



Australian Government

Department of Health and Aged Care

Hearing Services Program

Complaints Policy



Hearing
Services
Program

Contents

Introduction	1
The purpose of this document.....	1
The Hearing Services Program.....	1
Chapter 1 – Complaints to the Hearing Services Program.....	3
What is a complaint?.....	3
Who can make a complaint?	3
How are complaints made?.....	4
Chapter 2 – Best practice principles	5
Principles for complaints handling.....	5
Fairness	5
Accessibility.....	6
Responsiveness	6
Efficiency.....	7
Chapter 3 – How we handle complaints	8
Lodging a complaint.....	8
Complaints from clients	9
Immediate resolution	9
Complaints from providers.....	9
Complaints about the program (policies, procedures, staff)	10
Investigation of the complaint.....	10
Other ways to raise a complaint.....	12
Chapter 4 – Reconsideration or internal review of decisions	13

Requests for reconsideration	13
What happens during the reconsideration?	13
What decisions can be reconsidered?	13
What decisions can be reviewed?	14
How can I make a request for reconsideration?.....	14
Is there a cost or time restriction on requesting a reconsideration or review?	14
How long does it take for a reconsideration to be made?	15
What if I'm not happy with the reconsideration decision?.....	15
Chapter 5 – How we analyse complaints	17
Appendix 1 – Complaint and reconsideration of decisions flowchart.....	19
References.....	20

Introduction

The purpose of this document

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

The Hearing Services Program

The program provides subsidised high quality hearing services and devices to eligible Australians.

The program manages a range of administrative and regulatory processes, including:

- a way for clients and providers to contact the program (such as by post or email, or the Department of Health and Aged Care Contact Centre)
- payment for hearing services for eligible clients
- issuing of vouchers to eligible people
- a complaints management process
- management of contracted providers, as well as agreements with Hearing Australia, the Department of Veterans' Affairs, Services Australia, and device manufacturers
- provider audit and compliance activities
- policy advice to the Government to inform the strategic direction of the program.

The goal of the program is to support access to high quality hearing services and research into hearing loss prevention and management.

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

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

Our complaints policy:

- presents information about making a complaint in an easily understood, readily accessible format
- reflects best practice complaints handling principles including risk-based decision making, taking proportionate action when appropriate, transparency and fairness to people who make complaints and to the people against whom complaints are made
- reflects our commitment to continuous improvement
- is communicated to (and understood by) all staff of the program
- is reviewed to check for effectiveness and customer satisfaction.

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

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

The program recognises that an important key in the building of a positive relationship between a client and their provider is an understanding of the role each party plays in the process. The program has developed a [Client Rights and Responsibilities fact sheet](#) to assist with this.

Chapter 1 – Complaints to the Hearing Services Program

What is a complaint?

A complaint is an expression of dissatisfaction with any aspect of the program that requires the program to investigate and where appropriate, facilitate a resolution. A complaint may be received through the contact centre, which may resolve the issue verbally. A written complaint may also be received, or a request for reconsideration of a decision made by the program that has affected you.

The program receives a small number of complaints compared to the number of active clients receiving hearing services.

In our experience, complaints often result from a breakdown in communication, when there is a discord between client expectations and the service delivered.

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

Who can make a complaint?

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

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

How are complaints made?

Clients of the program are encouraged to talk to their provider to try to resolve any complaint they may have. Providers must have a process in place to manage complaints and must provide their clients with information about this process.

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

- Contacting the Contact Centre, from 8.30am to 5.00pm (EST and ESDST) business days on
- Telephone 1800 500 726
- National Relay Service 1800 555 660
- Email hearing@health.gov.au
- Post

Department of Health and Aged Care

GPO Box 9848 Mail Drop Point 113

Canberra ACT 2601

Chapter 2 – Best practice principles

Principles for complaints handling

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

There are four broad principles that underpin our approach to handling complaints. These principles are¹:

- fairness
- accessibility
- responsiveness
- efficiency.

Fairness

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

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

The program is governed by legislation that determines the services that eligible people can receive. In addition, the program has a Service Provider Contract (and associated standards) with each provider contracted to offer services through the program. These [documents can be viewed](#) on the program's website.

The program attempts to manage and resolve complaints to the satisfaction of the complainant. However, as the program is governed by legislation and the requirements of the Service Provider Contract and associated standards, there will be occasions where this is not

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

possible. Where this occurs, complainants will be informed of any limitations, and if possible, provided with information about where to raise their complaint for further assistance.

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

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

All complaints made to the program are treated confidentially, in accordance with the privacy principles in the Commonwealth *Privacy Act 1988*. Personal information relevant to a complaint is only used by the program to address the complaint. Personal information is protected from disclosure unless the complainant expressly consents to its disclosure.

Accessibility

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

We are committed to limiting barriers to making complaints and suggestions. When a complaint is first lodged with us, we do not need detailed information straight away. This is intended to minimise the impact on complainants and encourage those who want to make a complaint to do so.

Responsiveness

The program is committed to effective complaints handling and resolution and has a culture that recognises the value of complaints.²

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

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

The program strives to be responsive to all its clients and other stakeholders, including those with additional needs. Our staff members are expected to explain the complaints process to complainants who may have difficulty understanding written information or who have difficulty communicating over the phone.

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

Efficiency

We aim to resolve complaints as quickly as possible. Some complaints can be resolved immediately, while others are complicated and require detailed investigation.

We aim to resolve most complaints within 30 business days, although we recognise that more complex complaints may take longer to resolve. If additional time is required, the program will contact the complainant to explain why this is needed.

Chapter 3 – How we handle complaints

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

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

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

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

Lodging a complaint

Complaints may be made through email, or over the phone to the contact centre.

If a complaint is made over the phone and is unable to be resolved, it may be escalated to the program by the contact centre and a staff member from the program will discuss the concerns with the complainant.

Written complaints can be emailed to the program at hearing@health.gov.au or posted to the program.

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

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

Complaints from clients

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

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

Immediate resolution

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

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

Complaints from providers

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

Providers who wish to make a complaint are advised to email the details of their complaint to hearing@health.gov.au, or submit it in writing via postal mail. The complaint in writing should advise what the issue is that the contracted service provider would like to bring to the attention of the program.

Complaints about the program (policies, procedures, staff)

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

Investigation of the complaint

We avoid taking a ‘one-size-fits-all’ approach to complaint handling. We want our response to individual complaints to suit the circumstances.³

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

The type of action taken by the program will depend on the seriousness of the issue that is found, such as:

- Did the provider act in accordance with the contract?
- Were all program requirements met for claiming?
- Was there any breach of relevant program legislation?

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

The program will aim to conclude investigation and resolve a complaint within 30 business days of acknowledging the complaint, although this timeframe will depend on the complexity of the complaint.

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

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

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

In some circumstances, no further action on a complaint may be recommended.

For example, if the matter has already been investigated by us and/or by the provider and it is considered that the original complaint has been satisfactorily resolved.

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

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

We have developed a flowchart of our complaints management process at [Appendix 1](#).

Other ways to raise a complaint

We may not be able to investigate your complaint if the subject of your complaint does not fall within the program's legislation, or if your complaint would be better managed by another organisation (such as your service provider or another government agency).

In these instances, we may refer your complaint to another organisation for them to resolve the matter. Alternatively, we will provide you with information about where else you can raise your complaint.

Other ways to lodge a complaint about your hearing services or devices include:

- contacting your hearing practitioner's professional body (ask your hearing practitioner, or their employer, which professional body they belong to)
- lodging a complaint with your state or territory's consumer protection agency, as most products and services bought in Australia are covered by consumer guarantees which can include the right to repairs, replacement, refunds or compensation for damages and loss, or issues with services. Visit [the Australian Consumer Law website](#) or [the Australian Competition and Consumer Commission website](#) for more information
- contacting your state or territory's health care complaints commission.

Chapter 4 – Reconsideration or internal review of decisions

Requests for reconsideration

A request for reconsideration or internal review is a request for a decision which a complainant has been affected by and dissatisfied with, to be looked at again within the department.

The Minister for Health and Aged Care has the power to reconsider decisions under the Act. This power is delegated by the Minister to various senior officers within the department, including the Assistant Secretary and certain Directors of the program.

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

What happens during the reconsideration?

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

Once the reconsideration decision is made, a letter will be sent to you giving notice of the reconsideration decision. The letter will explain what the reconsideration decision is, the reasons for the reconsideration.

What decisions can be reconsidered?

The Act specifies the types of decisions able to be reconsidered. A request can be made in relation to a decision

- made under the Act
 - refusing to issue a voucher to a participant in the voucher system
 - relating to disqualification for fraud, dishonesty etc. e.g. a decision to cancel accreditation of an entity because related persons were disqualified
- made under the Hearing Services Program (Voucher) Instrument 2019
 - to not authorise a service provider to replace a hearing device.
 - to refuse to accredit an entity

- to warn a service provider that it has contravened a condition of its accreditation and that further action may be taken.
- to refuse to allocate a qualified practitioner number.

What decisions can be reviewed?

Any decision that is not specified under the Act as a decision that can be reconsidered, can be reviewed internally.

How can I make a request for reconsideration?

If you are affected by and dissatisfied with a decision and you wish to request reconsideration or internal review, you should apply for reconsideration as soon as possible. A request for reconsideration must be made within 28 days of the original decision. An extension beyond the 28-day deadline may be granted in some circumstances.

You must submit a request for reconsideration using the [approved application form](#), available on the website. Requests for reconsideration can be made by:

- Email hearing@health.gov.au
- Post

Department of Health and Aged Care
GPO Box 9848 Mail Drop Point 113
Canberra ACT 2601

Please include the word 'reconsideration' in the heading if you are emailing. You should also make sure that you keep a copy of the original decision and your request for reconsideration for your own records.

Is there a cost or time restriction on requesting a reconsideration or review?

There is no cost involved to making a request for a reconsideration of a decision. If you are affected by and dissatisfied with a decision, and you wish to request reconsideration, you should apply for reconsideration as soon as possible. An application for reconsideration must be made within 28 days of the original decision. An extension beyond the 28-day deadline may be granted in some circumstances.

We have developed a flowchart of our reconsideration of decisions process at [Appendix 1](#).

How long does it take for a reconsideration to be made?

A reconsideration decision must be made within 90 days of the department receiving the request. If a decision is not made within this period, it will be taken that the decision-maker has made a reconsideration decision to affirm the original decision.

What if I'm not happy with the reconsideration decision?

If you are dissatisfied with a reconsideration decision and believe your interests are affected by the reconsideration decision, an application for review (or appeal) can be made to either the:

- Administrative Appeals Tribunal (AAT)
- Commonwealth Ombudsman.

This is sometimes referred to as external review, as the AAT and Commonwealth Ombudsman are separate and independent bodies.

AAT

If you decide to appeal to the AAT, you must follow the AAT's application process. Importantly, an application to the AAT must be made within 28 days of the date you receive notice of the reconsideration decision. The AAT may approve an extension to this deadline in some circumstances.

The AAT application form will ask you to attach a copy of the decision you are seeking review of and to set out your reasons for your view that the reconsideration decision is wrong.

There is a fee for making an application to the AAT. However, if you hold a health care card or a Commonwealth Seniors Health Card you may pay a reduced fee. If you believe you cannot afford to pay the full fee, you can apply to pay a reduced fee.

Please refer to the [AAT website](#), where you can find the application details and other useful information.

Commonwealth Ombudsman

The Commonwealth Ombudsman can investigate complaints about the actions and decisions of Australian Government agencies to see if they are wrong, unjust, unlawful, discriminatory, or just plain unfair. The Ombudsman also seeks remedies for those affected

by administrative deficiencies and acts to improve public administration. Please refer to the [Commonwealth Ombudsman website](#) for further information. You can also:

- telephone on 1300 362 072
- email ombudsman@ombudsman.gov.au
- visit a state/territory office in person
- write to

Commonwealth Ombudsman

GPO Box 442

Canberra ACT 2601

Chapter 5 – How we analyse complaints

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

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

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

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

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

- email hearing@health.gov.au
- Write to the program

Department of Health and Aged Care
GPO Box 9848 Mail Drop Point 113
Canberra ACT 2601

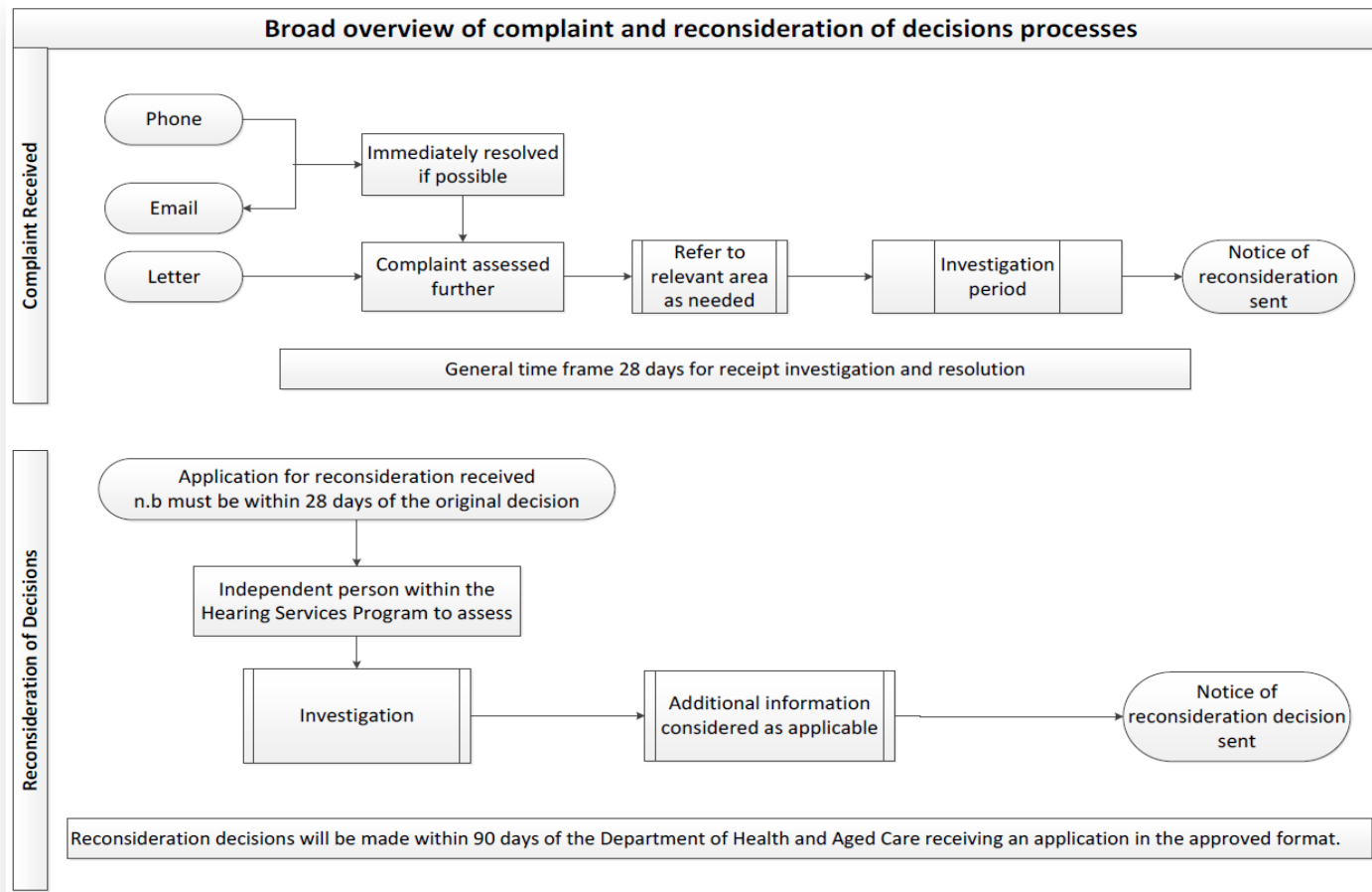
We review complaints to identify ways to assist providers to improve their services, and in doing so reduce the number of complaints and improve the level of satisfaction with the program.

Complaints data can provide valuable information about common:

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

All feedback and lessons learnt can contribute to service improvement.

Appendix 1 – Complaint and reconsideration of decisions flowchart



References

Australian Standard AS ISO 10002-2006 Customer Standard-Guidelines for complaints handling in organizations, SAI Global

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