Complaints Policy

Mandatory – Quality Area 7

# Purpose

This policy will provide guidelines for:

* receiving and dealing with complaints at Shine Bright EYM
* procedures to be followed in investigating complaints.

# Policy statement

## Values

Shine Bright EYM is committed to:

* providing an environment of mutual respect and open communication, where the expression of opinions is encouraged
* complying with all legislative and statutory requirements
* dealing with disputes, complaints and complainants with fairness and equity
* establishing mechanisms to promote prompt, efficient and satisfactory resolution of complaints
* maintaining confidentiality at all times.

## Scope

This policy applies to the Approved Provider, Nominated Supervisor, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Shine Bright EYM.

## Background and legislation

#### Background

Complaints may be received from anyone who comes in contact with Shine Bright EYM including staff, parents/guardians, volunteers, students, members of the local community and other agencies.

In most cases, dealing with complaints will be the responsibility of the Nominated Supervisor and/or the Approved Provider. All complaints, when lodged, need to be initially assessed to determine whether they are a general or a notifiable complaint (refer to *Definitions*).

When a complaint has been assessed as 'notifiable', the Approved Provider must notify Department of Education and Training (DET) of the complaint. The Approved Provider will investigate the complaint and take any actions deemed necessary, in addition to responding to requests from and assisting with any investigation by DET.

There may be occasions when the complainant reports the complaint directly to DET. If DET then notifies the Approved Provider about a complaint they have received, the Approved Provider will still have responsibility for investigating and dealing with the complaint as outlined in this policy, in addition to co-operating with any investigation by DET.

DET will investigate all complaints it receives about a service, where it is alleged that the health, safety or wellbeing of any child within the service may have been compromised, or that there may have been a contravention of the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*.

#### Legislation and standards

Relevant legislation and standards include but are not limited to:

* Charter of Human Rights and Responsibilities Act 2006 (Vic)
* Children, Youth and Families Act 2005 (Vic)
* Education and Care Services National Law Act 2010: Section 174(2)(b)
* Education and Care Services National Regulations 2011: Regulations 168(2)(o) and 176(2)(b)
* Information Privacy Act 2000 (Vic)
* National Quality Standard, Quality Area 7: Governance and Leadership
* Privacy Act 1988 (Cth)
* Privacy Regulations 2013(Cth)

The most current amendments to listed legislation can be found at:

* Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
* Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

## Definitions

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**Complaints Guideline:** records information about complaints received, together with a record of the outcomes. This Complaints Guideline must be kept in a secure location file, accessible only to staff. (Attachment 2)

**Dispute resolution procedure:** The method used to resolve complaints, disputes or matters of concern through an agreed resolution process.

**General Complaint:** (In relation to this policy) a complaint is defined as an issue of an expression of displeasure, such as poor service, and any verbal or written complaint directly related to the service. A general complaint may address any aspect of the service e.g. a lost clothing item or the service's fees. Services do not have to inform DET, but the complaint must be dealt with as soon as is practicable to avoid escalation of the issue.

**Mediator:** A person (neutral party) who attempts to reconcile differences between disputants.

**Mediation:** An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

**Notifiable complaint:** A complaint that alleges a breach of the Act or Regulation, or alleges that the health, safety or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Approved Provider to the secretary of DET within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)). If the Nominated Supervisor or staff member is unsure whether the matter is a notifiable complaint, it is good practice to contact your Early Years Advisor at Shine Bright, if the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation. Written reports to DET must include:

* details of the event or incident
* the name of the person who initially made the complaint
* if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
* any other relevant information.

Notifications of a complaint should be made through the NQA IT system portal (<http://www.acecqa.gov.au>). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

**Serious incident:** A serious incident (Regulation 12) is defined as any of the following:

* the death of a child while being educated and cared for at the service or following an incident at the service
* any incident involving serious injury or trauma while the child is being educated and cared for, which
	+ a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
	+ the child attended or ought reasonably to have attended a hospital e.g. a broken limb\*
* any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis\*.

\***NOTE**: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury or illness or trauma is required to be notified, not other health matters.

* any emergency^ for which emergency services attended.

^**NOTE**: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution.

* a child appears to be missing or cannot be accounted for at the service
* a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations
* a child was mistakenly locked in or out of the service premises or any part of the premises.

Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.

If the Approved Provider is not aware that the incident was serious until sometime after the incident, they must notify the Regulatory Authority within 24 hours of becoming aware that the incident was serious.

Notifications of serious incidents should be made through the NQA IT System portal (<http://www.acecqa.gov.au>). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

#### Sources

* ACECQA: [www.acecqa.gov.au](http://www.acecqa.gov.au)
* Department of Education and Training (DET) – Regional Office details are available under ‘Contact Us’ on the DET website: [www.education.vic.gov.au](http://www.education.vic.gov.au)
* ELAA Early Childhood Management Manual: [www.elaa.org.au](http://www.elaa.org.au)
* The Kindergarten Guide (Department of Education and Early Childhood Development) is available under early childhood / service providers on the DEECD website: [www.education.vic.gov.au](http://www.education.vic.gov.au)

#### Service policies

* Code of Conduct Policy
* Incident, Injury, Trauma and Illness Policy
* Inclusion and Equity Policy
* Interactions with Children Policy
* Privacy and Confidentiality Policy
* Staffing Policy
* Social Media

# Procedures

#### The Approved Provider is responsible for:

* being familiar with the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011, service policies and constitution, and complaints policy and procedures
* identifying, preventing and addressing potential concerns before they become formal complaints
* ensuring that the name and telephone number of the Responsible Person (refer to Staffing Policy) to whom complaints may be addressed are displayed prominently at the main entrance of the service (Regulation173(2)b))
* ensuring that the address and telephone number of the Authorised Officer at the DET regional office are displayed prominently at the main entrance of the service (Regulation 173(2)(e))
* advising parents/guardians of the complaints policy and procedures upon enrolment
* ensuring that this policy is available for inspection at the service at all times (Regulation 171)
* being aware of, and committed to, the principles of communicating and sharing information with staff and volunteers
* responding to all complaints in the most appropriate manner and at the earliest opportunity
* treating all complainants fairly and equitably
* providing a Complaints Guideline (refer to Definitions and Attachment 2) and ensuring that staff record complaints along with outcomes
* complying with the service's Privacy and Confidentiality Policy and maintaining confidentiality at all times (Regulations 181, 183)
* informing DET in writing within 24 hours of receiving a notifiable complaint (refer to Definitions) (Act 174(4), Regulation 176(2)(b))

#### The Nominated Supervisor and staff are responsible for:

* identifying, preventing and addressing potential concerns before they become formal complaints
* responding to all complaints in the most appropriate manner and at the earliest opportunity
* responding to and resolving issues as they arise where practicable
* maintaining professionalism and integrity at all times
* discussing minor complaints directly with the party involved as a first step towards resolution (the parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome)
* informing complainants of the service's Complaints Policy
* recording all complaints in the Complaints Guideline (refer to Definitions and Attachment 2)
* notifying the Approved Provider if the complaint escalates, is a notifiable complaint (refer to Definitions) or is unable to be resolved appropriately in a timely manner
* providing information as requested by the Approved Provider e.g. written reports relating to the complaint
* complying with the service's Privacy and Confidentiality Policy and maintaining confidentiality at all times (Regulations 181, 183)
* working co-operatively with the Approved Provider and DET in any investigations related to complaints about Shine Bright EYM, it's programs or staff.

#### Parents/guardians are responsible for:

* raising a complaint directly with the person involved, in an attempt to resolve the matter
* communicating (preferably in writing) any concerns relating to the management or operation of the service as soon as is practicable
* raising any unresolved issues or serious concerns directly with the Approved Provider or via the Nominated Supervisor
* maintaining complete confidentiality at all times
* co-operating with requests to meet with staff and/or Shine Bright EYM Central Office and/or provide relevant information when requested in relation to complaints.

#### Volunteers and students, while at the service, are responsible for following this policy and its procedures.

# Evaluation

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

* regularly seek feedback from everyone affected by the policy regarding its effectiveness
* monitor complaints as recorded in the Complaints Guideline to assess whether satisfactory resolutions have been achieved
* review the effectiveness of the policy and procedures to ensure that all complaints have been dealt with in a fair and timely manner
* keep the policy up to date with current legislation, research, policy and best practice
* revise the policy and procedures as part of the service's policy review cycle, or as required
* notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

# Attachments

* Attachment 1: Dealing with Complaints
* Attachment 2: Complaints Guideline (Complaints from Families) – Staff to log into the secure
 section of the website to access this form.

# Authorisation

This policy was adopted by the Approved Provider, Shine Bright EYM in September 2019.

# Review date: 2022

Attachment 1

Dealing with Complaints

### Dealing with a Complaint

When a complaint is received, the person to whom the complaint is addressed will:

* if a relief educator, refer the matter immediately to the Responsible Person in Charge.
* inform the complainant of the service's Complaints Policy
* encourage the complainant to resolve the complaint with the person directly, or to submit their complaint in writing
* enter the complaint in the Complaints Guideline (refer to Definitions see Attachment 2 ) together with the outcome
* comply with the service's Confidentiality and Privacy Policy with regard to all meetings/discussions in relation to a complaint
* inform the Approved Provider if the complaint escalates, is a notifiable complaint (refer to Definitions) or is unable to be resolved appropriately in a timely manner.
* the written report to DET needs to be submitted by the Approved Provider using the appropriate forms from ACECQA and will include:
	+ details of the event or incident
	+ the name of the person who initially made the complaint
	+ if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
	+ any other relevant information
* if the Approved Provider is unsure if the complaint is a notifiable complaint, it is good practice to contact DET for confirmation.

### Approved Provider Responsibilities and Procedures

In the event of a complaint being lodged, Shine Bright EYM Central Office will:

* follow the Complaints Guideline (Attachment 2)
* consider the nature and the details of the complaint and identify which service policies (if any) the complaint involves
* respect the confidential nature of information relating to the complaint. The Approved Provider must handle any complaint in a discreet and professional manner
* store all written information relating to complaint securely and in compliance with the service's Confidentiality and Privacy Policy.

### Investigating the Complaint and Gathering Relevant Information

When investigating the complaint and gathering relevant information, Shine Bright EYM Central Office will:

* meet with individual witnesses, and give right of reply to the person against whom the allegations are made in relation to any accusation or information relating to an alleged incident
* offer the complainant the opportunity of meeting with Shine Bright EYM Central Office to discuss the complaint and provide additional information where relevant
* document the time, date and detail of meetings/discussions, and follow this up in writing to the complainant outlining the information discussed
* be available to meet with DET staff, if required, and provide additional information as requested
* obtain and review any other relevant information or documentation that will assist in resolving the complaint
* seek advice, where appropriate, from individuals and organisations that may be able to assist in resolving the complaint

### Following the Investigation

Once the investigation of the complaint is complete, Shine Bright EYM Central Office will:

* endeavour to resolve the complaint by mutual agreement of the parties involved
* meet to discuss the information gathered and determine further action, including generating recommendations
* ensure that any recommendations or actions are in accordance with relevant legislation and funding requirements including, but not limited to:
	+ Education and Care Services National Law Act 2010
	+ Education and Care Services National Regulations 2011
* advise the complainant and other relevant parties of any decisions made by the Approved Provider in relation to the complaint
* follow up to ensure the parties involved are satisfied with the outcome and monitor progress on any actions taken by the Approved Provider.