

Whole of Department PROCEDURE

Title: Complaints Management

Purpose:

The Department of Child Safety, Seniors and Disability Services (the department) is committed to effective complaints management by managing expressions of dissatisfaction in an accountable, transparent, timely and fair manner.

This procedure is to be read in conjunction with the department's Complaints Management Policy and has been developed to provide guidance to officers in complaint management handling to ensure all matters are managed consistently and within agreed timeframes.

Definition:

For the purpose of this procedure, a complaint:

- is an oral or written expression of dissatisfaction, made by or on behalf of a complainant regarding:
 - a decision made or not made by the department; or
 - a service provided or not provided by the department; or
 - a service that is funded or contracted by the department; or
 - the behaviour or performance of the department's employees, including contracted persons; and
- requires a response or outcome; and
- is not prescribed as 'out of jurisdiction' in the Complaints Management Policy; and
- remains unresolved following a first attempt at resolution process; or
- would benefit from being managed in accordance with the complaints management policy without a first attempt at resolution being attempted.

The following matters are defined in the Complaints Management Policy and are not subject to this procedure:

- matters that are out of jurisdiction.
- first attempt at resolution matters.





Complaints Management System:

The complaints management system consists of three levels:

Level 1: Complaint

If a complainant remains dissatisfied after a first attempt at resolution process, or a first attempt at resolution process is not suitable, a complaint investigation can occur.

- complaints can be managed locally or at a regional office.
- the Complaints Unit may also manage a complaint if it is not feasible or appropriate for the region to manage. This may include complex matters or matters with concerns about perceived conflict or bias.

Level 2: Internal Review

After progressing through Level 1, there are two internal review options if the complainant remains dissatisfied.

- a practice review to assess the merit of the original decision or outcome.
- a process review of how the complaint was managed.

All internal reviews are conducted by the Complaints Unit. A request for an internal review should detail what specific aspects of the complaint findings, outcome or process the complainant disagrees with.

Level 3: External Review

If a complainant remains dissatisfied after progressing through Level 1 and 2, they can pursue external options.

The Queensland Ombudsman has an oversight function for investigating administrative decisions of the department through an external review process.

The Queensland Ombudsman is unable to review the following matters:


- a **human rights** complaint under the *Human Rights Act 2019*, can be referred to the Queensland Human Rights Commission.
- an **information privacy breach** can be referred to the Office of the Information Commissioner Queensland.

Complaint and Internal Review Key Stages:

There are seven stages during the life cycle of a complaint or internal review:

1. Receipt

- 1.1 Determine if the concerns are out of jurisdiction and refer to the responsible agency or provide appropriate advice to the complainant.



Where the matter involves multiple parts of the department or organisations, provide a single point of contact and communicate complaint management roles and responsibilities to the complainant.

2. Assistance

- 2.1 Ensure complainants have the opportunity to be supported by a friend, an advocate, an interpreter, a community Elder or Independent Entity if required.
- 2.2 Identify potential vulnerabilities and provide a flexible system that enables all complainants to raise concerns.

3. Acknowledgement


- 3.1 Acknowledge receipt of the concerns within three business days of the complaint being received.
- 3.2 The acknowledgement must provide:
 - 3.2.1 a complaints reference number.
 - 3.2.2 the proposed timeframe for response.
 - 3.2.3 information about the process.
 - 3.2.4 the name and contact details of the investigator.

4. Assessment

- 4.1 Determine if the allegations, grounds or terms of reference are in scope of the complaints management system.
- 4.2 Determine if there are any:
 - 4.2.1 alleged limitations of the *Human Rights Act 2019*.
 - 4.2.2 Conduct and Performance Excellence (CaPE) allegations.
 - 4.2.3 alleged breaches of the *Information Privacy Act 2009*.
 - 4.2.4 Public Interest Disclosures.

5. Response

- 5.1 A response to a complaint should be provided within 30 business days after receipt.
- 5.2 A response to an internal review should be provided within 20 business days after receipt.
- 5.3 Early resolution is strongly encouraged.
- 5.4 The complainant is informed in writing if the timeframe is unable to be met and a new timeframe provided.
- 5.5 A response is provided in writing and includes:
 - 5.5.1 the analysis and findings

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- 5.5.2 any recommended actions, where appropriate, including whether they were accepted
 - 5.5.3 how feedback can be provided
 - 5.5.4 what review options are available.
 - 5.6 Alternative response methods, such as mediation and cultural healing practices, may be utilised as options for resolving complaints involving Aboriginal and Torres Strait Islander complainants or for vulnerable people.
 - 5.7 Anonymous complaints lodged without contact information or where the complainant wishes to be exempt from active involvement, will be addressed if sufficient information is provided.

6. Reporting

- 6.1 Section 264(3) of the *Public Sector Act 2022* requires agencies to publish information annually on the number of customer complaints:
 - 6.1.1 received by the entity in the year
 - 6.1.2 resulting in further action
 - 6.1.3 resulting in no further action.
- 6.2 Regular reporting including detailed trend analysis, key performance indicators and complainant satisfaction of the complaints management system occurs for continuous improvement.


7. Learning and improvement

- 7.1 Ongoing learning and improvement comes from auditing, complainant feedback and responses, and regular online satisfaction surveys.
- 7.2 Recommendations for further action are identified and used to address service delivery concerns and for continuous improvements.

Culturally responsive complaint handling:

Complaint handling processes should be flexible and adaptable to the needs and preferences of Aboriginal and Torres Strait Islander complainants, recognising that their circumstances may differ from mainstream complainants. This may include:

- **Culturally Responsive Communication:** Communication is a key component of complaint handling processes and involves using plain language, avoiding jargon, and using culturally appropriate communication methods, such as oral communication, visual aids, or an independent person, to ensure that complainants fully understand the process, their rights, and the potential outcomes. Respect for cultural communication styles, languages, and preferences helps build trust and rapport with complainants.
- **Cultural Protocols and Customs:** Complaint handling processes should respect and accommodate the cultural protocols and customs of Aboriginal and Torres Strait Islander complainants. This may include understanding and adhering to specific cultural practices, such as obtaining permission from community leaders or Elders, engaging in collective



decision-making processes, and respecting cultural sensitivities around sharing personal information or discussing sensitive topics. Cultural awareness and sensitivity are critical in building trust and fostering meaningful engagement with complainants.

- **Cultural Healing Practices:** Complaint handling processes should be open to incorporating cultural healing practices that are appropriate and relevant to the complainants' cultural background. This may include providing opportunities for complainants to access cultural healing services, such as traditional healing methods, cultural ceremonies, or counselling from culturally competent professionals. These practices can support complainants in their healing journey and contribute to the resolution and reconciliation process.
- **Flexibility in Process and Timeframes:** This may involve accommodating different processes and timeframes and being responsive to the unique cultural considerations and challenges that may arise. Flexibility can help ensure that complainants feel heard, understood, and valued in the complaint handling process.
- **Cultural Representation and Diversity:** Complaint handling processes should strive for cultural representation and diversity in the staff and stakeholders involved in the process. This may involve having staff members who are familiar with the cultural background and customs of complainants, using an independent person, engaging cultural advisors or Elders to provide guidance and support, and ensuring that the process is inclusive and respectful of diverse cultural perspectives. Representation and diversity can contribute to building trust, promoting inclusivity, and ensuring that the needs and preferences of complainants are considered throughout the process.
- **Supportive and Empathetic Approach:** Complaint handling processes should adopt a supportive and empathetic approach towards Aboriginal and Torres Strait Islander complainants, recognising the potential impact of the complaint on their well-being and community relationships. This may involve providing emotional support, validating their experiences and feelings, and ensuring that they are treated with respect and dignity throughout the process. A supportive and empathetic approach can contribute to the healing process and facilitate a positive outcome for all parties involved.

People with disability

The safety and well-being of people with disability is critical. If any reported or observed issue may put a person with disability at immediate risk or in any danger, an immediate response is required including alerting emergency services and other relevant agencies and stakeholders.

All departmental staff must comply with the Preventing and responding to the abuse neglect and exploitation of people with disability policy, which can be located on the department's internet site.

Complaints about issues relating to people with disability may be assessed as out of jurisdiction (for example, the complaint relates to services provided by the National Disability Insurance Scheme). In these cases, the complainant should be provided with advice and supported to make a complaint to the appropriate agency or organisation.

If assessed as appropriate, the department may directly refer a complaint to the National Disability Insurance Scheme, or other relevant agency or organisation, with the complainant's consent.

Record-keeping:

All complaints and internal reviews must be entered into the department's electronic complaint management system and managed in accordance with the *Information Privacy Act 2009*. All complaint records should be managed in line with the *Public Records Act 2002* and the *General Retention and Disposal Schedule*. Accurate record-keeping will also assist with internal and external review processes.

Training:

Mandatory complaint awareness training is provided to all departmental staff as part of their induction.

Specialised training on complaint management procedures relevant to their role is provided to staff with specific complaint responsibilities.

Managing Unreasonable Conduct:

The complaints management system has a clear and proactive approach to managing unreasonable complainant conduct to ensure staff wellbeing while enabling complaints to be productively resolved. If a complainant's conduct is assessed as unreasonable, the department may apply the Managing Unreasonable Complaint Conduct procedure.

Unreasonable conduct is any behaviour which, because of its nature or frequency, raises substantial health, safety or resource issues. This could include unreasonable persistence, demands, lack of cooperation, arguments or behaviour.

If during the course of managing a complaint, a complainant's conduct is assessed as being unreasonable, the investigating officer will explain the conducted expected of a complainant and will put strategies in place to address the conduct, if required. Strategies may include, but are not limited to:

- limiting the times that a complainant may contact the department, how they contact the department (e.g. in writing only), or who they may contact
- refusing to progress a complaint until certain conditions are met, such as providing a clear idea of the issues to be addressed or sharing relevant information.

If unreasonable conduct continues, the department may choose to take no further action in regard to a complaint, or continue to address a complaint based upon the information available, with no further input from the complainant.

Out of Scope Outcomes:

An out of scope outcome can be applied to all, or part of a complaint or internal review. A written response is still required for all out of scope decisions and a right of reply must be afforded prior to making a final determination.

In making an out of scope decision, discretion must favour the complainant in cases of vulnerability, for example, a child or young person, a person with a disability, or an Aboriginal or Torres Strait Islander person.



The department may make an out of scope decision where:

- the request is outside of the complaints management timeframes and there is no justifiable reason why it should proceed out of timeframe.
- the concerns raised are currently being dealt with by a court, tribunal or external complaints agency.
- unreasonable persistence. The matter has already been managed and exhausted under the complaints management system, or the allegations are a continuation of a previous complaint involving the same or similar issues and it is evident an appropriate response has been previously provided.
- unreasonable demands. Insisting on outcomes that are unattainable, changing the objective of the process or demanding to have a matter dealt with in a particular way.
- the complainant demonstrates unreasonable lack of cooperation by providing disorganised, excessive, or irrelevant information, has an unwillingness to consider other viewpoints or a refusal to define issues of concern.
- the complainant presents unreasonable arguments including but not limited to, irrational cause and effect arguments, holding conspiracy theories unsupported by evidence or illogically interpreting facts or laws.
- the complainant demonstrates unreasonable behaviour in their interactions with the complaints team including aggression, threats, or other violent conduct.
- there is no apparent maladministration or merit in the allegations.
- the resources required to investigate or review the allegations would be disproportionate to the seriousness of the issues and likely outcomes.
- an investigation or review is likely to be ineffective because of a lack of relevant evidence and no practical possibility of it being obtainable.

Specialist Advice and Support:

Throughout the complaint management process there may be matters that require liaison with, or referral to, a specialised officer or team within the department. These specialists may include:

- a suitably qualified practice specialist to conduct a Practice Review.
- practice leaders who can provide specialist knowledge about child protection practice, culture, domestic and family violence, mental health, substance misuse, disability, gender, sexuality and identity.
- Information Privacy and Governance team for privacy complaints or privacy information breaches.
- Right to information, Privacy Records Management and Redress team for matters subject to review under the *Right to Information Act 2009*.
- Professional Standards for serious staff misconduct matters, including suspected corrupt conduct and possible public interest disclosures.
- Strategy, Investment and Commissioning team for non-compliance of service contract matters.

- Delegated Authority for matters related to young people delegated to a prescribed delegate.
- Positive Behaviour Support and Restrictive Practices Team for information and advice about positive behaviour support and restrictive practices.

Practice Review

A practice review can be conducted during a complaint or internal review to consider a practice decision, or to study the practice that led to a decision. The practice review specialist will make findings to assist the decision-maker determine the outcome of the complaint. The specialist may also make recommendations to respond to opportunities identified in their review to strengthen practice.

The practice review is undertaken by a suitably qualified practice specialist, such as a Senior Practitioner or other appropriately experienced and knowledgeable senior officer. Where the practice issue relates to Aboriginal or Torres Strait Islander children and families, the review is undertaken by, or in consultation with an Aboriginal or Torres Strait Islander staff member.

Information Privacy and Governance

- **Information privacy breach:** occurs when personal information is not handled in accordance with the *Information Privacy Act 2009*. It will generally involve access to, or collection, use or disclosure of, personal information in contravention of the department's obligations under the Information Privacy Principles. A privacy breach may be accidental or intentional. It may be a one-off occurrence or due to a breakdown in procedures. A breach may occur when personal information held by the department is lost, misused, mistakenly disclosed or stolen.

The Information Privacy and Governance team will work with the relevant area to ensure appropriate steps are taken to contain the breach, assess the risk, determine whether affected persons should be notified, and what steps should be taken to address any systemic issues and prevent a recurrence.

- **Information privacy complaint:** a complaint about an act or practice of the department in relation to a person's personal information that is a breach of the department's obligations under the *Information Privacy Act 2009*.

If it is determined that the complaint is a privacy complaint it will be managed in consultation with the Information Privacy and Governance team.

Right to information, Privacy Records Management and Redress

If a person is concerned about the outcome of an application for access to or amendment of information under the *Right to Information Act 2009* or the *Information Privacy Act 2009* they have internal and external review rights under that legislation.

Professional Standards

- **Serious Staff Misconduct and Suspected Corrupt Conduct:** If a matter includes any allegations which may constitute suspected 'corrupt conduct' as defined in section 15 of the *Crime and Corruption Act 2001*, category 3 misconduct under the Public Service

Commission's Conduct and Performance Excellence ('CaPE') framework, or 'misconduct' as defined in section 187(4) of the *Public Service Act 2008*, the matter will be referred to Professional Standards for assessment.

If Professional Standards determine the matter does not constitute suspected 'corrupt conduct' or a category 3 misconduct, it will be returned and assessed through the complaints management system.

- **Possible Public Interest Disclosure:** A Public Interest Disclosure is a disclosure about wrongdoing in the public sector that serves the public interest. If concerns are raised containing information about a danger relating to a child with a disability, the investigator will refer the matter to the relevant Regional Intake Service. Any other matters that may constitute a Public Interest Disclosure under the *Public Interest Disclosure Act 2010*, are referred to Professional Standards. Professional Standards is responsible for assessing whether information about serious misconduct or corrupt conduct fulfils the definition of a Public Interest Disclosure.

Strategy, Investment and Commissioning

Compliance Services conducts financial compliance reviews and compliance investigations of departmentally funded non-government service providers where there are allegations or concerns which indicate a funded service provider's alleged non-compliance with their financial and or service delivery obligations under the departmental service agreement.

Delegated Authority

Delegated Authority is responsible for the delegation of the Chief Executive's functions or powers in relation to an Aboriginal or Torres Strait Islander child to a 'prescribed delegate'. Concerns raised that relate to decision and function provided as part of the delegated authority arrangements are referred to and managed by the prescribed delegate and documented on the department's complaints management system for record keeping purposes.

Authority:

AS 10002-2022 – *Guidelines for complaint management in organisations*

Complaints Management Policy

Child Protection Act 1999

Youth Justice Act 1992

Disability Services Act 2006

Guide, Hearing and Assistance Dogs Act 2006

Multicultural Recognition Act 2016

Public Interest Disclosure Act 2010

Information Privacy Act 2009

Right to Information Act 2009

Public Sector Act 2022



Crime and Corruption Act 2001

Public Sector Ethics Act 1994

Human Rights Act 2019

Code of Conduct for Queensland Public Service

DCYJMA Occupational Violence Policy

DCYJMA Disability Service Plan 2020-2023

Preventing and responding to the abuse neglect and exploitation of people with disability policy

Respectfully Journey Together Aboriginal and Torres Strait Islander Cultural Capability Action Plan

Public Service Commission's Conduct and Performance Excellence framework

Queensland Ombudsman's Managing Unreasonable Complainant Conduct Resource

Date of approval: 10 October 2023

Date of operation: 10 October 2023

Date to be reviewed: 10 October 2025

Office: Office of the Chief Practitioner

Help Contact: Complaints Unit – 1800 080 464

Deidre Mulkerin
Director-General



Need help in your language?
Call 1800 512 451 and ask for an interpreter.