

Disability Services Commissioner Annual Report 2009

Valuing people: improving the quality
of disability services through complaints





Disability
Services
Commissioner

An independent voice promoting:

- Rights
- Dignity
- Respect
- Fairness
- Excellence

It's
OK
to complain

1800 677 342 (free call)
TTY 1300 726 563
www.odsc.vic.gov.au



...AND LASTLY, WE'VE
HAD NO COMPLAINTS!

THAT'S GREAT!





Disability
Services
Commissioner

5 October 2009

The Hon. Lisa Neville, MP
Minister for Community Services,
Level 22, 50 Lonsdale Street
MELBOURNE VIC 3000

Dear Minister,

In accordance with section 19 of the *Disability Act 2006* I am pleased to provide to you the Disability Services Commissioner's report for the year ended 30 June 2009.

Yours sincerely

L. Harkin

Laurie Harkin
Disability Services Commissioner



Level 30, 570 Bourke Street Melbourne Vic 3000
Complaints 1800 677 342 (free call) **General enquiries** 1300 728 187 (local call)
TTY 1300 726 563 **Fax** 03 8608 5765 **Website** www.odsc.vic.gov.au

Contents



- 4**
From the Disability Services Commissioner



- 6**
Disability Services Board President's Report
Disability Services Board **7**



- 8**
About the Disability Services Commissioner in Victoria
Our team **8**
Our values and principles **8**
Who we are and what we do **9**
Our functions under the Disability Act 2006 **9**
Our organisational structure **10**
Summary of our performance **11**
Summary of our submissions **14**



- 15**
Informing / Resolving / Responding
Service users **16**
Service providers **17**
Families **18**



- 19**
Informing / **Resolving** / Responding
Complaints received **19**
Overview of enquiries and complaints **20**
Resolutions **24**
Types of services and issues **26**
Characteristics of complainants and service users **28**



- 29**
Informing / Resolving / **Responding**
Annual complaints reporting 2008/09 **29**
Details of complaints **31**

- Financial Statement for the year ended 2009 **34**
Compliance and accountability **35**

- Appendix 1: Disability Services Commissioner Complaints Flowchart **36**
Appendix 2: Annual complaints report data **37**
Appendix 3: Whistleblowers **39**

From the Disability Services Commissioner



Laurie Harkin, Disability Services Commissioner

'I invite you to read our report and enjoy the photos, images and captions that tell some of our story over the past twelve months.'

I am pleased to reflect on the achievements and improvements within the Disability Services Commissioner's (DSC) office in 2008/09.

Over the past year I visited 92 disability service providers across all regions of the state, enabling me to reinforce the value of effective complaints management systems and approaches. These visits have allowed me to explore organisational and cultural issues and to learn of the service improvements that have given people with a disability a voice and increasingly a sense that they are being heard.

In this second year more people with disabilities have raised their concerns with our office and the number of matters brought to us has increased by around 35 per cent above the first year of operation. Services have also reported a 15 per cent increase in complaints received. This indicates an increasing awareness among people with disabilities of their rights and a willingness to voice their concerns.

These emerging trends confirm that the priorities and approaches outlined in our strategic plan 2008–2012 are appropriately targeted, demonstrating our achievements so far in ensuring that: people with a disability know how to complain and get an outcome they are satisfied with; those involved in our processes feel heard and respected and experience improved service outcomes; services have effective complaints handling systems in place and cultures where *It's*

Ok to Complain!; services use the information reported in complaints to improve their services and; we learn what is working well and what needs to change so services continue to improve.

We are further encouraged by the positive contributions of service providers in recognising their annual complaints reporting responsibilities and in conjunction with the work of the Disability Services Board — Annual Complaints Task Group, our office will continue to look at ways to strengthen reporting tools, processes, reporting compliance and data collection and analysis.

We were pleased to launch *The Good Practice Guide and Self Audit Tool: developing an effective person centred complaints management culture and system* in February, which has been enthusiastically embraced by providers as a valuable organisational and educational resource.

Another major focus has been on the introduction of a new complaints management database that serves as an effective case management tool as well as a functional data recording and reporting tool. The data we collect enables us to build evidence and research complaints relating to disability services and the mechanisms for resolving them. Some early indicators of the root causes of complaints and the opportunities for service system improvements are emerging around enhancing both the person-centred planning process and communication with service users and families.

We have continued to work with advocacy services this year, particularly in an educational context to support and reinforce the rights of people with disabilities to have their issues of concern respected and heard. Whilst there is to be a re-alignment of advocacy services' relationship with government we envisage collaborative work will remain a feature of an effective complaints system that further affirms the rights of people with disabilities in Victoria.

Each year opportunities arise to make submissions to various parliamentary and government reviews and we have continued to provide our perspective to a number of these. During this reporting year we made submissions to the Mental Health Act Review, Supported Residential Services Regulatory Review, Victorian Equal Opportunity and Human Rights Commission (VEOHR) Legislation Review and the Department of Human Services Disability Services' *Individual Support Package Guidelines*.

Looking to the year ahead, our work will continue to be informed and characterised by our commitment to achieving the objectives outlined in our strategic plan 2008–2012, with particular emphasis on driving organisational and cultural change within the disability sector as well as refining and enhancing the internal systems of the office.

This annual report provides me with the opportunity to publicly acknowledge and thank Tricia Malowney, President of the Disability Services Board, the Disability Services Board and all DSC staff for their commitment and highly valued contributions and support throughout the year.

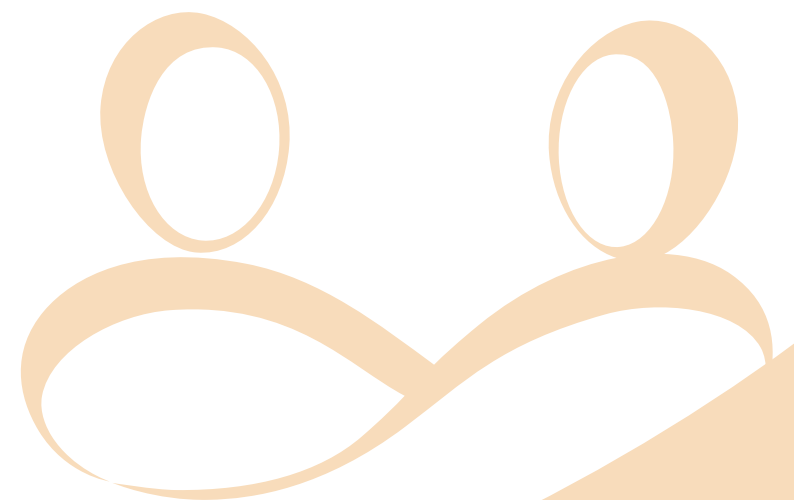
We also wish to acknowledge the Hon Lisa Neville Minister for Community Services for her support and thank her for her commitment to the work of our office.

I invite you to read our report and enjoy the photos and captions that tell some of our story over the past twelve months. We welcome feedback and encourage you to provide your thoughts and ideas on our report and our organisation.



Laurie Harkin
Disability Services Commissioner

‘Looking to the year ahead, our work will continue to be informed and characterised by our commitment to organisational and cultural change within the disability sector’.



Disability Services Board President's Report



Tricia Malowney, President Disability Services Board

‘On a personal note, as President of the Disability Services Board, I have been particularly impressed by the professionalism with which each Board member has approached their role, their capacity to share information and learnings and to put the needs of people with disabilities first.’

During 2007/2008 the Disability Services Board began the task of examining and consolidating its role in supporting the Disability Services Commissioner, as required by the *Disability Act* 2006 (Disability Act).

In 2008/2009 I am pleased to report that as members have begun to know each other better, we have shared our knowledge and experiences of disability service provision from our different perspectives, as service providers and service users. Having a mix of service providers, people with disabilities, and those with particular experiences or expertise on the Board has proved to be very beneficial.

The Board has undertaken an assessment of the first year of operation to ensure we are on the right track. Consistently each member has shown a determination to contribute to the work of the Commissioner by providing advice to the Commissioner and to the Minister for Community Services.

A productive and reciprocal relationship with Commissioner Laurie Harkin and his staff has been forged. Our relationship continues to develop and is based on our shared objectives to improve the lives of people with disabilities.

To enable us to provide the best possible input, we have developed a *skills and interests matrix* for board members. This means the Commissioner's office can call upon members to contribute to

the work of the office as needed; whether that is to provide comments on documents, projects or submissions prepared by the Commissioner or by supporting the Commissioner at events.

The matrix has helped us identify opportunities for board members to promote the work of the Commissioner. Each board member has been provided with an information kit to support them when referring to the work of the office of the Disability Services Commissioner.

To further the work of the Board, we have set up two task groups, a Governance Task Group and an Annual Complaints Report Task Group.

The Governance Task Group, chaired by myself, established a policy manual to assist board members to fulfil their roles on the Board. The development of policies specific to the Disability Services Board has been well supported by board members and considered necessary due to the unique nature of the Board.

The Annual Complaints Report Task Group, chaired by Mr Scott Sheppard, reports to the Board which provides advice to the Commissioner. The group has good representation from community service organisations and the Department of Human Services as service providers. This year the group's focus has been on improving the methodology for the collection, analysis and

reporting of annual complaints data under Section 105 of the Disability Act. The task group has made recommendations to the Disability Services Board for improvement of instrument design based on specialist expert advice and in coming years the group will consider issues and trends that emerge from the data collected.

On a personal note, as President of the Disability Services Board, I have been particularly impressed by the professionalism with which each Board member has approached their role, their capacity to share information and learnings, and to put the needs of people with disabilities first.

I would like to thank the Disability Services Commissioner and his staff for their continued willingness to support the Board and share information. In particular I would like to thank Ms Rosie Chiavaro and her predecessor Mr Will Crinall, for providing excellent secretariat support and for ensuring we have a cohesive effective board.



Patricia (Tricia) Malowney
President, Disability Services Board

Disability Services Board

Board members are representatives of service users, service providers, parents, children with disabilities, the Secretary of the Department of Human Services and other independent people who bring expertise, including but not limited to the disability service system, health, law, human rights, women's issues, multiculturalism, education, mental health, transport and aged care.

Summary of Board Functions

- ▶ Receive advice from the Minister and Commissioner
- ▶ Provide advice to Minister and Commissioner
- ▶ Promote the operations of the Commissioner
- ▶ Provide expertise and guidance reflecting the perspectives of and from the disability services sector
- ▶ Refer matters relating to disability services complaints to the Commissioner for inquiry

Board Member appointment period:

July 2007 to June 2010

Disability Services Board Members: 11



Board Members

- ▶ Mr Christian Astourian — Diversity and Disability Policy Communications Coordinator Migrant Resource Centre
- ▶ Dr Chad Bennett — Clinical Director and Consultant Psychiatrist, the Victorian Dual Disability Service
- ▶ Ms Liz Bishop — CEO St John of God ACCORD
- ▶ Ms Liz Kelly — Private consultant
- ▶ Ms Tricia Malowney — Systemic advocate and various board and committee member/directorships
- ▶ Ms Aileen McFadzean — Lawyer
- ▶ Dr Kevin Murfitt — Lecturer Deakin University, Chair Vision Australia
- ▶ Mr Arthur Rogers — Executive Director, Disability Services, Department of Human Services
- ▶ Ms Jennifer Sewell — CEO John Curtin Memorial Hostel
- ▶ Mr Scott Sheppard — CEO Wallara Australia Ltd
- ▶ Ms Beth Wilson — Health Services Commissioner

Back left to right: Dr Chad Bennett, Ms Jennifer Sewell, Mr Arthur Rogers, Ms Beth Wilson, Ms Liz Kelly. Front left to right: Mr Kevin Murfitt, Ms Tricia Malowney—President, Ms Aileen McFadzean, Mr Christian Astourian. Absent from photo: Mr Scott Sheppard, Ms Liz Bishop

Disability Services Commissioner in Victoria



Our team

Back left to right — Billie Jo Fookes, Ron Tiffen, Kirsten Horsburgh, Dr David Sykes, Jennifer Jackson-Hall, Lynne Coulson Barr, Commissioner Laurie Harkin, Rosie Chiavaro, Florence Kaur. Front left to right — Linda Rainsford, Christine Krashow, Dina Theodoropoulos, Alison Tunks, Jo-Anne Mazzeo. Absent from photo — Sandra Myerscough

Established on 1 July 2007 under the *Disability Act 2006*, the Disability Services Commissioner (DSC) works with people with a disability² to resolve complaints they have about registered disability service providers³.

Our values and principles

Our values and principles are consistent with the *Disability Act*, the *State Disability Plan 2002–2012*, the *Charter of Human Rights and Responsibilities Act 2006* and UN Convention on the Rights of Persons with Disabilities.

We believe that complaints provide people with a disability and disability service providers with an important opportunity to improve the quality of disability services.

We assist disability service providers to improve services and service outcomes for people with a disability through better complaints handling systems¹.



Accessible



Accountable



Person-centred



Respect



Fairness



Excellence



Responsive



Rights

Who we are and what we do

The Disability Act establishes an independent complaints and review process to improve the quality of service provision for people with a disability by:

- ▶ establishing a Disability Services Commissioner to investigate and conciliate complaints relating to disability services;
- ▶ ensuring disability service providers have a system for effectively managing complaints made by people with a disability and their representatives, and;
- ▶ providing additional mechanisms for review by the Victorian Civil and Administrative Tribunal.

Our functions under the *Disability Act 2006*

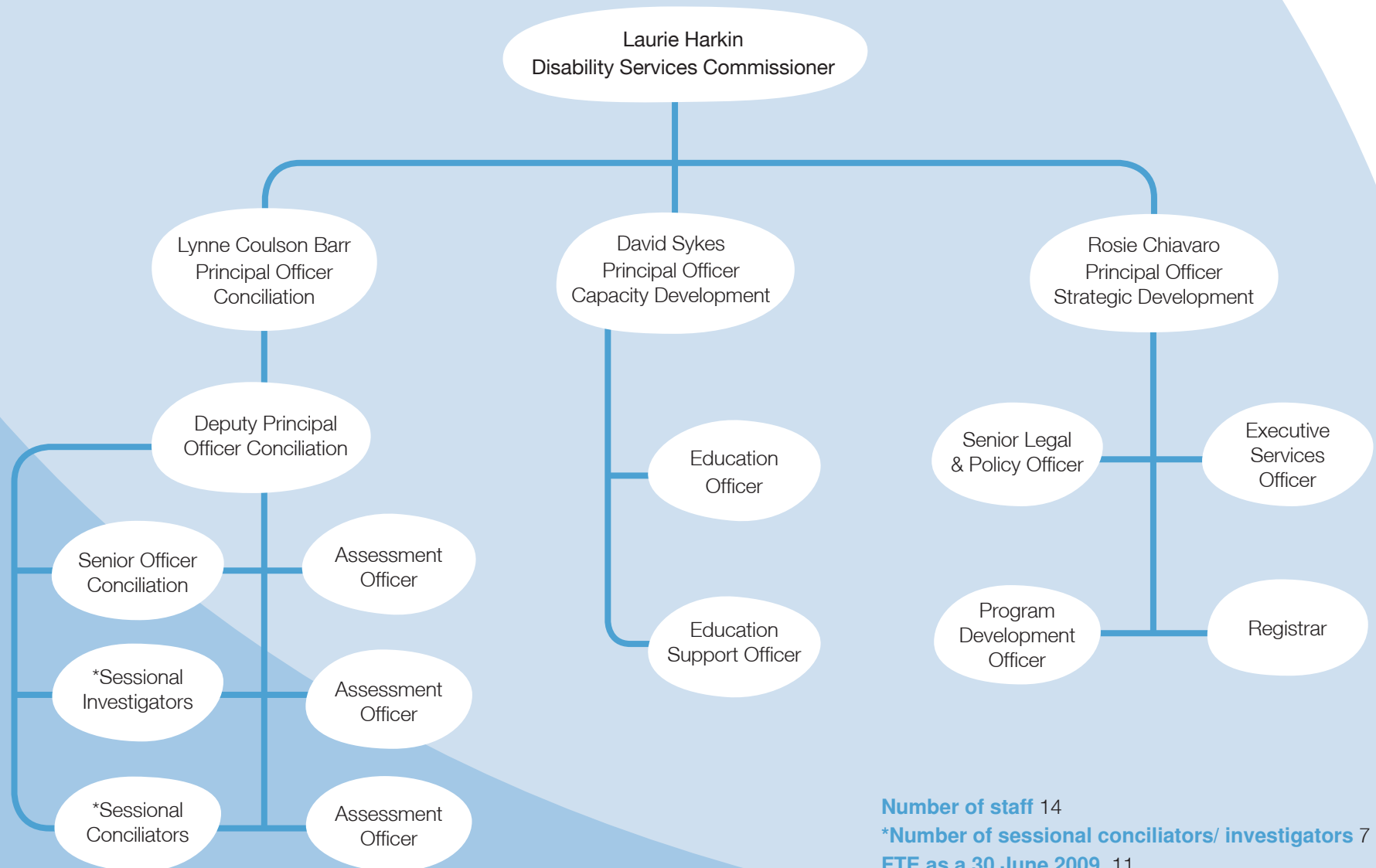
- ▶ Receive and assess complaints relating to disability service providers and attempt to resolve them informally.
- ▶ Conciliate complaints by facilitating discussions between complainants and disability service providers in order to reach an agreement, where possible.
- ▶ Investigate complaints relating to disability services which are not suitable for conciliation.
- ▶ Review and identify the causes of complaints and suggest ways of removing and minimising those causes.
- ▶ Provide advice or inquire into matters referred by the Minister for Community Services or the Secretary of the Department of Human Services.
- ▶ Publish information about complaints and make available in an accessible manner details of complaints procedures.
- ▶ Maintain a record of all complaints received by the Disability Services Commissioner.
- ▶ Consider ways of improving disability services complaints systems.
- ▶ Develop programs for persons in the handling of complaints.
- ▶ Determine what action should be taken by a disability service provider where a complaint has been found to be justified.
- ▶ Provide advice to the Disability Services Board and refer issues to the Disability Services Board for advice.
- ▶ Subject to the approval of the Minister, initiate inquiries into matters referred by the Disability Services Board and broader issues concerning services for persons with a disability arising out of complaints received.
- ▶ Provide education and information about prevention and resolution of complaints relating to disability services.
- ▶ Conduct research into complaints relating to disability services and mechanisms for resolving complaints relating to disability services.

¹ See 'who we are and what we do' and 'our functions' section of this Annual Report for roles of the Disability Services Commissioner outlined in the Disability Act.

² While the term 'people with a disability' is used, any person may make a complaint to the Disability Services Commissioner.

³ The term 'disability service providers' is used to refer to both the Department of Human Services Disability Services and registered disability service providers.

Our organisational structure



Summary of our performance



Key activities	Achievements	Future directions
Providing information in diverse languages	We produced publications in over 15 languages. Brochures are now available in Amharic, Turkish, Spanish, Somali, Serbian, Russian, Greek, Macedonian, Khmer, Chinese, Arabic, Vietnamese, Italian, Polish and Croatian.	We will progress the translation of other publications including Indigenous communities.
Communicating and informing via our website — www.odsc.vic.gov.au	Our website meets 'AAA' accessibility standards and continues to be a popular site for people to access resources and information about how to make complaints.	We intend to expand our use of technologies to communicate with stakeholders and create even better accessibility to information on our website for the deaf community.
Enhancing our technologies to record details of complaints	We have enhanced our current database to ensure its functionality as both an effective case management and a reporting tool.	The data we collect enables us to build evidence and conduct research into complaints relating to disability services and the mechanisms for resolving them. We will continue to review and enhance our technologies to support our work.
Single office consolidation	The relocation of all staff to a single office space at level 30/570 Bourke Street, Melbourne occurred in May 2009.	The benefits and improved efficiencies continue to be realised for our office.
Education and information sessions	The office conducted forums and provided education and information to 234 service users, 671 service providers, including community visitors and 525 families and friends.	Our commitment to supporting a culture amongst service providers where <i>It's OK to Complain!</i> is unwavering.
Annual Complaints Reporting (ACR) Task Group	The task group has explored alternative methods for more effective collection and analysis of service provider annual complaints data and progressed commitments to revise our annual complaints reporting data collection tool.	We look to strengthen our methodology for collecting, analysing and reporting service provider annual complaints data.

(continued)

Summary of our performance (continued)



Key activities	Achievements	Future directions
Visits to services	By June 2009 the Disability Services Commissioner visited 92 disability service providers in all regions across the state.	We will continue to communicate and learn first hand from service providers about their complaints experiences and the improvements they bring to service culture and service provision.
Staff training initiatives	We have promoted and supported staff access to training initiatives such as mediation, conciliation, conferencing, policy development, coaching, project management and auditing.	As part of our commitment to staff development we will support and continuously seek learning opportunities that enhance our capacity to be responsive.
Launch of <i>Good Practice Guide and Self Audit Tool</i>	All disability service providers have been provided with a copy of the <i>Good Practice Guide and Self Audit Tool: Developing an effective person-centred complaints management culture and system</i> .	We will continue to work with services on the application of the self audit tool as part of our broader agenda to promote organisational cultures where it is OK to complain and indeed be complained about.
Referring issues to the Disability Services Board (DSB) for advice.	A framework has been established for and with the Disability Services Board to enable the referral of matters for advice and to maximise engagement, representation and input from board members to the work of the Commissioner.	DSC and the DSB strive to further enhance collaborative and collegiate relationships and exercise the significant representational capacity of the Board.
DSC newsletter	We distribute over 500 copies of our newsletter each quarter and it continues to be a key channel for us to update services about our activities, available resources and to share information and good practice experiences.	We will continue to publish and widely distribute our newsletters at seasonal intervals throughout 2009/10 as part of our communication strategy to keep people informed.

Key activities	Achievements	Future directions
Engaging people with a disability to deliver the message that <i>It's OK to Complain!</i>	We worked with Antz Pants theatre group to promote the message ' <i>It's OK to complain!</i> ' with a live performance at the Having a Say Conference this year.	We will to use the DVD produced from the performance to support the educative work of DSC in promoting the message <i>It's OK to Complain!</i>
Review of DSC information sheets and complaints forms	We sought feedback and explored options for the re-design of our information sheets and complaints forms to ensure better access and greater functionality for both complainants and assessment officers.	We remain committed to regularly reviewing our forms and information to ensure they are accessible, easy to use and understand.
Resolving complaints	We developed our approaches to resolving complaints to include assessment conferences in which we resolved 59 per cent of cases informally. Almost half of complaints referred to conciliation were either fully or substantially resolved, with agreements reached on ways of improving service outcomes.	We continue to improve our practices and skills to promote the resolution of complaints and build the capacity of complainants and service providers to resolve future issues together.
Strategic planning	We delivered our strategic plan — DSC Strategic Plan 2008–2012 <i>Valuing people: Improving the quality of disability services through complaints.</i>	We will measure our success against the achievement of our work priorities and the approaches outlined in our values, principles, objectives and strategies.

As part of building our relationships with related organisations, protocols have been developed with the office of the Public Advocate and Child Safety Commissioner.

Protocol with the office of the Public Advocate (OPA)	DSC and OPA share an interest in promoting the rights of people with a disability. Our protocol promotes the sharing of information and referrals between the two offices to benefit shared clients.	The role of OPA in providing advocacy for people with a disability means that it may need to bring complaints before the Commissioner. Equally the Commissioner may bring matters to OPA that require advocacy.
Protocol with the Child Safety Commissioner (CSC)	DSC and the CSC have a shared concern for the rights and entitlements of children with a disability and children of parents with a disability. Our protocol establishes a means to identify opportunities for contact and information sharing to support joint involvement of the two offices.	This protocol will continue to assist the two Commissioners to promote the rights and maximise outcomes for those children with a disability and parents with a disability who may seek the involvement of either Commissioner.

Summary of our submissions

Submissions	Key recommendations
Submission to the Review of the Regulation of Supported Residential Services (SRS) in Victoria	We highlighted that the residents in SRSs, like residents in supported disability accommodation services, require greater clarity about how to have their complaints heard. One aspect of this was through the establishment of an independent complaints body.
Submission to the Review of the <i>Mental Health Act</i> 1986	We recommended the continued promotion of a culture within mental health services, where it is considered appropriate for patients to complain if they are dissatisfied with the care and support they are provided. We also supported the proposal to establish an independent specialist mental health complaints body.
Submission to Victorian Equal Opportunity and Human Rights Commission (VEOHRC) Legislation Review	<p>We discussed the impact of the Charter of Human Rights on both the Disability Services Commissioner's functions and its potential to improve the quality of disability service provision.</p> <p>We noted that the Charter adds strength to the Disability Act and is a valuable tool for resolving complaints with service providers in a way that promotes and protects the rights of people with a disability. Disability service providers need to be mindful of their Charter obligation to consider the human rights impacts of policies and programs, in addition to upholding their duty of care.</p>
Submission to the Department of Human Services Disability Services' Individual Support Package Guidelines	We supported the development of Individual Support Package Guidelines that clarified the department's processes, practices, roles and responsibilities in relation to individual support packages.



Informing / Resolving / Responding



We inform service providers of the importance of complaints in the context of providing a quality service. Equally we inform service users, their families and advocates of their right to complain.

The Commissioner has an important role in promoting effective complaints management systems and cultures.

People with a disability convey the message *It's OK to Complain!*

The Commissioner engaged the Antz Pants amateur theatre troupe, from the Meeting Place in Colac to develop and deliver a performance that promoted the message *It's OK to Complain!*, at the Having a Say Conference (HAS) in February 2009. The HAS conference is one of the largest for people with a disability in Australia, with over 1000 participants, providing an excellent opportunity to raise awareness of our office directly with people who use disability services.

Antz Pants' performance was informed by the experiences of our office and by the experiences of the individual performers. The performance

was positively received with many conference participants subsequently requesting more information or to discuss complaints they had about disability services.

A DVD of the performance is now used in our ongoing educational work with both service users and the disability services sector to reinforce the message that *It's OK to Complain!*

Development of the *Good Practice Guide and Self Audit Tool*

In February 2009, DSC launched the *Good Practice Guide and Self Audit Tool* (the guide) to assist disability service providers to strengthen their complaint management systems and cultures. The development of the guide was in response to feedback from disability service providers who were seeking a resource to assist them to develop and review their approaches to complaints.

The guide outlines the importance of good policies and procedures, and reinforces that a positive complaints culture requires disability services to actively promote an environment where *It's OK to Complain!* and indeed, where it is OK to be complained about.

Particular emphasis is placed on person-centred approaches to ensure service users are at the heart of the complaints approach.

‘If you make a complaint then you should be listened to!’

The audit tool supports disability services to easily assess and review their own performance and to inform the development of plans for improving their approach to complaints.

Since the launch of the guide DSC has been engaged by a number of disability service providers keen to increase their understanding of the organisational importance of complaints and review their approach to complaints, whether this be through policy, procedure or practice developments.

For service providers that promote positive and supportive relationships, a complaint is often seen as a key indicator of the strength of their relationship and the trust that exists with service users.

As an example, when asked about complaints and the organisation’s approach one CEO said ‘We wear them like a badge of honour! When folk can make a complaint from such a disempowered place in society, the staff see it as a real sign of success and a most positive aspect of the relationship between them and the service users’.

**Complaints...
‘we wear them like
a badge of honour!’**

Where a service provider has a strong culture of respecting and valuing staff and their contributions, this is often reflected in their work with service users. Many services have developed processes for receiving feedback so they can capture both complaints and compliments about the service provided. In these organisations the values and principles of the service are often reflected in the actions of staff.

Service users

The number of people with a disability bringing issues to DSC has steadily increased since our first year of operation. Almost one quarter of enquiries and complaints to DSC in 2008/09 were made by service users. This is an important indication that the message *It’s OK to Complain!* is increasingly being heard and acted on by people with a disability.

When speaking to service users about their experience of complaining to service providers they reflected mixed responses including: ‘no one listened to us’, ‘no one did anything about it’, ‘if you make a complaint then you should be listened to’.

Given their experience, some service users came to DSC with low expectations that their circumstances would change. Some service users talked to us about having ‘nowhere else to go’ with their complaint. An example given by one service user described DSC as the place that ‘settles disputes that can’t be settled’. When asked about an actual experience with DSC, others said that they felt ‘listened to’ and that ‘whilst it took a while at least we got somewhere’. One service user described DSC as ‘the only place that we got any sense’.

Jeff rang DSC because he was not happy about the responses to his requests for help from a case manager. He said they kept closing his case and that every time he rang someone different answered the phone. Jeff wanted support to get some work and to go to a local activity group. Jeff told DSC that he was fed up and angry.

DSC worked with the service provider to acknowledge that their system wasn’t working for Jeff. DSC also worked with the service provider to help Jeff develop a plan to provide consistent support to work on achieving his goals.

Service providers

Annual complaints reports from service providers identified common themes about what aspects of their complaints process they considered worked well in resolving complaints during 2008/09, including:

- ▶ **Responding to complaints quickly, including following up issues in a timely manner and de-escalating issues.** *'All complaints are dealt with and resolved at the most immediate, local level by the parties directly involved, as quickly as possible and at as lowest possible level of the organisational structure [...] This approach has ensured that any client complaints, grievances, or indeed recommendations for changes to supports are dealt with immediately and most typically by staff with whom the individual service user is most comfortable and trusting based on familiarity and knowledge'.*
- ▶ **Having effective complaints management policies or procedures.** *'Using a formal complaints process ensured that the service user felt that the complaint was being taken seriously and was reassured that the outcome would be implemented'.*
- ▶ **Providing effective information and communication to complainants, including in easy to understand language, and in accessible formats (including pictorial formats).**

'[Provider name] with the assistance of a speech pathologist has come up with learning tools such as games, posters and flowcharts to reinforce the complaints training program. These tools have also assisted clients with different communication styles and literacy levels to understand the process and their rights'.

- ▶ **Raising awareness of the complaints process.** *'[We] wrote, directed, organised and conducted a performing arts drama production regarding the complaints education process...'*

Service providers also reported on aspects of their complaints handling approach that they considered could benefit from improvement. The three most common themes from these comments included:

- ▶ **Improving information provision to complainants about the complaints process, including reviewing the language, format, key messages, and availability of information.** *'[...] We plan to review our documentation or language and modify to better suit the needs and preferences of service users'.*
- ▶ **Developing or enhancing complaints policies or procedures.** *'The existing policy and procedure was not clear. It focused on grievances and did not specify*

what a service complaint was. As a result, a new policy and procedure has been developed to address service complaints relating to service users and their representatives. The new policy has been developed against the guidelines from the office of the Disability Services Commissioner.'

- ▶ **Raising awareness of the complaints process amongst families, service users or other services.** *'[Provider name] conducts an annual complaints training program with all its clients. We have realised that the next step was to inform parents and carers of this process and of client rights. We have commenced promoting the complaint process to parents and carers by covering the complaints system in our newsletter'.*

Further to this, the Commissioner was pleased to meet with disability service leaders during the year to hear directly about service practice and how complaints inform the work they do.

While service providers reflected on the reality of funding and workforce challenges, they also expressed a strong determination to ensure their services are person centred. It is heartening to learn that many services acknowledge the important opportunity that complaints offer to improve service quality and outcomes for service users.

Families

Parents continue to be the main source of enquiries and complaints to DSC, confirming the significant role family members play in advocating for people with a disability. Almost half of all enquiries and complaints are made by parents raising concerns on behalf of their son or daughter. We have spoken with groups of parents about their experience in raising complaints with service providers and their expectations of DSC. It was acknowledged that DSC provides somewhere to 'let off steam' without doing this directly with the service provider so as to preserve the relationship. DSC was viewed as capable of addressing critical communication issues between service providers and families, as well as dealing with parents' expectations of the service system.

A number of families said they were not afraid to raise concerns with their service provider because they have a good relationship with them. These parents said they believed they were being listened to and received appropriate follow up to make sure that their concern had been adequately addressed. Equally there were parents who said they were afraid to 'bite the hand that feeds them'. They did not want to jeopardise the support they received by complaining. Others felt that they should be 'grateful' for the services they receive given the number of families waiting for services.

Some families expressed the view that you 'needed to be realistic in your expectations of service providers given their funding and other limitations'. Implicitly they said you could not always expect to receive the quality service you would like, and the view was expressed that 'some parents are never going to be satisfied'. There was significant concern raised by some families about who would raise issues after parents were no longer able to do so.

Dan and Jill contacted DSC because they were worried about plans to have their son move from shared supported accommodation into independent living. They do not believe the planning is in the best interest of their son. They doubted that he could survive independently and wondered what security was in the financial package and the quality of support their son would get.

They asked about guarantees and were worried about who would look after their son's interest as they are 'getting on a bit' and would not always be there for him. They had tried to raise their concerns with the service provider but had not been able to get a satisfactory explanation or response to their questions.

Marcia is worried about a male client who recently started to go to the respite house her daughter attends. Marcia was told by another parent that there had been some issues with this client being violent.

Marcia tried to ask staff about this issue but was frustrated because staff said it would be a breach of privacy if they talked about the issues with her. Marcia's daughter says she does not like this client and that she doesn't want to go to the house if he is there. Marcia thinks there may have been an incident and just wants to know if her daughter is safe.

She is not sure how she should raise this as a complaint with the service and contacted DSC for assistance.



Informing / **Resolving** / Responding



Complaining can change things! Making a complaint can be an empowering experience for people with a disability. It affirms their right to raise concerns about services they receive and to feel heard and respected.

For service providers, complaints are an opportunity to learn more about what is important to service users and to improve services and communication for the future.

Outcomes of complaints have included changes in the way service users are supported to meet their needs and goals, reviews of person-centred plans, agreements on actions to prevent reoccurrence of incidents and improve services.

Complaints received

Supporting people with a disability and service providers to find ways of resolving complaints, and improving services and communication is a key focus of the work of DSC. People are encouraged to take up their complaint with their service provider, while recognising there can be a number of reasons why this may be difficult.

We assist people who have found it difficult to complain to their service provider, as well as those who have tried to complain but not received a satisfactory outcome in response to their complaint.

The Disability Act emphasises trying to resolve complaints informally at the earliest possible point between the complainant and the service provider. We work hard to identify solutions that work for everyone, ensuring that the service user is at the heart of the approach to the complaint. We recognise that relationships are important, and that supporting the person who made the complaint and the service provider to find ways to resolve the issues together and improve services is likely to produce the best long-term outcomes.



Disability
Services
Commissioner

An independent voice promoting:

- Rights
- Dignity
- Respect
- Fairness
- Excellence



It's
OK
to complain

1800 677 342 (free call)
TTY 1300 726 563
www.odsc.vic.gov.au

Overview of enquiries and complaints

In the past twelve months, the overall number of enquiries and complaints made to DSC increased by 35 per cent. A total of 421 matters were brought to DSC in 2008/09 compared to 311 in the first year of operation (Figure 1).

Figure 1: Total numbers of enquiries & complaints



Breakdown of enquiries and complaints

An increase was experienced in the proportion of enquiries handled compared to formal complaints, with 281 enquiries received compared to 140 formal complaints. This represents an increase of 10 per cent in the proportion of matters handled as enquiries compared to matters assessed and handled as formal complaints (Figure 2).

This increase can be attributed to the development of practices that assist callers and service providers to deal with issues at an early stage, as well as an increase (11 per cent) in the number of enquiries about matters which are out-of-scope for DSC.

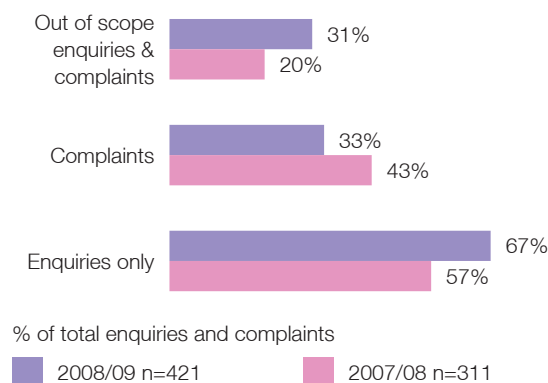
The increase in out-of-scope enquiries and complaints can be attributed to the *information and education* work of DSC which recognises

the difficulty that people can have in knowing where to take their particular issue and therefore encourages contact with our office.

Out-of-scope enquiries and complaints

The most common reason for an enquiry or complaint being out-of-scope is that the service is not state funded and/or provided by a registered disability service provider. Examples include Commonwealth funded disability services such as employment services, education and health services and Home and Community Care (HACC) services. Responding to out-of-scope enquiries and complaints and assisting people with appropriate information and referrals continues to be important service provided by DSC.

Figure 2: Breakdown of enquiries & complaints



Overview of outcomes for enquiries and complaints (in-scope)

The majority of matters brought to DSC in 2008/09 were handled as enquiries or complaints within the 90 day assessment period allowed under the Disability Act, with the focus being the earliest possible resolution of issues⁴. Only a small number of complaints were formally considered (19) or referred to conciliation (3) or investigation (1) as shown in Figure 3.

Assessment outcomes

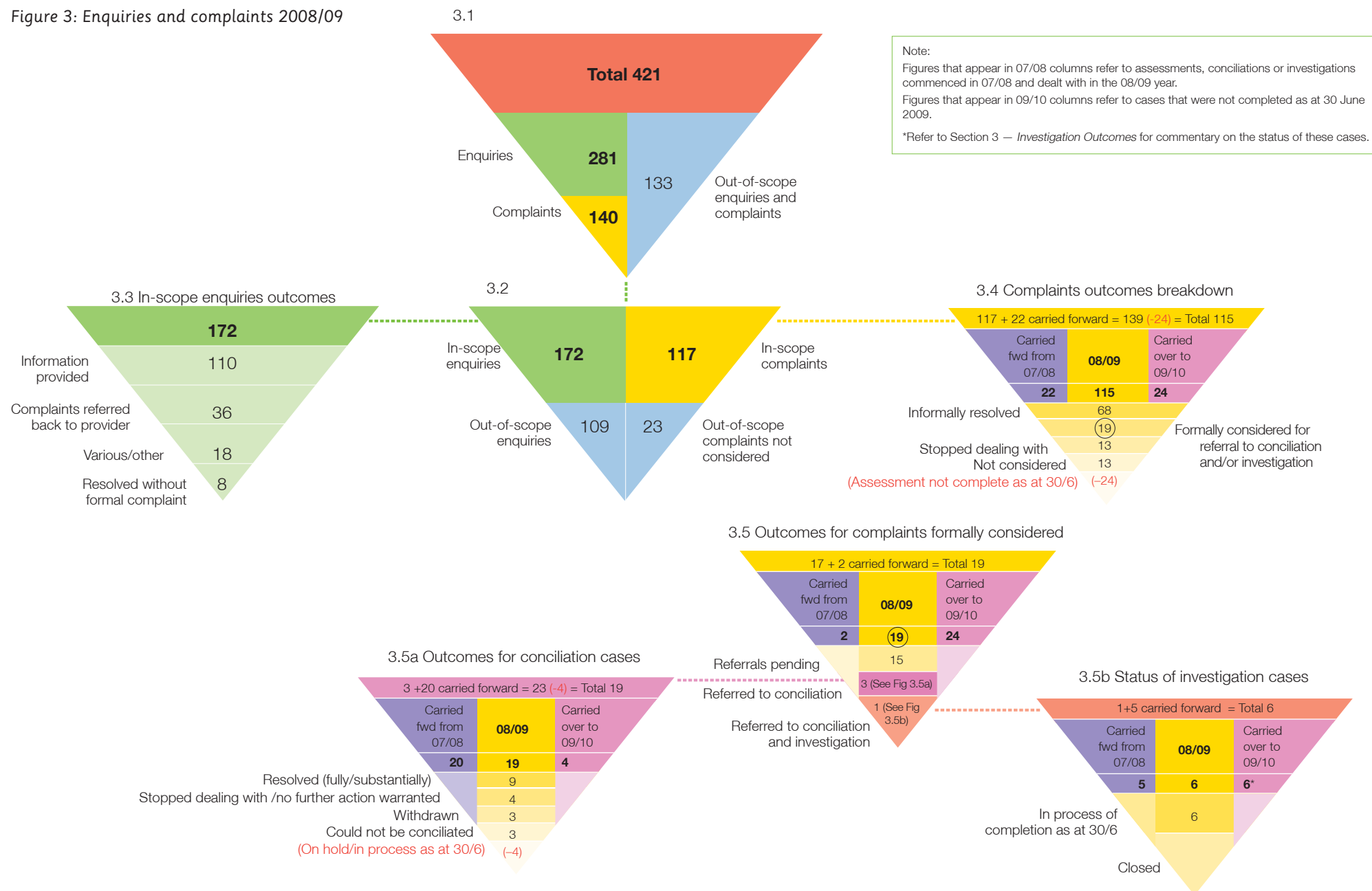
In addition to more matters being handled at the enquiry stage, the number of complaints informally resolved at the assessment stage significantly increased compared with 2007/08 (Figure 4⁵).

This means more people bringing issues to DSC were satisfied that their concerns had been acknowledged and agreement reached with the service provider on how to address these concerns, without the need for the Commissioner to formally consider the complaint. Consequently a smaller proportion of complaints were formally considered by the Commissioner for referral to either conciliation or investigation.

⁴ An overview of the DSC complaints process is provided in Appendix 1.

⁵ These statistics include the outcomes of 22 complaints from 2007/08 that were completed in 2008/09.

Figure 3: Enquiries and complaints 2008/09



Informally resolved complaints

The number of in-scope complaints (115) informally resolved in the assessment stage rose from 22 per cent in 2007/08 to 59 per cent in our second year of operation⁶. This reflects the development of a range of practices that promote early resolution of complaints as well as increasing awareness and willingness of service providers to engage in these processes (Figure 4).

Decisions to consider complaints (for conciliation/ investigation)

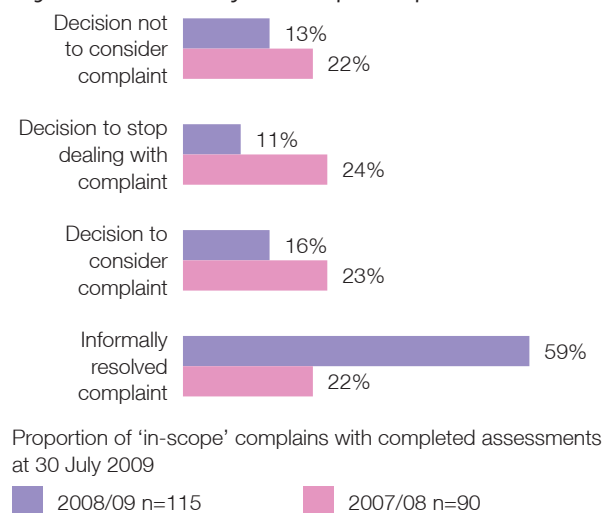
Of the total 19 complaints formally considered by the Commissioner, decisions were made in the majority of cases (15) to defer a referral to conciliation or investigation to allow further opportunity for the complaint issues to be resolved through agreed actions with the service provider and facilitation by DSC. Whilst the outcomes of these cases were not finalised at 30 June 2009, positive steps towards resolution had been taken in all cases.

Only three complaints were referred to conciliation and one to investigation in 2008/09. There were, however, a number of conciliation (20) and investigation (5) cases carried over from 2007/08 (Figure 3).

Decision not to consider or to stop dealing with complaints

The proportion of complaints where it was decided not to consider or to stop dealing with the complaint also decreased from an overall total of 46 per cent in 2007/08 to an overall total of 24 per cent in 2008/09. These decisions were due to either the complaint being withdrawn or an assessment that the issues raised had been substantially addressed and no further action was warranted by DSC.

Figure 4: Outcomes for in-scope complaints



Penny made a complaint to DSC about a service provider's lack of response to her requests for extra support for her son John while she was in hospital and recovering from surgery. She felt she was being passed from worker to worker, and that they were insensitive to the stress she and her son were experiencing. DSC staff assisted the service provider to identify where their processes for responding to Penny's requests and complaints had broken down and arranged for the service provider to meet with Penny.

The service representatives acknowledged and apologised for the lack of responsiveness to the family's situation, offered extra supports for John while his mother was hospitalised, and advised that they would review their intake system for dealing with such requests in the future. The service learnt through this complaint that John's support plan did not adequately reflect what was important to John in terms of the way his personal care was provided and agreed to work with John and Penny to develop a person-centred plan.

⁶ These statistics are calculated by excluding those complaints that were assessed as being out-of-scope or outside the jurisdiction of DSC, and those complaints that were still being assessed as at 30 June 2009.

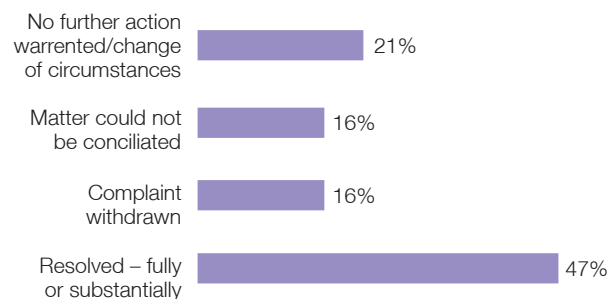
Conciliation outcomes

A total of 23 matters were in conciliation during 2008/09, with two still in process and two on hold as at 30 June 2009. Of the 19 conciliation cases completed in 2008/09, 47 per cent were either fully resolved or substantially resolved through this process. The remaining matters were either withdrawn (3), or decisions made that no further action was warranted (4) or that the dispute could not be conciliated (3) as shown in Figure 5.

Complaints referred to conciliation usually involve complex and multiple issues, and therefore can present challenges for participants to reach an agreement on how all matters may be resolved. However the outcomes achieved through conciliations over the past year have been significant and have led to improvements in service provision, communication and changes in practices. An example of how conciliation can address difficult issues is provided in the outline of Susan's complaint.

In those matters that could not be resolved through conciliation, the process often enabled participants to reach a better understanding of the issues and options available. Where appropriate, advice was also provided under the Commissioner's general advisory powers to assist complainants and service providers to consider ways of addressing unresolved complaint issues.

Figure 5: Conciliation outcomes 2008/09 (n=19)



Investigation outcomes

In line with our focus on working with complainants and service providers to reach shared understanding of complaint issues and agreement on how to address them, very few complaints are referred to investigation. These complaints have been limited to matters where investigation of disputed facts is considered necessary to identify a remedy to the complaint, or situations where options for resolution appear to have been exhausted and serious concerns for people's wellbeing remain. The results of investigations have been most encouraging with substantive changes introduced and long-term difficulties between service users and service providers resolved or significantly improved.

Reports on two investigations commenced in 2007/08 were completed in 2008/09. These investigations considered three complaints lodged by co-residents of a community residential unit and two complaints lodged for co-residents

of another community residential unit. These investigations identified important areas for service improvement in managing competing needs, risks and duty of care to residents in shared supported accommodation and were positively received by both service providers and complainants.

One new complaint was referred to investigation in 2008/09, to investigate disputed facts and circumstances surrounding an unexplained injury of a service user with a view to refer the complaint to conciliation. DSC investigations are conducted in accordance with guidelines which reflect a focus on opportunities for resolution, take into account the relationships between service users and service providers and consider points at which all or part of the complaint could be referred to conciliation.

Gina, the mother of a young person with an acquired brain injury, contacted DSC to seek help in resolving issues about the management of behavioural issues within her son's community residential unit. Mary was concerned about the number of incidents and stress caused for all concerned.

Long delays in waiting for a response to his request for increased hours of personal care, prompted Mark to contact DSC to complain about the service provider's lack of response and explanation.

Tim and Sarah put in a complaint to DSC that their service was implementing new rules about pets in their home without consultation. They had raised their concerns but had not felt heard.

Susan, the mother of Sarah, a young woman with an intellectual disability raised a complaint about a service provider's management of an alleged assault involving her daughter and a support worker. The police had found that there was insufficient evidence to pursue an investigation, and the service provider's investigation concluded that the allegation could not be substantiated. Susan was frustrated by the lack of communication by the service provider, and believed that current supports provided were inadequate to ensure the safety and wellbeing of Sarah. As there were many issues to work through and communication had broken down with the service provider, Susan's complaint was referred to conciliation.

During the conciliation process, the service provider acknowledged Susan's concerns for her daughter and answered her questions about the investigative process and the subsequent action taken. Everyone agreed that Sarah's safety and wellbeing was paramount. Some of the agreed actions included engagement of appropriate health professionals to assess Sarah's reactions to different support staff, changing staffing arrangements to ensure Sarah was comfortable with those staff providing direct support to her, reviewing Sarah's person-centred plan and behaviour support plan, and establishing clear communication arrangements and regular meetings with Susan. Susan was reassured of her daughter's safety and wellbeing and the service provider benefited from learning more about what was important for Sarah through Susan's accounts. The relationship between family and service provider improved and Sarah received supports and services which ensured her on-going safety and wellbeing.

⁷ These statistics are calculated by combining outcomes for complaints resolved in either assessment or conciliation and were not included in this format in the 2007/08 annual report. These statistics include multiple responses, and hence the percentages reflect the frequency of particular actions or ways in which complaints were resolved

Resolutions

Ways complaints were resolved

A focus of our work over the past year has been the development of a range of flexible approaches to promote the resolution of complaints. Assisting service providers to acknowledge the complainant's views and identify ways in which service provision can be improved is a key factor in the resolution of many complaints. Bringing people together at 'assessment conferences' to discuss the complaint issues and find solutions together has proven to be an effective way of informally resolving complaints. Similar approaches have also been used in conciliation to reach agreement on actions to improve the way in which services are provided.

The resolution of complaints most often involves a combination of factors. Figure 6⁷ shows the range of ways in which complaints have been resolved over the first two years of operation of DSC and reflects the increasing awareness of the importance of service providers acknowledging complainant's views and issues as the first step towards resolving complaints. Over half of the complaints resolved involved such acknowledgment, along with commitments to arrange meetings and reviews to address the concerns raised. Such reviews often involved enhancing person-centred planning to ensure that services provided reflected what was important to and important for the service user.

‘The ways in which complaints were resolved in 2008/09 tend to reflect the four key things that we find people want when they make a complaint, ‘the four A’s’ meaning answers, acknowledgement, action and apologies.’

Answers

People are usually looking for an explanation as to why something has happened or why a certain decision was made.

Acknowledgement

People want to be heard and they want DSC and the disability service provider to understand why they are upset.

Action

People will want particular changes to occur, and that is usually what is written on the complaint form.

Apology

People usually want to get on with things and put the past behind them. An apology can assist them to get closure, feel heard and move towards to a better future.

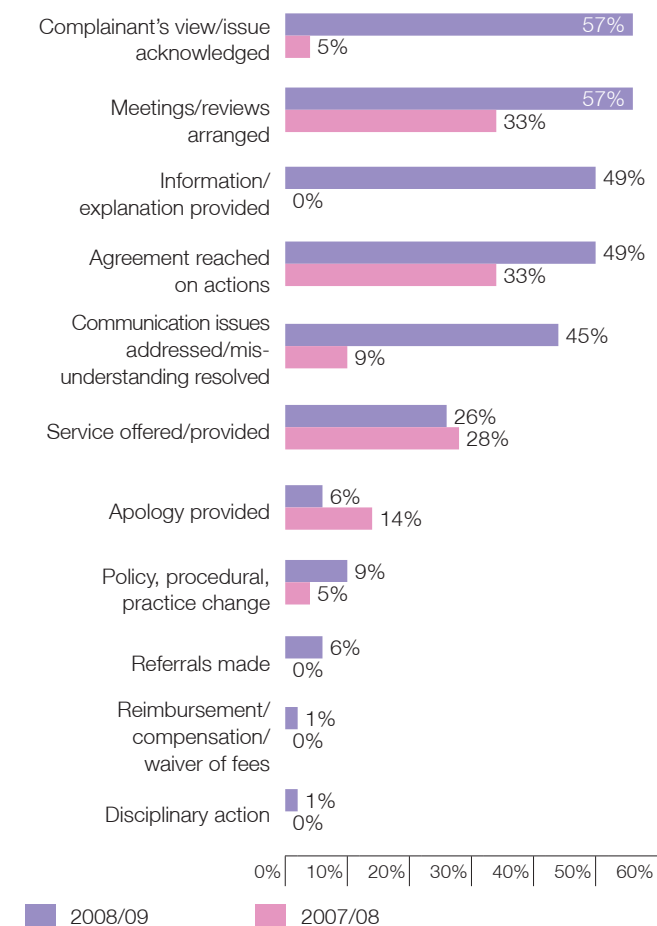
Over the past year we have witnessed great improvements in the preparedness and capacity of service providers to provide meaningful answers to complainants’ questions (information/explanations 49 per cent) and to acknowledge complainants’ views and issues (57 per cent).

Building the capacity of service providers to acknowledge the concerns raised in a way that promotes resolution of complaints has been a focus of DSC’s work on both individual complaints and in education activities. Agreements on actions to address issues featured in almost half of the complaints resolved (49 per cent), along with arrangements of meetings and reviews (57 per cent).

There has also been greater attention to resolving misunderstandings and addressing communication (45 per cent) which can be underlying issues in many complaints. Providing apologies has not featured in the resolution of complaints to date (6 per cent) and is recognised as an area which could benefit from further assistance and education by DSC to service providers.

Mary contacted DSC to complain that her daughter’s service provider had taken her daughter out of her day program to attend a sporting event without consulting her first.

Figure 6: Ways complaints resolved: Informally resolved and conciliation cases



Sam, an advocate, contacted DSC about concerns regarding the lack of quality and accessible services for a young person who uses Auslan to communicate.

Types of services and issues

Service types

Enquiries and complaints in 2008/09 were made about a range of service types, in similar proportions to 2007/08⁸. Shared supported accommodation continued to account for the greatest share of in-scope enquiries and complaints at 34 per cent, followed by case management (17 per cent) and day programs (16 per cent). Individual support packages (13 per cent), respite (7 per cent) and recreation (3 per cent) services accounted for just under a quarter of enquiries and complaints, whilst other service types each accounted for between one and 2 per cent of all enquiries and complaints.

The spread of enquiries and complaints across regions was also similar to 2007/08, with the highest percentage coming from the North and West Metropolitan Region (29), followed by Southern Metropolitan Region (16) and Eastern Metropolitan Region (15 per cent). The remaining regions shared 26 per cent of enquiries and complaints ranging from 3 per cent in Gippsland to 8 per cent in Loddon Mallee Region, with the remaining 14 per cent unknown.

People contacting DSC most often raise multiple issues and concerns, which have been grouped into nine broad categories as shown in Figure 7⁹. The main issues raised in enquiries and complaints in 2008/09 related to service provision (50 per cent), communication (38), service access

(22) and service quality (22). Issues raised in relation to service provision and service quality often overlap and reflect similar themes to those identified in 2007/08. Whilst issues relating to service quality appear to have decreased (39 to 21 per cent), this may be explained by the increase in service provision issues (39 to 50 per cent) which most often include concerns about quality and consistency of services.

Issues

Issues raised in relation to service provision and service quality were wide ranging and these included concerns that the rights of service users were not being upheld in respect to their:

- Safety and wellbeing
- Dignity and respect
- Individualised support and programs
- Assessment, planning and support for particular needs and likes
- Choice and opportunity for community participation.

Communication issues continue to be an underlying theme in most enquiries and complaints, although not always identified as such by complainants. However, these issues were identified as key concerns in a greater number of matters in 2008/09 (39 per cent) compared with less than one-third in 2007/08. Issues ranged from misunderstandings around particular events, lack of timely communication or

clear explanations of decisions, to communication breakdowns and serious conflicts between the service user or family and the service provider.

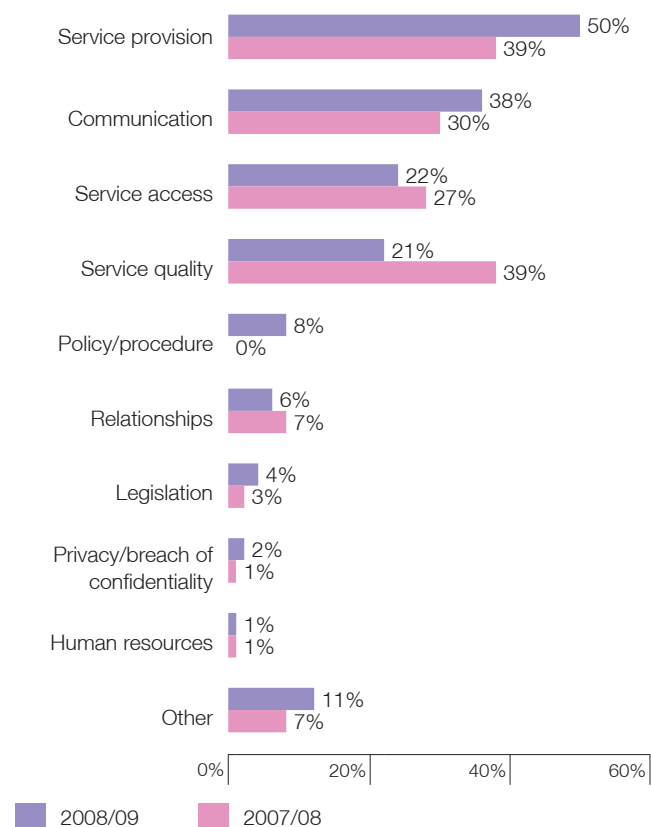
In a few cases ongoing disputes around unmet expectations of families were compounded by communication patterns that resulted in stressful situations and conflicts. Some families reported that they had lost trust in the service provider or individuals within the agency. Conflicts between parents and service providers about service delivery, planning and day-to-day decision making for service users featured in a significant number of complaints. This has been identified by DSC as an area warranting practice and policy development in the coming year.

Issues raised about access to services included concerns about cessation of services, assessment of needs and decisions on priority status for services and funding packages, and adequacy of planning for future needs for services such as shared supported accommodation.

⁸ The statistics for 2008/09 are calculated excluding enquiries and complaints which were either out-of-scope or no service type was identified. This allows for a direct comparison to the annual complaint reporting data from service providers. When the same calculations were applied to 2007/08 statistics, the proportions of enquiries and complaints about the different service types were almost identical.

⁹ These statistics for 2008/09 are also calculated excluding enquiries and complaints which were either out-of-scope or had no defined issues.

Figure 7: Types of issues for in-scope complaints
(% multiple responses possible)



Jennifer complained to DSC that her daughter's day program ceased providing transport for her daughter to and from the program and did not provide sufficient notice to the family that transport arrangements would cease.

Gloria's boyfriend John lives in a shared house. She complained to DSC that since the old house supervisor left, the new supervisor has not been nice to her and she feels unwelcome. Gloria told DSC that he stops John from doing a lot of things and wants Gloria to be quiet and the place is not like a home any more.

Tom called the DSC to complain about his son's day service provider. The service had not charged a fee previously, and was now charging people to participate. He had tried to complain and request information about the reasons for the change but couldn't get a clear answer.

A mother of a child with a disability complained that the service was making changes to the times and way services were provided in her home, without consulting the family and hearing their concerns.

Characteristics of complainants and service users

Sources of enquiries and complaints

The number of people with a disability bringing issues to DSC increased to 23 per cent of all enquiries and complaints compared with 17 per cent in 2007/08.

Parents account for 44 per cent of enquiries and complaints while other sources include advocates, staff members, friends and other statutory bodies, representing similar proportions to 2007/08.

Figure 8 shows a slight increase in the proportion of enquiries and complaints made by staff members (from 6 to 9 per cent) in 2008/09 and a slight decline in those made by parents/guardians (from 47 to 44 per cent) in line with the increase in the number of issues raised by service users

Types of disability

Approximately half of all enquiries and complaints in 2008/09 were about services provided to people with an intellectual disability (52 per cent), with the next most common disability being physical impairments (26 per cent). Most service users were identified as having more than one type of disability. Fifteen per cent of service users were identified as having autism, which was most commonly combined with an intellectual disability.

Whilst autism has been considered as a neurological impairment under the Disability Act

since December 2008¹⁰, information on the number of service users will continue to be recorded separately by DSC due to the particular issues raised in relation to service responses to the needs of children and adults with autism.

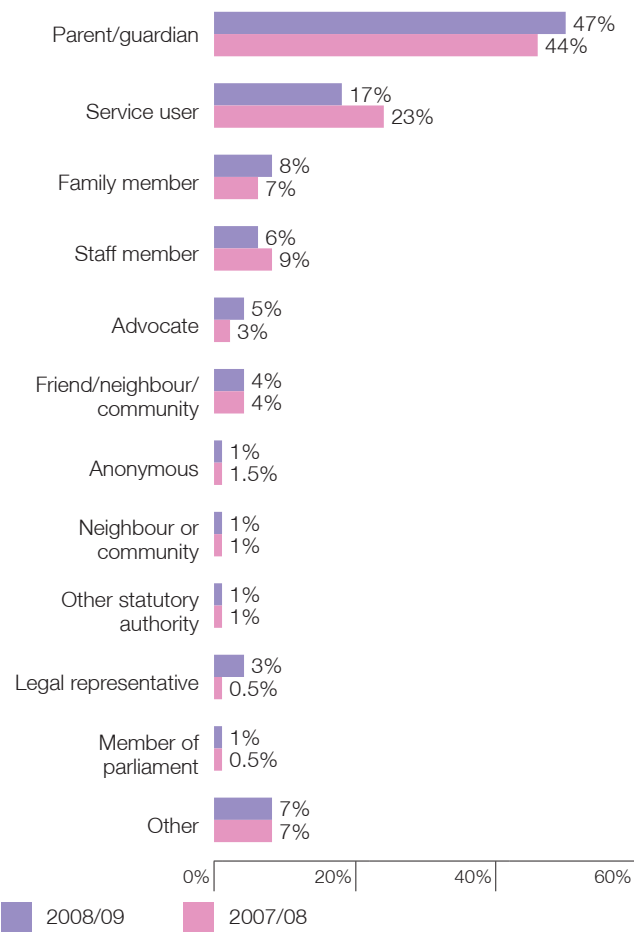
Eleven per cent of service users were identified as having a neurological impairment, 6 per cent with sensory impairment 4 per cent an acquired brain injury and 2 per cent developmental delay. Mental illness is not included as a disability under the Disability Act, but was identified for 10 per cent of service users as presenting particular challenges for service access and provision.

Gender and age

There were slightly more male service users (58 per cent) than female service users (42 per cent). Almost half were aged between 31 and 60 years (43 per cent), one quarter were aged 16–25 years, followed by 26–30 years (16), 5–10 years (6), 11–15 years (4), 61–90 years (4) and 2 per cent were aged 4 years and under. These characteristics of service users were very similar in 2008/09 and 2007/08.

Joe has an intellectual disability and feels that he is not getting the type of help he needs. He complained to DSC about the way his service was not returning his calls or talking with him about his concerns.

Figure 8: Source of enquiries and complaints



¹⁰ This policy decision was announced by the Hon Minister of Community Services in December 2008, and was followed by the launch of the Autism State Plan in May 2009.

Informing / Resolving / Responding



Annual complaints reporting 2008/09

In accordance with section 105 of the Disability Act, disability service providers must report annually to the Disability Services Commissioner (DSC) in the form required, specifying the number of complaints they have received and how those complaints were resolved.

Section 19 of the Act requires that the Commissioner produce an annual report which includes information about the number and type of complaints and the outcome of complaints.

This is the second year that data about complaints to disability service providers has been presented in the annual report.

The 2008/09 complaints data was collected through a report template developed by the DSC in close consultation with the Disability Service Board — Annual Complaints Report Task Group.

DSC is working to further improve the report template along with service providers reporting compliance. The task group continues to work in close consultation with specialist research advisors to improve the ease of reporting for providers and support the collection of more reliable complaints data.

The following figures present the complaints data submitted by disability service providers across Victoria. This data offers valuable insights into the concerns of people with a disability using disability services and the current status of complaints systems within the Victorian disability services sector.

A total of 255 disability service providers reported the number of complaints they received in 2008/09 (including 144 'NIL' returns) out of 337 registered disability service providers: a response rate of 76 per cent.



Number of complaints

Service providers reported a total of 1,139¹¹ complaints received in 2008/09. This represents a 15 per cent increase in reported complaints compared with 2007/08, where 992 complaints were reported.

Table 1 shows that only 23 providers reported 10 or more complaints in 2008/09 and that these providers accounted for 74 per cent of all complaints.

Table 1: Number of complaints reported by service providers in 2008/09

Number of Complaints Reported Per Provider	Number of Providers	Number of Complaints	Per cent of Complaints
More than 50 complaints	3	483	42%
Between 10 and 49 complaints	20	362	32%
Between 1 and 9 complaints	88	294	26%
0 complaints (NIL Returns) reported	144	0	0%
Reports not submitted	(82)	0	0%
Total	337	1,139	100%

Regional breakdown of complaints

Figure 9 shows that a total of just over two-thirds of complaints were recorded across the three metropolitan regions: North and West metropolitan (29 per cent), Southern metropolitan (27 per cent), and Eastern metropolitan (12 per cent), with the five non-metropolitan regions recording between 3 (for Grampians Region) and 12 per cent (for Barwon-South Western Region) of complaints over this period.

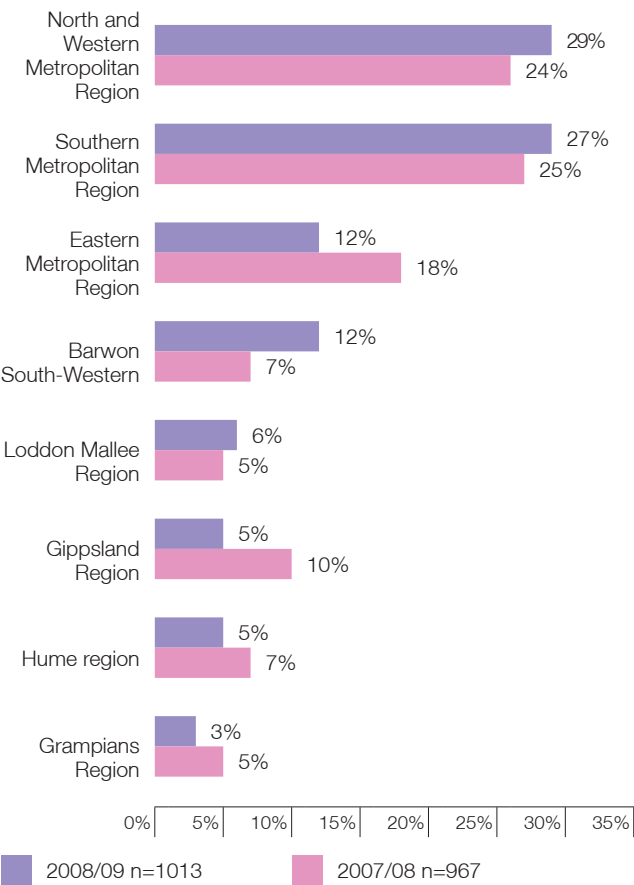
This figure also shows that there has been a moderate increase in the share of complaints from North and Western Metropolitan Region (from 24 to 29 per cent) and Barwon-South Western Region (from 7 to 12 per cent) in 2008/09 and a decline in the share of complaints from Eastern Metropolitan Region (from 18 to 12 per cent) and Gippsland Region (from 10 to 5 per cent) over this period.

The greater share of complaints from metropolitan regions reflects the higher population of service users and density of providers within these regions.

¹¹ Total numbers of complaints shown in figures 1-7 differ from the total number of complaints reported in for 2008/09 (n=1,139) due to variations in data resulting from responses not received from service providers for the related questions.

¹² The percentages shown in this figure for 2007/08 differ from the data shown about complaints by region in the 2008 Annual Report by 1 percentage point for several regions. This is because the percentages shown in the 2008 annual report are based on total complaints, while the percentages in the above figure exclude complaints where the region was not recorded (2.5% of total reported complaints).

Figure 9: Share of complaints by region (% of complaints)¹²



Details of complaints

Complaint outcomes

Figure 10 shows a wide range of complaint outcomes in 2008/09, with no single outcome recorded for more than one quarter of complaints.

The two most common complaint outcomes involved providing information to the complainants or service users (23 per cent of complaints) and acknowledging the views of complainants (11 per cent).

Around 5 per cent of complaints involved a broad range of other outcomes ranging from no further action required (6 per cent) to censure, reprimand, caution or warning (4 per cent).

Outcomes sought

Service providers indicated that the most common outcome sought by complainants was an explanation (29 per cent of complaints). Around 10 per cent of complainants sought information, 11 per cent access to a service/facility, 10 per cent a policy/procedural change and 10 per cent sought an apology.

Figure 11 shows that outcomes sought by complainants matched actual complaint outcomes in just under half of cases for most outcomes sought. The two exceptions were policy/procedural changes (achieved in 27 per cent of cases) and explanations (achieved in 16 per cent of cases).

Figure 10: Share of complaints by region (% of complaints)¹²

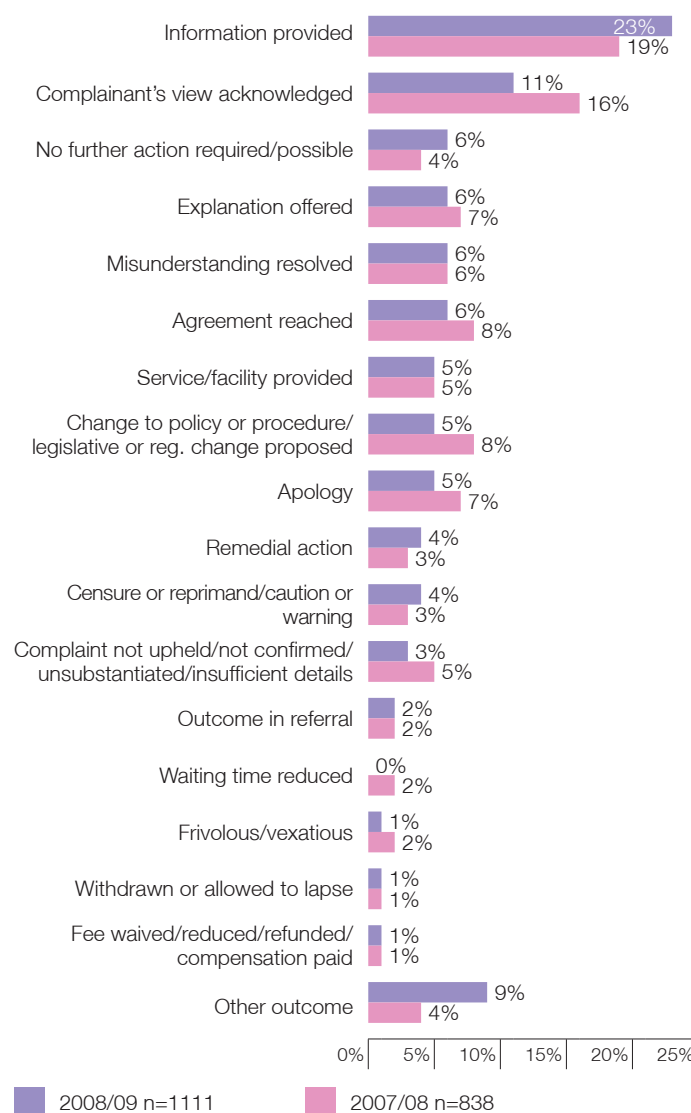
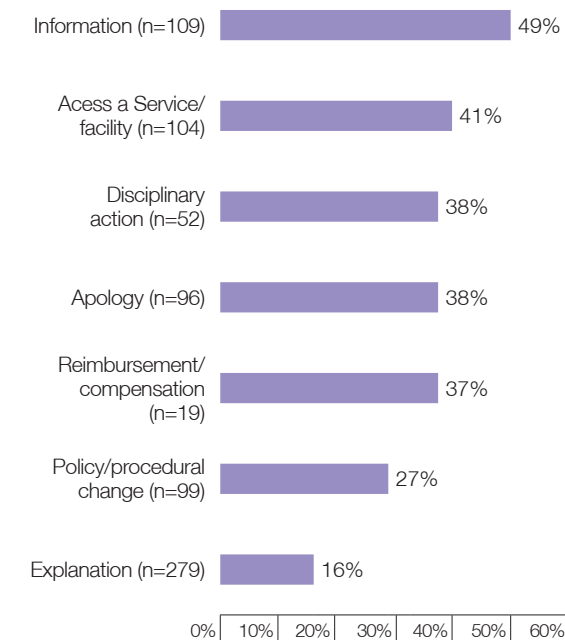


Figure 11: Match between complaint outcomes and outcomes sought (% of complaints where complaint outcome matched outcome sought)

Outcome sought:



Issues raised in complaints

Figure 12 shows that the main issues raised in complaints in 2008/09 related to:

- ▶ service provision (25 per cent) including a broad range of issues such as the quality of staff or care; other staffing issues including availability and behaviour/attitude; and issues relating to the physical care of the service user;
- ▶ service quality (15 per cent) including issues relating to the physical care of the service users; transport issues; and staff attitude/behaviour;
- ▶ communication (13 per cent), including communication around a specific incident, service or procedure; the lack of timely communication or clear information; or the behaviour or attitude of a staff member; and
- ▶ service access (12 per cent), including transport issues (arrival and departure times, inadequate transport); a lack of service generally; or the cessation of a service.

Service type

The 2008/09 service provider complaints data also showed that service types that received the largest number of complaints were those with the highest number of service users. Figure 13 shows that:

- ▶ day programs (26 per cent) and shared supported accommodation (26 per cent) both accounted for around one quarter of complaints;

Figure 12: Complaint issues (% of complaints)

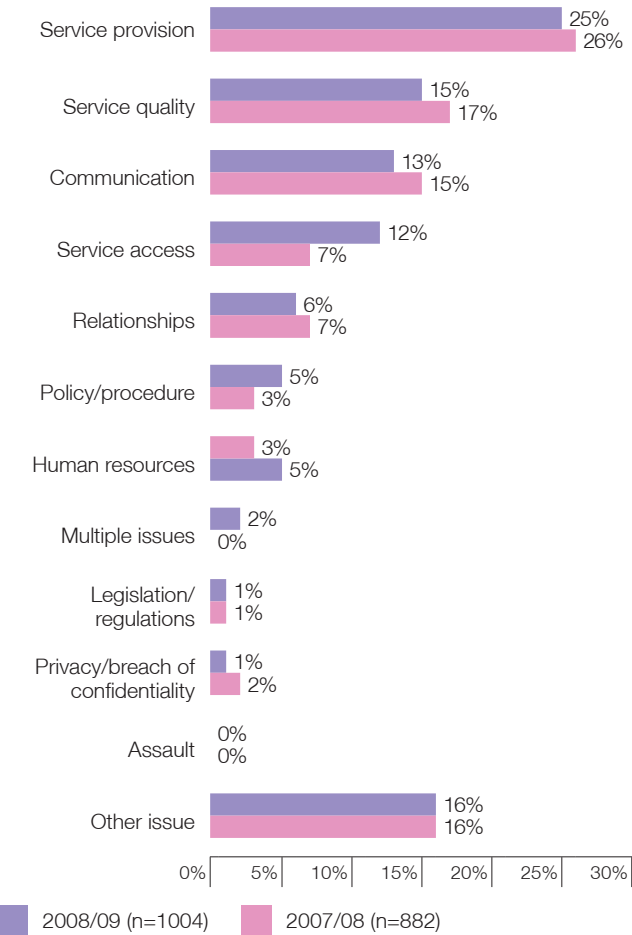
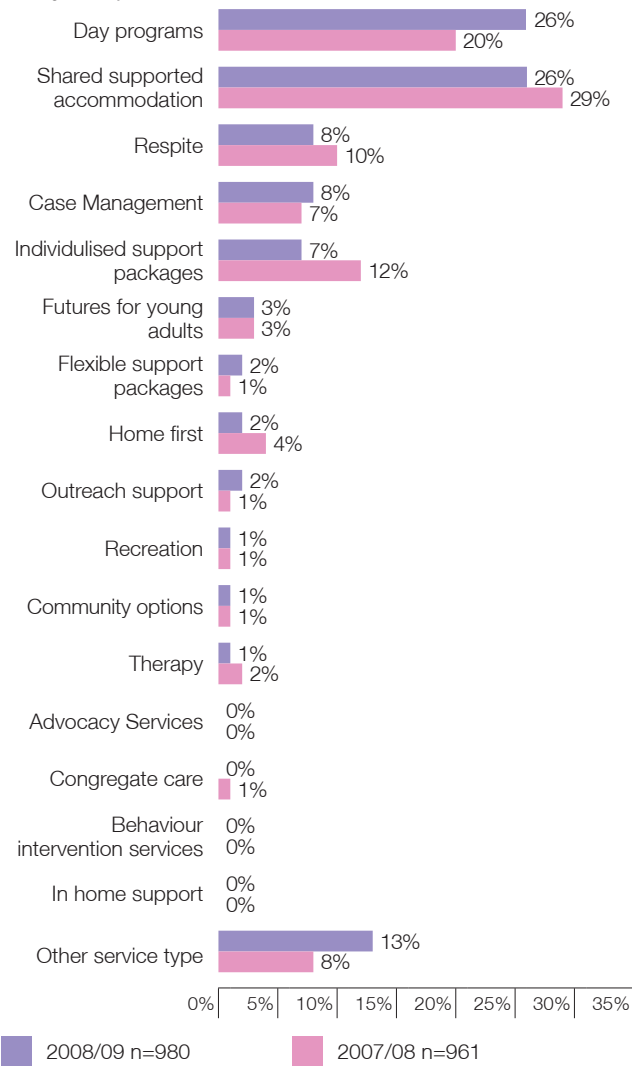


Figure 13: Share of complaints by service type (% of complaints)

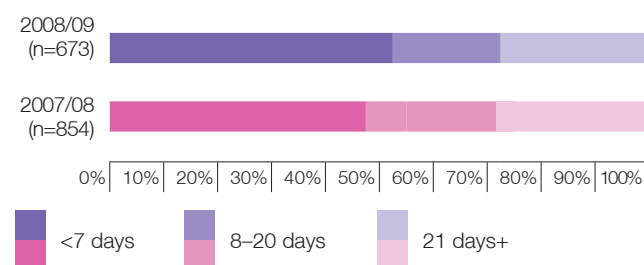


- ▶ respite (8 per cent), case management (8 per cent) and individual support packages (7 per cent) each accounted for just under 10 per cent of complaints; and
- ▶ Other service types accounted for less than 5 per cent of complaints.

Time to resolve complaints

Figure 14 shows a significant reduction in the reported average time taken to resolve complaints, with the proportion resolved within seven days increasing from 47 to 54 per cent in 2008/09.

Figure 14: Time to resolve complaints (% of complaints that have been resolved)



Characteristics of complainants and service users

The 2008/09 service provider complaints data shows that complaints were most commonly made by parents/ guardians (42 per cent), service users (21 per cent) and staff members of providers (13 per cent).

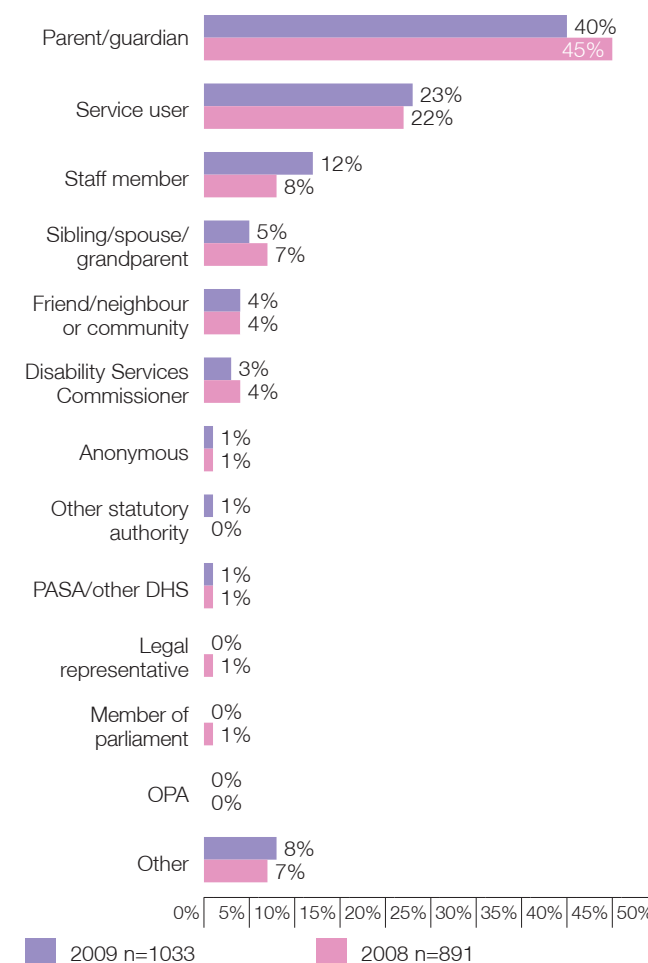
Figure 15 shows that there was a slight increase in the proportion of complaints made by staff members (from 8 to 13 per cent) and service users (from 22 to 21 per cent) in 2008/09 and a slight decline in complaints made by parents/ guardians (from 45 to 42 per cent) and other family members (from 7 to 5 per cent).

Characteristics of service users

The characteristics of service users that were the subject of complaints were very similar in 2008/09 and 2007/08.

- ▶ The most common *types of disability* were intellectual disabilities (63 per cent) and physical impairments (16 per cent).
- ▶ There was a fairly even gender split of 46 female and 54 per cent male.
- ▶ Around half were aged between 31-60 years with significant proportions also aged 16-25 years (22 per cent) and 26-30 years (14 per cent).

Figure 15: Source of complaints (% of complaints)



Financial statement for the year ended 2009

The Department of Human Services provides financial services to the Office. The financial operations of the Disability Services Commissioner are consolidated into those of the department and are audited by the Auditor-General. Full financial reports are therefore not provided as part of this annual report. A financial summary of revenue and expenditure for 2008–09 is provided below.

The source of revenue for the Disability Services Commissioner was the allocation of \$1,912,188 provided through the Department of Human Services.

Operating statement for the year ended 30 June 2009

Government appropriation \$	\$1,912,188
Total Revenue \$	\$1,912,188
Expenses from continuing activities:	
Salaries \$	\$1,155,571
Salary on costs \$	\$169,375
Supplies and consumables (admin) \$	\$433,780
Indirect expenses ¹³	\$159,400
Total expenses: \$	\$1,918,126
Net result for the year \$	-\$5,938

¹³ Indirect Expenses include depreciation and long service leave.

Compliance and accountability

In fulfilling our various functions, the office of the Disability Services Commissioner seeks to promote the human rights of all individuals.



Whistleblowers Protection Act 2001

Section 104 of the Whistleblowers Protection Act requires public bodies to prepare an annual report of operations including a copy of current procedures for dealing with disclosures under the Act.

For the year under review the Disability Services Commissioner reports that no disclosures of any type were made to the Office (See Appendix 3—Whistleblowers).

Information Privacy Act 2000

The Disability Services Commissioner is an organisation covered under section 9 of the *Information Privacy Act 2000*.

We comply with the *Information Privacy Act* in collection and handling of personal information.

Freedom of Information Act 1982

The Act requires that certain information held by the Disability Services Commissioner be accessible to the public for the purposes of inspection or purchase, and to facilitate correction of any inaccuracies.

No Freedom of Information applications were received by DSC for the year in review.

Charter of Human Rights and Responsibilities Act 2006

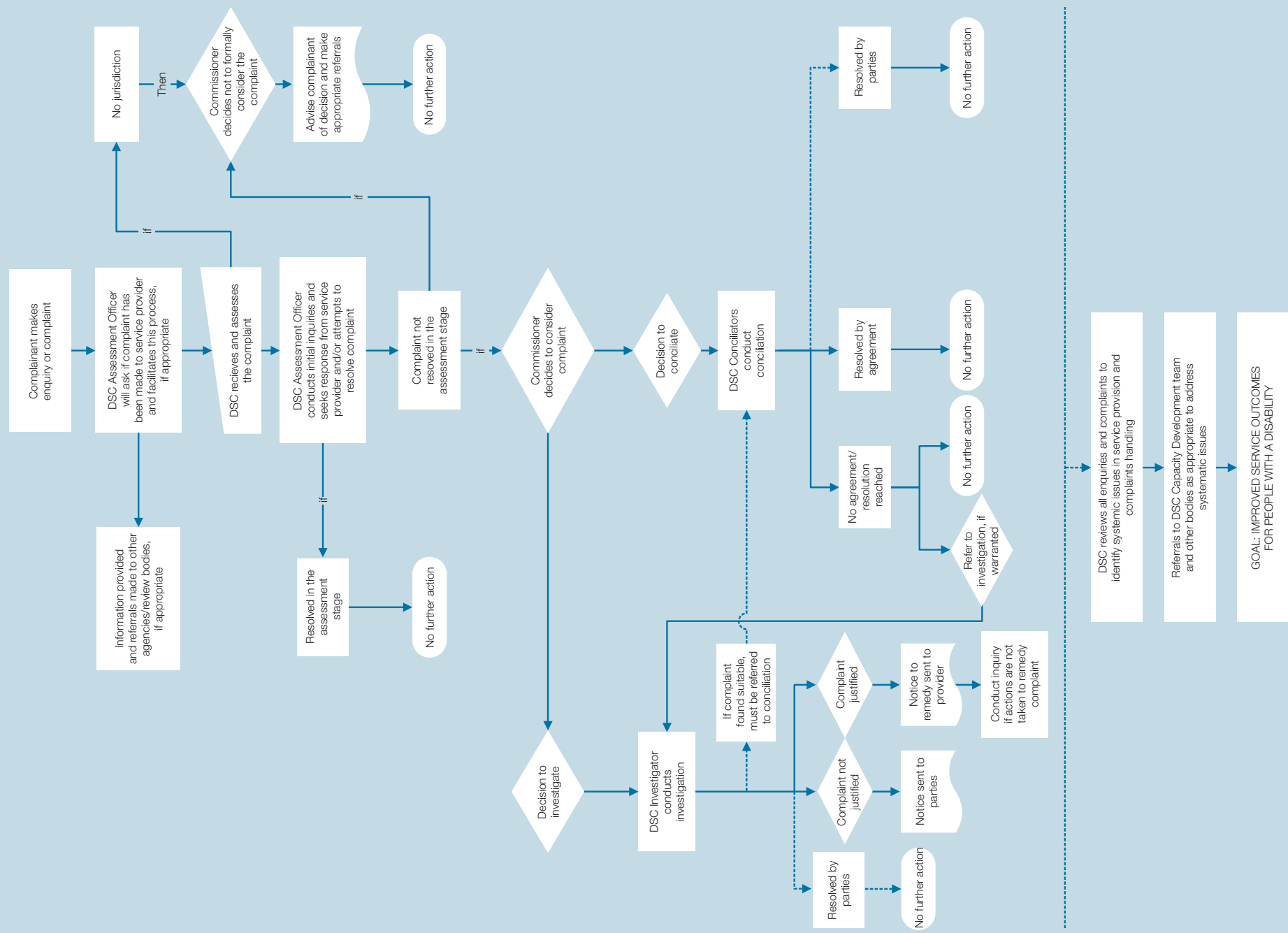
The Act clearly sets out the rights and freedoms of the individual, and the responsibilities that go with them. The Charter provides additional strength to provisions of the Disability Act by explicitly stating key rights and freedoms for people with a disability using disability services.

The Charter focuses on civil and political rights, and includes well known democratic rights such as the right to vote and freedom of expression. Other rights protected by the Charter include:

- ▶ Protection from inhuman or degrading treatment
- ▶ Freedom of movement, including the freedom to choose where to live
- ▶ Taking part in public life
- ▶ Right to liberty and security of person
- ▶ Humane treatment when deprived of liberty
- ▶ Right to privacy and reputation

The Commissioner gives consideration to human rights when dealing with complaints. As part of the *Good Practice Guide and Self Audit Tool* for disability service providers, specific attention is given to ensuring disability service providers comply with the Charter in responding to complaints.

Appendix 1: Disability Services Commissioner Complaints Flowchart



Appendix 2: Annual complaints data reported by disability service providers

Service type	07/08 Total	08/09 Total	% of Total
Advocacy services	0	4	0.4%
Behaviour intervention services	2	3	0.3%
Case management	64	76	6.7%
Community options	6	8	0.7%
Congregate care	9	4	0.4%
Day programs	190	258	22.7%
Flexible support packages	10	18	1.6%
Futures for Young Adults	31	30	2.6%
Home First	40	18	1.6%
Individual support packages	119	69	6.1%
Outreach support	13	17	1.5%
Recreation	7	11	1.0%
Respite	96	82	7.2%
Shared supported accommodation	278	250	21.9%
Therapy	17	8	0.7%
Other service type	75	124	10.9%
Data not provided	35	159	14.0%
Total	992	1139	100.0%

Issue	07/08 Total	08/09 Total	% of Total
Communication	133	135	11.9%
Human resources	46	33	2.9%
Legislation/regulations	11	11	1.0%
Privacy/breach of confidentiality	18	8	0.7%
Relationships	58	63	5.5%
Service access	66	118	10.4%
Service provision	231	255	22.4%
Service quality	152	155	13.6%
Policy/procedure	24	46	4.0%
Multiple issues	—	21	1.8%
Other issue	143	159	14.0%
Data not provided	110	135	11.9%
Total	992	1139	100.0%

Gender	07/08 Total	08/09 Total	% of Total
Female	386	408	35.8%
Male	398	471	41.4%
Data not provided	208	260	22.8%
Total	992	1139	100.0%

Age range	07/08 Total	08/09 Total	% of Total
< 4 yrs	6	6	0.5%
5–10 yrs	13	26	2.3%
11–15 yrs	23	48	4.2%
16–25 yrs	213	188	16.5%
26–30 yrs	76	117	10.3%
31–60 yrs	354	421	37.0%
61–90 yrs	33	30	2.6%
> 90 yrs	—	2	0.2%
Data not provided	274	301	26.4%
Total	992	1139	100.0%

Type of disability	07/08 Total	08/09 Total	% of Total
Sensory impairment	18	6	0.5%
Physical impairment	114	139	12.2%
Neurological impairment	26	31	2.7%
Acquired brain injury	29	29	2.5%
Intellectual disability	488	549	48.2%
Developmental delay	9	4	0.4%
Autism	—	27	2.4%
Other disability	41	85	7.5%
Data not provided	267	269	23.6%
Total	992	1139	100.0%

Source of complaint	07/08 Total	08/09 Total	% of Total
Anonymous	8	12	1.1%
Service user	200	207	18.2%
Parent	399	390	34.2%
Guardian		24	2.1%
Sibling		40	3.5%
Spouse	62	2	0.2%
Child		3	0.3%
Grandparent		5	0.4%
Staff member	67	129	11.3%
PASA/other DHS	13	7	0.6%
Friend	35	5	0.4%
Neighbour or community		40	3.5%
Disability Services Commissioner	34	29	2.5%
OPA	3	2	0.2%
Other statutory authority	—	11	1.0%
Legal representative	6	3	0.3%
MP/minister	5	3	0.3%
Other	59	79	6.9%
Data not provided	101	148	13.0%
Total	992	1139	100.0%

Outcome sought	07/08 Total	08/09 Total	% of Total
Information	71	114	10.0%
Explanation	269	283	24.8%
Apology	75	96	8.4%
Access a service/facility	87	104	9.1%
Policy/procedural change	143	101	8.9%
Disciplinary action	48	54	4.7%
Re-imbursement/compensation	13	19	1.7%
Other outcome	141	207	18.2%
Data not provided	145	161	14.1%
Total	992	1139	100.0%

Time taken	07/08 Total	08/09 Total	% of Total
< 7 days	319	437	38.4%
8–20 days	158	153	13.4%
21–31 days	78	89	7.8%
32–62 days	65	77	6.8%
63–90 days	19	23	2.0%
> 90 days	34	34	3.0%
Still open	137	100	8.8%
Data not provided	182	226	19.8%
Total	992	1139	100.0%

Satisfaction	07/08 Total	08/09 Total	% of Total
Satisfied	498	683	60.0%
Referred internal review	38	47	4.1%
Referred to DSC	22	21	1.8%
Referred to DHS	1	n/a	0%
Not satisfied	—	4	0.4%
Still open	131	100	8.8%
Data not provided	302	3284	24.9%
Total	992	1139	100.0%

08/09 complaints reported

Total	1139
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Appendix 3: Whistleblowers

The *Whistleblowers Protection Act* 2001 was enacted to facilitate the making of disclosures about improper conduct by public bodies and public officials and provide a number of protections for those who come forward with a disclosure (whistleblowers). It also provides for the investigation of disclosures that meet the statutory definition of 'public interest disclosure'. The following report is provided in accordance with s. 104 of the *Whistleblowers Protection Act*.

(a) Reporting procedure guidelines Statement of support

The Disability Services Commissioner has adopted guidelines in accordance with the requirements of the *Whistleblowers Protection Act*. The office of the Disability Services Commissioner does not tolerate improper conduct by its employees or officers or the taking of reprisals against those who come forward to disclose such conduct under the *Whistleblowers Protection Act*. The Disability Services Commissioner recognises the value of transparency and accountability in its administrative and management practices and supports the making of disclosures that reveal corrupt conduct, conduct involving a substantial mismanagement of public resources, or a substantial risk to public health and safety or the environment.

The alleged conduct must be serious enough to constitute, if proven, a criminal offence or reasonable grounds for dismissal to satisfy the Act.

Availability of procedures

The Disability Services Commissioner's guidelines are available for perusal by all employees of the Disability Services Commissioner. All members of the public may view these guidelines free of charge during normal business hours at the Disability Services Commissioner, Level 30, 570 Bourke Street, Melbourne.

Corrupt conduct

Corrupt conduct means:

- conduct that adversely affects the honest performance of functions
- the dishonest performance of functions or performance with inappropriate partiality
- conduct that amounts to a breach of public trust
- conduct that amounts to the misuse of information/material acquired in the course of one's duties
- a conspiracy or attempt to engage in the above conduct.

The reporting system

Disclosures of improper conduct or detrimental action by the Disability Services Commissioner or its employees may be made directly to the Protected Disclosure Coordinator:

Ms Linda Rainsford
Executive Services Officer
Telephone (03) 8608 5778
Facsimile (03) 8608 5785
Level 30, 570 Bourke Street, Melbourne 3000

Where a person is contemplating making a disclosure and is concerned about confidentiality, he or she can call the Protected Disclosure Coordinator and request a meeting in a discreet location away from the workplace.

Alternative contact person

A disclosure about improper conduct or detrimental action by the Disability Services Commissioner or its employees may also be made directly to the Ombudsman:

The Ombudsman Victoria
Level 9, 459 Collins Street, Melbourne 3000 (DX 210174)
Internet www.ombudsman.vic.gov.au
Email ombudvic@ombudsman.vic.gov.au
Telephone (03) 9613 6222
Toll free 1800 806 314

Employees

Employees are encouraged to report known or suspected incidences of improper conduct, corrupt conduct or detrimental action in accordance with these procedures. All employees of the Disability Services Commissioner also have an important role to play in supporting those who have made a legitimate disclosure by protecting and maintaining the complainant's confidentiality and refraining from any activity that is or could be perceived to be victimisation or harassment of a person who makes a disclosure.

Confidentiality

The Disability Services Commissioner will take all reasonable steps to protect the identity of the whistleblower to ensure that reprisals are not made against them and to ensure that staff involved in the handling or investigation of a disclosure understand and apply the principles of the Act about the confidentiality of information. The Disability Services Commissioner will also put in place appropriate systems to secure all material related to whistleblower matters.

DSC report for 2008-2009

Number of disclosures	No disclosures of any type were made to the Office.
Public interest disclosures referred to the Ombudsman	No disclosures of any type were referred by the Office to the Ombudsman for determination as to whether they were public interest disclosures.
Disclosures referred to the Office	No disclosures of any type were referred to the Office by the Ombudsman.
Disclosures of any nature referred to the Ombudsman	No disclosures of any type were referred by the Office to the Ombudsman for determination as to whether they were public interest disclosures.
Investigations taken over by Ombudsman	No investigations of disclosed matters of any type were taken over from the Office by the Ombudsman.
Requests under Section 74	No requests were made under section 74 to the Ombudsman to investigate disclosed matters.
Disclosed matters declined to be investigated	There were no disclosed matters of any type that the Office declined to investigate.
Disclosed matters substantiated on investigation	No disclosed matters of any type were investigated, or substantiated on investigation.
Recommendations by Ombudsman	No recommendations were made by the Ombudsman under the <i>Whistleblowers Protection Act</i> relating to the Office.



Disability
Services
Commissioner

Photo credits

Front inside cover & Page 1 (top left to bottom right): Antz Pants Theatre Troup; Beth Wilson—Health Services Commissioner; Sessional Conciliators: Rho Sandberg, Wal Chudoschnik, Pam Carty-Salmon, Hugh McPhee; Jenny Sewell—Disability Services Board; Laurie Harkin—Disability Services Commissioner; Tricia Malowney—President Disability Services Board; Portrait by Services Commissioner; DSC Capacity Development Team; DSC staff team; Carol Grace—Sessional Valerio Ciccone; DSC Capacity Development Team; DSC staff team; Chad Bennett—Disability conciliator; Colleen Pearce—Public Advocate and Laurie Harkin; George Gray—Services Board; Bernie Geary—Child Safety Commissioner and Laurie Harkin; Margaret Trevison, Gerard Kyne, Centre Gippsland; James Maher, Laurie Harkin, Ian Hunt, Margaret Trevison, Gerard Kyne, Dianne Dieschen, Kerrie Miller; Liz Bishop—Disability Services Board; Christian Astourian—Disability Services Board; Ron Tiffen, Jennifer Jackson-Hall—DSC; Gippsland Noweyung Banksia Foods; Mary Lou Ward, Jacqueline Morris, Pam Fraser, Ernie Metcalf, Laurie Harkin, Anthony Romanin; Louise Turnbull—Sessional Conciliator; Numurkah Novas; Laurie Harkin, Tam Verhoeven and Robyn Patterson; Genevieve Nihill—Sessional Conciliator

Page 15: Launch of the Good Practice Guide: Lynne Coulson Barr—DSC, Helen Zoke—CEO Victorian Equal Opportunity and Human Rights Commission, Jeffrey Chan—Senior Practitioner, Julian Gardner—former Public Advocate; David Sykes and Laurie Harkin DSC

Page 31: Federation of Chinese Associations; Portrait by Cathy Staughton

Page 42 & 43: Donna Pearce DSC; Kevin Murfitt—Disability Services Board; DSC Strategic Development Team: Arthur Rogers—Executive Director Disability Services Division DHS, Hon Lisa Neville Minister for Community Services, Laurie Harkin; Portrait by Chris Mason; Will Crinall DSC; Gymkana: Laurie Harkin, Janet Evans, Barbara Prenter; DSC Assessment and Conciliation Team; Having a Say Conference; Dina Theodoropoulos DSC and Heather Forsyth—advocate; Hume Goulburn Options; Elly Fisher, Alan Mooney, Betty Roworth, Laurie Harkin; EW Tipping: Sue Godding, Gail Walsh, Sandra Myerscough DSC; Annecto feedback project launch: Ed Still, President Annecto, Laurie Harkin, Estelle Fyfe, CEO Annecto, Rosie Chiavaro DSC; Scott Sheppard—Disability Services Board; Gippsland Noweyung Yakety Yak; Laurie Harkin, Andrew Read; Aileen McFadzean—Disability Services Board; Liz Kelly—Disability Services Board; Oz Child: Marija Joyce, Sandra Martin, Tony Pitman CEO, Marilyn Rothery, Ron Tiffen DSC; International Womens Day Dinner: Linda Rainsford, Jennifer Jackson-Hall, Sandra Myerscough, Donna Pearce, Christine Krashow, Alison Tunks, Gail Reardon; Arthur Rogers—Disability Services Board

1800 677 342 (free call)
TTY 1300 726 563
www.odsc.vic.gov.au





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Authorised by the Victorian Government
Level 30, 570 Bourke Street
Melbourne, Victoria, Australia

Disability Services Commissioner

Level 30, 570 Bourke Street
Melbourne Victoria 3000
Telephone (61 3) 1300 728 187
Fax (61 3) 8608 5765