Dear Ms Mitchell,

Thank you for your letter of 22 March 2016 regarding the Optional Protocol to the Convention against Torture (OPCAT) in the context of Youth Justice Detention Centres. The Youth Justice Directorate (Department for Communities and Social Inclusion) appreciate the opportunity to contribute to discussions on this matter. I found the roundtable forum to be of immense value in considering these critical issues alongside our key partners. Please find below the responses to your questions, with addendum attachments listed as appendices.

1. **Who has the legislated power to visit youth justice detention centres in your jurisdiction?**

Following comprehensive stakeholder consultation, the State Parliament of South Australia passed new youth justice legislation in March this year. The *Youth Justice Administration Act 2016* (YJAA) has not yet commenced but is expected to do so upon completion of the development of the Youth Justice Administration Regulations, possibly late 2016. The YJAA (Part 3, section 10) establishes the statutory power for Members of Parliament, judges, the Guardian for Children and Young Persons, the Training Centre Visitor and any other person authorised by the Minister in writing to visit the Training Centre. The YJAA can be found at this web address:


2. **Of these, who is responsible for regularly monitoring and reporting on youth justice detention centres? Please describe the different roles of each**
oversight body in your jurisdiction. Is there any overlap between these bodies? How do they interact with each other?

The Training Centre Visitor, appointed under the YJAA, will have the primarily responsibility for monitoring and reporting on the Adelaide Youth Training Centre. The Guardian for Children and Young Persons (the Guardian) currently fulfils these responsibilities under the terms of a Memorandum of Administrative Arrangement between her Office and the Youth Justice Directorate (Attachment 1). It is intended that the Guardian will be appointed to take on this important role under the YJAA.

3. Do these bodies have functional independence from the authorities responsible for the youth justice detention centres? Factors to consider include statutory independence, independence of personnel and financial autonomy. (OPCAT Article 18 (1)).

Independence is enshrined under the YJAA (section 12). The Guardian currently has statutory, personnel and financial independence which is legislated under the Children’s Protection Act 1993 (CPA).

4. What are the recruitment processes for those bodies responsible for monitoring? Are they statutory appointments? Who is responsible for making these appointments and what criteria must candidates fulfil? (OPCAT Article 18 (1)-(2)).

The Training Centre Visitor is a statutory appointment made by the Governor of South Australia, as prescribed in the YJAA.

5. What formal powers do these bodies have in relation to monitoring youth justice detention centres; including conducting thematic reviews, conducting 'own motion' investigations, conducting systemic reviews, undertaking visits to or inspections of facilities, conducting investigations, responding to complaints, conducting audits (OPCAT Article 19 (a)), free access to all areas of youth justice detention centres (OPCAT Article 20 (c)), free access to information and documentation regarding numbers of, location of, conditions and treatment of children held in youth justice detention centres (OPCAT Article 20 (a)-(b)), capacity to meet privately with detainees and others (OPCAT Article 20 (d)), confidential information is privileged (OPCAT Article 21(2)), immunities for persons who communicate with the body (OPCAT Article 21(1))? 
The YJAA (Part 3, section 14) establishes the following functions for the Training Centre Visitor:

a) To conduct visits to training centres as required or authorised under this Part;
b) To conduct inspections of training centres as required or authorised under this Part;
c) To promote the best interests of residents of a training centre;
d) To act as an advocate for the residents of a training centre to promote the proper resolution of issues relating to the care, treatment or control of the residents;
e) To inquire into, and provide advice to, the Minister in relation to any systemic reform necessary to improve:
   I. The quality of care, treatment or control of residents of a training centre; or
   II. The management of a training centre;
f) To inquire into and investigate any matter referred to the Visitor by the Minister;
g) Any other functions assigned to the Visitor by this or any other Act.

Further detail in relation to these aspects is contained in the YJAA, sections 14-20.

As described above, these functions are currently carried out by the Guardian under the existing MOAA. The MOAA confirms that the Guardian provides this role via delegation of powers contained under section 52C of the CPA in relation to all young people detained in the Adelaide Youth Training Centre (AYTC), including:

- Visits and client/staff access
- Conduct of investigations and systemic reviews
- Responding to complaints
- Access of required information, and
- Other as contained in the CPA.

6. In practice, do these bodies undertake the following, and how frequently?
   a) Thematic reviews
   b) 'Own motion' investigations
c) Systemic reviews
d) Visits to facilities
e) Investigations
f) Responses to complaints
g) Audits
h) Access to all areas of youth justice detention centres
i) Access to information and documentation regarding numbers of, location of, conditions and treatment of people held in youth justice detention centres
j) Meetings in private with detainees and others
k) Other monitoring activities (please specify).

The Office of the Guardian for Children and Young Persons (the Office, which includes the Guardian and advocates) regularly visits, conducts reviews and investigations, and responds to complaints as required. In addition, the Office visits residents at least quarterly and conducts a review of records on a six monthly basis. The Office representatives are provided full access to all areas of the AYTC and information regarding numbers of, location of, and treatment of residents. Residents have unmonitored phone access to the Office and advocates from the Office can request to meet privately with individual residents.

7. Do these bodies use standards/guidelines/frameworks for monitoring youth justice detention centres and conducting visits? If yes, please provide details.

The Office monitors and reviews the AYTC within the framework of the Charter of Rights for Children and Young People in Care. A Charter of Rights for Children and Young People Detained in Youth Justice Facilities was endorsed by the Minister for Communities and Social Inclusion late in 2015, and is named in the YJAA (section 3 (1)).

The Department will engage with key stakeholders to develop inspection standards for Aboriginal young people in the AYTC, as described in a Strategic Policy Paper which accompanied the exposure draft of the Youth Justice Administration Bill.

8. Are the standards/guidelines/frameworks publicly available?
The Charter is publicly available through the Office website http://www.gcyp.sa.gov.au/charter-of-rights-2/. It is the intention of the Guardian to promote the new Charter of Rights for Children and Young People Detained in Youth Justice Facilities later this calendar year.

9. After a monitoring activity, what is the reporting process? Are reported findings made publically available? If yes, how frequently are such findings made public? (OPCAT Article 23)

The Training Centre Visitor and the Office are both legislatively required to provide annual reports to Parliament (under YJAA and CPA) which is publicly available. Additional investigations can be conducted on an as needs basis as determined by the Office, and the resulting reports may be provided to Parliament or published on the Office’s website.

10. Do oversight and monitoring bodies in your jurisdiction have the statutory power to make recommendations and submit proposals concerning existing and proposed legislation? How often are these recommendations implemented? (OPCAT Article 19 (a)).

As above, these powers are contained in the provisions of the YJAA and the CPA. We are not aware of formal legislative change having been previously recommended by a monitoring body in South Australia. The Office was a key stakeholder in the development of the YJAA and provided a formal submission on the exposure draft. The Office has indicated a high level of support for the YJAA and will be consulted at multiple levels as a key stakeholder in the development of the associated regulations.

11. Which community-based organisations regularly visit youth justice detention centres in your jurisdiction? What is the purpose of these visits?

A number of community based and government funded organisations regularly visit the AYTC. Visits vary in purpose from delivering individual interventions to group activities. Some of these groups are detailed below:

- Australian Red Cross provide a Fitness, health wellbeing program and individual mentoring
- Metropolitan Aboriginal Youth and Family Services provide a cultural Identity Program, cultural support and individual mentoring
- Marra Dreaming provide weekly Indigenous Arts and Crafts workshops
• Adelaide 36ers basketball team provide weekly after school basketball training
• Kairos Prison Ministry Australia provide a mentoring program
• Adelaide Crows football team provide football mentoring sessions
• SA Health, Drug and Alcohol Support Services (DASSA) provide individual drug and alcohol counselling
• Child and Adolescent Mental Health Service (CAMHS) provide a range of services including individual counselling and therapy, group programs and cultural interventions
• Helping Young People Achieve provide group programs, case management services and accommodation options
• Centacare Family Services provide alcohol and other drug counselling
• Uniting Care Wesley provide counselling services
• Streetlink Youth Health Services provide counselling and support
• Aboriginal Prisoners and Offenders Support Services provide case work and accommodation services
• Multicultural Youth SA provides individual mentoring services

12. Do you think that the oversight bodies that visit youth detention centres in your jurisdiction are OPCAT ready? Why or why not?

Youth Justice is not able to answer on behalf of other organisations, but is confident in its readiness to consult with the relevant bodies regarding OPCAT requirements.

Registers

13. Does your jurisdiction maintain registers for:

• Use of force and methods of restraint
All use of force (including restraint) is recorded as part of incident reporting requirements. The information recorded includes staff and clients involved, details of the incident and the type of restraint or force used. These incident details are stored in the electronic case management system and can be searched via name, date, type or location. This information is made available to the Office and will be made available to the Training Centre Visitor under the YJAA, but is not made publicly available.

• Solitary confinement and isolation
Any period in which a young person is isolated and the reason for this, is recorded. Unit staff are required to enter details of all safe room use into a log book and place details on the electronic case management system. The information recorded includes who was placed in a safe room, the circumstances involved, the length of time spent in the safe room, and staff members involved. All details are stored in the electronic case management system and can be searched via name, date, type or location. This information is made available to the Office of the Guardian, and will be made available to the Training Centre Visitor under the YJAA, but is not made publicly available.

• Critical incidents
All reportable incidents are allocated a category based on severity and managed in accordance with the AYTC Incident Reporting Operational Order (Attachment 2). The General Manager, AYTC, will review all incidents to determine the need for escalation. More serious incidents, including health and safety incidents and complaints that occur as a result of, or during the provision of, Youth Justice services may be categorised as critical client incidents. Furthermore, the Department for Communities and Social Inclusion (DCSI) investigates and acts on all allegations of abuse and/or neglect of children and young people (residents) in AYTC. This includes assessing whether, in addition to the alleged victim, other children might be victims of any alleged offending.

All critical incident responses are managed in line with the overarching DCSI Managing Critical Client Incidents Policy (the Policy) (Attachment 3) and the Youth Justice-specific DCSI Managing Critical Client Incidents Guideline - Youth Justice Directorate (Attachment 4). The DCSI Policy is built around four principles that guide the management of critical client incidents. These are:

• commitment to clients to provide safe, high quality and person-centred services
• ensuring that critical client incidents are managed in a timely, consistent, responsive, coordinated and effective manner
• ensuring that personal information is collected, managed, used and disclosed in a respectful manner and in accordance with relevant privacy, reporting and disclosure legislation and policy
• that information generated, and the experience of critical client incidents, are used to identify and assess risks and drive quality improvements
Review forms the final phase of managing any critical client incident in DCSI. The Youth Justice Critical Incident Review Committee conducts internal reviews of critical incidents in the Youth Justice Directorate, makes recommendations for systematic, policy or procedural response and ensures continuous improvement practice. Recommendations to the Director, Youth Justice may be related to:

- identification of systems issues which require action
- overview of emerging themes from critical incident reviews
- findings of critical incident reviews to inform legislation, policy and practice

The CIRC may seek to refer an incident to DCSI Care Concern Investigations at any stage that the review indicates there has been a deficit in care or broader systemic issues that may require their involvement. This is determined on a case by case basis.

DCSI maintains a register of all critical client incidents which contains demographic data, summary details of the incident and an ongoing record of consequent actions. The DCSI Chief Executive and the Minister for Communities and Social Inclusion are provided weekly update reports on any open critical client incident cases within DCSI. The DCSI Executive Leadership Team is provided with a monthly summary report which includes detail of new critical incidents, ongoing critical incidents, downgraded and closed incidents, detail of any risks identified, and quality improvement strategies introduced as a result of a critical client incident.

- **Searches**
  All unclothed searches are recorded, including details of who was searched, who undertook the search and what contraband, if any, was found. The register is maintained by the AYTC Security Services Supervisor.

- **Complaints**
  Written complaints are logged on the DCSI complaints and feedback management system and electronically allocated to the appropriate staff member to address. The DCSI Customer Feedback and Complaints Policy (Attachment 5) requires an acknowledgment to the complainant within five days and a response within 30 days.

The South Australian Department of the Premier and Cabinet (DPC) has issued a Circular that requires all SA public sector agencies to establish and maintain an effective complaint management system that conforms to the principles in the Australian/New Zealand Standard: Guidelines for Complaint Management in Organisations (AS/NZS10002:2014).
The DCSI Customer Feedback and Complaints Policy reflects these standards and the AYTC Client Feedback Operational Order (Attachment 6) provides more detailed guidance and direction for staff to manage the complaints process.

a. Are you required by legislation to maintain any of these registers?
   See answers under each sub-heading in section 14 above for detailed responses.

b. What information is included in each register? Is any of this information publicly available?
   See answers under each sub-heading in section 14 above for detailed responses.

c. Who is responsible for maintaining each register?
   See answers under each sub-heading in section 14 above for detailed responses.

d. What reporting process applies to each register?
   See answers under each sub-heading in section 14 above for detailed responses.

Complaints

14. In your jurisdiction, what is the internal process for making and considering complaints in youth justice detention centres? What legislation or policies govern the internal complaints process?

AYTC staff respond to, and try to resolve, verbal complaints by children and young people at the AYTC at the time they are received. Alternatively, residents can complete an AYTC feedback form (Attachment 7). A written complaint may be the next step if a verbal complaint cannot be resolved at the first level. While written complaints can be anonymous, when the complainant identifies themselves, a written acknowledgement and response is always provided. Written complaints are logged on the DCSI complaints and feedback management system and electronically allocated to the appropriate staff member to address.

The DCSI Customer Feedback and Complaints Policy reflects the Australian/New Zealand Standard: Guidelines for Complaint Management in Organisations and the AYTC Client Feedback Operational Order provides more detailed guidance and direction for staff to manage the complaints process. The DCSI Customer Feedback Policy requires an acknowledgment to the complainant within five days and a response within 30 days. The complainant will be notified if resolution of the issue will take longer than 30 days and regular updates are provided until the complaint is closed. Residents can escalate their complaint if not satisfied with the initial AYTC response to a supervisor or more senior AYTC staff member, the Director Youth Justice or DCSI Executive. DCSI client complaints and feedback data is collated
centrally and provided to the DCSI Executive Leadership Team on a quarterly basis for monitoring.

15. **Which external bodies handle complaints about youth justice detention centres?** What is the process for children and young people to make an external complaint? How are these external bodies administered and how is their independence guaranteed?

The complainant always has an option of seeking external resolution to their complaint at any point during the complaints process. This is encouraged and facilitated by DCSI when the organisation has failed to resolve the matter to the complainants' satisfaction, in particular, after the application of an internal review process. The AYTC Client Feedback Operational Order describes the process for staff to manage a resident request for external review.

The Guardian is the key external body for complaints from young people and/or their families/advocates about the AYTC. AYTC residents can request any staff member to arrange for them to either make a confidential telephone call (unrecorded) to the Guardian or send a written complaint. Residents may also speak directly with advocates from the Guardian's office who visit the AYTC every second month.

Young people may also wish to speak or write to a legal representative or body such as the Aboriginal Legal Rights Movement Inc. (ALRM). The ALRM is a free call option in the AYTC telephone system. All telephone calls and correspondence to legal representatives are subject to the same confidentiality requirements as telephone calls and letters to the Guardian.

If a young person or their advocate is not satisfied with the response from the Guardian, and wishes to escalate a complaint further, they will be advised to contact the South Australian Ombudsman.

**The Guardian for Children and Young Persons**

As described above, the Guardian was appointed pursuant to the CPA, and carries out her functions in relation to young people in the AYTC under an MOAA with the Youth Justice Directorate. The Guardian's functions are described in that Act, and also under the YJAA in terms of the proposed functions of the Training Centre Visitor.
The Ombudsman South Australia

Established under the *Ombudsman Act 1972*, the Ombudsman is independent, and investigates complaints about South Australian government and local government agencies
- conducts audits of these agencies
- reviews freedom of information determinations of these agencies
- supports the implementation of the Information Sharing Guidelines across government
- receives information about state and local government activities confidentially from whistle-blowers

The draft AYTC resident information booklet contains the Ombudsman's details as a point of review for young people who are unhappy with internal responses to their complaints. The Guardian's website also directs young people to the Ombudsman as required.

Aboriginal Legal Rights Movement

The Aboriginal Legal Rights Movement (ARLM) Inc is another body to which complaints of a legal nature may be forwarded. Although not a specific complaints handling body, it is another option for Aboriginal children and young people and their families/carers. ARLM is an independent Aboriginal community controlled organisation governed by an all Aboriginal Board. The Board of 10 members is appointed from Aboriginal communities from metropolitan and country centres across South Australia.

The Criminal Law Practice provides representation, prison advice and an after-hours custody advice service. The Criminal Practice Division represents persons charged with criminal offences across all jurisdictional levels from the Youth Court, Magistrates Court, District and Supreme Courts through to the Court of Criminal Appeal and the High Court of Australia. The service extends from representation at police interview (through the afterhours custody answering service), to advice and representation through committal, trial, sentencing, appeals before the courts and appearances before the Parole Board.
16. Are children and young people able to communicate confidentially with complaint handling bodies? If so, how is the confidentiality of these communications guaranteed?

AYTC residents can communicate confidentially with complaint handling bodies. As described above, residents can make an unrecorded telephone call to the Guardian or legal services. The AYTC Resident Telephone System is explained to young people when they come into the AYTC and the Resident Telephone System Security Order (Attachment 8) describes the responsibilities and process for staff. Confidentiality of mail to the Guardian and other identified people/organisations (e.g. legal representatives) is explained to young people when they are admitted to the AYTC and described for staff in the Resident Mail Security Order (Attachment 9) (i.e. letters to and from the Guardian and legal services are not vetted).

17. In 2014/2015, how many internal complaints were received, investigated and resolved in your jurisdiction? Is this publicly reported?

In 2014/2015 there were 179 complaints received from residents in the AYTC. Of these, 96% had a recorded outcome. The remaining 4% had no outcome recorded in the system. This is likely to be due to the young person leaving the AYTC before a response could be provided. The most common complaint in this category related to food at the ATYC.

Youth Justice complaints management data is included in the aggregated DCSI annual reporting data. The data provided is:

• number of complaints, comments and compliments received
• method used (ie telephone, email or form)
• percentage acknowledged within 5 days
• percentage closed within 30 days

18. What was the nature of the complaints handled in the internal process? Is this publicly reported?

Of the 179 complaints received in 2014/2015, they fell into broad categories of: staff, food, accommodation, clothing, other resident, telephone, incentive program, behaviour management, unfair treatment. The nature of complaints is not publicly reported.
19. What demographic information is recorded about children and young people whose complaints are handled internally, including age, gender, Indigenous status, cultural and linguistically diverse background, disability, LGBTI? Is this information publicly available?

The DCSI Client Feedback system records the following demographic information:

- primary language spoken
- requirement for interpreter
- Indigenous status.

AYTC feedback forms provide space for the name and accommodation unit of the young person. This needs to be completed if the young person wants to receive a response. Complaints data can then be cross-referenced to the Youth Justice client management database for demographic information analysis.

This information is not made publicly available.

20. In 2014/2015, how many external complaints were received, investigated and resolved in your jurisdiction?

In 2014/2015 there were no complaints received from external representative bodies and one complaint from an advocate on behalf of a parent of an AYTC resident. In October 2014, a final report from the South Australian Ombudsman was received regarding a complaint they received in November 2012 following an incident at the (former) Cavan Youth Training Centre in September 2011. The report was placed on the public record.

21. What demographic information is recorded about children and young people whose complaints are handled by an external body, including age, gender, Indigenous status, cultural and linguistically diverse background, disability, LGBTI? Is this information publicly available?

Each complaint forwarded by a young person through an external body is managed on a case by case basis. Due to the low numbers, no demographic information is systematically recorded by Youth Justice or placed on the public record.

22. How are the internal and external complaints processes communicated to children and young people and their families or guardians? Is this information available in a child-friendly format?
Young people are advised about the internal and external complaints process as part of their admission to the AYTC. Brochures and posters for young people and parent/guardians provide a range of information about the AYTC, including how to make a complaint. A custom AYTC feedback form was developed for residents in 2014, in consultation with the resident’s representative committee (the AYTC Youth Advisory Committee). The AYTC are developing video and audio resources for the provision of information to residents about their rights. A Speech Pathologist at the AYTC assists in the review and development of all resources to ensure they are appropriate for different developmental and educational levels.

23. What feedback mechanisms are in place about how children and young people experience complaint processes and, where relevant, the work of community visitors?

While there are no community visitors in South Australia, two advocates from the Guardian’s office visit to speak with AYTC residents every second month to hear about their experiences and any issues within the AYTC. Twice each year the Guardian’s advocates review a six-monthly report of internal complaints and provide a review report to the General Manager, AYTC and the Director Youth Justice.

The AYTC resident’s Youth Advisory Committees (one per campus) meet monthly to discuss feedback and issues that affect AYTC residents.

24. Has your jurisdiction placed a child/young person under 18 years in an adult facility between 2014 and 2016? Why was the decision to do this taken? What legislation provides for it? Are there legislated monitoring and reporting requirements in situations where this happens? If not, how are these placements monitored?

South Australian legislative and government policy regards that detention ought to be last resort for children and young people, and that young people require a different and developmentally appropriate response to that of adults. The Young Offenders Act 1993 (YOA) contains provisions which describe limited circumstances under which it may be permissible, as determined by the court, for a young person to transfer from a youth to adult facility.

Records indicate that two young people under the age of 18 years were transferred from AYTC to an adult facility between 2014 and 2016. Both young people were male and over 17 years at the time of transfer.
In one of the cases the young person was involved in a number of violent incidents, which included assaults against other residents and staff, and displayed an escalating pattern of violent behaviour. In the second matter the young person was involved in repeated escape attempts and persistently inciting others to attempt escape.

In both cases, an application was made by the Chief Executive (DCSI) to the Judge of the Youth Court under section 63 (4) of the YOA.

Section 63 (4)

Where, on application made to a Judge of the Youth Court by the Chief Executive, the Court is satisfied that a person who is of or above the age of 16 years and has been remanded to, or is being detained in, a training centre or any other place pursuant to an order of a court—

(a) cannot be properly controlled in that training centre or other place; or

(b) has within the period of 14 days preceding the date of the application been found guilty of assaulting a person employed, or detained, in that training centre or other place; or

(c) has persistently incited others in the training centre or other place to cause a disturbance; or

(d) has escaped or attempted to escape from the training centre, the Court may, by order, direct that the person be transferred to a prison for the remainder of the period of remand or detention.

While DCSI facilitated the applications, transfer of the young people to an adult facility was a court determination. There is no legislated monitoring and reporting requirement for these situations. Once the court has directed that the person be transferred to a prison, the Correctional Services Act 1982 applies to that person and they are transferred into the custody of the Department for Correctional Services (DCS). However, at any time a person is transferred from the AYTC to an adult prison (regardless of age) DCSI works closely with DCS to support the person through the transition. This includes providing relevant information to ensure the safety and security of the person and others, and that the rehabilitation needs of the person are identified. This can also include DCSI facilitating one or two final visits with the person following transition before closing the Youth Justice case.
25. Please describe how the rewards and sanctions system operates in youth justice detention centres in your jurisdiction?

The AYTC utilises a Behaviour Support Framework. This is a progression model that provides individual incentives to encourage and support young people to develop positive behaviours and take responsibility for their progress. This assists residents to reach short and long term goals, develop life skills, address dysfunctional patterns of behaviour and take responsibility for their choices. Progression goals are developed with the resident and their Case Coordinator, Case Manager and Aboriginal Case Coordinator (where appropriate) and consider age, capacity, gender, culture and any other individual needs of the resident.

Progression stages, or phases, are designed to provide the level of supervision and support required for the resident while they are in that particular phase. Requirements and responsibilities are also defined within each phase. Security, supervision and support becomes less structured as residents progress through the phases, moving from high supervision and support through to low supervision with increased levels of independence. Progression through phases is guided by a scoring system and reviewed by a Phase Review Panel at regular intervals.

The Behaviour Support Framework also provides for staff to issue immediate rewards for positive behaviour and consequences for negative behaviour. Rewards may include extending a resident's access to an activity (e.g., television or games room) or allowing a special item for their room. Consequences may include reduced access to activities or allocating extra chores within the accommodation unit.

All residents are advised that their basic rights will never be taken away as a consequence for poor behaviour.

26. How are children and young people informed of their rights in youth justice detention centres?

On admission to the AYTC, young people go through an induction process. The induction includes the explanation of information about residents' rights, complaints processes and how to make contact with the Guardian (as an independent advocate). This also ensures the provision of an information brochure to the resident, and their carers, which describes these aspects and which the young person retains in their room. They are encouraged to discuss any questions they may have about these at any time with any Youth Justice staff member. There are
also posters outlining AYTC rules and residents' rights throughout the AYTC and in all accommodation units.

27. What training is in place for management and staff in relation to children's rights?

The Charter of Rights for Children and Young People Detained in Youth Justice Facilities was established by the Office of the Guardian and subsequently endorsed by the Minister for Communities and Social Inclusion late in 2015. Staff are provided with training in relation to the Charter by the Office of the Guardian for Children and Young Persons.

28. In your jurisdiction, are there special provisions for monitoring the transportation of children and young people held in police/court custody?

The South Australian government has a contract in place for the provision of transport and in-court management services for adults and young people subject to criminal proceedings and/or justice mandates. DCS manages the contract on behalf of five agencies, which are DCS, South Australia Police, Courts Administration Authority, SA Health and DCSI (Youth Justice).

The contract contains detailed specifications relating to the transportation of young people, including that young people are to be transported and held separately to adults and that contractor staff have current working with children screening checks and are to be conscious of the unique needs of young people in their custody. Monitoring provisions stated within the contract include requirements for incident reporting, periodic reporting and regular performance review by an established Agencies’ Coordinating Committee. The Committee comprises representatives from each of the five agencies receiving services under the contract.
I hope this information is of assistance in your considerations. Please note the attachment of internal AYTC Orders are provided in confidence, and to ensure security of training centre operations, these are not for further distribution. Please do not hesitate to contact my office if you require clarification on any of the above or anything further.

Yours sincerely

Rohan Bennett
A/Director, Youth Justice

27/5/2016
Attachments

1. Memorandum of Administrative Arrangement between the Office of the Guardian for Children and Young People and the Youth Justice Directorate, DCSI and Letter extending MOAA
2. AYTC Incident Reporting Operational Order
3. DCSI Managing Critical Client Incidents Policy
4. DCSI Managing Critical Client Incidents Guideline – Youth Justice Directorate
5. DCSI Customer Feedback and Complaints Policy
6. AYTC Client Feedback Operational Order
7. AYTC Feedback form
8. AYTC Resident Telephone System Security Order
9. AYTC Resident Mail Security Order
MEMORANDUM OF ADMINISTRATIVE ARRANGEMENT ("MOAA") RELATING TO THE ROLE AND POWERS OF THE GUARDIAN FOR CHILDREN AND YOUNG PEOPLE IN YOUTH TRAINING CENTRES

1. Preliminary
This MOAA is between the Office of the Guardian for Children and Young People and the Youth Justice Directorate of the Department for Communities and Social Inclusion.

The MOAA is not a legally binding contract and not intended to create legal relations.

The purpose of the document is to:
1) record the understanding between the parties regarding the role and manner of exercise of powers of the Guardian with respect to Youth Training Centres;
2) record arrangements for the effective and efficient provision and receipt of information regarding children and young people under lawful detention in Youth Training Centres or who have recently been¹, but who may or may not be under the Guardianship of the Minister for Education and Child Development.

2. Background
Part 7A, Division of the Children’s Protection Act 1993 (SA) provides for the role of the Guardian. Specifically, s52C of the Children’s Protection Act 1993 (SA) addresses the functions and powers of the Guardian in relation to children who are under the Guardianship, or in the custody, of the Minister.

By virtue of a delegation of power under s52C, the Guardian has the power to exercise certain functions in relation to all children in a Youth Training Centre. This MOAA seeks to reflect a mutually understood and accepted role of the Guardian to perform certain functions of s52C in relation to all children in the Training Centre, not just those who are under the Guardianship of the Minister.

This MOAA spells out the functions of the Guardian having regard to the Children’s Protection Act 1993 and Children’s Protection Regulations 2010.

In relation to the exchange of information regarding children in the lawful custody of the Minister, an arrangement commenced in 2004 with delegations of powers conferred to the Guardian by the Minister and the Chief Executive. In 2006 an amendment to the Children’s Protection Act 1993 created the statutory role of the Guardian with its own powers and functions.

In June 2006 an agreement for exchange of information was made between the Chief Executive of the Department for Families and Communities and the Guardian.

In 2010, further amendments were made to the Children’s Protection Act 1993 to extend the obligations to persons, as well as organisations, to provide the Guardian with information when requested. In October 2011, Ministerial responsibility for youth justice was separated from Ministerial responsibility for children under care and protection court orders. The Minister for Communities and Social Inclusion is to have responsibility for those in youth justice custody. In February 2013, the necessary delegations of powers were

¹ Matters investigated by the Office of the Guardian will commence when the young person is detained but may continue after their release.
agreed between the Minister for Education and Child Development and the Minister for Communities and Social Inclusion.

3. Scope and Extension of the Agreement
This MOAA goes only so far as s52C permits. It is not proposed by the parties that the powers or functions of the Guardian are extended in any other way. The key feature which this MOAA aims to clarify is to ensure that the Guardian is placed in a position to perform her functions with respect to all children and young people in a Youth Training Centre. It is understood that the functions and powers of the Guardian extend beyond children and young people under the Guardianship of the Minister whilst in a Youth Training Centre. This is a consequence of a delegation of power by the Minister.

The parties shall undertake a comprehensive review of the operation of this MOAA to be completed at a time agreed by the parties, before the MOAA expires. Such a review will assess the effect of the MOAA on both agencies and affected children and young people in training centres.

4. Representatives and Contact Persons
For the purposes of this MOAA, the Office for the Guardian shall be represented by the Guardian and the Youth Justice Directorate of DCSI shall be represented by its Director.

The representatives may delegate their functions under this MOAA to another person or persons within their agency/office.

The representatives or their delegates may nominate contact persons for the purposes of this MOAA or aspects of this MOAA.

The parties, their representatives, delegates and contact persons shall at all times act in good faith and use all reasonable efforts to collaborate properly and make this MOAA effective.

If delegates cannot reach agreement on any issue arising under this MOAA, they shall refer the issue to the Guardian and Director of the Youth Justice Directorate.

5. Specific Requests
The Guardian will continue to act in accordance of s52C of the Children’s Protection Act 1993 with respect to all children and young people in Youth Training Centres.

The Guardian will provide advocacy and monitoring for children and young people in Youth Training Centres, and will inquire into, and provide advice on, systemic reform necessary to improve the conditions of care. Further, the Guardian may conduct investigations into issues raised by the Minister for Communities and Social Inclusion.

The Guardian will maintain a strict focus on the children and young people in Youth Training Centres and raise any concerns with the Minister for Communities and Social Inclusion as required. This focus will permit the Guardian to consider issues at large within the Youth Training Centre or to investigate and review individual cases.
Specifically GCYP will:

1) Provide the Youth Training Centre General Manager with reasonable prior notice of the intention to visit the Centre and/or gather information or investigate a matter. For announced monitoring visits, GCYP will negotiate a suitable date for the visit, four weeks prior. If the General Manager is unavailable, contact will be made with the Accommodation Manager or Supervisor;
2) Where possible, GCYP will visit the Youth Training Centre to discuss the matter or view documents or electronic records on site;
3) Feedback following monitoring visits will be provided within three weeks in writing to the Director Youth Justice and General Manager; and
4) Requests for data, additional to the regular (annual) data reports, will be made in writing to the Director Youth Justice.

Specifically Youth Justice\(^1\) will:

1) Make available to the Office of the Guardian for Children and Young People (GCYP) information relating to a child or young person in detention or who has recently been in detention, or children as a group;
2) Respond as soon as possible to requests for information, which may be by phone or email, and within two working days unless there are extenuating circumstances;
3) At the commencement of an announced visit by GCYP, provide all information that has been requested in advance of the visit unless there are extenuating circumstances;
4) The General Manager of Adelaide Youth Training Centre will be present at the announced visit to answer questions and hold preliminary discussion on issues;
5) Staff of the Youth Training Centre will agree to cooperate with the GCYP by complying with any reasonable request of the Guardian whilst on the site, including ensuring that facilities are available at the time of the visit and providing support to the Guardian where necessary;
6) Managers will respond within two working days to questions that arise from monitoring visits unless there are extenuating circumstances;
7) Provide statistical data as requested by the Guardian and relevant to the Guardian’s functions; and
8) Any person who the Guardian believes is capable of providing information or producing a document that may be relevant to the performance of the Guardian’s functions must provide that information in the manner specified in the Children’s Protection Act 1993 (Section 52CA Use and obtaining of information) and others must not obstruct (Division 4 Offences, Sections 52EG, 52EH, 52EI and 52EJ.
9) Assist residents of the Youth Training Centre to raise concerns about the Centre with GCYP, at announced monitoring visits and at other times when requested by a resident.

\(^1\) Youth Justice includes all offices of the Youth Justice Directorate, Department for Communities and Social Inclusion.
6. Reporting
The Guardian will continue to report to the Minister for Communities and Social Inclusion as required by ss 52D and 52DA of the *Children’s Protection Act 1993*.

Reports should be transparent and informative by providing key recommendations to the Minister for Communities and Social Inclusion on issues raised to ensure best practice.

7. Duration
This MOAA shall commence when it has been signed by representatives of both parties and shall continue for a year, unless extended.

This MOAA may be extended more than once and for a period or periods exceeding one year.
SIGNED/EXECUTED BY THE PARTIES THROUGH THEIR REPRESENTATIVES

SIGNED/EXECUTED ON BEHALF OF OFFICE OF THE GUARDIAN AND YOUNG PEOPLE BY

[Signature]

ON 6/9/13

[Name]

WITNESS

SIGNED/EXECUTED ON BEHALF OF YOUTH JUSTICE DIRECTORATE, DEPARTMENT FOR COMMUNITIES AND SOCIAL INCLUSION

[Signature]

ON 6/9/13

[Name]

WITNESS
16 September 2015

Ms Pam Simmons
Guardian
Office of the Guardian for Children and Young People
PO Box 2281
ADELAIDE  SA 5001

Dear Ms Simmons

RE: Extension of the Memorandum of Administrative Arrangement (MOAA) relating to the role and powers of the Guardian for Children and Young People in Youth Training Centres.

As you would be aware the MOAA between your office and Youth Justice, Department for Communities and Social Inclusion, is due to expire mid September 2015.

A recent review by both agencies, confirmed that no amendments have been identified to the MOAA that was signed in September 2014. Therefore, pursuant to item 7 of that MOAA, I propose to extend the arrangement for a further twelve months, with the understanding that a review will be required when the Youth Justice Administration Bill is passed as legislation.

Please confirm your acceptance by signing both copies of this letter. One copy is to be retained for your records, and the other is to be returned to Youth Justice.

Should you have any queries relating to the MOAA, please contact me on 8415 4138.

Regards,

Sue Barr
Director, Youth Justice
Department for Communities and Social Inclusion

Signed on behalf of the Office of the Guardian for Children and Young People

Pam Simmons
Guardian

22/9/15
1 **Intent**

This policy aims to:

- support the safety and wellbeing of clients
- ensure that critical incidents affecting clients of the Department for Communities and Social Inclusion (the Department) are effectively and consistently identified, reported, responded to, managed and monitored
- ensure a systematic approach to critical client incidents
- enhance the ability to improve services as a result of incidents that occur
- enhance transparency and accountability in the delivery of services, especially to people who are vulnerable and at risk.

2 **Context**

The Department delivers and funds programs and services to children, young people and adults in a range of settings. The vulnerability of many of these clients, and the nature of the services provided, heightens the responsibilities and duty of care associated with service delivery.

Government and the community expect a high degree of accountability in the delivery of services, particularly to those who are vulnerable due to age, disability or life circumstances. In recent years there have been a number of enquiries and reports focusing on safeguarding vulnerable people and the reporting and management of critical incidents. There are clear expectations, by government and the community, that clients are protected, and critical incidents are consistently and properly identified, reported, responded to, managed and monitored.

This policy provides greater detail on the principles underpinning critical client incident management; definitions; incident response; and management and reporting requirements.

Guidelines to support this policy must be established in each Departmental division that provides or funds direct client services, taking into account the nature of service provided, the client group, staffing structures and legislative requirements. To assist with this a ‘Managing Critical Client Incidents Guideline template’ has been developed.
In addition, each Division must ensure that there are appropriate clauses in all service level agreements with organisations that provide services on behalf of the department.

The Department routinely manages a range of client incidents, supported by relevant systems, policies and procedures at both departmental and divisional level. This policy contains specific provisions relating to client incidents which are deemed to be critical; all existing and future operational documents across the Department in relation to client incident management must be consistent with this policy. The policy does not, however, replace or negate other incident management protocols, procedures or reporting requirements. These reporting requirements may include, but are not limited to:

- Immediately reporting to the Office for Public Integrity any potential issues of corruption, misconduct and maladministration as required under the Independent Commissioner Against Corruption Act, 2012
- Reporting an alleged offence to SAPOL
- Reporting suspected abuse or neglect of a child to the Child Abuse Report Line (CARL)
- Reporting relevant incidents to the Departmental Care Concerns Investigation Unit
- Notification to the Guardian for Children and Young People of child sexual abuse allegations involving a child or young person under custody or guardianship of the Minister
- Reporting all coronial matters consistent with legislation and the Departmental Coronial Policy
- Reporting to the Health and Community Services Complaints Commissioner
- Reporting notifiable work-related injuries, fatalities or a dangerous occurrence to SafeWork SA
- Sharing information in accordance with the Information Sharing Guidelines (ISG) for Promoting Safety and Wellbeing.

3 Risk

By not adhering to the consistent, timely and effective management of critical client incidents, the Department risks causing or compounding harm to clients and/or staff, litigation, loss of reputation and community confidence, financial loss and consumer dissatisfaction.
4 Reference Documents

4.1 Directive Documents

- Independent Commissioner Against Corruption Act 2012
- Independent Commissioner Against Corruption, South Australia (ICAC) - Directions and Guidelines for Inquiry Agencies, Public Authorities and Public Officers
- Aged Care Act 1997 (Cwlth)
- Cabinet Administrative Instruction 89/1 (Information Privacy Principles)
- Children’s Protection Act 1993
- Coroner’s Act 2003
- Criminal Law Consolidation Act 1935
- Disability Services (Rights, Protection and Inclusion) Amendment Act 2013
- Family and Community Services Act 1972
- Guardianship and Administration Act 1993
- Health and Community Services Complaints Act 2004 and Charter
- Information Sharing Guidelines for Promoting Safety and Wellbeing
- Public Sector Act 2009
- State Records Act 1997
- Young Offenders Act 1993

4.2 Supporting Documents

- Managing Critical Client Incidents Guideline (to be developed and maintained by each Division)

4.3 Related Documents and Resources

- Australian Service Excellence Standards
- Commissioner for Public Sector Employment Guideline: Management of Unsatisfactory Performance (including misconduct)
• DCSI Communications Policy
• DCSI Coronal Policy, Guidelines and Mandatory Procedures
• DCSI Disclosure Policy
• South Australian Family Safety Framework
• DCSI Riskman Incident and Feedback Entry Management Guide
• DCSI Records Management Policy

Disability Services and Disability SA
• Management of Care Concerns Procedure
• Missing Persons Procedure
• Reporting Dangerous Occurrences Standard
• Reporting of Incidents to SAPOL Guideline
• Responding to Child Protection Concerns Procedure
• Responding to Risk of Suicide Interim Guideline
• Responding to Threats of Harm to Child Clients of Disability Services Policy
• Risk Process Manual
• Safeguarding People with Disability Overarching Policy
• Safeguarding People with Disability Management of Care Concerns Policy
• Safeguarding People with Disability Restrictive Practices Policy
• Safeguarding People with Disability Supported Decision Making and Consent Policy
• Memorandum of Administrative Arrangement between Disability SA and South Australia Police Regarding Working in Cooperation to Promote a Safe and Coordinated System of Support

Domiciliary Care
• Client Incident Investigation and Reporting Procedure
• Guidelines for Specific Roles in Responding to Abuse
• Responding to Abuse of Older People Procedure
• Review and Analysis of Client Incidents Procedure
Housing SA
- Aboriginal Communities Mandatory Notification Policy
- Mandatory Notification Guidelines
- Privacy Policy
- Privacy Guidelines

Youth Justice
- C3MS Guide – Incidents
- C3MS Interim Guidelines – Care Concerns

Care Concern Investigation
- DCSI and NDIS Agency Complaints and Care Concerns Working Arrangements
- Guidelines for Management of Care Concerns
- Interagency Code of Practice: Investigation of Suspected Child Abuse or Neglect

5 Scope

Included:
This policy applies to all Departmental divisions that are involved in any way with the provision of direct client services or which fund non-government organisations to provide services on behalf of the department.

Excluded:
Critical incidents which only involve workers are not included under this policy (eg the death or serious injury of a worker in the performance of their duties where a client has not been involved). However, in such circumstances, consideration should be given to managing the incident in a manner consistent with the principles and processes in this policy (eg appointment of incident manager; initial response; reporting and notification requirements).

Client incidents that are not assessed as critical do not fall within the scope of this policy and must be managed according to standard Divisional incident management policies and procedures as relevant.
6 Definitions and Terminology

Client: is a person who receives, relies on or benefits from services delivered by the Department or its funded organisations. Interchangeable terms used are consumer and customer. Some areas utilise specific descriptions for clients depending on the service setting, for example, resident or tenant.

Critical Client Incident: A critical client incident is an event (or alleged event) that occurs as a result of, or during the delivery of services directly provided or funded by DCSI, and has caused or is likely to cause significant negative impact to the health, safety or wellbeing of a client or service recipient. Critical client incidents will usually require a crisis response, incident management, coordination and consideration of a range of risks and sensitivities. Critical client incidents may include (but are not necessarily limited to):

- The unexpected death, serious injury or alleged assault (including physical, sexual abuse, sexual assault and indecent assault) of a client, that occurs as a result, or during the delivery, of services
- Allegations of serious unlawful or criminal activity or conduct involving an employee, a subcontractor or volunteer that has caused, or has the potential to cause, serious harm to clients
- An incident where a client assaults or causes serious harm to others (including employees, volunteers or contractors), as a result, or during the delivery, of services
- A serious fire, natural disaster, accident or other incident which will, or is likely to prevent, service provision, or which results in closure or significant damage to premises or property, or which poses a significant threat to the health and safety of clients.

The assessment of whether an incident should be treated as a critical client incident should take into account the following:

- Whether the death, serious injury or harm has an obvious and direct correlation to the services the person was receiving
- Whether the standard of services provided may have been, or may be perceived to have been, a contributing factor
- The extent of harm that resulted, or may result
- The likelihood that others may be affected
- If the death, serious injury or harm is due to unusual circumstances
- The duty of care that may be expected of the department and/or the funded service provider in relation to the incident.

The Executive Director of the relevant Division is responsible for determining if a specific incident is to be classified as a critical client incident.
Critical Client Incident Manager: a departmental officer, generally at the Director level, appointed by an Executive Director, and responsible for managing the incident until its conclusion. The Critical Client Incident Manager (or their delegate) will also be the lead point of contact in relation to the incident.

Disclosure: providing information about a critical client incident to others not directly involved in the incident, but who may be affected, either directly or indirectly (for example, family members of the affected client, other clients who may have been harmed and/or their families). Please note that meeting reporting requirements (for example, mandatory notification, reporting to SAPOL) does not constitute disclosure. Disclosure decisions must take into account the potential for others to have been affected or harmed, the potential for others still to be at risk of harm or require assistance to alleviate the effects of harm; and risks in disclosing or not disclosing information. They must also take into account what information will be provided, to whom, for what purpose and with what justification, in what format and appropriate approval mechanisms, and will be made in accordance with the ISG and the DCSI Disclosure Policy.

Division: is inclusive of the entire area within the Department which reports to an Executive Director (for example, Housing SA).

Funded organisation: DCSI funded organisations that provide direct client services on the Department’s behalf.

Worker: as per the Work Health and Safety Act 2012, a worker includes anyone who works for DCSI as an employee, employee of a labour hire company placed with DCSI, contractor, sub-contractor, trainee, work experience student or volunteer. A worker includes anyone employed or those engaged in a voluntary capacity by the Department’s funded organisations.

7 Policy Detail

7.1 Guiding Principles

The following principles must guide the management of all critical client incidents:

1. Commitment to clients

DCSI is committed to providing safe, high quality and person-centred services.

2. Responsive and coordinated

Critical client incidents will be responded to and managed in a timely, consistent, responsive, coordinated and effective manner.

3. Privacy, reporting and disclosure

Personal information will be collected, managed, used and disclosed in accordance with relevant policy and legislation, and in a manner that is respectful to the individuals involved. Personal information, particularly sensitive information, is reported and disclosed on a strictly ‘needs to know’ basis, with systems and processes that support the privacy and security of information and respect for affected individuals.
4. Quality improvements

Information generated, and the experience of, critical client incidents, is used to identify and address risks and improve services.

7.2 Governance and Roles

7.2.1 High-level Process

The following outlines the high-level process that must be followed in relation to all (apparent) critical client incidents:

1. **Immediate response - safety:** The safety of clients, workers and others is of the highest priority. Following any client incident, workers must respond immediately and appropriately to ensure the safety and wellbeing of client(s) and/or others. This may involve calling for an ambulance or administering first aid.

2. **Report - SAPOL:** If the incident may constitute a criminal offence or if police attendance is necessary to ensure the safety of those involved in the incident or restore order, the incident must immediately be reported to the South Australia Police (SAPOL). In the event of such reporting, workers must seek to preserve physical evidence (eg medical or scene examination, seizure of clothing).

3. **Notifying:** DCSI employees must immediately advise their line manager and/or Director of an apparent critical client incident either in person or by phone.

4. **Assessment:** The relevant DCSI Executive Director, will assess and determine if the incident is to be classified as a critical client incident.

5. **Incident Manager:** If it is deemed that an incident is critical, the Executive Director will appoint a Critical Client Incident Manager.

6. **Initial email reporting:** If an incident is deemed a critical client incident, the Director or Executive Director must initially report the incident by email to the following:

   - Chief Executive
   - Relevant Minister’s Chief of Staff
   - Minister for Disabilities’ Ministerial Advisor and Ministerial Liaison Officer (if a disability matter)
   - Director, Business Affairs
   - Manager, DCSI Care Concern Investigations and
   - Business Affairs via the DCSI:Critical Client Incidents inbox.

7. **Reporting:** Those involved in or aware of the incident must adhere to any mandatory/legislative reporting requirements within the appropriate timeframes (refer to section 2) and any other divisional/departmental guidelines and procedures for incident management.
8. **Ministerial briefing:** Within **five business days** of the initial email report of the critical client incident, the Incident Manager must provide a written briefing to the Minister. The Critical Client Incident Ministerial briefing template must be used and the briefing signed off by the responsible Executive Director, Director, Business Affairs, and the Chief Executive.

9. **Disclosure:** A Disclosure Assessment should be undertaken in accordance with the Department’s Disclosure Policy. In the interim, decisions about disclosure should be made in accordance with the ISG.

10. **Critical Incident Management:** Critical client incidents will receive high level and high quality incident management, including regular update reports provided to the Executive Director, Chief Executive and Minister.

11. **Closure/downgrading:** At the discretion of the Executive Director, an incident may be downgraded or closed as a critical client incident (for example, when the initial crisis is passed and the situation has stabilised sufficiently to be managed with existing processes and procedures).

12. **Review:** The Department will review the information gathered as a result of the critical client incident with the aim of improving service quality and minimising risks.

### 7.2.2 Responsibilities

**The Chief Executive is responsible for:**

- Encouraging a culture where critical client incidents are dealt with seriously and thoroughly
- Ensuring effective critical client incident processes and incident reporting and management strategies are in place across the Department
- Ensuring that appropriate actions are implemented in response to critical client incidents, including implementation of identified service improvements
- Regularly reviewing and monitoring each open critical client incident.

**Executive Directors are responsible for:**

- Ensuring their Directorates manage critical client incidents in line with this Policy and the associated Divisional Guidelines, including the development, management and review of complementary divisional procedures
- Determining if an incident is critical and appointing a Critical Client Incident Manager
- Ensuring critical client incidents are reported to the Chief Executive and Minister according to the required process, and that the Chief Executive and Minister are properly briefed and receive regular updates
Managing Critical Client Incidents Policy

For Official Use Only

- Reviewing all critical client incident reports, with a view to making any further recommendations for follow up and developing and implementing improvement strategies
- Determining when a critical client incident can be downgraded or closed
- Ensuring records created and received in the course of responding to a critical client incident are managed in accordance with the State Records Act 1997
- Ensuring that all funded agencies that provide direct services to clients have appropriate clauses in service level agreements outlining responsibilities for reporting incidents, particularly critical client incidents to DCSI.

**Critical Client Incident Managers, appointed by an Executive Director, are responsible for:**

- Overseeing the management of the incident to conclusion and providing a single point of contact and coordination
- Ensuring all external reporting requirements are met and all relevant areas of the Department are notified
- Ensuring that clients and staff involved in the incident have been offered assistance and support as required
- Ensuring a Disclosure assessment is undertaken in line with the DCSI Disclosure Policy and the ISG
- Ensuring cross-departmental, cross-agency and inter-sectoral coordination
- Monitoring the progress of any resultant investigations or proceedings
- Ensuring high quality records are kept on all aspects of the incident
- Providing a briefing outlining the details of the incident and any relevant background to the Minister within five business days of the initial notification
- Providing weekly status updates to Business Affairs and other updates as required
- Identifying risks and opportunities that can support service improvements
- Making recommendations to the Executive Director as to when a critical client incident can be downgraded or closed.

**Directors, Managers and Supervisors are responsible for:**

- Reporting critical client incidents consistent with the Critical Client Incident Policy and Guideline
- Ensuring workers understand and comply with the Critical Client Incident Policy and Guidelines and any complementary divisional procedures
- Supporting the Critical Client Incident Manager and undertaking tasks or providing information as requested
- Reporting to and liaising with relevant internal and external investigative authorities
- Reviewing critical client incidents, which includes an examination of the root cause of the incident and developing and implementing appropriate improvement strategies
- Providing information to victims, families, guardians, etc. consistent with the Disclosure Policy
- Providing clarification, guidance, advice and support to funded agencies on the coordination, management and reporting of critical client incidents.

Workers are responsible for:

- Raising awareness and complying with the Policy and Guidelines and any complementary divisional procedures
- Reporting apparent critical client incidents to their line manager and Director
- Recording and securing all details related to the critical client incident as soon as practicable, including in Riskman (or C3MS for Youth Justice).

Business Affairs is responsible for:

- Providing advice and support to the Chief Executive on matters relating to this policy
- Maintaining a central register of all critical client incidents
- Providing advice, information and training in relation to the policy
- Coordinating the preparation of summary reports for the Chief Executive, Executive Leadership Team (ELT) and Ministers
- Review and ongoing development of the Policy and Guidelines and associated systems
- Appropriate recording of critical client incident reports and ongoing assessment of compliance with this Policy
- Ensuring a coordinated approach across the department, and with funded services, in relation to the Policy.
8 Executive Reporting

8.1 Reporting to Minister, Chief Executive and Executive Leadership Team (ELT)

Critical Client Incident Managers will be required to submit a weekly status update on current incidents to Client Systems, Business Affairs.

Critical Client Incident Managers are required to provide a briefing outlining the details of the incident and any relevant background to the Minister within five business days of the initial notification.

Client Systems, Business Affairs is responsible for the coordination and preparation of weekly update reports for the Chief Executive and Minister on open critical client incidents; monthly Summary Reports for ELT; and biannual summary reports for ELT and Ministers.

The monthly Executive Summary Report will include information relating to new critical incidents, ongoing critical incidents, downgraded and closed incidents, detail of any risks identified, and quality improvement strategies introduced as a result of a critical client incident.

9 Aboriginal Impact Statement Declaration

The needs and interests of Aboriginal people have been considered in the development of this policy. It has been assessed that there is no impact specific to Aboriginal people or an impact that could disproportionately affect Aboriginal people.

10 Policy Approval

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<th>Content Author:</th>
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<td>Nancy Rogers</td>
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Managing Critical Client Incidents Guideline
Youth Justice Directorate

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1. Introduction

The purpose of this guideline is to provide staff with instructions on how to manage a critical client incident. It should be read in conjunction with the Managing Critical Client Incident Policy.

2. Directive Policy

- Managing Critical Client Incidents Policy
- Disclosure Policy (being developed)

3. Scope

This Guideline applies to all staff in the Youth Justice Directorate.
**Included:**

The Guideline applies to the management of all incidents categorised as critical that occur as a result of, or during the delivery of services to Youth Justice clients.

This includes incidents categorised as:

- Category 1 (Major) – Connected Client Case Management System (C3MS)
- Catastrophic/Major – Riskman Incidents
- Level 1 (Extreme/High) – Riskman Client Feedback

**Excluded:**

This Guideline does not apply to incidents not assessed as critical.

If the incident is not assessed as critical, the situation must be managed in accordance with the relevant corresponding policies, procedures, guidelines and operational orders. This includes incidents categorised as Serious and Minor (Category 2 and 3) in C3MS or Moderate or Low in Riskman (Incidents and/or Client Feedback).

**4. Definition and Terminology**

**AYTC:** is the acronym for the Adelaide Youth Training Centre

**Client:** is a person who receives, relies on or benefits from services delivered by the Department or its funded organisations. Interchangeable terms used are consumer and customer. Some areas utilise specific descriptions for clients depending on the service setting, for example person we support, resident or tenant.

**Critical Client Incident:** A critical client incident is an event (or alleged event) that occurs as a result of, or during the delivery of services directly provided or funded by DCSI, and has caused or is likely to cause significant negative impact to the health, safety or wellbeing of a client or service recipient. Critical client incidents will usually require a crisis response, incident management, coordination and consideration of a range of risks and sensitivities. Critical client incidents may include (but are not necessarily limited to):

- The unexpected death, serious injury or alleged assault (including physical, sexual abuse, sexual assault and indecent assault) of a client, that occurs as a result, or during the delivery, of services

- Allegations of serious unlawful or criminal activity or conduct involving an employee, a subcontractor or volunteer that has caused, or has the potential to cause, serious harm to clients

- An incident where a client assaults or causes serious harm to others (including employees, volunteers or contractors), as a result, or during the delivery, of services
- A serious fire, natural disaster, accident or other incident which will, or is likely to prevent, service provision, or which results in closure or significant damage to premises or property, or which poses a significant threat to the health and safety of clients.

The assessment of whether an incident should be treated as a critical client incident should take into account the following:

- The standard of services provided may have been a contributing factor or may be perceived as a factor
- The extent of harm that resulted, or may result
- The likelihood that others may be affected
- The death, serious injury or harm has an obvious and direct correlation to the services the person was receiving
- The death, serious injury or harm is due to unusual circumstances
- The duty of care that may be expected of the department and/or the funded service provider in relation to the incident.

The Executive Director of the relevant Division is responsible for determining if a specific incident is to be classified as a critical client incident.

Critical Client Incident Manager: a departmental officer, generally at the Director level, appointed by an Executive Director, and responsible for managing the incident until its conclusion. The Critical Client Incident Manager (or their delegate) will also be the lead point of contact in relation to the incident.

C3MS: is the acronym for the Connected Client Case Management System which is the primary electronic client record keeping system used by Youth Justice.

C3MS Incident Categories:

**Category 1 – Major:** Escape from a training centre, death or serious injury of a client, alleged sexual assault, actual physical assault resulting in hospital admission, a loss of control or riot situation in a training centre that requires the handing over of the centre to SAPOL, deliberately lit or serious fire in training centre or residential care resulting closure/significant damage and threat to health and safety of clients, client related event with the potential to subject the Department to high level public/legal scrutiny.

**Category 2 – Serious:** Abscond from home detention, use of restraint in a training centre, injury requiring medical practitioner treatment (no hospital admission), assaults that do not classify as Category 1, serious threats made to clients or staff, client behaviour that presents serious risk to clients/others.
Category 3 – Minor: Normal work/routine interrupted however significance does not extend beyond workplace or facility, can be dealt with adequately by workplace/facility, minor impact on client, no further implications for the department, minor accidental injuries that can be addressed by the application of first aid.

Disclosure: is providing information about a critical client incident to others not directly involved in the incident, but who may be affected, either directly or indirectly (for example, family members of the affected client, other clients who may have been harmed and/or their families). Please note that meeting reporting requirements (for example, mandatory notification, reporting to SAPOL) does not constitute disclosure. Disclosure decisions must take into account the potential for others to have been affected or harmed, the potential for others still to be at risk of harm or require assistance to alleviate the effects of harm; and risks in disclosing or not disclosing information. They must also take into account what information will be provided, to whom, for what purpose and with what justification, in what format and appropriate approval mechanisms, and will be made in accordance with the ISG and the DCSI Disclosure Policy (under development).

Division: is inclusive of the entire area within the Department which reports to an Executive Director (for example, Housing SA).

Funded Organisation: DCSI funded organisations that provide direct client services on the Department's behalf.

Supervisor: includes On-call and Duty Supervisors at the Adelaide Youth Training Centre and all Supervisors in Community Youth Justice.

Worker: as per the Work Health and Safety Act 2012, a worker includes anyone who works for DCSI as an employee, employee of a labour hire company placed with DCSI, contractor, subcontractor, trainee, work experience student or volunteer. A worker includes anyone employed or those engaged in a voluntary capacity by the Department's funded organisations.

5. Procedure

5.1 Process Steps
The following outlines the process that must be followed in relation to all (apparent) critical client incidents.

5.1.1 Immediate response - safety: The safety of clients, workers and others is of the highest priority. Following any incident, workers must respond immediately and appropriately to ensure the safety and wellbeing of client(s) and/or others. This may involve calling for an ambulance or police or administering first aid.

5.1.2 Report - SAPOL: If the incident may constitute a criminal offence or if police attendance is necessary to ensure safety or restore order, the incident must immediately be reported to the South Australia Police (SAPOL). In the event of such reporting, workers must seek to preserve physical evidence (e.g., medical or scene examination, seizure of clothing).
If the incident occurs in the AYTC the staff member must immediately report to the Duty Supervisor who will determine if SAPOL attendance is required and make contact with SAPOL if necessary.

5.1.3 Notifying: DCSI employees must immediately advise their supervisor and/or Director of an apparent critical client incident either in person or by phone.

*Important*

*If the supervisor is not available, it is the responsibility of the staff member aware of, or involved in, the critical client incident to ensure that the next most appropriate senior staff member is notified.*

The Director will then immediately liaise with the relevant DCSI Executive Director.

5.1.4 Assessment: The relevant DCSI Executive Director, will *assess* and determine if the incident is to be classified as a critical client incident.

5.1.5 Incident manager: If it is deemed that an incident is a critical client incident, the department will appoint a Critical Client Incident Manager. The role of the Critical Client Incident Manager is outlined in section 5.2.3.

5.1.6 Initial email reporting: If an incident is deemed a critical client incident, the Director or Executive Director must initially *report* the incident by email to the following:

- Chief Executive
- Relevant Minister’s Chief of Staff
- Minister for Disabilities’ Ministerial Advisor and Ministerial Liaison Officer (if a disability matter)
- Director, Business Affairs
- Manager, DCSI Care Concern Investigations Unit and
- Business Affairs via the DCSI:Critical Client Incidents inbox.

The initial notification email *must* include the words Critical Client Incident in the header, and provide the following information:

- Date and time of the critical incident
- Location of the critical incident
- Details of the funded organisation involved (if applicable)
- A succinct summary of what happened including, the relationship of any alleged perpetrator(s) to the alleged victim(s)
- The immediate steps that were taken to address the situation
- Current safety issues (i.e. is the client safe?)
- Coordination requirements (e.g. with other agencies, other areas of the department)
- Name of the appointed Incident Manager.
Incident Managers may be required to advise other key stakeholders, on an as needs basis, after further assessment of the incident.

5.1.7 Reporting: Those involved in or aware of the incident must adhere to any mandatory/legislative reporting requirements within the appropriate timeframes, (refer to section 2 of the Managing Critical Client Incident Policy) and any other divisional/departmental guidelines and procedures for incident management.

In the case of a death, the staff member must refer to the DCSI Coronial Policy and Guideline.

Staff members involved in the incident are to record and secure all details related to the incident as it occurred, as soon as practicable.

The following information should be included in all reports:
   a. Time, date and location of the incident.
   b. What staff members observed. What the clients(s), staff and others were doing at the time. What led up to the incident? What you noticed that required your response. Describe the event, client mood, behaviour, etc.
   c. Any action you undertook in responding to the incident or related behaviour including verbal actions such as what was said by you leading up to, during and after the incident.
   d. Conversations relating to the incident.

5.1.8 Disclosure: A Disclosure Assessment must be undertaken for all Critical Client Incidents. This assessment must take into account the potential for, and likelihood that, others (for example, other current or former clients) have been affected and/or experienced harm, or the potential for others to be still at risk of harm or require assistance to alleviate the effects of harm. Disclosure decisions must also take into account the risks in disclosing, or not disclosing, information; and the potential impacts of disclosure. If the assessment indicates disclosure may be warranted, consideration must also be given to any constraints or limitations on disclosure (for example, the timing of an investigation by SAPOL or another body); appropriate parties to receive a disclosure; and managing the disclosure process. Incident Managers must consult with others in making this assessment (for example, the Executive Director and/or Chief Executive; the Director, Business Affairs; SAPOL (if relevant); the DCSI Care Concerns Unit; relevant service providers; the DCSI Legal Unit. The disclosure assessment (or information on the process being undertaken to determine if a disclosure will be made) must be included in the Ministerial briefing. Please note a DCSI Disclosure Policy is currently under development.

5.1.9 Ministerial briefing: Within five business days of the initial email report of the critical client incident, the Critical Client Incident Manager must provide a written briefing to the Minister. The Critical Client Incident Ministerial briefing template
must be used and the briefing signed off by the responsible Executive Director, Director, Business Affairs, and the Chief Executive.

5.1.10 Critical Client Incident management: Critical client incidents will receive high level and high quality incident management, including regular update reports provided to the Executive Director, Chief Executive and Minister.

5.1.11 Closure/downgrading: At the discretion of the Executive Director, an incident may be downgraded or closed as a critical client incident (for example, when the initial crisis is passed and the situation has stabilised sufficiently to be managed with existing processes and procedures).

- The Incident Manager will provide information to the Director and recommend that a matter be downgraded or closed
- The Executive Director, in consultation with the Director will make a decision and advise Business Affairs, via the DCSI:Critical Client Incidents mailbox
- Client Systems, Business Affairs will include recommendations about downgrading or closure in the weekly summary report to the Minister, however, the Chief Executive or Minister may at their discretion determine to keep the matter open.
- A specific Ministerial template to advise downgrading / closure is available for use (DCSI intranet) if and when required (e.g. complex or longstanding matters that may be of particular interest to the Minister).

5.1.12 Review: Divisions will review the information gathered as a result of the critical client incident with the aim of improving service quality and minimising risks. This should be documented.

5.2 Follow-up Action

5.2.1 Record details of Critical Client Incident

Staff members involved in the incident must record all details related to the incident as it occurred, as soon as practical. This information should be captured using the Incident Reporting Icon in C3MS or by completing an AYTC Standard Incident Report Format Template (AYTC staff only).

The following information should be included in any notes made by staff (as relevant):

a. Time, date and location of the incident

b. What staff members observed; what the clients(s), staff and others were doing at the time; what led up to the incident

c. Any action taken in response to the incident or related behaviour including verbal actions such as what was said leading up to, during and after the incident.
Staff must ensure that they comply with any other external mandatory reporting requirements and record when this occurs. This includes (but is not limited to):

a. Reporting all suspected cases of abuse or neglect of a child to the Child Abuse Report Line (CARL)

b. Notification to the Guardian for Children and Young People of sexual abuse allegations involving a child or young person under the guardianship of the Minister for Education and Child Development

c. Reporting notifiable work-related injuries, fatalities or dangerous occurrences to SafeWork SA

d. Sharing information in accordance with the Information Sharing Guidelines (ISG) for Promoting Safety and Wellbeing of Children, Young People and their Families.

In the case of a reportable death or death in custody that is deemed a critical client incident staff must also refer to the DCSI Coronerial Policy and Guideline.

**NOTE:** The death of a client does not in itself constitute a critical client incident. However, if the death involves circumstances that are out of the ordinary then it may constitute a critical client incident.

### 5.2.2 Counselling and Debrief Sessions

The supervisor coordinating the initial response to the incident must ensure that staff and clients involved in the incident are encouraged to seek counselling and support as appropriate. Staff should be referred to the Employee Assistance Program (counselling and support service) and where appropriate staff debriefings should take place.

In consultation with the Critical Client Incident Manager, the supervisor must ensure that, where appropriate, the suggestion to seek counselling is confirmed in writing and includes contact details of relevant services.

### 5.2.3 Role of the Critical Client Incident Manager

A Critical Client Incident Manager must be appointed by the Executive Director to supervise and manage the incident to its conclusion and to provide a single point of contact and coordination, including for the Chief Executive and Minister's Office. Generally, nominated Critical Client Incident Managers should be at Director level.

The Critical Client Incident Manager is responsible for:

- a) Overseeing the management of the incident, including cross-departmental and cross-agency coordination, and monitoring SAPOL investigations and court proceedings where required.
b) Ensuring that a briefing outlining the details of the incident and any relevant background is provided to the Minister’s Office within **five business days** of the division becoming aware of the critical client incident. Staff must use the specific Critical Client Incident Ministerial briefing template.

c) Advising Human Resources, and Occupational Health, Safety and Welfare about the incident as required.

d) Ensuring that clients and staff involved in the incident have been encouraged to seek counselling and support.

e) Ensuring compliance with the Disclosure Policy.

f) Providing weekly status updates to Business Affairs.

g) Recommending to the Executive Director when the matter can be downgraded or closed.

### 5.3 Executive Reporting

#### 5.3.1 Weekly Summary Reports to the Chief Executive

Each Monday, Business Affairs will request status updates from Critical Client Incident Managers (or their delegates) on new and existing critical incidents (via email). Responses will be due by close of business each Wednesday and must be submitted via the **DCSI:Critical Client Incidents** mailbox.

Business Affairs will update the central Critical Client Incident Register based on these status updates and prepare a weekly summary report and briefing to the Ministers.

#### 5.3.2 Monthly Reporting

Business Affairs is responsible for the coordination and preparation of the monthly Executive Summary Report for the Executive Leadership Team (ELT). Business Affairs will use information contained in the Critical Client Incident Register to prepare this report and will seek further information from Critical Client Incident Managers as required.

The monthly Executive Summary Report will include information relating to new critical incidents; ongoing critical incidents; downgraded and closed incidents; the timeliness of briefings; and detail of risks identified and quality improvement strategies introduced as a result of a critical client incident.

All critical client incidents, once closed, will be referred through the Director to the Youth Justice Critical Incident Review Committee. The Committee will review the circumstances and response to the incident and make recommendations about service improvement strategies, if required.
5.3.3 Biannual Report to Executive Leadership Team and Minister(s)

Client Systems, Business Affairs will provide a biannual report outlining the volume of critical client incidents, related issues, risks and quality improvement strategies to ELT and Ministers.

6. Related Documents

DCSI Policy
- Managing Critical Client Incidents Policy
- Coronial Policy

DCSI Guidelines and Procedures
- Managing DCSI Client Feedback
- Reporting and Recording Accidents, Incidents and Hazards
- Coronial Guidelines and Mandatory Procedures
- Youth Justice Critical Incident Review Committee Procedures and Terms of Reference

Adelaide Youth Training Centre Operational Orders
- 32 Client Feedback
- 33 Incident Reporting
- 39 Allegations of Abuse or Neglect

C3MS Guides
- Incidents
- Care Concerns

7. Key Contacts

<table>
<thead>
<tr>
<th>Area</th>
<th>Contact Person</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Unit</td>
<td>Jill Francis</td>
<td>Email: DCSI:Legal Unit</td>
</tr>
<tr>
<td></td>
<td>Director, Legal Services</td>
<td>Ph: 8413 9090</td>
</tr>
<tr>
<td>Care Concerns Investigations</td>
<td>Rohan Crawford</td>
<td>Email: DCSI:Care Concern Investigations</td>
</tr>
<tr>
<td></td>
<td>Manager, Care Concern Investigations</td>
<td>Ph: 8207 0618</td>
</tr>
<tr>
<td>Media, Communications and</td>
<td>General Enquiries</td>
<td>24-hour DCSI media line</td>
</tr>
<tr>
<td>Events Unit</td>
<td></td>
<td>Ph: 8413 9049</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General enquires</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ph: 8413 9072</td>
</tr>
<tr>
<td>Insurance Unit</td>
<td>Mark Hunter</td>
<td>Email: DCSI:Insurance Services</td>
</tr>
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<tr>
<td></td>
<td>Manager, Insurance Services</td>
<td>Ph: 8415 4453</td>
</tr>
<tr>
<td>Business Affairs, Client Systems</td>
<td>Irene Doyle</td>
<td>Email: DCSI:Critical Client Incidents</td>
</tr>
<tr>
<td></td>
<td>Manager, Client Systems</td>
<td>Ph: 8413 8135</td>
</tr>
<tr>
<td>Child Abuse Report Line (CARL)</td>
<td>ECARL</td>
<td><a href="http://www.reportchildabuse.families.sa.gov.au">website</a></td>
</tr>
<tr>
<td></td>
<td>Report Line</td>
<td>Ph:131 478</td>
</tr>
<tr>
<td>Office of the Guardian for Children and Young People</td>
<td>General Enquiries</td>
<td>Email: <a href="mailto:gcyp@gcyp.sa.gov.au">gcyp@gcyp.sa.gov.au</a> (allow two working days for a response)</td>
</tr>
<tr>
<td></td>
<td>Freecall for children and young people only:</td>
<td>Ph: 08 8226 8570</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ph: 1800 275 664</td>
</tr>
<tr>
<td>South Australia Police (SAPOL)</td>
<td>Emergency</td>
<td>Ph: 000</td>
</tr>
<tr>
<td></td>
<td>Police Assistance Line</td>
<td>Ph: 131 444</td>
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</tbody>
</table>

### 8. Guideline Approval

<table>
<thead>
<tr>
<th>Content Author:</th>
<th>Guideline Custodian:</th>
<th>Delegated Authority:</th>
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<tbody>
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<td>Katherine Hawkins</td>
<td>Sue Barr</td>
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<tr>
<td>Manager, Strategy, Policy and Reporting, Youth Justice</td>
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<td>Executive Director, Youth Justice, Community Engagement and Organisational Support</td>
</tr>
</tbody>
</table>

## 1 Intent

The Customer Feedback and Complaints Policy:

- Guides the Department for Communities and Social Inclusion (DCSI) in decision making and action relating to the best practice management of customer feedback (compliments, comments/suggestions) and complaints in accordance with National Standards and State Government requirements
- Ensures that DCSI manages customer feedback and complaints in a fair, efficient, systematic, consistent and accountable manner
- Ensures staff are supported and aware of their responsibilities with regards to customer feedback and complaints
- Ensures effective and timely identification of, and response to, trends, and
- Provides a foundation for DCSI’s mandated incident reporting and feedback system (RiskMan), relevant procedures, guidelines and any other related documentation.

## 2 Context

On 27 July 2015, Cabinet approved a new instruction on Complaint Management (PC039). This requires agencies to handle complaints in a manner consistent with the principles in the Australian/New Zealand Standard: AS/NZ 10002:2014 Guidelines for complaint management in organisations (Australian Standard). Adherence to the Australian Standard will ensure that DCSI has in place a complaint management system that:

- Supports consumers to receive the services and/or products that DCSI is funded to deliver
- Informs consumers about their right to provide feedback or complain about a service and what to expect in response to that feedback, including possible outcome, actions and/or resolution
- Ensures all feedback is handled in a fair, transparent and timely manner, and
- Monitors and evaluates the handling of complaints to inform service improvements.
3 Risk

By not adhering to the consistent, timely and effective management of customer feedback and complaints, the Department risks causing or compounding client/consumer dissatisfaction, litigation, loss of reputation and community and staff confidence and/or financial loss.

4 Reference Documents and Links

4.1 Directive documents

- AS/NZ 10002:2014 Guidelines for complaint management in organisations
- Department of the Premier and Cabinet, Circular (27/7/2015) on Complaint Management
- Independent Commissioner Against Corruption Act, 2012
- Independent Commissioner Against Corruption, South Australia (ICAC) - Directions and Guidelines for Inquiry Agencies, Public Authorities and Public Officers
- Health and Community Services Complaints Act 2004
- Public Sector Act 2009
- Ombudsman Act 1972
- South Australian Department of the Premier and Cabinet Circular PCO12 - Information Privacy Principles Instruction
- State Records Act 1997

4.2 Supporting documents

- DCSI Customer Feedback and Complaint management guidelines
- DCSI Client Feedback brochure and form
- DCSI Online Feedback and Complaints form

4.3 Related documents and resources

- Code of Ethics for the South Australian Public Sector, Office for the Public Sector
- HCSCC Aboriginal and Torres Strait Islander Outreach Project: Ever felt like complaining; final report

5 Scope

The Customer Feedback and Complaints Management Policy applies to all feedback received from clients and the public about decisions, omissions and actions undertaken in the provision of services by DCSI. This policy applies to all staff involved in responding to feedback and complaints.
Included:

All customer feedback, including comments, suggestions, compliments and complaints, are included within the scope of this policy.

Excluded:

Employee disputes, grievances, misconduct matters, contracted service provider disputes or grievances and appeals against decisions (eg: screening assessments).

6 Definitions

Carer - Family members, guardians or friends who have an interest in, or are responsible for, the care of a DCSI client.

Client/Customer - Someone who has received one or more of DCSI’s services or programs

Complainant - Any person or organisation who is providing feedback or making a complaint

Complaint - Includes expressions of dissatisfaction or concerns about a DCSI service made by clients, their carers or others

Feedback – Opinions, comment/suggestion, compliment or complaint, or concern, by a client about DCSI services or staff

HCSCC - Health and Community Services Complaints Commissioner

Riskman – Riskman is the DCSI mandated Incident Reporting and Feedback System used to register, monitor and report on feedback and complaints.

7 Policy Detail

7.1 Policy

DCSI will maintain effective customer feedback and complaint management processes and systems to support consistent and high quality management of feedback and complaints.

The department is open and responsive to feedback from customers, families, carers and members of the community and uses that feedback to support continuous service improvement.

Where the department is unable to resolve feedback or complaints internally, complainants will be provided with information about avenues for seeking resolution and/or external appeal.
7.2 Principles

The Department will **enable** feedback by ensuring:

- Information about how and where feedback may be made is accessible and transparent
- Individuals who are vulnerable or have special needs are assisted to provide feedback when requested
- People’s rights to provide feedback or make a complaint is acknowledged, and complainants are treated with respect, and
- Complainants are not adversely affected because they have made a complaint.

The Department will **manage** feedback by ensuring:

- Feedback is promptly acknowledged, assessed and prioritised in accordance with the urgency of the issue
- The management and resolution of feedback occurs at a local level wherever possible, and is only escalated where local resolution has been unsuccessful
- Complainants are advised if their matter is out of the scope of the Policy or the department’s role and are redirected in a timely manner to appropriate avenues where possible
- Complainants are advised of the complaint process, expected timeframes, possible outcomes and avenues of review and appeal
- Unless resolved at the first point of contact, complaints will be documented (including information about the issues raised, any supporting documentation provided, the enquires undertaken, and the outcomes achieved)
- Immediately report to the Office for Public Integrity any complaints or feedback that potentially relate to issues of corruption, misconduct and maladministration as required under the Independent Commissioner Against Corruption Act, 2012
- Key performance indicators for the complaints management system are established, implemented and monitored and improvements implemented, as required
- Personal information is treated confidentially and is only used and disclosed in accordance with the South Australian Department of the Premier and Cabinet Circular PCO12 - Information Privacy Principles Instruction, and other legal and policy obligations regarding privacy, and
• The legal, policy, procedural and factual basis for decisions are provided in communications with complainants, staff and others.

The Department will support parties involved in complaint resolution by ensuring:

• The roles, responsibilities and expected behavior of complainants and staff are communicated
• Practices are established to ensure the health and safety of staff involved in feedback management
• Practices are established to manage unreasonable complainant conduct
• Consultation and advice is provided to staff managing complex and difficult disputes.

The Department will use complaints system to ensure continuous learning and accountability by:

• Identifying opportunities for improvement as a result of complaints
• Analysing feedback data to monitor service performance and evaluate trends, and identify and action opportunities for improvement
• Providing internal and external reporting on key performance indicators.

The Customer Feedback and Complaints Management Guidelines detail the departments approach to managing customer feedback (compliments, comments/suggestions) and complaints.

9 Governance and Roles
The following governance arrangements support DCSI client feedback and complaints management:

The Chief Executive is responsible for:

• Ensuring DCSI maintains an effective complaints management system, and
• Promoting the rights of customers to provide feedback, including complaints.

The Executive Leadership Team is responsible for:

• Reviewing and evaluating the implementation and effectiveness of this policy
• Reviewing reports on customer feedback data and trends
• Identifying and/or endorsing opportunities for service improvements.
The Executive Directors are responsible for:

- Ensuring customer feedback is handled seriously and thoroughly in their divisions.
- Ensuring feedback is responded to in a fair and consistent manner, in accordance with the policy and guidelines.
- Ensuring their division has systems and processes in place which are consistent with this Policy.
- Informing the Chief Executive of significant complaints.
- Reporting high-risk complaints to the Health and Community Services Complaints Commissioner (HCSCC) and/or Aged Care Complaints Commissioner (if the complaint falls within either of these jurisdictions) and providing a summary of actions taken to resolve the matter.
- Ensuring all feedback is recorded on the mandated incident reporting and feedback system (RiskMan).
- Ensuring divisional staff understand this policy and related procedures and promote customer feedback processes to clients.

The Director, Business Affairs is responsible for:

- Ensuring there is a process of performance monitoring, evaluation and reporting of feedback key performance indicators to relevant parties, internally and externally.
- Reporting to ELT on the operation of the complaint management system, systemic issues, trends and recommendations for improvement, and
- Providing quarterly summary reports for the Health and Community Services Complaints Commissioner (for complaints falling within this jurisdiction).

The Manager, Client Systems, Business Affairs is responsible for:

- Monitoring and reviewing the Customer Feedback and Complaint Policy to ensure relevance and compliance with the Australian Standard.
- Ensuring that information about the mandated incident reporting and feedback system (RiskMan) is communicated and easily accessible to staff, clients and members of the public, particularly vulnerable populations (including Aboriginal people, people from CALD background, people with disabilities).
- Reporting to staff and other internal stakeholders about issues of concern identified through the complaint management system.
- Supporting the complaint management system, including staff training, provision of guidelines, trend analysis and monitoring of the efficacy of improvement actions.
• Providing advice and consultation on complex complaint management policy and processes.

**Managers, supervisors and senior staff** are responsible for:

• Ensuring that information about the mandated incident reporting and feedback system (RiskMan) is communicated and easily accessible to staff, clients and members of the public, particularly vulnerable populations (including Aboriginal people, people from CALD backgrounds, people with disabilities)
• Ensuring feedback is responded to in a fair and consistent manner, in accordance with this policy and guidelines
• Ensure the feedback and complaint management system is implemented in their business unit, with any relevant local procedures
• Ensuring appropriate records and documentation are retained in accordance with the *State Records Act 1997*, departmental policy and business unit procedures
• Ensuring that feedback information is kept available for review by senior management and others.

**All DCSI staff** are responsible for:

• Ensuring they are familiar with the DCSI feedback and complaints management policy and procedures, the mandated incident reporting and feedback system (RiskMan) and local procedures, guidelines and processes
• Ensuring that feedback and complaints are acknowledged and responded to in a timely, fair and consistent manner, or referred to the appropriate party
• Enabling clients and community members to give feedback or make complaints though the provision of information and advice.
10 Aboriginal Impact Statement Declaration

The needs and interests of Aboriginal people have been considered in the development of the policy and have been appropriately addressed. It is noted that additional considerations may be required to support, enable and respond to feedback and complaints from Aboriginal clients. These specific factors may include, for example, the provision of information to family, kin and community, seeking specific cultural advice, and developing specific resources.

Policy Approval

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<thead>
<tr>
<th>Content Author:</th>
<th>Policy Custodian:</th>
<th>Delegated Authority:</th>
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<td>Date:</td>
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<tr>
<td>Name: Irene Doyle</td>
<td>Name: Nancy Rogers</td>
<td>Name: Joslene Mazel</td>
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<td>Position: Manager Client Systems</td>
<td>Position: Director Business Affairs</td>
<td>Position: Chief Executive</td>
</tr>
<tr>
<td>No signature is required from the Content Author.</td>
<td>Signature required</td>
<td>Signature required 12/5/2016</td>
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Contact details
Department for Communities and Social Inclusion
Phone: (08) 8226 8800 (general enquiries)
Write: GPO Box 292, Adelaide SA 5001

Office of the Guardian for Children and Young People
Phone: 08 8226 8570
Write: GPO Box 2281, Adelaide SA 5001

Feedback
Youth Justice Client Feedback
Phone: 1300 021 829
Write: GPO Box 292, Adelaide SA 5001

Alternative formats
The information in this publication can be provided in an alternative format or another language on request by calling (08) 8413 9072.

Thank you for telling us what you think. We will keep this information safe.
I want to say that:

Please mark on the scale of 1 to 10 how you are feeling. 1 being bad and 10 being good.

I have a complaint  I have a suggestion  I have feedback

I am talking about:

1. [ ] Phases
2. [ ] Food
3. [ ] Activities / Programs
4. [ ] My unit
5. [ ] Youth Education Centre
6. [ ] Health Centre
7. [ ] Staff
8. [ ] Other

I would like:

My name is: ............................................................

I am from unit: ...........................................................

☐ I don’t want to say

(if you want a response, we need to know your name)

☐ I don’t need a response

Today’s date:    /    /