

# Briefing paper: Barriers to accessing adult social care and social housing complaint systems

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## **Introduction**

Public service complaint systems allow aggrieved individuals to complain about the service they have received from a public service provider. This briefing paper is about the accessibility of complaint systems in the adult social care and social housing sectors in England and Scotland. Complaint systems are vital for allowing people to voice concerns and exercise their rights. But current evidence suggests that these systems are not designed and operated in way to facilitate this. The particular focus of this paper is on the barriers that complainants face and scoping out the issues that would benefit from further research.

This paper is being published following completion of a small-scale project funded by the University of Glasgow's Research Reinvigoration Fund. The project involved two elements. The first was a desk-based scoping exercise to identify publicly available data on who does and does not complain about social care and housing and the barriers that exist to access to justice. The second was a set of three workshops held with advice and advocacy organisations, service providers, regulators, ombuds, and other oversight bodies. This project is part of an ongoing process of knowledge exchange with policymakers and practitioners, and further information about this and other research is available on the [Transforming Complaint Resolution](#) website.

## **Findings of the scoping exercise**

A short scoping paper outlining the findings of the scoping exercise is available in Annex A. What follows is an overview of the key findings.

The importance of feedback and complaints to enable effective routes of redress is known. Demographic data on who does and who does not complain is crucial to understanding the extent of the access to justice gap. The scoping findings underlined the absence of publicly available demographic data on the characteristics of social housing and adult social care complainants with few explicit requirements to record and collect this information. Valuable data does exist, but is often concealed behind 'paywalls' and scattered within and across the websites, reports and other publications of a wide range of service providers, government and non-governmental organisations, advocacy and advice organisations, ombuds, inspectorates and regulators.

The scoping exercise also explored the publicly available research evidence on access to justice barriers for adult social care and social housing complainants. Findings highlighted little research specifically relating to these complainants, often again hidden behind a 'paywall'. Research in general about social care and social housing has identified multiple obstacles to accessing services, which have been expressed as attitudinal, organisational, cultural and practical. Also, that barriers relating to disability, ethnicity, sexuality, communication impairments, poor mental health, homelessness and geographical isolation can all contribute to people being seldom heard.

## Workshop findings

Three online workshops were held in the last two weeks of June 2022. These were small invitation-only events with expert stakeholders from advice and advocacy organisations, social care and social housing providers and ombuds, regulators and inspectorates. A full workshop report is available in Annex B and a list of participating organisations can be found in the Annex C.

Key issues raised in all three workshops included the importance of funded advocacy services to support complainants and challenge power dynamics. This related to testimonial injustice, with complainant voices not being heard and people in some situations and settings, such as being homeless or receiving care at home, being less likely to speak for themselves.

Workshop participants acknowledged the ‘fear factor’ relating to complaining, particularly in relation to adult social care. This supported research on ‘vulnerable’ complainants (Care Quality Commission, 2013) which highlights a fear of retribution.

Another issue common to all workshops was the complexity of complaints systems and complainant confusion about the roles and remits of ombuds and regulators. Policy issues include the potential exclusionary nature of current complaint process design, with questions as to whether existing processes have inbuilt biases and injustices and that complainants are expected to assimilate into systems that do not meet their needs.

Workshops contributors confirmed the bureaucratic barriers identified in available research (such as Banwell-Moore, R. and Tomczak, P., 2022; Justice, 2020), including confusing terminology which can lead to misunderstandings on the difference between complaints and appeals.

The term “logistic toxicity” has been used elsewhere to illustrate the exhausting administrative burden that patients face when accessing healthcare systems (Giles, 2020) and this issue was also expressed by workshop participants.

Demographic data on complaints was confirmed as being patchy at the workshops, as was the lack of explicit requirements to collect ‘standardised’ data on the characteristics of social housing and adult social care complainants. Issues identified included how to gather and use of demographic data in way that is both inclusive and identity-positive.

Also articulated at workshops were policy and practice concerns about the use of language including that the term ‘vulnerable’ can attach labels to people and terms like ‘hard-to-reach’ can imply individual responsibility for a predicament. It was validated that words matter as they can perpetuate negative social identities as well as stereotypes. This in turn can impact on how those using services see themselves (as not deserving) as well as how organisations approach and work with complaints and complainants.

## Research priorities

We know that adult social care and social housing involve vitally important services, often with ongoing high intensity relationships which need continuity and have low availability of choice and alternatives. And that social care is “complex, enormous, varied, woven into aspects of society and will touch most of the population at some point” (Enable, 2021). However, public service complaints research to date has been heavily focused on complaints relating to healthcare (such as McCreaddie et al., 2021; Martin et al., 2021).

Our project findings confirmed that complaints about adult social care and social housing are understudied and that their value is both underappreciated and underrated. The value of learning from complaints has been identified in previous research (Gillespie and Reader, 2016; Reilley et al., 2020; Simmons and Brennan, 2017) but few studies consider how complaint data is used in practice. And we know from the research relating to health that patient complaints are valuable uncensored opinions on the quality of care (Morsø et al., 2022) and that they may be indicative of systemic as well as individual failings (McCreaddie et al., 2018).

We also know that complaints about public services often fundamentally relate to social and human rights and regularly reveal high profile and widespread injustice. The findings in the project demonstrate a significant need for in-depth research to investigate who complains and who doesn't, the factors that facilitate or inhibit access to complaint systems and what happens to a complaint within a complaint system. Research is also needed on reasons why the existing systems for responding to complaints about social care and social housing can be experienced as adversarial, as failing complainants and as not resulting in better relationships and systemic improvement.

Research is also required to address the fundamental knowledge gaps in how complainants understand and experience the act of complaining, how complaint systems operate in practice and how they contribute to the realisation of rights. We know that people need access to financial, legal and emotional resources to claim their rights and that the system is not currently operating to provide people with the navigational help they need (Boyle et al., 2022). Adult social care in particular can be seen “as a human right with all the protection that affords, not just a bridesmaid to the NHS bride, and as a human right itself” (Macaskill, 2022).

Research is needed on the culture of provider organisations relating to complaints, for example, whether complaints are considered negatively or positively. Those researching healthcare have found that complaints can be experienced by staff as indications of mistrust or poor appreciation of their efforts to care, with apparent correlations between attitudes to complainants and poorly performing services (Adams et al., 2018). Little is known about how adult social care and social housing staff conceptualise and respond to complaints. We do know from our own research (Gill et al., 2017, Hirst and Gill, 2019) about the negative impact that being complained about can have on those delivering a public service, which can result in staff having less trust in service users.

There is the need for a comprehensive evidence base for improving complaint systems' capacity for individual redress, organisational learning, and public accountability in the adult social care and social housing sectors. Previous research suggests that learning is constrained due to data quality, lack of analysis, and cultural issues (Thomas, 2015; Gill, 2018). We know from health research that patient and family complaints are increasingly recognised as a critical source of insight for quality improvement (van Dael et al., 2022). With hindsight, complaints regularly expose systemic failings (Apps, 2021), but public service organisations often see complaints only in terms of individual issues (Mullen et al., 2017) and little is known about how they influence accountability processes.

### **Possible research questions**

Potential research questions might include:

- Who complains and who does not complain about adult social care and social housing? And what are the reasons behind this?
- What is the contribution and impact of advice and advocacy services in relation to complaints about adult social care and social housing?
- Why aren't all complainant voices heard and what implications does this have for their quality of life, their social and human rights and their relationship with their care or housing provider?
- What would a 'good' complaints process look like to a care service user or social housing resident?
- What would reduce any dysfunctional effects of complaint handling and ensure that complaints processes do not cause additional harm/have unintended consequences?
- How are complaints viewed by staff, what value and resourcing priorities do organisations place on complaints, how do complaint systems operate in practice and does the learning from complaints result in positive and productive change within organisations?
- Who are adult social care and social housing complaint systems designed for and what is the impact of external requirements, from ombuds, inspectorates and regulators, on the approach to and implementation of existing complaints systems and on the criteria used for measuring/assessing 'success'?

## Annex A – Scoping Paper

This paper is the outcome of a rapid desk-based exercise for a project exploring the policy, practice and research priorities relating to barriers experienced by social housing and adult social care complainants in England and Scotland. These two jurisdictions provide fertile ground for comparative study. Project sponsors have identified a significant need for in-depth research into social housing and adult social care complaint systems as these are vitally important services, often with ongoing high intensity relationships which need continuity and have low availability of choice and alternatives.

[Adult social care](#) broadly covers a wide range of activities to help people who are older or living with disability or physical or mental illness live independently and stay well and safe. In 2020/21 in England, [841,000 adults](#) received publicly funded long-term social care, primarily in care/nursing homes or in their own homes. Scottish estimates are that [220,000 people](#) received social care support and services during 2020/21. In the main, [social housing](#) is owned by public authorities and registered social landlords (housing associations). Scotland has an estimated [608,000 social housing homes](#). In England the Housing Ombudsman Service (HoS) has over [4.7m social homes](#) under jurisdiction.

### Who complains about adult social care and social housing?

The recent English white paper on [Adult social care reform](#) (December 2021) recognised the importance of feedback and complaints to enable effective routes of redress. And in order to explore complaint barriers we need to know who does not complain (and who does). This demographic data is crucial to understanding the extent of the access to justice gap. So the first task of this scoping exercise was to source available data on the [demographic characteristics](#) of adult social care and social housing complainants. The absence of publicly available data was quickly apparent. To some extent this is known already - for example, data absence relating to people with neurological conditions was highlighted in a [2018 report](#) although at least [1 in 6 people](#) in the UK live with a neurological condition.

There is high level demographic data available on who lives in social housing and who receives adult social care. For example, the [English Household survey for 2020/21](#) records numbers relating to ethnicity, income, disability, age groups and ethnicity groups. And sources such as the [King's Fund](#) record, for example, that 35% of adults receiving long term care in England are of working age. It is also known that there are demographic [inequalities](#) in adult social care provision and experience.

There is also publicly available data about complainant numbers on the websites and reports of ombuds and regulators, but little on their demographic characteristics. In Scotland in 2020-21, the [SPSO](#) received 3,665 complaints: 295 about housing associations, 284 of the local authority complaints were about housing and 188 joint Health and Social Care complaints were received. And their [Annual Report p.80](#) includes equalities data. The 5,595 complaints to the [Care Inspectorate](#) came from friends, relatives or visitors of people who experience care (43%), from employees/former employees (27%) and people who directly experienced care themselves (7%) - with 67% of all complaints being made anonymously.

In England the [Local Government & Social Care Ombudsman](#) (LGSCO) publishes annual complaints data at council and care provider level: 1,670 complaints about Councils in 2020/21 and 270 complaints/enquiries about Care providers. The LGSCO also publishes an [annual review](#) of adult social care complaints. The HoS determined [2,185 cases](#) in 2020/21 and annually [publishes individual landlord performance reports](#). It is known that individual social housing and social care providers do have complaint-related data, which may not be visible. Some, such as bodies within SPSO jurisdiction, do have [requirements](#) to make annual complaints performance reports publicly available (see [example](#))

And we know from sources like the [annual Personal Social Services Care Survey, England 2020-21](#) that only 38.6% of carers report being 'extremely satisfied' or 'very satisfied' with the services and support received by themselves and the people they care for. Also that White service users report higher satisfaction than service users from Black and minority ethnic backgrounds. Related to this it is noted that one of the two [core strategic visions for the CQC](#) is tackling inequalities in health and care by pushing for equality of access, experiences and outcomes from health and social care services.

Identified policy issues include gathering and using demographic data in an inclusive and identity-positive way. There does not appear to be any explicit requirements to collect 'standardise' data on the characteristics of social housing and adult social care complainants. And in addition to being concealed behind 'paywalls', many valuable data sources are scattered within and across the websites, reports and other publications of a wide range of service providers, government and non-governmental organisations (such parliamentary committees, the National Audit Office, Citizens Advice and Healthwatch), advocacy and advice organisations, ombudsmen, inspectorates and regulators.

### **What are the barriers to complaining about adult social care and social housing?**

The second task was to bring together publicly available research evidence on access to justice barriers for adult social care and social housing complainants. Again, there is valuable research from a range of organisations, but little relating specifically to these complainants - and again, often behind a 'paywall'. The number of complaint handling failure orders issued by the HoS [in June 2022](#) may be indicative of challenges that residents are facing in trying to progress their complaints. Other ombuds highlight awareness of complaint barriers, with the recent LGSCO [Focus report on disabilities](#) and the SPSO providing complaint handling [guidance](#) on equalities and supporting vulnerable complainants.

Available research on 'vulnerable' complainants in general highlights a [tendency not to complain](#) and a [susceptibility to harm](#). Barriers for these complainants can be multiple with [obstacles](#) to accessing services being attitudinal, organisational, cultural and practical. Barriers relating to disability, ethnicity, sexuality, communication impairments, poor mental health, homelessness and geographical isolation can all contribute to people being seldom-heard.

Bureaucratic barriers include confusing terminology leading to misunderstandings on the difference between [complaints and appeals](#). An [ECHR Inquiry](#) into challenging decisions about adult social care which includes whether people are able to obtain redress or an effective remedy is noted. There are also barriers relating to [time and capability](#). And barriers relating to complaints process [complexity](#), such as where [multiple organisations](#) are involved, with concerns around care and health [integration](#).

There is a theme in social care research findings about barriers relating to the fear of raising concerns, including fearing retribution, for example, in [responding](#) to the Adult Social Care Survey, in a [CQC research report](#) and as [told by a witness](#) this year to the House of Lords Adult Social Care Committee. Recent research on [prisoner complaints](#) found 'myriad barriers' preventing prisoners from participating in complaints processes, including culture; fear; accessibility; timeliness; emotional repression and bureaucracy. Experiences of these barriers was uneven across different prisoner groups.

There is also a growing literature on [digital barriers](#) and on identifying groups at [risk of exclusion](#) from digital justice. Geography, vulnerability, age, homelessness and detention have been [identified](#) as barriers to access here and the importance of technology and design in promoting accessibility is [stressed](#). Covid-19 pandemic impacts are worsening an already dysfunctional gap in access to justice resolutions with [implications](#) for people's rights in our increasingly digitalised society. A current [study](#) on the effect of rapid digitalisation will examine how 'marginalised groups' do or don't access justice. And the current EHRC [Strategic Plan](#) has a priority about addressing the equality and human rights impact of digital services and artificial intelligence.

Identified policy issues on barriers include the inclusivity of complaint process design, with questions as to whether existing complaints processes have inbuilt biases and injustices, with complainants being expected to assimilate into systems that do not meet their needs. There are also issues around the use of [language](#). For example, use of the term 'vulnerable', which is applied in the [justice system](#) to denote factors which impede ability to participate in a court or tribunal process, can be othering if it attaches [labels](#) to people and terms like '[hard-to-reach](#)' can imply individual responsibility for a predicament.



## **Annex B – Workshop Report**

### **Workshop 1 Advice and Advocacy organisations**

Organisations attending this workshop: Access Social Care, Advonet, Equality and Human Rights Commission, Healthwatch England, Independent Age, National Citizens Advice, PoHWeR Advocacy and Voiceability. Contributions at this workshop are summarised as:

- Emphasising the importance of advocacy in enabling people who need to complain. Advocacy can also help to balance the power dynamics. Concerns about the ability of people to complain in a time of crisis and views that systems need to be as simple and accessible as possible. Clients have been told that if they don't engage with the complaints process this could delay the provision of a service.
- Complainants fear being labelled as 'troublesome' if they continue to complain. Fears that care providers will be told what the client had said about them as this may impact ongoing relationships. Organisations quick to use 'challenging behaviour' policies. Complainants may use advocacy organisations to complain for them because of this experience. Social workers referring people who are capable of advocating for themselves for advocacy support because they are experienced as being challenging.
- The provision of advocacy is 'patchy' in both England and Scotland. Lack of statutory advocacy around housing complaints unless they fall under legislative provision. The funding for advocacy continues to be eroded. Advocacy increasingly involved in safeguarding concerns because care cannot be commissioned – and are being told by social workers that there is nothing else they can do internally – that an external advocate may be able to achieve more.
- Advocacy is often about preventing complaints from needing to be made as well as supporting people to challenge without calling it a complaint. How can this preventative advocacy work be evidenced and measured?
- Many clients are weary at the end of a process and don't want to complain about how they have been treated. There are barriers at all stages in complaints processes – access in the first place, within the complaint system itself and in taking a complaint further if remain dissatisfied. Complaints systems are rigid – has to be on a certain form or sent to a certain address. Many clients can't meet stated complaint timescales, for example if neurodivergent, or having difficulty finding an advocate. Then the complaint is rejected. Advice/advocacy agencies can be blocked by local authorities using Data Protection relating to personal information and this can lead to a separate complaint that organisation won't accept a complaint.
- Clients who are capable of making a complaint can't because they are digitally excluded. Some organisations are no longer providing leaflets. Complaints processes should meet the anticipatory duty relating to equal opportunities and access. This includes issues relating to visibility and cultural competence. From an equalities perspective it is as important to understand who does not challenge through a complaint as it is who does. Who is not there and who would you expect to see?

- Tensions between informally resolving a complaint and formally capturing complaint information – so don't know how well complaint systems are working in practice. Lack of complaints to an organisation can be defended by the organisation as having no problems. Experience that policies may change after complaints but improvements not consolidated and no real consideration of lessons learned – to do with capacity.
- Complaints take staff time and energy and the dominating driver for many organisations is complaint throughput. Organisations prefer to deal with complaints 'informally' as this results in less work and there are staff workload and turnover pressures. Request that any research considers the cultural pressures faced by staff.
- There is often confusion between a complaint and an appeal with different pathways. Does a person with a 'concern' need to be the one who decides which pathway to use? Experience of clients being 'bounced' between the two processes. Or needing to go through both processes. Complex where more than one organisation involved.
- Data about complaints more readily available where complaints have been made formally. Advocacy and advice organisations have different systems for recording complaints and a lot of information is anecdotal. Also what is classified as a complaint is not consistent and many complaints are multi-issue. Complaint information that is available on provider and ombuds websites not easy to access or analyse. View that ombuds are increasingly selective about what they will accept as a complaint.
- Organisations often adopt the language used in legislation and this can influence how people are viewed. The language used can absolve organisations of responsibility, such as people being 'hard to reach'. Movement away from the use of term 'vulnerable' to describe a person with health and social care needs. Saying you are an independent advocate gives a lot of comfort to individuals within the system.

## **Workshop 2 Social Care and Social housing Providers**

Organisations attending this workshop: Accent Group, Anchor Housing, Devon County Council, Glasgow and West of Scotland Forum of Housing Associations, In Care Survivors Alliance, Leeds City Council, London Borough of Bromley, Rotherham Metropolitan Borough Council and the Tenant Participation Advisory Service. Some attendees are also members of the National Complaints Managers Group. Clarion Housing Group was unable to attend and added later. Contributions at this workshop are summarised as:

- Complaints about adult social care are increasingly complex as can be commissioned by the NHS and delivered by the local authority. There can be more than one delivery organisation involved. Challenges relating to different organisational cultures.
- Systems are complex for staff as well as complainants. Complexity of both the complaints and the process. Should be able to simplify the process complexity.
- Social care complaints seem to be more complex than housing complaints and more likely to be of a personal nature. Also that there are likely to be different issues in housing and social care which result in complaints.

- Experiencing an increase in complaints from people with mental health needs and it can be hard for complaints teams to work with people who they experience as challenging. There is a need to equip staff to work with complainants and many staff are anxious about handling complaints. Discussed the set of skills that staff who work with complaints need to have.
- View that assumptions are being made that non-complainers are happy, but that this is not being actively verified. The person doing the complaining is often not the person receiving the service. This can be difficult if the organisation can't provide/reveal personal information to person advocating. Also need to allow staff to make a complaint on behalf of a complainant if they are their trusted person.
- Some requirements to collect demographic complainant information about complainants and who goes on to complain to ombuds, but no 'policing' of this information. Local authorities are not 'held to account' if they do not provide this..
- Trauma informed approaches and practice have much to offer complaints processes. Engaging with a complaints process can negatively impact people's wellbeing. Some people don't feel they have a 'right' to complain. And don't want staff to get into trouble. For people who live in communal settings there is a desire not to be seen as a 'trouble-maker'. And a generational thing not to make a fuss or get anyone in bother. Fear of repercussion from people who are receiving care in their own home and from people who may not have any advocates/families looking out for them.
- Wide demographic in 'older people' – including in age range. Different needs and capacities to communicate. Few complaints from people from minority groups. View that there are more female than male complainants in housing, but don't have the data to confirm this. Noted that people can decline to answer demographic questions.
- People want to say that they are not happy about something rather than make a complaint. Understanding that ombuds want to both encourage resolution and to capture complaints, but does putting a complaint label on it discourage people? Importance of language with one Council now saying 'tell us what you think' rather than make a complaint. Staff find this easier and more people willing to say.
- Organisations could improve feeding back to complainants on what has happened with their complaint/how decisions have been made. If don't this can lead to a 'what is the point in complaining' attitude if nothing happens or changes. Could do more to share resulting improvements across housing and social care systems.
- People are more likely to complain if they have support. Access to advocacy is essential but is a postcode lottery as not all local authorities have advocacy contracts.
- View that a formal complaint could represent the views of a large group of people who do not complain. And that complaints teams only see the 'tip of the iceberg' with staff delivering the service hearing much more. Recognition if that you empower/encourage complaints then you are going to receive more. Discussion about the need to adequately resource the complaints functions in organisations.
- Disadvantages to do with complaint services being online which can be cheaper and more efficient for staff. But need to have a range of access channels including a face to face offer. People will go to great lengths to avoid putting things in writing

if they have literacy issues. Access issues definitely worsened during the pandemic, such as post not being received by organisations, so need all access processes to be effective. Also experiences that people are often 'kinder' when face to face and that you tend to get a more 'warts and all' view when complainants are more remote.

- The quality of information received by the complainant before making a complaint can be poor. It may not cover, for example, what a landlord can do in situations, such as a neighbour dispute. So not able to make an informed choice in deciding to make a complaint. Discussion around where the administrative 'burden' of complaining lies and that it is often the complainant who has to co-ordinate everything.
- More housing complaints received during Covid with no apparent downturn in the services provided. What else has changed? Are people less tolerant? There can be a societal stigma about living in social housing – some residents think that this is their lot and they don't have a right to deserve anything better. So they don't complain.
- Workshop participants were not keen on labels like 'vulnerable' which can be used as professional shorthand. More useful to know specifics, such as someone struggles with literacy or has fluctuating mental health. Views on whether to use the 'complaint' word or better to adapt language to the needs and preferences of the person raising a concern. View that an appeal is an expression of dissatisfaction – one organisation logs all appeals as being a complaint – doesn't treat them as being either/or.

### **Workshop 3 Ombuds, Regulators and Inspectorates**

Organisations attending this workshop: Care Inspectorate, Housing Ombudsman Service, Local Government & Social Care Ombudsman, Northern Ireland Public Services Ombudsman, Ombudsman Association, Public Services Ombudsman for Wales and the Regulator of Social Housing. The Scottish Public Services Ombudsman was unable to attend on the day and has voiced ongoing interest future research. The Care Quality Commission was unable to attend. Contributions at this workshop are summarised as:

- Regulator experience of different patterns of complaints within regulated services with more complaints generated from premises based services (possibly because more visible) – and this may not reflect the quality of service. Complainant lack of confidence that complaining makes a difference can be hugely disempowering.
- View that people who are isolated/receive services in their own home may be more fearful about making a complaint. Fear is huge issue with vulnerable families worried about making a complaint. Deep seated cultural attitudes around fear are challenging to understand and make it hard to identify solutions. Even part way through sessions to help people complain it is clear they just won't do it. Is this a state of mind or experience from previous complaints? In encouraging people to complain need to understand people's reality and the difficulties there will be in overcoming this.
- Experience that some complainants not 'heard' by organisations unless and until an advocate is involved. Related this to complaint systems favouring the 'savvy'. Concerns about accessibility being affected by the 'patchy' distribution of advocacy

services and the impact of cuts in resourcing existing advocacy services. Moving to digital/online is not good enough as some people need direct contact/paper copies. Stressed the importance of taking oral complaints. Digital should be seen as additional and not a replacement.

- Complaint processes can reward the persistent and those whose complaints reach an ombuds may not always be those in the greatest need. So do current systems favour complainants who have more resources? Relatively few complaints are received about homelessness services. Discussion around the benefits of ombuds having own-initiative powers so they can look into issues of concern without the need for an individual complaint to have been made.
- Appreciation that professionals delivering a service may also fear being reported to a regulator. And that public bodies can see complaints as being negative, particularly if their culture is not about learning, and try to avoid complaints progressing to an ombuds. Complaints may not be valued as early warnings – the ‘canary in the coal mine’. People don’t want to be labelled as a complainer.
- Service recipients are often not aware about what they are entitled to and what poor service provision looks like in practice. Complaints functions within organisations may not be valued and resourced and there are organisational fears that better user complaints awareness could lead to more work for staff.
- Whether accessibility is restricted by the need to name and define an issue as being a complaint? Interesting to know who is being ‘filtered out’ by the premature process requirement. Do people whose complaint cannot be considered by an ombuds as they have not first complained to the organisation concerned go on to make a complaint? And if so, is the complaint then resolved to their satisfaction?
- Awareness of confusion between roles of ombuds and regulators and more work need to ensure they fit together. Complaint systems are challenging to navigate and complaints can involve different organisations. Complaint labour for complainants. The visibility of an ombuds, such as coverage in the media, can raise awareness and lead to more complaints being made as people often don’t know ombuds are there.

## **Annex C – workshop participants**

We are grateful to the following organisations for participating in the workshops and supporting this research:

- Access Social Care
- Advonet
- Equality and Human Rights Commission
- Healthwatch England
- Independent Age
- National Citizens Advice
- PoHWeR Advocacy and Voiceability
- Accent Group
- Anchor Housing
- Devon County Council
- Glasgow and West of Scotland Forum of Housing Associations
- In Care Survivors Alliance
- Leeds City Council
- London Borough of Bromley
- Rotherham Metropolitan Borough Council
- Tenant Participation Advisory Service
- Care Inspectorate
- Housing Ombudsman Service
- Local Government & Social Care Ombudsman
- Northern Ireland Public Services Ombudsman
- Ombudsman Association
- Public Services Ombudsman for Wales
- Regulator of Social Housing

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