Whistleblower Procedure - Aged Care

Parent Policy

Governance Policy

Scope

This procedure applies to people with a connection to Sacred Heart Mission's Aged Care programs including the Board, leadership team, employees, contractors, consultants, volunteers, students and suppliers, service participants and to their relatives, spouses and dependents who have protections and obligations under protected disclosures as described in the Aged Care Act 2024 (Cth) (2024)and related legislation.

This procedure is effective from November 1, 2025.

This procedure covers disclosures about misconduct within SHM Aged Care and provides protection against victimisation for people who make, or assist with, disclosures — including those providing information to the Inspector-General of Aged Care or the Aged Care Quality and Safety Commission.

The procedure specifically excludes:

Personal work-related grievances (refer to: Grievance and Resolution Procedure).

Health, safety and environmental issues able to be handled via SHM's Health & Safety Procedures, unless there is a fear of retribution in reporting the issue.

Disclosures under the NDIS Act which are set out in the SHM Whistleblower Procedure and relate to the Corporations Act.

For matters not covered by this procedure, refer to 4.3.

Responsibility and Accountability

Sacred Heart Mission (SHM) is responsible for ensuring that all disclosures of misconduct are managed in accordance with this procedure, and that appropriate protections and follow-up actions are implemented.
Responsibility and accountability for managing disclosures are shared across the organisation. Individuals will have different responsibilities depending on their role and level of authority in relation to any instance of disclosure or investigation of misconduct.
Managers and leaders are accountable for ensuring that concerns are handled promptly, confidentially, and without detriment to the person making the disclosure.

The key roles are:

Role	***Responsibilities***
Chief Executive Officer	Appoints and oversees the Whistleblower Protection Officer (WPO)

	Ensures that appropriate resources and systems are in place to support confidential reporting, investigation, and protection of whistleblowers. Provides assurance to the Board that SHM complies with the Aged Care Act 2024(Cth) whistleblower protections.
Chair of the Board	Receives reports from the Whistleblower Protection Officer if a disclosure involves or may implicate the CEO; Ensures the Board fulfils its governance oversight obligations for serious misconduct, reportable conduct, and systemic risk.
The leadership team and managers	Promote awareness of whistleblower rights and protections under the Aged Care Act 2024 (Cth).; Ensure all staff, participants, and representatives understand the stronger protections available when making complaints or disclosures; Ensure all eligible recipients understand their obligations under the Aged Care Act and this procedure; Confirm that all staff have read, understood, and comply with this procedure; Foster a culture that encourages safe reporting and prohibits victimisation or reprisal etc. for other roles
DISCLOSER (eligible whistleblower) is the person who makes, attempts to make, or wishes to disclose Reportable Conduct and who may seek to avail themselves of protection in accordance with this procedure. - Board member - Staff - Participant - Relative, or representative - Contractor - Supplier - Student	Ensure that you have reasonable grounds for suspecting misconduct and - that you make the disclosure in good faith - that the disclosure is not deliberately or maliciously a false disclosure - and that you understand that you may need to participate in any investigation and corrective action as appropriate.
ELIGIBLE RECIPIENT <u>Internal</u> The CEO and the Whistleblower Protection Officer (WPO) are authorised recipients. SHM staff, including the leadership team, managers, volunteers and anyone employed or contracted to provide care or other services (they must ensure the disclosure is reported to the WPO regardless of the anonymity status). If a disclosure is made to any other person, this information MUST be passed on to the WPO.	Manage the disclosure in accordance with this procedure. Treat all disclosures seriously. Take reasonable care to protect the anonymity of the whistleblower if they wish to remain anonymous, unless specifically authorised as to regulators or legal advice. Ensure a proper investigation, follow-up, and action occurs in relation to disclosed information. If an investigation is required, inform the Whistleblower Investigations Officer (WIO). If the person receiving the disclosure is NOT the WPO, they must ensure the disclosure is reported to the WPO regardless of the anonymity status.

External Aged Care Quality & Safety Commission Department of Health officials Police officers Independent aged care advocates	
Whistleblower Protection Officer (WPO)	Receives and assesses disclosures by Whistleblowers about Reportable Conduct, oversees the Whistleblower Investigations Officer to undertake an investigation. Responsible for ensuring the protection and welfare of individuals who report potential misconduct within SHM. The role includes handling whistleblower concerns, ensuring confidentiality, and maintaining support throughout the process. up until the closure of the investigation. Safeguards the interests of Whistleblowers making reports under this Policy.
Whistleblower Investigations Officer (WIO)	Gather evidence, prepare reports and determine, as appropriate, the course of action and Supervise an investigation under this procedure if needed.

Procedure

4.1 Principles

SHM is committed to protecting eligible whistleblowers (disclosers) from disadvantage, recrimination or detriment for making a 'protected disclosure' about misconduct at SHM in good faith and on reasonable grounds.

SHM is committed to ensuring it is operating legally, properly and ethically at all times and in all its functions. All SHM employees and volunteers are expected to cooperate in maintaining legal, proper and ethical operations and, if necessary, by speaking up about non-compliant actions (i.e. misconduct) by others. Employees and others who do assist SHM to maintain legal, proper and ethical operations in this way should not be penalised or suffer detriment for doing so.

The purpose of this procedure is to:

- ensure anyone who discloses misconduct can be confident that they will be protected and supported
- encourage anyone associated with SHM Aged Care to disclose misconduct at Sacred Heart Community or Sacred Heart Local – particularly misconduct that may not come to light unless there is a safe and secure way to disclose it
- ensure disclosures are dealt with appropriately and in a timely way
- be transparent about SHM's processes for receiving, handling and investigating disclosures
- establish a good practice framework for disclosures and protection that is consistent with SHM's obligations under the Aged Care Act 2024 (Cth), Commonwealth Corporations Law, and Tax Administration Act.

- help deter misconduct in SHM in line with the Vision, Purpose, Values, Guiding Principles and Code of Conduct

4.2 Misconduct that is Disclosable and Protected under this Procedure

A protected disclosure under this procedure must be about misconduct at SHM Aged Care.

'Misconduct' is broad and can include both unlawful conduct (breaking the law, criminal actions), and conduct that is not unlawful but is otherwise wrong, harmful or unethical, such as systematic non-compliance with SHM's constitution, policies, procedures, or regulations or standards; or organisational behaviour and practices that are ethically wrong and/or could cause significant harm to employees, volunteers, service participants or the community. Reporting of SIRS matters is protected under this procedure; however, the management and notification of such incidents must follow SHM's Serious Incident Procedure:

- Serious Incident Management - SHC or
- Serious Incident Response Scheme (SIRS) - SHL 18

Examples of misconduct where disclosures are protected under this procedure include;

- reportable incidents as defined under the SIRs and including e.g. elder abuse, assault, sexual assault and neglect. illegal conduct such as theft, dealing or using illicit drugs, violence or threatened violence, criminal damage
- fraud or misappropriation of funds, offering or accepting bribes, other financial irregularities, corrupt use of official position or resources
- serious failure to comply with, or breach of, a law or regulatory requirement, particularly where the failure or breach is systematic. This specifically includes breaches of the Aged Care Act 2024 (Cth).
- substantial mismanagement of resources
- substantial risk to health and safety, or to the environment, within SHM and / or affecting the broader public / community (note that the risk must be substantial, such that normal health and safety reporting processes are not available or appropriate)
- engaging in or threatening to engage in any behaviour that harms or causes detriment to someone who has made or may make a disclosure of misconduct

Misconduct would also include a deliberate attempt to conceal any of the actions above.

In order to be protected under this procedure, a discloser must act in good faith and have *reasonable grounds* to suspect that the information they disclose concerns misconduct at SHM.

'Reasonable grounds' means that the discloser has some objectively sound reasons for their suspicion about misconduct. The discloser does not have to prove their allegations, but an allegation without any supporting information is not likely to be seen as being made on 'reasonable grounds'. A discloser may still be protected even if the disclosure turns out to be incorrect, provided it was properly and reasonably made in the first place.

SHM discourages and will not protect anyone who knowingly or maliciously makes false or unfounded or exaggerated disclosures.

These examples are consistent with the definitions of "protected disclosure" and "reportable conduct" under the Aged Care Act 2024 (Cth) and related legislation.

4.3 Matters Not Covered by this Procedure

Personal work-related grievances that have no serious implications for Sacred Heart Community or Sacred Heart Local. Protections for employees who raise personal work-related grievances are provided in the Fair Work Act 2009 (Cth), SHM's enterprise agreements and SHM policies and procedures.

Health, safety and environment issues should be reported and handled in accordance with SHM's processes. If you identify an ongoing, unresolved serious Health and Safety risk and fear reprisal you may also report this risk to Work Safe on 13 23 60.

Complaints about issues with service participant treatment or service provision should be reported and handled in accordance with SHM's complaint mechanisms wherever possible.

Where a participant or service issue is serious or widespread and has not been, or cannot be addressed as per SHM procedures, and/or there is a fear of retribution if it is reported, then this procedure may be used.

Disagreements about policy or operational decisions without any additional features of wrongdoing should be handled within SHM supervision and management processes.

SHM employees, volunteers etc. who wish to make disclosures about misconduct in another organisation should do so under that other organisation's whistleblower policy, or applicable state or Commonwealth laws.

Note: Complaints about misconduct relating to NDIS or other non-aged care related programs at Sacred Heart Mission are covered under the SHM Whistleblower – Corporations Act procedure which sets out the categories of people to who a disclosure must be made and other important preconditions, in order for the discloser to have protection.

4.4 Who Can Disclose Misconduct at SHM

To qualify as a whistleblower disclosure, the disclosure must be made by a person who, in relation to Sacred Heart Community and Sacred Heart Local, is eligible to make a disclosure about misconduct in Aged Care. Eligible persons include:

- SHM board members and leadership team
- service participants and their relatives, spouses, dependents or support persons,
- all employees,
- contractors,
- suppliers,
- volunteers,
- students,
- or any other eligible person as defined by the Aged Care Act 2024 (Cth).

4.5 Who Can Receive a Disclosure about Misconduct at SHM

Under the Aged Care Act 2024 (Cth) (2024), individuals can make disclosures to eligible recipients.

The CEO and the WPO are authorised eligible recipients.

SHM staff, including the leadership team, managers and anyone employed or contracted to provide care or other services are eligible to receive a disclosure.

If a disclosure is made to other persons, other than the WPO, this information MUST be passed on to the WPO regardless of any anonymity issues.

An individual can also make a disclosure to the Aged Care Quality and Safety Commission.

4.6 How Can Disclosures be Made

Disclosures can be made in any way the discloser feels is appropriate by:

- talking to one of the SHM authorised eligible recipients face to face, or by phone, email, or internal or external hard copy mail. Disclosures can be made during or outside working hours.
- talking to an eligible recipient in the workplace.

4.7 Reporting a Disclosure to the Properly Authorised Recipient

In order for SHM to identify and address any misconduct early and comprehensively, reporting to properly authorised SHM recipients is strongly encouraged. Authorised recipients are specific people within SHM who will ensure that the disclosure is properly handled and the discloser is protected. Authorised SHM recipients have received training in properly handling disclosures about misconduct. Authorised SHM recipients are:

- the CEO
- SHM's Whistleblower Protection Officer (WPO)

The contact details for disclosures to SHM recipients are available in Heart Space - About Us - Staff Directory.

For a whistleblower disclosure to be investigated, it must be made in good faith and on reasonable grounds and contain enough information to form a reasonable basis for investigation. This includes any known details about the events underlying the actual or suspected wrongdoing, including:

- a description of the events or activities, including locations,
- the names of the people involved and their roles,
- relevant times and dates,
- possible witnesses to the events,
- supporting documentary evidence of the events,
- any steps that you may have already taken to report the matter elsewhere or to resolve the concerns.

While disclosure to authorised SHM recipients is encouraged, disclosures can also be made to other appropriate external recipients, such as the Aged Care Quality and Safety Commission, police, legal practitioners, or other regulatory bodies particularly where a discloser has already tried to disclose internally, or the discloser feels unable to contact anyone at SHM about the information they have. A properly made disclosure to an appropriate external recipient will attract the same kind of protections within SHM as an internal disclosure.

4.8 How will a Discloser be Protected

4.8.1 Identity protection (confidentiality)

SHM will ensure that the identity of the discloser remains confidential. Only the minimum essential authorised persons will have access to information about the discloser's identity. Authorised recipients, the WPO and the WIO will ensure as far as is reasonably possible that the identity of, and any identifying details about the discloser, are removed, redacted or

concealed in all documentation and communication about the disclosure. Documentation about the disclosure both hard copy and electronic will be stored securely.

In some circumstances it may not be possible to conceal the identity of a discloser, e.g. where the disclosure involves personal allegations against another person, or where the discloser's identity is clear from the nature of the information provided. A discloser may also have to be identified to external authorities in some circumstances, e.g. to police where the disclosure concerns criminal misconduct.

In all documents, communications and reports related to whistleblower disclosures, SHM will avoid using identifiable names whenever possible. For staff, references will be made to positions or roles unless naming is legally required or necessary for an investigation. This helps maintain confidentiality, protects individuals from reputational harm and ensures that investigations remain objective.

4.8.2 Protection from detrimental treatment

SHM is committed to ensuring that a discloser is protected from retaliation or retribution, or threats of the same, for reasons of the disclosure alone. Information and training about whistleblowing in SHM will emphasise that a discloser must not be subject to any unfair or detrimental treatment solely on account of their having made a protected disclosure.

Examples of possible detrimental treatment include the following:

- dismissal of an employee
- injury of an employee in his or her employment
- alteration of an employee's position or duties to his or her disadvantage
- discrimination between an employee and other employees
- harassment or intimidation of a person
- harm or injury to a person, including psychological harm
- damage to a person's property
- damage to a person's reputation
- damage to a person's business or financial position
- any other damage to a person
- threats to do any of the above

Actions that are not detrimental treatment include:

- administrative action that is reasonable in order to protect a discloser from detriment (e.g. moving a discloser to another work area, changing a discloser's hours of work or duties)
- decisions about a discloser's employment, including managing a discloser's unsatisfactory work performance, that are made in line with SHM's policies and procedures and without regard to the disclosure

A key protection from detrimental treatment will be the appropriate protection of the identity of the discloser.

A discloser who believes they may have been treated unfairly as a result of having made the disclosure can request that the treatment or decision is reviewed by an independent person. Any such request should be made to the WIO, WPO, or to an authorised SHM recipient in the first instance.

4.8.3 Compensation and other remedies

A discloser can seek compensation and other remedies through the courts if they suffer loss, damage or injury because of a disclosure, and/or if SHM fails to take reasonable precautions and exercise due diligence to prevent detrimental conduct.

4.8.4 Civil, criminal and administrative liability protection

Under the Commonwealth Corporations' law (Corporations Act 2001 (Cth), a discloser is protected from the following in relation to a disclosure:

- civil liability i.e. any legal action against the discloser for breach of an employment contract, duty of confidentiality or other contractual obligation
- criminal liability e.g. attempted prosecution of the discloser for unlawfully releasing information, or other use of the disclosure against the discloser in a prosecution (other than for making a false disclosure), and
- administrative liability e.g. disciplinary action for making the disclosure.

These protections do not grant immunity for any misconduct a discloser has engaged in themselves, that is revealed in their disclosure.

4.8.5 Support

SHM is committed to supporting a discloser through what can be a difficult and stressful process. The WPO will work with the discloser to provide the support needed on a case-by-case basis. Supports may include:

- referral to the EAP or other health and/or psychological support service
- strategies to help the discloser manage or minimise performance impacts resulting from the disclosure process, and intervention with the discloser's manager in relation to any performance or attendance impacts
- consideration of leave arrangements, work reassignment, relocation of place of work, change of phone number or email address, or other measures to support and protect the discloser

4.9 What Happens When a Disclosure is Made

When a disclosure is made to an eligible recipient (who is NOT the WPO) the following steps will be taken (except where the disclosure is against the CEO or Board member in which case clauses 4.10 and 4.11 apply):

- the recipient will make an initial assessment as to whether the disclosure is covered by this procedure; if not covered, the recipient will refer the discloser to the appropriate SHM procedure to be addressed; if covered, the recipient will obtain sufficient detail from the discloser to refer the matter to the WIO
- the recipient and/or the discloser will contact the WPO, who then becomes the primary contact point for the discloser, and who ensures that the discloser is protected and supported, and kept informed about the progress of the matter
- the recipient, or the WPO, will pass the disclosure information to the WIO for assessment and investigation if required; note that the recipient maintains responsibility for following the progress of the disclosure, and for ensuring appropriate action is taken, and must maintain contact with the WIO throughout the handling of the matter

- the WIO will undertake a preliminary examination of the information to determine what kind of investigation is required and seek the CEO's approval before commencing any formal investigation, and initiates, conducts and / or manages any investigation required, and keeps the recipient and WPO informed; the WIO establishes and maintains appropriate secure and confidential records of the progress of the matter; the WIO ensures that the discloser (via the WPO) and the recipient are kept informed about the progress of the matter
- where external authorities are required to be informed about the matter, e.g. police, the WIO will inform the CEO who will inform the Board. The CEO and WIO will then decide the appropriate contact point for those external authorities
- when the investigation is completed, the WIO will ensure that a full written report is made to the CEO, who will then report to the Board
- the CEO will determine and ensure appropriate action is taken in relation to the matter
- the WPO will take all reasonable steps to ensure that the discloser remains protected and supported during and after the matter is investigated

'Appropriate action' in relation to any disclosure that is investigated could be one or more of a wide range of actions, depending on the nature of the matters disclosed. Appropriate action may include:

- action against individuals found to have engaged in misconduct (referral to police, reprimand, dismissal, etc.)
- operational, policy or procedure change
- reorganisation, restructure or closure of a service or operational area
- new or enhanced training, communication, education or information provision in part or all of SHM

SHM will ensure that any individuals named in disclosure or identified during the handling of a disclosure are treated fairly and their identity and details about them remain confidential and consistent with their role in any identified misconduct. Fair treatment mechanisms include:

- confidential handling of disclosures
- thorough assessment of disclosures to determine the need for and nature of any investigation required
- investigations to focus on determining whether there is enough evidence to substantiate or refute the matters reported
- investigations to be fair, objective and independent
- ensuring an employee who is named in a disclosure is informed about the subject matter of the disclosure in accordance with the principles of natural justice and procedural fairness, and prior to any actions being taken
- ensuring an employee who is the subject of a disclosure has access to support services (e.g. EAP).

4.10 Disclosure against the CEO

If a disclosure is made involving the conduct of the CEO, the WIO must notify the Chair of the Board who will ensure appropriate action is taken in relation to the matter.

4.11 Disclosure against a Board Member

If a disclosure is made involving a member of the SHM Board, the CEO and Chair of the Board will ensure appropriate action is taken in relation to the matter. In the event that the disclosure relates to the Chair, the CEO will work with the Deputy Chair to ensure that appropriate action is taken in relation to the matter.

4.12 Availability of and Access to this Procedure

Staff, volunteers and participants will be alerted to this procedure as part of their orientation and induction and through annual training refresher.

4.13 Disclosure to Inspector-General of Aged Care

The Inspector-General provides independent oversight of the Commonwealth's administration, governance and regulation of aged care which includes reviews into systemic issues.

The Inspector-General has coercive information-gathering powers.

SHM will comply with all lawful directions and notices issued under the Inspector-General of Aged Care Act 2023 (Cth), including requests to access premises or provide documents.

SHM will not engage in conduct that amounts to victimisation of any individual who has, or might, disclose information or provide assistance to the Inspector-General whether the disclosure is as a result of being compelled to do so by notice or voluntarily on request.

4.14 Provision of Feedback

Where possible, SHM will provide feedback to the whistleblower during the course of the investigation in a way that does not compromise the confidentiality of their identity. The frequency and timeframes for providing feedback will vary according to the nature of the disclosure and the investigation.

The WPO will inform the whistleblower of the outcome of an investigation where legally and operationally appropriate and in particular:

- If the whistleblower's concern was substantiated, the action that has been taken or will be taken to address the issues.
- If the whistleblower's concern was not substantiated, no further action will be taken, unless further information becomes available.

There may be circumstances where it is not appropriate to provide details of the outcome to the whistleblower. For example, if the decision is part of a broader legal framework or subject to other legal processes, the whistleblower may not have access to the full decision-making process.

4.15 Education, Training and Provision of Information

SHM will provide initial and ongoing training and information for all Aged Care workers, the Board, the leadership team, relevant volunteers and managers, and Eligible Whistleblowers and Eligible Recipients on how this process operates as part of SHM's governance and compliance framework. This includes:

- How to respond to a report of wrongdoing,
- How to handle personal information and data,
- How to recognise and respond to disclosures that qualify for protection under the Aged Care Act 2024 (Cth),

- Managing relationships and communicating with disclosers,
- Roles and responsibilities,
- Penalties for contravening the Aged Care Act 2024 (Cth) in relation to the confidentiality of identity of disclosers.

Related Standards (for related Legislation see Parent Policy)

Strengthened Aged Care Quality Standards 2025

National Standards for Disability Services (NDIS) (2018)

National Standards for Mental Health Services (2010)

Social Service Standards (2024) Victoria

Related Procedures, Manuals & Guidelines

Code of Conduct

Aged Care Code of Conduct

Whistleblower Procedure - (Corporations Act)

NDIS Code of Conduct

Grievance and Resolution Procedure

Grievance – CEO Procedure

Management and Prevention of Workplace Bullying Procedure

Managing Under Performance and Misconduct Procedure

Serious Incident Management-SHC

Serious Incident Response Scheme (SIRS)-SHL 18

Whistleblower Protection Information_SHM Aged Care Services

Associated Forms

- Nil

Definitions

Term	Definition / Description
Authorised Recipient (Sometimes referred to as Eligible recipient)	The following specific people ***in SHM*** who can receive disclosures about misconduct and ensure the discloser is protected: • CEO • Whistleblower Protection Officer (WPO) Note: disclosures may also be made to external people / bodies if the discloser does not feel able to disclose internally and where the disclosure is about the CEO, the WPO is the internal Authorised Recipient.
Confidentiality	The identity of the Whistleblower making the report will be kept confidential and not divulged without the consent of that person – except where disclosure is authorised or required by law due to statutory reporting requirements.

Discloser (Eligible Whistleblower)	To qualify as a whistleblower disclosure, the disclosure must be made by a person who, in relation to Sacred Heart Community or Sacred Heart Local, is eligible to make a disclosure about misconduct in Aged Care.
Eligible Recipient	To qualify as a whistleblower disclosure, a disclosure must be made to one or more of the people or agencies listed in this procedure.
Improper Conduct	Any action or behaviour or the concealment of actions and behaviours. Examples include: ▪ Abuse of service participants. ▪ Issues of maladministration including waste, fraud, mismanagement of resources or other unethical conduct or practice. ▪ Substantial and specific danger to health, safety and environment of the public. ▪ Any behaviour that is in conflict with SHM's values and Code of Conduct.
Qualifying / Protected Disclosure	As per the Act (i.e. a disclosure that meets the criteria: reasonable grounds, involves misconduct or breach of Act, and disclosed to eligible recipient).
SIRS	Serious Incident Response Scheme
Vexatious Claim	A deliberately false, misleading, or malicious disclosure made without reasonable grounds.
Victimisation and Vilification	Includes any unfavourable treatment for those involved in a Whistleblower report. Unfavourable treatment includes: ▪ Adverse changes at the workplace. ▪ Denial of training or promotion. ▪ Making negative, unfounded or belittling comments. ▪ Inappropriate disciplinary action. ▪ Exclusion by colleagues or similar reprisals.
Whistleblower Investigation Officer (WIO)	The WIO at SHM is the Specialist, Quality and Continuous Improvement position. Responsible for gathering evidence, preparing reports and determining and supervising, as appropriate, the course of action.
Whistleblower Protection Officer (WPO)	The WPO at SHM is the Head of People Experience, or delegate. Responsible for ensuring the protection and welfare of the individuals who report potential misconduct within SHM. The role includes handling whistleblower concerns, ensuring confidentiality, and providing support throughout the process.

Document history

Version	Reason	Updated By	Date Updated	Approved By
1	Initial document		July 2004	

2	Update to previous version to ensure currency		March 2014	
3	Updated in conjunction with policy & procedure restructure	Manager People & Culture	May 2018	
4	Content approved	Working Group	June 2018	
5	Major update – moved from P&C to Governance. Updated to include new whistleblower protections. From 1 July 2019, the whistleblower protections in Part 9.4AAA the Corporations Act 2001 (Corporations Act) have been expanded to provide greater protections for whistleblowers who report misconduct about companies and company officers.	Manager People & Culture	July 2020	SHM Board on 25/8/2020
6	Updated to include reference to the whistleblower protections are also under the Taxation Administration Act and NDIS Act. Removed Executive and Privacy Officer as Authorised Recipients. Added section on disclosure to Inspector-General of Aged Care.	Manager Quality & Projects	April 2024	CEO
7	Administrative update relating to Standards	Quality and Privacy Officer	January 2025	Manager Quality and Projects
8	Incorporation of additional requirements under Aged Care Act 2024 (Cth) 2024 and separation from SHM Whistleblower Procedure – Corporations Act	Manager Quality	October 2025	COO

Appendix

Whistleblower Flow Chart – Aged Care Compliance

1. Identify Concern

- Individual (staff, resident, family, volunteer, etc.) suspects a breach of the Aged Care Act 2024 (Cth).

2. Decide to Report

- Disclosure can be oral, written, or anonymous.
- Must be based on reasonable suspicion of wrongdoing.

3. Choose Recipient

- Disclosure is made to one of the following:
- WPO (at SHM this is the Head of People Experience)
- CEO (authorised eligible recipient)
- Aged care worker or other senior staff (gives better opportunity for anonymity)
- Aged Care Quality and Safety Commissioner

4. Receive Disclosure

- Authorised eligible recipient acknowledges and documents the report.
- Ensures confidentiality and non-retaliation.

5. Assess Disclosure

- Determine if it meets whistleblower criteria under the Aged Care Act 2024 (Cth).
- If not, redirect to complaints or feedback system.

6. Investigate

- Conduct internal or external investigation via the WIO
- Maintain confidentiality and protect whistleblower identity.

7. Take Action

- Implement corrective actions if breach is confirmed.
- Notify relevant authorities if required.

8. Provide Feedback

- Inform whistleblower (if known) of outcome, where appropriate.

9. Monitor and Protect

- Ensure no victimisation or retaliation occurs.
- Offer support services if needed.
- Review training and communications.

10. Record and Report

- Log disclosure and outcomes in secure system.
- Report to the regulator if required.