

# Office of Hearing Services Complaints Policy

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# Introduction

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## The purpose of this document

The Office of Hearing Services' (the Office) Complaints Policy describes the process used by the Office to acknowledge, investigate and resolve complaints. This process is underpinned by a set of best practice complaints handling principles. The document provides high level guidance for staff of the Office as well as informing external stakeholders, including hearing services providers (providers) and members of the public.

## The Office of Hearing Services

The Office is responsible for administering the Australian Government Hearing Services Program (the program), which provides eligible people with access to a range of fully and partially subsidised hearing devices and services.

The Office manages a range of administrative and regulatory processes, including

- A way for clients and providers to contact the Office (such as by post or email, or the Department of Health Call and Information Centre)
- payment for hearing services for eligible clients
- issuing of vouchers to eligible people
- a complaints management process
- management of contracted providers, as well as agreements with Australian Hearing, the Department of Veterans' Affairs, Department of Human Services, and device manufacturers
- provider and site related audit and compliance activities
- investment in the Hearing Loss Prevention Program (HLPP), and
- policy advice to the Government to inform the strategic direction of the program

## The Hearing Services Program

The goal of the program is to reduce the consequences of hearing loss for eligible clients and the incidence of hearing loss in the broader community.

The Office mostly receives complaints from people who use the program and from providers. Complaints from clients generally relate to the comfort, fit and/or effectiveness of hearing devices, customer service and expectations not being met. Complaints from providers relate to, for example, advertising, marketing and some practices of other providers.

As a customer-focused organisation, we demonstrate our commitment to resolving complaints by our actions. Our complaints policy

- presents information about making a complaint in an easily understood, readily accessible format
- reflects best practice complaints handling principles including: risk-based decision making, taking proportionate action when appropriate, transparency and

fairness to people who make complaints and to the people against whom complaints are made

- reflects our commitment to continuous improvement
- is communicated to (and understood by) all staff of the Office
- is reviewed to check for effectiveness and customer satisfaction

Our policy draws on the best practice complaints handling information contained in

- the Australian Standard Customer Satisfaction – Guidelines for complaints handling in organisations
- the [Commonwealth Ombudsman - Better Practice Guide to complaint handling](#)
- other guidelines for best practice complaints handling

The Office recognises that an important key in the building of a positive relationship between a client and their provider is an understanding of the role each party plays in the process. The Office has developed a Client Rights and Responsibilities poster to assist with this, which is available on the program's website.

# Chapter 1 – Complaints to the Office of Hearing Services

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## What is a complaint?

A complaint is an expression of dissatisfaction with any aspect of the hearing services program that requires the Office to investigate and where appropriate, facilitate a resolution. This may be received through the Department of Health Call and Information centre, who may resolve the issue verbally, through to a more formal written complaint, and may also include a request for reconsideration of a decision made by the Office that has affected you.

If the complaint relates to a decision which is subject to reconsideration under the *Hearing Services Administration Act 1997*, it is more appropriate to request the decision be reconsidered. Please see Chapter 4 in this document for more information about reconsiderations.

## Who can make a complaint?

Any interested party may make a complaint to the Office about the program. For example, this can include

- clients or their relatives, representatives or carers (for example, a GP, neighbour or friend of a client)
- providers and hearing practitioners
- hearing device manufacturers
- peak bodies
- advocacy groups
- parliamentary and departmental executives

## How are complaints made?

The Office receives only a very small number of complaints compared to the number of active clients currently receiving hearing services.

In our experience, complaints often result from a breakdown in communication, when there is a discord between client expectations and the service delivered. Clients of the program are encouraged to talk to their provider to try to resolve any complaint they may have. Providers must have a process in place to manage complaints and must provide their clients with information about this process.

If an issue cannot be resolved between the parties, complaints can be made by

- Contacting the Department of Health Call and Information Centre, from 8.30am to 5.00pm (EST and ESDST) business days on
  - Telephone 1800 500 726
  - NRS 1800 555 727
- Email [hearing@health.gov.au](mailto:hearing@health.gov.au)

- Post Office of Hearing Services  
Department of Health  
GPO Box 9848 Mail Drop Point 113  
Canberra ACT 2601

## Chapter 2 – Best practice principles

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### Principles for complaints handling

The Office strives to build positive relationships with clients, carers, providers and practitioners, based on mutual respect and an understanding of the issues impacting on hearing services delivery.

There are four broad principles that underpin our approach to handling complaints. These principles are<sup>1</sup>

- fairness
- accessibility
- responsiveness
- efficiency

### Fairness

Fairness means different things to different people. Whether or not something seems fair can depend on the circumstances and personal experiences of the people involved.

At the Office, the fairness principle is about establishing a clear and just process for following up on complaints, and ensuring that any decisions made do not prefer one version of events over another without good reason.

The program is framed by several pieces of legislation that determine the services eligible people are able to receive. In addition, the Office has a Service Provider Contract (and associated standards) with each provider contracted to offer services through the program. These documents can be viewed on the program's website.

The Office attempts to manage and resolve complaints to the satisfaction of the complainant. However, as the program is governed by legislation and the requirements of the Service Provider Contract and associated standards, there will be occasions where this is not possible. Where this occurs, complainants will be informed of any limitations, and if possible provided with information about where to raise their complaint for further assistance.

Fairness rests on three qualities – impartiality, confidentiality and transparency.

We acknowledge that there can be a power imbalance when a vulnerable person makes a complaint to a government agency. We seek to address this imbalance by reassuring complainants that impartiality, confidentiality and transparency are the cornerstones of all of our investigations into complaints.

All complaints made to the Office are treated confidentially, in accordance with the privacy principles in the Commonwealth *Privacy Act 1988*. Personal information relevant to a complaint is only used by the Office to address the complaint. Personal

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<sup>1</sup> As detailed in the Commonwealth Ombudsman's *Better Practice Guide to Complaints Handling*

information is protected from disclosure, unless the complainant expressly consents to its disclosure.

### **Accessibility**

Accessibility is about making sure interested parties can easily find out how to make a complaint and that complainants also have access to information about the progress of their complaint. The Office promotes information on the complaints process through several formats, including the client's rights and responsibilities poster and the program's website.

We are committed to limiting barriers to making complaints and suggestions. When a complaint is lodged with us, there is no formal requirement for provision of detailed information at that stage. This is intended to minimise the impact on complainants and encourage those who want to make a complaint to do so.

### **Responsiveness**

The Office is committed to effective complaints handling and resolution, and has a culture that recognises the value of complaints.<sup>2</sup>

A responsive organisation is customer focused, listening to what people have to say and responding in a way that directly addresses their needs.

The Office strives to be responsive to all of its clients, including those with additional needs. For example, our staff members are expected to explain the complaints process to complainants who may have difficulty understanding written information, or who have difficulty communicating over the phone.

When complainants make contact with us, they will deal with a staff member who is aware of the content of the complaints policy and the key principles that apply to their interactions with complainants, and other stakeholders.

### **Efficiency**

We aim to resolve complaints as quickly as possible. It is acknowledged that some complaints are complicated and require detailed investigation, while others can be resolved immediately.

We aim to resolve most complaints within 28 business days, although we recognise that more complex complaints may take longer to resolve. In the case that additional time is required the Office will contact the complainant to explain why this is needed.

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<sup>2</sup> Commonwealth Ombudsman, *Better Practice Guide to Complaints Handling*, Better Practice Guide 1, April 2009, p.5

## **Chapter 3 – How we handle complaints**

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Our complaints policy is based on a staged approach to receiving, recording, processing, responding to, and reporting on complaints made to the Office.

Some concerns raised in a complaint can be resolved quickly and effectively by staff, during the course of a single conversation. Not all complaints can or should be resolved through a formal investigation to achieve the best outcome.

When a complaint is made to the Office a member of our staff will work with the complainant through some or all of the following stages

- collecting information about the complaint and where relevant, providing information about the complaints process
- immediately resolving the issue (for complaints where this approach is suitable)
- undertaking an investigation into the issues raised in the complaint (for complaints that cannot be resolved immediately)
- communicating the outcome of an investigation to the complainant (for all complaints, except where a complainant has specified they do not wish to be informed of the outcome of their complaint)
- documenting and recording the progress and outcome of the complaint

### **Sharing information**

The first point of contact for a person wishing to make a complaint is usually the Department of Health Call and Information Centre (CIC), although a complaint may also be received in writing or by email. This first contact is an opportunity to explain what can be done to assist with the resolution of their enquiry, and it is possible that the CIC can resolve the issue immediately, without requiring escalation to the Office.

If a complaint is escalated to the Office by the CIC, a staff member from the Office will discuss the concerns with the complainant.

It is possible that the staff member can resolve the issue immediately. If this is not possible the complaint will be triaged for further investigation by a staff member. This may take the form of forwarding a phone call, or providing details for the complainant to write or email the Office with details of their complaint.

### **Complaints from clients who call the Office of Hearing Services**

If the complainant is a client of the program they will generally be asked about

- the nature of the complaint
- if they have raised the issue with their provider. If they have not, the staff member will encourage the complainant to do this. The staff member can also help the complainant to make contact with their provider, if necessary
- if they consent to the information they have provided to the Office being disclosed to the person or entity to whom the complaint relates. This can assist in resolving the complaint
- the outcome the complainant hopes to achieve by making a complaint

## **Immediate resolution**

Sometimes a staff member from the CIC may be able to provide an explanation or resolve a misunderstanding during the first phone call, which may provide the best (and quickest) solution for the complainant. Should the call be escalated to the Office, additional assistance will be provided and may include the Office contacting a provider on behalf of the complainant or asking the provider to contact the complainant. Complainants may be advised to call the Office back if the issue is not resolved satisfactorily.

When immediate resolution is not possible and a matter requires further investigation, the Office will acknowledge the receipt of the complaint within two business days in the case of calls to the CIC, or emails to the Office. The timeframe for acknowledging a complaint received by post (and whether it is necessary to acknowledge the complaint, or simply reply to the letter to answer the complaint) will be assessed on a case by case basis.

## **Complaints from providers who call the Office of Hearing Services**

There are occasions where a provider may call the Office to make a complaint. Complaints may be about clients (including abusive and violent clients), other providers, or about the Office's policies, procedures or staff.

Providers who wish to make a complaint are advised to email the details of their complaint to [hearing@health.gov.au](mailto:hearing@health.gov.au), or submit it in writing via postal mail. The complaint in writing should advise what the issue is that the contracted service provider would like to bring to the attention of the Office. These complaints are then investigated by the Office as described below.

## **Complaints from clients, providers or other parties in writing**

Written complaints can be emailed to the Office at [hearing@health.gov.au](mailto:hearing@health.gov.au), posted to the Office or submitted via the feedback form available on the website.

When a written complaint is received by the Office it is assessed and where relevant, additional information or clarification may be sought from the complainant, their provider or from another government agency. The complainant will be informed of the outcome of their complaint.

## **Complaints about the Office of Hearing Services (policies, procedures, staff)**

All complaints that relate to policies of the program, the Office, or a staff member of the Office are required to be submitted in writing (post or email).

## **Investigation of the complaint**

We avoid taking a rigid, 'one-size-fits-all' approach to complaint handling. We want our response to individual complaints to suit the circumstances.<sup>3</sup>

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<sup>3</sup> As detailed by the Parliamentary and Health Service Ombudsman (UK), *The Principles of Good Complaint Handling*, <http://www.ombudsman.org.uk>, February 2009

The actions taken by the Office will depend on the circumstances of the case. An investigation may be as simple as a few phone calls to resolve the issue with the complainant, or it may be more comprehensive and involve reviewing files and requesting a provider take certain actions.

The Office is responsible for ensuring complete and accurate recording of all material relating to an investigation into a complaint. To maintain confidentiality, access to information filed about a complaint (both electronic and paper based) is restricted to staff at the Office who are directly involved in handling the complaint.

The Office will aim to conclude investigation and resolve a complaint within 28 business days of acknowledging the complaint, although this time-frame will depend on the complexity of the complaint.

Some outcomes that can result from an investigation into a complaint include

- the complaint is resolved to the satisfaction of the complainant. For example
  - information may have been provided to the complainant that addresses the complaint
  - the Office may have facilitated an improved relationship between a client and their provider, which resolves the complaint
  - the provider may agree to make changes to the way the service is provided to a client
  - the provider may agree to make changes to the way the capabilities of devices are communicated to clients
- if the dispute between the client and the provider cannot be resolved (or it is not productive to attempt to resolve the matter) we can advise the client of other options, such as relocating to another provider
- the information gathered as part of the investigation of the complaint may be referred to the relevant area within the Office for non-compliance with contractual and legal obligations
- the complaint may be referred to another external organisation for examination. For example, the complaint may be referred to the Department of Veterans' Affairs for further advice or management. A complaint may also be referred to the Australian Competition and Consumer Commission, relevant state or territory consumer protection agency, or an industry body representing hearing practitioners
- complaints about program policies and procedures may be taken into account for future developments, or procedures of the Office may be reviewed and updated
- clarification about particular issues may be provided to providers through publications on our website and through industry networks
- providers may be instructed to amend their practices in line with contractual obligations
- how a complaint was handled may be investigated, where a complaint relates to the Office

In some circumstances, no further action on a complaint may be recommended. For example, if the matter has already been investigated by us and/or by the provider

and it is considered that the original complaint has been satisfactorily resolved.

The Office will advise the complainant and the provider (where appropriate) in writing of the outcome of their complaint. This may include information about how the complaint was resolved, or advice that while the Office is investigating the complaint, further information about any actions taken may not be provided in line with privacy principles.

Our investigation processes are objective, reasonable and conducted in good faith. Where an investigation is taking longer than anticipated, complainants are kept informed with progress updates, wherever possible.

We have developed a flowchart of our complaints management process (Appendix 1).

## **Chapter 4 - Reconsideration of decisions**

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### **Requests for reconsideration**

A request for reconsideration means making an application for a decision which a complainant has been affected by and dissatisfied with, to be looked at again within the Department of Health.

The Minister for Health has the power to reconsider decisions under the *Hearing Services Administration Act 1997* (the Act). This power is delegated by the Minister to various senior officers within the Department of Health, including the National Manager and certain Directors of the Office.

This process applies to a range of decisions the Office may make, and is not restricted to complaints.

Reconsideration is a process of internal review by a different or more senior officer to the officer who made the original decision.

The officer who reconsiders the decision may affirm, vary or revoke the original decision. That decision-maker will need to apply the relevant legislative criteria in making the reconsideration decision.

### **Is there a cost or time restriction on requesting a reconsideration?**

Making an application for a reconsideration of a decision is free. If you are affected by and dissatisfied with a decision and you wish to request reconsideration, you should submit an application for reconsideration as soon as possible. An application for reconsideration must be made within 28 days of the original decision. An extension beyond the 28 day deadline may be granted in some circumstances.

We have developed a flowchart of our reconsideration of decisions process (Appendix 1).

### **Further information**

More detailed information about the reconsideration of decisions process (and other avenues of appeal external to the Office), including how to request a reconsideration, is available on the program's website.

## Chapter 5 – How we analyse complaints

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The Office is committed to continuously improving the effectiveness and efficiency of its complaints handling process.

Key strategies for assessing the effectiveness of our complaints handling process include

- review of complaints
- encouraging feedback from complainants and providers
- discussion with staff in the Office to identify areas in which our staff consider that the complaints process might be improved.

These strategies help us to identify the ways we can improve our complaints management processes.

To provide feedback to the Office about our complaints policy, you can

- email [hearing@health.gov.au](mailto:hearing@health.gov.au)
- Write to Office of Hearing Services  
Department of Health  
GPO Box 9848 Mail Drop Point 113  
Canberra ACT 2601

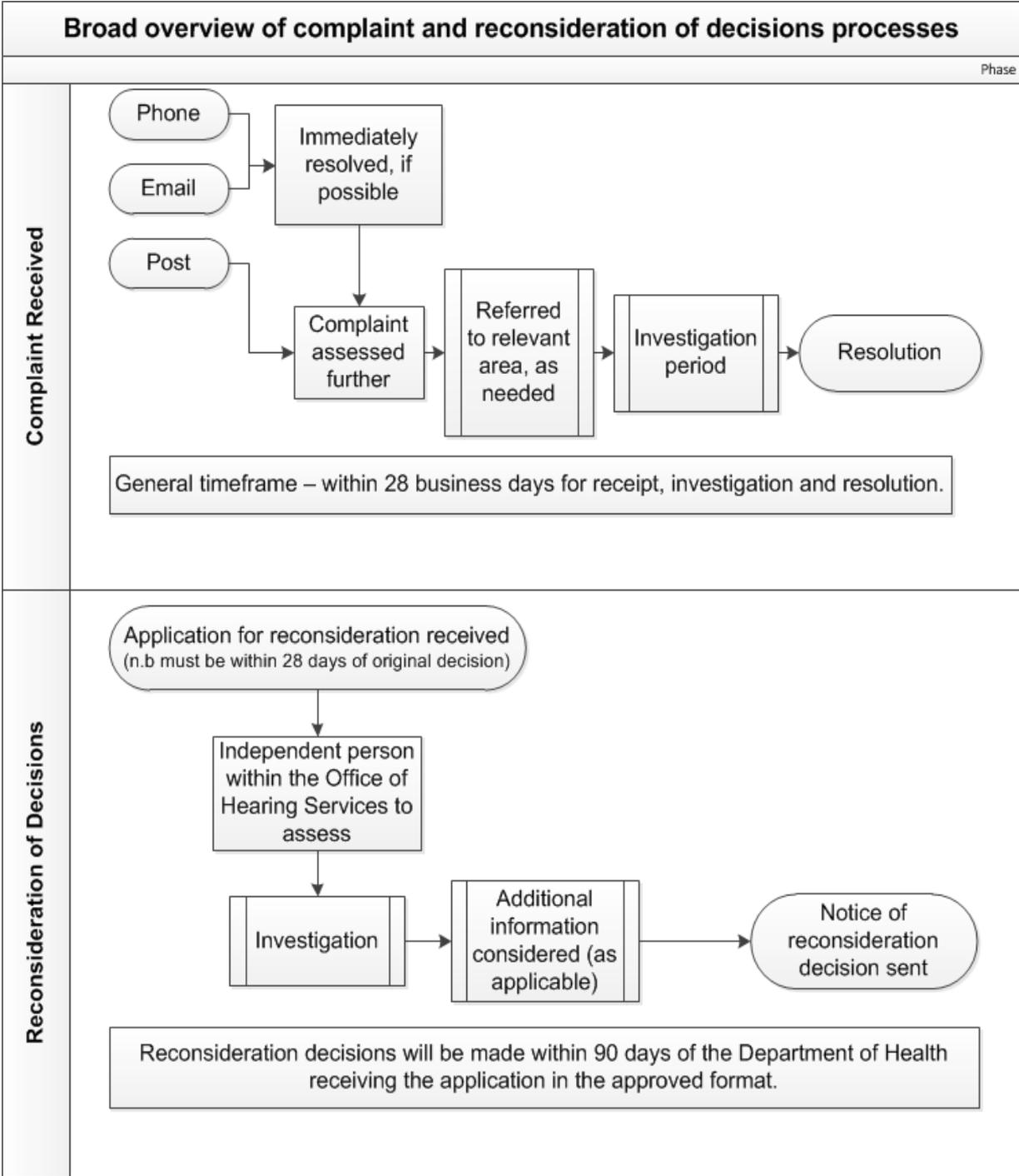
We review complaints to identify ways to assist providers to improve their services, and in doing so reduce the number of complaints and improve the level of satisfaction with the program.

Complaints data can provide valuable information about common

- complaints about service provision. De-identified information can be provided to providers to assist them to improve their services and compliance with program requirements
- misunderstandings about how the program operates. This can suggest ways that communications about the program may be improved
- queries. This can lead to additional information about the program being made available to providers
- complaints about the program. This information can be used to review current policies and procedures

All feedback and lessons learnt can contribute to service improvement.

# Appendix 1 – Complaint and reconsideration of decisions flowchart



## References

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