

FEEDBACK & COMPLAINTS RESOLUTION POLICY



1. PURPOSE AND SCOPE

The purpose of this policy is to establish mechanisms for people with disabilities and family members/carers/advocates to provide feedback to DDWA, or, to lodge a complaint or grievance. Complaints are also seen to have an important role in contributing to service improvement at DDWA. The policy has been framed around natural justice principles and individuals' rights as they are specified in the Standards Australia Complaint Handling Standard As 4269-1995, The Disability Services Act (1993) and Standard 4 of the National Standards for Disability Services (2013), which states **"Feedback and Complaints: Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement."**

This policy applies to all of DDWA's programs and activities.

2. POLICY STATEMENT – FEEDBACK AND COMPLAINTS RESOLUTION

DDWA welcomes feedback about its services including suggestions, commendations, requests for service improvements and complaints. People with disabilities and their families/carers are encouraged to provide feedback and make complaints if necessary and made aware of how to do this; without fear of any adverse consequences. All People with disabilities and families/carers are offered advocacy support when raising issues or complaints if they desire it.

DDWA is committed to ensuring that members and constituency are able to exercise their right to know what they can expect from the organisation's service. All people with disabilities and their families/carers are free to provide feedback to DDWA about their services, or to lodge grievances, to have them dealt with promptly and without fear of retribution, and to have those grievances resolved if possible. Treatment of disputes and grievances will be fair to both complainant and respondent, will be responded to courteously and will be given high priority for resolution and remediation.

3. PROCEDURES

The following procedures are to be implemented to enable the organisation to meet its policy objective of ensuring that all members and constituency are encouraged to give feedback about the service, and are free to lodge and have resolved any disputes or grievances regarding DDWA, its staff or its services. DDWA will:

- 3.1 Operate in ways where people with disabilities, family members/carers and advocates feel that staff and volunteers are easily approachable and will listen to their feedback, suggestions for improvements or any complaints. (See Document 4:3.1)

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- 3.2 Regularly inform people with disabilities, families/carers that feedback about the service is welcomed, and inform them of how they can provide feedback at any time. (See Document 4:3.2)
- 3.3 Designate a person (a 'complaints coordinator') to handle all complaints about DDWA and to be responsible for the keeping of complaints records and correspondence. The Complaints Coordinator may be the Chief Executive Officer, or a delegated paid staff member.
- 3.4 Ensure that all DDWA members and their constituency are made aware of their right to make a complaint and their options for how they can lodge a complaint. (See Document 4:3.2)
- 3.5 Ensure that all DDWA members and their constituency are informed that they have a right to have an independent advocate of their choice to support them when discussing service issues or making a complaint. (See Document 4:3.2)
- 3.6 Ensure that all complaints are dealt with in ways which respect the privacy of the complainant and ensure complaints records are kept confidential in accordance with DDWA Policies on Privacy and Confidentiality.
- 3.7 Complaints will be dealt with in a timely and fair manner, responding within five working days to a client or family/carer's concern.

Recognising that there may be barriers discouraging member and constituency feedback and complaints, DDWA takes the member and constituency perspective into account by:

- Ensuring that the member and constituency does not deal with staff who were involved in the problem.
- Enabling members and constituency to choose from several feedback procedures.
- Ensuring that a member and constituency's disability does not prevent them using the member and constituency feedback system.
- Having only one tier or stage in our system.
- Ensuring that privacy and confidentiality are fully respected and safeguarded.

At the finalisation of each complaint, DDWA will inform all complainants about the relevant review processes, especially the Office of Health Review's responsibility under Part 6 of the Disability Services Amendment Act (1999).

Procedure for Complaint Resolution is as follows:

1. The staff member is to listen to the member and constituency's complaints and do what they can to resolve them.

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2. Where the staff member is unable to resolve the complaint, the staff member is to ask the complainant whether they would like the complaint investigated formally. If no, the staff member is to continue to try and resolve the complaint to the best of their ability. If yes, the staff member is to inform the Chief Executive Officer of the complaint.
 3. The Chief Executive Officer is to contact the complainant and make an appointment for a first interview as soon as possible.
 4. At the initial interview, the purpose is to extract the exact nature of the complaint and identify actions which may resolve the complaint.
 5. The Chief Executive Officer investigates the complaint which includes interviews with any staff members involved.
 6. The Chief Executive Officer provides the complainant with progress reports.
 7. The Chief Executive Officer proposes a resolution which finalises the complaint.
 8. If the complainant agrees with the proposed resolution, DDC will act on the proposal.
 9. If the matter is still not resolved, the person should be offered a meeting with a member of the Board of Management along with their chosen advocate if they so desire.
 10. If the grievance is still not resolved, the complainant should be provided with information about other services to help them resolve their complaint, including the Office of Health and Disability Complaints.
- 3.8 DDWA will keep records of complaints and the issue surrounding the complaint, and track any trends in complaints which DDWA receives. These records should be reported to the Disability Services Commission as part of the Annual Self Assessment.

4. PERFORMANCE STANDARDS

The following performance standards need to be met to ensure that the procedures specified in the Complaints Management Resource File are implemented effectively:

- 4.1 DDWA has a culture of listening to the views and needs of its members and constituency; and they feel that staff and volunteers are easily approachable to discuss any service issues.
- 4.2 All DDWA employees are familiar with DDWA's Policy on Feedback and Complaints Resolution and a staff copy of the policy is kept in DDWA office.
- 4.3 DDWA members have access to its Policy on Feedback and Complaints Resolution and have been given a copy of the policy if requested as well as regularly reminded of
 - a. their rights to give feedback or make complaints
 - b. the process to provide feedback or make complaints to the service.

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- 4.4 The service has records of feedback and complaints made to the service, and analysed and documented any trends for the purposes of implementing service improvements.
- 4.5 Service improvements made are relevant to documented feedback and complaints.
- 4.6 If client has elected to have the complaint dealt with internally, the Complaints Co-ordinator has met with the complainant within five working days of being advised that the client wishes to proceed with the complaint internally.
- 4.7 The CEO / Complaints Co-ordinator has clarified and documented the nature of the complaint or concern and the resolution sought by the complainant.
- 4.8 The CEO / Complaints Co-ordinator has interviewed the involved parties and assembled a proposed course of remedial action within ten working days of meeting with the complainant.
- 4.9 In the event of the proposed course of remedial action being unacceptable to the complainant, the CEO / Complaints Co-ordinator has advised the complainant of his or her rights and avenues to take the matter further.
- 4.10 All complaints, resolved and unresolved, have been recorded in a confidential complaints log book and a non-identifying summary of any complaints has been tabled at the next Board meeting to inform future service improvement efforts.
- 4.11 No people with disabilities or their families/carers have suffered adverse consequences within the service as a result of raising concerns or complaints with the service.

5. REVIEW OF THE POLICY

This policy will be reviewed on a two yearly basis. However, if at any time the legislative, policy or funding environment is so altered that the policy is no longer appropriate in its current form, the policy will be reviewed immediately and amended accordingly.