



Towards a safer and more inclusive culture

University of Adelaide ICAC Response

November 2020 – June 2021

Inherent Limitations Disclaimer

This report has been prepared as outlined with University of Adelaide in the Scope Section of the engagement contract dated 14/12/2020. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently, no opinions or conclusions intended to convey assurance have been expressed.

The findings in this Report are based on a qualitative study and the reported results reflect the perception of a sample of 664 members of the University community, including staff, students, alumni and volunteers. Any projection to the wider University of Adelaide community is subject to the level of bias in the method of sample selection – which involved opt-in.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, members of the University community consulted as part of the process.

KPMG have indicated within this Report the sources of the information provided. KPMG have not sought to independently verify those sources unless otherwise noted within the Report.

KPMG is under no obligation in any circumstance to update this Report, in either oral or written form, for events occurring after the Report has been issued in final form.

This Report is solely for the purpose set out in the Scope Section and for University of Adelaide's information, and is not to be used for any purpose not contemplated in the engagement contract or to be distributed to any third party without KPMG's prior written consent.

KPMG would like to thank all the members of the University community who contributed their feedback to this work. Feedback shared by participants has been included as aggregated themes, and as such this Report does not contain quotes from participants or references to any specific case or experience.

For the privacy and confidentiality of participants, consultation with members of the University community was not recorded. Feedback was collated and reported in the form of aggregated themes and observations, with no identifiable or personal information shared with the University of Adelaide throughout this process.

CONTENT WARNING: This Report contains discussion about sexual harassment and sexual assault.
This content might trigger strong emotions for some readers.

Support is available

Lifeline: Call 13 11 14 for 24/7 Crisis Support or visit www.lifeline.org.au

Beyond Blue: Call 1300 22 4636 or visit www.beyondblue.org.au

If you require immediate assistance, please call 000.

If you would like to speak to someone about sexual violence, please call the 1800 Respect hotline on 1800 737 732 or [chat online](#).

Under the age of 25? You can reach Kids Helpline at 1800 55 1800 or [chat online](#).

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Executive Summary



Executive Summary

Context

On 26 August 2020, the Independent Commissioner Against Corruption (ICAC) made a public statement about an investigation into misconduct by the Vice-Chancellor of the University of Adelaide (the University). In response, ICAC made eight recommendations to the University in respect of its policies, procedures and their implementation in relation to sexual assault and sexual harassment (SASH) and related issues raised through the ICAC investigation.

To oversee and shape the University's response to the ICAC Recommendations, the University Council agreed to establish the ICAC Response Steering Committee in September of 2020, the membership of which was comprised of representatives of key stakeholder groups across the University community. In November 2020, KPMG was engaged by the University to work with the Steering Committee and provide independent advice to inform the University's response to the ICAC Recommendations.

The key question from the University was how to most effectively implement the ICAC Recommendations to have the greatest positive impact, and bring about lasting cultural change to ensure a safe and inclusive environment for the University community.

KPMG conducted a desktop review and engaged in consultation with staff, students, alumni and volunteers to better understand the lived experiences of those within the University community in relation to not only SASH, but other inappropriate behaviours (refer glossary, *Appendix A*). The decision to examine behaviours beyond SASH was made by the Steering Committee in January 2021, as the Staff Values and Behaviours Framework was identified as a useful way to frame the conversation around behaviours in a University context. The Steering Committee provided constructive input to the entire process, including the design of the engagement methods and identification of issues to be explored.

Throughout the engagement with the University community, participants shared examples of behaviours that they either witnessed or experienced at all levels of seriousness on the spectrum of sexual harassment behaviours and other inappropriate behaviours (refer page 20). The examples of inappropriate behaviours described in this Report were not investigated to substantiate or disprove, as KPMG had no authority to conduct investigations of this nature. This was made clear to participants at all points in this process and they were provided with support and reporting options.

The purpose of the engagement was to understand the lived experience of people who had experienced, witnessed, and/or reported inappropriate behaviour and, from that, to glean insights into improvement opportunities for the University. It is important to note that the engagement process was not designed to quantify the incidence of SASH and other inappropriate behaviours at the University, noting that a broad-based staff survey was subsequently undertaken by the University which will increase understanding of the extent of this issue.

Between November 2020 and end of April 2021, KPMG engaged with 664 individuals from the University community across the various engagement methods outlined on page 15. This included 351 staff, 289 students, 10 alumni and 14 individuals who chose not to disclose which group they were a part of. In 2020, there were 3,386 staff (FTE) and 22,181 students (EFTSL) at the University. While there was strong participation from both staff and students in the engagement process, it is well understood that SASH matters are under-reported*, which would further mitigate against using engagement uptake as a proxy for SASH incidence at the University.

Key Themes

As a result of the desktop review and consultation with the University community, themes and observations were aggregated outlining the University's need for a holistic response to ICAC's recommendations. The top five themes that emerged through this process include:

- Leadership, culture and trust;
- Variability;
- Navigating barriers to reporting;
- Building a victim centric approach; and
- The policy environment.

Although other themes and observations were brought to light through consultation, these themes were consistent across all engagement channels for all cohorts.

Leadership, culture and trust

During the engagement process, many staff stated that they lack trust or confidence in University leaders to lead by example, take action, or provide support in relation to incidents of inappropriate behaviour. Some staff also expressed a concern that leaders are not equipped with the right knowledge and skills in relation to management of SASH matters to provide appropriate guidance to staff; to make difficult decisions or intervene when needed; and do not appreciate that the overall response to inappropriate behaviour to date has provided insufficient leadership to the University community.

Both staff and students shared concerns that the University does not visibly hold leaders accountable for upholding the University's Values and Behaviours, and similarly, leaders do not hold themselves or each other to account. The perceived lack of accountability undermines trust in leadership.

*Australian Human Rights Commission *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (2018) and Australian Human Rights Commission *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (2020)

Executive Summary

Key Themes (cont.)

Throughout this project, there were multiple touchpoints to engage with the University leaders, who reflected on the barriers they experience against early intervention with regard to inappropriate behaviours. These barriers included limited knowledge and visibility of the SASH management process, inconsistent approaches, and lack of confidence to effectively manage the processes that relate to inappropriate behaviours. The ability of leaders and managers across the University to deal with these issues appropriately is variable and depends largely on past experience in managing such incidents.

A perceived lack of clarity in regards to the University leaders' position on inappropriate behaviours leaves managers without a clear guide on how to respond to and manage these behaviours. This is where the example set by leaders is critical – staff want to feel supported by their leaders and want to see a transparent commitment to change from 'the top' to create an environment where everyone thrives.

Limited transparency about action taken by the University in response to SASH has resulted in a lack of trust from both staff and students that historic reports have been managed appropriately. Furthermore, the lack of clarity on the leadership tone on these issues undermines trust in the reporting process, with more than half of staff participants stating that they do not trust that they will be supported if they report.

Variability

A consistent theme throughout the consultation process was the variability in understanding of policies and procedures, and the resulting variability in the response to staff and student reports of SASH. Understanding of the process for managing reports of SASH or other inappropriate behaviours is generally limited to those who have past experience of being involved in a specific SASH report response.

Policies are not easily accessible when required, and therefore staff who do not have their own prior experience to draw on instead rely on guidance from colleagues or support from local or central Human Resources (HR) on how to proceed following receipt of a formal report.

Length of employment at the University also contributes to variability, as the relevant training occurs at induction and there is no further role-specific training when people take on leadership roles. Another aspect that participants highlighted as a contributing factor to variability is any existing relationships (i.e. line management between the individual receiving the report and the alleged offender of the behaviour). Feedback was provided that these existing relationships can impact what action is taken or, indeed, whether action is taken at all to address inappropriate behaviour.

Navigating barriers to reporting

Consultation found that nearly half of staff and approximately one-third of students who participated in the engagement process expressed fear of victimisation as a substantial barrier to reporting. Participants, including both staff and students, expressed a fear that a report would not be taken seriously, or that the behaviour itself would not be considered serious enough to report. Those with lived experience described reporting as a traumatic and lengthy process, with many participants indicating that they concede halfway through or wish they had known in detail the process prior to reporting as they then would not have reported at all.

Participants in the consultation process felt that managers lack confidence in taking appropriate action as they are provided with little to no training on managing these behaviours and often do not feel they would be supported to take action. A consistent suggestion from both staff and student participants was the need for an independent reporting option to be made available.

Lack of trust in confidentiality was also identified as a barrier to reporting, with participants uncertain as to what is deemed confidential within a report. Staff and student participants suggested a need for more clarity on who has access to reports, where the information is stored, and what policies are in place to protect privacy and confidentiality.

In addition to concerns about confidentiality, further consultation validated that staff do not know where to locate information. Lack of clarity in the reporting process was also reiterated in almost every consultation with University staff, who indicated that they would 'muddle through' the process in spite of the policy framework, not because of it.

Building a victim-centric approach

The University's SASH processes as they currently exist lack victim centricity. With both formal and informal reporting options available, and a lack of understanding about what these different processes involve and the resolutions available within each, an individual seeking to make a report would find it difficult to understand the implications of their options. Due to the three-tiered system of policies, procedures and guidelines, it is very difficult for a victim to get a full end-to-end view of the process that is before them and have clear expectations about the process.

It was found that the current methods of reporting provided by the University put emphasis on the victim to solve the problem. An option for early resolution is mediation with the alleged offender, which can be inappropriate in many instances. The design of the policies and processes does not appear to consider the experience of the victim or that of the alleged offender, lacking empathy and respect in both the approach and communications that both parties receive.

Executive Summary

Key Themes (cont.)

Many participants who had experience of the reporting and investigation process, both as victims and alleged offenders, stated they experienced psychological harm as a result. It was also made clear that, from the perspective of a victim, there seems to be no positive outcome for making a formal report.

The policy environment as it relates to SASH and misconduct

The University’s policy framework as it relates to SASH and misconduct for staff is based on a network of interrelated documents. Each document relies on one or more additional documents to be read in conjunction with the initial document in order to be understood and applied. This makes it difficult for a staff member with no prior experience of dealing with SASH, or managing other inappropriate behaviours within the University environment, to understand the process of making a report or how the report might be managed.

For example, if a staff member has experienced sexual harassment by another staff member and wishes to raise a report, they may need to refer to a minimum of six policies, procedures and guidelines to find what they need. There is a lack of clear guidance on when one policy or procedure should apply over another, and greater clarity is needed in the definition of key terms.

The Staff Policy Framework has limited coverage of confidentiality, timeliness, health and safety and record keeping. There are no references to risk assessments related to taking immediate steps to manage health, safety and wellbeing risks of any of the involved parties.

Lack of clarity in the Student Policy Framework creates perceived ‘grey areas’ which cause confusion amongst students wishing to make a report. The definition of sexual harassment does not provide enough detail as to what experiences could and should be reported, and the Student Policy Framework is based on two interrelated documents which both need to be read for a student to be knowledgeable in raising a report, and have an understanding of the report process.

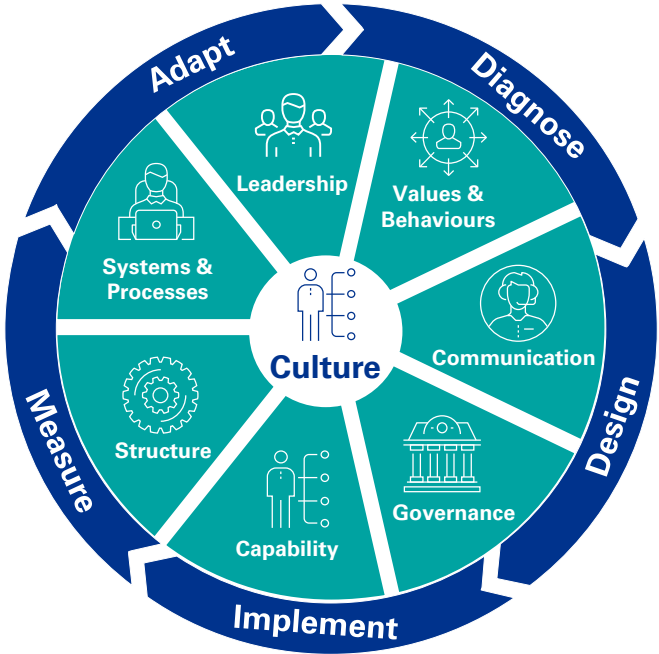
There are different definitions of University Related and Non-University Related conduct that can be found across the *Student SASH Policy*, the *Student Behaviour and Conduct Annual Report* and the Monthly SASH Incident Reports. These conflicting definitions create uncertainty as to whether an incident would be deemed as University conduct in settings such as placements, club events, on-campus events, sporting events, and in University accommodation. These perceived ‘grey areas’ create confusion for students who are unsure where the responsibility lies or who the reporting body is in incidents that occur in these settings.

Culture Drivers

The observations and themes from this work do not point to a single, discrete issue with a single solution. Instead, this work highlights an underlying issue with the culture at the University, in particular, culture as it relates to safety and reporting.

KPMG’s culture framework contains seven drivers of culture, each contributing to the culture, or ‘the way things are done around here’.

The framework below has been used in this Report as a way to structure the recommendations for change at the University, noting that the response to each individual ICAC Recommendation will be enhanced by a range of interventions which support broader cultural change.



Executive Summary

KPMG has identified 22 recommended next steps

While 18 of these recommendations are linked to the ICAC Recommendations made in the publicly released ICAC Statement, an additional four recommendations have been identified to take the University beyond remedial actions to achieve lasting change in providing a safe and inclusive environment for the University community.

Of these recommendations, the most critical are outlined below.

Streamline and refresh the University Policy Framework as it relates to SASH and misconduct

The current University Policy Framework as it relates to SASH and misconduct for both staff and students is complex and difficult to navigate, requiring readers to refer to multiple documents to understand what is required of them. Furthermore, there is insufficient reference to SASH in the Staff Policy Framework. To rectify this, the University would benefit from a standalone staff SASH policy to clarify behavioural expectations and the process for dealing with incidents.

While making improvements within the current policy framework may be an adequate short-term action, the University is in critical need of a significant overhaul of their entire policy environment as it relates to SASH and misconduct. These changes include greatly reducing the number of policy, procedure and guideline documents in favour of a smaller number of more detailed documents.

See Recommendations R18 – R22 on pages 69 – 71 for more detail on the recommended improvements to the University Staff Policy Framework.

Establish a University-wide Independent Integrity Unit

An independent Integrity Unit – independent of local areas, HR, Legal and Risk and Division of Academic and Student Engagement (DASE) – should be established to ensure that investigations are conducted in a professional, sensitive and consistent manner, procedural fairness is applied and that staff and students (as both victims and alleged offenders) are appropriately supported throughout the process. The Unit should adopt detailed investigation guidelines which set the standard of how the process should be conducted and recorded.

This Unit will be responsible for managing a University-wide central database of all incidents to enable effective monitoring, trend analysis and continuous improvement of processes. Reports received by different teams at the University should be recorded and managed in the central database.

See Recommendations R7 and R15 on pages 62 and 67 for more detail on the development of the Independent Integrity Unit and related recommendations.

Developing leadership capabilities to lead change

A capability uplift is required at the leadership level to facilitate the cultural change required at the University, which will not be achieved through a single intervention.

An ongoing program of leadership development will need to be implemented, only one element of which would be formal training. Another aspect would be genuine leadership engagement in the Staff Values and Behaviours Framework (see R1a) to build understanding of how to effectively role model the values and behaviours to the University community.

A restorative engagement process (see R1b) would provide a range of benefits: it would allow those who have lived experience of SASH and other inappropriate behaviours at the University to feel heard; it would assist leaders to understand the impact of these experiences; and it would send a powerful message to the University community that its leaders are listening and genuinely care about driving cultural change. This will be an essential step in re-establishing trust within the University.

See R1 on pages 58 and 59 for more detail on developing the capabilities of leadership to lead change at the University.

Ongoing and trackable *Ethics and Integrity* training

The staff learning and development environment is limited, with no mandatory refresher or role specific training for leaders and managers, and manual tracking of completion (in only some cases) due to systems limitations, as detailed on pages 25 and 26.

Notwithstanding these issues, there is a need to ensure ongoing, trackable training for all staff in relation to a range of ethics and integrity modules. This training should be run annually, with topics featuring as relevant on a rotating basis, including but not limited to:

- Inappropriate behaviour and bystander action;
- Office for Public Integrity (OPI) and ICAC reporting obligations; and
- Conflict of Interest (COI).

See Recommendations R9 – R12, pages 64 and 65, for more detail on the introduction of the *Ethics and Integrity* training and the modules this could cover for all staff.

A summary of the recommendations list is provided over the page.

Summary of Recommendations

Culture Driver	Recommendation	ICAC Recommendation	Page
Leadership	R1. Developing leadership capabilities to lead change		58
	R1a. The Vice-Chancellor's Executive (VCE) to hold Values and Behaviours Workshops		58
	R1b. Design and undertake a restorative engagement process		59
Values and Behaviours	R2. Seek regular feedback from members of the University environment on culture, values and behaviours	2-5	60
	R3. Embed the Values and Behaviours Framework		60
Communication	R4. Expand the Safer Campus Community initiative to incorporate staff safety	2-5	61
	R5. Clearly communicate reporting options	2-5	61
Governance	R6. All reports of substantiated misconduct should be attached to staff files as standard practice, without exclusions, and access to staff files should be reviewed for appropriateness	6	62
	R7. Ensure all reports related to SASH are recorded in a central database	2-5	62
	R8. Risk management framework should be updated to reflect controls related to SASH and diversity and inclusion		63
Capability	R9. Introduce recurring Ethics and Integrity training	7	64
	R10. Conflict of Interest training to be updated for the University's specific environment and mandated as part of induction and Ethics and Integrity training	8	64
	R11. Develop and introduce a mandatory training program to educate staff on behavioural expectations and inappropriate behaviours in the University's context, with specific reference to sexual assault and sexual harassment	2-5	65
	R12. Develop and introduce a role specific People Leaders training program	2-5	65
	R13. Use role specific training for Fair Treatment Contact Officers (FTCO) to reinvigorate the FTCO network	2-5	66
	R14. Enhance the training offering available to students on SASH topics	2-5	66

Summary of Recommendations

Culture Driver	Recommendation	ICAC Recommendation	Page
Structure	R15. Establish a University-wide independent Integrity Unit	2-5	67
	R16. Develop a more rigorous approach to managing the safety and wellbeing of staff and students involved in a report or investigations process	5	68
	R17. Review of the Human Resources (HR) function and core enabling capabilities		68
Systems and Processes	R18. Streamline and refresh the University Policy Framework as it relates to SASH and misconduct	2-5	69
	R19. Introduce a standalone Sexual Assault and Sexual Harassment policy for staff	2-5	70
	R20. Expand the Student Policy Framework scope	2-5	70
	R21. Redesign and standardise the Conflict of Interest Management process	8	71
	R22. The Office of General Counsel draft a Governance Policy that relates to the treatment of legal advices	1	71

Introduction



Background

On 26 August 2020, the Independent Commissioner Against Corruption (ICAC) made a public statement about an investigation into misconduct by the Vice-Chancellor of the University of Adelaide (the University).

The statement from ICAC, which was released publicly in place of the full report from the investigation, provided that all allegations made about the Vice-Chancellor were accepted by ICAC. Furthermore, eight recommendations were made to the University in respect to its policies, procedures and their implementation in relation to sexual assault and sexual harassment (SASH).

ICAC Recommendations

1. The University should consider introducing a policy on the briefing of external lawyers. Such a policy should require that the General Counsel receives a copy of advices from external lawyers through the Legal Advices Register and that such matters are not excluded from monthly reports to General Counsel;
2. The University review its three-tiered system of policies, procedures and guidelines on inappropriate sexual contact and sexual harassment with a view to introducing a policy or policies that are understandable;
3. The University should consider an education program for all existing members of staff and for future staff about sexual harassment and the policy process to be followed;
4. Ensure the University's policy on sexual harassment and inappropriate sexual contact between staff members is easily accessible to staff online;
5. As part of its review, the University should consider:
 - a) assigning an independent support person to any staff member who reports unwanted sexual contact or sexual harassment that is substantiated. The support should not cease at the end of an investigation, but be made available to a complainant beyond the resolution of the matter and for as long as necessary; and
 - b) mandating that complainants be formally advised, in writing, of the outcome of an investigation or process.
6. All reports of substantiated misconduct, irrespective of the seniority of the staff member, should be included in the University's records management system;

7. The University review its education of staff to ensure that there is a program with respect to the reporting obligations to the OPI and in particular, those obligations with respect to conduct which is not corruption. This review should also extend to the University's induction program to ensure it includes reference to the ICAC's jurisdiction on serious or systemic misconduct and maladministration in public administration; and
8. The University review its education of staff about conflicts of interest.

These incidents, the University's response, and the subsequent ICAC investigation have been the subject of sustained attention from staff, students, alumni and the broader community.

Sexual harassment has been an issue in the global spotlight in recent years, following high-profile cases of sexual harassment in the media, the #MeToo movement and the recent National Inquiry into Workplace Sexual Harassment. The higher education sector has also faced intense scrutiny following the National Report on Sexual Assault and Sexual Harassment at Australian Universities by the Australian Human Rights Commission (AHRC) in 2017.

Consequently, expectations of how organisations respond to, and work to prevent, sexual harassment have never been higher.

Background (cont.)

To oversee and shape the University's response to the ICAC Recommendations, an ICAC Response Steering Committee was approved to be established by University Council in September 2020. This Steering Committee membership was comprised of representatives of different stakeholder groups across the University community, including;

- Executive Dean, Faculty of Engineering, Computer and Mathematical Sciences (Chair);
- Chief Operating Officer (Secretary);
- An undergraduate student;
- A postgraduate student;
- An alumni member;
- A Gender Equity Committee member;
- Two professional staff members;
- An early career academic;
- A professor; and
- Two external, independent members.

The membership of the Committee was identified by recommendations from across the University community, with consideration given to capture a variety of disciplinary backgrounds, levels of seniority, and campus location, and also those with expertise in governance, diversity and inclusion.

Through a competitive tender process run by the Committee, the University engaged KPMG to help design the response to the ICAC Recommendations to ensure that the actions taken in response not only sufficiently address these issues, but also bring into effect lasting cultural change at the University.

The content of this Report relates to work undertaken over five and a half months, between November 2020 and April 2021. During this time, KPMG undertook an initial targeted engagement process with 45 staff and leaders across the University through leadership workshops and interviews and referenced over 150 documents, including policies, procedures and communication documents to understand the current practices relating to sexual harassment, sexual assault, conflict of interest (COI) and misconduct issues outlined in the ICAC Recommendations. This initial work, conducted in November and December 2020, identified a number of consistent themes which were to be tested and validated through a more substantial engagement process with 664 members of the wider University community, which occurred in March and April 2021.

The broader engagement process was critical, not only in understanding the breadth and diversity of perspectives across the University community as they specifically related to SASH and other inappropriate behaviours, but in building confidence in how the University responds to these serious issues.

Throughout the duration of the KPMG work, the Committee met regularly to receive progress updates, participated in working-group style sessions to contribute to the design of the engagement methods and the key issues to be explored further (refer page 16) and provided constructive challenge to this Report with suggestions to build-on and strengthen the Recommendations.

Scope and Approach

The ICAC statement which prompted this work was primarily focused on an investigation into inappropriate behaviours of the former Vice-Chancellor as they related to sexual harassment, and therefore the ICAC Recommendations specifically reference improvements to the University’s response and management of SASH. However, it was agreed with the University’s ICAC Response Steering Committee that there was a need to extend the conversation beyond SASH, to other forms of inappropriate behavior at the University, as defined below.

Throughout the various points of engagement with the University community, the definitions from the behavior and conduct section of the University’s staff portal* were used to create a shared understanding of this scope.

Harassment	Sexual Harassment	Sexual Assault	Workplace Bullying	Other Inappropriate Behaviours
<p>Harassment is a single or sequence of unwelcome, offensive, humiliating or intimidating comments or actions which interfere with a person’s right to study or work in a non-threatening environment.</p>	<p>Sexual harassment occurs when a person makes an unwelcome sexual advance or an unwelcome request for sexual favours of another person; or when they engage in some other unwelcome conduct of a sexual nature.</p> <p>It can be obvious or indirect, physical or verbal, repeated or one-off, and perpetrated by males and females against people of the same or opposite sex.</p>	<p>Sexual assault includes rape and a number of other sexual offences where sexual activity has occurred without consent or continues when consent has been withdrawn.</p> <p>The laws of sexual assault apply to people of all sexes.</p>	<p>Workplace bullying is repeated and unreasonable behavior directed towards a worker or a group of workers that creates a risk to health and safety.</p> <p>Repeated behavior is persistent and can involve a range of behaviours over time that are victimising, humiliating, intimidating or threatening.</p>	<p>Examples of other inappropriate behavior may include:</p> <ul style="list-style-type: none">• Abusive, insulting or offensive language or comments• Spreading misinformation or malicious rumours• Behaviour or language that frightens, threatens, humiliates, belittles or degrades• Discrimination, e.g. age, sex, sexuality, gender identity, race, disability, etc.• Unwanted attention

**Refer definitions available on University of Adelaide HR page at <https://www.adelaide.edu.au/hr/hr-handbook/behaviour-conduct>, which also reference the *Sex Discrimination Act 1984* (Cth) and *Equal Opportunity Act 1984* (SA) in relation to Sexual Harassment.*

Scope and Approach (cont.)

This work was undertaken by KPMG over five and a half months, between November 2020 and April 2021, using a staged approach to allow some work to commence prior to the University closure period over Summer 2020/2021. This Report captures the themes, observations and recommendations identified throughout the entire project, and also notes opportunities for the University to go beyond the ICAC Recommendations to better meet the needs of staff and students and create a safe, respectful and inclusive environment.



Analyse

November - December 2020

Over **150 documents** were referenced to understand the University's approach, including how it sets expectations around behaviours, applies policies and procedures, conducts investigations, provides training to staff and students, and governance and reporting in areas related to the ICAC Recommendations.

The tailored assessment framework was benchmarked against leading practice outlined in the Male Champions of Change Report, 'Disrupting the System – Preventing and responding to sexual harassment in the workplace,' the AHRC 'Change the Course' Report, and the Universities Australia *Respect. Now. Always.* Initiative.

The full list of documents reviewed can be found in Appendix F.



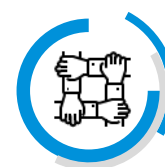
Staff Consultation

November - December 2020

Consulted with **16 leaders and managers** over **three workshops**. Discussions focussed on their understanding of their role in terms of shaping culture and setting behavioural expectations at the University, and their understanding of sexual harassment and misconduct at the University.

Early engagement with staff to understand the implementation of current practices was undertaken via **29 individual interviews** to facilitate frank and honest conversations about sexual harassment and other inappropriate behaviours.

The consultation framework was aligned to the benchmarking in the assessment framework, and covered prevention, response, reporting, governance, compliance and risk as it relates to SASH matters and other issues raised in the ICAC Recommendations.



Co-Design

January 2021

Through co-design, KPMG worked closely with the ICAC Response Steering Committee to design an engagement program to give staff, students, alumni and volunteers the opportunity to share their feedback and experiences.

Consideration was given to the most effective ways to understand lived experiences and hear from diverse voices.



Engage

From February 2021

Broad and diverse stakeholder engagement, utilising a variety of different means was undertaken over five weeks across March and April 2021, with initial launch communications being released to the University community in February 2021.

Engagement focused on understanding different experiences across the University community, to validate initial observations and identify any additional issues to ensure the recommendations formed an effective response.

619 people, including staff, students, alumni and volunteers engaged in this phase.

The University had 3,386 staff (FTE) and 22,181 students (EFTFL) in 2020.

It is anticipated that, following the delivery of this Report, the University will undertake an Implementation Phase, reporting back to stakeholders about agreed next steps and implementing agreed actions and interventions, based on the ICAC Recommendations and engagement with the University community.

Engagement Process

In collaboration with the ICAC Response Steering Committee, five Engagement Principles were developed to guide the co-design of the broader engagement with the University community.

- 1. **Transparent** – sharing information balanced with appropriate confidentiality.
- 2. **Inclusive** – broad engagement with staff, students, alumni and volunteers, where those who want to participate can, and feel safe and supported by the University and leadership to do so.
- 3. **Courageous** – examining the difficult questions.
- 4. **Proactively and respectfully seek feedback** – listening and responding to the content and insights shared.
- 5. **Future focussed** – actively seeking to make lasting and sustainable change.

A multi-channel engagement approach was agreed, to provide a variety of options for engagement.

	Mailbox	Workshops	1:1 Interviews	Student Engagement Space
Staff 351* total	48 submissions	15 workshops with ≈ 200 staff	58 staff interviews	
Students 289 total	6 submissions	SRC and AUU Workshop with 13 students	20 student interviews	Available in the Student Hub at each campus
Alumni ≈ 10 total	Exact number unknown	Workshop with 10 members of Alumni Council		
Volunteers	Exact number unknown			
	68 submissions	≈ 220 participants	78 interviews	250 responses

*Total staff engagement was 351, noting that 45 staff were captured in initial consultations in 2020.



Criteria from ICAC Response Steering Committee for staff sample for workshops

Through the co-design process, the ICAC Response Steering Committee highlighted the need to capture balanced views across the staff cohort. In total, a sample of 800 staff were invited to participate in a series of 15 workshops.

While staff were then required to opt-in, the total sample met the following criteria:

- 1. Approximately proportionate sample of staff from each campus;
- 2. Mix of both academic and professional staff;
- 3. Diverse seniority, with all levels below Head of School covered;
- 4. Casual staff and Higher Degree Research (HDR) students who are also staff were captured; and
- 5. The sample included staff from all schools, faculties and divisions.

Staff who were interested in participating were required to register for a workshop at their preferred date, time and location. Workshops were held in-person on each campus and virtually over Zoom.

Student Hub engagement process

The ICAC Response Steering Committee highlighted the need to capture the views of any student wanting to participate through interactive Student Engagement Spaces.

The engagement space was located within the student hub on each campus over a four day period, with the North Terrace Student Engagement Space supported by Ask Adelaide staff during ‘peak Hub times’. Students were provided with a high-level update on the ICAC response and progress to date.

A QR code was provided which directed students to a short, online survey to provide anonymous submissions in relation to behavioural expectations, and barriers to reporting.

This survey was also distributed via email and through other student communication forums, including Student eNews, and remained live for five weeks until the end of the Engage phase.

A total of 250 anonymous student submissions were received through this engagement channel.

Privacy and Confidentiality Measures

Throughout the design of the engagement process, the highest priority of both the University's ICAC Response Steering Committee and the KPMG team was ensuring there were adequate measures in place to protect the privacy and confidentiality of those who participated.

There were various measures in place across each of the engagement options available. In addition, participants were not at any point required to provide any identifying demographic information.

All feedback and comments received (both written and verbal) have been summarised by the KPMG team and shared with the University only as aggregated themes. The University did not receive copies of any emails submitted to the mailbox, or any notes from interviews or workshops. The emails and notes will form part of the KPMG internal work papers that will not be provided to the University, which will be treated in accordance with the [KPMG Privacy Policy](#) and the Australian Privacy Principles in the *Privacy Act 1988 (Cth)* (the Privacy Act).

- **Expression of interest (EOI) for interview:** University staff and students were able to submit an EOI through a form created and monitored by KPMG. The interviews were then scheduled by KPMG staff, who coordinated with the University to book a room on campus, where relevant, for a specific date and time, and without knowledge of the identity of the interviewee.
- **Staff Workshops:** While the overall sample of staff nominated to participate in the workshops was known to the University, staff from this sample were then required to opt in. This was done through a registration form which was created and monitored by KPMG. The workshop invitations were sent from the KPMG mailbox. Casual staff who participated in the staff workshops were identified to the University, with their knowledge, only for the purpose of facilitating payment for their time.
- **Alumni Council and SRC and AUU representative Workshops:** The participants of these workshops were known to the University due to their membership of the specific stakeholder groups. However, no feedback or comments were specifically attributed to these forums, and were instead included in the aggregated themes from all engagement methods.
- **Student Engagement Spaces:** The survey available through the Student Engagement Spaces was created and monitored by KPMG, and no direct responses were passed on to the University. At the end of the short survey, students had the option to identify which area they studied, however not all students provided this information.
- **Mailbox:** The mailbox was hosted and monitored by KPMG. There was restricted access, with only a small number of the KPMG project team able to access the written submissions.

Limitations resulting from these measures

As a result of the privacy and confidentiality measures put in place, no demographic information was collated on the participants. For example, participants were never asked to identify their age, gender identity or sexual orientation (LGBTIQ+), cultural background, or disability status.

Research supports that individuals who experience other forms of discrimination will experience SASH differently and are at greater risk of experiencing SASH than others. Key statistics include:

- Aboriginal and Torres Strait Islander women are substantially more likely to have experienced sexual harassment in the workplace (55% compared with 39% of all women).*
- Women living with a disability are more likely to experience sexual harassment in the workplace (52% compared with 39% of all women).*
- Young women (aged 18-24) are more than twice as likely than the general population to experience sexual harassment.**
- People of diverse sexual orientation are more likely to have experienced workplace sexual harassment compared to heterosexual people (52% compared with 31%).*

It is understood that these groups also face different barriers to reporting. While the themes and observations section of this report does not explore these differences, this is only because the demographic data which would have enabled analysis in relation to the lived experiences of different minority groups was not collected, other than when individuals self-identified.

Throughout the themes and observations, there are specific references to the experiences of international students. This is due to participants self-identifying as international students in a way that was relevant to how their lived experiences unfolded, or where staff made specific reference to what they witnessed international students experiencing at the University.

Individuals who identify as part of other minority groups may have participated in the engagement process, and their experiences may have been captured in the themes and observations, however, these individuals were not asked to identify themselves nor did they self-identify through this process.

*Source: Australian Human Rights Commission (2018), *Everyone's business: Fourth national survey on sexual harassment in Australian workplaces*.

**Source: Australian Bureau of Statistics (November 2017), *Personal Safety Survey, Australia, 2016*.

Consultation Themes and Observations



High Level Themes

Based on the initial consultation in late 2020, followed by the full program of engagement conducted across March and early April 2021, a number of themes have been identified.

These themes have been identified through qualitative analysis of the volume of comments provided by participants across all engagement channels, including initial limited consultation with staff and leaders and then broader engagement with the wider University community. The broader consultation included interviews with staff and students; workshops with staff, students, Alumni Council and AUU and SRC student representatives; mailbox submissions from staff, students, alumni and volunteers; and interactive engagement via Student Engagement Spaces on each campus.

Cross-Cutting Themes



Leadership and culture



Trust



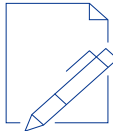
Variability



Defining appropriate behaviour



Building learning and development



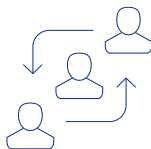
Improving monitoring, reporting and risk management



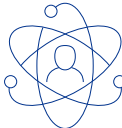
Managing conflicts of interest and close personal relationships



Navigating barriers to reporting



Establishing care and support for victims



Building a victim-centric approach

Lived experiences of the University community

Throughout the engagement with the broader University community, participants shared their lived experiences, providing examples of behaviours that they either witnessed or experienced that covered all levels of seriousness in the Harvard Business Review spectrum of sexual harassment and sexual assault behaviours set out below.

Many examples of inappropriate behaviours witnessed and experienced by participants at the ‘generally not offensive’ to ‘awkward/mildly offensive’ end of the spectrum were distinctly gendered in nature. Contextual factors, including tone of delivery and history of relationship, can influence the severity of the sexual harassment. In particular, participants spoke about how the position of power of individuals involved is a key contextual factor in the University setting.

Spectrum	Description
1 Generally not offensive	Common remarks on things such as hairstyle and dress
2 Awkward/mildly offensive	Comments involving or implying unfavourable gender distinctions
3 Offensive	Gender-insensitive or superior manner (e.g. uninvited hugs)
4 Highly offensive	Intentionally denigrating comments or behaviours (e.g. jokes about someone’s intellect being limited due to their gender, comments on physical attributes made with the intention of embarrassing, insulting or demeaning the target)
5 Evident sexual misconduct	Behaviours that are crude or physically intrusive (e.g. looking someone up and down in a sexually suggestive manner, or grabbing, touching, kissing when an individual has expressed disinterest)
6 Egregious sexual misconduct	Behaviours involving coercion, sexual abuse or assault

Source: Reardon, K. (2018). ‘It’s not always clear what constitutes sexual harassment. Use this tool to navigate the gray areas’. Harvard Business Review.



In addition to examples of SASH related behaviour, participants shared their experiences in relation to a variety of other inappropriate behaviours, including but not limited to:

- Workplace bullying (both overt and covert);
- Abusive, insulting or offensive language and comments;
- Spreading misinformation;
- Behaviour and language that was intimidating, threatening and frightening;
- Behaviour and language that was humiliating, belittling and degrading towards others;
- Perceived discrimination based on age, sex or race;
- Unwanted attention;
- Favouritism;
- Failure to declare COI; and
- Issues which would be classified under academic and research integrity.

As the purpose of the engagement with the University community was to understand lived experiences to better shape the University’s response to the ICAC Recommendations, the behaviours captured on this page are presented as they were perceived by the recipient or witness.

KPMG had no authority as an independent third party to undertake investigations to substantiate the experiences of those who participated or submit reports on behalf of victims. This was made clear to participants at every stage in the process. All participants were reminded of the support options available, including the staff Employee Assistance Program and student counselling services, and where relevant, information on reporting options was also shared with participants.

Cross-Cutting Themes

Leadership and culture

Leadership is a critical lever in driving lasting cultural and behavioural change.

University leadership is responsible for setting clear expectations around appropriate behaviours and role modelling these appropriate behaviours for all members of the University community.

Initial observations from the desktop review and targeted staff interviews in 2020 suggested that University leaders were not being proactive in terms of SASH prevention. Specifically, leaders needed to do more to communicate and role model behavioural expectations, call out inappropriate behaviour and ensure that their decision-making reflects the University's commitment to providing an environment free from SASH and other inappropriate behaviours.

The Your Voice staff survey in 2018 found that 56% of staff thought that the senior management team were good role models for staff, consistent with results from other G08 Universities. While this was an increase of 12% from 2016, it shows that nearly half of University staff still disagree with this statement. This is consistent with sentiments expressed by participants in this engagement process, with approximately 50% of staff who participated in the consultation process **lacking confidence in the University's leaders to lead by example, take action, or provide support in relation to SASH and other inappropriate behaviours.**

The broader engagement with stakeholders also revealed that staff want to see more consistent communication from their leaders with clear guidance on how to manage and respond to instances where inappropriate behaviours are displayed.

Some staff who participated in the consultation process also expressed a fear that leaders do not take SASH seriously; are not equipped with the right knowledge and skills in relation to management of SASH matters to provide appropriate guidance to staff, make difficult decisions or intervene when needed; and do not appreciate that their responses to inappropriate behaviour to date have provided insufficient leadership to the University community.

Both staff and students who participated in the consultation process shared concerns that **the University does not visibly hold leaders accountable for upholding the University's Values and Behaviours, and similarly, leaders do not hold themselves or each other to account.**

Some staff who participated in the consultation process shared their feelings that actions taken by leadership have historically reinforced inappropriate behaviours, as mechanisms such as promotions and performance management have not been seen to give consideration to the behavioural elements of performance.

As a result of the perceived lack of visible action to prioritise prevention of SASH and perceived historic inaction on matters relating to inappropriate behaviours at the University, participants were skeptical that the current process will result in deeper and lasting cultural change at the University.

Throughout this project, there were multiple touchpoints to engage with the University leaders, who reflected on the barriers they experienced to intervene early enough with regard to inappropriate behaviours. These barriers included limited knowledge and visibility of the SASH management process, insufficient messaging and lack of confidence to effectively manage people. It was heard that, generally, **neither leaders nor managers across the University felt fully equipped to appropriately deal with these issues.**

University leaders have limited visibility of how SASH is managed at the University and, for those who did have an understanding of the process, it is due to past experience in being involved in a SASH report response rather than provision of role appropriate training. Due to the confidentiality with which reports and investigations relating to SASH are treated, cases are not spoken about or shared with others, and therefore leaders have no opportunity to share their experiences and learn from each other.

The general messaging from the leaders on the University's position on inappropriate behaviours falls short on providing information to managers on how to respond to and manage these behaviours.

A critical element of prevention and early intervention is talking openly about all types of inappropriate behaviours, to create better comfort around calling out inappropriate behaviours at the 'generally not offensive' to 'awkward/mildly offensive' end of the spectrum (refer page 20). These conversations play an important role in preventing escalation of inappropriate behaviours to the higher end of the spectrum. However, during the consultation process, leaders, managers and staff expressed that they do not feel confident to have challenging or confronting conversations, due to a sense that they will not be 'backed up' by other leaders or colleagues. As a result, inappropriate behaviours at all levels of the spectrum are often not being called out, with leaders turning a blind eye to mildly offensive language or not talking to staff about behavioural expectations.

This is where the example set by leaders is critical – staff want to feel supported by leadership and want to see a transparent commitment to change from 'the top' to create an environment where everyone thrives.

Cross-Cutting Themes

Leadership and culture (cont.)

Another area raised by participants was the ways in which the University culture reinforces existing hierarchies and how the lack of diversity, particularly gender diversity, exacerbates power imbalances.

Research from the Human Rights Commission and Our Watch* shows that sexual harassment in Australia is highly gendered. Women are inherently more likely to have experienced sexual harassment in their lifetime than men. As a result, it has been found that imbalances in gender equality within an organisation heavily influence the number of SASH incidents in the workplace, as well as reporting patterns.

Cross-sectional and meta-analytic studies consistently demonstrate that harassment is more prevalent in male-dominated occupations and work contexts than in gender-balanced or female-dominated workplaces. This has been reinforced by the 2020 Sexual Harassment National Inquiry:

"Approaches to sexual harassment must understand sexual harassment as 'a matter of sex and gender inequalities of power that intersect with other dimensions of inequality.'

Respect@Work: Sexual Harassment National Inquiry Report (2020)

While organisational gender-ratios can contribute to sexual harassment in the workplace, this is compounded in workplaces which also exhibit a behavioural environment that is male-dominated and hierarchical. The impact of power imbalance between genders across areas of the University was raised by the majority of participants. Participants gave examples of significant gender clusters which reinforce power imbalances between genders across the University, including men holding significantly more leadership positions and academic roles, and a high proportion of female professional staff. Participants frequently referenced varying cultural practices across the University, with the gender balance in each area highlighted as an underlying contributing factor.

Regardless of gender, there was consistent feedback from staff who participated in the consultation process that, while only a small number would be confident to call out inappropriate behaviour of a colleague, staff felt they would be even less likely to call out staff more senior than themselves for inappropriate behaviour due to the power imbalance at play.

Furthermore, workshop participants shared their view that the University does not exist as a 'Community', instead operating in silos with ongoing competition between individual academics, Departments and Schools. Many staff who participated in the consultation process believe this fragmentation and ongoing competition actively reinforces existing hierarchies and creates a lack of trust throughout the University.

The cultural issues relating to hierarchies, gender and power imbalance and silos are unlikely to result in a culture that enables staff to thrive. Where a culture is impacted by these factors, one thing that manifests in these environments is bullying and harassment of all kinds, and this is reflective of the lived experiences shared by participants.

It should be reasonable to expect the leaders at all levels of an academic institution to display an understanding of the contemporary research with regard to gender equality and the downstream relationship with frequency of SASH, and show a deep commitment to its eradication.

* Source: Human Rights Commission & Our Watch 'Workplace Equality and Respect' and Australian Human Rights Commission. (2018). Everyone's business: Fourth national survey on sexual harassment in Australian workplaces; and Australian Bureau of Statistics. (November 2017). Personal Safety Survey, Australia, 2016.

Cross-Cutting Themes

Trust

Trust is paramount to an organisation's culture in which people feel safe to report SASH and other inappropriate behaviours.

Initial observations in 2020 suggested there has been limited transparency about action the University takes following reports of SASH. This lack of transparency has resulted in **a lack of trust from both staff and students that historic reports have been managed appropriately.**

In response to the ICAC Public Statement released in August 2020, the University increased its transparency around SASH. In September 2020, staff and student forums were held where the Chancellor provided figures from 2018 to 2020 on the number of reported allegations of SASH-related cases. Additionally, leadership held a Q&A segment at both fora to demonstrate their commitment to transparency. This appeared to be the first time the University had released information of this kind to its staff and students. However, these sessions did not include any information on consequences for alleged offenders, or the University's response.

Further consultation with the University community in 2021 validated that many staff and students who witness inappropriate behaviour do not have any visibility over the consequences for the alleged offender. A number of staff who participated in the consultation process shared a view that the University's response to SASH incidents is primarily motivated by a risk management response relating to potential for reputational damage. There was a lack of trust in that leaders truly understand the reality of staff and students' lived experiences as it relates to inappropriate behaviours witnessed or experienced at the University, with **more than 50% of staff who participated in the consultation process stating that they do not trust that they will be supported if they report.**

The lack of trust had a direct impact on this engagement process, with participants who did engage, stating that they had a number of colleagues or fellow students who had relevant feedback to share on their experiences at the University but would not participate due to a lack of trust in the confidentiality of the process. **The majority of participants expressed a deep cynicism that this work will result in meaningful action to make the University a safe and inclusive environment beyond superficial changes.**

The scale and visibility of the University's investment and commitment to making the changes outlined in this Report will need to be significant to begin rebuilding trust in the institution.

Variability

A consistent theme throughout the consultation process was the variability in understanding of policies and procedures, and the resulting variability in how the policies and procedures have historically been applied in relation to the management of staff and student reports of SASH.

As highlighted in the observations on leadership and culture (refer pages 21 and 22), understanding of the process for managing reports of SASH or other inappropriate behaviours is generally limited to those who have past experience of being involved in a specific SASH report response.

Initial observations and the desktop review showed that the policies were not easily accessible when required, and therefore staff who do not have their own prior experience to draw on to manage reports instead heavily rely on guidance from colleagues or support from local or central HR on how to proceed following receipt of a formal report. The subsequent actions taken can then vary depending on the level of experience of those providing support and advice, as well as the strength of the relationship between HR and the individual managing the report.

Length of employment at the University also contributes to variability, as induction training is not role-specific. For example, the *Equal Opportunity Online* training has two modules – one for all staff and one for 'managerial staff'. Recent joiners who are hired directly into a leadership role will be assigned the additional module for managerial staff to complete as part of their induction. Whereas someone who joined the University a decade ago and then progressed to a people leader role will not have had role specific training to cover the critical skills that relate to the management of SASH or other inappropriate behaviours. Learning and development is covered in more detail on pages 25 and 26.

Variability was also a consistent theme in relation to COI matters and the understanding of Office for Public Integrity (OPI) reporting obligations.

Another aspect that participants highlighted as a contributing factor to the variability in response to reports of SASH or other inappropriate behaviours is any existing relationships (i.e. line management between the individual receiving the report and the alleged offender of the behaviour). Feedback was provided that these existing relationships can impact what action is taken, or indeed whether action is taken at all, to address inappropriate behaviour.

Participants acknowledged that leaders and staff who do make an effort to call out inappropriate behaviour do not achieve the full potential for positive impact of these actions, as these instances are outweighed by the number of times that inappropriate behaviour is not called out by others.

Defining Appropriate Behaviour

Appropriate behaviours should be clearly defined and easy to follow for all staff and students. The definitions used across all policies, information, training and learning and development should be consistent, particularly where an interaction involves both a staff member and student.

Setting behavioural expectations for staff

The desktop review revealed that the current staff *Behaviour and Conduct Policy* does not clearly state what behaviours are acceptable and unacceptable. This creates room for confusion about what behaviours should be formally reported and which reports should be handled with less severity.

Initial consultation found that staff had greater confidence in their understanding of what action could and should be taken where cases of SASH were direct and visible, such as unwanted touching or lewd sexual comments directed at an individual. However, **in instances of indirect sexual harassment and other inappropriate behaviours such as different forms of workplace bullying, staff who participated in the consultation process expressed concerns that the lack of clear definitions within their policies created the perception of ‘grey areas’ of behaviours, which they felt ill-equipped to handle.** A consistent theme throughout the engagement with University staff was that they would like to feel better equipped to address these incidents.

Participants stated that communications from the University to staff on sexual harassment and behavioural expectations appear to be reactive in response to prominent incidents, and often relate to actions focused on student safety and wellbeing. In addition, these communications are often sent to staff via email as part of Staff News or HR Tips, which provides the University with no mechanism to measure who is reading the content. Deeper consultation revealed that some staff have become desensitised to important information because inappropriate behaviour occurs without any visible intervention.

Setting behavioural expectations for students

Through the desktop review, it was found that the University regularly communicates behavioural expectations and how to respond to sexual harassment to students through the Safer Campus Community program via a number of channels, including social media, student guides, events and newsletters. There is also a *mandatory enrolment checklist* that requires students to sign off that they understand and agree to the University’s commitment to a Safer Campus Community.

However, feedback based on students’ lived experience suggested that the reporting options were not clear for students, particularly where the process differs depending on who the alleged offender of the inappropriate behaviour is (i.e. the process to follow for making a report is different depending on whether the interaction was between two students or student and staff).

This suggests that communicating through the Safer Campus Community program is not sufficient to ensure that students know what to do in the event of an incident. A number of students also shared that information received at the commencement of their course did not sufficiently define appropriate and inappropriate behaviours, particularly as they relate to SASH.

The Staff Values and Behaviours Framework

The University’s Values and Behaviours Framework was created in collaboration with both leaders and staff approximately 18 months previously, but was not officially launched to University staff. While some staff reported that the Framework was being rolled out in their particular team, this had occurred in the absence of clear direction and messaging from University leadership, and therefore is resulting in inconsistencies in behavioural expectations across different areas. Staff provided feedback that the University could better reinforce desired values and behaviours by consistently embedding this Framework across the University and incorporating it into existing mechanisms such as the recruitment and promotion processes. Currently, recruitment processes and promotion processes largely do not consider behaviours, often reinforcing the perception of staff that inappropriate behaviours are acceptable.

During the engagement with the University community, feedback was sought on potential improvements to the Framework. **There is a strong view from staff who participated in the consultation process that the Framework needs to include more examples of both appropriate and inappropriate behaviour.** Additionally, staff feel that the Framework could be rephrased to language that centres on behaviour towards colleagues.

Some participants gave feedback that they would like to see more acknowledgement of cultural differences, particularly where this would provide guidance on what is acceptable or unacceptable behaviour for those less familiar with Australian norms.

There was also a concern raised by some participants that some of the values in action in the Framework could reinforce inappropriate behaviours if pushed too far, which is potentially a reflection of the lack of trust staff feel towards the institution (refer page 23). A specific example provided was that a focus on delivering excellence could encourage an unhealthy high-performance culture, at the expense of appropriate workplace behaviours.

Feedback on bringing the Framework to life included providing multiple ways for staff to understand and contextualise the behaviours, with a key suggestion being training which involves scenarios to give staff an opportunity to put their understanding to the test.

Building Learning and Development

Regular training is an integral part of learning and development.

During targeted staff consultations in 2020, staff expressed that there was limited training provided by the University regarding the management and reporting of SASH matters.

While there are a number of learning modules available to staff which contain information on sexual harassment and assault – Equal Opportunity Induction; HSW Online Bullying and Harassment; Understanding the context for sexual violence; and Consent Matters (Yes means yes!) – the content in these modules is brief and often not specific to the University staff environment.

Summary of findings from the desktop review outline the learning modules currently available for staff that contain information on SASH. These include:

- **Understanding the context for sexual violence:** Contains information on the prevalence of sexual violence at universities, how it is normalised in student communities and its effects on the student experience. Staff are required to complete this module as part of induction to better support students. Two additional modules as part of this program related to “Responding to Disclosures of Sexual Violence” have not yet been released and are now pending the resolution of the implementation of the ICAC Recommendations.
- **Equal Opportunity Online:** Includes a short section on sexual harassment which defines conduct of a sexual nature. The content is delivered from a workplace perspective with examples and explanations relevant to a working environment. This module is by provided an external provider and does not provide information on University-specific policies and how to implement them, or how to make a report using the specific University channels. According to the *Fair Treatment Procedure*, all staff are required to complete this training as part of induction, and managers are recommended to refresh their learning every two years.
- **HSW Online – Bullying and Harassment:** Provides University-specific guidance on behavioural expectations and what to do if an individual experiences bullying or harassment, including sexual harassment. The module references University policies and resources but only mentions sexual harassment briefly. There is an additional page for managers in this module which directs managers to attempt to resolve concerns in accordance with the grievance procedure. No training on using the grievance procedure is provided. This module is not mandatory and is not included in induction modules.

The following modules are also available to staff and students:

- **Consent Matters (Yes means yes!):** Contains information around the importance of consent and communication and how to be an active bystander. This training is targeted at students, and all new undergraduate students are auto-enrolled in the module. The program was refreshed and relaunched for semester 2020 to make it more tailored to the University’s context. Students are emailed to notify them of the University’s expectation that they complete this training, however the University has not yet determined how to implement consequences for non-completion. The overall completion rate from Semester 1 2019 was 29%. Staff are also encouraged to complete this module as part of induction to better support students.
- **First Responder Training:** Targeted at responding to disclosures of sexual assault and sexual harassment, and supporting survivors. This non-compulsory training is delivered by Yarrow Place and was offered to staff identified as most likely to receive disclosures from students in 2018 after an assessment by the *Respect. Now. Always.* Taskforce. This group of staff included senior management, HR, Faculty staff and Student Life staff. No academic staff, such as lecturers or tutors, were included in this program. This training is offered on an annual basis to student leaders, including SRC representatives, AUU Board Members, AU Sport committee representatives and representatives from student clubs. Feedback from student participants indicate that this training is overwhelming and ‘missing the mark’ for what they require.

The staff learning and development environment is one of the factors driving variability of practice. While content exists that would enable people to understand their obligations, it is variably accessed, is of inconsistent quality and is not always tailored to the University context.

The majority of staff consulted could not recall undertaking any training specifically on sexual assault or sexual harassment, however some recalled completing the *Equal Opportunity Online* module. Those in people leader roles also commented that they had not received any role-specific training on the core topics covered by the ICAC report, including their increased responsibilities as they relate to preventing and responding to SASH and other forms of inappropriate behaviour.

There is no mandatory refresher training that all staff can access. Beyond the introduction of new modules (for example, recent Cyber Security training), formal staff training at the University is limited to induction modules at the time an individual joins the University. **Many staff who participated in the consultation process shared their concerns that there is no regular refresher training made available for staff who have worked at the University for a substantial period of time or additional training for staff who have transitioned to a management or leadership role with increased duty of care responsibilities.**

Building Learning and Development (cont.)

Examples of training gaps identified by participants included additional training when transitioning into management or a manager role that requires a leader to have a different set of skills and capabilities. Additionally, staff shared their concerns that there is no specific training surrounding people management and how to have challenging or uncomfortable conversations with staff. **This directly impacts early intervention, or lack thereof, and reporting of SASH matters, with many examples given on these uncomfortable conversations being avoided.**

ICAC recommends that a number of modules are reviewed and that the scope of this is “all staff”. There are limitations in the systems environment that prevent new training for all staff being an immediately actionable recommendation. The learning management system used for students (Canvas) is not easily able to be linked to PeopleSoft, which is the core staff system. **The University has not implemented the modules of PeopleSoft which would enable them to provide a consistent learning environment for staff learning that can be connected back to individual personnel records. As a result, the responsibility for monitoring and enforcing completion of these modules lies with individual managers of the new starters.** To support this manual process, managers and new starters are provided with a checklist which they need to mark off as they complete the training.

In addition to the system limitations, the Learning and Development team within HR consists of 2.6 FTE, which limits the University’s capacity to undertake a higher volume of design work for new content and manual monitoring of completion.

Where training is being tracked (for example, recent Cyber Security training), it is where the content owner has invested resources in manual tracking. The systems environment does not enable this to occur in an integrated and automated way.

The University has a range of options which it needs to consider:

- Invest in the short-term into a resource-intensive manual process to allow the linking of training data from Canvas (or an external provider) with the individual personnel records in PeopleSoft.
- Make a decision about the medium-term future of the Learning Management System and prioritise the ICAC modules as the first for development within this new environment.
- Make updated training available within the current environment but do not enforce it as mandatory.

These findings were validated during broader engagement with staff in 2021.

Many of those consulted were of the view that training should be run annually, tailored to specific roles, engaging and interactive and mandatory for all staff. A key challenge is ensuring that all staff have enough time to complete mandatory modules. A key consideration is making training available to title holders and members of the University community who volunteer in a teaching capacity. These participants need to have access to resources to complete training as required.

Consistent training needs to clarify role and responsibility expectations and accountability for all members of the University community so there are no ‘grey areas’ around appropriate behaviours. Training for leaders and managers should also assist them in understanding the early intervention pathways available to them and how to navigate them, as well as how to manage a formal reporting process.

Improving Monitoring, Reporting and Risk Management

The current state of monitoring and reporting

All incidents related to students are captured on the *Student Behaviour and Conduct Register*. This register is maintained by Student Affairs and collates incident data from a number of sources including reports via the Safer Campus Community page, the Early Intervention Group, University Security, direct reports to Student Affairs and referrals from University Counselling. The register also captures de-identified disclosures from University Counselling and University staff to whom students have made the disclosure.

Data from the register is used to compile the *Student Behaviour and Conduct Annual Report* to be sent to the VCE, University Audit, Compliance and Risk Committee and the University Council. This report also identifies trends related to students. In 2019, international students were identified as needing extra support and the report states that initiatives were developed in response to this.

Incident numbers from the *Student Behaviour and Conduct Register* are reported to General Counsel on a monthly basis to feed into the Chancellor and Vice-Chancellor's monthly SASH reporting. General Counsel seeks data from HR on the number of cases related to staff to populate this report, however it is unclear how staff related incidents are captured centrally. This reporting began in August 2020 and captures the number of incidents reported to the University, the stakeholder groups involved, whether the incident is considered University related and the outcomes related to staff alleged offenders. While this reporting is conducted regularly, consultation revealed that other staff are unaware this is occurring.

Gaps in the data collection process

In September 2020, the Chancellor released a report to staff on all SASH cases pertaining to staff and students since 1 January 2018. The data captured in this report was later found to be incomplete and staff were notified via an update from the Vice-Chancellor in October 2020. The subsequent updated figures have also been challenged as being incomplete, with concerns that reports that come through other channels such as HSW are not being captured.

The completeness of data capturing and monitoring is a risk for the University. For example, the University considers incidents that happen at sport and club events and at colleges to be non-University related. These entities are expected to manage incidents themselves, but are also expected to report the incidents to the University for record management. This is not formalised through any policy or procedure meaning that there is a risk that these incidents are not being captured centrally. A suggestion from consultation includes establishing agreements with Adelaide University Sport (AUS), Adelaide University Union (AUU) and associated clubs which require them to report on any SASH cases to Student Affairs. Funding agreements are due to be renegotiated in 2021 so this is a potential opportunity that could be explored.

Consultation also suggests that a process needs to be developed for faculties to report SASH incidents that occur on student placements to Student Affairs. There is no defined process for managing incidents that occur on student placements and these are often managed by the individual faculties. Student Affairs commented that they often only find out about an incident by chance when it is reported via UniSafe or lodged via Legal and Risk. In order to maintain the *Student Behaviour and Conduct Register* and effectively monitor trends to mitigate risks, Student Affairs needs to be notified of all cases relating to students.

Despite the existence of infrastructure for recording and monitoring incidents, consultation suggests that this database lacks crucial capabilities. The current Register requires a large amount of manual work to generate simple reports, and consolidated reports rely on other areas (e.g. HR) to send reports to Student Affairs to be input into the register. Sometimes this information is inconsistently provided, resulting in incomplete information for reporting. Furthermore, the existing register is dedicated to student related incidents and HR does not appear to have a register/database for incidents, meaning a large portion of incidents are not being centrally recorded to identify risks and trends.

Consultation suggests that a consolidated database is required to store incident reports and other pertinent information that needs to be accessible by multiple areas, such as HR. This would need to have the appropriate security restrictions to ensure confidentiality, but would enable more effective case and risk management.

Capturing informal reports and lead indicators

It was a common theme in consultations that University leadership often receive disclosures from staff and students who do not want to take the report any further. While the *Student SASH Prevention and Response Procedure* provides guidance for those receiving these disclosures to capture this in a de-identified recorded disclosure form, there is no such guidance for capturing informal reports for staff related incidents. This was reflected in consultations by comments that staff were unsure what to do when they received this form of disclosure.

Without capturing information on informal reports where possible, the University is missing a valuable source of data to help inform prevention and risk mitigation efforts.

There are further opportunities for the University to develop more sophisticated forms of dashboard reporting on potential indicators of SASH issues, such as increased turnover rates of women, poor scores in culture surveys in areas like feeling safe and respected, or low measures of psychological safety.

Improving Monitoring, Reporting and Risk Management (cont.)

Risk management

The University's *Risk Management Framework* categorises inappropriate behaviour and COI under the risk category "Culture and Values." It states that the University has zero tolerance for unethical or unlawful behaviour, including harassing behaviour and the lowest tolerance (1) for inappropriate behaviour that falls short of the *Code of Conduct*. To complement this, the *University Risk Matrix* categorises 'sexual assault' as a major impact, 'adverse impact on a person's welfare' as a moderate impact and 'inappropriate behaviour' as a minor impact.

Depending on the likelihood of the incident, SASH risks may be considered medium or high risk and should be handled by:

- **Medium risk** – assessing the risk, determining whether current controls are adequate or if further intervention is needed, and monitoring and reviewing locally.
- **High risk** – giving appropriate attention and demonstrably managing the risk, and reporting to the Vice-Chancellor or other senior Executives/Management Committees as necessary.

The *Risk Management Policy* states that HR and Health, Safety and Wellbeing have oversight and primary responsibility over managing workplace health, safety and wellbeing risks, while enterprise-wide and general operational risks fall under the remit of the Legal and Risk Branch.

Feedback was not provided by those with lived experience on the state of risk management in practice in relation to SASH at the University.

Managing Conflicts of Interest and Close Personal Relationships

There is a need for the *COI Procedure* to be more effectively promoted and enforced to ensure all members of the University community are clear on their obligations and feel safe within the University environment.

Conflict of interest

COI and the management of close personal relationships are covered under the *COI Procedure* under the *Behaviour and Conduct Policy*. The University also has a standalone *Relationships with Students Procedure* which sits under the same policy and refers to the management of staff relationships with students only. Expectations around managing and disclosing conflicts of interest are reiterated in the *Code of Conduct*.

The *COI Procedure* requires staff and titleholders to identify and disclose conflicts of interest by completing a *Disclosure of COI Form* immediately, and propose a conflict management plan. The conflict should be reported to the relevant HR Advisor, who can provide additional advice as required. The form is to be kept in a local register and on the staff member's HPRM file. Staff are also required to complete an annual declaration about any personal, external or financial interests that have the potential to create a COI to their manager at the same time that their Performance Development Review (PDR) meeting is undertaken (or at the beginning of the calendar year for titleholders).

The procedure expressly applies to close personal relationships, as they may create "an actual, perceived or potential COI." The definitions at the end of the policy state that a "close personal relationship means a relationship between a member of the University community and a relative, a financially dependent person, a close friend, a de facto partner, or any person with whom there is currently, or has been a marital, familial, sexual, romantic or intimate relationship."

The procedure also outlines the obligations of both the Head of School/Branch or the Area Manager to model compliance and appropriate behaviour. It ensures that all staff and titleholders clearly understand and comply with these policies and procedures, and provides guidance to staff and titleholders who have queries about conflicts of interest.

Breaches may be considered misconduct and be dealt with under the *Enterprise Agreement* (staff) or the *Conferral of Honorary Roles Policy and Guidelines* (titleholders). Under the *Fraud and Corruption Control Policy*, failure to declare or properly manage a declared COI is an example of what constitutes fraud or corruption.

Initial consultations with leaders and managers suggested that a majority of staff are not aware of their obligations under the *COI Procedure*, and that compliance with this and related policies and procedures is variable across the University and is not consistently or sufficiently promoted or enforced:

- The *COI Procedure* relies on a strong understanding of the policy framework and capability of leaders for effective implementation. There is a brief section on COI within the *Equal Opportunity Online* induction training, however, definitions in the all staff modules were limited to just one example of COI, the University specific procedure is not included, and monitoring of completion is manual and inconsistent. More specific information surrounding COI in the context of the University is available on the University's website but it is not easily accessible. As a result, many staff are unaware that close personal relationships are considered a COI or that they have an obligation to disclose these relationships to the University.
- Heads of School/Branch or Area Managers are required to take proactive steps to demonstrate commitment to the *Procedure*, or to ensure that all staff and titleholders understand and comply with requirements. Evidence would suggest this is variable across the University.

There is no central monitoring of the *COI Procedure*, as records are held at the School or Branch level following the declaration of a conflict. However, it was indicated in multiple consultations that this is not currently happening to a consistent level or standard. Furthermore, there is no central oversight of COI across the University because there is no ability to search a register or central database. It is therefore difficult to understand if the procedure has been followed correctly or if further action is required, for example in the instance an alternative manager needs to be allocated.

Consultation highlighted the lack of understanding of what types of consensual relationships are covered in the policies. For instance, the COI between a staff member and student is well understood, however, a consensual relationship between a staff member and their direct manager is not always treated as a COI. Consultation participants also expressed their confusion about their own individual obligations under the *COI Procedure*.

Navigating Barriers to Reporting

Barriers to reporting reference any obstacle that may prevent an individual from reporting SASH or other inappropriate behaviours. To ensure all members of the University community feel comfortable to report inappropriate behaviours, these barriers must be mitigated or removed.

The majority of participants in broader engagement with the University community shared feedback that they were less likely to take action as a bystander due to the lack of clarity of the reporting process and access to this information. For other barriers to bystander reporting and reporting by the victim (refer page 48).

Psychological safety and fear of victimisation

Limited consultation conducted in 2020 identified psychological safety as a barrier to reporting at the University. Early staff consultations raised concerns about potential victimisation or consequences as a result of disclosures. Barriers to reporting included: concerns that the reports process will not result in any action against the alleged offender, a belief that University leadership would not support the report being made or take action, concerns about the impact a report may have on current or future research or University projects, and worry about career progression being affected.

Early observations were validated following the broader engagement with the University community, which provided a far deeper understanding of the barriers that affect reporting of SASH and other inappropriate behaviours at the University by both the victims and bystanders.

Participants, including both staff and students, expressed a fear that a report will not be taken seriously, or that the behaviour itself is not serious enough to report. In some instances where reports were made, there was clear lived experience of the victim being problematised, creating a further barrier to making a report in the future for others who witness this. Those with lived experience described reporting as a traumatic and lengthy process, with many participants indicating that they concede halfway through or wish they had known in detail the process prior to reporting. Some participants suggested that, if they had understood what was involved in the process, they would not have made the report.

Broader engagement found that fear of victimisation is a strong barrier to reporting, with nearly half of staff participants and approximately one-third of students participants expressing that fear of victimisation is a substantial barrier to reporting. Staff participants gave feedback that they were fearful of the impact reporting may have on their career progression, and that staff in contract roles had a heightened concern of job loss or reduction in shifts. Feedback from some international students was that the lack of clarity on what is considered inappropriate behaviour in Australia was a barrier to reporting, as well as fear of not being eligible to complete their PhD or having their visa revoked as a consequence of making a report.

In the absence of sufficient intervention, **some participants indicated that they feel unsafe on the University campus, with staff providing examples of working from home, taking sick leave, or avoiding areas due to the fear of encountering the alleged offender.** To a lesser extent, students who participated in the consultation process also referenced examples of their personal efforts to avoid encountering the alleged offender, including shifting classes of their own accord.

The 2018 Your Voice staff survey found that 66% of respondents would feel safe reporting if they witnessed misconduct of another staff member. During the engagement with the University community in 2021, and in particular the staff workshops, the majority of participants said they would take action if they witnessed inappropriate behaviour in their workplace. However, this action was centred around care for the victim and checking on their colleagues, and did not extend to making a report as a bystander. Based on the feedback, this is due to the same fear of victimisation that the victim faces. **A small number of participants stated that they would feel confident to also approach the alleged offender to call out the behaviour. Nearly no participants felt they could comfortably approach the alleged offender about the behaviour if that individual were in a position more senior to their own.**

Victims are encouraged to report to a manager; but where the alleged offender is in a more senior position, the manager will often also have a relationship with the alleged offender – including but not limited to friendship or they share a line management arrangement. Feedback was provided throughout the engagement with the University community that this creates a barrier for the victim to actually make a report as victims assume their manager will not be willing or able to do anything, or where a report is made, the manager may feel limited in the action they can take as they too fear victimisation.

Participants in the consultation process felt that managers lack confidence in taking appropriate action as they are provided with little to no training on managing these behaviours and often do not feel they would be supported to take action. **A consistent suggestion from both staff and student participants was the need for an independent reporting option to be made available, as options to reporting are limited when the victim does not feel comfortable making a report to a direct manager or faculty member.**

Navigating Barriers to Reporting (cont.)

Lack of trust in confidentiality

An observation which emerged clearly through the broader engagement was the lack of trust in confidentiality as it relates to the reporting process. Upholding confidentiality commitments is vital in building trust within the University and establishing a safe and open environment.

Participants suggested that the lack of trust in confidentiality stems from the uncertainty surrounding what is deemed confidential within a report. **Staff and students suggested a need for more clarity on who has access to reports, where the information is stored, and what policies are in place to protect privacy and confidentiality.**

The feedback raised in relation to where a victim's manager has a line management relationship with the alleged offender was also linked by participants to a fear that reports would not be kept confidential.

During the engagement with the University community, there were multiple examples of lived experience of breaches in confidentiality, with extreme examples of victims being intimidated and threatened by the alleged offender. In addition, there were also examples of confidentiality being enforced inconsistently, resulting in the parties to an investigation becoming known within teams, without specific case details, allowing 'gossip' to fill in the details and preventing anyone involved in the investigation from communicating with colleagues to reduce misinformation. The sources of the confidentiality breaches described by participants was varied across the examples given.

Interestingly, participants gave mixed feedback on the newly established complaints@adelaide.edu.au mailbox for complaint submission. While some welcomed the new reporting option and found it easy to access, others found no comfort in this option. For those participants, feedback included that the location of the mailbox within Legal and Risk raised concerns that a report may immediately escalate to a level of formality they are not comfortable with, and others raised a concern that it was unclear who would be receiving and accessing their reports.

Accessibility of information

In addition to concerns about confidentiality, further consultation validated that staff do not know where to locate information. This was echoed across all engagement methods where **participants shared their frustration in trying to navigate the University's website, advising that information is difficult to find and many policies and procedures are not contemporary and require several documents to be found and read.** Many participants also shared their own experiences of raising a complaint and not receiving any information back from the University.

Lack of clarity of reporting process

The complexity of this system was reflected by staff in the 2018 *Your Voice staff survey*, which found that only 45% of respondents thought that the University's policies and procedures were well designed and allowed them to work efficiently.

The difficulty in accessing, interpreting and applying the SASH policy framework was reiterated in almost every consultation with University staff, who said they would muddle through the process in spite of the policy framework. Staff were reliant on being supported by HR through the process. Difficulties in understanding the reporting process and obligations on victims reflect a potential barrier for staff victims who would like to seek further information in order to determine whether or not to make a report.

During the consultation process, a number of staff who participated shared that they are unclear of their obligations to report, including how to proceed when a student or staff member raises a concern with them, and where their responsibility lies. There was additional uncertainty in situations where someone discloses an experience of SASH or misconduct but does not want to formally report it. As outlined in the Policy Framework review, staff have limited options for reporting SASH, but these reporting options are not clearly articulated in the policy documentation and are not consistently and widely known by staff.

While students have multiple confidential reporting options available to them, the broader engagement with the University community revealed that students had trouble identifying the 'right' place to make their specific report. The reporting process for students is different depending on who the alleged offender is – being another student, staff member or another type of titleholder. **The onus is on the student to identify the appropriate reporting option for their report.** A number of students who participated in the consultation process shared that they or their friends had tried to make a report through one channel, only to be told they had made the report in the 'wrong' place and would need to retell the story of their experience elsewhere. Where this occurred multiple times in a single reporting attempt, students expressed that this was a re-traumatising experience.

The University's anonymous reporting options for SASH reports are not widely communicated to staff or students. **Consultation feedback suggests that, while there is limited action that can be taken in response to anonymous reports, this is an important option for those who do not feel psychologically safe to report.**

Establishing Care and Support for Victims

The University has a responsibility and duty of care to provide support to both victims and alleged offenders throughout the reporting process. This includes providing support before, during, and after a formal report.

Support for Students

The University provides students with access to specialist counselling support, alternative study arrangements and support providers, including Indigenous support and international student support.

Students are directed to counselling as a first point of contact to receive support and assistance to make a formal report. The *Change the Course* progress update report (2018) suggests that the University has established a triage model to enable students who have experienced SASH to access a qualified counsellor on the same day the report is made. This support option is available for both victims and alleged offenders. For staff and student related incidents, both parties have the option to bring a support person with them throughout the process. Through discussions with students who engaged in the broader consultation process who have either witnessed or experienced SASH or other inappropriate behaviours, feedback revealed that counselling services were not always available immediately, often resulting in excess wait-times of several weeks. Many students who participated in the consultation process shared that waiting for support was incredibly difficult and added to their distress.

The *Student SASH Prevention and Response Policy* states that reasonable measures will be taken to minimise potential for harm, including making alternative study arrangements. The desktop review showed that the University has a *Student Critical Incidents Policy* and *Student Health Assessment and Leave Policy* and associated procedures which stipulate the process of managing incidents, that are traumatic or cause extreme stress, fear or injury, and the process of managing a health assessment respectively. Students who have lived experience of SASH or other inappropriate behaviours did not validate that reasonable measures are being taken to assist students with making alternative study arrangements. **A number of student participants stated in their feedback that they did not receive support from the University and had to continue their study alongside the alleged offender.**

Students are also able to access a wide range of support providers, including Indigenous support and international student support. It was noted several times by student-facing staff who participated in the consultation process that the student reporting process is designed to make the student feel 'in control' of the situation. They are not pressured to make a formal report if they do not want to and this reinforces that **the onus is on the student to reach out to the relevant support network if they require support.** It was validated from further discussions that the onus is on the student to seek support, although a number of students expressed that they would like to see supporting services reaching out to them and providing regular check-ins.

When a report is made from a student in relation to a staff member and referred to HR, consultation revealed that students are not provided with regular updates about the status of their case or informed of any outcomes of their report. Consultation with HR highlighted that there is no formal process or procedure for sharing updates or outcomes with victims. **Student participants expressed their dissatisfaction with the lack of communication received from the investigation team and other support services regarding the progress or final outcomes of their report.** There was an apparent desire for communication to be improved and further transparency to be provided by the investigation team.

Reports relating to students are investigated by Student Affairs. While all of the investigators in Student Affairs have legal degrees, their investigations training is limited to a two-day ICAC workshop "What happened? How to conduct an internal investigation". Student reports are investigated and resolved in line with the *Student Behaviour and Conduct Committee Terms of Reference*. There is no official procedure that describes the investigations process and there is no reference to risk assessments related to taking immediate steps to manage health, safety and wellbeing risks of the any of the involved parties. The use of external investigators for more complex matters, such as allegations of sexual assault, has been raised by student participants as an area of consideration as specialist expertise would be helpful when managing these incidents.

The lack of an official *Student Behaviour and Conduct Procedure* describing the investigations process for students was identified in the desktop review and then validated through broader engagement with the Terms of Reference for this Committee instead being utilised. Student participants would like to see the development of an official procedure that is transparent and easily accessible by students. Additionally, **student participants said they would find access to an external and independent reporting body incredibly helpful**, especially in instances where the behaviours are more complex and require external investigation. The University community further provided examples whereby the *Student Behaviour and Conduct Committee* acted outside of Terms of Reference, and redistributed reports to untrained staff within the schools to be managed.

Establishing Care and Support for Victims (cont.)

Support for International Students

Initial consultation in 2020 provided initial findings that some international students have different levels of understanding of what is acceptable and unacceptable behaviour, due to cultural differences. This was validated by student participants as part of the wider University community engagement, with **some international students sharing that they are unsure what types of behaviours and incidents are reportable**. International student participants were also fearful of reporting SASH and other inappropriate behaviours due to fear that it will negatively affect their enrolment, ability to work at the University or their visa. International student participants would like further clarification of their rights, as it was not clear whether or not the University could cancel their visa.

As part of the *Respect. Now. Always. Action Plan*, the University identified international students as an area of focus and intervention. The taskforce intended to translate relevant policies and materials into other languages. However, based on consultation with students, the University decided not to do this due to feedback that international students were concerned that they were being targeted. Instead, the University created simple posters which talk about SASH in easy to read language which were displayed around the University in 2019. While there was positive feedback on these posters through the Student Engagement Space engagement channel, it was also mentioned by students in consultations that there may still be a need to have information available in different languages.

On an ongoing basis, the Student Sexual Violence Counsellor runs an International Student Safety Session about behavioural expectations, incident reporting and the support available in relation to SASH. This session is listed as mandatory on the International Student Welcome planner. Consultation also indicated that this is complemented by additional online and face-to-face targeted engagement to help international students understand what to expect while in Australia for their studies. Additionally, the *Student SASH Prevention and Response Procedure* directs students to seek support from international student support services and states that interpreting services can also be arranged through this function.

Broader consultation highlighted that many participants fear that they will not be able to finish their degree in the event they make a formal report. Many international student participants shared their experiences of struggling to find support from a member of the University who had an understanding and appreciation of the international student circumstances and experience. This view was further validated during staff workshops where several staff participants also shared their concern about the limited support options available for international students and potential language barriers.

Establishing Care and Support for Victims (cont.)

Support for Staff

University staff have access to two different Employee Assistance Program (EAP) providers and can choose which they feel most comfortable with. The policies do not specify other steps taken to provide support and imply that the onus is on the affected individual to reach out to EAP. There is no clear formal guidance around organising alternative working arrangements or making other accommodations to support the safety and wellbeing of staff who have made reports specified in the policies. This is therefore a practice that is implemented in an ad hoc manner across the University. Broader engagement with the University community in 2021 found that the **ad hoc approach to arranging alternative work arrangements for those who have made reports consisted more times than not of the victim's office being relocated** rather than the alleged offender. Staff participants found an issue in this approach as those who made reports felt as though they were being victimised rather than seeing action taken against the alleged offender.

In order to raise a formal report, a staff member must first report to their manager. According to the *Complaints Resolution (Staff) Procedure*, the manager is the decision maker when receiving a report as to whether it can be resolved informally or if it should be escalated to investigation, at which point the victim must submit a formal report in writing to HR and an investigator will be appointed. The formal report must contain a detailed report and outline how they would like the report to be resolved, a process which has the potential to re-traumatise a victim. A template is provided online with the information the victim should provide, but is not linked to the Procedure. **Once the formal report is submitted, victims are required to relinquish management of their report to their manager.** Managers having the responsibility of the initial stages of the report process was heard to create inconsistencies of application across the University (refer page 25).

Broader engagement with staff participants validated the need for changes in the process for raising a formal report, requesting additional options for reporting channels, options to meet with a support person face-to-face, and maintaining management of their report rather than this falling to their manager. Where participants gave examples of reasons for not wishing to make a report directly to their manager, or for those who would seek to make a report against their manager, reporting options that are independent of line management relationships were frequent suggestions.

The *Complaints Resolution (Staff) Procedure* states that it is the victim's manager's responsibility to write to the victim and alleged offender with the investigation findings and proposed resolution. This is only the case if a report is handled under this Procedure. When a report is managed by HR, under the *Enterprise Agreement – Section 8* or otherwise, victims are not informed of the outcomes of their reports. Participants suggested that this may be due to concerns around privacy, as HR practice is to inform victims that the matter has been “closed”, although this is not a requirement stipulated in the *Enterprise Agreement*. Further discussions found that staff are dissatisfied with HR's communication on the progress of their report and the outcome. **Participants shared that there is no closure available for victims whose cases are dismissed without reasoning provided and felt that this displays a lack of empathy.**

In addition to a lack of communication relating to outcomes and closure of cases, some staff participants stated that they received very little proactive communication throughout the investigation process, and that they had to constantly reach out to ask for any form of update, including what stage of the process the report was currently at, progress updates, and any next steps. Staff participants felt that communication they received in relation to their case was slow and lacked empathy.

Staff participants would like to see further protection provided to victims. **Staff participants communicated that the referral of staff to the EAP does not resolve actual workplace issues and they believe further protection through ensuring a safer work environment is necessary.** Furthermore, while some staff had positive experiences with the EAP, others shared that the lack of diversity in the counsellors available made them feel as though they would not be able to fully understand the victims' experiences as a minority in the workplace. This resulted in some staff reporting a feeling of isolation.

Building a Victim Centric Approach

The University's SASH processes as they currently exist lack victim centricity. This was clear from the desktop review and limited consultation in 2020. With both formal and informal reporting options available, and a lack of understanding about what these different processes involve and the resolutions available within each, an individual seeking to make a report would find it difficult to understand the implications of their options. Due to the complexities in navigating the policies, procedures and guidelines, it can be very difficult for a victim to get a full end-to-end view of the process before them and build any sort of expectation about the process. Depending on the type of report made and the specific procedure implemented, a victim may not be informed of the outcome of their report. Some procedures also focus strongly on formal processes and do not offer the leaders and managers managing the process flexibility of outcomes, causing some to feel unsure of their full range of options and uncomfortable with the outcome.

These initial observations were validated through the engagement with the wider University community. It was found that the **current methods of reporting provided by the University put emphasis on the victim to solve the problem**. Multiple examples were provided where the only option for resolution offered by HR was 'mediation' with the alleged offender, which was often distressing for the victim. It is inappropriate to only offer victims the option of face-to-face meetings without providing another option to progress the report. Alternatives to this approach could be to offer meetings or interventions with the alleged offender to take place without the victim being present or identified.

As the process currently stands, decisions around policies and processes lack the perspective of the victim at the forefront. **The design of the policies and processes does not appear to consider the experience of the victim or that of the alleged offender, lacking empathy and respect in both the approach and communications that both parties receive.**

Many participants who had experience of the reporting and investigation process, both as victims and alleged offenders, expressed that they have experienced psychological harm as a result. In this sense, it was made clear that from the perspective of a victim, **there seems to be no positive outcome for making a formal report.**

Other Observations

In addition to the main themes and observations which emerged through the desktop review, initial limited consultations and broader engagement with the University community, KPMG also examined the context relating to ICAC Recommendations 1, 6 and 7, with observations summarised below.

Observations relating to application of Legal Advices Register and associated policies and procedures (ICAC Recommendation 1)

There are areas of the University that regularly engage external lawyers, including infrastructure, technology and HR. Currently, there is no formalised Governance Policy that relates to the process for briefing these external lawyers, or the management of incoming external legal advice.

While no formal policy exists, the University has well understood business practices that have been used to date to manage this process. In 2006, the General Counsel set up a Legal Advices Register (LAR) to contain copies of all written legal advice received by all areas of the University on any matter, subject or project. The Legal and Risk Branch in the Division of University Operations is responsible for managing the LAR on behalf of all divisions, administrative branches, faculties and schools of the University.

General Counsel asks external providers to 'bcc' a secure and confidential email address when any written advices are provided to the University. This request is made of all firms that provide legal advice of any nature to the University, by way of an annual letter sent from General Counsel to each firm. Furthermore, General Counsel also requests providers to provide a monthly status update including the name of the file (and unique matter ID) and short status update. This enables General Counsel to manage the registration and allocation of the advice to the register.

The LAR process has been applied consistently across the University, with the mechanism of compliance being the email copy of the advice from the external provider to the appropriate email address. The administrative burden of this process is minimal.

Issues have arisen where:

- A new external legal adviser was used by an area of the University without the awareness of the OGC. This legal adviser had therefore not received the letter advising of the LAR and the monthly status update. This is remedied by a regular check of procurement information to ensure all providers are known by OGC and then can be informed of the University's process.

- The advice has been lodged, but the nature of the brief and the specific questions asked is unclear, which makes it difficult for OGC to judge the appropriateness of the advice on review.
- External providers have been instructed not to lodge their advice on the LAR or on the monthly status update to OGC, breaching common practice, but not breaching any existing policy.

The above practices limit OGC's visibility of legal advice and their ability to ensure it is correct and appropriate and have a holistic view of the advice being provided to the University and any risk or compliance issues raised.

Observations relating to recording of substantiated misconduct and associated policies and procedures (ICAC Recommendation 6)

All University staff have a staff file electronically stored in the University's records management system. Staff in the Vice-Chancellor's Office and HR Branch can access these personnel records as required.

Where a University staff member is involved in a misconduct matter, a case file is created that contains all information pertaining to the investigation. Only where a misconduct is substantiated is that finding attached to their staff file.

These case files cannot be easily aggregated into a single report to get a University view of misconduct matters or to be the basis for University-wide SASH reporting.

There is a standard practice for the management and storage of case files, but in the case of the former Vice-Chancellor, a case file was not held within the University records management system, during the handling of the matter nor any substantiated misconduct saved to the relevant personnel record.

Student matters are reported within Student Affairs into a case system. HR do not use this system due to concerns about confidentiality and access, so there is not one source of truth for reporting purposes.

A manual process has been instituted within the Office of General Counsel to take the reports from the student system, and the manually compiled HR reports and provide a University-wide report.

This was discussed in more detail on pages 27 and 28.

Other Observations (cont.)

Observations relating to OPI and ICAC reporting obligations and associated policies and procedures (ICAC Recommendation 7)

Information about reporting responsibilities to the OPI is contained on the Legal and Risk section of the University website. The website states that all staff are public officers with legal obligations to report to the OPI. Titleholders, volunteers and contractors at the University are also public officers with reporting obligations. Guidance indicates that public officers must report corruption, serious or systemic misconduct or maladministration, and can choose to report misconduct or maladministration that is not serious or systemic. The definition of misconduct provided includes contravention of a code of conduct by a public officer that constitutes a ground for disciplinary action. The *Complaints Resolution (Staff) Procedure* states that, when the matter is serious enough it may amount to an allegation of misconduct, serious misconduct, fraud or corruption, the relevant public officer should consider whether to refer the matter to the OPI. Available guidance does not explicitly call out which types of behavioural misconduct should be reported.

Training about reporting obligations to the OPI and ICAC is provided in the *Fraud and Corruption Control* Online Module. This module is expected to be completed by all new staff as part of induction in the third month of starting with the University. OPI and ICAC obligations are covered in one page of the module stating the obligations of a public officer and directs individuals to the Office for Public Integrity to obtain more information on their obligations and the reporting process. There are two versions of the module: one for all staff and one for managers. The only difference between the two is that the managers' module articulates additional requirements, including ensuring that all staff are familiar with the policy and developing an ethical culture.

On the Legal and Risk website, there is a link to the official ICAC induction training module which is hosted on the OPI website. Completion of this training module is not mandatory and would only be found by someone specifically looking for more information on OPI and ICAC obligations.

Other staff training modules reviewed, including *Understanding the Context for Sexual Violence, Equal Opportunity Online*, the *Corporate HSW Induction* and *HSW Online – Bullying and Harassment*, did not make reference to reporting obligations to OPI or ICAC.

Based on consultation, it is apparent that the majority of staff did not have a clear understanding of their reporting obligations to ICAC or OPI until the ICAC investigation.

While internal training on the reporting obligations to the OPI is contained in the module on *Fraud and Corruption Control*, it was clear through consultations that participants did not make the link between the requirement to report to OPI and behavioural misconduct such as sexual harassment. This obligation is not explicitly stated in the training.

Recent briefing sessions provided by ICAC have improved awareness of reporting obligations at a leadership level, and staff were supportive of the idea of refresher sessions in the future. However, it was indicated during consultations that further guidance is still desired around what specific circumstances to report, when a report should be made, and how to make a report.

Some staff stated that there is likely to be a period of overreporting out of an abundance of caution.

Improvement Suggestions from Staff, Students and Alumni

Staff, students and alumni who engaged via the confidential mailbox, interviews, workshops and student engagement spaces suggested potential improvements the University could make based on their lived experiences. The invaluable first hand insights and feedback on specific improvements have helped shape the recommendations in this Report.

Seeking information or applying policies and procedures

- Participants would like to see leadership embed the Values and Behaviour Framework in all aspects of the University, including for example in updating the recruitment processes to reflect the Values and Behaviours Framework throughout the end-to-end recruitment selection process.
- A number of participants proposed that quick links from the Intranet homepage may provide better access to University policies, procedures, and reporting channels.
- Participants are seeking clarification as to which jurisdiction affiliated clubs fall under and what responsibilities the University holds in relation to those clubs.

Report process

- Participants would like an independent reporting body that staff and students can go to for support or to make a formal report.
- Participants also recommended that an anonymous reporting body be easily accessible through multiple communication channels.
- Past victims suggested open and honest communication throughout the reporting and investigation process would be reassuring for those involved.
- A small number of participants questioned whether there would be an opportunity to review previous cases to instil confidence in the process.

Safety and culture

- There is an eagerness to see an improvement in the transparency conveyed by the University about the management of SASH and inappropriate behaviour

- Participants suggested including discussion of behavioural expectations on monthly team meeting agendas to improve awareness of these expectations and promote more open discussion around SASH and other inappropriate behaviours.
- Participants recommended improving the quality and presence of security around campus, especially in the late evening.
- A great number of participants would like to see an increase in diversity amongst leadership; more specifically, a higher number of women in academic and leadership roles.
- Not only was there a drive for women to hold more leadership roles, participants also expressed that they need to be supported by colleagues and the University to be in these positions.
- Student participants suggested diversity be more actively promoted through an increase in social and multicultural events.
- Student participants also suggested the creation of specific 'safe places' or 'safe zones' within the University that are inclusive for everyone and promote open interaction.

Encouraging reporting

- An independent training course for all managers was highly recommended.
- Training courses and an increase in awareness campaigns targeted at students was also a recurring request.
- Additionally, participants would like to see peer-to-peer support being available, with a network of colleagues well trained on wrap-around support.
- It was questioned whether protection of employment for casual staff who make a report could be considered.
- There should be open encouragement and support for all members of the University to report any inappropriate behaviour.
- Participants would like to see clear signals from leadership that reports of inappropriate behaviour will be taken seriously and that there are consequences for inappropriate behaviour.

Review of the Policy Framework



Introduction to the Policy Framework

Policy Framework

The University has two distinct policy frameworks to deal with staff and students.

Student Policy Framework

SASH against students is dealt with under the *Student Sexual Assault and Sexual Harassment Policy* and the associated *Procedure*. Concerns raised under this policy which are considered to be University related are dealt with under the *Student Behaviour and Conduct Committee Terms of Reference* and resolved under the relevant procedures depending on the alleged offender:

- Student alleged offender
 - *Student Misconduct Policy*
 - *Student Misconduct Rules*
 - *University Statutes – Chapter 3*
- Staff alleged offender
 - *Enterprise Agreement – Section 8*

Staff Policy Framework

SASH is mentioned in the *Code of Conduct* and is covered under the *Behaviour and Conduct Policy* and *Fair Treatment Procedure*. Depending on the seriousness of the issue, a concern about SASH against another staff member may be raised and resolved under either the:

- *Complaints Resolution (Staff) Procedure*
- *Enterprise Agreement – Section 8*

These procedures are supported by the Health, Safety and Wellbeing (HSW) Handbook Chapter *Preventing and responding to workplace bullying and harassment*.

The University's *Conflicts of Interest Procedure* and a *Relationships with Students Procedure* are intended to deal with consensual relationships and are not relevant to the response to or management of SASH.

According to the *Adelaide Policy Framework*, all policies are to be reviewed at least every three years. This was found to be the case for the documents reviewed.

The three-tiered system of policies, procedures and guidelines

The University's policy frameworks are based on a network of interrelated documents. Each document relies on one or more additional documents to be read in conjunction with the initial document in order to be understood and applied.

For example, if a staff member had experienced sexual harassment by another staff member and wishes to raise a report, they may need to refer to a number of documents to find what they need. The table below demonstrates the minimum reading a staff member with no prior experience of dealing with SASH within the University's environment might need to do to understand the process of making a report and how the report might be managed. However, to grasp a complete picture, staff would also need to read a number of other documents in conjunction with the list below.

Category	Document	Content summary
Policy	Code of Conduct	Expectation that staff will not sexually harass and will report improper behaviour.
Policy	Behaviour and Conduct Policy	No tolerance for sexual harassment. Staff encouraged to report unlawful treatment.
Procedure	Fair Treatment Procedure	Directs reader to make a report against staff via one of two other options.
Procedure	Complaints Resolution (Staff) Procedure (option 1)	Reports can be handled informally or formally under this process unless they are considered misconduct. Reporting options can only be gleaned via close reading.
Guideline	HSW Handbook – Preventing and responding to workplace bullying and harassment (option 2)	Reports can be handled informally or formally under these guidelines unless they are considered misconduct. Two clear options of who to contact in the first instance.
Policy	Enterprise Agreement – Section 8	What will happen if the incident is considered misconduct.

Introduction to the Policy Framework (cont.)

Policy benchmarking

These policies have been evaluated against KPMG’s leading practice benchmark, refer *Appendix G*. Additionally, the Student Policy Framework was evaluated against the guidelines provided by Universities Australia as part of *Respect. Now. Always*. Generally, it was found that, while both policy frameworks articulated the University’s stance on sexual harassment well, both have clear areas for improvement. In comparison to the student policies, the staff policies require significant uplift to meet contemporary standards. Key gaps have been outlined below.

Key gaps across both frameworks

- The process for how reports are dealt with in relation to alleged offenders or victims who are volunteers, contractors and titleholders is unclear.
- There is no clear documentation of anonymous reporting options or guidance around how anonymous reports are handled.
- The description of the process and what to expect lacks detail.

Key gaps in the Student Policy Framework

- There is no official *Student Behaviour and Conduct Procedure* as referenced in the Student SASH policy, with the Terms of Reference used instead.

Key gaps in the Staff Policy Framework

- There is a lack of clarity within the policy documentation in relation to whether a given SASH incident should be treated as misconduct or serious misconduct.
- The Staff Policy Framework does not adequately define SASH anywhere.
- Reporting options for staff are limited and unclear.

High-level summary of policy benchmarking outcomes

Full detail of the policy benchmarking and analysis is provided in *Appendix E*.

Evaluation Criteria	Student	Staff
The organisation’s stance on sexual harassment		
Legal and policy framework		
Definition of sexual harassment		
Roles and responsibilities		
Options for reporting issues		
Resolution options		
Report handling principles		
Outcomes for alleged offender		
Confidentiality of investigation		
Follow up		

- Meets best practice/minor adjustments required
- Adjustments required
- Major adjustments required

Staff Policy Framework

Accessing the Staff Policy Framework

Challenges with navigating the Staff Policy Framework

The University's policy and procedure framework is complex and challenging to navigate. This is especially the case for the staff environment, however many of these challenges are also applicable for the student policy environment.

An individual seeking to understand their obligations under University policies and procedures faces an immediate barrier when navigating the University Policy database. The search functionality of the database is limited and only policies appear in the search. This means searching the exact name of a procedure will not provide results. To find a procedure, an individual would need to click into a policy and explore a drop down menu titled "Related procedures, forms" to find what they need. This requires the individual to have pre-existing knowledge of how documents relate and what all the policies are called if they are looking for a related procedure. This difficulty has led to many staff members resorting to external search functions such as Google instead of the database to try find what they need.

The most significant challenge with navigating the policy framework is the lack of ability to source all information required from the one place. Of the policies and procedures reviewed, no documents were found that provided an overview of an end-to-end process and full suite of documents. The reader is referred to other related documents to understand specific segments of the process. Furthermore, these references throughout the document do not specify particular sections of the referred document, requiring the reader to navigate through additional lengthy documents to find relevant information. Some related documents that are useful to refer to are not mentioned in relevant sections of the policy documents, but are found at the end in a list of related documents and policies.

Raising a concern under the Staff Policy Framework

Options for reporting a concern

Staff have limited options for reporting SASH or other inappropriate behaviours. The policy review found that the documented options are limited to direct line management (their manager or one up manager) or a Fair Treatment Contact Officer (FTCO). As outlined on the website and policies, FTCOs will not receive and process a report, but will provide information about available options to report an incident. If a victim wishes to raise a report after speaking to a FTCO, the FTCO will refer them to HR. These reporting options are not clearly highlighted in the *Complaints Resolution (Staff) Procedure*. As the Procedure is written from the perspective of the individual receiving a report, there is limited description of what reporting will involve for a victim or the support that will be available to them.

There are additional anonymous reporting options available to staff including the *Whistleblower Program*, ICAC and OPI and University Security via the Silent Witness online form which provide anonymous reporting options.

There are several challenges with the *Whistleblower Program* and *Policy* that present barriers for those seeking to use it. Firstly, the Program is not widely communicated and is not linked or referenced in other policy documentation including *Complaints Resolution (Staff) Procedure* and the *Code of Conduct*. The *Whistleblower Policy* also does not clearly articulate that behavioural concerns can be reported through this channel.

If a victim did want to make a report, the channels to make a *Whistleblower* disclosure are unclear, and the anonymous reporting option as part of the program is not truly anonymous as it requires a victim to reveal their identity to report directly to an Authorised Disclosure Officer. Furthermore, the Legal and Risk webpage for the *Whistleblower* program does not provide information on how to make an anonymous report. There is no advice provided about how the information within an anonymous report may be used, however it does highlight the extreme consequences of false or misleading disclosures, which could dissuade victims from using the channel, exacerbating under-reporting SASH incidents (refer page 31).

Staff Policy Framework

Application of the Staff Policy Framework

There is a lack of clear guidance on when one policy or procedure should apply over another

There are six policies and procedures in addition to the *Enterprise Agreement* that may apply in the event of a SASH incident, however it is not obvious to a victim which document they should refer to.

This was especially evident when trying to determine if a SASH incident raised by a staff member would be managed under the *Complaints Resolution (Staff) Procedure* or the *Enterprise Agreement* – section 8. For example:

- A staff member may refer to the *Complaints Resolution (Staff) Procedure* in raising a report as this procedure purports to deal with ‘harassment’ per clause 2.1.3. However, the Procedure sets out a number of exclusions including whether allegations amount to, or may amount to, serious misconduct. In these circumstances, the Procedure points to an ‘alternative process’ and that the matter ‘may’ be referred to the disciplinary procedures of the *Enterprise Agreement*.
- A staff member may refer to the *Enterprise Agreement* when raising a report, however clause 8.4 of the *Enterprise Agreement* refers back to the *Complaints Resolution (Staff) Procedure* as a mechanism to resolve workplace grievances.

There are a number of exclusions that prevent the *Complaints Resolution (Staff) Procedure* from applying

The Procedure does not apply where a staff member raises a report that, under another University policy or procedure, the staff member has a right to request a review under the provisions of the *Enterprise Agreement*. This right of review under clause 8.3 of the *Enterprise Agreement* captures a broad range of matters, including termination for serious misconduct.

The Procedure will also cease to apply in the event that a report may amount to misconduct or serious misconduct:

- Clause 2.3: “In the event that a complaint raised through the Procedure is deemed serious enough that it may amount to an allegation of misconduct or serious misconduct...this procedure will cease to apply immediately”.

As noted above, the report is then handled under an ‘alternative process’ that may involve the report being referred for action under the disciplinary procedures of the *Enterprise Agreement*.

If an exclusion applies, it is not clear what alternative process will apply.

It is noted that clauses 4.2 and 4.3 of the Procedure deal with assisted and formal resolution of reports. However, it is not clear whether these procedures are intended to apply in the event of an exclusion and it is possible a staff member will cease reading the document beyond clause 2.3 (Serious matters that are handled under an alternative process), upon becoming aware of the exclusion.

How a report is assessed as potentially amounting to misconduct, or serious misconduct, is not adequately defined in the *Complaints Resolution (Staff) Procedure*

As previously noted, if a report may amount to an allegation of misconduct or serious misconduct, the *Complaints Resolution (Staff) Procedure* will cease to apply.

However, the Procedure does not define or outline the criteria for how the report is assessed as serious enough that it may amount to an allegation of misconduct or serious misconduct.

The procedure also does not define the department or individual responsible for:

- The assessment of such a report and the likelihood of it resulting in an allegation of misconduct or serious misconduct; or
- Escalation of such a report to HR, an investigator or a Fair Treatment Contact Officer (FTCO).

The Procedure and clause 8.2.1 of the *Enterprise Agreement* provide broad definitions of misconduct and serious misconduct, however, sexual harassment is not included within these definitions.

Staff Policy Framework

Key risks in the Staff Policy Framework

The complexities of the *Enterprise Agreement* and other procedures make it extremely difficult to navigate the policy environment, to not only identify what policies might apply in any given circumstance but to understand the full end-to-end process before a victim might decide how to proceed. While HR advised that the *Complaint Resolution (Staff) Procedure* should not be used for an incident of SASH, it is not clear where it does or does not apply in relation to misconduct. This information should be accessible and easy to understand, so that a victim may make an informed decision about how to proceed, particularly where they might not yet feel comfortable talking to anyone about what they have experienced.

The following findings of the Staff Policy Framework review highlight the key risks identified for the University and also individual University staff.

Over-reliance on a staff member’s manager to respond to, and manage, the report in the first instance

In both the Procedure and *Enterprise Agreement*, the first point of contact is a staff member’s direct manager. Clause 8.2 - Disciplinary Procedures for Misconduct and Serious Misconduct in the *Enterprise Agreement* - provides that a staff member’s manager should make every effort to resolve instances of misconduct or serious misconduct prior to formal escalation:

- Clause 8.2: *Disciplinary action should be used as a last resort. A supervisor [manager] must make every effort to resolve instances of misconduct or serious misconduct through guidance, counselling and if appropriate staff development before raising allegations of misconduct and/or serious misconduct.*

It is noted that managers are often not equipped with adequate resources or skillsets to undertake appropriate investigations of grievances and/or reports raised.

While the Enterprise Agreement does allow for an Area Manager to undertake preliminary investigations in matters of both misconduct or serious misconduct, this risk is mitigated by the HR Branch’s case management model, which provides an Area Manager with support and, where required, may include engaging external investigators.

There is a potential wellbeing risk to all parties involved – a wellbeing risk for the untrained manager managing a situation they have not been prepared for, a risk to the victim that they will not receive the support they need, and a risk to the alleged offender that an investigation may not result in natural justice being served.

It should also be noted that many staff who participated in the engagement with the broader University community said they may not feel comfortable approaching their manager (refer page 30). Staff in these circumstances are able to reach out to an HR Advisor or a FTCO, however the Procedure does not emphasise these alternate options and predominantly refers to the HR Advisor as a support point of contact for the manager in resolving the report rather than a direct point of contact for an affected staff member (i.e. victim or alleged offender).

Serious reports that require escalation may be managed by managers informally and not adequately resolve the issue or complaint

Serious reports and grievances managed informally may increase liability to the University and individuals where a serious threat exists to a person’s health, safety and wellbeing. Both the *Complaints Resolution (Staff) Procedure* and *Enterprise Agreement* disciplinary procedures indicate a strong preference for mediation to resolve grievances and reports prior to formal escalation.

Mediation and informal resolution methods may not consider the needs of the victim, particularly where a serious threat may exist to their health, safety and wellbeing, and may not be an effective mechanism to address existing and future risk to the alleged offender and the University regarding procedural fairness exposure.

It may be appropriate in such circumstances that reports are referred to subject matter experts (SMEs) and FTCO, who will often be better equipped and resourced to advise on appropriate channels of escalation, investigation and the appropriateness of mediation as a vehicle for resolution.

Staff Policy Framework

Key risks in the Staff Policy Framework (cont.)

Where informal resolution methods are ineffective or inappropriate, Area Managers are required to manage and conduct preliminary investigations

Once the manager has exhausted informal methods of resolution, the report is then escalated to the Area Manager to make an initial assessment of the allegations. An Area Manager is defined in the *Enterprise Agreement* as:

- Deputy Vice-Chancellors;
- Vice Presidents;
- Pro Vice-Chancellors;
- Executive Deans;
- Director Human Resources; and
- Institute Directors.

The *Enterprise Agreement* places the responsibility on an Area Manager to make an assessment or conduct preliminary investigations to determine the appropriate course of action. This will require an Area Manager to either:

- Draft a record of measures taken to be kept on a staff member's file if the allegation has been resolved through informal resolution methods; or
- Provide notification to the staff member in writing of the allegations of misconduct or serious misconduct, including detail to allow the staff member to respond to the allegations.

The Area Manager is also responsible for determining the appropriateness of suspension, with or without pay. This assessment is based on the view that prima facie allegations amount to serious misconduct and/or pose an imminent risk to a person's health and safety or a risk to the University.

While Area Managers are supported by the case management model, they are still required to undertake critical decision-making in relation to matters of misconduct or serious misconduct, which requires significant training and support.

Provisions that are overly prescriptive, complex or difficult to follow may lead to an increased risk of non-compliance, unfair dismissal claims and reduce the overall effectiveness of a procedure as a framework for managing reports and grievances.

In particular, complex clauses may impact procedural fairness considerations. Procedural fairness is concerned with the decision making process followed or steps taken by a decision maker rather than the actual decision itself. Procedural fairness can take the form of:

- Where an employer has established policies and procedures, whether an employer has followed their own procedures in dismissing a staff member;
- Whether the staff member has been given every reasonable opportunity to respond to the allegations;
- Being able to seek advice or have a support person available during investigation or outcome meetings; and
- Demonstrating that a full and extensive investigation has been conducted.

Where a report investigation, or termination of employment as a result of serious misconduct allegations does not follow the processes that the University has prescribed, there is an increased risk of a successful unfair dismissal claim. There may also be potential wellbeing risks for managers or Area Managers due to a lack of training and support from the University to meet the complex provisions.

The Staff Policy Framework has limited coverage of confidentiality, timeliness, health and safety and record keeping. There are no references to risk assessments related to taking immediate steps to manage health, safety and wellbeing risks of any of the involved parties.

Student Policy Framework

The Student Policy Framework

Definition of Sexual Harassment

In the Student Policy Framework, the definition of sexual harassment includes "where it is reasonable to expect that the other person would be offended, afraid or humiliated". It does not provide enough detail around how the tests are applied, and therefore it is not made clear to a student what experiences could and should be reported.

Reporting under the Student Policy Framework

Reporting options

Students have multiple confidential avenues for a first point of contact that are referenced in the *Student Sexual Assault and Sexual Harassment Procedure* rather than the *Student Sexual Assault and Sexual Harassment Policy*. Students would have to read both documents thoroughly to understand their options as these are spread across multiple sections.

Students are encouraged to make a report directly through the *Safer Campus Community Online Form*, the UA Student App and University Security. Alternatively, students can contact Student Life, Student Care, Student Representative Council, SASH Information Network or a member of staff the student feels comfortable approaching to receive support and assistance to make a formal report through one of the aforementioned channels.

There is no guidance on circumstances to use one reporting avenue over another apart from that Security Services should be used in situations that present imminent danger. Students are encouraged to disclose to a staff member and discuss their options with them.

For students, anonymous reporting options are not explicitly mentioned in the policy framework, apart from the fact that the University may be limited in the support they can provide if the disclosure is made anonymously. The most anonymous option is to make a de-identified disclosure by raising their concern directly with a staff member who will fill in a *De-identified Recorded Disclosure Form* if the student does not give permission to release their details. Consultation revealed that the *Safer Campus Community Online Form* can be used to report anonymously but this is not indicated on the form, and student details are pre-filled and locked when a student is logged into their University account. To submit the form anonymously, students would need to have prior knowledge that this was possible by logging out of their University account to remove the pre-filled details, however, this workaround is not communicated.

Informal resolution does not appear to be an option for students. If a concern is raised through this Policy and the student behaviour and conduct procedure, the concern will be formally dealt with and investigated to determine penalties or a resolution.

Application of the Student Policy Framework

University Related conduct vs Non-University Related conduct

There are different definitions of University Related and Non-University Related conduct that can be found across the *Student SASH Policy*, the *Student Behaviour and Conduct Annual Report* and the Monthly SASH Incident Reports.

These different definitions create uncertainty as to whether an incident would be considered University conduct and dealt with by the University under the policy framework if it occurred in one of the following settings:

- At club events;
- On student placements;
- Any event on campus;
- In University accommodation; or
- Representing the University in a sports setting.

The unclear definitions have resulted in perceived 'grey areas', evidenced by accounts KPMG heard involving students on campus that were not considered University related and were not acted upon by the University. Examples include incidents that might occur at the UniBar, which is not run by the University, or at on-campus events which are not specifically organised or run by the University.

Incidents at Club Events

In practice, the University does not consider incidents that occur at student club events to be University related. As a result, these incidents are not dealt with directly by the University but are referred to the AUU and individual clubs to resolve for their members. The University states this is because clubs are open to members from outside of the University and that events are not endorsed by the University. This is the case for all student club events, even those that take place on campus.

However, the University will provide advice to the AUU on handling matters within their space while maintaining visibility of these matters through reports from AUU. The procedure of reporting incidents to the University is not formalised through any funding agreements or AUU policies.

Student Policy Framework

Incidents on Student Placement

Students on placement at external organisations are vulnerable to inappropriate conduct. In 2018, as part of the '*Respect. Now. Always.*' *Action Plan*, this was identified as a gap to be addressed as there was no consistency across the University around how these concerns are handled and recorded. It appears that this gap has still not been addressed. Evidence suggests that recent incidents are managed by a number of different 'support individuals,' including individuals from within Health, Safety & Wellbeing, Legal and Risk, Student Affairs, the relevant Faculty and relevant School. Student placement incidents are intended to be recorded in the University's *Student Behaviour and Conduct Register*, however this may not occur in practice.

Gaps in the Policy Framework

Members of the University community

Titleholders, volunteers and contractors

For staff and honorary titleholders, the *Code of Conduct* outlines behavioural expectations around SASH. Employment contracts and consulting agreements also state that individuals must comply with the University's policies including the *Code of Conduct*. However, the current University policy framework does not cover how incidents involving a titleholder, volunteer or contractor alleged offender will be handled.

Consultations have suggested that reports about titleholders would be investigated and managed by HR by following a process that closely mirrors the procedure outlined in the *Enterprise Agreement* under section 8. However in a student placement context, this would be dependent on the nature of the specific agreement with the third party institution at which the student was placed (refer page 47). This process is not supported by or formalised in any documentation at the University, and there is no clear guidance in relation to volunteers and contractors. Reports against titleholders and contractors are stated in scope of the student SASH policy, however reports against volunteers are not mentioned.

If one of these stakeholders wishes to raise a report, they are directed to the relevant policy or document that they are to follow in the *Fair Treatment Procedure*.

- **Titleholders** are referred to the *Titleholder – Conferral of Honorary Roles Procedure*. This Procedure does not provide any guidance for raising a report.
- **Volunteers** are referred to the *University Volunteer Policy*. A staff login is required to access this policy. The policy states that volunteer coordinators are responsible for resolving any grievances and when this is not possible, then the volunteer coordinator should involve their manager. It refers to an out of date policy to support this process. It does not provide clear guidance on how the volunteer should raise their report.
- **Contractors** are referred to the *Consultancy Services Agreement* or similar agreement. It is unclear how reports should be raised in accordance with these documents.

Reports by staff against students

The staff policies state that they exclude incidents relating to students and that students should refer to the *Student Grievance Resolution Process*. This reference is out of date as the process has not been used for behavioural related incidents since the introduction of the *Student Behaviour and Conduct Committee Terms of Reference* in June 2017.

The policy framework also does not address the process for staff who wish to raise a concern about student behaviour. The *Inappropriate Student Behaviour* webpage indicates that these concerns should be directed to the Early Intervention Group using a *Behavioural Incident Report Form*.

Early intervention and prevention

Early intervention

Prior to escalating to formal investigation of inappropriate behaviours, University staff are expected to try to resolve their grievances through one of the three early intervention pathways as documented in the *Complaints Resolution (Staff) Procedure*. These early intervention pathways are self-mediation, assisted mediation with a manager and assisted mediation with HR.

In contrast, there are no clear early intervention pathways for students. Reports raised with the University will be investigated by the *Student Behaviour and Conduct Committee* to determine an outcome. These outcomes could include directing a student to cease actions, provide a formal apology, or referral to the student misconduct tribunal.

The University Early Intervention Group is designed to receive and manage concerns from staff about student behaviour. Despite the availability of this, little action can be taken for early intervention in the case when Student Affairs determines the incident is not University related (refer page 46).

Bystander action

Guidance for staff around expectations for bystander action is limited to what can be found in the *Code of Conduct* which states that it is expected that staff "will call out others' inappropriate behaviour and report any reasonable suspicion of misconduct". The current staff *Behaviour and Conduct Policy* does not contain an explanation of the types of behaviours that would be considered appropriate or inappropriate. This creates confusion and may result in staff not reporting incidents that should be reported.

For students, there is a bystander action tile on the Safer Campus Community website which contains strategies on being an active bystander as well as resources to access for support. This messaging is reiterated across posters and postcards on campus and in the *Student Guide*. Additionally, the *Consent Matters (Yes means Yes!)* training module contains a bystander action section which provides strategies and practice scenarios for speaking up.

Diversity and Inclusion Initiatives

In addition to the Staff Policy Framework and Student Policy Framework, there are other elements of the University's policy environment that have an indirect impact on prevention, response to and management of reports of SASH and other inappropriate behaviours.

Gender Equity Environment

The University has a staff gender equity strategy, *The Dornwell Framework*, which outlines specific gender equity strategies aligned to three focus areas: strengthening leadership capability and accountability; building an empowered workforce; and growing and strengthening the talent pipeline. In addition, the University has also been accredited with the entry-level rating of Athena SWAN 'Bronze' status in early 2020, a national program delivered by *Science in Australia Gender Equity* (SAGE) to improve gender equity in STEMM in the higher education and research sector. The four-year action plan aligns with *The Dornwell Framework* annual action plans and is monitored by the University's Staff Gender Equity Committee. The Framework and SAGE Athena SWAN do not apply to students and there does not appear to be an additional strategy document for students.

As of November 2020, the University has achieved an average of 36.4% women in key leadership roles. The University is below the accepted gender equity range across four key leadership cohorts: Institute Directors, Pro-Vice-Chancellors, Heads of Schools and Faculty Executive Directors/Managers. Gender ratios at the leadership level were adversely affected between 2017 and 2019 when the percentage of women in leadership roles fell by 9.5%.

The *Your Voice staff survey* in 2018 found that 90% of staff agreed that their manager genuinely supports equality between women and men and 78% agreed that individuals of all genders are recognised equally for their contributions. It was noted during consultations that there are very different approaches to gender equality between schools at the University, with some addressing inequality and discrimination as a priority, and others that are taking limited substantive action.

The Broader Diversity and Inclusion Environment

As identified on page 17, research supports that individuals who experience other forms of discrimination will experience SASH differently and are at greater risk of experiencing SASH than others. Key statistics include:

- Aboriginal and Torres Strait Islander women are substantially more likely to have experienced sexual harassment in the workplace (55% compared with 39% of all women).*
- Women living with a disability are more likely to experience sexual harassment in the workplace (52% compared with 39% of all women).*

- Young women (aged 18-24) are more than twice as likely than the general population to experience sexual harassment.**
- People of diverse sexual orientation are more likely to have experienced workplace sexual harassment compared to heterosexual people (52% compared with 31%).*

It is understood that these groups also face different barriers to reporting. This highlights the need for diversity and inclusion initiatives, beyond only gender, to be seen as an integrated part of the University's SASH response.

There is a need to ensure that diversity and inclusion initiatives across the University are adequately resourced and supported by funding, and reporting on progress is elevated to the right level in the institution.

* Source: Australian Human Rights Commission (2018), *Everyone's business: Fourth national survey on sexual harassment in Australian workplaces*

**Source: Australian Bureau of Statistics (November 2017), *Personal Safety Survey, Australia, 2016*.

Respect. Now. Always. Response

In response to the findings of the AHRC's *Change the Course* report and the Universities Australia *Respect. Now. Always.* Initiative, the University established a taskforce to review the consolidated recommendations and develop an action plan. There were 65 actions identified as part of this plan, and the taskforce set the goal of achieving all of these tasks by the end of 2018. In the year-end *Safer Campus Community Report 2018*, the taskforce reported that 64 out of 65 actions had been addressed. The final action item, to complete an independent review on progress, was completed at the end of 2019 by the Equal Opportunity Commission.

The University has made a significant investment in developing training and making it available, refreshing policies and procedures, and consolidating information for students on SASH under the banner of Safer Campus Community. This messaging is consistent across the University community, and many staff referenced the positive work that has been done in this space and commended it as a positive step for the University.

The challenge that the University now faces is ensuring that Safer Campus Community remains on the agenda to ensure action is still being taken in key areas. Potential risks identified include:

- **Student surveys:** Item 3 of the action plan stated that an annual survey would be established regarding student perceptions around SASH. This was done by adding questions to the Student Life annual wellbeing survey in 2018 but has not been done in subsequent years due to student feedback that it was not appropriate to include SASH questions in this survey. No further surveying of students on SASH has been completed since.
- **Residential Colleges:** According to item 27, the *Charter of Student Fairness and Wellbeing* was established in 2018 to agree the approach to managing SASH across the University and its affiliated Residential Colleges. This Charter stipulates that an annual survey on student satisfaction should be administered by each residential college. These were sighted for the University-managed residential colleges, confirming this commitment was met. However, this was not verified for University affiliated residential colleges that were also party to the Charter. The Charter also states that it should be updated annually or as required which has not been completed since 2018. It is unclear whether parties are being held to account for the items specified in this Charter.
- **Training:** 12 items in the action plan referenced training. The University needs to ensure that this training is being offered on an ongoing basis, is fit for purpose and that training which is mandatory is tracked and enforced (refer pages 25 and 26).
- **Student Placements:** Item 50 of the action plan was concerned with providing support to providers of student work placements and internships. Upon further investigation, it was found that there was a lack of consistency across the University with regards to work placements and this was identified as a gap for further action. This does not appear to have been addressed (refer page 47).
- **International Students:** Item 53, to do with translating communications into key languages to support international students, was amended based on student feedback. There may be a requirement to further support these students on an ongoing basis (refer page 33).

Regulatory and Legislative Considerations

Respect@Work

In early 2020, the Australian Human Rights Commission released its Respect@Work Report: National Inquiry Into Sexual Harassment In Australian Workplaces. The report centred on a review of workplace sexual harassment and its purpose was to make recommendations in relation to the prevalence of sexual harassment reporting.

The report outlines 55 recommendations that aim to prevent and respond to sexual harassment in the workplace, including recommendations that:

- Tertiary and higher education providers deliver evidence-based information and training on sexual harassment for staff and students;
- Development of training and resources for staff and employers;
- Changes to the Fair Work system be made to ensure that sexual harassment is clearly prohibited, and provides sexual harassment as a valid reason for dismissal, using the definition in the *Sex Discrimination Act*; and
- The ability to make a stop sexual harassment order be introduced, similar to the stop bullying order that is currently in place through the Fair Work Commission.

The proposed expanded definition of serious misconduct in the Fair Work Act to include sexual harassment provides an opportunity to review and amend policies and procedures

A number of the recommendations outlined in the Respect@Work Report will impact how workplaces prevent, manage and respond to sexual harassment. In addition to the development of a specific policy and procedure to assist managers to manage, and staff members to adequately raise, sexual harassment reports, there is an opportunity for the University to:

- Define individual responsibilities, escalation points and the alternative process to the Complaints Resolution (Staff) Procedure; and
- Identify SMEs, or engage an independent third party, to manage and investigate grievances that may involve senior University staff who may have a COI that may prevent them from undertaking their role as part of the investigative and disciplinary process per the *Enterprise Agreement* (refer page 45).

Underpinning legislative requirements – Workplace Health and Safety Act 2011

In circumstances where reports are not progressed by the victim, the University still maintains its primary duty of care under the *Workplace Health and Safety Act 2011*.

While in some instances it may be appropriate to pursue informal resolution, such as where misconduct has occurred and a trained manager is able to provide mediation or a resolution, it cannot be conducted in instances of serious misconduct.

Another risk of pursuing informal resolution methods is that it may deter staff from raising, or wanting to proceed with, reports or grievances. Although a staff member may not wish to raise, or proceed with a report, if the University is aware of inappropriate behaviours that present a risk to health and safety, there is an obligation on the University to manage this risk. The primary duty of care also includes:

- Providing and maintaining a work environment that is without risks to health and safety;
- Monitoring the health and safety of workers and the conditions at the workplace to ensure that work related illnesses and injuries are prevented; and
- Providing appropriate information, instruction, training and supervision to workers and other persons at the workplace to allow work to be carried out safely.

In order to provide and maintain a safe working environment, investigation into behaviours which give rise to health and safety issues may be required so means to address the risk can be identified.

Anonymous reporting channels can encourage staff to raise concerns regarding sexual harassment

The University's current reports policy and procedure excludes anonymous reports from being managed and investigated. Anonymous reporting can be facilitated in workplaces by employers through different means to encourage staff to report SASH.

While anonymous reports may limit the extent of any disciplinary action that can be taken due to the considerations of procedural fairness, the University should still respond to, and address, anonymous reports.

Recommendations



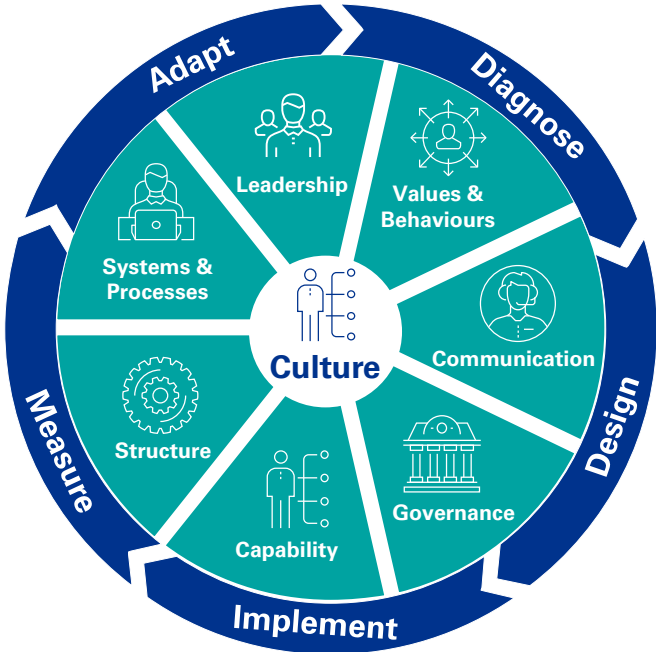
Culture at the University

The observations and themes from this work do not point to a single, discrete issue with a single solution. Instead, this work highlights an underlying issue with culture at the University, in particular, culture as it relates to safety and reporting.

Culture is a critical lever in the delivery of organisational change, and there are a number of drivers which can be utilised to shift the dial on culture within an organisation.

It is recommended that the University makes use of all culture drivers available to bring about the lasting, positive change that the University community conveyed a strong desire to see.

KPMG’s culture framework contains seven drivers of culture, each contributing to ‘the way things are done around here’. The framework has been used in this Report as a way to structure the recommendations for change at the University, noting that the response to each individual ICAC Recommendation will be enhanced by a range of interventions which support broader cultural change.



Culture Driver	What good looks like
Leadership	Leaders who share a common vision are able to model and inspire the desired behaviours and values required to connect staff members to an organisation’s purpose through cultural transformation leadership.
Values and Behaviours	A clear articulation of the values that the organisation holds dear, and the behaviours that are seen when these values are being lived. Values that are fit for purpose and help staff reconcile and solve the problems they encounter.
Communication	Communication is authentic, two-way, using multiple channels, consistent, tailored and targeted. Listening to understand. Free flow of information up and down hierarchies unimpeded by perception management.
Governance	Clear accountability, and fit for purpose decision-making and controls that meet the needs of the organisation.
Capability	The organisation has a clear view on the capability it needs to achieve its strategy and actively supports its staff to achieve the requirements.
Structure	Aligned to and reinforces organisational values through recruiting, training and rewarding and recognising desired behaviours, and aligning structure to strategy.
Systems and Processes	Systems and processes that support performance and the achievement of the business’ strategic objectives and purpose while ensuring compliance and customer service outcomes. Includes both business and control function systems and processes

Summary of Recommendations

Based on the work undertaken between November 2020 and April 2021, KPMG identified 22 recommended next steps.

While 18 of these recommendations are linked to the ICAC Recommendations made in the publicly released ICAC Statement, an additional four recommendations have been identified to take the University beyond remedial actions to achieve lasting change in providing a safe and inclusive environment for the University community.

Of these recommendations, the most critical are outlined below.

Streamline and refresh the University Policy Framework as it relates to SASH and misconduct

The current University policy framework as it relates to SASH and misconduct for both staff and students is complex and difficult to navigate, requiring readers to refer to multiple documents to understand what is required of them. Furthermore, there is insufficient reference to SASH in the Staff Policy Framework. To rectify this, the University would benefit from a standalone staff SASH policy to clarify behavioural expectations and the process for dealing with incidents.

While making improvements within the current policy framework may be an adequate short-term action, the University is in critical need of a significant overhaul of their entire policy environment as it relates to SASH and misconduct. These changes include greatly reducing the number of policy, procedure and guideline documents in favour of a smaller number of more detailed documents.

See Recommendations R18 – R22 on pages 69-71 for more detail on the recommended improvements to the University Staff Policy Framework.

Establish a University-wide Independent Integrity Unit

An independent Integrity Unit – independent of local areas, HR, Legal and Risk and DASE – should be established to ensure that investigations are conducted in a professional, sensitive and consistent manner, procedural fairness is applied and that staff and students (as both victims and alleged offenders) are appropriately supported throughout the process. The Unit should adopt detailed investigation guidelines which set the standard of how the process should be conducted and recorded.

This Unit will be responsible for managing a University-wide central database of all incidents to enable effective monitoring, trend analysis and continuous improvement of processes. Reports received by different teams at the University should be recorded and managed in the central database.

See Recommendations R7 and R15 on pages 62 and 67 for more detail on the development of the Independent Integrity Unit and related recommendations.

Developing leadership capabilities to lead change

A capability uplift is required at the leadership level to facilitate the cultural change required at the University, which will not be achieved through a single intervention.

An ongoing program of leadership development will need to be implemented, only one element of which would be formal training. Another aspect would be genuine leadership engagement in the Staff Values and Behaviours Framework (see R1a) to build understanding of how to effectively role model the values and behaviours to the University community.

A restorative engagement process (see R1b) would provide a range of benefits: it would allow those who have lived experience of SASH and other inappropriate behaviours at the University to feel heard; it would assist leaders to understand the impact of these experiences; and it would send a powerful message to the University community that its leaders are listening and genuinely care about driving cultural change. This will be an essential step in re-establishing trust within the institution.

See Recommendation R1 on page 58 and 59 for more detail on developing the capabilities of leadership to lead for change at the University.

Ongoing and trackable *Ethics and Integrity* training

The staff learning and development environment is limited, with no mandatory refresher or role specific training for leaders and managers, and manual tracking of completion (in only some cases) due to systems limitations, as detailed on pages 25 and 26.

Notwithstanding these issues, there is a need to ensure ongoing, trackable training for all staff in relation to a range of ethics and integrity modules. This training should be run annually, with topics featuring as relevant on a rotating basis, including but not limited to:

- Inappropriate behaviour and bystander action;
- OPI and ICAC reporting obligations; and
- Conflict of Interest.

See Recommendations R9 – R12 on pages 64 and 65 for more detail on the introduction of the *Ethics and Integrity* training and the modules this could cover for all staff.

A summary of the recommendations list is provided over the page.

Summary of Recommendations

This summary aligns each recommendation with the culture driver that would be activated and how each recommendation links back to the August 2020 ICAC Recommendations. These recommendations will take time to execute effectively and should form part of a long-term plan to improve safety and reporting culture at the University.

The recommendations are provided in full detail, along with the key themes each recommendation would contribute to addressing, from page 58.

Culture Driver	Recommendation	ICAC Recommendation	Page
Leadership	R1. Developing leadership capabilities to lead change		58
	R1a. The Vice-Chancellor's Executive (VCE) to hold Values and Behaviours Workshops		58
	R1b. Design and undertake a restorative engagement process		59
Values and Behaviours	R2. Seek regular feedback from members of the University environment on culture, values and behaviours	2-5	60
	R3. Embed the Values and Behaviours Framework		60
Communication	R4. Expand the Safer Campus Community initiative to incorporate staff safety	2-5	61
	R5. Clearly communicate reporting options	2-5	61
Governance	R6. All reports of substantiated misconduct should be attached to staff files as standard practice, without exclusions, and access to staff files should be reviewed for appropriateness	6	62
	R7. Ensure all reports related to SASH are recorded in a central database	2-5	62
	R8. Risk management framework should be updated to reflect controls related to SASH and diversity and inclusion		63
Capability	R9. Introduce recurring Ethics and Integrity training	7	64
	R10. Conflict of Interest training to be updated for the University's specific environment and mandated as part of induction and Ethics and Integrity training	8	64
	R11. Develop and introduce a mandatory training program to educate staff on behavioural expectations and inappropriate behaviours in the University's context, with specific reference to sexual assault and sexual harassment	2-5	65
	R12. Develop and introduce a role specific People Leaders training program	2-5	65
	R13. Use role specific training for Fair Treatment Contact Officers (FTCO) to reinvigorate the FTCO network	2-5	66
	R14. Enhance the training offering available to students on SASH topics	2-5	66

Summary of Recommendations (cont.)

Culture Driver	Recommendation	ICAC Recommendation	Page
Structure	R15. Establish a University-wide independent Integrity Unit	2-5	67
	R16. Develop a more rigorous approach to managing the safety and wellbeing of staff and students involved in a report or investigations process	5	68
	R17. Review of the Human Resources (HR) function and core enabling capabilities		68
Systems and Processes	R18. Streamline and refresh the University Policy Framework as it relates to SASH and misconduct	2-5	69
	R19. Introduce a standalone Sexual Assault and Sexual Harassment policy for staff	2-5	70
	R20. Expand the Student Policy Framework scope	2-5	70
	R21. Redesign and standardise the Conflict of Interest Management process	8	71
	R22. The Office of General Counsel draft a Governance Policy that relates to the treatment of legal advices	1	71

Accountability for and Measurement of Implementation

Once the University's efforts in relation to the ICAC Response shift towards implementation, there will need to be clear sponsorship at leadership levels to oversee and be accountable for the implementation of each recommendation.

Implementation considerations

The leaders should be supported by relevant subject matter experts from various areas of the University, which may include, but should not be limited to, HR, General Counsel, Legal and Risk, Information Technology & Digital Services (ITDS) and Student Affairs, to ensure that all endorsed recommendations are implemented effectively and in a way that is fit for purpose for the University. Implementation should meet the spirit and intention of the recommendations outlined in this Report, and be designed with consideration of practical and technical constraints of the University environment. As a principle moving forward, engaging with the University community, particularly staff and students as 'end users', in both the design and testing of solutions, will be critical.

The timing of implementation of the recommendations will be critical, and there will need to be consideration given to staging of implementation of the recommendations to accommodate dependencies across the entire University. Some of the recommendations outlined in this Report can be actioned easily and, in some cases, already have relevant work underway. However, there are a number of recommendations which will need to be implemented over a medium- and longer-term horizon, as they will be resource intensive, or will require significant investment, particularly in relation to the improvements required to the systems environment. In some instances, sequencing of implementation may need to prioritise updates to policies or processes in order to identify system requirements.

Accountability and oversight of implementation

To guide the implementation of the medium- and longer-term recommendations, there will need to be an ongoing governance mechanism which has the appropriate authorities to direct implementation, for example an implementation steering committee. This governance mechanism, in whatever form it takes, will need to maintain ongoing communication and engagement with the University community.

The implementation of these recommendations should also be linked to the Strategic Plan for the University, to clearly signal the importance of getting this response right, and recommendation leads should have implementation-linked KPIs in their performance management arrangements.

Measurement of implementation and impact

The recommendations in this Report are designed to not only address each of the ICAC Recommendations but also bring about lasting, positive cultural change at the University, and create a safe and inclusive environment for all.

As such, it is important to acknowledge that cultural change is something that cannot be implemented overnight, and it is unlikely that the impact of these recommendations on culture will be measurable in the short term.

After 12 months, the Audit, Compliance and Risk Committee should review implementation to date and identify any necessary interventions to guide the next 12 months of implementation activities, to ensure that these initiatives are on track from an implementation perspective.

From an impact perspective, there are a variety of lead indicators that could be examined. For example, if implementation of these recommendations is on track, in the short term, it would be expected that there would be an increase in reports of SASH and other inappropriate behaviours, as the psychological safety of staff and students to come forward and make reports improves.

In relation to the measurement of culture in an ongoing way, the Your Voice survey, distributed in May 2021, may be able to provide a baseline from which culture can be measured moving forward. However, it would be considered better practice for culture to be measured with a shorter and more regular Culture Index survey, which aligns to the updated Values and Behaviours Framework (refer R3) and defines the University's aspirational culture. Such a Culture Index could be used to undertake gap analysis of current state and future aspirations for culture, to provide further focus for the next phase of implementation activities.

Leadership

Desired outcome

Leaders who share a common vision are able to model and inspire the desired behaviours and values required to connect staff members to an organisation’s purpose through cultural transformation leadership. There was consistent feedback from the engagement process that staff do not feel heard and do not trust that their leaders will act to make the changes necessary. There is a need to centre the experience of those with lived experience of SASH and other inappropriate behaviours and demonstrate that leaders understand this issue and will act as needed. Capability uplift is also needed to equip leaders with the skills to confidently and appropriately communicate about these topics and respond appropriately to disclosures and/or reports.

R1. Developing leadership capabilities to lead change

As evidenced by the consistent feedback from the engagement process, there is a challenge ahead for leaders of the University to acknowledge the past before they can move forward. A capability uplift is required at the leadership level to facilitate this, which will not be achieved through a single intervention.

An ongoing program of leadership development will need to be implemented, one element of which would be formal training (refer R12). Another aspect would be genuine leadership engagement in the Staff Values and Behaviours Framework (see R1a). A restorative process, as discussed in R1b, would provide a range of benefits: it would allow those who have lived experience of SASH and other inappropriate behaviours at the University to feel heard; it would assist leaders to understand the impact of these experiences; and it would send a powerful message to the University community that its leaders are listening and genuinely care about driving meaningful change.

R1a. The Vice-Chancellor’s Executive (VCE) to hold Values and Behaviours Workshops

While the work required to meaningfully embed the Staff Values and Behaviours Framework is detailed in R3 (refer page 60), a crucial element of this work will be introducing a forum for the leadership of the University, specifically the VCE, to genuinely engage in the Framework and build their understanding of how the values and behaviours should be brought to life. Genuine and demonstrated leadership buy-in is essential for the Framework to be embraced more widely by University staff.

These workshops should cover clear expectations of how the leadership are to role model these values and behaviours to the University community, giving each leader the mandate to hold themselves and others accountable to demonstrate the values and behaviours in every interaction.

Measurement mechanisms should be introduced for each leader to demonstrate how they are living the values day-to-day, for consideration as part of regular performance management conversations.

Communication back to staff from these sessions will be critical in setting the tone from the top, as will incorporating language that is consistent with the Framework into all communication, both written and verbal, from University leadership to staff moving forward.

Report themes addressed: Leadership and Culture, Defining Appropriate Behaviour

ICAC Recommendation addressed: Not applicable

Leadership (cont.)

R1b. Design and undertake a restorative engagement process

At the right point in the process of leadership capability uplift, it is recommended that leaders engage with the University community, to better understand the lived experiences of victims and to examine these issues from their perspective. There is a need to design a restorative process that enables leaders to engage with victims.

Such a restorative engagement process provides victims with a voice, particularly where they feel that being able to share their story with a leader will assist with their personal recovery. This process would provide an additional benefit of deepening the University leadership's understanding of lived experience at the University, increasing their awareness of the impact of SASH and other inappropriate behaviours. It will also clearly signal the intent of the leadership to listen. This will be an essential step in re-establishing trust.

The restorative process would not be a mechanism for reopening prior cases. Instead, its primary purpose would be to provide a forum for victims who have experienced SASH or other forms of inappropriate behaviours to tell their story to a leader safely and confidentially.

Both the design of and the preparation for such a process should ensure that leaders have the skills to participate meaningfully and that it is undertaken in a way that is sensitive to the needs of participants. The design and delivery of this process should be undertaken in consultation with a restorative engagement subject matter expert.

Typical features of a restorative engagement process include:

- *Primacy of participant welfare*

The privacy, safety and wellbeing of all participants is of paramount importance throughout participation in a restorative engagement process.

Privacy is paramount and restorative processes typically limit participation to the individual victim and a support person (if required), a facilitator and a representative from leadership.

- *Clear intent and purpose to provide clarity of expectations for participants*

For those who might choose to take part in a process like this, it is important that the individual has a clear understanding of what to expect in the end-to-end process, and the possible benefits and limitations of restorative engagement.

- *Training for leaders who participate*

Training for the leaders who take part in a restorative engagement process is essential to ensure they are prepared to engage appropriately and safely in these conversations.

In preparation for this, leaders involved are trained specifically to undertake this engagement, to mitigate risks of further psychological harm to those with lived experience who may choose to participate.

- *Use of experienced facilitators to ensure structured and effective conversations*

A restorative conversation would typically have a facilitator – an external professional who is expert in undertaking engagement processes of this nature. Facilitators run the meeting process, provide assistance to prepare participants for the proceedings and provide support to both the leader and participant during the meeting.

- *Participants have control over their participation*

Participation in a restorative engagement process is voluntary at all stages. Informed consent should be sought from all participants, prior to engaging in the process, and participants should also have the option to withdraw their consent to participate at any time.

In many cases, a participant is supported throughout the process by a partner, family member, friend or even a professional support worker or counsellor.

A restorative engagement process for the University will need to be designed to be fit for purpose for the University context, with a particular emphasis on the welfare and requirements of victims and the preparedness of leaders.

For information on restorative engagement in a higher education context, refer *Appendix D*, page 76.

Report themes addressed: Leadership and Culture, Trust

ICAC Recommendation addressed: Not applicable

Values and Behaviours

Desired outcome

A clear articulation of the values that the organisation holds dear, and the behaviours that are visible and tangible when these values are being lived. Values that are fit for purpose and help staff reconcile and solve the problems they encounter.

R2. Seek regular feedback from members of the University environment on culture, values and behaviours

Feedback from participants has highlighted an underlying issue with culture at the University, in particular, culture as it relates to safety and reporting. University staff and students should be given an opportunity to contribute to shaping the future culture of the University they would like to see on an ongoing basis.

The University should seek regular feedback from members of the University environment on culture, including psychological safety and bystander expectations.

- Increase the frequency of the staff culture survey to become a bi-annual culture pulse check. This will enable the University to clearly identify trends and risks and take timely action in response to challenges.
- Incorporate additional questions to complement the “Voice Safety” category to understand bystander action.
- Incorporate additional questions around behavioural expectations, confidence to call out behaviour and bystander action into the Student Life annual wellbeing survey.

Report themes addressed: Leadership and Culture, Trust, Defining Appropriate Behaviour

ICAC Recommendation addressed: 2 – 5

Additional commentary: There is work currently underway that relates to the above recommendation. The Your Voice Survey, which was paused during 2020 due to the COVID-19 global pandemic, has been updated with new questions related to culture at the University and was released in May 2021. However, as is evident from the Themes and Observations section, there is a need to undertake more in-depth work in relation to culture at the University moving forward (refer commentary on better practice on page 57).

R3. Embed the Staff Values and Behaviours Framework

The University’s Values and Behaviours Framework has not been officially launched to University staff. Staff participants expressed concern that the lack of clear definitions of behavioural expectations contributes to the perception of ‘grey areas’ of behaviours.

There is a need to update the Staff Values and Behaviours Framework to reflect the feedback that was received from participants (refer specific feedback on page 24). There is also an opportunity to add a diversity and inclusion lens. Following this work, the Framework needs to be embedded in existing mechanisms throughout the University in a structured, consistent, and deliberate way. To increase impact, early rollout activities should be focussed in areas which have been identified to have a higher gender imbalance, although it is critical that it is rolled out across all areas of the University, including to professional and academic staff, and all management and leadership.

The Framework needs to be given significant weighting in all conversations and processes that relate to the whole employee lifecycle, including:

- Recruitment;
- Role descriptions;
- Induction training;
- Regular performance management discussions;
- Promotion cycles and succession planning;
- Reward programs; and
- A standing agenda item for team meetings to promote regular and open conversations about behaviours.

This goes beyond incorporating the Framework into standard templates and requires genuinely embedding values and behaviours into both conversations and decision-making about recruitment, performance and reward, to consistently reinforce that demonstrating these values and behaviours is non-negotiable rather than a ‘nice-to-have’. Measurement mechanisms should be introduced to hold staff at all levels accountable for demonstrating that they are living the values day-to-day.

Report themes addressed: Leadership and Culture, Variability, Defining Appropriate Behaviour, Navigating Barriers to Reporting

ICAC Recommendation addressed: Not applicable

Communication

Desired outcome

Authentic, two-way, multiple channels, consistent, tailored and targeted. Listening to understand. Free flow of information up and down hierarchies unimpeded by perception management.

R4. Expand the Safer Campus Community initiative to incorporate staff safety

The Safer Campus Community website brings together information for students in one location. Feedback from staff participants was that there is not something similar in place for staff.

The University should enhance the “Information for Staff” webpage on the portal to include staff reporting options, relevant policies and procedures and support available, mirroring what is already available on the portal for students, effectively creating a one stop shop for all information related to SASH expectations and response.

The updated content should maintain separate content ownership, to facilitate timely updates to either staff or student specific content without requiring sign-off from all content owners.

As the University does not have a comprehensive formal set of plans and/or activities to evaluate the effectiveness of these communication materials, in addition to enhancing the information available in line with the above, the University should:

- Include plans or activities for evaluating education and awareness-raising communications of support services and reporting processes; and
- Ensure information is accessible for all staff and students including people with disability or people from culturally and linguistically diverse (CALD) backgrounds.

Report themes addressed: Variability, Navigating Barriers to Reporting, Establishing Care and Support for Victims

ICAC Recommendation addressed: 2 – 5

R5. Clearly communicate reporting options

Feedback from participants was that the current options to report are unclear and require an individual to conduct a thorough search of policy documentation and/or webpages to identify their options.

The University should ensure that the availability of each reporting option is clearly articulated in one place to both staff and students, including access to anonymous reporting options. These options should be signposted on the University’s Safer Campus Community website (refer R4), and also clearly articulated in relevant policy documents.

Presenting all information in one place, through “one front door” will provide victims with a single point where they can seek information and support, locate advice on reporting options, including the end-to-end processes and what might be involved in an investigation, and also submit a formal report. It should be clear what information is relevant for staff and what is relevant for students. It should also be made clear what support options are available for those who do not wish to report. This will ensure that all victims, including those who may not want to submit a formal report, have somewhere they can go for care and support.

Wherever anonymous reporting is referenced, it will be important to include clear guidance around what is involved in making an anonymous report, including the end-to-end process and any limitations on the actions that the University can take in response to anonymous reports.

Report themes addressed: Navigating Barriers to Reporting, Care and Support for Victims

ICAC Recommendation addressed: 2 – 5

Governance

Desired outcome

Clear accountability, and fit for purpose decision-making and controls that meet the needs of the organisation.

R6. All reports of substantiated misconduct should be attached to staff files as standard practice, without exclusions, and access to staff files should be reviewed for appropriateness

As identified in the ICAC Recommendations, there can be no exclusions to attaching SASH or other relevant findings of misconduct to a staff file.

- All reports of substantiated misconduct should be attached to staff files as standard practice, without exclusions.
- Access to staff files should be reviewed for appropriateness, with clear agreement about who should have access, both within the central HR team and beyond.
- All staff who have access to staff files should be provided with periodic refresher conversations/ training about their confidentiality obligations.
- Individual cases that have the potential to receive external, public scrutiny are currently brought forward to the University's People and Culture Committee. The University should agree a clear set of criteria to determine which cases are to be raised through to its governance layer and identify an appropriate decision making authority to undertake this assessment.
- To enable the Council and Executive Leadership to have visibility into the extent of SASH and other misconduct matters, standardised reporting across both student and staff matters will be important. Replacing the manual reporting process (refer R7) will be necessary to give Council and Executive confidence that the data has integrity and can be monitored appropriately.

Report themes addressed: Variability, Navigating Barriers to Reporting

ICAC Recommendation addressed: 6

R7. Ensure all reports related to SASH are recorded in a central database

There is currently no single view of all incidents of SASH at the University. Monitoring and recording of incidents is manual and inconsistent, limiting the usability and reliability of any reports on incident numbers to identify trends and the need for targeted mitigating actions.

A confidential case management system that can account for both student and staff reports should be considered as part of the University's investment in its Enterprise systems to enable the generation of meaningful reports that identify trends and develop insights. In implementing this, the following steps will be required:

- Liaise with relevant teams to ensure that all incidents reported across the University via the various channels available are included in a central register, be it the *Student Behaviour and Conduct Register* or otherwise. Teams that should be engaged with include HR, Legal and Risk, Whistleblower Authorised Disclosure Officers and Student Affairs.
- Formalise the requirement of individuals who receive disclosures on SASH to provide incident reports to the database, to ensure that information is captured, even where the victim does not choose to make a report or be identified.
- Formalise the requirement for affiliated University organisations, such as Adelaide University Sport, Adelaide University Union and Residential Colleges, to report incidents of SASH to the University for central recording through funding arrangements. Encourage affiliated groups to formalise these requirements in their organisation's policy framework.
- Record and track the percentage of reports that are raised by bystanders and include these figures in annual reports. Set targets to increase bystander reporting rates across the University.
- Track data on the retention of victims as students and staff following their raising a report, and/or seek feedback on their experience of the report process to foster continuous improvement.

Report themes addressed: Leadership and Culture, Trust, Variability, Navigating Barriers to Reporting

ICAC Recommendation addressed: 2 – 5

Governance

R8. Risk management framework should be updated to reflect controls related to SASH and diversity and inclusion

The risks associated with incidents of SASH and matters of safety and wellbeing of staff and students are significant organisational risks, and this should be adequately reflected in the University's risk management framework, and regularly reported on to ensure it is monitored and managed at the highest level of the University.

The University's risk management framework should be updated to reflect a series of controls related to the University's response to incidents of SASH and diversity and inclusion, including the gender equity environment.

There are a range of Diversity and Inclusion initiatives in progress at the University, including the Ally Network, Yangadlitya – Reconciliation Action Plan, the Disability Inclusion Action Plan and the Dornwell Action Plan. The governance of existing initiatives (e.g. the Dornwell Action Plan and related initiatives) is fragmented and there is no whole-of-institution governance of diversity and inclusion at the University below Council level. Specifically in relation to gender equity, staff matters and student matters are dealt with separately, academic matters are dealt with at the faculty level, and professional staff are not represented on the University's Staff Gender Equity Committee. The SAGE Athena SWAN framework has a narrow discipline focus.

As a critical element of the prevention of SASH in the workplace, the governance of gender equity initiatives should be elevated to the same level as the governance related to reporting and risk management in relation to reports of SASH and other inappropriate behaviours, to provide sufficient oversight of the entire lifecycle of prevention, response and managing reports of SASH.

Therefore, the University's risk assessment and risk management process needs to be updated to:

- Adequately identify, assess, mitigate and manage SASH risks at the University;
- Put processes in place to ensure staff and students are involved in identifying, assessing, mitigating and managing SASH risks;
- Report on progress against implementation of the ICAC Recommendations; and
- Report on progress against implementation of diversity and inclusion initiatives, including gender equity initiatives.

This will need to be supported by appropriate reporting through to the University Audit, Compliance and Risk Committee.

On a regular basis – at least every six months – the University Audit, Compliance and Risk Committee should provide the University Council with de-identified reports of this data, including any trends or identifiable concerns which arise, along with recommendations for any necessary improvements to processes.

Report themes addressed: Leadership and Culture, Variability

ICAC Recommendation addressed: Not applicable

Capability

Desired outcome

The organisation has a clear view on the capability it needs to achieve its strategy and actively supports its staff to achieve the requirements.

R9. Introduce recurring *Ethics and Integrity* training

Consistent training is needed to clarify role and responsibility expectations and accountability for all members of the University community so there is clarity of obligations and no 'grey areas' around appropriate and ethical behaviours. Once the University has identified the pathway forward in relation to learning and development systems, regular training should be introduced, the content of which should rotate to ensure that key topics are covered on a sufficiently regular basis.

This training program should be made mandatory for all staff and should be delivered as part of induction to new starters as well as refreshed on an annual basis. The following areas of content should be considered for inclusion:

- Inappropriate behaviour and bystander action – How to recognise inappropriate behaviour and intervene within the University environment (see R11 for more detail).
- OPI and ICAC reporting obligations – Reporting obligations are currently covered briefly within the *Fraud and Corruption Control* training module. The scope of the content in this module should be expanded for the new recurring training to cover OPI and ICAC reporting obligations, including the requirement to report behavioural misconduct as well as fraud and corruption.
- Conflict of Interest – Disclosure obligations including those regarding close personal relationships and the process to make a disclosure (see R10 for more detail).

Additional content for the training module should be decided annually based on consultation with relevant teams including HR and Legal and Risk, based on known areas of compliance risk, or any changes to the University's compliance requirements.

There is a need for agreement and then clear articulation of the consequences of non-compliance with completion of this training.

External ICAC and OPI modules about reporting requirements are available on the Legal and Risk webpage. As an interim measure before the new training is produced, existing channels should be used to direct staff to this external training to meet the requirements for ICAC Recommendation 7.

It is noted that there are currently resourcing constraints for learning and development, and the rollout of this training will require significant investment.

Report themes addressed: Leadership and Culture, Variability, Defining Appropriate Behaviour, Navigating Barriers to Reporting, Building Learning and Development, Establishing Care and Support for Victims

ICAC Recommendation addressed: 7

R10. Conflict of Interest training to be updated for the University's specific environment and mandated as part of induction and *Ethics and Integrity* training

Staff participants in the engagement process expressed confusion about their own individual obligations under the *COI Procedure*, and also lacked understanding of what types of consensual personal and professional relationships are covered in the policies, demonstrating a need for enhanced training.

- This training needs to be specific to the University environment by articulating the University's policy and process requirements and the specific process that individuals should follow when disclosing a COI.
- The training should cover all types of COI, such as conflicts outside employment, and commercial conflicts, in both the all staff and People Leader modules.
- Particular emphasis should be placed on COI related to 'close personal relationships' and the obligation to disclose these relationships, to resolve the inconsistencies in understanding of these obligations across the University.
- Training should be a mandatory component of induction and be refreshed regularly as part of the University *Ethics and Integrity* training (see R9).

Report themes addressed: Variability, Building Learning and Development

ICAC Recommendation addressed: 8

Capability

R11. Develop and introduce a mandatory training program to educate staff on behavioural expectations and inappropriate behaviours in the University's context, with specific reference to sexual assault and sexual harassment

There was consistent feedback from staff of all levels that there is no clear guidance on behavioural expectations at the University, nor is there adequate education on inappropriate behaviours, including SASH, particularly in terms of the different forms these behaviours can take, and the contextual factors which can affect the severity of how these behaviours are experienced. Content in existing training is brief and not specific to the University environment.

Key considerations for this training include:

- Training should clearly define SASH and cover the entire spectrum of sexual harassment behaviours to help staff better understand the perceived “grey areas”. An example spectrum which depicts the range of sexual harassment behaviours has been provided in *Appendix C*. These definitions should be accompanied by illustrative examples specific to the University context and should reference the appropriate actions to take in each situation.
- There should also be education on how to identify the heightened risk factors for different groups in relation to SASH.
- It has been found that bystander training is significantly more effective at tackling issues of SASH compared to traditional SASH training. For this reason, training should provide clear guidance around the expectation of bystander action as well as strategies and tips to take action in response to inappropriate behaviour.
- Training should be tailored to the University's context and include specific reference to the relevant reporting channels, policies and procedures and support available to staff.
- A quick reference guide on the key messages delivered in the training and key support contacts should be provided on completion to managers and individuals most likely to receive disclosures to support them with receiving and managing reports.
- The limitations in the training environment are discussed on pages 25 and 26. These notwithstanding, the University needs to ensure that the updated policy environment and training are effectively communicated to staff and that staff engage with them on a regular basis.
- Training should be made mandatory for all staff as part of induction training and should be refreshed on a two-yearly cycle, as part of the annual *Ethics and Integrity* training.

- Messaging to staff around mandatory SASH training should be clear about the connection between behaviours and culture.

Report themes addressed: Leadership and Culture, Variability, Defining Appropriate Behaviour, Navigating Barriers to Reporting, Building Learning and Development, Establishing Care and Support for Victims

ICAC Recommendation addressed: 2 – 5

R12. Develop and introduce a role specific People Leaders training program

Both leaders and managers across the University highlighted the lack of people management training, and called for role-specific training to be provided to all staff who manage people.

A dedicated training module should be developed and introduced which specifically addresses critical skills required for staff in any role which involves people leadership and management responsibilities.

Key considerations for this training include guidance on how leaders and managers should:

- Set behavioural expectations in the workplace;
- Call out bad behaviour and have uncomfortable conversations;
- Manage the behavioural elements of performance;
- Respond to a disclosure and manage a report;
- Build understanding of different lived experiences and the risk factors for different groups; and
- Offer their staff effective support.

As maturity in these skills improves across the University, a train-the-trainer element could be introduced to this People Leaders training program, providing leaders who have demonstrated strong capabilities with the opportunity to train their own teams.

Report themes addressed: Leadership and Culture, Variability, Defining Appropriate Behaviour, Building Learning and Development, Establishing Care and Support for Victims

ICAC Recommendation addressed: 2 – 5

Capability

R13. Use role specific training for Fair Treatment Contact Officers (FTCO) to reinvigorate the FTCO network

The FTCOs are an established network of support for the University, however there was feedback that the training is inconsistent and therefore the potential positive impact of this network is not being realised consistently across the University.

A dedicated and updated training module should be developed which specifically addresses critical skills required for FTCOs.

Key considerations for this training include:

- Updated SASH first responder training (where required);
- Information about the new Integrity Unit and how to report;
- All available support options for those who are considering reporting;
- Education on how to identify the heightened risk factors for different groups in relation to SASH; and
- Appropriate bystander interventions and providing support to those who witness SASH or inappropriate behaviour.

This will be a core part of updating the FTCO network on changes to the reporting environment, re-emphasising the importance of their role and reinvigorating the FTCO network to assist in providing multiple support and information access points for affected staff.

Report themes addressed: Leadership and Culture, Variability, Defining Appropriate Behaviour, Building Learning and Development, Establishing Care and Support for Victims

ICAC Recommendation addressed: 2 – 5

R14. Enhance the training offering available to students on SASH topics

Student leaders clearly stated that they would like training to be made available to them in relation to responding to and managing SASH reports. This is a critical capability uplift, particularly for student leaders who currently have a role in managing this process, or are likely to be first responders.

In relation to student leaders, it is recommended that the University:

- Seek feedback from recent participants of the *First Responder* training to understand what is working well and how training needs to be improved to better meet their needs.
- Tailor *First Responder* training to the University context and provide student leaders with clear guidance on the support available to them and University contacts to engage with when they receive a disclosure of SASH.

In relation to all students, it is recommended that the University:

- Engage with students to understand how training could more effectively flip the conversation from consent to a more modern and holistic view around healthy relationships and bystander awareness.
- Explore options for making the *Consent Matters* training for students mandatory as part of orientation requirements.

Report themes addressed: Variability, Defining Appropriate Behaviour, Building Learning and Development, Navigating Barriers to Reporting, Establishing Care and Support for Victims

ICAC Recommendation addressed: 2 – 5

Structure

Desired outcome

Structure is aligned to and reinforces organisational values through recruiting, training and rewarding and recognising desired behaviours.

R15. Establish a University-wide independent Integrity Unit

Feedback from participants clearly stated that there was a need for a reporting option which was independent of existing functions and reporting lines. With low levels of trust in existing reporting mechanisms at the University, an independent option would assist in breaking down barriers to reporting. Similarly, the lack of care and support for victims would suggest the need for a case management function that can provide continuous support throughout any reporting process.

An independent Integrity Unit (the Unit) – independent of local areas, HR, Legal and Risk and DASE – should be established to ensure that investigations are conducted in a professional, sensitive and consistent manner, procedural fairness is applied and that staff and students (as victims and alleged offenders) are appropriately supported throughout the process.

The Unit should undertake and oversee the investigations process, supported by detailed Investigation Guidelines. These Guidelines should leverage existing practice, and should adopt an approach which allows for some flexibility of the investigation process depending on the severity of the incident reported. These Guidelines will outline the approach to procedural fairness, confidentiality, timeliness and record keeping and provide guidance on topics such as suspension, standard of proof, engaging witnesses and stakeholders, gathering and analysing the evidence, completing investigation reports and undertaking internal governance and reporting requirements.

The Unit should be the central referral point for reports received across the University, ensuring that one area of the University has oversight of all reports, and that they are consistently managed and recorded in a central database owned by the Unit. The Unit should be responsible for monitoring the central database to identify trends and issues that need to be addressed to support continuous improvement of processes. For further commentary on the functionality and use of a central database refer to page 27.

The Unit should also provide a rigorous approach to case management, managing safety and wellbeing of staff and students who are involved in a report or the investigations process, including risk assessments, health and safety adjustments and various options for support depending on individual circumstances.

Importantly, the case management function provided by the Unit should provide victims with a single, continuous point of contact, working with them to ensure a victim-centric approach and tailored support options (extending beyond the investigation process as needed), and keeping them abreast of the progress of the investigation.

The Unit should work with Student Affairs, HR and individual faculties, as relevant and required throughout the process, to ensure the victim experience is seamless and the onus of navigating the reporting process is not on the victim. The Unit should refer to support mechanisms as agreed with the victim and alleged offender, including EAP and counselling and International Student Services.

Importantly, the University will need to identify a management line at an appropriately senior level that maintains the independence of the Unit. While the Unit will sit within the University's structure, there should be an ability for the Unit to bypass management hierarchy and report directly to the University Audit, Compliance and Risk Committee for matters under the jurisdiction of the Unit, as required.

Ways of working will be critical to the new Unit, which needs to be committed to the principles of respectful treatment of all parties, confidentiality, appropriate and timely communication to all parties, and the professional conduct of investigations.

The launch communications for the Unit will need to be carefully crafted and distributed in a way that engagement with the message can be measured and monitored. These communications will need to cover the purpose and scope of the Unit, as well as clear pathways for those who might wish to engage with the Unit. It should be clearly communicated that there is an information-only enquiry pathway, whereby members of the University community can contact the Unit for information about the reporting or investigation process without automatically initiating a formal process.

The design and governance of the unit, as well as any potential for the scope of the Unit to extend further, such as responsibility for academic integrity, should be developed in consultation with other parts of the University. Similarly, the official name of the Unit should be identified through consultation with University staff and students to ensure it is accessible and approachable, to not create unnecessary psychological barriers for an individual who may wish to engage with the Unit to seek information or raise a complaint.

After 12 months, as part of its governance remit in relation to the ICAC Recommendations, the University Audit, Compliance and Risk Committee should conduct a review of the Unit to ensure that it has been operationalised in a way that meets the needs of the University community.

Report themes addressed: Trust, Variability, Navigating Barriers to Reporting, Establishing Care and Support for Victims, Building a Victim Centric Approach

ICAC Recommendation addressed: 2 – 5

Structure

Many of the changes outlined below would also be addressed when the University implements an independent Integrity Unit, charged with enhancing the investigation process and support of victims and alleged offenders throughout that process (R15). The below recommendation (R16) should therefore be read as an interim step.

R16. Develop a more rigorous approach to managing the safety and wellbeing of staff and students involved in a report or investigations process

Feedback on the lived experience of the reporting and investigation process from both victims and alleged offenders suggested that support needs to be improved beyond the initial referral to counselling and EAP. Participants would have preferred proactive communication which provided both updates on progress and wellbeing check-ins, and support from the University to improve physical and psychological safety on campus – something that the EAP alone does not achieve.

Opportunities for improvement identified include:

- Providing guidance for managers and leaders on how to provide ongoing support to people who have disclosed an incident to them;
- Ensuring broader awareness of the types of accommodations that can be put in place to support both victims and alleged offenders (e.g. flexible work, adjusted reporting relationships, changes to University assessments);
- Regularly updating victims and alleged offenders as to the status of their report and checking in on their wellbeing, and continuing to check in after the investigation process is complete;
- Informing the victim at the end of the process that their report has been resolved and how it has been resolved, with as much detail as is appropriate without breaching the alleged offender's confidentiality; and
- Seeking feedback from the victim and alleged offenders after the report process to understand areas for improvement and taking appropriate actions in response to this feedback.

Report themes addressed: Variability, Establishing Care and Support for Victims, Building a Victim Centric Approach

ICAC Recommendation addressed: 5

R17. Review of the Human Resource (HR) function and capabilities

Participants who had experience of the investigation process highlighted both capability and capacity issues which impacted the support provided by the central HR Branch, as the policies and processes followed when responding to a SASH report do not appear to consider the experience of the victim or that of the alleged offender. Those who had experienced the reporting process expressed that the process lacks empathy and respect in both the approach and communications that both parties receive.

There are clear resourcing constraints associated with both case management and learning and development within HR. The extent of the changes required to respond to the recommendations made by ICAC and in this Report will require a significant capability and capacity uplift within the HR function.

Noting that the full set of recommendations from this Report relate to driving significant cultural change at the University, a review of HR is required to determine whether it is currently fit for purpose to be an enabler of that cultural change. This review of the function, roles and responsibilities it provides to the University, as well as a capability gap analysis, should have a view to the totality of the change required to respond to the ICAC Recommendations and move towards a safer and more inclusive culture at the University. It should consider the change in roles and responsibilities, as investigations and a new case management function are developed within the independent Integrity Unit (refer R15).

A review in this context should prioritise:

- Organisational development capability and capacity within HR, with a specific focus on learning and development, values and behaviours, support for diversity and inclusion initiatives, and culture measurement;
- User-centred policy and procedure drafting capability;
- The effectiveness of the HR Business Partnering model in the support it provides to those in Faculties and Divisions; and
- The HR systems changes required to appropriately address the ICAC Recommendations.

The review should result in a plan to support HR to develop the capabilities required to do things differently, to effectively support the University to drive cultural change as it implements the recommendations made by ICAC.

Report themes addressed: Variability, Building Learning and Development, Building a Victim Centric Approach

ICAC Recommendation addressed: Not applicable

Systems and Processes

Desired outcome

Systems and processes that support performance and the achievement of the University's strategic objectives and purpose while ensuring compliance and service outcomes.

R18. Streamline and refresh the University Policy Framework as it relates to SASH and misconduct

The current University policy framework as it relates to SASH and misconduct for both staff and students is complex and difficult to navigate, requiring readers to refer to multiple documents to understand what is required of them.

While making improvements within the existing policies, procedures and guidelines is an adequate short-term action, the University is in critical need of a significant overhaul of their entire policy environment as it relates to SASH and misconduct. Recommended next steps to improve the policy environment as it relates to SASH and misconduct include, but are not limited to:

- Ensuring the documents reflect the findings from this consultation process in relation to simplicity and accessibility;
- Greatly reducing the number of policy, procedure and guideline documents the University has in favour of a smaller number of more detailed documents that step out the end-to-end requirements of the topic to which the document is related;
- Ensuring definitions of key terms and as far as practicable, processes, are kept consistent across staff and student policies;
- Where policies refer readers to additional documents, including links and references to the relevant subsection of the document for ease of navigation;
- Where concerns may be handled under one of several policies or procedures, providing an easily accessible supporting resource which clearly articulates the criteria for a concern to fall under the different processes and how the concern should be raised and managed; and
- Addressing relevant clauses of the enterprise agreement during the upcoming round of bargaining. Keeping policy terms relating to employee grievances and disciplinary procedures outside of the enterprise agreement to enable the University to respond to, adapt and adjust policies in response to the changing legislative landscape and community expectations.

As an interim step, while the policy framework is being refreshed, there is an urgent need to update the policy database search functionality to expand the retrieved results to include procedures and related documents and include additional key words to enhance usability.

Report themes addressed: Variability, Defining Appropriate Behaviour, Navigating Barriers to Reporting, Building a Victim Centric Approach

ICAC Recommendation addressed: 2 – 5

Systems and Processes (cont.)

R19. Introduce a standalone Sexual Assault and Sexual Harassment policy for staff

The current policy framework does not adequately cover SASH. There is a need to introduce a standalone Sexual Assault and Sexual Harassment policy for staff, which provides greater emphasis and guidance on several key areas:

- Definitions and illustrative examples of inappropriate behaviours.
- Guidance on how to handle incidents when the victim does not wish to formally report. This could align with the guidance provided on receiving de-identified disclosures as outlined in the Student Policy Framework.
- Clear section on reporting options and pathways, including options outside of direct line management and anonymous reporting options. Ensure to include in this section references to the Whistleblower program and external reporting options, such as the ICAC and OPI and any obligations associated with these.
- Where other policies or documents are linked and referenced, refer to the specific section of the document for easy access.
- Specific guidance for management of incidents where the alleged offender is in a position where they are both staff and student, such that the higher standard should apply.
- Specifically include reference to titleholders, volunteers and contractors in the scope with clear guidance as to how these stakeholders can raise a concern and how reports against individuals from these groups will be managed.

A better practice framework and recommendations for additional ways that the University's Staff Policy Framework can be improved has been provided in *Appendix E(b)*.

Report themes addressed: Variability, Defining Appropriate Behaviour, Navigating Barriers to Reporting, Building a Victim Centric Approach

ICAC Recommendation addressed: 2 – 5

R20. Expand the Student Policy Framework scope

There are different definitions of University Related and Non-University Related conduct that can be found across the *Student SASH Policy*, the *Student Behaviour and Conduct Annual Report* and the Monthly SASH Incident Reports. These unclear definitions create uncertainty and perceived 'grey areas' as to whether an incident would be considered University conduct and be dealt with by the University under the policy framework.

A best practice framework and recommendations for how the University's Student Policy Framework can be improved has been provided in *Appendix E(a)*. In particular:

- Make reference to volunteers in the scope of the *Student SASH Policy* and *Procedure* to state that reports by students against volunteers can be raised under the *Policy*.
- Specific guidance for management of incidents where the alleged offender is in a position where they are both staff and student, so that the higher standard (Staff Policy Framework) should apply.
- Clarify what is University Related conduct, specifically:
 - Ensure that any incident that occurs on campus is dealt with as University Related conduct.
 - Include club related incidents of SASH, particularly those that occur on campus, under University Related conduct to be managed by the University. While some members may be external to the University, the majority of club members are current students. It is not appropriate to expect students, who are likely to have pre-existing relationships with the victim and alleged offender, to impartially manage and respond to reports. This is especially the case for incidents of SASH which can be additionally stressful and traumatic to manage.
 - Formalise guidelines for incidents that take place on student placement, including requirements for reporting these incidents centrally in the relevant policy and procedure documents. Achieve consensus about the best way to approach these incidents and agree how support will be provided to students to minimise harm by engaging across all faculties.
- Formalise the Student Behaviour and Conduct Procedure – Currently, there is no formal Student Behaviour and Conduct Procedure and the *Student Behaviour and Conduct Committee Terms of Reference* is used to guide the management of SASH incidents. This needs to be built out into a formal procedure and referenced in the related policy documents, including staff documents.

Report themes addressed: Variability, Navigating Barriers to Reporting, Establishing Care and Support for Victims

ICAC Recommendation addressed: 2 – 5

Systems and Processes (cont.)

R21. Redesign and standardise the Conflict of Interest (COI) Management process

COI is currently inconsistently managed across the University, relying on Heads of Schools to enforce the procedure and manage their own records. As a result of this variance, there is also variable awareness of the types of personal and professional relationships that can create a perceived or actual COI.

The COI process needs to be redesigned and standardised to ensure that:

- A user friendly and easily accessible online form is available for staff to declare and submit their COI;
- COI declarations are submitted centrally to develop a University-wide view; and
- COI declarations are attached to the individual's staff file, but are partitioned so only the individual's manager, the relevant Executive Dean and HR have access to the declaration.

It is noted that this updated process could be manual or automated, depending on implementation decisions around where to first make systems investments.

Report themes addressed: Variability, Building Learning and Development, Navigating Barriers to Reporting

ICAC Recommendation addressed: 8

R22. The Office of General Counsel (OGC) draft a Governance Policy that relates to the treatment of legal advices

The University has well understood business practices whereby the Legal Advices Register (LAR) must contain copies of all written legal advice received by all areas of the University on any matter, subject or project. However, there are currently no consequences for a breach of the existing practice for treatment of legal advices.

While examples of deliberate contravention of this practice are very limited, a formalised policy would clarify expectations for all parties and ensure the appropriate visibility of advices to OGC in all cases.

To enable this, the following next steps are suggested:

- The OGC draft a Governance Policy that relates to the treatment of legal advices. This policy should:
 - Apply to all areas of the University;
 - Apply to legal advices of any nature; and
 - Apply to the outbound request for advice from the University and the incoming advice from the external legal adviser.
- The policy should clearly state that exemptions to standard procedure will not be permitted and articulate the consequences for failure to comply with the policy.
- This policy should go for approval to the VCE prior to consideration by the Audit, Compliance and Risk Committee of Council.
- As would be standard practice, a communication plan should accompany the new policy, articulating the ways in which the policy will be communicated to those in all areas of the University who procure legal advice.
- The policy will not change the nature of the obligation that exists for external legal advisers who, in the vast majority of cases, currently follow the practice of lodging advice on the LAR and providing a monthly report and status update of all matters.
- In assessing the policy, VCE should consider the mechanisms for monitoring compliance with policy and the enforcement of consequences for non-compliance.

Report themes addressed: Variability

ICAC Recommendation addressed: 1

Appendices



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Appendix A: Glossary of Key Terms

- **Alleged offender:** until a person is proved to be guilty of a crime, they are called an 'alleged offender', the 'accused' or the 'defendant'. In this Report, we use the term 'alleged offender' for consistency.
- **Disclosure:** where a victim may choose to tell someone about what has happened without submitting a formal report.
- **Harassment:** a single or sequence of unwelcome, offensive, humiliating or intimidating comments or actions which interfere with a person's right to study or work in a non-threatening environment.
- **Independent:** in the context of the independent Integrity Unit, as outlined in R15, 'independent' means independent of local areas, HR, Legal and Risk and DASE, while still being within the University's structure.
- **Leader:** throughout this Report, the term 'leader' is used in reference to the executive leadership of the University.
- **Manager:** throughout this Report, the term 'manager' is used in reference to a line manager or manager of a local area, for example a Head of School, Director, Deputy Dean or equivalent.
- **Other Inappropriate Behaviours:** may include abusive, insulting or offensive language or comments, spreading misinformation or malicious rumours, behaviour or language that frightens, threatens, humiliates, belittles or degrades, discrimination or unwanted attention.
- **People Leader:** the term 'People Leader' captures any individual who has people management responsibilities.
- **Report:** where a victim chooses to submit an official complaint in a documented process.
- **Sexual Assault:** includes rape and a number of other sexual offences where sexual activity has occurred without consent or continues when consent has been withdrawn. The laws of sexual assault apply to people of all sexes.
- **Sexual Harassment:** occurs when a person makes an unwelcome sexual advance or an unwelcome request for sexual favours of another person; or when they engage in some other unwelcome conduct of a sexual nature. It can be obvious or indirect, physical or verbal, repeated or one-off, and perpetrated by males and females against people of the same or opposite sex.
- **Victim:** in the context of this Report, the term 'victim' has been used to describe any individual who has experienced SASH or other inappropriate behaviours, regardless of whether or not they choose to report the incident.
- **Workplace Bullying:** repeated and unreasonable behavior directed towards a worker or a group of workers that creates a risk to health and safety. Repeated behavior is persistent and can involve a range of behaviours over time that are victimising, humiliating, intimidating or threatening.

Appendix B: Summary of Engagement

During the targeted consultation phase, **29 interviews** were held, and **three workshops** were held to engage with **16 leaders and managers** across the University.

The KPMG team identified categories of roles and positions to engage with at this early stage of the work, including:

- Leadership and management across both Academic and Professional staff, and;
- SASH first responders.

Individual names were assigned against these categories by the University, and the full list was then reviewed and endorsed by the Project Sponsor and the Chair of the Steering Committee. It is noted that due to an inherent lack of diversity in the categories identified for these consultations, these initial consultations captured a small sample of University staff, which was not a true representative sample.

These interviews were held to supplement the findings of the document review and build KPMG's understanding of the lived experiences of key policies and procedures as well as the educational materials provided to staff to prevent, manage and report sexual harassment and assault.

During March and April 2021, the broader engagement was undertaken to capture a more accurate representation of both staff and students' lived experiences. Members of the University were offered a number of channels through which they could participate, including:

- One-on-one interviews for staff and students;
- Workshops with staff, SRC and AUU student representatives, and Alumni Council;
- Submissions to a confidential, independently monitored mailbox; and
- Student Engagement Spaces.

Staff and students registered their interest for a **one-on-one interview** through an online expression of interest (EOI) form, with a total of **58 staff interviews** and **20 student interviews** being conducted. Staff and students interviews were conducted in person on campus, in person at the KPMG Adelaide office, or conducted virtually over five weeks. The EOI form allowed participants to identify a support person they would like to bring or request to have language support arranged.

800 staff who met criteria identified by the ICAC Response Steering Committee (refer page 16) were invited to participate in a series of **15 staff workshops**, held in-person on each campus and virtually over Zoom. Approximately **200 staff** from this sample opted-in to participate in the workshops to discuss their views on the staff Values and Behaviours Framework, and conditions to enable reporting through the use of scenarios. Workshops were also held with **13 student leaders** (i.e. SRC and AUU) and **10 members of Alumni Council**.

Staff, students, alumni and volunteers were given the opportunity to send confidential feedback to an **independent mailbox monitored by KPMG** in relation to the prevention of SASH through equality, diversity, and inclusion; possible improvements to psychological safety at the University to remove barriers to reporting; and the bystander experience. The mailbox was launched on the 26 February 2021 and formally closed on 1 April 2021. A small number of submissions received after this date were also included within the themes and observations. **Sixty-eight members of the University community** provided their experiences and feedback through the mailbox, including 48 staff, six students and 14 others.

A **Student Engagement Space** was set up on each campus over a four day period. Students were encouraged to scan a QR code which directed them to an online survey where they could provide anonymous submissions in relation to behavioural expectations and conditions to enable reporting. This survey was also distributed via email and through other student communication forums, remaining live for five weeks until the end of the engage phase. A total of **250 anonymous student submissions** were received.

Appendix C: The Spectrum of Sexual Harassment and Sexual Assault Behaviours

Spectrum	Description	Examples
1 Generally not offensive	Common remarks on things such as hairstyle and dress	Comments such as “You look nice today” or “I like your haircut.”
2 Awkward/mildly offensive	Comments involving or implying unfavourable gender distinctions	A male staff member says “We can’t speak frankly around you women anymore” to a female colleague.
3 Offensive	Gender-insensitive or superior manner	Uninvited hugs, asking a transgender person about their operations.
4 Highly offensive	Intentionally denigrating comments or behaviours	Jokes or implications about someone’s intellect or skills being limited due to their gender. Comments on physical attributes made with the intention of embarrassing, insulting or demeaning the target.
5 Evident sexual misconduct	Behaviours that are crude or physically intrusive	Looking someone up and down in a sexually suggestive manner, or grabbing, touching, kissing or otherwise ignoring an individual’s expressed disinterest in an intimate relationship.
6 Egregious sexual misconduct	Behaviours involving coercion, sexual abuse or assault	Pressing against an individual suggestively and threatening or implying career damage to a person who refuses to engage in sex or sexual behaviour.

Additional contextual factors that influence the severity of sexual harassment include



Non verbal behaviours



Repeated behaviours



Tone of delivery



History of relationship



Position of power of individuals involved

Source: Reardon, K. (2018). ‘It’s not always clear what constitutes sexual harassment. Use this tool to navigate the gray areas’. Harvard Business Review. Available at: <https://hbr.org/2018/06/its-not-always-clear-what-constitutes-sexual-harassment-use-this-tool-to-navigate-the-gray-areas>

Appendix D: Restorative Engagement

Restorative engagement is a well understood practice which has previously been implemented in organisations across different sectors, including the Defence Force, South Australian Police, Victoria Police and RMIT.

Typical features of a restorative engagement process include:

- *Primacy of participant welfare*
The privacy, safety and wellbeing of all participants should be of paramount importance throughout participation in a restorative engagement process.
These conversations should be private and would typically be limited to the participant and a support person (if required), a facilitator and a representative from leadership.
- *Clear intent and purpose to provide clarity of expectations for participants*
For those who might choose to take part in a process like this, it is important the individual is made aware of and has a clear understanding of what to expect in the end-to-end process, and the possible benefits and limitations of restorative engagement.
The restorative process would not be a mechanism for reopening prior cases. Instead, its primary purpose would be to provide a forum for victims who have experienced SASH or other forms of inappropriate behaviours to tell their story to a leader during a safe and confidential meeting.
- *Training for leaders who participate*
Training for the leaders of the organisation who take part in a restorative engagement process is essential to ensure they are prepared to engage appropriately and safely in these conversations.
In preparation for this, all leaders involved would be trained specifically as part of this process to undertake this engagement, to mitigate risks of further psychological harm to those with lived experience who may choose to participate. Leaders will be trained on how to engage in these conversations, to listen with empathy and to provide referral pathways as needed.
- *Use of experienced facilitators to ensure structured and effective conversations*
Any meeting would have a facilitator – an external professional who is an expert in undertaking engagements of this nature. Facilitators should run the meeting process, provide assistance to prepare participants for the proceedings and provide support to both the leader and participant during the meeting.

- *Participants have control over their participation*

Participation in a restorative engagement process should be voluntary at all stages. Informed consent should be sought from all participants, prior to engaging in the process, and participants should also have the option to withdraw their consent to participate at any time.

This could also include the participant being supported throughout the process by a partner, family member, friend or even a professional support worker or counsellor.

Restorative engagement in a University context

The RMIT Restorative Engagement Program was developed by the RMIT Centre for Innovative Justice and was modelled on the program delivered by the Defence Abuse Response Taskforce in response to historical cases of sexual assault in the Australian Defence Force.








The Restorative Engagement framework in this instance was designed for responding to grievances in relation to historical incidents of sexual harm experienced by both current and former students, who felt aggrieved about the University's failure to protect them and/or to respond appropriately or adequately once the harm they had experienced had been disclosed.

The Vice-Chancellor and the Vice-Chancellor's Executive committed to participating in restorative conferencing with former students and undertook specialist training in responding to sexual assault and restorative conferencing.

The program provided the participants with an opportunity to meet with these senior University representatives to explain the impact of the University's actions or inaction. The role of the University representatives in the restorative conferences was to listen to and acknowledge the student's experience, to apologise on behalf of the University, to affirm their resolve to implement cultural change across the University, and to commit to ongoing preventative measures.

Appendix E: Review of the University's SASH Policy Framework

The University Policy Frameworks were evaluated against KPMG’s best practise Male Champions of Change sexual harassment policy benchmark. Additionally, the Student Policy Framework was evaluated against the guidelines around “Key information a policy should include” provided by Universities Australia as part of *Respect. Now. Always.* (RNA). Generally, it was found that while both policies articulated the University’s stance on sexual harassment well, both policies have clear gaps for improvement to meet industry best practice standards. Throughout this appendix, KPMG has provided:


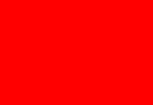

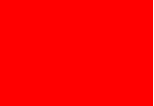













Overarching theme		Rating against criteria according to the below scale	
	Specific criteria being evaluated		High level details of our findings and the related document
			Suggested improvements
 Students		 Meets best practice/minor adjustments required	
 Staff		 Adjustments required	
		 Major adjustments required	

Student policy documents included as part of this review:

- Student Sexual Assault and Sexual Harassment Policy
- Student Sexual Assault and Sexual Harassment Procedure
- Student Behaviour and Conduct Terms of Reference
- Student Misconduct Policy
- Student Misconduct Rules
- Enterprise Agreement – Section 8.2

Staff policy documents included as part of this review:

- Behaviour and Conduct Policy
- Fair Treatment Procedure
- Complaint Resolution (Staff) Procedure
- Enterprise Agreement – Section 8.2
- Code of Conduct
- HSW Handbook – Preventing and responding to workplace bullying and harassment

Evaluation Criteria	Students	Staff
The organisation’s stance on sexual harassment		
Legal and policy framework		
Definition of sexual harassment		
Roles and responsibilities		
Options for reporting issues		
Resolution options		
Complaints handling principles		
Outcomes for alleged offenders		
Confidentiality of investigation		
Follow up		

Appendix E(a): Review of the Student SASH Policy Framework

Criteria	Rating	Details	Suggested improvements
The organisation's stance on SH		Clear message of zero tolerance of sexual harassment <i>RNA: Contain a statement from University leadership that sexual harassment is unacceptable.</i>	Include a statement from University leadership around zero tolerance of SASH.
		Acknowledgement that sexual harassment is unlawful and the organisation has real interest in preventing it. <i>RNA: Confirm that sexual harassment behaviours constitute misconduct.</i>	Include statement that sexual harassment is unlawful.
		Statement that policy applies at all levels, including sponsors, clients and visitors. <i>RNA: Policy should apply to activities where the University has a duty of care (activities conducted on campus, in a facility, as part of deployment on University business or as a University representative, affiliated with the University).</i> <i>RNA: Policy applies to University students living in residential colleges or halls - regardless of whether it is managed by the University.</i> <i>RNA: Specify if the policy applies to University affiliated clubs and groups.</i>	There are a number of provisions with this scope. This could potentially be simplified. Specify whether University clubs and group activities fall under this policy. Include volunteers under this scope.
Legal policy and framework		Clearly stated, legally correct definition. <i>RNA: Define sexual assault with relevant legislation.</i> <i>RNA: Define sexual harassment aligned with the Sex Discrimination Act 1984.</i> <i>RNA: Explain consent as defined by legislation.</i>	Include full and exhaustive definitions in the policy documents rather than referring the reader to alternative external documents. Tie in the definition of consent to the body of the policy and articulate why it is relevant.
		Reference to Commonwealth, State or Territory laws.	
		Detailed definition that addresses how tests are applied.	Include more information around this definition about how intent is not required, a single event can constitute harassment, and the capacity to offend is assessed on an objective basis.

Appendix E(a): Review of the Student SASH Policy Framework

Criteria		Rating	Details	Suggested improvements
Definition of sexual harassment	Defines scope of application to staff, contractors and clients.		Scope applies to all students about sexual harassment by other students, staff, contractors or titleholders in relation to University conduct.	
	<i>RNA: State that policy may not apply where a formal report is made about someone that is external to the University.</i>		Those who are not specified and events which are not related to University conduct do not fall under the scope and the University is not in a position to take action on these. Reports about people external to the University do not apply under this policy and individuals are encouraged to report externally.	
	Examples of behaviour that could constitute sexual harassment. <i>RNA: List of behaviours.</i> <i>RNA: State that these behaviour are unacceptable, prohibited and, in some circumstances, criminal.</i> <i>Capture tech based harassment.</i>		The definition provides five examples of behaviours that could constitute sexual harassment. Examples provided include those involving emails, phones and computers. However, this definition and list of behaviours does not state that these behaviours are unacceptable or criminal.	
	References behaviour that is not sexual harassment.		No.	Include reference to behaviour that is not sexual harassment, i.e. consensual behaviour.
	Guidelines for managing personal relationships at work.		N/A. This guidance is not provided in this policy but in the staff focused Personal Relationships with Students Procedure. There is no student facing policy on this topic.	
Roles and responsibilities	Managers - must monitor workplace to ensure appropriate standards of behaviour, receive and refer reports, treat reports seriously and take immediate action to investigate and resolve, receive training to model behaviour and respond to issues of SH.		The policy does not outline roles and responsibilities. This information can be found in other documents including the SASH Procedure. SASH Procedure - Staff who receive disclosures are expected to refer the victim to a trained respondent; inform the victim that they are required to report disclosures to Student Affairs and ask permission to release their contact details; outline reporting options available to them and offer assistance in any other way as deemed appropriate. The receiver must submit a report or de-identified disclosure form to Student Affairs as soon as practicable. These requirements do not state that staff must monitor the environment to ensure appropriate standards of behaviour are maintained.	Missing information on responsibility to uphold behavioural standards. Unclear responsibilities in the policies and procedures, e.g. who is responsible for investigating and what is involved in this process.
	Bystanders - supported to act if they witness SH, tips on what to do and appropriate responses.		States that any person who becomes aware of or has observed an incident of SASH against a student in relation to University conduct may make a report. It also states that the University aims to prevent SASH by promoting and encouraging active bystander intervention. In the policy itself - there is limited information about how a bystander can act or appropriate responses. However, there is a dedicated section on the SCC webpage that talks to this.	Emphasise encouraging bystander action, how to act and support for bystanders in the policy.
	Board and executive responsibilities outlined.		No.	Outline the responsibilities of the University Council, Chancellor and Vice-Chancellor in the policy and/or procedure.

Appendix E(a): Review of the Student SASH Policy Framework

Criteria	Rating	Details	Suggested improvements
Roles and Responsibilities		<p>Staff actively encouraged to speak up.</p> <p>Principle 4 states that the University aims to prevent SASH by encouraging students, staff and titleholders to disclose and provide information regarding any incident of SASH and by promoting and encouraging active bystander intervention.</p> <p>Reporting is clearly encouraged, this message is not necessarily clear for speaking up in the moment.</p>	Emphasise speaking up in the moment.
Options for reporting issues		<p>Multiple internal officers inside and outside line management to make reports.</p> <p>Students have multiple options for reporting which are referenced in the Procedure rather than the policy. These options include Counselling and Student Care; Security Services; <i>Safer Campus Community (SCC) Online Form</i> etc. These options are clearly mapped out on the Report an Incident Flowchart. However, this is not clear in the policy or procedure, with readers having to read the documents thoroughly to understand their options as these are spread across multiple sections of the Procedure.</p>	Include a clearly titled section in the procedure for "How to make a report/who to report to" with all options outlined in the flowchart under this section. Also consider including the Whistleblower program and silent witness form.
		<p>External avenues <i>RNA: Articulate that people who experience sexual assault can report to the police.</i></p> <p>There are three options mentioned for reporting externally - the police and Yarrow Place. These options are mentioned on the flowchart and mentioned under section 2. c) of the Procedure. In the Procedure, "Yarrow Place" and the "Equal Opportunity Commission" are not mentioned by name.</p>	Ensure consistency of references to external reporting options across the flowchart and the procedure/policy. Call these options out clearly.
		<p>Guidance on circumstances to use one response avenue over another.</p> <p>There is no guidance on circumstances to use one reporting avenue over another apart from that Security Services should be used in situations that present imminent danger. Students are encouraged to disclose to a staff member and discuss their options with them.</p>	Guidance should be provided on the difference between the different support options available and why one may be preferable to the other. Why would you contact student care vs student life? Why would you report directly to security or the <i>Student Behaviour and Conduct Committee</i> ?
		<p>Anonymous reporting available.</p> <p>Anonymous reporting options are not explicitly mentioned apart from the fact that the University may be limited in the support they can provide if the disclosure is made anonymously.</p>	The SCC online form can be filled out anonymously, Whistleblower is available and there is the silent witness form. The policy should mention these options in addition to the limitations to responding to anonymous reports.
Resolution options		<p>Informal and formal resolution options.</p> <p>Informal resolution does not appear to be an option. If a concern is raised through this policy and the student behaviour and conduct procedure, the concern will be dealt with and investigated formally to determine penalties/a resolution.</p>	Provide options for informal resolution or if they are available, explicitly state these options such as support from a staff member to have a conversation etc.

Appendix E(a): Review of the Student SASH Policy Framework

Criteria		Rating	Details	Suggested improvements
Resolution Options	Robust processes that protect against the organisation's legal liability and validate disciplinary actions. <i>RNA: Identify formal reporting process and misconduct procedures.</i>		Formal reports can be made using the <i>Safer Campus Community Online Form</i> or by contacting security services according to the procedure. To understand the formal procedure, multiple other documents must be referred to including the Student Misconduct Framework and the <i>Enterprise Agreement</i> . Processes in the student misconduct rules are robust as are the staff related processes in the enterprise agreement. However, readers are required to navigate to different documents, as well as different sections of these documents, to find the process of how an investigation would be handled.	Include a section in the procedure on investigation procedures or modify section 4 with links to the relevant sections of the other policies for quick and simple navigation. Include any general information about what a student can expect when they make a report prior to one of these processes taking hold. Flip the section so that the paragraph about the University not taking action is not the main feature of the section.
	Person centred approach. <i>RNA: State that the safety and wellbeing of the person disclosing is the priority.</i>		The approach appears to be person centred; it takes into account multiple measures to minimise the potential for harm to any person and to help the student continue their studies. It also provides multiple options for receiving support through counselling, welfare officers, international student support etc. States that the safety and wellbeing of all students is of paramount importance and priority to the University.	
Report handling principles	Description of the process.		The description of the disclosure process is written from the perspective of a staff member receiving a disclosure rather than the individual making the disclosure. The description of the process is incomplete and does not provide a sufficient description of the process after making a disclosure, individuals would need to refer to other documents to understand this process. The flow chart is useful.	As above - include a specific section on the investigation as well as the resolution options with links to specific sections of other relevant policy/procedure documents. Formalise the Student Behaviour and Conduct Procedure and ensure this is referenced.
	Identification of indicative timelines, roles and expectations at each stage. RNA: Provide individuals with control over what happens to their report.		Only indicative timeline provided is that individuals who fill in a SCC form will be contacted within two business days. Some roles and responsibilities are mentioned in the procedure that staff who receive a disclosure will take a number of steps. The student misconduct rules include some information about roles and responsibilities as well as timelines. The <i>Enterprise Agreement</i> does not appear to have this. Victims are asked to give permission to release their name and contact details to Student Affairs after making a disclosure. If they do not consent, the staff member will complete a de-identified recorded disclosure form. The SCC includes an option to explain what the victim would like the outcome to be.	Provide more information in the procedure about the roles and responsibilities and what the individual reporting can expect.
	Referrals for additional external/specialist support for all parties.		The policy and procedure provide information for various support options, including counselling, specialist services and student care. Policy principle 5 states that all students who are parties to reports of SASH will be supported, including facilitating access to relevant counselling, medical, police or legal services.	

Appendix E(a): Review of the Student SASH Policy Framework

Criteria	Rating	Details	Suggested improvements
Outcomes for alleged offenders		Statement of different types of disciplinary action (apology → dismissal). <i>RNA: Potential sanctions that may be imposed on a student should the University determine that misconduct has occurred.</i>	Include a section on outcomes in the procedure with a list of potential outcomes and/or links to the relevant sections of other documents which state outcomes. Mention that these will be determined on a case-by-case basis.
		Guidance about the matters that will be considered when determining discipline.	
		Guidance about how victimisation or vexatious reports will be treated.	Include a line or two in the policies about how victimisation and vexatious reports will be treated.
Confidentiality of investigation		Confidentiality of victim and alleged offender wherever possible.	Clearly state in the policy that all parties should maintain confidentiality wherever possible.
		Guidance about limits on the organisation's capacity to maintain confidentiality.	
		Organisation's responsibility to act even if the victim does not want to take action.	This is when staff receive a disclosure. Do these rules also apply to support staff, such as international student support and student care?
		Articulation of principles of transparency that will guide the organisation's actions and respond to the wider organisation and externally.	
Follow up		Statement of protection from victimisation of all parties.	Include a statement of protection from victimisation for all parties.
		Follow up with victim and alleged offender a few months after the allegation is processed to check in on wellbeing and outcomes.	Include information about ongoing support in the procedure.

Appendix E(b): Review of the Staff SASH Policy Framework

Criteria	Rating	Details	Suggested improvements
The organisation's stance on SH		Clear message of zero tolerance to sexual harassment.	
		Acknowledgement that sexual harassment is unlawful and the organisation has real interest in preventing it.	
		Statement that policy applies at all levels including sponsors, clients and visitors.	
Legal policy and framework		Clearly stated, legally correct definition.	
		Reference to Commonwealth, State or Territory laws.	
		Detailed definition that addresses how tests are applied.	
Definition of sexual harassment		Defines scope of application to staff, contractors and clients.	
		Examples of behaviour that could constitute sexual harassment.	
		References behaviour that is not sexual harassment.	
		Guidelines for managing personal relationships at work.	

Appendix E(b): Review of the Staff SASH Policy Framework

Criteria	Rating	Details	Suggested improvements
Roles and responsibilities		Managers - must monitor workplace to ensure appropriate standards of behaviour, receive and refer reports, treat reports seriously and take immediate action to investigate and resolve, receive training to model behaviour and respond to issues of SH.	
		<i>Fair Treatment Procedure</i> - States that all members of the University community are responsible for creating a fair treatment environment by openly promoting and complying with the <i>Behaviour and Conduct Policy</i> , identifying instances of unfair treatment and completing the Equal Opportunity (EO) online training as part of induction. Managers only have a stated responsibility to complete the EO training. Head of School/Branch has a number of responsibilities including role modelling appropriate behaviours, monitoring the University environment for acceptable standards of behaviour, managing reports and offering counselling support. <i>Complaints Resolution (Staff) Procedure</i> - manager is responsible for managing the entire formal process.	Extend responsibilities of the Head of School/Branch such as role modelling behaviours and monitoring the University environment for standards of behaviour to all managers.
		Bystanders - supported to act if they witness SH, tips on what to do and appropriate responses.	Include reference in the relevant policies to the requirement of bystanders to speak up when they see something wrong.
		Board and executive responsibilities outlined.	Specify the responsibilities of leadership for upholding behavioural expectations and preventing and responding to sexual harassment.
Options for reporting issues		Staff actively encouraged to speak up.	
		<i>Behaviour and Conduct Policy</i> - principle 14 states that the University supports the right of any staff member to make a legitimate report without suffering victimisation, harassment or detriment as a result. Principle 17 states that the University aims to remove barriers to making reports and encourages open dialogue to resolve reports. Principle 18 states the University aims to empower staff to report unlawful and unfair treatment. <i>Code of Conduct</i> - States that employees will call out others' inappropriate behaviour and report any reasonable suspicion of misconduct to the University or relevant authority.	
		Multiple internal officers inside and outside line management to make reports.	Include a clear section in the complaint resolution procedure which outlines all possible reporting options should an individual have a concern, including options outside of line management.
		External avenues.	Include contact details for Whistleblower program, OPI and Yarrow Place.
		Guidance on circumstances to use one response avenue over another.	In the section which outlines reporting options, provide guidance on when to use the different reporting options.

Appendix E(b): Review of the Staff SASH Policy Framework

Criteria	Rating	Details	Suggested improvements
Options for reporting issues		<p><i>Complaints Resolution (Staff) Procedure</i> - Does not apply to anonymous reports. No guidance was found on how to make an anonymous report in the policies apart from the Whistleblower policy. However in order to make an anonymous report via the Whistleblower, the victim will still need to contact an authorised disclosure officer (ADO), revealing their identity to that individual.</p>	Specify that anonymous reporting is available and provide contact details for these methods, such as silent witness or Whistleblower.
Resolution options		<p><i>Complaints Resolution (Staff) Procedure</i> - If the matter falls under the complaint resolution (staff) procedure, staff have the option of self resolution, assisted resolution with their manager or a member of HR or formal resolution.</p> <p><i>Enterprise Agreement</i> – 8.2.5.2 states that the Area Manager may seek to resolve the matter directly with the staff member through guidance, counselling, requirement to undertake appropriate development activities, written warning or mediation as long as the incident is not considered serious misconduct. There are no informal options for serious misconduct.</p>	
		<p>The processes for investigation and determining outcomes for cases that involve staff or students as the alleged offender are thorough, however they are confusing as it is unclear which process will take effect in response to a report of sexual harassment, i.e. <i>Complaints Resolution (Staff) Procedure</i> or <i>Enterprise Agreement</i>.</p>	Clarify under which process a sexual harassment or sexual assault report will be handled. E.g. if sexual harassment is considered a protected disclosure under Australian Whistleblower laws, all sexual harassment cases should be managed under this process.
		<p><i>Complaints Resolution (Staff) Procedure</i> - If the individual wishes to raise a formal report, the victim must relinquish management of the report to their manager. The victim needs to provide their report in writing with adequate information and evidence to allow for investigation and provide sufficient detail to describe precisely what the victim wants to see done to resolve the report. Requiring victims to write out in detail their experience is not a person centred approach.</p>	Reconsider the process for receiving a formal report. Make it more person centred by focusing on minimising distress by avoiding getting the individual to repeat their story or write it down in detail and favour a conversational and supportive approach. Allow the victim to continue to be involved in the process, notify them of outcomes and provide ongoing support.

Appendix E(b): Review of the Staff SASH Policy Framework

Criteria	Rating	Details	Suggested improvements
Report handling principles		<i>Complaints Resolution (Staff) Procedure</i> - The description of the process is thorough from the point of receipt of the report. However, it does not speak to how to raise a report and what should happen as part of the first discussion along with the support provided throughout the process. <i>Enterprise Agreement</i> - The process described is detailed and includes reference to timelines.	Include at the start of the process raising a report and the initial conversation as part of the procedure.
		<i>Complaints Resolution (Staff) Procedure</i> – This provides identification of roles and expectations at each stage, however no indicative timelines are provided. The process for receiving, investigating and resolving the report seems very much in the hands of the manager, within line management. HR appears to play a minimal, advisory role, while the manager receives the reports, decides if it should be investigated, decides what they are going to do in response and any outcomes. The way these reports are handled therefore, may not be standardised as different managers may have varying levels of training. <i>Enterprise Agreement</i> – This is detailed in its description of the process and contains indicative timelines, specifies roles and steps through each stage.	Provide indicative timelines for different stages of the investigation process. Clarify the role of HR throughout this process. Ensure that all managers have sufficient and regular training to effectively respond to reports in a consistent way. Alternatively, move responsibility of determining whether an investigation is required and recommending outcomes to HR with the manager having the role of implementing these recommendations.
		<i>Complaints Resolution (Staff) Procedure</i> - States that staff may access confidential counselling services through the EAP (3.10) and that staff may seek assistance from and/or lodge a report through an external agency at any time (3.11). The way this is phrased suggests that the onus is on the individual to seek the assistance themselves rather than being referred to support as part of the process.	Ensure that participants in the process are actively referred to EAP for support.
Outcomes for alleged offenders.		<i>Complaints Resolution (Staff) Procedure</i> - The types of disciplinary action are not listed. <i>Enterprise Agreement</i> - If the report is handled under the <i>Enterprise Agreement</i> as misconduct, consequences include those listed under the definition of disciplinary action. These consequences can range from a formal written warning to termination of employment. Disciplinary actions are limited to those stated in the <i>Enterprise Agreement</i> .	List the types of disciplinary action/outcomes in the complaints resolution process.
		<i>Complaints Resolution (Staff) Procedure</i> - not found. <i>Enterprise Agreement</i> – Definitions for misconduct and serious misconduct leave room for interpretation. No guidance is provided on matters that will be considered when determining discipline.	Include guidance about the matters that will be considered when determining discipline in the complaints resolution procedure and Enterprise agreement, e.g. whether the act was intentional.
		<i>Complaints Resolution (Staff) Procedure</i> - Vexatious reports will be referred to the Executive Director HR, and the University may take action against the victim under clause 8.2 of the Enterprise Agreement which could result in disciplinary action, up to and including termination of employment. Principle 3.1 states that the University will take appropriate action to protect staff from victimisation. Reports about victimisation are handled under this policy. <i>Fair Treatment Procedure</i> – Objective 1.3 states protection from victimisation.	

Appendix E(b): Review of the Staff SASH Policy Framework

Criteria	Rating	Details	Suggested improvements
Confidentiality of investigation		<i>Complaints Resolution (Staff) Procedure</i> - Matters raised under this procedure will be treated confidentially (where appropriate). Parties to the report are required to maintain confidentiality and should not discuss the report with staff or students, except where necessary to provide information to their manager or investigator, respond in an investigation or for the purpose of participating in the complaint resolution process. <i>Enterprise Agreement</i> – Section 8.2 does not indicate that investigations and outcomes will be made confidential.	
		Guidance about limits on the organisation's capacity to maintain confidentiality.	Specify limits to confidentiality such as when there is a risk to health and safety.
		Organisation's responsibility to act even if the victim does not want to take action.	Determine where the University has a responsibility to act even if the victim does not want to take action. For example, where an incident has a risk to the University's reputation or the health and safety of other staff.
		Articulation of principles of transparency that will guide the organisation's actions and respond to the wider organisation and externally.	N/A.
Follow up		Statement of protection from victimisation of all parties.	
		Follow up with the victim and alleged offender a few months after the allegation is processed to check in on wellbeing and outcomes.	Ensure that support is provided on an ongoing basis for a few months after the report being closed and include this in the procedure.

Appendix F: List of Documents Referenced

University Policies and Procedures

- Adelaide Policy Framework
- Alcohol Management and Use Policy
- Behaviour and conduct policy
- Student Sexual Assault and Sexual Harassment Procedure
- Complaint resolution (staff) procedure
- Conferral of Honorary Roles Procedure
- Confidential - Revised SA & SH Flowchart 2020
- Conflict of interest procedure
- Early Intervention Group
- Equal opportunity commission - review of residential colleges 2018
- Equal opportunity policy
- Fair treatment procedure
- Health, safety and wellbeing policy
- HSW Handbook - Preventing and responding to workplace bullying and harassment
- Inclusive language guidelines
- Relationships with Students Procedure
- Residential College Charter
- Revised SA and SH flowchart 2020
- Revised SA and SH policy 2020
- Revised SA and SH procedure 2020
- Risk Management Framework

- Risk Management Policy
- SA SH flowchart as at Jan 2020
- Safe environments for children and vulnerable people policy
- Staff values and behaviour framework
- Statutes of the University
- Student behaviour and conduct committee terms of reference
- Student critical incidents policy
- Student Critical Incidents Policy
- Student grievance resolution policy
- Student Health Assessment and Leave Policy
- Student misconduct policy
- Student misconduct rules
- Student sexual assault and sexual harassment prevention and response policy
- Student Sexual Assault and Sexual Harassment Procedure
- University Risk Matrix
- UoA Enterprise Agreement
- Volunteer Policy
- Whistleblower Policy

Reports

- 444 Risk management report – sexual assault and harassment (Respect. Now. Always) 2018
- 472 Risk treatment plan – Inadequate student security and safety (IA) 2018

- ACRC - Safer Campus Community - August 2019
- ACRC - Safer Campus Community - Feb 2020
- Change the Course – recommendations implementation table
- Change the course University progress report 2018
- Conflict of Interest Policy and Procedure Benchmarking
- Council - Safer Campus Community Update - August 2020
- Council - Safer Campus Community Update - March 2020
- EOC Report - Progress Report Preventing and Responding Nov 2019
- Equal opportunity commission - assessment report - University of Adelaide audit 2017
- Equal opportunity commission - assessment report - University of Adelaide audit 2019
- FOI Item 6 – 2018
- FOI Item 6 - 2019
- Mattanya Student Residences Survey 2018 Results
- November 2020 Monthly SA SH report
- October 2020 Monthly SA SH report
- RNA statement of rights
- RNA taskforce action plan
- Roseworthy Residential College Student Survey 2018 results
- Safer campus community report 2018
- SASH reports involving students 2015 to Nov 2020
- September 2020 Monthly SA SH report
- Student behaviour and conduct annual report 2019

Appendix F: List of Documents Referenced (cont.)

Reports (Continued)

- TEQSA good practice note
- The Village 2018 Residential Student Survey Results
- UoA Student Residence Combined Survey Results 2019
- UoA Summary Tables
- Your voice staff survey Detailed scale 2018
- Your voice staff survey Executive Summary 2018
- Your voice staff survey high level results 2018
- Your voice staff survey P&C Committee cover paper
- Your voice staff survey P&C Committee cover paper attachment 1 2018
- Your voice staff survey P&C Committee cover paper attachment 2 2018

Training

- Consent matters (Yes means Yes!)
- Corporate HSW Induction
- Equal opportunity induction course
- Fraud and Corruption Control
- HSW Online - Bullying & Harassment
- Understanding the context for sexual violence

Case notes

- 2018 Report an incident to the University – 27 (redacted)
- 2019 Security Incident report – 27 (redacted)
- 2020 Security incident report – 27 (redacted)
- Behaviour and conduct register – 137 (redacted)
- Behaviour and conduct register – 27 (redacted)
- Behaviour and Conduct Register – 281 (redacted)
- Behaviour and conduct register 109 (redacted)
- Behavioural incident report form – 109 (redacted)
- Email of notice of referral to student misconduct tribunal (redacted)
- Email to counselling re support for meeting with HR – 137 (redacted)
- Formal notice of referral to Student Misconduct Tribunal (redacted)
- Misconduct tribunal attachments for student (redacted)
- Referral memo from authorised officer (redacted)
- Report an incident to the University – 137 (redacted)
- Report an incident to the University – 281 (redacted)
- Response to student report – 137 (redacted)
- Revocation of licence – 27 (redacted)
- Student complaint – 281 (redacted)

Diversity and Inclusion

- Aboriginal Research Strategy – Yuringtarninthi
- ALLY terms of reference
- Disability Inclusion Action Plan
- Dornwell Framework 2020
- Key Leaders by Gender
- Reconciliation Action Plan

Contracts

- Academic staff contract redacted
- Casual Engagement July 2020
- Consultancy Services Agreement (Low Risk)
- Letter of Appointment
- Letter of Appointment for position of Research Assistant
- Professional staff contract redacted
- Senior Staff Contract

Appendix F: List of Documents Referenced (cont.)

Communications and emails

- Charter of student fairness and wellbeing
- ICAC response update
- Internal comms summary for KPMG
- Our commitment to a safer campus community
- RE_statistics on sexual assault and sexual harassment
- Report an incident hub screen
- Report an incident Postcard
- Respect. Now. Always. Bystander poster
- Respect. Now. Always. International students poster
- Response to ICAC steering committee - Student Affairs
- Safer Campus A3 Poster
- Safer Campus Community – Action Item – Promotion to new students
- Safer Campus Community Postcard
- Staff news 02/11/20
- Staff news 03/02/20
- Staff news 10/08/20
- Staff news 14/09/20
- Staff news 20/07/20
- Staff news 22/10/18
- Staff news 27/03/18
- Staff news 27/05/19

- Student news 04/11/20
- Student safety and wellbeing
- Update from deputy chancellor

Webpages

- [Safer Campus Community](#)
 - Who can I talk to?
 - SASHIN
 - Emergency Contacts
 - Report an Incident
 - Information for Staff
 - Recorded Disclosure
 - UA Student App
 - Bystanders
 - Training
 - Personal Safety and Security
 - Our Commitment
 - Counselling support
- [Student Affairs](#)
 - Student Charter
 - Student Related Policies

- [Inappropriate Student Behaviour](#)
 - Behavioural incident report form
 - Membership of the EIG
- [Counselling](#)
 - Sexual assault support
- [Infrastructure](#)
 - Security
- [Student Affairs](#)
 - Student Behaviour and Conduct Procedure
- [HR](#)
 - Employee Assistance Program
 - HR Handbook - Behaviour and Conduct
 - SAGE Athena Swan
- [Legal and Risk](#)
 - ICAC Resources for Public Officers
 - Integrity and Accountability
 - Whistleblower Protection

Appendix F: List of Documents Referenced (cont.)

Support documents

- Supporting people in distress flowchart
- Supporting people in distress overview
- Supporting people in distress quick sheet
- Safe event checklist
- International Student Safety – SASH Presentation
- User procedure manual – Behaviour and Conduct Register
- UoA Internship Handbook 2020
- Roseworthy – Student Induction Handbook
- Village & Mattanya – Student Induction Handbook
- Warning about inappropriate behaviour
- Complaint Resolution Template (Staff)
- Student Guide

Other policies and procedures

- AUU – Code of conduct
- AUU – HR Policy – Behaviour and Conduct
- AUU – HR Policy – Grievance
- AUU – WHS Policy – Workplace Bullying and Harassment
- AUS – Code of Conduct
- AUS – Complaint Handling Guidelines
- AUS – Equal Opportunity Policy
- AUS – Member Protection Policy
- AMSS – Code of conduct

Appendix G: Benchmarking

Preventing Sexual Assault And Sexual Harassment

Best Practice Benchmark

Based on the best practice benchmark in preventing sexual assault and sexual harassment, the observations are supported by the following key lines of inquiry.

Gender equality environment

Considerations include:

- Whether a robust gender equality / inclusion and diversity strategy is in place with sufficient ambition, resources and leadership commitment.
- Whether regular action is taken to address gender inequality and discrimination.
- Whether there is sufficient gender balance in University leadership roles.
- Whether the University has demonstrated commitment to creating a safe, respectful and inclusive environment through its response to *Change the Course* and *Respect. Now. Always*.

University Culture and Behaviour

Considerations include:

- Where and when behavioural expectations are communicated to staff and students (relevance, quality and frequency).
- Whether leaders are communicating and role-modelling desired standards of behaviour and reflecting zero tolerance for SASH in decision-making (e.g. promotion or reward processes).
- Whether staff and students are given visibility of the number of SASH cases reported and visibility of consequences / the University's response.

Policy Framework *Related to ICAC Recommendations 2 & 4*

Considerations include:

- Whether the policy framework is easy to locate, understand and apply.
- When the policy was last updated and whether it responds to current issues and expectations.
- How staff and students are made aware of the policy framework.
- Whether the policy framework considers SASH prevention.

Education and Training *Related to ICAC Recommendation 3*

Considerations include:

- Whether University staff and students are adequately trained in what is SASH, inappropriate behaviour and their responsibilities (including as bystanders).
- Whether staff with responsibility for managing, investigating or responding to SASH incidents have been adequately trained.
- How compliance with training requirements is monitored and enforced.

Appendix G: Benchmarking (cont.)

Responding to Sexual Assault and Sexual Harassment

Best Practice Benchmark

Based on the best practice benchmark in responding to sexual assault and sexual harassment, the observations are supported by the following key lines of inquiry.

Early Intervention

Considerations include:

- Whether the University is quick to respond to 'gateway' behaviour (e.g. gendered remarks, inappropriate jokes).
- Whether there are clear early intervention pathways for staff and students.

Psychological Safety

Considerations include:

- Whether staff and students feel safe to raise a SASH report – on behalf of self or others.
- Whether there is victimisation, or a fear of victimisation, around reporting SASH incidents.
- What the University has done to create an environment of psychological safety.

Bystander Action

Considerations include:

- Whether staff and students understand what constitutes unacceptable behaviour, and what action to take if they experience or witness unacceptable behaviour.
- What the University has done to educate staff and students about the expectations on bystanders to take action on SASH.

Encouraging People to Report

Considerations include:

- The reporting options available for people to report SASH, and how widely they are promoted.
- How clearly the reporting process and what it involves is outlined.
- How accessible this information is to all staff and students, including those with a disability or a culturally and linguistically diverse background.

Appendix G: Benchmarking (cont.)

Managing Reports of Sexual Harassment

Best Practice Benchmark

Based on the best practice benchmark in managing reports of sexual harassment, the observations are supported by the following key lines of inquiry.

Support for Victims *Related to ICAC Recommendation 5*

Considerations include:

- Victim-centricity of reporting processes, including what input victims have on how their report is handled, length of the process, what information victims are given throughout the process and whether they are advised of the investigation outcome.
- The support provided to the victim throughout, and following, the investigation process.
- Accommodations (e.g. flexible work/study arrangements, new reporting relationships) provided to victims to secure their immediate safety and wellbeing.

Investigation Process

Considerations include:

- Whether there are skilled, experienced and independent investigators allocated to investigate sexual harassment reports.
- Whether there are detailed guidelines that guide the investigation process, including approach to procedural fairness, confidentiality, timeliness, health and safety, risk assessments and record keeping.
- Whether investigations are undertaken in a consistent way.

Confidentiality

Considerations include:

- Whether staff or students have any concerns about confidentiality in the current process.
- Whether access to information about SH disclosures is restricted.

Appendix G: Benchmarking (cont.)

Governance, Compliance and Risk Management

Best Practice Benchmark

Based on the best practice benchmark in governance, compliance and risk management related to sexual assault and sexual harassment, the observations are supported by the following key lines of inquiry.

Monitoring and Reporting

Considerations include:

- Adequacy of University data on SASH (including whether data seeks to measure leading indicators of SASH, or captures both formal and informal reports of SASH).
- How SASH data is used to monitor trends, identify any issues that need to be addressed and support continuous improvement.
- Whether SASH data is regularly and transparently reported to leaders and University Council.

Risk Management

Considerations include:

- The University's risk assessment and risk management processes relating to SASH, including the process of identifying, assessing, mitigating and managing SASH risks at the University.
- The extent to which staff and students are involved in identifying, assessing, mitigating and managing SASH risks.



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