Parliamentary and Health Service Ombudsman (PHSO): Complaints Research

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1 Foreword from the Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman (PHSO) is committed to ensuring that people who use public services have a better understanding of the role of the Ombudsman and can easily access our service.

This commitment is aligned with a growing number of similar initiatives taking place across the international Ombudsman community.

In the Netherlands, for example, research helped to identify a number of vulnerable groups which the Ombudsman should focus on engaging with more effectively (i.e. young adults, migrants and refugees, the self-employed, single/young parents, and older carers/single elderly people).

In New Zealand, the Ombudsman has established a panel of Māori advisers to help ensure that the Ombudsman's engagement and communications focus on matters that have the most positive and enduring impact on Māori communities.

Similarly, in Israel, the Ombudsman has opened a number of regional offices staffed by speakers of several languages common to immigrants and minority groups. Coupled with an increased engagement with social rights organisations, such initiatives help the Ombudsman to work more effectively with a variety of different groups.

The research outlined in this report will help PHSO identify the groups and communities which we should focus on engaging with more effectively and will facilitate the development of strategies for forthcoming engagement programmes.

2 Executive summary

Introduction

As part of their [Corporate Strategy](#) for 2022-25, PHSO intend to "carry out research to understand what prevents people from bringing their complaint to them, which groups of people are less likely to do so and why".

This forms the basis of the current research. The findings will then be used to feed into a related but separate element of PHSO's strategy (i.e. "develop and implement a programme of engagement in response to findings").

Research scope

A series of research questions were developed to underpin and steer the current project.

The overarching question which this research addresses is, "Who doesn't complain and why?"; at both the local level (e.g. to the hospital or government department where poor service was experienced) and to PHSO.

Underlying this are a number of sub questions. These are addressed throughout the current report and provide a more granular understanding of "who doesn't complain and why?".:

1. Which groups/communities could potentially be at greater need of requiring PHSO's services?
2. Which groups of individuals (or communities) are least likely to make a complaint?
3. Which groups/communities are least likely to know about PHSO?
4. What are the barriers to making a complaint for these groups?
5. What would be the most effective methods of minimising external barriers to making a complaint for these groups/communities (i.e. barriers which are specific to the group/community)?
6. What would be the most effective methods of minimising internal barriers to making a complaint for these groups/communities (i.e. barriers which are specific to the complaints process and relate to both the organisation complained about and PHSO)?
7. What would be the most effective methods of raising awareness of PHSO amongst these groups/communities?

Research methodology

To address these questions, a mixed-methods research methodology with multiple stages was adopted. The stages were undertaken in sequence with the findings from each building into and informing subsequent stages. Below is a brief summary of these.

Desk research to uncover any existing data which indicates which groups/communities are potentially at greater need of requiring PHSO's services.

Interviews with key stakeholders to further our knowledge of the groups/communities identified in the desk research.

Large scale **online survey** to secure quantitative confirmation of which groups/communities are potentially at greater risk of requiring PHSO's services, which are least likely to complain, and which are least likely to know about PHSO.

Focus groups with 'at risk' groups/communities to understand more about the barriers to making a complaint, the most effective means of minimising these barriers, and the most effective methods of raising awareness of PHSO amongst these groups/communities

Summary of findings

Which groups/communities could potentially be at greater need of requiring PHSO's services?

We conducted desk research to explore existing public data on UK Central Government Departments and NHS services in England, focusing on the number of complaints made, who these are made by, and the demographic composition of PHSO's service users.

This suggested there is a lack of understanding about why people don't complain but there are broad demographic groupings more likely to use the services provided by organisations under PHSO's jurisdiction. For example, **health services** are more commonly used by older people, women and people with disabilities. Those in lower socio-economic groups and those with disabilities are more likely to use **employment services** (i.e. the services of the Department for Work and Pensions or Jobcentre Plus). In addition,

ethnic minorities tend to have a higher likelihood of involvement with **legal justice** (i.e. via prison services or the Ministry of Justice).

Which groups/communities are least likely to make a complaint?

Among those unhappy with a service, certain groups stand out as less likely to complain:

- Young people (aged 18-29), compared to older people (aged 60-69 and 70+)
  - 73% say they didn't complain, compared to 56% and 64% respectively
- Those living **without** a disability or long-term health condition, compared to those living with one
  - 71% say they didn't complain, compared to 58%
- Those **without** children in the household, compared to those with 3 or more children in the household
  - 67% say they didn't complain, compared to 49%

However, there are some nuances in perceptions of complaining. For some demographic groupings, this makes it more difficult to be clear about which are less likely to make a complaint. For example, White people are slightly less likely to have made a complaint when unhappy with a service than those from ethnic minority backgrounds (34% vs. 40%). Yet White people are more likely than those from ethnic minority backgrounds to say they would complain about a public service if they were unhappy with it (65% vs. 61%) and are more likely to feel they have a right to complain about a public service if they were unhappy with it (94% vs. 84%).

The difference in perceptions is partly driven by young people (18-29) from ethnic minority backgrounds who are less likely than their older counterparts to feel they have a right to complain (75% vs. 96% of those aged 60+). There are also differences by household income: ethnic minorities in lower income households are also less likely to feel they have a right to complain (78% of those with household incomes of <£20,000 per year vs. 94% of £60,000+ income households).

Which groups/communities are least likely to know about PHSO?

Among the general public, there is low awareness of the PHSO when compared to other comparable regulatory bodies and organisations. While three quarters (74%) of people have heard of at least one type of Ombudsman, only 15% are aware of the PHSO.

Groups less likely to have heard of the PHSO include:

- Young people (aged 18-29) (9%) compared to those aged 60-69 (24%) and 70+ (23%)
- Those from Chinese (7%) or other Asian ethnic backgrounds (5%) compared to those from White (15%) or Black (17%) ethnic backgrounds

Whilst those in lower income households (with an income of <£20,000) are less likely to have heard of an Ombudsman than higher income households (with an income of £60,000+) (68% vs. 81%), this difference is not seen for PHSO's awareness which remains consistently at 15% by these different income groups.

Among young people (18-29), there are not notable differences in awareness of the PHSO by income (7% of those with an income of <£20,0000 vs. 8% with an income of £60,000+), gender (9% of men vs. 8% of women) or ethnicity (9% white vs. 7% of ethnic minorities.

What are the barriers to making a complaint for these groups?

Amongst those who were unhappy with a service but did not complain, the most commonly cited reason is a perception that nothing changes as a result (45%). This is followed by people either being worried that making a complaint would have a negative impact on the services they receive in the future or not thinking it would be taken seriously (both 28%). Around a quarter felt that the problem wasn't serious enough to complain, or that it would be too emotionally draining (both 24%).

Younger people (aged 18-29) are more likely to report a lack of knowledge e.g. not knowing how (27%) or where (26%) to complain further. They are also much more likely than their older counterparts to say they think it would be too time consuming or that they don't have the time (32% vs. 13% of those aged 70+). Young people (18-29) who are living with a disability or long-term health condition are more likely than those who are not to say they didn't think they would be taken seriously (42% vs.

26%), worry about the impact on future services (30% vs. 16%) or think it would be too emotionally draining (38% vs. 23%). They are also more likely to cite mental health difficulties as a barrier (29% vs. 8%).

For those in lower household incomes (<£20,000 a year), there are also concerns about the impact on future services – rising to 38% vs. 19% of those earning £60,000 or more. Among those in low income households, this is higher among those living with a disability or long-term health condition than those without (43% vs. 30%).

They are also more likely than those with a higher household income to cite mental health difficulties as a barrier (20% vs. 4%) or say they cannot get the support or advice needed to complain (17% vs. 9%).

The qualitative focus groups found that those with 3 or more children had limited time and energy to make a complaint. Alongside this, many had low digital confidence.

What would be the most effective methods of minimising external and internal barriers to making a complaint for these groups/communities?

There are several methods which could be implemented to minimise both external and internal barriers simultaneously, these centre around communication, alongside addressing the 'time' and 'energy' needed for undergoing the complaints process.

At the start of the complaints process clients must be reassured, informed of how long the process could take along with potential outcomes, so that expectations can be managed. Sharing case studies of previous clients' journeys, as well as guides and templates with relevant language could also be an effective way to reassure those considering lodging a complaint and give those with limited time and energy more confidence. Different channels for communication about their complaint must be offered, both online and offline, for those with low digital confidence.

What groups/communities should PHSO be prioritising in their Outreach work?

Using the research, we have combined several factors relating to priority groups that enables PHSO to focus on geographically based outreach activities. These are:

- **Those aged 18–29 from ethnic minority backgrounds**
- **Those aged 18-29 living with disabilities or long-term health conditions.**
- **Chinese and other Asian ethnic communities**
- **Low-income households with 3 or more children**

Using these intersectional factors, PHSO can use additional data to identify populations within England, so to enable them to take a place-based approach to priority Outreach engagement.

Alongside this, the research identified more broader areas where PHSO may wish to carry out targeted awareness raising:

- **Those aged 18-29 and those aged 60-69**
- **Low-income households**
- **Those living with 3 or more children**

What would be the most effective methods of raising awareness of PHSO amongst these groups/communities?

Stakeholders comment that limited awareness of PHSO must be counteracted through spreading visibility of PHSO through a range of channels including offline ones, for those who have low digital confidence, as well as 'on the ground,' in schools for example. Information should also be translated and be presented in different formats e.g., audio and visual.

PHSO's jurisdiction and complaints process must be communicated clearly and transparently to reassure those who are lacking in time and energy. If possible, PHSO must also reassure at-risk audiences that the complaints process is confidential and will not have a negative impact on their treatment.

3 Introduction

This report presents the findings of a study conducted from September-December 2022 commissioned by the Parliamentary and Health Service Ombudsman (PHSO) to understand who does not complain after being dissatisfied with public sector services, who might need PHSO's services, and what their barriers are to complaining.

The research was conducted by YouGov on behalf of PHSO.

3.1 Background

In 2022, the PHSO commissioned YouGov to undertake a study that builds on the findings of a previous awareness study which was conducted by YouGov in 2021. In this pre-existing study, 4,017 adults (aged 18+) were surveyed online using the YouGov panel.

The primary purpose of the 2022 study was to build on this knowledge with a larger sample size and qualitative research, and to establish whether there are key groups who might need more information and support regarding the complaints process.

The overarching question which this research answers is:

- Who doesn't complain and why?
  - Which is explored at both the local level (e.g. to the hospital or government department where poor service was experienced) and to PHSO

Underlying this are a number of additional questions:

- Which groups/communities could potentially be at greater need of requiring PHSO's services?
- Which groups/communities are least likely to make a complaint?
- Which groups/communities are least likely to know about PHSO?
- What are the barriers to making a complaint for these groups?
- What would be the most effective methods of minimising external barriers to making a complaint for these groups/communities?
- What would be the most effective methods of minimising internal barriers to making a complaint for these groups/communities?

- What would be the most effective methods of raising awareness of PHSO amongst these groups/communities?

3.2 Method

The main study consisted of a quantitative survey of 7,540 adults living in the United Kingdom, conducted online. It also included a qualitative element, comprising of 11 interviews with stakeholders from key organisations such as advocacy groups followed by 6 online text-based focus groups with groups identified as being at risk of either facing an issue or those more likely to make a complaint.

Desk research

Ahead of the survey and qualitative phases, YouGov conducted desk research on existing public data on parliamentary and health services, focusing on the number of complaints made, who these are made by, and the demographic composition of PHSO's service users.

Qualitative interviews

11 interviews with stakeholders from a range of organisations were used to complement the desk research in exploring which groups may be in greater need of PHSO's services, and to assist with shaping the design of the quantitative survey and subsequent focus groups. The interviews helped gain informed opinions on which groups or communities are less likely to make a complaint or be aware of the PHSO, alongside understanding the barriers to making a complaint. Interviews took place in September 2022 over phone or zoom, lasting around 1 hour.

Quantitative survey

Fieldwork was carried out between the 25th of October and 3rd November 2022. In total, 7,540 adults living in the UK were surveyed. Data were then weighted by age, gender, region, NRS social grade and ethnic group, to make the sample representative of the overall UK adult population.

This included a boost of people from ethnic minority backgrounds, reaching a total of n=1,155 within the overall sample. This gave the opportunity to delve more deeply into any differences between sub-groups within the broad 'ethnic minority' grouping e.g. looking at perceptions of Black people specifically.

Focus groups

6 online text-based focus groups were then conducted with groups of people which the previous research stages had identified as being at risk of either facing an issue or those more likely to make a complaint around their health or towards a public organisation.

Each group lasted 90 minutes on a text-based platform and took place in December 2022. The list below outlines the makeup of each group:

- Group 1: 18-29 years old
- Group 2: 60-69 years old
- Group 3: those on a low income
- Group 4: those living with a disability or long-term health condition
- Group 5: those from an ethnic minority background
- Group 6: those with 3 or more children in their household

3.3 Notes for interpretation

The findings throughout the report are presented in the form of percentages, and all differences highlighted between subgroups are statistically significant at an alpha level of 0.05 unless otherwise indicated.

4 Trust and confidence with public services

This section is based on the qualitative research, exploring who at-risk groups reach out to when facing an issue and how these groups interact with the 'state', in particular examining trust and confidence with public services.

4.1 Trust and support networks

Across the groups, the majority are most likely to reach out to friends and family for support if they are facing an issue with a public service. This is partly due to 'access' and 'availability' and the high likelihood of having regular interactions with them. This proximity leads to familiarity and trust based on direct experience.

Other important factors which impact on trust include recommendations from friends and family, alongside availability, speed of response, and consistency.

"Accessibility is a big one - some people here mentioning GPs as a trusted person, but to get an appointment with ours you need to ring at 8am precisely, sit in a hold queue for 40 minutes and then battle the receptionist" (Male, 18-29 years old)

However, this preference can differ depending on the type of issue they are experiencing. For example, many would reach out to the Citizens Advice Bureau for support with an issue related to the law. Alternatively, some would look to organisations with experience in the area where they were facing a problem e.g., their GP if they had a health issue.

Some participants would reach out to those in their communities, however most of the younger group did not feel that they were part of a close-knit community.

"It depends on the situation, but I tend to reach out to my friends when it's a personal problem, I feel that I can trust them a lot and know it won't go further" (Female, 18-29 years old)

"It would depend on the problem, but first of all it would be family, then friends for their opinions. Depending on what the problem was either the GP or local Citizens Advice Bureau too." (Male, living with a disability)

"It depends on the issue, and how personal, I don't always tell my friends and family everything that's going on, but I also don't like speaking to strangers about anything personal..." (Male, living on a low income)

Those living on a lower income are more likely to mention that they would usually handle an issue by themselves or deal with an organisation directly. They would turn to the internet as a support tool to locate contact details or to research information on how to make a complaint. Those living in rural areas suggest this is their go-to method to resolve issues because it is difficult, if not impossible, to deal with organisations directly as support is not available in their local area.

"If facing any issues, I usually process it myself, and then if needed I work it through with my partner." (Female, living on a low income)

"It's easier to contact people online as I live far away from the nearest town." (Male, living on a low income)

Those living with disabilities or long-term health conditions similarly reach out to family and friends for support but some also mentioned a sense of isolation linked to their health condition, though many were part of online groups/communities of those with similar health conditions for support. Those in the older group also seek help from charities like StepChange (regarding financial debt), SSAFA (the Armed Forces charity), or the Citizens Advice Bureau.

"Unfortunately, I am quite isolated so it would probably be my GP or local community centre." (Female, living with a disability)

"It would depend on the problem. If it was financial, I'd go to a Charity, Step Change. Or Citizens Advice. They have already helped me in the past so personal experience there" (Male, 60-69 years old)

Those from ethnic minority backgrounds are more likely to be members of, and were more inclined to reach out to, their local faith organisations for support (their local church, Oshwal community, their priest). However, this is dependent on the issue at hand. Equally, a sense of privacy is paramount, and a minority were also concerned about 'gossip' and stigma due to the close-knit nature of the communities they are a part of, which would act as a barrier for some in reaching out to those within their faith groups.

> "I know local members of the mosque but I would not share my issues with them as I would be concerned that there would be gossip about it." (Female, ethnic minority background)

Nevertheless, respondents' lives and identities are multifaceted, with trust and support opportunities embedded into their often-intersectional identity. Whilst some seek help from those with similar faiths, others value advice from those experiencing similar life events and/or circumstances to them, such as parenthood.

> "We have an Oshwal community for my Indian community. I am also member of a few groups including a local mums group and a single parents group." (Female, ethnic minority background)

> "I would seek support from some of the groups I am on, especially the Child Maintenance group." (Female, ethnic minority background)

Trust and confidence in organisations are broadly established through credibility and reputation, alongside non-judgemental support staff that espouse values of anonymity. Past experience is also important, as individuals feel that they have an idea of potential reactions as well as their likelihood to keep the conversation anonymous. Whilst a previous poor experience with an organisation would not necessarily prevent individuals from reaching out, it does affect levels of trust and confidence that their issue would be resolved. Some from ethnic minority backgrounds have historically poor experiences with the police service for example, and lack trust, although they acknowledge that it is still a service that they needed to use.

> "With an organisation, I think of word-of-mouth for trust, e.g. there is a lot of bad rep with police and social workers in my family, so I would be less likely to trust them." (Female, ethnic minority background)

> "I think sometimes the reputational damage never goes away but we have to continue to use services, such as the police." (Female, ethnic minority background)

> "People can feel disengaged and like their complaint is just never going to work, particularly the case with racialised communities. It is an experience of racism, systemic racism, and there is a lack of trust because of that." (Stakeholder interview)

Those living on a low income anchor trust in good reputation, favourable track record and professionalism. Some in this group believe that being helpful and kind also contributes to the development of trust. However, even when these conditions are met, most in the lower income group feel distrustful towards public services. This underlying distrust is pervasive and seems to be linked to negative past experiences, such as misdiagnoses and unresolved complaints.

> "Doctors are hit and miss. My dad had bone cancer and was in a lot of pain. The doctor didn't diagnose this and sent him off for physio. Ridiculous." (Male, living on a low income)

> "My mum needed two knee replacements as seen by scans but instead they sent her for physio. After many years and immense pain finally she got them done." (Male, living on a low income)

In a health context, many trust their GP for advice (however this can depend on the length and quality of the relationship). Equally, despite this vested trust, getting an appointment is viewed as highly difficult, and so acts as a significant barrier.

Other participants look to friends who work in healthcare or the internet for advice on their health issue. Some turn to online forums for potential resolution, as they expect to find others with similar experiences.

> "I would first speak to my mum, as she used to be a nurse, so she gives really good advice on what to do about medical issues. I also frequently google any issues, or seek advice on Facebook groups that are for specific conditions" (Female, 18-29 years old)

> "The good thing about online sites is you get a diversity of views, rather than just people like you. You can get a feel for if a problem is generalised or just specific to you" (Male, 18-29 years old)

> "I'd speak to my GP friend first. If it proved more serious then I'd seek what my rights are and prepare to leverage the necessary action" (Male, 60-69 years old)

For those with broken down family relationships, many are more likely to go directly to a service viewed to be impartial such as their GP, Citizens Advice, or Samaritans. Ultimately

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the severity of the issue is paramount, in whether an issue felt 'worth' the administrative toll of pursuing the resolution of an issue and/or a complaint.

"I'm very untrusting of organisations so I stick to friends. I feel to access support from an organisation is a task in itself and makes me anxious." (Female, parent of three children or more)

4.2 Confidence in public services

Confidence with civic activities (such as voting, booking a GP appointment, or claiming benefits) varies across the groups. In the younger age group, most feel confident in successfully completing an activity which they'd previously had a positive experience with, alongside knowledge of the steps in the process and support from those who have completed a similar process. Across all groups, confidence appears to correlate with the frequency in which tasks were generally completed.

Participants in the lower income group do not feel very confident in dealing with public services for a variety of reasons. For some, this is due to existing conditions such as autism, which requires them to seek assistance and support from family when dealing with public services. For most, however, the main determinant of low confidence is a sense of powerlessness. Participants feel their concerns often go unheard because they are unable to 'convince' doctors or public officials of the severity of their issue. Failing on those occasions impacts negatively on how confident these participants feel about their own abilities and the level of trust they have in public services.

"It's difficult to get an appointment and then once you do, it's a matter of convincing the doctors to believe you." (Male, living on a low income)

Moreover, some activities are felt to have more obstacles than others e.g., getting past a receptionist when trying to book a GP appointment. These activities require patience and resilience, as well as digital confidence when conducting online research, filling in forms or booking appointments.

"I have to do extra work because of the barriers in place that make it harder for me with my hidden disability. Energy related barriers. The effort that goes into explaining the support

needs I have and then that support not being put in place. Having to advocate for myself constantly." (Male, 18-29 years old)

Of those from ethnic minority backgrounds, confidence in completing civic activities is relatively high as even in instances where English was not their first language, their digital confidence was high. However, many acknowledge that for their parents or other people in their community, a lack of digital confidence alongside language barriers can be detrimental and present significant barriers in completing essential tasks or advocating for oneself, as cautioned by PHSO's stakeholders.

"I think if you can speak good English and navigate systems, you are able to do things. I have parents who don't speak English and they struggle with things like this, so much so that I have to help. It's the same for local community members, and now there is no-one for people to speak to, it's tough." (Female, ethnic minority background)

"I think language plays a massive part. My parents moved here from overseas, and they had such a tough time. It meant a lot of misunderstanding and guessing which can leave some feeling isolated." (Male, ethnic minority background)

A rise in automation has also reduced confidence in public services and faith that the support needed will be received, particularly amongst those where English is a second language, the digitally unconfident, and those with children. Frustrations with waiting on hold for long periods of time, speaking to automated systems and being confined to set hours generated apathy amidst demanding work schedules, busy lifestyles or anxiety surrounding contacting a GP, government department or other organisation.

"I think language plays a big part and I have interpreted for community members since I was about 10. It is hard and I find that as we automate more people are struggling to get the basics done." (Female, ethnic minority background)

"I think the Gov website and telephone are more trouble than they're worth at times, you cannot get hold of a human and things are not easy to resolve. There is a lot of red tape." (Male, ethnic minority background)

"I think with these automated systems, they really do need to be careful because they're just undermining trust in the whole kind of democracy of the government." (Stakeholder interview)

"For some poor individual, who's really struggling financially, that 90 minutes wait - it's just outrageous. Organisations need to somehow simplify their systems and make sure that there is a human being at the end of the line rather than an automated system, because they are very confusing." (Stakeholder interview)

Participants living with a disability highlight the physical barriers linked to receiving support from public services, such as the requirement for in-person meetings when claiming benefits. This would entail driving or taking public transport to the office location, an activity that they cannot necessarily engage in.

Lifestyle is also a significant factor in reducing confidence in communicating with and receiving support from public services. For parents of three children or more, many have faced significant career disruption, resulting in being out of the workforce and possessing lower digital confidence. Many feel less well-versed in administrative tasks such as filling in written forms and demonstrate a preference for receiving information or support face-to-face or over the telephone. Equally, some tasks – such as calling a GP to book an appointment presents logistical challenges, as often patients are required to call within a morning window which coincides with dropping their children off at school. Many cite the difficulties faced when attempting to book an appointment and perceived challenges with resourcing, and few are confident that they would receive the medical treatment needed at any given time, particularly in a prompt fashion.

"I have to plan for up to an hour to get through by telephone to be told to call back the next day as no appointments are available all while trying to get kids to school. This can continue for days/weeks, I've tried to access support from pharmacy numerous times but they have all told me to see GP. It really is a vicious circle" (Female, parent of three children or more)

Confidence can be increased if there is a higher likelihood for success or if they have an interaction where they feel listened to. However, there are concerns around successfully making a complaint, many expect a long process where they are not treated with respect and they are not guaranteed a resolution, this can create a fatalistic attitude towards taking action.


Online research is considered to be vital in building confidence, however many feel that much of the online research is unclear, and that they would benefit from a publication on the complaints procedure, complete with clear contacts for email, phone and written communications.

5 Confidence and willingness to complain

5.1 Confidence in knowing how to complain about an NHS organisation

Overall, there is a lack of confidence in how to complain about NHS organisations; the majority are not confident in their knowledge of how to complain about an ambulance service (58%), an NHS mental health trust (56%) and an NHS dentist (53%). Confidence levels are more split for an NHS hospital (48% not confident vs. 43% confident) and a GP Practice (46% not confident and 46% confident).

Figure 1. Confidence levels in knowing how to complain
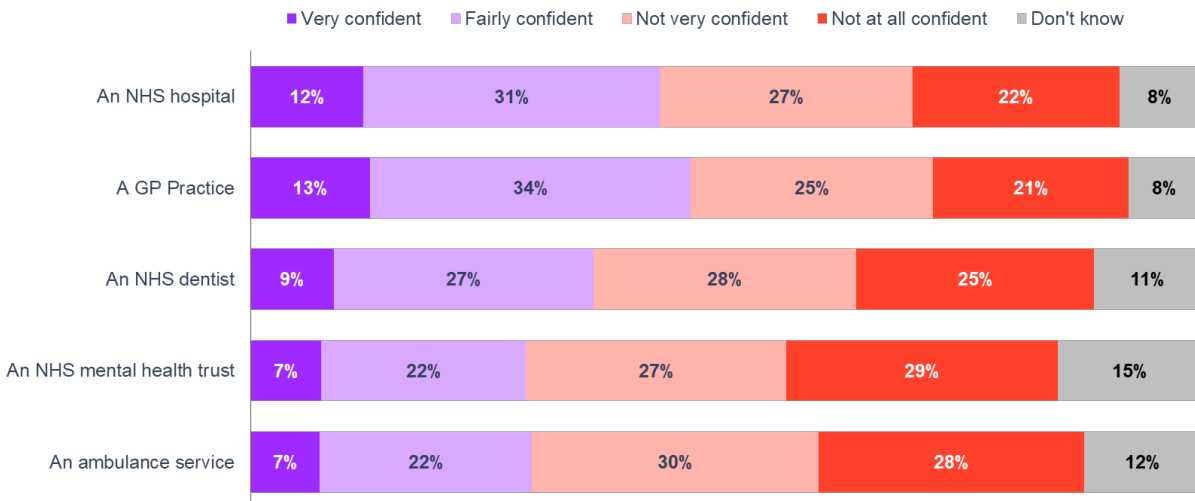
Base: All (7,540)

Those who are younger are less likely to be confident in their knowledge of how to complain about all NHS organisations, with confidence levels lowest for knowing how to complain about an ambulance service, where just 23% of 18-29 year olds are confident in their knowledge compared to 36% of 60-69 year olds.

Looking at regional differences, those in Scotland are slightly more likely than those across the UK as a whole to be confident in their knowledge of complaining to an NHS dentist (40%). Those in the East of England are less likely to be confident in their knowledge of how to complain to an ambulance service (26%), and those in the West Midlands are less

likely to be confident in their knowledge of how to complain to a GP practice (42%) and an NHS mental health trust (25%).

When looking at differences between ethnic backgrounds, Black people are most likely to feel confident in their knowledge of how to complain about all NHS services asked about except knowing how to complain about a GP Practice, where there is not a statistically significant difference between ethnic backgrounds. For example, 45% of Black people feel confident knowing how to complain about an NHS dentist, compared to 36% of White people. Similarly, 53% of Black people are confident in their knowledge of how to complain about an NHS hospital, compared to 43% of White people.

However, the qualitative research suggests that confidence in complaining about an NHS service differs more according to digital confidence, profession, and familial health, than across different ethnic backgrounds. Whilst awareness of how to complain and the complaints process is generally low, those who are younger tend to be more digitally confident, and thus felt more confident in their ability to identify how to complain than those who were older within the same ethnic background. Additionally, confidence is higher amongst those who worked in healthcare, or those who had experienced the ill-health of a family member, increasing the likelihood of exposure to or signposting towards relevant support and/or complaint services.

> [Confidence comes from] "Working in the NHS, signposting patients to the service and once in my personal life when we helped my grandfather make a complaint to PALS. There are three generations of nurses in my family - myself, my mother and my grandmother, so we all have the knowledge when it comes to issues like this." (Female, ethnic minority background)

Similarly, for parents of three children or more, confidence is generated through prior experience with health services. Only a minority have knowledge and experience of complaining e.g., via their local Patient Advice and Liaison Service (PALS), which acts as their 'starting point' for any future grievances. However, for those who lack experience of complaining, confidence in doing so is low and they speculate that any complaints would be best directed towards their GP or MP.

Most participants living on a low income, or living with a disability, have 'no idea' who to turn to in case of a negative experience with a public service and, for this reason, do not raise any complaints on the occasions they were dissatisfied with a service. However, even those who felt knowledgeable about 'where to start' (for instance, some mentioned PALS and PHE – now OHID[1]), do not feel confident overall.

In the lower income group, topical knowledge (knowing about a specific issue) is more relevant than processual knowledge (knowing about the complaint process). This type of knowledge is a key driver of confidence in the group. Most participants report feeling unable to argue against what doctors or public servants were telling them, hence refrained from raising a complaint altogether. Conversely, feeling knowledgeable and informed impacts their ability to discuss their issues and often makes them feel 'heard'.

"Not being qualified to challenge what they say or do doesn't help." (Male, living on a low income)

"In my experience, as soon as doctors or GPs know you know what you are talking about, they are more open and honest." (Male, living on a low income)

5.2 Right and likelihood to complain

When asked, the vast majority (93%) agree that they have a right to complain about a public service if they're not happy with the service they've received. Despite this, fewer agree that they would be likely to complain if they were unhappy with a service. Still, a majority (65%) agree that they would complain.

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[1] Public Health England (PHE) was formerly responsible for health improvement. When PHE was disbanded, its health improvement functions were transferred to the Office for Health Improvement and Disparities (OHID).

YouGov

Figure 2. Right to complain/ Whether would complain

Legend: ■ Strongly agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly disagree ■ Don't know

Have the right to complain: 64% | 29% | 4% | 2%

Would complain if unhappy with a public service: 28% | 37% | 18% | 12% | 4%
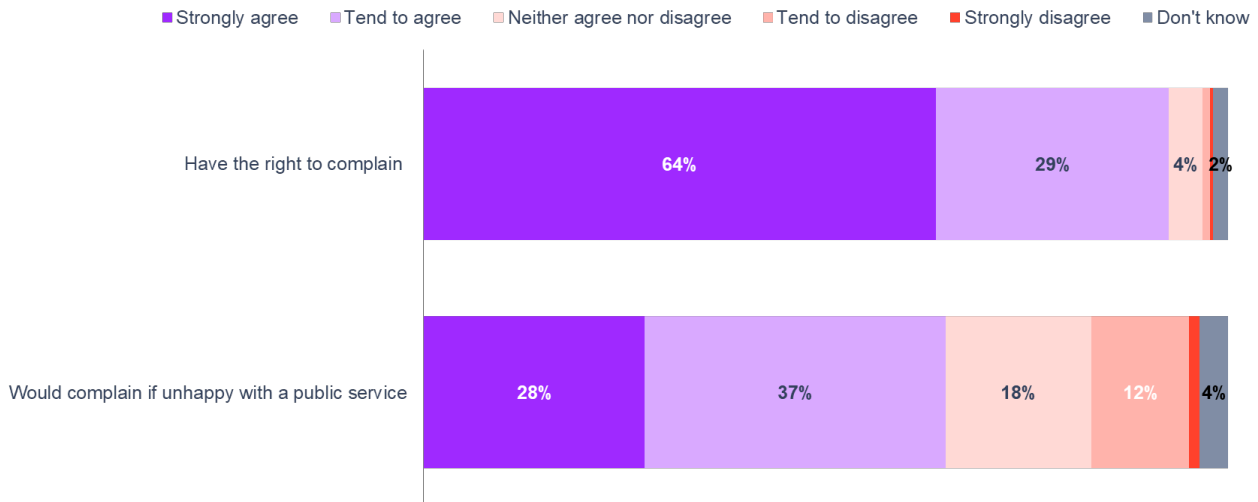
Base: All (7,540)

There are notable differences between age groups, with younger people being less likely to agree that they have a right to complain (86% of 18-29 year olds vs. 97% of those aged 60-69) and that they would be likely to complain (52% of 18-29 year olds vs. 75% of those aged 60-69).

White people are more likely than people from ethnic minority backgrounds to agree they have a right to complain (94% vs. 84%). However, when looking at whether people say they would complain if unhappy, agreement levels are higher amongst Black people (72% vs. those from White: 65%, Mixed: 59% and Asian: 56% ethnic backgrounds). Black people are also more likely to feel confident in their knowledge about how to complain about NHS services.

Notably, those in London are slightly less likely than those in the UK as a whole to agree that they have a right to complain if unhappy with a service – though the difference is marginal. Still, nine in ten (90%) agreed that they do, whilst those in the South West are more likely to agree (95%) that they have a right to complain, and also that they would complain if unhappy with a service they had received (70% vs. 63% in London). Whereas those in the West Midlands are less likely to agree that they would complain (61%) than those in the UK as a whole.

Key reasons amongst those who do not agree that they have a right to complain (in the quantitative survey) include that people do not tend to complain much anyway, not feeling certain whether they do have the right to complain and feeling that every service has its limitations so it should not be an automatic response to complain.

"Not really bothered about complaining never does any good"

"I'm not sure if I do have a right to complain"

"Unless it's likely to change something, I doubt my opinion on a service will be of much use."

"It depends on the service; I feel with the pressures they are under no one should complain about the NHS"

Similar reasons are cited when asking those who do not typically complain why not. In addition, people cite not knowing who to complain to, and not being a very confrontational person and therefore not wishing to complain or concerns about being perceived as appearing difficult. Additionally, many cited they do not feel their complaints ever make much difference or would get very far.

"The department are so big I don't think a complaint would get very far; I'd probably just get a standard response."

"Not sure how to do so. I don't feel like I would be listened to. I'm not articulate enough to write a comprehensive complaint."

The qualitative research found a strong emotional connection to the prospect of making a complaint. Most anticipate that the process would be protracted and unlikely to produce a positive outcome, and therefore there was a reluctance to undertake the process. However, many feel they would be more inclined to make a complaint if it were on behalf of a loved one, advocating for somebody who was perhaps less able or empowered to do so. This view is particularly pertinent with parents of three children or more, wherein they were likely to deprioritise or neglect their own health, but doggedly pursue the health and wellbeing of their children.

"The principle of the issue, and the health of loved one should be enough to escalate to complain." (Male, parent of three children or more)

5.3 Motivation to complain

Turning to look at what motivates people to make a complaint, ensuring failures are rectified (93%) and that others do not face the same issues in the future (91%) are considered the most important. Receiving an apology is also considered important by a majority of people (72%), whilst receiving compensation is considered important by three in ten (32%).

Figure 3. Importance of motivations to complain
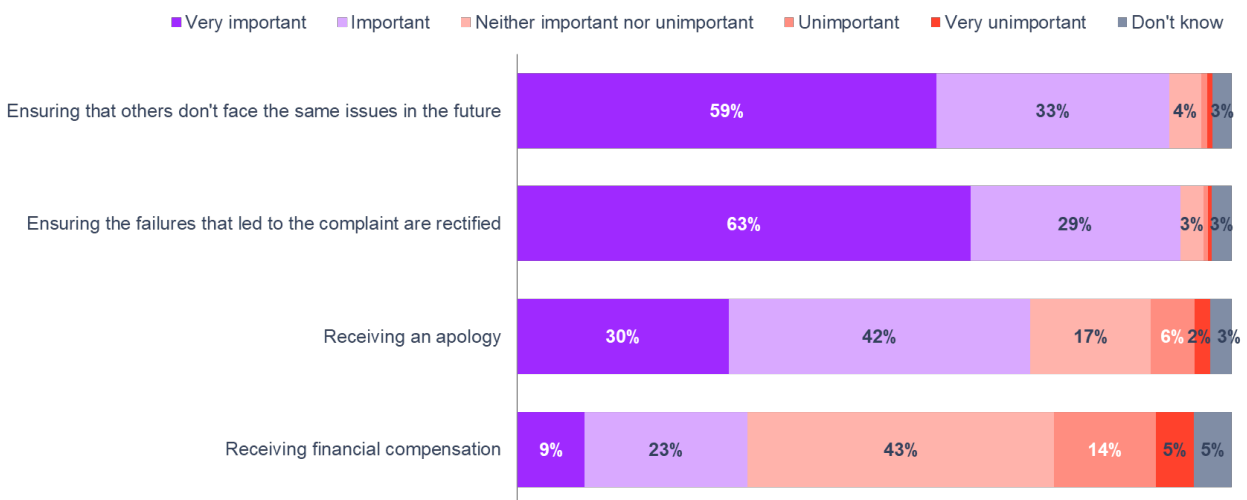
Base: All (7,540)

All motivations asked about were consistently considered less important amongst younger people (18-29 year olds), except receiving financial compensation, where they are more likely to consider this important than older people (42% vs. 25% of 60-69 year olds).

Notably, there is not a statistically significant difference between annual income levels and likelihood to consider financial compensation an important motivation to complain. Those with higher annual incomes are more likely to say that making sure others don't face the same issues in the future (96% of £60,000+ vs. 89% <£20,000) and ensuring the failures are rectified (97% of £60,000+ vs. 91% of <£20,000) are important motivations.

Those in London are slightly less likely than the UK as a whole to say that ensuring the failures are rectified (90%), making sure others don't face the same issues in the future (88%), and receiving an apology (68%) are important motivations to complain. They are notably more likely to say that receiving financial compensation is important (43% vs. 32% of the general public overall).

Turning to look at differences between ethnic backgrounds, ensuring failures are rectified is less important to those from an ethnic minority background than it is for White people (84% vs. 94%). Similarly, receiving an apology (66% vs. 73% of White people) and ensuring that others don't face the same in the future (82% vs. 93% of White people) are less important to those from an ethnic minority background.

5.4 Reasons for not wanting to complain

The research highlights concerns about the impact complaining could have on the treatment received from public services. Four in ten (40%) of those who said they were happy with a service they received in the past 12 months, or without contact with a service, agree that they would worry about complaining about a public service because it might impact the way they were treated by the organisations they were complaining about.

This concern is higher amongst people who are limited a lot by a disability or long term health condition, with a majority (55%) being fearful of how a complaint might affect their service (compared to 37% with no disability or long term health condition). Amongst people who are limited a lot by a disability or long term health condition, worry is higher among those in lower social grades (58% of C2DEs vs. 48% of ABC1s).

Additionally, those with a lower annual household income are more likely to agree that they would worry about the impact of complaining than those with higher income levels (46% of those with an income of <£20,000 vs. 35% of those with £60,000+). Those in London are less likely than those in the UK as a whole to say they worry about the impact on future treatment (33% vs. 38%) and more likely to say they think the process would take too long (27% vs. 22%).

6 The complaints process

6.1 Dissatisfaction with service providers

Overall, there is relatively high dissatisfaction with a number of parliamentary and health service providers. Among those who had used any of the services listed in our survey (e.g. GP practice, NHS hospital or dentist, Department for Work and Pensions (DWP) etc.) two in five (43%) say there is at least one occasion where they were unhappy with the service they received in the last 12 months. And, when examined by the particular service used, dissatisfaction was highest for GP services (20%).

Those living with a disability or long-term health condition are more likely than those without to say they were unhappy with a number of services in the past 12 months. This includes a GP practice (25% vs. 17%), NHS hospital (15% vs. 8%) and the DWP (10% vs. 3%).

Notably, those in the East of England are twice as likely as those in the UK as whole to say they were unhappy with services received from an NHS mental health trust in the past 12 months (6% vs. 3%).

Additionally, those with lower household incomes (<£20,000 a year) are more likely to report dissatisfaction with the DWP (11% vs. 2% of those earning £60,000 or more).

Across qualitative audiences, most have low confidence in UK government departments and other public organisations due to their negative personal experiences; it is felt that trust has explicitly waned in recent years in light of various controversies. Some audiences hold more negative views of UK government departments than others. For example, those with long-term health conditions, and those from ethnic minority backgrounds feel that government departments are deliberately negligent and inhumane, owing to their experiences in matters of seeking welfare such as Personal Independence Payments (PIP), or through their dealings with the Home Office in cases of asylum.

“The Home Office was intent on forcing my removal even though they knew I was on antidepressants.” (Male, ethnic minority background)

"When I claimed from DWP after my cancer diagnosis I was taking chemo tablets for nearly 6 years. My benefit was stopped after 8 months and I was told… get a job." (Female, living on a low income)

"I think their [government officials] actions are demonstrating that they are in it for themselves and their pals, and they do this whilst the country is on its knees with people not able to afford food or heating. It is shameful especially when we see pictures of them on luxury holidays." (Female, ethnic minority background)

The current operation of the NHS also drives negative perceptions of government departments. There is a view that the shortcomings of the NHS in relation to resourcing, wait times and funding are a direct result of actions and choices taken by the UK government.

"I have confidence in the frontline workers and think the majority are there for the right reasons. I have little trust in management and government with regards to how it [the NHS] is being run though." (Male, parent of three children or more)

"I have long suspected that it [the NHS] is being made to fail on purpose so that it can be privatised." (Male, parent of three children or more)

"It's being destroyed deliberately." (Female, living on a low income)

MPs are seen in a similarly negative light - many participants comment that they often have 'ulterior motives' and that they do not tend to have an impact on their constituent's lives due to the volume of communications they receive. However, views on MPs vary according to geography. As detailed in the following sections, these negative attitudes emerge as a key deterrent in making and completing a complaint.

"I have very little confidence in them. I have seen how some communities have been treated over the past few years and that negatively impacts on my view." (Male, 18-29 years old)

"The first thing that comes to mind [when I think of MPs] is bureaucracy. I think they're filled with overpaid, and inadequate civil servants who have little to no power to make a difference in people's lives" (Female, 18-29 years old)

"They are supposed to speak for local constituents, but he [my MP] doesn't. The previous one was brilliant, helping people on the ground." (Female, parent of three children or more)

6.2 Experience of complaining

Which groups/communities are least likely to make a complaint?

Among those who were unhappy with a service they received in the last 12 months, 35% say that they complained about at least one service, meaning that approximately two-thirds (65%) didn't complain. A number of groups stand out as being *less* likely to complain.

1. This includes young people (aged 18-29), with 73% of those unhappy with a service saying they didn't complain. This compares to 56% of those aged 60-69 and 64% of those aged 70+.

2. Those living without a disability or long-term health condition are less likely to have made a complaint. Seven in ten (71%) say they didn't complain when unhappy, compared to 58% of those living without a disability or long-term health condition.

3. Those without children in the household are also less likely to have made a complaint. Two-thirds (67%) say they didn't complain when unhappy, compared to half (49%) of those with 3 or more children in the household.

4. Additionally, white people are slightly less likely to have complained when unhappy than those from ethnic minority backgrounds: 66% say they haven't complained compared to 60%.

However, there are some nuances in perceptions of complaining. For some demographic groupings, this makes it more difficult to be clear about which are less likely to make a complaint. For example, although White people are slightly less to have made a complaint when unhappy with a service, they are more likely than those from ethnic minority backgrounds to say they would complain about a public service if they were unhappy with it (65% vs. 61%) and are more likely to feel they have a right to complain about a public service if they were unhappy with it (94% vs. 84%).

The difference in perceptions is partly driven by young people (18-29) from ethnic minority backgrounds who are less likely than their older counterparts to feel they have a right to complain (75% vs. 96% of those aged 60+). There are also differences by household income: ethnic minorities in lower income households are also less likely to feel they have a right to complain (78% of those with household incomes of <£20,000 per year vs. 94% of £60,000+ income households).

There are no clear differences by social grade, or whether people have English as a first language. Among those who complained, the majority (83%) said they knew they had a right to complain about the service they were unhappy with, and that they felt confident to speak up about their complaint (66%). Half (49%) were worried that complaining might affect the way they were treated by the organisation they were complaining about. The highest levels of disagreement relate to feeling that a complaint was listened to and understood: only three in ten (31%) agreed with this, whilst half (51%) disagreed. Additionally, two in five (42%) disagreed that making their complaint was simple and easy to do, higher than the proportion (37%) who agreed with this.

Figure 4. Perceptions on the complaint process
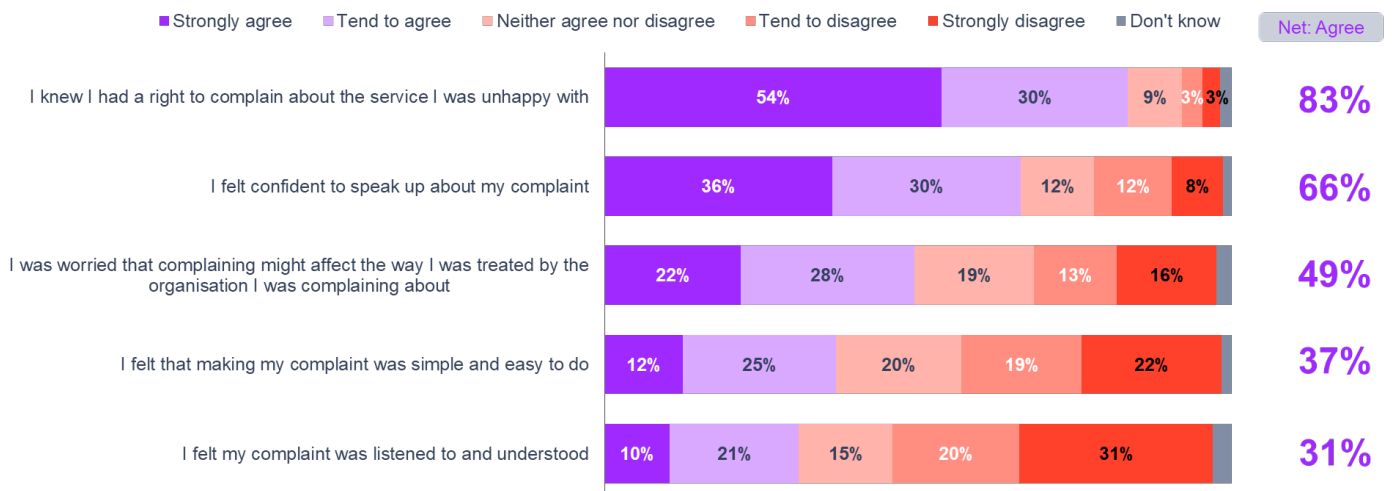
Base: All who complained (n=833)

6.3 Satisfaction and complaint experience

Satisfaction with complaints is mixed; among those who made a complaint which has been concluded, 39% were satisfied with the decision whilst 54% were dissatisfied. This is relatively comparable across different healthcare services, with around three in five who were unhappy with a GP practice (60%), NHS dentist (60%) or NHS hospital (56%) saying they were not satisfied.

Among this group, the majority (67%) say they weren't provided with information on how they could take their complaint further. One in five (20%) say they were, whilst 13% said they didn't know or couldn't remember.

Following on from over half saying they were dissatisfied with the decision of their complaint, only one in five (22%) say they felt their complaint made a difference. However, people did say they felt confident about making a complaint in the future (60%) and that they would happily advise others to make a complaint if they needed to (73%).

Figure 5. Perceptions on future complaints among those who made a complaint which has been concluded
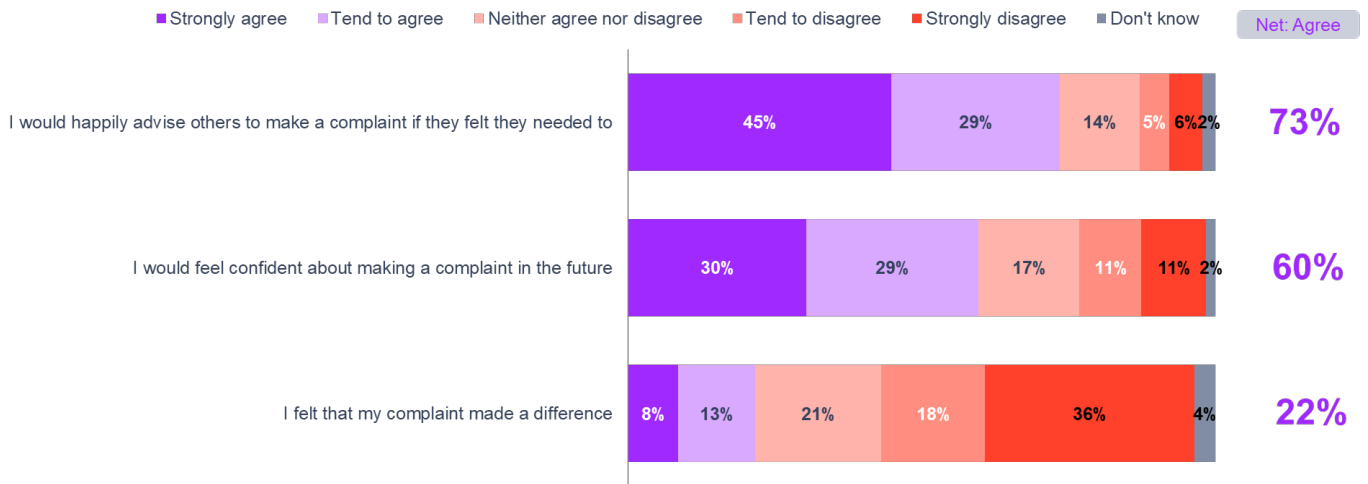
Base: All whose complaint has been concluded (n=574)

Notably, two-thirds (67%) of people who were dissatisfied with their complaint decision said they would happily advise others to complain, suggesting people still see the value in the process, even if unhappy with their own personal circumstances. By contrast, only 4% from this group felt their complaint made a difference.

Those who made a complaint which is currently ongoing have very similar perceptions to those who have an outcome. For example, 74% say they would advise others to make a complaint if they felt they needed to (vs. 73% of those with an outcome) and 24% think their complaint will make a difference (vs. 22% of those with an outcome). Given this group have not yet had a decision, it suggests that people have low expectations when they make a complaint.

Figure 6. Perceptions on complaints among those who made a complaint which is ongoing
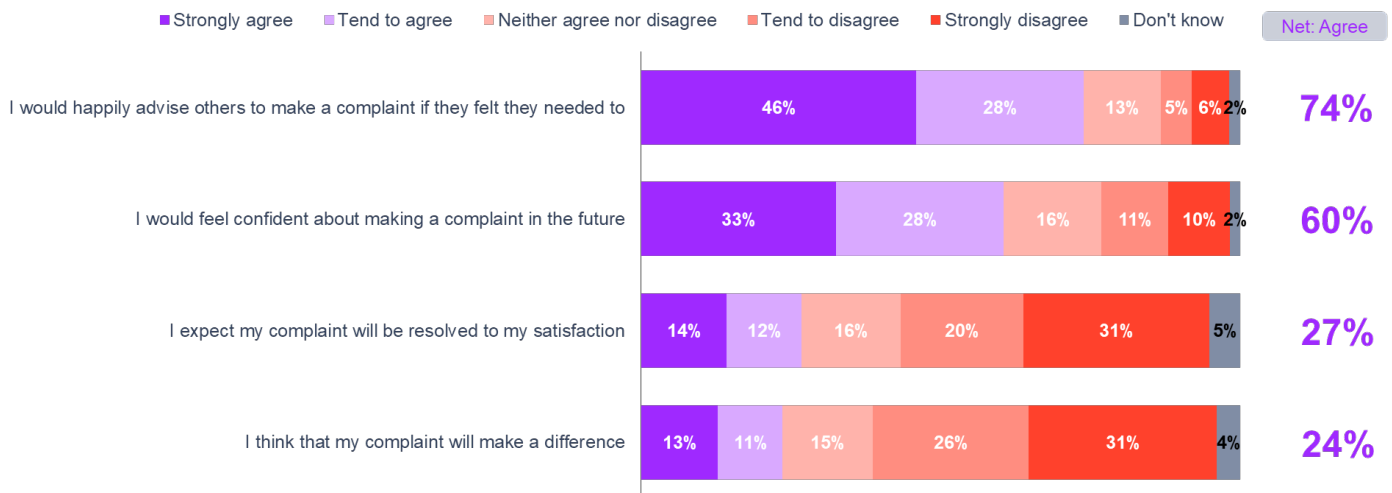
Base: All whose complaint is ongoing (n=259)

6.4 Barriers encountered

Amongst those who were unhappy with a service but did not complain, the most commonly reason cited is a perception that nothing changes as a result (45%). This is followed by people worrying it would have a negative impact on services received in the future or not thinking it would be taken seriously (both 28%). Around a quarter felt that the problem wasn't serious enough to complain, or that it would be too emotionally draining (both 24%). Suggesting there would be value in increasing awareness of the complaints process, a similar proportion said that they didn't know where (20%) or how (19%) to complain further.

Notably, those in London are more likely to say they thought the complaints process would take too long (21%) than those across the UK as a whole (13%). Additionally, those in the South East are more likely to say they didn't think the complaint would be taken seriously (34% vs. 28%), that it'd be too emotionally draining (29% vs. 24%), that nothing would change as a result anyway (51% vs. 45%) and that they can't get support or advice (16% vs. 11%).

Figure 7. Reasons for not complaining when unhappy

Reason	%
Nothing changes as a result	45%
I was worried that it would have a negative impact on the services received in the future	28%
Didn't think it would be taken seriously	28%
Didn't think the problem was serious enough to be worth taking the complaint further	24%
Would be too emotionally draining	24%
It would be too time consuming/didn't have the time	22%
I didn't know where to complain further	20%
I didn't know how to complain further	19%
People who complain are seen as 'trouble-makers'	18%
Takes too long	13%
Cannot get support or advice needed to complain	11%
Was unable to complain in a way that suited me (e.g. via online forms rather than over...	11%
Mental health difficulties	10%
Process is too complicated or difficult to understand	9%
Too much paperwork/process too bureaucratic	9%
There are too many stages	6%
Learning difficulties	2%
Language barriers	1%
Other	11%
Don't know/can't remember	1%

Base: All who were unhappy with a service but didn't complain (n=1,661)

What are the barriers to making a complaint for key groups?

There are key differences in perceptions of the barriers by age. Younger people (aged 18-29) are more likely to report a lack of knowledge e.g. not knowing how (27%) or where (26%) to complain further. They are also much more likely than their older counterparts to say they think it would be too time consuming or that they don't have the time (32% vs. 13% of those aged 70+). By contrast, older people are more likely to worry that it would have a negative impact on services received in the future (40% vs. 21% of those aged 18-19) or feel that complainers are seen as "trouble makers" (23% vs. 14%). Young people (18-29) who are living with a disability or long-term health condition are more likely than those who are not to say they didn't think they would be taken seriously (42% vs. 26%), worry about the impact on future services (30% vs. 16%) or think it would be too emotionally draining (38% vs. 23%). They are also more likely to cite mental health difficulties as a barrier (29% vs. 8%).

For those with lower household incomes (<£20,000 a year), there are also concerns about the impact on future services – rising to 38% vs. 19% of those earning £60,000 or more. Among those in low income households, this is higher among those living with a disability or long-term health condition than those without (43% vs. 30%). They are also more likely than those with a higher household income to cite mental health difficulties as a barrier (20% vs. 4%) or say they cannot get the support or advice needed to complain (17% vs. 9%).

Among those did make a complaint but were unhappy with the outcome, only 4% decided to take their complaint further.

Among those who didn't take their complaint further (94%), a range of reasons were mentioned, echoing many of the barriers mentioned above. Again, the main reason for this was a perception that nothing changes as a result, mentioned by just over half (53%). Following this, people didn't think their complaint would be taken seriously (36%), thought it would be too time consuming or that they didn't have the time (29%) or felt that it would be too emotionally draining (24%). One in five (21%) were worried that complaining would have a negative impact on the services they received in the future.

The key barriers in the quantitative findings are echoed in the qualitative groups. The groups reveal that there are either low or no expectations for the complaints process. However, most perceive the complaints process to be lengthy and complex, requiring a large amount of paperwork, which also makes individuals hesitant to proceed.

"Being passed around to multiple people or departments or organisations, and then given a defensive answer or half-hearted apology with no real solution to the issue" (Female, 18-29 years old)

"I feel like it would be very long, with many steps and unknown waiting times. Often the complaint won't do anything, it is just an expenditure of energy with no or little change." (Female, 18-29 years old)

"There are often delays with the complaint being dealt with, so I would expect it to stretch out." (Male, ethnic minority background)

Some have low expectations of the complaints process; this is driven by negative personal experiences. As identified within the interviews held with stakeholders, many view 'the system' and services within it as government-adjacent and therefore conflate any negative experiences as being a product of wider system issues in the UK, this is particularly true for those from ethnic minority backgrounds.

"There is a lack of confidence in organisations like PHSO that are fundamentally viewed as government adjacent, when you are already complaining about the government and are already sceptical about them and their motives." (Stakeholder interview)

"One of the government departments - specifically the Home Office - is responsible for my situation. I am sorry I don't trust the Government and the consensus here is resoundingly negative." (Male, ethnic minority background)

More generally, participants often display a fatalistic attitude toward the possibility of change and improvement in public services. Most believe that change is either not enacted or made impossible by structural constraints. Some feel that management is responsible for not acting upon complaints, due to a lack of empathy and understanding for the concerns of 'ordinary people'. Others think that disfunctions within public services are structural: these participants tend to blame the wider socio-political system for prioritising quality in paid services only.

YouGov

The amount of time and energy required to make a complaint is a significant factor, particularly for parents of 3 or more children. Many have extremely busy lives, juggling employment and looking after their children, along with their education. Channelling their attention towards pursuing a complaint where a positive outcome was not guaranteed feels like a gamble of valuable time that would be better spent on their other responsibilities. The length of the complaints process is also pertinent for those who have a long-term health condition who do not want to damage their health further.

"At times, you feel like your complaint would not be considered, so why waste precious time?" (Male, parent of three children or more)

"Sometimes you weigh up the issue and the expected outcome of complaining... and think it is better to just let it slide." (Male, parent of three children or more)

"I think it's often not worth the time, effort and can further medical trauma." (Female, living on a low income)

More practical barriers related to the need to put everything in writing, this can be challenging to some due to language barriers or low levels of literacy confidence. Some take notice of the digitalisation of complaints and say that this is a barrier to sectors of the population, such as the elderly, the digitally unconfident and those who do not own digital equipment, such as computers, printers and scanners. This makes the complaints process daunting, and particularly intimidating for those who have low digital literacy or struggle with technical jargon.

"People can't always write their complaints as is requested so they then say I won't bother. We need to complain face to face with good old fashioned competent empathetic customer service and understanding." (Female, living on a low income)

"Most complaints procedures require you to write a letter/email. At this point I've given in. I struggle to write what I mean and would prefer to speak to someone. It's as if the complaints procedures are made to defeat you." (Female, parent of three children or more)

"Whenever and wherever you want to complain it's not easy either, you wait on phone for an hour or longer, or write an email which again has a long timescale for any reply." (Female, parent of three children or more)

"What we see is that people struggle to access services to begin with due to language barriers. Even if somebody is registered, they are reluctant to see their GP, or go to A&E as they don't want to be deported or charged." (Stakeholder interview)

Another key barrier includes a fear of repercussions and impact on future treatment, as participants think that complaining may negatively affect their ability to get future appointments and/or the quality of future treatment. This is particularly true of immigrants, who fear that complaints will impact their migration status. They are especially concerned that they would be seen as troublemakers within a well-respected service.

"I don't want to be seen as the troublemaker causing issues over the NHS." (Female, 18-29 years old)

"You wouldn't want current or future treatment to be negatively impacted, if nothing changes it is a waste of time" (Female, 18-29 years old)

"We work with migrants who are worried that making a complaint will result in them being detained and removed from the UK." (Stakeholder interview)

The qualitative research found complex attitudes towards complaining about health treatment received from the NHS, in comparison to treatment received from a government department or public organisation. Fears that complaints would negatively impact the NHS and its workers generates a reluctance to complain. This is due to many viewing the NHS as a free service that 'we are lucky to have' and should 'show gratitude for', regardless of the quality of treatment. Fears about making complaints are also strongly driven by perceptions of the NHS as being under strain and underappreciated, with both financial and staff shortages, and as such any complaint may further degrade the service and reduce resourcing. However, others feel that making a complaint is important for issues to be resolved.

"We are so lucky to have it [The NHS], feels selfish to complain" (Female, 18-29 years old)

"I've made complaints to the DWP before, no issues. The NHS is a whole different ball game. We are made to feel we shouldn't complain about the NHS, after all aren't we all so lucky because it's free?" (Female, parent of three children or more)

"I'd worry that complaints about the NHS would lead to incorrect responses - like arguing for more privatisation and the increased dismantling of the NHS, rather than bolstering it and making it better." (Male, 18-29 years old)

"I think deep down I also worry that complaining about NHS is just another nail in the coffin for the organisation." (Male, parent of three children or more)

"I guess it is how one perceives their image - the NHS certainly built their hard-working ethic on Covid crisis - Government department on the other hand has the air of stuffiness and bloatedness" (Male, 60-69 years old)

Finally, for those who went through a distressing experience during their treatment the complaints process can be re-traumatising because they must relive the experience.

"Making a complaint involves taking a legal case that may unnecessarily retraumatize pain and a waste of time and resources, for the prospect of only possibly resolving complaints." (Stakeholder interview)

Stakeholders echo many of these barriers and commented that the complaints process is extremely complex to navigate, particularly as a marginalised individual who has limited time, knowledge, and resources – many have multiple and complex needs which they needed to be addressed. However, there is often a fatalistic attitude towards making a complaint – many 'don't see the point' and think that it will be a stressful experience, where there is no guaranteed resolution.

"It's a complex judicial and bureaucratic process. Barriers exist due to attitudinal or skills challenges as well as fear, stigma, confidence, and stress. Capability gaps can be things like finding the order of things to put together evidence, giving the paper trail, and providing other relevant details." (Stakeholder interview)

> **What would be the most effective methods of minimising external and internal barriers to making a complaint for these groups/communities?**
>
> **There are several methods which could be implemented to minimise both external and internal barriers simultaneously, these centre around communication alongside having 'time' and 'energy' for completing the complaints process.**
>
> **At the start of the complaints process clients must be reassured, informed of how long the process could take along with potential outcomes, so that expectations can be managed. Sharing case studies of previous clients' journeys as well as guides and templates with relevant language could also be an effective way to reassure those considering lodging a complaint and give those with limited time and energy more confidence. Different channels for communication about their complaint must be offered, both online and offline, for those with low digital confidence.**

6.5 Motivators to complaining

There are a number of external and internal barriers which prevent people from complaining however the qualitative research found a number of motivators to taking action.

Reassurance that a complaint would be taken seriously is important when encouraging people to complain if they are unhappy, with 46% of those who didn't complain citing this. There is also a call for an easier complaints process (e.g. an online form) (40%) and reassurances that it wouldn't negatively impact the services received in the future (39%). A third (33%) say that more information about how to complain (e.g. knowing who to go to) could have changed their decision, highlighting the importance of increasing awareness of the process and how it works.

Figure 8. What could have changed people's decision about complaining

Base: All who were unhappy with a service but didn't complain (n=1,661)

Turning to look at regional differences, those in Yorkshire and the Humber are more likely than those from across the UK as a whole to say they'd be motivated to complain if the organisation had the capacity to process the complaint efficiently (34% vs. 27%), as are those in the South East (32%). Those in the South East are also more likely than those in the UK as a whole to say more information about how to complain (39% vs. 33%) would be motivating. People living in London are more likely than the general public overall to cite an easier complaints process (48% vs. 40%) and faster response times (28% vs. 22%) would encourage them.

The qualitative research identified that acts of altruism are most compelling in motivating people to make a complaint. A primary motivator for complainants is to ensure that others do not experience the trauma or challenges that they once had, and to prevent the same mistakes from reoccurring. Another motivating factor is a desire to derive a positive change from an unfortunate and upsetting incident. For some, they simply hope to gain closure and provide an outlet for their frustration. As well as this, reassurance that the complaint would be taken seriously and/or reach a resolution is particularly motivating.

"We are all hurt and frustrated, that is why the complaint is being made but it is so important to prevent others going through the same." (Female, parent of three children or more)

"I think ensuring the failures that led to the complaint are rectified is the most motivating because it could be the most likely to prevent the problem happening again" (Male, 18-29 years old)

"My anger needs to be vented, my family member needs to have an apology and I'd like to hope that no one else has to go through what we've just endured." (Female, parent of three children or more)

Alongside the sense of moral duty, some from ethnic minority backgrounds feel compelled to complain to 'right wrongs' on behalf of those who may be less able to complain, and therefore may feel a greater obligation to uplift other marginalised people, in comparison to those from White British backgrounds.

"I think an additional motivating factor for me, is improving things for people who may not be able to complain." (Female, ethnic minority background)

Only a minority are motivated by the prospect of financial compensation - partly due to the low likelihood of receiving any - and due to the perception that this did not feel like a remedy to the problem. Financial compensation is viewed to be of lesser importance than the prospect of securing tangible, lasting change within the NHS or a government department.

The qualitative methodology – a focus group – and a 'group dynamic' could have influenced an individual's willingness to admit to wanting to receive financial compensation. However, the findings demonstrate that there was an overall reluctance to proceed with any action that may reduce NHS funding and resources, and that primarily participants would mostly find motivation and catharsis in procedural solutions.

"Money won't cure the issue or help the sick person whose health has been affected." (Female, parent of three children or more)

"I don't want money from public services, I want them to be efficient." (Female, parent of three children or more)

However, a minority would be financially motivated if they had been financially disadvantaged from the issue, or if it led to a lifelong issue.

"Financial compensation would be nice, but at the end of the day the problem is still there, nothing has been sorted, sometimes just feels like money is paid to sweep the problem under the carpet." (Female, 18-29 years old)

"I'm not motivated by money; I just don't want others to suffer like I did." (Male, living with a disability)

Participants expect that those who were most likely to complain would have the resources to expend time and energy into the complaint process. They also expect that people with connections in relevant spheres would be motivated as they would feel confident and learn how to best articulate their issue. This hypothesis was echoed in the stakeholder interviews.

"A tenacious person, who is willing to put in a lot of time and effort. It is also likely they may be wealthier as they can afford putting time and effort into something that is unlikely to do anything." (Female, 18-29 years old)

"Probably people who are slightly more privileged and have higher expectations for how they should be treated - if you have the time and energy." (Male, 18-29 years old)

"Those who are most likely to complain tend to be literate and highly computer literate, they are also highly attuned with 'the system'" (Stakeholder interview)

"An advocate or somebody collaborating with them is enormously helpful." (Stakeholder interview)

7 Awareness and understanding of PHSO

7.1 Awareness of Ombudsman organisations

In the qualitative groups, there is limited knowledge of what an Ombudsman is, however some have had an experience in using their services.

Participants compare an Ombudsman to "*a referee – who makes the decisions*", others described them as acting as "mediators", "arbitrators", "regulators" or as "the person you complain to after you can't resolve a complaint with the company". However, most participants are not able to name specific Ombudsman organisations.

"I know they regulate things, and that there's ombudsmen for different things (like energy) but I couldn't name any specific names, or tell you what exactly they do." (Female, 18-29 years old)

Those on lower incomes pre-empt that contacting an Ombudsman would be a protracted and fruitless process, despite having no former experience with an Ombudsman organisation. This is perhaps due to their previous dealings with other formal organisations – as most had negative experiences with securing diagnoses for health conditions and/or securing financial support from government departments and are generally apathetic to 'the system.'

"Ombudsmen are a bit slow and quite long-winded, and you have to complain to the person you have a problem with first." (Male, living on a low income)

Participants with disabilities are also generally distrustful of Ombudsman organisations, questioning their neutrality ability to truly help with public.

"On the side of the government; needlessly over-complicated, pretends to care." (Male, living with a disability)

"They should be a neutral party in a dispute, but I don't know that that is the case." (Male, living with a disability)

"Another layer of red tape with no teeth to actually do anything. But we are led to believe that they are independent." (Female, living with a disability)
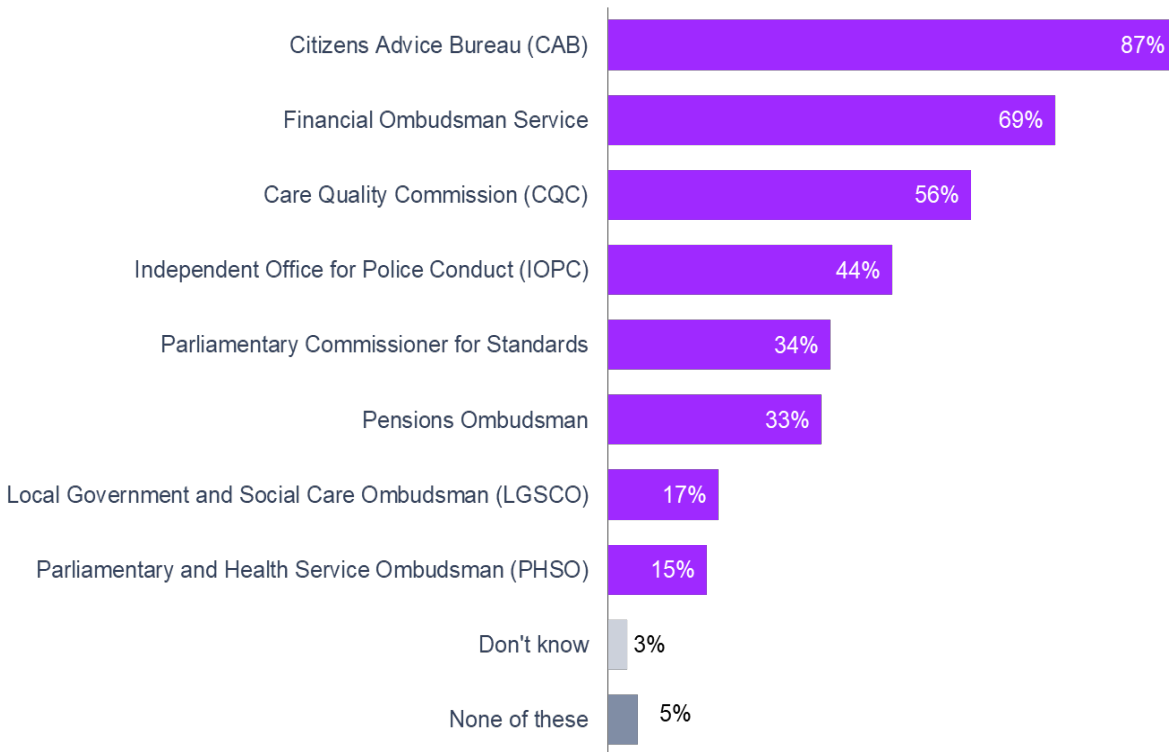
In contrast, those from ethnic minority backgrounds tend to trust Ombudsman organisations at face value, and associations were generally positive – they are viewed to be a protector and enforcer of rights. However, trust is dependent upon their ability to be 'truly independent', and the organisation which is being investigated.

7.2 Awareness of PHSO

Which groups/communities are least likely to know about PHSO?

Among the general public, there is low awareness of the PHSO when compared to other comparable organisations. Only 15% are aware of the PHSO, which is the lowest of any of the listed organisations and substantially lower than the Citizens' Advice Bureau (CAB) (87%) and the Financial Ombudsman Service (69%).

Figure 9. Awareness of a range of organisations

Organisation	Percentage
Citizens Advice Bureau (CAB)	87%
Financial Ombudsman Service	69%
Care Quality Commission (CQC)	56%
Independent Office for Police Conduct (IOPC)	44%
Parliamentary Commissioner for Standards	34%
Pensions Ombudsman	33%
Local Government and Social Care Ombudsman (LGSCO)	17%
Parliamentary and Health Service Ombudsman (PHSO)	15%
Don't know	3%
None of these	5%

Base: All (7,540)

There are notable differences in awareness by age. This is particularly prevalent when drawing a comparison between younger age groups and older age groups, with those aged 60-69 (24%) and 70+ (23%) far more likely to have heard of the PHSO than those aged 18-29 (9%). This generational divide is consistent with general awareness of any Ombudsman, with those aged 60-69 (88%) and 70+ (85%) far more likely to have heard of any of them than those aged 18-29 (47%).

There are also differences by ethnicity. Awareness is higher among those from White (15%) or Black (17%) ethnic backgrounds, and lower among those from Chinese (7%) or other Asian ethnic backgrounds (5%).

Whilst lower income households (with an income of <£20,000) are less likely to have heard of an Ombudsman than higher income households (with an income of £60,000+) (68% vs. 81%), this difference is not seen for PHSO's awareness which remains consistently at 15% by these different income groups; highlighting the importance of awareness raising exercises among the general public more broadly rather than focussing specifically on low income households.
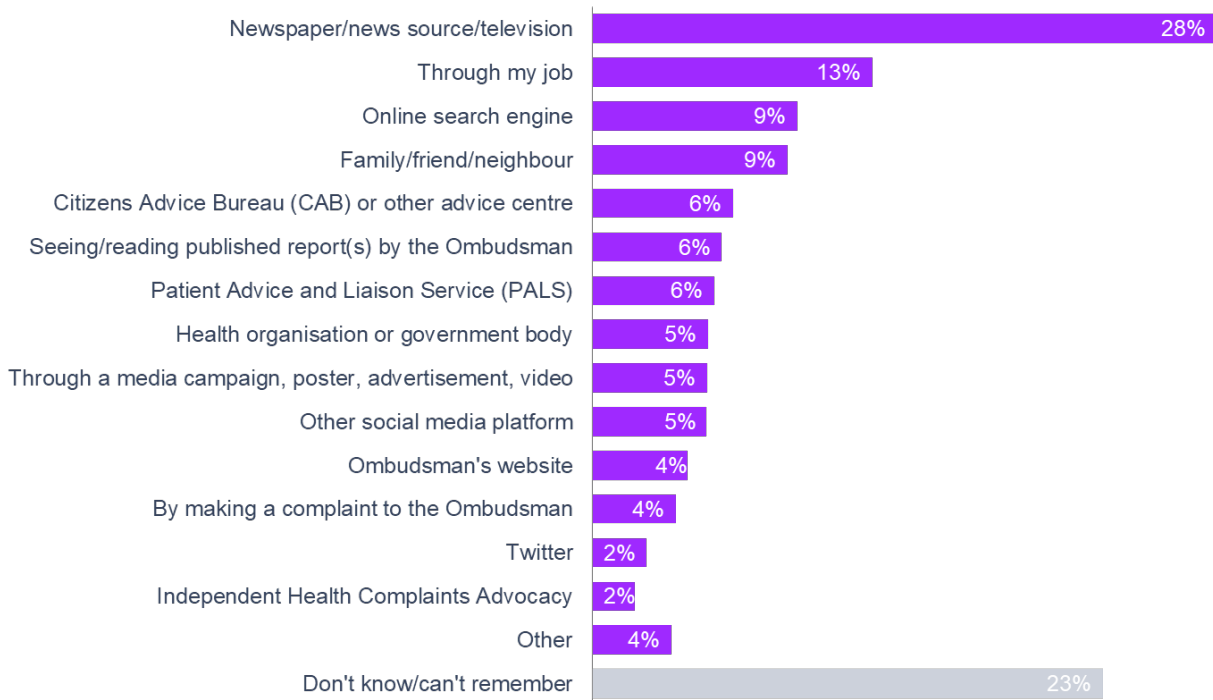
Among young people (18-29), there are not notable differences in awareness of the PHSO by income (7% of those with an income of <£20,0000 vs. 8% with an income of £60,000+), gender (9% of men vs. 8% of women) or ethnicity (9% white vs. 7% of ethnic minorities.

Whilst there are no statistically significant differences across regions when it comes to awareness of the PHSO, those in London are less likely to have heard of an Ombudsman (69%) than those across the UK as a whole. Comparatively, those in the South West are more likely to have heard of an Ombudsman (79%).

7.3 Sources of awareness of NHS Ombudsman, PHSO and Government Ombudsman

At an overall level, people are most likely to have heard of the PHSO (or NHS/Government Ombudsman) through newspapers and the television, with 28% reporting this. This is more than double the proportion who heard of these organisations through their job (13%). This suggests that traditional forms of media are most impactful in information sharing for the PHSO and similar Ombudsman bodies.

![YouGov logo]

Figure 10. Source of awareness

Source	Percentage
Newspaper/news source/television	28%
Through my job	13%
Online search engine	9%
Family/friend/neighbour	9%
Citizens Advice Bureau (CAB) or other advice centre	6%
Seeing/reading published report(s) by the Ombudsman	6%
Patient Advice and Liaison Service (PALS)	6%
Health organisation or government body	5%
Through a media campaign, poster, advertisement, video	5%
Other social media platform	5%
Ombudsman's website	4%
By making a complaint to the Ombudsman	4%
Twitter	2%
Independent Health Complaints Advocacy	2%
Other	4%
Don't know/can't remember	23%

Base: Heard of the PHSO, NHS Ombudsman or Government Ombudsman (2,624)

Those from an older age group (those aged 60-69 and 70+) are most likely to say they first heard about the PHSO from newspapers and television (36% and 40%), compared to just 15% of 18-29 year olds. Younger age groups are more likely than older age groups to mention hearing about the PHSO through family, friends or their neighbour (18-29: 16% vs. 60-69: 4% and 70+: 5%).

Households with 3 or more children are more likely than households with no children to have heard of PHSO through an electronic source such as a social media platform excluding Twitter (12% vs. 4%), the Ombudsman's website (11% vs. 3%), and through a media campaign, poster, or video (12% vs. 4%). Additionally, they are more likely to mention hearing from a family/friend/neighbour (20% vs. 8%). Households without children are almost twice as likely than households with over three children to have heard of an Ombudsman through the newspaper or television (31% vs. 16%). This suggests the importance of both electronic information and television/newspaper in reaching different audiences in raising awareness.

Stakeholders suggested that, regardless of platform types, it is also important to make information about PHSO timely. For some, it would be beneficial to increase awareness of the PHSO when citizens may need its help the most, that is when researching how to make a complaint. Others suggested that physical advertisement in public services locations, such as GP practices and hospitals, could help those with low digital confidence. Overall there was agreement among stakeholders that any communication to raise awareness of the PHSO would need to be 'hybrid' as to be inclusive to most at-risk groups.

"Adults only attend to information when it's relevant to them. So you need to serve the information at the point at which someone really feels they need it." (Stakeholder interview)

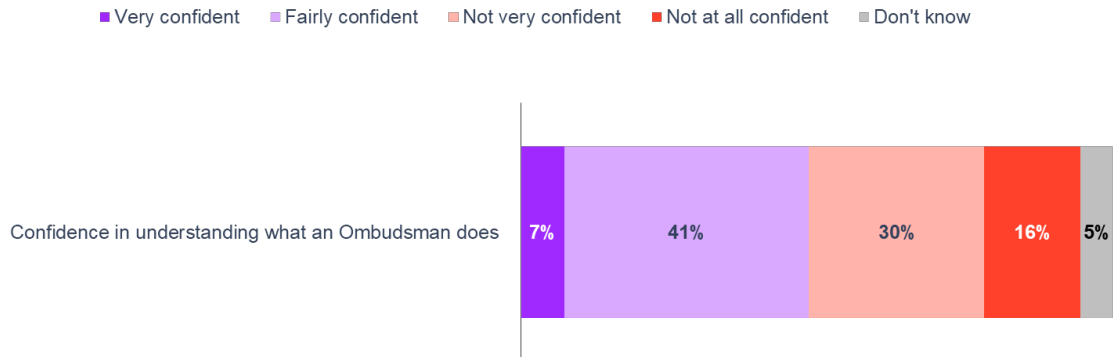"Generally people really are appreciative of multiple options." (Stakeholder interview)

7.4 Understanding of the PHSO

The data shows that those who are aware of an Ombudsman and PHSO specifically are more likely to feel confident in knowing what an Ombudsman does.

At an overall level, confidence in understanding what an Ombudsman does is mixed, with there being almost an equal level of self-perceived confidence (confident: 49% vs unconfident: 46%). Confidence in understanding is much higher among those who have heard of one of the Ombudsman organisations listed than those who haven't (52% vs. 12%).

Three in four (75%) of those aware of the PHSO say they are confident about what an Ombudsman does. This indicates that perceived confidence could be improved by raising awareness of organisations such as the PHSO, with knowledge having a positive impact on confidence.

Figure 11. Perceptions of confidence in understanding what an Ombudsman does

■ Very confident ■ Fairly confident ■ Not very confident ■ Not at all confident ■ Don't know

| Confidence in understanding what an Ombudsman does | 7% | 41% | 30% | 16% | 5% |

Those from an Asian ethnic background feel least confident that they know what an Ombudsman does (33%), whilst confidence is higher among those from White (50%) and Black (45%) ethnic backgrounds.

There are also differences by age when looking at perceived confidence in understanding of the role of an Ombudsman. Only three in ten (30%) of those aged 18-29 are confident – half the percentage of those aged 60-69 (60%) and 70+ (59%). There is also a divide by household income, with those on a household income of <£20,000 less likely to feel confident in knowing the role of an Ombudsman than households earning £60,000 or more (45% vs. 56%).
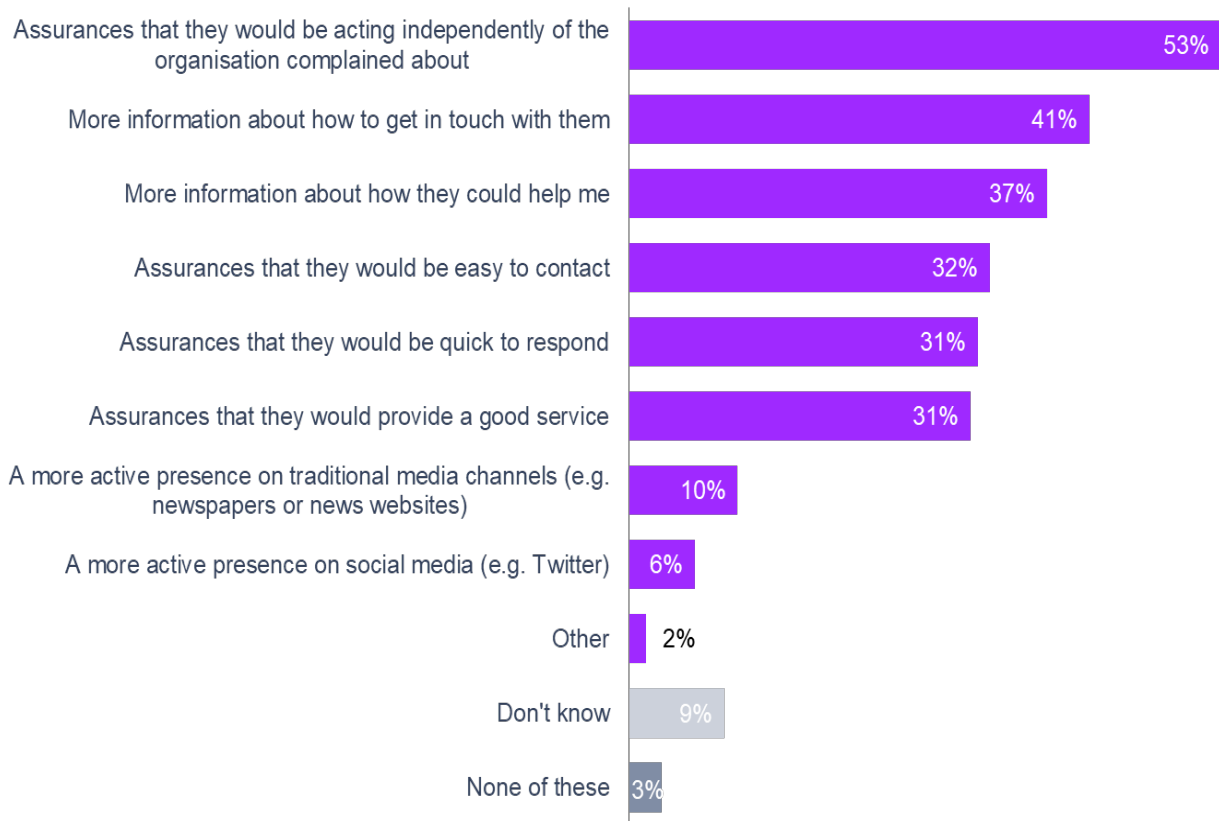
Additionally, those in London (44%) and the North West (45%) are less likely to feel confident in their understanding of what an Ombudsman does compared to the UK as a whole (49%). These differences are not evident when focusing on disability status or number of children in the household.

7.5 Motivators to contact the PHSO

As previously mentioned, there is low overall awareness of the PHSO (15%) and mixed knowledge of the role of an Ombudsman. Therefore, it follows that the most commonly mentioned motivations (when respondents could pick up to 3) to encourage people to contact the PHSO revolve around raising awareness/knowledge, whether this be communication about the PHSO's independence (53%), more information on how to contact the PHSO (41%) or gaining information on how the PHSO can help them (37%).

Older people (aged 60-69 and 70+) are far more likely than their younger counterparts (aged 18-29) to be receptive to more information on how to get in touch with the PHSO (46% and 49% respectively vs. 33%) and a similar image can be seen around reassurance about PHSO independence (60-69: 64%, 70+: 61% vs 18-29: 40%). Contrastingly, 18-29 year olds are much more likely than those aged 60-69 and 70+ to feel encouraged to contact the PHSO by seeing a more active social media presence (10% vs. 2% and 3% respectively).

Figure 12. Suggested motivation to contact the PHSO

Assurances that they would be acting independently of the organisation complained about	53%
More information about how to get in touch with them	41%
More information about how they could help me	37%
Assurances that they would be easy to contact	32%
Assurances that they would be quick to respond	31%
Assurances that they would provide a good service	31%
A more active presence on traditional media channels (e.g. newspapers or news websites)	10%
A more active presence on social media (e.g. Twitter)	6%
Other	2%
Don't know	9%
None of these	3%

Base: All (7,540)

Given that Census data shows those from ethnic minority backgrounds tend to be younger, it follows that people from certain ethnic minority backgrounds are more likely to say they would be encouraged to contact the PHSO through a more active social media presence. This rises among those from mixed (13%) and Black (12%) ethnic backgrounds, in comparison to those from White ethnic backgrounds (5%)

This lends support for greater social media usage by the PHSO to reach younger age groups and those from ethnic minority backgrounds. Yet it also suggests the need for further communication and awareness at the overall level concerning the PHSO's independence, how to get in touch with the PHSO and how the PHSO can help the general public.

During the qualitative groups participants were shown a description of PHSO and their aims. The younger groups were uneasy around needing to close their complaint at a local

level before approaching PHSO. Participants also call for clarity around the kinds of powers PHSO has to make meaningful change with independence.

"This sounds like a good service, I'm just wondering what you have to do to be referred to them, and what they can actually do about an unresolved complaint." (Male, 18-29 years old)

"A service will never be unbiased if it is linked to politics." (Female, living on a low income)

Most people on lower incomes, or parents of three children or more, broadly consider PHSO irrelevant to their circumstances as they would not go that far with a complaint or complain at all. This group's fatalistic attitude is reflected in their negative perception of PHSO, as most thought of it as a 'deliberate' attempt to add more stages to a complaint procedure to discourage citizens, and many feel jaded from previous experiences.

"Another thing to waste my time on explaining the same issue to yet another uninterested person." (Female, parent of three children or more)

"Those people aren't going to access support; they are not going to kick up a fuss because they're too busy surviving to do that." (Stakeholder interview)

Participants are concerned at the complaints process, with complaints to the PHSO needing to be raised to an MP and then would be reliant upon their actions. Amongst the younger group there is a concern around MPs not acting on issues due to other responsibilities as well as concerns about not wanting to raise a personal matter with their MP.

"Sounds like we'd never get that far then as it's hard to get in contact/be heard by an MP let alone get them to refer the case along and actually listen" (Female, 18-29 years old)

"Especially as a trans person if I needed to make a complaint about my treatment for example all I'd need is a right-wing MP who doesn't take my rights seriously and there's no way I'd contact them." (Male, 18-29 years old)

Those living with disabilities describe the MP referral as a "real deterrent" as they feel they are self-interested rather than oriented towards serving the public. For them, having to rely on a referral from an MP meant an additional burden to an already complex process that they see no resolution for.

"The MP would only take things they want to forward or where they are getting something."
(Female, ethnic minority background)

"I would expect my MP to do precisely nothing." (Male, living with a disability)

"Unless you're bessie mates with your MP or you have a competent one you're stuffed."
(Male, living with a disability)

7.6 Experiences with PHSO

PHSO is looked upon with positivity by stakeholders, they are generally felt to be a proactive and independent organisation who are unfortunately limited and constrained by the MP filter, along with the lack of knowledge around Ombudsman organisations in the UK. Furthermore, there is a general sense of distrust in government and government adjacent organisations amongst the public.

Stakeholders highlight the need for awareness of PHSO to be shared informally by community leaders, alongside encouraging legal education, and sharing case studies which will give many the confidence to make a complaint. Most are surprised by the 17% awareness figure for PHSO (cited from 2021's awareness survey of PHSO), as the communities they interact with were not aware of the organisation.

"Levels of trust are terrible, there has been a breakdown of trust. I would put this down to front line agencies being closed, which leads to problems escalating and getting out of control." (Stakeholder interview)

"Over the last couple of years, PHSO has been more outward facing, they have been externally focused for seeking information, relationships with other organisations, to have an early intervention into the system." (Stakeholder interview)

Amongst stakeholders there is a perception that there are many barriers before most reach PHSO. As complainants need to raise and conclude the complaint at the local level, this can be a long and complex process which causes fatigue.

"Clients get a bit jaded before they even reach the PHSO, plus they have difficulty differentiating professionals – the ombudsman is sometimes lumped with the LA or the NHS." (Stakeholder interview)

> *"It's feared to be another bureaucratic complaint process that will go nowhere due to wasting a lot of emotional time and energy doing all of this for no real good." (Stakeholder interview)*

The MP filter is universally felt to be a barrier, many feel intimidated by the prospect of contacting their MP and are concerned that complaints may not remain anonymous. Once complainants reach out there tends to be a post code lottery, where the expertise and ability of MPs varies.

> *"Enthusiasm with the complaints process can wither quickly, there is fatigue and frustration with the process. The complaints process is not clear, and many are not aware of what is available or they are not computer literate - there are lots of bureaucratic blocks." (Stakeholder interview)*

> *"With MPs there's a postcode lottery to take on the case and refer, and whether it's in their interests." (Stakeholder interview)*

> *"The MP gateway is a barrier, if people were able to self-refer or if there was a wider group of professionals who could refer. The lack of knowledge of it as a service is also a barrier." (Stakeholder interview)*

8 Conclusions

This research revealed that many factors can influence an individual's vulnerability in the medical, legal and political spheres, along with their propensity and perceived ability to reach out to formal organisations for support or to complain. The desk research carried out by YouGov identified certain groups as being in greater need of PHSO's service, and as such formed the target groups which were explored further in subsequent research stages.

Most commonly, individuals demonstrate distrust and disillusionment with 'the system', generated from personal experience, intergenerational experience, and general apathy with dealing with both local *and* national organisations – which PHSO's stakeholders cautioned are often conflated in the eyes of the most vulnerable people. Our research highlights that feelings of apathy and distrust are exacerbated by a rise in automation and a perceived inability to 'reach' a human. There is a lack of faith in process, and individuals quickly lose faith in resolution, particularly when filling in complicated online forms and

letters whilst challenged by time, cognition, and language constraints. Faith is further eroded in the absence of any guarantee that communications have been received and completed correctly, and with a lack of awareness of potential timelines. Often, an individual's resilience with administrative matters is exhausted on a local level before the complaints process would reach PHSO's remit. Further, some lack trust to such a degree that they would not embark on a complaints process, local or otherwise due to their inherent fatalistic attitude that 'nothing will change as a result.'

A lack of understanding of their individual rights, along with how to navigate various systems also presents a significant barrier to making a complaint. PHSO's stakeholders advised that few 'knew their rights', and due to various lifestyle constraints and accessibility issues with local health services, most participants would disproportionately rely on online research to better understand their circumstances due to lack of other options. However, not all the priority groups exhibited digital confidence – particularly those aged 60-69 and those with 3 or more children in their household – presenting the need for PHSO to increase visibility on a local level. Equally, those with lower social grades and income, those with 3 or more children that were habitually out of formal employment, and those dealing with anxiety or developmental disabilities such as autism feel they lack the confidence to frame their concerns and needs appropriately and sufficiently to advocate themselves.

Concern around the ramifications of complaining on current and future health treatment, was a pervasive barrier in the research and many anticipated a retaliatory impact on treatment, partly due to uncertainty and distrust of the complaints process and the level of privacy and anonymity afforded to complainants. This fear was compounded by a variety of constraints relating to accessibility, mobility, income levels, rurality, and limits on time. Most adopt a scarcity mindset, and fear that in the context of making a complaint, their options would be limited in being able to access treatment elsewhere, should their treatment be impacted.

Whilst many barriers in making a complaint were indicative of the specific nuances in experience across the priority groups, the priority groups were all motivated to make complaints by a common goal. Despite the abundance of barriers identified, there was a strong need to reach a solution and provide closure to stressful, long and potentially

traumatic incidences. There is a sense that failures needed to be rectified, and despite issues experienced, most felt they would feel comforted in the knowledge that others would not face the same issue due to their efforts. Many also felt that they could be encouraged to make a complaint if they were reassured that the complaint would be 'taken seriously', this would counteract the general sense of apathy felt by many.

What would be the most effective methods of raising awareness of PHSO amongst these groups/communities?

PHSO can play a role in addressing both internal and external barriers by offering reassurances around the anonymity and transparency in the complaints process, alongside stressing their independence as an organisation.

From a stakeholder perspective, many would like to see PHSO be involved in legal education within communities, particularly around 'knowing your rights'. Alongside this they would like to see PHSO working with gatekeepers like community advocates or other grassroot organisations to understand the shifting needs of at-risk audiences.

"Information would sit within community groups, libraries, schools, hospitals, GP surgeries - in different languages." (Stakeholder interview)

"People should be more aware as these are the mechanisms for people to be able to exercise their rights to get decisions made and everybody should know and be able to use them." (Stakeholder interview)

"They could create a much more proactive requirement on services to be more proactive about explaining, both complaints and then onward complaints to the Ombudsman." (Stakeholder interview)

Stakeholders also comment that limited awareness of PHSO must be counteracted through spreading visibility of PHSO through a range of channels including offline ones, for those who have low digital confidence, as well as 'on the ground,' in schools for example. Information should also be translated and be presented in different formats e.g., audio and visual.

PHSO's jurisdiction and complaints process must be communicated clearly and transparently to reassure those who are lacking in time and energy. If possible, PHSO must also reassure at-risk audiences that the complaints process is confidential and will not have a negative impact on their treatment.

"[On raising awareness] hard copies of the advertisements in schools, in nurseries, GP surgeries, campaigns. Raising awareness online and digitally, could have issues such as limited access to the internet, laptop, or a computer." (Stakeholder interview)

"Raise awareness in a way that is responsible which doesn't increase misunderstanding. It's costly and isn't helpful for PHSO because they don't have resources to deal with all the complaints." (Stakeholder interview)

Which groups should PHSO prioritise in their outreach and engagement programme?

The research suggests that priority groups are:

- Those aged 18-29 including:
  - Those from ethnic minority backgrounds
  - Those living with disabilities or long-term health conditions
- Those aged 60-69 years old
- Low-income households
- Those from ethnic minority backgrounds including:
  - Those from Chinese ethnic backgrounds
  - Those from other Asian ethnic backgrounds
- Those living with disabilities or long-term health conditions
- Those with 3 or more children

Given the different barriers experienced by priority groups, there is a need for tailored outreach and engagement and it is not a 'one size fits all' approach. For example, young people are more likely to report a lack of knowledge (e.g. not knowing how (27%) or where (26%) to complain), whilst older people (aged 70+) are more likely to worry about the negative impact on future services (40%) as are those with lower household incomes (<£20,000 a year) (38%).

In particular, the qualitative research found those on lower incomes and those with 3 or more children tend to face the most internal and external barriers when making a complaint. These audiences are often facing intersectional issues which collide and compound on each other, such as an economic and housing stability, management of health conditions and a lack of digital education (along with other social determinants of health). The severity and complexity of these factors are further compounded by a lack of time and energy, when compared to the other priority groups.

Annex

As part of the qualitative research, YouGov conducted interviews with stakeholders from key organisations such as advocacy groups, to gain anecdotal evidence of drivers and barriers to making a complaint. Below is a case study from one of these interviews.

Case study from stakeholder interview

From an organisation which provides legal advice to those with social care needs

Experience with health and government department

Beth's organisations serves three communities: working age disabled people, older people & people with disabilities. She commented that these communities are often badly treated when accessing social care; in some instances their case is denied, delayed or they are charged the incorrect amount for the care. Furthermore, they are provided with illegal information on social care by the authorities.

- "We're seeing quite a lot of people being denied assessments … Social care funding is in crisis and there's a crisis in the workforce as well"
- "Local authority is telling people things that are unlawful. They're not providing people with the right information about their rights. And that that relates to assessments, and it relates to charging"

Making a complaint

She mentioned that various factors are at play that discourage people from making a complaint. One of the factors is fear that local authorities will punish them or carry out assessments to reduce the person's care package. Many of those from marginalised communities had a negative experience of 'the system'. This impacts on their trust in the process and makes them feel their complaints won't be heard. People from higher social grades are more likely to complain as they are more capable and have more resources for it.

- "They're scared that they're going to be punished by the local authority and have what they have taken away"

- "I think people can feel like really disengaged and feel like it's just never gonna work. I would say that this is particularly the care with racialised communities"

Complaint journey

The complaints process is felt to be lengthy; it can take more than 40 days to complete the initial checks which can aggravate the individual's quality of life. Beth concluded by mentioning that people 'on the margins of society' do not go to their MPs as they do not have the resource, willingness, or time to make a complaint or take a challenge.

- "It takes 40 days for a complaint to happen … so that in itself is like obviously really problematic"
- "People from undeserved communicates think there's literally no one they could complain to about the law"

Awareness and perceptions of PHSO

Her organisation has a positive relationship with the PHSO but she would like to see the PHSO embrace its 'independent review powers' – i.e., looking into data and reviewing the discrepancies in the social care complaints journey. She included that PHSO should be more vocal about organisations undeserving social care services to people.

- "They're resistant around kind of naming and shaming local authorities, but I feel like what's happening right no in social care is so abhorrent, it doesn't feel moral anymore for them to take that stance"