



# Community housing critical client incident (CCI) report form

NOTE: information on community housing provider reporting requirements is on this form's last page.

When **any** death, or a potential Critical Client Incident (CCI) occurs, please:

1. **Ensure the immediate safety of all concerned.**
2. **Call your Contract Manager, Housing Partnerships to inform the SA Housing Authority of the incident and the response** (the Minister for Human Services will be informed where relevant).
3. **Complete this form and send it to your Contract Manager cc to [housingpartnerships@sa.gov.au](mailto:housingpartnerships@sa.gov.au)**
  - No other formats will be accepted.
  - **Please provide as much information as is currently available, without investigating to get more information.** If 'not known' or 'not applicable', please state 'NA', do not leave sections un-filled. Further information can be provided to the Authority later if required.
  - Use full names and particulars of clients, not initials (see paragraph on this form's last page re Information Privacy Principles).
  - Ensure all mandatory reports are made as soon as possible, eg: Child Abuse Report Line (CARL).

NOTE: It is imperative that **all deaths** are reported to Housing Partnerships, which has an obligation to report on all deaths in accordance with the [Coroners Act 2003](#), whether or not they are considered 'critical incidents'.

Further information is at [SA.GOV.AU - Managing critical client incidents \(www.sa.gov.au\)](http://www.sa.gov.au)

Details of person reporting the incident		
First Name:		Last Name:
Position Title:		Community Housing Provider Name:
Email:	Phone:	Program/Service name:
Client Details – use full names not initials		
First Name:		Last Name:
Date of Birth:		Gender:
Client number or reference:		Does this person identify as Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated



Client's home address:

Address of incident, if different to the client's address:

Start date of occupancy:

Start date of current support period / date of first service:

Lease type

- Community housing (Master Agreement)
- Community housing (BPSC Housing Management Transfer Deed)
- Community housing (ROSAS Housing Management Transfer Deed)
- Group shelter accommodation
- Specialised Housing program
  - Transitional housing program
  - Boarding house program
  - Crisis housing program
  - Mental Health housing program
  - Disability housing program
  - Specialised lease housing program
  - Community lease program
- Other .....

Is there an Intervention Order?

- No     Yes    Intervention Order type and number, if known: .....

If incident relates to a death, any Court Orders or Guardianship Orders (date and brief description):

Is this client from a Specialist Homelessness Service (SHS), or Domestic and Family Violence (DFV) Service?

Has the client been assessed by the Multi-Agency Protection Service (MAPS)?

### Client Support Information

If applicable, what 'supports' were provided or ongoing prior to the incident occurring? (This could include external supports such as NDIS, DCP, Mental Health or NGOs). Please provide as much detail as possible as to nature of support provided, regularity of contact etc.



Previous antisocial behaviour activity / file notes worth noting (eg: previous critical client incidents, statements made by client etc.)

Yes  No

If yes, please provide as much detail as possible.

Date of last Home Visit or face-to face contact prior to incident; either by your organisation, or any other (if known).

Summary of last known Home Visit or face-to-face contact prior to incident (anything significant noted)?

### Children details

Does the client have children (minors/dependents)?

Yes  No

Name:	Date of Birth:	Were children present at incident?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Details of any other children present at the incident.

Name:	Date of Birth:	Parent names:

### Other occupants at the address

Name:	Date of Birth:	Relationship to client:	Were they present at incident?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No



### Incident Details

Date of incident:	Estimated time of incident ..... am / pm
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Date and time worker became aware of incident:

Specific location of incident (e.g. in a community housing property or a building leased by your provider, in the office, kitchen, bedroom, bathroom or grounds etc.)

Provide a succinct summary of the incident (including the relationship of any alleged perpetrator(s) to the alleged victim(s))

### Response to incident

Describe the immediate steps taken to address the situation, including how the client was managed/supported and by whom? (EG: SAPOL & MFS attended, fire extinguished, client placed in emergency accommodation etc)

Describe any current well-being/safety concerns for client (e.g. Client became homeless due to house fire)



What is the provider going to do to help the client? Summary of the client's safety plan (e.g. how the provider is re-housing them?)

Describe co-ordination with other agencies, follow up required, any other information or actions to be taken, and any planned actions to prevent recurrence.

Who has been notified?	Person spoken to:	Date of notification:
<input type="checkbox"/> Support services		
<input type="checkbox"/> Police <b>Police Incident Report number where relevant:</b>		
<input type="checkbox"/> Coroner		
<input type="checkbox"/> Client's family, advocate or guardian		
<input type="checkbox"/> Fire		
<input type="checkbox"/> Ambulance		
<input type="checkbox"/> Child Abuse Report Line (CARL): 131 478		
<input type="checkbox"/> Guardian for Children and Young People Ph: 8226 8570 email: <a href="mailto:gryp@gryp.sa.gov.au">gryp@gryp.sa.gov.au</a>		
<input type="checkbox"/> SafeWork SA		
<input type="checkbox"/> Office for Public Integrity		



### Media

Has the media been made aware of the incident?  Yes  No  Unknown

Provide information about media involvement and where it has been reported?

Television  Newspaper  Social media  Radio  Unknown

Details?

### Name and contact details of observers or witnesses

First Name	Last Name
Phone	Email
First Name	Last Name
Phone	Email
First Name	Last Name
Phone	Email

Community Housing providers are required to report **all potential critical client incidents** that occur during the provision of services to the SA Housing Authority. This requirement can be found at:

- clause 27.3 in the Community Housing Agreement,
- clause 2.58 and 9.1.3 in the BPSC and ROSAS Housing Management Transfer Deeds; and
- clause 6.11 of Specialised Housing Program lease agreement.

1. The incident is something that has occurred, and not merely the risk of something occurring (ie: a 'hazard').
2. The incident has directly (or indirectly) caused, or potentially could have caused, significant negative impact to the health, safety or wellbeing of a client or service recipient.
3. The incident has resulted, or potentially resulted from a failure in service delivery by the SA Housing Authority or any of its partners/service providers or contractors.

**Disclaimer:** The intent of reporting potential CCI's is to inform responsible government officers that an incident has occurred, to ensure an appropriate response has occurred, and to identify any opportunities that may exist to improve services and/or achieve 'best practice'. Reporting a potential CCI **in no way implies that a 'failure of service' has occurred, or any liability on the part of the SA Housing Authority or any of its partners/service providers or contractors.**

Critical client incidents will sometimes require a crisis response, incident management, coordination, and consideration of a range of risks and sensitivities.

In order to make these judgments, decisions and responses, the SA Housing Authority relies heavily on community housing providers providing as much information as possible.

The [Department of Premier and Cabinet Information Privacy Principles Instruction \(IPPS\)](#) override any local confidentiality protocols and will mostly allow the disclosure of personal information with no risk of breaching privacy (refer clause 10 'Disclosure of Personal Information').