



Complaint Policy

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1 Introduction

- 1.1. Our vision is a Scotland where people of all ages are respected can make their own choices and lead independent and fulfilling lives.
- 1.2. Our mission is to improve the quality of life of older people by offering a diverse range of housing, care, and other services.
- 1.3. There are times that we will get things wrong, and customers are not happy with the service we provide. We must make it easy for customers to tell us when things go wrong so that we can put it right.
- 1.4. As an organisation committed to providing high-quality customer services, we see customer complaints as a valuable source of customer information that can help us improve our services.
- 1.5. We want our customers to have confidence that we listen, learn and take prompt action to put matters right when they go wrong.
- 1.6. This policy embodies our values, which are:

Honesty
Dignity

Equality and Diversity
Integrity

Ambition
Caring

Kindness

2. Policy Outcomes

- 2.1. The purpose of this policy is to:
 - Provide clarity on our approach to complaints for our customers, colleagues, and Board members
 - Emphasise the importance and value we put on responding to complaints quickly, helpfully, thoroughly, fairly, and impartially
 - Comply with our regulatory framework as set out by the Scottish Housing Regulator and Scottish Public Services Ombudsman.
- 2.2. We will work to these standards, which are set out by the Scottish Public Services Ombudsman:
 - a) We aim to resolve the majority of Stage 1 complaints within five working days
 - b) We aim to resolve the majority of Stage 2 complaints within 20 working days.
 - c) We have a clear escalation process for complaints not resolved within this timescale
 - d) We will acknowledge all complaints and the complainant will be kept up-to-date with progress and given details of who is dealing with the complaint
 - e) We use the complaint as an opportunity to improve our service standards
 - f) We will provide contact details of the Scottish Public Service Ombudsman (SPSO) or First-Tier Tribunal for Scotland for homeowners, or the Care Inspectorate if the complainant remains dissatisfied.
- 2.3. Experiencing a problem or making a complaint can be associated with past and present overwhelming stress (trauma). You are encouraged to be mindful of the sensitivities and vulnerabilities of people who may be trauma survivors, which means being respectful, acknowledging, and understanding.

Handling or being the subject of a complaint can be very stressful, and may cause trauma. We will support any colleagues going through the complaints process. In particular, you are encouraged to be mindful of your mental health and wellbeing and the adverse impact vicarious trauma can have on mental health. Help for all Bield colleagues is available through the Employee Assistance Programme (Employee Counselling Service).

This service can be accessed through telephone, skype, or zoom and email. An appointment can be made by contacting Coaching & Counselling Solutions on 0141 228 6250 or by email: info@counsellingandcoachingsolutions.co.uk

3. Equality, Diversity, and Inclusion

- 3.1. When carrying out this policy we will adhere to our Equality and Diversity Policy which aims to promote diversity, fairness, social justice, and equality of opportunity. An Equality Impact Assessment was carried out in relation to this policy and this is included at [Appendix 1](#).
- 3.2. Some complaints can be associated with protected characteristics, for instance, sex, gender alignment, ethnicity, age, sexuality, religion and belief, pregnancy and maternity, and marriage and civil partnership.
- 3.3. You are encouraged to be aware of these issues and ensure that complaints that can be linked with protected characteristics are recorded as such within the complaint handling system, and handled in a way that is most appropriate to the complainant's needs.
- 3.4. Please refer to the Policy Guidance Note Complainants with Vulnerabilities (excerpt at [Appendix 2](#)) for more information.
- 3.5. In addition to the points made above, to help promote equality and inclusion, the following steps will be taken for this policy:
 - Large print version
 - Translation and interpretation message on the back of the policy
 - Easy to read version for people with mental impairment
 - Browse aloud on the website

4. Definitions

4.1. We define a complaint as

'An expression of dissatisfaction by one or more members of the public about Bield's action or lack of action or about the standard of service or quality of work provided by or on behalf of Bield'.

4.2. A complaint may relate to a wide range of scenarios, including, but not limited to:

- a. Failure to provide a service
- b. Inadequate standard of service
- c. Dissatisfaction with Bield policy
- d. Disagreement with a decision where the customer cannot use another procedure (for example an appeal) to resolve the matter
- e. Treatment by or attitude of a Bield colleague
- f. Bield's failure to follow the appropriate administrative process
- g. Delays in responding to enquiries and requests
- h. Unfairness, bias, or prejudice in service delivery
- i. Failure to follow procedures
- j. Lack of provision, or the provision of misleading, unsuitable, or incorrect advice or information
- k. A repair that has not been carried out properly
- l. Unacceptable behaviour by a Bield colleague, a committee member, or a contractor

4.3. A complaint is not

- A routine first-time request for service
- A request for compensation only
- Issues that are in court or have already been heard by a court or a tribunal
- An appeal against a decision where there is an established appeal route; these should be heard through the appropriate process
- An attempt to re-open a previously concluded complaint or to have a complaint reconsidered when a final decision has already been made.

5. Complaint Procedure

- 5.1. Colleagues are encouraged to take a pragmatic customer-focused approach to resolve complaints and expect that each complaint is investigated fully, the customer kept informed of the process and every complaint is seen as a real opportunity to practice our vision, 'a Scotland where people of all ages are respected, can make their own choices and lead independent and fulfilling lives'.
- 5.2. The procedure to follow is set out in the Bield Complaint Handling Procedure, which is based on the Scottish Public Services Ombudsman Model Complaint Handling Procedure published on 31 January 2020.
- 5.3. We will maintain robust, accountable, and auditable processes to record, manage and report on complaints received and action taken. This helps us to learn from complaints as well as comply with requirements set out by the Scottish Housing Regulator and Scottish Public Services Ombudsman.

6. Power of apology

- 6.1. When handling complaints, we will use the 'power of apology' to guide our approach and follow-up actions. This is an approach to customer care that recognises that a genuine apology when something goes wrong can help to repair the damage that a mistake or problem can cause.
- 6.2. The power of apology is relevant not only when a complaint is upheld, but also when responding to complainants. This approach reminds us that whether or not the problem has been caused by us, the customer has been sufficiently upset to go to the effort of making a complaint to us.
- 6.3. The key to the power of apology is the five 'Rs':
 - Recognise – show that you understand what the problem is
 - Regret – show that you understand the impact it has had on them
 - Responsibility – show that we understand where something has gone wrong
 - Reasons – show that we have looked into the issue and understand what has gone wrong
 - Remedy – show that we can take steps to put things right – this might be an unreserved apology, or it could be more if appropriate.

7. Complaints to External Bodies

- 7.1. We support the right of the complainant to escalate complaints with the Scottish Public Services Ombudsman (SPSO) for social housing tenants or First Tier Tribunal Housing and Property Chamber (FTT) for homeowners, who provide administrative justice and scrutiny, after the conclusion of the association's complaints process.
- 7.2. Complaints may also be raised with the appropriate local authority, as a service funder, and/or the Care Inspectorate, and the Scottish Housing Regulator who provide regulation of care and support providers and social housing in Scotland at any time.
- 7.3. We recognise our duty to publicise the rights of service users to contact external bodies regarding their complaints. However, we would welcome the opportunity to address any complaints internally and put things right before the involvement of any other bodies.

8. Publicising and Accessibility

- 8.1. Our policy, along with the Customer Complaint Leaflet will be available at all of our offices, staffed developments, and on the Bield website. We will also publish a summary of the complaints process, (including large print) so that customers are aware of the actions we will take and the timescales within which we will respond.
- 8.2. We will ensure customers can easily access our complaints process by:
- Funding advocacy support for vulnerable customers
 - Taking complaints verbally, by email, and through the use of on-line forms on our web sites
 - Demonstrating we listen by producing examples of learning from complaints that will be reviewed by our customer groups, staff, and Boards'
 - Refunding reasonable travel and child care costs of a customer attending a review meeting
 - Holding review meetings at times and locations convenient to our customers
- 8.3. Where requested, we can assist the complainant to define, quantify and submit their complaint.
- 8.4. Anyone making a complaint should be advised they can be helped and supported to use an independent and confidential advocacy service.
- 8.5. We will hear complaints from independent representatives as if these were being expressed by the complainant themselves. We also recognise that a complainant's advocate maybe a family member or friend.
- 8.6. We are happy to translate any of our policies and provide an interpreter if our customers need help.

9. Confidentiality

- 9.1. At all times we will maintain the confidentiality of complainants and the content of their complaints as far as possible, although if the complaint is about a Bield colleague, they will be fully briefed about the complaint made about them.
- 9.2. Only those that are designated to do so, by the procedure accompanying this document, will investigate complaints.

10. Persistent & Vexatious Complainants

- 10.1. Complainants identified as persistent and vexatious will be dealt with under the Unacceptable Actions Policy.
- 10.2. Complainants demonstrating unreasonable behaviour, as outlined in the policy, can be referred to Unacceptable Action Policy at any point during the process at the discretion of senior management only.
- 10.3. Once a complainant has been referred to the Unacceptable Actions Policy all of their complaints will be dealt with under that policy and procedure.
- 10.4. Referral to this procedure does not represent a diminished service from us.

11. Training and Competence

- 11.1. Training on the Bield Complaint Policy and Procedure is mandatory for all Bield colleagues and will be carried out via Academy 10.
- 11.2. In addition to training specifically on the Bield Complaint Policy and Procedure, further training on complaint handling and customer care are available on Academy 10. This can be accessed by colleagues where there is an identified training and development need.

12. Scheme of Delegation

- 12.1. As the governing body with responsibility for overseeing our work, our Board provides leadership and strategic guidance. It also ensures compliance with our policies and procedures. Concerning complaints, its role is threefold:
- *to approve the adoption of the Complaint Policy and Complaint Handling Procedure*
 - *to ensure that staff keep to this Policy and Procedure and associated internal processes*
 - *to ensure that information and learning from complaints are used to improve our understanding of, and steer our policies and practices.*
- 12.2. Particularly important is the Board's role in developing and fostering a culture that values complaints. The Board must ensure that the recording and reporting of complaints are thorough and effective so that reports to the committee reflect a true picture of all complaints.
- 12.3. The Chief Executive provides leadership and direction in ways that guide and enable us to perform effectively across all services.
- 12.4. This includes ensuring that there are an effective Complaint Policy and Complaint Handling Process with a robust investigation process that demonstrates how we learn from the complaints we receive.
- 12.5. The Chief Executive may take a personal interest in all or some complaints or may delegate responsibility for the Complaint Handling Process to senior staff. Regular management reports assure the chief executive of the quality of complaints performance.
- 12.6. The **Leadership Team** is responsible for monitoring complaints ensuring compliance with the Complaints Monitoring Procedure.
- 12.7. All **colleagues** should be aware of
- Complaint Policy and Complaint Handling Procedure
 - How to handle and record complaints at stage 1
 - Whom they can refer a complaint to, in case they are not able to handle the matter
 - The need to try to resolve complaints early and as close to the point of service as possible; and
 - Their clear authority to attempt to resolve any complaints they may be called upon to deal with.

13. Monitoring, Reporting, and Review

- 13.1. Complaints will be recorded and monitored using the complaint system; this is used for operational monitoring of complaints, but also as the data source for the Annual Return on the Charter Indicators 3 and 4. It is crucial therefore that all complaints are recorded and cases closed as appropriate.
- 13.2. As well as capturing information about individual complaints, this data will be used to undertake a monthly review of complaints to identify lessons learned
- 13.3. Other monitoring is outlined in the Complaint Monitoring Procedure, including the Quality Assurance Framework, which will be used to help support colleagues to improve complaint-related performance. An excerpt from the Complaint Policy Quality Assurance framework is shown in [Appendix 3](#).
- 13.4. The Audit and Risk Committee will receive as a minimum, an anonymised bi-annual report detailing the number and type of complaints received as well as a summary of lessons learned.
- 13.5. The Complaints Policy will be reviewed on a five-yearly basis.
- 13.6. The purpose of the review is to assess the policy's effectiveness in meeting targets and objectives and identify any changes which may be required. As part of this policy review, a consultation will take place with both staff and customers to ensure that operational issues and the opinions of service users are taken into account.
- 13.7. Elements that will form part of the review will include:

Scale of complaints

- Number of Stage 1 complaints received by year
- Number of Stage 2 complaints received by year
- Percentage of Stage 1 complaints resolved within working five days
- Percentage of Stage 2 complaints within 20 working days
- Percentage satisfied with Stage 1 complaint
- Percentage satisfied with Stage 2 complaint
- The proportion of Stage 1 complaints upheld
- The proportion of Stage 2 complaints upheld

Compliance

- Number of Quality Assurance Audits completed

14. Complying with the Law and Good Practice

- 14.1. As a Registered Social Landlord (RSL), we are regulated by the Scottish Housing Regulator (SHR). The SHR's statutory objective is to safeguard and promote the interests of current and future tenants, homeless people, and other people who use services provided by social landlords. In developing our policy, we have taken account of good practice, including that developed by the Scottish Housing Regulator.
- 14.2. The SHR uses the outcomes and standards in the Charter to assess the performance of social landlords. The key outcomes that have been considered in the development of this policy are
 - Outcome 1 Customers have their individual needs recognised, are treated fairly and with respect, and receive fair access to housing and housing services.
 - Outcome 2 Customers find it easy to communicate with us and get the information they need about us, how and why we make decisions about the services we provide

14.3. The ARC indicators relating to this policy area are:

Indicator 3. The percentage of complaints responded to in full at Stage 1 and the percentage of all complaints responded to in full at Stage 2

Indicator 4. The average time in working days for a full response at Stage 1 and the average time in working days for a full response at Stage 2

14.4. As a provider of care, we are regulated by the Care Inspectorate. The Care Inspectorate uses Health and Social Care Standards to assess the performance of care providers. The key standards that have been considered in the development of this policy are:

Standard 3 I have confidence in the people who support and care for me

Standard 4 I have confidence in the organisation providing my care and support

15. GDPR

15.1. We will treat all personal data in line with our obligations under the current data protection regulations and our Privacy Policy. Information regarding how all data will be used and the basis for processing your data is provided in our Customer Fair Processing Notice.

16. Risk Management

16.1. Several risk management activities have been identified to ensure this policy is adhered to and that Bield customers experience the best possible complaints process

- Bield colleagues, Board members, and volunteers are made aware of this policy on publication and during induction of new colleagues.
- Customers and carers are made aware of this policy during service entry.
- Colleagues with complaints regarding management functions are provided with ongoing support and professional development.
- Bield colleagues with grievance management functions are provided with ongoing support and professional development relating to complaints.

Appendix 1 Equality Impact Assessment

1	Title of Policy to be assessed: Complaint Policy
2	Date: 29/01/2021
3	Lead Officer/Manager: Zhan McIntyre
4	EQIA Team (who will be involved): NA
5	Director/Manager: Diana MacLean
6	Is the function or policy existing, new, or review: Review
7	<p>Set out the aims/objectives/purposes/outcomes of the function or policy, and give a summary of the service provided:</p> <p>The purpose of this policy is to</p> <ul style="list-style-type: none"> • Provide clarity on our approach to complaints for our customers, colleagues, and Board members • Emphasise the importance and value we put on responding to complaints quickly, helpfully, thoroughly, fairly, and impartially • Comply with our regulatory framework as set out by the Scottish Housing Regulator and Scottish Public Services Ombudsman. <p>The policy applies to all Bield colleagues</p>
7a	<p>Who should benefit from the policy (target population): The policy will benefit all customers and service users of Bield.</p>
7b	<p>Linked policies, functions: Are there any other functions, policies or services, which might be linked with this one for this exercise? Please list.</p> <p>N/A</p>
8	<p>State whether the policy will have a positive or negative impact across the following factors and provide initial comments/observations.</p> <p>Age: Older people, people in the middle years, young people, and children.</p> <p>Disability: includes physical disability, learning disability, sensory impairment, long-term medical conditions, mental health problems. The policy should have a small long-term positive impact on</p> <p>Maternity and civil partnership The policy will have no impact on people expecting or recently giving birth or within a civil partnership</p> <p>Race: Minority ethnic people (includes Gypsy/Travellers, non-English speakers). Religion or belief: includes people with no religion or belief. Sex: Women, men, and transgender people (include issues relating to pregnancy and maternity). Gender reassignment: The process of changing or transitioning from one gender to another. Sexual orientation: Lesbian, gay, bisexual, and heterosexual people. People in remote, rural, and/or island locations</p>

	<p>People in different work patterns: e.g. part-/full-time, short-term, job share, seasonal</p> <p>People who have low literacy</p> <p>People in different socio-economic groups (includes those living in poverty/people on a low income)</p>			
	Population groups	Positive Impact	Negative Impact	Comments
	Age	Long-term	N/A	As the majority of our customers are older, this group of people will benefit from a well-functioning complaint policy and procedures.
	Disability	Long-term		<p>Customers with a disability will benefit from a well-functioning complaint policy.</p> <p>To ensure people with visual impairment can have equal access to the policy, we will ensure we publish a large print version.</p> <p>To ensure people with cognitive impairment or learning disability, we will ensure to publish an easy-to-read version.</p>
	Maternity and civil partnership	N/A	N/A	
	Race	N/A	N/A	To ensure people who do not have English as a first language can have equal access to the policy, we will ensure we include the translation and interpretation message on the back cover of the policy.
	Religion or belief	N/A	N/A	
	Sex and Gender reassignment	N/A	N/A	
	Sexual orientation	N/A	N/A	

	People in remote, rural, and/or island locations	N/A	N/A	
	People in different work patterns	N/A	N/A	
	People who have low literacy	N/A	N/A	
	People in different socio-economic groups	N/A	N/A	
9	What evidence do you have for the statements you have made above? Focus on: <ul style="list-style-type: none"> Needs and experiences; Every effort is made to ensure work is done safely. However, mistakes will take place from time to time. This policy helps to ensure a culture of openness and learning. Uptake of services; N/A Complaints; N/A Levels of participation. N/A 			
10	From the evidence set out what actions, if any, will you take where the negative impact has been identified:			
	Population groups	Proposed action	How will it address the negative impact?	
	Age	N/A	N/A	
	Disability:	N/A	N/A	
	Maternity and civil partnership	N/A	N/A	
	Race	N/A	N/A	
	Religion or belief	N/A	N/A	
	Sex and Gender reassignment	N/A	N/A	
	Sexual orientation	N/A	N/A	
	People in remote, rural, and/or island locations	N/A	N/A	
	People in different work patterns	N/A	N/A	
	People who have low literacy	N/A	N/A	
	People in different socio-economic groups	N/A	N/A	
	Briefly explain how the policy contributes to our equality and diversity values by answering the following questions: <ul style="list-style-type: none"> How will it provide equality of access to services, information, and employment? Does it or could it celebrate diversity? Will it or could it promote good relationships within and between communities? How will it provide good quality, inclusive services? 			

N/A	
Any additional information, questions, or actions required? Please explain.	
Sign off:	As Director I am satisfied with the results of this EIA The findings will be referred to within Service Plans and target set. The Action Plan will be reviewed annually within Business planning reporting.
Signature:	Date:

Appendix 2 Complaint Handling Procedure Guidance Note – Complainants with Vulnerabilities – excerpt

Equality and Diversity

When carrying out this policy we will adhere to our Equality and Diversity Policy which aims to promote diversity, fairness, social justice, and equality of opportunity.

As an organisation, we are committed to ensuring that all people have an equal opportunity to access our services. We recognise our duties under the Equality Act 2010, to promote equality of opportunity for all.

As such, we must identify and take into account equality and diversity considerations when designing our processes and undertaking casework. Furthermore, we have a legal obligation to make reasonable adjustments for complainants for whom communication may be a barrier.

Over and above considerations of equality and diversity matters, we should be mindful of a complainant's vulnerabilities. Types and levels of vulnerability can vary from person to person and may be influenced by situational circumstances linked to the complaint. This ties in directly to our customer service standards, in particular our commitment to communicate effectively with the people who use our service.

To meet this commitment, we will:

- use the principle of 'universal design' to ensure our services are accessible in several ways to suit different people and situations;
- be responsive and flexible in how we engage with people; and
- collect and use data to continuously improve our services for vulnerable

Vulnerabilities to consider

Potential vulnerabilities to consider include, but are not limited to:

- Learning difficulties;
- Mental health problems;
- Physical disabilities;
- Poor literacy or numeracy skills;
- Digital exclusion (lack of technology or know-how to access online services)
- Chronic or terminal illnesses;
- Addiction issues;
- Being a person with a conviction;
- People fleeing domestic abuse;
- Being a young person leaving local authority care;
- Being a kinship carer;
- Being a lone parent;
- Experiencing separation, relationship, or family breakdown;
- Having responsibility as a main caregiver;

- Homelessness or threat of homelessness;
- Having an unsettled way of life; and
- Leaving the armed forces.

These vulnerabilities have been taken from the Scottish Welfare Fund Statutory Guidance but maybe applicable when we consider and handle complaints as well.

It is important to note that fitting into one of these categories does not necessarily mean that someone is vulnerable or requires us to adjust our processes. However, we should remain mindful of these human factors when considering complaints. Such human factors can be exacerbated if the matter complained about or other situational factors add to the pressures faced by the customer. Include here details of the policy. Take as many sections as required.

Universal Design

Services that are 'universally designed' are designed from the start to meet the needs of the most disadvantaged user. Universally designed services recognise that users will have diverse needs, and offer multiple and flexible routes of access to ensure that these can be met.

Universal design is particularly important in the digital age, where the increased focus on online service delivery can inadvertently exclude some users (digital exclusion), for example by failing to take into account those without internet access or capability, or through poor content design.

Digital exclusion often overlaps with other factors of vulnerability, such as disability or age.

Bield's commitment

We are committed to working with user groups and the third sector to continuously improve the design of our services, taking into account the needs of different vulnerable groups.

We acknowledge that this will involve a cycle of ongoing improvement, consultation, and feedback, underpinned by good recording and data analysis.

As a starting point, we are committed to offering as many routes of access to our service as possible, including digital, phone, post, and in person.

We are also committed to supporting vulnerable people accessing our services by:

- adopting a flexible approach to our processes, and using our discretion to adapt these where appropriate (in line with this guidance); and
- helping customers access independent support or advocacy to help them understand their rights and communicate their complaints (for example, through the Scottish Independent Advocacy Alliance or Citizen's Advice Scotland). Include here any details of how this policy will be reflected in new build and renovation

Actions we can take in individual cases may include, but are not limited to:

- Fast-tracking individual cases;
- Prioritise the progress of individual cases within our caseloads;
- Manage expectations clearly from the outset;
- Identify and signpost to sources of support; and
- Change how we communicate with someone, for example how we contact them and how often.

Such actions can be taken right through the complaint handling process.

Identifying a vulnerability will not automatically mean it is appropriate to take any further actions or change how we do things. For example, it may not be proportionate or necessary to fast-track a case involving a vulnerability.

However, we should consider whether we can take practical steps to improve a customer's journey with us and whether not making adjustments might actively result in harm.

The following are some suggestions for colleagues to use proactive questioning on whether adjustments are required which can also be used in discussing vulnerabilities with complainants:

We are committed to delivering a service that is accessible to all.

[where applicable] You mentioned that you have a health condition, disability, is autistic, are vulnerable.

Can I please check with you if there are any adjustments that we should consider in communicating with you?

Examples of Adjustments

Below are examples of adjustments that can be made to assist complainants with vulnerabilities. Annex 1 also includes some examples of the types of adjustment that could be considered for different situations and types of vulnerability.

Example 1

A complaint from a housing association tenant who was experiencing issues with anti-social behaviour was awaiting allocation to an officer for consideration/investigation.

The waiting time for allocation was around ten weeks. The complainant contacted the office during this waiting time to advise the situation had resulted in them having to visit their doctor as the situation was making them anxious.

On receiving this update, the organisation decided to immediately allocate the complaint.

Example 2

A carer complained that their partner was placed on a waiting list for care at home and raised concerns that they were left to care for their partner at home without 5 adequate support. The waiting time for allocation to a Complaints Reviewer was around 12 weeks.

The complainant contacted the office to express their worry that a crisis could develop if they felt they could no longer cope or became unwell themselves.

On receiving this information, the organisation decided to immediately allocate the complaint.

Example 3

A Scottish Welfare Fund applicant who had asked for an independent review of a crisis grant told us that their medication makes them drowsy. They said that this is particularly severe in the morning, and makes it difficult for them to think and communicate clearly.

The organisation asked them how we could adjust our service to meet their needs. Through discussion, they agreed to contact them by telephone later in the day so that side effects of the medication had worn off, and they would be able to think and articulate themselves more clearly.

Example 4

A complainant contacted an organisation on behalf of their partner, who had terminal cancer and may only have around a year to live. The organisation had already fast-tracked this complaint due to the partner's condition.

However, after the case was allocated, the organisation carried out a quick assessment and asked the complainant to confirm what outcome they were hoping to achieve. The complainant stated that one outcome was compensation, so their partner and family had a better chance to enjoy the time they had left.

The organisation made it clear at the earliest opportunity that, while they could still consider the complaint, this was not the correct route for this outcome and advised how they could pursue this. Carrying out a case assessment and providing this advice as early as possible in the process avoided the potential of causing further unnecessary upset at a later stage.

Recording vulnerability adjustments

Where an adjustment has been agreed to our service, this must be noted and delivered consistently by all staff who may have contact with the complainant.

Any adjustment should be clearly noted on the complaint file

You should also record on the case file where there has been a discussion or consideration, and a decision made not to offer an adjustment.

Using data to improve our services

We report quarterly to our Leadership Team on complaints performance statistics.

This includes highlighting where there are areas where few or no complaints are received, which may indicate either good practice or that there are barriers to complaining in that area.

Examples of how we do this are:

- analysing complaints by team to identify areas of low complaints (which may indicate barriers to accessing our public sector complaints service);
- analysing customer service complaints by type of service and volume, to identify areas in our own service provision where there may be barriers to complaining; and
- surveying complainants about our service, including access to our customer service complaints process.

We will report to our Leadership Team annually on the actions taken to identify vulnerable and underrepresented groups and raise awareness of, and access to, the complaints handling process with them.

This could include information on:

- reasonable adjustments made for vulnerabilities;
- any engagement with third sector organisations to improve access for vulnerable groups; and
- any project work undertaken to improve access for specific vulnerable groups.

Appendix 3 Complaint Handling Quality Assurance Framework

Quality Assurance (QA) is a process rather than a single activity. Robust QA includes several activities and management processes, all of which will contribute to ensuring that the service being assessed meets the required standard.

It can also be used to drive improvements.

The framework has six sections which each reflect an aspect of complaint handling and management. These are:

1. Receipt
2. Agreeing on the complaint
3. Investigation
4. Decision
5. Learning from complaints
6. File management

Each section contains several indicators which should have a direct correlation to a specific policy requirement, service standard, or guidance.

Each indicator has three descriptions: best practice (1), good practice (2), and substandard practice (3), with a brief description of what the QA assessor is looking for in making their assessment.

The QA will assign a mark to reach an overall value but also highlight individual areas of poor and excellent practice.

Any matters for feedback to the individual and/or line manager should be noted in the comments section.

To help provide confidence concerning complaint handling performance, each month the Complaint Handling Quality Assurance Framework will be used to assess a minimum sample of 10% or up to 3 (whichever is the higher number) of complaints received.

The framework will be used to identify training needs and general trends and patterns.

The framework can also be used by individuals or teams to observe and improve complaint handling confidence and performance. Individual colleagues will not be identified in any reports that are shared with the wider leadership team or Board.

This document outlines the format of the framework, but the actual process will be recorded in a tool designed in excel.

Speaking your language - we are happy to translate our policies on request.

يمكن ترجمة سياساتنا عند الطلب
إذا كنت بحاجة إلى مساعدة ، فيمكننا توفير مترجم

Nasze zasady mogą być przetłumaczone na żądanie.
Jeśli potrzebujesz pomocy, możemy zapewnić tłumacza

我们的政策可以应要求翻译。
如果您需要帮助，我们可以提供翻译

ہماری پالیسی کا درخواست پر ترجمہ کیا جاسکتا ہے۔
اگر آپ کو مدد کی ضرورت ہو تو ہم ایک ترجمان فراہم
کرسکتے ہیں