



GOVERNMENT OF
WESTERN AUSTRALIA



Health and Disability Services
Complaints Office

Guidelines for Handling Complaints about Mental Health Services



About this document

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First published by HaDSCO in April 2019.

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Message from the Director

As the Director of the Health and Disability Services Complaints Office (HaDSCO), I welcomed the opportunity to develop these guidelines for service providers to use as a reference tool and develop complaint handling systems appropriate to the needs of their organisation. At HaDSCO we adopt a positive approach to complaint handling as we recognise the inherent value of complaints in terms of opportunities for improvement across the health, disability and mental health sectors. It is this positive approach to complaint handling that I encourage service providers to embrace for continuous service improvement and to meet the needs of the users of their service.

Overall, it is clear from the complaints we handle that service providers aim to provide a good quality of care for individuals that use their services. There are times, however, when things do not go quite the way they should and this could be for a range of reasons, from a simple misunderstanding to something more serious. In most situations, the service provider is keen to put things right and therefore it is important that they have in place a system which allows them to do so. If a complaint handling system is already in place, then perhaps these guidelines will provide some useful tips and tools to enhance that system.

The guidelines are based on a framework of **RECEIVE, RESOLVE** and **REFORM** which aims to simplify the complaint handling process and is reflected in [HaDSCO's Strategic Plan](#) and the guiding principles from the [Australian/New Zealand Standard – Guidelines for complaint management in organizations \(AS/NZS 10002:2014\)](#).



Sarah Cowie
Director
Health and Disability Services Complaints Office

Acknowledgements

HaDSCO appreciates the assistance received during the development of these Guidelines from a number of organisations and agencies and would like to thank:

- Aboriginal Health, WA Health
- Child and Adolescent Health Services, WA Health
- Consumers of Mental Health WA
- Disability Services Commissioner, Victoria
- Health and Community Services Complaints Commissioner, South Australia
- Health and Disability Commissioner, New Zealand
- Health Complaints Commissioner, Victoria
- Health Consumers Council, Western Australia
- HelpingMinds
- Licensing and Accreditation Regulatory Unit, WA Health
- Mental Health Advocacy Service, Western Australia
- Mental Health Commission, Western Australia
- Mental Health Complaints Commissioner, Victoria
- Mental Health Unit, WA Health
- New South Wales Ombudsman
- Northern Territory Health and Community Services Complaints Commission
- Office of the Chief Psychiatrist, Western Australia
- Patient Safety Surveillance Unit, Clinical Excellence, WA Health
- Richmond Wellbeing
- South Metropolitan Health Service, WA Health

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Background

The Mental Health Act 2014

The [Mental Health Act 2014](#) (the MH Act) came into operation on 30 November 2015. Part 19 of the MH Act specifies that the Health and Disability Services Complaints Office (HaDSCO) is the complaints body to receive complaints from individuals about mental health service providers (service providers).

Mental Health Complaints Partnership Agreement

In 2015, in preparation for the enactment of the MH Act, HaDSCO coordinated the establishment of a [Mental Health Complaints Partnership Agreement](#) (the Agreement). The Agreement outlines a set of principles to improve the effective resolution of complaints about mental health services. The parties to the Agreement are HaDSCO, the Department of Health, the Mental Health Advocacy Service, the Office of the Chief Psychiatrist and the Mental Health Commission.

The purpose of the Agreement is to:

- clarify the respective roles and inter-relationships of key government agencies that are involved in managing complaints;
- outline principles to guide effective complaint resolution; and
- develop a mechanism for State Government agencies to work collaboratively to resolve complex mental health complaints.

The Agreement was complemented by an Addendum, which had a 12 month term. It aimed to ensure that the principles of the Agreement transferred into relevant and meaningful operational initiatives for individuals, carers and service providers. The Addendum included an Action Plan to 'operationalise' the Partnership Agreement.

While the Addendum expired in August 2016, HaDSCO continued to progress a number of initiatives identified in the Action Plan. One such initiative, which is also part of the functions of the Director of HaDSCO under the MH Act, is "to assist providers in developing and improving complaints procedures and the training of staff in handling complaints". This objective is consistent with HaDSCO's Mission in the Strategic Plan 2017-2021 through the two service areas, namely the assessment, conciliation, negotiated settlement and investigation of complaints; and the education and training in the prevention and resolution of complaints.

It is also a legislative requirement under the MH Act that a service provider must have a complaints procedure. The material contained in these Guidelines, which encompasses resources and templates, aims to provide a general reference to assist service providers develop their own complaint handling systems which are effective and resolution-focused, or to enhance existing processes.

Handling complaints about mental health services

The MH Act aims to ensure that people experiencing mental illness (voluntary and involuntary patients) are provided with the best possible treatment and care, in the least restrictive way. Further, the legislation recognises the roles and rights of personal support people. The legislation defines a 'personal support person' as: *a guardian or enduring guardian of an adult; the parent or guardian of a child; a close family member; a carer; or any nominated person*. The intention is to involve them as partners in decisions regarding a person's treatment and care, and to minimise the effect of mental illness on family life.

The *National Standards for Mental Health Services 2017* provides a basis for assessing mental health service delivery, including services delivered by public inpatient facilities, community mental health centres and private sector providers. These standards, the principles described in the *Charter of Mental Health Care Principles* and the rights afforded to a personal support person, including to make a complaint on their own behalf under the *Carer's Recognition Act 2004*, provide a benchmark for people to assess the quality of service provided. Where this assessment falls short, a complaint may be initiated to seek resolution.

Additionally, mental health service providers are required under the MH Act to implement their own complaints process for investigating any complaint made about the provision of a mental health service. This is further supported in Principle 13 of the *Charter of Mental Health Care Principles* which provides:

A mental health service must provide, and clearly explain, information about legal rights, including those relating to representation, advocacy, complaints procedures, services and access to personal information, in a way that will help people experiencing mental illness to understand, obtain assistance and uphold their rights.

An effective complaint handling system within a mental health service:

- Allows issues to be dealt with quickly and effectively.
- Can enhance the ongoing relationship between the service provider and the individual and their support person.
- Contributes to continuous improvement in the service.

These guidelines have been developed to provide guidance and support for service providers to achieve their legislative requirement, and to provide a solid foundation for developing, implementing, monitoring and evaluating their complaint procedures. It should be noted that Western Australian public health services must adhere to the requirements established by the [WA Health Complaint Management Policy](#) and if variation exists between the policy and these guidelines, the policy will prevail.

The key features which make an effective complaints management system are outlined in the guiding principles contained in the [Australian/New Zealand Standard – Guidelines for complaint management in organizations \(AS/NZS 10002:2014\)](#). These principles underpin, and are encompassed in, the three stages of mental health complaint management set out in these guidelines.

What is a complaint

The AS/NZS 10002:2014 Standard defines complaints as an:

Expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required.

Based on this definition, a complaint includes:

- A complaint about conduct and/or service – this may relate to customer service, quality of service, failure to provide information, competence or conduct of staff, poor administration processes, or decisions being unfair, unreasonable or lacking in merit.
- An internal review of a complaint – a request for a review of the merits of a decision on an earlier complaint.
- An internal review about how a complaint was dealt with.
- An external review.

Why people complain

People make complaints because they want a different outcome or they are unhappy about:

- The way a service was delivered
- A decision
- Poor communication
- The behaviour of staff.

For example, they are unhappy about the clinical treatment they received, decisions about their medication, or the living conditions within a ward or psychiatric hostel.

Determining what is making the individual dissatisfied can be helpful in resolving the complaint and improving services. HaDSCO receives complaints from individuals about mental health service providers relating to various issues as can be seen in the HaDSCO publication *Do you have a complaint about a mental health service* (see [Appendix A](#)).

What people want when they complain

HaDSCO has observed through an analysis of its complaints data from 2012 – 2013 to 2016 – 2017 that the desired outcome, from a complainant's perspective, at the time a complaint is made include:

- An explanation
- Access to, or to obtain, a service
- A refund or reduction in a fee
- An apology
- A change to, or the development of, policies/practices or procedures.

In addition, generally, when people make a complaint they are seeking one or more of the following:

- They want to be heard but not judged
- They want their point of view to be understood

- They want to be treated with respect and courtesy
- They want to be treated fairly
- They do not want to suffer any adverse consequences from making a complaint.

Timeliness is also a major consideration for individuals as they want:

- Action as soon as possible
- The complaint to be finalised in a reasonable time
- To know approximately how long it will take after initial acknowledgement
- To be kept up-to-date throughout the process.

Understanding what is being communicated by the individual can assist in determining the nature of the issue. For example, generally, the following comments by an individual may provide insight into what action they are seeking.

| Commentary | Type of enquiry |
|---|-------------------------|
| I want to tell you about | Feedback |
| Can you do...for me? | Request for service |
| Thank you for... | Compliment |
| How do I...? | Request for information |
| I do not agree with... | Review of a decision |
| I am unhappy about/with... I wish to complain about... I do not like... | Complaint |

Source: Complaints Handling and Management Platform, Community Services, ACT Government

Barriers to complaints management

The traditional approach of looking at what happened and who is to blame creates barriers to good complaints management.

Barriers can prevent individuals from raising their concerns including:

- Not knowing who to contact or the process to be followed.
- Distrust of the service provider or the mental health system.
- Fear that an existing service or support will be taken away if a complaint is made.
- Fear of retribution or discrimination if a complaint is made.
- A belief that the process will be time consuming, confusing and difficult.
- A belief that complaining will be fruitless and nothing will change.
- Cultural, gender, language and disability considerations.

Having a transparent and accessible complaint handling process is essential for mental health services. Effective processes for handling complaints can help service providers:

- Improve the quality of care being delivered.
- Gain insights into the needs and wants of consumers.
- Address minor issues before they become complaints.
- Build positive relationships with consumers and their families, friends and representatives.

A positive approach to complaint handling

Service providers need to ensure they establish arrangements that assist and support an individual and their personal support person to make complaints. The organisational culture of a service provider plays an important role in the complaints management process. An effective complaint management process requires staff throughout the organisation to be committed to fair, effective, and efficient complaints management. It requires an organisational culture that respects and values the rights and views of the individual and their personal support person.

The organisation must be open to and encourage feedback on a continuous basis, which can assist in the prevention or prompt resolution of complaints. By dealing with complaints directly, facilitating the making of complaints and encouraging ongoing feedback from consumers, service providers will not only improve public confidence in their services but reduce the chance of the matter unnecessarily escalating (internally and/or externally) and taking up disproportionate amounts of resources.

Further, some complaints may be prevented by directly addressing barriers to people being able to raise and communicate their views and wishes on an ongoing basis with the service provider. Service providers should strive to be sensitive, flexible and responsive to the individual's needs, support requirements and objectives in the complaint process. Individuals can then feel confident to share their preferences, ask for changes and have control over matters that are decided about the treatment and support they receive.

The following tables outline the commitment that should be expected from staff and the way service providers should commit to the implementation of complaint handling:

| | |
|---|---|
| Who | Head of the organisation |
| Commitment | Promote a culture that values complaints and their effective resolution |
| How | |
| <ul style="list-style-type: none"> • Report publicly on the organisation's complaint management. • Provide adequate support and direction to key staff responsible for handling complaints. • Regularly review reports about complaint trends and issues arising from complaints. • Encourage all staff to be alert to complaints and assist those responsible for handling complaints to resolve them promptly. • Encourage staff to make recommendations for system improvements. • Recognise and reward good complaint handling by staff. • Support recommendations for service, staff and complaint management improvements arising from the analysis of complaint data. • Ensure multiple mechanisms are available to receive consumer feedback. • Promote awareness and adherence to the organisation's complaints management policy and procedures. | |

| | |
|--|--|
| Who | Manager responsible for complaint management |
| Commitment | Establish and manage the complaint management system |
| How | |
| <ul style="list-style-type: none"> • Provide regular reports to the head of the organisation on issues arising from complaint management work. • Ensure recommendations arising out of complaint data analysis are canvassed with the head of the organisation and implemented where appropriate. • Recruit, train and empower staff to resolve complaints promptly and in accordance with the organisation's policies and procedures. • Encourage staff managing complaints to provide suggestions on ways to improve the organisation's complaint management system. • Encourage all staff to be alert to complaints and assist those responsible for handling complaints to resolve them promptly. • Recognise and reward good complaint management by staff. | |

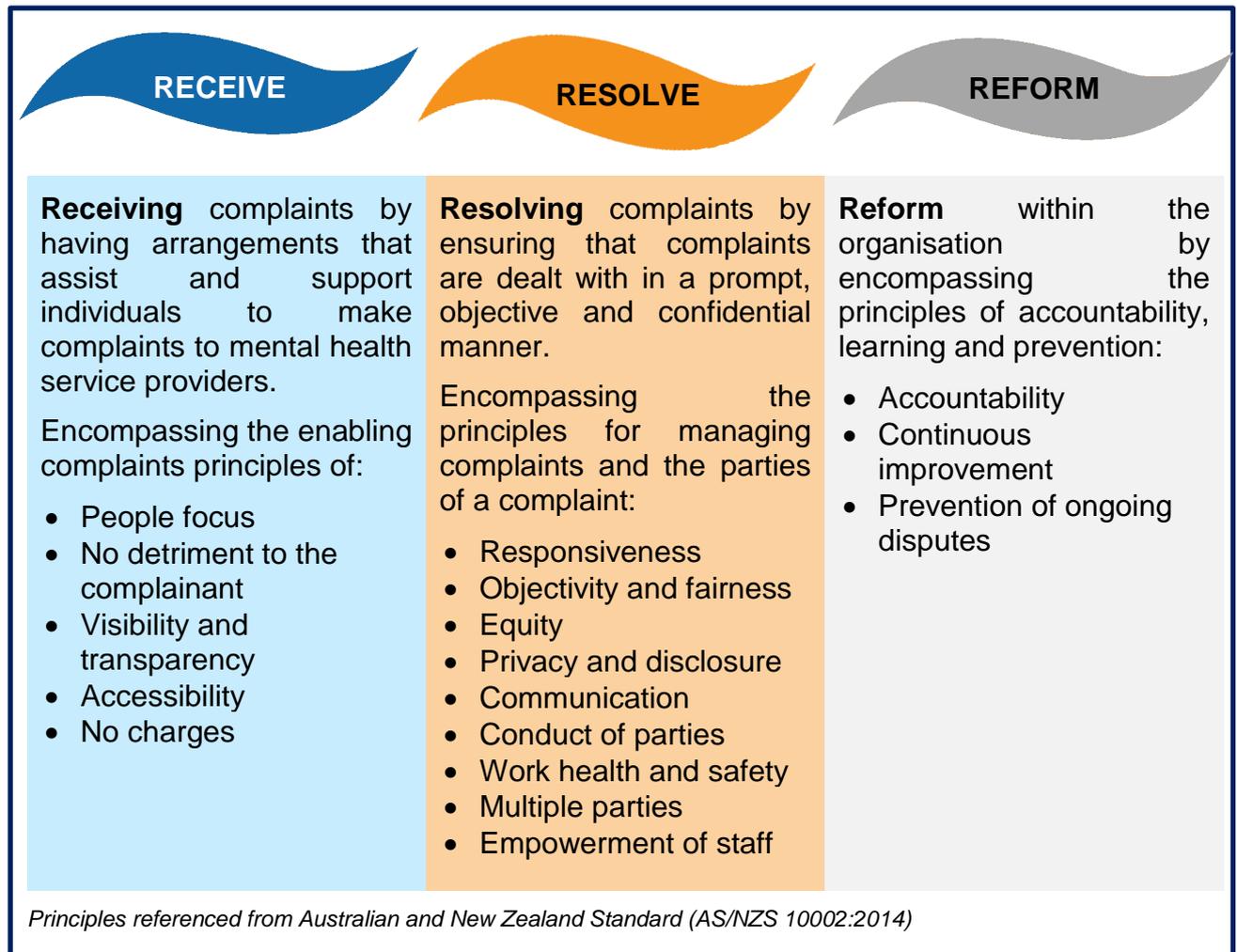
| | |
|---|--|
| Who | Staff whose duties include complaint management |
| Commitment | Demonstrate exemplary complaint management practices |
| How | |
| <ul style="list-style-type: none"> • Treat all people with respect, including people who make complaints. • Assist people to make a complaint, if needed. • Comply with the organisation's policy and its associated procedures for complaint management. • Keep informed about best practice in complaint management. • Provide feedback to management on issues arising from complaints. • Provide suggestions to management on ways to improve the organisation's complaints management system. • Implement changes arising from individual complaints and from the analysis of complaint data as directed by management. | |

| | |
|---|--|
| Who | All staff |
| Commitment | Understand and comply with the organisation's complaint management practices |
| How | |
| <ul style="list-style-type: none"> • Treat all people with respect, including people who make complaints. • Be aware of the organisation's complaint management policies and procedures. • Assist people who wish to make complaints access the organisation's complaints process. • Be alert to complaints and assist staff handling complaints to resolve matters promptly. • Provide feedback to management on issues arising from complaints. • Implement changes arising from individual complaints and from the analysis and evaluation of complaint data as directed by management. • Encourage consumers to provide feedback on the organisation and its services. | |

Source: Better Practice Guide to Complaint Handling, Commonwealth Ombudsman, 2009

Process for handling complaints

The process of **Receive**, **Resolve**, and **Reform** for handling complaints contained in these guidelines is one which HaDSCO uses and it underpins our strategic plan. Through this process we manage complaints in a professional, impartial, confidential and efficient manner with quality outcomes. The three stages encompass the principles in AS/NZS 10002:2014.



The material which follows aims to provide practical, succinct and easy to understand information for service providers and includes support documentation in the form of templates, strategies and forms which are found in the [Appendices](#).

STAGE 1: RECEIVE

Everybody has a right to complain about a service. When a complaint is raised it may create a negative experience for both the person making the complaint and the complaint handler or organisation receiving the complaint. Dealing with a complaint effectively, utilising sound complaint handling policies and procedures, can assist a service provider in successfully managing the complaint at the local level.

1.1 Receiving complaints – Guiding principles

When determining their complaints handling policy and procedures, service providers should give consideration to the following guiding principles found in AS/NZS 10002:2014, in order to ensure they have in place arrangements that assist and support individuals to make complaints.

| Guiding Principle (AS/NZS 10002:2014) | Visible and transparent |
|--|---|
| Descriptor | Service providers should ensure that information about how and where a complaint may be made to or about the organisation is well-publicised. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Individuals have access to appropriate information about how and where to complain through simple, easy to read culturally appropriate material in the form of brochures, posters and publications at service delivery points, including on wards or front counters, and on service providers' websites. • Multiple channels are provided which individuals can use to raise concerns, including in person, over the phone, and in writing (via email, fax and letter). • Information regarding the complaint management process is available in a range of languages and alternative formats such as large print, Braille, Simple English and AUSLAN. • Information is provided about the external parties to whom individuals can take their complaint, including the Health and Disability Services Complaints Office. | |

| Guiding Principle (AS/NZS 10002:2014) | People focus |
|---|---|
| Descriptor | Service providers should adopt a people-focused and proactive approach to seeking and receiving feedback and complaints, and demonstrate a strong commitment to addressing any issues raised within a reasonable timeframe. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Individuals making a complaint and their personal support people should be treated with respect, courtesy and dignity. • All staff are educated on the complaint handling process. • Staff show a readiness to deal with all people accessing the complaints handling service, including personal support people who act on behalf of an individual or make a complaint on their own behalf. • Service providers should ensure Aboriginal cultural awareness training is available for staff to undertake. | |

| Guiding Principle (AS/NZS 10002:2014) | Accessible |
|--|---|
| Descriptor | Service providers should ensure that their complaint management system is accessible to everyone, particularly people who might require assistance. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Service providers ensure there are multiple channels available which individuals can use to raise a complaint, including in person, over the phone, and in writing (via email, fax and letter). • Individuals and their personal support people are made aware of advocacy services they can access who can assist them to express their wishes. • Recognition should be given by service providers at the outset that individuals accessing their services may require additional assistance if they are Indigenous Australians, children or a young person, live in regional or remote areas, have a disability and/or are from a culturally and linguistically diverse background. • Non-English speaking people and their support person are provided with access to translating and interpreter services. • Service providers must be flexible when dealing with complainants and be alert to the needs of vulnerable individuals. Staff should show a readiness to deal with a guardian, friend, advocate or other person who acts on behalf of a complainant. That person's authority to act on the complainant's behalf may need to be verified if personal information is involved. | |

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| Guiding Principle (AS/NZS 10002:2014) | No detriment |
| Descriptor | Service providers should take all reasonable steps to ensure that complainants are not adversely affected because of a complaint made by them or on their behalf. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Service providers should promote a positive attitude towards complainants and a commitment to resolving complaints to create an improvement in client satisfaction and services. • Information is provided that a complainant will suffer no detriment as a result of making a complaint, to alleviate fear of retribution or discrimination by the complainant if a complaint is made. | |

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| Guiding Principle (AS/NZS 10002:2014) | No charge |
| Descriptor | A complainant should not be charged a fee to complain. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Information is provided to advise complainants that there are no fees involved for undertaking the complaint handling process. | |

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| Appendices relevant for receiving complaints | |
| <p>The following Appendices provided in this document provide additional support and examples for service providers:</p> <ul style="list-style-type: none"> • Appendix C: Complaints handling and compliments policy and procedure • Appendix D: Complaints and compliment support statement • Appendix E: Complaints and compliments trifold brochure | |

1.2 Complaints handling policy

A complaints handling policy gives the service provider and the consumer a clear and considered process for managing and resolving complaints.

Developing a policy helps service providers operate with confidence when complaints arise. A complaints handling policy is also an opportunity for service providers to describe to consumers:

- A commitment to receive complaints.
- Their clear, prompt process for handling complaints.
- Their welcome approach to all customer feedback.
- Their positive attitude to discussion and continuous improvement.

Service providers should adopt policies and procedures which give details of how the policy will be put into practice to ensure that people who make a complaint are treated fairly, to aid decision making and to ensure fair outcomes. Those policies and procedures should allow staff the flexibility to resolve complaints promptly and in the most appropriate way while still learning from complaints.

1.3 Record keeping

Service providers should ensure they maintain appropriate records of complaints, including acknowledging complaints, recording details of complaints and the outcome, together with recording all relevant steps taken during the complaints process.

Complaints records should be kept separate from an individual's medical records. This is particularly important in mental health care, with an individual's heightened concern for repercussions following lodgement of complaints.

It is also beneficial for service providers who provide services in addition to mental health services, to identify which complaints are related to mental health in order for them to meet their mental health complaints reporting requirements.

STAGE 2: RESOLVE

At the centre of every mental health complaint handling process is someone receiving care – a person.

The course of a complaint – from receipt to resolution – generally involves dealing with and responding to emotions and feelings of:

- The consumer, or their support person making the complaint.
- Staff handling the complaint and sometimes their colleagues.
- A specific staff member, if the complaint involves the conduct or actions of that individual.

2.1 Resolving complaints – Guiding principles

Service providers need to manage the complaint process and the parties involved. All complaints need to be managed as well as they possibly can from the outset to minimise the chances of unnecessary delays, misunderstandings and unrealistic expectations to ensure the most appropriate resolution possible. In order to do this, service providers should give consideration to the following guiding principles found in AS/NZS 10002:2014:

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| Guiding Principle (AS/NZS 10002:2014) | Acknowledge |
| Descriptor | Service providers should promptly acknowledge, assess and prioritise complaints. The service provider should actively manage the expectations of complainants. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Complaints are acknowledged promptly to reassure complainants that their complaint is receiving attention. This acknowledgement can be an important tool in managing the complainant's expectations. • The complaint process should be outlined, together with the contact details and preferably the name of a contact person at the time of acknowledgement of the complaint. If possible, how long it will take to resolve the complaint and when the complainant will be contacted should be communicated. | |

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| Guiding Principle (AS/NZS 10002:2014) | Objectivity and fairness |
| Descriptor | Each complaint should be managed in an objective and unbiased manner. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • The complaint process should comply with the principles of openness, impartiality, confidentiality, accessibility, completeness, equitability and sensitivity. • The rules of procedural fairness should be observed: <ul style="list-style-type: none"> - The decision maker must act without bias and have no conflicts of interest. - There must be evidence to support the decision. - There must be reasonable inquiries made before making a decision. This should include the individual being given the opportunity to provide additional information and clarify matters. The need to interview others or take other action will be based on the circumstances, nature and severity of the issues raised. • All parties to the complaint should have sufficient opportunity to present their position and comment on any adverse findings. • The parties should be provided with reasons for the outcome of the complaint. • Each complaint must be assessed on its merits with consideration of individual needs. The individual making the complaint should be advised of external review avenues if they are not satisfied with the outcome of the complaint handling process, such as the Health and Disability Services Complaints Office. | |

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| Guiding Principle (AS/NZS 10002:2014) | Equity |
| Descriptor | Complaints should be addressed in an equitable manner in accordance with the organisation's complaint management policy. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Complaints should be dealt with in an impartial manner that is respectful to all the parties involved in the complaint. • All parties to a complaint should have the opportunity to present their version of events, provide supporting information and respond to any potential negative decisions. • Staff need to understand that an individual's illness due to a lived experience of mental health issues must be separated from the substance of any complaint raised. | |

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| Guiding Principle (AS/NZS 10002:2014) | Privacy and disclosure |
| Descriptor | Personally identifiable information about any individual should only be disclosed or used in compliance with all relevant legislative requirements and ethical obligations when managing a complaint. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Service providers should take all reasonable steps to protect the personal information of individuals making a complaint, or subject to a complaint, to ensure the information is only used for the purposes of addressing the complaint and pursuing any actions. | |

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| Guiding Principle (AS/NZS 10002:2014) | Communication |
| Descriptor | To minimise complaints and facilitate early resolution, service providers should provide explanations for policies, procedures and decisions in its communication with complainants and its staff, particularly frontline staff and staff handling complaints. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Service providers should communicate with empathy, patience and respect. This can help resolve complaints more quickly and enhance the ongoing relationship between the complainant and service provider. • Staff need to recognise that individuals in hospitals and hostels and those involuntarily detained, can feel disempowered in the complaints process. Complainants should be asked if they would like a support person to attend at any point in the complaints process. • Service providers should ensure all parties are kept informed of the progress of the complaint process and given reasons for the decision of the complaint. • Consideration is required to ensure service providers' explanations for policies, procedures and decisions are fit for purpose, including meeting the needs of any special client groups. | |

| | |
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| Guiding Principle (AS/NZS 10002:2014) | Conduct of parties |
| Descriptor | Service providers should implement policies or guidelines that make clear the behaviour expected of both its staff and complainants. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Staff should be appropriately trained in complaint management and the implementation of complaint management procedures relevant to their role. • Expectations of respect and courtesy should be made clear to both staff and complainants. • Complaints handling staff should receive guidance, and be provided with, appropriate strategies for dealing with unreasonable conduct by a person bringing the complaint, to assist in the resolution of the complaint. | |

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|--|--|
| Guiding Principle (AS/NZS 10002:2014) | Work health and safety |
| Descriptor | Service providers need to have practices in place to ensure the health and safety of their staff involved in complaint management. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Service providers need to ensure that policies and procedures are in place to safeguard the health and safety of complaint handling staff including identity protection if required. | |

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| Guiding Principle (AS/NZS 10002:2014) | Complaint involving multiple parties |
| Descriptor | Where a complaint involves multiple areas within an organisation, communication with the complainant should be coordinated between the areas involved. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Service providers should give consideration to coordinating communication with the complainant where a complaint involves multiple areas within a service. • Subject to privacy and confidentiality obligations, where a complaint involves multiple service providers, communication and information exchange between the providers should be coordinated to facilitate complaint resolution and communication with the complainant. | |

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|---|---|
| Guiding Principle (AS/NZS 10002:2014) | Empowerment of staff |
| Descriptor | Service providers need to ensure their staff are properly empowered to implement its complaint management process as relevant to their role |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Complaint handling staff should be empowered to make decisions, or be able to escalate a complaint to the person who has the authority to make decisions. • Staff should be appropriately trained in managing and investigating complaints and provided the opportunity to continually update their training and skills to maintain best practice in complaints management. • Complaint handling staff should feel confident in their ability to support people who are distressed or who experience psychosocial disability. | |

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|--|
| Appendices relevant for receiving complaints |
| <p>The following Appendices provided in this document provide additional support and examples for service providers:</p> <ul style="list-style-type: none"> • Appendix B: Mental Health Complaint Process • Appendix D: Complaints and compliment support statement • Appendix E: Complaints and compliments trifold brochure • Appendix F: Complaints and compliments form • Appendix G: Letter acknowledging a complaint • Appendix H: Communication skills • Appendix I: Challenging complainant conduct • Appendix J: Early resolution form • Appendix K: Letter confirming a complaint has been completed • Appendix L: Individual complaint tracker form |

2.2 Acknowledge

The staff member who receives the complaint has the primary responsibility for making the first response. If the complaint is face-to-face or by telephone then the response can be immediate. If the complaint is by email or letter or fax, then the response should be made within a prompt amount of time within receipt, for example five days (especially in the modern age of information technology where there is a general expectation that emails are responded to quickly).

Examples for face-to-face or telephone first responses include:

| Action | Ideas | Rationale |
|--------------------------|--|--|
| Introduction and apology | Thank you for bringing this matter to my attention. I am sorry that you feel this way/I apologise for the distress this has caused you/I am sorry that the matter has got to this (or a similar apology which is both genuine and empathetic). | This sets the tone and could prevent escalation of issues. An early apology can go a long way in satisfying the complainant. |
| Listen and understand | Tell me what happened, when, where, who was involved, what do you think was wrong? | It is important to both listen to and understand what the person is saying. Allow space for the person to vent. Do not disagree with their experience or try to justify actions. |
| Clarify | So, what you are most unhappy about is...and what you would like fixed is... | Reflect back and paraphrase so that there is a shared understanding of the complaint. |
| Resolve immediately | Let me see what I can do for you. | If you can fix the problem or correct the mistake or apologise for an error or oversight, then do so (where it is within your ability to do so). This will create goodwill and may conclude the process. |
| Initiate action | Let me have a look into the matter, and you will hear from me within...(specify a timeframe which is timely and reasonable in the circumstances). | This period will allow you to assess the complaint. You can then get back to the person, either with an outcome, and the matter can be closed, or an explanation of what will happen next and how long it will take. |

Source: Complaints Handling and Management Platform, Community Services, ACT Government

In instances where a complaint is received by email, letter or fax, if a telephone number is provided then a telephone call should be made and the above process followed.

If a telephone number is not provided, a reply should be given in a timely manner, for example five days, informing the complainant of what has been done or can be done. If necessary an explanation of why something cannot be done should be provided, or an explanation that is being sought should be provided, or the individual should be requested to make contact by telephone if possible so additional information can be sought if required.

It is important that the first response is genuine, courteous and responsive. The more personalised the response the better, as complainants want to talk with a real person. It is better to respond in the first person as shown in the examples above, rather than with third person statement such as, 'The Department will...' or the 'The Department has a policy of...'

It is also important and helpful in the first response to try to determine what is likely to satisfy the complainant in terms of seeking a resolution. As previously stated generally individuals are seeking an explanation, apology, change in policy or practice, access to or to obtain a service or a refund or reduction in fee.

Depending on the manner in which the complaint is received, and the complexity of the complaint, a written acknowledgement can be beneficial but not always necessary. A complaint received by letter which can be resolved quickly may sometimes be acknowledged at the same time as advice on the outcome is provided. Similarly, if a complaint is made via telephone which cannot be resolved straight away, it may be more efficient to explain verbally how the complaint will be dealt with and when the complainant will next be contacted.

2.3 Assess

The nature of complaints differs widely. Some complaints can be resolved quickly through open communication or an apology. More complex and serious complaints may require an investigation of the underlying issues. Sometimes the scope of the complaint is unclear and requires clarification.

Early assessment of a complaint is essential for effective complaint handling. In assessing a complaint, it is important to clarify the issues of the complaint and the outcome sought by the individual. This includes determining whether the complaint is about policies, procedures, and practices and/or the conduct of individuals. This will assist in determining the appropriate path for the complaint to be pursued to ensure time is not inadvertently wasted and to manage the expectations of the complainant.

Complaints should be assessed after they have been received to identify the level of risk and the appropriate course of action that needs to be taken. The purpose of risk assessment at this stage is to identify serious risk complaints that raise significant safety, legal or regulatory issues which require immediate attention. Risk assessment should also be used to guide the resolution and investigation processes.

When considering the consequences of the issues raised by the complainant and/or their support person, the impact on these individuals and the service provider (e.g. injury or harm to the individual, damage to the service provider's reputation, financial loss to the

individual or service provider, reduced operational efficiency, interruption to services and/or negative impact on relationships with stakeholders) must be contemplated. The consequences are rated from the perspective of whoever considers the complaint to be the most serious.

| Consequence rating | Definition |
|--------------------|---|
| Minor | No significant impact on, or risk to the person, their personal support person, or the service provider. No lasting detriment. |
| Moderate | Moderate impact on or risk to the person, their personal support person or the service provider. Lasting detriment is unlikely. |
| High | Significant impact on, or risk to the person, their personal support person or the service provider. Potential lasting detriment. |
| Serious | Issues regarding serious adverse events, sentinel events, long-term damage or death. |

The likelihood of a similar issue arising is based on the perspective of the staff member performing the assessment.

| Likelihood rating | Definition |
|-----------------------|--|
| Rare | A 'one-off' event which is unlikely to occur again. |
| Unlikely | Unusual event, but may have happened before. |
| Possible | Event occurs from time-to-time. Not constant. Irregular. |
| Likely | Recurring, often done, found or experienced. |
| Almost certain | Event is expected to occur in most circumstances. |

The sample severity assessment matrix below is a useful tool to assist with risk assessment. A fixed rank rating can be obtained by combining the consequences (or impact) of an incident with the probability (or likelihood) of the same incident recurring.

| Consequences Likelihood | Serious | High | Moderate | Minor |
|----------------------------|-----------------------|------|----------|-------|
| | Almost certain | 4 | 4 | 3 |
| Likely | 4 | 4 | 3 | 2 |
| Possible | 4 | 3 | 3 | 2 |
| Unlikely | 4 | 3 | 2 | 1 |
| Rare | 2 | 2 | 2 | 1 |

Risk management is not designed to eliminate risk, but provides a means to understand and manage it and therefore the associated complaint. Risk management strategies help a service provider to identify, assess and manage risk and complaints. As can be seen in the below examples, when a risk assessment has been undertaken, some of the complaints may require an investigation into the issues, however most of the time a complaint can be resolved using other resolution approaches such as conciliation.

| | | | | | |
|-----------------------------------|--|--------------|---|---|---|
| Minor Risk: | Non-complex / non urgent | Rank: | 1 | - | 2 |
| Defined by: | Complaints which have no immediate consequence attached to them, where no one is at risk of harm or injury. These are complaints with minor risk consequences. | | | | |
| Example: | An individual has suffered no harm as a result of receiving care. Minor damage to customer service relationship. | | | | |
| Management recommendation: | Managed at the point of service contact and by front-line staff. | | | | |

| | | | | | |
|-----------------------------------|--|--------------|---|---|---|
| Moderate Risk: | Non-complex / non urgent | Rank: | 2 | - | 3 |
| Defined by: | A response is required quickly for any of the following reasons: <ul style="list-style-type: none"> • To prevent risk of harm occurring. • To prevent escalation of the complaint. These are complaints with moderate risk consequences. | | | | |
| Example: | An individual has suffered some harm in the course of treatment, no further treatment is required. Loss of customer service relationship. | | | | |
| Management recommendation: | Managed at the point of service contact and by front-line staff. May require assistance from a responsible manager in the area concerned. | | | | |

| | | | | | |
|-----------------------------------|--|--------------|---|---|---|
| High Risk: | Complex / non urgent | Rank: | 2 | - | 4 |
| Defined by: | May have multiple needs and areas of concern, and may involve matters of law or policy. These are complaints with major risk consequences. | | | | |
| Example: | An individual has suffered harm as a result of receiving care in a manner that is unrelated to the natural course of the illness and differing from the expected outcome of patient management, resulting in hospitalisation (or increased length of stay). Serious breakdown of customer service relationships. | | | | |
| Management recommendation: | Senior management attention needed. Referred for resolution to the service area the complaint has been raised about. A formal investigation undertaken at the discretion of management. | | | | |

| | | | | | |
|-----------------------------------|--|--------------|----------|---|----------|
| Serious Risk: | Complex / urgent | Rank: | 3 | - | 4 |
| Defined by: | Significant concerns relating to practice, process or actions or may pose an immediate risk of harm or injury and an action is required immediately. Includes complaints received through a statutory oversight body such as the Health and Disability Services Complaints Office. | | | | |
| Example: | An individual has died as a result of receiving care in a manner that is unrelated to the natural course of the illness and differing from the expected outcome of patient management. Unsafe care or inappropriate behaviour by a health practitioner. Serious threat to customer service relationships, permanent harm to reputation of the service. | | | | |
| Management recommendation: | Immediate action required by the service area to respond to the immediate risk or urgency. Consideration as to whether the matter may be dealt with by the service area concerned or referred to a specialised complaints area within the organisation for resolution and investigation, or referred to an external organisation. | | | | |

Adapted: Complaints Handling and Management Platform, Community Services, ACT Government

Within the complaints management process, complaint handling staff must have the authority to resolve straightforward matters, and they must be able to escalate complaints which are more complex and require further consideration.

2.4 Resolution approaches

There are a number of approaches to complaint resolution and in some cases a combination of approaches may be used to resolve a dispute. Common resolution approaches for these circumstances include:

- early resolution;
- negotiation;
- conciliation; and
- mediation.

In some cases, depending on the nature of the issue, a more formal approach will be necessary through investigation.

The complainant should be asked if they would like their support person to attend at any stage, and throughout, the early resolution discussions, negotiation, mediation or conciliation processes. This assists in recognising that complainants can feel disempowered, in particular those individuals who are involuntarily detained.

2.4.1 Early resolution

Early resolution is an attempt to initially resolve a complaint on first receipt. Early resolution may involve:

- A direct private discussion between the complainant and the staff member of the service provider.

- An impartial third person conveying information between those involved.
- An impartial third person helping those involved to talk to each other and find a solution.

This approach may be appropriate and useful where the:

- complainant indicates a desire to sit down and discuss the matter with the service provider informally and this seems appropriate in the circumstances; and
- information on hand supports a view that the complaint has arisen from a misunderstanding or miscommunication.

This approach would not be appropriate where the issue being complained about is complex and serious.

2.4.2 Negotiation

Negotiation is where the parties to the complaint talk about the issues and try to come to an agreement that works for everyone and may take one of two forms; direct or indirect negotiation. Direct negotiation is suitable as long as the parties feel comfortable having a conversation with the other people involved in the complaint.

Direct negotiation works particularly well where the parties:

- Can have a discussion and make decisions without the assistance of another person.
- Want to make the decisions themselves.
- Want to maintain the best possible ongoing relationship.
- Want to control the outcome, rather than ask someone else to decide.
- Want to keep discussions confidential.

A direct negotiation will not be an appropriate process for parties to resolve a dispute where there is a difficult relationship with the other people involved.

Indirect negotiation is where another person is involved in the negotiation who helps run the negotiation and does not take sides. This type of negotiation is more structured, and the way the negotiation process works can be very different.

Negotiated settlement is an indirect negotiation mechanism frequently utilised by HaDSCO. This involves an exchange of information between the parties to the complaint via a HaDSCO case manager who is an independent third party in the process. This may be conducted over the telephone, email or in writing and generally does not involve a face-to-face meeting. The role of the HaDSCO case manager as the negotiator is to assist in the exchange of information and promote resolution of the complaint. In some circumstances, specific information or consumers' records may be requested to clarify issues. All information exchanged during this process is confidential.

2.4.3 Mediation

Mediation is process where an independent third party, the mediator, assists the people in dispute to identify the disputed issues, develop options, consider alternatives and try to reach an agreement.

A mediator will:

- Explain the mediation process and set the guidelines for how it will work.
- Ensure each person has a chance to talk, be heard and respond to the issues.
- Keep everyone focused on communicating and resolving the dispute.
- Ask questions to help people identify and communicate about what their goals and desires are and why they feel that way.
- Help clarify the issues and suggest ways of discussing the dispute.
- Help the people in dispute develop options and consider whether possible solutions are realistic.
- Try to assist the parties reach an agreement where appropriate and make sure everyone understands any agreement reached.
- Refer the parties to other helpful services if required.

The mediator will not:

- Take sides, make decisions or suggest solutions.
- Tell the parties what they should agree to do.
- Decide who is right or wrong – the focus is on finding a solution that everyone can live with, not making a judgment.
- Give legal, financial or other expert advice.
- Provide counselling.

Mediation may be suitable if the parties:

- Think a mediator can set up a respectful discussion on the issues.
- Feel safe in the presence of each other.
- Want a third person to assist the discussion.
- Want to control the outcome, rather than ask someone else to decide the outcome.
- Want to make the decision themselves.
- Want to maintain an ongoing relationship.
- Want to keep discussions confidential.

A mediation session is usually a structured, face-to-face meeting with all the parties and one or more mediators. At mediation, the parties will usually be asked to talk directly to the others involved in the dispute and may also have separate sessions with the mediator. In some circumstances sessions can be held over the telephone. Another option is shuttle mediation, where the people in dispute sit in separate rooms and the mediator speaks to them separately and acts as a messenger between them.

2.4.4 Conciliation

Conciliation is a process where an independent third party, the conciliator, helps people in a dispute to identify the disputed issues, develop options, consider alternatives and try to reach an agreement.

The role of a conciliator is similar to that of a mediator except that the conciliator may also:

- Have specialist knowledge and provide the parties with some legal information.
- Suggest or give the parties expert advice on the possible options for sorting out the issues in dispute.
- Actively encourage the parties to reach an agreement.

The conciliator will not:

- Take sides or make decisions.
- Tell the parties what decision to make, although they may make suggestions.
- Decide who is right or wrong.
- Provide counselling.

A conciliator may have professional expertise in the subject matter in dispute and will generally provide advice about the issues and options for resolution. However, a conciliator will not make a judgment or decision about the dispute.

Conciliation is likely to be suitable if the parties:

- Want to reach an agreement on some technical and legal issues.
- Want assistance with the process.
- Want to make the decision with the other participants involved.
- Want advice on the facts in the dispute.

Conciliation may also be suitable if the parties have tried mediation and still cannot reach agreement.

Conciliation is a complaint resolution process HaDSCO uses and generally involves all parties engaging voluntarily in a face-to-face meeting to discuss the complaint; this is conducted by a conciliator. This process offers both parties the opportunity to openly discuss the complaint. The conciliator meets individually with each party to discuss and clarify issues that have been raised and ensures everyone is prepared for the conciliation meeting. After the conciliation process, a report is prepared and provided to both parties. The report highlights important aspects of the complaint and any outcomes that were agreed. All information exchanged during this process is confidential.

2.4.5 Investigation

It may be the case that a complaint cannot be resolved on first contact, or through the resolution approaches above and requires an investigation. The purpose of an investigation of a complaint is to establish and document relevant facts, reach appropriate conclusions based on the available evidence, and determine a suitable response. A short written plan can be beneficial to focus attention on what is to be investigated. The plan should:

- Outline what is to be investigated, that is, the concerns raised.
- Determine who will undertake the investigation. All investigations must be undertaken impartially and objectively, without bias. Therefore, no-one with an actual or perceived conflict of interest should be involved in investigating the complaint. An investigator external to the work area should undertake the investigation.
- List the steps involved in investigating the complaint and state whether additional information is needed, either from the complainant or another person.
- Provide an estimate of the time it will take to resolve the complaint.
- Identify the remedy the complainant is seeking, whether the complainant's expectations are realistic or need to be managed, and other possible remedies.
- Note any special considerations that apply to the complaint.

A plan such as the one set out above will allow a supervisor, or other staff, to review the investigation if it is required at any stage. In addition, if the complaint needs to be reassigned to another staff member for any reason, such a plan can minimise delays and inefficiencies.

In order to ensure a fair investigation, three principles should be considered by service providers:

- **Impartiality** – each complaint should be dealt with considering the individual merits of the case, without prejudice or bias, and with the facts and contentions in support of a complaint weighed objectively. The requirements of procedural fairness should be met.
- **Confidentiality** – the personal information of the complainant and any people who are the subject of a complaint should be kept confidential and only used for the purpose of addressing the complaint and any follow up actions. It should be noted that disclosure may be subject to legislative requirements or restrictions, for example certain documents could be subject to request under the *Freedom of Information Act 1992*.
- **Transparency** – the complainant should be told about the steps in the complaint process, and be given an opportunity to comment on information or claims from other sources, or before a complaint is dismissed.

Depending on the circumstances and the seriousness of the complaint, an investigation may be conducted by a more senior staff member from the area concerned, staff within a specialist complaints handling area of the organisation or by an external investigator.

Sound complaint management practice includes communicating with the complainant about the draft outcome, where appropriate, to allow for any further information to come forward before finalising the investigation. When the investigation of the complaint is completed, the complainant should be provided with an explanation, including any

decision reached, about the outcome of the complaint. Even if there are outstanding aspects of an investigation, an interim explanation about what has been finalised will usually be welcomed by the complainant.

The means of providing the explanation, either verbally or in writing, or both, depends on the circumstances. The explanation should be presented in a way that the complainant can understand. The response to the complainant should be clear and informative, and 'fit for purpose' based on the matter investigated.

An investigation is a formal process which is undertaken when HaDSCO is of the opinion a complaint warrants one. In this case, the role of the complainant is limited in comparison to negotiated settlement and conciliation. HaDSCO heads the investigation as an impartial agency and gathers information from a variety of sources to make unbiased recommendations.

2.5 Remedy

If the outcome of the complaint management process determines that the service provided to an individual was unsatisfactory and the service provider contributed to this in some way, then they should provide a means to remedy the situation. A remedy can be offered at any stage in the complaint process and staff should be empowered to provide these remedies at the appropriate level, for example some appropriate remedies may be provided by front-line staff. Alternatively, staff should be familiar with who can approve remedies in the organisation and refer the matter to them for approval of the remedial action.

In broad terms, circumstances which warrant the provision of remedies by a service provider to a complainant include where:

- Poor communication resulted in a misunderstanding.
- An inadequate or unfair process was used to arrive at a decision or provide a service.
- A decision or action was unfair, disproportionate or unreasonable in the circumstances.

In circumstances where a complaint involves a misconduct investigation, service providers should ensure any other issues in the complaint not dealt with through a misconduct process are also assessed, recorded and managed through the appropriate process and the outcome communicated to the complainant.

The principles which can assist in determining appropriate remedies are:

- Acknowledging mistakes and offering an outcome that as far as possible returns the individual to the position they would have been in otherwise.
- Offering an apology and explanation which are sincere and meaningful.
- Providing a remedy that is fair, reasonable and proportionate to the matter in dispute.
- Ensuring decisions about a remedy are procedurally sound.
- Being open and accountable about the arrangements and reasons for providing a remedy.

2.6 Review

If the complainant is not satisfied with the outcome or handling of their complaint, internal review of the decision should be offered and information about external review options should be provided.

If a person asks for an internal review of their complaint, this review should be undertaken by a more senior staff member than the staff member who originally dealt with the complaint, or a specialist employee or unit who has authority to review the original decision. It should generally be the case that staff who are authorised to review the management of complaints should have a broad delegation to overturn previous decisions and apply remedies.

A complainant may seek to have their complaint reviewed by an external organisation that has jurisdiction to deal with the complaint. Therefore, it is important that a service provider's staff have a good understanding of the role of the organisations that provide a complaint handling function and those that are oversight bodies.

The primary complaints bodies operating in Western Australia are listed below with a brief description of their function.

Health and Disability Services Office (HaDSCO) is an independent Statutory Authority that can assist a person to resolve complaints through a process of negotiated settlement, conciliation, or investigation. Complaints may relate to, but are not limited to:

- clinical treatment;
- living conditions within a ward or psychiatric hostel;
- communication;
- rights, including phone restrictions, visitors, involuntary detention;
- health provider practice; and
- fees.

Australian Health Practitioners Regulation Agency (AHPRA) receives complaints about registered health practitioners for the relevant Board. The Board registers health practitioners and may investigate the clinical performance of a regulated health worker where a complaint identifies poor or substandard practice, as well as issues to do with their health and professional conduct.

Mental Health Tribunal is an independent body whose role includes:

- conducting regular reviews of involuntary patients, to decide whether their involuntary status is the least restrictive option for the management of their mental illness;
- to protect the rights of involuntary patients;
- to decide whether or not a patient should receive electroconvulsive therapy; and
- to decide whether or not a patient should undergo psychosurgery.

Western Australia Police is responsible for complaints that fall within the scope of the Criminal Code such as assault.

Office of the Information Commissioner may deal with complaints related to access or amendments to personal records including medical records with State public sector agencies.

The following oversight bodies have a regulatory function in the mental health services arena:

Office of the Chief Psychiatrist has key functions to ensure the rights of people receiving mental health treatment and care by:

- Providing clinical leadership to ensure continuous improvement in the quality and safety of mental health service delivery.
- Supporting best practice through the Chief Psychiatrist's Standards and Guidelines.
- Undertaking clinical reviews, audits and investigations within the Chief Psychiatrist's statutory framework.
- Monitoring restrictive practices, electroconvulsive therapy, and a range of reportable matters and notifiable events.

Mental Health Advocacy Service is an independent body which provides mental health advocacy services, and rights protection functions, to 'identified persons'. Advocates may also inquire into or investigate any matter relating to the conditions of mental health services that is adversely affecting, or likely to adversely affect, the health, safety or wellbeing of identified persons. They, or the Chief Advocate, may attempt to resolve any issues arising in the course of such an investigation or inquiry. Identified persons are persons who are:

- an involuntary patient in hospital;
- someone on a Community Treatment Order;
- someone who has been referred for examination by a psychiatrist;
- a voluntary patient in hospital who is not allowed to leave because they are being detained for assessment;
- a mentally impaired accused person under the *Criminal Law (Mentally Impaired Accused) Act 1996* and are detained in an authorised hospital or living in the community;
- a resident of a private psychiatric hostel; or
- a child (under 18 years) who is a voluntary patient or seeking admission to hospital.

Advocate functions include seeking to resolve complaints, assisting identified persons to make a complaint to a mental health service or HaDSCO, and representing them in HaDSCO complaints. Any person who has a sufficient interest in the identified person concerned can request advocate assistance for the person.

Mental Health Commission leads mental health reform and purchases mental health services for the State of Western Australia from a range of service providers.

Licensing and Accreditation Regulatory Unit (LARU) WA Health functions to regulate private and public hospitals accreditation, and to license private hospitals and health services, including private psychiatric hostels.

Mental Health Unit WA Health assists and supports WA's Mental Health Services in delivering an evidence-based, patient centred, caring, safe, respectful and supportive mental health system for Western Australians.

STAGE 3: REFORM

In effective complaint management, resolving a complaint is not the final step in the process. An analysis of complaint information can identify areas for improvement in service delivery and/or the complaints process itself.

3.1 Reforming complaints – Guiding principles

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|---|--|
| Guiding Principle (AS/NZS 10002:2014) | Prevention of ongoing disputes |
| Descriptor | Service providers should develop and implement systems that minimise the possibility of complaints escalating into ongoing disputes. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> Any unresolved complaint should be escalated appropriately using the processes in place for the organisation. | |

| | |
|--|---|
| Guiding Principle (AS/NZS 10002:2014) | Continuous improvement |
| Descriptor | Responding to and learning from complaints should be an essential part of a service provider's commitment to continual quality improvement. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> When a complaint is finalised, service providers should invite feedback on the individual's experience throughout the complaints process. Service providers should ensure good records are kept and the information is regularly analysed. The type of information which should be recorded includes: <ul style="list-style-type: none"> Complaint issues, which may expose weaknesses in processes, or questions about integrity or reputation. Trends in complaint numbers about a particular matter, as this may identify a systemic issue that needs to be addressed. The location of the complaint, for example on particular wards. Spikes in complaints to identify causes, for example, when processes change. Consumer diversity information to identify improvements for consumer groups. | |

| | |
|---|--|
| Guiding Principle (AS/NZS 10002:2014) | Accountability |
| Descriptor | Service providers should ensure that accountability for the operation of its complaint management system is clear. |
| Application and strategies for receiving complaints | |
| <ul style="list-style-type: none"> • Service providers should ensure that there is clear responsibility for the continual monitoring and reporting on the performance of the complaint management process and for taking corrective actions. | |

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| Appendices relevant for reforming complaints |
| <p>The following Appendices provided in this document provide additional support and examples for service providers:</p> <ul style="list-style-type: none"> • Appendix M: Organisational complaints register • Appendix N: Plan for continuous improvement |

3.2 Learning throughout the process

Regularly reviewing the complaint management process is important in determining its efficiency and effectiveness. Reviewing elements including timeliness at each stage of the process and overall, and client satisfaction, through feedback and periodic surveys, provide useful information in this regard.

Compliments and feedback can help identify what is being done right, and provide a balance to complaints. Compliments help staff feel motivated, rewarded and valued and can provide the opportunity for celebration.

Complaints can be used to identify a focus for critical reflection and a positive resource for self-assessment that can inform the service provider's philosophy, quality improvement plan, policies, procedures and team performance. Services require the constant review of a changing environment to enable continuous improvement and using complaints as a basis could support this process.

Identified areas for improvement in service delivery and/or in the complaints process must then be acted upon through the development and implementation of improved practices and processes.

A continuous improvement approach to complaints encourages service providers to:

- Seek regular feedback from consumers and their carers about the quality of service received.
- Use a collaborative approach with complainants to find timely resolutions to complaints through open communication and transparent processes.
- Learn from complaints by considering these in the development of risk management, service delivery and staff development systems.

This process of reform will support a service provider in ensuring it has in place a fit for purpose complaint management system. That is, one that is varied to fit the service provider's circumstances and is proportionate to the number and type of complaints it receives.

REFERENCES

The development of these guidelines has been informed by the following:

- [ACT Government, Community Services, Complaint Handling and Management Platform Policy](#)
- [Australian and New Zealand Standard, Guidelines for complaint handling in organizations AS/NZS 10002:2014](#)
- [Carer's Recognition Act 2004](#)
- [Charter of Mental Health Care Principles](#)
- [Commonwealth Department of Social Services, Better practice guide to complaint handling in aged care services, November 2013](#)
- [Commonwealth Ombudsman, Better practice guide to complaint handling, April 2009](#)
- [Disability Services Commissioner Victoria, Good practice guide and self audit tool, 2nd Ed. 2013](#)
- [Mental Health Act 2014](#)
- [NSW Ombudsman, Effective complaint handling guidelines, 2nd Edition, December 2010](#)
- [NSW Ombudsman, Effective complaint handling guidelines, 3rd Edition, February 2017](#)
- [National Standards for Mental Health Services 2017](#)
- [Ombudsman NT, Complaint management framework for the Northern Territory Public Sector, 2016](#)
- [Ombudsman Western Australia, Guidance for complaint handling officers, December 2010](#)
- [Ombudsman Western Australia, Guidelines on complaint handling, November 2010](#)
- [Ombudsman Western Australia, Managing unreasonable complaint conduct – Practice manual, June 2009](#)
- [Parliamentary and Health Service Ombudsman \(UK\), Principles of good complaint handling, February 2009](#)
- [SA Ombudsman, Complaint management framework, March 2016](#)
- [Victorian Ombudsman, Councils and complaints - a good practice guide, February 2015](#)
- [Victorian Ombudsman, Good practice guide, November 2007](#)
- [Wheeler, C, Dealing with 'difficult' complainants, Health Complaints Commissioner's Conference, November 2006](#)

APPENDICES

The templates in the appendices are available as individual documents in an editable format on the HaDSCO website at www.hadSCO.wa.gov.au.

[Appendix A: Health and Disability Services Complaints Office – Mental Health Information Sheet](#)

[Appendix B: Mental Health Complaint Process](#)

[Appendix C: Complaints handling and compliments policy and procedure](#)

[Appendix D: Complaints and compliment support statement](#)

[Appendix E: Complaints and compliments trifold brochure](#)

[Appendix F: Complaints and compliments form](#)

[Appendix G: Letter acknowledging a complaint](#)

[Appendix H: Communication skills](#)

[Appendix I: Challenging complainant conduct](#)

[Appendix J: Early resolution form](#)

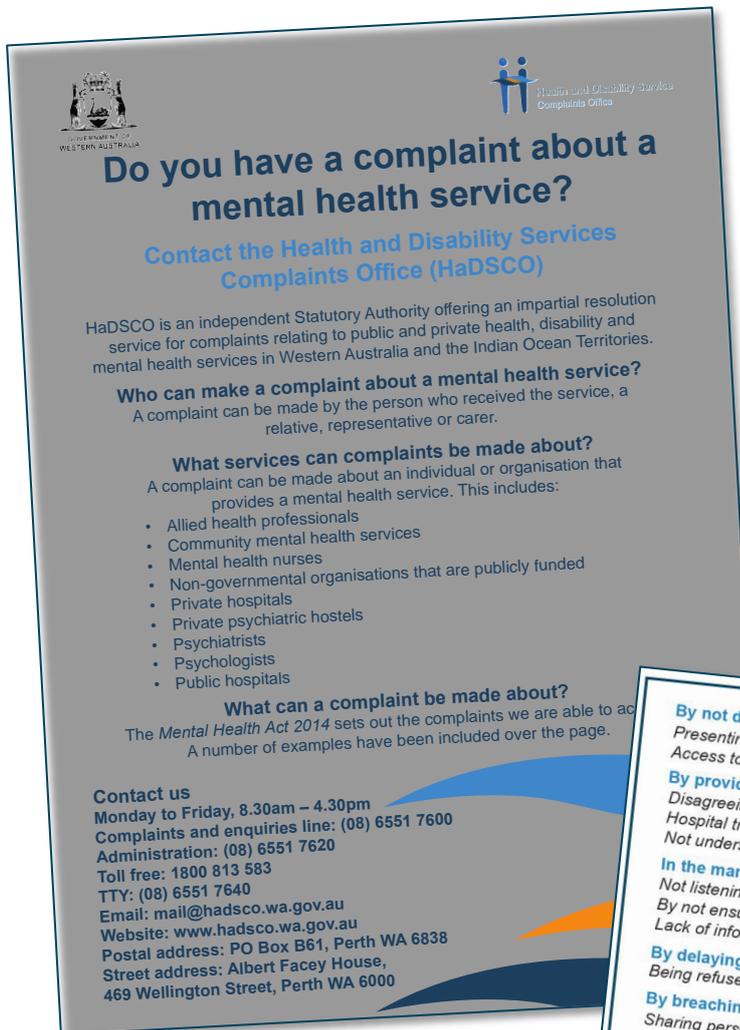
[Appendix K: Letter confirming a complaint has been completed](#)

[Appendix L: Individual complaint tracker form](#)

[Appendix M: Organisational complaints register](#)

[Appendix N: Plan for continuous improvement](#)

Appendix A: Health and Disability Services Complaints Office – Mental Health Information Sheet



Do you have a complaint about a mental health service?

Contact the Health and Disability Services Complaints Office (HaDSCO)

HaDSCO is an independent Statutory Authority offering an impartial resolution service for complaints relating to public and private health, disability and mental health services in Western Australia and the Indian Ocean Territories.

Who can make a complaint about a mental health service?
A complaint can be made by the person who received the service, a relative, representative or carer.

What services can complaints be made about?
A complaint can be made about an individual or organisation that provides a mental health service. This includes:

- Allied health professionals
- Community mental health services
- Mental health nurses
- Non-governmental organisations that are publicly funded
- Private hospitals
- Private psychiatric hostels
- Psychiatrists
- Psychologists
- Public hospitals

What can a complaint be made about?
The *Mental Health Act 2014* sets out the complaints we are able to deal with. A number of examples have been included over the page.

Contact us
Monday to Friday, 8.30am – 4.30pm
Complaints and enquiries line: (08) 6551 7600
Administration: (08) 6551 7620
Toll free: 1800 813 583
TTY: (08) 6551 7640
Email: mail@hadsco.wa.gov.au
Website: www.hadsco.wa.gov.au
Postal address: PO Box B61, Perth WA 6838
Street address: Albert Facey House, 469 Wellington Street, Perth WA 6000

Information Sheet Link:

https://www.hadsco.wa.gov.au/docs/infosheets/Mental_Health_Information_Sheet.pdf

More HaDSCO publications are available at:

<https://www.hadsco.wa.gov.au/publications/index.cfm>



Complaints can be made about:

By not delivering a service, including:
Presenting for assessment and being discharged without any treatment.
Access to medication being restricted or refused.

By providing a service that should not have been provided, including:
Disagreeing with mental health assessments.
Hospital treatments being provided against your will.
Not understanding why you have been made an involuntary patient.

In the manner of providing a service, including:
Not listening to your concerns and point of view, including for discharge planning.
By not ensuring patient centred care focused on appropriate communication.
Lack of information regarding requirements of a Community Treatment Order.

By delaying, denying or restricting the consumer's access to records, including:
Being refused access to the medical information held on your personal file.

By breaching confidentiality, including:
Sharing personal information without obtaining your consent.

By charging an excessive fee, including:
Not being informed prior to treatment of an estimate of costs.
Not providing Informed Financial Consent.

By failing to deal with a complaint effectively, including:
Not receiving a response to your complaint or the response not adequately addressing issues.
Not allowing you to make a complaint.

By failing to comply with the Carers Charter, including:
Carers not being informed about discharge arrangements.
Carers not communicated with.
Carers not being included in planning and treatment arrangements where appropriate.

By failing to comply with the Mental Health Care Principles, including:
Service provider not following the treatment arrangements in a mental health care plan.

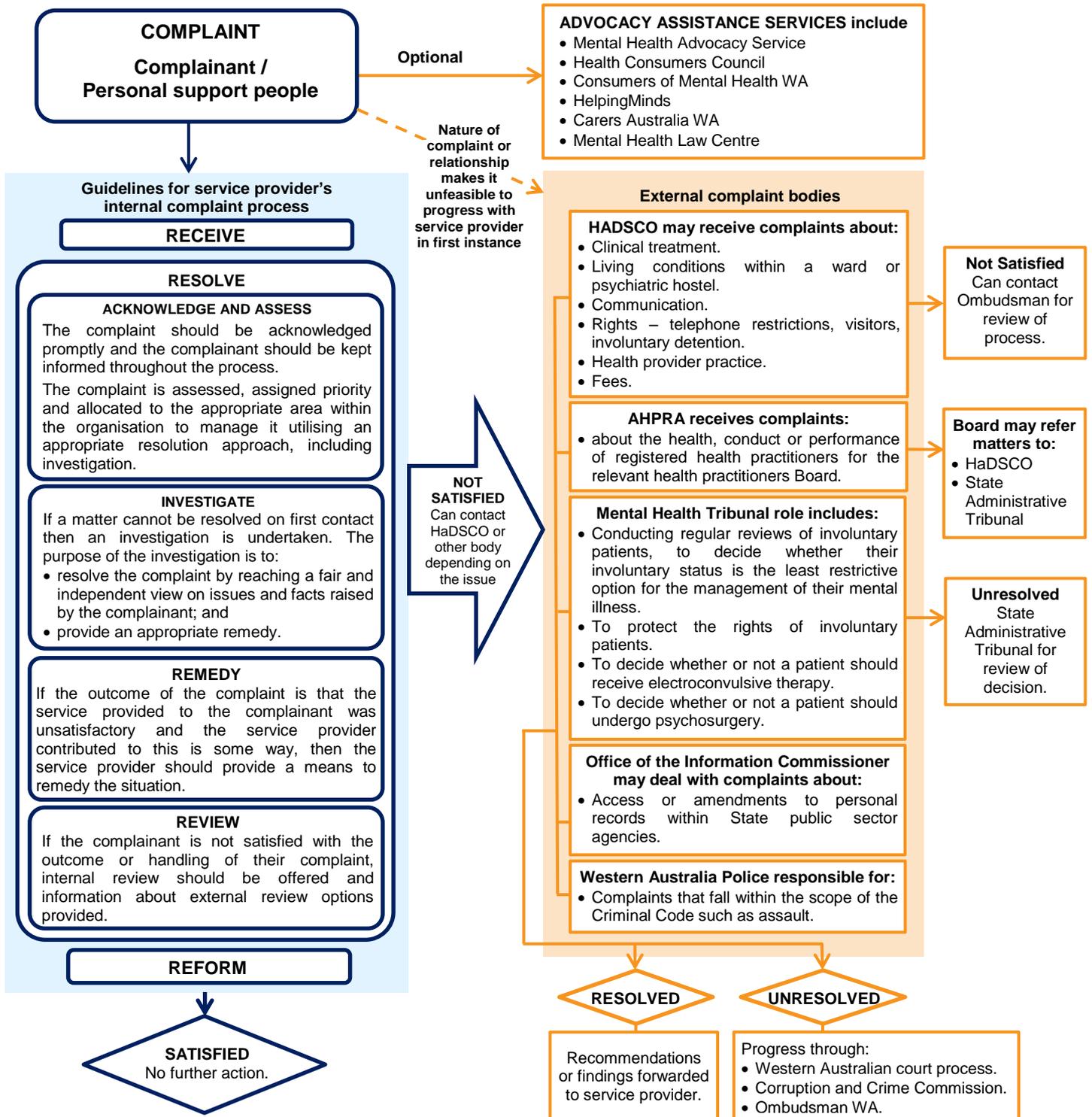
By failing to comply with the Disability Services Standards, including:
Service provider not recognising intellectual disability or other disability in mental health planning.

If you would like advice about how to get started with your complaint, or for assistance in completing a complaint form, contact HaDSCO.

Helpful tips for making a complaint

- Identify the key issue: It is important to have a clear understanding of the issue/s you want to raise before submitting the complaint.
- Think about the information to include: Consider the relevant points and what outcomes you are hoping to achieve.
- Raise your complaint with the service provider: Try registering your concern with the service provider first. This is often the best way to resolve a complaint.
- Consider how to submit your complaint: Complaints can often be made online, face-to-face, in writing or by telephone.
- Consider seeking assistance in lodging your complaint: There are a number of agencies and organisations that can help, including HaDSCO.

Appendix B: Mental Health Complaint Process



Oversight bodies

| | | | |
|---|--|--|--|
| <p>Office of the Chief Psychiatrist responsible for:</p> <ul style="list-style-type: none"> • The medical care and welfare of all involuntary patients. • Supports best practice through the Chief Psychiatrist's Standards and Guidelines. • Ensuring safe standards in the use of medication and providing information to medical practitioners about new developments. • Monitoring restrictive practices and electroconvulsive therapy. • Addressing Sentinel Events/ Notifiable Incidents. | <p>Mental Health Advocacy Service role is to:</p> <ul style="list-style-type: none"> • Provide mental health advocacy services, and rights protection functions, to involuntary patients and residents of private psychiatric hostels. • Inquire into, or investigate, any matter relating to the conditions of mental health services that is adversely affecting, or likely to adversely affect, the health, safety or wellbeing of consumers. • Attempt to resolve any issues arising in the course of an investigation or inquiry. | <p>Mental Health Commission responsible for:</p> <p>Purchasing mental health services for the State from providers including public Health Service Providers, non-government organisations and private service providers.</p> | <p>WA Health Patient Safety and Clinical Quality Directorate</p> <p>Licensing and Accreditation Regulatory Unit (LARU): regulates the accreditation of public and private hospitals, including private psychiatric hostels.</p> <p>Mental Health Unit: assists and supports WA's Mental Health Services in delivering an evidence-based, patient centred, caring, safe, respectful and supportive mental health system for Western Australians.</p> <p>Patient Safety Surveillance Unit: is responsible for statewide patient safety policy and reporting; including consumer complaints, clinical incidents, clinical risk management and review of deaths.</p> |
|---|--|--|--|

Appendix C: Complaints handling and compliments policy and procedure

The policy is designed to be used as a guide for the development or update of a service provider's complaint handling and compliments policy.

A service provider may consider developing a procedure to accompany its complaint handling and compliments policy. Such a document would provide guidance to staff on how complaints and compliments will be managed specifically by the organisation in accordance with its documented policy.

The head of the organisation should personally adopt and promote the service provider's complaint handling and compliments policy and ensure that staff adhere to it through regular reporting and reviews.

Most of the model policy can be used as a template and replicated by the organisation.

[SERVICE PROVIDER NAME AND LOGO]

TEMPLATE POLICY

PURPOSE STATEMENT:

To assist staff, consumers and their support people and carers with the timely and effective management of complaints and compliments.

POLICY:

It is our policy to enable consumers, their support people, carers, visitors, staff and volunteers to provide feedback or raise a complaint about any aspect of our service, or the operation of our facilities.

The aim of this policy is to improve the quality of services provided by adopting a positive, blame-free approach to resolving complaints.

Compliments received by the service tell us what we are doing right. Complaints received by the service are seen as an opportunity for improvement. All feedback is taken seriously.

We will make all reasonable efforts to understand issues or concerns, and resolve complaints within the service when they arise.

The timely and efficient management of complaints fosters a positive, cooperative attitude with consumers, their support people, visitors, volunteers and staff.

Complaints will be addressed promptly with the aim of providing a formal response within [XX days / weeks]. We will communicate with you openly and regularly while we work to resolve your complaint. Where appropriate, the consumer will be actively involved in resolving the issue. Once a resolution has been reached, we will talk with you to discuss the outcome of your complaint.

If you are not happy with the outcome of your complaint, you can ask us for an internal reconsideration of our decision. We can also provide you with the details of external complaint resolution organisations.

TEMPLATE PROCEDURE

PROCEDURE:

- All consumers and/or their support people are informed about the process for lodging a compliment or complaint.
- Our *Complaint Handling and Compliments Policy* is promoted widely within our service. Copies of our policy, procedures and relevant forms are available from [INSERT LOCATION e.g. our front office and website address].
- A *Complaints and Compliments Support Statement* outlining our service's commitment to a welcoming environment for compliments and complaints is clearly displayed at our facilities.
- Staff and volunteers have an understanding of our *Complaint Handling and Compliments Policy* and are available to assist consumers and their support people in providing feedback to the service.
- Copies of our *Complaint and Compliments Form* are easily accessible in public areas of our facilities to provide clear and accessible ways of providing feedback on the services provided. The forms are available in each of our facilities and suggestion boxes have been provided for the lodging of forms.
- Complaints and compliments can be provided:
 - in writing by dropping a completed *Complaints and Compliments Form* in the suggestion box located at [INSERT LOCATION e.g. reception]
 - in person, verbally to FIRST NAME LAST NAME (POSITION) or by approaching a member of staff for assistance
 - in writing by email to SERVICE@PROVIDERS.EMAIL
 - by telephone on (XX) XXXX XXXX
 - in writing by mail to SERVICE PROVIDER NAME and ADDRESS.
- Complainants are encouraged to lodge their complaint in writing. This will assist with understanding the nature of the complaint and ensure that the facts provided are correct.
- The complaint is to be referred to the relevant staff member for registration on the *Complaints Tracker*.
- Complainants have the right to ask us for an internal reconsideration of decisions we have made in relation to their complaint.
- Complainants have the right to lodge their complaint with an external agency including the Health and Disability Services Complaints Office.
- Options for internal reconsideration of decisions and external complaint resolution are offered to any complainant who is not satisfied with the resolution of their complaint within the service.

- Complainants have the right to seek assistance from mental health or carers' advocacy services in raising a complaint.
- If someone gives a verbal complaint or compliment, they should be encouraged to complete a *Complaints and Compliments Form* to facilitate the tracking of feedback by the service. Alternately, staff will use the form to record verbal feedback to facilitate tracking by the service and inform ongoing improvement activities.
- If a concern or complaint is minor and was addressed at the point of service, staff should record the issue and any actions taken in the *Complaint Tracker*.
- Any staff member can be approached to provide compliments, to raise a concern or make a complaint. Where a staff member is not empowered to handle or resolve complaints on behalf of the service, the staff member will be able to refer the complaint to other staff and/or assist the complainant with completing forms for them.
- Any complaints received by our service are registered on the *Complaint Tracker*, acknowledged, and investigated where required. Feedback on how the complaint was managed and resolved is sent to the complainant once the complaint is closed. Where the complainant is not the consumer, the consumer will also be informed.

ACCOUNTABILITIES:

- Staff are responsible for reporting compliments and complaints to their supervisor before the end of their shift.
- Managers are responsible for the management of the compliments and complaints process and informing the relevant manager of any feedback received.
- Managers are responsible for ensuring that compliments and complaints are entered into the *Compliments and Complaints Tracker* to inform ongoing improvement activities within the service.
- Managers are responsible for analysing feedback trends for the purposes of informing ongoing improvement activities within the service.

CONFIDENTIALITY:

- All information regarding complaints will be kept confidential amongst the staff concerned with its resolution.
- Complaint documentation will be kept in a safe, locked place and be accessible only to staff handling the complaint.
- Compliment and complaint information may be forwarded to the management team as part of ongoing improvement activities within the service.
- Statistics on all types of compliments and complaints will be recorded and used to inform ongoing improvement activities within the service. For this purpose, compliment and complaint information may be disseminated to management and other staff. However, the identity of the complainant or persons named in the feedback will not be disclosed.

Appendix D: Complaints and compliment support statement

The support statement is designed to be used as a guide for the development or update of a service provider's complaints and compliments support statement.

[SERVICE PROVIDER NAME AND LOGO]

TEMPLATE SUPPORT STATEMENT

We support your right to share compliments, feedback, concerns or make a complaint.

We welcome feedback and complaints as part of our commitment to provide a high quality service.

Tell us what we're doing well. We appreciate hearing from you.

If you have a concern, we also want to hear from you.

We understand the importance of resolving matters promptly within our service.

We aim to provide a welcoming environment for you to raise a concern or a complaint.

We value open and timely communication. It benefits our ongoing relationship with you.

We will work with you to address concerns and resolve issues. Seeking to resolve concerns or complaints is part of our responsibilities.

A copy of our Compliment and Complaint Handling Policy is available for you to view.

To get a copy of the policy or for more information please speak to:

| |
|---|
| INSERT NAME OF COMPLAINT HANDLING STAFF e.g. DIRECTOR OF NURSING AND THEIR CONTACT DETAILS |
|---|

(Signature)

[NAME AND TITLE OF STAFF MEMBER e.g. Service or Facility Manager /CEO]

Appendix E: Complaints and compliments trifold brochure

Our service is committed to providing high quality care and services and meeting your needs.

We value your feedback – including complaints.

We view complaints as an opportunity to improve our services.

We appreciate you taking time to let us know what you think we do well and where we can improve our services.

We want to hear from you about how we're doing.

Let's talk.

[Use the back panel to provide contact details for your service]

Complaints and Compliments Information

**Help us
improve our
service**

Are we meeting your needs?

[SERVICE NAME AND LOGO]

If you have a concern, chances are that you are not alone.

Your feedback could make us aware of problems that we don't know about. So, we want to hear from you.

Let's talk

Please discuss any concerns or questions you have about the quality of care provided by our service.

We take all feedback seriously and want to understand how we can best deliver services to you.

You are welcome to speak to our staff if you have any issues you wish to raise.

We also welcome feedback via email and phone. You can also use the *Compliments and Complaints Form* available from [insert location of forms].

What to expect

If you have a complaint, we will respond to it promptly and sensitively. We will treat your complaint in confidence and respect your privacy.

You can help us by providing as much relevant information as possible.

We aim to address your concerns as quickly as possible. Where appropriate, we will investigate your complaint to understand what happened and why and to find ways to prevent it from happening again.

We will keep you informed about the progress of your complaint along the way.

What we will do

We will work with you to assess how best to resolve your complaint. Please consider the outcome you would like and we will strive to provide it.

Improving our service

Compliments and complaints are discussed at staff meetings. We work together to find ways to improve our service and keep staff informed of what has happened.

External complaint mechanisms

If you do not feel comfortable raising a complaint directly with us or continue to be dissatisfied after raising your concern with us, assistance is available.

- **Advocacy:** a free and confidential service promoting the rights of mental health service recipients.
Phone [Insert phone number]
- **Health and Disability Services Complaints Office:** a free and confidential service for anyone to raise a complaint about mental health complaints.
Phone (08) 6551 7600

Appendix F: Complaints and compliments form

[SERVICE NAME AND LOGO]

We welcome your feedback.

Our service is committed to providing high quality care and services and meeting your needs.

We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services.

| | | | |
|------------------|---------------------------------------|---|---|
| This is a | <input type="checkbox"/> complaint | <input type="checkbox"/> compliment | <input type="checkbox"/> comment |
| I am a | <input type="checkbox"/> service user | <input type="checkbox"/> family member | <input type="checkbox"/> support person |
| | <input type="checkbox"/> carer | <input type="checkbox"/> staff member on behalf of care recipient | <input type="checkbox"/> staff member |
| | <input type="checkbox"/> other: _____ | | |

| Feedback |
|----------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| Follow up (optional) | |
|--|--|
| Please provide your details if you would like us to contact you about your feedback. | |
| Name: | |
| Phone: | |
| Email: | |

1. Information for complaints

A complaint should be lodged if you have been unable to resolve your issue or concern informally. You may be contacted and asked to provide additional information to support your complaint. If you are representative of an individual receiving care please provide your details and those of the individual receiving the care.

2. Personal details

| | | | | | |
|---|-----------------------------|------------------------------|-----------------------------|-------------------------------|--------------------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Other |
| What is your family name? | | | | | |
| What is your given name? | | | | | |
| Service user's name (if not the individual lodging complaint) | | | | | |

3. Contact details

| | | | | |
|---|------------------------------------|---------------------------------|---------------------------------|--------------------------------|
| What is your current residential address? | | | | Postcode |
| | | | | |
| What is your mailing address? (if different to residential address) | | | | Postcode |
| | | | | |
| Email address | | | | |
| Telephone number | | | | |
| Mobile phone number | | | | |
| Preferred contact method: | <input type="checkbox"/> Telephone | <input type="checkbox"/> Mobile | <input type="checkbox"/> Letter | <input type="checkbox"/> Email |

4. Complaint details

| | | |
|--|------------------------------|-----------------------------|
| Have you lodged a complaint about this issue before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, when: | |
| Have you lodged your complaint to any other agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, to whom: | |

| 5. Complaint summary | |
|---|--|
| When it happened | |
| Where it happened | |
| Who was involved | |
| What happened (details of your complaint) | |
| What would you like to happen to resolve your complaint | |
| Attach any documentation that supports your complaint | |

| 6. Acknowledgement |
|---------------------------|
|---------------------------|

All the information provided above is true and correct to the best of my knowledge.

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

| 7. Privacy notice |
|--------------------------|
|--------------------------|

We will only use the information collected on this form to resolve your complaint and access will only be provided to authorised officers.

Your personal information will not be disclosed to any other organisation unless required to do so by law.

| 8. Office use only |
|---------------------------|
|---------------------------|

| | | | |
|------------------|---------------------------------------|------------------------------------|-------------------------------------|
| Action officer | | | |
| Position | | Date | |
| Complaint lodged | <input type="checkbox"/> by telephone | <input type="checkbox"/> in person | <input type="checkbox"/> in writing |
| Notes | | | |

Thank you for taking the time to provide feedback about our service.

Please place completed form in the drop box located at
[insert location of suggestion box]

OR

By providing to FIRST NAME LAST NAME (POSITION)

Appendix G: Letter acknowledging a complaint

To: [Complainant's name]
cc: [Consumer – if not the same as complainant]
Address: [Line 1]
[Line 2]
Date: [Insert date]

Dear [Name],

We have received a copy of your complaint relating to the following issue(s):

- [insert **details** of complaint – for example:
Issue 1: A concern that drug trial protocols were not followed].

We are sorry that you experienced dissatisfaction with our XX service.

We are committed to delivering high quality care and services and we will be looking into your complaint over the next [XX days / weeks].

We plan to review what has happened in this instance, why it happened and what we can do to prevent it from happening again. As part of our inquiries, we will consider what you have told us and provide a copy of your complaint to the manager responsible for the staff involved. We may also interview the staff who were providing care and services in relation to your complaint and examine service records and other internal documents, policies and procedures. Where relevant, we will come back to you with any further queries or clarifications.

We will respect your privacy and confidentiality at all times while working to resolve your complaint, and communicate with you regularly to keep you informed about any progress.

If you are not satisfied with the way we handle your complaint you can contact:

- *Mental Health Advocacy Service* for assistance – a free and confidential service promoting the rights of people receiving mental health services – on 1800 999 057, or
- the *Health and Disability Services Complaints Office* – a free impartial resolution service for anyone to raise a concern about mental health services in Western Australia – on 1800 813 583 or by visiting www.hadsco.wa.gov.au

If you have any concerns or would like to discuss any of these matters, please contact me on [insert contact details].

Yours sincerely,

[Name and contact details]

Appendix H: Communication skills

People communicate in a variety of ways and body language plays a role too. Positive language can assist in gaining cooperation from an individual in resolving an issue or problem.

| Skill | Focus |
|---------------------|---|
| Listening | <ul style="list-style-type: none"> • Focusing on the complainant without interrupting helps to build an understanding of the issues underlying the complaint and the feelings involved. • Effective listening lets the complainant know they have been heard. • Confirming what has been heard by reflecting the complainant's information in your own words is a good way of offering reassurance that a complaint is being taken seriously. It can help complainants feel validated and respected. |
| Body language | <ul style="list-style-type: none"> • An ability to understand and use nonverbal communication such as expressions, movement, gestures and eye contact can provide a better understanding of how a complainant feels and how they communicate. • Awareness of the body language that you use with the complainant is also important as it impacts how the complainant responds to you. |
| Managing stress | <ul style="list-style-type: none"> • Stress can hamper effective communication by disrupting the ability to think clearly. It often leads to misunderstandings. Signs of stress include sweating, clenched hands, tense muscles and shallow breathing. • It can help for staff to respond to signs of stress in complainants and offer support or consider continuing the discussion later. • Effective communicators also recognise stress in themselves and develop ways to deal with it. |
| Emotional awareness | <ul style="list-style-type: none"> • Emotions effect how people understand each other. • A lack of awareness of the feelings involved in a conversation, including a lack of self-awareness, increases the chance for misunderstandings, which can make complainants and staff frustrated and angry. • Service providers can reduce anxiety experienced by complainants by validating their concerns and committing to a timely resolution. |
| Patience | <ul style="list-style-type: none"> • It is important to give complainants enough time to express their concerns. • Remaining focused and not interrupting shows an openness to listen to complainants and attempt resolution. • Communication lines can be broken when complainants feel rushed, misunderstood or staff appear to want to get out of a conversation. |

Appendix I: Challenging complainant conduct

A service provider may deal with many complaints each year. Most of the complainants involved act reasonably. However, occasionally the conduct of some complainants can be challenging because of:

- Unreasonable persistence;
- Unreasonable demands;
- Unreasonable lack of cooperation;
- Unreasonable arguments; or
- Unreasonable behaviour.

In these circumstances, special measures to deal with this conduct may be required. It is important to remember that, even where a person's conduct may be unreasonable, they may have a valid complaint and their complaint should be handled appropriately.

The focus is on the conduct of the complainant, not the person – 'unreasonable conduct' not 'difficult complainant'. The most effective way for staff to manage a complainant's challenging behaviour is to manage their own response to that behaviour. For this reason, the focus is on individual instances of observable conduct.

Tips on how to manage such conduct include the use of the management strategy described by the acronym **BEST PRACTICE** and the use of clear terminology:

B – Boundaries between complainant and the service provider are made clear – the complainant 'owns' the issue, the service provider 'owns' the complaint.

E – Expectations are kept realistic and managed from the beginning and during the course of the complaint through the provision of appropriate information in writing and orally.

S – Support from management is strong and consistent – staff are well supported by the provision of resources, appropriate delegations and supervision (supervision is invisible to the complainant – it only becomes visible at strategic times, for example when complaints about a staff member's handling of a complaint arises).

T – Training is comprehensive and ongoing – staff receive comprehensive, ongoing, formal on-the-job training for dealing with unreasonable complainant conduct.

P – Practices are maintained in a normal manner in abnormal situations so staff do not act as 'saviours' or 'persecutors'.

R – Responsibilities are clear and mutual:

- staff are responsible for professional behaviour and thorough work in assessing and dealing with a complaint; and
- complainants are informed of their responsibilities and are held responsible for providing clear information about their complaint in understandable form and for providing all the information in a truthful and timely manner.

A – Authority is exercised – staff dictate the direction and progress, not the complainant, and are in charge of the specific interactions with the complainant. Their actions are backed up by the service provider (staff have the training, knowledge and experience and hence the authority, to manage the complaint).

C – Communication with the complainant is effective – communication is clear, comprehensive, timely and respectful.

T – Time to deal with complaints is sufficient – management ensures that staff have sufficient time to properly consider and deal with a complaint, and to effectively interact with the complainant.

I – Impartiality is maintained – staff act impartially and maintain neutrality.

C – Consistency of practice is in place – strong policy direction and supervision ensures consistency of practice in dealing with particular complainants, and in dealing with all complainants across the organisation.

E – Equanimity is maintained – staff are encouraged to remain calm and even-tempered during difficult interactions with complainants (debriefing is provided where interactions prove stressful for staff).

Use clear terminology that focuses on the conduct of the complainant not the person.

| Conduct | Management Strategy |
|---------------------------------------|---|
| Unreasonable persistence | Saying “no” |
| Unreasonable demands | Setting limits |
| Unreasonable lack of co-operation | Setting conditions |
| Unreasonable arguments and behaviours | Saying “no”; setting limits/conditions; applying risk management protocols i.e. confirming what behaviours will be unacceptable and what response a complainant may expect from staff, communicating in written form only; identifying specific staff for engagement. |

The above information was informed by *Dealing with ‘difficult’ complainants*, Wheeler, C, Health Complaints Commissioner’s Conference, November 2009

Appendix J: Early resolution form

[SERVICE NAME AND LOGO]

Our service is committed to providing high quality care and services and meeting your needs. We endeavour to fix problems and issues of concerns at the point of service where they arise.

We value your feedback – including complaints.

We view complaints as an opportunity to improve our services.

Please use this form to document information on minor, non-confidential issues and any actions taken to address the issue. This information will help us continue to improve our service, and may assist consumers, support people and staff in finding a suitable early resolution for other situations.

I am

a service user

a family member

a support person

a staff member

staff reporting on behalf
of a service user

other: _____

The issue:

The resolution (what's been done to resolve the issue):

Thank you for taking the time to share feedback about our service.

Appendix K: Letter confirming a complaint has been completed

To: [Complainant's name]
cc: [Consumer – if not the same as complainant]
Address: [Line 1]
[Line 2]

Date: [Insert date]

Dear [Name],

Thank you for discussing your concerns about [insert **summary description** about the complaint] with us.

We regret that you experienced dissatisfaction with the quality of our service.

We wish to confirm that we have looked into your complaint, discussed these issues with you and agreed on the following outcome and resolution:

- [insert **details about agreed facts and agreed resolution**, including any actions taken or promised to be taken.]

We hope that you are satisfied with the resolution of your complaint. If you are not satisfied with the way we handled your complaint you can contact:

- [Service Complaints Manager Name] on [Phone Number] or via email [Email Address] to discuss your concern, or
- the Health and Disability Services Complaints Office – a free impartial resolution service for anyone to raise a concern about mental health services in Western Australia – on 1800 813 583 or by visiting www.hadsco.wa.gov.au

Please let me know if there is anything else you would like to discuss with me.

Thank you for taking the time to raise your concerns with us. We view all complaints as an opportunity to improve the services we deliver and appreciate your assistance in the ongoing improvement of the care we provide.

Yours sincerely,

[Name and contact details]

Appendix L: Individual complaint tracker form

[SERVICE NAME AND SERVICE LOGO]

| ACTION TRACKER – ‘AT A GLANCE’ | | |
|--|---------------------|-------------|
| Task | Staff Member | Date |
| Complaint received | | |
| Complaint acknowledged | | |
| Complaint entered into Organisational Complaints Register | | |
| Complaint assessed | | |
| Investigation of events | | |
| Resolution with complainant | | |
| Confirmation with complainant | | |
| Confirmation with manager | | |
| Complaint closed | | |
| External referral offered | | |
| Verify complaint actions entered into Individual Complaints Tracker and Organisational Complaints Register | | |

FORMAL COMPLAINT MANAGEMENT – CASE DETAILS

| | |
|-------------------------------|-----------------------|
| Registration Number: | |
| Division: | Business Unit: |
| Investigating Officer: | |

| 1. General information | | |
|---|--|---|
| Name of complainant | | |
| Complainant's address | | |
| Complainant's phone number | | |
| Complainant's email address | | |
| Service user's name (if not the individual lodging the complaint) | | |
| What happened, when and who was involved | | |
| Outcome sought by complainant | | |
| Is the complaint being handled by the correct business unit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, has the complaint been referred to the correct unit? | <input type="checkbox"/> Yes Date: | <input type="checkbox"/> No <i>(if no, why not?)</i> |
| Is an external party required to manage this complaint | Who referred to: Date: | |
| Notes: | | |
| | | |
| 2. Complaint lodgement and acknowledgement | | |
| Date received | | |
| Complaint lodged | <input type="checkbox"/> In person | <input type="checkbox"/> In writing <input type="checkbox"/> Verbally |
| Has complaint been registered on the complaints register? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <i>(if no, why not?)</i> |
| Nature of complaint | <input type="checkbox"/> Service delivery | <input type="checkbox"/> Staff conduct |
| | <input type="checkbox"/> Administrative decision | <input type="checkbox"/> Policy/procedure |
| | <input type="checkbox"/> Other (specify) | |

| | | | |
|--|--|---|------------------|
| Date acknowledged | | | |
| Has complainant been advised of the complaint management procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Notes: | | | |
| 3. Assessment | | | |
| Has risk assessment been undertaken of the complaint? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Outcome of risk assessment (Risk rating after consequences and likelihood of risk associated with complaint is considered) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | |
| Action | <input type="checkbox"/> Non-complex/non-urgent <input type="checkbox"/> Non-complex/urgent <input type="checkbox"/> Complex/non-urgent <input type="checkbox"/> Complex/urgent | | |
| Notes: | | | |
| 4. Resolution | | | |
| Proposed timeframe for resolution | <input type="checkbox"/> Standard <i>(i.e. within 30 working days)</i> | <input type="checkbox"/> Complex <i>(i.e. more than 30 working days)</i> | Due date: |
| Has sufficient information been provided to resolve the complaint? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If no, what additional information is required and who from? | | | |
| Date complainant notified of requirement | | | |

| | | |
|---|---|--|
| Resolution strategy <i>(more than one box can be ticked)</i> | <input type="checkbox"/> Meeting(s) with complainant | <input type="checkbox"/> Internal review |
| | <input type="checkbox"/> Review of available material | <input type="checkbox"/> Full investigation |
| | <input type="checkbox"/> Telephone interview(s) with complainant | |
| | <input type="checkbox"/> Other (specify): | |
| Key stages of resolution process <i>(e.g. interview date(s), negotiation meetings, conciliation meetings)</i> | | |
| Recommendation <i>(more than one box can be ticked)</i> | <input type="checkbox"/> Written/verbal apology | <input type="checkbox"/> Explanation |
| | <input type="checkbox"/> Disciplinary action | <input type="checkbox"/> Policy/procedure review |
| | <input type="checkbox"/> Staff Training | <input type="checkbox"/> Change to service |
| | <input type="checkbox"/> Other, including written explanation or written outcome of the complaint (specify) | |
| Notes: | | |

| | | |
|---|------------------------------|--|
| 5. Notification | | |
| Date decision communicated to complainant: <i>(complainant should always be notified in writing, when possible)</i> | | |
| Outcome of the complaint | | |
| Was the complainant satisfied with the outcome of the complaint? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, has complainant been notified of their right to an external review? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the complaint register been updated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <i>(if no, why not?)</i> |
| Notes: | | |

Appendix M: Organisational complaints register

[Service Name]

| Ref # | Date received | Complaint Type | Complainant Type | Main Issue | Resolution Approach | Complaint Outcome | Actions taken (redress/service improvement) | Policy / Procedures affected | Date closed | External referrals made |
|-------|---------------|----------------|------------------|------------|---------------------|-------------------|---|------------------------------|-------------|-------------------------|
| | | | | | | | | | | |
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Appendix N: Plan for continuous improvement

When deciding on an action, you should consider how the action will improve the care and services provided to service users and the sustainability of the action.

[Service Name]

Date plan prepared: _____

| Date | Issues identified (include source for example complaint, internal audit) | Related Policies / Procedures | Planned action | Planned completion date | Actual completion date |
|------|--|-------------------------------------|----------------|-------------------------------|------------------------------|
| | | | | | |
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Health and Disability Service Complaints Office (HaDSCO)

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