



Out of School Hours Care Program  
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# COMPLIMENTS AND COMPLAINTS

## QUALITY AREA 7



### PURPOSE

This policy will provide guidelines for:

- receiving and dealing with compliments and complaints at St Francis of Assisi OSHC
- procedures to be followed in investigating complaints.

**Note:** This policy does not address complaints relating to staff grievances or employment matters. The relevant awards provide information on the management of such issues.



### POLICY STATEMENT

#### VALUES

St Francis of Assisi OSHC is committed to:

- providing an environment of mutual respect and open communication
- recognising excellence and gratitude
- complying with all legislative and statutory requirements
- dealing with disputes, complainants with fairness and equity
- establishing mechanisms to respond to complaints in a timely way
- treating information in relation to complaints with sensitivity.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of St Francis of Assisi OSHC.

RESPONSIBILITIES				
		Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators and all other staff
				Parents/guardians
				Contractors, volunteers and students

R indicates legislation requirement, and should not be deleted					
Being familiar with the <i>Education and Care Services National Law Act 2010</i> and the <i>Education and Care Services National Regulations 2011</i> , service policies, constitution, and procedures	R	√	√	√	√
Acknowledge compliments and thank complemtor for their interest and feedback	√	√			
Save compliments and sharing with relevant parties	√	√			
Ensuring that compliments and complaints are monitored and used to continually improve the quality of the service	R	√			
Identifying, preventing and addressing potential concerns before they become formal complaint	R	√	√		√
Ensuring that the name and telephone number of the responsible person ( <i>refer to Staffing Policy</i> ) to whom complaints may be addressed are displayed prominently at the main entrance of the service ( <i>National Law: Section 172, Regulation173(2)b)</i> )	R	√			
Ensuring that the address and telephone number of the Authorised Officer at the DET regional office are displayed prominently at the main entrance of the service ( <i>Regulation 173(2)(e)</i> )	R	√			
Advising parents/guardians and any other new members of St Francis of Assisi OSHC of the <i>Compliments and Complaints policy</i> and procedures upon enrolment	R	√			
Ensuring the complaints processes is child focused, understood broadly (including by children, their families, staff and volunteers), culturally safe and compliant with privacy laws, reporting obligations and employment law	R	√			
Ensuring that children have access to age appropriate information, support and complaints processes in ways that are culturally safe, accessible and easy to understand	R	√	√		√
Ensuring that this policy is available for inspection at the service at all times ( <i>Regulation 171</i> )	R	√			
Being aware of, and committed to, the principles of communicating and sharing information with service employees, members and volunteers	R	√			
Responding to all complaints in the most appropriate manner and at the earliest opportunity	R	√	√		√
Treating all complainants fairly and equitably	R	√	√		
Discussing minor complaints directly with the party involved as a first step towards resolution (the parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome)	R	√	√	√	
Communicating (preferably in writing) any concerns or compliments relating to the management or operation of the service as soon as is practicable		√	√	√	√

Providing a Complaints Register ( <i>refer to Definitions</i> ) and ensuring that staff record complaints along with outcomes	R	√			
Providing information as requested by the approved provider e.g. written reports relating to the complaint		√	√	√	√
Notifying the approved provider if the complaint is a notifiable complaint ( <i>refer to Definitions</i> ) or is unable to be resolved appropriately in a timely manner		√	√	√	√
Complying with the service's <i>Privacy and Confidentiality Policy</i> at all times ( <i>Regulations 181, 183</i> )	R	√	√	√	√
Establishing a Complaints Subcommittee or appointing an investigator to investigate and resolve complaints as required as determined through establish processes. ( <i>refer to Attachment 1 &amp; 2</i> )	√	√			
Referring notifiable complaints ( <i>refer to Definitions</i> ), or complaints that are unable to be resolved appropriately and in a timely manner to the Complaints Subcommittee/investigator	√	√			
Co-operating with requests to meet with the Complaints Subcommittee and/or provide relevant information when requested in relation to complaints	√	√	√	√	√
Informing DET in writing within 24 hours of any complaints alleging that a serious incident ( <i>refer to Definitions</i> ) has occurred at the service or that the Education and Care Services National Law has been breached ( <i>National Law: Section 174, Regulation 176(2)(b)</i> )	R	√			
Working co-operatively with the approved provider and DET in any investigations related to complaints about St Francis of Assisi OSHC, its programs or staff.	√	√	√	√	√
Receiving recommendations from the Complaints Subcommittee/investigator and taking appropriate action	√	√			
Analysing complaints, concerns and safety incidents to identify causes and systemic failures to inform continuous improvement	√	√			
Maintaining professionalism and integrity at all times ( <i>refer to Code of Conduct policy</i> )	√	√	√		√

## BACKGROUND AND LEGISLATION



### BACKGROUND

Compliments are expressions of praise, encouragement or gratitude about service, staff, management and program. Compliments provide valuable feedback about the level of satisfaction with service delivery and are a valuable indicator of the effectiveness of a service. Compliments impart useful insights about the aspects of service that are most meaningful to children, families and stakeholders, and provide an opportunity to recognise the efforts of staff, foster a culture of excellence and boost morale.

Complaints may be received from anyone who comes in contact with St Francis of Assisi OSHC including parents/guardians, volunteers, students, members of the local community and other agencies.

In most cases, dealing with complaints will be the responsibility of the approved provider. All complaints, when lodged, need to be initially assessed to determine whether they are a general or a notifiable complaint (*refer to Definitions*).

When a complaint has been assessed as 'notifiable', the approved provider must notify Department of Education and Training (DET) of the complaint. The approved provider will investigate the complaint and take any actions deemed necessary, in addition to responding to requests from and assisting with any investigation by DET.

There may be occasions when the complainant reports the complaint directly to DET. If DET then notifies the approved provider about a complaint they have received, the approved provider will still have responsibility for investigating and dealing with the complaint as outlined in this policy, in addition to co-operating with any investigation by DET.

DET will investigate all complaints it receives about a service, where it is alleged that the health, safety or wellbeing of any child within the service may have been compromised, or that there may have been a contravention of the *Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011*.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Information Privacy Act 2000 (Vic)
- National Quality Standard, Quality Area 7: Governance and Leadership
- Privacy Act 1988 (Cth)
- Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)
- Privacy Amendment (Notifiable Data Breaches) Act 2017 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Regulations 2013(Cth)



## DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

**Complaint:** (In relation to this policy) a complaint is defined as an issue of a minor nature that can be resolved promptly or within 24 hours and does not require a detailed investigation. Complaints include an expression of displeasure, such as poor service, and any verbal or written complaint directly related to the service.

Complaints do not include staff, industrial or employment matters, occupational health and safety matters (unless related to the safety of the children) and issues related to the legal business entity, such as the incorporated association or co-operative.

**Complaints Register:** (In relation to this policy) records information about complaints received at the service, together with a record of the outcomes. This register must be kept in a secure file, accessible only to educators and responsible persons at the service. The register can provide valuable information to the approved provider on meeting the needs of children and families at the service.

**Compliment:** a compliment is an expression of praise, encouragement or gratitude. It may relate to an individual staff member, a team, the program or the service.

**Dispute resolution procedure:** The method used to resolve complaints, disputes or matters of concern through an agreed resolution process.

**Mediator:** A person (neutral party) who attempts to reconcile differences between disputants.

**Mediation:** An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

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## SOURCES AND RELATED POLICIES



### SOURCES

- ACECQA: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Commonwealth Ombudsman – Better practice complaint handling guide: [www.ombudsman.gov.au/publications/better-practice-guides](http://www.ombudsman.gov.au/publications/better-practice-guides)
- Better-practice-complaint-handling-guide
- Department of Education and Training (DET) – Regional Office details are available under ‘The Department’: [www.education.vic.gov.au](http://www.education.vic.gov.au)
- ELAA Early Childhood Management Manual: [www.elaa.org.au](http://www.elaa.org.au)
- Kindergarten Funding Guide: [www.education.vic.gov.au](http://www.education.vic.gov.au)
- Victorian Ombudsman – Complaints: Good Practice Guide for Public Sector Agencies September 2016: <https://assets.ombudsman.vic.gov.au/assets/Best-Practice-Guides/Complaints-Good-Practice-Guide-for-Public-Sector-Agencies.pdf?mtime=20191217165914>

### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Enrolment & Orientation
- Fees
- Governance & Management of the Service
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Interactions with Children
- Privacy and Confidentiality
- Staffing
- Supervision of Children

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## EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor complaints as recorded in the Complaints Register to assess whether satisfactory resolutions have been achieved
- review the effectiveness of the policy and procedures to ensure that all complaints have been dealt with in a fair and timely manner
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



## ATTACHMENTS

- Attachment 1: Sample terms of reference for a Complaints Subcommittee/investigator
- Attachment 2: Dealing with complaints



## ATTACHMENT 1. SAMPLE TERMS OF REFERENCE FOR A COMPLAINTS SUBCOMMITTEE/INVESTIGATOR

DATE ESTABLISHED: [Date]

### PURPOSE

[Choose one that is appropriate]

A Complaints Subcommittee has been established by the approved provider of St Francis of Assisi OSHC to investigate and resolve complaint lodged with St Francis of Assisi OSHC

An investigator/panel of investigators has been appointed by the approved provider of St Francis of Assisi OSHC to investigate and resolve complaint lodged with St Francis of Assisi OSHC

### MEMBERSHIP

[If a Complaints Subcommittee is established]

Three people are nominated by the approved provider, and membership must include a minimum of one responsible person (*refer to Definitions*).

[If an investigator or a panel of investigators is appointed]

[Specify the membership]

### TIME PERIOD NOMINATED

The Complaints Subcommittee/investigator shall be appointed for [insert time frame e.g., one year].

### MEETING REQUIREMENTS

The subcommittee convenor/investigator is responsible for organising meetings as soon as is practicable after receiving a complaint.

### DECISION-MAKING AUTHORITY

The subcommittee/investigator is required to fulfil only those tasks and functions as outlined in these terms of reference.

The approved provider may decide to alter the decision-making authority of the subcommittee/investigator at any time.

### BUDGET ALLOCATION

All expenditure to be incurred by the subcommittee/investigator must be approved by the approved provider. A request in writing must be submitted by the subcommittee/investigator.

### REPORTING REQUIREMENTS OF THE COMMITTEE

- The subcommittee/investigator is required to keep minutes of all meetings held. These are to be kept in a secure file.
- The convenor is required to present a written report to the approved provider about the complaint, ensuring that privacy and confidentiality are maintained according to the service's *Privacy and Confidentiality Policy*.

### TASKS AND FUNCTIONS OF THE COMPLAINTS SUBCOMMITTEE/INVESTIGATOR

- Responding to complaints in a timely manner
- Investigating all complaints received in a discreet and responsible manner
- Implementing the procedures outlined in *Attachment 2 – Dealing with complaints*
- Acting fairly and equitably, and maintaining confidentiality at all times
- Informing the approved provider if a complaint is assessed as notifiable
- Keeping the approved provider informed about complaints that have been received and the outcomes of investigations
- Providing the approved provider with recommendations for action
- Ensuring decisions are based on the evidence that has been gathered
- Reviewing the terms of reference of the Complaints Subcommittee/investigator at commencement and on completion of their term. Suggestions for alterations are to be presented to and approved by the approved provider

## ATTACHMENT 2. DEALING WITH COMPLAINTS

### DEALING WITH A COMPLAINT

When a complaint is received, the person to whom the complaint is addressed will:

- inform the complainant of the service's *Compliment and Complaint Policy*
- encourage the complainant to resolve the complaint with the person directly, or to submit their complaint in writing
- the staff member receiving the formal complaint will record all relevant details in the Complaints Register (*refer to Definitions*) together with the outcome
- assess complaint for severity, safety, complexity, impact and the need for immediate action
- inform the approved provider if the complaint is a notifiable complaint (*refer to Definitions*) or is unable to be resolved appropriately in a timely manner.
- comply with the service's *Privacy and Confidentiality Policy* with regard to all meetings/discussions in relation to a complaint
- the approved provider must inform the service's Complaints Subcommittee, if there is one, or appoint an investigator(s) to investigate the matter
- the Complaints Subcommittee/investigator will assess the complaint to determine if it is a notifiable complaint (*refer to Definitions*)

### DEALING WITH A NOTIFIABLE COMPLAINT

When a formal complaint is lodged with the service:

- if the complaint is notifiable, the approved provider will be responsible for notifying DET. This must be in writing within 24 hours of receiving the complaint (*Regulation 176(2)(b)*)
- the written report to DET needs to be submitted using the appropriate forms from ACECQA and will include:
  - details of the event or incident
  - the name of the person who initially made the complaint
  - if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
  - contact details of a nominated member of the Complaints Subcommittee/investigator
  - any other relevant information
- if the approved provider is unsure if the complaint is a notifiable complaint, it is good practice to contact DET for confirmation.

### COMPLAINTS SUBCOMMITTEE/INVESTIGATOR RESPONSIBILITIES AND PROCEDURES

In the event of a complaint being lodged, the Complaints Subcommittee/investigator will:

- convene as soon as possible to deal with the complaint in a timely manner
- disclose any conflict of interest relating to any member of the subcommittee/panel of investigators. Such members must stand aside from the investigation and subsequent processes
- consider the nature and the details of the complaint
- identify which service policies (if any) the complaint involves
- inform the approved provider if their involvement is required under any other service policies
- if the complaint is a notifiable complaint (*refer to Definitions*), inform the complainant of the requirements to notify DET of the complaint and explain the role that DET may take in investigating the complaint
- maintain appropriate records of the information and data collected, including minutes of meetings, incident reports and copies of relevant documentation relating to the complaint
- respect the confidential nature of information relating to the complaint. The approved provider and the subcommittee/investigator must handle any complaint in a discreet and professional manner
- store all written information relating to complaint securely and in compliance with the service's *Privacy and Confidentiality Policy*.

### INVESTIGATING THE COMPLAINT AND GATHERING RELEVANT INFORMATION

When investigating the complaint and gathering relevant information, the Complaint Subcommittee/investigator will:



- meet with individual witnesses, and give right of reply to the person against whom the allegations are made in relation to any accusation or information relating to an alleged incident
- offer the complainant the opportunity of meeting with the subcommittee/investigator to discuss the complaint and provide additional information where relevant
- nominate a subcommittee member to inform the complainant of the procedures for dealing with the complaint if the complainant does not take up the opportunity to attend a meeting  
[Note: Delete the previous bullet point if not using a subcommittee]
- document the time, date and detail of meetings/discussions, and follow this up with a letter to the complainant outlining the information discussed
- be available to meet with DET staff, if required, and provide additional information as requested
- review relevant information and documents
- obtain any other relevant information or documentation that will assist in resolving the complaint
- seek advice, where appropriate, from individuals and organisations that may be able to assist in resolving the complaint (any cost in seeking advice will require prior approval by the approved provider).

## FOLLOWING THE INVESTIGATION

Once the investigation of the complaint is complete, the Complaints Subcommittee/investigator will:

- meet to discuss the information gathered and determine further action, including generating recommendations to be presented to the approved provider
- ensure that any recommendations or actions are in accordance with relevant legislation and funding requirements including, but not limited to:
  - *Education and Care Services National Law Act 2010*
  - *Education and Care Services National Regulations 2011*
- inform the approved provider on the involvement of DET and the outcomes of any investigation by DET. The approved provider will review the report and any subcommittee/investigator recommendations and will be responsible for making decisions on the action to be taken (if any), including relevant review mechanisms
- advise the complainant and other relevant parties of any decisions made by the approved provider in relation to the complaint
- follow up to ensure the parties involved are satisfied with the outcome and monitor progress on any actions taken by the approved provider.