



## Complaints Policy & Procedure

Signed: *Claire Missen*

Chairperson

Print Name:

Claire Missen

Date:

October, 2023



## **Complaints Policy**

Pursuant to Part 9, Child and Family Agency Act (2013)

For feedback and complaints regarding services provided as service provider for Tusla, and for all other feedback and complaints for services provided.

## Overview

**Pact** is accredited by the Adoption Authority of Ireland under Section 4 (e., g., and f) of the Adoption Act 2010. Currently **Pact** is funded to undertake assessments for domestic and intercountry and Stepparent adoption allocated by Tusla Child and Family Agency.

**Pact** adopts as its policy and procedure, the "Tell Us" Feedback Policy and Procedure of Tusla and 'Your Service Your Say 'Policy and Procedure of the HSE, with necessary changes which do not alter the meaning of the document. 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 has been in place since September 2016.

This policy is to apply to all complaints, whether concerning **Pact** as a service provider to Tusla or otherwise and supersedes previous procedures.

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.

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## 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 several 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 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 a new policy and procedure named 'Tell Us'.

## Statutory Definitions:

**Action** means anything done or omitted to be done by:

- (a) the Agency or,
- (b) 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 is:

- (a) is a parent, guardian, son, daughter, spouse or civil partner within the meaning of the *Civil Partnership and the Certain Rights and Obligations of Cohabitants* 2010 Act 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 (l)(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 by:

- (a) **Pact** for the purpose of dealing with complaints made to it in accordance with procedures established under section 64 (1) (a) or,
- (b) a service provider for the purpose of dealing with complaints made to the service provider in accordance with procedures established under section 64 (l)(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 learning 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 its services) the opportunity to express their views about such services in ways that are safe and inclusive
- facilitate children, young people, and their families (and any other people affected by its services) to express their views
- listen to these expressed views
- Act on these views as appropriate
- Respond to those who give feedback or make complaints and keep them informed of action(s) taken by **Pact** in respect of 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, or a Director 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 services offered by **Pact**, or of how these services are provided. Feedback which is critical of **Pact** and requires a response is dealt with within 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 **Pact's** ongoing learning and development
- Feedback will be used to inform decision-making and the planning, design, and delivery of 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
- All individuals who provide feedback will be treated with dignity and respect.

#### 3.3 Approach

**Feedback will be accepted by **Pact** in the following ways:**

- By phone: (01) 296 22 00
- In writing to: **Pact**, Arabella House, Unit 18. Block d, Nutgrove Office Park. D14.
- By email to: [info@pact.ie](mailto:info@pact.ie).
- The Initial response to feedback received, will be provided by the point of contact who will forward it to the appropriate person(s)
- Feedback will be formally acknowledged within 10 working days where possible
- Feedback received in writing will be responded to in writing
- All feedback received, by whatever means, will be collated, analyzed, and used to inform service delivery as appropriate by **Pact**
- Local reports providing an analysis of feedback received will be forwarded to Quality Assurance Directorate as required.
- Publishing feedback submitted to Tusla is a matter for Tusla within its statutory

framework.

- **Pact**, as a service provider to Tusla and in line with the requirements of its Service Level Agreement, will report to this agency as and when required.

## 4.0 Advocacy

All complainants have a right to appoint an advocate who, if a person is unable to make a complaint themselves, can assist them in making the complaint. The Citizen Information (Comhairle 2005) defines advocacy as a means of empowering people by supporting them to assert their views and claim their entitlements and where necessary, representing and negotiating on their behalf.

## 5.0 Complaints

### 5.1 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.

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 across 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.

### 5.2 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 services as appropriate
- People who use **Pact's** services and those impacted by **Pact's** services are routinely reminded of this complaint process, and how to avail of it
- Staff will advise, actively support, and assist, as appropriate, those who wish to make a complaint to **Pact**
- **Pact** will resolve complaints as expeditiously as practicable and possible
- The complaints officer will receive adequate training to undertake the role
- All individuals making complaints will be treated with dignity and respect
- Making a complaint will not, in any way, adversely affect the service provided to the complainant.

### 5.3 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.

An initial acknowledgement of receipt of a complaint received verbally or by email, will be issued at the point of contact. Receipt of a written complaint will be acknowledged promptly.

All complaints will be notified to the complaints officer.

Any staff member(s) named in a complaint will be advised of the details of the complaint such as they relate to her/him.

Formal acknowledgement of a complainant will be issued within 10 working days, subject to annual/other leave, and or other relevant factors which may present. Where complaints are provided in writing the acknowledgement will be issued in writing.

Where a complaint received by **Pact** cannot be resolved informally, (locally), it will be referred to the complaints officer for further action.

Complaints pertaining to child welfare and protection will be dealt with under **Pact's** Child Protection Policy and Procedure and Safeguarding Procedure.

Where a complaint indicates that the dignity of a **Pact** 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**.

## 5.4 Who may Complain?

Any child, young person, or adult, who is or has received a service, or who has sought 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.

Before acting upon a complaint, **Pact** must satisfy itself that the person making the complaint has the authority to do so.

## 5.5 How is a Complaint made?

A complaint can be made to **Pact** in the following ways:

- Verbally, in person or by phone or,
- In writing to Arabella House, Unit 18, Block D, Nutgrove Office Pk. D14.
- By e-mail to [info@pact.ie](mailto:info@pact.ie).

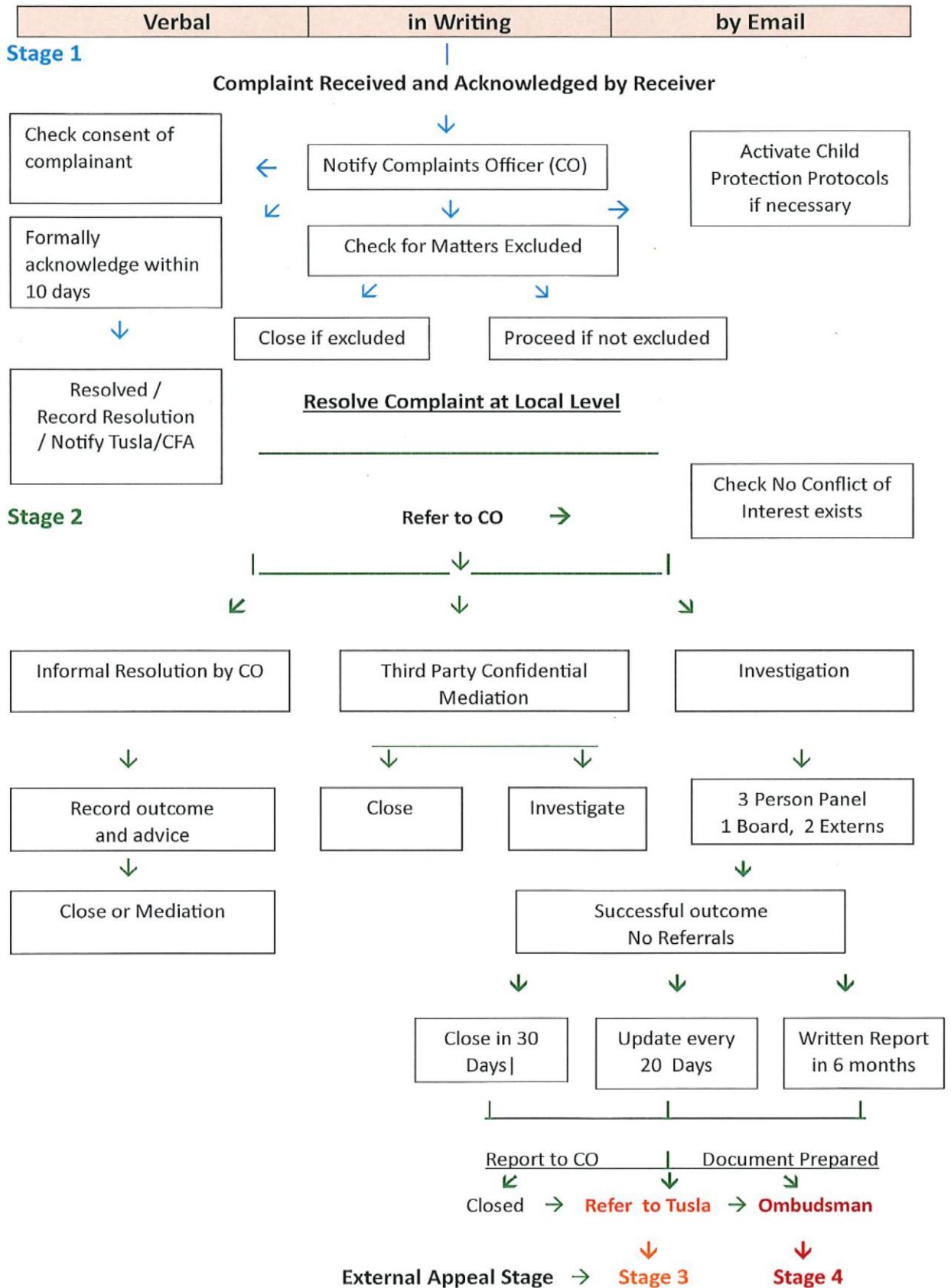
As regards services provided to Tusla, a complaint may be made to Tusla, via the Tusla feedback form, which is available online at:

[www.tusla.ie/about/feedback-and-complaints](http://www.tusla.ie/about/feedback-and-complaints) or by email to: [tellus@tusla.ie](mailto:tellus@tusla.ie).

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



## Flow Chart - *Pact* Complaints' Policy 2023



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## 5.6 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 interest 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.

## 5.7 Matters Excluded

**The 'Tell Us' Complaints policy/the 2013 Act excludes *Pact* from dealing with the following complaints:**

- 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 *Pact* solely on the advice of a person exercising clinical judgement; (Clinical judgment means a decision made or opinion formed in connection with the diagnosis, care, or treatment of a patient (' Health Act 2004' ).
- 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 complaint's 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).
- Anything affecting the rights, health, and finance of the public at large.

## 5.8 Anonymous complaints

In general *Pact* will not investigate anonymous complaints against a member of staff. However, such complaints will be passed on to the Complaints Officer who will consider whether a risk assessment is required.

**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/legislation.

<b>Details of Complaint/Allegation</b>	<b>Policy, Procedure, Guidelines or Legislation to be followed.</b>
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 staff.</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> <p>'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).</p> <p>Grievance and Disciplinary Procedures for the Health Service' (2004).</p> <ul style="list-style-type: none"> <li>• 'Dignity at Work Policy for Health Services' (2004)</li> <li>• 'Health and Social Care Professionals Act 2005'</li> <li>• 'Nurses Act 1985'.</li> </ul>
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 the following:</p> <ul style="list-style-type: none"> <li>• Dignity at Work Policy for Health Services' (2004)</li> <li>• 'Grievance and Disciplinary Procedures for the Health Service' (2004)</li> <li>• 'Code of Practice: Appointment to Positions in the Civil Service and Public Service' (2007).</li> </ul>
Complaints about bullying and harassment against staff.	<p>Refer to line manager/head of discipline/human resources to deal with the complaint in line with some or all the following:</p> <ul style="list-style-type: none"> <li>• 'Trust in Care, Policy for Health Service Employers on Upholding the Dignity</li> </ul>

	and Welfare of Patients/ Clients <ul style="list-style-type: none"> <li>• Procedure for Managing Allegations of Abuse against Staff Members' (May 2005);</li> <li>• 'Dignity at Work Policy for Health Services' (2004);</li> <li>• 'Grievance and Disciplinary Procedures for the Health Service' (2004).</li> </ul>
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

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.

## 5.9 Unreasonable Complaint Behaviour

It is noted that in a minority of cases where **Pact** will take all reasonable measures to try to resolve a complaint through the complaint's procedure, the complainant does not accept these efforts. Where a complainant's behavior could be considered abusive, unreasonable, or vexatious, **Pact** will use the HSE Policy for Dealing with Vexatious Complaints.

<https://hse.ie/eng/about/qavd/complaints/ncglit/toolkit/reviewtolkit/vexatious.pdf>

The complainant must be notified of their right of Review to the National Advocacy Unit if they are not happy with the outcome of the complaint.

## 5.10: Stages of the Complaints Process

**There are four stages to the complaints process:**

Stage 1 - Local or point of contact resolution.

Stage 2 - Formal investigation process.

Stage 3 - Internal Review (Tusla only).

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 processed to the next stage of the complaints process.

### **Stage 1: Local or Point of Contact Resolution**

These are straightforward complaints which may be suitable for prompt management and to the service users' satisfaction at the point of contact. They may be dealt with by the Staff member or the appropriate person. Local resolution is the most proactive method way of dealing with complaints.

**Pact** 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. If it involves **Pact** as a service provider, it will be notified to Tusla as appropriate.

### **Stage 2: Formal Investigation Process**

Unresolved complaints at Stage 1 may need to be referred to a Complaints Officer. More serious or complex matters may need to be addressed immediately under Stage 2. There may be a need for investigation and action(s) as appropriate.

- The complaints officer will examine a complaint to decide if the matter complained about can be dealt with under this policy and procedure.
- 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 the relevant manager of a complaint received and the nature of the complaint.
- The Complaints officer must consider his or her proximity to an issue complained about 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 ten (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 several 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.

The Complaints Officer must consider whether it would be practicable, having regard to the nature and the circumstance of the complaint, to seek the consent of the complainant and any other person to whom the complaint relates to finding an informal resolution of the complaint by the parties concerned.

**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.

**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) to:

- 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 manager. 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.

## **Investigation**

In situations where an investigation is required, it will be carried out within Thirty (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 any investigation, the complaints officer may seek reports, files or documents from the service involved. They may choose to interview staff members named in the complaint. 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. The complaints officer may establish a Panel if, in the opinion of the complaints officer, such a team is warranted. The Panel will have three members, one appointed by the Board and two external members with appropriate expertise and skills.

The Complaints Officer/ Panel 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.

The Panel will report their findings to the Complaints Officer.

The investigation should be completed in a timely manner, which shall not normally exceed thirty (30) days. Where circumstances require an extended period to complete the investigation, the complainants will be advised of this within the 30-day period by the Complaints Officer.

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.

All reports shall be compliant with data protection legislation.

When the investigation has been completed, either by the Complaints Officer or the Team, the Complaints Officer will inform, in writing, the complainants, the relevant Manager and staff members named in the complaint.

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 by the HSE or Tusla (in cases referable to the HSE or Tusla), 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 thirty (30), working days of the reason for this decision. The complaints officer will keep a record of the findings and recommendations of all investigations.

The Complaints Officer is responsible for carrying out the formal investigation of the complaint at Stage 2. Staff have an obligation to participate and support the investigation of any complaint where requested.

At the end of the investigation, the Complaints Officer must draft a report of their investigation and give a copy of the report to the complainant, to the manager of the relevant service (Accountable Officer) and / or staff member that was the subject of the complaint.

The final report will include any recommendations needed to resolve the matter. The complaints officer will invite everyone involved to contact them with questions about any issues and will advise the complainant of their right to a review of the recommendations made by the complaints officer.

## Implementation of Recommendations made by Complaints Officers

- Within **30 working days** the relevant Head of Service will write to the Complainant and Complaints Officer detailing their *Recommendation Action Plan*.
- Where a recommendation the implementation of which would require or cause Tusla to make a material amendment to its approved service plan, the relevant Head of Service may amend or reject the recommendation.
- Where the recommendation is being amended or rejected or where alternative measures are being taken, the relevant Head of Service must give the reasons for their decisions.
- The relevant Head of Service must put an action plan in place for the implementation of the recommendations of the investigation. The action plan, persons responsible and timeframes are to be identified and recorded.
- Where a Complainant has requested a review of the outcome of the investigation, the relevant Head of Service will suspend the implementation of a recommendation and will notify the Complainant of this suspension.
- If after a period, recommendations made are not implemented and the Complainant is dissatisfied, they should be advised to contact the relevant HSE or Tusla office.
- Where no **Recommendation Action Plan** is forthcoming from the relevant Head of Service, the Complaints Officer must follow up.

Where the investigation at Stage 2 fails to resolve, the complainant may seek a review of their complaint from the Review at Stage 3 or the complainant may seek an independent review of their complaint from, for example, the Ombudsman/Ombudsman for Children.

### Stage 3: Review

These are complaints where the Complainant is dissatisfied with the outcome of the complaint investigation at Stage 2. A request for a review must be made within 30 days of the investigation report being sent.

As a small agency, **Pact** does not have the capacity to undertake their own reviews. The Complaints manager will link with Tusla to identify an appropriate person. Clear details as to whom a complainant may apply to for a complaint review will be outlined within the complaint letter being sent out by the Complaints Officer.

The complainant may also choose to go directly to the Office of the Ombudsman, Ombudsman for Children, or other professional bodies to whom the complainant could make an application for review.

### **The Review Officer's function is to:**

- Determine the appropriateness of a recommendation made by the Complaints Officer, having regard to the two elements:
- All aspects of the complaint
- The investigation of the complaint

Having determined the appropriateness of the recommendation to uphold it, vary it, or make a new recommendation if he/she considers it appropriate to do so.

### **Implementation of Recommendations made by Review Officers**

Within **30 working days** the Review Officer will write to the Complainant and the Relevant person in ***Pact***, detailing recommendation.

- Where a recommendation, the implementation of which would require or cause the Executive to make a material amendment to its approved service plan, the relevant Head of Service may amend or reject the recommendation.
- Where the recommendation is being amended or rejected or where alternative measures are being taken, the relevant Head of Service must give the reasons for their decisions.
- The relevant Head of Service must put an action plan in place for the implementation of the recommendations of the investigation. The action plan, persons responsible and timeframes are to be identified and recorded.

### **Stage 4: Independent Review**

If the complainant is not satisfied with the outcome of the complaint's management process, he/she may seek a review of the complaint by the Ombudsman/ Ombudsman for Children.

The complainant must be informed of their right to seek an independent review from the Ombudsman/Ombudsman for Children at any stage of the complaint management process.

## Apologies and Redress

### 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 about this apology will be made by a person at service director level or equivalent or above.

### 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.

## 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'.

## Complaints made against non-Staff Members

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

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

## Funded Agencies

A service provider (**Pact**) funded by Tusla to provide services on its behalf, 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 to 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.

## **Staff Training**

**Pact** will identify and provide appropriate training with Tusla.

## **Publishing Complaints Information**

**Pact** will report as required by Tusla. The current requirement for reporting complaints information is annually.

## **Appendices**

As per Tusla Policy document attached.

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

# TELL U's

*You Say, We Listen*

## Feedback and Complaints Policy and Procedure



Funded by Tusla, Child and Family Agency



## Document Information and Revision History

Document Reference Number	PPPG 09/2016
Revision Number	2
Approval Date	October 2023
Next Revision Date	October 2025
Document Developed By	Quality Assurance Directorate
Document Approved By	The Board of Pact
Responsibility for Implementation	Pact staff / all Tusla employees
Responsibility for Review and Audit	Director of Quality Assurance

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## Introduction

Tusla Child and Family Agency, Tusla/FCA, 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 several 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-centered, 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 learning 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.<sup>1</sup>

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

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

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<sup>1</sup>Service 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 several ways:

- Verbally, in person or by phone
  - Via the Tusla feedback form, available online at:  
[www.tusla.ie/about/feedback-and-complaints](http://www.tusla.ie/about/feedback-and-complaints)
  - By email via: [tellus@tusla.ie](mailto: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 of 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.<sup>2</sup>

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<sup>3</sup>

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<sup>2</sup>Model Complaints System and Policy, The Ombudsman's Guide to Developing a Complaint Handling System, Office of the Ombudsman (Ireland) August 2015 .

<sup>3</sup>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 officers<sup>4</sup> and review officers 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.

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<sup>4</sup> 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.

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.

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.

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'.<sup>6</sup>

Where a staff member is named in a complaint, the staff member must be advised of the details 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.

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<sup>6</sup>'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 several ways:

- Verbally, in person or by phone
- Via the Tusla feedback form: [www.tusla.ie/about/feed-back-and-complaints](http://www.tusla.ie/about/feed-back-and-complaints);
- Via email to: [tellus@tusla.ie](mailto: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 interest? 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<sup>8</sup>
- 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*.

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<sup>7</sup> Anything affecting the rights, health and finance of the public at large.

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

- 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).

**Table 1**

Detailed in this table are 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.

<b>Details of Complaint/Allegation</b>	<b>Policy, Procedure, Guidelines or Legislation to be Followed</b>
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> <p>'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);</p> <p>Grievance and Disciplinary Procedures for the Health Service' (2004);</p> <ul style="list-style-type: none"> <li>• 'Dignity at Work Policy for Health Services' (2004)</li> <li>• 'Health and Social Care Professionals Act 2005'</li> <li>• 'Nurses Act 1985'.</li> </ul>
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 the following:</p> <ul style="list-style-type: none"> <li>• Dignity at Work Policy for Health Services' (2004)</li> <li>• 'Grievance and Disciplinary Procedures for the Health Service' (2004)</li> <li>• 'Code of Practice: Appointment to Positions in the Civil Service and Public Service' (2007).</li> <li>•</li> </ul>

Complaints about bullying and harassment against staff.	<p>Refer to line manager/head of discipline/human resources to deal with the complaint in line with some or all the following:</p> <ul style="list-style-type: none"> <li>• 'Trust in Care, Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/ Clients</li> <li>• Procedure for Managing Allegations of Abuse against Staff Members' (May 2005);</li> <li>• 'Dignity at Work Policy for Health Services' (2004);</li> <li>• 'Grievance and Disciplinary Procedures for the Health Service' (2004).</li> </ul>
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.

#### *48.1 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.

### **Stage 2 - Referral to Complaints Officer**

#### *4.8.3*

A complaints officer will examine a complaint to decide if the matter complained about can be dealt with under the 'Tell Us' Policy and Procedures.

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 about 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 ten (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 several 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).

#### **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.

#### **4.8.2.2 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.

#### **4.8.2.3 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 & 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 for 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 twenty (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 regarding 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.

Support 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:
  - o Employee Assistance Service
  - o Peer Support Service
  - o Professional bodies
  - o Human resources department
  - o 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, whose members of staff are not, 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 regarding 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:  
will be updated as the development of the policy and procedure progresses.

[www.tusla.ie/about/feedback-and-complaints](http://www.tusla.ie/about/feedback-and-complaints)



Guideline  
Document for Provic

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