

## Purpose

Autism SA and our associated entities, including the Autism Friendly Charter (we, us, our) is committed to providing our clients, their families, our community and employees the opportunity to make complaints and offer feedback to us. The implementation and compliance with this policy, and it's supporting procedure, ensures

- we actively seek feedback.
- create a partnership where our clients, their families, our community and employees feel safe and supported to express their point of view.
- address all feedback in a timely and professional manner.
- comply with our legal and contractual requirements.

## Scope

This policy applies to all feedback and complaints where they relate to the services and supports received by us.

Compliance with this policy, and it's supporting procedure, is mandatory for all our staff, contractors, students, volunteers, visitors, board members, and any other person supporting our clients or that have a responsibility for the safe operation of our services, collectively referred to as 'employees' throughout this document.

## Policy statement

We actively encourage our clients, their families, our community and employees to provide feedback, including compliments and complaints in relation to any aspect of our organisation. The effective management of feedback is essential for improvement of our organisation and to prevent adverse outcomes.

We will ensure

- our clients, their families, our community and employees can provide feedback, compliments or complaints about any aspect of our organisation.
- mechanisms are in place to recognise and support people who are vulnerable or have cultural, language or disability needs to receive appropriate information and assistance to navigate our feedback process.
- complaints are resolved in a confidential, fair and timely manner.
- there are no negative consequences or disadvantage to any person as a result of a complaint.
- we clearly communicate the options available to escalate an issue when the person providing the feedback is not satisfied with the outcome or where an informal resolution process is not suitable.
- we identify and implement improvements, where needed, as a result of feedback received.

## Definitions

In the context of this document, and the feedback and complaints management procedure:

*Feedback* means any information received directly or indirectly, explicitly or implicitly about our organisation, service delivery or employees, including opinions, comments, suggestions, compliments, complaints and expression of interest or concern.

*Complainant* is any person or organisation who expresses their dissatisfaction about our employees, services or supports.

*Complaint* is the expression of dissatisfaction made to or about us, relating to our services and supports, or the handling of a complaint, where a response or resolution is expected or legally required.

*Informal complaint* is a complaint that requires quick problem-solving rather than investigating and substantiating the claims.

*Significant complaint* is a complaint relating to service delivery or management that alleges possible breach of legislation, raises an issue of safety or wellbeing of a client or employee, or may impact our reputation.

*Feedback and complaints management system* includes all aspects of the policies, procedures, practices, and software used by us for the management of feedback.

### Implementation

#### Principles

- Our feedback and complaint management processes will be transparent, visible and accessible.
- Our clients, their families, our community, employees and other stakeholders have a right to complain about any aspect of our organisation.
- Complainants will be treated with respect by employees and will not be adversely affected by making a complaint.
- All feedback received will be acknowledged, reported, documented and addressed in a timely manner.
- Our responses to feedback and complaints are objective, ethical, effective and unbiased with the aim of achieving a satisfactory and prompt resolution.
- Feedback is reviewed and integrated into our quality improvement processes.

#### Compliments

Compliments will be shared with the employees and teams that they relate to. They will also be used to improve service delivery where applicable and acknowledged through reporting processes.

#### Complaints

We are committed to resolving complaints as promptly and effectively as possible. We acknowledge receipt of complaints within 2 working days and formally respond within 3 weeks. We use information from complaints as opportunities for improvement.

Complaints are allocated a level of priority according to the organisational risk assessment matrix.

- Complaints with a risk assessment rating of Extreme are escalated to the CEO and Board for awareness and response (if required).
- Complaints with a risk assessment rating of High are escalated to the CEO and Executive Manager for awareness.
- Complaints with a risk assessment rating of Moderate or Low are managed by the responsible employee.

All complaints will be recorded in, and categorised through, the feedback and complaint management system. Complaint data will be reviewed at the Quality Risk and Compliance Committee and any trends identified will be analysed to identify any systemic issues or further actions.

#### Informal complaints

Complaints vary in severity and complexity and not every complaint needs to be addressed formally. Informal complaints can be solved quickly with minimal investigation and substantiation required. Informal complaints are

generally based on a miscommunication or misunderstanding and can be managed within the service delivery and functional area.

Our service delivery and functional areas should have their own processes to manage and document informal complaints. These should be recorded in such a way that would allow data analysis and the ability to identify any trends that may identify a systemic issue.

A person who has made an informal complaint has the right to pursue a formal complaint at any time.

### **Feedback**

We acknowledge all feedback we receive and take action to use feedback and suggestions for growth and improvement.

### **Internal awareness**

We will ensure our employees are aware of our feedback and complaints management processes to enable them to appropriately advise and support people providing feedback through:

- induction, orientation and mandatory training programs,
- availability of this policy and the feedback and complaint management procedure,
- our feedback form,
- information on our website, and
- advice from line management or our Quality, Risk and Compliance team.

### **External awareness**

We will ensure our feedback and complaint management processes are accessible to our clients, their families and our community. They are provided with information, support and a safe environment to communicate any suggestions for improvement or complaints. We assist them to understand our processes and provide information on their rights to engage a support person or advocacy service to assist them to provide feedback.

Information on our feedback and complaint management processes are widely accessible, including feedback forms available in our client areas, information on our website, information provided on service commencement, annual reviews and ad hoc as required.

### **Notification to statutory and funding bodies**

We comply with external reporting requirements in line with our legal, regulatory or contractual obligations.

Where a complaint meets the criteria of a critical or reportable incident, this will be managed in line with our incident management processes, and reported to the NDIS Quality and Safeguards Commission, Department for Child Protection, Department of Human Services, SA Police or other regulatory body or authority.

### **Unreasonable conduct by complainants**

There may be times when a complainant acts unreasonably when seeking to have their concerns addressed. This may include behaviours such as aggression, abusive language or harassment towards our employees.

Where an employee believes a complainant's conduct is unreasonable, they should notify their line manager or Executive Manager for support in managing the situation.

We will ensure that any unreasonable behaviour does not prevent any valid issues being addressed.

### ***No retribution or retaliation***

It is a breach of our code of conduct for anyone to retaliate or discriminate against a person in response to them raising a complaint or grievance. Any employee who retaliates against someone who made a complaint or grievance will be subject to disciplinary action in line with our [disciplinary matters procedure](#).

### ***Confidentiality and anonymous complaints***

Complaints will be dealt with sensitively and confidentially. We will ensure the privacy and dignity of our complainants is always respected.

Any person has the right to submit a complaint anonymously. Anonymous complaints will follow the same process as all other complaints. However, this may impact our ability to investigate and respond appropriately.

When collating complaints data for the purpose of analysing trends and quality improvement we de-identify this data to maintain the privacy and confidentiality of our complainants, clients and employees.

### ***Performance and reporting***

Our feedback and complaints management system is systematically reviewed to ensure continuous improvement. This is done through internal audit, key performance indicators, client and employee surveys, and feedback received.

Feedback and complaints are regularly reported at our Quality, Risk and Compliance Committee.

### ***Training and education***

All employees will be trained on our feedback and complaints management policy during their induction, and as part of ongoing refresher training.

Managers seeking further complaint management and resolution training, including open disclosure principles, can apply through the professional development application process. For more information refer to HRE-PRO-034 learning and development procedure.

QRC-PRO-006 Feedback and complaint management procedure includes an appendix that provides employees with support and advice on responding to a complaint.

### **Providing feedback**

Any person can provide feedback or make a complaint at any time:

- in person
  - by talking to any employee or asking to speak to a manager or Executive Manager
- completing feedback form
  - hard copies are located in our client waiting areas, reception or online
- writing to us
  - Autism SA Feedback, PO Box 556, Melrose Park DC SA 5039
- emailing us
  - [feedback@autismsa.org.au](mailto:feedback@autismsa.org.au)
- calling us
  - 8379 6976

## Lodging an appeal or escalating a complaint

Any person can lodge an appeal or escalate a complaint if they disagree with a decision made by us in relation to a complaint. An appeal or escalation can be made by contacting our Investigations, Incidents and Complaints Coordinator or Chief Executive Officer.

NDIS participants can make formal complaints to the NDIS Quality and Safeguards Commission by:

- phoning 1800 035 544
- completing a [complaint contact form](#) .
- for information visit the [NDIS Commission website](#) .

Complaints can also be made directly to the Health & Community Services Complaints Commissioner (HCSCC) by:

- phoning 8226 8666
- completing an [online complaint form](#)
- For more information visit <https://www.hcsc.sa.gov.au/>

## Roles and responsibilities

### *Board of Directors*

- Promote a strong culture across the organisation where our clients, community and employees feel confident to express their views on our services, supports and employees.

### *Chief Executive Officer*

- Encourage an environment where feedback and complaints are encouraged, handled seriously and thoroughly, and in a timely manner
- Ensure an effective, fair and transparent complaint management system is developed and implemented.
- Ensure appropriate resources are available and utilised for effective feedback and complaint management.
- Report on complaint trends to the Board of Directors on a regular basis and escalate any significant complaints or systemic issues.
- Ensure appropriate actions are implemented to eliminate or minimise similar problems from occurring.
- Approve external complaint investigations as required.

### *Executive Managers*

- Promote this policy, and associated procedure to employees, clients and community.
- Model a positive attitude to resolving complaints and encouraging clients and employees to feel confident raising issues.

### *Managers, Business Unit Leaders (BUL) and Regional Managers*

- Support employees if a complaint has been raised against them, giving them the opportunity to respond to the concerns raised by a complainant so their version of events are considered.
- Overall management of complaints related to their area.
- Ensure local actions are implemented to eliminate or minimise similar problems occurring
- Review and evaluate the implementation and effectiveness of the feedback and complaint management process as it relates to their area.

### *People and Culture Manager*

- Support Executive Managers and managers as required, with any investigation relating to employee conduct.

### *Quality, Risk and Compliance team*

- Maintain the feedback and complaints management policy, procedure and system.
- Assessing complaints against the organisational risk acceptance and reporting criteria to determine appropriate internal escalation.
- Assessing the complaints against the risk consequences table to determine the impact level
- Review and evaluate the implementation and effectiveness of the feedback and complaints management system and recommend improvements where required.
- Assist in the investigation of complex, sensitive and/or significant complaints where required.
- Ensure the security of complaint information.

### *Quality, Risk and Compliance Committee*

- Provide an external perspective on the feedback and complaints management system.
- Identify trends that may indicate a systemic issue, or where improvements are required.
- Provide reports to the Board of Directors (at least annually) to inform them of the nature of feedback and complaints received, action take, emerging trends and strategies to address issues.
- Conduct an annual review on complaints by type to identify issues and recommend actions.

### *Clinical and Care Governance Committee*

- Ensure governance systems are in place for the analysis of clinical and care complaints, and investigations or reviews are undertaken to reflect, learn and make recommendations to improve the quality of clinical and care services.
- Identify trends that may indicate a systemic issue, or where improvements are required.

### *All employees*

- Support our feedback and complaints management policy, procedure and system.
- Understand complaints, compliments and suggestions are welcomed and are a valued opportunity to improve.
- Understand their role in receiving, responding and forwarding complaints as outlined in this policy and the feedback and complaints management procedure.
- Respect the privacy and dignity of the complainant and ensure any information regarding a complaint will only be shared on a need to know basis, both within our organisation and externally.
- Support the review of this policy, the feedback and complaints management procedure and system when requested.

### **Related legislation and documentation**

#### *Relevant Legislation*

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Complaints Management and Resolution Rules 2018
- Health and Community Services Complaints Act 2004 (SA)
- Privacy Act 1988 (Cth)
- Fair Work Act 2009 (Cth)

**Relevant Autism SA Policies and Procedures**

- QRC-PRO-006 Feedback and complaint management procedure
- QRC-POL-003 Incident management
- QRC-PRO-007 Open disclosure
- HRE-POL-002 Code of Conduct
- HRE-PRO-002 Disciplinary matters
- HRE-PRO-034 Learning and development

**Approval and review**

Approval and review	Details
Document approver	Board of Directors
Document administrator	Quality Risk and Compliance Manager
Advisory committee	Quality Risk and Compliance Committee
Date approved	3 February 2022
Next review date	February 2025

Date	Version	Approval and amendment history
November 2019	1.0	Policy developed. Approved by the Board.
3 February 2022	2.0	Policy reviewed and updated. Procedural information removed and included in new procedure QRC-PRO-006 Feedback and complaints management. Approved by the Board.
28 June 2022	2.1	Minor updates to reflect changes to assessment of risk impact using the organisation risk assessment matrix, and inclusion of Business Unit Leads in responsibilities. Approved by CEO. No change to review date.
17 February 2023	2.2	Amendment to role title of Executive Manager People Brand and Assurance to People and Culture Manager. Minor update approved by CEO. No change to review date.