate response, of this guide for instruction on the immediate response to all client incidents. The following additional information relates to incidents of abuse in particular.

### B.2.1 Ensuring a safe environment

Allegations of abuse should always be treated seriously. The client’s feelings about themselves and their willingness to raise concerns in the future may be influenced by initial reactions to their allegation. If abuse is disclosed, or a staff member becomes aware of abuse, a helpful response may include:

* listening carefully to and reassuring the client
* reassuring the client who disclosed abuse that they did the right thing by telling someone about their concerns
* asking the client what can be done to make them feel safe, and explaining the actions you will take next.

In addition, there are options to contact specialist victim support services including crisis care, counselling, advocacy, legal information and advice.

### B.2.2 If necessary, seek emergency medical assistance

If the alleged victim requires immediate medical attention, a medical practitioner or ambulance should be called, or the alleged victim taken to the nearest hospital accident and emergency department.

Where a staff member is the individual identified as the subject of an allegation of abuse and requires medical attention, any medical practitioner called should be independent of the service where the alleged abuse took place.

### B.2.3 Calling Victoria Police

Where an immediate police response is required, call 000. If the client does not consent to calling the Victoria Police, see section 2.2.2 Report alleged criminal acts to Victoria Police and preserve evidence, of this guide for instruction on when calling Victoria Police is mandatory, regardless of the client’s wishes, and guidance on preserving evidence. In the case of alleged sexual abuse that has just occurred, to preserve any forensic evidence, the client should not be showered or bathed or offered drinks or food until after Victoria Police have been contacted and provide further instruction.

The phone call will result in the allocation of the appropriate response unit, which may be a Sexual Offence and Child Abuse Unit / Sexual Offences and Child Abuse Investigation Team (SOCAU/SOCIT) for the area or a general duties police unit.

#### Contacting a parent, guardian or Independent Person

If the client is under the age of 18 years, a parent, plenary guardian or Independent Person must be present if they are going to give a statement.

#### Contacting an Independent Third Person

At the time of contact, it is important that Victoria Police are advised if the client has a cognitive impairment or mental illness and will need the support of an Independent Third Person during the interview or when a statement is being taken. Cognitive impairment can include intellectual disability, acquired brain injury and dementia.

Where the client uses an alternative form of communication, such as symbols, signs or facilitated communication, an Independent Third Person can usually assist the client to communicate with Victoria Police.

It is the responsibility of Victoria Police to contact the Independent Third Person.

#### Allegations of abuse involving victims, witnesses and subjects of allegation with disability

Where the allegations of abuse involve victims, witnesses and subjects of allegation with disability, refer to the [*Responding to allegations of abuse involving people with disabilities guidelines*](https://providers.dhhs.vic.gov.au/responding-allegations-abuse-involving-people-disabilities) at <https://providers.dffh.vic.gov.au/responding-allegations-abuse-involving-people-disabilities> for additional guidance on the roles, responsibilities, procedures and interactions involving service providers and Victoria Police when dealing with allegations.

### B.2.4 Centre Against Sexual Assault (CASA)

The local Centre Against Sexual Assault (CASA) should always be contacted in cases of alleged sexual abuse, unless the client does not want contact with this service.

If the client is a person with a disability who does not have the capacity to consent, or is a client under the age of 18, consent should be obtained from the client’s guardian or next of kin (unless the subject of the allegation is the client’s guardian), where possible, to contact CASA. If the client (or guardian on his or her behalf) does not want to have CASA contacted, and the client has the capacity to make this decision, the service provider must put in place other appropriate supports for the client.

CASAs operate throughout Victoria and provide counselling, advocacy, support and information to children, young people and adults who have experienced sexual abuse, whether they were children or adults when the abuse was perpetrated. The 24-hour Sexual Assault Crisis Line can be contacted on 1800 806 292 or via the [CASA Forum website](https://www.casa.org.au/) at <https://www.casa.org.au/> from anywhere in the state and a duty worker will respond. Services are free and confidential to all victim/survivors of recent and past sexual abuse regardless of gender and include:

* immediate crisis support including crisis intervention, provision of information, counselling, advocacy, liaison with the department on child protection matters, police, forensic and other medical personnel, and coordination of support
* follow-up, longer-term counselling, advocacy and support
* information regarding options and rights within the legal system
* information regarding medical options, including follow-up medical treatment
* assistance to negotiate the management of sexually transmitted infections and/or pregnancy arising from the abuse
* assistance in the management of other practical consequences of the abuse such as emergency housing and compensation
* support and information to non-offending family members and support people.

In addition to the above activities, CASA also provide community education, training and specialist consultation services to relevant individuals and services to facilitate meeting the broader needs and concerns of victim/survivors of sexual abuse.

### B.2.5 Forensic medical examination

Medical needs are a priority in cases of recent sexual abuse (within 72 hours). Often victims/survivors do not report abuse immediately, so time will often have been lost that may have an adverse impact on the victim/survivor’s health or the gathering of evidence. For adults, such an examination will often take place at a sexual assault crisis care unit.

For children (under 18 years), the Victorian Forensic Paediatric Medical Service should be contacted. Forensic services to children will typically be provided through the Gatehouse Centre (Royal Children’s Hospital), South East Centre Against Sexual Assault (SECASA at Monash Medical Centre) in the metropolitan area or the nearest crisis care unit in rural areas. Only child protection or the Victoria Police can refer a child to the Victorian Forensic Paediatric Medical Service.

In some instances, Victoria Police may suggest that the Victorian Institute of Forensic Medicine is contacted to provide a forensic medical officer, free of charge, to examine the victim. The Victorian Institute of Forensic Medicine provides clinical services and medical advice in the investigation of violent crimes and other offences.

The examination of people who have been sexually abused is a specialised area, and the institute provides a 24-hour service for attendance when requested by police or hospital staff. In this instance, the forensic medical officer or forensic nurse examiner will:

* assess and treat any immediate medical needs
* undertake tests for sexually transmitted infections and pregnancy, if appropriate
* collect evidence for use in the investigation and possible prosecution.

In relation to physical abuse, forensic medical assessment of physical injuries may provide the only objective evidence of events. Injuries should be documented accurately and interpreted by medical officers with forensic training. The Victorian Forensic Paediatric Medical Service will provide this service to children.

### B.2.6 Assist Victoria Police

Victoria Police should be assisted in conducting their investigation. The investigation may involve police officers taking photographs of any physical injuries. The police officer may need the carer/worker’s assistance to explain this procedure to the client.

In relation to preserving evidence of sexual abuse, it may (subject to any direction by police officers) be appropriate to:

* encourage the victim not to shower or change or, if the victim feels they must shower or change, ask them to put the clothing they were wearing at the time of the incident in bags, which should be sealed, labelled and secured
* where possible, lock the door to the room or restrict access to the area where the incident occurred so any physical evidence inside that area remains undisturbed.

It is not necessary for a victim to decide immediately about whether to be involved in a Victoria Police investigation and/or prosecution. Alleged victims may be distraught in the immediate aftermath of an alleged incident of abuse and sometimes change their minds later. Some evidence, however, will only be present in the immediate period following the abuse. Forensic evidence collected at this time may assist the police investigation, should the victim wish to proceed at a later stage.

It is important that any steps taken by the service provider do not undermine action that Victoria Police may instigate. Service providers must consult with police officers about how best to support the police investigation.

Under no circumstances should a service provider interview the client about the allegation during the police investigation – that is the role of Victoria Police. It is acknowledged, however, that some discussion with the client may be required to establish safety and a basic understanding of what has occurred (refer to section B.5.3 for further information).

## B.3 Where the alleged victim and the subject of allegation reside, attend or work in the same setting

### B.3.1 Prevent further contact

Immediately after the service provider becomes aware of an allegation of abuse, every attempt must be made to ensure the safety of the alleged victim and to prevent any further contact between the alleged victim and the subject of allegation. This may include reallocating staff or volunteers to alternative duties.

### B.3.2 Plan for relocation

Thorough consideration must be given to the relocation of the client, the individual subject of the allegation or, in rare cases, both parties. In principle, the individual subject of allegation should be removed from the immediate work area, such as a house or unit, while an investigation is undertaken. However, circumstances will differ, and it may be more appropriate to move the client.

In deciding who must be moved, consideration must be given to the length of time the client has been residing in the facility, and whether or not he or she wants to remain in or move from the facility. Action taken must be based on consideration of the best interests of the client. In the instance in which it is decided the client should be moved, it should be clearly articulated to them that they are not being moved because they have done something wrong. Decisions to relocate or not relocate the client should be documented clearly for future reference.

If the subject of allegation is to remain in the same setting, it is essential to plan for the safety of other clients and staff. For clients receiving child protection services, this will require the Child Protection Director’s approval.

### B.3.3 Relocation of a client with a disability

If the person subject to relocation resides in a residential accommodation service, any relevant requirements under the Disability Act 2006 (including section 74 – notice of temporary relocation) and the Strengthening rights in residential services policy (May 2010) must be complied with.

For clients with a disability, a decision to move a client from a setting must be made on an individual basis in consultation with senior divisional management. When a decision is taken that a situation warrants a client being moved from the setting, it will be necessary to attempt to obtain the client’s or their guardian’s consent for this to occur.

When the consent of the client, guardian or next of kin is not provided or cannot be obtained and the relocation of the client is reasonably required to prevent the foreseeable risk of serious harm, the person may be relocated provided:

* the most senior staff member present has consulted with the Office of the Public Advocate
* advice has been sought from the appropriate management within the service provider
* where the client has a designated advocate, their advice has been obtained where possible.

Where immediate action is required to prevent serious harm in emergency situations, these requirements may be waived if, in the opinion of the most senior staff member present, a delay in taking action would lead to serious harm.

## B.4 Where a client is the alleged victim

This section outlines the response requirements where the client is the alleged victim of abuse.

### B.4.1 Inform the client of the process

In order to assist the client to make an informed decision to participate in the Victoria Police investigation, the following information must be provided to the client:

* The matter will be or already has been reported to Victoria Police.
* The client will be supported by the service provider throughout the investigation process.
* Victoria Police may investigate the incident.
* Police officers may want to interview the client and take a statement. The client may choose whether or not to participate in the police investigation.
* Victoria Police will decide whether or not to proceed with charging the alleged offender (police officers may be better placed to provide this information to the client).

If the matter is taken to court, the client may be required to give evidence (Victoria Police may be better placed to provide this information to the client). In addition, clients with a cognitive impairment, mental illness, acquired brain injury or dementia must have an Independent Third Person present during the interview. The role of the Independent Third Person is to facilitate communication, ensure that the client understands his or her rights, and to support the client. Police are responsible for arranging the Independent Third Person. Service provider staff should not act as the Independent Third Person.

Where the alleged victim is under 18 years of age, he or she must have a parent, guardian or an Independent Person present when a statement is being taken. The role of the Independent Person is to provide support to the client, and ensure that their evidence is accurately recorded. If the young person has a cognitive disability or mental illness, then an Independent Third Person rather than an Independent Person should be present.

Please refer to the Glossary for more information on Independent Third Persons and Independent Persons.

Where an incident has not been reported to Victoria Police (per section 2.2.2 Report alleged criminal acts to Victoria Police and preserve evidence) the CIMS incident investigation process required under this guide should still be followed.

### B.4.2 Supporting the client through the justice process

Service providers should support clients through the justice process, including police investigation, prosecution and crimes compensation processes as appropriate. This may include:

* Ensuring the client has access to appropriate communication aides and tools to facilitate disclosures and the provision of evidence.
* Ensuring the client has access to an interpreter should they be from culturally or linguistically diverse backgrounds (see section B.4.5).
* Ensuring the client has access to a key support person of their choosing (see section 2.2.3 Contact the key support person).
* Alerting police to the need for an Independent Third Person or Independent Person and the client's particular communication support needs, and the need for timely interviews to facilitate the recall of information.
* Facilitating arrangements with police for interviews and examination of evidence.
* Facilitating arrangements with specialist support services.
* Working proactively with the client to consider whether they will provide a witness statement, including making sure they understand they have time to make their decision if they are initially reluctant and the right to seek independent legal advice (in some instances Victoria Police may be better placed to provide this information).

It is acknowledged that some discussion may be required to establish safety and a basic understanding of what has occurred. If the client needs to talk about what happened, listen and support the client and reassure the client that they did the right thing by talking about the abuse.

Under no circumstances, however, should an advocate, Independent Person, Independent Third Person or staff member interview the client about the allegation – that is the role of police. CASAs have an agreement with the Office of the Public Advocate that CASA counsellors/advocates can act as an Independent Third Person for sexual abuse medical examinations and crisis care unit presentations.

### B.4.3 The client has complex communication needs

A client with complex communication needs is someone who does not speak, whose speech is difficult to understand and/or someone who has difficulty comprehending and processing what is being said to them. This may require the client to communicate in different ways.

Where the client uses an alternative form of communication, such as symbols, signs or augmented/facilitated communication, an Independent Third Person can usually assist the client to communicate with police officers.

### B.4.4 Notification of next of kin or guardian

#### The client is under 18 years and receiving disability services

The service provider must ensure that the next of kin or guardian is contacted.

The service provider must explain the following to the next of kin or guardian:

* the nature of the allegation
* the standard procedure for reporting allegations to Victoria Police
* that it is a matter for the client to decide whether or not to participate in the police investigation (Victoria Police may also provide this information)
* any action taken by staff since reporting the allegation.

The guardian or next of kin should be asked if they wish to be present at the interview. However, it should be made clear that their participation in the interview is ultimately a matter for Victoria Police (in certain circumstances Victoria Police is required by law to allow certain persons be present at interview, such as a guardian).

#### The client is over 18 years and receiving disability services

If the client is over 18 years of age, it is the client’s decision whether or not to inform the next of kin of the allegations. In the case of a client with a cognitive impairment or mental illness, where a decision is made not to advise the next of kin, it should be clearly documented how the client demonstrated that they made an informed decision. If the client chooses to notify next of kin, every attempt should be made to assist the client to make contact. If the client is unable to make an informed decision regarding contact and the client does not have a guardian, the service provider should contact the next of kin as appropriate.

#### The client has a legal guardian

The service provider must ensure that the legal guardian is contacted. They must explain the nature of the allegation, the standard procedure for reporting allegations to Victoria Police, that the client may choose whether or not to participate in the police investigation and any action taken by staff since reporting the allegation (Victoria Police may also provide this information).

The guardian should be asked if they wish to be present while the client’s statement is being taken. However, it should be made clear that their participation in the interview is ultimately a matter for Victoria Police (in certain circumstances, Victoria Police are required by law to allow certain persons to be present at interview, such as a guardian).

#### The client is on a Care by Secretary order

The service provider must contact the client’s allocated case worker and explain the nature of the allegation, the standard procedure for reporting allegations to Victoria Police, that the client may choose whether or not to participate in the police investigation and any action taken by staff since reporting the allegation (Victoria Police may also provide this information).

The case worker should be asked if they wish to be present while the client makes their statement; however, the case worker’s participation in the interview is ultimately at the discretion of Victoria Police.

#### The client is on a family reunification order

The service provider should ensure that the next of kin or guardian is contacted (this is mandatory if the client is under the age of 18). The service provider must explain to them the nature of the allegation, the standard procedure for reporting allegations to Victoria Police, that it is a matter for the client to decide whether or not to participate in the police investigation and any action taken by staff since reporting the allegation (Victoria Police may also provide this information). The next of kin or guardian should be asked if they wish to participate in the interview. However, it should be made clear that their participation in the interview is ultimately a matter for Victoria Police (in certain circumstances, Victoria Police are required by law to allow certain persons to be present at interview, such as a guardian).

#### A client receiving child protection services does not wish their next of kin or guardian to be contacted

If the client is a person under the age of 18 who does not wish their next of kin or guardian to be notified, this should be discussed with the departmental child protection director. A decision in relation to notification will need to consider factors including the client’s age and capacity, where they are living and their best interests. If necessary, legal advice should be sought, and if a decision is taken not to notify the next of kin or guardian, this must be clearly documented and placed on the client’s file.

### B.4.5 Clients from Aboriginal and Torres Strait Islander or culturally and linguistically diverse communities

For clients who are from culturally and linguistically diverse communities or from Aboriginal and Torres Strait Islander communities, staff should consider referring the client to specialist agencies or specialist staff for additional support.

#### Clients from Aboriginal and Torres Strait Islander communities

Service providers should facilitate an integrated, holistic approach with other service providers, which may include accessing both mainstream and local Aboriginal and Torres Strait Islander support services. The client may not want to access the Aboriginal services located in the local area where they reside. Where this is the case, staff should support the client to access services outside of their local area. Appropriate services may include the Aboriginal and Torres Strait Islander Corporation Family Violence Prevention and Legal Service or the Victorian Aboriginal Health Service.

#### Use of an interpreter

Where the client uses a language other than English, an interpreter should be arranged as soon as practicable to interpret for the client, police and other persons involved in the process. Contact the Victorian Interpreting and Translating Service (VITS) on (03) 9280 1955 (24 hours, seven days a week).

Some alleged victims may be reluctant to speak to an interpreter because they fear that what they say may be passed on to their local community. In this case, it is possible to request a telephone interpreter from another state, or to not disclose the alleged victim’s name to the interpreter. When using an interpreter directly, consideration should be given to arranging an interpreter who is not associated with the client or his or her immediate cultural community.

In the case of alleged sexual abuse, consideration should be given to the gender of the interpreter and any impact this may have on the alleged victim.

A sign language interpreter may be needed to assist in communication with a client who is deaf. Interpreters can be obtained via the Victorian Interpreting and Translating Service (VITS).

For further information, refer to the [Language Services policy and guide](https://www.dffh.vic.gov.au/publications/language-services-policy) at <https://www.dffh.vic.gov.au/publications/language-services-policy >.

#### Culturally specific Centre Against Sexual Assault services

CASA should be contacted to arrange culturally-specific services for alleged victims from culturally and linguistically diverse communities.

### B.4.6 Care plan / support plan

Agreed actions for the client’s immediate and ongoing needs must be recorded on the client’s case plan / care plan / support plan. This must include:

* steps being taken to ensure the client’s ongoing safety and wellbeing
* treatment or counselling the client may access to address their safety and wellbeing
* modifications in the way services are provided (for example, same gender care or placement)
* how best to support the client through any action the client takes to seek justice or redress, including making a report to police
* any ongoing risk management strategy required where this is deemed appropriate.

### B.4.7 Client’s right to complain

The client has a right to complain about services delivered or funded by the department, and they and/or their advocate should be alerted to the department's complaints resolution process, the service provider’s complaints resolution process and relevant external complaints bodies (for example, the Disability Services Commissioner and Ombudsman Victoria). Clients should be made aware of their right to complain and provided with information on appropriate mechanisms for this to occur if required.

### B.4.8 Criminal injuries compensation and victim support

Application for compensation from the Victims of Crime Assistance Tribunal may be pursued by the client or their legal administrator after the incident has been reported to Victoria Police. Departmental staff should consult the Legal Services branch about potential applications on behalf of children who are subject to court orders placing them in the care of the Secretary.

In relation to sexual abuse, a Centre Against Sexual Assault counsellor/advocate can support clients who wish to pursue compensation.

The alleged victim may also wish to contact [Victims of Crime](https://www.victimsofcrime.vic.gov.au/) at <https://www.victimsofcrime.vic.gov.au/> or the [Court Network](http://www.courtnetwork.com.au/) on 1800 681 614 or at <http://www.courtnetwork.com.au/>.

## B.5 Where a client is the subject of allegation

This section outlines the response requirements where a client is the subject of the allegation of abuse, whether against another client or a staff member/volunteer. Allegations of abuse of **staff members** by clients, while serious matters, are not reportable incidents under this guide unless an impact upon the client can be identified. Any allegation of abuse of a staff member by a client should be reported through existing service provider occupational health and safety mechanisms.

### B.5.1 Police involvement and informing the client

Staff must consult with Victoria Police about whether to inform a client who is the subject of allegation of the incident (see section 2.2.2 Report alleged criminal acts to Victoria Police and preserve evidence). Victoria Police may want to interview the client and take a statement. Clients with a cognitive impairment or mental illness must have an Independent Third Person present during the interview, and this will be arranged by Victoria Police. Where the client is under the age of 18 years, an Independent Person must be present during the police interview (unless they also have a cognitive impairment of mental illness, in which case it must be an Independent Third Person).

Where an incident has not been reported to Victoria Police (per section 2.2.2 Report alleged criminal acts to Victoria Police and preserve evidence) the CIMS incident investigation process required under this guide should still be followed.

### B.5.2 Legal representation

Service providers should assist the client to access legal representation if required. If the client has a designated case manager, the service provider should contact the case manager to ensure that the client is assisted during the investigation and hearing if required.

For a client with a disability who has no appointed case manager, the departmental intake and response for access to disability supports should be contacted in relation to legal representation. Further information can be found at [the department’s website](https://services.dffh.vic.gov.au/disability) <https://services.dffh.vic.gov.au/disability>.

### B.5.3 The client has complex communication needs

A person with complex communication needs is someone who does not speak, whose speech is difficult to understand and/or someone who has difficulty comprehending and processing what is being said to them. This may require the person to communicate in different ways.

Where the client uses an alternative form of communication, such as symbols, signs or augmented/facilitated communication, an Independent Third Person can usually assist the client to communicate with police officers.

## B.6 Where a staff member is the subject of allegation

This section outlines the response requirements where the staff member is the subject of allegation of abuse against a client.

It should be noted that an allegation of abuse of a staff member by another staff member is not included in this guide. Service providers should refer to their own policies for such matters.

### B.6.1 Follow service provider disciplinary procedures

After reporting to Victoria Police, the line manager must be immediately notified of the report. The manager must then notify the appropriate senior manager.

Where an incident has not been reported to Victoria Police (per section 2.2.2 Report alleged criminal acts to Victoria Police and preserve evidence) the CIMS incident investigation process required under this guide should still be followed.

#### B.6.1.1 Department staff

In relation to a department staff member, while Victoria Police investigate the matter, the appropriate department senior manager should seek advice from their local People and Culture unit regarding any relevant disciplinary processes, which may include redirecting the relevant staff member to alternate duties that do not involve direct client care or support or standing the staff member down.

It is important that any steps taken do not undermine action that police may instigate.

#### B.6.1.2 Department-funded organisation staff

Where an allegation is made against a staff member or volunteer carer of an organisation providing services funded by the department, the relevant service provider should consider its own policies and legal obligations, and seek its own legal advice as needed.

## B.7 Debriefing for staff and clients

After a serious and traumatic incident, it is likely that high levels of stress will be experienced by those connected with the incident. The following guidance on debriefing may be relevant to any incident involving abuse.

### B.7.1 Debriefing for staff

Staff who are witnesses or otherwise impacted by the event may require additional management support or counselling.

Support is available for departmental staff through the department’s Critical Incident Response Management Service, by contacting the divisional Critical Incident Response Management Service coordinator.

The service aims to facilitate the recovery of individuals experiencing normal distress following an abnormal event. It aims to help people return to their pre-incident level of functioning as soon as possible.

Service providers are ultimately responsible for the welfare and support of their staff, including the appropriate provision of debriefing services. The Critical Incident Response Management Service can provide information to department staff to promote the understanding of debriefing and its appropriate application. Where an incident involves employees from both the department and a department-funded organisation, all employees may benefit from a combined debriefing.

In relation to a sexual abuse, the local CASA can provide assistance with debriefing and secondary consultation.

General arrangements to support staff may include allocating a safe place for retreat, giving staff the option of being immediately and temporarily relieved of their duties, providing communication with families and offering to organise transport home.

### B.7.2 Support and debriefing for clients who witnessed abuse

In the response to the incident it is important to ensure that other clients, particularly witnesses to the alleged event, are supported.

Consideration should be given to the impact of the event on other clients and how they can be best supported. If a client is impacted by witnessing an incident, the impact on the client should be reported through CIMS.

Clients, and particularly witnesses, may require extra support or counselling, or other modifications to services. General arrangements to support clients may include allocating a safe place and communicating with families.

# Appendix C: Scope of this guide

## C.1 Out-of-scope services

### C.1.1 Services that report incidents through the Victorian Health Incident Management System (VHIMS)

This includes:

Specialist clinical mental health services (as defined by the Victorian Mental Health Act 2014).

Registered community health centres providing community health services.

Health services as defined by the Health Services Act 1988:

* + public hospitals
  + denominational hospitals
  + metropolitan hospitals
  + multipurpose services
  + privately operated hospitals
  + metropolitan health services

Further information for organisations reporting through VHIMS is available through the [Victorian Health Incident Management Policy](https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/clinical-risk-management/health-incident-policy), available at <https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/clinical-risk-management/health-incident-policy>.

### C.1.2 Public sector residential aged care services (PSRACS)

Victorian PSRACS providers are no longer required to report allegations of suspicions of physical assault and unlawful sexual contact, and missing persons to the department. Refer to [Public sector residential aged care services](https://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/public-sector-residential-aged-care) at <https://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/public-sector-residential-aged-care> for more information.

All other obligations to report incidents to the Department of Social Services (DSS) and Victoria Police **remain unchanged**.

For information about approved provider obligations for reporting incidents to DSS and Victoria Police, refer to [Public sector residential aged care services](https://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/public-sector-residential-aged-care) at <https://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/public-sector-residential-aged-care> and the [Ageing and Aged Care website](https://agedcare.health.gov.au/ensuring-quality/aged-care-quality-and-compliance/compulsory-reporting-for-approved-providers) at <https://agedcare.health.gov.au/ensuring-quality/aged-care-quality-and-compliance/compulsory-reporting-for-approved-providers>.

### C.1.3 Home Care Packages (HCP)

The Home Care Packages (HCP) program is funded by the Commonwealth Government through the Department of Social Services (DSS), and **not** funded through the department.

For more information refer to the [My Aged Care website](https://www.myagedcare.gov.au/help-home/home-care-packages) at <https://www.myagedcare.gov.au/help-home/home-care-packages>.

### C.1.4 Health screening services

Includes organisations providing the following services:

BreastScreen Victoria

bowel cancer screening

cervical screening

### C.1.5 Community-managed housing services

Including:

housing associations

community housing

### C.1.6 National Disability Insurance Scheme services

Including:

NDIS – assist-life stage, transition

NDIS – daily personal activities

NDIS – daily tasks / shared living

NDIS – development-life skills

NDIS – group and centre-based activities

NDIS – high-intensity daily personal activities

NDIS – participate community

NDIS – plan management

NDIS – specialised positive behaviour support

NDIS – specialist support coordination

#### Individual support services

Day services

Flexible support packages

Individual support packages

Outreach support

Respite

#### Information, planning, and capacity building

Case management

Access

#### Targeted services

Behaviour intervention services

Independent living training

### C.1.7 Supported residential services

Privately operated businesses that provide accommodation and support services under the Supported Residential Services (Private Providers) Act 2010.

### C.1.8 Public dental services

Public dental services are not in scope for CIMS. Client incidents in these services are reported to the department through the Victorian Health Incident Management System (VHIMS) and to Dental Health Services Victoria (DHSV).

### C.1.9 Community health services

In April 2017, the Department of Health and Human Services Board agreed to defer the transition of registered and integrated Community Health Services into CIMS for 12 months from its implementation. This was to address the potential for overlapping administrative and incident reporting requirements, and enable consideration of the most appropriate incident reporting framework for community health services in the future.

This decision applies to the whole of the organisation. It is not specific to particular funded programs. As such all health and human services programs - if delivered by a community health service - are not initially in scope for CIMS.

For more information please email the [Primary Health Partnerships team](mailto:partnerships.primaryhealth@dffh.vic.gov.au) at <partnerships.primaryhealth@dffh.vic.gov.au >

# Appendix D: Accountability mechanisms for service providers

## D.1 Purpose of accountability mechanisms

The purpose of accountability mechanisms within the client incident management system (CIMS) is to support the safety and wellbeing of clients by ensuring that service providers (both department-delivered services and department-funded organisations) effectively discharge their responsibilities in regards to client incident management. These accountability mechanisms are also designed to foster a culture of continuous improvement within service providers and across the broader client incident management system.

The mechansims specified in this appendix relate to ensuring accountability of service providers in relation to the Client incident management guide. They do not extend to ensuring broader accountability of service providers with respect to their legal obligations generally.

This appendix outlines the mechanisms the department will use in order to monitor service provider compliance with the Client incident management guide. Service providers are ultimately accountable for ensuring the discharge of their responsibilities and obligations with respect to the management of incidents. Service providers and those responsible for their internal governance will need to satisfy themselves that adequate systems are in place to ensure they are achieving the Client incident management guide outcomes set out in this appendix. For department-delivered services, the relevant deputy secretary is responsible for compliance within their respective division.

## D.2 What to oversee and monitor

The CIMS is supported by accountability mechanisms which support the overarching objectives of CIMS. The five phases of CIMS are outlined in Figure D1.

Figure D1: Overview of CIMS

1. Identification and response
2. Reporting
3. Incident investigation
4. Incident review
(Stage 3 or 4 is required for major impact incidents)
5. Analysis and learning

Service providers have a number of outcomes that they are expected to deliver in relation to each phase of the CIMS. The following table sets out these outcomes and identifies indicators to be used to measure whether service providers are meeting these outcomes. Finally, the table also identifies the mechanism the department will use in order to monitor compliance with each indicator. Unless noted specifically, the mechanism applies to both major impact and non-major impact incidents.

### Phase: Identification and response

| Outcome | Indicators | Mechanism for monitoring service providers |
| --- | --- | --- |
| The immediate safety, health and wellbeing of the client and other parties is assured | Immediate actions in response to an incident are appropriate and documented | Major impact:  Divisional office endorsement  Non-major impact:  Divisional office quality assurance review  Major impact and non-major impact:  CIMS performance audits  Attestation  Live monitoring  Service review |
| Where appropriate, Victoria Police and other emergency services are notified | Referrals to police are documented in incident reports | Major impact:  Divisional office endorsement  Non-major impact:  Divisional office quality assurance review  Major impact and non-major impact:  CIMS performance audits |
| The client’s ongoing needs as a result of the incident are supported | There is evidence of ongoing support provided to the client following the incident (for example, changes to behaviour support plans) | Major impact:  Divisional office endorsement  Desktop review  Live monitoring  Attestation  Non-major impact:  Divisional office quality assurance review  Service review  Major impact and non-major impact:  CIMS performance audits |

### Phase: Reporting

| Outcome | Indicators | Mechanism for monitoring service providers |
| --- | --- | --- |
| To ensure service provider staff are aware of the and reporting incidents in accordance with this guide | Interviewed staff demonstrate knowledge of the contents of this guide and provide evidence of reporting | Major impact  Divisional office endorsement  Non-major impact  Divisional office quality assurance review  Major impact and non-major impact:  CIMS performance audits  Incident data analysis |
| To ensure service provider staff are aware of the and reporting incidents in accordance with this guide | Incident types are being classified appropriately (that is, in accordance with Appendix A: Definitions of incident types) | Major impact  Divisional office endorsement  Non-major impact  Divisional office quality assurance review  Major impact and non-major impact:  CIMS performance audits  Incident data analysis |
| To ensure service provider staff are aware of the and reporting incidents in accordance with this guide | Patterns of incidents related to one client which, when taken together, meet the level of harm to a client defined as major impact, are accurately reported as major impact | Major impact  Divisional office endorsement  Non-major impact  Divisional office quality assurance review  Major impact and non-major impact:  CIMS performance audits  Incident data analysis |
| To ensure service provider staff are aware of the and reporting incidents in accordance with this guide | Major impact incident reports are complete and record all necessary factual detail | Major impact:  Divisional office endorsement  CIMS performance audits  Incident data analysis |
| To submit incident reports in a timely manner | Non-major impact incident reports are submitted within three business days of the incident occurring or the service provider becoming aware of the incident | Non-major impact:  Divisional office quality assurance review  CIMS performance audits  Incident data analysis |
| To submit incident reports in a timely manner | Major impact incident reports are submitted by service providers within three business days of the incident occurring or the service provider becoming aware of the incident | Major impact:  Divisional office endorsement  CIMS performance audits  Incident data analysis |
| To ensure that non-major impact incident reports are complete and of a high quality | Non-major impact reports receive appropriate sign off | Non-major impact:  Divisional office quality assurance review  CIMS performance audits  Incident data analysis |

### Phase: Incident investigation

| Outcome | Indicators | Mechanism for monitoring service providers |
| --- | --- | --- |
| Incident investigations are conducted effectively and appropriately | Incident investigations are conducted and documented in line with this guide | Quality assurance of incident investigations |
| Incident investigations are conducted in a timely manner | Incident investigation reports are submitted within 28 business days of incident report endorsement | Quality assurance of incident investigations |
| Incident investigations are conducted in a timely manner | Investigation outcome and case review reports are submitted within 28 business days of incident report endorsement |  |
| Incident investigations are conducted in a timely manner | Investigation outcome and RCA reports are submitted within 60 business days of incident report endorsement |  |

### Phase: Incident review

| Outcome | Indicators | Mechanism for monitoring service providers |
| --- | --- | --- |
| Incident reviews are effective and appropriate | Case reviews are conducted and documented in line with this guide | CIMS performance audits  Service reviews |
| Incident reviews are effective and appropriate | RCA reviews are conducted and documented in line with this guide | Quality assurance of incident reviews |
| Incident reviews are conducted in a timely manner | Case reviews are completed by service providers within 21 business days of incident report endorsement  Note: CIMS IT calculates due dates based on weekdays only (it does not contain functionality to account for public holidays in due date calculations) | CIMS performance audits  Service reviews |
| Incident reviews are conducted in a timely manner | RCA review reports are submitted to the divisional office within 60 business days of incident report endorsement  Note: CIMS IT calculates due dates based on weekdays only (it does not contain functionality to account for public holidays in due date calculations) | Quality assurance of incident reviews |

### Phase: Analysis and learning

| Outcome | Indicators | Mechanism for monitoring service providers |
| --- | --- | --- |
| Ensure that client incident registers are complete and comply with the requirements set out in this guide | Incident registers are complete and record all necessary factual detail | Incident data analysis  CIMS performance audits |
| The outcomes of incident investigations and incident reviews are embedded in service delivery | Following an incident investigation and/or incident review, there is evidence that recommended actions have been carried out | Desktop Review  Live Monitoring  Attestation  CIMS performance audits  Service reviews |

## D.3 Mechanisms of oversight

Monitoring performance against indicators and the fulfilment of responsibilities outlined in section D.2 will be performed through the following three types of accountability and oversight mechanisms.

1. CIMS-specific mechanisms – there are a number of accountability and oversight mechanisms which are designed specifically for CIMS. These include:
   * + divisional endorsement
     + quality assurance and endorsement of incident investigations and incident reviews (new)
     + incident data analysis
     + CIMS performance audits (new).
2. Broader monitoring and regulation mechanisms: these include both existing monitoring mechanisms (through the FOPMF and performance audits by Operations Performance and Quality – for residential care units only) and regulatory mechanisms. These include:
   * + the service agreement monitoring checklist
     + desktop reviews
     + attestation
     + live monitoring
     + service reviews
     + performance audits (residential out-of-home care services only)
     + registration and accreditation against the Human Services Standards.
     + Social Services Regulator
3. Oversight mechanisms – this includes the various existing reporting and other requirements of health and human services related oversight bodies such as the:
   * + Commission for Children and Young People
     + Disability Services Commissioner
     + Health Services Commissioner
     + Mental Health Complaints Commissioner
     + Office of the Public Advocate (and Community Visitors)
     + Victorian Ombudsman.

The various accountability and oversight mechanisms are described in greater detail below.

### D.3.1 Review and quality assurance mechanisms

There are a number of review and quality assurance mechanisms which are part of the Client incident management guide. These are set out below alongside the indicators which each mechanism will monitor.

#### Divisional endorsement

The CIMS requires all major impact and non-major impact incident reports to be submitted to the relevant divisional office. Divisional offices will be responsible for reviewing the timeliness and quality of these reports, including assessing whether the report demonstrates that the immediate safety, health and wellbeing of the client and other parties has been ensured by the service provider.

#### Quality assurance of incident investigation and incident reviews (new)

The CIMS requires the service provider to confirm any proposed incident investigation or review action with the divisional office. The service provider is also required to provide incident investigation and RCA review reports to the divisional office for quality assurance and endorsement. The divisional office will endorse this report if it has been completed satisfactorily and in accordance with the standards outlined in this guide.

#### CIMS performance audits (new)

Performance audits of service providers will be required in order to monitor the performance of service providers against this guide. During these audits, auditing staff will seek information from service providers which demonstrate compliance with the noted indicators outlined in Table D1.

The divisional office will determine the appropriate frequency of performance audits based on a contextual risk assessment.

Through a review of descriptive analysis reports, a sample of case management files, the service providers incident register, incident reporting to the service provider’s board (or equivalent governance body), and interviews with staff, auditing staff should assess whether there is sufficient evidence of the following (the below indicators are taken from Table D1):

Immediate actions in response to major and non-major impact incidents are appropriate and documented.

Referrals to police in relation to major and non-major impact incidents are documented.

There is evidence of ongoing support provided to the client following major and non-major impact incidents (for example, changes to behaviour support plans).

Interviewed staff demonstrate knowledge of the contents of the Client incident management guide and provide evidence of reporting.

Incidents are being classified appropriately as either major impact or non-major impact.

Incident types are being classified appropriately.

Patterns of incidents related to one client which, when taken together, meet the level of harm to a client defined as major impact are accurately reported as major impact.

Case reviews for major impact incidents are conducted and documented in line with the Client incident management guide.

Case reviews for major impact incidents are initiated within three days and completed by service providers within 21 working days of the incident occurring.

Incident registers are complete and record all necessary factual detail.

Following an incident investigation and/or incident review, there is evidence that recommended actions have been carried out.

### D.3.2 Funded Organisation Performance Monitoring Framework

Monitoring mechanisms are outlined in the department’s Funded Organisation Performance Monitoring Framework (FOPMF). The FOPMF applies to organisations funded through a service agreement with the department as part of the quality assurance approach to ensure that service users receive quality care and that services meet appropriate standards and community expectations.

Further information can be found in the [Service Agreement Information Kit](https://fac.dffh.vic.gov.au/service-agreement-information-kit-0) at:

< https://fac.dffh.vic.gov.au/service-agreement-information-kit-0 >.

#### Service agreement monitoring checklist

A service agreement monitoring checklist is used by departmental monitoring staff to ensure that any discussions with funded service providers address the requirements of the service agreement. As noted under the CIMS performance audits above, divisional offices will assess evidence of compliance with the indicators in Table D1 through regular audits. As the audits will be integrated with broader service monitoring visits, some or all of the indicators may be assessed during the completion of the service agreement monitoring checklist.

#### Desktop reviews

As part of service agreement monitoring, departmental monitoring staff conduct an annual assessment of a funded service provider’s performance based on information collected throughout the year. Performance data is collated by departmental monitoring staff and is assessed to identify any risks or trends that may be impacting the quality or sustainability of services. Desktop reviews are used to monitor whether the outcomes of incident investigations and reviews are embedded in service delivery.

#### Live monitoring

An online platform called SAMS2 is used by monitoring staff to record real-time information about service provider performance to ensure monitoring staff are informed of how the service provider is performing in relation to its service agreement at any time. All monitoring staff record relevant performance information (such as issues which may compromise service user wellbeing and safety) in SAMS2. In accordance with the FOPMF, instances of service provider shortcomings in complying with the Client incident management guide are recorded in live monitoring and supported with actions focusing on remediation of the processes and management systems which the service provider is accountable for.

#### Attestation

Funded organisations are required to attest/clarify on an annual basis that they are compliant with set service agreement requirements related to financial management and risk management. In 2016, the attestation requirements were expanded to include staff safety screening and compliance with privacy requirements. By attesting, a service provider is making a commitment to the department that they have the appropriate systems to comply with the relevant service agreement requirements, which includes this guide.

#### Service reviews

A service review is an in-depth examination of the performance of an organisation, conducted where service agreement monitoring has identified a high level of risk or issues of concern. There are two types of service review:

1. Collaborative – undertaken in collaboration with the funded organisation that may involve a third party (such as an independent consultant). It will assess an organisation’s ongoing viability and operating model with the aim of producing an action plan to address issues.
2. Investigative – conducted by a third party (independent consultant) and managed by the department. It is undertaken where there is evidence or allegations made of a significant breach of the service agreement, or where there is a service failure which will impact on service user safety and wellbeing or the ongoing provision of quality and sustainable services.

Service reviews may be used to assess the overall response of service providers to both major impact and non-major impact incidents.

### D.3.3 Regulatory mechanisms

#### Social Services Regulator

The Social Services Regulation Act 2021 establishes a new framework for social services in Victoria. It begins on 1 July 2024.

The initiatives in the Act will:

support the safe delivery of social services

ensure social service providers understand their role in protecting the rights of social service users

define roles and responsibilities of social service providers

give the new regulator monitoring and enforcement powers, so they can respond to risks of harm

improve information sharing between regulators so they can identify and respond to any risks of harm to service users.

The new system will mean Victorian social service providers will have:

streamlined registration and reporting requirements,

a common set of social service standards

a single independent regulator.

The Social Services Regulator will replace the current Human Services Regulator.

The new system will be more efficient and create a safer environment for all Victorians.

CIMS is the framework for service providers to report serious incidents to the Regulator under section 48(1) of the *Social Services Regulations Act* 2021 (the Act). Section 36(2) of the *Social Services Regulations* 2023 details the prescribed information from CIMS that the Department will share with the Regulator to fulfill the requirements under section 48(1) of the Act.

See the [Social Services Regulation Reform website](https://www.dffh.vic.gov.au/social-services-regulation-reform) at <https://www.dffh.vic.gov.au/social-services-regulation-reform> for more details.

### D.3.3 Oversight mechanisms

Oversight bodies are tasked with reviewing the conduct and decisions of government agencies and public officials. This may take the form or an incident investigation, inspection or audit and can be based on a complaint, a legal obligation or the oversight body’s own discretion. Oversight bodies seek to maintain the integrity of government agencies and public officials by holding them accountable for actions and decisions they make while carrying out their duties.

In relation to CIMS, this may include the oversight bodies set out below.

#### Commission for Children and Young People

The Commission for Children and Young People has an oversight and monitoring role for vulnerable children and young people in department-funded services and a role in promoting continuous improvement and innovation in policies and practices relating to the safety and wellbeing of vulnerable children and young people. This includes analysing the quality and effectiveness of programs and services for vulnerable children and young people and undertaking reviews on issues relevant to their safety and wellbeing.

The death of a child who was a child protection client either at the time of death or within the 12 months before their death must be reported by the Secretary to the Commission for Children and Young People and the Commission for Children and Young People must conduct an inquiry in relation to that death.

The Commission for Children and Young People is responsible for administering the reportable conduct and Child Safe Standards schemes.

Section 60a and Part 4 of the *Commission for Children and Young People Act,* 2012 grants the Commission access to adverse event information for children and young people in out-of-home care. The Department provides the Commission with access to adverse event information from CIMS to fulfill these legislative requirements.

See the [Commission for Children and Young People website](http://www.ccyp.vic.gov.au/) at <https://ccyp.vic.gov.au/> for more details.

#### Disability Services Commissioner

The Disability Services Commissioner is a statutory office-holder who can investigate complaints relating to disability services, as well as review and identify causes of complaints and suggest ways or removing and minimising those causes.

See the [Disability Services Commissioner’s website](http://www.odsc.vic.gov.au/) <http://www.odsc.vic.gov.au/> for more details.

#### Mental Health Complaints Commissioner

The Mental Health Complaints Commissioner is a statutory office-holder who handles complaints about Victorian public mental health services. The Mental Health Complaints Commissioner supports Victorian public mental health services to respond to the concerns and complaints of people accessing those services.

See the [Mental Health Complaints Commissioner’s website](http://www.mhcc.vic.gov.au/) at < http://www.mhcc.vic.gov.au/> for more details.

#### Office of the Public Advocate (and Community Visitors)

The Office of the Public Advocate is empowered by law to promote and safeguard the rights and interests of people with a disability. The Office of the Public Advocate provides advocacy to people who have no other advocacy options and may be appointed as a guardian by the Victorian Civil and Administrative Tribunal.

The Office of the Public Advocate also has ‘Community Visitors’ who are volunteers empowered by law to visit Victorian disability accommodation services, supported residential services and mental health facilities. They visit unannounced and write a brief report at the conclusion of the visit detailing who they have spoken to, which documents they have examined, and any issues of concern as well as good practice they have observed. They are able to raise issues with the management of the service and the department, and in cases of allegations of abuse or neglect, notify the Public Advocate.

See the [Office of the Public Advocate’s website](http://www.publicadvocate.vic.gov.au/) at < <http://www.publicadvocate.vic.gov.au/>> for more details.

#### Victorian Ombudsman

The Victorian Ombudsman investigates complaints about administrative actions taken by Victorian Government agencies, including the department. Any person can make a complaint to the Ombudsman, who may then independently investigate, review and resolve this complaint, and report the results to the complainant and the agencies involved.

See the [Victorian Ombudsman’s website](https://www.ombudsman.vic.gov.au/) at <https://www.ombudsman.vic.gov.au/ > for more details.

# Appendix E: Client incident register data fields

Table E1: Client incident register incident report data fields

| Data Category | Data Field | Major impact data fields to be submitted | Non-major impact data fields to be submitted |
| --- | --- | --- | --- |
| **Service details** | Service provider name | Yes | Yes |
| **Service details** | Address of service delivery | Yes | Yes |
| **Service details** | DFFH area | Yes | Yes |
| **Service details** | Program | Yes | Yes |
| **Service details** | DFFH Service Type | Yes | Yes |
| **Reporting Officer** | Surname (family name) | No | No |
| **Reporting Officer** | Given name | No | No |
| **Reporting Officer** | Reporter's job title | No | No |
| **Reporting Officer** | Telephone | No | No |
| **Reporting Officer** | Email | No | No |
| **Date of report (auto generated)** | Date of report | Yes | Yes |
| **Incident dates** | Date of incident | Yes | Yes |
| **Incident dates** | Date accuracy (exact, estimated or unknown) | Yes | Yes |
| **Incident dates** | Time of incident | Yes | Yes |
| **Incident dates** | Time accuracy (exact, estimated or unknown) | Yes | Yes |
| **Incident dates** | Date incident disclosed | Yes | Yes |
| **Incident dates** | Time incident disclosed | Yes | No |
| **Incident description** | Location of incident | Yes | Yes |
| **Incident description** | Incident description | Yes | Yes |
| **Client(s) involved in incident**  **Note: Up to ten clients can be added per incident report** | Impact of Incident on client | Yes | Yes |
| **Client(s) involved in incident** | Client unique ID type | Yes | Yes |
| **Client(s) involved in incident** | Client unique ID | Yes | Yes |
| **Client(s) involved in incident** | Surname/Family name | Yes | Yes |
| **Client(s) involved in incident** | Given name | Yes | Yes |
| **Client(s) involved in incident** | Sex | Yes | Yes |
| **Client(s) involved in incident** | Gender | Optional | Optional |
| **Client(s) involved in incident** | Indigenous status | Yes | Yes |
| **Client(s) involved in incident** | Date of birth | Yes | Yes |
| **Client(s) involved in incident** | Address | Yes | Yes |
| **Client(s) involved in incident** | Date of last service provision (optional) | Yes | Yes |
| **Client(s) involved in incident** | Primary Incident type | Yes | Yes |
| **Client(s) involved in incident** | Primary Incident type - more information  (applicable for incident types of abuse only) | Yes | Yes |
| **Client(s) involved in incident** | Primary involvement in incident | Yes | Yes |
| **Client(s) involved in incident** | Secondary Incident type | Yes | Yes |
| **Client(s) involved in incident** | Secondary Incident type - more information  (applicable for incident types of abuse only) | Yes | Yes |
| **Client(s) involved in incident** | Secondary involvement in incident | Yes | Yes |
| **Client(s) involved in incident** | Client(s) immediate safety needs met | Yes | Yes |
| **Client(s) involved in incident** | Medical attention provided | Yes | Yes |
| **Client(s) involved in incident** | Client debriefing or counselling | Yes | Yes |
| **Client(s) involved in incident** | Referral to support services | Yes | Yes |
| **Client(s) involved in incident** | Change of client care (support plan) | Yes | Yes |
| **Client(s) involved in incident** | Notified next of kin/guardian/key support person | Yes | Yes |
| **Others involved in incident**  **Note: Up to ten others involved can be added per incident report** | Surname (family name) | Yes | Yes |
| **Others involved in incident** | Given name | Yes | Yes |
| **Others involved in incident** | Date of birth | Yes | Yes |
| **Others involved in incident** | Persons organisational role or relationship to client | Yes | Yes |
| **Others involved in incident** | Role in incident | Yes | Yes |
| **Service Provider's response details** | Brief summary of incident | Yes | Yes |
| **Service Provider's response details** | Reported to police | Yes | Yes |
| **Service Provider's response details** | Date reported to police | Yes | No |
| **Service Provider's response details** | Police investigation initiated | Yes | No |
| **Service Provider's response details** | Staff member removed/stood down | Yes | Yes |
| **Service Provider's response details** | Manager's surname | Yes | Yes |
| **Service Provider's response details** | Manager's given name | Yes | Yes |
| **Service Provider's response details** | Manager's job title | Yes | Yes |
| **Service Provider's response details** | Date completed | Yes | No |
| **Service Provider's response details** | Telephone number | Yes | No |
| **Service Provider's response details** | Email | Yes | Yes |
| **Service Provider's response details** | Access restricted | Yes | Yes |
| **Service Provider's response details** | Key actions | Yes | Yes |
| **Incident authorisation** | Surname (family name) | Yes | Yes |
| **Incident authorisation** | Given name | Yes | Yes |
| **Incident authorisation** | Job title | Yes | Yes |
| **Incident authorisation** | Date completed | Yes | Yes |
| **Incident authorisation** | Telephone number | Yes | Yes |
| **Incident authorisation** | Email | Yes | Yes |
| **Incident authorisation**  **(Major impact only)** | Follow-up recommendation type (automatically populated) | Yes | No |
| **Incident authorisation**  **(Major impact only)** | Clients to be investigated  (automatically populated) | Yes | No |
| **Incident authorisation**  **(Major impact only)** | Investigation type | Yes | No |
| **Incident authorisation**  **(Major impact only)** | Investigation manager | Yes | No |
| **Incident authorisation**  **(Major impact only)** | Joint investigation manager name  (only if investigation type is joint) | Yes | No |
| **Incident authorisation**  **(Major impact only)** | Job title  (only if investigation type is joint) | Yes | No |
| **Incident authorisation**  **(Major impact only)** | Telephone  (only if investigation type is joint) | Yes | No |
| **Incident authorisation**  **(Major impact only)** | Email  (only if investigation type is joint) | Yes | No |
| **Incident authorisation**  **(Major impact only)** | Rationale | Yes | No |

1. This includes Victorian approved providers registered under the Disability Act 2006 [↑](#footnote-ref-2)
2. Disability support services funded by the Transport Accident Commission or the Victorian WorkCover Authority and Supported residential services are prescribed service under the Social Services Regulations but not in-scope of CIMS. [↑](#footnote-ref-3)
3. This includes physical, sexual (including sexual exploitation), financial and emotional/psychological (including cultural) abuse, as defined in the glossary and discussed in more detail in Appendix A. [↑](#footnote-ref-4)