



**Commonwealth
Ombudsman**

**Own motion investigation into
complaints handling
in the Job Network**

Report under section 15(2) of the *Ombudsman Act 1976*

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EXECUTIVE SUMMARY

This report examines the implementation by the Department of Employment and Workplace Relations (DEWR) of the recommendations of the Ombudsman's January 2001 Report of an Investigation into Complaints Handling in the Job Network.

In May 1998 the Government introduced new arrangements for the provision of labour market assistance programs with the commencement of the Job Network. Under the Job Network, job placement and other employment services for people registered for unemployment benefit are provided by a group of private, government and community-based organisations selected through a competitive tendering process. The Job Network provider organisations, contracted by DEWR, provide employment services in accordance with a Code of Conduct which covers, inter alia, an effective complaints system.

The investigation which resulted in the 2001 Report was one of a series undertaken by my office into agency complaints handling systems. I undertake these investigations to assure myself that I am able to refer complainants to my office back to the agency about which they are complaining, in full confidence that an adequate complaints process is operating within the agency. In the case of Job Network investigation, there was an additional objective: to ensure that, where the delivery of services has been outsourced to third party providers, the quality of those services is being maintained.

The 2001 Report identified a number of deficiencies in the procedures established by DEWR to ensure appropriate service delivery standards in relation to complaints handling under the employment services contract. The thirteen recommendations, whose implementation is the subject of this current report, addressed both the contract management arrangements in the Department for the oversight of complaints handling in Job Network providers; and the guidelines and procedures in place for the handling of complaints made directly to DEWR about Job Network.

The current review also provided an opportunity for me to contribute recommendations for improvements to DEWR's Job Network complaints system and its monitoring of provider complaints handling arrangements in the context of the development of a new employment services contract (ESC 3). The Department has accepted all but one of the 11 recommendations arising from this review and the Department's comments are included in the *Recommendations* section of this report.

In relation to the recommendations from my 2001 Report, it is pleasing to note that the Department has made significant enhancements to its internal complaints handling processes. In particular, I note the introduction of new complaints handling guidelines and quality assurance procedures have

provided a strengthened framework for dealing with complaints across the Department. Practical complaint handling and recording by DEWR officers staffing the Customer Service Line have, overall, improved markedly although there was evidence that there may be some variation between States in the consistency with which procedures are followed. The development of the Job Network complaints database has provided much greater capacity for the Department to manage and analyse complaints data and to use complaints information in performance improvement, in complaints handling and across the Job Network as a whole.

There have also been enhancements in DEWR's contract management and compliance arrangements in relation to complaint handling by Job Network providers. Monitoring and quality audit visits, which provide a formal framework for checking on provider complaint handling, have improved in both frequency and coverage. There is some evidence that greater attention to quality assurance in some States would help ensure those processes are being used to maximum effect.

I remain concerned, however, that as the second Employment Services Contract is drawing to a close, a number of the monitoring and audit reports reviewed in the course of the investigation revealed deficiencies in provider complaints handling arrangements. Results of this investigation suggest that definitions of complaints and standards of complaint handling and recording may still vary significantly across providers, and even across different sites run by the same provider. In this context, I am pleased to note that the Department has, in response to my recommendations, introduced a standard complaints definition and minimum requirements for the recording of complaints for use by providers under the new employment services contract.

DEWR has advised that my recommendations, as well as the recommendations from the Productivity Commission's recent independent review of the Job Network and the Department's own internal reviews, were all considered in developing the new Active Participation Model (APM). This APM is being implemented in the new employment services contract commencing 1 July 2003. The Department has noted that the APM includes a Key Performance Indicator measuring quality that recognises how providers deliver services is just as important as the outcomes they achieve. Complaints handling and resolution are integral components of both the Code of Conduct and the Service Guarantee in the contract, and jobseeker feedback will be used as the main means of performance assessment for this KPI. I plan to review the effectiveness of the new complaints handling and contract monitoring arrangements once the ESC 3 has been introduced and the APM is fully operational.

I would like to express my appreciation to the staff of the Department for their cooperation and assistance to my investigator in the course of this review.

RECOMMENDATIONS ARISING FROM THE 2002 INVESTIGATION INTO COMPLAINTS HANDLING IN THE JOB NETWORK

Complaints handling processes in Job Network Members (JNMs)

2002 Investigation – Recommendation 1

That DEWR consider the development of a definition of complaint for use by all JNMs, consistent with the definition of complaint used by the DEWR Customer Service Line (CSL).

DEWR's response

Agreed.

The complaint definition suggested in the draft recommendations was included in the Request for Tender to inform JNMs of instances where they will need to keep a complaints register in accordance with the Employment Services Code of Practice. This definition will also be included in the DEWR Complaint Management Guidelines.

2002 Investigation – Recommendation 2

That DEWR consider options for encouraging greater awareness among JNMs of the value of complaints mechanisms as a vehicle for providing important information on ways to improve overall business performance, not merely to fix problems.

DEWR's response

Agreed.

DEWR will continue to encourage JNMs to use complaint information to improve their businesses and encourage them to access the practice improvement section of the Job Network Member homepage that links to many better practice publications, including the Ombudsman's publication "A Good Practice Guide to Complaints Handling".

The introduction of a quality Key Performance Indicator (KPI) in the Employment Services Contract will also ensure providers are considering ways they can develop their practices to improve overall performance.

2002 Investigation – Recommendation 3

That DEWR consider the establishment of minimum content requirements and a standard format for the provider complaint register to facilitate recording of complaints by providers and subsequent monitoring of complaint handling by DEWR.

DEWR's response

Agreed.

The Employment Services Code of Practice which forms part of the Employment Services Contract to be implemented from 1 July 2003 includes minimum content requirements for a complaints register:

The Complaints Register should include, but not be limited to, the following information:

- *details of the parties to the complaint, including:*
 - *the name of the complainant (if provided)*
 - *if relevant, the name of the staff member being complained about*
 - *the name of the staff member handling the complaint;*
- *the date of the complaint;*
- *the nature of the complaint;*
- *whether the complaint has been referred to DEWR;*
- *details of key contacts with the complainant and the action taken, including dates;*
- *outcome of the investigation;*
- *any follow-up action required; and*
- *any changes to services or procedures, or other actions, resulting from the complaint.*

2002 Investigation – Recommendation 4

That DEWR review options for obtaining from providers regular, mandatory reports, in a specified format, on complaints received and handled at sites. Such reports should provide DEWR with comprehensive, consolidated information on complaint numbers and issues of concern across the network, and encourage a better focus among providers on the requirements of Principle 4 of the Code of Conduct.

DEWR's response

Not agreed.

We disagree with the comments in the report that we are relying on the effectiveness of JN systems in managing complaints. In addition to

operating the Customer Service Line, in response to the 2000 report recommendations, we amended monitoring checklists used by contract managers to include a requirement to monitor complaint registers. Anonymous complaints are investigated where possible and contract managers raise general issues with JNMs without disclosing the complainants' identities.

Under the APM arrangements contract managers will continue to monitor complaints processes and registers to ensure contractual compliance. We will also follow up on complaints received via Customer Service Officers to ensure there is a record of the complaint received and any follow up action. There would be a significant increase in provider and departmental workloads if we were to consolidate all complaints and this would be inconsistent with a risk management approach to monitoring contracts. There is also little evidence to support why this would strengthen processes.

Ombudsman's comment

The concern addressed by Recommendation 4 was the very limited information available to DEWR from current complaints registers maintained by JNMs about the number, nature and handling of complaints about the Job Network which are made directly to providers. This means that DEWR is unable to report accurately on the number and types of **all** complaints made to providers and is, therefore, unable to determine the level of, or trends in, complaints about the Network as a whole. The monitoring and auditing arrangements considered in the course of this investigation, while significantly improved since the last review, are not sufficiently comprehensive to provide this level of performance information to DEWR, or enable it to make an informed assessment of the quality of complaint resolution by providers.

The Ombudsman acknowledges, however, that the implementation of the Active Participation Model in ESC 3, and the proposed enhancements to complaints registers and to performance and quality measures, have the potential to provide DEWR with greater assurance that JNM complaint handling procedures are operating effectively than has been achievable under ESC 2 arrangements. The Ombudsman does not, therefore, propose to take this matter further at this stage.

2002 Investigation – Recommendation 5

That DEWR review its training for staff and quality assurance procedures in relation to monitoring and quality audits, with a view to improving the quality and consistency of review of complaint handling, and preparation of reports. Particular attention should be given to:

- **crosschecking of the JNM complaint register against records on JQIS in all monitoring and quality audit visits;**
- **adherence to the 6 week time frame for finalisation of audit reports;**
- **tightening of arrangements for follow-up of any recommendations for improvement arising from monitoring or audit reports;**
- **routine quality assurance on all monitoring and quality audit procedures; and**
- **options for promulgating best practice in monitoring and auditing in all States.**

2002 Investigation – Recommendation 6

That DEWR, in the context of developing contract monitoring and quality assurance mechanisms for ESC 3, review the effectiveness of monitoring and quality audit procedures in checking adherence by JNMs to Principle 4 of the Code of Conduct. The review should address alternative options for DEWR to satisfy itself that complaints handling systems in JNMs are working effectively.

DEWR's response

Agreed.

In implementing the APM arrangements DEWR is strengthening the performance management framework to ensure consistency and accountability when measuring performance against the contractual KPIs. As mentioned above, one of the new APM KPIs relates to quality. Providers will be required to satisfy the department that they are delivering services in compliance with the Code of Practice and Service Guarantee. The quality KPI will monitor:

- *the provider's demonstrated ability to operate in the employment services environment;*
- *quality of services delivered;*
- *effective complaints management; and*
- *continuous improvement.*

The department is currently developing a monitoring strategy to ensure compliance with the Code and Guarantee and a set of revised Quality Audit guidelines that focus on addressing issues as they arise, as well as audits to highlight better practice. The monitoring strategy will target high risk sites and sites with a history of complaints. JQIS is also being redesigned to allow for more comprehensive reporting.

DEWR's handling of complaints about the Job Network

2002 Investigation – Recommendation 7

That DEWR review training for Customer Service Officers (CSOs) and complaint handling and recording quality assurance procedures with a view to improving consistency across States in complaint handling and recording within the CSL.

2002 Investigation – Recommendation 8

That DEWR place greater emphasis in the management of its own complaints mechanisms in recognising the value of complaints in informing performance improvement across the Job Network as well as within DEWR.

DEWR's response

Agreed.

Building on the work that has already been done in this area since the review, as outlined above the department is reviewing monitoring procedures and processes relating to monitoring and Quality Audits and redesigning JQIS to allow better reporting. CSOs and Contract Managers will undertake further training before the commencement of the APM. Training modules will cover the evaluation of KPI 3 (quality), risk assessment and monitoring, as well as use of the Employment Services Quality Improvement System (the new JQIS) to record complaints and compliments. ESQIS will enable departmental staff to more easily utilise complaints data in discussing performance with JNMs and make some complaints information available to JNMs so they can improve their practices.

2002 Investigation – Recommendation 9

That DEWR remind CSOs of the need to maintain an independent role in investigation of complaints and to avoid becoming advocates for complainants.

DEWR's response

Agreed.

While we agree that more can be done to ensure consistency in the follow-up of complaints and recording in JQIS, we disagreed with the inference at paragraph 4.2.15 that DEWR guidelines permit Customer Services Officers (CSOs) to act as advocates for complainants.

DEWR Complaint Management Guidelines state that complaints should be impartially investigated, maintaining confidentiality and focus on the issues not the personalities. While the word mediation is used to describe the relationship between the JNM and the complainant the intention is for CSOs to facilitate an understanding of complaint issues between the complainant and the JNM. The Department believes that CSOs understand this requirement and maintain an independent role at all times. Consistent with these guidelines paragraph 4.2.15 of your report states that there was no evidence of CSOs acting as advocates.

Ombudsman's comment

The thrust of Recommendation 9 was to ensure that the Guidelines reflected the distinction between CSOs mediating “between the complainant and the provider” and mediating “on behalf of the complainant”. The latter, which is used in copy of the Guidelines provided by the Department dated May 2002, has the potential to suggest that CSOs should take the part of the complainant in the course of any mediation activity, which, as the department acknowledges, is not the intended meaning.

2002 Investigation – Recommendation 10

That DEWR review the outcome classifications for JQIS with a view to ensuring that they reflect accurately an objective assessment of the complaint outcome, rather than focusing solely on the complainant's level of satisfaction with the response to the complaint.

DEWR's response

Agreed.

This recommendation has already been actioned. In November 2002 JQIS outcome classifications were expanded to record the actual outcome of the complaint, not just the complainant's level of satisfaction with the outcome. The following guidance was issued to CSOs:

Advice from the Ombudsman's office suggests that where the department has taken all available steps under the complaints management process, the complaint is resolved- i.e. it is resolved from the department's perspective. For example, the following would be considered as resolved:

- A person who has complained about a policy issue has had the policy explained to them (they do not have to be satisfied with the explanation, but there are no means for progressing this type of complaint);

- Where a complaint relates to a provider and that site has been approached and has assisted but is unable to satisfy the complainant's expectations, where these lie outside the scope of the contract;
- Where there is insufficient information to look into the complaint or the complainant does not wish for this to happen – in this case the first hurdle of being able to look into the complaint has not been cleared.

Ombudsman's comment

It may be appropriate to clarify the thrust of this recommendation, particularly in view of the advice already provided to CSOs by the Department.

It is reasonable, and appropriate, for the Department to measure level of client satisfaction with the outcome of the complaints process, but this needs to be differentiated from the outcome of the complaint itself. Under the outcome classification system in place at the time of the review, the primary level outcomes were "resolved", "unresolved" or "referred", and assessment of these outcomes appeared to be based on the complainant's perspective which did not necessarily reflect an objective assessment of the outcome and could be misleading. However, it may be equally misleading to base outcome classification solely on the Department's perspective of what is "resolved" or not, because this may not necessarily reflect objective outcomes any more accurately. In assessing the outcome of a complaint, particularly when the Department is using the incidence of complaints which are justified as a measure of the compliance of the Job Network providers with the Code of Conduct, it may be more appropriate to use outcome classifications such as "substantiated" and "unsubstantiated". It would also be useful to have a classification to cover complaints where there is "no further action necessary": this classification could accommodate subsets such as "not determined" (insufficient information to make a decision), "withdrawn" (by the complainant) and "out of jurisdiction" (not a matter which is within the authority of the Department to consider or determine).

In applying these classifications to the examples given above by the Department in the response to the recommendation, the outcomes would be:

- A person who has complained about a policy issue: "no further action necessary" – out of jurisdiction;
- Where a complaint relates to a provider and the relevant site has been approached, and has assisted, but is unable to satisfy the complainant's expectations because these lie outside the scope of the contract: "unsubstantiated";

- Where there is insufficient information to look into the complaint or the complainant does not wish for this to happen: "no further action necessary" – either "not determined" or "withdrawn".

Ombudsman access to information

2002 Investigation – Recommendation 11

That, in the drafting of ESC 3, DEWR includes specific reference to the power of the Ombudsman's under the Ombudsman Act 1976 to obtain information from providers which he considers relevant to his enquiries.

DEWR's response

Agreed.

This recommendation has already been actioned. In the ESC 3 tender there is specific reference to the Ombudsman's powers and role in the Contract and the Code of Practice.

1. BACKGROUND TO THE INVESTIGATION

- 1.1 In January 2001 I reported on an Own Motion Review of the Complaint Handling Process for the Job Network. The Job Network comprises provider organisations contracted by the responsible agency (then the Department of the Employment, Workplace Relations and Small Business - DEWRSB)¹ to provide employment services in accordance with a Code of Conduct which included, inter alia, an effective complaints system. The review was prompted by concern that, where there has been a change in the method of delivery of services by government, there should be no diminution in the quality of service provided.
- 1.2 The review report identified a number of deficiencies in mechanisms that the Department had put in place to ensure that service delivery achieves the standards required by the employment services contract. I made a number of recommendations for improvement in the Department's complaint handling procedures and practices, and arrangements for oversight of complaints handling within Job Network, to which the Department responded positively. I also foreshadowed my intention to conduct a further review of Job Network complaint handling at an early date.

2. SCOPE OF INVESTIGATION

- 2.1 At the time of the last review, the Department challenged my power to review directly the activities of the third party providers, the individual Job Network Members (JNMs). Although I disagreed with DEWR's view of my jurisdiction, I did not pursue direct access to JNMs in the interests of finalising my review within a reasonable timeframe. This limitation meant that I did not have the opportunity to observe how individual JNMs received, recorded and investigated complaints. In my report, I noted that lack of access to information about handling of complaints by individual JNMs meant that I had to rely heavily on the limited information available from the Department about the performance of providers.
- 2.2 Since that time, there have been two developments which have had an impact on the scope of this review.
 - (i) In May 2002, the Government announced changes to the delivery of employment services to be put into effect with the third Employment Services Contract (ESC 3) to commence in

¹ Under changes to the Administrative Arrangements Orders implemented following the Federal election in December 2001, the responsible department became the Department of Employment and Workplace Relations (DEWR).

2003. DEWR has advised that, concurrently with the introduction of ESC 3, it intends to implement a range of enhancements to its quality assurance mechanisms; and

- (ii) The Government has recently responded positively to the recommendation of the Joint Committee of Public Accounts and Audit that I should have jurisdiction to investigate the actions of private sector organisations that are contracted by Commonwealth government agencies to provide goods and/or services to the public. This, of course, includes the provision of employment services by third party providers through the Job Network. I expect that proposed changes to the *Ombudman Act 1976* will enable me to obtain access to much more detailed information about complaints handling within the JNMs themselves in the future.

- 2.3 In these circumstances, I decided to limit this review to consideration of the extent to which DEWR has implemented the recommendations of the earlier report, and, where appropriate, to suggest improvements in complaint handling for incorporation into ESC 3. I may conduct a more detailed review of complaints handling when jurisdictional issues have been put beyond any doubt by legislative amendment and the new Employment Services Contract has been in operation for a reasonable period.

3. METHODOLOGY

- 3.1 This investigation included:

- Assessment, in light of the recommendations in the earlier report, of changes to procedures and guidelines related to complaints handling in DEWR, and contract monitoring in relation to complaints handling in the Job Network;
- Assessment, against the changed procedures and guidelines, of practical arrangements for complaint handling in the Victorian and the Western Australian offices of DEWR;
- Observation of the complaints handling aspects of a monitoring visit and a quality audit at Job Network sites in Victoria; and a follow-up visit on a quality audit at a site in Western Australia;
- Inspection of all reports of DEWR Quality Audits and follow up conducted in Western Australia and Victoria during FY 2001-2002;
- Inspection of the complaints handling components of selected DEWR monitoring reports conducted in Victoria and Western Australia during FY 2001-2002;
- Observation of complaint handling by staff of the DEWR Customer Service Line in Melbourne;

- Review of the records on JQIS, the DEWR complaints database, of a number of complaint records relating to sites in Victoria and Western Australia; and
- Discussions with DEWR staff, including from: the Contract Management and Market Support Branches in the DEWR's Victorian office; the Contract Management and Market Support sections in the Western Australian office; and the Customer Service and Quality Improvement Branch in Central office.

4. PERFORMANCE AGAINST 2001 RECOMMENDATIONS

- 4.1 Recommendations made following the 2001 review addressed both levels at which the Job Network complaints system operates:
- Complaints made direct to the Job Network provider – each JNM site is required by ESC2 to operate “an accessible, effective complaints process” for its jobseeker and employer customers; and
 - Complaints made to DEWR's national Customer Service Line, which is available to any customer of any JNM, as well as to members of the public, other agencies and JNMs themselves.
- 4.2 The DEWR Annual Report for 2001-2002 records that there were 8,066 complaints made regarding the Job Network, an increase of 816 over complaints in 2000-2001. However, it is important to recognise that these figures relate only to complaints about the Job Network made to the Customer Service Line. There is no consolidation of the number or nature of complaints about the Job Network made directly to, and handled by, the providers themselves. Indeed, there is no requirement on providers to report to DEWR on complaints received directly by them. JNMs are required only to maintain, available for DEWR inspection, a complaints register in which details of all complaints received and their investigation and resolution are to be recorded.

4.1 Complaints handling processes within JNMs

- 4.1.1 DEWR's processes for managing and influencing the complaints handling processes in JNMs are incorporated in the Department's Job Network contract management arrangements, as was the case when the last review was conducted. DEWR has advised that over the last 12 months there has been a substantial overhaul of contract management arrangements with the introduction of a National Contract Management Framework, under which greater expertise and responsibility for individual contracts has been devolved to State offices. Day-to-day responsibility for each Job Network contract is with State offices and is shared between a Contract Management Branch (or section in smaller States), responsible for monitoring and risk

assessment, and a Market Support Branch (or section), responsible for the DEWR Customer Service Line (CSL) and quality audits.

4.1.2 DEWR has continued to maintain a contract management approach which focuses on outcomes rather than processes. In relation to complaints, this means that DEWR has not prescribed processes for handling complaints within individual JNMs. Rather, it has required JNMs to comply with a Code of Conduct attached to the contract, of which Principle Four addresses the need for “an accessible, effective complaints process” for jobseekers and employers. Implementation of this Principle requires JNMs to:

- establish and maintain an internal complaints system;
- provide information about their complaints system to all jobseekers and employers;
- ensure JNM clients are aware of other avenues for complaint resolution, including the CSL;
- accept responsibility for implementing the requirements and train staff to deal adequately with complaints; and
- respond to any matters raised with the JNM by the CSL.

4.1.3 As the earlier review pointed out, where an outcomes based approach to contract management is adopted, it is essential that the Department has established clear standards of service that the contractor is required to implement, and has effective processes in place to monitor the contractor’s performance. DEWR monitors the implementation of the complaints outcomes outlined in Principle Four primarily through routine monitoring visits to JNM sites and quality audits conducted on a limited number of sites, supported by feedback from the contract managers and the CSL. Monitoring visits include a component addressing complaints handling which requires monitoring staff to conduct a review of the JNM’s complaints processes and records of complaints made since the last monitoring visit. Quality audits offer a much more detailed consideration of particular aspects of a JNM’s activities, and may often address complaint handling in depth.

4.1.4 The following recommendations to improve monitoring and quality audit arrangements were made in the report of the earlier review. The comments provided below against the recommendations are based on written advice provided by DEWR in response to a request for a progress report on implementation; and the analyses in Attachments A and B of selected monitoring reports and quality audits undertaken in 2001-2002 in Victoria and Western Australia.

2001 Review - Recommendation 1: DEWRSB ensures that Quality Audit Reports are prepared and forwarded to the JNM within a reasonable time after completion of the audit and that follow-up visits to ensure compliance with the recommendations occur in a timely manner.

4.1.5 This recommendation addressed observed deficiencies in the timeliness of DEWR's reporting to providers of the findings of quality audits; and in ensuring recommendations for improvements were in fact implemented by providers.

4.1.6 DEWR advised the following:

- it has established a time limit of 6 weeks from the date of the quality audit for preparation of, and forwarding to a JNM, the report on the audit. This takes account of the length and complexity of some of the audits. DEWR noted that it was considering including the reporting time frame as a Key Performance Indicator (KPI) for State offices for 2002-03. This would support the current KPI requiring that quality audits be undertaken on a minimum 5% of JNM sites within a State annually;
- where an audit reveals that compliance with the Code of Conduct has been unsatisfactory, the provider is formally advised in writing. The letter to the provider lists any recommendations and seeks a response on implementation of recommendations within a short timeframe. Follow-up visits occur to ensure that recommendations have been implemented; and
- a National Quality Audit Register has been established containing basic information on audits conducted, including dates of audit, reporting and any required follow-up. A monthly report on quality audits is provided to the Departmental executive, including number planned, trigger for the audit, and status of incomplete audits.

2002 Investigation

4.1.7 To determine how effectively these procedures have been implemented, reports of all quality audits undertaken by the Victorian and Western Australian State offices in 2001-2002 were reviewed.

Victoria

4.1.8 There were 22 quality audits conducted (in excess of the required 5% of the 375 Victorian sites). Audits focused on assessing the delivery of selected Principles in the Code of Conduct. Principle Four requires providers to establish "an effective and accessible complaints process" and this Principle was addressed in 18 of the 22 audits.

- 4.1.9 The structure and quality of reports was variable, some providing considerably more analysis of findings than others, which may reflect the relative experience of staff preparing reports, and the fact that formal guidance and training in preparation of reports, as opposed to the conduct, of audits is limited. The Victorian office advised there was no quality assurance mechanism in place for quality audits.
- 4.1.10 The six-week time frame for completion of reports was not met for a number of the audits which addressed complaints handling, and in relation to those audits conducted as part of national audits, the recommendation letters to sites were, in some cases, not sent for up to three months after the site visit. This is of particular concern when the audit identifies issues requiring remediation, and there were invariably some complaints matters requiring attention following the audit. Staff in the Victorian office have advised they are conscious of past delays and are confident reporting timeframes are improving.
- 4.1.11 The focus of recommendations in several of the audits reviewed was disappointing. For example, audits in February /March 2002 of four sites run by the same provider identified problems with the quality of information provided to clients about the complaints process, and with the quality of record keeping in relation to complaints raised with the provider by the CSL. The recommendations from these audits included two directed towards the JNM reviewing its complaints procedures. However, neither recommendation made direct reference to the outcomes DEWR expected from the review process.
- 4.1.12 Recommendations from audits are only effective when they can be, and are, implemented by providers. Clear recommendations directed to achieving the outcomes envisaged by the Code of Conduct, and effective follow-up by DEWR of those recommendations within a reasonable timeframe, are essential. Such recommendations are also necessary to enable the provider to make required improvements, and to ensure their implementation may reasonably be assessed by DEWR in audit follow-up.
- 4.1.13 DEWR has indicated its reluctance to be too prescriptive to providers in audit recommendations, taking the view that, consistent with DEWR's outcomes based approach to contract management in a competitive marketplace, providers should be free to implement recommendations as they see fit. However, within such an approach, recommendations can be made which establish clear expectations of the outcomes expected without necessarily prescribing how a provider should achieve them. For example, when information publicly available about a provider's complaints process has been found to be inadequate, a recommendation might propose a review of the provider's complaints process including specific reference to that review's addressing the requirement under Principle Four of the Code to explain complaints handling to jobseekers and employers.

- 4.1.14 It appears that follow-up visits are rarely undertaken in Victoria following an audit. Great reliance appears to be placed on written assurances from the provider that any deficiencies have been addressed, although Victoria has advised that implementation of recommendations is checked during monitoring visits. In view of the cursory nature of monitoring visits, and evidence that deficiencies in complaint handling identified in audits were not picked up in earlier monitoring visits, the value of monitoring as a form of follow-up is questionable.
- 4.1.15 The quality audit reports examined suggest that there may be fundamental deficiencies in relation to complaints handling in a number of sites. For example, the reports of audits undertaken in March 2002 of three sites run by the same provider identified very similar problems with the complaints systems at all sites. These included such basic issues as limited staff understanding of what constitutes a complaint, doubt whether clients were being advised they could complain and how to do go about complaining, and evidence that complaints were not being adequately recorded on a complaints register at the site. Such issues go to the heart of “an accessible, effective complaints system” and it is disturbing that towards the end of operation of ESC 2 such basic problems are still being uncovered.

Western Australia

- 4.1.16 Eight quality audits were conducted (over the 5% required by the KPI, taking into account the large number of outreach sites). The focus adopted by WA in contract management is based on an integrated assessment of all services provided by the JNM, and this holistic approach is carried through to the conduct of quality audits. Audits assess a JNM’s delivery of complaints handling as an integral part of its performance, rather than as a separate service provision, selecting a particular service delivered by the provider and assessing performance and compliance in delivery of that service across the Code of Conduct. The handling of complaints is, therefore, almost always covered in WA audits although the audits themselves may not necessarily identify Principle Four of the Code as a focus.
- 4.1.17 The structure and quality of WA audit reports was consistently high, reflecting the effectiveness of the quality assurance mechanism in place for audits: all audits are oversighted by the Customer Service Manager and must be checked by the case load officer’s team leader in the contract management area. In particular, the auditors regularly checked the information provided by management against the understanding of staff and clients, providing good insight into how complaint procedures were actually operating at the site.

- 4.1.18 Report recommendations were closely aligned to expected performance against the Code of Conduct. For example, a recommendation to one provider to review its complaint handling processes was directed to specific outcomes which the Department wished to see achieved, including incorporating complaints into the JNMs service improvement process, and staff training. Recommendations of this kind also provide a benchmark against which to measure implementation during follow-up.
- 4.1.19 Follow-up visits appeared to be more routinely undertaken in WA. The follow-up visit attended by the investigator brought together management and counter staff, providing an opportunity to assess understanding of the issues of concern at different levels in the organisation.
- 4.1.20 As with Victoria, the six week timeframe for completion of reports and provision of recommendations to providers was not always met. Senior staff advised they were seeking to improve turnaround times.

2001 Review - Recommendation 2: *That, as a starting point, auditors review and document the complaints process each JNM has introduced. A view should be formed about its adequacy and recommendations for change made where appropriate.*

2001 Review - Recommendation 6: *That DEWRSB ensure JNMs are properly maintaining complaints registers. Inspection of complaints registers be carried out during monitoring visits and Quality Audits. Complaints registers be audited by comparison between entries in the register to the record of complaints received by DEWRSB's CSS and information about complaints identified from other sources such as file reviews and customer surveys.*

- 4.1.21 These recommendations addressed the problem that, during the review, the Department was unable to provide sufficient information about the complaints processes operating in JNMs to enable the Ombudsman to determine whether arrangements in place were satisfactory. This was partly because there was insufficient information held by DEWR about the complaints handling arrangements established by individual JNMs; and partly because DEWR's contract monitoring procedures could not provide adequate assurance that any arrangements about which information was available were, in fact, working effectively. The recommendation proposed documenting all provider complaints processes to ensure they met the minimum requirements of Principle Four of the Code, and to provide a benchmark for DEWR's monitoring and quality auditing activities.
- 4.1.22 In response to this recommendation DEWR advised the following:

- each Job Network member has had their complaints process reviewed and documented;
- all Job Network sites are visited within a 12 month period; and that checking to confirm continued existence and usage of the complaints register and in-office procedures continues to be a national priority under the Job Network Contract Monitoring Plan. (In evidence to the Senate Legislation Committee on Employment, Workplace Relations and Education in February 2002, DEWR further advised that “as a broad guide, we would expect that our contract managers would be undertaking a monitoring visit with the provider at least a couple of times a year”);
- monitoring and quality audit visit schedules are based on a risk assessment made at the beginning of the contract period. This enables potential problem sites to be targeted and sites considered high risk to be monitored ahead of low risk sites, sometimes to the extent that a high risk site will receive more than one visit, while a low risk site may not receive a monitoring visit at all;
- the Site Proforma report, which must be completed for all monitoring visits, includes a section addressing the complaints handling process. Areas to be covered include inspecting the nature and accessibility of complaints information available to clients; obtaining an overview of how the complaints process works; and checking the complaints register and how any complaints received were resolved.

2002 Investigation

- 4.1.23 To assess the effectiveness of these procedures, discussions were held with staff in the Victorian and WA offices, and quality audit reports and the complaints component of a random sample of monitoring reports were reviewed.
- 4.1.24 In both States, site risk assessment is updated six monthly, taking into account information from contract management staff, complaints handling officers and the results of monitoring or audit visits which may have occurred during the period. Staff in both States commented that complaints and complaint handling problems in a JNM can often be a good indicator of potential problems in other areas of service delivery.
- 4.1.25 Despite DEWR’s assurances, neither the Victorian nor the Western Australia Office has in fact undertaken a comprehensive review and documentation of all JNM complaints handling mechanisms in the State. Information about a site complaints system may be obtainable from tender documents or previous quality audit and monitoring reports, or from speaking to contract management or customer service staff in the Department. But this is necessarily ad hoc and hardly constitutes an assessment of the kind envisaged by the recommendation.

- 4.1.26 The percentage of sites receiving monitoring visits in Victoria and Western Australia in 2001-2002 is considerably less than might be expected. In Victoria, only about 66% of sites (excluding outreach sites) received monitoring visits over the last 12 months, although some of these sites may have received more than one visit during the period. For Western Australia, the proportion of sites monitored was around 78% (excluding its large number of outreach sites).
- 4.1.27 Monitoring visits provide an opportunity for regular, if limited, checking of the effectiveness of complaints arrangements in operation in JNMs. The monitoring format used for reviewing the complaint handling activities of a site is suitable as a guide for monitoring staff and complaints handling was covered in all monitoring reports reviewed. The checklist questions should elicit detailed information about the process used at the site and enable monitoring staff to assure themselves about how well that process is operating day to day.
- 4.1.28 However, this review suggests the process is not being used to maximum effect. The reports of WA monitoring visits generally provided some detail about the operation of the JNM's complaints process and the quality of the service provided. There was more variation in the content of reports of Victorian monitoring visits, with some providing little qualitative information and noting simply that processes are in place. These differences may reflect variations in the understanding and experience of the officers undertaking the monitoring, as well as the fact that, unlike WA, Victoria does not have a quality assurance procedure for monitoring reports.
- 4.1.29 A review of complaints handling is often, but not always, included in the audit. The focus of an audit is usually determined by a JNM's risk assessment and complaints handling may not always be regarded as a high risk area.
- 4.1.30 Of those audits which did include a review of complaints handling, many did not include a crosscheck of the information in the JNM's complaints register against records of complaints made to the CSL, as required by the Quality Audit guidelines. JNMs are required to record **all** complaints in their complaints registers, including those referred to them by the CSL. The accuracy of records of CSL complaints could, therefore, be a useful indicator of the accuracy of records of complaints made direct to the JNM. Central office has advised Victoria has been undertaking such crosschecks routinely since July 2002 and WA is expected to introduce crosschecks shortly.
- 4.1.31 Checking of jobseeker files and information from telephone surveys against JNM records of complaints is also undertaken in the course of quality audits. However, this can only be effective where all complaints have been recorded in the register. DEWR acknowledges that in the

absence of a mechanism which requires notification to DEWR of all complaints received by a JNM, there is no way of knowing whether the recording of complaint numbers and details by the JNM in its register is accurate. Indeed, there is evidence from the audit reports that even complaints referred to JNMs by the CSL may not be recorded – one Victorian audit found only 18 of 66 complaints referred to the provider by the CSL were registered, another found only one of 9 referred complaints was registered.

4.1.32 DEWR is unable to advise what proportion of complaints about the Network are resolved within JNMs' internal complaints systems, but one site estimated that it received directly three times the number of complaints raised with it by the CSL. This level of complaint is certainly not reflected in the records in site complaint registers. A large number of complaints received by JNMs per se is not a problem. It could indicate that the internal JNM complaints system is working well, and that complaints are being resolved effectively at an early stage. But, in view of the evidence that a significant number of the JNMs audited this year were asked to improve aspects of accessibility and record keeping in their complaints systems, more, and more accurate, information about day-to-day JNM complaint handling and recording practices is needed to determine whether the internal JNM systems are, overall, working effectively.

2001 Review - Recommendation 3: Auditors place less reliance on information provided by representatives of the JNM. Greater emphasis should be given to testing the assertions of JNM staff against documentary evidence held on file and information provided by external sources such as jobseekers and employers.

2001 Review- Recommendation 4: Auditors focus on files relating to clients who have complained about JNM service delivery as well as randomly selecting files for review.

4.1.33 These recommendations addressed concern that auditors, in assessing the effectiveness of complaints processes, appeared to be giving undue weight to the unsupported statements of JNM staff about how they handled complaints.

4.1.34 In its response on the implementation of these recommendations, DEWR advised the following:

- State Managers were instructed to ensure that JNM files were examined to corroborate anecdotal evidence given by JNM staff during monitoring visits and quality audits. Where appropriate, job seekers who had complained to the CSL were included in the file analysis; and included in the jobseeker telephone survey undertaken prior to an audit;

- the Quality Audit Guidelines were updated in May 2002 and set out the range of performance data and other documentation which should be reviewed by auditors in preparation for an audit and during the audit itself.
- To determine if complaints are being recorded adequately by the JNM, the Guidelines require that,
 - before the visit, auditors examine relevant JQIS records, obtain feedback from telephone surveys of customer satisfaction, and review any documentation about the complaints process.
 - during the visit, auditors examine the records of any current jobseeker client of the JNM who has lodged a complaint with the CSL. Complaints records at the site are to be compared to the records on JQIS of complaints received about the site by the CSL and referred to the site for action.

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4.1.35 Audit reports indicate that JNM files are checked to ensure that the oral advice given by staff is reflected in the written records of complaint handling. However, the reports also suggest that checking with more junior staff of the statements by JNM management about procedures and policies appears to be done less routinely in Victoria than in Western Australia. This may be the result of report writing variations rather than a reflection of audit practice. Statements by management regarding staff training and understanding of procedures for complaint handling should always be tested with staff actually responsible for dealing with complainants.

4.1.36 Discussions with customer service and contract management staff, and review of the audits undertaken in Victoria and Western Australia, confirm that there is close consultation on the number and nature of complaints received by the CSL about the sites being audited. Audit records included responses to telephone surveys by a small sample of jobseekers registered at the audited site, including those who have complained to the CSL, which were undertaken prior to the conduct of the audit. The sample sizes are small, but responses can be indicative of areas which might be pursued in an audit, for example, whether information about the site's complaints system was provided to the jobseeker at first interview.

2001 Review - Recommendation 5: That DEWRSB commit greater resources to carrying out of Quality Audits so that a larger number of more comprehensive audits can be conducted.

4.1.37 This recommendation reflected concern that a larger number of, and more comprehensive, audits were necessary to enable DEWR to assure itself that JNM complaints systems were working effectively.

4.1.38 In response to this recommendation, DEWR advised the following:

- twenty-two per cent more audits were conducted in 2001 than in 2000;
- the requirement that at least 5% of sites in a given State be audited over a 12 month period has been incorporated into State KPIs, ensuring States adequately resource the audit function, and all States have met or exceeded the requirement;
- five national audits have been conducted over the last twelve months, involving multiple sites operated by the same providers across a number of States. National audits are intended to provide a more comprehensive assessment of service delivery by a national provider than could be achieved if only one State were audited;
- resources committed to carrying out audits have not increased. In evidence to the Senate Legislation Committee in February 2002, DEWR advised that the number of staff engaged in contract monitoring and compliance was about the same as 12 months earlier;

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4.1.39 Although staff committed to the auditing process appears to be around the same as at the time of the previous review, the number of audits, and the quality of reports has improved.

4.1.40 The approach to contract management and the use of quality audits as a compliance tool has changed. The updated Quality Audit Guidelines place more emphasis on the quality of the service delivered, including in complaints handling, rather than simply noting a process is in place. For example, in WA the audits are being used to target particular aspects of service delivery and to look at performance of those aspects against the standards set out in the Code of Conduct. This qualitative emphasis is reflected in the manner in which the audits have been conducted and the nature of recommendations for performance improvement flowing from the audit reports.

4.1.41 Central office has advised that the potential for using the quality audit process to identify best practice models which might be promulgated across the network is also being explored.

Summary of 2002 Investigation Preliminary Opinions

Monitoring visits

- 4.1.42 There appears to be considerable variation in the quality of complaints monitoring, as measured by the quality of monitoring reports. Many reports suggest the review of complaints was purely cursory, comprising a check that the site has “a process” and “a register” and has, at some stage, indicated to clients that they may complain. Some reports indicate that attention has been given to evaluating the quality of the process, whether the process is actually being followed and whether the complaints register is being used appropriately.
- 4.1.43 However, it is disappointing that such qualitative reviews do not appear to be a routine part of monitoring. Checking that a site has a complaints register is a first step, but when such a check reveals that “only one major complaint has been made over the past 7-8 years”, as one report noted, some follow-up or comment is required. Crosschecking of complaints received by DEWR about the site with records held at the site can provide useful comparative data when reviewing records of complaints held internally.
- 4.1.44 DEWR central office and the Victorian and WA offices have identified monitoring as an integral part of the complaints handling review within JNMs. The schedules of monitoring visits are based on risk assessments by State contract managers, taking account of all information available to them about the performance of providers. Contract managers therefore have a degree of flexibility in determining which sites should receive visits, and this is appropriate. But it is clear that, with only two-thirds of sites in Victoria and three-quarters of sites in Western Australia receiving monitoring visits in 2001-2002, many sites would have received no direct assessment of their complaints handling arrangements through this process.
- 4.1.45 In addition, the analyses of monitoring reports have suggested that there are significant discrepancies between the findings of monitoring and audit reports on the same sites. DEWR staff have suggested that it is difficult to undertake a comprehensive assessment in the short time available for a monitoring visit. If this is the reason for the discrepancies – monitoring cannot provide the depth of consideration necessary to make an accurate assessment of practical complaint handling in a site - then the practical value of monitoring in its current form as a tool for oversighting of complaint handling in JNMs warrants urgent review by the Department.

Quality audits

- 4.1.46 Quality audits remain the most powerful formal means available to DEWR to obtain assurance that the complaints processes claimed by JNMs are actually being delivered in practice at sites.
- 4.1.47 The overall conduct of quality auditing has improved since the last review. Reports examined indicate that, where complaint handling has

been included in the audit, the auditors have generally undertaken a more comprehensive assessment of complaint handling practices against procedures than was found at the last review. Areas such as timeliness of reporting and checking understanding among site staff of policy and other statements made by management in relation to the handling of complaints still require further attention.

- 4.1.48 Improvement in the conduct of quality audits has enabled a more effective assessment to be made of capacity of the audit mechanism to provide assurance to DEWR about the operation of complaints processing across the Job Network. Thorough analysis of complaint handling at site level is usually only undertaken in the context of a quality audit (an exception might be the investigation of a very serious complaint made to DEWR through the CSL). In view of the low number of sites which receive quality auditing (5% a year or only 15% of sites over the course of three year contract) it is difficult sustain a view that complaint handling in JNMs is being adequately oversights.
- 4.1.49 This is clearly demonstrated in the review of the 4 Victorian sites selected for the national provider audit, where the provider is into a second contract and would presumably have been providing network services for at least 4 years at the time of the audit. The QA reports cast doubt on such basic matters as the definition of a complaint and adequate provision of advice to clients about the existence of a complaints process within the sites audited, which represented only a quarter of the sites operated by this provider nationally. Failure to identify or report on significant concerns at monitoring visits, concerns which were later picked up in quality audits, also brings into question the efficacy of monitoring as a mechanism for checking that any recommendations about improvements in complaints processes are being adequately implemented.
- 4.1.50 There is no assurance that the deficiencies identified at the audited sites are not common in all sites run by the provider; or that recommendations for improving the process at the audited sites will be applied nationally. In Victoria at least, by no means all audited sites which were given recommendations for improvements in complaint handling received follow-up visits to check implementation, and there was no indication that any checking would be done on non-audited sites run by the same provider which may well exhibit similar deficiencies.
- 4.1.51 It is apparent that different States are adopting different approaches to the conduct of QAs. This has implications for the effectiveness of auditing in relation to complaint handling and DEWR's presentation of complaints processes to providers as a valuable source of information in performance management and improvement. The approach adopted to quality audits in WA, which involves selecting a service offered at the site and then examining delivery of the service against

the standards required by the Code of Conduct, enables an holistic assessment of the practical application of Principle 4 in relation to the service provided. This is in contrast to the Victorian approach which tends to review Principle 4 as a separate service delivered by the provider to the client.

4.1.52 The WA approach places complaint handling firmly in a performance management context rather than simply reviewing it as a mechanism to deal with problems clients may have. It encourages providers to recognise sound complaint handling as a valuable mechanism to assist providers in improving their performance. This is consistent with the outcomes based approach DEWR has adopted to contract monitoring generally and seems to be working well. DEWR might want to consider the adoption of a consistent approach across all States which emphasises the value of complaints in improving quality of performance, and hence business, outcomes for providers.

Complaint handling standards

4.1.53 It is clear from an examination of reports and discussions with contract monitoring staff that complaint handling performance standards are not consistent across the Network, or even across sites run by the same provider. There will always be some variation in implementation of complaints policy and processes at different sites, and this can be appropriate where those variations are responding to the particular needs or circumstances of the local client group. However, a surprisingly large number of the audits reviewed revealed fundamental problems with the provider's complaints systems, including a lack of understanding of what constitutes a complaint and the Department's expectations regarding the recording of complaints. This is disturbing when many of the providers are now completing their second employment services contract and should have well functioning complaints handling processes in place.

4.1.54 The lack of consistency in complaint handling standards across providers raises questions about the appropriateness of DEWR's non-prescriptive approach to complaints handling by providers. DEWR's contract management focuses on the objectives to be achieved by providers and measures performance by monitoring outcomes of the processes implemented against these objectives. Such an approach requires both clear standards of service against which to measure performance and effective monitoring mechanisms.

4.1.55 DEWR does not provide formal training to providers on its expectations in relation to complaints service standards or even what constitutes a complaint. The Code of Conduct includes a three step complaints handling process as a guide for providers to develop their own procedures. Providers also have access to a DEWR site which provides the Australian Standard for complaint definition. However,

there is no requirement on providers to adopt the Australian Standard and there is no checking applied to ensure that similar standards are being applied across providers or within all sites operated by the same provider.

- 4.1.56 Central office has advised that there have been a number of recent developments which can assist providers in their understanding of quality service issues. For example, some State offices are providing presentations for groups of sites on aspects of service delivery; and the industry body, the National Employment Services Association (NESA), sponsors quarterly forums in Capital cities and regional centres at which DEWR has provided information sessions on network issues. One DEWR presentation at a NESA forum during 2002 addressed the complaints handling process. DEWR also produces a Monthly JNM Bulletin for providers which includes a standing item on service quality.
- 4.1.57 While all of these mechanisms can provide an opportunity for providers to gain insight into the standards expected by DEWR, compliance is essentially voluntary and it is up to DEWR to monitor JNMs to ensure standards are maintained. On the basis of this quality audit review, there is strong evidence that DEWR may need to be more prescriptive to providers about its expectations of complaint handling arrangements. Where deficiencies have been identified, routine follow-up needs to be undertaken to ensure that these expectations are being met, not just in individual sites audited, but in all sites run by the same provider.

4.2 Handling of complaints about the Job Network within DEWR

- 4.2.1 Comments in this section are supported by the analysis in Attachment C of selected complaint records from the DEWR complaints database, JQIS.

2001 Review - Recommendations 8 and 11: *Customer Service Officers should ensure that complaint records fully detail the investigations conducted, follow up processes and outcomes of complaints. This includes complaints that are referred to JNMs for resolution. An appropriate response may be for the designated complaints handler of a JNM to be required to notify the CSS who may then record directly onto the database the action that has been taken in relation to a complaint referred by the JNM.*

- 4.2.2 These recommendations arose from a concern that the records of complaints handled by the CSL were insufficiently detailed to enable a reader unfamiliar with the complaint to determine how the complaint was investigated and the outcome of the investigation, particularly if a complaint had been referred to the provider for action.

4.2.3 In response to these recommendations, DEWR advised the following:

- State Managers were instructed to ensure that CSOs record in JQIS all efforts made to assist complainants, so that anyone reading the records will appreciate the thoroughness of the investigation. CSOs were also instructed to ensure that all follow-up action and final outcomes of all complaints were recorded in JQIS;
- the Complaints Management Guidelines for CSOs were updated in May 2002 to incorporate these instructions, and follow-up with complainants has been identified as a KPI;
- Central office regularly reviews a random sample of up to 10% of complaints entered into JQIS by CSOs. This is done primarily to prepare a monthly report on complaints for the Departmental executive. The review also provides a degree of quality assurance in that selected complaints are also assessed against the Customer Service Guidelines and feedback on complaint handling and recording may be provided to CSOs where appropriate; and
- each State office is expected to check the quality of complaint handling within the office. However, there are no parameters against which this checking is to be undertaken and, as no reporting is required, Central office was unable to advise how many States are actually undertaking this quality assurance.

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4.2.4 To assess the effectiveness of these changes, a random sample of complaints received and recorded on JQIS in the Victorian and Western Australian offices over financial year 2001-2002 was examined.

Victoria

4.2.5 The overall the standard of record keeping has improved, but there was considerable variation in the quality of JQIS entries. A number of records were confusing or incomplete, and follow-up with complainants, particularly where complaints had been referred to the JNM for action, was not recorded in many instances. This is particularly disappointing in view of the concerns expressed in the last review and the emphasis given to this requirement in several places in the updated Complaints Management Guidelines.

4.2.6 The variability of records of complaints in Victoria suggests enhancements are required to the Victorian quality assurance arrangements.

Western Australia

4.2.7 Complaint records were of a consistently good standard, with sufficient detail provided to enable the reader to clearly follow the action taken.

Follow-up was excellent, and action taken to refer systemic issues to the appropriate area within DEWR was also recorded. The rotation arrangement under which about a third of WA office staff take a turn on the complaints line appears to be working well. Staff and management report enhanced understanding of problem areas within the network, and any difficulties which might have arisen as a result of frequent changes in staff handling complaints appear to have been addressed effectively by the oversight of all complaints and entry into JQIS by the one dedicated CSO.

4.2.8 It is clear that WA's CSL complaints oversighting arrangements are providing effective quality assurance.

2001 Review - Recommendation 10: *Complaints received by the CSS should be referred to JNMs for resolution less routinely. Ownership of complaints about service delivery should be retained by the CSS. Complaints about procedural issues may appropriately be referred to JMS for resolution.*

4.2.9 This recommendation addressed concern that, although CSL staff were referring large numbers of complainants back to the JNM about which they were complaining, DEWR records did not indicate that any follow-up action had been taken by CSOs to ensure complainants had received appropriate service from the JNM.

4.2.10 In response to the recommendation, DEWR has advised the following:

- State Managers were instructed in December 2000 to ensure that in most instances, when approached by job seekers through the CSL, CSOs should seek to mediate a complaint on behalf of the complainant.
- Referral of the complainant back to the JNM for resolution should only occur where it is clear that the complainant is simply seeking clarification of their rights and responsibilities, and the CSO is satisfied he or she wants, and is able, to manage the issue personally.
- Complaint Management Guidelines have been updated to reflect the importance of CSOs retaining accountability for the complaints made to the CSL, except that, in the interests of fairness and efficiency, complaints about procedural issues should generally be made to the JNM in the first instance.

2002 Investigation

4.2.11 Implementation of these changes was assessed through discussion with complaints staff in Victoria and WA and review of selected JQIS records.

- 4.2.12 There appears to have been some misunderstanding among CSOs about the thrust of this recommendation, in particular, that it was the view of this office, after the last review, that it was not appropriate for CSOs to refer complaints back to JNMs for action. In fact, it can be quite appropriate to request a complainant to direct their complaint to the provider in the first instance, and the circumstances where such a referral would be appropriate are outlined in the Complaint Management Guidelines. However, where a complainant has been referred back to a provider, the CSO should, consistent with the Guidelines, follow up with the complainant the outcome of the provider's handling of the complaint.
- 4.2.13 If the CSO believes it is not appropriate to refer the complainant, and decides to raise the matter with the provider direct, the CSO's role is that of an impartial investigator. In these circumstances the CSO does not represent complainant or the provider but seeks to determine the facts of the complaint and whether the complaint can be substantiated. This may involve explaining to the provider the nature of the complaint or explaining to the complainant the position of the provider on the matter. But it does not involve the CSO acting as an advocate for the complainant or the provider.
- 4.2.14 An inspection of randomly selected complaints records for Victoria and WA showed that CSL officers are generally referring only procedural complaints to JNMs. However, as noted above in comment on implementation of Recommendations 8 and 11, greater attention is needed in ensuring that, in all instances when a complaint has been referred to a JNM, follow up is undertaken with the complainant and the JNM to ensure that the complaint has been dealt with appropriately, and that the action taken is recorded on JQIS.
- 4.2.15 The Guidelines remind CSOs that complainants are not necessarily able to complain effectively to the JNM and may need assistance in explaining their concerns. However, the Guidelines go further, describing the role of the CSO as being "to mediate the complaint on behalf of the complainant", which would appear to go well beyond impartial investigation of a complaint. Mediation between the complainant and the JNM, in the sense of facilitating the resolution of a complaint, may be appropriate after investigation of the complaint. Although there was no evidence from JQIS records that CSOs were acting as advocates for complainants (or providers), rather than impartial investigators, care needs to be taken to ensure that CSOs maintain an independent role.

2001 Review - Recommendation 12: *Customer Service Officers should not close a complaint solely because the complainant has given some indication that further investigation not required. Customer Service Officers should actively pursue complaints and in instances where the complaint is of a serious nature, conduct investigations even if the complainant does not want the complaint to proceed further.*

4.2.16 This recommendation reflected a concern that CSOs were not pursuing matters raised by a complainant if the complainant were not prepared to take the matter further, even though the matters raised might be serious. This includes both anonymous complaints and instances where the complainant may be reluctant to press the matter, perhaps from fear of reprisal.

4.2.17 In response to this recommendation, DEWR has advised the following:

- a broad approach is taken to investigation of such complaints. They are assessed on a case-by-case basis to determine whether a matter requires investigation and, if so, how it should be investigated eg. through a quality audit, monitoring visit etc.;
- the updated Complaints Management Guidelines require anonymous complaints to be recorded on JQIS, with the qualification that they may not be acted on if it is not possible to identify, and therefore investigate, the incident or actions about which the complaint has been made;
- the Guidelines require clients to be informed of the possibility that they will be identified if a complaint is investigated to enable them to make an informed decision about whether they wish to proceed.

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4.2.18 The complaint records reviewed confirm that CSOs are handling anonymous complaints in accordance with the Guidelines.

4.2.19 It is unclear how the records of anonymous complaints, or complaints which complainants do not wish to pursue, should be, or are being, used in contract management. Complaint records examined do not generally provide evidence that such complaints are being used to inform the assessment of a JNM's performance, although WA records indicate that, in at least one instance, a serious anonymous complaint was referred to the contract management area for consideration.

2001 Review - Recommendation 13: *Sufficient resources should be committed to CSSs to ensure they are able to adequately manage the complaints process.*

4.2.20 This recommendation arose from a concern that a possible reason for the apparently poor investigation or recording of a number of complaints was a direct result of the heavy workloads experienced by CSOs.

4.2.21 In response to the recommendation, DEWR has advised the following:

- CSOs performed to a consistently high standard against the KPIs for management of complaints for 2001-2002. The KPIs relate to client responsiveness (95% of calls to be answered on the first occasion) and feedback and resolution (100% of requests for information resolved within 5 days and 100% of complaints resolved within 30 days).

2002 Investigation

4.2.22 These KPIs are quantitative measures which focus on the efficiency rather than the effectiveness aspects of appropriate handling of complaints. They do not address the quality of investigation undertaken or appropriateness of complaint resolution. However, DEWR also advised that other aspects of complaints handling activity, such as timeliness of entry of data into JQIS and quality of information recorded, are monitored, although these aspects have not yet been incorporated into the KPIs.

4.2.23 Observation of the CSL in operation and review of complaint records for Victoria and WA indicate that complaints are being investigated more thoroughly and overall complaint records have improved since the last review. The close oversight given to complaints in WA has resulted in a consistently high standard in investigation, reporting and follow-up. However, the Victorian records of complaints were variable, as noted above, and if deficiencies had been identified by quality assurance monitoring, there was little evidence that they had been adequately addressed.

4.2.24 Available evidence suggests the lack of consistency in follow-up and recording particularly is a quality control, rather than a resource, issue which might be addressed by improved staff training and tighter monitoring of complaint handling and recording standards.

2001 Review - Recommendation 7: *DEWRSB should review its data collection and retrieval systems to ensure complaints data about individual JNM sites is readily retrievable in an appropriate report format.*

2001 Review - Recommendation 9: *The SEMORE system should be developed to incorporate an appropriate complaints management system.*

4.2.25 These recommendations addressed significant deficiencies identified in recording of and reporting on complaints made to the CSL. At the time of the last review, DEWR complaints information was recorded in a

database called SEMORE. This database was not designed as a comprehensive complaints management system: existing records could not be updated as new information became available, not all fields could be searched, and there was limited reporting functionality. As a result, Central office had difficulty collating and analysing, both nationally and at the individual JNM site level, the data which is essential to effective monitoring of complaint handling.

4.2.26 In response to the recommendations, DEWR advised the following:

- the Job Network Quality Improvement System (JQIS) was introduced in July 2001, replacing SEMORE. It is essentially a component of the Job Network Information System (JNIS), the overall contract management system for the Job Network.
- JQIS addresses many of the shortcomings in the previous system and is progressively reviewed and enhanced. It has significantly greater functionality than SEMORE, particularly in searching and reporting, and provides unlimited text capacity for the recording of investigations and outcomes, together with the ability to update records as new information becomes available.
- JQIS is the primary tool whereby the Department can monitor Job Network Code of Conduct compliance and the quality of service delivery. It is used by the CSOs in each State to collect, maintain, analyse and report on complaints, queries, feedback and suggestions regarding the Job Network. It enables recording of information about the complainant, the organisation/individual complained about, the type of complaint and the outcome. Issue fields have drop down lists providing flexibility in describing the nature of a complaint and facilitating reporting and analysis of complaints. All complaints about individual Job Network members and the action taken to resolve them are recorded.
- JQIS has also facilitated monitoring of staff workloads, and provides a range of management information, such as outstanding and overdue records by State/CSO, and complete audit logs for all complaints. Reports can be obtained on the average time taken to enter records and the average time taken to resolve complaints/inquiries by CSO and by State. JQIS also assists CSOs in monitoring their own workloads, for example, by identifying all outstanding or overdue complaints/inquiries at first log on.

2002 Investigation

4.2.27 JQIS is a far more sophisticated information management tool than SEMORE and reports available provide a good insight into the number and nature of complaints across Australia. The free text comments

section is particularly valuable in providing the capacity for updates as a complaint investigation progresses.

- 4.2.28 However, the outcomes classifications used in JQIS do not appear to be particularly appropriate for assessing the extent to which complaints made to the CSL are substantiated. The two-tier system for complaints handling in the Job Network was established on the basis that complaints should, ideally, be resolved at the JNM level and generally reach the DEWR system when the matter cannot be satisfactorily resolved at the site. Substantiation or otherwise of complaints to DEWR could, therefore, be a key indicator of the effectiveness of complaints handling in JNMs.
- 4.2.29 The current primary level outcomes on JQIS are “resolved”, “unresolved” and “referred”. These classifications appear to be defined in terms of outcome for the complainant, rather than a more objective measure. For example, a case which is not resolved to a complainant’s satisfaction is classified as “unresolved – unsatisfied expectations”. Such an outcome will be recorded when a complaint has, after investigation, been found to be unsubstantiated but the complainant does not accept the CSO’s decision. In the year ending 2002, there were 656 complaints recorded as “unresolved – unsatisfied expectations”.
- 4.2.30 Many of these complaints may, in fact, have been fully investigated and either found to be unsubstantiated or relate to matters which are beyond the control of the Department. Similarly, complaints made which the complainant does not wish to pursue, or where investigation is not possible for some reason, are classified as “unresolved”. There is no capacity to record a complaint as simply “withdrawn” by the complainant, or “not determined” because there is insufficient evidence either way to enable the CSO to reach a decision. Recording all such outcomes as “unresolved” is inaccurate and is most likely understating the effectiveness of CSO investigations.

Summary of 2002 Investigation Preliminary Opinions

- 4.2.31 Overall the standard of complaints handling and recording within DEWR has improved significantly. However, greater consistency is required in follow-up with complainants regarding complaint outcomes and in the quality of information recorded on JQIS. Variability between States in follow-up and recording appears to be a function of the training and experience of staff, and the effectiveness of quality assurance procedures rather than resources. CSOs need to be reminded that effective investigation of complaints requires that they maintain an objective and independent perspective on complaint issues. Facilitating an understanding of complaint issues between the

complainant and the JNM should not be confused with acting as an advocate for the complainant.

4.2.32 The new complaints database, JQIS, provides significantly enhanced recording and reporting functionality. However, there would be benefit in reviewing complaint outcome definitions and classifications to ensure they accurately reflect outcomes achieved. Since analysis of complaints to the CSL is an integral part of contract monitoring, an outcomes structure in JQIS based around whether or not complaints have been substantiated could provide a useful measure of the effectiveness of a JNM's complaint handling system. This would also enhance the potential use of data for performance management within the CSL and by providers. Consideration could also be given to aligning complaint outcome definitions and classifications used by providers with those used by the CSL.

4.2.33 Such consistency in definitions and classifications would be of particular advantage if DEWR were to implement arrangements for consolidating information from providers about all complaints made directly to, and handled by, them. The lack of information on complaints made direct to providers means that the consolidated figures for complaints about the Job Network in the DEWR Annual Report are incomplete and significantly under-represent the level of complaints made about Network operations across Australia.

5. RECOMMENDATIONS ARISING FROM 2002 REVIEW

5.1 The review provided an opportunity to identify areas where the systems in place in JNMs and DEWR might be further enhanced in relation to complaint handling. In late 2002, DEWR sought the preliminary views from the Ombudsman on improvements in complaint handling arrangements which might be incorporated into tender documents for ESC3. Preliminary comments were provided and they are included here as Recommendations 1, 3 and 11. DEWR has advised that all three Recommendations have now been incorporated into the ESC 3 tender and contract documents. The recommendations below have been drawn from the opinions and conclusions expressed above and in the attachments to this report.

5.1 Complaint handling processes in JNMs

Complaint definition

5.1.1 Under ESC 2, providers are required to have an accessible, effective complaints process. However, there is no definition provided for a

complaint and Job Network contractors are left to determine for themselves what might be regarded as a complaint. There is evidence from monitoring and audit reports that definitions vary considerably, not just between providers but also between sites operated by the same provider. The DEWR Complaint Handling Guidelines, on the other hand, contain a very clear definition used by all CSOs, drawn from the Australian Standard: “any expression of dissatisfaction with a product or service provided”.

- 5.1.2 A complaint definition providing guidance for providers about what should be regarded as a complaint, and therefore included on a provider’s complaints register, would be a valuable enhancement in the new contract. The DEWR complaint definition is fairly narrow and focuses on a complaints system as a way of dealing with serious grievances about an agency. Arguably, a definition used by providers should be broader and focus more on use of a complaints system to obtain insight into customers’ levels of satisfaction with all aspects of their operation so that they can improve performance, not just fix problems.
- 5.1.3 A broader definition for providers would certainly be consistent with the discussion paper on the new employment services arrangements recently released by DEWR in which it is evident that quality assurance and practice improvement are seen as key outcomes for an effective a complaints process. An example of an appropriate complaint definition for use by providers could be: “any expression of dissatisfaction with the organisation’s policies, procedures, costs, employees, or quality of service offered or provided.” It could also be helpful to providers to define what should not be registered as a complaint.
- 5.1.4 Providing a framework of this kind would not detract from the capacity of each organisation to develop the complaints system most appropriate to its circumstances and client base, and would provide DEWR with a degree of assurance about commonality in definition and purpose of complaints systems across the network.

2002 Investigation – Recommendation 1

That DEWR consider the development of a definition of complaint for use by all JNMs, consistent with the definition of complaint used by the DEWR CSL.

2002 Investigation – Recommendation 2

That DEWR consider options for encouraging greater awareness among JNMs of the value of complaints mechanisms as a vehicle for providing important information on ways to improve overall business performance, not merely to fix problems.

Complaints register and reporting on complaints

- 5.1.5 The Job Network Code of Conduct requires that providers, inter alia, maintain a complaints register recording all complaints received. The register offers an important mechanism by which DEWR can be assured of effective and efficient complaints handling by providers. Confidence in the providers' complaints systems is, of course, a prerequisite for DEWR to refer complainants back to providers for resolution of their complaints in the first instance.
- 5.1.6 However, under the current contract, providers are required only to maintain a register which can be made available, as required, for inspection by DEWR staff. There is no guidance provided on best practice, or even minimum content standards. Furthermore, since details of complaints received directly by providers and recorded on the register are not forwarded to DEWR, there is no capacity to use the register as an effective check on the accuracy and quality of complaint handling at provider sites.
- 5.1.7 The failure of many providers to record even the complaints referred from the CSL does not inspire confidence in their recording of complaints made to them directly. The lack of information available to DEWR about complaints received by JNMs severely compromises the Department's capacity to assure itself that complaints are being handled appropriately within JNMS. It also brings into question the appropriateness of DEWR referring complainants back to a JNM when there may be doubt about the effectiveness of the JNM's complaint handling arrangements.
- 5.1.8 ESC 3 provides an opportunity to enhance the effectiveness of the complaints register as a means of ensuring sound record keeping by providers and facilitating the resolution of complaints received by the CSL. Contract Managers have commented on the value of complaints data as an indicator of risk in other service delivery areas in a JNM. Regular, mandatory reporting by JNMs, in a format specified by DEWR, of all complaints received would provide DEWR with valuable contract management information.
- 5.1.9 Consolidating records of complaints handled at provider sites with those of complaints handled by DEWR would provide a much more comprehensive understanding of the number and nature of problems arising across the Job Network than is currently possible. In particular, it would enable DEWR to report with accuracy on the number and type of complaints received across the Network, as opposed to current reporting which is confined to complaints to the CSL. It would also facilitate quality assurance in relation to complaints handling. Improvement in complaint handling at provider sites could well result in

cost saving to DEWR through reduction in the number of complaints to the CSL.

2002 Investigation – Recommendation 3

That DEWR consider the establishment of minimum content requirements and a standard format for the provider complaint register to facilitate recording of complaints by providers and subsequent monitoring of complaint handling by DEWR.

2002 Investigation – Recommendation 4

That DEWR review options for obtaining from providers regular, mandatory reports, in a specified format, on complaints received and handled at sites. Such reports should provide DEWR with comprehensive, consolidated information on complaint numbers and issues of concern across the network, and encourage a better focus among providers on the requirements of Principle 4 of the Code of Conduct.

DEWR staff training and quality assurance

- 5.1.10 The review revealed considerable variation in the quality of information provided about complaints handling arrangements at sites in reports of monitoring visits. It also highlighted significant differences between the findings of monitoring visits and quality audits of the same sites during a twelve month period. Both these findings raise doubts about the value of monitoring as a mechanism for obtaining assurance about the operation of complaints handling in JNMs and, at very least, suggest that greater attention needs to be given to training of staff undertaking monitoring and quality assurance regarding the monitoring process.
- 5.1.11 The number of monitoring visits and quality audits conducted in a 12 month period is not sufficient to ensure that all sites are checked at least once in a twelve month period. The visits which do take place are based on a risk assessment which ensures at least that those providers and sites most at risk will receive some formal checking of their complaints processes. However, the finding of very basic deficiencies in the complaints arrangements of a number of providers so far into ESC 2 suggests either that providers are still unclear about the requirements of Principle 4 of the Code of Conduct, or that the Department's monitoring of adherence to the Principle needs enhancement. Provider understanding of Principle 4 has been addressed by Recommendations 1 and 2 above. Suggestions to improve the effectiveness of the monitoring and quality audit processes are addressed in Recommendations 5 and 6.

2002 Investigation – Recommendation 5

That DEWR review its training for staff and quality assurance procedures in relation to monitoring and quality audits, with a view to improving the quality and consistency of review of complaint handling, and preparation of reports. Particular attention should be given to:

- ***crosschecking of the JNM complaint register against records on JQIS in all monitoring and quality audit visits;***
- ***adherence to the 6 week time frame for finalisation of audit reports;***
- ***tightening of arrangements for follow-up of any recommendations for improvement arising from monitoring or audit reports;***
- ***routine quality assurance on all monitoring and quality audit procedures; and***
- ***options for promulgating best practice in monitoring and auditing in all States.***

2002 Investigation – Recommendation 6

That DEWR, in the context of developing contract monitoring and quality assurance mechanisms for ESC 3, review the effectiveness of monitoring and quality audit procedures in checking adherence by JNMs to Principle 4 of the Code of Conduct. The review should address alternative options for DEWR to satisfy itself that complaints handling systems in JNMs are working effectively.

5.2 DEWR's handling of complaints about the Job Network

DEWR staff training and quality assurance

5.1.12 The overall standard of CSL complaint handling and recording has improved, although the review suggests there may be significant variation between States in the quality of investigation and recording of complaints. Variations do not appear to result from resource problems but rather might be addressed through improved training for staff and tighter quality assurance procedures. Enhancement of the monthly sample review of complaints by Central office, focusing on best practice for CSOs, might also be appropriate. In particular, attention needs to be given to ensuring CSOs consistently:

- follow up with complainants any undertakings made by the JNM, especially where the complainant has been referred to the JNM by the CSL;
- record action taken in investigation of complaints and complaint outcomes in a manner which will enable a reader unfamiliar with the complaint to understand clearly what occurred; and

- consider whether issues raised in complaints may be systemic in nature and, where appropriate, advise the JNM and/or contract management staff.

5.1.13 Central office has advised of recent initiatives to promote awareness among CSOs of best practice in complaints handling and the value of complaints in providing management information helpful in improving performance. These initiatives reflect the holistic approach to complaints handling which is being encouraged in JNMs by the WA office. Further enhancement of these initiatives is desirable.

2002 Investigation – Recommendation 7

That DEWR review training for CSOs and complaint handling and recording quality assurance procedures with a view to improving consistency across States in complaint handling and recording within the CSL.

2002 Investigation – Recommendation 8

That DEWR place greater emphasis in the management of its own complaints mechanisms in recognising the value of complaints in informing performance improvement across the Job Network as well as within DEWR.

Role of CSOs

5.1.14 One recommendation of the last review was that CSOs should refer complainants to JNMs less routinely. The referral of complainants back to JNMs is certainly occurring less frequently. But, based on the instructions in current Complaints Management Guidelines, it is possible that some CSOs may have responded to this recommendation by taking on the role of advocate for complainants when dealing with the JNM, rather than making an independent and objective assessment of the merits of the complaint.

5.1.15 It is appropriate that CSOs be aware of the fact that some complainants may not have the skills necessary to pursue their complaint with a JNM, or be unwilling to do so for some reason, and in these circumstances they may consider it reasonable to explain the complainant's point of view to the JNM. However, it is important that CSOs are not seen by the complainants or the JNMs as representing the complainant in an adversarial situation with the JNM. CSOs should maintain a role which enables them to inquire into and determine complaints objectively.

2002 Investigation – Recommendation 9

That DEWR remind CSOs of the need to maintain an independent role in investigation of complaints and to avoid becoming advocates for complainants.

Outcome classifications in JQIS

5.1.16 JQIS is a significant advance on the SEMORE, both as a database for complaint records and a workload and management information tool. However, complaint outcome classifications are based largely on the complainant's perspective and reflect primarily the complainant's level of satisfaction with the result of the complaint. Consolidated figures for CSL complaint outcomes may well be inaccurate and misleading because outcomes are not based on the result of the complaint investigation – that is, whether the complaint was substantiated after investigation. As a result, the usefulness of the data for performance management, both within the DEWR CSL and more broadly within the network of JNMs, will be compromised.

2002 Investigation – Recommendation 10

That DEWR review the outcome classifications for JQIS with a view to ensuring that they reflect accurately an objective assessment of the complaint outcome, rather than focusing solely on the complainant's level of satisfaction with the response to the complaint.

5.3 Ombudsman access to information

5.3.1 Clause 11 (Release of Information on Provider) and Clause 14 (Confidential and Personal Information) of ESC 2 deal, inter alia, with the circumstances in which information about job seekers and providers may be made available by DEWR or providers to other persons.

5.3.2 The Note 2 to Clause 14 specifically refers to the power of the Commonwealth Auditor-General provided under the *Auditor-General Act 1997* to obtain information from parties with whom DEWR contracts. There is no provision recognising that DEWR may be required to provide to the Ombudsman information from providers which he considers relevant to his inquiries.

2002 Investigation – Recommendation 11

That, in the drafting of ESC 3, DEWR includes specific reference to the power of the Ombudsman's under the Ombudsman Act 1976 to obtain information from providers which he considers relevant to his enquiries.

ATTACHMENT A - ANALYSIS OF SELECTED MONITORING REPORTS 2001-2002

The monitoring process

- A.1 Monitoring visits are conducted to provide DEWR with a snapshot of how services are being provided under the employment services contract at JNM sites. DEWR advises all sites are monitored during the course of the year and complaints handling is covered in all monitoring visits. During the course of this review, DEWR provided copies of extracts of the complaints section from a selection of monitoring reports of visits conducted in 2001-2002. Some reports were randomly selected by the investigating officer, others related to sites on which quality audits had also been conducted. In Victoria, the investigating officer observed the conduct of the complaints handling component of a monitoring visit to a JNM.
- A.2 The monitoring pro forma, which must be completed for all monitoring visits, asks the following questions:
- What is your complaints process; and
 - Can we see your complaints register (check thoroughly through records. Discuss where any issues have not been satisfactorily resolved).
- A.3 The pro forma also requires comment on observations by staff undertaking the monitoring visit:
- Is there any material clearly available to clients on the JNM's internal complaints handling process and if so, is it easy to understand; and
 - Is there material on DEWR's complaints, queries or feedback process that is easily accessible to clients.

Conduct of monitoring visits in Victoria

Procedure outlined by staff

- A.4 Senior Victorian office staff advised that the purpose of the monitoring visit in relation to complaints is to check the complaints handling arrangements in place within the JNM; to check that there is a complaints register and that it is being used; and to look through the records on the register and how the registered complaints were resolved. Monitoring visits are an important means of checking complaints handling across the network, together with quality audits and complaints to the CSL. There are no guidelines in relation to the detail to be included in the complaints component of a monitoring visit

report, and training in preparation of reports is “on the job”. As a minimum, confirmation that the complaints system has been checked is expected. Although complaints handling should be checked in the course of all monitoring visits under DEWR guidelines for the conduct of monitoring visits but this may not occur if time is short. There is no quality assurance undertaken on monitoring visits.

- A.5 Prior to a monitoring visit, staff undertaking the visit discuss the number and nature of complaints received by the CSL, complaints referred to the site for action, and the last monitoring or quality assurance report on the site. The level of detail held about each site’s complaint system varies – some may have provided a copy of their procedures - but Victoria has not obtained details of all site complaints handling systems.
- A.6 Around 66% of sites in Victoria (excluding outreach sites) received a monitoring visit during 2001-2002.

Analysis of reports

- A.7 For review purposes, 5 monitoring reports were randomly selected and 3 monitoring reports for sites on which quality audits were conducted were also selected. The latter 3 reports were compared with the complaints handling findings of the quality audit reports on the same sites.
- A.8 Of the 5 randomly selected reports, only one provided any detail on the complaints resolution process used at the site. Comments such as “complaints handling process in place and in use” and “complaints resolved at site” provide little basis for assessing the effectiveness of the process. In one instance no comment was provided on the process at all. Checking of the complaints register also appeared fairly cursory and was not mentioned at all in 2 of the five reports. There was no reference to checking that complaints referred by the DEWR CSL for action were adequately covered in the register.
- A.9 Reporting on observations about complaints material for the JNM’s internal complaints handling and the DEWR CSL on display or available for clients at sites was more consistent, with all reports providing confirmation of this, some in detail. However, the qualitative aspects of comments were limited and did not address issues of the understandability or accessibility of the information which was displayed or provided.
- A.10 Of the 3 monitoring reports on sites which also had quality audits, the reports on two of these sites were actually conducted in the financial year preceding the quality audits, but after the completion of the Ombudsman’s earlier review. These reports provided an opportunity to

compare the findings of the monitoring review of complaints handling with the findings of a quality audit review of the same processes at the same site and it is worth considering the reports in detail.

- A.11 The monitoring reports on all three sites provided no indication that there was any cause for concern in the process operating within the site. Two of the reports provided no qualitative assessment of the procedures outlined, while the report on the third site noted “complaints register sighted and all complaints appeared to be adequately addressed”.
- A.12 The quality audit reports on all three sites presented a different picture and all recommended significant review of, or improvements to, the site complaints handling arrangements. In relation to the report on the third site referred to in the previous paragraph, the quality audit conducted less than a year later found “it is apparent that (the site’s) complaints procedures are inadequate” and recommended a review of the complaints system and training given to staff.
- A.13 In relation to the another of the three sites, the monitoring report provided minimal information about the complaints process – “(complaints) resolved internally – register at counter...” The quality audit conducted seven months later found the site’s “complaints process was deficient in some areas and needed improvement in may others. No record could be found of a significant number of the complaints received by the CSL that had been referred...for resolution”.
- A.14 In the final of the three sites, the quality audit found only one complaint had been recorded in the JNM’s complaints register. This was despite the fact that the site had “ a high level of customer complaints, complaints about staff attitude and behaviour and lack of assistance were also made during the course of the job seeker survey undertaken by DEWR...A significant proportion ... said that their employment consultant did not explain their right to complain or the process for making a complaint”. The monitoring report written six month before the audit report noted “Complaint register sighted. Jobseekers informed of their rights/process of complaint when referred... Complaint folder has flow chart of complaints resolution process...”
- A.15 It appears that the advice given by site staff to the monitoring team was not sufficiently tested against actual practice within the site.

Conduct of monitoring visits in Western Australia

Procedure outlined by staff

- A.16 Senior staff in the WA office advised that the purpose of monitoring is to ensure that the level of service provided at the site is appropriate and the Code of Conduct, and provider's commitment to the Code, is considered to be very important to this assessment. Monitoring provides a significant indicator of standards of service provision and how complaints are handled can often be a good risk indicator. The key issues covered in monitoring are the understanding of the provider about the need for a good complaints system, the availability of documentation about the process and advertising of the service. The focus is on the responsiveness of the provider, whether a complaint has been handled quickly and effectively, rather than just the number of complaints and their outcome.
- A.17 Arrangements for monitoring in WA reflect the fact that around 80 sites – called outreach sites - are not staffed on a full time basis. Outreach sites are not necessarily monitored directly. Monitoring visits to providers running outreach sites focus on determining that the central administration has in place adequate procedures to ensure complaint handling processes are operating effectively in outlying sites. Special attention is paid to very small, part time sites, where the staff member and clients are often part of a close knit community, to ensure that adequate complaints handling is operating even though procedures may be significantly different from those operating in a full time suburban site with a large staff.
- A.18 Monitoring is undertaken by the caseload officer responsible for the contract with the provider. A manager may also attend if the risk assessment indicates it is appropriate. Caseload officers also act as CSOs on rotation (see Attachment C) and have a good understanding of complaints received. Prior to a visit records of operations at the site are checked (risk assessment, any monitoring and quality assurance reports, complaints data on JQIS – this is provided monthly to caseload officers but is also updated for monitoring visits). There is no formal documentation of all provider complaints systems although depending on the risk assessment for the site there may be quite detailed information held. Complaints handling is checked in all monitoring visits.
- A.19 There is no formal training provided for staff undertaking monitoring visits. The level of detail expected in a monitoring report would depend on the risk assessment and what particularly might need to be checked. Sufficient detail is expected to demonstrate that the complaints process has been reviewed, the register checked and that adequate information is provided to clients about the complaints process. Routine cross checking of complaints received by the CSL against those in the site complaints register has not undertaken but is to be introduced shortly. All monitoring reports undergo quality assurance at middle management level before being signed off by the branch head.

- A.20 About 78% of sites (excluding outreach sites) were monitored during 2001-2002.

Analysis of reports

- A.21 For review purposes, the complaint handling component of a total of 8 monitoring reports was examined, 2 randomly selected and the other 6 relating to sites where quality audits were conducted during 2001-2002. The findings of the monitoring visits to the latter 6 sites were compared with the quality audit findings at the same sites.
- A.22 Of the 2 randomly selected sites, only one provided some description of the site complaint handling process. In one case, the report notes “the job seeker is asked to put the complaint in writing” but there was no indication of whether oral complaints were also accepted or how they might be dealt with. Only one of the reports commented specifically on the public display and availability of information about the DEWR complaints handling system. Both mentioned that a complaints register was kept but one did not indicate it had been inspected, and in the case where the register was inspected, there was no evaluation of the quality of recording and effectiveness of resolution of complaints. Cross checking of complaints received by DEWR against the records in the register was not mentioned in either report.
- A.23 Of the 6 reports on sites where quality audits were also undertaken, three provided reasonable detail of the process in place at the site. Sighting of a complaints register or file was mentioned in all reports, but only one provided a qualitative assessment of the records. All made some comment about advice provided to clients about the internal site complaints processes and DEWR complaints handling. One report noted that a copy of the site’s complaints process had been given to DEWR previously, but there was no comment about any checking during the monitoring visit to ensure the process was actually operating effectively. However, another commented that, “since the previous monitoring visit (the site) has designed a new form to record complaint information which clearly indicates action undertaken... to resolve the complaint and the outcome...”
- A.24 Two of the reports which related to different sites operated by the same provider commented that the provider distinguishes between “complaints” and “grievances”. One report noted that the distinction was between written and oral complaints, while the other noted staff “was not sure of the distinction between the two”, adding that “neither register has complaints recorded”. In addition, at one site there was no information about the site’s internal complaint handling process on display. The findings of the monitoring visits, together with a subsequent risk assessment, identified these sites as ones where there were “potential quality of service issues impacting on the

performance of the JNM". As a consequence, a quality audit of three of the provider's sites was undertaken during the first half of 2002, with particular attention to the defects in complaints handling arrangements identified in the monitoring visits.

ATTACHMENT B - ANALYSIS OF QUALITY AUDITS CONDUCTED IN 2001-2002

The Quality Audit process

- B.1 A quality audit (QA) is an in depth examination of a provider's compliance with the requirements of the Code of Conduct. It provides an opportunity for comprehensive assessment of complaints handling at a site, in accordance with Principle 4 of the Code. During this review the reports of all QAs conducted in Victoria and Western Australia in 2001-2002 were examined, with the exception of a small number of audits done in Victoria as part of a national audit managed by another State. Almost all QAs conducted during the year in Victoria and WA considered complaints handling.
- B.2 The QA process is oversighted from Central office. Procedures been upgraded since the last review, with new draft QA Guidelines prepared in January 2002 and finalised in May 2002. The Guidelines provide detailed instructions for the conduct of an audit, including the review of a provider's complaints handling process. In relation to complaints, the Guidelines require that the audit include:
- observation of information available to clients, including about the Code of Conduct, the internal complaints handling process and the DEWR CSL;
 - assessment of whether the details recorded (i.e. the job seekers' particulars, dates, staff members handling the complaint, issues raised, action taken and outcome) are relevant and satisfactory;
 - assessment of whether complaints have been dealt with effectively and efficiently;
 - comparison of records of complaints referred to the provider by the CSL against records of the same complaints from JQIS; and
 - a review of selected jobseeker files.
- B.3 The methodology set out in the Guidelines for pre-audit preparation includes the following:
- a small (10-20), random sample of job seekers currently clients at the site, including any who had complained to the DEWR CSL, to be interviewed by phone about aspects of the service they received;
 - JQIS complaints data for the site to be reviewed; and
 - earlier monitoring or QA reports to be reviewed and discussions to be held between the contract management and CSL staff about issues which needed to be covered in the audit.
- B.4 During the audit:

- representatives of the JNM are to be asked questions about the procedures in place in the site;
- the complaints register is to be checked, with specific reference to complaints received by the CSL and referred to the site for action; and
- selected site files are to be reviewed.

B.5 The number of QAs which a State/Territory is required to conduct in any 12 month period is equivalent to 5% of full-time sites: For Victoria this is 19 of the 387 sites, for WA, 6 of the 120 sites.

B.6 There are three types of QA:

- national, examining a sample of sites run by the same provider in more than one State;
- organisation-based, examining a sample of sites run by the same provider within a State; and
- site-specific, examining operations in one site only.

Most audits conducted are organisation-based.

B.7 The triggers for a QA have been expanded in the new Guidelines and include:

- where the CSL has received a large number of complaints about a site, or a particularly serious complaint;
- where a provider does not cooperate with DEWR in addressing complaints; or
- where a site has demonstrated a commitment to best practice in service delivery.

B.8 However, selection of sites is generally based on a risk assessment, updated 6 monthly, together with ongoing feedback from contract management officers and CSOs. A very few audits are triggered by serious complaints or best practice.

B.9 The QA Guidelines provide advice about reporting findings and following up recommendations. This includes:

- the report should provide all details of the QA process, including findings and recommendations. (Examples are given of appropriate recommendations for inclusion in a report where the audit has found the need for improvement in compliance with any aspect of the Code of Conduct. The recommendations are required to address the Code Principles and identify the outcomes required);

- the report must be completed and a copy of the report, including findings and recommendations, sent to the provider within 6 weeks of the QA visit;
- the provider is usually given 3 weeks to provide a response;
- a follow-up visit (QA review) may be required depending on the advice from the provider about action taken to implement the recommendations. If required, this would be within 2-3 months of the QA visit.

Conduct of QAs in Victoria

Outline of procedures by staff

- B.10 Victoria conducted 21 audits in 2001-2000, in excess of the 5% required by the QA KPI. Of these, 11 were part of national audits; 3 were part of an organisation-based performance audit, triggered by concerns about service quality; 6 were random, organisation-based audits; and one was a site audit triggered by a serious complaint.
- B.11 Senior Victorian staff advise that purpose of QAs is to check compliance with the Code of Conduct and if it is not adequate to address the shortfalls. Victorian QAs identify specific aspects of the Code which will be reviewed in the course of the QA: of the 21 audits conducted, 17 considered some aspect Principle 4. This is different from the approach taken by WA (see below) and Central office has advised that it is up to individual States to develop their own approach to the conduct of QAs within the broad parameters set by the guidelines.
- B.12 Apart from the QA Guidelines, there is no formal training provided for staff on conducting QAs or preparing reports: staff learn “on the job” and reports are modelled on earlier QAs within the broad parameters set by the Guidelines. There is no formal quality assurance on QAs, although all reports are seen by the branch head. Where recommendations are made for improvement, the Victorian office advises the provider by letter and may meet to discuss the findings. Providers are required to implement recommendations within an agreed timeframe, generally several weeks. Follow-up visits to check implementation of recommendations are rare, but may be undertaken when serious deficiencies have been identified. Adherence by the JNM to the recommendations is usually checked in subsequent monitoring visits.

Analysis of QA reports

- B.13 The audits reports reviewed suggest that DEWR staff conducting the audits in general followed the procedures set out in the QA Guidelines. Most reports were well-structured and provided detailed information about preparation for, and conduct of, the audit, with findings well supported. While there appears to have been significant improvement in the preparation of reports, copies of reports are not always given to providers, unless they are particularly requested, and in some instances had not been finalised at the time results of the QAs were given to providers. A number of the reports in 2001-2002 were not completed within the 6 weeks timeframe set by the QA guidelines, although, according to senior staff, timing of reports has improved in recent months as report writers gain more experience.
- B.14 However, the findings of many of the QA reports are disturbing, particularly when compared with the finding of monitoring visits to the same sites. Audits offer the best opportunity for DEWR to assure itself that complaints processes are operating effectively. The findings, in relation to Principle Four of the Code, of a national audit of 4 sites run by a provider with 18 permanent and 1 outreach site in Victoria, included the following:
- “it became apparent to DEWR staff that [the organisation’s] complaints process was deficient in some areas and needed improvement in many areas”;
 - “...staff defining complaints in such a way that some complaints go unrecognised and unrecorded”;
 - “...only 34% [of jobseekers] said [the organisation] had explained their complaints process to them”; and
 - “...no record could be found for a significant number of the complaints received by the CSL and referred to [the site] for resolution.”
- B.15 It was noted in the report that the provider had participated in a small audit during the first employment services contract, but no audit had been previously been conducted in the course of the second contract. However, a monitoring report conducted one year earlier on one of the four sites audited contained just one comment on the complaints process at the site: “no issues”.
- B.16 The performance audit conducted on 3 sites run by another provider also identified major problems with the complaints system: this audit was in fact triggered by concerns about differences in the performance of the provider at different sites. The findings of the audit on performance against Principle Four of the Code included the following:
- It is apparent that [the organisation’s] complaints procedures are inadequate...”
 - “As they commit only to recording complaints that are unresolved, there is no way of knowing the actual number of complaints that have been

lodged at the site, and the process used by the organisation to resolve them”

- “...it was apparent that there was no real understanding or agreement on what actually constituted a complaint”.

B17 Monitoring visits were conducted on all three of the sites audited in the course of the year preceding the audit. None of the reports on these monitoring visits indicated any cause for concern about the complaints processes operating. Among comments included in the monitoring reports were:

- “complaints registers were sighted and all complaints appeared adequately addressed”;
- “staff appear to be aware of requirements”; and
- “complaints resolution process discussed and complaints register sighted. They were in accordance with the contract”.

B.18 Victorian staff noted that discrepancies between the findings of monitoring visits and QAs regarding complaints registers may be reduced with the recently introduced crosschecking of complaints recorded on JQIS against those recorded on site registers.

B.19 The recommendations arising from the reports discussed above were not always well focused on the outcomes sought. For example, in the case of the sites where the audit found the complaints process was inadequate and staff were not clear about the definition of a complaint, the recommendation was “...review their internal complaint system and provide training to their staff on complaints handling and resolution, including what constitutes a complaint, and the Code of Conduct”. Without further guidance to the provider about what might constitute an appropriate definition of complaint, or an acceptable complaints handling process, the provider may well have difficulty in meeting the Department’s requirements. Expected outcomes could be discussed in a debrief with the provider following the audit, but they should ideally be clarified in writing to ensure that an effective assessment of implementation of the recommendation can be undertaken.

B.20 When recommendations for improvements have been made, follow-up is essential: it is not appropriate to rely solely on the written commitment of the provider to a course of action addressing the recommendations. Follow-up visits to observe the extent to which recommendations have been implemented should be routinely undertaken. While implementation can be reviewed during monitoring visits, the apparent failure of monitoring to pick up deficiencies later identified in quality audits suggests that monitoring, of itself, cannot provide an adequate mechanism for checking the implementation of recommendations.

Conduct of QAs in Western Australia

Outline of procedures by staff

- B.21 Senior WA staff advised that QAs are a focussed “sharp instrument” for checking service delivery and address the extent to which the Code of Conduct is being adhered to in the provision of those services which are the subject of the audit.
- B.22 WA conducted audits in 2001-2002 at 8 sites, in excess of the 5% of full time sites required by the QA KPI. Of these, one addressed the validity of distance learning techniques and did not review complaint handling; one specifically addressed complaint handling in response to the relatively high number of complaints received by the CSL about the site; two were organisation-based audits considering the provision of services at a number of sites, including part-time sites; and one was an organisation audit of two remote sites, which also did not directly address complaint handling. In relation to outreach sites, audits focus on determining whether the provider has established effective links between those sites and the administrative centre, usually based in Perth. The small size of some sites serving very small communities created particular problems with complaints handling since very often formal processes are not appropriate. Audits were sensitive to the needs of clients serviced by such sites.
- B.23 Audits are generally conducted by two officers, including the provider’s caseload officer. Sites are given 14 days notice of DEWR’s intention to conduct an audit, including advice of the files DEWR wishes to inspect. WA advises this is necessary with outreach arrangements where files may not be held on site: it is not clear why it should be necessary for those files already held at the site to be audited. Training for auditing staff is “on the job”, as in Victoria, and reports are prepared based on the QA Guidelines. Audited providers receive a letter of findings which summarises any recommendations arising from the report, together with a copy of the report. WA acknowledges that the 6 week timeframe for preparation of reports has not always been met. Where recommendations are made, providers are required to advise DEWR of implementation as soon as possible, and in any event within several weeks. Follow-up visits are undertaken to check implementation. The investigating officer attended a one such follow-up visit to a site Perth.
- B.24 Quality assurance of audit reports is undertaken by an officer who has responsibility for oversighting preparation of all reports. All reports are then reviewed by the caseload officer team leader. The State Manager is advised of any issues affecting the integrity of the Job Network which may have emerged during an audit.

Analysis of reports

- B.25 The audit reports reviewed suggest that DEWR staff conducting the audits generally followed the procedures set out in the QA Guidelines. Reports were well structured and well written, with, where appropriate, useful comparisons of the findings at different sites operated by the same providers. Routinely, the reports included details of meetings and discussions with site staff as well as with management. This was particularly useful in checking common understandings of key issues and processes and how these were operating in practice. Reports identified areas of inconsistency requiring attention.
- B.26 A copy of the final audit report was provided to JNM, together with a letter specifying recommendations for improvements and seeking written advice from the provider on how these would be implemented. Where significant recommendations were made, a review process to check on implementation was foreshadowed in the Department's letter to the JNM. Recommendations were generally well structured and addressed the outcomes required of the provider. Appropriate attention was given to follow-up with providers through briefings, to ensure that recommendations were understood, and visits, to ensure recommendations were being implemented.

ATTACHMENT C - ANALYSIS OF DEWR'S COMPLAINTS HANDLING ARRANGEMENTS

Overview of the DEWR Customer Complaints Service

- C.1 The Customer Service Line (CSL) for the Job Network was established under the DEWR Service Charter and JNMs are required to advise clients of the availability of the service. It operates through a 1800 number on which users of Job Network services can lodge complaints, provide feedback or obtain information about the complaints process. Its primary purpose is to provide an avenue for network clients to pursue a complaint which they believe has not been satisfactorily addressed by a JNM. About 70% of the calls to the CSL are classified as complaints, against the Australian Standard definition of a complaint; the rest are recorded as inquiries.
- C.2 In 2001-2002, 8,066 complaints about the Job Network were recorded by the CSL, an increase of 816 over the figure for 2000-2001. About 6 percent of complaints are received in writing, by facsimile or email. Those addressed specifically to a State office are handled by CSL staff within that office. All others are passed to Central office for response. When a written complaint is received it is date stamped; recorded on JQIS; stored in a hard copy file and investigated. Individual CSOs are responsible for any outgoing correspondence generated by written complaints they are investigating. Very few complaints are made in person.
- C.3 The CSLs are located within the Market Support Branch (in the larger states) or the Market Support Section (in the smaller states and territories) within State/Territory offices (the ACT CSL is in the Wollongong office). Written complaints, and complaints raised by the Ombudsman, are usually handled through Central office unless they are specifically addressed to a State office. Overall management of the CSL, including monitoring and analysis of complaints to DEWR, rests with the Customer Service and Quality Improvement Section in National Office. This Section is also responsible for the ongoing development of the complaints database, the Job Network Quality Improvement System (JQIS).
- C.4 CSLs are generally staffed by specialist Customer Service Officers (CSOs). CSOs receive training in complaint handling based around the Complaints Management Guidelines for DEWR Customer Services Officers. The Guidelines provide step-by-step instructions on receiving, handling and recording a complaint, including sample scripts for taking telephone complaints. Staff around Australia participate in

an annual National Customer Services Conference and receive a fortnightly newsletter prepared by National Office addressing issues/developments in relation to DEWR's complaints handling.

- C.5 The Complaints Management Guidelines have been significantly revised since the last review – new Guidelines were finalised in May 2002. The emphasis in the earlier guidelines was very much on complaints procedures whereas the revised guidelines address issues concerning the context in which CSOs operate, how the DEWR complaints process interacts with JNM complaints systems, and the DEWR customer service standards. One section addresses specifically the last Ombudsman review and the instructions issued by Central office to State Managers arising from the review recommendations.
- C.6 The Guidelines also include directions for entry of complaints into JQIS, although a separate and comprehensive JQIS training manual is available to all CSOs in hard copy and electronically.
- C.7 Since the start of the 2000 calendar year, the Customer Service Managers in State offices have been expected to check the quality of complaints handling against the Guidelines, although there are no standards for the number of complaints to be checked and no report to Central office is required. Central office undertakes monthly reviews of complaints to the CSL: a random sample of 10% of complaints. The review focuses primarily on the nature and seriousness of complaints being received, on which a report is prepared for the Departmental executive. If a problem in complaint handling or reporting is noted in the course of the review, the responsible CSO will be contacted. Significant concerns with complaint handling in a State would also be passed on to the State's Customer Service Manager. National Office prepares a report monthly for the executive on noteworthy complaints.

Operation of the CSL in Victoria

Procedure

- C.8 The CSL in Victoria is located in the Market Support Branch and is staffed by 6 fulltime Customer Service Officers (CSOs) who take calls on rotation. CSOs also participate in quality audits as required. In the course of this review the investigating officer observed the operation of the CSL in Melbourne.

Analysis

- C.9 To assess the quality of complaints handling by CSOs, the investigating officer reviewed complaints records from JQIS for a

random sample of 9 sites selected from the 30 sites about which the largest number of complaints were recorded on JQIS. A total of 125 complaint records were examined.

- C.10 Complaint recording has improved with the introduction of JQIS which allows substantially more information about handling of a complaint to be recorded, particularly when a complaint requires a number of contacts with the site or the complainant over a period. However, there was considerable variation in the quality of records, with some providing clear and detailed summaries of action taken and outcomes achieved, whereas others provided very limited information, sometimes to the extent that even the outcome was not clear.

In many records, it was not evident that the complainant had received a call from the CSL to clarify that action the site had agreed to take in relation to a complaint had actually been taken; or that the complainant understood that a complaint had been fully considered and what the outcome was. For example, in 13 of 28 complaints received by the CSL about one site, the complaint was not followed up with the complainant, similarly 10 out of 17 complaints about another site were not followed up. In many of these cases, the CSO appears to have been satisfied with an oral reassurance from the site that they would fix the problem and there was no further contact with the complainant. This is despite clear advice in the Complaints Handling Guidelines that follow-up should always be undertaken in such circumstances.

- C.11 There is also some evidence that guidance may be required about appropriate handling of the situation where the CSL receives a number of complaints about the same matter at same site. For example, in relation to one site, 11 of the 16 complaints received referred to the attitude of a particular staff member at the site, yet there is no indication that action was taken to draw the frequency of such complaints to the attention of site management.

- C.12 There has also been arguably inaccurate recording of the outcome for some complaints in JQIS. For example, if a complainant has had a complaint investigated but the complainant remains dissatisfied, despite the CSO's finding that the complaint has not been substantiated, the complaint outcome has frequently been classified as "unresolved – unsatisfied expectations". The assessment appears to have been based on whether the complainant's expectations have been met, regardless of whether those expectations were reasonable. This outcome has been recorded even if the complaint arose from a misunderstanding of government policy. In many instances the outcome "unresolved" might better have been described as "unsubstantiated", since the complaint has been investigated and was not supported by the findings. Use of inappropriate outcome definitions can significantly distort complaint records, particularly performance reports and statistical analyses.

- C.13 The issue of appropriate outcome definitions has been raised with Central office and the investigating officer was advised that a review would be considered in the context of ongoing enhancements to the JQIS system.

Operation of the CSL in Western Australia

Procedure

- C.14 The CSL in Perth is staffed by one CSO 3 days per week, supported by 24 State Office staff (about one third of the office), including senior management, on rotation for a half day every six weeks. The rotation system was introduced about 18 months ago and enables participating staff to gain a broader knowledge of Job Network operations, as well as ensuring the dedicated CSO is given regular relief from complaints handling. To ensure quality and consistency in JQIS data entry, the CSO oversees all complaints and enters all data. The CSO is also usually responsible for following up resolution of complaints with providers and complainants.

Analysis

- C.15 The investigating officer reviewed complaints records from JQIS for a random sample of 6 sites selected from the 30 sites about which the largest number of complaints were made to the CSL in 2001-2002. Two of the sites originally selected could not be reviewed since the providers were under investigation by DEWR and replacement sites had to be chosen. A total of 84 complaint records were examined.
- C.16 The standard of complaints recording was consistently high. Descriptions of investigative action and findings were clear, and demonstrated a sound understanding of the investigative process and adherence to the standards set out in the Complaint Handling Guidelines. Follow-up, and recording of follow-up, of complaints was particularly strong, with very few instances where it was unclear from the record how a matter had been finalised. Where a complainant had contacted the CSL but had been referred back to a site to pursue a matter in the first instance, the complainant was contacted again to ensure the site had responded appropriately. Anonymous complaints were often being pursued, consistent with the WA office view that anonymity affects only how the matter should be addressed, not whether it should be addressed at all. There was also evidence from complaint records that, when appropriate, the CSL has drawn significant issues which have emerged in the course of an investigation to the attention of a case load officer or contract manager.

- C.17 There were similar issues with the classification of complaint outcomes to those which were apparent from the Victorian office complaint records, particularly classification as “unsolved” of complaints where the complainant has not been satisfied by the outcome; and the lack of an outcome to adequately describe complaints which have been withdrawn by the complainant.

ATTACHMENT D - LIST OF ACRONYMS

APM – Active Participation Model

CSL – Customer Service Line

CSO – Customer Service Officer

DEWR – Department of Employment and Workplace Relations

ESC – Employment Services Contract

FY – financial year

JNM – Job Network Member

JNIS – Job Network Information System

JQIS – Job Network Quality Improvement System

KPI – key performance indicator

NESA – National Employment Services Association

QA – quality audit

SEMORE – Job Network complaints data base superseded by JQIS