
Managing Customer Contact Policy

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1 Introduction and definitions

- 1.1 The Public Services Ombudsman for Wales ("PSOW") offers a service where excellent customer care is at the forefront of all we do; where we work to raise awareness of our service and do our best to make it accessible to all and easy to use, making Reasonable Adjustments if necessary. We aim to deliver a high quality complaints handling service, which considers and determines complaints thoroughly, but proportionately and conveys decisions clearly.
- 1.2 This policy sets out how contact with complainants may be managed in the very small number of cases where the actions or behaviour of a complainant challenges our ability to deliver an effective service to all.
- 1.3 The core aims of the policy are to ensure equity and fairness, improve efficiency and manage risks to the health and safety of staff. It applies to all areas of work undertaken by this office where members of staff have contact with any complainant by phone or in writing (including electronic communication). The term complainant means anyone who has made a complaint to this office or any other person acting on their behalf.
- 1.4 All complainants will be treated with fairness and respect even if we perceive actions or behaviour to be challenging. The Ombudsman will always separate the way we may need to manage contact with a complainant from the way we deal with their complaint.
- 1.5 More complex challenging behavior can be referred to the Equality & Human Rights Advice Group (EHRAG) by an Investigation Manager (IM) / Assistant Investigation Manager (AIM). One of the intentions of the involvement of EHRAG is that challenging behaviour is identified early, and informed decisions made. EHRAG will also be consulted where a complainant who has challenging behaviour may need Reasonable Adjustments. Guidance on Reasonable Adjustments is available on the Hub.
- 1.6 This document refers generally to the IM, as this is the role that would most often be involved in managing customer contact. However, IM is to be interpreted as IM or any other member of Management Team.

2 Aggressive, abusive or offensive behaviour

- 2.1 Our staff have the right to work in an environment free from aggressive, abusive or offensive language or behaviour at all times.
- 2.2 The Ombudsman considers such behaviour to include:
- swearing or abusive language
 - over-bearing behaviour; refusing to give staff an opportunity to speak or repeated derogatory comments
 - inappropriate sexual or gender-based remarks
 - inappropriate cultural, racial, political or religious references
 - rudeness or shouting
 - threatening behaviour
 - emotional abuse or manipulative behaviour
- 2.3 Threats of physical violence or harassment to any person are unacceptable and will be reported to the police.

3 Unreasonable demands and persistence

- 3.1 PSOW is committed to providing a proportionate amount of time and resources to each complaint. Unreasonable demands and persistence may prevent staff from fulfilling this commitment.
- 3.2 The Ombudsman considers such behaviour to include:
- excessive telephone calls, emails or letters
 - sending duplicate correspondence
 - persistent refusal to accept a decision or explanation
 - continuing to contact PSOW after a decision, about the same or similar matters, without presenting new or relevant information
 - demanding responses within an unreasonable time scale or information not relevant to your complaint
 - refusing to cooperate with PSOW complaint handling procedures

- raising matters that are immaterial to the complaint or repeatedly changing the substance of the complaint
- repeatedly contacting or insisting to speak to a member of staff who is not directly dealing with the complaint

4 Terminating a telephone call

- 4.1 PSOW staff may terminate a call if subjected to the behaviours outlined in sections 2 and 3. Before taking this action, the caller will be warned once that their conduct is of concern, to allow them the opportunity to moderate their behaviour. If the behaviour persists, no further warnings will be given and the call will be terminated.
- 4.2 The member of staff who terminates a call will report it to their IM/AIM and will make a note on the case record. Following a terminated call if the complainant makes further contact and the behaviour has not changed, the IM (or AIM) may restrict telephone contact for one day. This decision will be recorded and communicated at the earliest opportunity to all staff taking frontline calls.
- 4.3 In the event that the complainant does not modify their behaviour, further consideration will be given to formally managing contact between the complainant and PSOW.

5 Considering when to manage contact

- 5.1 In the very small number of cases where the actions or behaviour of a complainant challenges our ability to deliver an effective service to all, as set out above, the Casework or Investigation Officer should report it to their IM and make a note on the case record. The IM will consider whether a warning should be given and if it is necessary to provide a copy of this policy. If the behaviour is sufficiently serious, or a warning has already been given, a decision will be taken to either manage contact, or to refer the matter to EHRAG, or both.
- 5.2 During the process of considering implementation of a restriction the IM – or EHRAG if applicable - should be mindful that independent advocacy could be helpful for the complainant in terms of avoiding implementation of this policy.

If that appears to be the case, it would be prudent to advise the complainant of this and provide appropriate help and advice to that end.

6 Formal decision to manage contact

6.1 PSOW may (amongst other considerations) manage the contact by:

- limiting contact to a particular form for example, the complainant may be limited to contacting PSOW by email or letter only
- limiting telephone calls to specific days and/or times
- arranging for a single point of contact for all future correspondence
- an agreed behaviour contract, setting out what is expected of the complainant, to be signed by the complainant
- blocking telephone calls and/or emails being received
- advising the complainant that their correspondence will be read to ensure no new issues are raised, but will then be filed or destroyed without acknowledgement

6.2 Wherever possible, PSOW will endeavour to ensure that at least one line of contact will remain available.

6.3 Decisions on how to formally manage contact are made by an IM, on a case by case basis. The IM/AIM may decide to first consult EHRAG. This may be where staff are finding behaviour unusually challenging or difficult to manage, and generally where this is exhibited on **more than one** occasion. For example, where:

- staff are struggling to be heard, or feel upset, threatened, bullied or belittled by the contacts
- the contact is sexist, racist, culturally inappropriate etc
- a caller demands disproportionate time is spent relative to the circumstances of the complaint or issue, or makes unreasonable demands for action by PSOW
- there is repetitive contact that is not merited in the circumstances of the case
- there are disproportionate threats of CAUs, legal action etc

- the complainant is highly needy, emotionally demanding, or appears to be becoming dependent on certain members of staff
- there are repeated challenges to decisions

- 6.4 Referrals to EHRAG should be made by an AIM/IM on the appended form. EHRAG will consider the matter at its next meeting, or the Chair of EHRAG can be consulted separately if there is urgency.
- 6.5 Wherever possible, the case officer, AIM or IM should attend the EHRAG meeting to explain the situation.
- 6.6 EHRAG will discuss and consider the matter. EHRAG will complete the form with its advice and recommendation(s) and return the matter to the referring IM/AIM for a formal decision.
- 6.7 The IM will record the decision on the individual database and on the list on the EHRAG area of the Hub. If EHRAG has not been involved, the IM will alert the Group to the decision.
- 6.8 The IM will notify the complainant of a decision to manage their contact, the reasons why this decision has been taken, how long any restriction will be in place, when it will be reviewed and the right to appeal the decision. A copy of this policy will be enclosed with the decision.

7 Appealing a decision

- 7.1 The complainant can appeal a decision to manage contact within 20 working days of receiving it by writing to the Chief Legal Adviser and Director of Investigations ("CLADOI"). The CLADOI will consider the appeal and advise the complainant in writing of the outcome.

8 Reviewing decisions

- 8.1 The decision to manage contact with the complainant will be reviewed by the decision maker at the time specified in the decision letter, which will be no more than six months after the date the decision was taken and any alterations to the restriction will be noted on the case record. We will only

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contact a complainant to advise them of any change to the restriction if they remain in active contact with this office at the time of the review.

9 Decision matrix

Decision Type	Grade
Terminate call	All staff (must be reported to AIM or above)
Restrict contact for one day	AIM or above
Refer to EHRAG for guidance	AIM or above
Formally manage contact	IM or above
Review decision	IM or above (usually the decision maker)
Appeal	CLADOI or above

10 Annual review

10.1 The CLADOI will arrange for a review of restrictions imposed under this policy at the end of each financial year to ensure a consistent approach. This will be reported to Management Team for discussion.

11 Policy control

Policy Approver Group	Management Team
Date of Policy / Policy Review (& EIA if applicable) approval by Approver Group	September 2019
Due date of next Review (two years after previous unless otherwise stated in policy)	September 2021
For publication to: (If a summary version is to be published, then state NO for full version, and YES for the separate Summary version)	Intranet (Yes/No) PSOW website (Yes/No) (if yes to website – please arrange translation)

Request to EHRAG to consider management of challenging behaviour or Reasonable Adjustments

Case Ref:

Name of complainant:

Case owner:

Referred by (AIM/IM):

Date to EHRAG:

Reason for referral (e.g. type of behaviour and impact on office/staff, complex etc RA requested)

Has any related action been taken to date or previously (e.g. warnings given, previous restriction)

Do we know or believe the complainant has any particular needs? If this relates to Reasonable Adjustments, has the complainant told us what RAs they seek?

EHRAG analysis/comments/recommendation

Manager's decision

Manager's signature:

Date: