

## **Child Protection Inquiry Supplementary Questions on Notice**

General Purpose Standing Committee No. 2

Department of Family and Community Services

Hearing: Tuesday 27 September 2016

**Answers due by: Thursday 27 October 2016**

**1. What is the state of the review of Aboriginal Child care placements agreed to by the Minister?**

An internal team in the Department of Family and Community Services (FACS) was established in late August 2016 to develop the review project. The project is currently in the planning phase.

The establishment of a Committee, made up of external representatives to FACS and the appointment of an independent Chair to oversight the review is in progress.

**2. Who is undertaking the review?**

The project is in the planning stage. It is proposed that FACS undertakes the review of Aboriginal children in out-of-home-care, and sources external personnel. FACS caseworkers will not review their own cases. As noted above, the review will be overseen by a Committee made up of external representatives and an independent Chair.

**3. When will the review be completed?**

The project is currently in the planning phase. While the details of the review are still being finalised, given the number of cases to be reviewed, it is currently estimated that the project will take a minimum of two and a half years to be completed.

**4. What are the terms of reference for the review?**

The Terms of Reference for the review will not be determined until the independent Chair has been appointed and contributed to their development.

**5. Will Grandmothers Against Removals be a part of the review or have a role in the review?**

It is proposed Grandmothers Against Removals will be represented on the review Committee, once established.

It is expected members of the FACS Aboriginal Child and Family Reform Group will be consulted about the Review. Grandmothers Against Removals are members of this Group.

**a. If so in what capacity?**

Please see response to question 5.

**b. If not why not?**

Please see response to question 5.

**6. Does the Department present evidence of the strengths in families/parents in addition to evidence of risks when presenting cases to the Children's Court proposing the removal or long term placement of a child in Out of Home Care? If so, in what manner? If not why not?**

Yes, FACS regularly presents evidence of the strengths in families and parents in addition to evidence of the risks when presenting cases to the Children's Court. As a model litigant FACS ensures that all relevant evidence is filed with the court and served on parties to the proceedings.

**7. Does the Department provide evidence of the known damage caused to children as a result of being removed from their families when presenting cases to the Children's Court proposing the removal or long term placement of a child in Out of Home Care? If so, in what manner? If not why not?**

It is not common practice for FACS to provide this evidence to the Children's Court as these risks are considered by FACS when making a decision about what orders to seek in the best interests of the child. However sometimes this evidence is included in Children's Court Clinic Assessment Reports or other evidence provided to the court.

**8. Please provide the Department's policy and procedures on returning children in out of home care to the care of their families.**

Keeping families safely together is always the Department's first priority.

Where this is not possible, the permanent placement principles in section 10A of the [Children and Young Person \(Care and Protection\) Act 1998](#) provide a hierarchy of options that must be considered in all placement decisions. The order of preference for the permanent placement of a child or young person is:

1. Family preservation or restoration
2. Guardianship, then parental responsibility to suitable person
3. Open adoption (for non-Aboriginal children)
4. Parental responsibility to the Minister.

The ordering of the permanent placement principles provides a guide for casework decision-making and the Children's Court. Permanency planning is a process requiring ongoing monitoring and review until permanency is achieved. Permanency, including the possibility of restoration to family, is explored at least annually, as part of the annual review process for each child in out-of-home-care.

Preservation or restoration to family is always the preferred outcome if it can be safely achieved. When this is not feasible, the remaining permanent placement options are explored in the order they are legislated.

The Permanent Placement Principles are available online:

[http://www.facs.nsw.gov.au/\\_data/assets/file/0018/302472/3355\\_FACS-SafeHomeForLife\\_PermPlacePrinciples.pdf](http://www.facs.nsw.gov.au/_data/assets/file/0018/302472/3355_FACS-SafeHomeForLife_PermPlacePrinciples.pdf)

**9. How many children are in out of home care in NSW? How many of these children are Aboriginal? Can the Department please provide these statistics on an annual basis from 2008 to date?**

The table below provides the number of children and young people in out-of-home-care in NSW in the period 30 June 2008 to 30 June 2015.

At 30 June	Aboriginal and/ or Torres Strait Islander	Total children and young people in OOHC
2008	4,575	14,667
2009	5,307	16,524
2010	5,788	17,400
2011	6,060	17,896
2012	6,287	18,169
2013	6,487	18,300
2014	6,793	18,950
2015*	6,472	17,585

Note:

The Safe Home for Life legislative reforms (implemented on 29 October 2014) contained a clause transitioning all children and young people in the parental responsibility of a relative or kin to guardianship orders on 29 October 2014. Approximately 2,300 children and young people transitioned to guardianship orders on that date. This resulted in an immediate reduction in the number of children and young people in out-of-home-care as reflected in the reduction in total number of children in out-of-home-care from 18,950 in 2014 to 17,585 in 2015.

**10. Is it the case that all JIRT interviews of children and young people are conducted by NSW Police?**

**Current practice**

In the interests of preserving the victim’s evidence in chief, the Child Abuse Squad determined that from January 2016, all electronically recorded interviews are best led by Police.

**Background**

The framework for the Joint Investigative Response Team (JIRT) interview was developed by the JIRT partner agencies with guidance from Professor Martine Powell. This was done in consultation with the Office of the Director of Public Prosecutions to elicit information from children and young people, in a developmentally appropriate manner, which meets the requirements of the care and criminal jurisdictions.

The [Children's Evidence Act 1997](#) allowed for the JIRT interview to be audio or video recorded in its entirety, and tendered as evidence in chief in criminal proceedings and/or the transcript lodged in care proceedings.

Child protection caseworkers and police investigators receive joint investigative interview training. Allocation of the lead interviewer role is determined by matching the child/young person's developmental and individual needs with an interviewer's skills and other qualities.

**11. What oversights are in place to ensure that Police are conducting JIRT interviews with sensitivity to the nature of the effect that sexual and physical abuse has on vulnerable children?**

The JIRT intervention, including the interview, is jointly planned by the three partner agencies using JIRT Local Planning and Response Procedures (LPR). These procedures assist specialist JIRT staff from the three agencies to jointly plan a victim-sensitive intervention. Planning is necessary to ensure information is obtained that can inform a *Secondary Risk of Harm* assessment, regardless of any determination by Police in relation to a criminal investigation. This also ensures staff from NSW Health can facilitate access to information and referrals within the Health system to support the victim and the non-offending carers.

In 2016, the NSW Government has made a commitment to pilot a specialist child sexual assault evidence program to include the introduction of children's 'intermediaries' to facilitate communication with child witnesses. Five JIRT units are presently participating in this pilot, where intermediaries are used to facilitate communication with vulnerable children and young people during an electronically recorded interview.

**12. What is your understanding of the impact that this has had on:  
a. Children and young people?**

The JIRT agencies are cognisant of the need to minimise any potential impact on children and young people, and use well established processes to pre-emptively manage or promptly address issues.

In addition to well established and ongoing lines of communication between JIRT agency counterparts at operational, management and senior officer levels, the program is supported by joint Local Planning and Response (LPR) procedures, JIRT Local Management Groups and the JIRT Statewide Management Group.

### **b. The quality of JIRT interviews?**

Matters referred to JIRT for investigation and response are managed under the LPR procedures. These procedures are designed to assist staff to jointly plan local responses, including interviews for each accepted JIRT referral.

#### **Key principles of the LPR**

- The child or young person's safety, welfare and wellbeing are of paramount importance
- Responses planned and conducted within an interagency framework result in better outcomes for children, young people and their non-offending family members or carers
- Joint planning is a critical precursor to every response
- An agency's responsibility to provide a service is not negated by another agency's decision or inability (supported by internal policies and procedures) not to provide a service.

#### **Joint Planning aims to**

- Support a comprehensive investigative and assessment process which minimises delay and promotes information exchange between the NSW Police Force, Community Services (CS) and Local Health District.
- Enhance timely access to care and support services for the child, young person and non-offending family members/carers throughout, and beyond the joint response

- Coordinate agency intervention to minimise the number of investigative and assessment interviews conducted.

As part of the LPR procedures, the Caseworker and Investigator debrief with their supervisor on the outcome of any field visits, including issues of possible contention and interview technique.

**c. The impact of day to day function of JIRT units?**

The change to Police leading all child electronically recorded interviews has highlighted the need for close adherence to the LPR procedures, to ensure that there is a coordinated agency intervention to minimise the number of investigative and assessment interviews conducted.

**d. Conviction rates of matters investigated by a JIRT?**

FACS is unable to respond to this request as this data is held by NSW Police.

**13. With regards to the Central Coast Multi-Agency Response centre, is that being funded out of a new allocation of resources?**

The Central Coast Multi-Agency Response Centre (CC MARC) was developed using a co-design project funded by FACS' Safe Home for Life program budget announced in June 2014.

Funding for caseworkers allocated to the CC MARC was transferred from both Central Coast Community Service Centres, and existing vacant positions from the Helpline. CC MARC has four caseworkers to manage the phone hub. These positions came from the Child Protection Helpline as vacant positions. Three positions manage the triage function of CC MARC. These were transferred from the CSCs which no longer manage triage.

**a. If not, where is it being funded from?**

Please see response to question 13.



**b. What effect has this funding re-allocation had on the capacity of the central Helpline to deal with ROSH reports? (Helpline has very long wait times – abandonment rates are high and speed of service is low. The volume of reports is artificially inflated by reporters hanging up and calling back again and again to make a report**

No net effect.

The four vacant positions transferred from the Child Protection Helpline to CC MARC represent the equivalent casework hours that were being taken up by callers ringing the Helpline about concerns for children and families living on the Central Coast.

At CC MARC, as at June 2016, on average callers were responded to within three minutes.

**14. It is clear from many submissions that reporters experience lengthy wait times to make a report to the Helpline. What is being done to reduce wait times?**

The Helpline has introduced a number of strategies to reduce call wait times. In October 2016, the Helpline will transition to a new telephony system. Its capabilities will enable callers to hear Interactive Voice Recordings (IVR) advising how to redirect their call if required. For example, mandatory reporters will be reminded (while on hold) about the need to apply the Mandatory Reporter Guide (MRG) or what supports may be available from their Child Wellbeing Unit or Family Referral Service.

Additionally, callers who report children and young people in out-of-home-care who have not returned to their placement (formerly known as Frequent Absconders), will now be re-routed to an email system to report these concerns. This will free up approximately 270 casework hours per day to take other calls, while ensuring the relevant information about those young people is still captured.

Effective from November 2016, rostering for the Helpline will be based on analysis of call patterns and peak times to ensure that the Helpline is adequately staffed to meet the demand.

Another strategy is Queue Management Reporting, where a caseworker receives the information from a caller, and the record keeping component is triaged, to ensure that higher priority matters are finalised before those with a lower priority.

An offsite pop-up Helpline hub, which operates during known peak call times (i.e.: Wednesday to Friday between 5pm and 10pm) is another strategy to reduce wait call times. This Pop-up hub is staffed by highly experienced and Helpline-trained FACS staff.

**a. Are extra caseworkers being employed?**

The Helpline is funded for 185 caseworkers. This funding has been stable since 2012.

**b. What is their level of experience?**

Helpline caseworkers have a degree level qualification as a minimum, with the exception of staff who identify and are recognised as Aboriginal.

The preferred qualifications for caseworkers are those which are most compatible (e.g. Bachelor of Social Work). Helpline caseworkers must also have the required level and type of experience in the fields of social work, child development and child protection and an understanding of the needs of disadvantaged groups.

Staff employed at the Helpline have varying levels of experience.

**c. Can you commit to publishing that data frequently, as seen in the Caseworker Dashboard?**

Helpline Caseworker statistics are published on the [Caseworker Dashboard](#).

**15. What supports are in place to support OOHC caseworkers to reach OCG compliance?**

All providers of statutory out-of-home-care in NSW are required to meet minimum standards (Standards) and be accredited by the Office of the Children's Guardian. Caseworkers are supported to deliver casework services that meet the Standards as follows:

- Each district has an out-of-home-care Accreditation Plan that sets out roles and responsibilities for meeting the Standards
- Practice support and coaching is provided by the Office of the Senior Practitioner and central Accreditation team
- Tools, tips and resources on the out-of-home-care Accreditation intranet site specific to casework to meet the Standards. The standards are available on the Office of the Children's Guardian website:  
<http://www.kidsguardian.nsw.gov.au/out-of-home-care/statutory-out-of-home-care/nsw-standards-for-permanent-care>
- Briefing pack for all staff about the new Standards
- Monthly state-wide meetings are held to facilitate the sharing of resources, tips and learnings
- It is a monthly standing agenda item on the Directors Community Service meeting
- Quality review audits conducted on files all require feedback to caseworkers and managers casework with practice coaching offered to support practice improvements where needed.

**16. What is the current average caseload for an OOHC worker – children and carers?**

There is no set caseload.

The complexity of each case varies and this determines how many children are allocated to any one caseworker.

**17. What date did the 12 accredited Districts receive full accreditation from the OCG?**

Correspondence from the Children's Guardian on 15 August 2016 advises that the accreditation decision for the 12 districts was effective from 1 September 2016.

**18. Will the Department commit to releasing data relating to the total number of allegations of abuse?**

When children are in care, and are safe, they often disclose about historical harm predating their entry into care. Reporting on allegations would therefore be misrepresentative of the numbers of children who have allegations that relate to risk or harm that has been experienced while in care.

The focus of national reporting is on children in out-of-home care who were the subject of substantiated reports of abuse while in out-of-home care.

Information on substantiated abuse and the person believed responsible who was living in the household providing out-of-home care is reported in the Report on Government Services (ROGS) -

<http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/community-services/child-protection> (Table 15A.27 in ROGS-2016-Volume-f-Chapter15-Attachment).

FACS is currently undertaking data analysis on a number of changes implemented in the KiDS database to assist caseworkers to better record information about children in out-of-home-care. It is anticipated that reporting on substantiations of abuse in out-of-home-care will be available in the future.

**19. What disparity is there between the level of training and assistance provided to Department foster carers as opposed to NGO foster carers?**

NSW foster and kinship carers complete mandatory training when they become authorised and have access to ongoing training. This is a requirement (for all accredited agencies) under *Standard 20 Training and Development* of the Office of the Children Guardian's [NSW Standards for Permanent Care](#).

The majority of foster carers attend ongoing training and access training from their Agency as well as free training provided by the FACS-funded carer support organisation, Connecting Carers NSW (CCNSW). These training opportunities are diverse and promoted through the CCNSW website as well as through direct flyers/emails to carers and through their Agency or FACS.

FACS carers attend training through Connecting Carers NSW as well as specialist training offered by Districts (sometimes in collaboration with FACS Psychological Services) such as *Healing Invisible Wounds* and *Reparative Parenting*.

FACS is implementing a small trial of online carer training for foster carers, and is expecting to expand it to all Districts in 2017.

**20. Has the Department conducted a cost-benefit analysis on the transfer of casework management to NGO providers?**

No.

Transition of out-of-home-care to the non-government sector has been a long term objective of Government. It was a recommendation of the Usher Report in 1992 and in 2008 the Special Commission into Child Protection (Wood Inquiry) recommended that the government transfer statutory out-of-home-care to the non government sector.

**21. How does the Department expect TEIP providers to increase outcomes where FACS has indicated there will be no increases in funding?**

Increased outcomes will be achieved within current Targeted Earlier Intervention (TEI) funding through:

- a local co-design process with districts and stakeholders to better align existing government and community approaches and resources aiming to meet the needs of vulnerable people and communities
- improved local and central governance to facilitate innovation and move towards more evidence-informed practices.

**a. How can these outcomes be measured, given they are sometimes 5 – 10 – 20 year outcomes?**

A Targeted Earlier Intervention (TEI) Program Logic will be drafted in consultation with peak organisations, in line with current research and academic input.

The TEI Program Logic will clearly outline the outcomes, indicators and measures to be used over the short and medium term that contribute to achieving the long term outcomes outlined in the TEI vision and NSW Human Services Outcome Framework.

**22. What is being done in program design to ensure that these outcome measures are not simply dry data?**

The Targeted Earlier Intervention (TEI) program design includes a 'community strengthening' stream and a 'safety and wellbeing' stream which will provide a continuum of services for communities, families and individuals, depending on their level of vulnerability.

The TEI program and outcomes measures are designed to help improve outcomes for clients of TEI services; create a service system continuum grounded in evidence-informed practice; target resources to those with the greatest needs; facilitate district decision-making on the design and delivery of

local services, and; increase flexibility so that clients are the centre of the system.

### **Leaving/transitioning from care**

At the first hearing, the committee heard directly from a young person about the lack of support she felt when transitioning/leaving care.

#### **23. Can you please outline what steps are taken to provide support and assistance to young people who are leaving care?**

In FACS case managed placements, leaving care planning commences at age 15, at which time the young person is given a copy of [Your Next Step](#), a booklet providing information about the leaving care planning process and the supports and services available after leaving care.

At the same time the carer is given a copy of [Leading the Way](#) which provides information about the process and suggestions about how to prepare the young person for independence over the next three years.

FACS is working in collaboration with young people who were recently in care to develop a new resource to replace [Your Next Step](#).

Initial planning focusses on the development of independent living skills. A checklist is provided to assist with this and is intended to be used by the caseworker, carer and young person to identify areas for further development and determine how this will be achieved.

As the time for leaving care approaches, plans detail concrete actions relating to income, accommodation, health, education and training, employment and any legal matters. Plans include how the young person will access support after leaving care.

Supports detailed in a leaving care plan commonly relate to mainstream products and services such as Centrelink benefits, social housing and other services, as appropriate.

This includes services that prioritise or are specific to care leavers such as the Commonwealth Transition to Independent Living Allowance, some housing products, scholarships and educational programs.

Care leavers may receive information and support through FACS, the non-government agency that held case management responsibility for their placement, the Care Leavers Line (1800 number and mailbox) and a mobile app called Resolve. The introduction of ChildStory, a new information technology system and a youth website will see more information available through digital platforms.

Based on assessment, care leavers receive assistance where it is believed that their needs will not be sufficiently met by mainstream services. This assistance can be by referral to a specialist aftercare service for ongoing case management or direct financial assistance to address specific needs (e.g. a short-term allowance to help with accommodation costs while studying or payments to help with establishment costs, education and training). Some 60 per cent of care leavers receive direct financial assistance from FACS after leaving care.

At the time of leaving care, the care leaver receives a letter from the Minister with another copy of [Your Next Step](#), a reminder about the Care Leavers Line and advice that ongoing support is available through FACS.

If the young person is undertaking Year 12 or equivalent studies at the time they turn 18, a fortnightly allowance may continue to be provided to their carer while they complete those studies.

#### **24. How much involvement does the care leaver have in their leaving care plan?**

The [Children and Young Person \(Care and Protection\) Act 1998](#) requires young people to be consulted in the preparation of their leaving care plan as do the Office of the Children's Guardian's NSW Child Safe Standards for Permanent Care.



FACS caseworkers make reasonable efforts to encourage and facilitate participation of the young person in the development of their plan. If the young person refuses to engage, a plan is developed on their behalf in consultation with those best placed to understand their needs and wishes. This usually involves the carer, birth family and others who are significant in the young person's life. A young person can, at any time after having left care, ask for their plan to be amended.

At age 15, the young person and their carer are given two booklets [Your Next Step](#) and [Leading the Way](#). These provide relevant information, including an outline of the leaving care planning process. This empowers them to seek action if they believe they are not being sufficiently included.

The FACS leaving care records require specific details of the participation of the young person in the development of the plan and how they have been provided with information from the plan.

A Practice Quality Review (Audit) Tool is used to identify evidence relating to the input of the young person, that issues have been sufficiently considered and addressed and that the young person has been provided with all relevant information.

In rare instances where a young person has a disability that impairs their decision making capacity and there is disagreement about what should be included in their plan, an application may be made to the Public Guardian for the appointment of a guardian with an advocacy function. The guardian will meet with the young person and advocate on their behalf at leaving care planning meetings.

## **25. What support do you offer to young people leaving care?**

Statutory care leavers receive a variety of services including:

- leaving care planning
- information about support available during and after their transition from care

- referral to services, including advocacy or assistance if appropriate
- assessment of whether mainstream services will be sufficient to address their needs.

Mainstream products and services include:

- Centrelink benefits
- social housing and other housing support services
- education, employment, health and legal services.

These include services that prioritise or are specific to care leavers such as the Commonwealth Transition to Independent Living Allowance, some housing products, scholarships and educational programs.

Care leavers may also receive information and support through FACS, the non-government agency that held case management responsibility for their placement, the Care Leavers Line (1800 number and mailbox) and a mobile app called Resolve. The introduction of Child Story, a new information technology system, and a youth website will see more information available through digital platforms.

Based on the assessment, care leavers receive additional assistance where it is believed that their needs will not be sufficiently met by mainstream services. This assistance can be by referral to a specialist aftercare service for ongoing case management or direct financial assistance to address specific needs (e.g. a short-term allowance to help with accommodation costs while studying or payments to help with establishment costs, education and training). Some 60 per cent of care leavers receive direct financial assistance from FACS after having left care.

A fortnightly allowance (Post Care Education Financial Support) can be paid to carers who allow a young person to continue living with them while they are completing their Year 12 or equivalent studies.

**26. How long is this support available to young people who have left care?**

FACS support is available to care leavers at least until they reach 25 years.

Section 165 (1) of the [Children and Young Person \(Care and Protection\) Act 1998](#) states 'The Minister is to provide or arrange such assistance for children of or above the age of 15 years and young persons who leave out-of-home care until they reach the age of 25 years as the Minister considers necessary having regard to their safety, welfare and well-being.'

**27. Has there been any recent review or evaluation of 'leaving care plans', particularly on whether such plans meet the needs of the young people they relate to?**

Between August 2015 and May 2016, the files of 3,345 children and young people (37.7 per cent of those in statutory care) were audited, and the files of 902 of these children were re-audited using the Practice Quality Review (Audit) Tool. The audit related to all areas of practice and included identification of whether Leaving Care Plans meet the needs of care leavers.

Following the audit, feedback on practice strengths and gaps were provided to the Manager Casework and caseworker, and plans were set in place to undertake any necessary actions to support casework practice meeting the NSW Standards for Statutory out-of-home-care.

Auditing of files is continuing and is managed at the district level, with a greater focus on re-auditing files to ensure practice gaps are being addressed. As part of this process, feedback is included, where relevant.

All FACS districts are implementing their Sustainable Out-of-home-care Service Delivery Model and their Quality Assurance and Continuous Improvement Model. These models are operational at the district level and support districts to plan, monitor and report on their service delivery strengths, gaps and strategies for continual service improvement.

**28. How might the plans and their implementation improve in the future?**

All FACS districts are implementing their Sustainable Out-of-home-care Service Delivery Model and Quality Assurance and Continuous Improvement Model. These actions are expected to improve the quality of individual leaving care plans.

FACS has consulted with the sector about broader issues of the supports and services needed by care leavers and how they should be provided.

This consultation has included a Ministerial Out-of-home-care Forum, a series of consultations with young people, and a discussion with senior representatives from aftercare services.

The next stage will be a reform process to commence in late 2016. Reform will be conducted in collaboration with the sector and incorporate the views of young people through the FACS Youth Consult for Change group.

It is expected that the combination of Quality Assurance auditing, Continuous Improvement activities and consultation through the Youth Consult for Change group will enable the reform project to identify how best to improve the comprehensiveness and quality of plans and provide more robust implementation including the incorporation of alternatives for if planned actions prove inadequate or unachievable.

**29. Do you think statutory responsibility of young people who exit out of home care should be extended to the age of 25?**

A distinction needs to be drawn between extending out-of-home-care placement to 25 (i.e. ongoing case management and payment of the carer allowance) and providing support to someone who, at 18, has left the care system and may or may not continue to live in the carer's home.

Given the current statutory requirement to support care leavers until they reach 25 years of age and the expanding range of post care support being provided, the proposition is not supported.

Note: The Committee has seen an example of a leaving care plan, and it appears to be more of an internal Department of Family and Community Services (FACS) document, rather than being a user friendly document for the young person.

**Comment:**

Leaving care planning starts at age 15 to support the transition into adulthood and independence. Plans initially focus on basics such as living skills and knowledge of how to access support. By the time the young person turns 18, plans should include concrete actions / solutions relating to income, accommodation, health, education and training, employment, and any legal matters.

Plans should be specific about who is doing what and when. To improve the quality of plans FACS uses a Practice Quality Review (Audit) Tool that looks for evidence relating to the input of the young person, that issues have been sufficiently considered and addressed and that the young person has been provided with all relevant information.

It is likely that the leaving care plan sighted by the committee was, as suggested, an internal document. By necessity, FACS leaving care plan records include details such as strengths and needs, health information and emotional and behavioural management. The internal version of the plan also includes how the young person participated in the development of the plan and how they received case plan information. This information is provided as a user friendly document relating the plan outcomes rather than the mechanics behind the plan development.

## **Homelessness**

The committee also heard that around 35 per cent of care leavers become homeless in the first year they leave care.

### **30. What support is offered to assist care leavers in finding homes?**

Young people leaving care can access support to find homes through the Youth Private Rental Subsidy program, specialist homelessness services, service support fund providers, and Private Rental Brokerage Service.

### **31. Should a young person who has left care become homeless is there someone they can contact for assistance?**

A young person who is homeless or at risk should contact Link2home on 1800 152 152. Link2home is a 24 hour, 7 days a week telephone information and referral service for people who are homeless or at risk.

A young person who has left care can also contact their agency who should provide help. Any young person can also contact the Carer Leavers Line on 1800 994 686 or FACS funded non-government aftercare services.

### **32. Are these contacts, and others they may need, documented in the leaving care plans?**

These contacts should be documented in a young person's leaving care plan by the caseworker (in consultation with the young person, carer and significant people in the child's life).

## **Complaints and accountability**

We have received reports from people who are unhappy about the complaints process at FACS. Some have reported difficulties in making a complaint, including being refused information about the process from the helpline, and others have felt that caseworkers have retaliated in response to complaints made, resulting in what is perceived as retribution against families etc.

### 33. How are complaints managed, and what timeframes apply to a person getting a response to their complaint?

The Enquiry Feedback and Complaints Unit (EFCU) takes complaints from all people wishing to express their concerns about the services provided. Complainants can contact the EFCU directly through telephone, email and online Complaint Form or by post.

Complaints are managed in one of two ways:

- EFCU Complaints Officers resolve a majority of complaints at first contact, through discussion, advice, conciliation and negotiation with complainants
- where resolution cannot be achieved by EFCU Complaints officers, a formal complaint will be referred to the appropriate District or business unit for resolution with the complainant.

Timeframes for the resolution and management of formal complaints is 20 working days, or 30 working days for complex complaints. Timeframes for the resolution of complaints were developed in consultation with the NSW Ombudsman.

Note: With reference to the original statement that some complainants *have felt that caseworkers have retaliated in response to complaints made, resulting in what is perceived as retribution against families etc.*, the following information is added:

Community Services' complaints management processes are subject to compliance with the [Community Services \(Complaints, Review and Monitoring\) Act 1993 No 2](#) (CSCRAMA).

Section 47 of CSCRAMA specifically addresses this issue, making it an offence for anyone to take retribution against a person making a complaint.

#### *47 Protection of complainant against retribution*

*(1) A person who takes or threatens to take detrimental action against another person because that other person or any other person:*

*(a) makes, or proposes to make, a complaint to a service provider, an Official Community Visitor or the Ombudsman, or*

*(b) brings, or proposes to bring, proceedings before the Tribunal, or*

*(c) provides, or proposes to provide, information, documents or evidence to an Official Community Visitor, the Ombudsman or the Tribunal,*

*is guilty of an offence.*

*Maximum penalty: 50 penalty units or imprisonment for 12 months, or both.*

### **34. How are serious complaints investigated/reviewed, and by whom?**

EFCU Complaints Officers triage all formal complaints to identify the most appropriate area to resolve a complaint. More serious matters may be considered through consultation and case planning with the Manager EFCU and may result in the matter being referred to other more specialised units for formal investigation, including:

- The JIRT Referral Unit
- Reportable Conduct Unit
- Professional Conduct, Ethics and Performance Unit

FACS Complaints and Information Exchange Unit also manage complaints by the NSW Ombudsman and review serious complaints via a Complaints Review function.

The Complaints Review function operates as an adjunct to the complaints intake, resolution and referral processes coordinated by EFCU. The Complaints Review function has been established on the principle that some complaints cannot or should not be managed at the local and / or District levels and require central management.



Staff undertaking this work provide a consultation service to managers / directors / designated complaint handlers to discuss potential pathways and options for complaint resolution or other action.

The Complaints and Information Exchange Unit works closely with the NSW Ombudsman about service delivery matters. The Ombudsman maintains independent oversight of agencies delivering community services, including FACS. Should the Ombudsman initiate inquiries under either the [Ombudsman Act, 1974](#) or the [Community Services \(Complaints, Review and Monitoring\) Act 1993 No 2](#) FACS is required to provide adequate advice to resolve the Ombudsman's concern. This level of oversight ensures an independent consideration of FACS actions as a result of a complaint.

**35. Is information on how to make a complaint provided to people when they contact the Helpline?**

The function of the Helpline is for people to report issues about risk of significant harm for children and young persons.

If a person would like to make a complaint about the services provided by FACS, information is readily available through the FACS website at <http://www.community.nsw.gov.au/about-us/contact-us/client-complaints>

This information includes an online form, email, post and telephone contact details, and how a complaint would be managed.

Caseworkers at the Helpline are able to refer callers to the Enquiry Feedback and Complaints Unit if they become aware that a caller would like to lodge a complaint.

**36. Can you please provide a copy of your complaints policy to the committee?**

EFCU Complaints Policy was developed in consultation with the NSW Ombudsman.

Attached to response email as requested (Tab 1).

## Assessment process for potential carers

The committee heard that some families have had trouble in being assessed as a kinship carer when a child from their family has been removed.

### 37. How are potential carers assessed?

For children and young people who are unable to live with their parents, FACS tries to identify an appropriate family member, such as a grandparent, aunt or uncle, who may be able to care for them. Placement of a child or young person with a relative offers them an ongoing connection and identification with their family that may not be as possible in another out-of-home-care placement.

When placement within a child or young person's relative or kinship care network is not possible, foster care is usually the most appropriate option. Foster care refers to the placement of a child in a family setting with non-related authorised carers.

Potential carers are assessed in line with legislative requirements outlined in the [Children and Young Persons \(Care and Protection\) Regulation 2012](#).

In addition agencies accredited to provide out-of-home-care by the Children's Guardian must comply with the NSW Child Safe Standards for Permanent Care. *Standard 19: Assessment and selection of carers, guardians and adoptive parents* outlines the indicators of compliance with this standard.

### 38. What criteria are potential carers assessed against?

Under current NSW legislation, the authorisation of a foster carer and the authorisation of a relative or kinship carer both require the same pre-authorisation probity and suitability checks to be completed.

Schedule 2 of the [Children and Young Persons \(Care and Protection\) Regulation 2012](#) sets out uniform suitability assessment requirements for prospective carers and their household members 16 years and over. These are outlined below:

**Pre-authorisation requirements for carer applicants**

A designated agency is required to conduct a series of probity and suitability checks before it is able to authorise an individual to provide statutory or supported out-of-home-care:

- identification check
- Working with Children Check requirements met
- National Police Check
- Community Services Check
- other designated agency check
- health check
- at least two referees checked
- Code of Conduct sighted and signed
- pre-authorisation training conducted
- carer capability and suitability assessed, including suitability of household members.

**Probity checks for household members over 16**

- Approved identification information
- National Police Check
- Community Services Check
- Working with Children Check – compulsory for individuals aged 18 or over.

Further, clause 30 of the [Children and Young Persons \(Care and Protection\) Regulation 2012](#) states that a designated agency must not authorise an applicant unless:

- the agency has determined that the applicant is capable and suitable to be an authorised carer, and
- the applicant has provided information to the agency they require in order to assess the applicant's capability and suitability to be an authorised carer.

In determining the outcome of an application, designated agencies must take into account:

- any risk that the applicant would not be able to perform the functions of an authorised carer, and
- any risk to a child or young person were the applicant to be authorised (including risks from the applicants home or persons who reside on the same property as the applicant), and
- any relevant information available to the agency.

### **39. What are the time frames for assessing a potential carer?**

NSW legislation does not provide timeframes for the assessment of carers in other circumstances.

Provisionally authorised carers and their household members aged 18 and over must apply for a Working with Children Check within five working days of the provisional authorisation start date.

The provisional authorisation takes effect on the day the child or young person is placed. Provisional authorisation is deemed to be an application for full authorisation, with the full authorisation to be completed within three months of the provisional authorisation start date.

The Children's Guardian monitors provisional authorisations that continue for more than three months and can direct a designated agency to cancel a provisional authorisation that has continued for three months or more.

In an emergency, a designated agency may provisionally authorise a person who is a relative or kin of a child or young person or who is known to the child or young person. A provisional authorisation must not be granted until a person is deemed capable and suitable and a risk assessment completed including a satisfactory home inspection. To create a provisional authorisation, a designated agency must record:

- the name of at least one carer applicant
- a satisfactory home inspection
- the date the child was placed in relative or kinship care.

#### **40. What assistance is offered to potential carers who wish to be assessed?**

Clause 30 of the [Children and Young Persons \(Care and Protection\) Regulation 2012](#) states that on receipt of a written application to be authorised as an authorised carer a designated agency must provide the applicant with the following information about:

- the rights and responsibilities of authorised carers
- the process for authorising applicants including the criteria that an applicant must satisfy to be authorised
- permanent placement options for a child or young person in out-of-home-care.

#### **41. Is there an appeal process following the decision of an unsuitable carer?**

Yes, there is an appeal process.

Section 53 of the [Administrative Decisions Tribunal Act 1997](#) provides that a carer applicant may apply to have the decision to not authorise them reviewed internally. The applicant receives a letter with this advice which states they can have the decision reviewed internally by contacting FACS within 28 days and lodging the request in writing.

A decision to de-authorise an (existing) carer must be based on evidence gathered during a carer review or investigation, and made in consultation with the Manager Client Services. The carer must be advised in writing of the reasons for the decision and their appeal rights as de-authorisation is a reviewable decision. The carer can then apply for an internal review of the decision, and if they remain dissatisfied with the decision, apply for an external review to the NSW Civil and Administrative Tribunal (NCAT).

The [Children and Young Persons \(Care and Protection\) Regulation 2012](#) sets out decisions that are administratively reviewable by the NCAT. The decision not to authorise a carer is not a decision reviewable by NCAT.

## Proof of Aboriginality

The Committee has heard instances of FACS rejecting proof of Aboriginality in relation to Aboriginal children placed in care. This has implications on FACS' legislative responsibilities, particularly in terms of the placement principles and cultural care plans.

### 42. What documentation does the department require to accept proof of Aboriginality?

Documentation to prove Aboriginality is not required.

FACS Aboriginal Consultation Guide outlines that legal confirmation of Aboriginality is not required for a person to be accepted as an Aboriginal person for FACS purposes.

Most commonly, FACS accepts a person as Aboriginal through the person's or family's self-identification.

**43. In what circumstances are proof of Aboriginality documents rejected for some Aboriginal children?**

Documentation regarding proof of Aboriginality is not a requirement of FACS.

**44. Who decides on whether or not to accept proof of Aboriginality documents? Is it the caseworker for the family, or a senior manager/more experienced officer?**

Documentation regarding proof of Aboriginality is not a requirement of FACS.

As per legislative requirements and in accordance with the FACS Aboriginal Consultation Guide, FACS staff are required to consult widely to gather information about a child or young persons' Aboriginal identity. This includes consultation with Aboriginal staff members, family and extended family and community representatives and/or Aboriginal organisations.

**45. Is there an appeal process once a child has been defined as Aboriginal or non-Aboriginal?**

Should FACS be advised that a child or young person has been incorrectly identified as Aboriginal or non-Aboriginal, FACS would widely consult with relevant parties, and gather relevant information to inform a decision on whether their cultural identification should be changed.

**Aboriginal cultural care plans**

The committee received evidence that suggests that Aboriginal cultural care plans are not being adhered to by some foster carers.

**46. How effective are the Aboriginal cultural care plans in maintaining Aboriginal children's connection to country and culture?**

The Aboriginal and Torres Strait Islander Cultural Plan has been co-designed following extensive engagement with Aboriginal stakeholders, with formal approval of the Aboriginal and Torres Strait Islander Cultural Plan received from the Aboriginal Child, Family and Community Care State Secretariat (AbSec). It includes requirements such as information relating to strengthening cultural connections.

The new care and cultural plan will be implemented from late 2016 with training to commence in November 2016.

The plan mandates cultural planning and ensures consistency across NSW. This will enable state-wide monitoring and evaluation which has not been possible as previously there was not consistency in the use of cultural care plans.

For Aboriginal and Torres Strait Islander children, caseworkers will be asked to complete a minimum of four culturally appropriate consultations as part of completing the plan and ensure a minimum of four culture activities are recorded. Such requirements have implications for the planning processes and practice of caseworkers and lay the foundation for enhancing the delivery of more appropriate cultural services to children across the spectrum of care. The cultural plan specifically requires caseworkers to demonstrate what will be undertaken to ensure children are returned to community and country.

#### **47. Who is involved in creating an Aboriginal cultural care plan for an Aboriginal child in care?**

While policy dictates that cultural planning should involve family, community and support services there are instances where this is not the case.

With the introduction of the new Aboriginal and Torres Strait Islander Cultural Plan, caseworkers will have to complete a minimum of four culturally appropriate consultations and ensure a minimum of four culture activities are recorded.

Participation in culture will mean the supports that are identified allow opportunities for the child or young person to develop their cultural identity as well as maintain their connection to culture, language and religion while in care. This will improve the child's cultural identity, as well as ensuring that connection to the child's family, country and culture is maintained and improved.



The cultural plans will be developed in consultation with a range of individuals, such as the child/young person, carer, family, kin, community and relevant organisations. In doing so, caseworkers will actively seek the support of parents and families in developing the child or young person's cultural plan as well as meeting the child or young person's cultural, linguistic and/or religious needs, as birth parents and other family members are the primary source of culture for children.

Community, social, cultural and religious organisations also have a key role in developing the cultural plans and supporting children to maintain their cultural connections.

**48. What measures are in place to ensure foster carers are adhering to the Aboriginal cultural care plan?**

Annual case planning meetings are held to monitor actions related to the care and cultural plans of the child or young person from the previous year and to plan for the care and cultural needs of the child or young person for the following year.

FACS has committed to review the Care and Cultural Plans 12 months after implementation as formally agreed with the Aboriginal Child, Family and Community Care State Secretariat (AbSec). FACS is developing indicators within a Monitoring and Evaluation framework to measure impacts and outcomes of the Plans. This work will align with and be informed by the Quality Assurance Framework and the Out-of-home-care Standards and make use of the Quality Review Audit Tool.

The caseworker role in supporting foster carers and any others identified in the cultural plan's implementation and management will continue as part of ongoing case work.

**49. What support is provided to foster carers in adhering to the Aboriginal cultural care plan?**

As part of ongoing case planning, caseworkers support foster carers and any others identified in the cultural plan's implementation.

Apart from the regular supports provided such as training, this involves the caseworker conducting regular visits with the foster carers and also with the child or young person's family, kin and community, including family contact and connection.

### **Practice of removing children at birth**

The committee have received case studies where children are removed within hours of the mother giving birth.

#### **50. What is the process of removing a child at birth?**

Caseworkers are required to use the Safety Assessment Tools to assess the safety of an unborn or newborn baby. These tools help caseworkers to determine if the baby is safe with their parents; safe only if there is further intervention with the family; or unsafe and needing to be taken from their parents.

If FACS begins working with a woman during her pregnancy, and there is a possibility of the baby needing to be taken into care after birth, caseworkers are required to establish a plan for this protective intervention during the pre-natal period. This needs to be done in partnership with NSW Health.

If a baby does need to be taken into care after birth, the permanency principles in the [Children and Young Person \(Care and Protection\) Act 1998](#) require FACS to work towards supporting the family to make the changes required to return the baby safely home.

#### **51. What level of risk must be met to remove a child at birth?**

Following a risk of significant harm report to the Child Protection Helpline, FACS assesses the level of risk to the child using a structured decision making tool – the Safety and Risk Assessment tool (SARA).

If a safety assessment identifies a danger to the child and the child is unsafe in the parent/s care, FACS may make a decision to assume or remove the child under section 43 or 44 of the [Children and Young Person \(Care and Protection\) Act 1998](#) and initiate court proceedings.

## **52. What is the reasoning behind providing documents to sign to a mother shortly after giving birth?**

Assuming the care responsibility of a child shortly after birth is a legal process which necessarily entails the provision of documentation to the parent/carer.

Where a child or young person is at risk of significant harm and it is not in their best interests to be removed from the premises where they are currently located (such as a hospital, respite care, or other service), FACS may assume care responsibility instead of removing them. Assuming care responsibility occurs by serving a *Section 44 Order for Assumption of Care Responsibility of a Child or Young Person in Hospital or Other Premises* on the person who appears to be in charge of the premises, whether or not they are a parent of the child or young person.

Where care responsibility is assumed, FACS is required to apply for an *Application and Report Initiating Care Proceedings*, or provide the Children's Court with an explanation why no care application was made, within 72 hours.

Where FACS assumes the care of a child or young person at the location of a service provider, staff are clearly advised about contact arrangements with family members.

Where a child or young person has been removed or their care responsibility has been assumed the following actions occur:

- information is provided to the child or young person and carer
- parents or usual carers are kept informed
- the child or young person is informed they may apply for discharge

- a placement is arranged
- the matter proceeds to the Children's Court within 72 hours.

**Information for parents or usual carers**

FACS ensures the parents or usual carers are kept informed about the child or young person's whereabouts:

- by disclosing the whereabouts of the child where the disclosure would not prejudice the child's safety, welfare, wellbeing or interests, or
- by not disclosing high level identification information (including name and address of the carer; information that may identify the placement; or contact information) where the disclosure would prejudice the child's safety, welfare, wellbeing or interests.

A person who had parental responsibility for a child or young person prior to their removal or the assumption of their care has the right to:

- be a party to care proceedings
- be given information about the child or young person
- seek discharge of the child or young person from the Secretary's care.

**53. What pre-natal support is available to mothers who are at risk of having their child removed?**

FACS' *Responding to Prenatal Reports Policy (the Prenatal Policy)* requires FACS, following a prenatal report, to collaborate closely with local health and other services, to provide support to mothers leading up to a child's birth which may include:

- referral to or liaison with NSW Health to establish their involvement or to encourage and facilitate the mother's appropriate engagement with health services (including routine antenatal care and services to address particular issues such as mental ill-health and drug and alcohol misuse)

- referral to NSW Police or other protective services
- referral to other key services an expectant mother may need to be engaged with during pregnancy, including:
  - Centrelink or housing providers for input in relation to income and housing issues, such as ensuring good nutrition and secure accommodation
  - child care, NGO services such as Family Support or culturally appropriate services where possible, such as AMIHS, to improve the chances of engagement with a relevant service
  - domestic violence services.
- referral to Brighter Futures, a voluntary early intervention program that seeks to identify families at risk earlier and prevent them from entering the child protection system by providing them with sustained services and support that will help prevent problems from escalating and achieve long-term benefits for children
- child protection caseworker response.

Where FACS has received a risk of significant harm report about an unborn child, parent responsibility contracts can be used to support expectant parents to address issues so the child is safe when they are born. In the contract, parents agree to actions that will reduce key risks to their child. This may include drug testing or treatment for substance abuse.

The contract also details what FACS will do to support the parent or primary caregiver to address the issues. Because a parent responsibility contract is an agreement with legal consequences, parents will be given a referral to Legal Aid NSW so they can get free, independent legal advice.

FACS' primary interest in working with pregnant women is to assist NSW Health in engaging the pregnant woman into appropriate health services and to help facilitate referrals to other services where required.

Any ongoing FACS involvement with high risk pregnant women involves close collaboration with NSW Health services.

In addition to generic antenatal, maternity and postnatal services provided by NSW Health and the private sector, some regions offer specialist coordinated models of service delivery to vulnerable pregnant women, such as substance use in pregnancy services. In these cases NSW Health or a non government agency may take the lead case management role and this arrangement would be negotiated with FACS. Collaboration with private health services (e.g. private hospitals, GPs) will also apply, considering that these services may be accessed or needed by the pregnant woman.

#### **54. What support is offered to mothers once their child has been removed at birth?**

FACS will develop a case plan involving the parents that could include referral to counselling or support services for the parent and the child if required. The case plan will also consider the most suitable permanency option for the child that could include restoration to birth parents.

#### **55. Does the practice of removing children at birth impact on the attachment between mother and child?**

Taking a child from its parents at birth significantly impacts on the child's ability to attach to its mother.

Similarly, being separated from her child impacts on the mother's opportunity to bond with her child. The Permanency Principles in the [Children and Young Person \(Care and Protection\) Act 1998](#) note restoration to parents as the primary permanency option for a child. Any child who is in out-of-home care has a case plan developed by FACS or the NGO with case management responsibility and in partnership with family and services. The case plan includes contact arrangements between the child and its family members.

## Helpline

The committee has received evidence about long wait times to make risk of harm reports to the helpline, including individuals having to wait up to an hour to make a report.

### 56. On average, what have been the waiting times for each month over the last six months?

The average wait times for the six months to September 2016 are lower than the previous 6 months.

See below:

Helpline Average Wait Times	
April 2016	7:39 mins
May 2016	8:49 mins
June 2016	11:21 mins
July 2016	9:04 mins
August 2016	7:58 mins
September 2016	9:14 mins

### 57. Can you provide the average wait times for the last 12 months? Have wait times improved?

Average wait times for the last 12 months are below.

The wait times for the six months to September 2016 are lower than the previous six months.

	2015				2016								
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept
<b>Avg Speed to Answer</b> Actual (hh:mm:ss)	0:08:05	0:12:29	0:15:14	0:11:38	0:06:32	0:20:33	0:18:28	0:07:39	0:08:49	0:11:21	0:09:04	0:07:58	0:09:14

**58. Are waiting times for the helpline published regularly, and if not, why not?**

Yes, they are published in the Annual Report.

**Face to face assessments**

As noted in your submission, only 29 per cent of all children the subject of a risk of harm report are given a face to face assessment.

**59. What is being done in the department to address this significant issue?**

Providing a face to face service to more children is a priority for the Department.

The number of children who receive a face to face assessment is monitored on a monthly basis as part of the FACS District Performance Framework.

In addition, FACS is implementing a project called Seeing More Children that is providing intensive coaching and support to assist caseworkers to see more children in a way that is sustainable and supported by good management systems.

During 2015/16, the Seeing More Children Project supported 14 FACS Community Services Centres and continues to be implemented in other Community Services Centres (CSCs) across NSW.

FACS has implemented the Resource Management Dashboard. It allows management in CSCs to understand and review casework progress in a timely manner, achieve quality casework and see as many families as possible.

In 2015/16 FACS provided a face to face assessment to 24,490 children and young people, 3,887 (19%) more than the 20,603 children and young people who received a face to face assessment in 2014/15. This trend continues.



In July and August 2016, FACS provided face to face assessments to a record number of children at risk of significant harm and is referring higher numbers of children to services than in any previous year in its history.

**60. Why are some cases closed because of ‘competing priorities’? If a case is closed for this reason, is there a review of that decision?**

The decision to close a case because of competing priorities is a dual decision. This is an internal process where a minimum of two Managers will review the information contained in a report and together make a closure decision. Closure of a case due to competing priorities is not a reviewable decision.

**Incidents of domestic/family violence**

**61. What work is FACS undertaking in relation to the intersection of care and protection and domestic and family violence?**

FACS is a significant provider and funder of service to children who live in a context of domestic and family violence. The following funded programs form the key initiatives to support children affected by domestic violence:

- Specialist Homelessness Service Programs
- Domestic Violence Response Enhancement
- Start Safely
- Staying Home Leaving Violence
- Integrated Domestic and Family Violence Services
- Women’s Community Shelters
- Domestic Violence Line
- Brighter Futures Program.

FACS participates in the Child Protection and Family Violence Integration Working Group and Domestic and Family Violence Reform Delivery Board.

FACS is implementing the [Safer Pathways: Domestic Violence and Child Protection Guidelines](#), which aim to ensure a coordinated response.

[It Stops Here: Safer Pathway](#) (Safer Pathway) is an initiative of the NSW Government's [Domestic and Family Violence Framework for Reform](#) (DFV Reforms). The DFV Reforms aim to improve the Government's response to domestic violence in NSW and are outlined in [It Stops Here: Standing Together to End Domestic and Family Violence in NSW](#).

The high incidence of domestic violence victims with children in their care creates an intersection of processes and responses between Safer Pathway and the child protection response.

For child protection agencies and domestic violence support services, this means an opportunity to work collaboratively and to form partnerships that offer a continuum of services to address the domestic violence threat as well as the child protection concerns. The overriding principle is that the safety, welfare and wellbeing of children and adult victims must be paramount in all decisions.

**62. Some parents (mothers generally) have been “blamed” for “failing to protect” their children in domestic and family violence situations, leading to in some cases children being removed. What is FACS doing to support families in these situations?**

Since 2014, government agencies have implemented a number of reforms to the NSW domestic and family violence service system under the banner of “It Stops Here”. The Safer Pathways model under these reforms promotes the fundamental change in how agencies and organisations respond to and support the safety of victims of domestic and family violence, prevent domestic and family violence, and adopt a coordinated, consistent whole-of-sector approach to the identification, assessment and response to domestic and family violence.

FACS provides a range of specialised support and training to caseworkers in the area of domestic and family violence. These include the FACS Clinical Issues Team who provide direct consultation, local training and specialist domestic and family violence advice and support to caseworkers. Other training and skill development initiatives include Research to Practice seminars, workshops, training, resources and practice notes.

## **Caseworkers**

There have been some concerns about the department employing inexperienced caseworkers, with some caseworkers being employed straight out of university. In your submission, you discuss ways in which vacant caseworker positions are filled, including through the promotion of rural and regional opportunities to social work students.

### **63. Can you comment on how newly recruited caseworkers are trained and supported in the workplace, and how the department has been addressing these types of concerns?**

Caseworkers are required to hold a Degree in Social Work, Social Welfare, Social Science or related discipline.

Newly recruited caseworkers are required to complete the Caseworker Development Program (CDP) at the start of their employment. The 16 week entry level program for new caseworkers to FACS covers the following topics:

- Trauma (including vicarious trauma)
- Working directly with children and young people
- Attachment
- Sexual and physical abuse and neglect
- Domestic and Family Violence
- Mental Health and Alcohol and Other Drugs
- Legal.

Best practice is for all CDP modules to be completed before work can be undertaken as a primary caseworker leading direct work with a family. Each caseworker is allocated a qualified field coach who closely monitors their progress throughout the program. Detailed feedback is provided to the Manager Casework during each field coach visit, and monthly reports are prepared and reviewed by Organisational Development and Learning before being forwarded onto the Manager Client Services of that unit.

Ongoing development is offered through the delivery of Office of the Senior Practitioner.

Tailored programs and resources include:

Annual Child Protection Practice Conference	Brings together international and national experts to deliver a series of contemporary and skill based key note addresses and master classes.  A series of workshops are also part of the program providing an opportunity for practitioners to share their particular expertise with colleagues.
Clinical Issues Unit	Provides consultations to practitioners on the three clinical issues – Drug and Alcohol, Mental Health and Family and Domestic Violence. Coming in Nov 16 - child sexual assault to build capacity of practitioners through consultations about specific families and more general team based training.
Annual Child Death Report	Provides transparency about deaths of children known to FACS and serves as a learning resource for staff.
Care and Protection Practice Standards	Ten practice standards and accompanying resources launched in late 2015.

Child Sexual Assault Resource Kit	Provides practical ideas, grounded in contemporary research, on how to respond to different aspects of casework when sexual abuse is suspected. In the final stages of development and will be ready for launch in November 2016.
I-practice and Simplification of Casework Practice Intranet site	Houses an array of relevant research, practice tools, and learning materials.  The 'Bag of Tricks' section of this site includes learning activities for managers to run in team meetings to build the capacity of staff.
Research to Practice Seminars	Seminars are theme based and involve experts presenting contemporary theory on the given theme.

#### **64. Are inexperienced caseworkers decisions regularly reviewed/audited?**

New caseworkers undertake the Caseworker Development Program which is a mandatory 16 week intensive training model.

Generally, a new caseworker would not be allocated as the primary worker on cases prior to them completing the program. Caseworkers are provided with additional mentoring and support from the casework specialist and their manager casework. Decisions about cases are generally carried out as part of case planning, in which all key people involved in the case are a part of decision making.

A key aspect of the [Practice First Model](#) (currently implemented in almost half of the Community Services Centres across NSW) is Group Supervision, in which decisions about cases are shared and made as a team.

## Out-of-home care

We have heard reports of children being moved from placement to placement, which can cause significant distress and trauma to the child and their families.

### 65. What measures have been put in place to help provide continuity of placements for children in out-of-home care?

One of the most significant legislative changes has been the introduction of the principles for permanency planning. The aim of these principles is to guide decisions under the [Children and Young Person \(Care and Protection\) Act 1998](#) regarding the permanent placement of children and young people. The principles set out the order of preference for the permanent placement of a child or young person as:

1. family preservation or restoration
2. guardianship, then parental responsibility to suitable persons
3. open adoption
4. parental responsibility to the Minister.

Placement stability is dependent on a range of factors including early planning for stability and permanency, placement support and where children are placed longer term in foster care and the ability to match the child to a suitable carer locally.

Sometimes placements breakdown or children move – for example they are transferred from an emergency placement to a long term placement.

FACS is working with the sector to strengthen policy, planning and practice to achieve earlier planning so children and young people can achieve stability and permanency.

The [Safe home for life](#) reform aims to do that by strengthening the system through legislative change, new policy and practice, and a redesign of how technology is used in child protection.

**66. How are carers, including kinship and foster carers, provided with training and support?**

NSW foster and kinship carers are provided with support, training and advocacy by both their caseworker and Agency, as well as by FACS-funded support service Connecting Carers NSW (CCNSW).

Caseworkers conduct regular case planning meetings as well as contact via home visits, phone-calls, emails, mentoring and informal events. Agencies also offer (24 hours) out of hours emergency support.

Foster and kinship carers attend mandatory training when they begin their caring journey and have access to ongoing training and development. This may range from courses about the impact of trauma and reparative parenting through to participation at Carer Conferences and foster care camps. Carers typically attend face to face training but some agencies also offer online modules.

FACS funds CCNSW to deliver training, support and advocacy, including a carer support phone line. CCNSW offers free training to foster and kinship carers across NSW on a range of courses. More than 2,700 foster and kinship carers attended CCNSW training in 2015.

Carers may access other types of support and information including:

- Attending peer support groups (e.g. coffee and chat) with other carers
- Receiving the quarterly online newsletter *Fostering Our Future*, featuring news and parenting style stories.
- Specific foster care family camps or carer conferences (FACS funded)
- Connection events such as morning teas and Foster Care Week or NAIDOC Week.

Carers are informing the way they receive support through settings including Carer Reference Groups, focus groups and NGO Carer Panels. There are currently seven Carer Reference Groups made up of both FACS and NGO carers with representation from staff from local NGOs and FACS.

FACS has practical initiatives underway to enhance access to tailored resources that support carers in their day to day role. These include:

- New video series on understanding the impact of trauma
- Updated and revised version of Caring For Kids – the NSW foster carer’s handbook
- Raising Tweens and Teens: Partners In Care – a new resource to address the challenges of raising teenagers.
- A new website to help carers find and access key content about fostering.

**67. To what extent is there a shortage of foster carers, and how is the department addressing this issue?**

The out-of-home-care system in NSW is experiencing an increase in entries, decreasing exits and as a result a longer length of stay for children and young people. There is a lack of system capacity respond appropriately to sibling groups, children over 8 years and a lack of short term emergency carers in some Districts.

In response, FACS is undertaking a number of initiatives to increase foster carer availability:

- 350 additional foster care placements have been made available to service providers.
- A state-wide carer strategy is being developed through a co-design process with carers, Peaks, service providers and key FACS District and

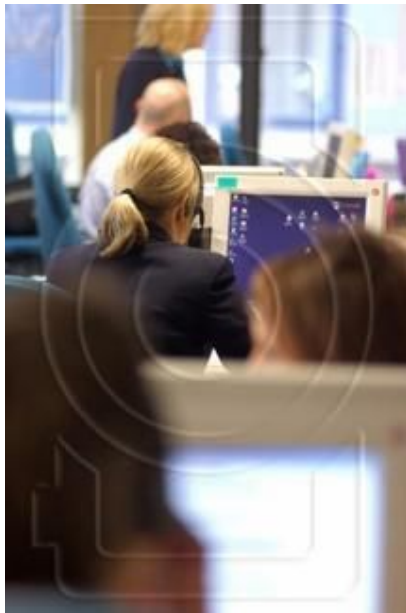


policy staff. The strategy will focus on removing barriers in the foster care recruitment process.

- FACS has recently completed a co-design process to increase support for current foster carers in NSW.
- FACS is developing a bi-monthly dashboard to better identify trends/issues in terms of entries and exits into out of home care. The dashboard will be used for regular discussions with FACS Districts and the out-of-home-care sector.
- Recruitment 'Master-Classes' are in development and will be delivered to the out-of-home-care sector commencing with the Districts with the highest need.

# Community Services Enquiry, Feedback and Complaints Unit

## PROCEDURES MANUAL



“We are not helpers, social workers, counsellors or, for that matter, advocates for the complainant. We are complaint handlers with legislative and organisational responsibilities”  
(NSW Ombudsman)

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Community Services is committed to providing an efficient and effective complaints handling service to clients, their advocates, service providers and the community.

We value feedback from those who deal with us because it helps us to improve our services by revealing areas where we need to change our policies and practices.

Community Services is committed to ensuring that any complaints we receive are handled in a way that is responsive, fair and courteous and that respects the privacy of the person making the complaint. We also undertake to make sure that we provide reasons for any decisions we make in relation to complaints we receive.

## 1. INTRODUCTION

This procedures manual is intended to provide guidance to the staff of the Community Services Enquiry, Feedback and Complaints Unit (“EFCU”). Complaints procedures for field and other staff of the Agency are located in the *Casework Practice* section of the Intranet.

All staff have a responsibility to ensure that complaints are managed efficiently and effectively, as one means of improving relationships with clients, facilitating better outcomes for children and young people, and enhancing the public perception of the Agency.

### 1.1 Role of the EFCU

The EFCU plays a pivotal role in ensuring that Community Services’ (“CS”) responses to complaints meet the highest standard. The EFCU:

- manages the intake of compliments, enquiries, comments and complaints received; through the Complaints Line, emails, correspondence addressed to the Unit, and online lodgement;
- prioritises complaints and resolves them immediately if possible; or refers them to a Community Services Centre (“CSC”), District Office, or other appropriate business unit;
- provides information, advice and referral to clients and complainants;
- provides advice to field and Head Office staff on complaint resolution;
- monitors and records complaint issues and outcomes;
- identifies opportunities for improvements to the complaint system.

### 1.2 Client complaints and other feedback

#### Complaints

**A complaint is any expression of dissatisfaction made to an organisation related to its product, service or the complaints handling process itself, where a response or resolution is explicitly or implicitly expected.**

Guidelines for complaints handling organisations  
Standards Australia, 2007

Complaints may involve:

- The manner in which a service is provided – procedures and processes;
- Disagreement with casework or funding/service decisions;
- A failure to provide a service, or lack of responsiveness to a request for service;
- The actions of employees – unfair or poor treatment of a complainant;
- Issues of client risk, funded service viability or risk of fraudulent behaviour;
- Matters incidental to the provision of a service, such as physical access to an agency service, or failure to provide assistance with communication difficulties
- Conflict of interest between a person’s official duties and their private interest;
- The complaints handling process itself.

The EFCU generally handles complaints about the provision of services to clients, and when necessary and appropriate, refers complaints to other relevant areas of CS, or to external services or agencies.

### **Compliments**

A compliment is a positive statement expressed by a person or agency about CS or one or more of its staff or services.

### **Comments**

A comment is an observation or opinion about CS and its services which may be negative or positive but is not a complaint. In general, comments do not require a response from the Agency, but they may need to be referred to other parts of the Agency for consideration and / or action.



### 1.3 EFCU Objectives

The EFCU's Objectives are to:

- enhance the client/agency relationship by expediting resolutions;
- recognise, promote and protect client's rights, including the right to comment and complain;
- provide an efficient, fair and accessible mechanism for resolving complaints without alienating clients;
- provide information to clients on the complaints handling process of the agency;
- facilitate the monitoring of complaints to improve the quality of service;
- enable the agency to maintain confidence in the quality of its service; and
- promote consistency in handling complaints.



## 2. NSW LEGISLATION

The EFCU is directed by numerous NSW legislation such as:

- *Community Services (Complaints, Reviews and Monitoring) Act 1993 No 2;*
- *Children and Young Persons (Care and Protection) Act 1998 No 157 and*
- *Ombudsman Act 1974 No 68.*

<b>Legislation</b>	<i>Community Services (Complaints Reviews and Monitoring) Act 1993</i>	
	Section 3	Objects and principles encourage complaints to be viewed positively as a means of enhancing the delivery of services and, wherever possible, their resolution at a local level.
	Part 3, Division 2, s.14	The Ombudsman may review a public authority's complaint handling system.
	<i>Children and Young Persons (Care and Protection) Act 1998</i>	
	S245	A complainant who does not agree with certain decisions made by the Agency can seek a review by the Community Services Division of the Administrative Decisions Tribunal within 28 days of the decision.
	<i>Ombudsman Act 1974</i>	
	Part 3, s.12	Anyone may complain to the Ombudsman about the conduct of a public authority. The Ombudsman may carry out formal investigations into the complaint.
	<a href="#"><u><i>Privacy and Personal Information Protection Act 1998</i></u></a>	
	<a href="#"><u><i>Government Information (Public Access) Act 2009.</i></u></a>	

### 2.1 **The Community Services (Complaints, Reviews and Monitoring) Act 1993 No 2** ("the Act") at section 3 sets out the objects and principles of the Act.

- (1) The objects of this Act are as follows:
  - (a) to foster, in community services and programs, and in related services and programs, an atmosphere in which complaints and independent monitoring are viewed positively as ways of enhancing the delivery of those services and programs,
  - (b) to provide for the resolution of complaints about community services and programs, especially complaints by persons who are eligible to receive, or receive, those services, by families and by persons advocating on behalf of such persons or families,
  - (c) to encourage, wherever reasonable and practicable, the resolution of complaints at a local level,
  - (d) to encourage, wherever reasonable and practicable, the resolution of complaints through alternative dispute resolution,
  - (e) to provide independent and accessible mechanisms for the resolution of complaints, for the review of administrative decisions and for the monitoring of services, programs and complaint procedures,
  - (f) to encourage compliance with, and facilitate awareness of, the objects, principles and provisions of the community welfare legislation,
  - (g) to provide for independent monitoring of community services and programs, both generally and in particular cases.

- (2) The following principles must be observed in exercising functions under this Act:
- (a) the paramount consideration in providing a service for a person must be the best interests of the person,
  - (b) a person who is eligible to receive, or receives, a community service is also to receive an adequate explanation of the service, is to be heard in relation to the service and may question decisions or actions that affect the person in relation to the service,
  - (c) a service provider is to promote and respect the legal and human rights of a person who receives a community service and must respect any need for privacy or confidentiality,
  - (d) a service provider is, to the best of his or her ability, to provide such information about the service as may enable an appropriate decision to be made by the person for whom the service is, or is to be, provided,
  - (e) a service provider is to enable a complaint about the service to be dealt with fairly, informally and quickly and at a place convenient to the complainant,
  - (f) a complaint about the provision of a service is to be dealt with even if it is made by another person on behalf of the person eligible to receive, or receiving, the service.

## **2.2 The NSW Ombudsman Act 1974 No 68**

The Ombudsman is the independent and impartial watchdog for community services in NSW. Through his role, the NSW Ombudsman (“the Ombudsman”):

- provides an independent means of resolving complaints about community services
- promotes compliance with community welfare legislation and the development of standards for the delivery of community services
- encourages awareness of the rights and obligations of consumers and service providers under community welfare legislation
- encourages the resolution of complaints by service providers, and the use of alternative dispute resolution to resolve complaints.

The Ombudsman carries out his role under the *Community Services (Complaints, Reviews & Monitoring) Act 1993* and the *Ombudsman Act 1974*.

The Community Services Division of the Ombudsman’s Office carries out these functions. The Division is headed by the Community and Disability Services Commissioner as Deputy Ombudsman.

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- encourages awareness of the rights and obligations of consumers and service providers under community welfare legislation
- encourages the resolution of complaints by service providers, and the use of alternative dispute resolution to resolve complaints.
- The Ombudsman carries out his role under the *Community Services (Complaints, Reviews & Monitoring) Act 1993* and the *Ombudsman Act 1974*.

The NSW Ombudsman states that “a complaint handling system is an organised way of responding to, recording, reporting and using complaints to improve service to customers. It includes procedures for customers to make complaints and guidelines for staff to resolve complaints, and provides information to managers and staff that can assist them to prevent customer dissatisfaction in the future.

An effective complaints handling system is an essential part of providing quality service. It is a measure of customer satisfaction. It provides positive feedback about aspects of the service that work well, and is a useful source of information for improvement.

An effective complaints system will benefit the agency in four important ways by:

- creating a second chance to provide service and satisfaction to dissatisfied customers
- identifying areas that need improvement
- providing opportunities to strengthen public support for the agency, and
- assisting in planning and allocation of resources”.

The Ombudsman further advises that “complaints must be dealt with quickly to ensure satisfaction”.

“The more promptly a grievance can be resolved, the more likely it is that the customer will be satisfied and think highly of the agency. Complainants expect their complaints to be resolved immediately by the first person they talk to. If that is not possible, then they expect a response promptly. Dissatisfaction rises sharply if a response takes an unreasonable time.

To encourage staff to resolve problems quickly, time limits should be set for each step in the complaint handling procedure eg initial acknowledgments by phone, letter or email to the complainant; the return of internal requests for information; and final response to the complainant. If the complaint requires some form of investigation, performance standards should indicate that the complainant will be kept informed at regular intervals. Complainants or enquirers need to be assured that even if a problem cannot be immediately resolved, the agency is taking action. Complainants will appreciate ongoing feedback about progress.

### ***Quality of responses***

*When customers do get a response it must be comprehensive and deal with all the issues articulated in the complaint. Otherwise, second complaints are a high probability. The*

*response must be accurate because an inaccurate response undermines the credibility of the agency.*

*When people complain they want certain essential things to:*

- *feel secure*
- *be listened to (patiently)*
- *be heard but not judged*
- *have their point of view understood (for some complainants, this may involve acknowledgements that allow them to 'save face')*
- *be treated with respect and courtesy, and as an individual*
- *be provided with an explanation*
- *be given an apology*
- *have corrective action taken as soon as possible, and while action is taken, to be kept up to date*
- *be treated fairly, and*
- *make sure the problem never happens again.*

*Even if the agency is unable to take the action they want, if the other elements are provided and the process seems fair, they will usually be reasonably satisfied”.*

## **Privacy**

*We must protect the privacy of information about individuals in order to comply with the NSW Privacy and Personal Information Protection Act 1998 (Privacy Act) and the Health Records and Information Privacy Act 2002 (Health Privacy Act).*

*Community Services deals extensively with personal information and it is our obligation to ensure that the privacy of individuals is protected at all times.*

### 3. PRINCIPLES FOR COMPLAINT HANDLING

#### 3.1 Principles of good complaint management in Community Services<sup>1</sup>

Our complaints handling system relies on these core principles:

- Enquiries, complaints and feedback are treated as **core business** – complaints handling is part of Community Services' day to day activities
- Complaints are resolved as closely as possible to the point of service provision.
- People have a **right** to make a complaint to Community Services.
- Complainants are treated with respect, empathy and courtesy.
- Complaints are a **measure of the quality** of our service and provide valuable feedback
- Complaints are **managed fairly** and according to the principles of natural justice. (Also known as procedural fairness, this refers to the administrative process which gives an individual the right to be heard and the right to fair and unbiased decision-making.)
- Complaints are **confidential** and details will only be shared with other officers who are involved in resolving them.
- Complainants have a **right to remain anonymous**, and their matter will be investigated as far as possible.
- Complainants are **helped to describe** their issue and what they want us to do about it.
- Complainants are **told sensitively** what the Agency is able and willing to do to resolve their issue, and the **timeframes** for the resolution.
- Complainants are advised of other, **more appropriate avenues** to raise their complaint.
- Complainants are **advised regularly about the progress** of their complaint.
- Complainants are advised of **appeal mechanisms** if they are not satisfied with the outcome of their complaint.
- **Records** of the complaint and resolution processes are kept.

#### 3.2 EFCU Business Rules

Community Services has demonstrated a commitment to an effective complaints handling system that reflects the needs, expectations and rights of complainants through the formation of this Unit. In turn, must manage for the agency a culture that recognises the complainant's right to express concern and provides the mechanisms for complaints to be addressed in an efficient, fair and responsive manner.

A good complaints handling system recognises the need to **be fair** to the complainant, the agency and/or the person against whom the complaint is made.

Fairness works both ways. The Community Services complaint handling system must treat both clients and agency staff with respect and courtesy. The rules of **natural**

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<sup>1</sup> From Casework Practice topic *Responding to complaints at a CSC*

**justice** are to be applied and, where appropriate, all parties involved in the complaint should be given the opportunity to respond to any issues raised.

To be fair Community Services needs to:

- judge all complaints on their merits and facts;
- give equal treatment to all people;
- take all complaints seriously;
- treat complainants with sensitivity, respect and courtesy;
- give clients the opportunity to have their complaint dealt with by an officer not previously involved in the matter;
- ensure all conflicts of interest are disclosed and acted upon;
- ensure an appropriate remedy is provided if the complaint is substantiated;
- have an appropriate policy for dealing with anonymous complaints;
- provide all parties with clear reasons as to why any actions have been taken and
- provide further avenues of review.

#### 4. EFCU SERVICE STANDARDS

There is a 1800 phone number and postal address for complaints.

The EFCU will be staffed to take phone calls (on the 1800 number) between the hours of **9.00am and 4.30pm** on weekdays.

All staff must be present during the hours of **9.00am to 4.30pm** unless prior approval by the Manager has been obtained or unforeseen circumstances prevent this.

All phone calls received during business hours will be answered by a person. Calls not answered within three minutes will be diverted to the CSO queue.

Calls diverted to the CSO queue and subsequently referred to the EFCU, and complaints received by voicemail out of hours, will be responded to no later than the following working day.

Staff will be courteous and polite to all persons who contact the unit, and will provide their name to the caller.

Receipt of written correspondence (including emails, faxes, electronically lodged complaints) will be acknowledged (in writing, by email, or verbally within **5 working days**).

Staff will assist callers to make the details of their complaint/enquiry clear, and will ask complainants to clarify the outcome they are seeking.

As far as possible, complainants will be able to deal with the same person during the course of their complaint. However, any other Complaints Officer may also deal with a matter at any time.

If the complaint cannot be resolved immediately, the complainant will be given information about the complaint resolution process that will be followed.

If it is possible for the Complaints Officer to provide the complainant with an explanation of the reasons for a decision, they will do so.

Complainants will be advised about the anticipated timeframe for dealing with their complaints, and will be kept informed if the resolution process exceeds the initially indicated time period.

Where it is not possible to resolve the complaint, the complainant should always be treated fairly, and should be helped to understand that all reasonable steps were taken to address their concerns.

Undertakings made by complaints staff will be implemented (ie we do what we say we will do).

Complainants will be advised of further options available to them if they are not satisfied with the action taken on their complaints. This may include provision of the contact details for the NSW Ombudsman and an explanation of his role.

The Agency will attempt to resolve all complaints within **20 working days**.

Where resolution cannot be achieved within 20 working days, the client should be advised and wherever possible given a realistic new due date for completion. If the new date does not look like being met the client should be kept informed of progress and the reasons for the delay.

### **Quality service standards**

- EFCU staff will actively seek out current policies and procedures to ensure that information given to complainants and clients is current and accurate.
- EFCU staff will assist complainants to clearly identify their issues of complaint, and will assist the complainant to frame the issues in a way that will maximise opportunities for resolution.
- EFCU staff will ensure that the complaint issues and associated information are accurately recorded.
- Complainants will be referred back to the owning unit, in line with the principle of local resolution. Complainants should be referred to the appropriate manager.
- EFCU staff will clearly explain the complaints policy and procedure and will assist complainants to understand the appropriateness of local resolution. If local resolution is not feasible at the CSC level, staff will refer the complaint to another relevant option, usually a more senior level within the owning District.

### **Impartiality and confidentiality**

- Complainants and clients have a right to express their point of view.
- EFCU staff must act impartially in all aspects of complaints management.
- EFCU staff will not express personal opinions to complainants, clients or other members of the public who contact the Unit.
- EFCU staff will not discuss the details of any case with persons other than those directly with a legitimate 'need to know'.
- EFCU staff will always consider issues of privacy and confidentiality before providing any information to complainants, clients or members of the public.

## 5. OVERVIEW OF COMPLAINT UNIT PROCESSES

### 5.1 COMPLAINTS

#### 5.1.1 All complaints received at EFCU

Record complaint information on the Unit's database

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Send acknowledgment letters for all written complaints and on the request of a telephone complainant;

↓

Immediately resolve the complaint through the provision of information if at all possible.

↓

If immediate resolution is not feasible, gather information from complainant, assist them to clearly state their complaint issues, and inform them of local resolution referral processes. If necessary to assist the process, conduct other research (eg KiDS checks, consult policy and procedures, etc),

↓

Refer complaint to District Director's Office to facilitate allocation to CSC management for local resolution.

↓

If local resolution at the CSC level does not seem appropriate, consult Manager EFCU with a view to referral to a more senior level in the District; to an Executive Director; or to the Director Investigation and Review for possible consideration by the Complaints Review Unit (CRU).

↓

Follow up outcomes of complaint referrals with FEOs (or if necessary with the relevant Executive Director, CRU etc).

↓

Record outcomes on database. Create TRIM file to save all records

#### 5.1.2 Complaints referred from another business unit

If the matter is a new complaint referred for the EFCU's action, the above procedures apply.

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If the matter relates to a request to prepare a draft Briefing Note and / or response for Helpline Director's vetting, ascertain the EFCU's knowledge of or involvement in the matter and prepare the material within the set timeframe.

↓

Finalise data entry and ensure a soft copy of all correspondence, briefing notes and reports drafted by the EFCU are placed on the Unit's database

## 5.2 COMPLIMENTS/COMMENTS

### 5.2.1 Compliment/comment actions

Record details on the Unit database



Send acknowledgment letter for all written feedback



Refer details to the local Unit where applicable



Compliments relating to staff should be forwarded to their line Manager and the staff member concerned. A copy should also be attached to their P file.



Ensure that any action suggested by comments is followed up and finalized



Prepare any required briefing notes and reports



Finalise data entry and ensure soft copies of all EFCU initiated correspondence, briefing notes and reports are placed on the Unit's database



Record closure details and close both database files and EFCU paper files



The EFCU manager is also responsible for preparing compliment/comments related reports that may be required.



## **6. INTAKE, ASSESSMENT AND REFERRAL**

### **6.1 Intake**

Intake is the process in which the EFCU receives matters (by letter, email, fax, phone call, voicemail, online complaints form, or face to face visit to Head Office) and records them on Satisfy.

Information sought from the client / complainant during intake, and recorded, should include:

- (1) Their identifying details and contact information
- (2) The owning CSC or CS Business Unit.
- (3) Details of any children involved, if relevant, including DOB / age, address, and PR status if known.
- (4) Details of the complaint / compliment / comment / enquiry<sup>2</sup>
- (5) The complainant's or client's desired outcome.

### **6.2 Assessment**

6.2.1 Once the above has been ascertained,

- (1) Determine whether the client has contacted the EFCU previously via Satisfy check
- (2) Conduct KiDS check, if considered necessary to assist in identification of parties or Business Unit responsible for the matter, and / or to inform initial complaint assessment and referral
- (3) Consult policies, procedures or legislation if required
- (4) Decide the most appropriate option for managing the complaint

6.2.2 Immediate resolution.

The EFCU officer may immediately assess that a complaint can be resolved by the provision of information, explanation or advice at the time of the call. In such cases the aim is to finish the call with the complainant feeling that their issues have been satisfactorily resolved or addressed. In some cases the complainant may be unhappy with the outcome, but the complaint may still be closed because the complainant accepts there is no further action that CS can reasonably take.

### **6.3. Referral of complaint to a District or another Business Unit in CS.**

The usual practice of the EFCU is to refer matters to the District (generally for referral to local CSC management) or other relevant business unit for resolution. One of the essential intake tasks is to encourage complainants who might be reluctant to deal directly with the local level to do so. This reluctance may be due, for example, to a history of conflict or breakdown in relations, or because the complainant regards the

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<sup>2</sup> A critical task at Intake is to assist the complainant to clearly articulate their complaint in a form which will facilitate resolution, or which will enable further assessment or investigation. Complainants must also be advised of the complaints process and options for dealing with their complaint.

same staff as being responsible for the issues that have led to their complaint, and may question whether they will receive a fair hearing.

Local resolution of complaints is a clear requirement of CS-CRAMA and is consistent with best complaints practice and the Ombudsman's expectations of CS.

Complainants should be reassured at the intake stage that CS is committed to local resolution and quality complaints management.

If a complainant is dissatisfied with the options presented, the Complaints Officer can suggest that the complainant might consider approaching the NSW Ombudsman if they have not already done so. If the Complaints Officer assesses that the complaint raises serious issues that warrant assessment at the most senior levels, or that it might be better referred to the Complaints Review Unit or another Directorate, advice should be sought from the Manager EFCU.

If a complainant is prepared to speak with CSC management immediately following the contact with the EFCU, it may be possible to forward their call to the appropriate person through a 'warm transfer'. In this instance, the referral form will advise the District Director of the action taken.

## **7. INTAKE PROCEDURES – LETTERS AND FAXES**

**Letters and Faxes.** All letters and Faxes are logged on TRAMS by the IRB Admin staff as correspondence.

Admin staff then forward the correspondence to the EFCU Manager, who allocates it for assessment and response.

Receipt of written correspondence is acknowledged within 5 working days.

If the matter raised is not a complaint, a final response to the written matter will be provided within 5 working days. Written complaints which are referred to the Unit from other DoCS' business units are also logged on TRAMS as correspondence.

## **8. INTAKE PROCEDURES – E-MAILS**

**E-mails.** E-mails sent to EFCU mail box are copied onto SATISFY and the matter allocated. In general, matters raised by e-mail are responded to by e-mail, and receipt is acknowledged within 5 working days. The Manager EFCU allocates e-mail matters for assessment and response.

### **Procedures for EFCU Mailbox**

Voicemails/E-mails in In-Box

1. Change subject name to officer allocated to and callers name if possible. e.g. Lucinda – Mary Smith and forward to the relevant officer.
2. When the officer has responded to the caller they will send a reply e-mail to the EFCU mailbox stating they have responded etc. The original voicemail and response e-mail are then dragged into the “Returned Calls” folder in the In-Box.
3. E-mails other than voicemails are managed as outlined above in the “E-mails section” and then put into the calendar year folder.
4. The only e-mails/voicemails left in the EFCU In-Box are those that are current or waiting for a response.

## 9. INTAKE PROCEDURES – PHONE CALLS

**“Live” Phone calls.** Calls to the Unit will be answered directly by either a Complaints Officer or a Customer Service Officer. When speaking to complainants or clients staff members need to follow the principles and procedures in Boxes 1 and 2 (see below).

In the initial call the staff member will gather basic information about the nature of the call. The persons name and contact details will be recorded. However, people should be allowed to make an anonymous complaint if they choose to do so.

If a third party or advocate is making a complaint on behalf of a client, the Complaints Officer must speak with the complainant, verify their identity and confirm that the advocate is acting on their behalf and can be provided with information in response.

### Intake procedures

1. Staff initially identify themselves and name the unit e.g. “Hello, Community Services EFCU, John Smith speaking”.
2. Listen to the caller and determine what the person wants.
3. Confirm the details received.
4. Inform caller about the complaints or other process relevant to the call.
5. Record details of the call on SATISFY during the telephone conversation. If this is not possible, adequate written notes should be made and details recorded on SATISFY as soon as practicable thereafter.

#### **Box 1. Recording details while speaking to the complainant or client.**

The ideal practice is to record details during the phone conversation by extracting information from the caller in the order it is recorded on the database.

Advise the caller that the details of their matter are being documented /“typed” during the call to ensure that the details are being accurately recorded. However, it is not advisable to adopt this practice where the client is aggressive, or the case is complex, or where the client may interpret such action as discourteous.

At the end of the call the EFCU officer should be able to determine whether the matter is a complaint, compliment/comment, enquiry or other matter. The officer should also be able to ascertain whether the matter has been raised previously with the CSC or with another Business Unit.

It is good practice, especially when the issues raised are complex and/or serious in nature to read/ recap the documented details to the client. This will enable the client to confirm their issues have been accurately documented.

## **Box 2. Principles of telephone communication**

The basic principles of telephone communications include:

- Use language that demonstrates to the caller that you are actively listening to what they are saying.
- Use summarising and questioning to establish the issues they are raising and what they are seeking as an outcome from CS.
- Determine what the call is really about. Sometimes the caller will not articulate the issue clearly and will focus on side issues.
- If possible develop rapport with the caller and express an understanding of their point of view, whilst taking steps to prevent them from interpreting this as agreeing with them.
- Tell the caller if there are other distracting factors in your environment (eg a conversation between staff)-
- Carefully close off calls in which the caller is not adding anything new. In cases of repeat callers or callers that are excessively repetitious it is acceptable to politely terminate the call.
- If the caller is threatening or abusive, terminate the call. Refer to the separate procedures for dealing with threatening calls.

## **Contact us**

If contacted by a person with a hearing or speech impairment, ask if they would prefer to use the services of National Relay Service:

- TTY users phone 133 677
- Speak and Listen users phone 1300 555 727
- Internet relay users connect to the NRS

## **10. INTAKE PROCEDURES – MESSAGES**

### **Messages**

The EFCU will not utilise a voice messaging system allowing complainants to leave messages. Calls will be answered live by a Complaints Officer during the unit's approved operation times (Monday to Friday – between 9.00am and 4.30pm).

Any calls received outside these timeframes are redirected to the CSO Helpline, where a CSO will take the complainant's details and refer the matter by email to the EFCU mailbox. Complainants are contacted the following working day by a nominated Complaints Officer.

This process is also utilised when Complaints Officers are unavailable due to other operational requirements, team meetings etc

In cases where the client is called back three times on at least three separate days and contact cannot be made the case can be closed. If the address details are known a letter will be sent to the complainant advising that attempts were made to contact the client by phone but these were unsuccessful

In cases where the complainant can only be contacted by leaving a message on their message system a message will be left asking the complainant to ring again. These cases can then have the (CB) call back prefix removed from them. If a message has been left for the complainant and they do contact the Unit within three weeks and at least three separate attempts have been made to contact the client the matter can be closed.

For cases in which the complainant rings back and has to leave a message a second time the Manager will be alerted and can reallocate this matter a higher priority.

## 11. SINGLE CALL RESOLUTION

Usually, an enquiry can be dealt with at the time of the call by appropriate referral or the provision of information to the caller. However, some complaints can also be resolved by the Complaints Officer during the call. For example, a complainant might be satisfied with information about the Agency's policies and procedures which demonstrates that a caseworker acted properly.

By resolving a complaint at the time of the call, a complainant may feel that CS has an effective client assistance mechanism, and may also be more confident about raising issues in future. In addition, field staff will not be diverted from their core business.

### **Actions undertaken during call:**

The Complaints Officer receives the complaint, records the issues, and resolves the matter through the provision of an explanation, advice and information.

**Details to be recorded.** All fields in Satisfy to be completed during or immediately following the call.

**Resolution.** Calls can be entered on Satisfy as "resolved"/"not resolved"/"negotiated at the end of the call".

**Closure.** Single call resolution matters can be closed immediately Satisfy entries are completed.

### **Performance measures**

1. **Time.** These calls would normally be managed and Satisfy documentation completed within 45 minutes.
2. **Success indicator.** These complaints are categorised with an outcome of "resolved" if the client expresses satisfaction with the explanation/information provided and it is apparent they are unlikely to make any more calls about the issue/s raised
3. **Staff knowledge and skill:** Officers managing these calls need to have a thorough and contemporary knowledge of the relevant legislation, policies and guidelines across CS program areas.



## **12. REFERRAL TO THE CSC OR OTHER BUSINESS UNITS**

Complaints are routinely referred to relevant CSCs or other Business Units in CS for resolution. This approach is in line with the objects and principles of CS-CRAMA, as well as CS policies and procedures.

The EFCU monitors the outcome of these complaints to assist in the analysis of patterns of complaints and to ascertain the extent to which complaints are successfully resolved.

### **Actions**

Essential information collected at intake is recorded on SATISFY.

The client is advised, in writing, by phone, or by e-mail (depending on their means of contact) that the matter has been recorded.

The Complaints Officer will formally advise the CSC / Business Unit of the referral via a pro forma memo, which is copied to the relevant District Director or Executive Director. The memo will also advise details of the complaint and the complainant's contact details.

If the complainant expresses a preference to make contact with the CSC or other Business Unit in their own time, the Complaints Officer will provide contact details to the complainant. The memo to the CSC / Business unit will advise the complainant's intention to make contact arrangements when they are ready to do so.

The contact person in a CSC is usually the line Manager of the staff member about whose work the complaint was raised.

The memo to the CSC / Business Unit will also request advice about the outcome of the matter. In Districts, District Executive Officers are responsible for ensuring that this advice is sent to the EFCU.

The Complaints Officer to whom a matter is allocated is responsible for ensuring that:

- narrative details on Satisfy provide sufficient information to enable a clear understanding of the issues raised
- an acknowledgement letter is sent for all written matters raised with the EFCU (where a matter is first raised by e-mail, a response via e-mail is appropriate),
- all subsequent actions or contacts with the complainant, Agency staff or others, are recorded on Satisfy,
- a soft copy of all incoming and outgoing correspondence is linked to the relevant case details on Satisfy through TRIM,
- all data categories on Satisfy are filled in appropriately.

**NOTE:** In some instances the allocated officer may not be the person who places initial details on Satisfy, or sends out a written acknowledgement (i.e., letter or e-mail). Regardless, it is the allocated officer's responsibility to ensure that all case records are fully completed and an appropriate written acknowledgement (where necessary) has been sent.

**Details to be recorded.** Intake information  
All actions taken  
All fields in SATISFY  
Outcome information

### **Resolution**

This record is based on advice received from the owning CSC or Business Unit

### **Closure**

This record is based on advice received from the owning CSC or Business Unit

### **Performance measures**

- 1. Time** Complaints referred for local resolution should be completed within 20 working days. District Directors / District Executive Officers / Executive Directors are responsible for ensuring this standard is maintained. If the EFCU does not receive advice about the outcome within the standard timeframe, it will be sought from the District Executive Officer / Business Unit.
- 2. Success indicator** Complaints are categorised with an outcome of "resolved" if the CSC / Business Unit report that the complainant has expressed satisfaction with the explanation / information provided or action taken.
- 3. Staff knowledge and skill** Complaints Officers need to have an appropriate and current level of knowledge of CS policies and procedures, as well as an advanced ability to assist the complainant to frame their complaint, and to understand and accept the complaints process.

### 13. REFERRAL OF COMPLAINTS TO THE HELPLINE

Complaints about the actions of the Helpline (and DV line) may include:

- inappropriate call management by the CPC/CSO
- decisions about classification (ROH -v- ROSH)
- difficulties in contacting the service
- calls not returned
- delays in, or failure to, transfer reports to the CSC

If the EFCU receives information which might constitute a ROSH report, the information will be forwarded to the Helpline. If the information was received by mail or electronically, it will be forwarded to the Helpline and the acknowledgement letter will advise accordingly. (see FAX in Appendix 1.) ((best means to refer to H/L need to be worked out and agreed.))

All matters referred to the Helpline should be marked to the attention the designated contact officer, who is responsible for ensuring the material received from the EFCU is registered, referred to the appropriate Manager, and the timeframe for advice is met.

#### **Helpline Contact Details**

The current designated contact officer for all complaint matters relating to the Helpline is:

Helen Welsh  
Project Manager, CS Helpline  
P: 02 9633 6130  
M: 0422 002 585  
F: 02 9633 6192  
E: [helen.welsh@dhs.nsw.gov.au](mailto:helen.welsh@dhs.nsw.gov.au)

When e-mailing a request for advice, also cc the e-mail to Melissa Armstrong.

## 14. COORDINATION OF COMPLAINTS BY THE EFCU

The fundamental aim of the EFCU is to provide an efficient and effective complaints intake service, with the primary objectives of referring for local resolution any complaints that it cannot resolve at the intake stage.

The EFCU is responsible for monitoring the outcomes of complaints referred for local resolution by ensuring that Districts and Business Units provide timely advice about the success or otherwise of their attempts to resolve complaints and issues.

If the District or Business Unit escalates a complaint to a more senior level for resolution or other action, the Complaint Unit should be informed so it can amend its monitoring schedule accordingly.

Occasionally, the EFCU might receive a complaint which, in its assessment, requires immediate direct referral to a District or Executive Director because of the issues raised. The EFCU might also recommend that certain complaints should be referred for investigation by the Complaints Review Unit in Head Office.

As the EFCU does not have a formal investigative function, complaints cannot be escalated to it for action.

### **Resolution and/or closure**

The District Executive Officer will inform the EFCU staff member when the necessary actions have been taken to resolve the complaint. The complaint can be closed at this point.

If the complainant remains dissatisfied despite all reasonable steps having been taken to address or resolve the complaint, the complaint can be closed. However, the CSC / Business Unit is to advise the complainant of other avenues that could be pursued, such as the Ombudsman or, when applicable, the ADT.

**Details to be recorded.** Intake information  
Outcome information  
Actions taken

**Resolution.** To be advised from the owning Business Unit

**Closure** To be advised from the owning Business Unit

### **Performance measures**

1. **Time** The 20 day standard applies
2. **Success indicator** Number of complaints recorded as resolved or partly resolved

## **15. COMPLAINTS REFERRED FROM SECRETARY, MINISTER'S OFFICE, OR BEFCU.**

### **15.1 Complaints received by phone at the Minister's office**

#### **15.1.1 Background**

Complainants have a right to speak with the Minister's office if they do not want to raise their complaint with the Agency.

Complainants who contact the Minister's office by phone may have previously been unable to resolve their issues through the Agency's complaint processes. They may regard the Minister's office as being independent of CS and some may expect the Minister to personally deal with their issues. If such complainants are resistant to further contact with the EFCU or the Agency, it may be appropriate for the Agency Liaison Officer at the Minister's office (DLO) rather than the EFCU to deal directly with them.

#### **15.1.2 Protocol**

The DLO may liaise with the EFCU to request a Complaints Officer to return a call to a complainant on behalf of the Minister's Office. Complaints Officers must ensure that they identify themselves as a Community Services Complaints Officer and "I am returning a telephone call on behalf of the Minister's Office. How can I assist you"

At the completion of the telephone call, manage the complaint as per normal complaints management processes.

Write a feedback summary for the Office of the Minister advising the outcomes of the telephone call and any other actions being taken to manage the persons issues.

The drfat response will be forwarded by the Manager EFCU to the Director Child Protection Helpline for endorsement and then to the Deputy Secretary's Office for final endorsement and return to the Minister's Office.

#### **15.1.3 Frequent callers**

Frequent callers to the Minister's office, whose issues have been responded to in the past by the Minister (or Secretary / CE on the Minister's behalf), should be dealt with by the DLO. Experience suggests that referral of these people to the EFCU is often unhelpful, but may be considered on a case by case basis.

### **15.2 Written complaints to the Minister, Minister's office or the Secretary**

Where the complainant has written to the Minister, DG or CE, the Agency response is coordinated by BEFCU. The EFCU is not usually involved when there is written correspondence to the Minister, unless the matter specifically relates to the Unit.

These matters are managed along similar lines to other written complaints. However, there are several additional steps to be taken:

- Check with BEFCU to ascertain whether the correspondence has been acknowledged by the Minister or BEFCU.
- If an acknowledgement has not been provided or will not be provided by another Unit the EFCU will provide an acknowledgment letter as soon as possible or in any case within 5 working days.
- Files will be created for all complaints which are referred from BEFCU
- Prepare a briefing note and a draft reply from the DG or Minister – see the Easy Guide on the CS Intranet for instruction on the preparation of briefing notes.

## **16. COMPLAINTS/ INQUIRIES FROM THE NSW OMBUDSMAN'S OFFICE**

### **16.1 Role of the Ombudsman**

One of the core functions of the NSW Ombudsman is to handle complaints about NSW government agencies under the *Ombudsman Act 1974*. He can also handle complaints about service provision by CS and service providers who are funded or licensed to provide community services under the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.

Although the Ombudsman has wide powers, his approach is to encourage people to first try to resolve their complaints directly with the agency concerned. Sometimes a complainant will not be satisfied after raising their complaint with CS, and will request the Ombudsman to deal with it. The Ombudsman has a range of options, including formal or informal preliminary inquiries; referral to the agency to resolve or investigate a complaint about it and report the outcome; conciliation; formal investigation; or declining further action.

### **16.2 Contact with the Ombudsman's office.**

The Ombudsman's officers may ring the EFCU (or any other Business Unit in CS) to obtain basic information to help them manage a complaint. EFCU officers should provide limited relevant information to the Ombudsman's office on request, but if the questions appear to require a detailed or written response, or the submission of documents, the Ombudsman officer should be asked to put the request in writing. This is consistent with the MOU between CS and the NSW Ombudsman.

The Information Exchange Unit is the central unit responsible for the coordination of formal communication between CS and the NSW Ombudsman.

### **16.3 Complaints which are managed by the Ombudsman**

If the Ombudsman is managing a complaint about a CS service or staff member then it is usually not practicable for the EFCU to also deal with the same issues.

### **16.4 Ombudsman information about complaints**

The Ombudsman has produced a number of relevant fact sheets on complaints and related issues, which are available on:

<http://www.ombo.nsw.gov.au/guideorganisations/guidepubsecagencies.html>

## **17. COMPLAINTS/ INQUIRIES FROM MEDIA AND MPs**

All complaints/enquiries from MPs should be referred to the Minister's office. It is normal protocol that MPs approach government departments via the relevant Minister.

All complaints and enquiries from the Media should be referred to the Media & Communication Branch.



## **18. THREATENING OR ABUSIVE CALLS**

### **18.1 Threatening calls**

Any threat of harm received by an Officer must be documented immediately.

The Officer should place the call on speaker and alert another member of staff to be witness to the threats. The officer should advise the caller that any threats of harm will be taken seriously and that the call has been placed on speaker and is being witnessed.

If the caller continues to be threatening then they should be advised that the call will be terminated because of their threatening behaviour

The Officer will then immediately speak with the Manager or a more experienced Officer in the EFCU who will, without delay, contact the Manager of the Unit involved and the District Director/ Executive Director.

If the threat is judged to be seriously made or repeated then it should be reported to the police.

A report should also be made to the police if there is a known history of violent offences by the caller.

If the police need to be contacted or a police statement made the Officer who took the threat is to work in conjunction with an experienced Officer for support and advice.

### **18.2 Abusive or offensive calls**

In cases where calls are verbally abusive or offensive (but not necessarily threatening) the client should be advised that the call will be terminated if the behaviour continues. If the caller continues with the behaviour then the call should be terminated by advising the caller that DoCS staff should be treated respectfully and that the caller can call back when they are prepared to discuss the issues more calmly.

## **19. PERSISTANT OR REPEAT CALLERS**

### **Repetitious Complainants**

The EFCU has a list of return callers and the staff member who is identified to deal with them. This list is on the G Drive under:

G\EFCU\Complaints\repeat clients.

This list is updated by the Manager on the advice of staff. Callers who have not called the Unit for three years can be removed from the list.

If a repeat caller does not present with new information or a new complaint, the Manager can decide to advise them that the Unit will no longer be able to deal with their calls and that the caller should communicate in writing.

Calls from repeat callers which do not raise new issues are classified as “no stated issue”

## **20. CLIENTS ATTENDING HEAD OFFICE**

- 1 No EFCU staff member will be required to attend an interview with a client where they feel uncomfortable with that person.
- 2 When a client or member of the public comes to Head Office they will first be seen by security staff who will contact the Complaints Review Unit by telephone and provide the name of the person seeking an interview.
- 3 Complaints Review Unit staff will check Satisfy and KiDS system to ascertain whether the person is known to the Department before meeting with them.
- 4 A register will be kept in the Complaints Review Unit of the name of the person seeking an interview and the names of staff attending the interview. This will be filled in before staff proceed to the interview.
- 5 When it is thought that a particular client may pose a risk, or if staff are uncomfortable meeting with a particular person in the interview room, then that meeting will take place in the foyer of 4-6 Cavill Avenue.
- 6 Two staff from Complaints Review Unit will attend any interview. If Complaints Review Unit are unavailable, another staff member/s from Investigation and Review Branch will attend.
- 7 Staff attending an interview will go to the upper level basement in 2 Cavill Avenue and then make their way underground to the other building. They will then enter the foyer of that building via the glass doors from the staff area on the ground floor for security purposes.
- 8 The interview room telephone will be kept in a secure area near the security guards and can be accessed and plugged into the interview room when necessary. Duress alarms should be available in the interview rooms.
- 9 Complaints Review Unit staff will identify themselves to the person to be interviewed using their name and the Unit they are from, and invite the person into the interview room.
10. Consideration should be given to OH&S requirements if it is felt that a client/member of the public may become aggressive. Clients should only be invited into the interview room if staff feel there are no concerns.
- 11 Complaints Review Unit staff will initially listen to the issues raised and, where practicable, invite the person to contact the EFCU direct, offering a phone for that purpose.
- 12 If the person insists on providing their complaint to the Complaints Review Unit staff, the details will be confirmed and the person informed their complaint will be referred to the EFCU on their behalf.

- 13 During the interview, Complaints Review Unit staff should take adequate written notes and forward details to the EFCU for their action as soon as practicable thereafter.

If Complaints Review Unit staff can immediately resolve the matter with the client/member of the public by the provision of appropriate advice, they should do so.

Whenever a client that is already being assisted by a Complaints Officer presents at Head Office for a face to face interview, the Complaints Review Unit officer should attempt to steer the person back to the EFCU and explain the appropriateness of this action.. It may be necessary to directly inform the EFCU of the person's presentation at the time, and to also consider whether a 'warm transfer' would assist the complainant.

## **21. RESOLVING COMPLAINTS**

Community Services Complaints Model requires complaints to be resolved at the local level with the complainant

The aim of resolution is to provide a quick, informed response to a complaint without the need for a detailed investigation of the points raised. The issues are by definition those that can mostly be addressed 'on-the-spot' by a Complaints Officer. In this context it is likely that resolution will take place on the telephone, and should be achievable within a short period of time; 24 hours in the majority of cases.

Not all complaints are suitable for a quick resolution and not all complaints will be satisfactorily resolved at this stage. Complaints handled by local resolution are typically those that are complex or require a certain amount of examination to establish the relevant facts before the Community Service can state our position.

Districts and Branches should also be aiming to 'get it right first time'. Their goal is to establish all of the facts relevant to the points raised and provide a full, objective and proportionate response that represents Community Services' definitive position.

Best practices guides indicate that a complaint should be completed within 20 working days. However it is recognised that some complex complaints may take longer to resolve and that there may be some complaints that are so complex that they will require careful consideration and detailed investigation beyond the 20 working days target. Where there are clear and justifiable reasons for extending the timescale, Community Services should set time limits on any extended investigation, subject to agreement with the complainant. The important consideration in cases which exceed the 20 working days target is that the complainant should be kept updated of the reason for the delay and given a revised timescale for bringing the investigation to a conclusion.

## 22. INVESTIGATIONS

Investigations of complaints will be conducted in Districts as determined by the District Director. Some matters will be investigated by the Complaints Review Unit located at Head Office, on referral by the District Director.

If it appears to a EFCU officer at intake that a complaint may be more appropriately referred for investigation rather than local resolution, they should bring the matter to the attention of the Manager, who will consult with relevant parties to determine the appropriate action.

**NOTE:** If a Complaints Officer identifies any allegations of Reportable Conduct, these should be referred to the Reportable Conduct Unit. If allegations of Professional Misconduct are identified these should be referred to the appropriate District Director or Executive Director, or to the Director, Industrial Relations.

At the completion of the investigation and associated actions, the Complaints Officer will record relevant details in Satisfy and close the case.

### **23. CS POLICIES AND PROCEDURES**

Policies and procedures covering the Agency's work are on the intranet.

*Casework Practice* contains procedures covering the Agency's work with clients.

Additional resources can be found through the site index link.

## **24. SYSTEMIC ISSUES**

A role of the EFCU is to assist in the identification of systemic problems which become evident through the processing of complaints.

EFCU officers who consider that they have dealt with a matter which concerns a systemic issue, which may not already be receiving attention within the Department, should outline details in an internal memo and submit this to the EFCU manager or delegated officer for assessment on further action.



## **25. SECURITY – PAPER FILES**

The Complaints Officer dealing with a matter is responsible for maintaining all associated documentation.

Hard copy files should be kept securely. Normal schedules and procedures apply to the storage of EFCU files. The file consists of:

- original correspondence (if any) from the client/complainant,
- any correspondence to and from the client/complainant, including a copy of the acknowledgment letter, any case closure letters, etc.,
- any other relevant documents, e.g., briefing notes, correspondence from CSCs, etc., and
- a copy of the Satisfy “case details” printout.

## **26. SATISFY DATABASE**

The Unit has a licence for the SATISFY complaints handling software.

Specified administrative staff and all EFCU staff have user access to the system.

New staff can only access SATISFY if they have a LAN logon, a B form approval for SATISFY, a user name and a password for SATISFY.

It is the responsibility of the allocated Complaints Officer to ensure that all details on the Unit's database are up to date and accurately reflect the Complaints Officer's knowledge of the matter being dealt with.

On receipt of a matter, the allocated Complaints officer will ensure that:

- Narrative details on the unit database provide sufficient information to allow for a clear understanding of the matters raised with the EFCU.
- Client/complainant personal details are accurately recorded.
- Details relating to any associated child or children are accurately recorded.
- Data fields (legal status of child, relationship of client/complainant to child, etc) are accurately filled out.

The allocated Complaints Officer will also ensure that narrative and data fields are regularly updated while ever a case remains open in the EFCU.

Before a matter is closed it is the responsibility of the allocated Complaints Officer to ensure that all:

- Relevant details have been recorded on the Unit's database.
- Details have been accurately recorded.
- All relevant data fields are completed.
- No further action is required or all reasonable steps have been taken in the attempted resolution of the complaint.

## **27 ROLE OF COURTS AND THE ADT**

### **Review of decisions by the NSW Civil and Administrative (NCAT)**

If the client disagrees with certain decisions made by DoCS, they can seek a review by the Administrative and Equal Opportunity Division of the NCAT. They should be advised of their rights, and also the correct process. In general, if a person is considering a review by the NCAT, they need to ask for a review by DoCS of the decision and/or reasons for the decision before they can lodge an application with NCAT. The review should be requested within 28 days of the decision.

The Administrative and Equal Opportunity Division of the NCAT can look at a range of matters including:

- decisions about the placement of children in out of home care,
- refusal to provide certain information or assistance under New South Wales adoption laws,
- a refusal of a community service provider to implement a recommendation of the Ombudsman,
- the accreditation of agencies in relation to the provision of adoption services and out of home care, and
- privacy complaints.

### **What types of results can the Equal Opportunity Division give?**

If the Equal Opportunity Division of the NCAT makes a decision in the clients' favour, the Tribunal can make various orders, including:

- reversing the administrators' decision completely or in part,
- substituting a new decision for the original decision,
- ordering the administrator to reconsider the decision in light of the ruling, and,
- awarding monetary compensation in privacy matters.

(link to [http://www.lawlink.nsw.gov.au/adt.nsf/pages/adt\\_3](http://www.lawlink.nsw.gov.au/adt.nsf/pages/adt_3))

## 28. CODE OF CONDUCT AND ETHICS

The Code of Conduct and Ethics sets out principles of personal and professional behaviour that the organisation expects of its employees. In general it requires that staff should:

- Have respect for the law and the system of government under which they are called to discharge their duties of employment by:
  - exercising statutory powers in a lawful manner,
  - carrying out lawful and reasonable instructions,
  - efficiently and effectively serving the government of the day. (Public servants must approach their duties and responsibilities in an apolitical manner. Further, government policy must be implemented and administered conscientiously and without bias);
- Perform their duties with professionalism, objectivity, honesty, integrity and compassion, and in the best interests of the people who access the services of the Department;
- Show respect for all persons (clients, colleagues and members of the public) and their rights, in the performance of duties;
- Observe fairness and equity in all official dealings with the public and with other public sector employees;
- Avoid any potential or actual conflicts of interest.
- Ensure the proper use of official information and maintaining proper standards of confidentiality:
  - in the performance of duties;
  - when considering making **public comment**; and
  - after leaving the Department's employment.
- Ensure the efficient and effective use of public resources entrusted to the Department, in the public interest; and
- Report suspected corrupt behaviour by other staff members.

The Code of Conduct and Ethics is one of the measures used to determine whether an officer has acted unreasonably in relation to complaints made against them in the course of their duties.

## 29 REFERENCES

CS Disability Action Plan

ISO 10002:2004 *Quality management – Customer satisfaction – Guidelines for complaints handling in organisations.*

*National Community Services Data Dictionary Version 3, 2004.* AIHW

Tillett, Gregory, Uni Western Sydney. Mediated through plastic: dispute resolution by telephone. Paper presented at the 2006 IPA Conference.

## Appendix 1 – Client acknowledgement letter

Our ref: 199999 Citizen

Ms Catherine Citizen  
**Insert Address**  
NSW 2500

Dear Ms Citizen

I am writing to you in response to your **(telephone / letter / email)** to the Enquiry Feedback and Complaints Unit on **INSERT DATE** about **INSERT TOPIC**

As discussed, I have forwarded your concerns regarding this matter, to the **INSERT DISTRICT** Director's Office for their action.

Community Services takes your complaint seriously and is committed to responding to your concerns as soon as possible. Sometimes we cannot resolve a complaint immediately but we will let you know our progress on the matter.

We appreciate your feedback in order to improve our services. On the next page we have outlined for your information the agency's responsibilities, and what we ask of you as a complainant.

If you require further information regarding the progress of this matter please contact the Enquiry, Feedback and Complaints Unit on 1800 000 164 and quote your reference number **199999 Citizen**.

Yours sincerely

**INSERT COMPLAINTS OFFICERS NAME**  
**INSERT DATE**