



**COMPLAINTS POLICY
PURSUANT TO PART 9 OF THE 2013 CHILD AND
FAMILY AGENCY ACT
FOR FEEDBACK AND COMPLAINTS REGARDING
SERVICES PROVIDED AS SERVICE PROVIDER FOR
TUSLA
AND FOR ALL OTHER FEEDBACK AND
COMPLAINTS FOR SERVICES PROVIDED**

Signed:

Ray Kavanagh
Chair

22/5/2017
Date

Next Review Date: May 2019

**COMPLAINTS POLICY
FOR PACT
PURSUANT TO PART 9 OF THE 2013 CHILD AND
FAMILY AGENCY ACT
FOR FEEDBACK AND COMPLAINTS REGARDING
SERVICES PROVIDED AS SERVICE PROVIDER FOR
TUSLA
AND FOR ALL OTHER FEEDBACK AND
COMPLAINTS FOR SERVICES PROVIDED**

Pact adopts as its policy and procedure, mutatis mutandis, the “Tell Us” Feedback Policy and Procedure of Tusla. This is attached in full hereto and is the overarching policy document. This is to apply to all complaints, whether concerning PACT as a service provider to Tusla or otherwise, and supersedes previous procedures. As regards any complaint concerning PACT as a service provider for Tusla, the Tusla policy is in place since September 2016.

Below is a synopsis of the policy and procedure as approved by the Board of PACT, in line with Tusla policy, for complaints made to PACT as distinct to those made direct to Tusla

Introduction

Tusla – Child and Family Agency is the dedicated state agency responsible for improving wellbeing and outcomes for children. Consistent with its functions under the ‘Child and Family Agency Act 2013’ and national standards, the Agency has developed a national feedback and complaints policy called ‘Tell Us’. This is an overarching policy and procedure which is supported by a number of guidance documents which are outlined in Appendix 1 to that policy.

PACT- is a provider of services related to adoption and fostering, primarily assessment, both as a service provider within the meaning of the 2013 Act, and also independently of Tusla.

This policy includes both feedback and complaints and deals with them separately as follows:

- ☐ Section 3 provides details on managing feedback about services provided by PACT
- ☐ Section 4 provides details on managing complaints from service users and non-service users negatively impacted by PACT

All previous feedback and complaints policies and procedures operated by Tusla and PACT are replaced within PACT and Tusla by this new policy and procedure, 'Tell Us'.

Statutory Definitions:

"action" means anything done or omitted to be done—

(a) by the Agency, or

(b) by a service provider in connection with the provision of a service that is the subject of an

arrangement under section 56 or 58 of the 2013 Act

"close relative", in relation to another person, means a person who—

(a) is a parent, guardian, son, daughter, spouse or civil partner within the meaning of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010 of the other person, or

(b) is cohabiting with the other person;

"complainant" means a person who is entitled under section 61 to make a complaint under this Part on the person's own behalf or on behalf of another;

"complaint" means a complaint made under this Part about any action of the Agency or a service

provider in accordance with procedures established under section 64 (1)(a) that—

(a) it is claimed does not accord with fair or sound administrative practice, and

(b) adversely affects the person by whom or on whose behalf the complaint is made;

"complaints officer" means a person designated—

(a) by the Agency for the purpose of dealing with complaints made to it in accordance with procedures established under section 64 (1) (a), or

(b) by a service provider for the purpose of dealing with complaints made to the service provider in accordance with procedures established under section 64 (1)(a) or (2).

1.0 Policy Statement

It is important that PACT hears the experiences of those receiving Pact services and those who are affected by how PACT provides these services. Facilitating feedback and complaints allows PACT to hear these experiences.

PACT commits to learn from the information it receives through feedback and complaints and to use the learning to inform improvements in services.

The emphasis of the policy is on resolution not blame.

PACT will:

- ☐ Give children, young people and their families (and any other people affected by PACT services) the opportunity to express their views about services in ways that are safe and inclusive;
- ☐ Facilitate children, young people and their families (and any other people affected by PACT services) to express their views;
- ☐ Listen to these views;
- ☐ Act on these views as appropriate;

- ☐ Respond to those who give feedback or make complaints and keep them informed of actions PACT takes in respect to their feedback or complaint.

2.0 Roles and Responsibilities

The policy is for implementation by all staff and Board members in PACT.

Tusla Quality Assurance Directorate shall have oversight regarding the implementation and operation of this policy insofar as it relates to PACT acting as a service provider

The PACT Complaints Officer shall be the person appointed by PACT from time to time. In the event of any conflict or other issue, the Chairperson of the Board may take on that role, and the Board has overall oversight of the procedure.

3.0 Feedback

3.1 Definition

Feedback is information received by PACT from any person(s) about their experience of any aspect of PACT services or of how these services are provided.

Feedback that is critical of PACT and requires a response is dealt with in the complaints section of this policy.

3.2 Principles

The following guiding principles underpin PACT's approach to receiving feedback:

- ☐ Feedback is as an essential part of the Agency's learning and development journey;
- ☐ Feedback will be used to inform decision-making and the planning, design and delivery of PACT services as appropriate;
- ☐ PACT will actively encourage feedback and take account, as appropriate, of any feedback received;
- ☐ PACT staff will actively support and assist people who wish to give feedback to the Agency;
- ☐ All individuals who provide feedback will be treated with dignity and respect.

3.3 Approach

Feedback can be accepted by PACT:

Verbally, in person or by phone;

- ☐ In writing.

. By e-mail to PACT

Feedback received will be acknowledged initially from the point of contact and forwarded as appropriate.

Feedback will be acknowledged promptly within 10 working days as appropriate.

Where feedback is provided in writing the acknowledgement will be issued in writing.

All feedback gathered, by whatever means, will be used to inform service delivery as appropriate.

All feedback will be collated, analysed and actioned as appropriate by PACT

Local reports providing an analysis of feedback received will be forwarded to the

Tusla Quality Assurance Directorate as required by Tusla

Publishing feedback submitted to Tusla is a matter for Tusla within its statutory framework.

. In respect of work done by PACT as service provider to Tusla, PACT will report to

Tusla as required by Tusla from time to time.

4.0 Complaints

4.1 Definition

A complaint is an expression of dissatisfaction by one or more members of the public about an organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.²

The 'Child and Family Agency Act 2013' established the right to make a complaint about any action or inaction on the part of Tusla (or a service provider acting on behalf of Tusla) that it is claimed does not accord with fair or sound administrative practice and adversely affects the person making the complaint or on whose behalf the complaint is made.

PACT applies the same standards to all its services, whether to Tusla or otherwise. An action by Tusla or PACT does not represent fair or sound administrative practice if it is:

- ☐ Taken without proper permission or authority;
- ☐ Taken for unnecessary reasons;
- ☐ The result of negligence or carelessness;
- ☐ Based on incorrect or incomplete information;
- ☐ Discriminatory;
- ☐ Based on undesirable administrative practices or in any other respect contrary to fair or sound administration.³

4.2 Principles

The following principles underpin PACT's approach to receiving complaints:

- ☐ PACT will adhere to the legislative requirements under the 'Child and Family Agency Act 2013' and will also be guided by the Health Information and Quality Authority's national standards and the Office of the Ombudsman's 'Guide to Standards of Best Practice';
- ☐ Complaints are essential to the Agency's learning and development;
- ☐ Complaints will be used to inform decision-making and the planning, design and delivery of PACT's services as appropriate;
- ☐ People who use PACT's services and those impacted by PACT's services are routinely reminded of PACT's complaint process and how to avail of this process;
- ☐ PACT staff will advise, actively support and assist, as appropriate, those who wish to make complaints to the Agency;
- ☐ PACT will resolve complaints as expeditiously as practicable;
- ☐ The complaints officer will receive adequate training;
- ☐ All individuals making complaints will be treated with dignity and respect;
- ☐ Making a complaint will in no way adversely affect the service an individual receives from PACT.

4.3 Approach

PACT aims to resolve complaints promptly at local level without having to escalate the matter to a complaints officer. PACT staff are expected to deal with complaints by either:

- ☐ Resolving the complaint, or
- ☐ Referring the complaint to the most appropriate person, or
- ☐ Forwarding the complaint to the complaints officer.

Complaints will be acknowledged initially from the point of contact and forwarded to the area or service concerned.

Any staff members named in a complaint will be advised of the details of the complaint at this point.

Complaints will be acknowledged promptly. Complainants will receive an acknowledgement within 10 working days. Where complaints are provided in writing the acknowledgement will be issued in writing.

Where complaints cannot be resolved locally they are referred to the complaints officer.

When a complaint also gives rise to a child protection or welfare concern, the concern will be referred to the area duty social work team in accordance with Tusla policy or as otherwise may be appropriate or required by legislation.

Where a complaint indicates that the dignity of a service user has been compromised by the behaviour of a staff member, the concern must be screened in accordance with the 'Trust in Care Policy', insofar as same relates to PACT

Where a staff member is named in a complaint, the staff member must be advised of the detail of the complaint that relates to that staff member.

4.4 Who may complain?

Any child, young person or adult who is receiving, or has received, or has sought or is seeking a service from PACT, or persons, other than the above categories, who claim to be or to have been adversely affected by action or lack of action by PACT. PACT cannot investigate third-party complaints without the consent of the person who it is claimed has been adversely affected.

If a person who is entitled to make a complaint lacks the capacity to do so or is unable to do so because of age, illness or disability, the complaint may be made on that person's behalf by:

- ☐ A close relative or carer of the person;
- ☐ Any individual who, by law or by appointment of a court, has the care of the affairs of the person;
- ☐ Any legal representative of the person;
- ☐ Any other individual with the consent of the person.

Finally, if a person who would otherwise have been entitled to make a complaint is deceased, a complaint may be made on their behalf by any of the above categories of people.

PACT must satisfy itself that the person making the complaint has the authority to do so.

4.5 How is a Complaint made?

A complaint can be accepted by PACT:

Verbally, in person or by phone;

☐ In writing.

. By e-mail to PACT

As regards services provided to Tusla a complaint may be made to Tusla ,via the Tusla feedback form, which is available online at

www.tusla.ie/about/feedback-and-complaints; or by email (via tellus@tusla.ie);

Any person who enquires about making a complaint to PACT or Tusla will be advised and assisted by staff, as appropriate.

4.6 Time Limits

A complaint must be made within 12 months of:

- ☐ The date of the action or inaction giving rise to the complaint or,
- ☐ The date of the complainant becoming aware of the action or inaction giving rise to the complaint.

A complaints officer may extend the time limit for making a complaint in special circumstances or if they deem it to be in the public interest⁷ to do so. Special circumstances include, but are not limited to, where the complainant is or has been unwell or bereaved, or where new information becomes available over time.

4.7 Matters Excluded

There are some types of complaints that PACT is excluded from dealing with under 'Tell Us' complaint policy/the 2013 Act. They are as follows:

- ☐ A matter that is or has been subject of legal proceedings before a court or tribunal;
- ☐ A matter relating solely to the exercise of clinical judgement;
- ☐ An action taken by the Agency solely on the advice of a person exercising clinical judgement;
- ☐ A matter relating to recruitment or appointments;
- ☐ A matter relating to or affecting the terms or condition of a contract of employment;
- ☐ A matter relating to the 'Social Welfare Act';
- ☐ A matter that could be the subject of an appeal under Section 60 of the 'Civil Registration Act 2004';
- ☐ A matter that could prejudice an investigation being undertaken by An Garda Síochána;
- ☐ A matter that has been brought before any other complaints procedure established by law;
- ☐ A matter that gives rise to child protection or welfare concerns (these concerns must be referred to the area duty social work team).

⁷ Anything affecting the rights, health and finance of the public at large.

⁸ Clinical judgment means a decision made or opinion formed in connection with the diagnosis, care or treatment of a patient ('Health Act 2004').

Table 1

Detailed in this table are other complaints that do not fall within the remit of 'Tell Us' as prepared by Tusla and must be referred to the appropriate personnel to be addressed using the relevant policy, procedure, guidelines or legislation.

-Concerns in relation to the protection or welfare of a child

These concerns must be referred to the area duty social work team to be dealt with in accordance with 'Children First' guidance.

- Allegations of abuse made against a staff member(s)
- Professional misconduct and fitness to practice issues
- Complaints by staff of any inappropriate behaviour of other staff at work

Refer to line manager/head of discipline to deal with the complaint in line with some or all of the following:

- 'Trust in Care, Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members' (May 2005);

- ‘Grievance and Disciplinary Procedures for the Health Service’ (2004);
 - ‘Dignity at Work Policy for Health Services’ (2004);
 - ‘Health and Social Care Professionals Act 2005’;
 - ‘Nurses Act 1985’. Complaints against the HR/recruitment process Refer to line manager / head of discipline / human resources to deal with the complaint in line with some or all of the following:
 - ‘Dignity at Work Policy for Health Services’ (2004);
 - ‘Grievance and Disciplinary Procedures for the Health Service’ (2004);
 - ‘Code of Practice: Appointment to Positions in the Civil Service and Public Service’ (2007).
 - Complaints about bullying and harassment made against staff
Refer to line manager/head of discipline/human resources to deal with the complaint in line with some or all of the following:
 - ‘Trust in Care, Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members’ (May 2005);
 - ‘Dignity at Work Policy for Health Services’ (2004);
 - ‘Grievance and Disciplinary Procedures for the Health Service’ (2004).
 - Complaints in relation to requests made under the ‘Freedom of Information Act 2014’
 - Complaints in relation to breaches of data protection rights Data Protection Acts 1988 and 2003
 - Complaints in relation to pre-school services
Refer to Tusla Early Years Service to deal with the complaint in line with the ‘Childcare (Pre-School Services) Regulation’ (2006)
- If a complaint falls into one of the categories outlined in Table 1 PACT or Tusla will, where appropriate, advise the complainant of the most appropriate authority to refer the issue to.

4.8 Stages of the Complaints Process

There are four stages to the complaints process:

Stage 1 Local resolution

Stage 2 Referral to complaints officer

Stage 3 Internal review (Tusla only)

Stage 4 External review

A complaint may be resolved at any of the above stages. When a complainant is dissatisfied with the resolution being offered, it is the choice of the complainant whether he/she wishes to have their complaint progressed to the next stage of the complaints process.

4.8.1 Stage 1 – Local Resolution

When a complaint is received it will be directed to the local service concerned. Local resolution is where staff try to resolve issues raised by the complainant promptly and at a local level. Local resolution is the most proactive method way of dealing with complaints.

Local staff must use this policy to try to resolve the issues raised by the complainant. Individuals who make complaints should be advised that they have the right to have their complaint referred to the complaints officer for the service if they are not

satisfied with the local resolution offered.

Some complainants may not choose to seek local resolution and may choose referral to the complaints officer. This will be supported.

The complaint and the proposed resolution will be recorded. Where it involves PACT as a Service Provider, it will be notified to Tusla.

4.8.2 Stage 2 – Referral to Complaints Officer.

The complaints officer will examine a complaint to decide if the matter complained of can be dealt with under the 'Tell Us' policy and procedure as adopted by PACT. Some complaints cannot be dealt with (see Section 4.7). In such cases the complaints officer will advise the complainant if there is an alternative process available to deal with the complaint matter.

The complaints officer should advise relevant managers of a complaint received and the nature of the complaint.

The Complaints officer must consider his or her proximity to an issue complained of before starting an investigation. A complaints officer should not be involved in managing a complaint about a matter in which they have had either a direct or indirect involvement (in such circumstance the complaint must be passed on as provided for herein)

All participants in the complaints process will be treated fairly.

The complaints officer will acknowledge receipt of the complaint to the complainant within 10 working days.

The complaints officer, if necessary, will clarify the exact nature of the complaint with the complainant. If the complaints officer identifies that the complainant needs support or assistance they will advise the complainant how this will be provided.

The complaints officer will maintain a record of all complaints received.

A complaints officer has a number of options for dealing with a complaint:

- ☐ Referral for local resolution (provided that this option has not been availed of previously);
- ☐ Informal resolution of the complaint;
- ☐ Mediation;
- ☐ Investigation.

4.8.2.1 Referral for Local Resolution

On receiving a complaint, the complaints officer following discussion with the complainant may refer the complaint for local resolution (provided that this option has not been availed of previously).

4.8.2.2 Informal Resolution

Where local resolution is not an appropriate option to explore or has been unsuccessful, the complaints officer, with consent of the parties involved, may consider whether it would be practicable to proceed with an informal resolution of the complaint. Informal resolution is where the complaints officer engages actively with the complainant and or relevant staff with a view to achieving an agreed resolution to the complaint issue(s).

The complaints officer will record the form of informal resolution offered, record the outcome and advise the appropriate line managers of same.

Where informal resolution was not successful, the complaints officer will either:

- ☐ Close the complaint and record the reason for doing so, or
- ☐ Initiate an alternative means of resolving the complaint such as mediation or investigation.

4.8.2.3 Mediation

The complaints officer may consider mediation as a means of achieving resolution where both parties agree to the process. The decision to offer mediation is made by the complaints officer on a case-by-case basis.

Mediation is a process in which the parties to the complaint, with the assistance of a neutral and agreed third party (the mediator):

- ☐ Identify the issues;
- ☐ Develop options;
- ☐ Consider alternatives, and
- ☐ Endeavour to reach an agreement.

The complaints officer will record the attempt at mediation, record the outcome and advise the appropriate line managers. However, the details of the mediation sessions remain confidential to the participants.

Where mediation is not successful, the complaints officer will either close the complaint and record the reason for doing so or initiate an investigation of the complaint.

4.8.2.4 Investigation

In situations where an investigation is required, it will be carried out within 30 working days of the decision to investigate. If this timeframe cannot be met, the complainant and staff members named in the complaint will be informed promptly and provided with an update every 20 working days thereafter until the investigation is completed.

4.8.2.5 PACT procedures for Investigation:

1. The client(s) should address the matter in writing to the Principal Social Worker, or to the Chairperson of the Board of Pact if it concerns the Principal Social Worker. It will be the duty of the recipient of the complaint to ensure that the complainants have a copy of Pact's Complaints Procedure (this document). The recipient is required to make the Complaints Officer aware of the complaint if this has not already been done and give him/her the original written complaint for the agency's Complaints File. The Complaints Officer will then notify the complainants that an investigation is underway.

The Complaints Officer will, without delay, inform the Social Worker(s) and staff involved in the case of the complaint. The Social Worker(s) and staff involved are then required to give a written account of their position in respect of the complaint to the Complaints Officer and this account will also be placed in the agency's Complaints File.

2. A Formal Investigation: is also available if deemed necessary by the Complaints Officer

The Complaints Officer will set up a Panel of three employees or Board members (or a ix of each) to investigate the complaint. The Panel will review the Complaints File and any documents or reports relating to the issue and they will interview the people involved, including the complainants and the staff who are responsible for the service being complained about. They will endeavour to complete the investigation in a timely manner, which shall not normally exceed 28 days. Where circumstances require an extended period to complete the investigation, the complainants will be advised of this within the 28 day period by the Complaints Officer.

When the investigation has been completed, the investigating members will report their findings to the Complaints Officer who will inform, in writing, the complainants together with all other appropriate people, of the findings of the investigation. The Complaints Officer will also inform these people that the complainants have the right to refer to Tusla (in cases referable to Tusla)

To facilitate any investigation, the complaints officer may seek reports, files or documents from the services involved. They may choose to interview staff members named in the complaint. The complaints officer may establish an investigation team if, in the opinion of the complaints officer, such a team is warranted.

The complaints officer may also interview or request reports from other employees or witnesses, as appropriate. They may request former staff to be interviewed when it is considered appropriate to the investigation.

PACT staff must cooperate with all stages of the complaints process.

The complaints officer must complete the investigation into a complaint as soon as practicable. If the investigation is not completed within six months of receipt of the complaint, the complaints officer must provide the complainant and the staff concerned with an explanation for the delay and outline a plan of action for completing the complaint investigation.

Following any investigation, the complaints officer will prepare a report which will include:

- ☐ Details of the complaint;
- ☐ Description of the complaint investigation process;
- ☐ Response of the service and or staff members concerned;
- ☐ Findings of the investigation:
 - Uphold the complaint, or
 - Uphold the complaint in part, or
 - Not uphold the complaint.
- ☐ Reasons for the findings;
- ☐ Recommendations and the reasons for same.

The complaints officer will forward the completed report to the complainant, the relevant head of service and staff members named in the complaint.

All reports shall be compliant with data protection legislation.

Copies of the recommendations will be sent by the complaints officer to the persons responsible for their implementation.

The complaints officer will advise the complainant in writing of their right to have the recommendations of the complaint reviewed internally and their right to refer

the complaint to the Ombudsman or Ombudsman for Children.

If managers decide not to implement the recommendations of a complaint officer's report, they must advise the complainant and the complaints officer within 30 working days of the reason for this decision.

The complaints officer will keep a record of the findings and recommendations of all investigations.

A complainant who is not happy with recommendations or the implementation of same can seek an internal review if applicable under the Tusla Tell Us policy. A request for internal review should be directed

to:

Tell Us – Quality Assurance Directorate
Tusla – Child and Family Agency
4th Floor, Brunel Building
Heuston South Quarter
Dublin 8

A request for internal review should be sought within 30 days of receiving the final report recommendations.

Such a request should identify the elements of the recommendations or findings that the complainant requires to have reviewed and the reasons for requesting that they be reviewed.

In cases where managers decide not to implement certain recommendations, the complainant has 30 days from being notified of this decision to request a review of same.

4.8.3 Stage 3 – Internal Review (Tusla only)

When a complainant requests a review of recommendations of a complaint investigation, a review officer will be nominated by the Quality Assurance Directorate to review the complaint if appropriate within Tusla's procedures.

The review officer will establish if the request for a review can be dealt with under the review procedure and, if so, shall conduct the review accordingly. All participants will be treated fairly in this process.

The review officer cannot deal with new complaint issues at this stage.

The review process may require a fresh examination of files and papers together with fresh interviews with relevant parties to the complaint.

4.8.3.1 Role of the Review Officer

4.8.4 Stage 4 – External Review (Tusla only)

These are as provided for in Tusla's Policy.

5.0 Apologies and Redress

5.1 Apologies

Where a complaints officer (or a review officer as appropriate) recommends that Tusla or PACT considers offering an apology to the complainant, the decision with regard to this apology will be made by a person at service director level or equivalent or above.

5.2 Redress

Where a complaints officer (or a review officer as appropriate) recommends that

PACT or Tusla considers offering redress to a complainant, decisions regarding the nature and extent of the redress can only be made by a person at Board level or equivalent or above.

6.0 Complaints made against Tusla Staff Members

All complaints against Tusla Staff members are dealt with through the process outlined in this Tusla 'Feedback and Complaints Policy'.

7.0 Complaints made against Non Staff Members

Complaints can be made to Tusla against persons providing or who have provided services on behalf of Tusla who are not members of staff; for example, students, foster carers agency staff, former staff, etc.

All complaints are dealt with through the process outlined in this Tusla 'Feedback and Complaints Policy'.

8.0 Funded Agencies

A service provider funded by Tusla to provide services on behalf of Tusla may, with the agreement of Tusla, establish procedures for dealing with complaints against the service provider, in place of the procedures established under this policy.

The complaints policies of all such agencies providing services on behalf of Tusla must be agreed by Tusla. The manager responsible for commissioning the service is responsible for ensuring that the funded agency's policy is in line with that of Tusla. All funded agencies must report annually as per the 'Child and Family Agency Act 2013' regarding their complaints concerning services provided on behalf of Tusla.

9.0 Staff Training

PACT will identify and provide appropriate training with Tusla

10.0 Publishing Complaints Information

PACT will report as required by Tusla, currently annually.

Appendices

As per Tusla Policy document attached

Appendix: Tusla "Tell Us" "Feedback and Complaints: Policy and Procedure"

TELL ús

You Say, We Listen

Feedback and Complaints: Policy and Procedure

Document Information and Revision History

Document Reference Number	PPPG 09/2016
Revision Number	
Approval Date	
Next Revision Date	
Document Developed By	Quality Assurance Directorate
Document Approved By	
Responsibility for Implementation	All Tusla employees
Responsibility for Review and Audit	Director of Quality Assurance

Table of Contents

Introduction	3
1.0 Policy Statement.....	4
2.0 Roles and Responsibilities.....	4
3.0 Feedback	5
3.1 Definition	5
3.2 Principles	5
3.3 Approach	5
4.0 Complaints.....	6
4.1 Definition	6
4.2 Principles	7
4.3 Approach	7
4.4 Who may complain?.....	8
4.5 How is a Complaint made?	9
4.6 Time Limits	9
4.7 Matters Excluded.....	9
4.8 Stages of the Complaints Process	12
4.8.1 Stage 1: Local Resolution	12
4.8.2 Stage 2: Referral to Complaints Officer	13
4.8.3 Stage 3: Internal Review.....	16
4.8.4 Stage 4: External Review	17
5.0 Apologies and Redress.....	18
5.1 Apologies.....	18
5.2 Redress	18
6.0 Complaints made against Staff Members	18
7.0 Complaints made against Non Staff Members.....	19
8.0 Funded Agencies.....	19
9.0 Staff Training	20
10.0 Publishing Complaints Information.....	20
Appendices	21
Appendix 1: List of Related Complaint Documents.....	21
Bibliography	22

Introduction

Tusla – Child and Family Agency is the dedicated state agency responsible for improving wellbeing and outcomes for children. Consistent with its functions under the 'Child and Family Agency Act 2013' and national standards, the Agency has developed a national feedback and complaints policy called 'Tell Us'. This is an overarching policy and procedure which is supported by a number of guidance documents which are outlined in Appendix 1.

Listening to the perspectives of people who experience Tusla services is not discretionary, it is essential. This makes Tusla services more people-centred, responsive and effective. Tusla will actively seek out the views of the children, young people and families receiving Tusla services, including people who are reluctant or resistant to receive these services. Tusla is committed to engaging with children, young people, families and communities. The information gathered through the implementation of this policy is part of this process.

This policy includes both feedback and complaints and deals with them separately as follows:

- Section 3 provides details on managing feedback about Tusla services (or services provided on behalf of Tusla);
- Section 4 provides details on managing complaints from service users and non-service users negatively impacted by Tusla services (or services provided on behalf of Tusla). All previous feedback and complaints policies and procedures operated by Tusla are replaced within Tusla by this new policy and procedure, 'Tell Us'.

1.0 Policy Statement

It is important that Tusla hears the experiences of those receiving Tusla services and those who are affected by how Tusla provides these services. Facilitating feedback and complaints allows Tusla to hear these experiences.

Tusla commits to learn from the information it receives through feedback and complaints and to use the learning to inform improvements in services.

The emphasis of the policy is on resolution not blame.

Tusla will:

- Give children, young people and their families (and any other people affected by Tusla services) the opportunity to express their views about services in ways that are safe and inclusive;
- Facilitate children, young people and their families (and any other people affected by Tusla services) to express their views;
- Listen to these views;
- Act on these views as appropriate;
- Respond to those who give feedback or make complaints and keep them informed of actions Tusla takes in respect to their feedback or complaint.

2.0 Roles and Responsibilities

The policy is for implementation by all staff in Tusla and in agencies that provide a service on behalf of Tusla.¹

Tusla Quality Assurance Directorate shall have oversight regarding the implementation and operation of this policy.

Each Tusla service delivery unit and national service shall have sufficient numbers of complaints officers and review officers to deal efficiently with feedback and complaints.

¹Service providers funded by Tusla (under Sections 56 and 58 of the 'Child and Family Agency Act 2013') may, with the agreement of Tusla, establish procedures for dealing with complaints against the service provider, in place of the procedures established under this policy.

3.0 Feedback

3.1 Definition

Feedback is information received by Tusla from any person(s) about their experience of any aspect of Tusla services or of how these services are provided.

Feedback that is critical of Tusla and requires a response is dealt with in the complaints section of this policy.

3.2 Principles

The following guiding principles underpin Tusla's approach to receiving feedback:

- Feedback is as an essential part of the Agency's learning and development journey;
- Feedback will be used to inform decision-making and the planning, design and delivery of Tusla services as appropriate;
- Tusla will actively encourage feedback and take account, as appropriate, of any feedback received;
- Tusla staff will actively support and assist people who wish to give feedback to the Agency;
- All individuals who provide feedback will be treated with dignity and respect.

3.3 Approach

All Tusla locations and services provide opportunities for feedback, which can be accepted by Tusla staff in a number of ways:

- Verbally, in person or by phone;
- Via the Tusla feedback form, which is available online at www.tusla.ie/about/feedback-and-complaints;
- By email (via tellus@tusla.ie);
- In writing.

Feedback received will be acknowledged initially from the point of contact and forwarded to the appropriate service delivery unit or service concerned.

Feedback will be acknowledged promptly within 10 working days. Where feedback is provided in writing the acknowledgement will be issued in writing.

Each service delivery unit or national service will have a staff member responsible for collating and reporting on feedback.

All feedback gathered, by whatever means, will be used to inform service delivery as appropriate.

All feedback will be collated, analysed and actioned as appropriate by the service delivery unit or service concerned.

Local reports providing an analysis of feedback received will be forwarded to the Tusla Quality Assurance Directorate on a quarterly basis.

Publishing Feedback

Tusla's Quality Assurance Directorate will produce an annual report in relation to feedback to share the lessons learned. The Quality Assurance Directorate may also produce other reports as required. Managers will be advised of any feedback received which should be brought to the attention of their staff. In addition, staff members referred to in feedback will be informed regarding the nature of the feedback. From time to time, the Agency will also formally seek feedback via various means of consultation.

4.0 Complaints

4.1 Definition

A complaint is an expression of dissatisfaction by one or more members of the public about an organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.²

The 'Child and Family Agency Act 2013' established the right to make a complaint about any action or inaction on the part of Tusla (or a service provider acting on behalf of Tusla) that it is claimed does not accord with fair or sound administrative practice and adversely affects the person making the complaint or on whose behalf the complaint is made.

An action by Tusla does not represent fair or sound administrative practice if it is:

- Taken without proper permission or authority;
- Taken for unnecessary reasons;
- The result of negligence or carelessness;
- Based on incorrect or incomplete information;
- Discriminatory;
- Based on undesirable administrative practices or in any other respect contrary to fair or sound administration.³

² Model Complaints System and Policy, The Ombudsman's Guide to developing a complaint handling system, Office of the Ombudsman (Ireland) August 2015.

³ Ombudsman Guide to Standards of Best Practice for Public Servants, March 2003 is the benchmark of Tusla's practice.

4.2 Principles

The following principles underpin Tusla's approach to receiving complaints:

- Tusla will adhere to its legislative requirements under the 'Child and Family Agency Act 2013' and will also be guided by the Health Information and Quality Authority's national standards and the Office of the Ombudsman's 'Guide to Standards of Best Practice';
- Complaints are essential to the Agency's learning and development;
- Complaints will be used to inform decision-making and the planning, design and delivery of Tusla services as appropriate;
- People who use Tusla services and those impacted by Tusla services are routinely reminded of Tusla's complaint process and how to avail of this process;
- Tusla staff will advise, actively support and assist, as appropriate, those who wish to make complaints to the Agency;
- Tusla will resolve complaints as expeditiously as practicable;
- All Tusla complaints officers⁴ and review officers⁵ will receive adequate training;
- All individuals making complaints will be treated with dignity and respect;
- Making a complaint will in no way adversely affect the service an individual receives from Tusla.

4.3 Approach

Tusla aims to resolve complaints promptly at local level without having to escalate the matter to a complaints officer. Tusla staff are expected to deal with complaints by either:

- Resolving the complaint, or
- Referring the complaint to the most appropriate person, or
- Forwarding the complaint to the complaints officer.

Complaints will be acknowledged initially from the point of contact and forwarded to the area or service concerned.

Any staff members named in a complaint will be advised of the details of the complaint at this point.

Complaints will be acknowledged promptly. Complainants will receive an acknowledgement within 10 working days. Where complaints are provided in writing the acknowledgement will be issued in writing.

Where complaints cannot be resolved locally they are referred to the relevant complaints officer.

⁴ A complaints officer is an individual who has designated responsibility under the 'Child and Family Agency Act 2013' to investigate complaints received by the Agency.

⁵ A review officer is an individual who has designated responsibility under the 'Child and Family Agency Act 2013' to review complaints as appropriate on behalf of the Agency.

When a complaint also gives rise to a child protection or welfare concern, the concern will be referred to the area duty social work team in accordance with Tusla policy.

Where a complaint indicates that the dignity of a service user has been compromised by the behaviour of a staff member, the concern must be screened in accordance with the 'Trust in Care Policy'.⁶

Where a staff member is named in a complaint, the staff member must be advised of the detail of the complaint that relates to that staff member.

4.4 Who may complain?

Any child, young person or adult who is receiving, or has received, or has sought or is seeking a service from Tusla (or from a service provider providing a service on behalf of Tusla), or persons, other than the above categories, who claim to be or to have been adversely affected by action or lack of action by the Agency.

Tusla cannot investigate third-party complaints without the consent of the person who it is claimed has been adversely affected.

If a person who is entitled to make a complaint lacks the capacity to do so or is unable to do so because of age, illness or disability, the complaint may be made on that person's behalf by:

- A close relative or carer of the person;
- Any individual who, by law or by appointment of a court, has the care of the affairs of the person;
- Any legal representative of the person;
- Any other individual with the consent of the person.

Finally, if a person who would otherwise have been entitled to make a complaint is deceased, a complaint may be made on their behalf by any of the above categories of people.

Tusla must satisfy itself that the person making the complaint has the authority to do so.

⁶ 'Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse Against Staff Members' (May 2005).

4.5 How is a Complaint made?

All Tusla locations and services make information publicly available about the Tusla complaint process. Complaints can be accepted by Tusla staff in a number of ways:

- Verbally, in person or by phone;
- Via the Tusla feedback form, which is available online at www.tusla.ie/about/feedback-and-complaints;
- By email (via tellus@tusla.ie);
- In writing.

Any person who enquires about making a complaint to Tusla will be advised and assisted by staff, as appropriate.

4.6 Time Limits

A complaint must be made within 12 months of:

- The date of the action or inaction giving rise to the complaint or,
- The date of the complainant becoming aware of the action or inaction giving rise to the complaint.

A complaints officer may extend the time limit for making a complaint in special circumstances or if they deem it to be in the public interest⁷ to do so. Special circumstances include, but are not limited to, where the complainant is or has been unwell or bereaved, or where new information becomes available over time.

4.7 Matters Excluded

There are some types of complaints that Tusla is excluded from dealing with under 'Tell Us' complaint policy. They are as follows:

- A matter that is or has been subject of legal proceedings before a court or tribunal;
- A matter relating solely to the exercise of clinical judgement;⁸
- An action taken by the Agency solely on the advice of a person exercising clinical judgement;
- A matter relating to recruitment or appointments;
- A matter relating to or affecting the terms or condition of a contract of employment;
- A matter relating to the 'Social Welfare Act';
- A matter that could be the subject of an appeal under Section 60 of the 'Civil Registration Act 2004';
- A matter that could prejudice an investigation being undertaken by An Garda Síochána;
- A matter that has been brought before any other complaints procedure established by law;
- A matter that gives rise to child protection or welfare concerns (these concerns must be referred to the area duty social work team).

⁷ Anything affecting the rights, health and finance of the public at large.

⁸ Clinical judgment means a decision made or opinion formed in connection with the diagnosis, care or treatment of a patient ('Health Act 2004').

Table 1

Detailed in this table are other complaints that do not fall within the remit of 'Tell Us' and must be referred to the appropriate personnel to be addressed using the relevant policy, procedure, guidelines or legislation.

Details of Complaint/Allegation	Policy, Procedure, Guidelines or Legislation to be Followed
Concerns in relation to the protection or welfare of a child	These concerns must be referred to the area duty social work team to be dealt with in accordance with 'Children First' guidance.
<p>Allegations of abuse made against a staff member(s)</p> <p>Professional misconduct and fitness to practice issues</p> <p>Complaints by staff of any inappropriate behaviour of other staff at work</p>	<p>Refer to line manager/head of discipline to deal with the complaint in line with some or all of the following:</p> <ul style="list-style-type: none"> • 'Trust in Care, Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members' (May 2005); • 'Grievance and Disciplinary Procedures for the Health Service' (2004); • 'Dignity at Work Policy for Health Services' (2004); • 'Health and Social Care Professionals Act 2005'; • 'Nurses Act 1985'.
Complaints against the HR/recruitment process	<p>Refer to line manager / head of discipline / human resources to deal with the complaint in line with some or all of the following:</p> <ul style="list-style-type: none"> • 'Dignity at Work Policy for Health Services' (2004); • 'Grievance and Disciplinary Procedures for the Health Service' (2004); • 'Code of Practice: Appointment to Positions in the Civil Service and Public Service' (2007).

Complaints about bullying and harassment made against staff	<p>Refer to line manager/head of discipline/human resources to deal with the complaint in line with some or all of the following:</p> <ul style="list-style-type: none"> • ‘Trust in Care, Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members’ (May 2005); • ‘Dignity at Work Policy for Health Services’ (2004); • ‘Grievance and Disciplinary Procedures for the Health Service’ (2004).
Complaints in relation to requests made under the ‘Freedom of Information Act 2014’	‘Freedom of Information Act 2014’
Complaints in relation to breaches of data protection rights	Data Protection Acts 1988 and 2003
Complaints in relation to pre-school services	Refer to Tusla Early Years Service to deal with the complaint in line with the ‘Childcare (Pre-School Services) Regulation’ (2006)

If a complaint falls into one of the categories outlined in Table 1 Tusla will, where appropriate, advise the complainant of the most appropriate authority to refer the issue to.

4.8 Stages of the Complaints Process

There are four stages to the complaints process:

Stage 1	Local resolution
Stage 2	Referral to complaints officer
Stage 3	Internal review
Stage 4	External review

A complaint may be resolved at any of the above stages. When a complainant is dissatisfied with the resolution being offered, it is the choice of the complainant whether he/she wishes to have their complaint progressed to the next stage of the complaints process.

4.8.1 Stage 1 – Local Resolution

When a complaint is received it will be directed to the local service concerned. Local resolution is where staff try to resolve issues raised by the complainant promptly and at a local level. Local resolution is the most proactive method way of dealing with complaints.

Local staff must use this policy to try to resolve the issues raised by the complainant.

Individuals who make complaints should be advised that they have the right to have their complaint referred to the complaints officer for the service if they are not satisfied with the local resolution offered.

Some complainants may not choose to seek local resolution and may choose referral to the complaints officer. This will be supported.

The complaint and the proposed resolution will be recorded and entered on Tusla's complaint database.

4.8.2 Stage 2 – Referral to Complaints Officer

A complaints officer will examine a complaint to decide if the matter complained of can be dealt with under the 'Tell Us' policy and procedure.

Some complaints cannot be managed by 'Tell Us' (see Section 4.7). In such cases the complaints officer will advise the complainant if there is an alternative process available to deal with the complaint matter.

The complaints officer should advise relevant managers of a complaint received and the nature of the complaint.

Complaints officers must consider their proximity to an issue complained of before starting an investigation. A complaints officer should not be involved in managing a complaint about a matter in which they have had either a direct or indirect involvement (in such circumstance the complaint must be passed to another complaints officer not linked to the complaint).

All participants in the complaints process will be treated fairly.

The complaints officer will acknowledge receipt of the complaint to the complainant within 10 working days.

The complaints officer, if necessary, will clarify the exact nature of the complaint with the complainant. If the complaints officer identifies that the complainant needs support or assistance they will advise the complainant how this will be provided.

The complaints officer will maintain a record on Tusla's complaints database of all complaints received.

A complaints officer has a number of options for dealing with a complaint:

- Referral for local resolution (provided that this option has not been availed of previously);
- Informal resolution of the complaint;
- Mediation;
- Investigation.

4.8.2.1 Referral for Local Resolution

On receiving a complaint, the complaints officer following discussion with the complainant may refer the complaint for local resolution (provided that this option has not been availed of previously).

4.8.2.2 Informal Resolution

Where local resolution is not an appropriate option to explore or has been unsuccessful, the complaints officer, with consent of the parties involved, may consider whether it would be practicable to proceed with an informal resolution of the complaint. Informal resolution is where the complaints officer engages actively with the complainant and or relevant staff with a view to achieving an agreed resolution to the complaint issue(s).

The complaints officer will record the form of informal resolution offered, record the outcome and advise the appropriate line managers of same.

Where informal resolution was not successful, the complaints officer will either:

- Close the complaint and record the reason for doing so, or
- Initiate an alternative means of resolving the complaint such as mediation or investigation.

4.8.2.3 Mediation

The complaints officer may consider mediation as a means of achieving resolution where both parties agree to the process. The decision to offer mediation is made by the complaints officer on a case-by-case basis.

Mediation is a process in which the parties to the complaint, with the assistance of a neutral and agreed third party (the mediator):

- Identify the issues;
- Develop options;
- Consider alternatives, and
- Endeavour to reach an agreement.

The complaints officer will record the attempt at mediation, record the outcome and advise the appropriate line managers. However, the details of the mediation sessions remain confidential to the participants.

Where mediation is not successful, the complaints officer will either close the complaint and record the reason for doing so or initiate an investigation of the complaint.

4.8.2.4 Investigation

In situations where an investigation is required, it will be carried out within 30 working days of the decision to investigate. If this timeframe cannot be met, the complainant and staff members named in the complaint will be informed promptly and provided with an update every 20 working days thereafter until the investigation is completed.

To facilitate the investigation, the complaints officer may seek reports, files or documents from the services involved. They may choose to interview staff members named in the complaint. The complaints officer may establish an investigation team if, in the opinion of the complaints officer, such a team is warranted.

The complaints officer may also interview or request reports from other employees or witnesses, as appropriate. They may request former staff to be interviewed when it is considered appropriate to the investigation.

Tusla staff must cooperate with all stages of the complaints process.

The complaints officer must complete the investigation into a complaint as soon as practicable. If the investigation is not completed within six months of receipt of the complaint, the complaints officer must provide the complainant and the staff concerned with an explanation for the delay and outline a plan of action for completing the complaint investigation.

Following the investigation, the complaints officer will prepare a report which will include:

- Details of the complaint;
- Description of the complaint investigation process;
- Response of the service and or staff members concerned;
- Findings of the investigation:
 - Uphold the complaint, or
 - Uphold the complaint in part, or
 - Not uphold the complaint.
- Reasons for the findings;
- Recommendations and the reasons for same.

The complaints officer will forward the completed report to the complainant, the relevant head of service and staff members named in the complaint.

All reports shall be compliant with data protection legislation.

Copies of the recommendations will be sent by the complaints officer to the persons responsible for their implementation.

The complaints officer will advise the complainant in writing of their right to have the recommendations of the complaint reviewed internally and their right to refer the complaint to the Ombudsman or Ombudsman for Children.

If managers decide not to implement the recommendations of a complaint officer's report, they must advise the complainant and the complaints officer within 30 working days of the reason for this decision.

The complaints officer will keep a record of the findings and recommendations of all investigations.

A complainant who is not happy with recommendations or the implementation of same can seek an internal review. A request for internal review should be directed to:

Tell Us – Quality Assurance Directorate
Tusla – Child and Family Agency
4th Floor, Brunel Building
Heuston South Quarter
Dublin 8

A request for internal review should be sought within 30 days of receiving the final report recommendations.

Such a request should identify the elements of the recommendations or findings that the complainant requires to have reviewed and the reasons for requesting that they be reviewed.

In cases where managers decide not to implement certain recommendations, the complainant has 30 days from being notified of this decision to request a review of same.

4.8.3 Stage 3 – Internal Review

When a complainant requests a review of recommendations of a complaint investigation, a review officer will be nominated by the Quality Assurance Directorate to review the complaint.

The review officer will establish if the request for a review can be dealt with under the review procedure and, if so, shall conduct the review accordingly. All participants will be treated fairly in this process.

The review officer cannot deal with new complaint issues at this stage.

The review process may require a fresh examination of files and papers together with fresh interviews with relevant parties to the complaint.

4.8.3.1 Role of the Review Officer

The review officer will endeavour to conduct and conclude the review process within 30 working days of receiving the request. If this timeframe cannot be met, the complainant and relevant staff must be informed and provided with an update every 20 working days thereafter until the review is completed.

The review officer appointed may request all documentation relevant to the complaint and communicate with any person that he/she reasonably believes can assist with the review of the complaint.

The review officer can determine the appropriateness of a recommendation or finding made in the original complaint investigation report and decide whether to:

- Uphold it in full;
- Uphold it in part;
- Not uphold it;
- Vary it;
- Make a new recommendation.

On completion of the review, the review officer will prepare a report which will include:

- Details of the review request;
- Description of the review investigation process;
- Response of the service and or staff members concerned;
- Findings of the review:
 - Uphold the complaint investigation recommendation(s), or
 - Uphold the complaint investigation recommendation(s) in part, or
 - Not uphold the complaint investigation recommendation(s).
- Varied recommendation(s)(if any);
- New recommendation(s)(if any);
- Reasons for the findings in the complaint investigation.

The review officer will forward the completed report to the complainant, the relevant head of service, the complaints manager in the Quality Assurance Directorate and any relevant staff members concerned.

All reports shall be compliant with data protection legislation.

Copies of the recommendations will be sent to the persons responsible for their implementation.

If managers decide not to implement the recommendations of a review officer's report, they must advise the complainant and the review officer within 30 working days of the reason for this decision.

The review officer shall advise the complainant in writing of the right to external review to the Ombudsman or the Ombudsman for Children.

The review officer shall keep a record of all reviews conducted and their outcomes.

4.8.4 Stage 4 – External Review

When a complainant requests an external review of a complaint by the Ombudsman or Ombudsman for Children, a nominated national officer from the Quality Assurance Directorate will liaise with the relevant office.

5.0 Apologies and Redress

5.1 Apologies

Where a complaints officer or a review officer recommends that Tusla considers offering an apology to the complainant, the decision with regard to this apology will be made by a person at service director level or equivalent or above.

5.2 Redress

Where a complaints officer or a review officer recommends that Tusla considers offering redress to a complainant, decisions regarding the nature and extent of the redress can only be made by a person at service director level or equivalent or above.

6.0 Complaints made against Staff Members

All complaints are dealt with through the process outlined in this Tusla 'Feedback and Complaints Policy'. Tusla staff members are expected to cooperate with the process.

Supports must be provided for staff members against whom complaints are made. This includes:

- Time to deal with and respond to the complaint;
- Opportunity to give their side of the story;
- Opportunity to be supported by a work colleague, trade union representative or official, during the investigation;
- Opportunity to be accompanied by a work colleague, trade union representative or official, during interview as part of the complaint investigation;
- Emphasis on resolution, not blame;
- Being advised of their rights;
- Employees must be informed of any support networks and people who can assist them throughout the complaint management process, for example:
 - Employee Assistance Service;
 - Peer Support Service;
 - Professional bodies;
 - Human resources department;
 - Union officials/local representation.

All staff members who are the subject of complaints can expect to be afforded fair procedure and to be treated with dignity and respect.

7.0 Complaints made against Non Staff Members

Complaints can be made against persons providing or who have provided services on behalf of Tusla who are not members of staff; for example, students, foster carers agency staff, former staff, etc.

All complaints are dealt with through the process outlined in this Tusla 'Feedback and Complaints Policy'.

Supports must be provided for such persons. These include:

- Time to deal with and respond to the complaint;
- Opportunity to give their side of the story;
- Opportunity to be supported by an appropriate person during the investigation;
- Emphasis on resolution, not blame;
- Being advised of their rights.

Such persons must be informed of any support networks and people who can assist them throughout the complaint management process.

All persons who are the subject of complaints can expect to be afforded fair procedure and to be treated with dignity and respect.

8.0 Funded Agencies

A service provider funded by Tusla to provide services on behalf of Tusla may, with the agreement of Tusla, establish procedures for dealing with complaints against the service provider, in place of the procedures established under this policy.

The complaints policies of all such agencies providing services on behalf of Tusla must be agreed by Tusla. The manager responsible for commissioning the service is responsible for ensuring that the funded agency's policy is in line with that of Tusla.

All funded agencies must report annually as per the 'Child and Family Agency Act 2013' regarding their complaints concerning services provided on behalf of Tusla.

9.0 Staff Training

Tusla is committed to building a culture across the organisation that values feedback and complaints. Tusla is committed to enabling staff to deal with feedback and complaints effectively and efficiently.

To ensure appropriate skill levels are maintained, Tusla will provide ongoing comprehensive training for complaints officers and review officers regarding the four stages of complaint resolution and with regard to dealing with unreasonable complainant behaviour.

10.0 Publishing Complaints Information

In line with the principles outlined under the 'Tusla National Quality Framework', the Tusla Quality Assurance Directorate will produce an annual report in relation to complaints, identifying any trends and sharing the learning that emerges from complaints received.

The Quality Assurance Directorate may produce other reports as required.

The purpose of such analysis is to ensure transparency in complaints handling and inform a cycle of continuous service development and improvement.

The Quality Assurance Directorate will disseminate learning on a local and national level as appropriate.

Appendices

Appendix 1 – List of Related Complaint Documents

The following Tusla companion documents compliment this feedback and complaint policy:

- 'Tell Us: A Guide on How to Give Feedback and Make Complaints to the Child and Family Agency';
- 'Tell Us: How to Give Feedback and Make Complaints: A Guide for Young People';
- 'Tell Us: Dealing with Unreasonable Complainant Behaviour: Guidance for Staff'.

The feedback and complaints section on the Tusla website (<http://www.tusla.ie/about/feedback-and-complaints>) will be updated as the development of the policy and procedure progresses.

Bibliography

1. Australian Council for Safety and Quality in Healthcare. Complaints management handbook for healthcare services. Australia: Australian Council for Safety and Quality in Healthcare; July 2005. [Online] Available from <http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/complntmgmthbk.pdf> (Last accessed 03 June 2015).
2. Child and Family Agency Act 2013. Dublin: The Stationary Office; 2013. [Online] Available from <http://www.irishstatutebook.ie/pdf/2013/en.act.2013.0040.pdf> (Last accessed 03 June 2015).
3. Department of Health and Children. National standards for children's residential centres. Dublin: The Stationary Office; 2001. [Online] Available from http://www.dcy.gov.ie/documents/publications/National_Standards_for_Childrens_Residential_Centres.pdf (Last accessed 03 June 2015).
4. Department of Health and Children. National standards for foster care. Dublin: The Stationary Office; April 2003. [Online] Available from <http://health.gov.ie/wp-content/uploads/2014/03/National-Standards-for-Foster-Care.pdf> (Last accessed 03 June 2015).
5. Florida Department of Health. Division of Medical Quality Assurance Enforcement Program. Consumer Services Unit Florida Department of Health. [Online] Available from <http://www.floridahealth.gov/licensing-and-regulation/enforcement/documents/frm-dental.pdf> (Last accessed 03 June 2015).
6. George M, Graham C, Lennard L. Complaint handling: Principles and best practice. Centre for Utility Consumer Law, University of Leicester. Report for energywatch; April 2007. [Online] Available from https://www2.le.ac.uk/departments/law/research/cces/documents/ComplaintHandling-PrinciplesandBestPractice-April2007_000.pdf (Last accessed 03 June 2015).
7. Health Act 2004. Dublin: The Stationary Office; 2004. [Online] Available from <http://www.irishstatutebook.ie/2004/en/act/pub/0042/print.html> (Last accessed 03 June 2015).
8. Health Information and Quality Authority. National standards for the protection and welfare of children. Dublin: Health Information Quality Authority; July 2012. [Online] Available from <http://www.hiqa.ie/system/files/Child-Protection-Welfare-Standards.pdf> (Last accessed 03 June 2015).
9. Health Service Executive. 'Your Service, Your Say': The policy and procedures for the management of consumer feedback to include comments, compliments and complaints in the Health Service Executive (HSE). HSE Consumer Affairs Corporate Office; 2009.
10. Legal Ombudsman. Listen, Inform, Respond: A guide to good complaints handling. UK: Legal Ombudsman; 2014. [Online] Available from <http://www.legalombudsman.org.uk/downloads/documents/publications/Guide-Good-Complaints-Handling-BW.pdf> (Last accessed 03 June 2015).
11. Local Government Ombudsman. Complaint procedure checklist. UK; Local Government Ombudsman; February 2011. [Online] Available from

- <http://www.medway.gov.uk/pdf/Complaint-Management-Checklist-for-providers%20and%20letters.pdf> (Last accessed 03 June 2015).
12. Lundy, L. (2007) 'Voice is not enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child', *British Educational Research Journal*, Vol. 33, No. 6, pp. 927-42.
 13. Luton Borough Council. Corporate complaints policy and procedure. UK: Luton Borough Council; July 2010. [Online] Available from https://www.luton.gov.uk/Council_government_and_democracy/Lists/LutonDocuments/PDF/Complaints%20Policy%20and%20Procedure%20amended%20Oct%202003.pdf (Last accessed 03 June 2015).
 14. McDowell Purcell. A new look at 'Poor Professional Performance. 2015 [Online] Available from <http://www.mcdowellpurcell.ie/news/a-new-look-at-poor-professional-performance> (Last accessed 03 June 2015).
 15. MacLeod L. H. A time for apologies: The legal and ethical implications of apologies in civil cases. Cornwall Public Inquiry, Phase 2 Research and Policy Paper. Toronto: Leslie H. MacLeod & Associates; April 2008.
 16. Maiter S, Palmer S, Manji S. Strengthening social worker-client relationships in child protective services. *Qualitative Social Work*; 2006; 5(2): 161–86.
 17. NSW Ombudsman. Managing unreasonable complainant conduct: A manual for frontline staff, supervisors and senior managers (2nd ed.). Sydney: NSW Ombudsman; May 2012. [Online] Available from http://www.ombudsman.sa.gov.au/wp-content/uploads/unreasonable_conduct_manual_2012.pdf (Last accessed 03 June 2015).
 18. Office of the Ombudsman. Listen, Respond, Learn, Improve: The Ombudsman's guide to setting up and operating an internal complaints system. Dublin: Office of the Ombudsman; April 2013. [Online] Available from <https://www.ombudsman.gov.ie/en/Publications/Guidelines-for-Public-Bodies/Listen-Respond-Learn-Improve/> (Last accessed 03 June 2015).
 19. Oxfordshire Co Council. Children and young people social care complaints. [Online] Available from <https://www.oxfordshire.gov.uk/cms/content/children-and-young-people-social-care-complaints> (Last accessed 03 June 2015).
 20. Rochette C. The public brand between new practices and public values. *International Review of Administrative Sciences* 2015; 81, 326-345.
 21. St James's Hospital. Complaints Policy. 2013. [Online] Available from <http://www.stjames.ie/Patients/PatientsCharterinEnglish/Complaints%20.pdf> (Last accessed 03 June 2015).
 22. The Regulation and Quality Improvement Authority (RQIA). Policy and procedure on the management and handling of complaints against RQIA. Northern Ireland: RQIA; September 2011. [Online] Available from http://www.rqia.org.uk/cms_resources/RQIA%20Complaints%20Policy%20and%20Procedure%20Sept%202011.pdf (Last accessed 03 June 2015).
 23. <http://www.uhi.ac.uk/en/students/support/complaints/unreasonable-complainant-behaviour-policy>.
 24. Vos JFJ & Huitema GB. How organisations can learn from complaints. *The TQM Journal* 2008; 20(1) 8-17.
 25. Six Rules for Getting it Right – The Ombudsman's Guide to Good Public Administration. The Ombudsman's Guide to Standards of Best Practice for Public Servants (Ireland).

26. Model Complaints System and Policy, The Ombudsman's Guide to developing a complaint handling system, Office of the Ombudsman (Ireland) August 2015.
27. Tusla – Child and Family Agency – Toward the development of a Participation Strategy for Children and Young People 2015.
28. Department for Children and Youth Affairs – National Strategy on Children and Young People's Participation and Decision-Making 2015 -2020.