Organisation Wide

Whistleblower Policy

1. PURPOSE

At mecwacare, we deeply value the courage and integrity of individuals who speak up in good faith. Whistleblowers play a vital role in helping us uphold our commitment to our values, Caring, Accountable, Responsible and Ethical.

The purpose of mecwacare's Whistleblower policy is to:

- Encourage and support eligible whistleblowers to report potential misconduct or reportable behaviour, either openly or anonymously. See Appendix A: Eligible Whistleblowers.
- Ensure that individuals who disclose potential misconduct can do so safely, with anonymity if they choose, and that they will be protected and supported from detrimental action.
- Provide transparency around mecwacare's framework for receiving, handling and investigating disclosures.
- Ensure that disclosures are dealt with appropriately and on a timely basis.

2. SCOPE

This policy covers disclosures that are protected under the Aged Care Act 2024 (Cth), the Corporations Act 2001 (Cth) and relevant Victorian legislation including the Public Interest Disclosures Act 2012.

If you are not sure if your concern qualifies for protection under this policy, reach out to our Whistleblower Protection Group or Stopline, see Section 4 for contact details. Stopline has been contracted to support anonymous disclosures.

Reportable Conduct

Whistleblower protections are in place for the following types of issues, however this list is not exhaustive:

- Breaches of the Aged Care Act 2024 (Cth) (see Appendix C)
- Criminal activity or serious violations of legal or regulatory obligations
- Corruption, fraud, theft, or bribery
- Misuse of public funds or consumer finances
- Actions that endanger health, safety, or the environment
- Victimisation, harassment, or retaliation against individuals who raise concerns
- Unethical or dishonest behaviour
- Misleading financial or regulatory reporting
- Intentional concealment of any reportable conduct

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Individuals who raise concerns in good faith will be protected under this policy, even if the concern is not proved. We recognise and appreciate the courage it takes to speak up.

Not every issue needs to be raised under the Whistleblower Policy. If your concern relates to **everyday workplace matters**, speak with your Leader or reach out to the People, Culture and Safety team (PC&S.

For **feedback about client service or quality**, speak with a site Manager, use the 'Have Your Say' form on our website, or email: complaints@mecwacare.org.au.

For guidance on where to direct your concern, please **refer to Appendix B – Guide to Determining the Appropriate Complaint Reporting Pathway**.

3. HOW TO REPORT – Refer to Appendix D: Reporting Flowchart

3.1 INTERNAL REPORTING

Report to the Whistleblower Protection Group (WPG). The group is comprised of the Executive General Manager People and Culture, the General Manager Enterprise Risk and the Company Secretary:

- Email: <u>whistleblower@mecwacare.org.au</u>
- Telephone: 03 8573 4888 and ask for a member of the WPG
- Mail: Attention: Whistleblower Protection Group, mecwacare, 1287 Malvern Road, Malvern VIC 3144

If unsure, you can seek confidential advice from one of the WPG or a member of the Executive Leadership Team, without triggering an investigation. Reports can also be made to a mecwacare board member, the CEO, a manager or other mecwacare team member.

3.2 EXTERNAL REPORTING

Stopline is an independent whistleblower disclosure service, allowing concerns to be received securely and outside business hours. Stopline act as the conduit (Eligible Recipient) between a discloser and mecwacare, protecting your privacy. To report via Stopline:

- Website: https://mecwacare.stoplinereport.com/
- Phone: 1300 30 45 50 (Free call within Australia and National Relay Service)
- Email: makeareport@stopline.com.au
- Mail: Attention mecwacare, c/o Stopline, PO Box 403, Diamond Creek VIC 3089

You can choose to remain anonymous, your identity will only be shared with your consent or where legally required. Stopline will take every effort to protect your confidentiality.

4. HANDLING OF DISCLOSURES

4.1 INITIAL ASSESSMENT

When a disclosure is received, the WPG will assess the disclosure to determine:

- Whether the concern qualifies for protection under whistleblower legislation
- Whether an investigation should be undertaken and the type of investigation process
- Whether any immediate actions are needed to manage risks, safeguard individuals, or escalate the matter

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If the disclosure does not meet the criteria for protection, the WPG will inform the person who made the report (if their identity is known) and refer the matter to mecwacare's complaints or grievance procedures.

4.2 INVESTIGATION PROCESS

The WPG will appoint an internal or external investigator. All investigations will be conducted fairly, independently and with strict confidentiality. A tailored investigation plan will be developed to identify the key issues, clarify who is involved (including any respondents) and set expected timeframes.

4.3 COMMUNICATION OF PROGRESS AND OUTCOMES

If a whistleblower has provided their identity, they will receive:

- Prompt acknowledgement when their disclosure is received
- Updates at key stages of the investigation (e.g. when it begins, during major developments, and at its conclusion), subject to legal and confidentiality requirements

At the end of the investigation:

- The whistleblower will be advised whether their disclosure was substantiated in full or in part, and whether any actions have been taken or are planned
- Detailed findings may be limited or redacted to protect the privacy and legal rights of others Investigation outcomes and recommendations will be reported to:
 - The Chief Executive Officer and Board. The Board receives quarterly updates on disclosures made via Stopline through the PC&S Board Report
 - External regulators such as the Aged Care Quality and Safety Commission or ASIC, where legally required or considered necessary

4.4 RECORD KEEPING AND REPORTING

All disclosures and related investigations will be documented and securely stored in accordance with mecwacare's Privacy Policy and Procedure.

De-identified data, such as the number, types, and outcomes of disclosures, may be included in internal governance reports. This allows mecwacare to monitor trends, uphold accountability and continuously improve its practices.

5. WHISTLEBLOWER PROTECTIONS

5.1 CONFIDENTIALITY

mecwacare and Stopline will take all reasonable steps to protect the identity of any whistleblower. A whistleblower's identity will only be disclosed in the following circumstances:

- · With the whistleblower's explicit consent
- Where required by law or a regulatory authority
- Where disclosure is reasonably necessary to investigate the concern, and steps are taken to remove or mask identifying details

5.2 PROTECTION FROM DETRIMENT

Making a disclosure should never result in negative consequences. mecwacare will ensure whistleblowers feel safe and supported. Whistleblowers are protected from:

- Dismissal or demotion.
- Harassment or discrimination.

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- Legal liability (civil, criminal, administrative).
- Any form of retaliation due to making a disclosure.

Victimisation of a Whistleblower is a serious matter and may result in disciplinary and legal action.

5.3 COMPENSATION AND REMEDIES

Whistleblowers may be eligible for compensation or other remedies if they experience harm because of making a protected disclosure. Legal protections under the Aged Care Act 2024 (Cth) and other applicable legislation ensure good faith disclosures are supported and safeguarded.

6. SUPPORT AND RESOURCES

Support is available to anyone involved in the disclosure process, including whistleblowers, witnesses and those affected. Confidential counselling and wellbeing support can be accessed through our Employee Assistance Program (EAP).

• Phone: 1300 687 327

• Online: EAP Provider Australia | Converge International

Confidential advice can also be obtained from the WPG or members of the Executive Leadership Team.

7. ACCESS AND REVIEW

This policy is available on the mecwacare intranet and website. It will be reviewed regularly and updated to ensure compliance with legislation, including the Aged Care Act 2024 (Cth) and Victorian whistleblower protections.

8. **DEFINITIONS**

Term	Definition			
Eligible Recipient	Includes the WPG, Stopline, or a senior officer within mecwacare, as			
	outlined in the Aged Care Act e.g. Board member, CEO or executive			
Protected Individuals	Includes:			
under Section 547	Current and former employees and officers of mecwacare			
(Aged Care Act 2024)	Volunteers and contractors			
	Service recipients and their family/carers			
	Healthcare/aged care/disability professionals engaging with the			
	provider			
	Any other person in a position to observe misconduct or poor care			
	delivery			
Reportable Conduct	Behaviour that involves suspected breaches of law, unethical conduct,			
	misconduct, or health and safety risk			
Whistleblower	An eligible person who makes a disclosure that qualifies for protection			
	under the Aged Care Act 2024 (Cth), Corporations Act 2001 (Cth), or other			
	applicable legislation.			

9. RELATED DOCUMENTS

- Code of Conduct
- Privacy Policy and Procedure
- Feedback and Complaints Procedure

mecwacare

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APPENDIX A - ELIGIBLE WHISTLEBLOWERS

Category	Corporations Act 2001 (Cth)	Aged Care Act 2024 (Cth)	
Anonymous Whistleblowers	Protected if disclosure is made to an eligible recipient and meets criteria	Protected if disclosure qualifies and meets the criteria under the Act	
Associates	Associates of the company (e.g. business partners)	Healthcare, aged care, or disability support providers who engage with the provider	
Clients / Service Recipients	Not included unless they fall into another eligible category	Recipients of aged care services	
Contractors and Suppliers	Current and former contractors, suppliers and their employees	Current and former contractors and volunteers	
Employees	Current and former employees	Current and former employees of the approved provider	
Officers	Company officers (e.g. board directors, secretaries)	Officers of the approved provider (e.g. board members, executives)	
Other Observers	Not explicitly included	Any person in a position to observe or identify misconduct in aged care	
Regulatory Coverage	Australian Securities and Investments Commission (ASIC)	Aged Care Quality and Safety Commission	
Relatives / Dependents	Spouse, child, dependent of an employee, officer, contractor or associate	Relatives, carers, or representatives of care recipients	
Volunteers	Not specifically included	Explicitly included as eligible whistleblowers	



APPENDIX B – GUIDE TO DETERMINING THE APPROPRIATE COMPLAINT REPORTING PATHWAY

	Day-to-Day Complaint	Whistleblower Disclosure	
What it is:	A concern or dissatisfaction about a service, staff member, or process.	A report of serious misconduct, illegal activity, or risks to health, safety, or public interest.	
Purpose:	To resolve a personal issue or improve a service.	To expose serious wrongdoing or protect others from harm.	
Scope:	Personal matters like care issues, staff behaviour, or communication problems.	Serious issues like abuse, fraud, neglect, or breaches of legal duties.	
Who can raise it:	Anyone - clients, families, staff, volunteers, or the public.	Only eligible whistleblowers, including current/former staff, contractors, volunteers, or family members of care recipients.	
Can it be anonymous:	Usually not, but anonymous complaints may be accepted.	Yes - reports can be anonymous or confidential and still receive legal protection.	
Protection against retaliation available:	Subject to assessment against mecwacare's policies.	Yes - whistleblowers are protected by law from retaliation.	
Legal basis:	Managed under general complaints procedures and aged care quality standards.	Protected under the Aged Care Act 2024, Corporations Act 2001, and whistleblower laws.	
Evidence required:	Can be based on a personal experience or dissatisfaction.	Must have reasonable grounds to suspect serious wrongdoing.	
How it is handled:	Investigated by the complaints or consumer feedback team.	Investigated through protected whistleblower procedures, often with higher confidentiality.	
Who it is reported to:	Feedback or complaints team, a manager, or the Aged Care Quality and Safety Commission.	Whistleblower Protection Group, senior executive, regulator, Stopline, or other authorised body.	
Focus of outcome:	Resolving the individual's concern (e.g. apology, service change).	Addressing misconduct, enforcing compliance, protecting vulnerable people or the public.	
Examples:	 A resident feels meals are consistently cold. A family member is unhappy with how staff communicated about a change in care needs. 	 A staff member reports suspected financial fraud by a senior employee. A volunteer discloses ongoing neglect or abuse of multiple residents. 	



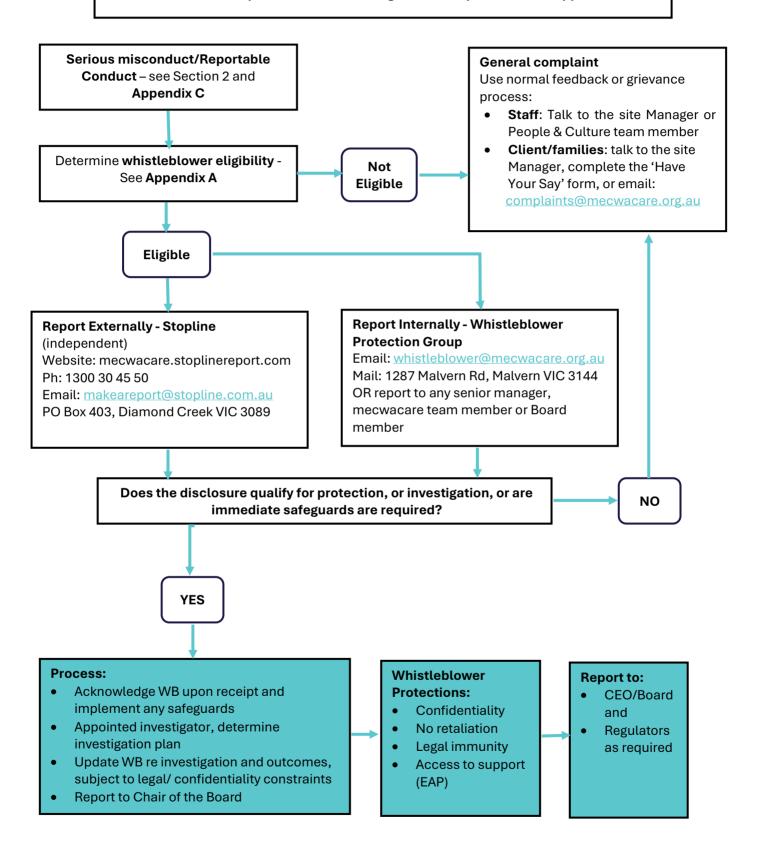
APPENDIX C – EXAMPLES OF BREACHES OF THE AGED CARE ACT (NON-EXHAUSTIVE LIST)

Type of Breach	Examples		
Failure to provide safe, quality care	Neglecting resident needs (e.g. hygiene, nutrition, medication)- Failure to provide culturally safe or trauma- informed care		
Abuse or neglect of care recipients	Physical, emotional, sexual, or financial abuse by staff or other residents- Withholding mobility aids, food, or medication		
Non-compliance with the Aged Care Quality Standards	Unsafe staffing levels- Failure to assess care plans- Ignoring mandatory incident reporting obligations		
Serious incident mismanagement	Failing to report or investigate serious incidents (e.g. assault, neglect, unexpected deaths) under the Serious Incident Response Scheme (SIRS)		
Inappropriate use of restrictive practices	Using physical or chemical restraints without consent or proper authorisation		
Financial misconduct or exploitation	Overcharging residents- Misuse of care recipients' funds or assets- Falsifying records to claim funding		
Retaliation or victimisation	Disciplining or threatening employees or residents who raise complaints or concerns		
Failure to protect whistleblowers	Releasing a whistleblower's identity without consent- Subjecting a whistleblower to detriment		
Breach of provider responsibilities	Operating without proper registration- Non-compliance with governance requirements- Failing to meet workforce and training obligations		
False or misleading documentation	Falsified care plans, incident reports, or compliance documents submitted to regulators		
Failure to notify or cooperate with the Aged Care Quality and Safety Commission	Withholding required notifications- Obstructing an audit or investigation		



APPENDIX D: MECWACARE WHISTLEBLOWER (WB) REPORTING FLOWCHART

Is the concern reportable conduct or a general complaint? Refer Appendix B



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