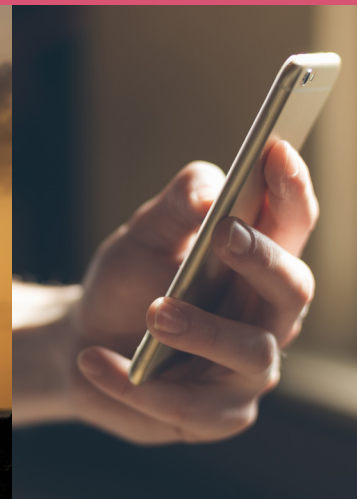




QUEENSLAND  
**OMBUDSMAN**  
*Standing for fairness*

# Management of child safety complaints - second report



An investigation into the management of child safety complaints within the Department of Child Safety, Youth and Women

**March 2020**

## Public

This document is released to the public space. It is approved for public distribution and readership.

We respectfully acknowledge the Traditional Owners of the lands throughout Queensland and pay respect to them, their culture and their Elders past, present and future.

© The State of Queensland (Queensland Ombudsman) 2020

The Queensland Ombudsman supports and encourages the dissemination of its information. The copyright in this publication is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives (CC BY-NC-ND) 4.0 International licence.



To view this licence visit:

<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Under this licence you are free, without having to seek permission from the Queensland Ombudsman, to use this publication in accordance with the licence terms.

For permissions beyond the scope of this licence contact this Office.

Content from this report should be attributed to the Queensland Ombudsman, Management of child safety complaints – second report, March 2020.

ISBN 978-0-6485072-5-3 (paperback)

ISBN 978-0-6485072-6-0 (online)

Queensland Ombudsman  
Level 18, 53 Albert Street  
Brisbane QLD 4000  
GPO Box 3314  
Brisbane QLD 4001

Phone: (07) 3005 7000

Email: [ombudsman@ombudsman.qld.gov.au](mailto:ombudsman@ombudsman.qld.gov.au)

Web: [www.ombudsman.qld.gov.au](http://www.ombudsman.qld.gov.au)



**Queensland Ombudsman**  
ABN 257 657 579 00

Level 18, 53 Albert Street  
Brisbane Q 4000

GPO Box 3314  
Brisbane Q 4001

**P** 07 3005 7000  
1800 068 908  
(outside Brisbane)

**F** 07 3005 7067

**E** [ombudsman@ombudsman.qld.gov.au](mailto:ombudsman@ombudsman.qld.gov.au)

**W** [ombudsman.qld.gov.au](http://ombudsman.qld.gov.au)

March 2020

The Honourable Curtis Pitt MP  
Speaker  
Parliament House  
George Street  
BRISBANE Q 4000

Dear Mr Speaker

In accordance with s 52 of the *Ombudsman Act 2001*, I hereby furnish to you my report, *Management of child safety complaints – second report: An investigation into the management of child safety complaints within the Department of Child Safety, Youth and Women*.

Yours faithfully

A handwritten signature in black ink, appearing to read "Phil Clarke".

Phil Clarke  
Queensland Ombudsman

# Foreword

The Ombudsman plays an important role investigating the administrative actions and decisions of public sector agencies, particularly when those decisions impact the lives of children and young people.

This report presents the findings of an investigation into the management of child safety complaints primarily by the Department of Child Safety, Youth and Women (the department), but also by the Office of the Public Guardian (OPG).

The investigation was initiated following my 2016 report, *Management of child safety complaints: An investigation into the current child safety complaints management processes within the Department of Communities, Child Safety and Disability Services*, and as part of my continuing role in the oversight of the child safety complaints management system (CMS).

The child safety CMS is a crucial element to ensuring any concerns with the actions and decisions of the department in administering Queensland's child protection system can be raised and rectified appropriately. This investigation found that the current child safety CMS is not an effective mechanism to rectify poor decision-making or improve business practices.

The report makes recommendations to both the Director-General of the department and the Public Guardian with a view to ensuring a more effective and efficient child safety CMS.

I have decided to present this report to the Speaker for tabling in the Queensland Parliament because I consider that the issues identified in this report are of significant public interest.

I would like to thank officers of the department and the OPG who cooperated with the investigation. I would also like to thank my staff for their hard work and professionalism in conducting the investigation and preparing this report.



Phil Clarke  
Queensland Ombudsman

---

# Contents

---

Glossary	iv	8 Complaints about funded services	47
Executive summary	v	9 Complaints referred by the Office of the Public Guardian	52
1 Introduction and background	1	10 Senior Practitioner reviews	58
2 Implementation of Ombudsman's 2016 report recommendations	3	11 Decision-making	64
3 Child safety complaints management in 2019	6	12 Internal governance	70
4 Identification and recording of complaints at the local level	15	13 Conclusion	79
5 Consequences of categorisation: issue vs complaint	20	Appendix A: Jurisdiction and legislation	80
6 Managing complaints: alternative response and investigation	27	Appendix B: 2014 Ombudsman audit recommendations	82
7 Internal reviews	40		

---

# Glossary

Term	Meaning
<b>the 2016 report</b>	the report tabled in 2016 by the Queensland Ombudsman and titled Management of child safety complaints: An investigation into the current child safety complaints management processes within the Department of Communities, Child Safety and Disability Services
<b>Australian/New Zealand Standard</b>	Australian/New Zealand Standard 'Guidelines for complaint management in organizations' AS/NZS 10002:2014
<b>CCU</b>	the department's Central Complaints Unit
<b>CMS</b>	complaints management system
<b>CSO</b>	Child Safety Officer
<b>CSPM</b>	the department's Child Safety Practice Manual
<b>CSSC</b>	Child Safety Service Centre
<b>the department</b>	the Department of Child Safety, Youth and Women
<b>funded service</b>	an organisation funded by the department to provide certain child safety services on its behalf
<b>guidelines</b>	the department's Complaints Management Guidelines (effective September 2017)
<b>HSQF</b>	the department's Human Services Quality Framework
<b>IA</b>	investigation and assessment
<b>ICMS</b>	Integrated Client Management System
<b>IPT</b>	the Investment and Partnerships team within the department responsible for managing the contractual side of outsourced service provision by funded services
<b>MOG</b>	machinery of government change
<b>OPG</b>	Office of the Public Guardian
<b>PSU</b>	the department's Placement Services Unit
<b>policy</b>	the department's Complaints Management Policy (effective December 2016)
<b>procedure</b>	the department's Complaints Management Procedure (effective December 2016)
<b>QCAT</b>	Queensland Civil and Administrative Tribunal
<b>RED</b>	the department's Regional Executive Director
<b>RIS</b>	Regional Intake Service
<b>SDLF</b>	the department's Service Delivery Leadership Forum
<b>SOCR</b>	Standards of Care Review
<b>this Office</b>	Office of the Queensland Ombudsman

# Executive summary

This report is part of the Queensland Ombudsman's continuing oversight of the child safety complaints management system (CMS).

The investigation leading to this report follows on from this Office's 2016 investigation into the then Department of Communities, Child Safety and Disability Services' (now the Department of Child Safety, Youth and Women (the department)) management of child safety complaints. While the 2016 investigation focused on the accuracy of the then department's complaints data, this investigation focused on the operation of the department's CMS.

A CMS is a system for people to have their concerns about the actions and decisions of an agency reviewed and corrected if necessary. It is also an important source of information for service delivery improvement. For these reasons, the requirement for the department to have a CMS has been enshrined in law.

The *Public Service Act 2008* (the Public Service Act) requires government departments to establish and implement a system for managing customer complaints that complies with the Australian/New Zealand Standard 'Guidelines for complaint management in organizations' AS/NZS 10002:2014 (the Australian/New Zealand Standard).<sup>1</sup> The Australian/New Zealand Standard includes guiding principles for a CMS, including planning and design, operation, and maintenance and improvement.

The department administers Queensland's child protection system through the *Child Protection Act 1999* (the Child Protection Act). This includes the department taking custody of children who have been harmed or are at risk of harm. There are currently 11,411 children subject to ongoing intervention by Queensland's child protection system.<sup>2</sup> The system is complex and affects children, parents, extended family, foster carers and large parts of the community impacted by or involved in supporting the child protection framework. Given the nature and frequency of the department's interactions with the public, it is crucial that the department has a robust and accessible CMS that results in efficient and effective complaints management for its clients.

Departments have the flexibility to design a complaints management system appropriate to their size, customer base, frequency and nature of interactions with customers, and other relevant administrative and staffing arrangements. However, departments must still comply with the requirements of the Public Service Act in a way that upholds the accountability, transparency and integrity of their administration.

## Key issues

The investigation found that there are a number of issues intrinsic in the department's practices that diminish the efficiency and efficacy of its CMS.

The investigation identified concerns about access to the department's CMS. The department's attempts to locally resolve a client's concerns, before classifying them as a complaint, often resulted in a drawn out cycle of interactions with agency officers as the client's concerns are escalated from Child Safety Officer to Senior Team Leader to Manager often without reaching a resolution or taking any action to rectify the concern.

<sup>1</sup> *Public Service Act 2008* (Qld) s 219A.

<sup>2</sup> Child protection summary statistics, five-year trend, Queensland, accessed at <https://www.csyw.qld.gov.au/child-family/our-performance/summary-statistics> on 27 February 2020.

Further, the concept of an ‘issue’ in the department’s Complaints Management Procedure has resulted in the department miscategorising many complaints as ‘issues’ rather than complaints. This often results in a frustrating cycle for the department’s clients before their concerns are correctly responded to as a complaint.

As a result of local resolution and the use of ‘issues’, the department is almost certainly under-reporting its child safety complaints and is potentially wasting resources through duplication of effort.

Even when a client’s concerns are classified as a complaint and the department’s CMS is engaged, the process is unnecessarily complex and confusing, once again resulting in frustration and delay.

Decision-making in the management of complaints was a key concern identified in the investigation. A lack of clarity about how a decision about a complaint should be made and who should be the decision-maker has resulted in poor outcomes for complainants.

The investigation identified that the department does not offer a merit review process to its complainants as its internal review mechanism is limited to a review of the complaints process, without giving any consideration to the outcome or merit of any decision. This undermines the department’s capacity to identify and correct any issues in decision-making. Given the issues the investigation identified with complaint decision-making, it is particularly concerning that there is no adequate merits review mechanism in the department’s CMS.

The department has also failed to maintain a meaningful reporting framework to identify systemic issues in complaints management and child safety administrative decisions generally. This undermines a key benefit of the CMS in identifying improvements to the current complaint management practices within the department and to using complaints management as a key management tool to uncover patterns of administrative decisions that require remediation.

The Office of the Public Guardian (OPG) also relies upon the child safety CMS to refer child safety related complaints received by its Community Visitors to the department. The 2016 investigation identified a need for better coordination between the OPG and the department. While both agencies have taken steps to ensure better coordination by establishing a Memorandum of Understanding (MoU), there are further steps to be taken before they can be seen to be working together seamlessly.

The provision of human services is complex and, from time to time, mistakes may be made. Each year, mistakes are identified through a number of complaints to both the department and this Office. While some decisions may be subject to statutory review, others are not, or clients are not able or inclined to use statutory processes.

Therefore, the availability of an accessible, fair and efficient CMS is critical to the proper operation of the child safety system in Queensland. The department’s current CMS, particularly in its practical daily management, is not meeting that need. This report makes recommendations aimed at assisting the department to implement best practice across all facets of complaints management.



## Opinions and recommendations

Under section 49 of the *Ombudsman Act 2001* (the Ombudsman Act), I have formed the following opinions:

### Opinion 1

---

The department is failing to identify and record all complaints received at Child Safety Service Centres consistent with its complaints management policy and procedure.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

### Opinion 2

---

The department is failing to properly categorise complaints consistent with its complaints management policy and therefore does not adequately respond to, or accurately record and report on, the complaints it receives.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

### Opinion 3

---

In the majority of complaints, the department's alternative response methodology does not result in the making of findings or clear documentation of the outcome of a complaint in the complaints management database.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

### Opinion 4

---

The internal review mechanism provided under the department's complaints management policy and procedure does not accord with the Australian/New Zealand Standard because it does not provide for a merits review of a previous complaint process or decision.

This is a failure to comply with s 219A of the *Public Service Act 2008*.

This is administrative action that is contrary to law for the purposes of s 49(2)(a) of the Ombudsman Act.

### Opinion 5

---

The department's current practice of conducting internal reviews at the Central Complaints Unit does not align with the Australian/New Zealand Standard because the officers carrying out internal reviews do not have appropriate authority to overturn decisions or apply remedies.

This is a failure to comply with s 219A of the *Public Service Act 2008*.

This is administrative action that is contrary to law for the purposes of s 49(2)(a) of the Ombudsman Act.

## Opinion 6

---

The department is failing to appropriately coordinate complaints about funded services that require responses from multiple units within the department. This increases the likelihood of a failure to communicate decisions to complainants, insufficient recordkeeping and limited complaints management accountability.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

## Opinion 7

---

The child safety complaints records of the department and the Office of the Public Guardian do not align. There are inconsistencies in the recordings related to complexity, outcomes and closures of complaints.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

## Opinion 8

---

The department's complaint management policy, procedure and Child Safety Practice Manual provide insufficient guidance about the use of Senior Practitioner reviews in response to complaints about practice decisions.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

## Opinion 9

---

The department's complaints management policy and procedure provides inadequate guidance for identifying appropriate complaint decision-makers. This leads to inefficient and inconsistent practices in handling complaints, including decision-makers not:

- a) having timely access to the necessary information to inform their assessments and decisions
- b) being appropriately empowered to make decisions.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

## Opinion 10

---

The department has no current, effective governance mechanisms for its complaints management system as required by the Australian/New Zealand Standard.

This is a failure to comply with s 219A of the *Public Service Act 2008*.

This is administrative action that is contrary to law for the purposes of s 49(2)(a) of the Ombudsman Act.

Under s 50 of the Ombudsman Act, I make the following recommendations:

### Recommendation 1

---

The Director-General of the department ensure all complaints received at a Child Safety Service Centre (CSSC) are managed according to its complaints management system by:

- a) providing further training to CSSC officers about the processes for identifying and recording complaints in the department's complaints management database and
- b) making CSSC offices responsible for entering complaints directly into the department's complaints management database.

### Recommendation 2

---

The Director-General of the department ensure that all contacts that meet the definition of complaint in the department's policy are recorded and responded to as complaints. Specifically, this should be done by:

- a) amending the department's procedure to remove the term 'issue' and
- b) providing training to officers regarding the amended procedure and assessing matters as complaints in accordance with the policy.

### Recommendation 3

---

The Director-General of the department ensure all complaints are decided in accordance with the Australian/New Zealand Standard and, irrespective of the complexity of a complaint, the following occur:

- a) findings are made by the complaint decision-maker
- b) a decision, inclusive of findings, is formally communicated to the complainant and
- c) the findings are recorded within the complaints management database against each complaint allegation identified by the department.

### Recommendation 4

---

The Director-General of the department establish an internal review process that complies with the Australian/New Zealand Standard and ensures the following:

- a) the merits, as well as process, of an original decision can be reviewed
- b) the officer undertaking the review is sufficiently empowered to set aside, remake or affirm a decision or provide another appropriate remedy and
- c) training is provided to decision-makers and a review of the department's complaints management guidelines is undertaken to ensure that officers are not declining internal reviews on improper grounds.

### Recommendation 5

---

The Director-General of the department ensure the complaints management policy and procedure are amended to provide a clear process for the management of complaints about funded services. Specifically, the policy and procedure should provide for accountability through identification of a single point of contact responsible for:

- a) coordinating the management of the complaint
- b) communication of any findings to the complainant and
- c) entry of the complaint findings into the complaints management database.

---

## Recommendation 6

---

The Director-General of the department and the Office of the Public Guardian (OPG) finalise the current review of the Memorandum of Understanding (MoU) within six months and ensure the MoU incorporates processes that will ensure both agencies accurately record and monitor complaints referred by the OPG to the department.

---

## Recommendation 7

---

The Director-General of the department require decision-makers, in respect of complaints about practice decisions, to consider whether a Senior Practitioner review ought to be undertaken and provide guidance on how a Senior Practitioner review be incorporated in responding to a complaint.

---

## Recommendation 8

---

The Director-General of the department ensure the complaints management policy and procedure are amended to provide that a complaint decision-maker is to be clearly identified for each complaint and that the decision-maker has the appropriate delegation and positional authority.

---

## Recommendation 9

---

The Director-General of the department ensure that sustainable and consistent complaint management governance mechanisms are developed and implemented consistent with the Australian/New Zealand Standard. As a minimum these should include:

- a) regular reporting to senior management of complaint statistics
- b) regular analysis of complaints to identify systemic or common issues and
- c) mandatory reporting requirements (s 219A of the *Public Service Act 2008*).

# 1 Introduction and background

## Ombudsman oversight of the child safety complaints management system

The Office of the Queensland Ombudsman has oversight of the complaints management systems of all public agencies in Queensland.

In 2013, the Queensland Child Protection Commission of Inquiry, led by the Honourable Tim Carmody, published its report (the Carmody report). The Carmody report proposed a new oversight structure for the child protection system and the government subsequently implemented changes. With the closure of the Commission for Children and Young People and Child Guardian, oversight of child safety complaints management was returned to the Queensland Ombudsman.<sup>3</sup> This investigation is part of the Ombudsman's delivery on that responsibility.

The department delivers Queensland's child protection system. The department's CMS provides its clients and the general public the opportunity to voice dissatisfaction with the department's services, decisions and actions.

This investigation focused on whether the department's CMS operates effectively.

## Ombudsman reports in 2014 and 2016

In 2014, the Office finalised a routine audit of the CMS of the then Department of Communities, Child Safety and Disability Services.<sup>4</sup> The audit identified a number of problems. Following the audit, the Office provided a report and 22 recommendations to the department's Director-General. The recommendations are listed at Appendix B. The report was not made public at the time.

In July 2016, the Office completed its first investigation into the management of child safety complaints. The report, *Management of child safety complaints: An investigation into the current child safety complaints management processes within the Department of Communities, Child Safety and Disability Services* (the 2016 report), was made public through the Queensland Parliament.

The 2016 report's five recommendations (see Table 2 in Chapter 2) called for greater accuracy in the recording and management of child safety complaints. The Office also undertook to conduct a further review of the child safety CMS, once sufficient time had passed to test the effectiveness of the department's implementation of those recommendations.

## Child safety complaints data

The number of child safety complaints received by this Office each year appears to be increasing (see Table 1). This Office refers a significant proportion of the child safety complaints it receives to the department's CMS. Given the number of complaints referred to the department by this Office, the total number of complaints recorded by the department each year is unexpectedly low.

<sup>3</sup> *Taking Responsibility: A Roadmap for Queensland Child Protection, Recommendation 12.9.*

<sup>4</sup> The Department of Communities, Child Safety and Disability Services was affected by the machinery of government changes in 2017 and child protection matters in Queensland became the responsibility of the current Department of Child Safety, Youth and Women.

**Table 1: Child safety complaints received by this Office and the department**

Child safety complaints	2016-17	2017-18	2018-19
Queensland Ombudsman <sup>5</sup>	358	421	513
The department <sup>6</sup>	666	731	709

## This investigation

The investigation, conducted informally under s 24(1)(a) of the Ombudsman Act, included:

- analysis of documentation provided by the department and the Office of the Public Guardian (OPG)
- interviews with officers from the department's Central Complaints Unit (CCU)
- interviews with officers from Child Safety Service Centres (CSSCs), Regional Intake Services (RISs) and regional offices in North Queensland, South East and South West regions
- review of the department's actions in a sample of child safety complaints.

The information and evidence collected was analysed and compared with:

- the CMS outlined in the department's policy and procedure
- the assurances provided by the department in response to the 2016 report recommendations
- the principles of good complaints management and the relevant Australian/New Zealand Standard.

## De-identification

During the investigation, officers from the department were interviewed and their anonymity has been preserved. Case studies have had identifying details removed.

## Procedural fairness

In satisfying procedural fairness requirements, relevant sections of the Ombudsman's proposed report were provided to the chief executive officers of the department and the OPG.

Responses to the Ombudsman's proposed report were received from:

- the Acting Public Guardian on 12 February 2020
- the Assistant Director-General of Corporate Services of the department on 21 February 2020.

The responses from the department and the OPG have been incorporated throughout the report, along with any commentary about the responses.

<sup>5</sup> Queensland Ombudsman 2018-19 Annual Report, p. 20.

<sup>6</sup> Data includes internal reviews. Complaints data 2016-17 and 2017-18 provided by the department on 10 April 2019; complaints data 2018-19 provided by the department on 15 October 2019.

## 2 Implementation of Ombudsman's 2016 report recommendations

The 2016 report made five recommendations. The department accepted the recommendations and agreed to implement several internal systems and strategies.

**Table 2: 2016 recommendations and the department's planned implementation**

	<b>Recommendation</b>	<b>Implementation</b>
1	The Director-General take all necessary steps to ensure that all complaints, including those managed by Child Safety Service Centres, are appropriately captured, managed and reported in departmental complaints data.	The department advised that Recommendation 1 had been implemented through the production of complaints management policy, procedure and guidelines which were completed in July 2016. The department also redeveloped the definitions of 'complaint' and 'issue' to more accurately reflect the Australian/New Zealand Standard and to more clearly distinguish a complaint from matters that are treated as 'requests for service'. Complaints management software training was delivered to relevant officers and evidence of complaints management strategies was provided. <sup>7</sup> In a letter dated 19 April 2017, this Office advised that it was satisfied with the department's implementation of Recommendation 1.
2	The Director-General take all necessary steps to ensure: <ul style="list-style-type: none"> <li>a) a full review of data fields for the department's complaints management database is conducted and relevant categories aligned to the department's core business practices and best practice</li> <li>b) appropriate training is provided to all departmental officers with complaints handling responsibilities.</li> </ul>	On 19 May 2017, the department informed this Office that, in relation to Recommendation 2, an upgrade and consolidation of the department's complaints management software database would be finalised in December 2017. The department also undertook to provide appropriate training to all departmental officers with complaints handling responsibilities. This Office was advised that complaints management software training had been provided in July 2016 and that strategic training was available on the department's internal website as of September 2016 to cover the necessary skills required by officers involved in complaints management. <sup>8</sup>

<sup>7</sup> Letter from the Director-General of the department to the Queensland Ombudsman, 21 December 2017, attachment: implementation table.

<sup>8</sup> Email from the department to the Queensland Ombudsman, 7 July 2017, attachment: updated.

	<b>Recommendation</b>	<b>Implementation</b>
3	<p>The Director-General and the Public Guardian establish a protocol relating to how child safety issues raised by the OPG are to be managed by the department. At minimum, the protocol should establish:</p> <ul style="list-style-type: none"> <li>a) an agreed complexity and severity level for when a matter is considered a complaint made to the department by the OPG and must be actioned under the department’s complaints management system rather than case managed as a minor issue</li> <li>b) an agreed process for how complaints are to be managed by the department when referred by the OPG</li> <li>c) communication and training of relevant officers of both agencies in this process</li> <li>d) the development of comparable fields by the department and the OPG in their respective electronic databases, for accurate recording and reporting on complaints received by the OPG and referred to the department.</li> </ul>	<p>The department advised that the implementation of Recommendation 3 was completed as of July 2017 and that this had included the approval and commencement of an MoU between the department and the OPG.<sup>9</sup> In developing the MoU, the department and OPG had worked together to confirm relevant definitions and protocols and the provision of training to officers and to discuss appropriate changes within respective databases to reflect the MoU. The MoU commenced operation in June 2017 and an approved and finalised copy was provided to this Office on 7 July 2017.<sup>10</sup></p>
4	<p>The Director-General take appropriate steps to ensure that all entities providing child safety services on behalf of the department:</p> <ul style="list-style-type: none"> <li>a) understand the importance of complaints in ensuring the integrity and effectiveness of the child safety system in Queensland</li> <li>b) have adequate internal complaint handling mechanisms in place to receive, identify, record and resolve complaints in a timely way</li> <li>c) escalate serious or complex complaint matters to the department through its complaints management system mechanisms</li> <li>d) report all complaint issues and outcomes to the department on a regular basis.</li> </ul>	<p>The department advised that Recommendation 4 was addressed through the application of Standard 5 of the Human Services Quality Framework (HSQF) and the Service Agreements made between the department and organisations that are funded by the department to provide services on its behalf (funded services).<sup>11</sup> Additionally, the department had engaged Ernst and Young in October 2016 to complete a review of Third Party Risk Management. The review proposed the development of a secure, two-way data and information transfer system which would allow for data analytics by the department of complaints trends and indicators. The department advised this Office that this proposal was under consideration.</p>

9 Letter from the Acting Director-General of the Department of Communities, Child Safety and Disability Services to the Queensland Ombudsman, 23 May 2017.

10 *Memorandum of Understanding ‘Concerning Management of Complaints’*, Department of Child Safety, Youth and Women – The Office of the Public Guardian, signed 6 July 2017.

11 Letter from the Director-General of the department to the Queensland Ombudsman, 21 December 2016.



	<b>Recommendation</b>	<b>Implementation</b>
5	<p>The Director-General ensure that the department take steps by 30 September 2016 to establish a system where the department is able to accurately:</p> <ul style="list-style-type: none"> <li>a) evaluate and measure the performance of the child safety complaints management system</li> <li>b) identify trends in complaint issues</li> <li>c) identify potential systemic issues requiring rectification</li> <li>d) publicly report on complaints data as required by s 219A(3) of the Public Service Act.</li> </ul>	<p>The department advised that in response to Recommendation 5, it was generating monthly, quarterly and annual reports regarding complaints management and developing a reporting workflow arrangement to include the Complaints Management Guidelines. The reports would be reviewed by senior regional and central officers to identify trends in complaint issues and provided to a Service Delivery Leadership Forum (SDLF) on a quarterly basis.<sup>12</sup> Focus reports would also be used for analysis of complaints trends, and systemic issues requiring rectification would be recorded as recommendations within the complaints management software and monitored through to implementation.</p>

In addition to assessing the current operation of the CMS, this investigation considered the department's implementation and integration of the strategies listed above into the CMS.

<sup>12</sup> Letter from the Director-General of the department to the Queensland Ombudsman, 21 December 2016, attachment: implementation table.

## 3 Child safety complaints management in 2019

### Departmental structure and roles

The department is responsible for the provision of child safety services in Queensland. This includes responsibility for receiving and responding to reports of suspected harm or risk of harm to a child, case management for children in need of protection (with parental agreement or under child protection orders) and foster and kinship care services.

The services are delivered in five geographic regions:

- North Queensland
- Central Queensland
- Moreton (covering Brisbane and the Sunshine Coast)
- South East
- South West.

Child safety services are delivered regionally through an Office of the Regional Executive Director (regional office), RISs and CSSCs.

Regional Executive Directors are responsible for the coordination and delivery of the department's services within each region. The Regional Directors have line management of the CSSCs and related functions such as the Placement Services Unit (PSU) and the Investment and Partnerships team (IPT). The PSU coordinates placements of children in the care of the department. The IPT manages the contracts for outsourced service provision by funded organisations.

The client services team within each region usually includes a Senior Advisor and one or more advisors. The Senior Advisor is the key regional contact responsible for receiving and registering complaints at the regional level, as well as coordinating and managing complaint responses.

A RIS receives reports of suspected harm or risk of harm to a child and these are recorded as an 'intake event'.<sup>13</sup> The intake event is assessed to determine whether there is a reasonable suspicion that the child is a child in need of protection. If so, the intake is classified as a 'notification', and will be investigated further. Otherwise, it will be recorded as a 'child concern report'. Action on 'child concern reports' may include referral to another agency to assist the child and family or take no further action.

Notifications are referred to a CSSC for investigation and assessment (IA) to determine whether a child is in need of protection.

CSSCs are also responsible for the management of child protection cases involving interim, short-term and long-term intervention. These cases may involve family intervention with parental agreement or circumstances where the department is seeking to put or has a child protection order in place giving protective supervision, short-term custody, or guardianship of a child to the chief executive of the department.

<sup>13</sup> 'Intake phase', Department of Child Safety, Youth and Women, published on web page, 1 September 2019, <https://www.csyw.qld.gov.au/child-family/our-performance/intake-phase>.

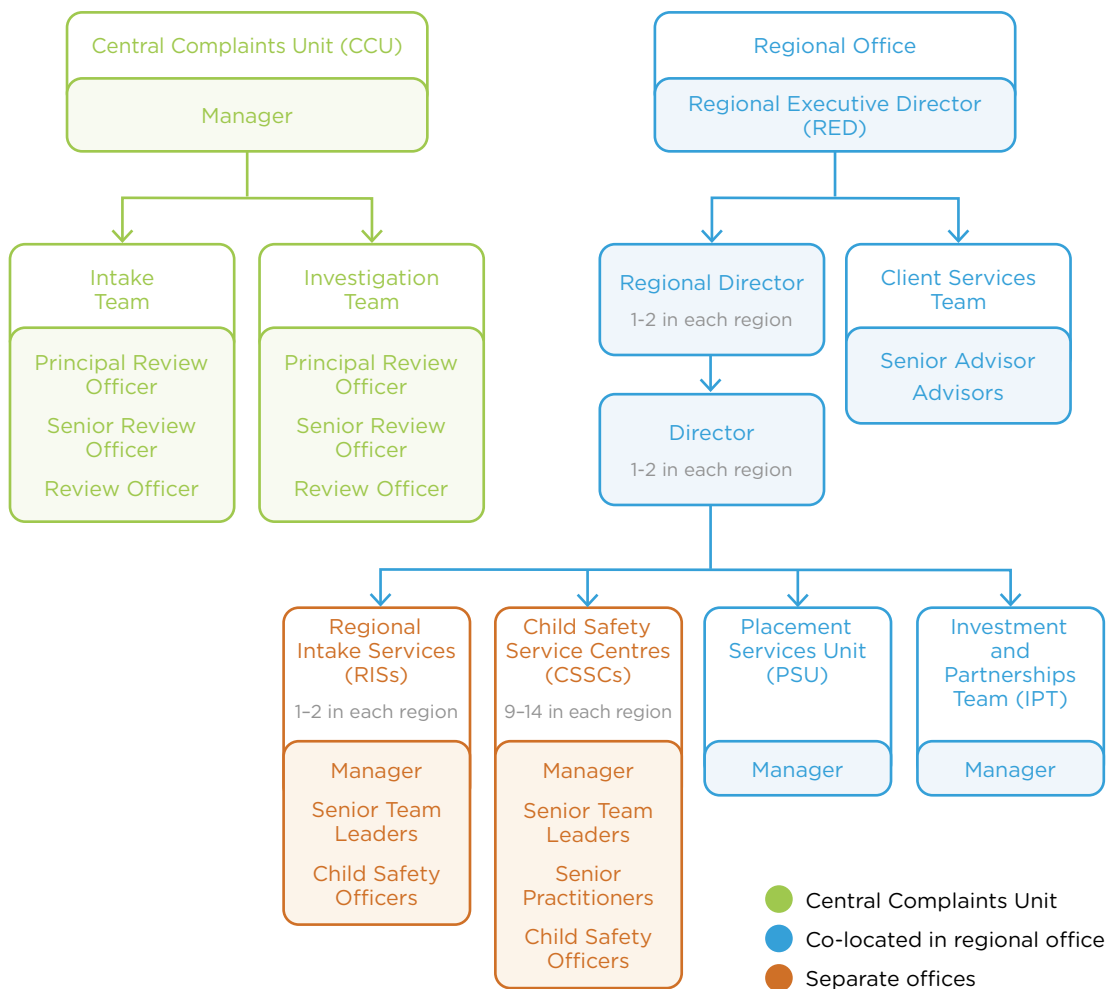
The CCU receives and registers the vast majority of complaints made to the department. On 14 October 2019, the CCU was transferred to the Assistant Director-General, Corporate Services and now forms part of the People, Culture and Governance team.

The CCU is divided into an Intake Team and an Investigation Team; both report to the Manager, CCU.

The Intake Team consists of Review Officers and a Principal Review Officer who are responsible for the intake, registration and referral of complaints. The Investigation Team is comprised of Senior Review Officers and a Principal Review Officer. It receives complaints referred from the Intake Team.

Figure 1 is a representation of the structure of the department in relation to areas with complaints management responsibility. It has been developed based on information provided by the department.

**Figure 1: The Central Complaints Unit and typical structure within each region**



## Relevant legislation and standards

Section 219A of the Public Service Act requires Queensland government agencies to establish and implement a system for dealing with complaints that complies with the Australian/New Zealand Standard<sup>14</sup>. This section also requires agencies to publish complaints related data.<sup>15</sup>

The Australian/New Zealand Standard provides principles and guidelines regarding effective complaint management. Specifically, the Australian/New Zealand Standard outlines the key features of a CMS, including accessibility, clear processes, responsiveness, and robust mechanisms of internal review and oversight.

The department makes child protection decisions in accordance with the Child Protection Act. These decisions may trigger a complaint in the event an affected person raises dissatisfaction, or may be made as a result of the outcome of a complaint.

In administering the Child Protection Act, the department has developed the 'Child Safety Practice Manual'<sup>16</sup> (CSPM). The CSPM provides guidance to child safety practitioners within the department, including how delegated officers carry out their duties and make decisions under the Child Protection Act.

## The department's complaints management framework

The department's CMS provides a process to raise concerns about how a child safety matter was handled.

The investigation requested that the department provide all internal complaints management policies and procedures. The department provided the following documents, many of which are also available on its website:

- the *Complaints Management Procedure*<sup>17</sup> (effective December 2016) (the procedure)
- the *Complaints Management Policy*<sup>18</sup> (effective December 2016) (the policy)
- the Complaints Management Guidelines (the guidelines) (effective September 2017)
- the following fact sheets:<sup>19</sup>
  - Making a complaint
  - Complaint investigation
  - Alternative response
  - Internal review
  - Public Interest Disclosure
- *Got a problem? Make your voice heard*<sup>20</sup>
- a complaint form for children in the custody of the chief executive of the department.<sup>21</sup>

14 Australian/New Zealand Standard, 'Guidelines for complaint management in organizations', AS/NZS 10002:2014.

15 *Public Service Act 2008* (Qld) s 219A(3).

16 An online copy of the CSPM is available on the department's website, <https://www.csyw.qld.gov.au/childsafety/child-safety-practice-manual>.

17 Department of Child Safety, Youth and Women, Corporate Executive Services Procedure, Complaints Management Procedure, (2016), <https://www.csyw.qld.gov.au/contact-us/compliments-complaints>.

18 Department of Child Safety, Youth and Women, Corporate Executive Services Policy, Complaints Management Policy, (2016), <https://www.csyw.qld.gov.au/contact-us/compliments-complaints>.

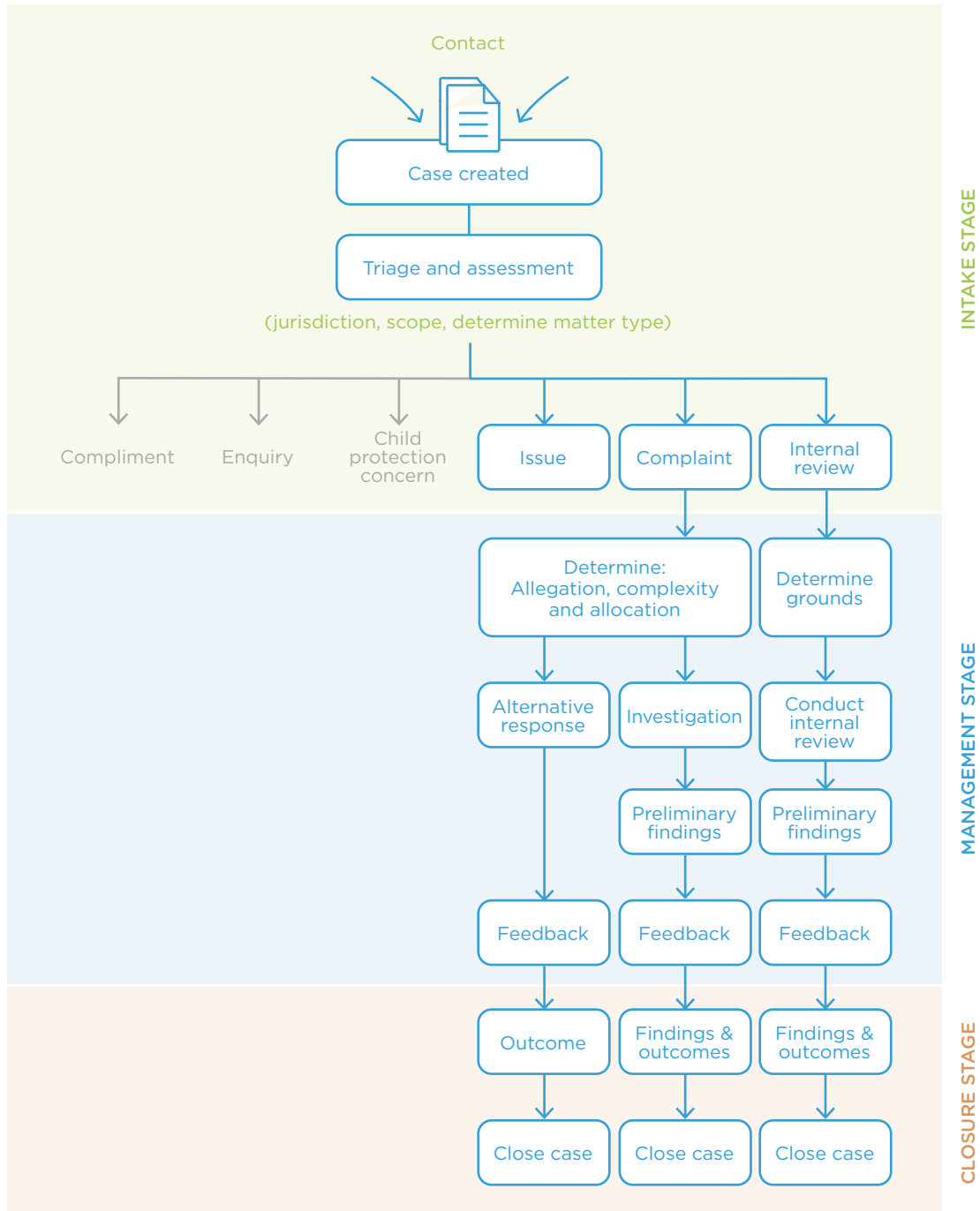
19 The fact sheets (Making a complaint, Complaint investigation, Alternative response, Internal review and Public Interest Disclosure) are available on the department's website, <https://www.csyw.qld.gov.au/contact-us/compliments-complaints>.

20 Department of Communities, Child Safety and Disability Services, a guide to making a complaint, 'Got a problem? Make your voice heard', <https://www.csyw.qld.gov.au/resources/dcsyw/contact-us/complaints/got-problem-make-voice-heard.pdf>.

21 *ibid*.

These documents and evidence provided during interviews with departmental officers outlined the process by which child safety complaints are typically managed. Figure 2 represents this process and is based on information provided by the department.

**Figure 2: Child safety complaint workflow**



**Department's response**

On 12 December 2017, the new Department of Child Safety, Youth and Women was created following Machinery-of-Government (MOG) changes to the former Department of Communities, Child Safety and Disability Services (DCCSDS). Prior to the MOG, any policies, procedures or guidelines (including those referenced in [this report]) were the responsibility of the former DCDSS [sic] but were adopted by the new department's Director-General, pending development of the new department's own policies and procedures.

...

On 16 December 2019, a new Complaints Management Policy and Procedures document was approved by the Director-General and made available to staff via the departmental intranet ... These documents are accessible through the department's internet at [www.csyw.qld.gov.au](http://www.csyw.qld.gov.au).

Review of the Complaints Management Policy and Procedures was undertaken to ensure the department's complaints process reflected revisions to the department's structure and services, which took effect as a result of 2017 and 2019 MOG changes.

Review was also undertaken to ensure compliance with:

- recommendations from the July 2018 Internal Audit and Compliance Services Review of the department's Complaints Management system – in particular its regional application
- the *Human Rights Act 2019* which came into effect 1 January 2020
- the department's Culturally Responsive Client Engagement and Complaints Management Framework.

The new Complaints Management Policy and Procedures reflect changes made to the department's complaints management framework and complaints management database as a consequence of the recommendations made by the Queensland Ombudsman published in its July 2016 report, *Management of child safety complaints report: An investigation into the current child safety complaints management processes within the (former) Department of Communities, Child Safety and Disability Services*.

Changes made to the department's complaints management framework included review of the department's complaints management database, resulting in the launch of a consolidated [complaints management database] on 5 March 2018, which includes improved recording and reporting capability.

**Ombudsman's comment**

Having considered the department's revised Complaints Management Policy and Procedure, published on 16 December 2019, I am satisfied that the findings, opinions and recommendations of this investigation remain relevant and appropriate. The new policy and procedure does not satisfy the findings in the 2016 report or this report. In regard to specifying roles and responsibilities for decision-makers in complaints management, the guidance is more ambiguous than the policy it replaces.

## Child safety record management systems

The department uses two electronic record management systems for child safety matters.

The Integrated Client Management System (ICMS) is used to manage child safety cases and is the main database for child protection matters. It may capture interactions with clients and specific child protection events, including investigation and assessments, interventions, placements and Standards of Care Reviews (SOCRs).

Officers in the RISs, CSSCs and the regional offices use ICMS to capture child protection case management work. CCU officers have restricted access to ICMS records. They are able to review ICMS records to inform how they assess and manage complaints but are not able to alter or add to an ICMS record.

The department also uses a complaints management database to record and manage complaints (complaints management database). The department's annual reporting of complaints data is solely based on complaints captured in the complaints management database. The complaints data cited in this report was provided by the department and has been taken from the complaints management database.

RIS and CSSC officers do not have access to the complaints management database. Only CCU and the Advisor and Senior Advisor positions in the regional offices have access to it.

## Accessing the department's CMS

Any person can make a complaint to the department.<sup>22</sup> The department encourages complaints to be raised at the local level (CSSC, regional office or funded service) in the first instance.<sup>23</sup> However, complaints can be made to any level of the department, including a CSSC, a regional office or the department's CCU.<sup>24</sup>

Complaints must be made within 12 months of the complainant becoming aware of the decision or action being complained of, unless exceptional circumstances warrant consideration beyond that timeframe.<sup>25</sup>

### Intake stage

The primary function of the intake stage is to determine whether the matter raised is a complaint or other type of case (e.g. an 'issue' as discussed in Chapter 5) and to allocate it to the most appropriate person/place within the department.<sup>26</sup> Other types of matters include a compliment, enquiry, a child protection concern or an internal review request.

The intake stage also involves consideration of the following:

- Is the matter within the jurisdiction of the department?
- Is the matter within scope of the department's CMS?
- Is the matter a Public Interest Disclosure under the *Public Interest Disclosure Act 2010*?
- Does the matter require notification to the Crime and Corruption Commission under the *Crime and Corruption Act 2001*?
- Does the matter involve allegations about the conduct or performance of a departmental officer?<sup>27</sup>

22 Department of Child Safety, Youth and Women, *Making a complaint* (fact sheet).

23 *ibid.*

24 Department of Child Safety, Youth and Women, Corporate Executive Services Procedure, *Complaints Management Procedure* (2016), s 2.

25 Department of Child Safety, Youth and Women, *Making a complaint* (fact sheet).

26 Department of Child Safety, Youth and Women, *Complaints Management System - Guidelines* (September 2017), v. 4, p. 9.

27 Consistent with the Public Service Commission's Conduct and Performance Excellence framework.

If it is determined that a matter is not a complaint but is to be handled as an issue, it is referred to the relevant region for handling through its local resolution process (see Chapter 5).<sup>28</sup>

If it is determined that a matter is a complaint, it is given a complexity classification. The complexity assigned to a complaint informs where the complaint will be managed and the timeframe within which it is expected to be completed. A complaint can be classified as low, medium or high complexity depending on a number of factors. These factors include the number of complaint allegations and the number of places, or people, required to gather the relevant information to address the matter.<sup>29</sup>

The guidelines provide the following guidance on low, medium and high complexity complaints:<sup>30</sup>

- Low complexity complaints are matters that cannot be resolved with the complainant routinely and need intervention by the CSSC Manager or regional staff and can be concluded as soon as practicable within 15 business days.
- Medium complexity complaints may require some research into the matter; they might also require some negotiation or facilitated discussion with the complainants or consultation with other areas of the department and can be concluded within 45 business days.
- High complexity complaints are typically where there are large numbers of complaint matters, or where the complaint matters may refer to possible systemic concerns. These matters will typically involve complainants providing very detailed and lengthy background information that requires the department time to address and can be concluded within six months.

The classification as low, medium or high complexity determines where, and by whom, the complaint will be managed.<sup>31</sup>

CSSCs can only manage low complexity complaints. CSSC officers do not have access to the department's complaints management database.<sup>32</sup> Therefore, the Senior Advisor or Advisor in the regional office must be notified of any complaints received and managed at the CSSC level for recording on the complaints management database.<sup>33</sup>

Regional offices can manage low, medium and high complexity complaints.<sup>34</sup> The Senior Advisor or Advisor is responsible for receiving and registering complaints at the regional level, as well as coordinating and managing complaint responses.

The CCU manages medium and high complexity complaints.<sup>35</sup> A Review Officer in the Intake Team is responsible for conducting the triage and assessment and making recommendations to a Senior Review Officer. The Senior Review Officer is responsible for endorsing these recommendations and finalising the intake phase. If the CCU is to retain management of the complaint, it is referred to the Investigations Team within the unit.

28 Department of Child Safety, Youth and Women, *Complaints Management System – Guidelines* (September 2017), v. 4, p. 10.

29 *ibid.*

30 *ibid.*

31 *ibid.*, p. 11.

32 *ibid.*

33 *ibid.*

34 *ibid.*

35 *ibid.*



## Management stage

In managing a complaint, the assigned officer's first task is to distil the complaint allegations, consider the requested outcomes and decide whether a complaint is appropriate for an 'alternative response' or an 'investigation'. These processes are examined in detail in Chapter 6. In summary:

- An *alternative response* might be a facilitated discussion, a face-to-face meeting, an informal discussion over the phone between the departmental officer and the complainant or an explanation of departmental legislation/policy/procedure that results in a resolution to the complaint.<sup>36</sup>
- An *investigation* is a process where the department investigates complaints made by complainants. The complaint issues need to be tested and assessed against departmental legislation, policy, procedure, standards, or service agreements and should result in findings being made.<sup>37</sup>

At the outset of a complaint, the complainant must be provided with information about the complaint management process and timeframes.<sup>38</sup>

The complainant should be regularly updated on the progress of their complaint. The frequency of the update will depend on the complexity and nature of the complaint.<sup>39</sup>

If a complaint is managed by the CCU, the relevant regional office is notified of the complaint and may be requested to provide information related to the complaint.

A key difference between an alternative response and an investigation is that an alternative response results in a 'resolution'; an investigation results in 'findings' (see Chapter 6).<sup>40</sup>

Where a complaint has been investigated, the complainant and any other relevant parties (e.g. subject officers) are provided with the 'preliminary findings' and given an opportunity to provide feedback.<sup>41</sup> The findings are then recorded as 'substantiated', 'unsubstantiated' or 'unable to be substantiated'.

For a complaint that was subject to an alternative response, relevant parties may be provided with a letter or meeting minutes documenting the 'outcome' and seeking feedback.<sup>42</sup>

Any feedback is considered and incorporated into the final response, if required.<sup>43</sup>

A complaint may result in recommendations being made. The department's guidelines state:<sup>44</sup>

Part of any complaints management process is to accept there may be times when a complaint brings up a weakness within a process. Continuous improvement should be part of any business and these recommendations will support that improvement.

If a complaint results in recommendations, the region responsible for implementation must be consulted and accept the recommendations. Once accepted, implementation of the recommendations is monitored in the closure phase.

<sup>36</sup> Department of Child Safety, Youth and Women, Corporate Executive Services Procedure, *Complaints Management Procedure* (2016), s 7.1.

<sup>37</sup> *ibid*, s 7.2.

<sup>38</sup> Department of Child Safety, Youth and Women, *Complaints Management System – Guidelines* (September 2017), v. 4, p. 24.

<sup>39</sup> *ibid*.

<sup>40</sup> Department of Child Safety, Youth and Women, Corporate Executive Services Procedure, *Complaints Management Procedure* (2016), ss 7.1–7.2.

<sup>41</sup> Department of Child Safety, Youth and Women, *Complaints Management System – Guidelines* (September 2017), v. 4, p. 35.

<sup>42</sup> *ibid*, pp. 28–30.

<sup>43</sup> *ibid*, pp. 28–30 and 35.

<sup>44</sup> *ibid*, pp. 30 and 36.

In the CCU, a Senior Review Officer in the Investigations Team may manage the complaint and seek endorsement from a Principal Review Officer at key points, for example, when forming preliminary findings, recommendations and the final outcome. The complaint is then finalised. Regionally, this is coordinated by the Senior Advisor in the Client Services Team. The CSSC Manager or the Regional Director may be responsible for deciding the complaint outcome or findings.

## Closure stage

The closure stage involves the operational closure of the complaints file electronically and the monitoring of any recommendations made as a result of the complaint.

## Internal review

The department's complaints management policy and procedure provides for an internal review mechanism for complainants who remain dissatisfied.

According to the department's procedure:<sup>45</sup>

An internal review is a systemic way of looking back on how a prior complaint management process or determination was conducted. The grounds need to be tested and assessed against relevant legislation and/or departmental policies and procedures, and should result in findings being made.

All internal reviews are handled by the CCU. The CCU is required to finalise an internal review within 45 business days.<sup>46</sup> Internal reviews are recorded in the complaints management database.

The CCU officer must gather grounds for the internal review.<sup>47</sup> According to the department's internal review fact sheet, an internal review of a complaint will not reinvestigate the complaint or decision but will look at the appropriateness of how the complaint or decision-making process was undertaken.<sup>48</sup> Grounds for internal review must therefore identify what was incorrect in the initial process of the department responding to the complaint.<sup>49</sup>

An internal review is conducted and preliminary findings are formed. These preliminary findings are provided to relevant parties who are given the opportunity to provide feedback.<sup>50</sup>

Any feedback is considered and incorporated into the final response, if relevant.<sup>51</sup>

Internal review findings may include whether the ground for internal review is substantiated, not substantiated, or unable to be substantiated.<sup>52</sup>

Internal reviews may result in recommendations. The relevant region must be consulted and accept the recommendations.<sup>53</sup> The CCU is then responsible for monitoring implementation.<sup>54</sup>

45 Department of Child Safety, Youth and Women, Corporate Executive Services Procedure, *Complaints Management Procedure* (2016), s 7.3.

46 Department of Child Safety, Youth and Women, *Complaints Management System – Guidelines* (September 2017), v. 4, p. 39.

47 *ibid.*

48 Department of Child Safety, Youth and Women, *Internal Review* (fact sheet), p. 1.

49 *ibid.*

50 Department of Child Safety, Youth and Women, *Complaints Management System – Guidelines* (September 2017) v. 4, p. 41.

51 *ibid.*

52 *ibid.*

53 *ibid.*, p. 42.

54 *ibid.*

## 4 Identification and recording of complaints at the local level

CSSCs 'provide support and a range of services to children, young people, families and carers to ensure children's safety and wellbeing and to prevent children from being harmed.'<sup>55</sup> As a frontline service, CSSCs are in frequent contact with the public about significant and serious matters, including removal of children under child protection orders. Given the frequency of this contact and the nature of the work, complaints are almost certainly going to arise at this level in the first instance.

The department's procedure allows for complaints to be received at various levels within the department, including CSSCs.<sup>56</sup> Families have most of their contact with Child Safety Officers at the CSSC and it is their first point of contact once engaged with the department.

Ombudsman officers interviewed 52 frontline officers in the CSSCs and RISs, including Child Safety Officers, Senior Team Leaders, Senior Practitioners, and Managers as part of this investigation. During interviews, very few CSSC officers were able to recall examples of complaints they had handled. This is despite many of these officers having worked in the department for many years, some for decades. Upon further questioning, most officers recalled many occasions where their clients had expressed dissatisfaction with the actions or decisions of the department; however, as these matters had not been referred from the CCU or regional office, officers did not see the matters as complaints.

Some officers acknowledged that these matters would generally meet the definition of a complaint but would not have been recorded as complaints in the complaints management database because they were raised at the CSSC. Records relating to these matters would likely be recorded in ICMS but not escalated to the regional office for input into the complaints management database. The ICMS has a complaint case note; however, most CSSC officers were either unaware of this case note type or stated they would not have used this classification of case note to record the matter. In any event, information from ICMS case notes is not collated and counted as complaints. Complaint numbers are counted from the complaints management database.

CSSC officers described an internal escalation process for clients' expressions of dissatisfaction at the local level. For example, a Child Safety Officer may take the initial phone call and attempt to resolve the client's concerns. If the officer is unable to resolve the matter, it may be escalated to a Senior Team Leader. If the Senior Team Leader's efforts have not resolved the issue, the CSSC Manager may become involved.

One Child Safety Officer described the process as follows:

If it's initially a complaint that comes through that a parent is not satisfied with a decision, usually I would offer to talk through that with the parent, otherwise I always offer my Team Leader. If they don't feel that satisfies, I always say we can go to my Manager as well. I know we have a little complaints sheet I usually have saved, so if they continue and they're not satisfied I usually hand that over and let them know there's numbers they can call.

55 'Child safety service centres', Department of Child Safety, Youth and Women (Web page, 1 September 2019), <https://www.csyw.qld.gov.au/contact-us/department-contacts/child-family-contacts/child-safety-service-centres>.

56 Department of Child Safety, Youth and Women, Corporate Executive Services Procedure, Complaints Management Procedure (2016), s 2.

A Senior Team Leader described their involvement in the process as follows:

... Usually the complaints about CSOs will be something like they don't like the way they spoke to them, or they haven't given them the information or they didn't tell me that. Because you mightn't come to an outcome and they might say – well, that's not what was discussed. So, you try and clear that up to best that you can, and I will usually meet with them and try and get that. I will have already spoken with the CSO and said I'm going to meet with them. They've made a bit of a complaint and this is what they're saying, and they'll give me feedback as to what they said. Because half the time they do not want to speak to the CSO. They're peed off.

A Senior Practitioner stated:

... I suppose it depends on the level of unhappy ... if there's someone who has an issue and they've come in with a complaint, and I'm aware of that complaint, we will work through that complaint to try and resolve it at a local level, and ... we'll have the discussion with people to try and work through what the issues are.

If it's actually a constant complaint coming in and nothing's shifting, well then, we would actually look at a review, properly, of that matter, to say – well, how has it been managed? What's the story? And that would often involve [the CSSC Manager] getting involved in that as well, because he would meet with the people, as the Manager, who are making that complaint, to try to resolve that issue.

By the time a matter reaches a CSSC Manager, attempts to resolve the client's concerns may have involved numerous phone calls, emails and face-to-face meetings. While records of these discussions may be recorded in ICMS, the matter is not recorded as a complaint in the complaints management database. Therefore, there is a significant investment of time and energy attempting to resolve these matters before they are captured by the CMS.

A Senior Practitioner expressed her concerns with the level of resources expended prior to a matter entering the CMS:

... sometimes I feel like in human services we do try and manage it more than what we should, at times. Whereas – yep, this is our stance. We're not really going to be changing our stance. We have had everyone involved. We've had every man and their dog look at it and this is still the decision we're making. We just need to be standing by that decision.

But I do sometimes feel like we try and bring that person around when we know we're not going to. So, let's give them the opportunity to have somebody else look at it. Sometimes we might even do that ... the Service Centre Manager might go and say to one of the other Senior Pracs in another Service Centre – can you review this for us? ... can you review it and make sure we are on the right track? And then it goes to a complaint even after that.

If at the end of this local resolution process the client remains dissatisfied, they have the opportunity to make a complaint. By this time, a client may have spoken or met with several different CSSC officers, including the Manager, on numerous occasions about their concerns. Typically, none of these interactions, or the outcomes, will be documented as being dealt with as a complaint. This is supported by the evidence from CSSC officers provided at interview and the fact that, of the 697 complaints received by the department in 2018–19, only 17 were referred to the CCU or a regional office by a CSSC.<sup>57</sup>

It is common for the regional office to refer a complaint back to the CSSC for resolution. This process would feel all too familiar to the complainant having previously attempted to resolve their matter directly with the CSSC without any success. Resolution of the matter may involve further phone calls, emails and meetings with the same people discussing the same issues. A Senior Team Leader described this process as 'the loop'. This would undoubtedly be a frustrating experience for the complainant.

57 Complaints data 2018–19, received 15 October 2019.

The Australian/New Zealand Standard addresses early resolution of complaints and promotes it.<sup>58</sup> However, early attempts to resolve complaints should still be recorded in the complaints management database. Currently, the process involves more and more senior officers attempting to resolve matters locally, outside of the formal CMS.

Local resolution of complaints is good practice, particularly as many complaints are raised at the local level in the first instance and, if lodged as a complaint through the CCU, returned to the CSSC for first response. However, for this to be successful, CSSC officers need suitable training to identify and escalate complaints to the CSSC Manager for recording in the complaints management database. Chapter 11 further discusses the suitability of CSSC Managers as complaint decision-makers.

Appropriately identifying a complaint at a CSSC is more likely to ensure it progresses through the CMS rather than getting dealt with in a lengthy cycle of repetitive interactions with staff with little chance of resolution.

One of the barriers to recording complaints raised at the CSSC is that CSSC officers do not have access to the complaints management database. So long as that remains the case, the department will need to continue to ensure the identification and capture of complaints by way of CSSC officers forwarding complaint details to regional offices for entry in the complaints management database.

Chapters 5 and 11 outline the consequences of not recording locally handled matters as complaints in the department's complaints management database. These include not treating the matter as a complaint and identification of the appropriate decision-maker.<sup>59</sup>

### Opinion 1

The department is failing to identify and record all complaints received at Child Safety Service Centres consistent with its complaints management policy and procedure.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

### Recommendation 1

The Director-General of the department ensure all complaints received at a Child Safety Service Centre (CSSC) are managed according to its complaints management system by:

- a) providing further training to CSSC officers about the processes for identifying and recording complaints in the department's complaints management database and
- b) making CSSC offices responsible for entering complaints directly into the department's complaints management database.

<sup>58</sup> Australian/New Zealand Standard, 'Guidelines for complaint management in organizations', AS/NZS 10002:2014, Appendix H, p. 36.

<sup>59</sup> See Chapter 5 of this report for further discussion about the assessment of matters by the department as 'complaints'.

**Department's response**

The department's December 2019 Complaints Management Policy and Procedures is clear - all complaints must be entered into the department's electronic complaints management system. Notwithstanding the department acknowledges that not all matters raised with child safety service centres (CSSCs) are recorded within the [complaints management database].

Requiring minor matters, that are resolved locally as part of a Child Safety Officer's (CSO) case management role, to be recorded in the [complaints management database] would create a significant administrative burden on frontline child safety staff whose focus must rightly be on the safety and wellbeing of children and young people. To ask frontline staff to record every interaction that may be raised in the course of case management would significantly increase CSO workloads and administrative burden, detracting from their engagement with children, young people and families.

In addition, enabling all 1,600 CSSC officers access to the [complaints management database] would create an additional licencing cost for the department of \$4.94 million for year one and \$1.75 million for each subsequent year.

Under section 61 of the Financial Accountability Act 2009 - Functions of accountable officers and statutory bodies - Accountable officers have responsibility to achieve reasonable value for money by ensuring the operations of the department or statutory body are carried out efficiently, effectively and economically. Reallocating funding from child and family services to provide access to the [complaints management database] by CSSC officers would not constitute good use of public moneys. Given current fiscal pressures, and the focus of the department on managing child protection demand, additional business overhead costs such as additional [complaints management database] licences are not the priority for any available funding.

The department has a formal Framework for Practice for use by child safety staff and will investigate whether case management and practice-related concerns received and addressed at the local level are better categorised as case management matters and managed through the Integrated Client Management System (ICMS). This will clarify at what point an unresolved case management/practice related matter becomes a complaint to be recorded and dealt with under the Complaints Management Policy and Procedures.

Where local matters are unable to be resolved locally and become formal complaints, these matters will be required to be recorded in the [complaints management database] by regional and central office Complaints Unit staff.

The introduction of the above will necessitate further training of departmental staff and a further update of the December 2019 Complaints Management Policy and Procedures.

**Ombudsman's comment**

The department has misinterpreted the findings in this chapter.

My proposed opinion and recommendation rely upon CSOs being able and willing to identify complaints and not confuse them with ongoing casework.

If a client raises a concern with their CSO and their concern is resolved on first point of contact, I accept that this interaction is part of their casework. However, this investigation found that if a client raises concerns at the CSSC level, they are often escalated several times and do not reach a resolution. If the first attempt to resolve the matter is unsuccessful, and the client returns to the department still dissatisfied, the contact should be classified as a complaint and managed in accordance with the department's complaints management policy and procedure.

I have not suggested that complaints managed at a CSSC require a complaint management database licence for every CSSC officer. At most, one licence per CSSC office would be sufficient.

During the investigation, some CSSC business officers advised that they currently use a spreadsheet to track complaints. I do not accept that giving officers access to the complaints management database to record and manage complaints received by a CSSC would be more administratively burdensome.

It would also allow for all departmental complaints to be managed in a purpose-built system, rather than through locally derived processes.

I have slightly amended my proposed recommendation 1 in light of the department's response.

## 5 Consequences of categorisation: issue vs complaint

When an officer of the department (centrally or regionally) enters a contact into the complaints management database, a decision is made to categorise the contact as an 'Issue' or 'Complaint'. This categorisation determines how the matter is handled and what outcomes may follow.

In 2018–19, more Issue cases (838) than Complaint cases (687) were recorded by the department.

### Department's policy and procedural guidance

The department's policy defines a complaint as 'an expression of dissatisfaction about the department's products, services, or staff that requires a response or resolution'.<sup>60</sup> This definition is consistent with the Australian/New Zealand Standard.<sup>61</sup>

The department's procedure, which is to be read in conjunction with the policy, defines an Issue as 'a concern or worry by a customer regarding the department's products, services, or staff that **can be managed routinely**, as a request for service'<sup>62</sup> (emphasis in original text). The Australian/New Zealand Standard does not include the term 'issue'.

The department's guidelines attempt to explain the distinction between a complaint and issue as follows:

'The main difference is that an issue is a request for service that is managed and resolved routinely between the person making contact with the department and the staff member ie. Child Safety Officer ...

A complaint is unable to be managed routinely and will require a higher level of intervention to resolve the matter, this higher level may need referral to a team leader, service centre manager, senior advisor or even CU [Complaints Unit].'<sup>63</sup>

The stand-alone definition of an issue was introduced when the department's policy and procedure became operational on 1 December 2016 as part of the implementation of recommendations made in the 2016 report.

During the implementation of recommendations, this Office raised concerns around the use of the words 'managed routinely'. The Ombudsman expressed the following view to the department:

'... these words may not provide a clear, reliable framework for the identification and management of complaints, particularly in a way that can be consistently applied by the departmental officers across Queensland. Accordingly, I am concerned that the current policy and procedure may not accurately capture all complaints received by the department.'<sup>64</sup>

60 Department of Child Safety, Youth and Women, Corporate Executive Services Policy, *Complaints Management Policy* (2016), s 3.

61 Australian/New Zealand Standard, 'Guidelines for complaint management in organizations', AS/NZS 10002:2014, standard 4.1 defines complaint as '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'.

62 Department of Child Safety, Youth and Women, Corporate Executive Services Procedure, *Complaints Management Procedure* (2016), s 3.

63 Department of Child Safety, Youth and Women, *Complaints Management System – Guidelines* (September 2017), v. 4, p. 7.

64 Letter from the Queensland Ombudsman to the Director-General of the department, 23 November 2016.



Departmental representatives had responded to these concerns by stating that such issues may be dealt with in the rollout and training of officers about the new policy.<sup>65</sup>

## Departmental officers' understanding of 'issue' and 'complaint'

During interviews, departmental officers demonstrated significant confusion about the definition of 'issue' and 'complaint'.

CCU officers were largely able to describe the distinction between issue and complaint cases in line with the department's definitions. However, the descriptions focused heavily on one element of the definition of issue: whether it could be routinely handled. Very few officers indicated that whether something was a request for service was relevant to the assessment.

The clear majority of departmental officers beyond the CCU were either unaware of, or unable to describe, the difference between an issue and a complaint. Where officers attempted to explain the difference, the explanation was unclear and often did not align with the definitions in the department's policy and procedure.

A Child Safety Officer stated:

For me, an issue would be a worry, that something's not right or someone's not happy about something, and then a complaint is something formal. I'm not sure whether that's right.

A CSSC Manager stated:

Well, look, I think a complaint, for me, is where there's been a breach of the Code of Conduct, the Criminal Code, process and procedures. In the other instance, it's sort of - I mean, again, I'm explaining from the top of my head at the moment, it's more a case work, case management issue that is - obviously has affected the complainant. So, it's more something that can be addressed, summarily in a way, by effecting, or by getting the CSO and/or Team Leader and all parties to be reminded of their requirements in relation to practice.

An Advisor stated:

Okay, my understanding of that, which is something that I think that probably shouldn't but changes depending on who you talk to - a complaint is something that fits our policy. Something that we are able to consider. Something we are able to investigate as per the scope of the policy. Anything that we can't do, is then an issue.

... if somebody complains and says, "Hey, I didn't get that letter," that could either be, I guess, a complaint or that could be an issue, because it could be dealt with directly with the Child Safety Officer saying, "All right. Sorry. I forgot. I can do that," or that can be something that that person has not done on purpose and then that should definitely be a complaint that becomes investigated. Do you know what I mean? Like, that's a really muddy way to describe it. And probably not apt, even, to be honest.

Another Advisor stated:

I will be up front with you - there's been a long-standing confusion in terms of what's a complaint and what's an issue.

---

<sup>65</sup> *ibid.*

## Application of issue or complaint definition

To examine how these definitions were applied, the investigation reviewed 50 of the most recent issue cases from the complaints management database (as at 7 July 2019) and assessed each issue case against the definition of complaint in the department’s policy.

Of the 50 cases, 40 (80%) were assessed by this Office as matters that met the definition of complaint and therefore should have been recorded and responded to as a complaint.

The following three examples are indicative.

### Case study 1

A parent wrote to the department stating:

I have a number of concerns/ complaints in relation to [the] department’s lack of communication about my child ... I would like a response by the department by 5pm Wednesday 26 June 2019.

The parent goes on to express a range of concerns including that they have not been contacted by the department or advised of why their child was placed in out-of-home care. The parent states that they had contacted the department and left a message, but they never received a return call.

A CCU officer recommended the following course of action:

As no previous complaints have been raised, and complainant has not had substantial interaction with CSSC – it is recommended that the matter is received and dealt with as an issue to be responded to by the CSSC/ Regional office.

### Ombudsman’s observation

It is clear from the parent’s letter that they were expressing dissatisfaction with the department’s lack of communication and had expressly requested a response. This meets the definition of a complaint.

Providing the requested information to the complainant could form part of the remedy, but dealing with the matter as an issue results in a failure by the department to learn whether there had been inadequate service delivery.

## Case study 2

A parent contacted the department stating it had failed to contact them, or provide adequate support to the parent and their child, after raising that the child had allegedly been sexually assaulted while in the department's care. The parent expressed that the department had ignored the matter and attempted 'to sweep this ... under [the] rug and cover it up'. The parent also claimed they had already called 'complaints' and not heard anything back.

The department had been made aware of the alleged sexual assault over one year before by the child's doctor and the Queensland Police Service.

The Senior Advisor in the region contacted the CCU to determine if the parent had contacted them previously. The CCU advised they had no record of the parent contacting them.

The complaints management database case summary states that '[t]his matter has been recorded as an issue because the concerns are nearly 3 years old'.

### Ombudsman's observation

The parent was clearly dissatisfied with the action and level of support provided by the department. In contacting the complaints area of the department, a response was expected. Therefore, this met the definition of complaint.

The time since the original concerns were raised are not relevant to deciding whether the matter meets the definition of complaint. In this case, it seems there was some confusion about the department's timeframe for making a complaint.

The department's policy states:

... that complaints must be made no later than 12 months after the complainant was notified or made aware of the decision or action. Complaints made outside this time period will only be reviewed if the department considers that exceptional circumstances warrant consideration of the out-of-time complaint.<sup>66</sup>

It is therefore only relevant to consider the age of the concerns once a matter has already been determined to be a complaint. This is a clear demonstration of the confusion in deciding if a matter is an issue or complaint. Departmental officers are considering irrelevant factors when making this decision.

<sup>66</sup> Department of Child Safety, Youth and Women, Corporate Executive Services Policy, *Complaints Management Policy* (2016), s 5.

### Case study 3

A parent contacted the CCU advising that they were dissatisfied with the limited contact between their two children (not in the care of the department) and the children's half-sibling who was subject to a child protection order and in the care of the department. The parent had previously raised their concern with the department which handled it as an issue.

A CCU officer assessed the matter as a low complexity complaint as the matter had previously been handled by the CSSC as an issue and the complainant remained dissatisfied.

The CCU officer referred the matter to the relevant regional office which subsequently changed the matter type in the complaints management database from a complaint to an issue and there is no clear explanation on the case record as to why this was done.

#### Ombudsman's observation

The parent's first and second attempts to have their dissatisfaction dealt with by the department should have been responded to as complaints, but were not.

As a result, despite raising the same concern twice, this matter has still not been considered within the department's CMS.

Of the 40 matters categorised by the department as issues, and analysed by the investigation as being more appropriately categorised as a complaint, the following reasons were most commonly relied on by the department:

- the matter is most appropriately handled at the local (CSSC) level
- no previous attempts were made to raise the matter at the local level
- the matter relates to case management
- the matter has already been addressed in a previous complaint.

These reasons are irrelevant to whether the information meets the definition of complaint. The only question that is relevant at this stage should be whether there is an expression of dissatisfaction requiring a response.

The distinction between an issue and complaint is perhaps further confused by the definition of a low complexity complaint in the department's procedure:

Low complexity complaints are matters that cannot be resolved with the complainant and needs intervention by the Service Centre Manager or Regional staff and can be concluded as soon as practicable.

Low complexity complaints require no investigation and can be easily addressed through the provision of information or through negotiating a desired outcome, perhaps through face-to-face or over the phone; a written response may not be required.

Low complexity complaints should be managed at the regional/service centre level and should take no more than 15 business days.

The features of a low complexity complaint are essentially the same as an issue, in that they are managed routinely at the lowest level.

A departmental internal audit report dated June 2018 (the audit) documented similar concerns about the department's confusion between the definition of complaint and issue. The audit considered 20 issue cases and found that 13 (65%) of them 'could have been classified as a complaint'.

The audit found that 'with the incorrect classification and treatment of issues, the information reported externally by the department may be inaccurate and misleading'. The audit recommended that the Director, Governance and Complaints:

... increase awareness over the difference between issues and complaints in accordance with complaints management Policy/Procedure and Guidelines. ...

Despite concerns being raised about the confusion between complaint and issue by both this Office and internally, the department does not appear to have taken any action to address these concerns because the issue cases reviewed by this Office were received in June or July of 2019, a year after the audit, and contained the same error of categorisation.

While issues are recorded in the complaints management database, they are not counted in the department's complaints data reported annually. I am therefore of the view that there is significant underreporting of complaints by the department.

This concern is further supported by an internal report developed by the department for the period July to December 2017.<sup>67</sup> Table 3 shows that between 2015 and 2017 there is an inversion in the number of complaints and enquiries.

**Table 3: Proportion of matters identified as a complaint or enquiry**

<b>Child safety complaints</b>	<b>2015 01/07-31/12</b>	<b>2016 01/07-31/12</b>	<b>2017 01/07-31/12</b>
Enquiry	25%	60%	57%
Complaint	75%	40%	43%

The report explains the reason for this inversion as follows:

This significant shift in the composition is explained by the introduction on 1 July 2016 of the revised Complaints Management Policy and Procedure which included an enhanced definition of what constitutes a complaint versus an issue.

A **complaint** is an expression of dissatisfaction about the department's products, services, or staff that **requires a response or resolution**.

An **issue** is a concern or worry by a customer regarding the department's products, services or staff that **can be managed routinely**, as a request for service.<sup>68</sup>

The decline in complaints and increase in enquiries appears to be directly influenced by the introduction of 'issues' in the department's complaints management policy and procedure. Issues were initially classified as enquiries in the complaints management database. They are now classified as issues cases but are still not reported as complaints by the department.

The department's guidelines state that issues are able to be dealt with outside of the CMS, and should follow the relevant region's 'local issue resolution process'.<sup>69</sup> However, the department's internal audit found that only three out of the then seven regions were able to provide evidence of a local issue resolution process.

During interviews with Ombudsman officers, CSSC and regional officers were unable to explain a difference in the process for handling a complaint and an issue. There was no reference to a local issue resolution process in any of the interviews.

Given the current volume of contacts dealt with as an issue, the lack of a consistent process across regions to handle such contacts is of concern.

<sup>67</sup> Department of Child Safety Youth and Women, 'Performance Report Dashboard: July 2017 to December 2017', p. 3.

<sup>68</sup> Department of Child Safety, Youth and Women, 'Complaints Management Performance Report July 2017 to December 2017', pp. 3-4.

<sup>69</sup> Department of Child Safety, Youth and Women, *Complaints Management System - Guidelines* (September 2017), v. 4, p. 10.

## Opinion 2

The department is failing to properly categorise complaints consistent with its complaints management policy and therefore does not adequately respond to, or accurately record and report on, the complaints it receives.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

## Recommendation 2

The Director-General of the department ensure that all contacts that meet the definition of complaint in the department's policy are recorded and responded to as complaints. Specifically, this should be done by:

- a) amending the department's procedure to remove the term 'issue' and
- b) providing training to officers regarding the amended procedure and assessing matters as complaints in accordance with the policy.

## Department's response

The department will amend the department's December 2019 Complaints Management Policy and Procedures to remove the term 'issue' in line with the department's response under Proposed finding 1 and proposed recommendation 1 above.

Removing the term 'issue' from the department's Complaints Management Policy and Procedures and broadening the definition of complaint within the policy to include expressions of dissatisfaction about practice-related aspects of service delivery unable to be resolved at the point of initial contact (including those matters currently defined as 'Issue' within the department's complaints management procedure) will resolve this. This will enable practice related dissatisfaction unable to be resolved at the point of first contact to be subject to scrutiny through the system, and provide a clear and consistent approach to expressions of dissatisfaction about service delivery for staff and complainants alike.

The introduction of the above will necessitate further training of departmental staff and a further update of the December 2019 Complaints Management Policy and Procedures.

## Ombudsman's comment

I am encouraged by the department's proposal to remove the term 'issue' from the Complaints Management Procedure and to apply the term complaint to 'expressions of dissatisfaction about practice-related aspects of service delivery'.

However, the effectiveness of this change will depend substantially on the capacity of officers to differentiate complaints from casework. The additional training by the department will be essential to achieving the proposed outcomes.

## 6 Managing complaints: alternative response and investigation

Once a matter is categorised as a complaint, it is subject to one of two processes set out in the department's policy and procedure. The complaint is either investigated or managed as an 'alternative response'.

Approximately 70% of complaint allegations made to the department are recorded as being managed through 'alternative response'.<sup>70</sup> Given the majority of complaints are subject to an alternative response, the investigation closely examined that process to understand its operation and validity as a method of addressing complaints.

Evidence gathered during the investigation raised concerns about the 'alternative response' process.

### Distinguishing between the department's complaints management methods

Once a matter has been identified as a complaint it is assessed to determine its complexity and where it should be referred for management. The officer managing the complaint will consider whether it should be managed through an 'alternative response' or an 'investigation'. The department's procedure describes the two methods of complaint management as follows:

An alternative response might be a facilitated discussion, a face-to-face meeting, an informal discussion over the phone between the departmental officer and the complainant or an explanation of departmental legislation/policy/procedure that results in a resolution to the complaint.<sup>71</sup>

...

An investigation is a process whereby the department investigates complaints made by complainants. The complaint issues need to be tested and assessed against departmental legislation, policy, procedure, standards, or service agreements and should result in findings being made.<sup>72</sup>

The department's guidelines provide a detailed set of instructions as to how each method may be undertaken. In describing the processes generally, the guidelines state:

An alternative response offers a more timely way to address a complaint and typically lends itself to a scenario where a desired outcome is to repair a damaged or strained relationship with a complainant.<sup>73</sup>

...

Investigations can be conducted at the regional office level or by [Complaints Unit]. Investigation as a complaint process will only be conducted on medium and high [complexity] complaint matters.<sup>74</sup>

<sup>70</sup> Complaints data 2018-19 received 15 October 2019. Calculation is (complaint allegations closed, plus alternative response)/total closed complaint allegations, or 724/1019.

<sup>71</sup> Department of Child Safety, Youth and Women, Corporate Executive Services Procedure, *Complaints Management Procedure* (2016), s 7.1

<sup>72</sup> *ibid*, s 7.2.

<sup>73</sup> Department of Child Safety, Youth and Women, *Complaints Management System - Guidelines* (September 2017), v. 4, p. 26.

<sup>74</sup> *ibid*, p. 33.

The descriptions of an alternative response within the procedure and guidelines focus on modes of communication and a desire to mend a relationship. The guidelines prompt complaint handlers to confirm the outcomes in writing and seek feedback from the complainant before finalising the complaint.<sup>75</sup>

By contrast, the guidelines describe investigations as a process with a greater degree of formality in the evidence gathering and require the preparation of a report and a final letter including findings, in accordance with departmental templates. Investigations also include a procedural fairness step where all parties are provided with a preliminary findings letter and the opportunity to provide feedback.

### Recording outcomes in the complaints management database

How complaint outcomes are recorded differs significantly based on whether the matter was subject to an alternative response or investigation.

The complaints management database has a field for recording the method of response for each allegation. This is selected as 'Alternative Response' or 'Investigation'.

Officers also need to record the finding relating to each complaint allegation. On review of the complaints data, and during interview with relevant officers, it became apparent that findings are not able to be recorded on alternative response complaints in the complaints management database. Therefore, when an allegation is subject to an alternative response this field can only be recorded as 'not investigated'.

When allegations are investigated, the findings can be recorded as 'substantiated', 'not substantiated' or 'unable to be substantiated'. These terms have the following meanings as set out in departmental correspondence to complainants:

- A complaint issue is 'substantiated' when evidence/information gathered shows the issue to be true or gives substance to or supports or upholds the complaint issue/s in question.
- A complaint issue is 'not substantiated' when evidence/information gathered shows the complaint issue not to be true or without substance or not supported or upheld.
- A complaint issue is 'unable to be substantiated' when evidence/information gathered is inconclusive and not able to confirm or disconfirm the complaint issue.

Finally, there is a field for recording the 'solution' to the complaint allegation. This includes the following:

- Apology
- Information provided
- Explanation
- Decision / Determination identified for review
- Policy procedure identified for review
- Staff practice identified for review
- Service identified for review.

In the 2016 report, illogical outcome recording was identified as a concern. This continues to be a concern. Of the 1,126 complaint allegations in the department's 2018-19 data, an 'apology' was identified as a solution for 17 allegations where the matter was not investigated. An apology was also apparently given in relation to one complaint allegation that was investigated but not substantiated.

---

75 *ibid*, pp. 27-30.



Further, some 2018–19 complaints subject to alternative response have the following solution coding that suggests a problem was identified; for example, ‘Decision / Determination identified for review’, ‘Staff practice identified for review’, ‘Service identified for review’. It is difficult to understand why any decisions or practices would be reviewed unless the complaint was upheld in some way given the matter was not investigated.

### ***Departmental officers’ understanding of the alternative response and investigation process***

During interviews, the explanations of the distinction between alternative response and investigation varied depending on the position of the officer.

The CCU officers and the Advisors and Senior Advisors in regional offices demonstrated knowledge largely consistent with the description in the procedure and guidelines.

These officers expressed views that an alternative response is less formal than an investigation and may be used when a more direct or timely approach is required.

A senior CCU officer described the two methodologies as:

The difference may be in whether it’s a complaint process that requires a very formal investigation versus a more direct process maybe, and I guess it’s kind of tied into the nature of the allegations ...

An alternative response, what people are calling an alternative response is - you still have allegations and you still have outcomes that the people are looking for, but it may be determined that rather than going down the avenue of conducting a full-blown investigation that maybe getting the parties around a table and having a discussion and maybe a facilitated kind of meeting, with input from complaints or the service centre or the region - that may be able to give an explanation around the concerns that the person has raised and the kind of outcome that they’re looking for.

Another CCU officer stated:

So with an alternative response it’s not a full on investigation. It’s more of a - can we sit down and mediate and try and, you know, come to a finding or solution to your issue? Now they do attract the same timeframes. Whereas with an investigation, you’ve got a management plan where you structured your allegations ... So, it’s actually a formal investigation process. Where an alternative response can be either ... done over telephone, meetings or in writing via email with the Service Centre. It’s more of a relaxed approach rather than a full-on investigation.

Another CCU officer stated:

I guess it’s the immediacy of the matter maybe that we can see from that information and the quick, you know, desktop review that, you know, there’s a particular outcome and we can probably, we don’t need to go through a full investigation process.

A regional officer stated:

An alternative response is one where the complaint can be managed at a Service Centre level, and doesn’t require a regional investigation which negates the need for the report, and for all the other palaver that we go through when a complaint is being formally investigated.

Another regional officer stated:

Investigation is where we would actually conduct a more thorough investigation of the matter ... and therefore requires accessing information from the system, from the Service Centre, from the Child Safety Practice Manual et cetera. So, the investigation is a deeper, more complex process as well.

In a different region, an officer stated:

But an investigation means that – as far as I can understand – is that we go in and look at the case through what’s recorded, and get some information from the other people who are involved in the Department, which would be the Senior Team Leader or the CSO. Get them to respond, and then evaluate that information, and then give the client a formal response to their complaint ... An alternate response is less formal and it discusses the issues and the complaint matter without a full investigation ...

Most alternative responses involve a combination of telephone call, meeting and written correspondence between the complainant and the team leaders and Managers at CSSCs.

CSSC Managers, Directors and Regional Directors have operational delegation or positional authority. The interview evidence from these officers did not demonstrate similar knowledge to the CCU, Advisor or Senior Advisor officers about the different methods of response to a complaint.

A CSSC Manager was asked whether they were familiar with the terms ‘alternative response’ and ‘investigation’ and stated ‘Not alternative response. I haven’t heard that term.’

In response to the same question, another CSSC Manager stated:

... look, I could probably speculate what those terms mean, but in my communication with that position [Senior Advisor], I don’t recall those terms being regularly used in the correspondence that I get.

When asked to describe ‘alternative response’ and ‘investigation’, a Director stated:

The investigation I’m really clear on. The alternative response, it’s probably a language thing, but the investigation I’m pretty clear on, and that’s fairly prescribed. There’s set timeframes and outcomes. The alternative response, I just can’t think of an example.

Another Director was asked if they were familiar with the two processes and what they may mean in an operational sense and stated ‘No. Not sure what the alternative response is.’

A Regional Director was asked if they were part of the decision-making process to choose alternative response or investigation to manage a complaint. The Regional Director stated ‘I’ve heard that terminology – I’m just probably struggling a little bit to understand how that would manifest itself.’

Another Regional Director confirmed that they were familiar with investigation as a method of managing complaints and stated ‘but I don’t know of alternative pathways to that, so I’m used to the very formal – you know, when it comes to this level, very formal, it’s that investigations, this is the outcome.’

In 2018–19, 89% of complaint allegations were managed at the regional or CSSC level.<sup>76</sup> Approximately 70% of the complaint allegations managed regionally were done so by alternative response.<sup>77</sup> It is therefore particularly concerning that the interview evidence from regional and CSSC officers demonstrated a lack of familiarity with the two complaints management methods and an inability to articulate a firm decision-making process for when one may be employed instead of the other.

76 Complaints data 2018–19, received 15 October 2019. Calculation is (complaint allegations closed plus assigned to region)/total closed complaint allegations, or 905/1019.

77 Complaints data 2018–19, received 15 October 2019. Calculation is (complaint allegations closed plus alternative response plus assigned to region)/(total closed complaint allegations plus assigned to region), or 644/905.

## Alternative response and investigation in practice

The investigation used the following methods to examine how an alternative response is applied in practice and its consequences:

- statistical analysis of complaints data for alternative response and investigation
- review of the case printouts and outgoing correspondence of 25 alternative response complaint cases and 25 investigation complaint cases, including consideration of the following:
  - how clearly the complaints allegations were particularised
  - how long the matters took to resolve
  - whether the findings and outcomes were clearly explained to the complainant
  - how the outcomes were recorded in the complaints management database.

The purpose of the case reviews was to assess the adequacy of each method of communicating and recording the outcomes for the purposes of an effective and efficient CMS.

The following three case studies highlight the features and concerns associated with alternative responses.

### Case study 4

The CCU received a complaint in March 2018 from a young person and a non-government case worker. The complaint was that the department had not been providing sufficient support in the young person's transition from care. The concerns related to a failure to receive updates on specific matters (relating to health care quotes and a housing application) and that the departmental officer had not returned any telephone calls since December 2017, four months prior.

The matter was allocated to the region to manage in April 2018 on the basis that the complaint 'cannot be routinely managed by the Service Centre'.

The region entered the matter as a medium complexity complaint on 31 May 2018.

Despite a previous file note indicating that the matter could not be handled at the CSSC level, the case was then assigned to the CSSC for management. The Senior Practitioner of the CSSC was tasked with responding to the young person.

The Senior Practitioner emailed the young person to confirm their concerns and organise a time to meet to discuss the matter in November 2018.

In late November, the Senior Practitioner wrote to the young person confirming details of their discussion, including the young person's

worries that other young people transitioning from care would have a similar experience.

The Senior Practitioner also advised what steps the CSSC Manager would take to address the conduct of the Child Safety Officer. This included the provision of feedback to the officer 'as part of an internal process' and training and development for Child Safety Officers around 'purposeful and meaningful home visits and building relationships with young people'.

The case was closed on 29 November 2018 and the complaint outcome recorded as 'Alternative Response', 'Not Investigated' and 'Information Provided'.

### Ombudsman's observation

This complaint case exceeded the timeframe for a medium complexity complaint by 127 working days.

The outcome advice provides no clear facts or findings but implies there was a failure on the part of the department to meet this young person's needs during the critical transition phase. However, as the matter was subject to an alternative response, no specific findings are recorded or required.

Finally, as there is no finding recorded, a search of the department's database does not yield any useful information from which it could learn in reviewing its complaints data.

## Case study 5

The department received a complaint from a parent in April 2018 about the case management of their child in foster care. The department framed the complaint allegations as follows:

- the complainant's child was wrongly immunised without their permission
- the complainant's child was wrongly medicated without their permission
- the department failed to advise the complainant of their child's school activity and was not invited and the department should have made the complainant aware of these matters
- the department failed to appropriately refer a matter to the police.

The department decided to manage these allegations through alternative response.

The Child Safety Officer and Senior Team Leader met with the complainant in June 2018 to discuss the complainant's concerns. The complainant was advised that:

- appropriate consent for immunisations had been obtained
- the medication had been prescribed by a doctor
- the parent was able to attend the school where the activity would be held; however, this required supervision and planning with the school

- there was evidence the police referral was drafted and therefore 'it was reasonable to determine it had been sent'; however, no final explanation could be provided on why the police have no referral recorded.

The case was closed in November 2018 and the complaint outcome recorded as 'Alternative Response', 'Not Investigated' and 'Information Provided'.

### Ombudsman's observation

This complaint exceeded the medium complexity timeframe by 124 working days.

Outgoing correspondence was not recorded in the complaints management database.

When this case was identified for inclusion in this report, investigators made further inquiries about whether any correspondence was sent to the complainant. Emails from the department to the complainant were produced. One email described the outcome as 'not substantiated' in respect of all matters.

The outcomes recorded in the database were not consistent with the email correspondence.

There was inadequate investigation of the fourth concern. The fact that a referral to the police was drafted does not confirm that it was sent. It seems no further action to substantiate the complaint was taken and as no finding is required for an alternative response, the matter appears to have been closed without adequate inquiry.

## Case study 6

A foster carer raised complaints to the Ombudsman in November 2017 about lack of communication from the CSSC, a failure to pay foster care allowance for a specific period, and contact arrangements between the complainant and the child. The Ombudsman referred the complaint to the CCU to manage through the department's CMS.

The complaint was reallocated to the relevant CSSC for management through alternative response.

In December 2017, the Senior Team Leader from the CSSC met with the complainant, then confirmed the matters discussed at the meeting in an email on the same day.

The complainant lodged another complaint with the Ombudsman in April 2018 raising the same issues and stating:

I have met 3 times and have had several telephone and email conversations with the team leader, CSO and Manager. However it has now been 5 months since I placed my complaint and there is still no outcome.

This Office referred this complaint to the CCU for review through the CMS in late April 2018. This resulted in a new complaint case with the department.

The CCU retained oversight of the complaint and the matter was again managed through alternative response. The following case note reflects the department's decision-making process:

From this search within [the complaints management database], it was noted that the current complaint issue regarding care arrangements for the subject child had previously been raised in [earlier case reference number]. This matter was managed by [region name] and involved a face to face meeting between the complainant and Senior Team Leader, [name] CSSC. There was no record of an outcome letter in response to complaint matter in [earlier case reference number].

It was discussed that further enquiries would need to be made with [region name] with regards to the outcome of [earlier case reference number] and whether the complainant had been advised of this.

It was also agreed that the triage would not reflect that this complaint relates to a previous complaint (which would trigger an Internal Review response), on the basis that further enquiries may result in this current matter being dealt with via Alternative Response.

The alternative response for this complaint again took the form of multiple meetings with the same CSSC officers. The final meeting occurred in early September 2018.

In early July 2018, the CCU changed the complexity of the case from medium to high.

The Senior Advisor wrote to the complainant in October 2018 confirming resolution of the complaint during meetings with the Manager of the CSSC over 'recent months' and giving the complainant an opportunity to provide feedback. An extract from this email states the following:

... I understand that the conversations have resolved the issues that you had raised.

As you have been provided with a complaint management process I am extending an invitation to you to provide feedback ...

The complainant provided feedback with the following comments regarding their experience of the complaints management process:

Thank you for the opportunity to provide feedback on the complaint process I recently went through. My feedback would be that I found this entire process very distressing and very poorly managed. The amount of time it took was in my opinion unnecessarily long.

I believe that this was not a complex decision, yet took several months and I believe would have taken much longer if I hadn't persisted. The other issues were only resolved last month. Communication throughout this process was extremely poor.

The amount of time it took was unreasonably long, communication was very poor, causing me distress and significant frustration and I hope I never have to go through it again.

The department noted the feedback and the complaint file was closed.

In respect of the foster care allowance and contact concerns raised, the case record indicates that there was a meeting and the matters were included in that meeting.

The outcome was recorded as 'Alternative Response', 'Not Investigated' and 'Information Provided'.

**Ombudsman’s observation**

The alternative response process failed to resolve the complaint in the first instance and was drawn out in the second. After some five months, no outcome was provided despite repeated meetings with officers of all levels at the CSSC. Despite that failed attempt to resolve the complaint, the matter was again returned to the same officers for management.

The original alternative response process was so unclear that the complainant was not aware that the department had considered the original complaint closed after the initial meeting.

After experiencing two alternative response processes, the complaint was resolved approximately 11 months after it was first

referred by the Ombudsman. Given the relatively straightforward nature of the complaint allegations, the decision to change the complexity from medium to high on the second case just prior to 45 days elapsing does not seem sufficiently justified.

Typical of the alternative response process, the precise findings and outcomes were unclear and so was responsibility for decision-making. Instead, repeated meetings with officers who made the primary decisions were arranged and the occurrence of a meeting replaced a finding.

The complainant’s observations about the process are supported by the records. The experience for the complainant in this case was extraordinarily protracted, unclear and understandably frustrating.

**Investigation processes compared with the alternative response mechanism**

In contrast to the alternative response process, the department’s investigation method of managing complaints can be effective when applied correctly.

The majority of investigation cases reviewed did not have outcome correspondence that specified the findings in respect of each allegation. This concern is addressed further in Chapter 12 in regard to quality assurance. That said, a number of cases did contain correspondence that clearly specified the allegations, the evidence considered, and the findings made. Combined with the built-in feedback process for preliminary findings provided to complainants, the investigation process gives complainants the best chance of a clear, reasoned outcome.

For reference, below is a case study for comparison to the alternative response case studies described above.

## Case study 7

A foster carer raised a series of complaint allegations with the department in June 2018. These allegations were framed as follows:

- the department failed to respond to the complainant's previous correspondence
- the department failed to provide the complainant with a copy of minutes from a meeting
- the communication and conduct of officers during SOCR was inappropriate
- the process and outcome of the SOCR.

The complaint was managed by the region and allocated medium complexity.

To investigate the complaint, the Senior Advisor conducted a review of the complaints management database, a review of the ICMS and held discussions with the relevant subject officers. During the investigation, a meeting was held between the complainant and the Regional Executive Director to discuss the concerns raised about CSSC officers.

An outcome letter was provided to the complainant in October 2018. In the letter to the complainant, the department advised that:

- allegation 1 was not substantiated because a response was provided
- allegation 2 was substantiated and rectified (by attaching the minutes)
- allegation 3 was unable to be substantiated because there was insufficient information to support the complaint allegation

- allegation 4 was not appropriate for determination in the department's complaints system because there was a related placement decision review before the Queensland Civil and Administrative Tribunal which would consider substantially the same matters.

### Ombudsman's observation

The file was closed in approximately four months. This exceeded the medium complexity timeframe by 50 working days but is markedly shorter than the three alternative response cases described above.

In this case, the written outcome advice contained clear outcomes with a description of the inquiries made by the decision-maker and the reasons for each finding, and the remedy where appropriate. The outcome coding recorded in the database was incomplete (not all allegations from the outcome letter appear in the record). Where the allegations were recorded, the outcome coding does not correlate to the findings.

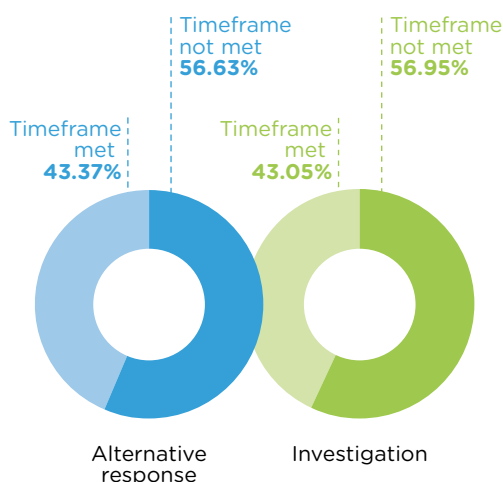
Had the outcome coding in the database reflected the findings in the outcome letter, it would have provided a useful searchable field for determining trends or weaknesses in the department's service delivery.

## Timeliness

The department’s guidelines state that ‘[a]n alternative response offers a more timely way to address a complaint ...’.<sup>78</sup> Departmental officers also provided evidence that the alternative response is timely and direct. However, the above case studies demonstrate how alternative responses can be a very time-consuming method of resolving a complaint.

The 2018–19 complaints data provided by the department shows that alternative responses are almost equally as likely to exceed timeframes as investigations. This is illustrated in Figure 3.

**Figure 3: Timeliness for complaint cases in 2018-19**



The alternative response method does not increase the likelihood of the timeframe being met. In fact, it takes longer in real terms on average for the vast majority of complaints.

In the 2018–19 complaints data provided, approximately 90% of complaints were classified as low or medium complexity. For these cases, the investigation method resulted in an average closure time of 47 working days and the closing time for alternative response cases was 51 working days.<sup>79</sup>

There is little difference in timeliness between the two methods in the 2017–18 data, which also reveals that alternative response offers no improvement on timeliness compared with investigation.

### Impacts of alternative responses

Evidence from officers in the department indicated that the concept of alternative response affected other aspects of how the complaint was analysed in a way that was not conducive to good complaint handling.

#### ***Lack of clarity in particularising the complaint***

For example, a CCU officer described how considering the method of response shapes how they assess and analyse a complaint during the intake process:

I will look at the complaints and if I feel like it’s going to be an investigation, I will particularise them and really kind of get very specific and detailed with them. You know,

78 Department of Child Safety, Youth and Women, *Complaints Management System – Guidelines* (September 2017), v. 4, p. 26.

79 Calculations considered closed complaint allegations from the data provided by the department on 15 October 2019.



on this date, so and so alleges that, that this person did a, b and c, so very, very clear allegations because then I guess they are testable and measurable when you are doing that investigation. Sometimes when we are looking at alternative responses I will look at more, I guess, putting complaints into themes for the Service Centre to talk it through with them because the Service Centre won't come up with findings specifically if they are having a meeting with someone.

This indicates that the clarity of the allegations is likely to be influenced by the prospect of how they will subsequently be treated. If there is not expected to be a specific finding, then it seems less importance is placed on precisely understanding the complaint. This diminishes the prospect of early resolution of a complaint given it has not been properly specified. It also reduces the prospect of identifying themes in the type of complaints received.

In explaining how alternative responses are used, a regional officer stated:

So, whether the complainant's made an allegation against a Child Safety Officer, and if I can find out whether the allegation is substantiated or unsubstantiated, which in that instance is quite hard to prove because the Child Safety Officer was so – they've both got their own opinions. So, yes, alternative response – it is where it can't be substantiated ...

In the hypothetical example described by the regional officer above, it seems that inquiries were made but there was competing evidence (each person has their own opinions). Rather than finding that the allegation was unable to be substantiated, the requirement to make a finding is avoided by using the alternative response method.

### ***Quality of outcome advice to complainants***

The Australian/New Zealand Standard requires the complainant to receive certain information:

Following consideration of the complaint, the organization should contact the complainant to advise –

- what actions were taken by the organization in response to the complaint;
- the outcome(s) of the complaint;
- the reasons for any decisions that have been made;
- any remedy or resolutions that have been offered (see Appendix J); and
- information about other remedies that may be available to the complainant, such as seeking an internal or external review, appeal or complaining to an external complaint management body.<sup>80</sup>

The alternative response process does not lend itself to being able to produce a letter that particularises the outcomes or reasons. The written responses on many of the alternative response cases reviewed during the investigation document the outcome of meetings or discussions with complainants (such as proposed future communication or arrangements), but not the outcome of the complaint allegations.

The same regional officer quoted above also gave evidence that she now rarely chooses alternative response because it would not reasonably meet the expectations of a complainant. The officer stated:

That's why I don't use alternative responses, because they [complainants] want an answer ... I wouldn't respond to a complaint if I didn't have the evidence.

The lack of communication about a finding is contrary to the intention of raising a complaint and potentially frustrates the complainant's ability to access avenues of merits review.

---

80 Australian/New Zealand Standard, 'Guidelines for complaint management in organizations', AS/NZS 10002:2014, s 8.7.4.

In the event a complainant requests an internal review, or an external review by an agency such as this Office, the absence of clear findings may reduce a reviewer's ability to determine whether the decisions or actions were reasonable.

### ***No recorded finding means lessons cannot be learned***

Given the current practice, searching the database for substantiated complaints would yield very few cases with recorded findings. The failure to record any findings on alternative response cases is problematic because it prevents the department from accurately identifying its errors and learning from complaint outcomes.

## **Conclusion**

Having reviewed the management and outcomes recorded for 50 complaint cases, 25 each of alternative response and investigations, there is a stark contrast in the clarity and value of each process.

Investigations always yield findings. Choosing to manage a complaint by way of an investigation:

- increases the prospects of transparent communication with complainants
- aids the process of review and scrutiny
- gives the department an opportunity to learn from the outcome of complaints and improve processes.

The alternative response approach is the opposite to investigations in almost every way. It does not even achieve one of its primary aims of being to resolve complaints in a more timely manner as the data shows it takes nearly the same time on average as matters that are investigated.

While the execution of the investigation methodology and the corresponding recordkeeping concerns identified need additional oversight (see Chapter 11), the department should use the investigation methodology for all complaints it receives.

### **Opinion 3**

In the majority of complaints, the department's alternative response methodology does not result in the making of findings or clear documentation of the outcome of a complaint in the complaints management database.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

### **Recommendation 3**

The Director-General of the department ensure all complaints are decided in accordance with the Australian/New Zealand Standard and, irrespective of the complexity of a complaint, the following occur:

- a) findings are made by the complaint decision-maker
- b) a decision, inclusive of findings, is formally communicated to the complainant and
- c) the findings are recorded within the complaints management database against each complaint allegation identified by the department.

**Department's response**

Proposed recommendation 3 states "The Director-General of the department ensure all complaints are investigated in accordance with the Standard and, irrespective of the complexity of an investigation". Under the Standard section 8.7.2 'Considering the complaint the department is required to appropriately consider how to address the issues raised in the complaint'. The Standard goes on to suggest this could include working with the complainant to see if the issues can be appropriately addressed (the department's alternative resolution process), informal inquiries, or a formal investigation into the complaint. The Standard does not require all complaints to be investigated and as such this recommendation would need to be amended to reflect this.

'Alternative response' is routinely used in cases where it can be seen on the face of the information that something did occur, the allegations are about something that cannot be changed, or the allegations are about a position formed based on circumstances.

The proposed review of the department's December 2019 Complaints Management Policy and Procedures will fully consider the findings and recommendations of the Second Report.

**Ombudsman's comment:**

The department disputes the recommendation that all complaints be investigated in accordance with the Australian/New Zealand Standard on the basis that 'the Standard does not require all complaints to be investigated'.

The Australian/New Zealand Standard may not require a formal investigation in every case, but this investigation identified significant concerns with the department's alternative response methodology, outlined in the previous chapter. I do not believe the complaints subject to the department's alternative response could be considered to be appropriately addressed in accordance with the Australian/New Zealand Standard. The department's response does not engage with these concerns.

The alternative response method is vague and does not provide the complainant with a clear outcome to their complaint. It undermines the capacity of the department to conduct a proper internal review of a complaint and also undermines the department's capacity to learn and improve its business practices.

The ambiguity around the use of the alternative response to manage a complaint is best illustrated through the following statement made by the department:

'Alternative response' is routinely used in cases where it can be seen on the face of the information that something did occur, the allegations are about something that cannot be changed, or the allegations are about a position formed based on circumstances.

It is not clear what is meant by this statement and why it would not require some inquiry, however informal, to determine that something 'did occur', and whether it was appropriate.

The department's new Complaints Management Procedure dated 16 December 2019 has inserted a requirement that all matters subject to an alternative response must now include a written response and a right of reply to preliminary findings or outcome prior to a final determination. This addition may provide some clarity to an alternative response, in that a written response detailing the preliminary findings or outcome is now a requirement of the process. That said, with this addition, there now appears to be little difference between an alternative response and an investigation and the justification for retaining the concept of alternative response is unclear given the flaws identified in how it is applied.

I have slightly amended proposed recommendation 3 in light of the department's response.

## 7 Internal reviews

The department's 2018–19 data shows only 12 internal reviews were carried out. Given the level of complaints received by this Office about child safety (513 in 2018–19), and the number of complaints overall (697 in 2018–19),<sup>81</sup> this number appears to be quite low. This may be explained by the high barrier and limited scope of the department's internal reviews described below.

### Purpose of internal review and the Australian/New Zealand Standard

An effective and comprehensive internal review process operates as a method of oversight for the standard of decision-making and the level of service provided by an agency. An internal review is not a reinvestigation of the original complaint but it is a tool for a merits review of both the process and outcome.<sup>82</sup>

The Australian/New Zealand Standard provides that complainants who are dissatisfied with how their complaint was managed or the outcome should have an option to seek a review by someone other than the officer who managed the complaint.<sup>83</sup> The Australian/New Zealand Standard also provides guidance on the objectivity and fairness of the CMS. It states 'the organization's complaints management system should provide avenues for review of the complaint outcome by people other than the original decision-maker'.<sup>84</sup>

Further, the officer deciding the internal review should have 'broad discretion to overturn previous decisions and apply remedies'.<sup>85</sup> In hierarchical systems with delegated responsibilities this is usually achieved by the decision-maker on an internal review being a senior officer or line manager of the original decision-maker.

### Accessing an internal review

The substantive difference between the process described in the Australian/New Zealand Standard and the department's policy and procedure lies in the description of what can be reviewed.

The Australian/New Zealand Standard provides for a review of the outcome (merits review) of a complaint whereas the department's key documents<sup>86</sup> effectively limit a review to a review of the complaint management process.

81 Calculations based on complaints data 2018–19 provided by the department on 15 October 2019.

82 Queensland Ombudsman, Complaints Management Training workbook, Brisbane, 2017, p. 20.

83 Australian/New Zealand Standard, 'Guidelines for complaint management in organizations', AS/NZS 10002:2014, section 7.2.

84 *ibid*, section 5.2.2.

85 *ibid*, Appendix H, 3(d).

86 These key documents are the department's Complaints Management Policy, Procedure and Guidelines and the Internal Review fact sheet.

Specifically, the department's key documents describe internal reviews in the following ways:

If a complainant is dissatisfied with the complaint management process undertaken to manage a complaint, an internal review can be requested ...<sup>87</sup>

An internal review is a systemic way of looking back on how a prior complaint management process or determination was conducted.<sup>88</sup>

An internal review will look at the appropriateness of how a complaint or decision-making process was undertaken.<sup>89</sup>

Under the procedure, the receiving officer is required to assess whether there are grounds for an internal review to be conducted. The department's key documents provide the following guidance:

In order to determine if an internal review will be conducted it is important to gather grounds to build a case for the internal review.<sup>90</sup>

The grounds need to be tested and assessed against relevant legislation, policy, procedure, standards, or service agreements and should result in findings being made.<sup>91</sup>

Grounds for Internal Review should identify what you consider was incorrect in the process of responding to your complaint or making a decision.<sup>92</sup>

As can be seen, all policy and procedural guidance is directed at grounds of review being constrained to the process of responding to the complaint.

In the event grounds cannot be established, the complainant will be advised that their request for an internal review has been declined.<sup>93</sup>

The internal review fact sheet states the CCU is responsible for undertaking internal reviews.<sup>94</sup> During interviews, the CCU officers were asked to describe how a request for internal review was identified and how grounds were established.

The interview evidence consistently confirmed that the practice aligned with the departmental guidance described above.

When asked how an internal review is identified during intake, a CCU officer stated:

... it's not about the outcome. It's about how that investigator managed that complaint so if they are raising dissatisfaction about, you know, they've overlooked some sort of information or they haven't followed this or that, that's what we are looking at.

Another CCU officer stated that an internal review will consider the process and how it was undertaken, specifically an internal review 'does not necessarily mean that we will be able to change the outcome of the complaint. It means that we will have a look at those policies and procedures'.

87 Department of Child Safety, Youth and Women, Corporate Executive Services Policy, *Complaints Management Policy* (2016), s 6.2.

88 Department of Child Safety, Youth and Women, Corporate Executive Services Procedure, *Complaints Management Procedure* (2016), s 7.3.

89 Department of Child Safety, Youth and Women, *Internal Review* (fact sheet), p. 1.

90 Department of Child Safety, Youth and Women, *Complaints Management System - Guidelines* (September 2017), v. 4, p. 39.

91 Department of Child Safety, Youth and Women, Corporate Executive Services Procedure, *Complaints Management Procedure* (2016), s 7.3.

92 Department of Child Safety, Youth and Women, *Internal Review* (fact sheet), p. 1.

93 Department of Child Safety, Youth and Women, *Complaints Management System - Guidelines* (September 2017), v. 4, p. 40.

94 Department of Child Safety, Youth and Women, *Internal Review* (fact sheet), p. 1.

Another officer stated that if a complainant was to contact the CCU seeking a change in the findings of a prior complaint, 'it doesn't necessarily mean that if we do an IR [internal review] that that outcome will be changed because that's not our mandate to do that. We can look at the process but we can't change the decision'.

A senior officer in the CCU stated, 'An internal review for us is where the person is dissatisfied not so much with the outcome but with the process'.

The same senior officer provided an example where another officer struggled to understand how a complaint subject to an alternative response could be subject to an internal review given an internal review is only about process. The senior officer stated:

It's a CMS process, so the person is entitled to an internal review of that and you tick it and flick it against policy and procedure. So did the person clarify the complaint issues? Did they get an opportunity to present all their information? Did you put those issues to whoever? Did you formulate some findings and did you then present that? Yes, yes, yes. So it's an internal review of, irrespective of whether it's an alternative response or an investigation.

For the reasons described in Chapter 6, alternative responses would be virtually impossible to review in this manner.

One officer described the experience of complainants in the following way:

Sometimes they [the complainant] have difficulty telling me what the grounds are because essentially they're not dissatisfied with the process. They are dissatisfied with the outcome. So that can be very confusing for them because they will often say to me look, I don't necessarily think that anything, they didn't follow the process. I don't have any information to indicate that they didn't do all the steps that are required. I just still don't agree with whatever the outcome is.'

Clearly this would be a frustration for complainants.

This lack of consistency with expectations that an internal review could overturn previous decisions and apply remedies would lead to further complainant dissatisfaction.

In conducting a merits review, an internal review should consider primary documents from the initial complaint process, including the complainant's submissions, records of the complaint process and the outcome under review.<sup>95</sup> It should also consider new information provided by the complainant or involve additional inquiries to obtain information relevant to the review.<sup>96</sup>

A 'tick it and flick it' review against the complaint management process outlined in the policy and procedure does not provide sufficient scope for a consideration of additional information and whether the original outcome was the correct and preferable decision in the circumstances.

95 Queensland Ombudsman, Complaints Management Training workbook, Brisbane, 2017, p. 21.

96 *ibid.*

## Delegation of review officer

As noted above, the department's current internal review process does not provide a merits review in which the original decision can be overturned or remedied. Even if the policy were to do so, this part of the chapter identifies that the structural arrangements for carrying out reviews would frustrate such an effort.

The Australian/New Zealand Standard requires the decision-maker to be able to overturn the original decision and apply remedies. Currently all internal reviews are conducted in the CCU. Officers in the CCU lack the requisite delegation to overturn or remake decisions or provide appropriate remedies to complainants.

Specifically, CCU officers are unable to make decisions under the Child Protection Act or direct other officers as there is no line management over the original decision-makers.

Consequently, if a flaw is identified in the management of a prior complaint that may have impacted on the outcome, the CCU cannot overturn a decision or apply a remedy. This lack of delegation or decision-making power was confirmed during interviews with several officers from the CCU. One officer stated they feel like a 'toothless tiger' in regard to the inability to be able to change an outcome and only make recommendations.

Another CCU officer stated:

We don't have the authority to make those decisions so we have to say, you know, that the Service Centre consider providing this funding or that they consider reviewing this decision in light of this information. We can't direct them to overturn a decision or to definitely fund something. We don't have authority or delegation under the Act to make any of those decisions.

A request to review the outcome of a complaint will be assessed by a CCU officer. However, a senior officer in the CCU stated at interview that 'part of [the] assessment might be to have a discussion with them and seeing – well if you're really, really unhappy, an internal review by us is not going to do you any good'.

This limitation is also reflected in interview evidence gained from regional officers. A senior officer within one of the regions stated:

How do we ... look when we ... send someone to Complaints, which isn't actually going to really resolve it because, ..., they can't direct. They don't have the power to direct someone to do such and such. ... it would go back to that Manager with recommendations again which that Manager chooses to follow or not to follow.

Regions also provided evidence that, in the event a complainant raised dissatisfaction with the outcome or decision on their complaint managed within a CSSC, their concerns would be escalated within the region, potentially to a Regional Director for a fresh assessment. A regional officer stated:

So, if the feedback related to dissatisfaction with the complaints process, then they're offered the option of internal review, which is then managed through the Central Complaints Unit. If they were looking for – if they were dissatisfied with the decisions or outcomes that had been achieved, then that would potentially be escalated and again we would look to respond through – with coordination from our Regional Team.

This solution is in effect a workaround for an ineffective internal review mechanism.

The lack of decision-making power by CCU officers conducting internal reviews is contrary to the best practice outlined in the Australian/New Zealand Standard. It does not align with the guideline that the internal review officer has 'broad discretion to overturn previous decisions and apply remedies.'<sup>97</sup>

<sup>97</sup> Australian/New Zealand Standard, 'Guidelines for complaint management in organizations', AS/NZS 10002:2014, Appendix H, 3(d).

## Further alternative pathways for internal review requests

According to an internal report provided by the department, a significant reduction in internal reviews recorded since 2015 is ‘explained by a change in complaint management practice initially introduced in that year, and then further refined in 2016 and 2017’.<sup>98</sup> The report also stated:

These changes in complaint management practice introduced by the Complaints Unit included the provisions that Internal Reviews will only be conducted:

- If specific and measurable grounds can be articulated and or identified
- As a response to a person’s dissatisfaction with how a decision-making process or a complaint management process was undertaken
- If no other alternative approach can be identified that would help address the complainant’s ongoing dissatisfaction with the outcome of a prior decision or handling of a complaint.<sup>99</sup>

The department’s guidelines for managing complaints encourages officers involved in the intake of matters to use alternative means to the internal review process for resolving dissatisfaction.

The guidelines state that, after gaining an understanding of what the complainant’s dissatisfaction is with the previous complaint management process, the responsible officer should ‘discuss with the region to determine if there is an alternative approach to address the complainant’s concerns’.<sup>100</sup> If it is determined that an alternative approach is not possible, the officer will work with the complainant to develop the grounds in consultation.<sup>101</sup>

This ‘alternative approach’ is another diversion from an internal review.

For example, the guidelines also provide that the responsible officer may decide ‘that a senior practitioner review might be a better way of handling the concerns of the complainant’<sup>102</sup> and that:

Senior practitioner reviews are best utilised where the complainant is determined that the outcome reached in the management of their complaint is not the right outcome. This is the recommended process, particularly where the complainant was satisfied with the process of their complaint.<sup>103</sup>

The concept and use of Senior Practitioner reviews is considered further in the next chapter but this example illustrates yet a further possible diversion from an internal review.

When complainants are unable to access an internal review process, they are denied the opportunity to have the department fully assess the correctness of its actions without recourse to external oversight.

98 Department of Child Safety, Youth and Women, ‘Complaints Management Performance Report July 2017 to December 2017’, p. 4.

99 *ibid.*, pp. 4–5.

100 Department of Child Safety, Youth and Women, *Complaints Management System – Guidelines*, (September 2017) v. 4, p. 39.

101 *ibid.*

102 *ibid.*, p. 40.

103 *ibid.*



#### Opinion 4

The internal review mechanism provided under the department's complaints management policy and procedure does not accord with the Australian/New Zealand Standard because it does not provide for a merits review of a previous complaint process or decision.

This is a failure to comply with s 219A of the *Public Service Act 2008*.

This is administrative action that is contrary to law for the purposes of s 49(2)(a) of the Ombudsman Act.

#### Opinion 5

The department's current practice of conducting internal reviews at the Central Complaints Unit does not align with the Australian/New Zealand Standard because the officers carrying out internal reviews do not have appropriate authority to overturn decisions or apply remedies.

This is a failure to comply with s 219A of the *Public Service Act 2008*.

This is administrative action that is contrary to law for the purposes of s 49(2)(a) of the Ombudsman Act.

#### Recommendation 4

The Director-General of the department establish an internal review process that complies with the Australian/New Zealand Standard and ensures the following:

- a) the merits, as well as process, of an original decision can be reviewed
- b) the officer undertaking the review is sufficiently empowered to set aside, remake or affirm a decision or provide another appropriate remedy and
- c) training is provided to decision-makers and a review of the department's complaints management guidelines is undertaken to ensure that officers are not declining internal reviews on improper grounds.

**Department's response**

Section 7.2 Review process of the Australian/New Zealand Standard requires that an effective complaints management system should have three levels of review. It requires that complainants who are dissatisfied with how their complaint has been addressed or its outcome should have the option of escalating their complaint to a person or area other than frontline staff. The department's complaint management system is a three-stage process that includes the option for Internal Review and to an area other than frontline staff, thereby fully satisfying the requirement of Section 7.2 of the Australian/New Zealand Standard and therefore being fully compliant with the requirements of the Public Service Act 2008.

While the Internal Review mechanisms within the department may not fully reflect the better practice guidance contained within the informative Appendix H (the Preface to the Australian/New Zealand Standard identifies that 'An "informative" appendix is only for information and guidance') it does comply with the requirements in section 7.2 of the Australian/New Zealand Standard.

The proposed review of the department's December 2019 Complaints Management Policy and Procedures will fully consider the findings and recommendations of [this report], ensuring that the internal review mechanism fully considers the better practice guidance contained in Appendix H of the Australian/New Zealand Standard.

**Ombudsman's comment**

The department's response takes a narrow interpretation of the Australian/New Zealand Standard and appears to have avoided any engagement or reflection on the concerns about the deficiencies in its internal review process outlined in Chapter 6.

Specifically, section 7.2 of the Australian/New Zealand Standard provides that complainants 'who are dissatisfied with how frontline staff have addressed their complaint **or its outcome** (emphasis added) should have the option of escalating their complaint to a person or area other than frontline staff'. The fact that the Australian/New Zealand Standard provides for a review of an 'outcome' necessitates some form of merit review to occur. The department's current internal review process does not provide any form of a merit review.

In order to conduct a merit review, the reviewing officer must be suitably qualified and sufficiently empowered to overturn the decision or apply a remedy where appropriate. As such, reviewing officers must be sufficiently empowered to carry out a proper internal review function. This includes ensuring they are delegated decision-makers under the Child Protection Act, when necessary, or are line managers of delegated decision-makers to be able to direct reconsideration of a decision.

## 8 Complaints about funded services

The department funds organisations to provide certain child safety services on its behalf, for example, residential care, foster care and family intervention support services.

The department's 2018-19 annual report financial statements list expenditure of over \$696m on funded services relating to child safety.<sup>104</sup> This chapter examines how the department identifies and manages complaints about these services.

The 2016 report contained a recommendation that the Director-General of the department take appropriate steps to ensure that its funded services have adequate internal complaint handling mechanisms in place to receive, identify, record and resolve complaints in a timely way.

In late 2016, the department advised this Office it was considering the development of a secure, two-way data and information transfer system which would allow it to analyse complaint trends and indicators. This Office has been advised that such a system is not in place.

The department currently requires its funded services to have their own complaint management processes in place in accordance with Standard 5 of the HSQF.<sup>105</sup>

The department's own complaints management policy states:<sup>106</sup>

This policy applies to other parties not defined by the *Public Service Act 2008* who have been authorized by the department, through formal agreement, to perform activities or duties or provide a service or services on behalf of the department.

...

This policy applies where a person expresses dissatisfaction about:

...

- a service that is funded by the department

...

The CSPM also states a complaint may be raised about funded services and employees of departmentally 'Funded Non-Government Service Providers or staff that [are] considered to directly impact upon clients of the department'.<sup>107</sup>

Therefore, complaints about funded services also fall squarely within scope of the department's CMS.

104 Department of Child Safety, Youth and Women, 'Annual Report 2018-19', Appendix 1: Financial Statements, p. 15, <https://www.csyw.qld.gov.au/resources/dcsyw/about-us/publications/corporate/annual-report/2018-19.pdf>.

105 Department of Child Safety, Youth and Women, Service Agreement - Funding and Service Details, Version 1.2, clause 4.

106 Department of Child Safety, Youth and Women, Corporate Executive Services Policy, *Complaints Management Policy*, 2016, s 5.

107 Child Safety Practice Manual, Chapter 10 - General, p. 120.

During interviews, most departmental officers demonstrated an awareness that complaints about funded services were within scope of the department's CMS; however, many of them stated they had never received a complaint about a funded service. For those that had received a funded service complaint, it was apparent that these were often raised with the CSSC or regional office and handled locally without being captured or recorded in the department's CMS.

The department's 2018-19 complaints data shows that complaints about funded services are extremely low. Less than 3% of complaint allegations in 2018-19 related to funded services.<sup>108</sup> During interview, a senior officer in the CCU advised that they were surprised about the low number of complaints made about funded services given the number of non-government organisations (NGOs) engaged and funded by the department.

As explained by several departmental officers, there may be a number of areas within a region that are involved in the handling of a complaint about a funded service, depending on the nature of the complaint allegations:

If it's a complaint about a funded service, it really depends what it's about. If it's a complaint about ... the conduct of a worker, then I will ring the manager. I actually just had one where I've rung the manager and we've had a meeting about it. If it's a complaint ... that they're not meeting their funding requirements, that then gets escalated through - ... Investment and Partnerships... So, then it gets escalated to them to be brought up.

... it depends on what the complaint is about, and what complaints are actually being raised. It might involve the Funding and Contract Management Team, Investments and Partnerships, as I say, or the Service Centre. It could be a combination of them. It could also involve Placement Services, potentially. It depends on what the complaint matter is.

While officers were able to clearly identify the different areas that may become involved in a funded service complaint, it was far less clear who the decision-maker was in each case. For example, a Regional Director stated:

There's so many variables in terms of what the complaint is about and which organisation it is as to who would be involved in it. It could just be something that's resolved by the Manager, either of Investment and Partnerships, or by the Service Centre, or by the Agency themselves. It could escalate to [the Senior Advisor] level and [they] may resolve it. There's so many variables. I'm sorry, I'm not able to say.

Of all of these officers, only the Senior Advisor or Advisor within each region has access to and uses the complaints management database. Therefore, the prospect of these complaints being recorded is low.

Another Regional Director provided a recent funded service complaint example. A neighbour of a residential care service facility raised concerns about disturbances from the facility. The Regional Director and the local Manager of the IPT met with the neighbour and the service. The Regional Director ultimately made the decision to move the facility:

So that it was me actually saying to the agency ... they need to move the property, and the [Investment and Partnerships] Manager agreeing the property needs to be moved. Obviously, they own the property, so it's not as easy as that. The outcome was ... I made a commitment ... that two of the children ... who had the most extreme behaviours that were impacting, would be placed elsewhere immediately.

The Regional Director then advised that the IPT Manager was responsible for finalising the matter with the complainant, including providing an outcome letter. However, at interview, the IPT Manager advised that she had spoken to the complainant over the phone but did not write an outcome letter.

108 Complaint allegations 2018-19, provided 15 October 2019 (30/1138).

As for the placement decision that resulted from this complaint, the IPT Manager stated that she 'assumed' the relevant CSSC or PSU would have recorded the decision in ICMS. The Regional Director said the placement decision would be captured in ICMS; however, the context to the decision would not be recorded. The missing context appears to be that the decision was made in response to a complaint rather than in the course of usual case management processes.

Despite having made the decision to move the facility and the children placed in this facility, the Regional Director had limited knowledge about how this matter was finalised.

On reflection of this matter, the IPT Manager offered the following insights:

... I guess, for me, it probably is a good time for me to revisit our actual complaints process with my staff as a reminder, and bring everybody up to speed and, I guess - What is a complaint? What's not a complaint? What's just something that we're dealing with? And, I guess, revisiting how we probably need to make sure we actually follow a single - following our own processes ...

In the interview with both the Regional Director and the IPT Manager this was identified as a complaint about a funded service. There was no mention of the matter having been referred to the Senior Advisor or Advisor for recording in the complaints management database. Additionally, there is no record of this matter in the department's 2018-19 complaints data. Therefore, the records related to this complaint are likely spread across both ICMS and in the IPT records. Further, given the matter was not recorded in the database, there is no record of whether the decisions were as a result of failings by the funded service.

Other examples of funded service complaints provided during interviews showed that there did not appear to be any consistent approach to ensure these matters were captured and recorded as complaints. The same IPT Manager gave another example of having directly received a complaint about a funded service. The IPT Manager acknowledged that she had not informed the Senior Advisor of the complaint 'because it was resolved very quickly and very easily with two meetings and a follow-up meeting with both agencies and myself'. The outcome was, however, noted on each of the organisation's files in the IPT.

Another IPT Manager gave an example of a complaint she had handled about staff at a funded service. The IPT Manager briefed the Director and Regional Director on the matter. The Manager stated that although the IPT had kept a record of all conversations, meeting minutes and email communications, she could not guarantee that this matter had been recorded on the department's complaints management database.

Complaints about funded services invariably involve an intersection of practice decisions and contractual matters. It appears there is a lack of coordination between various decision-makers such as delegates under the Child Protection Act, those responsible for contract management, and officers with access to the complaints management database. This lack of coordination opens up many cracks through which complaints about funded services may fall and therefore not be adequately responded to, documented, recorded or reported on.

Departmental officers would benefit from better guidance on how to manage complaints about funded services, particularly in relation to who should be the decision-maker for these matters (more broadly explored in Chapter 11). This guidance should also ensure these matters are also recorded in the complaints management database.

### Opinion 6

The department is failing to appropriately coordinate complaints about funded services that require responses from multiple units within the department. This increases the likelihood of a failure to communicate decisions to complainants, insufficient recordkeeping and limited complaints management accountability.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

### Recommendation 5

The Director-General of the department ensure the complaints management policy and procedure are amended to provide a clear process for the management of complaints about funded services. Specifically, the policy and procedure should provide for accountability through identification of a single point of contact responsible for:

- a) coordinating the management of the complaint
- b) communication of any findings to the complainant and
- c) entry of the complaint findings into the complaints management database.

**Department's response**

From 11 November 2019, the department gained a dedicated Compliance Services function focussed on providing a range of compliance services to the department. Compliance Services forms part of the Office of Regulatory Services and provides a range of compliance related services with a focus on conducting financial compliance and performance reviews. Compliance Services also undertakes investigations of departmentally funded non-government service providers where there are allegations or concerns which indicate a funded service provider's alleged non-compliance with their financial obligations under the departmental service agreement or breaches of legislative requirements. Compliance Services works closely with the Complaints Unit in managing complaints received by the department about funded services.

In addition, complaints about funded services are received by the Chief Procurement Officer of the department and managed in conjunction with the central Complaints Unit. Complaints regarding departmentally funded services can also be directed to the Department of Housing and Public Works Queensland Procurement Policy Compliance Unit (QPPCU). The QPPCU is made up of the Buy Queensland Audit team, the Compliance Coordination and Referral Unit and the Ethical Supplier Mandate and Threshold team. These teams work together to manage complaints, conduct audits and investigations and ensure that suppliers deliver genuine, quality and secure ongoing jobs with fair pay and safe working conditions.

The Compliance Coordination and Referral Unit (CCRU) receive complaints relating to suppliers or agencies and the Queensland Procurement Policy. After receiving a complaint, the unit coordinates and refers the complaint to relevant agency who then investigates the complaint. While the role of the CCRU is not to advise agencies on how to manage a complaint, but check and monitor the progress of the complaint. The outcomes are used to recommend policy or process improvement to benefit Queenslanders.

Also, as noted in the [proposed report], complaints can be received by the regional Investment and Partnership teams which manage and administer contracts with funded services, by central office Investment and Commissioning staff or by the CSSC or by Placement Services.

It is acknowledged that complaints about funded services involve an intersection of practice decisions and contractual matters, with a number of different avenues of complaint. It is also acknowledged that this area would benefit from better coordination across decision makers to ensure complaints are adequately responded to, documented and recorded. To this end the proposed review of the department's December 2019 Complaints Management Policy and Procedures will fully consider the findings and recommendations of [this report], ensuring that the policy and procedure provide further clarity around management and reporting of complaints related to funded services. Officers in these areas will also be targeted for training once the December 2019 Complaints Management Policy and Procedures are reviewed and updated in light of the findings of [this report].

**Ombudsman's comment**

I note the department's response and am encouraged by its commitment to considering further guidance around management and reporting of complaints related to funded services and training of relevant staff.

## 9 Complaints referred by the Office of the Public Guardian

The OPG's Community Visitors visit children in out of home care and advocate on behalf of a child or young person by facilitating resolution of issues or concerns identified with relevant service providers, including the department.

In 2017–18, the OPG made 34,242 visits to 8,607 children and Community Visitors raised 20,091 issues on behalf of children.<sup>109</sup>

### Memorandum of understanding

The 2016 report identified an apparent lack of coordination between the department and the OPG regarding how each agency manages child safety complaints. It was therefore recommended that the department and OPG establish a protocol relating to how child safety issues raised by the OPG are to be managed by the department.

The department and OPG responded by developing an MoU concerning management of complaints effective from June 2017. The MoU outlines the process for information sharing between the agencies when a complaint is referred by the OPG to the department.

The MoU lists the types of matters the OPG will refer as complaints to the department. These are described as:

- a serious issue that has had, is having, or is likely to have a significant impact on a child's wellbeing or development
- a locally resolvable issue that is not responded to within a reasonable timeframe or where the response is unsatisfactory to the OPG, including a failure by the CSO or other departmental officer to fulfil an undertaking given in relation to a locally resolvable issue within the agreed timeframe
- cumulative issues that reveal persistent, repeated or systemic problems with the delivery of services to children and young people that warrant the making of a complaint.<sup>110</sup>

The MoU states that when a complaint is referred by the OPG, the department will advise the OPG:<sup>111</sup>

- of the severity, complexity and urgency of the complaint
- whether the Central Complaints Unit or a region will be responsible for responding to the complaint.

During the progress of a complaint, the department is to provide regular updates to the complainant (this may be via OPG).<sup>112</sup> The frequency of updates will depend on the complexity and severity of the complaint.<sup>113</sup> The department will negotiate with the OPG on how frequently they would like to be contacted and in what form (e.g. telephone or email).<sup>114</sup>

The MoU also states that the department must inform the OPG of the outcome upon closure of the complaint.<sup>115</sup>

109 Office of the Public Guardian, 'Annual Report 2017–18', p. 4, [https://www.publicguardian.qld.gov.au/\\_\\_data/assets/pdf\\_file/0011/589529/opg-annual-report-2017-18.pdf](https://www.publicguardian.qld.gov.au/__data/assets/pdf_file/0011/589529/opg-annual-report-2017-18.pdf).

110 Memorandum of Understanding 'Concerning Management of Complaints', Department of Child Safety, Youth and Women – The Office of the Public Guardian, signed 6 July 2017, p. 9.

111 *ibid.*, p. 11.

112 *ibid.*

113 *ibid.*

114 *ibid.*

115 *ibid.*, p. 20.



## The MoU in operation

The investigation requested data from the OPG and the department on the number of recent complaints referred by the OPG to the department.

The OPG's data for 2018–19 indicates that 118 complaints were referred to the department. However, the department's 2018–19 complaints data indicates it received 98 complaint referrals from the OPG. The reason for this difference is not conclusively known. A number of complaints referred by the OPG appear to be about police conduct towards a young person detained in a watch house and may therefore have been classified as out of jurisdiction for the department.

The investigation also requested all correspondence between the OPG and the department for a random selection of 15 complaint cases referred from the OPG in 2018–19, representing approximately 15% of OPG referrals for the year.

The following examples illustrate the communication between the department and OPG and discrepancies in their data.

### Case study 8

The OPG referred a complaint to the department on 10 June 2019.

The department responded to the OPG referral email on 17 June 2019 confirming the complaint had been assigned a medium complexity; however, the OPG record states that a complexity level was not provided.

In the referral email, the OPG requested status updates at a 'minimum frequency of once per

fortnight' until the final outcome. There were no records of the department having provided any updates to the OPG nor were there any records of the OPG seeking an update.

On 2 September 2019, the department sent the OPG a closure letter finalising the matter but the OPG's record of the matter states it was closed on 29 July 2019.

### Case study 9

The OPG referred a complaint to the department on 28 May 2019.

The department responded to the OPG referral email on 30 May 2019 confirming the complaint had been assigned a medium complexity but the OPG record states that a complexity level was not provided.

In the referral email, the OPG requested status updates at a 'minimum frequency of once per fortnight' until the final outcome. There were no records of the department having provided any updates to the OPG nor were there any records of the OPG seeking an update.

Both the department's and the OPG records show that this matter is not yet finalised.

### Case study 10

The OPG referred a complaint to the department on 13 May 2019.

The department responded the next day confirming the complaint had been assigned a medium complexity but the OPG record states that a complexity level was not provided.

The OPG did not request updates in its initial referral of the complaint but did seek an

update from the department via email on 17 June 2019. The department provided an update on the same day.

The department sent a preliminary outcome letter to the OPG on 26 September 2019 seeking feedback by 3 October 2019.

This matter remains ongoing in both the department's and OPG's records.

### Case study 11

According to the department's records, the OPG referred a complaint to the department on 24 January 2019.

The department responded the next day confirming the complaint had been assigned a medium complexity.

In the referral email, the OPG requested status updates at a 'minimum frequency of once

per fortnight' until the final outcome. The department sent updates to the OPG on 30 January 2019, 11 February 2019, 25 February 2019, 11 March 2019 and 26 March 2019.

The department provided the OPG with an outcome for this complaint on 27 March 2019.

The investigation could not identify this matter in the OPG's records.

### Case study 12

The OPG referred a complaint to the department on 21 December 2018. The OPG requested fortnightly updates on the progress of the complaint, but the department did not provide any.

The department responded to the OPG on 21 December 2018. This email indicated that the case had been assigned medium

complexity although this was entered against the description of severity. The OPG's records stated that no complexity level was provided.

The department's records show that this matter was finalised on 21 January 2019. The department informed the OPG of the outcome via email on 22 January 2019. The OPG's data provided on 28 August 2019 shows this matter as ongoing.

The OPG provided its 2018–19 complaints data to this Office on 28 August 2019 with many of the complaints recorded as 'ongoing'. The department's records indicate an outcome was provided for some of these matters after 28 August 2019.

This Office therefore sought updated 2018–19 complaints data from the OPG. The OPG advised that it was unable to provide updated data given the time it would take to collate and the limited resources in the relevant team.<sup>116</sup> This suggests that the OPG's data about complaints referred to the department is not easily accessible or trackable.

The MoU identifies 'Director Visiting delegates' as persons responsible for referral of complaints to the department. A review of some of the OPG referrals shows that these were carried out by various positions over the last 12 months.

Further, when contacted to identify the most appropriate officer at OPG to speak to about the operation of the MoU, Ombudsman officers were informed that given the turnover in officers recently, it was not easy to identify someone who would be suitable to discuss these matters with.<sup>117</sup> This lack of coordination appears to be consistent with the discrepancy of records identified above and illustrated in the following example.

<sup>116</sup> Telephone call between Office of the Public Guardian and Ombudsman officer, 14 October 2019.

<sup>117</sup> Email from Office of the Public Guardian to the investigation, 28 August 2019.

### Case study 13

In 2018, the OPG referred a complaint to the CCU of the department on behalf of a child about the lack of contact with their foster siblings.

The complainant's ICMS record was set to 'sensitive' and could not be accessed by the CCU.

Over a week later, the CCU attempted to contact the OPG to request contact details for the complainant so they could clarify the complainant's concerns. The CCU was advised that the nominated OPG contact was unavailable but would be asked to return the call.

The CCU made several more attempts to contact the OPG officer over the course of two months without success.

In the meantime, the CCU had gained access to the complainant's ICMS record but still required additional information from the OPG. The CCU was advised by the relevant CSSC that the matter had been resolved and the complainant was now having contact with their foster siblings.

The department wrote to the OPG advising of the outcome and requested feedback. No feedback was received from the OPG so the department closed the complaint over three months after the referral.

## Observations about the operation of the MoU and conclusions

There are clear discrepancies between the data provided by the department and the OPG, particularly around the recording of a complexity level and communication relating to updates and when matters are closed.

The department appears to be fairly consistent in providing the OPG with a complexity level upon receipt of a complaint referral, but the OPG record is not amended accordingly. The department is less consistent in relation to the provision of updates on the progress of referred complaints. However, the OPG does not appear to be following up on updates where they are not provided, or responding promptly to requests for further information.

During the investigation, officers were advised that since April 2019 the department assigned responsibility for monitoring all OPG complaint referrals to one officer in the CCU.<sup>118</sup> This responsibility was previously shared among officers in the CCU.

Conversely, there does not appear to be a single contact within the OPG responsible for referring, managing and recording complaints referred to the department. This may be resulting in deficiencies in the OPG's recordkeeping. It also creates challenges when the department is seeking clarification or further information on a particular complaint from the OPG.

This Office now has some confidence that complaints referred by the OPG to the department through its CCU will be recorded and actioned by the department.

However, given the more serious nature of matters that the MoU identifies as appropriate for escalation by the OPG to the department as complaints, it appears that both parties need to strengthen the monitoring of them.

<sup>118</sup> Email from the department to the investigation, 26 September 2019.

The evidence indicates that compliance with the MoU (such as classification, timeframes, communication of updates and outcomes) is variable and dependent on adequate resourcing of the monitoring of complaints in each agency.

The department's recent move to identify one position in the CCU to monitor these complaints will improve the prospect of better communication which would be consistent with that foreshadowed by the MoU. Similar coordination in the OPG would be beneficial.

The investigation was advised that the MoU is currently under review, which makes it an opportune time to assess the effectiveness of current arrangements between the department and the OPG.

### Opinion 7

The child safety complaints records of the department and the Office of the Public Guardian do not align. There are inconsistencies in the recordings related to complexity, outcomes and closures of complaints.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

### Recommendation 6

The Director-General of the department and the Office of the Public Guardian (OPG) finalise the current review of the Memorandum of Understanding (MoU) within six months and ensure the MoU incorporates processes that will ensure both agencies accurately record and monitor complaints referred by the OPG to the department.

### Department's response

The department is committed to finalising the current review of the Memorandum of Understanding (MoU) with the OPG in relation to the referral of child safety complaints. Since April 2019, the department has been working on amendments to the current MoU. Since June 2019, the department's draft revisions to the MoU have been with the OPG for their input/ feedback. On 24 December 2019, the department received preliminary comments from the OPG in relation to the draft MoU and revisions required. This is presently being progressed between the department's Complaints Unit and the OPG. As such, the department agrees with the recommendation to finalise the current review of the MoU within six months. On 3 March 2020, the department will meet with the OPG with a view to finalising the MoU.

**OPG's response**

Since your 2016 investigation and subsequent report in relation to the child safety complaints management system, OPG has been working with the Department of Communities, Child Safety and Disability Services ("the department") to improve communication and responsiveness to matters of complaint. Whilst this process has addressed some of the initial difficulties, OPG does not believe it has been as effective as possible and has therefore committed to working in collaboration with the department to create a more cohesive and unified complaints process.

OPG has noted the issues identified in your draft chapter relating to OPG's administration of the complaints function, including anomalies and/or inconsistency of data captured between OPG and the department. Whilst some level of inconsistency is inevitable between differing data systems, OPG has identified the issues raised by your investigation and has prioritised addressing these to ensure a robust complaints process that supports service delivery and aligns to high standard of practice.

OPG is committed to a culture of continuous improvement and opportunities for further integration of complaints management functions broadly. Recent and ongoing developments within OPG are anticipated to strengthen management of the complaints function. In regard to the examples of complaint matters and discrepancies between the department and OPG noted in your draft chapter, OPG provides following:

- The OPG operational complaint function has, until late 2019, been a role that was unfunded.
- During this period, OPG has attempted to manage the complaints function within current resourcing and with competing priorities. This resulted in a number of different people handling complaints, with varying expertise.
- Following an increase in funding, in late 2019, OPG prioritised the complaints function and a permanent Principal Complaint Officer role (with associated skills and experience) was established and recruited to in early 2020.
- Since recently commencing at OPG, the Principal Complaints Officer has reviewed and updated the central complaints register to ensure information on complexity, outcomes and closures for each complaint is appropriately recorded and addressed.
- A second position to support the Principal Complaints Officer (and OPG more broadly) with the effective administration of complaints is now also funded permanently. Recruitment for this position is currently being prioritised and in the interim, a temporary resource has been allocated to support the Principal Complaints officer to –
  - develop and implement a strengthened complaints framework for OPG;
  - create and implement a proposal to support training and development of OPG employees relating to complaints;
  - review guidance documents on making complaints; and
  - manage inconsistent data collection between agencies.

Therefore, I am confident to report that OPG has either fixed the issues identified in your draft chapter, or is on track to resolve them in the near future, and certainly within the 6 month time period proposed by your recommendation.

**Ombudsman's comment**

I note the department's acceptance of the recommendation and am encouraged by the department's and OPG's commitment to strengthening their relationship in the interests of ensuring more robust child safety complaint management processes.

## 10 Senior Practitioner reviews

A Senior Practitioner review is a review of practice decisions by a Senior Practitioner typically at the request of a Manager or Senior Officer.

Each CSSC has one (or more) Senior Practitioner who is responsible for providing specialist advice, guidance and oversight to ensure quality child protection services are maintained.<sup>119</sup> They ensure assessment, intervention, casework and case management are delivered by the CSSC to a high standard and in accordance with legislation and practice guidelines.<sup>120</sup>

Each region also has a Regional Practice Leader who is the senior practice officer in the region and provides support, guidance and training to child safety practitioners (e.g. Child Safety Officers, Senior Team Leaders, Managers).

Throughout the course of the investigation, officers described practice decisions as being particularly complex, and different in nature to complaints about service delivery (e.g. inadequate communication by a Child Safety Officer).

The key identifying feature of a practice decision is that it includes an assessment or judgment of the protective or developmental needs of a child. Some examples of practice decisions include:

- the outcome of an IA following a notification of harm
- decisions about the appropriate level of contact between a child and family
- the placement of a child in the care of the department
- the outcome of a SOCR<sup>121</sup>
- an assessment of the needs of a child and a decision about the level of Complex Support Needs Allowance to be paid to a carer.

Some of these decisions can be disputed in, or have an avenue of review through, the Childrens Court or the Queensland Civil and Administrative Tribunal.<sup>122</sup>

However, there are circumstances where practice decisions will fall outside the scope of these review mechanisms. For example, where there is an adverse finding at the conclusion of an IA and the department does not bring an application to court, there is no statutory right of review and the only recourse would be through the complaints system.

---

119 Department of Child Safety, Youth and Women, 'Child protection careers', published on web page, viewed on 30 September 2019, <https://www.csyw.qld.gov.au/about-us/careers/career-opportunities/child-protection-careers>.

120 *ibid.*

121 A Standards of Care review is an assessment of whether the care provided by a foster carer meets the Standards of Care set out in Part 1, s 122 of the Child Protection Act.

122 For example, practice judgments related to an application for guardianship and decisions outlined in Schedule 2 of the Child Protection Act as 'reviewable decisions' in QCAT.

## Departmental policy and procedure

The department's complaints management policy, procedure and guidelines are silent on the use of Senior Practitioner reviews in a complaints context.

The CSPM does refer to reviews of some practice decisions, in the context of IA and SOCR decisions. It is almost certainly the case that reviews will be prompted by the affected party expressing their dissatisfaction with the decision. Below are the relevant extracts from the CSPM.

In relation to IA outcomes, Chapter 2 of the CSPM states:

...

Where a review is subsequently undertaken on a finalised investigation and assessment and the reviewer determines the outcome was incorrect, it is generally not appropriate to delete the original outcome and record that which the reviewer has determined is correct – even if the reviewer ensures the original outcome and the subsequent decision making is documented.

...

In exceptional circumstances, the review process may recommend information recorded within the investigation and assessment event be amended as it is factually incorrect and that the person responsible or investigation and assessment outcome be changed. The CSSC manager must provide their written approval for any changes made and ensure this is recorded within a case note in the event (see above for guidance on what to record). Examples when this may be considered include:

- a) a person profile is incorrectly linked to an investigation and assessment as a parent and/or person responsible and the investigation and assessment outcome would inaccurately influence future assessments of risk and/or parental willingness and ability
- b) a person assessed as responsible for harm to a child was not afforded the opportunity to respond to the alleged concerns and further review has determined that assessment to be incorrect.

The person seeking the review should be advised from the outset that any review would not result in a change of outcome, only in additional information being included on the child's file. ...<sup>123</sup>

In relation to SOCRs, Chapter 9 of the CSPM states:

In relation to the processes for responding to standards of care issues, affected persons may:

1. make a complaint by contacting the local CSSC, the regional office or the Central Complaints and Review Unit – refer to Chapter 10.17 Complaints management
2. make a complaint through the Office of the Public Guardian
3. seek an external review of Child Safety decisions that are reviewable (**Child Protection Act 1999**, schedule 2), through QCAT.

An internal review of the actions taken or decisions made as part of a standards of care review or a harm report investigation and assessment can be:

1. undertaken by the CSSC manager, at the request of the regional director
2. assisted or undertaken by Complaints and Review (at the request of the regional director or above).<sup>124</sup>

<sup>123</sup> Child Safety Practice Manual, Chapter 2 – Investigation and assessment, p. 87.

<sup>124</sup> *ibid*, Chapter 9 – Standards of care, pp. 53–54.

## Current use of Senior Practitioner reviews

When discussing the review of practice decisions, officers identified that it is most often carried out in the form of a Senior Practitioner review. A Senior Practitioner review is a process whereby relevant decision-makers engage the assistance of practice experts, in their office or elsewhere, to review decisions.

During interviews, CCU officers were able to describe the circumstances in which a Senior Practitioner may review a decision, but there were differing views about how and if it could be used in the CMS. Some CCU officers said:

Practitioner Reviews sit outside of that Complaints Management Process ...

So Senior Prac Reviews are a little bit different to the internal reviews ...

During interviews with regional office and CSSC officers, Ombudsman officers heard examples of Senior Practitioner reviews being conducted in response to a complaint. However, this appeared to be on an ad hoc basis.

An experienced Senior Team Leader gave an example of a matter where a parent had a substantiation of harm against them as the result of an IA. The parent was unhappy with the IA outcome. A Senior Practitioner review took place and found the IA outcome was wrong. When asked about this process for review of such decisions, the Team Leader said that it was the only one she could recall in seven or eight years and that the review had been conducted after the complainant had contacted the Regional Director.

Other evidence indicated that Senior Practitioner reviews are not a routine process for reviewing practice decisions, but are triggered when other experienced practitioners identify a matter appropriate for review or where there is some external oversight involved, such as referral from the Ombudsman.

A different Senior Team Leader could not identify how a practice decision might be reviewed outside of court processes.

A Regional Executive Director identified some of the key issues regarding the use of Senior Practitioner reviews in managing complaints. These are that:

- ‘complaints officers’ (including CCU, Senior Advisors, Advisors or Regional Directors) may not have a practice background
- there are a proportion of complaints that are about practice decisions and require review by a suitably qualified practitioner, such as a Senior Practitioner or Regional Practice Leader.

Confusion about the complaints management process and the Senior Practitioner review process causes delay and frustration.



## Case study 14

In October 2018, a foster carer made a complaint to the local CSSC Manager about an ongoing SOCR relating to their care of a child.

In November 2018, the CSSC Manager met with the foster carer to discuss the SOCR outcome. The outcome conveyed verbally to the foster carer was that they were not meeting the Standards of Care. The foster carer expressed their dissatisfaction with the SOCR outcome and the CSSC Manager agreed to have an 'independent person' review it.

The CSSC Manager requested that a Senior Practitioner not previously involved in the matter review the SOCR. The Senior Practitioner agreed with the original SOCR findings.

In December 2018, the foster carer was given a letter advising of the outcome of the original SOCR.

The CSSC Manager met with the foster carer again in December 2018 to discuss the outcome of the Senior Practitioner's review of the SOCR. The foster carer remained dissatisfied with the outcome so the CSSC Manager provided the foster carer with the department's complaints brochure.

On 31 May 2019, the foster carer made a complaint to the Ombudsman about the outcome of the SOCR. The Ombudsman determined that the foster carer had not exhausted the department's CMS. This Office therefore referred the foster carer back to the department to seek an internal review.

The foster carer returned to the department seeking an internal review of the SOCR outcome. The department advised:

[The CSSC Manager] had met with you twice regarding the SOC. The second time was to provide you with the outcome of the internal review by [the Senior Practitioner]

[The CSSC Manager] advised me that [the Senior Practitioner] did not recommend any changes to the original outcome

...

[The CSSC Manager] advised that there were other 'options' to follow this through (that is the outcome) one being involving a more senior person (he suggested Regional Director level).

The foster carer returned to this Office in June 2019 seeking to progress their complaint stating that they never received an outcome letter for the internal review by the Senior Practitioner, and the department was unwilling to provide one. This Office asked the CCU if the department had conducted an internal review of the foster carer's complaint. The department confirmed that an internal review had not occurred. This Office therefore referred the foster carer back to the department to have their complaint internally reviewed.

The foster carer responded to this Office stating their confusion with the process:

Child Safety appear to be blurring the line between what the meetings were about, focusing on the SOCR process and dismissing the fact that I had a formal complaint in motion.

I was led to believe that [the Senior Practitioner review] was indeed my second step in the complaints process.

In September 2019, the foster carer returned to this Office having requested an internal review from the department. The department's response included the following statements:

An internal review will not overturn the outcome decision for you.

An internal review will only look at whether the complaint management process was undertaken and followed during the SOC review.

The foster carer reiterated their confusion with the process:

This appears to be another case of being misdirected by the department as they unnecessarily make it take more and more time. The stress of this is taking a toll on me and I am hoping that the Ombudsmen will now take this over for me.

**Ombudsman’s observation**

The interaction between the Senior Practitioner review and the CMS is confusing. The Manager provided the foster carer with a copy of the complaints brochure after a Senior Practitioner review was undertaken. Therefore, the Senior Practitioner review was not considered to be part of the department’s CMS.

Subsequent advice from the CCU stated that the foster carer had not yet

exhausted their right of internal review under the department’s complaint management process.

This example provides a clear illustration of the lack of integration of the Senior Practitioner review process into the department’s complaint management process. In the absence of any guidance in the policy, procedure or guidelines the process is confusing and complainants are left frustrated.

In the above case, the initial response to the foster carer’s dissatisfaction about the outcome was managed with a Senior Practitioner review.

The extracts from the CSPM above use different language to describe what process might apply to remedy a concern about a decision. These include:

- seeking a ‘review’
- an ‘internal review’
- or making a complaint about a decision.

The CSPM also provides unclear advice about whether a review could change the decision.

When an affected person complains about a practice decision, they are challenging the decision and asking the department to consider whether it was the correct and preferable decision, and if not, to correct it. This requires gathering the best evidence to make that assessment. Senior Practitioner reviews could play an instrumental role in responding to complaints by providing expert advice to decision-makers on any practice-related elements.

Currently there is inadequate guidance about this role and when Senior Practitioners could be engaged in the context of complaints.

The Senior Practitioner review process should be integrated into the department’s complaints system to support decision-makers.

**Opinion 8**

The department’s complaint management policy, procedure and Child Safety Practice Manual provide insufficient guidance about the use of Senior Practitioner reviews in response to complaints about practice decisions.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

**Recommendation 7**

The Director-General of the department require decision-makers, in respect of complaints about practice decisions, to consider whether a Senior Practitioner review ought to be undertaken and provide guidance on how a Senior Practitioner review be incorporated in responding to a complaint.

**Department's response**

The use of an Internal Practice Review or Senior Practitioner review has been used for many years as part of a response to a person's complaint when their dissatisfaction relates to a practice decision.

As stated above, the department will investigate use of the Framework for Practice, and how concerns can be resolved during the standard practice of case management at the local level. The use of a Senior Practitioner review fits the Australian/New Zealand Standard's first half of the definition for Internal Review which states a senior member of staff or a line manager may review the decision of the frontline staff member.

The department agrees that there is no clear distinction of this form of review in the department's policy and procedure. As such the Complaints Management Policy and Procedures will be updated to satisfy this recommendation. In addition guidance will be provided in the Child Safety Practice Manual to better identify and reference the changes in the Complaints Management Policy and Procedures.

**Ombudsman's comment**

I note the department's response and its commitment to updating its Complaints Management Procedure and the Child Safety Practice Manual to clarify the use of Senior Practitioner reviews as part of its complaint management processes.

## 11 Decision-making

The investigation revealed concerns about the department's decision-making in regard to complaints. The concerns fall into two categories:

- who is the most appropriate decision-maker
- when should the matter be assigned to them.

The relevant overarching principles in determining the most appropriate decision-maker are:

- the person has, or has the ability to obtain, relevant information
- the person has the delegation, authority or power to make the decision and direct the response
- impartiality of the person handling the complaint.

### Departmental guidance about identifying decision-makers

The department's policy, procedure and guidelines on complaints management provide little information about who the appropriate decision-maker should be for complaints and how decisions should be made.

The policy provides an extensive list of responsibilities under the CMS assigned by officer position. The list does not state who is responsible for deciding complaints except to the following extent:

***Senior Advisors are responsible for:***

Managing low, medium and high [complexity] complaints and referring matters to an external agency for action where appropriate,

...

***Service Centre Managers are responsible for:***

determining the response to complaints received at their service centre, where the complaint can be managed at the Service Centre level,

...

The procedure does not provide much more guidance. Under the heading, 'Who should deal with the complaint?', the procedure identifies office locations or work units, but not specific officers, differentiated by complexity of the complaint.

During interview, one Regional Director described the lack of guidance regarding decision-making and the inconsistencies that can result:

... for Intake and IA ... We have decision-making trees, that assist our staff to know if it's this, it goes this way. If it's that it goes this way. I'm not sure that we have that necessarily. I know that our Complaints framework ... looks more like an eco-map ... you've got your Central Complaints Unit and you've got all these other offshoots, but it doesn't have any kind of decision-making tree.

...

So, yes, how I respond to a complaint and how my colleague in another region responds to a complaint could be very different.

## Clarity and impartiality

In practice, this appears to result in inconsistent and inefficient selection of decision-makers.

The complaint records and interview evidence reveal a lack of clarity about who is making decisions.

Of the investigation cases reviewed, the outcome advice for complaints came from Senior Advisors, Senior Practitioners, a Regional Practice Leader, CSSC Managers, and officers at varying levels in the CCU. In one case, three letters were issued, one each from different CSSC Managers, and one co-signed by the Managers of PSU and Procurement Contract Management. As discussed in Chapter 8, clarity around who has responsibility for managing a complaint becomes particularly confusing when it involves multiple work areas of the department.

In relation to alternative response cases, the final outcome letters that were provided also came from various sources; however, most typically a Senior Advisor. As was discussed in Chapter 6, these letters contained little information about the outcomes but usually identified that the complainant had met with, or spoken to, officers at the CSSC and the matter was now resolved. This may be because cases subject to alternative response have no findings.

At interview, Senior Advisors mostly described their belief that the Manager was responsible for deciding the complaint once it had been referred to the CSSC. However, during interviews with CSSC officers it became apparent that it was common practice for the CCU or regional office to refer a complaint back to the CSO or Senior Team Leader for handling, despite them being the subject of the complaint and having already made attempts to resolve the matter with the complainant. One CSO described their experience in handling these types of matters:

Well, once the Complaints Unit tells the Service Centre, then firstly, the CSO has to try to address the issue, or the Team Leader, but I find that – you know, people don't want to hear from the CSO, because they're the one that they're usually dissatisfied with, and so that just sort of drags out the process instead of if, I think, a more senior person initially made contact, with the client, I just think it could resolve things quicker.

During an interview, a Senior Team Leader gave an example of a matter where they had decided an IA outcome, which was subsequently the subject of a complaint received by the regional office. The regional office referred the complaint to the Senior Team Leader to resolve directly with the complainant. The Senior Team Leader offered the following insights about this process:

I think sometimes it is confusing, about who's doing what, in my opinion, and I – I think sometimes it would be confusing for families to be coming to the same people that they're complaining about, to get a response.

... I think in circumstances where you've had those conversations with families, and then they're complaining formally – I guess, more formally through that system, and then it's coming back to you again, we've already had the discussion. It's – yes.

At interview, one CSSC Manager described the frustration of this process as follows:

Because, sometimes, if we've tried everything at the local level to resolve and we're not getting any further, and then – to be honest, it's quite frustrating to be asked to go back away and redo the material again that you've already done.

While front line officers should be primarily responsible for handling complaints, there must be a separation between officers who are the subject of the complaint and those who handle the complaint. Ideally the officer responsible for handling the complaint is senior to the subject officer and has the authority to provide direction and guidance to the subject officer as part of the complaint outcome. This approach will not only assist to ensure decisions are made impartially, but it will also help to manage the frustrations felt by complainants and departmental officers alike.

## Authority to make the decision

As discussed in Chapter 7, CCU officers face challenges in conducting internal reviews of complaints in the absence of any power or authority to:

- make decisions under the Child Protection Act
- exercise financial delegations
- direct regional officers who do have decision-making powers.

These challenges also extend to the primary complaint matters handled by the CCU.

Perhaps due to the lack of decision-making powers, very few matters handled by the CCU result in recommendations. In the 2018–19 complaints data provided by the department, 72 complaints were finalised by the CCU. Of these, only two resulted in recommendations being made.<sup>125</sup>

If recommendations are made by the CCU, they are more likely to be about officer training or recordkeeping than making or altering a decision. They tend not to be directed at a particular officer for actioning.

The following case study illustrates this.

### Case study 15

A client of the department contacted the CCU to complain about a range of issues including the lack of contact and support received from the CSO while her five children were in the care of the department. The CCU investigated the matter and while the allegation in relation to lack of contact was unsubstantiated, the CCU identified a practice issue whereby ICMS records about the children's placement were found to be 'insufficient'. The CCU made the following recommendation:

It is recommended that staff are reminded of their record keeping obligations in ICMS when making case management decisions.

### Ombudsman's observation

As can be seen from this case study, the recommendation was not directed at a specific officer. The recommendation broadly addresses recordkeeping in respect of 'case management decisions' without pointing to the specific deficiency to be remedied. It stops short of directing any particular officer to ensure the records around placement of these children are complete and accurate.

In the absence of any power to make decisions or direct those responsible for making decisions, the CCU needs to seek agreement from the relevant region to implement recommendations, which may require some negotiation before agreement is reached. One CCU officer described this process as follows:

... we hardly make recommendations. ... they are not an everyday thing but ... if there's a recommendation to a Service Centre that they either provide training to the Child Safety Officers ... the recommendation is put to the Regional Manager first for them to endorse ... They come back and say, yes we agree. There is a timeframe of implementation. Then that gets put into a document, sent to the Regional Director. He signs off or she signs off, it gets entered into [the database] and then monitored ...'

<sup>125</sup> Department's complaints data 2018–19, complaints received and finalised in 2018–19.

A Senior Practitioner in one region questioned the point of sending a complaint to the CCU when they do not have the power to make decisions or direct the regions to take certain actions:

How do we as a Department look when we can't even work together to resolve these issues, and we do have to send someone to Complaints, which isn't actually going to really resolve it because ... they can't direct. They don't have the power to direct someone to do such and such. ... it would go back to that Manager with recommendations again which that Manager chooses to follow or not to follow.

The CCU officers acknowledged the challenges in achieving outcomes for the complaints they retain carriage of when they do not have the power to make or overturn decisions. One CCU officer described it as '... feeling that we are a toothless tiger'.

The same concern about authority applies to the extent that Senior Advisors are deciding, or appear to be deciding, complaints that have practice or management implications. As Senior Advisors are neither delegated officers nor line managers of CSSC officers, the Senior Advisors appear to lack the authority to decide matters despite appearing to be decision-makers in a number of complaint investigations.

## Access to relevant information

For those matters received by the CCU in the first instance, the CCU is responsible for conducting the triage and assessment process prior to transferring the matter to the relevant region.

Having the CCU conduct the triage and assessment process seems to be an ineffective and inefficient means of handling complaints. In some cases, there may be a complete duplication of the triage and assessment process by the region to incorporate the regional knowledge and insight, which is not held at the CCU level or easily discovered from the ICMS records.

This manifests in a number of ways.

As discussed in Chapter 9, the CCU may have to request access to sensitive ICMS records, which can impede the CCU officer's ability to triage and assess a complaint in a timely manner.

The broader context of local service delivery is not always discoverable from the case records as one example from a Regional Executive Director (RED) revealed. In that case, a complaint about a funded service was received by the CCU and an initial assessment was conducted. There were two main facets to the complaint, one relating to a standards of care concern and the second to the funded service itself. The CCU referred the standards of care concern to the RIS and made enquiries about the funded service with the IPT at officer level. The regional office had a special interest in this funded service that meant it ought to have been escalated internally. It was only after a number of days that it was incidentally raised with the RED who then identified that the matter needed senior officer attention. The RED advised that the standards of care concern ought to have been sent to the CSSC and not the RIS. When asked if this might have been handled better had the matter not been assessed centrally, the RED advised that was likely because the Senior Advisor is much more likely to be aware of the current issues in the region and through liaison with the relevant Regional Director.

Finally, some of the complaint records reviewed indicated that there was liaison with the regional office prior to closing the intake phase and allocating the matter to the region for action. Interviews with Advisors and Senior Advisors also indicate that it is not uncommon for case type and complexity to be changed at the regional office once they have considered the matter further. This indicates that further assessment is being undertaken and possible duplication of effort by the department.

## Conclusion

The responsibility for responding to or deciding complaints in the department is diffuse.

As seen above, this introduces inefficiencies in the process, leads to officers who are the subject of the concerns being involved in responding to the complaint, and adds to a lack of clarity about who decided the complaint or what was decided.

Clearer identification of complaint decision-makers is likely to prompt careful consideration of who is most appropriate to determine the matter. This identification needs to have regard to the principles set out above and align with positional authority and delegated powers. The department should improve its guidance in selecting decision-makers and incorporate into its triage and assessment clear allocation of the complaint rather than to an office or team.

### Opinion 9

The department's complaints management policy and procedure provides inadequate guidance for identifying appropriate complaint decision-makers. This leads to inefficient and inconsistent practices in handling complaints, including decision-makers not:

- a) having timely access to the necessary information to inform their assessments and decisions
- b) being appropriately empowered to make decisions.

This is administrative action that is unreasonable for the purposes of s 49(2)(b) of the Ombudsman Act.

### Recommendation 8

The Director-General of the department ensure the complaints management policy and procedure are amended to provide that a complaint decision-maker is to be clearly identified for each complaint and that the decision-maker has the appropriate delegation and positional authority.

### Department's response

... the [proposed report] state[s] that the central Complaints Unit does not have access to sensitive ICMS records. That is incorrect, the central Complaints Unit is able to access ICMS records whether they are sensitive or not.

While the QO's observations are noted and appreciated, the department advises that the revised December 2019 Complaints Management Policy and Procedures provides staff with a clearer understanding of roles and responsibilities in relation to complaints management decision-making. However, the department will further strengthen this through amendments being made to the Complaints Management Guidelines and future policy updates to ensure clarity for all staff.



**Ombudsman's comment**

I note the department does not agree with Opinion 9 in that the central Complaints Unit is able to access ICMS records whether they are sensitive or not. I do not dispute that CCU officers can request access to sensitive ICMS records; however, evidence gathered in this investigation raised concerns about the timeliness of this access. I have amended my opinion accordingly.

The department's response does not address the additional finding that CCU officers are likely to lack knowledge of local projects and stakeholder engagement, which may impact on how the particular complaint should best be handled. This information is unlikely to be captured in ICMS or the complaints management database.

Additionally, the department has not provided a response to indicate that CCU officers and Senior Advisors have delegated powers under the Child Protection Act or are line managers of delegates. Therefore, I remain of the opinion that they are insufficiently delegated to resolve complaints, particularly those regarding practice decisions.

Further, the Complaints Management Policy and Procedure (as endorsed on 16 December 2019) does not appear to alleviate the problems. A review of the revised policy indicates that the roles and responsibilities for managing and deciding complaints are more ambiguous. Specifically, responsibilities are now allocated to 'business units' rather than particular positions. Neither the previous nor the new policy and procedure clearly identify a position responsible for **deciding** a complaint and I believe this is the key to overcoming many of the concerns raised in this report.

## 12 Internal governance

A CMS is a tool for monitoring and improving an organisation's service delivery and administration. Beyond an internal review mechanism that is designed to ensure the correct outcome in a particular case, regular reporting and analysis of complaints data can be used to identify systemic issues or trends.

The Australian/New Zealand Standard contains a requirement that an agency maintain and improve its CMS.<sup>126</sup> This includes analysing systemic issues or trends, regularly measuring complainant satisfaction and continually monitoring the CMS to measure its performance.<sup>127</sup> Further, regular internal audits of handled complaints should be undertaken to evaluate measures such as conformity with the complaint management procedure and suitability of the system to achieve its objectives.<sup>128</sup> Collectively, these requirements relate to the governance of the CMS.

The 2016 report recommended the department take steps to establish a system where it can accurately 'evaluate and measure the performance of the child safety complaints management system', 'identify trends in complaint issues' and 'identify potential systemic issues requiring rectification'.<sup>129</sup> The department accepted this recommendation and its implementation is reflected in the 2016 procedure.<sup>130</sup>

### Evidence of reporting and improvement frameworks

The department has two documents that describe in detail its reporting frameworks for complaints handling. These documents are the procedure and the guidelines.

#### *Reports described in the procedure*

The department's 2016 procedure provides for the following reporting mechanisms:<sup>131</sup>

##### **Monthly reporting**

Reports will be provided to regional staff through Sharepoint on a monthly basis for their review and analysis. It is anticipated that these reports will be provided by regional staff to service centre managers, Regional Directors and Regional Executive Directors for their review.

##### **Quarterly reporting**

The Complaints Unit will develop quarterly trend reports and undertake analysis, in consultation with regions to identify areas for improvement. These reports will be provided to the Deputy Director General – Corporate and Executive Services to share with the Service Delivery Leadership Forum (SDLF) and will identify a particular focus area for the next quarter. It is anticipated that these reports will be provided by regional staff to service centre managers, Regional Directors, and Regional Executive Directors for their review.

##### **Focus Reports**

Based on the analysis provided by Quarterly Reports, a focus report will be developed which will elaborate on a specific area of concern. These focus reports will be provided to regions for discussion in regard to possible opportunities for improvement and reported back to SDLF at the next opportunity.

126 Australian/New Zealand Standard, 'Guidelines for complaint management in organizations', AS/NZS 10002:2014, s 9.

127 *ibid*, ss 9.2, 9.3 and 9.4.

128 *ibid*, s 9.5.

129 The 2016 report, p. viii.

130 Implementation table from previous Ombudsman investigation.

131 Department of Child Safety, Youth and Women, Corporate Executive Services Procedure, *Complaints Management Procedure* (2016), s 10.

The procedure also provides for the following continuous improvement processes:

- an annual satisfaction survey of complainants
- a self-audit process to test whether the processes within the policy and procedure are being followed.<sup>132</sup>

### ***Reporting framework described in the Complaints Management System Guidelines***

The department's guidelines were provided to the investigation. The guidelines provide a more detailed description of the department's intended reporting structure. According to the guidelines, the department's reporting framework contains three levels of reporting: monthly reports, biannual reports and annual reports.<sup>133</sup>

The guidelines confirm that monthly reporting should be undertaken:

... to provide the regions and [Complaints Unit] with an overview of complaints managed within their respective regions/Central Unit. The reports will provide information to assist management with identifying trends and possible systemic issues that may require rectification.<sup>134</sup>

The guidelines provide that biannual reports are generated at six-month intervals for the July–December and January–June periods. The data for these reports is to be drawn from the finalised monthly reports for the relevant periods.<sup>135</sup> The guidelines state:

The purpose of the biannual report is to advise senior executives of the trends and systemic issues that may be apparent through the biannual reporting process. The final summary of the trends and analysis will be provided to the Deputy Director-General, Corporate and Executive Services who will then present the report to the Service Delivery Leadership Forum (SDLF).<sup>136</sup>

The guidelines provide that following analysis of the biannual report and consultation with Senior Advisors, the CCU may decide to prepare a focus report 'to provide further information at a granular level'.<sup>137</sup> This report is to be provided back to the SDLF.

Annual reports are intended to 'provide a holistic review of the system'.<sup>138</sup> The guidelines state such a review should include:

- An overview of the complaints management function and how the department has managed complaints throughout the year.
- Information required under the Public Service Act 2008 which currently includes:
  - Number of complaints managed
  - Number of complaints with recommendations (i.e. number of complaints requiring further action)
  - Number of complaints without recommendations (i.e. number of complaints requiring no further action)
- Complainant survey results.<sup>139</sup>

132 Department of Child Safety, Youth and Women, Corporate Executive Services Procedure, *Complaints Management Procedure* (2016), s 11.

133 Department of Child Safety, Youth and Women, *Complaints Management System – Guidelines* (September 2017), v. 4, p. 81.

134 *ibid.*, p. 82.

135 *ibid.*, pp. 81 and 83.

136 *ibid.*, p. 83.

137 *ibid.*, p. 84.

138 *ibid.*, p. 85.

139 *ibid.*

The guidelines indicate that the development of annual reports follows a similar path to that of biannual reports. The annual reports are provided to Regional Directors for feedback and Regional Executive Directors for approval. The CCU will then consolidate all regions' reports and provide them to the SDLF for consideration prior to them being provided to the Director, Governance and Complaints.<sup>140</sup> The final report is sent by the CCU to the team responsible for coordinating the department's Annual Report.<sup>141</sup> Information required under s 219A of the Public Service Act is available on the department's 'Compliments and Complaints' webpage.<sup>142</sup>

### ***Evidence gathered by this Office***

The investigation originally requested the department's monthly, quarterly and focus reports, client satisfaction survey results and self-audit results for 2016–17 and 2017–18 in accordance with the publicly available policy and procedure. The department provided copies of the following documents:

- nine focus reports; a focus report covering the first half of 2016–17 for each of the seven regions operating at that time (South West, South East, North Queensland, Far North Queensland, Central Queensland, North Coast and Brisbane regions), a focus report covering the first half of 2016–17 for the CCU and a whole of department focus report covering the second half of 2016–17
- a corresponding data set presented in several bar graphs for each of the focus reports described above
- three Complaint Management Performance reports covering July 2016 to December 2016, January 2017 to June 2017 and July 2017 to December 2017 respectively and including a corresponding set of graphs depicting complaints data snapshots for the relevant time period. Each snapshot contains 11 graphs representing complaints data relevant to a range of variables including timeframes, referral source, action taken and complexity
- two additional documents titled 'Complaints Performance ending 28 February 2017' and 'CU performance effective 8 November 2016'
- two client survey reports covering complainant satisfaction in relation to complaints lodged between January 2016 and December 2016 and January 2017 and December 2017 respectively
- a self-assessment audit report of complaints received in 2016–17 conducted by CCU officers (including a copy of the self-assessment audit tool)
- a document containing multiple graphs titled 'Monthly reports' was also provided in response to the request.

## **Analysis of the reports provided**

### ***Monthly reports***

The reports titled 'Monthly reporting' contained a series of graphs with insufficient context to confirm how or what this data relates to. Some graphs appear to measure quarterly data periods, others the entire financial year and some, individual months.<sup>143</sup>

The incompleteness of this data renders it difficult to interpret and a comparison between graphs is not possible. It is difficult to identify any clear analytical value from the information. There was no analysis within the documents themselves and no identifiable correlation to other reporting for the same time period.

---

140 *ibid.*

141 *ibid.*

142 *ibid.*, p. 85.

143 'Monthly reports.pdf' provided by DCSYW in email dated 10 April 2019.

### ***Quarterly reports / biannual reports***

The investigation received no quarterly reports and only three Complaints Management Performance reports (performance reports) which cover six-month periods.

Given the frequency and content of the performance reports, it appeared they were the biannual reports.<sup>144</sup>

During interviews, it was confirmed that the performance report provided by the department for the period 1 July 2017 to 31 December 2017 is the most recent report. Since December 2017, reporting of this nature has fallen away.

The performance reports included information about the number of complaints received, referral source, their complexity and whether recommendations were made. The performance reports are more descriptive in form than analytical. Each graph within the snapshot attached to the performance report is described without reference to the data to draw inferences or conclusions. There is no analysis of the substance of the complaints, for example, whether they were substantiated and whether there are themes related to the types of complaints that are being received.

The following is an example of the information contained in the performance report for the July–December 2017 period:

Graph 11 highlights information on the number and type of recommendations made for the six month reporting period. The data indicates that there were ... 19 operational, 6 systemic and 6 client recommendations made.

These recommendations were:

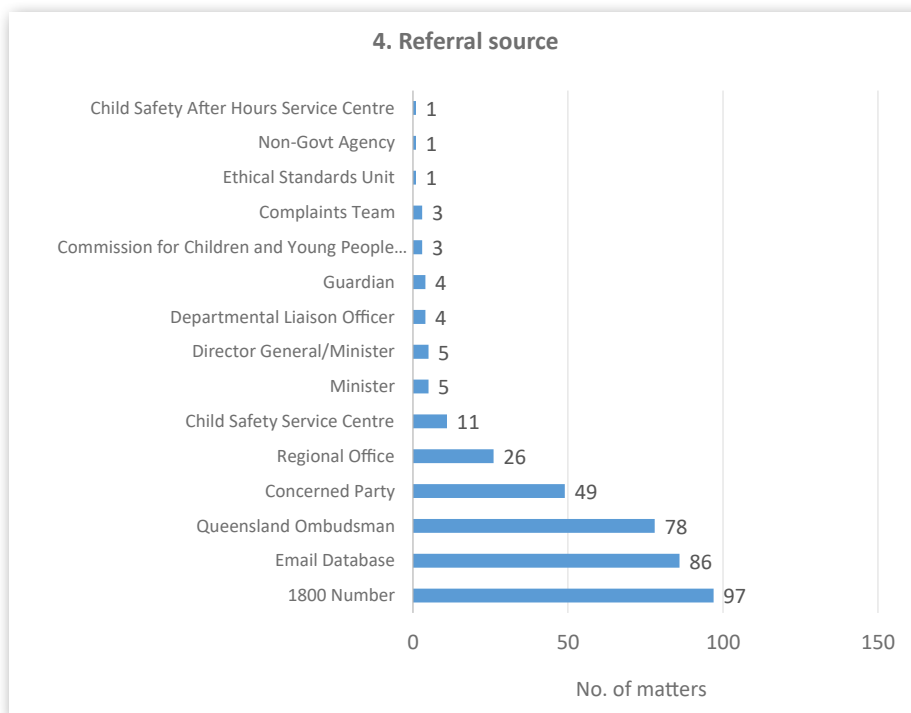
- 4 relate to training (1 departmental officers/3 NGO)
- 3 relate to record keeping (1 department/1 NGO)
- 3 relate to change in practice (departmental officers)
- 2 relate to changes to policies and procedures (1 NGO/1 department)

This merely restates the numbers in the graph, and provides no analysis of what was substantiated and whether the recommendations made may have systemic implications for the department's service delivery.

---

<sup>144</sup> Email from Manager CCU to the investigation, 10 April 2019.

Graph 4 from the performance report depicts the number of complaints received by referral source.<sup>145</sup>



The Queensland Ombudsman is the third highest referral source, referring 78 out of 374 matters. The previous reporting period showed similar figures.<sup>146</sup> The performance report contains no discussion or consideration about why such a high percentage of complaints received by the department were referred from this Office or whether this may be indicative of an issue with direct access to the department’s CMS.

**Focus reports**

The investigation received nine focus reports from the department which included complaint timeframes and complexity. The whole-of-department focus report covering January to June 2017 is the most recent. As with the performance reports, focus reports have not been produced since 2016–17.

The content of the focus reports is primarily descriptive of the department’s compliance with complaint timeframes. The focus reports lack detailed analysis of the data and the analysis that does occur is superficial and presumptive.

For example, the final focus report (January to June 2017) identifies an improvement in overall compliance with timeframes since the previous report and a 16% decrease in low complexity complaints.<sup>147</sup> No clear explanation is provided for any improvements observed. The report also notes that there is a high variance between regions as to the proportion of cases classified as low or medium complexity without commenting on the impact this may have on whether timeframes are being met.

<sup>145</sup> Department of Child Safety Youth and Women, ‘Performance Report Dashboard: July 2017 to December 2017’.

<sup>146</sup> Department of Child Safety, Youth and Women, ‘Complaints Management Performance Report: 1 July 2017 to 31 December 2017’, p. 6.

<sup>147</sup> Department of Child Safety Youth and Women, ‘Complaints Management Focus Report Timeframes: 1 January 2017 to 30 June 2017’, p. 5.

A deeper analysis of complaints data would be required to identify the cause of the improvements observed and otherwise poor compliance with low complexity timeframes. Rather than doing this analysis, the focus report states ‘closer examination needs to be undertaken to the department’s classification of complaints’<sup>148</sup> (sic) and later in the report ‘it would be beneficial if regions conducted further assessment of the management of the closed low complexity complaints to identify and understand possible factors that may have contributed to timeframe variance’.<sup>149</sup> A review of the reporting documents provided by the department could not identify where, or if, the closer examination of poor timeframe compliance had occurred.

### ***Annual reports***

The investigation received the 2016–17 report in the form of a spreadsheet. This spreadsheet had a series of tabs addressing matters including complaint numbers, substantiation rates, timeliness, and outcomes.

The information in the annual report for 2016–17 corresponds to that outlined in the department’s guidelines.

### ***Public reporting of complaints data***

The department now publishes its complaints data online and that publication contains the relevant information required under the Public Service Act. This accords with Recommendation 5 from the 2016 report. However, for reasons discussed elsewhere in this report, there is concern about the completeness of that data.

## **Conclusions about the reporting framework**

The department ceased generating complaints reports in December 2017. During an interview with Ombudsman officers, the Manager of the CCU confirmed that reporting had ceased when the machinery of government (MOG) changes occurred in late 2017. The Manager stated the changes had caused uncertainty around which forum was most appropriate to send these reports to. Despite that explanation, it is not clear why reports could not continue to be generated and disseminated to regional offices for reflection on complaint trends.

In the absence of any central reporting on complaints, trends and issues, the regions provided some evidence about the methods of analysing and reporting on complaints data they have developed. However, there is no consistent approach to reporting across regions. Regions also appeared to lack the ability to extract reports directly from the complaints management database. This capability lies centrally. An internal audit finalised by the department in June 2018 made similar findings concerning the reporting framework and regional capacity to extract meaningful reports.<sup>150</sup>

The procedure and guidelines contain different reporting requirements which appear to be inconsistent. Taken together, the reporting requirements in both documents would appear to be excessive.

148 *ibid*, p. 3.

149 *ibid*, p. 6.

150 Department of Child Safety, Youth and Women, Internal Audit Report, June 2018, s 3.1.3, p. 11.

The numerous reports described above lacked in-depth analysis of the topics and outcomes of complaints. They did not engage in the type of analysis and evaluation of the data envisaged in section 9.2 of the Australian/New Zealand Standard, which suggests a root cause analysis of the complaints data can be used to identify underlying reasons for complaints made to the department.<sup>151</sup>

In addition to re-establishing regular and consistent reporting, the department needs to more carefully analyse the systems performance.

In failing to properly implement or maintain a robust and comprehensive reporting framework, the department has failed to comply with the Australian/New Zealand Standard and subsequently the Public Service Act.<sup>152</sup>

### Opinion 10

The department has no current, effective governance mechanisms for its complaints management system as required by the Australian/New Zealand Standard.

This is a failure to comply with s 219A of the *Public Service Act 2008*.

This is administrative action that is contrary to law for the purposes of s 49(2)(a) of the Ombudsman Act.

### Recommendation 9

The Director-General of the department ensure that sustainable and consistent complaint management governance mechanisms are developed and implemented consistent with the Australian/New Zealand Standard. As a minimum these should include:

- a) regular reporting to senior management of complaint statistics
- b) regular analysis of complaints to identify systemic or common issues and
- c) mandatory reporting requirements (s 219A of the *Public Service Act 2008*).

151 Australian/New Zealand Standard, 'Guidelines for complaint management in organizations', AS/NZS 10002:2014, s 9.2.

152 *Public Service Act 2008* (Qld), s 219A(2)(b).



**Department's response**

The QO's observations and recommendation are noted.

As identified above, the current department was created through a MOG change on 12 December 2017. The former DCCSDS was renamed the Department of Communities, Disability Services and Seniors. All decisions, documents, policies and procedures of the former department remained with the renamed department, including complaints management reporting.

The department has created its own governance structure with its first Annual Report covering the period 12 December 2017 to 30 June 2018. The first full year annual report was published for 2018-19 in late September 2019.

[The proposed report] indicates that the department ceased generating complaints reports in December 2017. This would refer to the former DCCSDS, not the new department. It is suggested that with the formation of the new department and the creation of a new governance structure, some uncertainty regarding the appropriate forum through which complaints reports would be tabled was created (as confirmed by the Manager of the Complaints Unit).

To rectify this a regular executive level report will be re-established for use in various executive governance committees, including the Audit and Risk Committee and the department's Executive Committee.

In addition, a Complaints Dashboard be established as part of the Corporate Services Dashboard and this dashboard will be updated at least quarterly. This dashboard is accessible by all Executive Board members.

The department has complied with its mandatory reporting requirements as per section 219A of the Public Service Act 2008 (PSA) which requires that by 30 September after each financial year, the chief executive of the department must publish the following information for the financial year on the department's website:

- (a) the number of customer complaints received by the department in the year
- (b) the number of those complaints resulting in further action
- (c) the number of those complaints resulting in no further action.

As stated previously the new department was created on 12 December 2017 following MOG changes to the former DCCSDS. The department's website reports complaints data for 2017-18 and 2018-19 and also highlights previous reports for the former DCCSDS, although these reports are not strictly comparable. The link is available here: <https://www.csyw.qld.gov.au/contact-us/compliments-complaints>

The DCCSDS reports remain the responsibility of the now Department of Communities, Disability Services and Seniors, following the renaming of the former department in December 2017.

The report for 2019-20 is not required to be published until 30 September 2020. There is no specific requirement in the Standard to maintain a robust and comprehensive reporting framework. The reporting requirements in the PSA are quite explicit and do not require the department to ensure the completeness of data. It would be difficult for any department of the size and complexity of this department to claim absolute completeness in the recording of complaints. As such the department complies with the intent of s219A of the Public Service Act.

**Ombudsman's comment**

Whatever MOG changes have occurred since the 2016 report, the recommendations in that report related to the department responsible for child safety.

The department blames the former Department of Communities, Child Safety and Disability Services for the failure to continue its regular reporting about child safety complaints. However, it is now two years since the MOG changes and the department has failed to resume any meaningful complaints reporting framework in this time.

I note that the department will rectify this failure by resuming regular reporting at the executive level and make available a Complaints Dashboard to all Executive Board Members.

The department appears to have misinterpreted my opinion that it has failed to comply with s 219A of the Public Service Act.

In the previous chapter I acknowledge that the department 'publishes its complaints data online and that publication contains the relevant information required under the Public Service Act'. This requirement is provided for under s 219A(3) of the Public Service Act.

Opinion 10 referred to the requirement under the Australian/New Zealand Standard to have an effective governance mechanism for the department's complaints management system. The department failed to comply with the Australian/New Zealand Standard and as such, the department is acting contrary to law by failing to comply with s 219A(2)(b) of the Public Service Act.

I am disappointed by the department's comments in relation to the completeness of its complaints data. While the Australian/New Zealand Standard may not explicitly require a 'robust and comprehensive reporting framework', it is clearly an implicit expectation given the requirements of accountability and continuous improvement. Without completeness of data the department cannot be accountable or seek to continuously improve its business practices with respect to complaints management.

Further, incomplete data, depending on the scale of its inadequacy, would render the requirement to publish complaints data under s 219A(3) of the Public Service Act effectively meaningless. I therefore conclude that the department is not complying with the intent of s 219A of the Public Service Act.

The argument that the department is too large to ensure the completeness of its complaints data is indicative of a failure to acknowledge that good complaints management is an essential element of good decision-making and fails to offer a best practice complaints management system to its clients.

## 13 Conclusion

This report examined the current child safety CMS in terms of its compliance with the Australian/New Zealand Standard, relevant legislation and good decision-making principles.

This investigation determined that, despite the department's implementation of a number of changes to its CMS in response to recommendations made in the 2016 report, there are still problems with the integrity of the complaints data being recorded and reported by the department. This includes the capturing of complaints at the local level, the appropriate categorisation of matters as complaints and the recording of meaningful and logical findings on complaints that are managed by the department.

I raised similar concerns in the 2016 report regarding the department's child safety complaints data. I made the following observation:

Overall, I have significant concerns with the accuracy of the complaints data provided by the department. The [2016] investigation made it clear that the majority of complaints resolution work occurs within CSSCs ...

It was also clear that CSSCs do not consider many of the issues they deal with as a 'complaint' as commonly understood and defined by the Australian and New Zealand Standard ... These issues are unlikely to be included as part of the department's complaint data.

Accordingly, in my view, the department's complaints records are not reliable, do not reflect the broad nature of complaints received and are not able to be used to effectively report on complaint outcomes ...

Many of the issues regarding the integrity and accuracy of the department's complaints data were highlighted to the department following the 2014 audit. I am disappointed that nearly two years after the department was provided with recommendations to address these issues, little progress is apparent.<sup>153</sup>

The investigation found that the department's CMS is unnecessarily complex in nature. The assessment, management and reporting mechanisms for child safety complaints lack consistency and quality in the practice of complaints management.

The investigation identified considerable confusion and lack of knowledge among departmental officers regarding the terminology and processes involved in complaints management. Despite officers' intentions to manage complaints in a manner that maintains or restores productive client relationships, the lack of clarity in progressing and finalising decisions only serves to frustrate complainants. It creates barriers to a complainant's ability to access and progress through the CMS and to achieve a resolution to their complaint.

Clearer, more succinct processes and guidelines would be of benefit to both the department and complainants.

---

<sup>153</sup> Queensland Ombudsman, 'Management of child safety complaints: an investigation into the current child safety complaints management processes within the Department of Communities, Child Safety and Disability Services' (June 2016), p. 34.

# Appendix A: Jurisdiction and legislation

## Jurisdiction

The Queensland Ombudsman (Ombudsman) is an officer of the Queensland Parliament authorised by law to deal with complaints about the administrative actions of Queensland Government agencies, which includes government departments and public authorities. Under the Ombudsman Act, a public authority includes an individual holding an office established under an Act and an individual holding an appointment made by the Governor in Council.<sup>154</sup>

The department and OPG are therefore considered agencies for the purposes of the Ombudsman Act. It therefore follows that the Ombudsman may investigate administrative actions of these agencies.

Under the Ombudsman Act, the Ombudsman has authority to:

- investigate the administrative actions of agencies on complaint or on the Queensland Ombudsman's own initiative (that is, without a specific complaint)
- make recommendations to the principal officer of the agency subject to the investigation that the Queensland Ombudsman considers appropriate
- consider the administrative practices of agencies generally and make recommendations, or provide information or other assistance to improve practices and procedures.

The Ombudsman Act outlines the matters about which the Ombudsman may form an opinion and make recommendations where the Ombudsman considers the administrative action was:<sup>155</sup>

- contrary to law
- unreasonable, unjust, oppressive or improperly discriminatory in the particular circumstances
- in accordance with a rule of law or a provision of an Act or a practice that is or may be unreasonable, unjust, oppressive or improperly discriminatory in the particular circumstances
- taken for an improper purpose, on irrelevant grounds or having regard to irrelevant considerations
- an action for which reasons should have been given but were not given
- based wholly or partly on a mistake of law or fact
- wrong.

In conducting an investigation, the Ombudsman is not bound by the rules of evidence, but must comply with natural justice.<sup>156</sup>

The investigation is guided by the civil standard of proof, the 'balance of probabilities'. This means that, to meet the requisite standard, the evidence must establish it is more probable than not that the allegation is true.

---

154 Ombudsman Act s 9.

155 Ombudsman Act s 49(2).

156 *Ombudsman Act 2001*.

Forming the opinions in this report therefore involved assessing the weight, reliability and sufficiency of information obtained. It also involved taking into consideration the nature and seriousness of the administrative action in question, the quality of the evidence, and the gravity of the consequences for the people involved in the matters under investigation.

In expressing an opinion that an agency's administrative actions or decisions are 'unreasonable', the popular, or dictionary, meaning is applied. The doctrine of legal unreasonableness applied by the courts when judicially reviewing administrative action does not apply.

## Procedural fairness

The terms 'procedural fairness' and 'natural justice' are often used interchangeably within the context of administrative decision-making. The rules of procedural fairness have been developed to ensure that decision-making is both fair and reasonable.

The Ombudsman must also comply with these obligations when conducting an investigation. Specifically, the Ombudsman Act provides that, if at any time during the course of an investigation it appears to the Ombudsman that there may be grounds for making a report that may affect or concern an agency, the principal officer of that agency must be given an opportunity to comment on the subject matter of the investigation before the final report is made.

# Appendix B:

## 2014 Ombudsman audit recommendations

The audit conducted by the Queensland Ombudsman assessed child safety complaint matters between 1 July 2012 and 30 June 2013 that were handled by the department's Central Complaints and Review Unit (CCRU), a selection of regional offices (RO) and CSSCs.

The 2014 Queensland Ombudsman audit report included 22 recommendations specific to the CMS of child safety services. These recommendations were:

### Recommendation 1

---

CCRU should implement a system to regularly monitor and review the effectiveness of the entire CHS complaints process in line with section 8 of the Australian Standard AS ISO 10002-2006 'Maintenance and Improvement'. The monitoring should include reporting, evaluation and analysis of complaints data to identify systemic, recurring issues to identify potential improvements, surveys of complainants and consultation with complaints handling staff to determine levels of satisfaction with the CMS, monitoring of CMS performance against predetermined criteria, auditing of the CMS to provide information on process conformity with procedures, correctness of complaint outcomes and process suitability to achieve objectives, and senior management review of the CMS. The auditing of the CMS should include reviewing the application of the policy/procedure exclusion for minor complaints raised during normal client interactions to ensure complaints within scope are not being incorrectly excluded from the CMS.

### Recommendation 2

---

CCRU should significantly upgrade the external visibility and accessibility of the complaints process, particularly for children and young people in consultation with the Public Guardian.

### Recommendation 3

---

CCRU should provide greater direct and regular support, training and advice to RO Senior Advisers, Client Services on complaints handling and the Resolve system.

### Recommendation 4

---

CCRU should ensure complaints referred to CSSCs for management are kept open in Resolve and for tracking and monitoring by ROs.

### Recommendation 5

---

CCRU, in consultation with ROs, develop a suite of Resolve reports to be used by ROs to enable and assist in regular monitoring of all RO and CSSC cases.

### Recommendation 6

---

CCRU should clarify the meaning of the policy and procedure exclusion for minor complaints managed during normal client interactions, and its application in the CSSC setting. Also, guidance should be provided on how officers should deal with complaints received during normal client interactions that are assessed by the officer as not being minor.

---

### Recommendation 7

---

CCRU should ensure all complaints received, regardless of channel, are managed in accordance with the approved complaints process to ensure consistency and fairness in timeliness, process and outcomes.

---

### Recommendation 8

---

CCRU should amend the complaints process to provide for a simple, customer-focused and efficient two stage model with a simplified complaints classification system. Initially (first stage) complaints should be managed at either the local, regional or central level depending on complaint classification. CSSCs should only manage low classified complaints by 'other action' (i.e. facilitated discussion, mediation or informal resolution strategies). Medium and high classified complaints should be managed at either regional or central level by complaints investigation. The second stage 'internal review' should be conducted by CCRU.

---

### Recommendation 9

---

CCRU should consider if there is an ongoing need for multiple procedural reference sources in relation to CMS complaints (i.e. CMS policy/procedure, CH 10.1.7 Child Safety Practice Manual).

---

### Recommendation 10

---

CCRU should ensure complaints processes are consistent across all ROs and CSSCs.

---

### Recommendation 11

---

CCRU should develop standard documents for CSSC use to record:

- receipt/acknowledgement and assessment of complaints directly received or referred
- action taken to resolve low classified complaints (e.g. information gathered, discussion with complainants and other relevant parties)
- the complaint outcome, reasons and advice on internal review availability provided to the complainant.

---

### Recommendation 12

---

CCRU should develop checklists for use by ROs and CSSCs to ensure all key/necessary requirements are met in relation to the management of complaints investigation by ROs and informal resolution by CSSCs.

---

### Recommendation 13

---

CCRU, in consultation with ROs (and other users), should consider the ability and effectiveness of the current Resolve architecture/structure and identify potential for improvements. This should include a review of the suitability/relevance of standard selections with a view to providing clarity and improving practicality/ease of use and the accuracy of data for monitoring and reporting.

---

### Recommendation 14

---

ROs should provide greater direct support, training, and advice to CSSC managers and designated 'complaints officers' and other relevant staff on complaints handling.

---

### Recommendation 15

---

ROs should only use the Resolve system for recording, tracking, monitoring and reporting on complaints. Other complaints recording/monitoring systems being used by ROs in conjunction with Resolve should be discontinued. ROs should be properly trained by CCRU on the use and functionality of Resolve. (Subject to the implementation of Recommendation 5).

---

### Recommendation 16

---

ROs should use Resolve to record, track and monitor all complaints referred by CCRU and ROs to CSSCs as well as complaints directly received and managed by CSSCs.

---

### Recommendation 17

---

Complaint investigations by ROs should comply with policy and procedure requirements in regard to contacting complainants to ensure understanding/clarification of complaint issues and requested outcomes for assessment purposes, providing natural justice to affected parties for comment. Also, reports and/or written responses to complainants should clearly outline each specific issue, including identified maladministration, supporting particulars, the outcome requested, information collected, relevant laws, policies, standards/practices, analysis and findings, including whether the issue is substantiated or otherwise, and any remedy and right of internal review to CCRU if dissatisfied with the complaint investigation process or decision.

---

### Recommendation 18

---

ROs should use the checklists developed by CCRU for ensuring all key/necessary requirements in relation to complaints investigation by ROs are met.

---

### Recommendation 19

---

CSSCs should have clearly designated ‘complaints officers’. Complaints officers should be responsible for assessing new complaints directly received and managing low classified complaints directly received or referred by CCRU or RO. These complaints officers should be well published to staff and customers. The complaints officers should be well trained and experienced in managing complaints by facilitated discussion, mediation or other informal resolution action.

---

### Recommendation 20

---

CSSCs should only manage the resolution of low classified complaints. Medium and high assessed complaints should be investigated by ROs or CCRU.

---

### Recommendation 21

---

CSSCs should notify the relevant RO of all complaints directly received locally for input to Resolve for recording, tracking, monitoring and reporting purposes by RO and for monitoring effectiveness of the entire CMS by CCRU.

---

### Recommendation 22

---

CSSCs should use the standard checklists/documents developed by CCRU for recording the management of informal complaints and ensuring all requirements are met. Such completed documents should be referred to ROs for input to Resolve for recording, monitoring and internal review purposes.







QUEENSLAND  
**OMBUDSMAN**

*Standing for fairness*