POLICY – Complaints

Children Universal

Policy Author	Laura Dickie, Head of Policy
Approval Date	June 2026
Policy Approver	Jo Dunn, Compliance, Regulation and Quality Director
Next Review Date	June 2029
Version No.	002
Policy Level	Homes, Supported Accommodation and Education
Staff groups affected	All Homes, Supported Accommodation and Education Staff

Monitoring and Review

This policy will be monitored on an ongoing basis through the service's established governance and quality assurance systems. Responsibility for ensuring that the policy remains compliant with legislation and regulatory frameworks sits with the Responsible Individual or Senior Leader**.** A formal review of this policy will be undertaken no later than three years from the date of approval**,** or sooner if changes in legislation, regulatory guidance, or operational requirements necessitate it.

The Head of Policy will support this process by identifying relevant changes in legislation, regulation, national standards and emerging best practice. The Head of Policy will also incorporate learning from inspections, audits and practice developments into future revisions whilst overseeing all proposed amendments to this policy to ensure accuracy, consistency and compliance.

Local or service-level alterations may not be made without approval through the organisation's policy governance process.

Leanne Dodds

Headteacher

September 2026

Terminology

Our aim is to use consistent terminology throughout this policy and all supporting documentation as follows:

'Establishment' or 'Location	This is a generic term which means the home/school/college owned by CareTech.
Individual	Means any child or young person under the age of 18 or young adult between the ages of 18 and 25.
Service Head	This is the senior person with overall responsibility for the school/college/home.* *dual registered locations need to include Service Head and Registered Manager if they are not the same person.*
Key Worker	Members of staff that have special responsibility for Individuals residing at or attending the Establishment.
Parent	means parent or person with Parental Responsibility
Regulatory Authority	Regulatory Authority is the generic term used in this policy to describe the independent regulatory body responsible for inspecting and regulating services. E.g Ofsted, DfE, CIW, CIS, ESTYN, HMIE etc)
Social Worker	This means the worker allocated to the individual. If there is no allocated worker, the Duty Social Worker or Team Manager is responsible.
Placing Authority	Placing Authority means the local authority/agency responsible for placing the child or commissioning the service
Local Authority	This means the local authority for the location.
Staff	All staff working at the Location including employed staff, students on placement, contractors, agency staff, volunteers and proprietors.
Company	Any service owned by CareTech

1. Purpose

This policy sets out how children, young people, adults, families, professionals and members of the public can raise **concerns, complaints or compliments (representations)** about the service.

It explains:

- how to raise a concern
- what will happen next
- what individuals can expect from us
- how to access support
- how concerns can be escalated if needed

Raising a concern is always free of charge and will never negatively affect the care, support or education someone receives.

In Wales, the term **"representation"** is used in line with legislation and includes complaints, concerns and compliments. This policy uses the terms interchangeably, with national requirements set out in the relevant appendix.

2. Scope

This policy applies to all services delivered by the organisation, including:

- residential care
- education provisions
- fostering and family-based services
- specialist and therapeutic services

It applies to anyone who wishes to provide feedback or raise concerns about the service.

Where concerns relate specifically to education provision, statutory and national guidance for school complaints processes will be followed alongside this policy.

3. Our Commitment

We are committed to ensuring that all concerns are handled in a way that is:

- **Fair** – decisions are made objectively and without bias
- **Transparent** – processes are clear and understood
- **Timely** – concerns are addressed without unnecessary delay
- **Respectful** – individuals are listened to and treated with dignity
- **Child- and person-centred** – the voice of the individual is prioritised
- **Proportionate** – responses match the nature and seriousness of the issue

When concerns are raised, we will:

- listen carefully, without judgment
- thank the individual for speaking up
- ensure immediate safety where required
- take all concerns seriously
- respond promptly and appropriately
- keep individuals informed throughout
- use feedback to improve services
- ensure children and young people can raise concerns independently and are supported to do so

Our approach is trauma-informed, recognising that raising concerns may feel difficult or unsafe for some individuals.

4. Who Can Raise a Concern

A concern, complaint or compliment may be raised by different individuals, and the organisation recognises that their rights, needs and routes may differ depending on their role and relationship to the service.

A concern, complaint or compliment may be raised by:

- children and young people receiving care or education
- adults receiving services
- parents, carers and family members
- advocates or representatives
- placing authorities and professionals
- partner organisations
- members of the public

Children and young people, particularly those in our care, will be supported to raise concerns independently and will have access to advocacy and external oversight bodies. Processes for professionals and families will follow appropriate service-specific and statutory routes where required.

Individuals may raise concerns themselves or through someone acting on their behalf.

5. What This Policy Covers

This policy applies to concerns about:

- quality of care, support or education
- decisions made by the service
- behaviour or conduct of staff
- safety, wellbeing or environment

- communication or service delivery

Concerns raised informally will be recognised and managed within this process where resolution is required.

6. Different Complaint Pathways

While this policy sets out a single framework, the way concerns are managed will reflect the individual raising them and the service involved.

In practice, this means:

- **Children and young people in our care or education**
  - can raise concerns at any time
  - will be supported to do so in a way that feels safe
  - have access to advocacy and external agencies
  - may follow specific regulatory processes (e.g. children's homes complaints procedures)
- **Adults receiving services**
  - will have concerns managed in line with adult safeguarding and care standards
  - may access statutory complaints routes where applicable
- **Parents, carers and families**
  - will usually follow the **education or service complaints process**
  - may access formal staged procedures (including panels in education where applicable)
- **Professionals and placing authorities**
  - may raise concerns through escalation, contract management or safeguarding routes
  - will receive formal responses aligned with regulatory and commissioning expectations

All concerns will be taken seriously and responded to fairly.
Where different processes apply, this will be clearly explained to the individual.

7. What This Policy Does Not Cover

This policy is not intended for:

- staff complaints (see Grievance Procedure)
- whistleblowing disclosures (see Whistleblowing Policy)

Where a concern relates to safeguarding, abuse or risk of harm, this will be managed under safeguarding procedures. The complaints process may continue alongside safeguarding action where appropriate. Where appropriate, safeguarding and complaints processes will run in parallel, ensuring both risk management and resolution of concerns are fully addressed.

8. How to Raise a Concern

Concerns can be raised in any way that feels comfortable, including:

- speaking to a staff member
- contacting a manager
- speaking to a social worker or professional
- through an advocate or representative
- in writing (email, letter, text or message)

Concerns may also be raised anonymously. These will be considered and responded to where sufficient information is available to do so.

Individuals are not required to use formal language and will be supported to express their views in their own way.

Reasonable adjustments will always be made to ensure accessibility.

Children and young people will have access to clear, visible and age-appropriate information on how to raise a concern or complaint. They may do this at any time, including directly with external agencies, without needing permission from staff.

9. Our Response

When a concern is received, we will:

- acknowledge receipt, normally within 2 working days (or in line with national requirements)
- ensure any immediate risks are addressed
- listen to and clarify the concern
- understand the outcome the individual is seeking
- explain the next steps clearly
- agree how communication will take place
- keep the individual informed throughout

Communication will be adapted to meet the individual's needs and preferences.

10. Complaints Process (Framework)

The organisation operates a staged approach to resolving concerns.
The organisation aims to resolve concerns as quickly as possible, with formal investigations completed within nationally defined timescales.

Detailed timescales and statutory requirements are set out within nation-specific provisions.

Stage 1 – Early Resolution

- concerns are addressed quickly and informally where appropriate
- focus on immediate resolution
- outcome and any actions taken are clearly recorded

Stage 2 – Formal Investigation

- concerns are formally investigated by an appropriate person
- evidence is gathered and reviewed
- findings are recorded and shared in writing
- outcomes are explained clearly, including rationale

Stage 3 – Review / Assurance

- a review may be undertaken to ensure fairness and proportionality
- this does not replace or restrict access to external escalation routes

Internal review processes do not replace or delay an individual's right to access external or statutory complaint routes.

11. External Escalation

Individuals have the right to escalate concerns to relevant external bodies.

The organisation will:

- provide clear information on escalation routes
- support individuals to make contact where required
- ensure individuals understand their rights

External escalation routes differ by nation and are outlined in the relevant appendix.

Raising concerns externally will not negatively affect the care, support or education an individual receives.

12. Advocacy and Support

No one should feel they have to raise a concern alone.

We will:

- actively support access to advocacy services
- ensure individuals understand their rights
- encourage individuals to involve someone they trust
- ensure communication is adapted to individual needs
- support individuals to feel safe and heard throughout the process

Advocacy will be supported at all stages of the process in line with national requirements.

13. Recording and Confidentiality

All concerns and complaints will be recorded within the organisation's agreed system, which must function as a **central record**.

The system must enable:

- clear visibility of all complaints
- tracking of progress and timescales
- recording of actions and outcomes
- identification of themes, learning and improvements
- reporting for governance and inspection purposes

Where systems do not provide clear central oversight and reporting functionality, a **separate central complaints log must be maintained**.

Records will include:
• who raised the concern or complaint (where appropriate)
• nature of the concern or complaint
• actions taken
• decisions made
• outcomes
• learning identified

All records will be:

- accurate, clear and factual
- updated throughout the process

Information will be handled confidentially and shared only on a need-to-know basis.

Records will be made available for inspection as required.

14. Learning and Continuous Improvement

All concerns are used as an opportunity to strengthen practice.

The organisation will:

- review individual complaints for learning
- identify patterns and trends
- take action to improve services
- share learning with teams and leadership
- integrate findings into quality assurance processes

Improvements made as a result of feedback will be clearly evidenced.

15. Leadership Oversight and Governance

Complaints handling is subject to robust oversight.

Leaders will:

- monitor complaint activity and outcomes
- ensure consistency and fairness across services
- identify risks and emerging themes
- ensure learning leads to improvement
- provide oversight and organisational assurance
- ensure compliance with regulatory and statutory requirements

The organisation will ensure that regulatory notification requirements are met where complaints meet defined thresholds.

Complaints will be reviewed regularly through organisational governance and quality assurance processes.

16. Keeping Individuals Informed

Individuals will be kept informed throughout the process.

We will explain:

- what we have considered
- what we found
- decisions made and why
- actions taken
- next steps and escalation options

Communication will be clear, respectful and accessible.

17. Accessibility

We are committed to ensuring the complaints process is fully accessible.

Accessibility needs will be identified proactively to ensure individuals can engage fully in the process.

Information can be provided in:

- Easy Read
- large print
- different languages

- visual or symbol-supported formats
- alternative communication methods

Reasonable adjustments will always be made.

18. Managing Unreasonable Behaviour

We recognise that raising concerns can be distressing.

In rare cases where behaviour becomes:

- abusive or threatening
- excessively repetitive
- prevents progression

We may:

- set clear communication boundaries
- agree alternative contact arrangements
- manage or pause engagement where necessary

Any action taken will be:

- proportionate
- clearly explained
- regularly reviewed

Staff must remain responsive to concerns at all times. Any adjustments to communication will not prevent or delay consideration of the concern or complaint.

Support for the individual will continue.

Particular care will be taken where the individual is a child or young person, especially those in our care. Behaviour that may be perceived as challenging, repetitive or distressed will be understood in the context of need, experience and communication. The organisation will not withdraw support, disengage, or cease communication with a child or young person raising concerns. Instead, support will be adapted to ensure their voice continues to be heard safely and appropriately.

Where needed, additional support (such as advocacy, trusted adults or alternative communication methods) will be put in place to enable continued engagement.

19. Equality and Inclusion

This policy promotes fairness, dignity and respect.

We will:

- ensure equitable access to the complaints process
- make reasonable adjustments
- consider individual needs and circumstances
- ensure no one is disadvantaged for raising a concern

20. Implementation

This policy is supported by:

- a Complaints Standard Operating Procedure (SOP)
- nation-specific provisions (England, Wales, Scotland)

All services must:

- follow this policy and supporting procedures
- ensure staff understand their responsibilities
- maintain accurate records
- demonstrate compliance and learning

Where there is any difference between national requirements, the relevant national framework takes precedence.

Equality Impact Statement

This policy has been developed to promote equality, safeguard individual's rights, and ensure fair and inclusive practice across all services. The potential impact of the policy on children, young people, young adults, families, and staff with protected characteristics has been considered in line with the Equality Act 2010.

No negative impacts have been identified. Staff must apply this policy with sensitivity to individual need and make reasonable adjustments to ensure equitable access, safety, wellbeing, and participation for every individual. Any emerging risks of differential impact should be reported and addressed through ongoing review and quality assurance.

Appendix 1 – England (Complaints Procedure)

1. Legal and Regulatory Framework

Services delivered in England operate in line with:

- Children's Homes (England) Regulations 2015 and Quality Standards
- CQC Regulation 16: Receiving and Acting on Complaints
- Children Act 1989 & 2004
- Care Act 2014
- Education Act 2002
- Education and Inspections Act 2006
- Independent School Standards Regulations 2014

2. Complaints Process (England)

Stage 1 – Early Resolution

- Concerns are addressed informally where appropriate
- Aim to resolve within 5 working days
- Children and young people will be actively supported to understand how to raise complaints, including access to clear and accessible information within the service
- Information about how to complain will be clearly displayed and accessible within the service.

Stage 2 – Formal Investigation

- Acknowledgement within 2 working days
- The investigation will be conducted by a manager who has not been involved in the matter and is able to act impartially
- Evidence will be gathered and assessed objectively
- A full written response will be provided within 20 working days, setting out:
    - findings
    - decisions
    - rationale
    - actions taken

If this is not achievable:

- The complainant will be informed of:
    - reasons for delay
    - revised timescale

Each complaint must demonstrate learning and any actions taken to improve practice.

Stage 3 – Review

Where appropriate, a review may be undertaken to:

- ensure fairness
- confirm the process followed was reasonable and proportionate

This is not a statutory stage and does not restrict external escalation rights.

Where complaints relate to education provision, Stage 3 may include a complaints panel hearing in line with relevant standards. This provides an independent review of the complaint and the process followed.

3. External Escalation (England)

Individuals may contact:

- **Ofsted** – for children's homes, fostering and education settings
- **Care Quality Commission (CQC)** – for regulated health services
- **Local Authority** – particularly where they are the placing authority
- **Local Government and Social Care Ombudsman (LGSCO)** – for complaints relating to local authority involvement
- **Secretary of State for Education** – for independent schools (where applicable)

Individuals may contact external bodies **at any stage** and are not required to complete the organisation's complaints process first.

4. Advocacy and Support (England)

Children and young people will be supported to access advocacy where appropriate.

Services will:

- facilitate access to advocacy
- ensure individuals are supported to express their views
- adapt communication to meet individual needs

5. Recording Requirements

Complaints must be recorded in a system that:

- captures full details of the complaint
- evidences actions taken
- records outcomes and decisions
- supports tracking of timescales
- enables review by regulators (e.g. Ofsted, CQC)

6. Governance and Oversight

Leaders must:

- review complaints regularly
- ensure compliance with regulatory standards
- use complaints to inform quality improvement
- ensure learning is clearly evidenced and implemented

Appendix 2 – Wales (Representations Procedure)

1. Legal Framework

Services in Wales operate under:

- Social Services Representations Procedure (Wales) Regulations 2014
- Social Services and Well-being (Wales) Act 2014
- Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

These regulations establish the statutory framework for handling complaints and representations in Wales.

2. Definition of a Representation

In Wales, a “representation” is the statutory term used and includes:

- complaints
- concerns
- compliments

All representations must be taken seriously, recorded appropriately, and responded to in line with statutory requirements.

3. Representations Process (Wales)

Stage 1 – Local Resolution

- Representations are addressed at service level where possible
- Focus on early, proportionate resolution
- Individuals are supported to express their views
- Outcomes are clearly recorded

Stage 2 – Formal Investigation

- Acknowledgement within 2 working days
- The representation will be investigated by an appropriate person not directly involved in the matter

A full written response will be provided within 25 working days, including:

- findings
- decisions and rationale
- actions taken

- outcome classification:
  - upheld
  - partially upheld
  - not upheld

Where additional time is required:

- the individual will be informed of:
  - the reason for delay
  - the revised timescale

Extensions may be applied:

- up to a maximum of 6 months
- in line with statutory requirements

Each representation must demonstrate learning and any actions taken to improve practice.

Where representations relate to education provision, processes will align with national guidance for school complaints alongside these statutory requirements.

4. Escalation (Statutory Route)

Individuals have the right to escalate concerns externally.

This includes:

- The placing Local Authority (under the statutory representations process)
- Public Services Ombudsman for Wales (PSOW)
- Children's Commissioner for Wales (LLAIS)

Individuals may seek external support at any stage, although external bodies may expect local processes to be completed first. This will be explained clearly to the individual.

Internal review processes must not replace, delay, or restrict access to statutory escalation routes.

5. Right to Advocacy (Wales)

Children and young people have a legal right to independent advocacy.

The service will:

- actively inform individuals of this right
- proactively offer access to advocacy

- support individuals to engage an independent advocate
- ensure advocacy is available at all stages of the process

Advocacy is a statutory entitlement, not optional support.

6. Responsible Individual (RI) Oversight

The Responsible Individual has oversight of the representations process and will:

- ensure effective systems and procedures are in place
- monitor the number, nature and outcomes of representations
- identify trends, patterns and risks
- ensure learning is acted upon and embedded
- provide assurance of compliance with regulatory and statutory requirements

This oversight forms part of organisational governance and regulatory assurance.

7. Recording Requirements

A central record of all representations must be maintained and available for inspection by CIW.

This must include:

- date received
- nature of the representation
- person raising the representation
- actions taken
- outcome (upheld / partially upheld / not upheld)
- learning identified
- improvements made

Records must enable:

- clear tracking of progress and timescales
- identification of patterns and trends
- reporting for governance and oversight

8. Notification to Care Inspectorate Wales (CIW)

The service must notify Care Inspectorate Wales (CIW) of relevant complaints and representations where they meet regulatory thresholds.

This includes those involving:

- safeguarding concerns
- serious incidents

- allegations of abuse or neglect
- significant service failure

Notifications will be made in line with regulatory requirements and timescales.

9. Learning and Continuous Improvement

The service must demonstrate that representations are used to improve quality and outcomes.

This includes:

- analysing patterns and recurring themes
- identifying risks
- taking appropriate action
- evidencing improvements made

Learning will be reviewed at both service and organisational level.

Appendix 3 – Scotland (Complaints Handling Procedure)

1. Legal and Regulatory Framework

Services in Scotland operate in line with:

- Scottish Public Services Ombudsman (SPSO) Model Complaints Handling Procedure
- Scottish Public Services Ombudsman Act 2002
- Care Inspectorate guidance
- Children (Scotland) Act 1995
- Health and Social Care Standards

2. Complaints Process (Scotland)

The Scotland model follows a two-stage process:

Stage 1 – Frontline Resolution

- Quick, informal resolution
- Aim to resolve within 5 working days

Where a complaint cannot be resolved quickly, is complex, or requires investigation, it must be progressed promptly to Stage 2.

Stage 2 – Investigation

- Formal investigation where Stage 1 is not resolved
- Acknowledgement within 3 working days
- The 20 working day timescale begins once the complaint has been formally acknowledged
- A full response will be provided within 20 working days

The response will:

- clearly set out findings
- provide rationale for decisions
- confirm actions taken
- include the outcome classification:
    - upheld
    - partially upheld
    - not upheld

If additional time is required:

- the complainant will be informed of:
  - reasons for delay
  - revised timescale

The final response will include information about the right to escalate to the Scottish Public Services Ombudsman (SPSO).

Decisions will be proportionate, evidence-based and clearly explained.

Where complaints relate to education provision, processes will align with national guidance for school complaints alongside the SPSO model.

3. Escalation (Scotland)

If dissatisfied, individuals may escalate to:

- Scottish Public Services Ombudsman (SPSO)

The SPSO:

- independently reviews complaints
- considers whether complaints have been handled appropriately
- may investigate service failure

4. Advocacy and Support

Individuals will be supported to:

- access advocacy where required
- receive support throughout the process
- communicate their views effectively

5. Recording Requirements

Complaints must be recorded in line with SPSO expectations, including:

- full complaint details
- actions taken
- decisions reached
- outcome classifications
- compliance with timescales

Records must support:

- audit against SPSO complaints handling requirements
- inspection
- organisational learning

6. Governance and Oversight

Services must:

- follow the SPSO Complaints Handling Procedure
- ensure consistency across services
- monitor complaints and emerging themes
- evidence learning and improvement