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The review of initial complainant conduct

The Review of Initial Complainant Conduct (RICC): a tool to assist in the early identification of unusually persistent complainants

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Abstract

Background

Previous research identified a set of early warning signs for complainants most likely to become unusually persistent. Further research was recommended to devise a tool to assist in the early identification of such complainants.

Aims

To devise and validate a tool to assist in the early identification of complainants most likely to become unusually persistent.

Methods

We devised a 10 item tool (the Review of Initial Complainant Conduct (RICC)) using the previously identified warning signs. We validated the tool using retrospective data from a group of complainants known to the Scottish Public Services Ombudsman (SPSO).

Findings

A revised 8 item RICC provided optimum sensitivity and specificity. Complainants that scored 2 or more on the RICC were 5 times more likely to become unusually persistent.

Conclusion

The RICC is a valid and reliable tool for the early identification of complainants most likely to become unusually persistent. Its use would potentially allow the implementation of appropriate management strategies to improve outcomes for complainants and for services.

Acknowledgements

Introduction

Unusually persistent complainants are not a new phenomenon. There is a body of academic literature on the subject, though studies are relatively few in number and many are now quite dated (for a detailed review of the literature see Skilling et al. 2012). Historically, academic focus was on understanding and classifying the underlying psychopathology of such individuals (Winokur, 1977, Astrup, 1984, and Ungvari, 1993). More recently, the focus has shifted to conceptualising unusual persistence as a problem behaviour which, like any behaviour, can be caused by multiple factors including personality traits, mental disorder and situational factors (Mullen and Lester, 2006). Efforts have subsequently been aimed at devising practical methods to identify those at risk of becoming unusually persistent and devising effective management strategies to reduce distress, dysfunction and achieve satisfactory outcomes for complainants and complaints handlers (for example the practice manual for complaints handlers produced by the New South Wales Ombudsman in 2009 and updated in 2012).

This study aimed to devise and validate a tool for the early identification of complainants at risk of becoming unusually persistent. Previous research identified a set of "early warning signs" of complainants more likely to become unusually persistent. Further research was recommended to devise a tool to for the early identification of unusually persistent complainants (Skilling et al. 2013). Early identification would allow the implementation of specific management strategies to potentially prevent or minimise the harms experienced by complainants, complaints handlers and services as a result of unusual persistence.

Methods

The Review of Initial Complainant Conduct (RICC) tool

We used the 10 items identified by Skilling et al (2013) as early warning signs of querulousness to create the Review of Initial Complainant Conduct (RICC) tool (figure 1). The items included objective counts of the timing and volume of communications by the complainant (items 1-3), as well as items assessing the content of the communications (items 4-10). To assist complaints handlers to complete the RICC consistently and accurately we produced accompanying Guidance Notes detailing definitions of the items and the rating process (available from authors on request). Data from a previous study (Skilling et al, 2013) were used to complete sensitivity/specificity analyses of cut-off scores. A cut-off of greater than three out of ten on the RICC was initially specified, which maximised the sensitivity and specificity of the tool.

Case/control selection

In total, study included 33 cases and 33 controls. We used cases known to the Scottish Public Services Ombudsman (SPSO). The SPSO is the final stage for complaints about public services in Scotland. There is no standardised definition of, or criteria for, an unusually persistent complainant in the literature. Cases were selected by experienced complaints reviewers at SPSO who were asked to identify the most unusual cases in terms of complexity, duration and use of complaints handling resources. This was consistent with previous studies (Lester, 2004 and Skilling et al. 2013). To assist complaints reviewers in the identification of suitable cases we produced guidance (available from authors on request) on the range of features that may be present in such cases. This guidance was based upon work done on Unacceptable

Complainant Conduct by the New South Wales Ombudsman (2012) which has been adopted internationally.

Controls were identified from the SPSO database of closed cases that did not meet the general criteria for inclusion described above.

Only cases and controls that were received by SPSO after August 2015 were included, as this was the date from which SPSO automatically notified complainants that their information may be used for research purposes. This meant additional consent from those included in the study was not required. All cases that met the selection criteria were included. Complaints about Police Scotland were excluded to avoid inclusion of cases which were part of the original study that produced the items included in the RICC. Complaints about the Scottish Prison Service were excluded as they used a standard complaints proforma which did not allow the application of all the items on the RICC. In order to apply the RICC at the earliest possible stage of the complaints process, only cases and controls which were the first complaint to SPSO by the complainant, and for which the original complaint letter to the service in question was available, were included. Complainants for whom the original complaint letter was written by someone else on their behalf were excluded.

Data processing

A research assistant at SPSO created an electronic spreadsheet of all cases and controls. Each case and control was allocated a random number and their designation as a case or control was recorded on the spreadsheet. Only the research assistant had access to the spreadsheet for the duration of the study. The research assistant was not involved in the application or

scoring of the RICC. The original letter of complaint for all cases and controls was photocopied and all identifying information redacted. All letters were then placed in random order in a file ready for the application of the RICC. All data were kept securely at SPSO throughout the duration of the study and was destroyed on completion of the study.

Case rating/data collection

Two of the authors (one of whom is a complaints professional and the other a psychiatrist) rated all cases/controls using the RICC. Both were blind to whether the complainants were in the case or control group. After rating the first 10 cases/controls, scores were compared to ensure consistency of approach and any disagreements on scores were discussed and agreed at that stage.

Statistics

Data were entered into an electronic spreadsheet and analysed using SPSS (V.22 IBM Corp. 2013). Items were coded as 0 (No) or 1 (Yes). Items that could not be scored due to insufficient information in the complaint letter ('Don't Know') were conservatively treated as 'No' and coded as 0. Inter-rater agreement was assessed by the two-way random effects intraclass correlation coefficient (ICC; Koo and Li, 2016). For any disagreements, the rating provided by the complaint professional was selected as this was more likely to reflect the ratings of other complaints professionals; the intended users of the RICC.

The proportion of individual items that were endorsed was compared across the two groups using the Pearson Chi-square test. The non-parametric Mann-Whitney-U Test was used to compare the total RICC scores for the two groups as the underlying distribution was not

normally distributed. Possible cut-off thresholds were assessed by determining sensitivity (proportion of cases correctly identified as cases), specificity (proportion of controls correctly identified as controls) and the overall correct classification rate. Odds risk ratios were calculated for each cut-off criteria assessed.

Comment on ethical approval

We consulted the IRAS REC decision tool which concluded that this project was research but did not require ethical approval.

Results

Over half of the complaints in the study (n = 37, 56%) came from the health sector, with the next largest representation involving local authorities (n = 19, 29%). The remaining complaints arose from housing association (n = 1), Health and Social Care Partnerships (n = 2), Scottish Government and Devolved Administration (n = 1), universities (n = 4), and Water (n = 2). Though groups were broadly similar in terms of the organisation being complained about, there were more health sector complaints in the control group (n = 14 cases, n = 23 controls) and more complaints involving local authorities in the cases group (n = 13 cases, n = 6 controls).

Inter-rater agreement on the total score was considered 'good' (ICC = .87, 95% *Confidence Interval (CI)* .78-.92). Chi-square tests (Table 1) found that complainants in the Cases group were significantly less likely than Controls to have defined their complaint clearly (X^2 (1, N = 66) = 4.98, p = .046) and more likely than Controls to use excessively dramatic or emotional

language in their communications (X^2 (1, N = 66) = 13.84, p < .001). Group differences in the total score did not reach statistical significance (Control = 29.98; Cases = 38.02, U = 395.5, p = .053).

Items on the RICC were reviewed for their value and contribution to the tool's utility in the identification of unusually persistent complainants. Items 1 and 3 were removed. Item 1 (Days between incident and complaint >12) was less applicable to health complaints, which made up the majority of complaints in the study. Health complaints more often involve an episode of care rather than a single incident and it is not unusual that more than 12 days elapse after an incident or episode of care before an individual lodges a complaint. With respect to item 3, it was felt that counting the number of pages of communications may less consistently apply to certain modes of communication, for example telephone and email. Inter-rater reliability for the 8-item RICC total score was .85 (95% CI .75-.91). The difference in total score of the 8-item RICC between groups was statistically significant (U = 306.5, p = .001). The distribution of scores in each group of complaints is represented in Figure 2.

Several cut-off scores were considered for the revised 8-item RICC form (Table 2). Of these, a cut-off score of 2 or more maximises sensitivity (54.5%) while retaining a high degree of specificity (81.8%). The corresponding odds ratio of 5.40 (95% CI 1.76-16.53) means a complaint where two or more of the RICC items apply is more than five times more likely to be one of unusual persistence.

Discussion

The nature and scale of the challenges posed to public sector agencies of accountability by unusually persistent – or *querulous* - complainants are complex and substantial (Mullen and

Lester, 2006, Skilling et al 2013). It is estimated that the unusually persistent comprise 1-5% of all complainants but consume 15-30% of professional standards resources (Mullen and Lester, 2006). In the UK health sector alone, that amounts to £5-10 million per year in Ombudsman spending (Skilling et al. 2013). In addition to the resource implications, the consequences of unusual persistence for the wellbeing of complainants and complaint handlers can be hugely negative (Lester, 2004 and Skilling et al. 2013). An effective intervention to identify and reduce the impact of unusual persistence would be of high value to complainants and as well as complaint handling systems.

No previous study has sought to devise a tool for the early identification of unusually persistent complainants. The RICC is intended for use by frontline complaints handling professionals. For any such tool to have practical utility, it must be quick and simple to score and not require knowledge or skills other than those expected of the complaint handling professional. It is important that there are management strategies available for those identified at higher risk of unusual persistence, otherwise their early identification serves no practical purpose and may be stigmatising.

In balancing the risks and benefits of failing to identify an unusually persistent complainant (a false negative) versus wrongly identifying a complainant as unusually persistent (a false positive) we favoured a cut-off on the RICC with higher specificity. This approach allowed the optimum balance of successfully identifying a high proportion of unusually persistent cases whilst minimising the risk of wrongly labelling complainants as unusually persistent. A score above 2 on the 8 item RICC indicated the complainant was 5 times more likely to be unusually persistent than not and would allow complaints handlers to consider the use of appropriate

management strategies aimed at increasing the likelihood of a successful outcome for both complainants and public bodies.

Health complaints are generally lengthier and more complex than complaints relating to other public services. In 2019/20, of the decisions made by the SPSO at their investigation stage, 70% of the decisions related to health complaints, compared to only 19% relating to local authority (including social work) complaints (SPSO, 2020). The nature of health complaints means that certain early indicators of unusual persistence are less applicable, specifically those relating to the timescales of the complaint and the volume and complexity of communications by the complainant. We adjusted the RICC to reflect this.

As part of their ongoing work in this area, SPSO have developed their language and practice to focus on behaviours i.e. "challenging behaviours", rather than on individuals i.e. "querulous complainants". SPSO have also recently issued new guidance in relation to identifying and working with people with vulnerabilities to look at the types of adjustments that can be made to help manage challenging behaviours whilst continuing to give full access to their service.

Limitations

The RICC was scored based upon the initial letter of complaint which was held in the SPSO record. It is possible that other written communications had been sent by a complainant at the start of their complaint but had not been provided to the SPSO. These would not have been included in the study.

Conclusions

It is possible to identify early those complainants most at risk of becoming unusually persistent. The RICC is a simple and easy to score tool which provides a valid and reliable method to recognise the early warning signs of unusual persistence and potentially implement management strategies that limit harm to complainants and complaint handling systems.

Recommendations

The RICC should be tested on a larger scale by a frontline complaints department to ascertain its functionality and usefulness for complaints handlers and assess its benefits in terms of outcomes for complainants and complaints services. A prospective methodology would allow further analyses of the RICC. In parallel with this, any agency using the RICC should have in place appropriate management strategies for those reaching cut-off scores for unusual persistence.

Keywords:

Unusually persistent complainants

Querulousness

Warning signs

Early identification

Screening tool

Key points:

This is novel research into developing a tool for the early identification of unusually persistent complainants.

The paper builds upon previous research in this area.

The tool that was designed (RICC) is simple, quick to complete and has good interrater reliability.

It required some modification to reflect the fact that health complaints are longer and more complex than complaints against other public services.

The study showed the RICC was able to successfully identify complainants who subsequently became unusually persistent.

The tool could be used across the public sector to identify potentially unusually persistent complainants early and minimise or prevent some of the harms that can occur in such cases.

Reflective Questions: (3-5 questions for readers to reflect on/discuss)

What challenges, if any, does your service encounter due to unusually persistent complainants?

What is your services current approach to managing these challenges?

What might be the pros and cons for your service of using a "screening" method to identify potentially unusually persistent complainants early?

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Table 1. RICC ratings for complainants from Controls and Cases

RICC item	Control (n=33)	Cases (n=33)	p (Chi-square)
1. * Days between incident and complaint ≥ 12	27	25	.760
2. Number of communications before acknowledgement ≥ 3	0	1	1.00
3. * Pages of communications (including attachments) before acknowledgement ≥ 3	18	16	.806
4. State they have sought, or are planning to seek, legal advice	0	2	.492
5. Fail to define their complaint clearly	10	19	**.046**
6. Allege that multiple agencies are conspiring against them	0	0	--
7. Is intimidating, confrontational, or rude	1	2	1.00
8. Use excessively dramatic or emotional language	7	22	**<.001**
9. Include excessive or irrelevant information	8	15	.120
10. Is vague, incoherent or difficult to follow	3	4	1.00
10-item RICC Total Score (Mdn, IQR)	2.0 (2.0)	3.0 (3.5)	.053
8-item RICC Total Score (Mdn, IQR)	1.0 (1.0)	2.0 (2.0)	**.001**

*Note. p values reported in table are exact and two tailed. *Indicates item was removed in scale revision. Mdn = median; IQR = interquartile range*

Table 2. Performance of possible cut-offs on 8-item RICC total score

Criteria (RICC items endorsed)	Odds ratio (95% *CI*)	Sensitivity (%)	Specificity (%)	Correct Classification Rate (%)
2 or more	5.40 (1.76, 16.53)	54.5	81.8	68.2
3 or more	5.71 (1.43, 22.77)	36.4	90.9	63.6
4 or more	4.17 (0.80, 21.85)	21.2	93.9	57.6

Figure 1. The Review of Initial Complainant Conduct (RICC) tool

Item	Yes	No	Don't know
1. Days between incident and complaint ≥ 12			
2. Number of communications before acknowledgement ≥ 3			
3. Pages of communications (including attachments) before acknowledgement ≥ 3			
4. State they have sought, or are planning to seek, legal advice			
5. Fail to define their complaint clearly			
6. Allege that multiple agencies are conspiring against them			
7. Is intimidating, confrontational or rude			
8. Use excessively dramatic or emotional language			
9. Include excessive or irrelevant information			
10. Is vague, incoherent or difficult to follow			
Total score	/10		
	If score > 3 then consider appropriate management strategies		

Figure 2. Frequency distribution of 8-item RICC form total scores across both groups