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1. GENERAL POLICY STATEMENT

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Are-able is committed to having a culture where feedback is welcomed, recorded, and appropriately responded to. Are-able views feedback as a valuable tool that supports meaningful communication with our service users, stakeholders, and the public and helps them feel heard and valued.

Are-able welcomes comments, suggestions for improvement, complaints and compliments about our processes and the services and programs we provide. Are-able strives to respectfully acknowledges the issues raised and ensure that appropriate remedial measures are taken where necessary.

Feedback helps Are-able maintain and continue to build transparent and positive relationships; it lets us know what we are doing well, what our gaps are and what we could do better. Feedback is used for ongoing evaluation to assist in formulating informed decisions relating to best practice for continuous improvement across all services and programs and from local to executive level.

This procedure is used to establish a process for receiving, classifying, recording, and responding to, all external feedback received as a result of Are-able processes and the services and programs we provide in a responsive, efficient, effective, and fair manner.

2. SCOPE

This procedure applies to all external feedback and complaints received regarding the service, actions, or decisions of Are-able and its employees, volunteers or contractors engaged by Are-able.

It comprises the submission of feedback and suggestions for improvement and includes all external feedback in relation to Are-able processes and procedures and covers all services and programs provided by Are-able.

Feedback is accepted from clients (service users), families, carers, stakeholders, the public, advocates, and any other person acting on behalf of a supported employee or client.

This procedure does not apply to Are-able Employees who wish to provide feedback related to Areable processes and/or other employees, volunteers & contractors. These are dealt with under the Internal Complaints Management Procedure (G7.2a).

This procedure does not apply to Complainants who believe they have a claim of improper conduct that would be eligible for protected disclosure. These are dealt with under the Whistle-blower's Policy.

3. **RESPONSIBILITIES**

It is the responsibility of Quality Management Team to:

- Oversee the delivery of the Feedback and Complaints Management Policy (G7.1) and the External Feedback and Complaints Management Procedure (G7.2b)
- Ensure all complaints are resolved in a timely manner
- Report to the CEO on any formal complaints requiring external notification
- Ensure any feedback addressed directly to CEO or directly via Are-able Web page or social media will be referred to the Program Manager
- Ensure there is meaningful reporting on trends in feedback and using trend data to identify and act upon opportunities for continuous improvement.
- Provide timely and accurate feedback data to the Executive and Committee of Management (COM)
- Ensure compliance and review of the Feedback and Complaints Management Policy and the External Feedback and Complaints Management Procedure
- Ensure that all feedback is recorded in the appropriate feedback register (complaints, grievances, or compliments) as per the *Disability Services 2006 Act*



- **Procedure**
- Ensure all legislative reporting is completed e.g., to the Disability Commission Annual Complaints Service

It is the responsibility of the **Executive** to:

• Inform or consult with external agencies in the following circumstances:

Issue	External Reporting
Complaint has not been resolved directly with complainant	Appropriate department
Reportable deaths under the Coroner's Act 2008	State Coroner
A Complaint that results in a NDIS Reportable Incident	NDIS Commission
Incident possibly resulting in a complaint or claim	Insurance Authority

It is the responsibility of any member of the Executive to:

- Ensure appropriate action is taken to resolve individual complaints
- Act on recommendations for improvement arising from complaint.
- Ensure stakeholder complaints are appropriately addressed under the Consequence Criteria within the Risk Management Framework (GOV27)

It is the responsibility of the **Communications & Engagement Team** to:

- Ensure information about Are-able feedback processes are publicised and readily available and accessible for our clients (service users), families, carers, stakeholders, the public, advocates, and any other person acting on behalf of a supported employee or client
- In consultation with the Quality Management Team, promote Are-able feedback processes among all Are-able employees, volunteers & contractors.
- Ensure all feedback received via social media is forwarded to the Quality Management Team to record in the relevant feedback register
- Where required, assist Senior Management to create an appropriate response to feedback received
- Ensure all responses to feedback via social media are forwarded to the Quality Management Team to record in the relevant feedback register
- Assist the Quality Management Team, where required, in the continual improvement of the feedback and complaints management process.

It is the responsibility of the **People and Culture Team** to:

- Ensure training is delivered to all Are-able employees concerning Are-able feedback and complaints management processes
- Assist the Quality Management Team in the creation and maintenance of the ELMO 'Feedback & Complaints Management Framework' learning module.
- In consultation with the Quality Management Team, report on employee course completion rates and trends regarding the ELMO 'Feedback & Complaints Management Framework' to the Executive and Committee of Management (COM)

It is the responsibility of the Service Manager, Site Manager, Site Supervisor, or Program Coordinator (Senior Management) to:

- Demonstrate a commitment to fostering and supporting a positive feedback culture which includes welcoming feedback as an opportunity to improve.
- Ensuring that all stakeholders are informed of the external feedback management processes and how to access them.

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- In consultation with the Quality Management Team, assisting in response to feedback about Are-able services.
- Client File noting at own discretion or per program compliance.
- Ensure staff who are the subject of feedback are supported appropriately throughout the process.
- Develop staff to improve capability in handling feedback and service delivery; and
- Support staff in identifying and understanding themes and systemic issues in feedback to improve practices and procedures.
- Act on recommendations for improvement arising from feedback received by completing the Are-able QM Continuous Improvement Data Collection Form (QM17) and forwarding to the Quality Management Team.
- Act on any details highlighted from feedback received that could generate an OHS Risk by reporting the Hazard or the Incident via Riskware which is then forwarded to OHS Manager.

It is the responsibility of **all Are-able Employees**

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- To ensure client, participant, student, or parent/carers are provided with information about Areable feedback process, including complaints, suggestions, and compliments.
- Supply information regarding external complaints services
- Ensure that all external feedback received, both positive and negative, is reported and recorded promptly by completing the Feedback Form
- If necessary and appropriate, to assist a client, participant, student, or parent/carers to provide feedback or provide assistance in facilitating an independent third party to assist.
- Attempt resolution of complaints and concerns at the point of service, wherever possible and within the scope of their role and responsibility.
- If a complaint or concern is resolved and identified as low risk and no further investigation is required, employees are expected to complete the Feedback Form to record the complaint and send to the Quality Management Team to record in the appropriate feedback register. If the complaint was already in writing, e.g., a letter or email then this can be forwarded with any responses instead of completing the Feedback Form.
- If unable to resolve the complaint, to ensure it is escalated to either their Site Manager or Senior Management.

The process of resolving the concern may include:

- Acknowledgement to the client, student, participant, or parent/carer that their concerns will be taken seriously
- An explanation or information about what is known, without speculating or blaming others
- Considering the problem and the outcome the client or parent/carer is seeking and proposing a solution, and
- Confirming that the client, student, participant, or parent/carer is satisfied with the proposed solution.

Staff investigating feedback must ensure that the principles of integrity, confidentiality, compassion and respect, prompt action, and freedom from persecution or unjust repercussions are observed.

4. TYPES OF FEEDBACK

Are-able can receive different types of feedback, which may be positive feedback, areas for improvement, negative feedback, or a complaint. Feedback may be provided to any Are-able employee, either verbally or in writing, in person, via telephone, email or SMS, through letter or by completing the Feedback Form located on the Are-able website, on Connect, or via Are-able' social media.

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5. COMPLAINT OR GRIEVANCE

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For the purposes of this procedure, a grievance is classified as negative feedback which cannot be resolved directly with the Complainant. This includes feedback where the Complainant has chosen to remain anonymous or has advised they do not wish to be contacted further to discuss their issues or concerns. This includes feedback from a variety of sources including responses to a survey, a comment posted on social media anonymously or a google review posted under a pseudonym. The Complainant may also choose to remain anonymous and/or advise they do not wish to discuss their issue or concern further when completing the Feedback Form.

A complaint is classified as negative feedback received where the Complainant has provided their contact information and has requested a response to their issues or concerns. Are-able provides several avenues to allow Complainants to request a response and provide their contact information including the Are-able Feedback Form and options on our surveys to provide names and contact information.

6. REFERRAL OF COMPLAINTS TO AN INDEPENDENT MEDIATOR OR CONCILIATOR

At any time throughout the formal complaint process, the Complainant may choose to refer their complaint to an independent mediator or conciliator such as the Disability Services Commissioner, Office of the Public Advocate, National Disability Abuse and Neglect Hotline or the Ombudsman.

If the Complainant chooses to utilise this option:

- The Complainant is to inform the Manager handing the complaint of their decision.
- The complaint will be closed, and outcome recorded in the complaints register by the Quality Management Team
- The Complainant must only liase with the mediator or conciliator in the resolution of the complaint. Are-able is no longer obligated to resolve the complaint with the Complainant directly.
- If a further complaint is received by a mediator or conciliator on behalf of the Complainant, a new complaint will be recorded in the complaints register by the Quality Management Team. All discussions and resolutions must be made with the mediator or conciliator only.

Are-able reserves its rights in respect of any matter that is referred to a regulatory authority by any person as per (2) Scope of this procedure.

7. PROCESS FOR MANAGING COMPLAINTS

All complaints must be made in writing either by the completion of the Are-able Feedback Form, email, or letter. Are-able Employees receiving a verbal complaint must complete the Feedback Form to satisfy this requirement, which is then submitted to the Quality Management Team.

ACKNOWLEDGEMENT:

When a complaint is received, we will acknowledge the complaint. This should be done as soon as possible and within two (2) working days of receipt using the Complainant's preferred method of contact.

When acknowledging the complaint, employees will advise the Complainant of the steps in the complaint process including expected timeframes for handling the complaint and indicate when they will next be contacted.

When making a complaint the Complainant can approach either:

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- Senior Management with the complaint •
- A Are-able employee of their choice
- An advocate of their choice to raise the complaint with Senior Management
- Complete the "Feedback Form" on the Are-able Website

Complainants have the right to always have an advocate present and shall be informed of this right when lodging complaints.

COMPLETION OF FEEDBACK FORM:

For all verbal complaints received the "Feedback Form" located under Feedback on the Are-able Connect home page or on the Are-able Website must be completed by a Are-able Employee, including all mandatory details on the form.

The completion of the "Feedback Form" can be done in a variety of ways:

- By the Complainant: Feedback Form can be completed from the Are-able Website. Areable Employee to assist if requested.
- Via phone: Are-able Employee to complete the Feedback Form stating on form "received . via phone". Copy of completed form provided to client.
- In person: Complainant to attend a Are-able office and have an Employee assist them to complete the Feedback Form or have the Employee show them how to access and complete the form themselves.
- By email: If Feedback form is requested, Are-able Employee to send link or QR Code to the "Feedback Form" located on the Are-able Website to Complainant

The Feedback Form does not have to be completed if a complaint has already been received in writing either by letter or by email.

ASSESSMENT:

The complaint will then be assessed to determine:

- The issues raised by the complaint
- If the issues are matters within the control and responsibility of Are-able
- The outcome or remedy the Complainant is seeking •
- Whether the complaint should be prioritised due to the risks involved, for example if it raises concerns about a person's health or safety

The Complainant will be contacted within two (2) working days from receipt of the complaint in writing to organise a meeting or phone conversation to discuss the complaint. The written complaint can be either the completed Are-able Feedback Form, email or letter.

The meeting or phone conversation will be held (where possible) within five working days (5) from receipt of the Feedback Form, email, or letter.

Complainant to be informed they may bring a family member or an Advocate to this meeting.

Forward completed Feedback Form, email, or letter to The Quality Management Team.

All formal complaints are recorded into the appropriate Are-able feedback register by The Quality Management Team.

Level 1 Complaints

Complaints about a single issue or concern that are straightforward can often be resolved on first contact by providing an explanation or an apology (if required). Where possible, complaints will be resolved by the employee who first receives the complaint unless the nature or seriousness of the matters raised require more detailed analysis and/or referral to Senior Management.



Level 2 Complaints

When a decision is made to escalate a Level 1 Complaint because it is not going to be resolved in discussion between the employee responsible and the Complainant, Senior Management should be notified immediately.

The following list highlights the Senior Management person(s) from each service who will assist with Level 2 complaints resolution.

EMPLOYMENT SERVICES PARTICPANTS	Site Manager or Program Manager or Director of Employment and Sustainability
NDIS PARTICIPANTS SUPPORTED EMPLOYEES	Site Manager or NDIS Programs Participant Service Manager General Manager of Social Enterprises
ENTERPRISES BUSINESS RELATED CUSTOMER COMPLAINTS.	Site Supervisor or General Manager of Social Enterprises
TRAINING SERVICES STUDENTS	Course Co-ordinator Training Services Co-Ordinator/2IC Training Manager Director of People, Culture & Training
CORPORATE	Chief Executive Officer or Director of Strategy and Growth

Level 2 complaints will require detailed enquiries and possibly investigation.

Serious Complaints

If a serious complaint involves a Are-able Employee, Volunteer or Contractor or Committee of Management Member, that person shall not have contact with the complainant involved.

Serious Complaints are very complex and may include:

- professional misconduct,
- long term injury or death
- abuse
- neglect of a person with a disability
- unlawful sexual or physical contact with, or assault of, a person
- sexual misconduct committed against, or in the presence of, a person with a disability including grooming of the person for sexual activity
- the use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the person

All Serious Complaints are to be managed by a member of the Executive Team and will be reported to the appropriate external agency.

If an external agency requires Are-able undertake any further actions to adress the complaint, these will be forwarded to the Quality Management Team to record in the complaints register. The Quality Management Team will then send these required actions to the Executive managing the complaint for completion.

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PLAN & INVESTIGATE:

An investigation may be necessary for Level 2 complaints. If investigation is required, an External Complaint Investigation Form will need to be completed, unless a response email to the complainant or department can show all required processes laid out in the External Complaint Investigation Form have been completed. The form sets out the stages of the investigation and identifies the remedies the Complainant is seeking.

- A meeting or phone conversation with the Complainant will be required to talk about the complaint and ways to resolve the issue.
- Details and specific incidents will be discussed at this time.
- · Actions taken to resolve the complaint will be recorded
- If the issue is resolved at this meeting no further action will be taken and the complaint will be signed off by all parties.
- Person investigating confirms resolution in writing to Complainant.
- Act on recommendations for improvement arising from complaint by completing the QM Continuous Improvement Data Collection Form (QM17) and forward to the Quality Management Team.
- Completed 'External Complaint Investigation Form' to be stored by Quality Management Team for updating the Complaint Register. If not completed, Quality Management Team will collaborate with the person responsible for investigation.

Staff investigating complaints must ensure that the principles of integrity, confidentiality, compassion and respect, prompt action and freedom from persecution or unjust repercussions are observed.

An investigation will:

- Have its findings based on relevant supporting evidence •
- Have any oral evidence recorded •
- Use reliable information to reach a decision
- Provide the Complainant with an opportunity to comment on contrary information or claims from another source before a decision is made to dismiss the complaint.

Information is gathered by:

- Talking with the employees directly involved, either face to face or by phone
- Listening to the Complainant's views
- Review records
- Review relevant Are-able polices, standards, or guidelines

RESPOND

Once an investigation of a complaint has been completed the employee carrying out the investigation will respond to the Complainant advising them of the decision reached and detailing any findings and remedies. The response or explanation should be in writing and will address each of the issues raised by the Complainant.

Consideration will also be given to whether a remedy should be provided. This could be in the form of an apology, changing or reconsidering a decision, expediting action or in some other appropriate form. The response will outline any actions taken to avoid recurrences of any problems identified, such as changes to operating procedures.

Senior Management will assess the resolution options.

- Formal complaints are normally resolved by direct negotiation with the Complainant, but . some complaints are better resolved with the assistance of an independent mediator or conciliator.
- If Senior Management is unable to resolve the complaint it will be referred to Executive Management Team to assist in resolving the complaint.

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FOLLOW UP

After responding to the complaint, Senior Management will follow up with the Complainant to confirm they are satisfied with the response. Senior Management should consider whether the Complainant would like the findings better explained.

REFERRAL TO THE EXECUTIVE MANAGEMENT TEAM

Should the Level 2 complaint remain unresolved, the complaint will be referred to an Executive Team Member.

The Executive may carry out an investigation to ascertain the underlying causes of the complaint and advise on preventative strategies.

Information is gathered by:

- Talking with the employees directly involved, either face to face or by phone.
- Listening to the Complainants' views
- Review records
- Review relevant Are-able policies standards or guidelines.

The Executive Team comprises:

- The Chief Executive Officer •
- The Chief Financial Officer
- The Director of Employment and Sustainability •
- The Director of Strategy and Growth •
- The Director of Social Enterprises •
- The Director of Communication and Engagement; and •
- The Director of People, Culture & Training.

The member from the Executive Team will assess the resolution options:

- Formal complaints are normally resolved by direct negotiation with the complainant, but some complaints are better resolved with the assistance of an independent mediator or conciliator.
- If the Executive member is unable to resolve the complaint it will be referred to an external • organisation that will be able to assist in resolving the complaint.

Contact to be made to the Complainant by an Executive within ten (10) working days (where possible) from receipt of the External Investigation Form to discuss the outcome of the complaint.

At any time throughout the Formal Complaint process the Chief Executive Officer (or acting Chief Executive Officer) may choose to assist towards the resolution of the complaint.

The Chief Executive Officer will organise a meeting directly with the complainant.

If the Executive or Chief Executive Officer is unable to resolve the complaint directly with the Complainant:

- The complaint will be forwarded to the appropriate Department
- The complaint will be closed, and outcome recorded in the complaints register by the Quality Management Team
- The Complainant must only liase with the mediator or conciliator in the resolution of the complaint. Are-able is no longer obligated to resolve the complaint with the Complainant directly.
- If a further complaint is received by a mediator or conciliator on behalf of the Complainant, a new complaint will be recorded in the complaints register by the Quality Management Team. All discussions and resolutions must be made with the mediator or conciliator only.

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TIMEFRAMES FOR DEALING WITH COMPLAINTS

Are-able is committed to resolving complaints as promptly as possible. We are committed to:

- Acknowledge a complaint within two (2) working days of receipt of Feedback Form, email or letter
- A meeting or phone conversation to be held (where possible) with the complainant to discuss the issue within five (5) working days from receipt of the complaint form
- Attempt to resolve a Level 1 complaint within five (5) working days
- Attempt to resolve a Level 2 complaint within ten (10) working days.
- Serious Complaints will be addressed within 24 hours

Should the complaint take more than the time above to resolve, contact will be made and the Complainant advised of the likely timeframe for the complaint to be resolved.

8. RECORD KEEPING

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All positive feedback is recorded by the Quality Management Team in the Are-able Compliments Register. The Quality Management Team will notify the Employees Manager of the compliment received and post recognition of the compliment on the Are-able Internal Recognition Board.

All grievances are recorded in the Are-able Grievance Register by the Quality Management Team to ascertain if any continuous improvements can be identified and to assist in identifying trends where further continuous improvements can be made.

All complaints either Level 1 or Level 2 are to be recorded by the Quality Management Team in the Complaints Register and allocated a unique complaint number. Comprehensive records will be kept about:

- How the complaint was managed
- The outcome/s of the complaint, any recommendations made to address the problems identified and any decisions made on those recommendations
- Any outstanding actions that need to be followed up.
- Any complaints which may lead to continuous improvement in Are-able processes, services or programs.

9. **REPORTING**

The information provided to Are-able from feedback received and during the resolution of a complaint is used to review and improve processes and services provided.

Are-able values the privacy of every individual's personal information. Are-able is committed to protecting the information we collect and use by compliance with our obligations under the and *Privacy* and *Data Protection Act 2014*.

Complainants who have a disclosure of improper conduct that would be classified as an eligible disclosure for protection should follow the processes outlined within the Whistle-blower's Policy

Are-able is required to and will ensure details are provided with outcomes of complaints raised on an annual basis to the Office of the Disability Services Commissioner (DSC).

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10. CONTINUOUS IMPROVEMENT

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The Quality Management Team will review all feedback received, both positive and negative, to identify opportunities:

- For collating information on feedback and complaints received from clients (Service users), families, carers, stakeholders, the public, advocates, and any other person acting on behalf of a supported employee or client
- To update policies and procedures in consideration of the complaints and feedback received
- To improve the quality of Service using observations and opportunities for improvement from the internal and external audits.

A Continuous Improvement Register is maintained by the Quality Management Team. Action items are recorded from a wide variety of sources including:

- Feedback (compliments and grievances)
- Complaints
- Department Guideline Changes
- External Audits
- Internal Audits
- Opportunities for Improvement
- Incidents
- Our Strategic Plan
- Innovations and Ideas

11. REVIEW

Senior Management will review individual feedback and complaints to identify opportunities for improvement.

The Quality Management Team will review individual feedback and complaints to identify opportunities for improvements to systems, including improvements to the Are-able Feedback Management system.

The Quality Management Team will also review trends in all of the feedback registers including the Complaints Register, The Grievance Register and the Compliments Register to ascertain any trends which may also lead to continuous improvement.

This Procedure will be reviewed annually through internal audit under Quality Management.

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12. RELATED DOCUMENTS

	Disability Services Act 2006
LEGISLATION	Coroners Act 2008
	Corporations Act 2001
	Victorian Equal Opportunity and Human Rights Commission Your Right to
	Rights (easy English)
REPORTING	Disability Services Commissioner
Are-able	Privacy Policy (G1.5)
POLICies	Feedback and Complaints Management Policy (G9.1)
	Whistleblower Policy (G2.30)
OTHER	Department of Education, Skills & Employment – Complaints, compliments,
	and suggestions form
	Job Access Complaints Poster
	National Disability Insurance Scheme (Incident Management and
	Reportable Incidents) Rules
	Form: Feedback Form
	Form: External Investigation Form
	Continuous Improvement Register – Connect
	Are-able Complaints Register – Connect
	Are-able Grievance Register – Connect Are-able Compliments Register - Connect

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