# FEEDBACK
# POLICY

## Contents

Wintringham

## Purpose

The purpose of this policy is to outline feedback mechanisms so that they are consistently managed, properly documented, and opportunities for continuous improvement activities are identified, followed up and actioned. This contributes to stronger service and program delivery outcomes.

## Policy Statement

Wintringham values feedback as essential to improving service quality, upholding individual rights, and fostering inclusive, person-centred services. Feedback is welcomed from all individuals and groups connected to our services and is managed in a timely, respectful, and transparent manner.

We provide accessible ways for everyone to share their experiences, recognising and respecting the diverse backgrounds, identities, and communication needs of our community.

Feedback is regularly reviewed to inform planning, support continuous improvement, and encourage meaningful participation in the development and evaluation of our services.

## Commitment

Wintringham is committed to:

- offering feedback opportunities in accessible formats and settings
- embedding the client voice through feedback, advisory roles, and co-design that influence service delivery and planning
- responding to feedback promptly, respectfully and transparently
- maintaining feedback processes that are inclusive, culturally safe, and uphold the rights and preferences of all individuals, including those with diverse communication needs
- respecting the privacy and confidentiality of those providing feedback
- using feedback to inform service planning, risk management and continuous improvement at all levels of the organisation.

## Scope

This policy applies to all Wintringham staff, service users, their representatives, advocates, contractors, agencies, and other stakeholders.

## Responsibilities

| | |
|---|---|
| Wintringham Staff | Responsible for supporting and documenting feedback and supporting service users to engage in feedback mechanisms. |
| Service Users and/or their Representatives / External Providers | Responsible for providing constructive feedback that contributes to service quality and continuous improvement. They may also participate in feedback processes through advisory roles, co-design opportunities, or supported communication channels. |

| | |
|---|---|
| Authorised Person | Responsible for addressing feedback provided, and consulting or escalating to their line manager as needed. |
| Executive Management Team (EMT) | Responsible for providing guidance and support to staff, maintaining operational oversight to ensure compliance with funding agreements, quality standards, and legislative requirements, and reviewing feedback trends and outcomes to support governance, strategic planning, and continuous improvement.<br><br>The EMT is also responsible for regularly reporting feedback trends and outcomes to governance bodies, including the Board. |

## Definitions

| | |
|---|---|
| **Advocate / Advocacy Support** | A person or service that assists someone to express their views or concerns and take part in feedback or complaints processes. Advocacy may be informal (family, friend) or formal (external agency). |
| **Authorised Person** | A person with direct daily managerial responsibilities, such as a Supervisor, Practice Lead, Team Leader, Manager or a member of the Executive Management Team (EMT) who is responsible for addressing feedback and related matters. |
| **Continuous Improvement** | An ongoing process of identifying, implementing, and reviewing changes that enhance service quality, safety, and outcomes for service users. This includes feedback-driven adjustments to policies, procedures, and practices. |
| **Feedback** | Any comment, suggested improvement, compliment or complaint about services or experiences. |
| **Feedback Mechanism** | Any formal or informal process through which feedback is collected, documented, and responded to. This includes feedback forms, surveys, meetings, verbal input, and digital submissions. |
| **Opportunity for Improvement (OFI)** | Any observation, suggestion, or incident that highlights a potential enhancement to service delivery, safety, or operational effectiveness. OFIs may arise from feedback, audits, reviews, or staff input. |
| **Service User** | Any person receiving support or services through Wintringham. Includes clients, residents, participants, consumers, care recipients, individuals or renters. |
| **Suggested Improvements** | An idea or recommendation to improve services, processes or ways of working. |

## Procedure

### 1. Identifying Opportunities for Improvement (OFI)

1.1 Opportunities for Improvement are identified through multiple mechanisms and functions across all Wintringham programs. They include:

1.1.1 Feedback forms (paper, digital and online) submitted by service users, representatives, or staff including those placed in secure feedback boxes at residential homes.

1.1.2 Entries in the Riskware system (including incidents, hazards, and suggestions).

1.1.3 Observations made by staff or others.

1.1.4 Internal and external audit findings.

1.1.5 Program satisfaction surveys and targeted feedback surveys.

1.1.6 Resident meetings, client advisory bodies, and focus groups, which provide structured opportunities for service users to contribute to service design, planning, and evaluation.

1.1.7 Staff meetings, forums, and direct staff input.

1.1.8 Incident reports and trend analysis.

1.1.9 Performance reviews and service evaluations.

1.1.10 Feedback received with the support of advocacy or communication assistance.

### 2. Submitting Feedback

#### 2.1 Service Users

2.1.1 Feedback Forms (L_M Fm 2.16a) are printed on green paper and provided to all service users at their induction into a Wintringham program.

2.1.2 Feedback Forms are available at every Wintringham service location and office.

Program Managers (or their delegates) are responsible for ensuring copies of Feedback Forms are current and replenished as needed.

2.1.3 Feedback can be made by completing a Feedback Form and submitting it via:

- **Email**: feedback@wintringham.org.au
- **Post or in Person:** c/o – Feedback Officer, 287-313 Macaulay Rd, North Melbourne 3051
- **Online:** Feedback Forms can also be found on Wintringham's website: www.wintringham.org.au

- **Secure Feedback Boxes:** Located at all Residential Aged Care (RAC) homes and selected housing sites for confidential submission by service users and their representatives. These boxes are checked regularly by designated staff to ensure timely and appropriate responses.
- **Directly to Staff:** Service users or their chosen representative may also provide feedback verbally or request assistance from staff to complete and submit a Feedback Form.

2.1.4 Service users may wish to provide feedback independent of their site / program. They can contact Head Office on 03 9367 1122 and request to speak to the Feedback Officer.

2.1.5 Where a service user requests support to document feedback, staff may complete the Feedback Form on their behalf. All feedback will be documented in Riskware by the staff member who receives it.

2.1.7 Where a service user has specific communication needs or experiences barriers to providing feedback, they are encouraged to inform Wintringham. Staff can assist by:

- facilitating access to assistance services, such an interpreter or TTY
- providing help with reading or writing
- communicating with another person acting on the service user's behalf.

Refer to Interpreters and Translators Reference List (L_M Fm 3.2b)

2.2 **Staff**

2.2.1 Staff are required to submit all feedback electronically on Riskware. Refer to Riskware - General User Process Manual (ICT Mn 8g).

2.2.2 Staff are expected to support service users to access feedback mechanisms that are inclusive, accessible, and culturally safe. This may include providing a Feedback Form, explaining the different ways feedback can be given, or referring the service user to appropriate communication or advocacy supports.

2.2.3 Where feedback is received verbally or through a nominated representative, staff must record the feedback accurately and respectfully, reflecting the service user's views.

## 3. Managing Feedback

3.1 All staff are responsible for entering feedback directly into Riskware upon receipt, or when they wish to provide feedback themselves. Feedback may be received through various channels, including but not limited to verbal communication, written forms, audits, or observations. Where a Feedback Form is used, it must be attached the Riskware entry.

3.2 Staff will select the appropriate Authorised Person to submit the feedback to in Riskware so that feedback is directed to the relevant service or individual for a timely response and resolution.

3.3 The Authorised Person will acknowledge receipt of the Feedback Form by responding to the person submitting the feedback within 7 days.

3.4 Should the OFI require longer than 7 days to address or investigate, the Authorised Person will communicate the expected timeframe with the person submitting the feedback.

The timeframe to address feedback with a level of complexity may be reassessed. The Authorised Person should make every effort to communicate changes or delays with the person submitting the feedback.

3.5 When an OFI has been actioned, the outcomes will be documented in Riskware. The issue will then be closed. The outcome will be communicated to:

3.5.1 The person who submitted the feedback.

3.5.2 Relevant individuals, groups or forums, as appropriate, ensuring confidentiality is maintained.

3.6 Feedback that relates to serious misconduct, unlawful behaviour, or breaches of organisational policy may be considered a whistleblower disclosure. In such cases, individuals are encouraged to refer to the Whistleblower Policy (PAC 5.18) for guidance on protected reporting channels and confidentiality provisions.

## 4. Evaluation and Continuous Improvement

4.1 The Quality team will review the Feedback register on Riskware quarterly to ensure all OFIs are either current, progressing or closed. Feedback trends will be analysed to identify systemic issues, service gaps, and improvement opportunities.

Reports generated from these reviews will support strategic planning, compliance, and continuous improvement across the organisation.

4.2 Program Managers will incorporate relevant feedback into their Quality Plans and implement changes at the service level.

## 5. Documentation

5.1 All feedback will be entered directly into Riskware and managed electronically. Refer to Riskware - Managers Process Manual (ICT Mn 8h).

5.2 Paper Feedback Forms completed by service users will be scanned and uploaded onto Riskware. Archiving of paper forms is not required.

5.3 Where feedback information is provided directly by a service user, such as during meetings, assessments, or correspondence, it will also be documented in case notes.

Refer to Documentation and Accountability (L_M 5.3)

## 6. Communication Materials

6.1 Service users will be provided with information on how to give feedback upon program commencement or residential admission. This information is included in welcome packs, handbooks and information booklets.

6.2 Information on how to provide feedback will be communicated at regular intervals thereafter. This may be completed via:

- Newsletters
- Client or participant statements
- Letters or emails (e.g. A Home Until Stumps)
- Resident / client meetings and forums
- During assessments, tenancy reviews, or support planning visits
- Digital platforms, service portals, and the organisation's website
- Posters or displays at service locations, where available

6.3 Feedback systems will be actively promoted to service users and staff to ensure ongoing awareness and accessibility. Staff will be supported through training to identify and respond to feedback appropriately, and service users will be encouraged to raise concerns safely and confidently.

6.4 Advocacy service information will be available to Wintringham service users and/or their representatives and will be displayed in a prominent position in all Wintringham service locations and offices, and on Wintringham's website.

## Legislation

Aged Care Act 2024
Aged Care Quality Standards 2025
NDIA Act 2013
NDIS Practice Standards 2021
Privacy Act 1988 (Cth)
Equal Opportunity Act 2010 (Vic)
Australian Human Rights Commission Act 1986
Social Services Regulations Act 2021
Social Services Regulations 2023
Social Services (SRS) Regulations 2024
Social Services Standards 2024
Housing Act 1983 (Vic)
Residential Tenancies Act 1997 (Vic)
Residential Tenancy Act 1997 (Tas)
Homes Act 1935 (Tas)
Personal Information Protection Act 2004 (Tas)
Tasmanian Homelessness Charter 2012

## Related Documents

| | |
|---|---|
| L_M 20 | Conflict and Complaint Management System |
| L_M 23 | Open Communication |
| L_M 3.15 | Privacy Policy |
| L_M 3.15A | Privacy Procedure |
| L_M 3.20 | Complaints Policy |
| L_M 3.21 | Advocacy Guidelines |
| L_M 30 | Inclusive Practice Policy |
| L_M 5.3 | Documentation and Accountability |
| L_M 5.3 | Documentation and Accountability |
| L_M Fl 2.16a | Feedback Flowchart |
| L_M Fm 3.2b | Interpreters and Translators Reference List |
| L_M Fr 9a | Quality and Safety Governance Framework |
| L_M Mn 10a | Quality Manual |
| PAC 5.18 | Whistleblower Policy |

| | | |
|---|---|---|
| | ICT Mn 8g | Riskware - General User Process Manual |
| | ICT Mn 8h | Riskware - Managers Process Manual |
| | ICT Wi 8ca | Riskware – App User Guide |
| | ICT Wi 8cb | Riskware - All Staff Quick User Guide |
| | ICT Wi 8cc | Riskware - Managers Quick User Guide |
| | ICT Wi 8cd | Riskware - FAQs |
| Authorisation | This policy has been authorised by General Manager Quality, Innovation and Communications – October 2025. | |
| Review Date | October / 2028 | |