[Insert organisation name/logo]

COMMUNICATIONS POLICY

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|  |  |  |  |  |

***🖌Note\****

*This policy template has been developed to meet the needs of a diverse range of services and includes items for consideration in policy and procedure.*

***Not all content will be relevant to your service.******Organisations are encouraged to edit, add and delete content to ensure relevancy.***

*All notes (like this one) should be considered and deleted before finalising the policy, and the contents list should be updated as changes are made and when content is finalised. See the NADA Policy Toolkit User Guide for more editing tips.*

*\*Please delete note before finalising this policy.*

***🖌Note\****

*To update the contents list when all content has been finalised, right click on the contents list and select ‘update field’, an option box will appear, select ‘Update entire table’ and ‘Ok’.*

*To use the contents list to skip to relevant text, use Ctlr and click to select the relevant page number.*

*\*Please delete note before finalising this policy.*

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# SECTION 1: COMMUNICATIONS POLICY FRAMEWORK

## 1.1 Policy statement

**[Insert organisation name]** is committed to effective, accessible, transparent and equitable dissemination and receipt of information and communications within the organisation and with clients, stakeholders, and the media.

## 1.2 Purpose and scope

The purpose of this policy is to provide guidance to **[insert organisation name]** in developing and implementing communication strategies.

This policy applies to allstaff, Board members, volunteers and student placements, and encompasses:

* The purpose of the organisation’s communications
* Communication tools and mechanisms
* Feedback and complaints from clients and stakeholders
* Privacy and confidentiality
* Social media
* Marketing and promotion
* Liaison with the media.

This policy does not provide detailed guidance on:

* Partnerships and external relationships – refer to the Organisational Development Policy
* Management of information – refer to the Organisational Development Policy and Information and Communication Technology Policy.
* Website content and review – refer to the Information and Communication Technology Policy.

## 1.3 Definitions

|  |  |
| --- | --- |
| **Confidentiality** | A situation where information is kept private. In relation to this policy confidentiality ensures that information is accessible only to those authorised to have access, and is protected throughout its lifecycle. |
| **Consent** | Voluntary agreement to some act, practice or purpose. Consent has two elements: (a) knowledge of the matter agreed to, and (b) voluntary agreement. |
| **Complaint** | An expression of dissatisfaction made to the organisation about its staff, products or services where a response or resolution is explicitly or implicitly expected.[[1]](#footnote-1) |
| **Complainant** | A person or organisation raising a complaint. |
| **Complaint handler** | The person identified to investigate the complaint and respond to the complainant. |
| **Plain English** | Plain English refers to clear and concise messages, written with the ease of comprehension of the reader in mind and with the right tone of voice. Plain English writing includes the use of active verbs, short sentences and reader-appropriate words; for more information, refer to the [Plain English Campaign.](http://www.plainenglish.co.uk/) |
| **Easy English** | Also known as ‘easy-read’ or ‘easy-to-read’, Easy English is a simple and controlled writing style developed for people who have difficulty reading and understanding information. It identifies the key points a person needs to know and the most direct and concise way to say it. Images relevant to the message are usually incorporated.[[2]](#footnote-2) |
| **Feedback** | Comments provided to the organisation about its staff or services through formal (e.g. survey, feedback forms) or informal (e.g. phone or email conversations) means. Feedback can be positive or negative, including compliments and complaints. |
| **Health information** | (a) information or an opinion about:  (i) the health or a disability (at any time) of an individual; or  (ii) an individual’s expressed wishes about the future provision of health services to him or her; or  (iii) a health service provided, or to be provided, to an individual; that is also personal information; or  (b) other personal information collected to provide, or in providing, a health service; or  (c) other personal information about an individual collected in connection with the donation, or intended donation, by the individual of his or her body parts, organs or body substances; or  (d) genetic information about an individual in a form that is, or could be, predictive of the health of the individual or a genetic relative of the individual.[[3]](#footnote-3) |
| **Identifiable information** | Individual records/information containing age, sex and statistical components that could enable an individual’s identity to be reasonably ascertained. |
| **Information management** | The creation, collection, storage, access, use and disposal of information assets. |
| **Personal information** | Information or an opinion about an identified individual, or an individual who is reasonably identifiable:  (a) whether or not the information or opinion is true; and  (b) whether or not the information or opinion is recorded in a material form.[[4]](#footnote-4) |
| **Privacy provisions** | The collection, protection and disclosure of personal information provided to the organisation by clients, Board members, staff, volunteers, students and stakeholders.[[5]](#footnote-5) |
| **Record** | A document, electronic or other device in which information is carried. |
| **Respondent** | The person or persons who are the subject(s) of a complaint. Note: in some circumstances complaints may not relate to a respondent, but may be in relation to a service, process or activity. |
| **Social media** | Online tools or websites (e.g. Facebook, Twitter, YouTube, Instagram, etc.) that engage, create and share user-generated content, data and comments. |
| **Social media identification** | Online name, ID, user name or user account name of individuals when using online or social media tools and programs. |
| **Sensitive information** | a) information or an opinion about an individual's:  i. racial or ethnic origin; or  ii. political opinions; or  iii. membership of a political association; or  iv. religious beliefs or affiliations; or  v. philosophical beliefs; or  vi. membership of a professional or trade association; or  vii. membership of a trade union; or  viii. sexual preferences or practices; or  ix. criminal record; that is also personal information; or  b) health-focused information about an individual; or  c) genetic information about an individual that is not otherwise health-related information.[[6]](#footnote-6) |
| **Universal Communication** | Communication strategies designed to support access and participation of all people, including those who may have minimal literacy or are from a non-English speaking background. |

## 1.4 Principles

* Communication with clients, staff, stakeholders, media and the broader drug and alcohol sector is a key activity of the organisation.
* Clear, consistent and equitable communication within the organisation is essential for effective organisational strategies and operations.
* All communication is presented in plain English. Refer to the [Plain English Campaign](http://www.plainenglish.co.uk/free-guides.html).
* Communications are presented in Easy English when appropriate, or as the need is identified.
* External communication is broadly representative of the clients and community needs.
* Communication strategies ensure access, equity, timeliness, accountability and integration.
* The organisation understands that some information may be sensitive in nature and holds information in accordance with the [Privacy Act 1988](http://www.comlaw.gov.au/Details/C2014C00076) and the [NSW Privacy and Personal Information Protection Act 1998.](http://www.legislation.nsw.gov.au/maintop/view/inforce/act+133+1998+cd+0+N)

## 1.5 Outcomes

* **[Insert organisation name]** staff, Board members and clients are consulted and engaged through the provision of information of the organisation’s activities and operations.
* Organisational communication practices increase awareness of **[insert organisation name]** and enhance the organisation’s position in the non government drug and alcohol and related sectors.
* Internal communication practices supports sharing of knowledge, good management and operations within the organisation.
* External communication strategies are considered in organisational planning as part of its formal quality improvement program.

## 1.6 Delegations

|  |  |
| --- | --- |
| **Board of Directors** | * Endorse and ensure compliance with this Communications Policy. * All primary liaison with media is responsibility of the President or **[insert other Board role], i**ncluding developing and responding to media releases. * Contribute to internal and external communication strategies and activities. * Respond to complaints relating to the CEO/Manager, Board Members and to high level or escalated complaints from clients, staff or stakeholders as required. * Be familiar with the organisation’s legislative requirements regarding communication, privacy and the collection, storage and use of personal information. |
| **Business services/ management** | * Comply with this Communications Policy. * Contribute to internal and external communication strategies and activities. * Actively contribute/write articles and collate items of interest for the organisation’s communications. * Receive feedback and complaints and direct these to relevant staff or to the Board for handling when required. * Maintain operations of the organisation’s website. * Maintain, develop and disseminate program and service materials, including client and promotional materials.   **CEO/Manager**   * Act as the primary contact to communicate between the service and the Board. * Liaise with media, including developing and responding to media releases. * Endorse draft media releases prepared by other staff. * Oversee production of external communications. * Manage feedback and complaints processes, including the identification of appropriate staff as complaint handlers.   **Management**   * Have a working knowledge of the organisation’s legislative requirements regarding: communication, privacy, and the collection, storage and use of personal information. * Ensure systems are in place across the organisation to communicate appropriately and adequately protect the privacy of personal information of clients, staff members and stakeholders. * Promote program and services in external meetings. * Manage complaints as determined by the CEO/Manager or direct supervisor. * Record feedback when relevant and notify relevant staff of feedback. |
| **Program services/clinical** | * Comply with this Communications Policy. * Contribute to internal and external communication strategies and activities. * Actively contribute/write articles and collate items of interest for the organisation’s communications. * Receive feedback and complaints and report to the CEO/Manager or direct supervisor. * Record feedback and notify relevant staff of feedback. * Be familiar with the organisation’s legislative requirements regarding, communication, privacy and the collection, storage and use of personal information. * Act in accordance with legislation and organisational systems in place to protect privacy and personal information.   **[Insert allocated position]**   * Update content of the communications database. * Production of the organisation’s newsletter. * Website and social media platform review and maintenance. |

## 1.7 Policy implementation

This policy is developed in consultation with all staff and is approved by the Board of Directors.

This policy is to be part of all orientation processes and all Board members, staff, volunteers, students are responsible for understanding and adhering to this Communications Policy.

This policy should be referenced in relevant policies, procedures and other supporting documents to ensure that it is familiar to all staff and is actively used. This policy will be reviewed in line with the organisation’s quality improvement program and/or relevant legislative changes.

**🖌Note\***

Quality improvement programs provide opportunities to identify and review your service practices. If your organisation doesn’t have a quality improvement program the development of one is recommended to ensure better outcomes for your organisation. For more information, refer to the Organisational Development Policy.

\*Please delete note before finalising this policy.

This policy must be read in conjunction with the following policies:

* Client Clinical Management Policy
* Organisational Development Policy
* Information and Communication Technology Policy
* Human Resources Policy
* Service and Program Operations Policy
* Program Management Policy.

## 1.8 Risk management

**[Insert organisation name]** develops and implements communication(s) systems and actions relating to privacy and confidentiality to ensure they are effective and regularly monitored and comply with relevant legislation.

All staff, volunteers, students and Board Members are made aware of this policy during orientation and are provided with ongoing support to assist them to effectively use internal and external communication systems and to establish and maintain privacy and confidentiality.

# SECTION 2: EFFECTIVE COMMUNICATION

This Section ensures that **[insert organisation name]** implements mechanisms and tools to communicate effectively internally, and externally with its stakeholders and the broader community in order to enhance the organisation’s operation and achieve its strategic goals.

## 2.1 Purpose of communications

**[Insert organisation name]** communicates for several purposes, to:

* Increase awareness of the organisation and its goals
* Enhance community understanding of its client target group and broader drug and alcohol issues
* Promote the work of the organisation
* Share knowledge and improve understanding of its clients, stakeholders, and the broader community
* Increase the profile of the non government drug and alcohol sector
* Share knowledge within the organisation to ensure effective organisational management.

Communication strategies and activities are undertaken to assist and support the achievement of broader organisational strategic goals.

## 2.2 Types of communication

**[Insert organisation name]** communication types include:

* Clinical: information and knowledge that is produced through the interaction between client and clinician and held within the bounds of confidentiality.
* Internal: information and knowledge that is shared within the organisation.
* Incoming: information and knowledge that is sought and/or received from an external source.
* Outgoing: information and knowledge that is initiated, developed and distributed by the organisation for an external audience.

### 2.2.1 Clinical communication

Clinical communication is information and knowledge shared internally and externally where the target audience includes clients, potential clients and their families. All clinical communication uses a universal communication framework with the aim of promoting access and participation to all people using **[insert organisation name]** services.

Universal communication strategies employed include:

* **Verbal communication**
* Communication should be face-to-face when possible, and staff should be aware of body language and facial expressions to gauge understanding and engagement.
* When the need for an interpreter is identified, staff will liaise with bi-lingual staff (when available) or the telephone interpreter service.
* Using plain English when communicating with clients and not using unnecessary jargon.
* Minimising environmental distractions when working with clients.
* Supporting verbal communication with audio-visual, written and pictorial resources when available or by demonstrating activities, e.g. when explaining the fire escape procedure.
* Allowing adequate time for individuals to respond.
* Breaking down explanations into step-by-step tasks to assist with understanding and memory.
* **Written and visual communication**
  + Plain English is used for any information about **[insert organisation name]** that is in the public domain and that the public uses to make decisions, e.g. service information brochures and website.
  + Easy English is used for any information about the organisation’s health and safety practices or the service environment, e.g. directions on hand washing, the fire escape procedures, bathroom signage and “group in session” signage.
  + Program and other relevant hard copy information is provided in plain English and may be adapted to fit Easy English or community languages when the need is identified.
  + When providing program information to clients, staff will discuss the content verbally to support the written information provided, if assessed by staff as required, and will provide this one-on-one.
  + When developing new program materials for clients, clients will be consulted on content, design and layout.
  + Images and audio-visual materials will support written communication when possible.
  + When using images, staff will consult with colleagues and clients to ensure it is appropriate and that the meaning is accurate.
* **Environmental communication**
  + Allsignage is clear and easy-to-understand and is easily visible; e.g. signage relating to health and safety and program information.
  + The organisation’s service environment is clutter-free; e.g. signage is updated when relevant and removed when out-of-date.
  + Staff consider environmental distractions such as noise and computer/TV screens when talking with a client.

**[Insert organisation name]** conduct an organisational communication auditas a component of the quality improvement cycle. See the Organisational Communication Audit template.

**🖌Note**

Having universal communication strategies in place can assist you in complying with legislation and accreditation standards relating to access and equity. The universal communication approach does not have to be a separate program designed for people with complex needs but can be integrated into the broader program to suit all.

For more information on implementing universal communication strategies, see Practice Tips for Workers and Making Your Service Complex Capable in the NADA Complex Needs Capable Toolkit (2013) or visit [www.complexneedscapable.org.au](http://www.complexneedscapable.org.au)

\*Please delete note before finalising this policy.

### 2.2.2 Internal communication

Internal communication is information and knowledge that is shared within the organisation and between staff, clients, students, volunteers and Board members. Effective internal communication is essential for good organisational management. All Board members, staff, students and volunteers are responsible for contributing to the organisation’s communication strategies and activities. And staff are responsible for facilitating and encouraging clients to provide input into relevant communications.

A range of mechanisms and tools are used for internal communication. These include:

* **Staff, team and specific project meetings**

Staff, team and project meetings provide opportunity for information-sharing and decision-making on a range of project and operational issues; for example, the WHS committee meeting. All staff are required to attend staff meetings, and relevant staff are required to attend both their team and project meetings.

* **Board and sub-committee meetings**

Board and sub-committee meetings support effective governance for the organisation. Board meetings may also include time for staff (and occasionally contracted consultants or other stakeholders) to communicate with the Board on a range of project, operational or general issues for the organisation.

* **Supervision and workplan review meetings**

Supervision and workplan review meetings are convened between staff, students, volunteers and their corresponding supervisors. These meetings provide an opportunity to discuss challenges and achievements within the individual’s work role and provide an opportunity for feedback on how to address situations in the future. Depending upon the nature of the worker’s role, these meetings may also be held in one-on-one or group settings and may also include work planning around specific projects or activities. For more information, refer to the Human Resources Policy.

* **(External) Clinical Supervision**

Clinical supervision is expected of all staff who provide direct services to clients. It is a workforce development tool, a mechanism for quality assurance and clinical safety, as well as a means for providing support and debriefing for staff. Clinical supervision is confidential unless there are serious concerns related to the worker’s ethical or professional conduct and/or the safety of a client. Clinical supervision may be offered internally or externally and may be as a one-on-one client or as a group. For more information refer to the Clinical Supervision Policy.

* **Clinical or client meetings**

Clinical meetings provide staff an opportunity to discuss individual client’s treatment planning to ensure all relevant staff have an input into assessing the client’s status, possible treatment options and review care. For more information, refer to the Client Clinical Management Policy.

* **Email and electronic calendars**

The use of email and electronic calendars is essential for effective communication amongst staff, students and volunteers. These tools are a simple and effective way to share information. These tools also provide a record and may be considered as a means of formal documentation.

All staff, students and volunteers are expected to use email and share electronic calendars. Information is also shared internally through other communication mechanisms, such as:

* **[Insert other internal sharing mechanisms]**

### 2.2.2 Incoming communication

Incoming communication is information and knowledge that is sought and/or received from a source that is external to the organisation. Incoming communication supports the organisation to work towards its goal/s, strategic plan and service delivery.

**[Insert organisation name]** receives incoming communication from the following sources:

* Existing and potential clients and support networks
* Funders – government and other contributing organisations
* Project, policy and other activity partners
* Peak bodies – state and national
* Drug and alcohol and broader community services sector organisations
* Government departments and branches
* Research and academic institutes
* Engaged and potential consultants
* Media
* Associations and professional organisations
* Registered training organisations.

A range of mechanisms and tools are used to receive incoming communication, including those described in outgoing communication below.

Other means of receiving incoming communication:

* **Client and stakeholder consultation**

In recognition of the role clients and stakeholders play in assisting in strategic endeavours. **[Insert organisation name]** undertakes regular consultation with clients and stakeholders.

Consultation may be through informal or formal means such as surveys, site visits, event feedback, research or contracting consultants. Clients may also participate in Board sub-committees and project advisory/steering groups as a mechanism for providing expert input into activities and services.

* **Email and hard copy subscription**

Board and staff members actively source information through numerous email and hard copy subscriptions to inform organisational activities. A list of current subscriptions, both hard copy and/or email, are detailed in the organisation’s Publications Subscription List.

* **Research and evidence-gathering**

Board and staff members actively gather information from reliable sources to inform best practice. Research and evidence-gathering ranges from internet searches to commissioned research through specialised institutes or private consultants.

### 2.2.3 Outgoing communication

Outgoing communication is information and knowledge that is initiated, developed and distributed by the organisation for an external audience.

Refer to the Corporate Image Section of this policy for information on corporate image, branding and copyright which is relevant to all organisational communication(s).

**[Insert organisation name]** provides outgoing communications to the following audience:

* Clients, potential clients, families, carers, and referral agencies
* Funders – government and other organisations
* Engaged and potential consultants
* Project, policy and other activity partners
* Peak bodies – state and national
* Drug and alcohol and broader community services sector
* Government departments and branches
* Research and academic institutes
* Media.

To develop outgoing communication, **[Insert organisation name]** conceptualises and develops effective communications structured around the following:

|  |  |  |
| --- | --- | --- |
| **Component** | | **Example** |
| **Element** | **Details** |
| **What** | Identify broadly what it is that is to be communicated | **[Insert Organisation’s name]** eligibility criteria |
| **Message** | Use a message(s) to communicate | Clear guidance on eligibility and exclusion criteria for the organisation to reduce inappropriate referrals. |
| **Audience** | Identify who the audience is, adapt the message accordingly | Potential clients, their caregivers and referral organisations. |
| **Messenger** | Identify who will do the communicating and why | Staff member with skill writing in plain English. |
| **Mechanism** | How will the message be communicated? | Website, hard copy and electronic mail-out to referral sources in the government and non government service sector and brochures targeting potential clients and their caregivers which can be handed out at relevant events and posted on request. |
| **Review** | Was the message received, understood? Did it create interest? Was there any feedback? | Assess number of inappropriate referrals compared to those received prior to the new communication message. Survey referral organisations. Ask clients on orientation if they accessed the information, if they found it clear and useful. |

A range of mechanisms and tools are used to distribute outgoing communication. These include:

* **Organisation website**

The website is a primary tool for distributing outgoing information to a broad audience. Information about the organisation’s goal, services, programs, eligibility and access information, governance, activities, current projects and news items is maintained by **[insert allocated positions].** Web content should be clear, concise, engaging and written in plain English.

* **Organisation newsletter**

The **[insert digital or paper or both]** newsletter is produced **[insert frequency]** with a primary target audience of **[insert target audience]**. All staff contribute and write articles for the newsletter and staff will work with clients and stakeholders when relevant to develop content for the newsletter.

* **Email updates and project-specific email updates**

Email updates produced by the organisation include:

* **[Insert purpose of email; for example, organisational email or project name update]:** relevant staff contribute and write articles/news for the email, with a primary target audience of **[insert target audience]**. The email is distributed every **[insert frequency].**
* **[Insert purpose of email for example, organisational email or project name update]:** relevant staff contribute and write articles/news for the email, with a primary target audience of **[insert target audience]**. The email is distributed every **[insert frequency].**
* **Organisational documents**

**[Insert organisation name]** produces a number of organisation and project-specific documents that provide information about its plans, achievements, and activities. Documents such as annual reports, strategic plans, service and client brochures, and project background and implementation plans may be provided to clients, stakeholders and funders. This includes current information about the services and programs the organisation provides, other organisational activities, performance and plans.

Organisational documents for outgoing communication will also to be distributed internally, to all staff and Board members when relevant.

* **Inter-agency, client case review meetings and advocacy**

Staff members participate in relevant inter-agency and client case review meetings with the aim to better support individual clients. In addition, staff may attend appointments or meetings with clients in order to support them or advocate on their behalf with the relevant party. These meetings may include working with non government organisations, (e.g. case management services or mental health services) and/or government agencies (e.g. Centrelink, Department of Family and Community Services or the Department of Housing NSW).

* **Conference, forum and meeting representation**

Board and staff members participate in relevant conferences, forums, and advisory groups representing the organisation Participation also allows for information gathering so that the organisation is better informed and better able to provide services for clients.

* **Media communication**

**[Insert organisation name]** may produce or respond to media releases on behalf of the organisation. Media releases may be developed to promote an event or project achievement, advocacy on behalf of clients, and/or the organisation or to counter any negative media coverage relating to the drug and alcohol sector.

The organisation may partner with other organisations in producing or responding to a media release. The CEO/Manager and Board President hold responsibility for liaison with the media.

* **Stakeholder meetings**

Staff participate in regular meetings with relevant stakeholders to provide support, share information about current services, projects and issues, and to gather feedback on services.

Regular contact with stakeholders is part of the organisation’s service delivery and operations.

All staff are responsible for developing and maintaining effective relationships with stakeholders.

## 2.3 Record-keeping

All documents bearing the organisation’sname and/or logo, including digital and electronic materials, must be saved in the electronic and hard copy filing systems, as per the Information and Communication Technology Policy.

# SECTION 3: CORPORATE IMAGE

The organisation acknowledges that all itscommunication activities should be delivered with the intent of effectively informing clients, stakeholders and the broader community of the organisation’s goals, services and programs.

The purpose of this Section is to provide guidance to **[insert organisation name]** in developing and maintaining a clear and consistent language and branding to improve awareness of the organisation and enhance access to information about goals, services and programs.

**[Insert organisation name]**’s corporate image refers to logos, design elements, typography, templates and any other visual identification that identifies or relates to the organisation.

This Section applies to all staff, volunteers, students and Board members.

This Section also ensures that the organisation’s:

* Language and branding is consistent and clear throughout all activities
* Corporate image supports the access to information and services
* Corporate image enables the general public to identify and recognise the organisation
* Corporate image supports and increases the credibility of the information provided by the organisation.

## 3.1 Branding

### 3.1.1 Logo

The **[insert organisation name]** name and logo are copyright and must only be used for communications that are directly related to the organisation.

The organisation’s logo is to be used on all internal and external documentation. All outgoing communications must carry the organisation name and/or logo; these communications include: letters, reports, project materials and emails.

The logo is to be centered and appropriately sized. A general guide for sizing of the logo is:

* Cover documents (i.e. proposals, project submissions, reports): **[insert size in cm; for example, 2cm x 8.4cm]**
* General documents (i.e. letters, terms of reference, others): **[insert size in cm; for example, 1.6cm x 6.85cm].**

The colour for the organisation logo is **[insert colour name and number].**

To insert the organisational logo into a document use the Microsoft Office feature/function “Insert Picture”. To resize the logo, double click on the image and resize using the format option to adjust the height and length.

There are multiple file formats and sizes of the **[Insert organisation name]** logo. The preferred file format to use on publications is the **[insert file name]** eps file format or **[insert file name; e.g. minimum 500kb jpg]** file. Smaller file sizes may be used for website content.

The logo files are located at **[insert computer folder location]**.

**🖌Note\***

Some legal identities regulate the use of the organisation name and logos; for example, the Associations Incorporation Act 2009 (NSW) under Section 41, quotes, “An association must not issue any letter, statement, invoice, notice, publication, order for goods or services or receipt in connection with its activities unless the association’s name appears in legible characters on the document.”

\*Please delete note before finalising this policy.

### 3.1.2 Typography

The preferred font and formatting details for published documents and letters at **[Insert organisation name]** are:

|  |  |
| --- | --- |
| **[Insert organisation name] formatting** | |
| **Item** | **Format** |
| Font | **[insert font name; for example, Arial Narrow]** |
| Font colour | **[insert font colour; for example, Black]** |
| Text size | **[insert text size; for example, 12]** |
| Preferred spacing | **[insert spacing; for example, single or double]** |
| Text alignment | **[insert alignment; for example, align left]** |

### 3.1.3 Design templates

In order to provide clear information and a consistent style for organisational documents, **[Insert organisation name]** has developed a range of templates with the organisation branding and style for both internal and external documents.

**[Insert organisation name]** design templates could include:

|  |  |  |
| --- | --- | --- |
| **Template name** | **Description** | **Template image** |
| Document front cover | **[Insert brief description]** | **[Insert image of template]** |
| MS Word background | **[Insert brief description]** | **[Insert image of template]** |
| MS PowerPoint presentations | **[Insert brief description]** | **[Insert image of template]** |
| **[Insert other template]** | **[Insert brief description]** | **[Insert image of template]** |

Electronic copies of the organisation’s templates are located at **[insert computer folder location]**.

### 3.1.4 Document templates

Document templates are consistent with **[insert organisation name]** branding and style for both internal and external documents. These templates are used when developing the following:

* Client notes
* Referral letter
* Client Outcomes Report
* Case management plan
* Briefing notes
* Media release
* Project plans
* Funding proposal
* **[Insert other template documents details].**

These templates are located at **[insert computer folder location]**.

### 3.1.5 Corporate stationery

All stationery, such as letterhead paper, envelopes, business cards and invoices must display the organisation’s logo.

Corporate stationery files are located at **[insert computer folder location]**.

Standard corporate stationery includes:

|  |  |  |
| --- | --- | --- |
| **Stationery document** | **Description** | **Stationery document image** |
| Envelopes | **[Insert brief description]** | **[Insert image]** |
| Standard A4 paper | **[Insert brief description]** | **[Insert image]** |
| Compliments message | **[Insert brief description]** | **[Insert image]** |
| Business cards | **[Insert brief description]** | **[Insert image]** |
| **[Insert other stationery document]** | **[Insert brief description]** | **[Insert image]** |

### 3.1.6 Organisation description

A consistent organisation message demonstrates a cohesive, focused and professional organisation for clients, stakeholders and the broader community. The following summary is to be used in the development of service, project and program reports, proposals, grant submissions, agreements and media communications.

The organisation’s long description is:

|  |
| --- |
| **[Insert organisation name/logo]**  About **[Insert organisation name]**  The **[Insert organisation name]**  is a **[insert short description of your organisation]** and its goal is to **[insert organisation’s goal].**  **[Insert organisation name]**  represents **[insert client group]** providing a range of services, including **[insert services or programs provided by the organisation].** These services/programs focus on **[insert focus of services and programs]**.  The organisation operates in **[insert location of services or where the services/programs are provided]**.  **[Insert organisation name]** is governed by a **[insert Board of Directors/Management committee]** primarily elected from the **[insert organisation voters; for example, community members]** and it **[holds/is engaged in]** accreditation with the **[insert accreditation body, if relevant]** until **[insert year]**.  **[Insert organisation name]** is primarily funded by the **[insert funding body].**  Further information about **[Insert organisation name]**, its programs and services is available on the **[Insert organisation name]** website at **[insert website address].** |

The organisation brief presentation is:

|  |
| --- |
| **[Insert organisation name/logo]**  About **[Insert organisation name]**  The **[Insert organisation name]** is a **[insert short description of your organisation].**  **[Insert organisation name]’s** goal is to **[insert organisation’s goal]** |

### 3.1.7 Promotional material

**[Insert organisation name]** retains its branding and style in all promotional material and publications. Photographs of documents and publications for promotion are located at **[insert computer folder location]**.

## 3.2 Language and terminology

### 3.2.1 Plain English

**[Insert organisation name]’s** documents, publications and other forms of communication are to be written in plain English. For more information, refer to the [Plain English Campaign.](http://www.plainenglish.co.uk/)

### 3.2.2 Australian English vs. American English Spelling

All documents should be written using Australian English.

### 3.2.3 Correspondence address blocks and signatures

#### 3.2.5.1 Email correspondence

Emails are a main tool for distributing internal and outgoing information to staff, stakeholders and broader networks. Emails provide simple and individual information on: clients, services, programs, projects, events and other organisational activities.

All emails sent from a **[Insert organisation name]** are the property of the organisation and may be subject to review by Management or requested via subpoena by the courts. All emails sent from **[Insert organisation name]** representativesare written in a professional manner, are clear, concise andwith privacy and confidentiality in mind.Communication about clients internally or externally will only include information relevant to the topic and will be markedasconfidential**.** A consistent format for **[Insert organisation name]** emails includes:

|  |  |  |
| --- | --- | --- |
| **Item** | **Description** | **Example of item** |
| **Salutation** | Include a standard salutation line when sending an email to clients. | **[Insert preferred salutation line; for example, Dear client or Dear Name]** |
| **Email content** | Suggested font for any email is Arial or Arial Narrow, size 10 or 11, colour black or the MS Outbox default colour. | **[Insert paragraph example]** |
| **Closing line** | Include a standard closing line when sending an email to clients. | **[Insert preferred closing line; for example, kind regards or regards]** |
| **Staff**  **member**  **signature** | Use a consistent email signature containing the following details:   * Name * Position * Organisation name * Contact details * Organisation website * Organisation logo. | **[Insert preferred organisation signature]** |
| **Acknowledgement of**  **traditional custodians** | An acknowledgement to the traditional custodians of the land is to be included underneath the signature block. This is not mandatory and is at the organisation’s discretion. | **[Insert text]** |

#### 3.2.5.2 Letterhead correspondence

Formal correspondence is an essential tool to inform clients, stakeholders and broader networks of decisions, invitations, official activities or directions of the organisation. A consistent format for **[Insert organisation name]** formal correspondence includes: **[Insert example of formal correspondence].**

# SECTION 4: MEDIA COMMUNICATIONS

**[Insert organisation name]** recognises that a diverse range of media channels such as newspapers, radio, television and the internet are primary sources of information for many people regarding the organisation’s services and programs, and play an important role in how the organisation is perceived.

The purpose of this Section is to provide guidance on responding and commenting on organisational operations and strategies through media outlets in order to improve service participation, enhance the transparency and fully realise the organisation’s goals and strategic outcomes.

**[Insert organisation name]**’s media communication strategies and processes ensure that anyone in the organisation who is called upon to communicate with a media outlet on behalf of the organisation responds in a way that is consistent, appropriate, transparent and accountable.

This section applies to all staff, volunteers, students and Board members.

This Section also ensures that:

* Media outlets are used to share and promote access to information and services
* Opportunities are created to listen to and engage with the public, local communities, and the sector in different levels
* Staff members are aware of the internal protocols for media liaison
* Media communication is developed and delivered consistently and appropriately
* Media strategies and processes align with the organisation’s values, legal requirements, related policies, and codes of conduct.

## 4.1 Purpose of media communication

**[Insert organisation name]** liaises with the media in order to:

* Advocate for and represent the community and client group
* Support non government drug and alcohol sector directions or media campaigns
* Create awareness and understanding of the organisation’s role and the key nature of its clients
* Promote the work and outcomes of both the organisation and its clients
* Contribute to public and sector discussion on drug and alcohol issues that can be regularly highlighted through the media.

## 4.2 Media release

**[Insert organisation name]** may produce or respond to media releases on behalf of clients and/or the organisation. Drivers for producing or responding to media releases include: the promotion of a major event, a project achievement, positive client outcomes, advocacy on behalf of clients and the non-government drug and alcohol sector, or to counter any negative media coverage relating to the organisation, its clients or the drug and alcohol sector.

**[Insert organisation name]** may collaborate with other organisations in producing or responding to a media release.

Situations where a media release may be appropriate include:

* Responding to a request from a media entity
* Responding to an existing media release or a publication
* Promotion or launch of a major **[Insert organisation name]** project, program or event
* Communicating a position on a particular issue relevant to the organisations operations.

Refer to the organisation’s Media Release Template for further guidance.

## 4.3 Media liaison

The **[Insert organisation name]** Board President and/or CEO/Manager hold full responsibility for liaising with media, including developing and responding to media releases and providing media interviews. Other staff may contribute to the development of media releases with final endorsement and/or presentation by the organisation’s President and/or CEO/Manager.

The organisation nominates **[insert allocated position]** to perform these duties in the absence of the organisation’s President and/or CEO/Manager.

**[Insert organisation name]** welcomes the opportunity to liaise with the media to represent and advocate for the organisation, its clients, the community it represents and the non government drug and alcohol sector.

## 4.4 Developing and maintaining media relationships

Information about the organisation and clients outcomes may be provided to a media contact as a means of engaging media entities and to support any organisational-initiated media communications. An organisational information pack may include:

* Strategic plan
* Latest Annual Report
* Program, services and projects flyers
* Other relevant information about the organisation.

**[Insert organisation name]** understands media deadlines and time constraints and tries to respond promptly to any media enquires as a matter of priority, if possible.

All media enquiries are directed to and responded to by the CEO/Manager and/or the Board President, alternatively to **[insert allocated position]** in the absence of the organisation’s CEO/Manager and/or President.

Following any type of media communication, including positive or negative, the CEO/Manager, the Board President and/or **[insert allocated position]** will telephone or email the media contact to provide feedback on the media opportunity and to further strengthen the relationship with the organisation.

## 4.5 Content of media communications

**[Insert organisation name]** complies with relevant privacy and defamation obligations, including the Privacy Act 1988 and does not identify individuals, groups or organisations without consent, and does not engage in derogatory, demeaning or personal attacks.

Media communications are broadly representative of the organisation’s clients, or specifically related to the community it serves, programs, services, projects or events.

Where opinion is provided from the perspective of a person whose expertise is in the drug and alcohol or related sector, this is made clear to the media contact and that it may or may not be broadly representative of the organisation or its clients.

## 4.6 Style of media communications

The organisation may utilise print, digital, radio and television communications in liaising with the media.

All **[Insert organisation name]** initiated print and digital media releases identify the organisation as the author and where possible include the following:

* Organisation’s logo
* Organisation’s goal(s)
* Contact details
* Reference to the organisation’s website**.**

All media communications are:

* Presented in Plain English.
* Clearly define the issue, the organisation’s views and what the organisation is seeking.
* Provides clear explanations where acronyms and sector specific terminology is used.

Refer to the organisation’s Media Release Template for further guidance. For more information on branding and language style, refer to the corporate image Section of this policy.

## 4.7 Record-keeping

An electronic copy of all media communications is saved in the **[insert folder name; for example ,communications]** located on **[insert location of folder].**

Following any media release or communication including print material and interviews, the CEO/Manager, Board President and/or **[insert allocate position]** will:

* Inform staff of the activity
* Provide a copy to be posted on the organisation’s website
* Ensure that organisational publications include a blurb of the activity in order to inform clients and the broader community.

Feedback provided from clients, stakeholders and the general community in regards to media releases or communications is to be forwarded to the organisation’s CEO/Manager or the person responsible for the activity.

The CEO/Manager or responsible person will collate the feedback and inform staff and Board members, and where necessary respond to feedback.

# SECTION 5: MARKETING AND PROMOTION

**[Insert organisation name]** is committed to accurate and relevant information about how its program, services and projects are disseminated and made available to clients, stakeholders and the broader community in a clear and timely manner.

The purpose of this Section is to provide guidance on planning, developing and reviewing marketing and promotional strategies and how this material is distributed and promoted to ensure that organisational services, program and activities are accessed.

This Section ensures that the organisation’s:

* Promotional materials meet the needs of clients as well as the broader community
* Information is accessible and easily understood by people with diverse communications needs
* Information reflects the diversity of its operations
* Promotional material is visible and identifiable to clients, stakeholders and the general community
* Information is spread through a variety of different communication channels, such as printed material and online data that is available
* Promotional activities are consistent and delivered appropriately
* Marketing and promotional material is consistent with the organisation’s values, legal requirements, related policies, and codes of conduct.

## 5.1 Publications

The organisation uses different types of publications to deliver information to the public about services, programs, projects and research and other information. Publications may include:

* Organisational brochures
* Flyers, posters and fact sheets
* Newsletters
* Website information
* Research papers
* Photographic material.

When publishing documents,the organisation considers the following:

* Organisation’s corporate image
* Copyright legislation
* Referencing and necessary bibliographic information
* Publication modalities and distribution paths.

For more details on the **[Insert organisation name]** corporate image, refer to Corporate Image Section of this policy.

### 5.1.2 Copyright notice

Copyright protection starts when a work is first recorded, written down or made, although there are exceptions for unpublished photographs. Copyright protection is automatic: there is no registration requirement or other formality, and no fees are payable.

**[Insert organisation name]** demonstrates copyright protection by including the copyright symbol and a copyright statement on all published materials. The copyright notice is to be placed on the reverse of the title page of printed publications and on the home page (or a linked page) of electronic documents.

The standard copyright notice is:

|  |
| --- |
| **[Insert organisation name/logo]**  © **[Insert organisation name]**  **[insert year]** Australia.  This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. Requests for further authorisation should be directed to: **[Insert CEO/Manager], [Insert organisation name]** **[insert organisation’s address]**. |

Contact details may also be placed on the reverse/last page of the publication following the copyright notice. Standard contact details are:

|  |
| --- |
| **[Insert organisation name/logo]**  **[Insert organisation name]**  **[Insert address line 1]**  Telephone: **[insert phone number]**  Fax: **[insert fax number]**  Website: **[insert organisation’s website]** |

### 5.1.3 Reference style

The suggested format (Harvard Style) for both providing a reference for a **[Insert organisation name]** publication or referencing an external document is:

|  |
| --- |
| **[Insert author/organisation] [Insert year of publication]. [Insert title of publication]. [Insert publisher and place of publication].** |

**🖌Note\***

For example: Productivity Commission (2010) Contribution of the not-for-profit sector research report. Australian Government Publishing Service, Canberra.

There are many referencing style guides available, including the following from the Monash University Library website:

[Harvard style introduction and in-text citation](http://www.lib.monash.edu.au/tutorials/citing/harvard.html)

[Harvard style examples for a reference list](http://www.lib.monash.edu.au/tutorials/citing/harvard-print.html)

\*Please delete note before finalising this policy.

## 5.2 Website

The **[insert allocated position; for example, Communications Officer]** is responsible for maintaining the organisation website. The website presents a comprehensive overview of the organisation and provides information on goals, human resources, services, programs, projects, news, publications and the public operation of the organisation.

The website has been developed and managed by **[insert IT/website developer name]** in co-ordination with **[insert allocation position; for example, Communications Officer].**

The website also contains the following information if appropriate:

* Acknowledgement of local Aboriginal culture
* Accreditation status
* Funding sources
* **[insert other inclusion].**

## 5.3 Organisational brochures

The **[insert allocation position; for example, Communications Officer]** is responsible for developing and maintaining all organisational brochures which present summary information about **[Insert organisation name]** and provide information on how to access services of programs of the organisation.

An electronic copy of all organisational brochures is saved in the **[insert folder name; for example, Communications]** located on **[insert location of folder].**

All promotional materials are written in Plain English. Easy English and/or a community language should be used where the need has been identified.

### 5.3.1 General organisation brochure

Describes general goals and aims of the organisation, contact details and how to access/contact the organisation. The brochure also provides some highlights from a broad range of activities – both high-profile and behind-the-scenes – that are working to improve clients’ outcomes.

An electronic copy of the General Organisation brochure is saved in the **[insert folder name; for example, Communications]** located on **[insert location of folder].**

### 5.3.2 Program/ services brochure

Includes a brief overview of all programs and services provided. This brochure provides more in-depth and specific information about what services and programs are available, how the services/programs are structured, eligibility criteria, contact details and how to access/contact the organisation.

An electronic copy of the Program/Services brochure is saved in the **[insert folder name; for example, Communications]** located on **[insert location of folder].**

### 5.3.3 Feedback and complaints information sheet

The organisation values and utilises feedback for internal improvement processes. The Feedback and Complaints Information Sheet provides clear information of the processes to communicate and provide feedback to the organisation.

An electronic copy of the Feedback and Complaints Information Sheet brochure is saved in the **[insert folder name; for example, Communications]** located on **[insert location of folder].**

For more information on feedback and complaint management, refer to the Feedback and Complaints Section of this policy.

### 5.3.4 Client Orientation Pack

The **[insert allocation position; for example, Intake Officer or Allocated Case Manager]** is responsible for making sure that clients are given a client orientation pack at their initial contact with the organisation or at their initial assessment. Additionally, the contents of the Client Orientation Pack should be explained verbally to the client at their initial assessment and all subsequent reviews.

The Client Orientation Pack includes details of how services are provided, the fees, privacy notice, the complaints procedure and the use of advocates.

Universal communication strategies are used by staff when providing this pack to clients, including the strategies noted in Section 2.2.1 of this policy.

An interpreter service (telephone or a face-to-face interpreter) will be used with clients who do not speak English to ensure that they understand all the information contained in the Client's Orientation Pack, and in particular, information about client advocates.

An electronic copy of the Client Orientation Pack is saved in the **[insert folder name; for example, Communications]** located on **[insert location of folder].**

### 5.3.5 [Insert program/service name] brochure

**[Insert brief description and location of document]**

## 5.4 Other publications

### 5.4.1 Newsletter

The **[insert newsletter name]** newsletter is a primary tool for distributing outgoing information to the organisation’s clients, stakeholders and broader networks. The newsletter provides information on programs, projects, events, resources, relevant partnerships and new services.

The **[insert allocation position; for example, Communications Officer]** holds responsibility for co-ordinating the production and distribution of the **[insert newsletter name]** newsletter, with support provided by the CEO/Manager. All staff members are responsible for actively contributing/writing articles and collating items of interest for the publication.

Items in the **[insert newsletter name]** newsletter link to the organisation’s website and other sources for more detail, if provided in an electronic format**. [Insert quantity]** hard copies are printed and disseminated in a timely manner, as per the distribution list. For more information about the distribution list, refer to Section 5.5 of this policy.

**[Insert newsletter name]** newsletter is developed and distributed every **[insert frequency; for example, every month].**

An electronic copy of the newsletter is saved in the **[insert folder name; for example, 2014 newsletters]** located on **[insert location of folder].**

Copies of previous **[insert newsletter name]** newsletter are available on the organisation’s website on **[insert website location of newsletters]**.

### 5.4.2 Research papers

**[Insert organisation name]** is committed to the application of research and evidence-based practice in all areas of its operation and the publication of papers and presentation of papers at conferences and other relevant events is essential to its continuous quality improvement, organisational development and sector contribution.

Research documents developed by the organisation or organisation staff members are distributed to partner agencies, stakeholders and broader sector networks through a range of publications, conferences, events and meetings. Papers provide specific findings of research and analysis of formal or informal processes that aim to improve internal and sector work practices.

Individual researchers or project workers hold responsibility for co-ordinating the production, release, and distribution of any research paper linked to the organisation, as well as identifying relevant events and conferences to promote the work of the organisation. The promotion of all research-related communications are supported and approved by the CEO/Manager.

Research papers which are under peer-review or are intended to be put forward for peer-review will not be released publicly until the peer review process is complete and approval for distribution has been provided by the CEO/Manager.

Research papers and/or links to published papers or conference presentations are disseminated as per the distribution list. For more information about the distribution list, refer to Section 5.5 of this policy.

An electronic copy of all research papers is saved in the **[insert folder name; for example, 2014 internal research documents]** located on **[insert location of folder].**

For more information about research and evidence-based practice, refer to the Organisational Development Policy.

### 5.4.3 Emails

Emails are a main tool for distributing outgoing information to stakeholders and broader networks. Emails provide simple and individual information on programs, projects, events and other organisational activities. For information on email formatting, refer to Section 3 of this policy.

## 5.5 Distribution

Any printed and online promotional material should be distributed to relevant stakeholders.

### 5.5.1 Distribution list

The **[insert allocated position; for example, Communications Officer]** is responsible for maintaining a communications distribution list of relevant organisations and their contact details, as well as ensuring they have adequate supplies of all the organisational promotional materials.

Online promotional material is uploaded to the organisation’s website and distributed appropriately to networks as required. A record of online promotional material distribution is kept in the distribution list.

### 5.5.2 Distribution list changes

Organisations or individuals who request to be added to the distribution list will be contacted by the **[insert allocated position; for example, Communications Officer]** and added to the list if appropriate.

If the request received is from a staff member of an organisation currently listed on the distribution list, the staff member will be informed of the current listing and asked if these details need to be changed.

### 5.5.3 Maintenance of contacts

The **[insert allocated position; for example, Communications Officer]** is responsible for updating any information provided by organisations and informing other staff, Board members, students and volunteers of any significant change(s).

## 5.6 Advertising

The **[insert allocated position; for example, Communications Officer]** manages all aspects of the organisation’s advertising in all media, with the exception of staff recruitment and advertising. For information about recruitment and advertising of positions, refer to the Human Resources Policy.

### 5.6.1 Placing advertisements

All advertisements for **[Insert organisation name]** brand, services, programs, projects and events are developed by the **[insert allocated position; for example, Communications Officer]** and produced/designed by **[insert allocated internal/external position].**

All advertisements are approved by the supervisor of the activity and the CEO/Manager for editorial, brand and legal compliance.

### 5.6.2 Third-party advertising

Advertisements that are not paid for by the organisation that carry the **[Insert organisation name]**  logo, but which are published by and in conjunction with other community partners, are subject to approval by the CEO/Manager in consultation with the supervisor managing the activity for which the logo it has been utilising.

This requirement should be appropriately negotiated with partner agencies and stipulated in any partnership or collaboration agreement. See the External Relationships section of the Organisational Development Policy.

### 5.6.3 Advertising by online channels

Advertising in online communications (for example, publications, website, and email) requires approval by the CEO/Manager.

## 5.7 Record-keeping

A copy of all marketing and promotional material is to be saved in MS Word and PDF format in **[insert computer folder location; for example, communications\year\marketing and promotion]** and is managed by **[insert allocated position; for example, Communications Officer].**

## 5.8 Feedback

All feedback received relating to marketing, promotion activities and publications is to be forwarded to the **[insert allocated position; for example, Communications Officer].** Significant positive or negative feedback is managed and recorded as per Section 7 of this policy.

# SECTION 6: SOCIAL MEDIA

Social media is an important way in which communication and business is undertaken with communities, clients, staff members and other organisations.

The purpose of this Section is to provide guidance on using social media platforms as a practical instrument to improve service participation, engage with the sector and its stakeholders, enhance transparency and fully realise the organisation’s goals and strategic outcomes.

**[Insert organisation name]**’s social media strategies and processes ensure that anyone using social media tools on behalf of the organisation, produce communications that are of a consistently high quality, collaborative, appropriate, transparent and accountable. Social media tools also:

* Are recognised as an integral part of the organisation’s communication
* Enable collaboration and engagement, both with the sector and stakeholders
* Support staff members in diversifying service delivery approaches
* Support responsible and accountable practices.

This Section applies to all staff, clients, volunteers, students and Board members.

This Section ensures that the organisation:

* Uses social media platforms to share and promote access to information and services
* Creates opportunities to listen to and engage with staff, the public, local communities, and the drug and alcohol and community service sector
* Empowers staff members to use social media to respond quickly to clients and emerging issues
* Supports a consistent and quality online experience
* Uses social media in a manner that is consistent with the organisation’s values, legal requirements related policies, and codes of conduct.

This Section does not provide guidance on:

* Social media policy implementation or training
* Client’s use of social media platforms – refer to the Service and Program Operations Policy
* Staff, Board members’, students’ and volunteers’ use of social media platforms – refer to the Information and Communication Technology Policy.

## 6.1 Social media background

For the purpose of this policy, social media is defined by a number of online tools or websites that engage, create and share user-generated content, data and comments that might impact on the organisation itself or the people who use the organisation’s services.

Social media encompasses tools and programs that allow and promote any user to publish, discuss and share media content. These options could include:

* Micro-blogging sites (examples: Twitter, Yammer)
* Social and professional networking sites (examples: Facebook, LinkedIn)
* Video and photo sharing websites (examples: YouTube, Pinterest)
* Weblogs, or ‘blogs’ – online diaries for pictures and updates (examples: Tumblr, Blogger)
* Wikis – libraries of collaborative documents that anyone can edit (example: Wikipedia)
* Forums and discussion boards (examples: Google Groups, Whirlpool).

**[Insert organisation name]** may benefit from using social media by:

* Free advertising and web presence
* Presence in sector or topic discussions
* Engaging supporters, clients and the broader community
* Engaging with funders or donors
* Developing open communication channels between the organisation and the general public.

## 6.2 Social media plan

As part of the organisational communication strategy, **[Insert organisation name]** undertakes social media activities based on a structured Social Media Plan which clearly outlines the organisation’s objectives, social media platforms, responsibilities, audience, content, delivery of content and outcomes, and allows for evaluation and the measurement of the impact of social media activities in the organisation.

The social media plan and activities are managed by **[insert allocated position; for example, Communications Officer]** and his/her responsibilities include:

* **[Insert responsibility].**

In the absence of the **[insert allocated position]** the CEO/Manager is to manage social media priorities, or alternatively, delegate responsibilities to another staff member.

**🖌Note\***

Some responsibilities for social media co-ordinators could include:

* General administration and co-ordination of social media plan
* Delivering, managing and moderating content
* Monitoring use and organisational statistics
* Managing external comments and responses.

\*Please delete note before finalising this policy.

### 6.2.1 Goals

The organisation goals with its social media platforms include:

* **[insert goal]**
* **[insert goal].**

**🖌Note\***

Social media platform goals could include:

* Engaging with the community and target population
* Increasing numbers of followers or visits or enquiries about the organisation
* Increasing views or downloads of organisational events flyers
* Engaging in trending discussions relevant to the organisation’s operation and goals
* Networking with partner agencies
* Increasing number of enquiries about the organisation
* Developing partnerships with other organisations.

\*Please delete note before finalising this policy.

### 6.2.2 Platforms

**[Insert organisation name]** utilises the following platforms to communicate with clients, stakeholders and the broader community.

* **[insert platform]**
* **[insert platform].**

Each social media platform is managed in a different way according to the platform requirements and features, **[Insert organisation name]** social platforms operate as per below:

|  |  |
| --- | --- |
| **[Insert social media platform; for example, Facebook]** | |
| **Audience** | **[insert platform audience; example, clients only]** |
| **Description** | |
| * **[Insert fan page, group, and/or event listing name]** * **[insert privacy property, for example open to general public]** * **[insert frequency of posting]** * **[insert type of content to be shared]** * **[insert advertising guidelines, if any]** * **[insert location of record of page]** * **[Evaluation methods, for example likes or visits per day].** | |
|  | |
| **[Insert social media platform; for example, YouTube]** | |
| **Audience** | **[insert platform audience]** |
| **Description** | |
| * **[Insert video channel name]** * **[insert video content type to be share]** * **[insert frequency of posting]** * **[insert type of content to be shared]** * **[insert playlist details]** * **[insert location of record of page]** * **[Evaluation methods, for example comments or views per video].** | |
|  | |
| **[Insert social media platform]** | |
| **Audience** | **[insert platform audience; example, clients only].** |
| **Description** | |
| **[Insert description]** | |
|  | |
| **[Insert social media platform]** | |
| **Audience** | **[insert platform audience; example, clients only].** |
| **Description** | |
| **[Insert description].** | |

**🖌Note\***

Each social media platform has different features and requirements as per the two examples provided above. It is recommended to analyse each social media platform and define the main activities/tasks involved when using social media. This may include:

* Frequency of posting
* Content requirements (photos, videos, documents)
* Comment management
* Time allocated per week per platform
* Payment methods, if required
* Evaluation and tracking methods; for example, Google Analytics, visits per day, platform statistics, etc.

\*Please delete note before finalising this policy.

### 6.2.3 Content

**[Insert organisational name]** engages clients, stakeholders and the broader community by providing the following authorised content:

* Event promotion
* Positive organisation outcomes
* Positive comments about other organisations achievements
* Organisational campaigns
* Organisational views in sector discussions
* Fundraising activities
* Service or operations changes or news
* **[insert other]**
* **[insert other]**

### 6.2.4 Content delivery

**[Insert organisation name]** delivers social media content and responds to messages in a timely manner, establishing clear and frequent posting schedules to each social media platform, as per Section 6.2.3.

The priority of the organisation’s response to its content or posts will depend upon the nature of the broader community messages or comments. These include:

|  |  |
| --- | --- |
| **Priority of organisational response** | **Nature of comments/messages or posts** |
| **1** | **Inappropriate post/comments** |
| **2** | **Complaints** |
| **3** | **Negative feedback** |
| **4** | **Questions** |
| **5** | **Other feedback** |

For more information about inappropriate posts from the broader community, refer to Section 6.4.5.

### 6.2.5 Evaluation

In order to continually improve the delivery of services, the organisation evaluates its social media presence by analysing the goals, online measuring tool and the tangible outcomes for the organisation. These include:

|  |  |  |
| --- | --- | --- |
| **Social media goals** | **Online measuring tool** | **Organisational outcomes** |
| **[Insert goal, for example: develop partnerships with other organisations]** | **[insert tool, for example number of organisations that currently follow the organisation on twitter]** | **[insert organisational outcomes, for example number of new partnerships or agreements]** |
| **[Insert goal]** | **[insert tool]** | **[insert organisational outcomes]** |

This supports the organisation in identifying:

* Unpopular social media platforms
* Possible changes or upgrade of the social media plan
* Content strengths and trends
* Trends and shifts in clients, stakeholders and community interactions
* **[insert other].**

## 6.3 Organisational identification

The organisation presence on social media platforms is defined by its online name, id, user name or organisational account name when using online or social media tools and programs.

**[Insert organisation name]** official names and accounts include:

|  |  |
| --- | --- |
| **Platform** | **Official name** |
| **[Insert platform]** | **[insert official name]** |
|  |  |

### 6.3.1 Related brands

The organisation in some circumstances develops parallel social media accounts, pages, sites, channels as link platforms to the official organisational accounts and names, in order to achieve individual program or project goals. These related social media platforms include:

|  |  |  |
| --- | --- | --- |
| **Platform** | **Official name** | **Purpose** |
| **[Insert platform]** | **[insert official name]** | **[insert purpose of the platform; for example, link clients of aftercare program with organisation staff members]** |
|  |  |  |

**🖌Note\***

It is recommended to include any site related to the social media platforms table on Section 6.2.3 to ensure that all the requirements and resources needed have been covered.

\*Please delete note before finalising this policy.

## 6.4 Social media protocol

### 6.4.1 Official use

Official use is when a staff member, Board member, student or volunteer is using official and related social media platforms identified as a representative of **[insert organisation name]** with permission from the **[insert allocated position name]** or the CEO/Manager. Information provided in these messages/posts must:

* Comply with the code of conduct
* Follow organisational social media content restrictions
* **[Insert other]**.

**🖌Note\***

Staff may not fully understand why they are asked to sign a code of conduct that restricts their use of social media in relation to the workplace outside of work hours. Coleman Grieg Lawyers explore the legal implications of the endorsement by the Fair Work Commission of the application of social media policies to employee’s conduct outside of work hours in a brief article by Anna Ford. To access the article “What if your employee refuses to sign your social media policy?” visit <http://www.mondaq.com/article.asp?articleid=337602&email_access=on> and to view more detailed information on the case visit <https://www.fwc.gov.au/documents/decisionssigned/html/2014FWC446.htm>.

\*Please delete note before finalising this policy.

### 6.4.2 Personal use

Personal use is when a staff member, Board member, student or volunteer is using social media platforms identified as themselves and not officially as a representative of **[insert organisation name]** although identifying themselves as affiliated with the organisation in their activity content. This could include photos, profile, current job, etc.

For further information on staff member, Board member, student or volunteer use of social media platforms while affiliated with **[insert organisation name]** refer to the Information and Communication Technology Policy.

### 6.4.3 Inappropriate use

Inappropriate use of official and related organisational social media platforms includes, but is not limited to:

* Conducting a private business on social media websites
* Using discriminatory, defamatory, abusive or otherwise objectionable language against people or organisations
* Stalking, bullying, trolling or marginalising any individual or group
* Uploading confidential information regarding the organisation’s business
* Not following the organisational social media content restrictions.

It is the direct responsibility of staff members, Board members, students or volunteers to comply with the above guidelines and to advise the **[insert allocated position name]** or the CEO/Manager of any unauthorised activity.

Inappropriate or incorrect use of organisational social media platforms is considered serious misconduct, as it affects the organisation values, credibility and professionalism with its clients, stakeholders and the broader community.

Engaging in any type of social media misconduct will be managed as per the Human Resources Policy and may include disciplinary actions, or in some instances, dismissal.

Following any inappropriate use of social media platforms the **[insert allocated position name]** or the CEO/Manager will consider:

* Risk assessment and corrective measures
* Corrective measures action plan and responsibilities
* Issuing a media release
* **[insert other]**

### 6.4.4 Authorised access

**[Insert allocated position names]** are the only authorised staff members that manage social media platforms and passwords, unless they authorise/delegate other staff members to access social media tools.

### 6.4.5 Systems and security

All **[Insert organisation name]** computer systems and facilities, including social media tools used by the organisation, follow due process in terms of user responsibilities, copyright, access, hacking, monitoring and security breaches.

The nature of social media platforms depends on self-regulated communication channels where all individuals are able to provide feedback, complaints and either positive or negative comments. In order to ensure that **[insert organisation name]** social media channels are responsible and useful to the broader community, the organisation makes sure that the following comments/posts or messages are described as inappropriate and are subsequently deleted:

* Offensive, abusive or discriminatory information or language
* Graphic (violent, offensive, etc.) content
* Illegal content
* Comments about identifiable clients, staff members, Board members, student or volunteers
* **[Insert other]**

After deleting inappropriate posts, the **[insert allocated position name]** willcontact the comment/post author to provide an explanation of why the comment/post has been removed and the necessary action(s) that need to be implemented for it to be reposted.

### 6.4.6 Feedback and complaints

The organisation does not delete any negative feedback or criticism and commits to acknowledging feedback as long is made respectfully and does not breach the conditions mentioned above.

When negative feedback is received through social media platforms, **[insert allocated position name]** will acknowledge the feedback by posting the following message:

|  |
| --- |
| We regret that your experience with **[insert organisation name]** has not been positive and we would like invite you to formally submit your comments using the details below:  Email: **[insert feedback email]**  Phone: **[insert phone number]**  Mail: Feedback  **[insert organisation address]**  At the same time you can submit your comments **[insert website address linked to the feedback page]**. Thank you very much for the time you have taken to pass on this information; we appreciate and value your comments. |

Following this message **[insert allocated position name]** will consider:

* Contacting the user by private message and offering a solution or further help
* Agreeing on a solution as soon as possible
* Informing the CEO/Manager of the outcome.

# SECTION 7: FEEDBACK AND COMPLAINTS

**[Insert organisation name]** is committed to facilitating transparent and effective feedback and complaints management processes for clients and stakeholders, to improve the quality of its products and services.

The purpose of this Section is to provide guidance to **[insert organisation name]** staff, Board members, students and volunteers in receiving, collating, resolving and responding to feedback, complaints and compliments about the organisation’s staff, services and operations.

All **[insert organisation name]** staff, Board members, students and volunteers are given information about the complaints and feedback management process as part of their induction.

This Section does not provide guidance on:

* Employee performance management, internal grievances and complaints management – refer to the Human Resources Policy
* Grievances between Board members – refer to Governance Policy
* Project and event feedback processes – refer to the Organisation Development Policy.

The organisation:

* Recognises that clients and stakeholders need avenues to give feedback or raise complaints with the organisation, and are entitled to have their concerns addressed in ways that ensure access and equity, timeliness, accountability and transparency.
* Acknowledges that any person or organisation accessing services and programs provided by the organisation, or those affected by its operations, has the right to provide feedback and/or make a complaint.
* Understands that complaint information may be sensitive in nature, respects the complainant’s right to confidentiality, and will handle complaints in a fair, equitable and timely manner.
* Conveys the process for communicating feedback and complaints to all staff, Board members, students, volunteers, clients and stakeholders.

This Section ensures that:

* Feedback, including complaints, is considered an important part of **[insert organisation name]**’s operational and program planning and as part of its quality improvement program
* Responses to complaints and other feedback are delivered in a consistent and timely manner
* All staff and Board members are able to receive a complaint or other feedback
* The resolution of the complaint to the satisfaction of the complainant is a goal of the **[Insert organisation name]**’s complaints handling process.

## 7.1 Communication of feedback and complaints processes

### 7.1.1 Information and methods of communication

Information on feedback and complaints management processes will be made available to clients and stakeholders through a range of mediums, including:

* Organisation website
* Client orientation pack
* Staff, Board members, students and volunteer induction processes
* Feedback and complaints information sheet
* Notice board
* Suggestion box
* **[Insert other]**.

Information provided in the feedback and complaints information sheet includes:

* How to provide feedback or complaints
* How the organisation values and utilises feedback and complaints in review and planning activities
* The feedback and complaints management processes, confidentiality and timelines
* The process for pursuing the complaint through an external body, such as the NSW Health Care Complaints Commission or NSW Ombudsman, in the event that a satisfactory resolution of the complaint cannot be reached.

### 7.1.2 Promoting processes

The organisation promotes accessibility for feedback and complaint receipt by providing clients and stakeholders the opportunity to use a range of mediums to register a complaint or feedback. Contact details for feedback and complaints should be promoted as:

|  |
| --- |
| **Providing feedback to [Insert organisation name]**  Clients and stakeholders are welcome to contact any **[Insert organisation name]** staff member; alternatively, feedback can be submitted using the details below:  Email: **[insert feedback email]**  Phone: **[insert phone number]**  Mail: Feedback  **[insert organisation address]**  A **[Insert organisation name]** Feedback and/or Complaint Form can be accessed online at **[insert website address linked to the feedback page]**. Alternatively, you can request a form using the contact details above.  The provision of feedback and/or complaints will not affect the service being provided to you. |

All feedback, including telephone and the primary email **[insert feedback email, as per information provided above]** is directed to the **[insert position; for example, CEO/Manager],** unless another staff member’s name is provided.

## 7.2 Feedback management

### 7.2.1 Receiving feedback

Feedback can be accepted by any staff or Board member and may include:

* **Formal feedback:** primarily received through service/program and/or management processes. This may include feedback collated through feedback forms, surveys and evaluation processes. Feedback received in this way should be managed in accordance with the organisation Program Management Policy.

Formal feedback may also be received via phone, email or face-to-face meetings. This may be identified as formal feedback by the person submitting the information.

* **Informal feedback:** can be received through face-to-face conversation, telephone, email or letter by any staff member. Feedback should be acknowledged by the receiver and the appropriate response provided where required. Informal feedback can be valuable in organisational and program development, planning, and review.
* **Feedback regarding staff:** whether formal or informal, feedback is reported to the relevant staff member and their supervisor and discussed in supervision/professional development review where appropriate.
* **Feedback regarding services/programs:** formal and informal feedback about **[Insert organisation name]** programs, services and activities is to be raised at the organisation’s Board, staff or team meetings where relevant. Staff involved in the activity that has generated the feedback should be notified on receipt of that feedback.
* **Negative feedback or concerns:** Managing negative feedback appropriately is of great importance in promoting the organisation’s reputation for valuing all feedback and will assist in reducing the likelihood of a complaint being lodged.

The staff member in receipt of the negative feedback or concern, will raise the issue with their direct supervisor and discuss a plan to respond or provide further resolution (as outlined in Section 7.2.3) if required.

* **Feedback received in a non-acceptable manner:** In some circumstances feedback may be received where the person providing feedback is unprofessional, and their behaviour is inappropriate or abusive. Staff members in receipt of any feedback or complaints should retain a professional demeanour and handle the matter in line with the organisation’s Code of Conduct. The staff member informs both their direct supervisor and the CEO/Manager of the situation.

### 7.2.3 Responding to feedback

All feedback submitted to **[Insert organisation name]** should be acknowledged appropriately and in a timely manner. The recipient of feedback acknowledges receipt of feedback within **[insert timeframe, e.g.** **five working days]**. Depending on the nature of the feedback, other responses may include:

* Thanking the individual/service
* Informing the individual/service of its value
* Explaining how the information will be utilised (i.e. compliments may be used in annual reporting; constructive feedback or suggestions may assist in future planning or review activities).

In some cases, feedback (for example, suggestions) may require a further response or resolution. Staff members in receipt of the feedback will also provide guidance on the next steps in the process. This may include:

* Timeframe for response
* Request for preferred contact method
* Name and contact details of the staff member who will be responding
* Request for supporting information (when relevant)
* Organisational follow-up actions (e.g. raise the suggestion/concern at the staff, Board or team meeting).

The level of response required is dependent on the assessment of the feedback provided, the method of receipt and any explicit or implicit requests for a response or resolution.

### 7.2.4 Recording feedback

When receiving feedback, staff members are required to complete a Feedback Record Form. This document records factual information that can be supported by evidence, or should note that the information is not yet substantiated.

The staff member in receipt of the feedback, or the identified staff member for handling the response or resolution of the feedback, is responsible for recording the feedback in the Feedback Register and notifying CEO/Manager or direct supervisor if required.

Feedback forms provided by clients, stakeholders and the general public are communicated to the CEO/Manager or direct supervisor and are filled out with the appropriate information.

Feedback submitted to **[Insert organisation name]** through standard program or service activities should managed in accordance with the Program Management Policy.

Formal, informal, positive or negative feedback provided outside service/program management activities should be recorded in the **[Insert organisation name]**’s Feedback Register.

Negative feedback about staff members is to be referred directly to the relevant supervisor, and when deemed appropriate, documented in the staff member’s personnel file. Personnel files are to be stored in accordance with the Human Resources Policy.

### 7.2.5 Organisational feedback forms

* **Feedback form**. The organisation’s feedback form is located on the **[insert electronic location of file; for example, administration/feedback and complaints folder]**.

Feedback forms are available to clients, stakeholders and the general public. These forms constitute physical evidence of feedback and should be saved as PDFs in the relevant folder. Hard copy evidence is to be stored with relevant program/project/service information.

Information to be logged in the organisation feedback form includes:

* + Date of feedback
  + Contact details, including name, phone and email
  + Feedback topic (e.g. program activity, organisation communications)
  + Feedback content (brief description).
* **Feedback record form.** The organisation’s feedback record form is located on the **[insert electronic location of file; for example, administration/feedback and complaints folder]**.

Information to be logged in the organisation feedback record form includes:

* + Date of receipt
  + Feedback number
  + Received by (staff member)
  + Method of receipt (e.g. phone, face-to-face)
  + Feedback topic (e.g. program activity, organisation communications)
  + Feedback content (brief description)
  + Feedback type (i.e. formal/informal)
  + Supporting documents (where relevant list and hyperlink to evidence of feedback)
  + Response required
  + Follow-up and/or other comments.
* **Feedback register.** The organisation’s feedback register is located on the **[insert electronic location of file; for example, administration/ feedback and complaints folder]**.

Information to be logged in the organisation’s feedback register includes:

* + Date of receipt
  + Feedback number
  + Received by (staff member)
  + Method of receipt (e.g. phone, email)
  + Feedback topic (e.g. program activity, organisation communications)
  + Feedback type (i.e. formal/informal)
  + Status.

## 7.3 Complaints management

The **[Insert organisation name]** complaints management process follows the stages of complaint management recommended by the Commonwealth Ombudsman[[7]](#footnote-7) as per below.

### 7.3.1 Receiving a complaint

A complaint may be received by any staff member via phone, email, letter, the organisation’s Complaints Form or through a face-to-face meeting.

Where a staff member receives a complaint, complaint recipients are to complete the organisation’s Complaints Record Form, attaching any additional information they deem is necessary to provide.

Complaints can be:

* **Formal complaints:** primarily received through written communication and may also be received via phone, email or face-to-face.
* **Informal complaints:** can be received through face-to-face conversation, telephone, email or letter to any staff member. Complaints should be acknowledged by the receiver and the appropriate response provided following the organisation’s process outlined in this policy.
* **Complaints regarding services/programs:** formal and informal complaints about **[insert organisation name]** programs, services and activities are to be raised at the organisation’s Board, staff or team meetings where relevant. Staff involved in the activity about which a complaint has been lodged should be notified on receipt of the complaint, if appropriate.
* **Complaints received in a non-acceptable manner:** complaints received in a non-acceptable manner should be managed in the same manner as feedback; see Section 7.2.1.
* **Complaints involving stakeholders and partners:** the organisation does not involve itself in complaints concerning stakeholders and partner agencies. **[Insert organisation name]** does not have the power or mandate to formally resolve disputes between external parties. The organisation may, however, refer the complainant to the relevant party.
* **Complaints alleging criminal or fraudulent conduct:** allegations of fraudulent or criminal conduct should be raised directly with the CEO/Manager and/or the organisation’s Board (excluding any individual implicated in the allegation) and reported to the police. The organisation will make itself available to assist the police with their investigation.
* **Complaints regarding staff members, students, volunteers, Board members and contractors:** whether formal or informal, these complaints are reported to the relevant staff member and their supervisor and discussed in supervision/professional development review where appropriate. The relevant staff member will co-ordinate a response to the complaint in conjunction with their direct supervisor. Complaints may include:
* **Complaints involving managers/supervisors:** the CEO/Manager will take on the role of the complaint handler.
* **Complaints involving the CEO/Manager:** should be referred to the organisation Board in line with the organisation’s Governance Policy. The Board can nominate the President, the Executive or other Board members to manage the complaint with or without an independent mediator.
* **Complaints involving Board members:** should be referred by the CEO/Manager to the Board as a whole. The Board member will be given an opportunity to respond to the complaint in a one-on-one setting with an appointed Board member. The Board will manage the complaint collectively with the exclusion of the relevant Board member. The Board will keep the organisation’s CEO/Manager informed of the progress and outcome of the complaints process. Action taken arising from a complaint about a Board member or a member of a sub-committee will be taken in accordance with the organisation’s Constitution and Governance Policy.
* **Complaints involving contractors and/or consultants:** will be managed by the CEO/Manager and or the organisation’s contact person for the contractor/consultant. In addition, to assist in resolving the matter, the complaints handler may wish to forward the complaint to the contractor/consultant’s organisation.

The contractor/consultant may not wish to engage in a formal complaint management process. However, the organisation will continue with the process to provide a response to the complainant in accordance with the principles of this policy.

Where a contractor/consultant does not engage in the complaints process or where a complaint outcome finds the contractor/consultant to be at fault, the organisation must determine if the contract between **[Insert organisation name]** and the consultant/contractor should be terminated.

* **Complaints involving volunteers or students on placement** are to be dealt with by the volunteer’s or student’s supervisor in accordance with the processes identified in accordance with the organisation’s Human Resources Policy.

Where either a volunteer or student on placement does not engage in the complaints management process, the allocated supervisor of either the volunteer or student should maintain the role of complaints handler, and ensure the resolution reached is to the satisfaction of the complainant.

### 7.3.2 Recording complaints

When receiving complaints, staff members are required to complete a Complaints Record Form. This document only records factual information that can be supported by evidence; alternatively, in those situations where this cannot be done, it is noted where the information has yet to be substantiated.

The CEO/Manager will register all complaints in the organisation’s Complaints Register. Complaints involving **[Insert organisation name]** staff, Board members, volunteers and students will be managed as per Section 7.3.1. For more information, refer to the Human Resources Policy.

Complaints forms provided by clients, stakeholders and the general public are communicated to the CEO/Manager and are completed containing all relevant information.

For information required in the organisational complaints forms refer to Section 7.3.10.

### 7.3.3 Acknowledging a complaint

All complaints submitted to **[Insert organisation name]** should be acknowledged appropriately and in a timely manner. The recipient of a complaint acknowledges receipt of the complaint within five working days. Dependent upon the nature of that complaint, other responses may include thanking the individual/service, or informing them of the value of the complaint.

In some cases, complaints may require a further response or resolution. The staff member in receipt of the complaint will also provide guidance on the next steps in the process. This may include:

* Complaint management process
* Timeframe for response
* Request for preferred contact method.

### 7.3.4 Assessing complaints

The level of response required is dependent upon the assessment of the complaint, the nature of the complaint, the method of receipt and any explicit or implicit requests for a response or resolution.

Comprehensive assessment of a complaint is critical for effective complaint management and will identify the following:

* If the complaint can be resolved at first contact
* If the complaint requires more information, mediation or an investigation
* The priority of the complaint
* Those staff members who have the appropriate training to deal with such complaints
* If the complaint will be subject to litigation.

Following the acknowledgment of a complaint, the CEO/Manager will assess the information and appoint a complaint handler to respond to the complaint. The CEO/Manager may consult with the complainant to agree on a resolution process. Once the complainant is pleased with the process, the CEO/Manager will inform the relevant parties:

* Complaint handler (name and contact details of the staff member who will be responding)
* Organisational follow-up plan/actions as part of the complaint management process.

**🖌Note\***

It is recommended that the complainant be consulted to assess their expectations of the complaint process, as on some occasions people like to receive either a public apology or a letter of acknowledgment, thus enabling matters to be easily and swiftly resolved. However, in some situations complainants are either pursuing compensation or are seeking to alleviate future problems for other clients or stakeholders.

Some complainants will seek outcomes that are either inappropriate or disproportionate; in such cases, organisations must carefully manage and communicate why a specific outcome cannot be met.

\*Please delete note before finalising this policy.

Complainants have the right to privacy and confidentiality, and matters should not be discussed with any other **[Insert organisation name]** representatives other than the CEO/Manager and the complaint handler.

### 7.3.5 Planning

Most complaints can be easily resolved; however, the assessment of the complaint will determine if further investigation is required.

The CEO/Manager and the complaint handler are responsible for developing a plan that will define:

* What is to be investigated
* The steps involved in investigating the complaint and whether further information is required, either from the complainant or from another person or organisation
* An estimate of the time it will take to resolve the complaint
* The solution the complainant is seeking, whether the complainant’s expectations are realistic or need to be managed, and other possible solutions
* Any special considerations that apply to the complaint – for example, if the complainant has asked for their identity to be withheld from others, or if there is sensitive or confidential information that needs to be safeguarded.[[8]](#footnote-8)

### 7.3.6 Investigation

**[Insert organisation name]** ensures that impartial, confidential, transparent and independent investigation processes are in place to resolve complaints and to provide tangible solutions for complainants. This means that the organisation’s complaints processes:

* Seek objective solutions that are founded on evidence and facts
* Are private
* Provide special care to protect any identifying details
* Welcome the complainant’s feedback, comments and involvement.

It is not always possible to resolve each complaint following an investigation process. In such cases the **[Insert organisation name]** complaint handler will explore other alternatives and try to reach a settlement with the complainant.

Complaint respondents are provided with an opportunity to respond to any issues raised by the complainant, including providing relevant information and supporting documentation at the request of the complaint handler. The complaints handler may (where appropriate) involve the respondent in mediation with the complainant.

### 7.3.7 Response/resolution

Following the results of the investigation, the response to a complaint will be co-ordinated by the CEO/Manager or the complaint handler. However, all staff may be involved in responding to a complaint either through communication with the complainant, reviewing documentation or implementing practice changes as a result of a complaint or feedback.

The response to a complaint concerning **[Insert organisation name]** services, operations, publications, resources and staff members generally includes the following details and information:

* Complaint details and date of receipt
* Complaint handler contact details
* Investigation results
* Complaint process timeframe
* Privacy and confidentiality actions
* Outcomes
* Contact details to expedite any requests for further information.

Additional information, resolution and actions arising from complaints involving staff, Board members, volunteers and students are managed internally and confidentially as per the organisation’s Human Resources Policy and Governance Policy.

Within **[insert timeframe; for example, two months]** of the complaint being resolved, the organisation will follow-up with the complainant to review their satisfaction with the actions taken.

### 7.3.9 Review and considerations of systemic issues

**[Insert organisation name]** understand that following a complaint process, the findings of the investigation or resolution may point to administrative or operational issues inside the organisation.

Feedback (both positive and negative) is to be considered in operational planning as well as implementation and review activities in the areas of governance, risk management, client services, project management and work health and safety.

The complaints register is regularly reviewed to inform service planning and continuous quality improvement processes.

In order to maintain quality services, the organisation ensures that the following mechanisms are in place to confirm that complaints processes are effective and regularly monitored:

* Evaluation and number of complaints about a particular matter
* Monitoring of increase in complaints
* Analysis of complaints characteristics
* Changes in organisation’s operations following complaints
* Yearly reports.

Reports and findings of complaint management processes are discussed and reviewed by the CEO/ Manager, senior managers and the organisation’s Board.

### 7.3.10 Organisational complaints forms

* **Complaint form.**

Islocated on the **[insert electronic location of file; for example, administration/ feedback and complaints folder]**. Complaint forms are available to clients, stakeholders and the general public.

* **Complaint record form.**

Is located on the **[insert electronic location of file; for example, administration/feedback and complaints folder]**. Complaint record forms are available to staff members, Board Members, students and volunteers to record complaints that have been made in a non-written form.

* **Complaints register**

The organisation’s complaints register is located on the **[insert electronic location of file; for example, administration/feedback and complaints folder]**.

The above documents and related evidence are to be saved as PDFs in the relevant folder. Hard copy evidence is to be stored with relevant program/project/service information.

# SECTION 8: PRIVACY AND CONFIDENTIALITY

**🖌Note\***

Please note that this section of this policy template was reviewed by by McCullough Robertson Lawyers through Justice Connect Not-for-profit Law.

The ‘Employee Records Exception’ means that the Privacy Act 1988 (Cth) does not apply to an employer’s management of the personal information of its employees.

As an employer, maintaining a privacy policy in respect of your employees’ personal information is entirely at your discretion and is encouraged for good business practice. This policy addresses management of both third party and employee personal information and should be published internally in your organisation.

Please see Section 8.8 for a privacy policy which deals exclusively with third party personal information. This third party policy is suitable for publication on your organisation’s external platforms such as the organisation website but it should be reviewed and edited to suit your organisation.

\*Please delete note before finalising this policy.

**[Insert organisation name]** is committed to protecting the privacy and confidentiality of clients, staff, Board members, students, volunteers and stakeholders in the way information is collected, stored and used.

The Privacy Act 1988(Cth) (Privacy Act), Australian Privacy Principles and registered privacy codes govern the way in which we must manage personal information.

This policy provides guidance on how the organisation collects, uses, discloses and otherwise manages personal information and provides guidance on legal obligations and ethical expectations in relation to privacy and confidentiality.

In operating our business, **[Insert organisation name]** collects and holds two types of information which are covered by this policy Section: personal and organisational information.

The organisation is committed to ensuring that information is used in an ethical and responsible manner and recognises the need to be consistent, cautious and thorough in the way that information about clients, stakeholders, staff, Board members, students and volunteers is recorded, stored and managed. The Privacy Act sets out organisational obligations in relation to personal information. The same standards are applied to personal information held in relation to clients, stakeholders, staff, Board Members, students and volunteers.

Some exceptions apply, including the practicality that the organisation is not required to comply with the Privacy Act when dealing with employment records of past and current employees. Despite this, however, we endeavour to meet the standards.

This Section ensures that:

* **[Insert organisation name]** provide quality services in which information is collected, stored, used and disclosed in an appropriate manner complying with both legislative requirements and ethical obligations.
* All staff and Board members understand their privacy and confidentiality responsibilities in relation to personal and organisational information about **[Insert organisation name],** its clients, staff and stakeholders. This understanding is demonstrated in all work practices.

**🖌Note\***

Australian Privacy Principles (APPs) replaced the National Privacy Principles (NPPs) that previously applied to organisations. For more information about the new thirteen Australian Privacy Principles (APPs), refer to <http://www.oaic.gov.au/privacy/privacy-act/australian-privacy-principles> or [Schedule 1 of the Privacy Act](http://www.comlaw.gov.au/Details/C2014C00076/Html/Text#_Toc382303234).

The legislation amendments included the incorporation of the Australian Privacy Principles (APPs) which regulate the handling of personal information.

There are thirteen Australian Privacy Principles (APPs) and they are divided into five parts:

Part 1 - Consideration of personal information privacy

APP 1 - open and transparent management of personal information

APP 2 - anonymity and pseudonymity

Part 2 - Collection of personal information

APP 3 - collection of solicited personal information

APP 4 - dealing with unsolicited personal information

APP 5 - notification of the collection of personal information

Part 3 - Dealing with personal information

APP 6 - use or disclosure of personal information

APP 7- direct marketing

APP 8 - cross-border disclosure of personal information

APP 9 - adoption, use or disclosure of government-related identifiers

Part 4 - Integrity of personal information

APP 10 - quality of personal information

APP 11 - security of personal information

Part 5 - Access to, and correction of, personal information

APP 12 - access to personal information

APP 13 - correction of personal information.

How do you know if these changes in legislation will affect your organisation?

Organisations that turn over $3 million or more annually, OR collect health information and provide a health service OR collect personal or sensitive information for a profit will need to comply with Australian Privacy Principles (APPs).

To find more information about your organisation’s responsibility under the new Privacy Act, refer to <http://www.oaic.gov.au/privacy/who-is-covered-by-privacy>

\*Please delete note before finalising this policy.

## 8.1 Consideration of personal information privacy

### 8.1.1 Open and transparent

**[Insert organisation name]** consider privacy of personal information as defined by the [Privacy Act](http://www.comlaw.gov.au/Details/C2014C00076)  to ensure that the organisation protects and manages peoples’ personal information in an open and transparent manner.

**[Insert organisation name]** acknowledge the importance of treating other information (that is not personal information) in a confidential manner. However, we may share information with other involved individuals and organisations where it would be in the best interests of the client, or other individual, to do so (and provided it is lawful to do so).

### 8.1.2 Anonymity and pseudonymity

Wherever it is lawful and practicable, individuals will have the option of not identifying themselves, use a pseudonym or request that the organisation do not store any of their personal information. This option will not be possible when anonymity is impracticable or prevents **[Insert organisation name]** from dealing with individuals who have not identified themselves or who have used a pseudonym.

## 8.2 Collection of personal information

### 8.2.1 Purpose for collecting information

The personal information which **[Insert organisation name]** collect, hold, use and disclose will vary, depending on how individuals interact with the organisation programs and services. Generally, the organisation will collect, use and hold personal information if it is reasonably necessary for, or directly related to, the performance of our functions and activities, which may include but are not limited to, the following purposes:

* performing staff members’ functions, including work health and safety obligations
* recruiting and engaging staff and contractors
* undertaking compliance with legal obligations
* conducting organisational functions, operations and development activities
* researching and evaluating programs and activities
* investigating and responding to complaints about service provision or general operations
* auditing, investigating and responding to allegations of fraud
* making and dealing with referrals
* performing services and providing treatment and support to clients
* community development activities and fundraising
* contract management; and
* managing and responding to correspondence, complaints and enquiries from individuals and organisations.

A privacy notice is provided as per APP 5 when health and personal information is gathered.

In order to manage the information in an open and transparent manner, as part of the Client Orientation Pack, a privacy notice that encompasses these principles is provided, and includes the following:

* purpose of collecting information
* how information will be used
* what type of information may be transferred and under what circumstances it will be transferred
* limits to privacy of personal information
* how a client can access or amend their health information; and
* how a client can make a complaint about the use of their personal information.

In some circumstances, clients, stakeholders or the broader community provide personal information on an unsolicited basis. **[Insert organisation name]** do not provide a privacy notice in these circumstances because the information is unsolicited. However, under APP4, the organisation is required to assess any unsolicited personal information received to determine whether it could have lawfully been collected under the Privacy Act. If so, it is then handled in compliance with the Privacy Act. If not, this personal information must be destroyed or de-identified.

**8.2.2 How information is collected**

**[Insert organisation name]** collect personal information through a range of different channels, including:

* paper-based and electronic forms (including online forms)
* face-to-face meetings
* telephone, email, and fax communications
* organisation website and other linked websites
* social media websites and accounts.

There may be some instances where personal information will be collected indirectly because it is unreasonable or impractical to collect personal information directly from the individual. The individual will be notified about these instances in advance, or where that is not possible, as soon as reasonably practicable after the information has been collected.

### 8.2.3 Types of personal information collected

**[Insert organisation name]** may collect and hold personal information about an individual that can identify the individual, and is relevant to the contact with that individual (e.g. in the case of staff members, the information is relevant to employing that individual or, in the case of clients, the information is relevant to providing an individual with services).

The kinds of information typically collected include **[insert types of information collected; e.g. name, address, telephone number]** and may also include the following:

* records relating to staff members, payroll matters, recruitment, disciplinary and counselling matters for the organisation’s staff, contractors and job applicants, including security clearances and police record checks
* records relating to work health and safety matters, including accident and injury records, compensation and rehabilitation case files
* applications, instruments of appointment, and other records relating to the performance of our administrative functions and activities
* correspondence, invoices, receipts and other records relating to goods and services supplied to, provided by or purchased by us
* records including Board members, membership lists (if appropriate), committees and sub-committees, reference and working groups
* distribution and mailing lists relating to the dissemination of organisational publications, reports, newsletters and other information of interest to clients, stakeholders and the broader community
* documents relating to contracts, grants, funding agreements and other procurement processes
* reports and other records relating to internal and external audits, performance as an employee and allegations of fraud and compliance investigations
* documents relating to feedback and complaints
* client requests for access to documents held by the organisation
* client information required as per the Client File Management Section of the Service and Program Operations Policy.

### 8.2.4 Failure to provide information

If the personal information provided to us by an individual is incomplete or inaccurate, the organisation may be unable to provide that individual or someone else he/she knows, with the services that he/she, or they, are seeking.

### 8.2.5 Internet users

**🖌Note\***

The Internet Users Section only applies if the organisation maintains a website. If the organisation does maintain a website, this option should be included and the organisation’s privacy policy should be promoted on the website.

\*Please delete this note before finalising this policy.

When an individual accesses the organisation’s website, we may collect additional personal information about them in the form of his/her IP address and domain name.

#### 8.2.5.1 Website cookies

**🖌Note\***

Only include the reference to cookies if the organisation has confirmed that it uses cookies.

\*Please delete this note before finalising this policy.

The main purpose of cookies is to identify users and to prepare customised web pages for them. Cookies do not identify individuals, but they may link back to a database record about an individual. Cookies are used by **[Insert organisation name]** to monitor usage of the website and to create a personal record of when an individual visits the organisation website, and what pages he/she views, so that individual may be served more effectively in the future.

Our website may contain links to other websites. **[Insert organisation name]** is not responsible for the privacy practices of linked websites, and linked websites are not subject to our privacy policies and procedures.

### 8.2.6. Holding personal information

Any personal information held is stored on both electronic files and hard copy files in accordance with this policy and other internal policies, including:

* Organisational Development Policy – organisation filing and information management
* Information and Communication Technology Policy – electronic file management
* Clinical Supervision Policy – for clinical staff supervision processes
* Service and Program Operations Policy – for client information and file management; and
* Client Clinical Management Policy – for client health information and file management.

## 8.3 Dealing with personal information

### 8.3.1 Use and disclosure

**[Insert organisation name]** only use personal information for the purpose(s) for which it was given, or for purposes which are directly related to one of the functions or activities of the organisation or reasonably related activities. Personal information may be provided to government agencies, other organisations or individuals only if:

* the individual has consented to its disclosure
* it is required or authorised by law; or
* it will prevent or lessen a serious and imminent threat to somebody's life or health.

**[Insert organisation name]** **[are/are not likely to]** disclose your personal information to overseas recipients. Those recipients may be in the following countries: **[insert known locations].**

Overseas disclosures may occur through direct disclosure, or by indirect disclosure; for instance, through a third party service provider that has overseas IT infrastructure.

**🖌Note\***

Enquiries should be made to determine those circumstances where this type of arrangement may affect the organisation.

\*Please delete this note before finalising this policy.

### 8.3.2 Marketing and promotion

**[Insert organisation name]** do not use or disclose any type of personal information for the purpose of direct marketing or promotion of the organisation without the consent of the individual.

The organisation may use personal information other than sensitive information only if the individual has consented to the use or disclosure of the information for that purpose.

Clients, staff members, Board members, students and volunteers are asked to provide consent for this purpose when accessing or starting their involvement with the organisation.

### 8.3.3 Government-related identifiers

As required by the Privacy Act, **[Insert organisation name]** do not adopt a government-assigned individual identifier number as its own; for example, using a Medicare number as if it were its own identifier/client code. However, the introduction of a Statistical Linkage Key (SLK-581) to the Alcohol and Other Drug Treatment Services National and NSW Minimum Data Sets (N/MDS) has seen the inclusion of a unique client identifier.[[9]](#footnote-9)

The SLK-581 uses letters from the client’s first and surname, client’s date of birth and their sex. In this way client data regarding use of treatment services can be examined for the purposes of improved provision of services – while not communicating the actual name and surname of the individual such that they might be identified personally. More information can be found on the NADA [website](http://www.nada.org.au/whatwedo/nadabase-nmds-coms).

Government-related identifiers are not used or disclosed unless the use or disclosure of the identifier is:

* reasonably necessary to verify the identity of the individual for the purposes of the organisation's activities or functions
* reasonably required to fulfil obligations to an emergency or government agency; or
* where authorised or permitted under Australian law.

## 8.4 Integrity of personal information

### 8.4.1 Data quality

**[Insert organisation name]** take steps to ensure that the personal information collected, used and disclosed is accurate, up-to-date, complete and relevant.

### 8.4.2 Data security

**[Insert organisation name]** take reasonable steps to protect the personal information held. These include steps against loss, interference, unauthorised access, use, modification or disclosure and other information misuse. These steps also comprise reasonable physical, technical and administrative security safeguards for electronic and hard copy records as identified in the following text.

Physical safeguards include:

* locking filing cabinets and unattended storage areas
* physically securing the areas in which the personal information is stored
* not storing personal information in public areas
* positioning computer terminals and fax machines so that they cannot be seen or accessed by unauthorised people or members of the public; and
* securely disposing of, destroying or de-identifying information that is no longer required by the organisation.

Technical safeguards include:

* using passwords to restrict computer access, and requiring regular changes to passwords
* establishing different access levels so that not all staff can view all information
* ensuring information is transferred securely (for example, not transmitting health information via non-secure email)
* using electronic audit trails; and
* installing virus protection and firewall software.

Administrative safeguards include not only the existence of policies and procedures for guidance but also the implementation of training programs to ensure staff, Board members, students and volunteers are competent in this area.

**🖌Note\***

Organisations using cloud storage need to consider if the cloud storage provider aligns with the Australian Privacy Principles. For more information visit <http://www.probonoaustralia.com.au/news/2014/10/data-sovereignty-dangerous-legal-side-cloud-computing?utm_source=Pro+Bono+Australia+-+email+updates&utm_campaign=47a944625c-Weekly_News_Bulletin_30_10_1410_30_2014&utm_medium=email&utm_term=0_5ee68172fb-47a944625c-146752154>.

\*Please delete this note before finalising this policy.

## 8.5 Access to, and correction of, personal information

Individuals have a right of access to personal information under the Privacy Act and may request access to information held about them. Access will be provided unless there is a sound reason under the Privacy Act or other relevant law.

Situations in which access to information may be withheld include:

* where the provision of access may create a threat to the life or health of an individual
* access to information creates an unreasonable impact on the privacy of others
* the request is clearly frivolous or vexatious, or access to the information has been granted previously
* the information is relevant to existing or anticipated legal proceedings; or
* denial of access is required, either by legislation or law enforcement agencies.

A reasonable fee may be charged for providing access to personal information (but not for making a request for access).

Amendments may be made to personal information to ensure it is accurate, relevant, up-to-date, complete and not misleading, taking into account the purpose for which the information is collected and used. If a request to amend information does not meet the criteria, staff may refuse the request.

If an individual’s request for changes to personal information is refused, the individual may submit a written statement about the requested changes which will be attached to the relevant record of personal information. A written notice will be provided to the individual that sets out our reasons for the refusal (unless it would be unreasonable to provide those reasons), including details of the mechanisms available to the individual to make a complaint. Responses to a request to access or amend personal information will be provided within a reasonable period.

**[Insert relevant staff position]** is responsible for responding to queries and requests for access/amendment to personal information.

## 8.6 Collection, use and disclosure of confidential information

Other information held may be regarded as confidential, pertaining either to an individual or an organisation. The most important factor to consider when determining whether information is confidential is whether that information can be accessed by the general public.

Staff members are to refer to the CEO/Manager before transferring or providing information to an external source if they are unsure if the information is sensitive or confidential to the organisation or clients, staff and stakeholders.

### 8.6.1 Information obtained through employment

All staff, Board members, students and volunteers agree to adhere to the Code of Conduct when commencing employment, involvement or a placement. The Code of Conduct outlines the responsibilities in relation to the use of information obtained through employment/involvement/  
placement.

The Code of Conduct states that individuals will:

*“Use information obtained through their involvement, employment or placement only for the purposes of carrying out their duties, and not for financial or other benefit, or to take advantage of another person or organisation.”*

### 8.6.2 Staff information

The Human Resources Policy details how the organisation handle staff records to manage privacy and confidentiality responsibilities, including the storage of and access to staff personnel files and the storage of information of any applicants who have unsuccessfully applied for a position within the organisation.

### 8.6.3 Stakeholder information

**[Insert organisation name]** works with a variety of stakeholders, including private consultants, and may collect confidential or sensitive information about stakeholders as part of a working relationship. Staff members do not disclose information about stakeholders that is not already in the public domain without stakeholder consent.

The manner in which staff members manage stakeholder information will be clearly articulated in any contractual agreements that are entered into with a third party.

### 8.6.4 Client information

Detailed information regarding the collection, use and disclosure of client information can be found in the Client Clinical Management and Service and Program Operations Policies.

## 8.7 Complaints and Feedback

If you are a staff member and wish to make a complaint about a breach of the Privacy Act, Australian Privacy Principles or a privacy code that applies to the organisation, the matter should be raised with your direct supervisor. If this is not possible or appropriate, the delegations indicated in the Human Resources Policy in regard to grievance management should be followed. Staff members who are deemed to have breached privacy and confidentiality standards set out in this policy may be subject to disciplinary action.

If a client or stakeholder wishes to make a complaint about a breach of the Privacy Act, Australian Privacy Principles or a privacy code that applies to us, a complaint should be raised in line with the complaints policy in Section 7 of this policy.

## 8.8 [Insert organisation name] Public Privacy Policy Statement

**🖌Note\***

Thisprivacy policy statement is the ‘public version’ of the above information which should appear on the public website, and be provided to individuals on request. It complies with the APPs and is designed to supplement the more detailed internal policy, which covers more procedural aspects of compliance that are not required to be included in the external policy. You may wish to save this Section as an attachment – as opposed to part of the policy to reduce duplication and page numbers.

You may wish to specifically identify elements of this policy when carrying out work of the organisation, e.g. explaining the use and disclosure of information to clients at the beginning of a session; however, a hard copy of the full Privacy Policy should be referred to for more information and made available at all times.

\*Delete this note before finalising this policy.

### Commitment to Privacy

**[Insert organisation name]** is committed to protecting privacy and confidentiality.

The Privacy Act 1988(**Privacy Act**), Australian Privacy Principles and registered privacy codes govern the way in which we must manage your personal information.

This policy sets out how we collect, use, disclose and otherwise manage personal information and provides guidance on our legal obligations and ethical expectations in relation to privacy and confidentiality.

Our privacy policy is designed to ensure that personal information is collected, stored, used and disclosed in an appropriate manner complying both with legislative requirements and ethical obligations. We take positive steps to ensure that all our personnel understand their privacy and confidentiality responsibilities in relation to personal and organisational information. This understanding is demonstrated in all work practices.

### Consideration of personal information privacy

### Open and transparent

We have designed our business practices to ensure that we will collect, store, use and manage personal information in an open and transparent manner.

We also acknowledge the importance of treating other information (that is not personal information) in a confidential manner. However, we may share information with other involved individuals and organisations where it would be in the best interests of the client, or other individual, to do so (and provided it is lawful to do so).

### Anonymity and pseudonymity

Wherever it is lawful and practicable, we will give the option not to identify yourself, to use a pseudonym or to request that we do not store any of your personal information.

### Collection of personal information

#### Purpose for collecting information

The personal information which we collect, hold, use and disclose will vary depending on your interaction with us.

Generally, we will collect, use and hold your personal information if it is reasonably necessary for, or directly related to, the performance of our functions and activities. These functions and activities may include, but are not limited to, the following:

* performing staff members’ duties, including work health and safety obligations
* recruiting and engaging staff and contractors
* providing a service to you or to someone you know
* providing you with information about our organisation
* facilitating our internal business operations, including complying with legal obligations
* conducting organisational functions, operations or development activities
* researching and evaluating programs and activities
* investigating and responding to complaints about our services or general operation
* auditing, investigating and responding to allegations of fraud
* contract management; and
* managing and responding to correspondence and enquiries from individuals and organisations.

We collect all personal information in accordance with the Privacy Act and provide a privacy notice as per APP 5 when we solicit personal information.

#### How information is collected

We collect personal information through a range of different channels, including:

* paper-based and electronic forms (including online forms)
* face-to-face meetings, interviews, assessments and counselling sessions
* telephone, email, and fax communications
* organisation website and other linked websites; and
* social media websites and accounts.

There may be some instances where personal information about you will be collected indirectly; for example, from a family member, carer or case worker in another service. This may be because it is unreasonable or impractical to collect personal information directly from you at that time. We will usually notify you about these instances in advance, or as soon as reasonably practical after the information has been collected.

#### Types of personal information collected

We may collect and hold personal information about you that can identify you, and is relevant to providing you with our services. The kinds of information we typically collect include **[insert types of information collected; e.g. name, address, telephone number, emergency contact, SLK]** and may be contained in the documents such as:

* records relating to work health and safety matters, including accident and injury records, compensation and rehabilitation case files;
* applications, instruments of appointment, and other records relating to the performance of the administrative functions and activities
* correspondence, invoices, receipts and other records relating to goods and services supplied to, provided by or purchased by us
* distribution and mailing lists relating to the dissemination of organisational publications, reports, newsletters and other information of interest to our clients, stakeholders and the broader community
* documents relating to contracts, grants, funding agreements and other procurement processes; and
* documents relating to feedback and complaints.

#### Failure to provide information

If the personal information you provide to us is incomplete or inaccurate, we may be unable to provide you, or someone else you know, with the services you, or they, are seeking, or otherwise perform our business operations.

**🖌Note\***

Only include the Internet Users Section if the organisation maintains a website. If the organisation does maintain a website, this should be included in the privacy policy statement, both on the website and in hard copy.

\*Delete this note before finalising this policy.

#### Internet users

If you access our website, we may collect additional personal information about you in the form of your IP address and domain name.

**🖌Note\***

Only include the following reference to cookies if the organisation has confirmed that it uses cookies.

\*Delete this note before finalising this policy.

* **Our website uses cookies**

The main purpose of cookies is to identify users and to prepare customised web pages for them. Cookies do not identify you personally, but they may link back to a database record about you. We use cookies to monitor usage of our website and to create a personal record of when you visit our website and what pages you view so that we may serve you more effectively.

Our website may contain links to other websites. We are not responsible for the privacy practices of linked websites, and linked websites are not subject to our privacy policies and procedures.

### Holding personal information

Any personal information we hold is stored on both electronic files and hard copy files in accordance with this policy and other internal policies.

### Dealing with personal information

#### Use and disclosure

We only use your personal information for the purpose(s) for which it was collected (as set out above), or for purposes where you would reasonably expect us to and which are related to one of the functions or activities of the organisation. Your personal information may be provided to government agencies, other organisations or individuals if:

* you have given us your consent to do so
* we are required or authorised by law to do so; or
* by providing the personal information we will prevent or mitigate a serious and imminent threat to somebody's life or health.

We **[are/are not likely to]** disclose your personal information to overseas recipients. **[Those recipients may be in the following countries: insert known locations]**.

**🖌Note\***

Overseas disclosures may occur through direct disclosure, or by indirect disclosure; for instance, if your organisation uses a third party service provider that has overseas IT infrastructure. You should make enquiries to determine whether this sort of arrangement might affect your organisation.

\*Delete this note before finalising this policy.

### Marketing and promotion

We **[do/do not]** generally use or disclose any type of personal information for the purpose of direct marketing or promotion of our organisation. Even if we do not usually use your personal information for direct marketing purposes, we may seek your consent to use it for that purpose from time to time.

### Integrity of personal information

#### Data quality

We take reasonable steps to ensure that information collected used and disclosed is accurate, up-to-date, complete and relevant. As outlined in The Privacy Act 1988.

#### Data security

We take reasonable steps to protect the personal information held. This includes implementing physical, technical and administrative safeguards against loss, interference, unauthorised access, use, modification or disclosure and other information misuse. These steps also comprise reasonable physical, technical and administrative security safeguards for electronic and hard copy records.

### Access to, and correction of, personal information

You have a right to access your personal information and upon request we will provide access unless the Privacy Act or any other relevant law permits or requires us to withhold access. If we refuse you access, we will provide you with a written notice that sets out the reasons for the refusal (unless it would be unreasonable to provide those reasons).

We may charge you a reasonable fee for providing access to your personal information (but not for making a request for access).

We willgenerally respond to a request to access or amend information within **[insert timeframe; for example, 45 days]** of receiving the request.

Amendments may be made to your personal information to ensure it is accurate, relevant, up-to-date, complete and not misleading, taking into account the purpose for which the information is collected and used. If a request to amend information does not meet the above criteria, we may refuse the request.

If we refuse your request for changes to personal information, you may submit a written statement about the requested changes which we will attach to the relevant record of personal information. We will provide you with a written notice that sets out our reasons for our refusal (unless it would be unreasonable to provide this information), including details of the mechanisms available to you to make a complaint.

We will respond to a request to access or amend personal information within a reasonable period.

### Complaints and Feedback

If you wish to make a complaint about a breach of the Privacy Act, Australian Privacy Principles or a privacy code that applies to us, please contact us using the details provided below and we will take reasonable steps to investigate the complaint and respond to your complaint. If you are not happy with our response, you may send your complaint directly to the Australian Information Commissioner ([www.oaic.gov.au](http://www.oaic.gov.au)).

For more information on how to make a complaint please see our Complaint and Feedback **[insert best source of information e.g. information sheet/web page location].**

If you have any queries or concerns about our privacy policy or the way we handle your personal information, please contact our **[insert position title; e.g. Privacy Officer]** at:

Street address: **[insert]**

Email address: **[insert]**

Telephone: **[insert]**

Facsimile: **[insert].**

# SECTION 9: INTERNAL REFERENCES

## 9.1 Supporting Documents

* [Organisation Communications Audit Tool](Supporting%20documents/1.Com_Communications_Audit_Template.docx)
* [Publications Subscription List](Supporting%20documents/2.%20Com_Publication%20subscriptions%20list.docx)
* [Media Release Template](Supporting%20documents/3.Com_Media%20release%20template.docx)
* [Communications Distribution List](Supporting%20documents/4.Com_Communications%20distribution%20list.xlsx)

**Feedback and complaints**

* [Feedback and Complaints Information Sheet](Supporting%20documents/Feedback%20and%20complaints/1.Com_FC-%20Information%20Sheet.docx)
* [Feedback Form](Supporting%20documents/Feedback%20and%20complaints/2.Com_FC-%20Feedback%20form.docx)
* [Feedback Record Form](Supporting%20documents/Feedback%20and%20complaints/3.Com_FC-%20Feedback%20record%20form.docx)
* [Feedback Register](Supporting%20documents/Feedback%20and%20complaints/4.Com_FC-%20Feedback%20register.xlsx)
* [Complaints Form](Supporting%20documents/Feedback%20and%20complaints/5.Com_FC-%20Complaints%20form.docx)
* [Complaints Record Form](Supporting%20documents/Feedback%20and%20complaints/6.Com_FC-%20Complaints%20record%20form.docx)
* [Complaints Register.](Supporting%20documents/Feedback%20and%20complaints/7.Com_FC-%20Complaints%20register.xlsx)

**Included in the Human Resources Policy**

* [Code of Conduct.](../2.2%20Human%20Resources/HR%20Supporting%20Documents/1.HR_Code%20of%20conduct.docx)

## 9.2 Referenced Policies

* [Organisational Development Policy](../../1.Governance%20and%20Leadership/4.%20Organisational%20Development/1.4%20Organisational%20development%20Policy.docx)
* [Information and Communication Technology Policy](../2.4%20Information%20&%20Communication%20Technology/2.4%20ICT%20Policy.docx)
* [Client Clinical Management Policy](../../3.Service%20Delivery/3.2%20Client%20Clinical%20Management)
* [Human Resources Policy](../2.2%20Human%20Resources/2.2%20Human%20Resources%20Policy.docx)
* [Service and Program Operations Policy](../../3.Service%20Delivery/3.1%20Service%20and%20Program%20Operations)
* [Program Management Policy](../2.5%20Program%20Management/2.5%20Program%20Management%20Policy.docx)
* [Clinical Supervision Policy](../2.3%20Clinical%20Supervision/2.3%20Clinical%20Supervision%20Policy.docx)
* [Governance Policy.](../../1.Governance%20and%20Leadership/1.%20Governance/1.1%20Governance%20Policy.docx)

# SECTION 10: EXTERNAL REFERENCES

## 10.1 Legislation

* Privacy Act 1988
* NSW Privacy and Personal Information Protection Act 1998
* Federal Circuit Court of Australia (Consequential Amendments) Act 2013
* Privacy Amendment (Enhancing Privacy Protection) Act 2012

## 10.2 Resources

* The Australian Council on Healthcare Standards (ACHS), The ACHS EQuIP5 Guide Corporate Member Services: Accreditation, Standards, Guidelines. Sydney Australia; ACHS 2012.
* Commonwealth Ombudsman, Better Practice Guide to Complaint Handling, Commonwealth Ombudsman, Canberra, Australia, 2009.
* Department of Health NSW, Policy Directive: Complaints Management Policy, Department of Health NSW, North Sydney, Australia, 2006
* NSW Health, NSW Drug and Alcohol Clinical Supervision Guidelines, Department of Health, NSW, North Sydney, Australia, 2011
* Privacy Law Reform, Resources

<http://www.oaic.gov.au/privacy/privacy-resources/all/>

## 10.3 Websites

* Social Change Media

[www.media.socialchange.net.au/using\_media/Contents.html](http://www.media.socialchange.net.au/using_media/Contents.html)

* The Plain English Campaign

[www.plainenglish.co.uk](http://www.plainenglish.co.uk)

* Health Care Complaints Commission

[www.hccc.nsw.gov.au/Information/Information-For-Health-Providers](http://www.hccc.nsw.gov.au/Information/Information-For-Health-Providers)

* Commonwealth Ombudsman

[www.ombudsman.gov.au](http://www.ombudsman.gov.au)

* Australian Government, Office of the Australian Information Commissioner

<http://www.oaic.gov.au/>

* Australian Privacy Law Reform Information

<http://www.oaic.gov.au/privacy/about-privacy>

* Tasmanian Government

<http://www.communications.tas.gov.au/>

* Plain English Campaign, in NADA, Complex Needs Capable: A Practice Resource for Drug and Alcohol Services, 2013, [http://www.complexneedscapable.org.au/strategies.html accessed 1 August 2014](http://www.complexneedscapable.org.au/strategies.html%20accessed%201%20August%202014).
* NADA, Complex Needs Capable: A Practice Resource for Drug and Alcohol Services, 2013, [http://www.complexneedscapable.org.au/strategies.html accessed 1 August 2014](http://www.complexneedscapable.org.au/strategies.html%20accessed%201%20August%202014)

## 10.4 Others

* Lifeline, Social Media Policy, Lifeline November 2012
* Itango Project, Social Media Workshop, Infoxchange Australia 2011. [www.infoxchange.net.au](http://www.infoxchange.net.au)

1. Adapted from The Australian Council on Healthcare Standards (ACHS), The [ACHS EQuIP5](http://www.achs.org.au/publications-resources/equip5/) Guide Corporate Member Services: Accreditation, Standards Guidelines. Sydney Australia; ACHS 2012, p137. [↑](#footnote-ref-1)
2. NADA, Complex Needs Capable: A Practice Resource for Drug and Alcohol Services, 2013, <http://www.complexneedscapable.org.au/strategies.html> accessed 1 August 2014. [↑](#footnote-ref-2)
3. [Privacy Act 1988](http://www.comlaw.gov.au/Details/C2014C00076) [↑](#footnote-ref-3)
4. Ibid. [↑](#footnote-ref-4)
5. Ibid. [↑](#footnote-ref-5)
6. Ibid. [↑](#footnote-ref-6)
7. Commonwealth Ombudsman, Better Practice Guide to Complaint Handling, Commonwealth Ombudsman, Canberra, Australia, 2009. [↑](#footnote-ref-7)
8. Better Practice Guide to Complaint Handling, Commonwealth Ombudsman, Canberra, Australia, 2009. [↑](#footnote-ref-8)
9. [*SLK-581 Summary Sheet 2012-13*](http://www.nada.org.au/media/62987/slk_guide_2013.pdf) [↑](#footnote-ref-9)