

# Yarram Early Learning Complaints and Grievances Policy

Quality Area 7: Governance and Leadership

## Purpose

This policy will provide guidelines for:

- Receiving and dealing with complaints and grievances at Yarram Early Learning Incorporated
- Procedures to be followed in investigating complaints and grievances.

Note: This policy does not address complaints relating to staff grievances or employment matters. The relevant awards provide information on the management of such issues.

## POLICY STATEMENT

### VALUES

Yarram Early Learning Incorporated is committed to:

- Providing an environment of mutual respect, **culturally safe** and open communication, where the expression of opinions is encouraged
- Complying with all legislative and statutory requirements
- Dealing with disputes, complaints and complainants with fairness and equity
- Establishing mechanisms to promote prompt, efficient and satisfactory resolution of complaints and grievances
- Maintaining confidentiality at all times.

### SCOPE

- This policy applies to the Approved Provider, Responsible Person, Nominated Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Yarram Early Learning Incorporated

## BACKGROUND AND LEGISLATION

### Background

Complaints or grievances may be received from anyone who comes in contact with Yarram Early Learning Incorporated including parents/guardians, volunteers, students, members of the local community and other agencies.

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

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

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

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

## Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*, as amended 2011
- *Children, Youth and Families Act 2005 (Vic)*, as amended 2020
- *Education and Care Services National Law Act 2010*: Section 174(2)(b)
- *Education and Care Services National Regulations 2011*: Regulations 168(2)(o) and 176(2)(b)
- *Health Records Act 2001 (Vic)*, as amended 2011
- *Information Privacy Act 2000 (Vic)*, as amended 2011
- *National Quality Standard, Quality Area 7: Leadership and Service Management*
  - Standard 7.3: Administrative systems enable the effective management of a quality service
    - Element 7.3.4: Processes are in place to ensure that all grievances and complaints are addressed, investigated fairly and documented in a timely manner
- *Privacy Act 1988 (Cth)*
- *Privacy Regulations 2006 (Cth)*

## DEFINITIONS

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

**Complaint:** (In relation to this policy) a complaint is defined as an issue of a minor nature that can be resolved promptly or within 24 hours, and does not require a detailed investigation. Complaints include an expression of displeasure, such as poor service, and any verbal or written complaint directly related to the service (including general and notifiable complaints).

Complaints do not include staff, industrial or employment matters, occupational health and safety matters (unless related to the safety of the children) and issues related to the legal business entity, such as the incorporated association or co-operative.

**Complaints and Grievances Register:** (In relation to this policy) records information about complaints and grievances received at the service, together with a record of the outcomes. This register must be kept in a secure file, accessible only to educators and Responsible Persons at the service. The register can provide valuable information to the Approved Provider on meeting the needs of children and families at the service.

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

**General complaint:** A general complaint may address any aspect of the service e.g. a lost clothing item or the service's fees. Services do not have to inform DET, but the complaint must be dealt with as soon as is practicable to avoid escalation of the issue.

**Grievance:** A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature e.g. the service is in breach of a policy or the service did not meet the care expectations of a family.

**Mediator:** A person who mediates, especially one who reconciles differences between disputants.

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

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

- Details of the event or incident
- The name of the person who initially made the complaint
- If appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- Any other relevant information.

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au)

**Serious incident:** An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the Regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

## SOURCES AND RELATED POLICIES

### Sources

- ACECQA: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Department of Education and Training:DET  
[www.education.vic.gov.au/ecsmanagement/educareservices/csprotocols.htm](http://www.education.vic.gov.au/ecsmanagement/educareservices/csprotocols.htm)

### Service policies

- *Code of Conduct*

- *Inclusion and Equity Policy*
- *Interactions with Children Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*

## **RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS**

### ***The Approved Provider is responsible for:***

- Being familiar with the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*, service policies and constitution, and complaints and grievances policy and procedures
- Identifying, preventing and addressing potential concerns before they become formal complaints/grievances
- Ensuring that the name and telephone number of the responsible person (refer to *staffing policy*) to whom complaints and grievances may be addressed are displayed prominently at the main entrance of the service (regulation 173(2)(b))
- Ensuring that the address and telephone number of the authorised officer at the DET regional office are displayed prominently at the main entrance of the service (regulation 173(2)(e))
- Advising parents/guardians and any other new members of [service name] of the complaints and grievances policy and procedures upon enrolment
- Ensuring that this policy is available for inspection at the service at all times (regulation 171)
- Being aware of, and committed to, the principles of communicating and sharing information with service employees, members and volunteers
- Responding to all complaints and grievances in the most appropriate manner and at the earliest opportunity
- Treating all complainants fairly and equitably
- Providing a *complaints and grievances register* (refer to *definitions*) and ensuring that staff record complaints and grievances along with outcomes
- Complying with the service's *privacy and confidentiality policy* and maintaining confidentiality at all times (regulations 181, 183)
- Informing DET in writing within 24 hours of receiving a notifiable complaint (refer to *definitions*) (act 174(4), regulation 176(2)(b))

### ***The Nominated Supervisor, Responsible Person, educators and other staff are responsible for:***

- Responding to and resolving issues as they arise where practicable
- Maintaining professionalism and integrity at all times
- Discussing minor complaints directly with the party involved as a first step towards resolution (the parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome)
- Informing complainants of the service's *complaints and grievances policy*
- Recording all complaints and grievances in the *complaints and grievances register* (refer to *definitions*)

- Notifying the approved provider if the complaint escalates and becomes a grievance (refer to *definitions*), is a notifiable complaint (refer to *definitions*) or is unable to be resolved appropriately in a timely manner
- Providing information as requested by the approved provider e.g. Written reports relating to the grievance
- Complying with the service's *privacy and confidentiality policy* and maintaining confidentiality at all times (regulations 181, 183)
- Working co-operatively with the approved provider and DET in any investigations related to grievances about Yarram Early Learning, its programs or staff.
- **The Supervisors and relevant Room Leaders are responsible for ensuring volunteers and students are following this policy and the outlined procedures.**

### **Parents/guardians are responsible for:**

- Raising a complaint directly with the person involved, in an attempt to resolve the matter without recourse to the complaints and grievances procedures
- Communicating (preferably in writing) any concerns relating to the management or operation of the service as soon as is practicable
- Raising any unresolved issues or serious concerns directly with the approved provider, via the nominated supervisor/educator
- Maintaining complete confidentiality at all times
- Co-operating with requests to meet with the grievance's subcommittee and/or provide relevant information when requested in relation to complaints and grievances.

## **PROCEDURES**

### **Levels of complaint handling**

#### **Informal: Approach any staff member**

- This will be for simple straight forward complaints, usually verbal.
- Families will be encouraged to approach any of the staff members, to try resolve these complaints.

#### **Formal: Director**

- These may be more complex matters which need to be referred to the director

#### **Community**

- If a community member makes a complaint against Yarram Early Learning, for example, services located in residential areas may need to resolve issues with neighbours concerning traffic frequency, vehicle parking and noise levels.
- The Responsible Person nominated supervisor or person receiving the complaint will follow grievance and complaints steps outlined in this policy.

#### **Dealing with media**

- Yarram Early Learning will only communicate with the media when a grievance or complaint has been communicated to a media organisation,

and possibly exposed to the general population, through the Committee of Management, the Responsible Person or the Nominated Supervisor

## Grievances and complaints management procedure

### Step 1: Informal: Approach any staff member

- If you have a comment or complaint about our service, please talk to the staff members.
- If they are unable to help you, or if you are dissatisfied with the outcome, they will refer you to the director.

### Step 2: Formal: Director

- Bring your concern to the director
- The director will attempt to clarify the issue, ask the parent what solution they are looking for and try to resolve the issue.
- The director will ask you if you wish to make a formal complaint in writing
- The director will investigate, and (if required) speak to relevant staff and ask them to:
  1. Advice if they were aware of the issues, if so
  2. State the nature of the problem
  3. Advise of the possible cause
  4. What they believe should be done to rectify the issue
- The director and staff member will try to come up with a solution to the grievance and report back to the parent with the solution
- A meeting may be organised, with the relevant staff member (if applicable), parent, and director attending. Each person will have the opportunity to speak without interruption and will be held with fairness, consistency, objectivity, confidentiality and patience.
- The majority of complaints that reach the formal level are usually resolved or reach an amicable agreement

**Step 3:** If then you feel your complaint has not been resolved, outline your complaint in writing and pass on to the Chair of the Committee of Management. This may be discussed at a Committee meeting.

### Step 4: If you feel your complaint has still not been adequately resolved you can contact:

- **Department of Human Services  
Children Services Advisor  
Corner of Kirk and Haigh Street MOE VIC 3844  
(PO Box 381 MOE VIC 3825)  
Phone: 5194 4101**

## EVALUATION

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

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

## ATTACHMENTS

N/A

## AUTHORISATION

This policy was adopted by the Yarram Early Learning Incorporated in September 2021

REVIEWED BY COMMITTEE - August 2022

**TO BE REVIEWED -** August 2024