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.

September 2026
Tawanda Madhlangobe
(Headteacher / Principal)

Andrew Sutherland/Rob Mcconomy
(Proprietor Representative/Regional Lead)

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

Cambian Wisbech School Local Implementation Information

Cambian Wisbech School is an independent specialist day school operating as one school across Sessions House and Anglia Way in Wisbech, Cambridgeshire. This local information supports implementation of the universal Complaints Policy and does not amend or replace its stages, timescales, rights of external escalation or national requirements. The universal policy remains controlling where there is any conflict.

Local route: a concern may be raised with any member of staff, the relevant Assistant Headteacher, the Pastoral Manager or the Headteacher. Written complaints may be submitted through the school office for the attention of the Headteacher. Where a complaint concerns the Headteacher, it is escalated to the Regional Lead or proprietor representative through the organisation complaints route. Pupils can be supported by a trusted adult or advocate and reasonable adjustments are made so that communication is accessible.

Safeguarding and records: any complaint indicating abuse, risk of harm or another safeguarding concern is immediately managed under the Safeguarding and Child Protection Policy and may run in parallel with the complaints process. The school maintains a central complaints record showing the concern, actions, decisions, outcomes and learning. The Headteacher and Regional Lead review complaints through quality assurance and governance so that themes lead to improvement. England external escalation routes are those set out in the England appendix of this policy.

1. Purpose

Everyone has the right to speak up when something does not feel right.

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.

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

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:

- children and young people

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

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. 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.

7. 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)

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.

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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

Support for the individual will continue.

18. 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

19. 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.

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