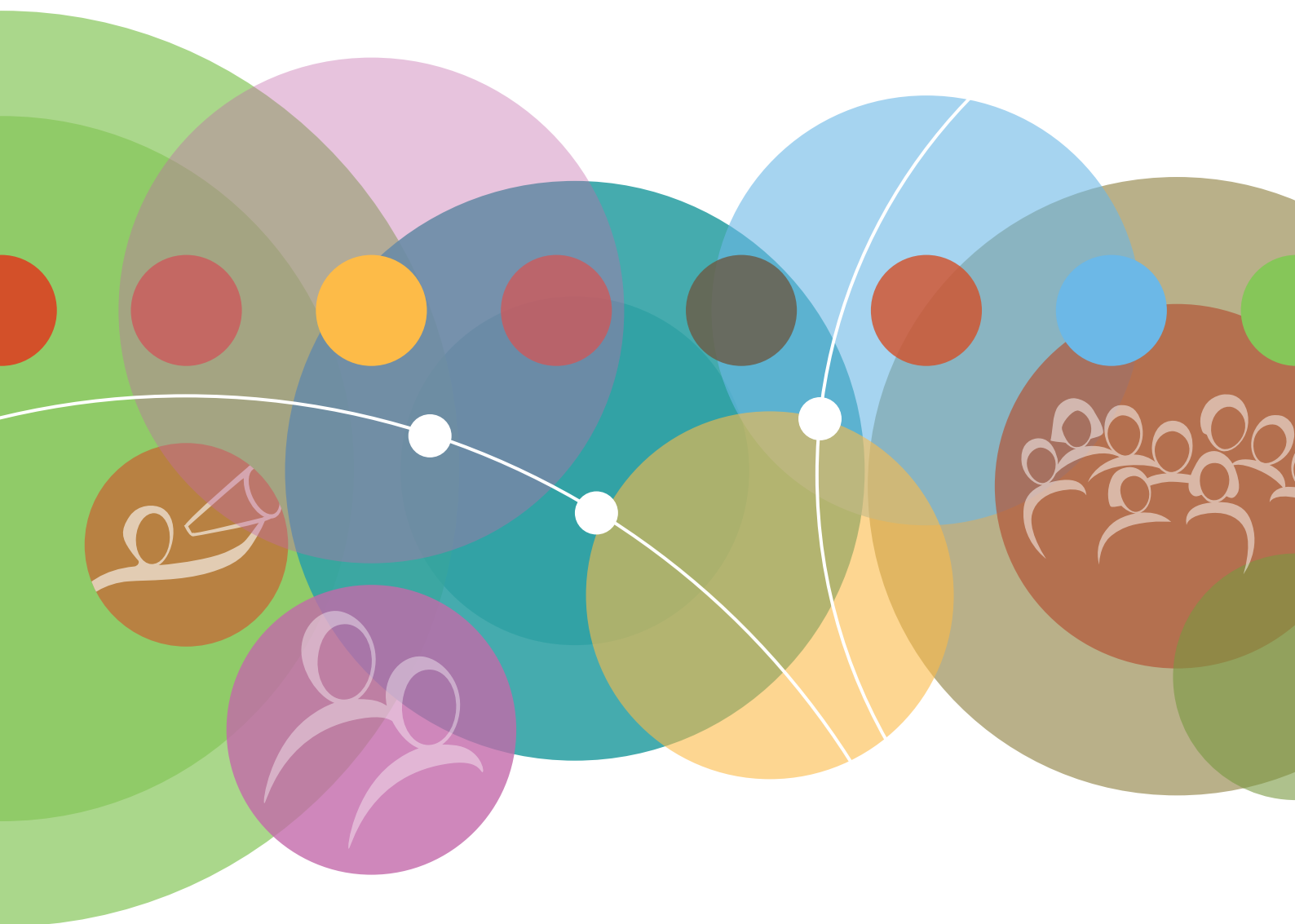


Disability Services Commissioner **2011 Annual Report**

! It's
OK
to complain



26 August 2011

The Hon Mary Wooldridge
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 you with the Disability Services Commissioner's annual report for the year ended 30 June 2011.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'L. Harkin'.

Laurie Harkin
Disability Services Commissioner

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Stories in this report are composites of complaints and other de-identified experiences people have brought to us, which are representative of their dealings with our office during the year in review.

Throughout this document the *Disability Act 2006* will be referred to as the Disability Act.

We invite you to read Our Year in Review 2011 and our Spring Edition plain English newsletter complementary to this annual report that capture our summary reflections on the activities and achievements of our office, the Victorian disability sector and the experience of people with a disability, service providers and our team regarding complaints raised and handled in the past year.

www.odsc.vic.gov.au

From the Disability Services Commissioner



This year my office has continued to be a place of support, influence and learning. Four years has now passed since our establishment and we have an increasing body of evidence which informs and enhances the way we go about

the work we do in responding to around two thousand matters to date.

We are encouraged by those people who bring their experiences to us and who trust that we observe and respond faithfully to their concerns. Some may view us as 'taking the side' of the person with the disability. The way in which we approach our work reflects the objectives and principles of the Disability Act, which includes promoting and protecting the rights of people accessing disability services. As a statutory authority with integrity functions, we demonstrate by our practice and our history, the principles of fairness and impartiality in what we do.

With a new government well in place, we are encouraged by the positive working relationship we have with the Minister for Community Services, the Honourable Mary Wooldridge. We appreciate the Minister's commitment to and support for the work of the office and I thank the Minister for this.

We continue to maintain relationships with other bodies and jurisdictions where we share a common interest. We have undertaken and completed visits to all other jurisdictions in Australia and New Zealand. A notable outcome of this has been an inaugural gathering of the heads of disability complaints jurisdictions which we had the privilege to host in May 2011.

We are pleased to report a strong commitment across jurisdictions to create ongoing opportunities for gathering and sharing experience of contemporary approaches to disability complaints handling, with emphasis on the engagement of people with a disability. In Victoria we are well placed to share this experience given the way in which the Disability Act supports a dedicated focus in disability services which has obvious benefits for people with a disability.

Our own experience together with the learnings taken from other jurisdictions has significantly informed our submission to the Productivity Commission report about a national disability insurance scheme. As with many services and individuals, in readiness for a national disability insurance scheme and frameworks, we included in our submission advice regarding our experience as a complaints body with an unambiguous focus on service provision efficacy. Our advice included the key principles we believe should apply in any future set of arrangements for disability complaints handling.

We have continued to provide guidance to government and others about the kinds of issues worthy of consideration and actions that could be taken to ensure a more universal and accessible society through our contributions to inquiries, submissions, research projects and policy reviews.

With the conclusion of the first term of the Disability Services Board (the Board) in June 2010 and the appointment of the new Board, we now have the opportunity to work with four new members who bring a range of strengths and perspectives to the work of the Board. Ms Tricia Malowney is again president and I acknowledge her and express our appreciation for her passion and commitment to the work of the Board.

The Board provides a valuable source of advice and a practical point of reference for the work of my office and I thank them for their contributions. I also acknowledge the leadership of the Annual Complaints Reporting (ACR) task group, who have worked closely with us to ensure the successful development of the online complaint reporting tool and processes implemented by my office to capture the complaints experience of both people with a disability and providers.

We are confident the new reporting tool will improve and assist with the collection and reporting of complaint data. The tool was released in late 2010 with roll-out supported by information and education sessions. The revised reporting arrangements have significantly enhanced the quality and reliability of data collected this year. This provides us with enhanced insight into the concerns of people with a disability and the complaints approaches and systems adopted.

We are equally pleased to see increasing levels of reporting contribution and compliance from 81 per cent to 100 per cent this year. This is the strongest response to date. This positive trend in reporting along with the significant increase in the numbers of complaints reported to us by service providers, confirms a growing and positive complaints culture.

Our data analysis indicates that the majority of complaints we resolved this year resulted in improved relationships and better service outcomes for people. The overall number of enquiries and complaints made to us increased by 19 per cent. This is testimony to the strengthened relationships between people with a disability and service providers and reinforces the value in the education efforts made by us in this area. The thematic analysis of our own experience and of that reported by service providers, confirms the significance of the absolute need to enhance our focus as a sector on communication, relationships, service access and compatibility.

Other emerging trends also indicate broader systemic issues requiring a concerted effort for service provider responses to concerns raised about quality of service, issues in supported accommodation and the role of families and engagement with services.

Some may view us as 'taking the side' of the person with the disability. As a statutory authority with integrity functions, we demonstrate by our practice and our history, the principles of fairness and impartiality in what we do.

We observed this year some issues of notoriety which have been the subject of consideration by the Public Advocate and the Ombudsman which by any measure were disturbing. As with most issues that result in adverse outcomes for people with disabilities, it is too often the case that they involve a lack of having the person with the disability at the centre of service and organisational considerations.

Our learnings tell us that systemically, when people who provide services don't have as their key driver a person-centred approach to their work, less than optimal and sometimes adverse outcomes result for persons with a disability. We will continue our strident pursuit of driving cultural change through capacity development and education efforts to challenge paradigms that are yet to truly place the person with the disability at the centre of organisational thinking.

It is my privilege to be the inaugural Disability Services Commissioner in Victoria. Significantly, the work includes sharing the lived experience of individuals with a disability in often enormously challenging personal circumstances. The work is inspiring, humbling and uplifting. We are able to share the achievement of people with a disability in many cases being heard for the first time and I record my appreciation in being able to fulfil this role and assist in finding ways forward in the many and diverse issues raised with us.

I again record my appreciation for the work of all members of my office who continue to bring professionalism and notable commitment to working with all with whom they deal in a fair and respectful manner. I thank them all for who they are and what they bring to our work.



Laurie Harkin
Disability Services Commissioner

From the Disability Services Board President



The Disability Services Board is now in its second term and continues to support the work of the Disability Services Commissioner to ensure that complaints processes enhance the lives of Victorians with disabilities.

While the Board's inaugural term (ending 30 June 2010) was a period of exploration and consolidation, we are now well established to better understand the range of complaint issues and use collaborative approaches to ensure we can continue to provide appropriate and timely advice.

The manner in which the Disability Services Commissioner (the Commissioner) implements his responsibilities under the Disability Act has meant great advances for Victorians with disabilities, in particular for those receiving services from registered disability service providers.

The Board is pleased to see that cultural change and greater awareness of rights is increasingly occurring in the disability services sector. This has been supported through various forms of communication, education and resources made available by the Disability Services Commissioner to ensure that Victorians with disabilities are informed and able to speak out about their lives and express their needs and dreams.

Central to this is the Disability Services Commissioner; Laurie Harkin who in his role ensures his office provides an independent, person-centred complaints mechanism. Notably, the office is easy for Victorians with disabilities to access, supports families and carers to assist in the complaints process and supports service providers to see complaints as an opportunity for service improvement and to better support people with disabilities.

Since establishment, each year the number of enquiries and complaints handled by the Disability Services Commissioner has increased, as have the number of matters raised by Victorians with disabilities that are not within jurisdiction of the office: 'out-of-scope' complaints. The Board gave these issues careful consideration this year and provided the following issues papers in the form of advice to the Minister for Community Services:

- *Victorian Disability Services Board (DSB) Out-of-Scope Complaints Issues Paper – Home and Community Care (HACC) and Supported Residential Services (SRS's)*
- *Victorian Disability Services Board (DSB) Out-of-Scope Complaints Issues Paper – Education*

More recently, the Board also formally supported the Disability Services Commissioner's submission to the Victorian Law Reform Commission (VLRC) Review of Guardianship Law in a letter to the VLRC Chair.

Of significant mention is also the work of the ACR task group, which included representatives from DSC, National Disability Services (NDS), disability service providers and the Department of Human Services. The task group is chaired by board member Mr Scott Sheppard and enables the provision of advice from the Board to the Commissioner about service provider's ACR.

The contributions of each task group member has resulted in the development and implementation of the Commissioner's new on-line complaints reporting tool that is now available to all registered disability service

We are now well established to better understand the range of complaint issues ...

providers for reporting their complaints. The Board is pleased to have been able to support the provision of advice to the Commissioner and his staff in the leadership of this valuable work. We are confident it will improve and assist with the collection and reporting of complaint data. We are equally pleased to learn of the success to date of the implementation of the tool, with

a strong uptake and positive feedback from service providers, who report the tool is user friendly and will enhance complaints reporting in the future.

I would like to take this opportunity to acknowledge the work of the former members of the Disability Services Board who gave generously of their time and their expertise. I also wish to welcome the new Board members who I am sure will contribute equally to enable timely and appropriate support and advice to the Minister and Commissioner to ensure better outcomes for Victorians with disabilities, their families and the disability service providers that support them.

I would also like to thank the Commissioner, Laurie Harkin, and the Deputy Commissioner, Lynne Coulson Barr, for their generosity in ensuring that the members of the Board are included in the work of the office. We also thank Rosie Chiavaro for her continued support of the Board as its Executive Officer and for the commitment and contributions she brings to our work.

Regards,

Tricia Malowney
President, Disability Services Board

From the Disability Services Board President

About the Disability Services Board

The Victorian Disability Service Board was established under the Disability Act. The Board consists of 11 members appointed by the Minister for Community Services and represents the interests of people with a disability.

Members include people with experience and expertise to represent and express the interests of disability service providers as well as adults and children using disability services. The Board also has a representative of the Secretary of the Department of Human Services and of the Health Services Commissioner.

The functions of the Board include the provision of expertise and guidance that reflect the perspectives of and from the disability sector. The Board may receive and provide advice to or from the Minister and the Commissioner, promotes the operations of the Commissioner and may refer matters relating to disability services complaints to the Commissioner for inquiry.

Former Disability Services Board Members

(Term 1: July 2007 – 30 June 2010)

- Ms Liz Bishop
- Ms Aileen McFadzean
- Dr Kevin Murfitt
- Ms Jennifer Sewell

Disability Services Board Members

(Term 2: July 2010 – 30 June 2013)

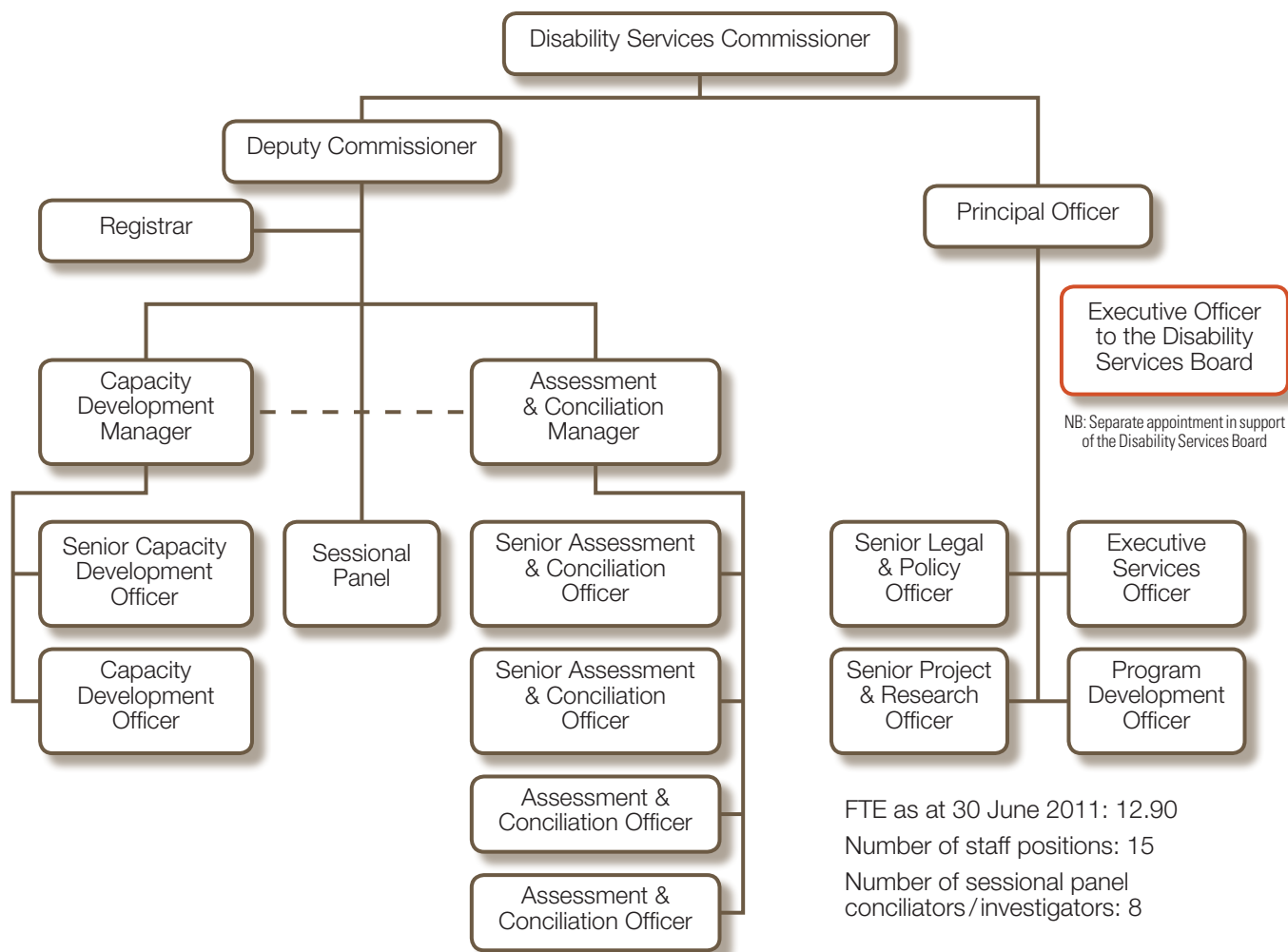
- Mr Christian Astourian – Diversity and Disability Coordinator, Policy and Communication Officer, Migrant Resource Centre North West
- Dr Chad Bennett – Clinical Director and Consultant Psychiatrist, the Victorian Dual Disability Service
- Elizabeth Corbett – Director Brookcor Consulting and non-executive director Nursing and Midwifery Health Program, Victoria
- Ms Liz Kelly – Owner Director TL Consulting, President Association for Children with a Disability, VDAC member, Board member, Children with Disabilities Australia
- Ms Clare Lethlean – Senior Associate, Minter Ellison
- Ms Tricia Malowney (President) – Deputy Chair VDAC and member of various disability and mainstream boards and committees
- Ms Karen McCraw – CEO Karden Disability Support Foundation and Chair of Disability Professionals Victoria
- Ms Bronwyn McGuire – Disability Service User Representative
- Mr Arthur Rogers – Executive Director, Disability Services, Department of Human Services
- Mr Scott Sheppard – Chief Executive, Uniting Care Community Options
- Ms Beth Wilson – Health Services Commissioner



*Front left to right: Bronwyn McGuire, Scott Sheppard, Tricia Malowney, Dr Chad Bennett, Christian Astourian
Back left to right: Liz Kelly, Clare Lethlean, Elizabeth Corbett, Karen McCraw, Beth Wilson
Absent: Arthur Rogers*

About the Office of the Disability Services Commissioner

Our organisational structure



Our values



Fairness



Respect



Rights

Our principles



Accessible



Accountable



Excellence



Person-centred



Responsive

Summary of our performance

Key activities, achievements and directions

Accessibility	Expanded accessibility and improved communication with people for whom visual cues are critical to communication, by using Skype and promoting the Australian Communication Exchange National Relay Service .
Annual complaints reporting (ACR)	<p>New on-line ACR tool launched November 2010 to enhance collection and analysis of service provider complaints data.</p> <p>23 education and information sessions delivered statewide to 193 staff from 111 service providers. Service providers report that the new tool is 'user friendly'.</p> <p>100 per cent reporting compliance achieved by service providers with 301 service providers reporting 1,428 complaints received.</p>
Education and Information	64 presentations delivered statewide to 473 people with a disability, 111 families and carers and 880 service provider staff – a total of 1,464 people.
Expos and stalls	Information, resources and an opportunity to meet with DSC staff provided at 17 Victorian conferences and forums relevant to people with a disability, families and service providers.
Feedback and evaluation	<p>Evaluation undertaken of people's experience of making complaints to DSC.</p> <p>50 per cent of people responded to our request for feedback.</p> <p>75 per cent of people provided positive feedback that the DSC process is timely, efficient, well explained, supportive, fair and objective.</p>
Jurisdictional issues	<p>Continued to raise issue of people using non-registered disability service providers not being afforded the protections of the Disability Act and access to DSC complaints process.</p> <p>Provided advice to the Disability Services Board on the numbers and types of issues in out-of-scope enquires and complaints.</p>
Keynote presentations	<p>NDS/DPV From Strength to Strength Conference – Victoria.</p> <p>NDS/VMIA/DHS The Upside of Risk Forum – Victoria.</p> <p>National Mediation Conference Australia.</p>
Learning from complaints	<p>852 responses recorded for key lessons learned by service providers from complaints they received (60 per cent of 1,428 complaints reported). Key themes included:</p> <ul style="list-style-type: none"> • better communication • improved understanding of the needs of people with a disability; and • more intensive support for staff and people with a disability.
New products	<p>'Four A's' postcard – A summarised reference for responding to a complaint using the 'four A's'; Acknowledge, Answer, Action and Apologise.</p> <p>Complaints Systems and Practice Self-audit – Quick Checklist for service providers – for comparing complaints systems and practices to the requirements of the Disability Act and the Department of Human Services' Quality Framework for Disability Services (Quality Framework).</p> <p>Complaints Culture Surveys – revised user friendly surveys to collect views from people with a disability, families and staff about the complaints culture within organisations.</p> <p>A 'Who wants to make a complaint?' Game – to support the education of people with an intellectual disability to better understand their rights and how to make a complaint.</p> <p>More than 20,000 education materials (including <i>Good practice guides</i> and brochures) and promotional products (such as book marks, water bottles, wrist bands and postcards) distributed.</p>

Summary of our performance

Key activities, achievements and directions *continued*

Newsletters	More than 2,100 standard and new plain English newsletters distributed annually to individuals, groups and organisations.
Resolving complaints in DSC	682 new enquiries and new complaints received (19 per cent increase). A total of 729 matters that were dealt with, including 47 matters carried forward from 2009–10. The majority of resolved complaints resulted in both improved relationships and better service outcomes. 70 per cent of in-scope complaints resolved at the time of closure with a further 12 per cent partially resolved 54 per cent of in-scope complaints resolved in the 90-day assessment stage.
Sponsorships	Sponsored eight events that promote the ability of people with a disability to express themselves and assert their rights and opinions.
Staff accreditation	All senior assessment and conciliation staff accredited under Australian National Mediator Accreditation System (NMAS).
Visits and meetings	17 complaint bodies and disability organisations in nine jurisdictions across Australia and New Zealand visited. Hosted the inaugural Disability Services Commissioners and Ombudsman meeting.
Web	12,161 visits to our website www.odsc.vic.gov.au People now follow our regular posts on Twitter. Our 'new look' website developed and coming soon.

“Like just about everybody these days, I get tons of emails with tons of information on all sorts of subjects. Also, I’m occasionally involved in creating content for various audiences ... staff, external agencies that we’re involved with and ... people with a disability as part of my [role]. I just wanted to say that your recent plain English Newsletter struck me as a beautiful example of how to say something important in a clear, direct way. When you get so used to wading through long, cumbersome sentences full of jargon ... this was like a breath of fresh air. It told an important story in a simple, effective way. I’ll keep it nearby as a reminder of what can be done ...”

Service provider staff member

Summary of our performance

Contributions to inquiries, submissions, research and policies

- Department of Human Services Children, Youth and Families and Disability Services Joint Work Plan – Participation in Governance Group with the Child Safety Commissioner
- Productivity Commission–Disability Care and Support Public Inquiry (National Disability Insurance Scheme) – Submission August 2010
- Community Services and Health Industry Skills Council Community Services Training Package – Submission September 2010
- Monash University Research Project on Human Rights in ‘Closed’ Environments – Survey and Consultation – October 2010
- Report to VEOHRC on the *Operation of the Charter of Human Rights and Responsibilities Act 2006* – Report November 2010
- Victorian Auditor General’s Office – Audit into *Individualised Funding for Disability Services* – Consultation December 2010
- Productivity Commission – Disability Care and Support Public Inquiry (National Disability Insurance Scheme) Draft Report – Submission April 2011
- Department of Human Services – Disability Services Division policy reviews and drafts – Provision of feedback on:
 - Promoting Better Outcomes: Adverse Events Risk Management Policy and Procedures – February 2011
 - Promoting Better Outcomes: Systemic Improvement Policy and Procedures – June 2011
 - Draft revised guidelines and information sheets for the Disability Services Register – June 2011
- The Royal Australian and New Zealand College of Psychiatrists – Roundtable on Prescription of Psychotropic Medication for People with an Intellectual Disability – Consultation March 2011
- Protecting Victoria’s Vulnerable Children Inquiry Panel – Submission April 2011
- Victorian Law Reform Commission – Review of Guardianship Legislation: Consultation Paper 10 – Submission May 2011
- Victorian Equal Opportunity and Human Rights Commission – Systemic issues for children with a disability in relation to education and child protection – Consultations May and June 2011

- Review of the *Charter of Human Rights and Responsibilities Act 2006* – Submission June 2011
- Helen Sanderson & Associates – International approaches to person-centred planning and service provision – Consultations 2011
- Department of Human Services Disability Services Division, Quality Framework Working Group – consultations 2011

Provision of advice under s17 (1) *Disability Act 2006*

The Disability Services Commissioner provides advice on alternative means for dealing with complaints and advice generally on matters in respect of complaints to:

- The Secretary, Department of Human Services – **one** statement of advice provided regarding the Strategic Replacement and Refurbishment Program (SRRP) and decisions made on relocation of group homes.
- Disability service providers and people who make complaints – advice provided in **15** matters regarding issues identified in complaints to improve various aspects of service provision, communication and service outcomes.

Protocols reviewed and in development

- Department of Human Services – Protocol updated January 2011
- Office of the Child Safety Commissioner (OCSC) – Current protocol in review
- Office of the Public Advocate (OPA) – Current protocol in review
- Victorian Equal Opportunity and Human Rights Commission (VEOHRC) – Protocol in development

Reports to the Disability Services Board under s22 (3) *Disability Act 2006*

One request from the Disability Services Board for advice regarding out of jurisdiction (out-of-scope) enquiries and complaints received by the Disability Services Commissioner.

Promoting rights, change and building capacity

The Disability Services Commissioner continues to actively work with people with a disability and their families to promote rights and increase awareness and understanding about how to make a complaint. We continue to deliver information sessions together with people with disabilities who contribute the value of their lived experiences to the conversations we have with people. We also work closely with service providers to enhance their capacity to respond effectively and successfully resolve complaints, as this is an integral part of providing quality supports and service planning.

Disability supports that are genuinely person-centred and self directed offer people a choice about the supports they receive and encourage them to have input and provide feedback about those supports. We promote the view that complaints raised by people with a disability, their families and/or advocates are a natural part of the range of views that people might express about their supports and can be an important source of information for service providers quality improvement and service delivery plans.

During the past year DSC has conducted 64 information and education sessions for 1,464 people with a disability, family members and disability service provider staff and managers throughout Victoria.

We can see from the feedback that people with a disability and their families came away from these sessions with improved understanding of their rights, our role and the support we provide. People often talked about having increased confidence to speak up about concerns they had. The sessions conducted with service providers have also been well received and we look forward to continuing this work with providers into the future.

From our experience we see that people with a disability and their families will, in many instances, talk to direct support staff about their concerns; however it is less often the case that direct support staff have training or guidance about how best to respond when these concerns or complaints are raised. These initial responses to a complaint are often the most critical to knowing how issues are best addressed and can greatly influence the subsequent outcomes. As a result we have prioritised this as a key area for our focussed effort with the sector as part of our future capacity building agenda.

This year we have seen an increased focus on people's right to complain and the significant opportunities this presents to further improve Victorian disability services and outcomes for people with a disability and their families.

“When people not used to speaking out are heard by people not used to listening, then real change can be made.”

John O'Brien

“I appreciate DSC's ability to demystify the world of complaints and presenting info in a reassuring manner.”

Service provider staff member

“[I] feel much more confident in encouraging clients to make complaints and responding to complaints.”

Service provider staff member

“[Most useful to learn was] that the Disability Services Commissioner is an independent (complaints) body.”

Service provider staff member

“It is available to us and we didn't know it was available till now.”

Carer

“[Most useful to learn was] that an organisation exists that we can take our complaints to, voice our complaints and get something done.”

Carer

“[I] knew very little about the role of DSC – this really clarified that for me.”

Family member

“I didn't know we could just ring DSC for advice.”

Family member

Learning from complaints

Emerging and continuing trends and issues

A number of trends and issues have been identified through complaints and enquiries made to DSC and data provided to us by the disability service providers ACR. These trends provide key insights into what is working and not working for people with a disability and their families and carers. The analysis of the 2010–11 data reveals emerging issues, along with continuing trends identified in 2009–10. We provide a summary of some of our observations and analysis, together with initiatives and developments to promote service improvement and changes in approaches.

Communication issues

Trends

Communication issues continue to be identified as an underlying theme in the majority of enquiries and complaints to DSC. In 2010–11 communication issues were identified in 55 per cent of complaints to DSC, with 44 per cent relating to poor or insufficient communication. The importance of communication and relationships is now increasingly being recognised by service providers in their approach to complaints, with providers reporting 26 per cent of complaints in 2010–11 to be about poor or insufficient communication, compared with 10 per cent in 2009–10.

Observations, initiatives and developments

The need for improved communication and attention to relationships was a key theme in the reflections from service providers about lessons from complaints and suggestions for improvements, and indicates a real shift from a focus on complaint processes to a more person-centred approach to responding to complaints.

DSC's experience in dealing with complaints and enquiries highlights communication issues as a frequent factor that leads to people making a complaint, and that communication is an essential element in finding a resolution. Reflections from both service providers and DSC on learnings from complaints focus on the importance of communication and relationships in service provision and in responding to complaints.

The importance of communication is highlighted in DSCs education sessions and capacity development activities. In line with this focus, DSC made a submission to the Community Services and Health Industry Skills Council for communication skills to be a prerequisite or core unit in the qualifications in the Community Services Training Package for disability support staff.

Reports of alleged assaults and risks to wellbeing and safety

Trends

Both DSC and ACR data show higher numbers of complaints relating to alleged assaults, abuse, neglect or risks to people receiving services. Thirteen per cent of complaints to DSC related to these issues, with four per cent of complaints relating to alleged assaults or harm by another person using the service and three per cent relating to alleged assaults or harm by staff. Seven complaints related to unexplained injuries and insufficient investigation by the service provider. Similarly 13 per cent of complaints received by service providers related to concerns about health and safety of people receiving services. A further six per cent related to specific concerns about intimidation, bullying, abuse or neglect.

Observations, initiatives and developments

These complaints raise serious concerns and questions about the capacity of the current service system to adequately protect the rights of people with a disability to be free from abuse and protected from harm. This emerging data highlights the important role complaints processes play in bringing greater transparency to these issues and how they are addressed.

Responding to these complaints requires particular attention to the interface between police, disciplinary processes, regulatory and complaints processes and the role of each to ensure the safety and wellbeing of people with a disability.

DSC notes the public attention drawn to these issues by the release of the Public Advocate's report *Violence against people with cognitive impairments* (August 2010) and the Victorian Ombudsman investigation report to Parliament – *Assault of a Disability Services Client by Department of Human Services Staff* (March 2011).

These issues continue to be pursued by DSC and in discussions with key stakeholders and other jurisdictions on the most effective ways of addressing such issues. DSC also participated in the symposium held at Griffith University in April 2011 on *Everybody's business – stopping the abuse and neglect of people with intellectual disability*, to identify different approaches in the United Kingdom, United States and Australia which could have application in addressing these issues.

Learning from complaints

Individual Support Packages

Trends

DSC has seen an increase in the number of complaints relating to Individual Support Packages from 15 per cent in 2009–10 to 26 per cent in 2010–11; whereas the proportion of these complaints reported by service providers was similar to 2009–10.

Observations, initiatives and developments

The complaints to DSC have included concerns about delays in waiting for Individual Support Packages to be approved or implemented, accessing services specified in Individual Support Packages and transfers between regions. Other issues included disputes and confusion about the use of funds, assessment of needs, review processes and interpretation of the guidelines.

DSC has observed that the application process and the use of Individual Support Packages can be confusing and daunting for people with a disability and their families. Issues raised in complaints have identified the need for clear and plain communication in the application, allocation and review phases of the process. Issues have also been identified in the processes for responding to changes in a person's support requirements and goals.

DSC contributed its reflections to the audit being undertaken by the Victorian Auditor General's Office into *Individualised funding for disability service*. We have also consulted with the Department of Human Services' Disability Services Division on policy reviews in the related area of the Disability Support Register.

Bill's Story

Bill was living at home with his father George and receiving supports through an Individual Support Package. George developed a serious illness and requested Bill's service provider to make some quick changes to support arrangements in order for Bill to remain living with him. George was upset that the changes could not be immediately funded. He was told by the service provider that they required approval and that some things were outside the guidelines.

George made a complaint to DSC on Bill's behalf as he was worried that Bill might have to move to a respite facility. George stated that 'the goal posts keep changing' on what could be funded, and he believed that there should be some discretion to approve changes. The service provider agreed that the funds should be used to support Bill living at home but stated that there were limits to the flexibility of the Individual Support Packages. George was frustrated and could not make sense of the service provider's response to his complaint. DSC facilitated an assessment conference with George, Bill and the service provider where the details of Bill's support needs and the Individual Support Packages guidelines were discussed, and the areas of flexibility on the use of funds clarified.

An agreement was reached on how the funding could immediately be used to enable Bill to remain living at home. The service provider also agreed to work with George and Bill to review Bill's support plan and Individual Support Package, to take into account the ongoing supports required for Bill to continue living at home.

Learning from complaints

Shared supported accommodation issues

Trends

Of all service types shared supported accommodation continues to be the subject of the highest proportion of enquiries and complaints, representing 37 per cent of complaints to DSC and 30 per cent reported by service providers.

Observations, initiatives and developments

We continue to see, in both DSC and ACR data, issues raised about the right to safety and quiet enjoyment in accommodation. Complaint issues range from general concerns about a perceived decline in quality of support and positive atmosphere in a house, through to serious injury or trauma associated with alleged assaults and/or risks to people residing in group homes. Concerns can also arise from changes in support staff at the house or changes in people living in the home.

DSC continues to work with service providers and the Office of the Senior Practitioner on identifying effective ways to address and resolve issues raised in relation to people's right to safety and concerns raised in relation to 'incompatibility' of residents.

DSC also continues to deal with complaints raised about decisions to relocate residents from group homes through the Department of Human Service's Strategic Replacement and Refurbishment Project (SRRP). DSC provided a statement of advice to the Secretary of the Department of Human Services in November 2010 on key concerns identified in these complaints, including issues around decision making, communication, and person-centred approaches which respects individuals' sense of home and community and their rights under the Disability Act.

In response to DSC's advice, an internal review of the Strategic Refurbishment and Replacement Project (SRRP) processes is being undertaken by the department in consultation with a range of stakeholders including advocates, DSC, the Valuer General's Office and the Land Monitor Office. New feedback mechanisms for residents have been adopted by the department and new guidelines for *Consultation and planning requirements: relocation of group homes* are under development. DSC will continue to contribute observations and feedback to this review, to promote improved processes and outcomes for residents affected by decisions to close their group home.

Family-related issues

Trends

The highest proportion of complaints received continues to be made by parents and other family members of people receiving services (52 per cent to DSC and 55 per cent of complaints to service providers¹). Systemic issues relating to the role of families in service provision and decision making were identified in 51 matters raised with DSC in 2010–11, a similar number to 2009–10.

The need to work on improved communication and relationships with families was also reported by service providers as one of the key lessons that emerged from the complaints handled in 2010–11.

Observations, initiatives and developments

This continuing trend of complaints raised by family members highlights the importance of developing a common understanding of the role of families in service provision and the level of engagement with the service provider. One of the most consistent observations in the work of DSC is the lack of clarity about a common understanding of the role of families. There is also little evidence of service providers having a documented and planned approach to working with families, despite the requirement for such a policy in the Quality Framework for Disability Services.

It is also evident from conversations we have with families, both during complaint processes and our information sessions, that many still have a real fear of complaining on behalf of their family member. In many cases this prevents people from raising their issue at all.

As part of a family engagement project, DSC has begun to collect examples of strategies and practices for building and maintaining positive relationships between service providers and the families of the people they support. This project will also seek to contribute to the development of a clear policy and practice framework for the positive engagement of families in disability service provision. DSC has encouraged a focus on *Services and Families Working Together* at the next Annual Roundtable on Intellectual Disability Policy hosted by La Trobe University. DSC's capacity development activities also include outreach to family and carer groups across Victoria to offer presentations and information on the role of DSC and to receive feedback on their experiences in raising issues with service providers.

1. These percentages are calculated as follows: DSC complaints – 43 per cent from parents/guardians and nine per cent from other family members; ACR data – 47 per cent from parents/guardians, eight per cent other family members in 2010–11.

Learning from complaints

Workforce/staffing issues

Trends

The second highest proportion (38 per cent) of issues identified in ACR data related to workforce and staffing issues, such as concerns with the behaviour and actions of staff, compared with 10 per cent in 2009–10. DSC also continues to see concerns raised about the consistency of staff, turnover, skills and competencies, with these issues being raised in 15 per cent of complaints.²

Complaints to DSC raised by staff has continued, but with a slight decrease from nine per cent in 2009–10 to seven per cent in 2010–11. The proportion of staff raising issues directly with service providers also reduced from seven per cent in 2009–10 to six per cent in 2010–11.

Observations, initiatives and developments

The increase in the proportion of staff-related issues reported by service providers may be in part explained by the ability of service providers to record multiple issues in the new ACR reporting tool. The increase however may also reflect improvements in complaints cultures of services where people feel more comfortable raising issues about their direct experience with staff.

In contrast, the reduced proportions of staff raising complaints on behalf of people they are supporting, may suggest that service providers may need to pay more attention to the way in which the culture of the organisation supports staff to raise issues which could lead to improved outcomes for individuals.

The Complaints Culture Surveys produced by DSC have been designed to assist service providers to assess the degree to which the message *'It's OK to Complain!'* applies throughout their organisation and identify areas for improvement.

The themes evident in both DSC and ACR data reinforce the importance of building the workforce capacity of the disability sector as a critical component of achieving improved service outcomes for people with a disability. DSCs observations are that people who are using services and their families are most likely to raise issues with direct support staff in the first instance. The reflections provided by service providers on key lessons learned from complaints identified the need for increased attention to the skill development, training and support needs of direct support staff so they can provide effective responses to people's needs and issues raised.

DSC continues to contribute to this capacity development through education sessions and presentations to service provider management and staff, and the development of targeted resources such as the 'four A's' postcard for responding to complaints. DSC will give increased focus to the need for service providers to consider the role and training needs of direct support staff as an essential part of their approach to complaints handling.

Service provision and quality issues (general)

Trends

The highest proportion, 49 per cent, of issues identified in ACR complaints related to dissatisfaction with service delivery and quality standards, compared with 36 per cent of complaints to DSC. The key theme in these DSC complaints about dissatisfaction was with the quality of service related to lack of a person-centred approach and issues relating to individual needs.

Observations, initiatives and developments

Through its capacity development and education work with service providers, DSC promotes the view that complaints raised by people with a disability, their families and/or advocates can be an important source of information for a service provider's quality improvement and service delivery plans.

The Complaints Systems and Practice Self Audit – Quick Checklist for service providers was developed this year to assist service providers to compare and enhance their practices in line with the requirements of the Disability Act and the Quality Framework for Disability Services.

In dealing with complaints, DSC has also provided specific advice to service providers on actions required to ensure that service practices comply with the principles and requirements of the Disability Act and the standards in the Quality Framework.

DSC has also participated with other key stakeholders in the Quality Framework Working group convened by the Disability Services Division, and will be providing feedback on the single set of service quality standards being developed by the Department of Human Services and the implications for promoting and monitoring quality in disability services.

2. A direct comparison to workforce-related DSC complaints in 2009–10 is not possible due to revised data collection categories used in 2010–11.

Learning from complaints

Children and young people in out-of-home care

Trends

DSC continues to deal with complaints relating to the adequacy of service responses to children and young people with a disability in out-of-home care and/or involved with child protection services.

Observations, initiatives and developments

The lack of a common assessment and coordinated approach to meeting the needs of children and young people with a disability in out-of-home care and child protection services continues to be raised as an issue in complaints and representations made to DSC. Instances of parents saying that they will 'relinquish' care of their child with a disability in the context of complaints about the adequacy of available supports have also featured in enquiries and complaints to DSC.

DSC outlined these issues in a submission to the Protecting Victoria's Vulnerable Children inquiry in April 2011, to contribute to identifying ways of achieving improved outcomes for children and young people with a disability. DSC also provided input to the development of the Children with disability and child protection research project by Victorian Equal Opportunity and Human Rights Commission and will participate on the reference group for this project.

The Disability Services Commissioner and the Child Safety Commissioner have continued to participate in the governance group for the implementation of the joint work plan between the Department of Human Services' divisions of Disability Services and Children, Youth and Family Services. This work plan focuses on the implementation of the *Integrated framework for children and young people with a disability* which sets out a number of actions to improve outcomes for children in out-of-home care and to strengthen working relationships between the community care and disability services workforce.

Progress reports have been provided to DSC by the department on actions taken on this work plan over 2010–11. These actions have included a review of planning for all children in voluntary out-of-home care funded by Disability Services Division, an initial audit of children with a disability in receipt of out-of-home care services funded by the Children Youth and Families Division and the development of an operational framework to strengthen the implementation of the Disability Services Child Protection protocol by providing clarity in relation to prioritisation of access to disability supports, planning and resource sharing for children with a disability who are involved with child protection.

Whilst progress is being made on this joint work plan, individual complaint cases relating to gaps in protections, service provision and planning afforded to children and young people with a disability continue to cause concern. DSC will continue to participate on the governance group to ensure the actions being undertaken on the joint work plan are realised.

Jo-Anne's Story

An advocate brought a complaint to DSC on behalf of Jo-Anne, an 18-year-old woman who was homeless. Jo-Anne had been living in out-of-home care and was supported through the child protection system. Jo-Anne had an intellectual disability and was within the target group for disability services. When she turned 18, Jo-Anne found that the supports she had received as a client of child protection were suddenly withdrawn.

Jo-Anne's advocate said she was traumatised by the transition from a settled environment to being placed in crisis accommodation in the disability sector where she felt unsafe. Jo-Anne's advocate believed that a lack of planning and support for Jo-Anne and the 'jarring' she experienced from moving from one system of care to another contributed to her trauma. Jo-Anne did not feel comfortable living in a group home with adults much older than her, and wanted to live more independently.

In the process of assessing and resolving the complaint, DSC found that Jo-Anne had not had the benefit of collaborative planning between the child protection system and the disability service system. In working to resolve this complaint, DSC highlighted the need for those involved to cooperate around fundamental tasks such as sharing information and to listen to Jo-Anne's wishes and her needs for her ongoing support. DSC's complaint resolution process resulted in parties co-operating around specialist assessments, joint planning and exploration of accommodation options for Jo-Anne. Importantly Jo-Anne was included in this process and she was supported to say clearly what was important to her and what she wanted.

The resolution of the complaint led to Jo-Anne being offered a model of accommodation and support that reflected her goals and wishes. All parties agreed that earlier planning, prior to her transitioning from out-of-home care, would have been of greatest benefit for Jo-Anne, and accepted DSC's advice on the need for a proactive and collaborative approach to supporting other young people with a disability leaving out-of-home care.

Learning from complaints

Out-of-jurisdiction issues

Trends

Over a third of enquiries and complaints to DSC continue to be matters outside the jurisdiction (out-of-scope) of the Disability Services Commissioner, 34 per cent in 2010–11, including concerns raised about non-registered disability service providers.

Observations and actions taken

DSC has continued to raise the issue with the Department of Human Services that people choosing non-registered disability service providers are not afforded the rights and protections of the Disability Act and access to DSC complaints process. It was noted in our last annual report that these issues were under consideration by the department.

The Department of Human Services responded to this issue with advice that it considered that the complaints mechanism provided by the DSC should apply to all relevant service providers funded by Disability Services Division. The department also advised that the issue of the out-of-scope complaints would be addressed through the implementation of an approach to register all service providers and/or by requiring service providers to comply with the complaints process of the DSC through the Funding Agreement process. DSC understands that these approaches will be finalised in 2011. Whilst this advice is welcomed we remain of the view that the most definitive way of dealing with these issues is through legislative amendment.

DSC welcomed a request from one service wanting to voluntarily come within jurisdiction of DSC so people using their service could access the DSC complaints process. This signals a growing recognition of the importance of an independent complaints mechanism being available to people with a disability.

In relation to broader concerns about the accessibility of complaint options for the range of out-of-scope issues, DSC provided advice to the Disability Services Board on the numbers and types of out-of-scope enquiries and complaints. This prompted the Board's further advice to the Minister for Community Services in relation to complaints by people with a disability about Home and Community Care (HACC) funded services, supported residential services and education. It remains of concern that these areas of disability-related service provision continue to lack an independent external complaints review process which is not to the advantage of people with a disability using these services. We note that departments involved are in effect reviewing their own processes and decisions.

“I was very dissatisfied with the outcome of my complaint. People who have ISPs need to be informed that no action can be taken if you use a non-registered [service] provider.”

Feedback from a person with a disability raising issues about a non-registered disability service provider

Learning from complaints

Service provider reflections on learnings from complaints

The 2010–11 complaints reporting process asked service providers to identify the key lessons they had learnt from the overall complaints process, including observations and areas for improvement for their service and the sector as a whole. The responses to these questions provide insight into the current attitudes and behaviours of the sector towards the complaints process. They also help to describe the current culture within the sector around the encouragement of people receiving services, and other stakeholders, to raise their concerns and complaints in order to facilitate continuous improvement among services and the sector as a whole.

The increased trend in the number of complaints recorded over the last four years and the significant improvement in compliance with complaint reporting obligations in 2010–11 suggest that providers' attitudes, practices and policies are becoming more aligned with a positive complaints culture in which people feel comfortable providing feedback, positive or negative, about the disability supports they receive.

Service provider suggestions for improvement and key lessons learnt:

For the service

Service providers were asked about the key lessons for their service that emerged from each of the complaints that they received. A total of 852 responses were recorded for this question out of the 1,428 complaints (60 per cent of complaints). The main themes within these comments included the need for improved communication (22 per cent of comments), better understanding of the needs of people with a disability (12 per cent), and more intensive support for staff and people with a disability (eight per cent) as the main areas that required improvement.

1. The need for improved communication when handling complaints included timely, clear and inclusive communication practices to help to ensure that positive relationships are maintained and complaints issues and concerns can be addressed in a collaborative and effective manner. Within the broad category of communication, two important themes that emerged were related to external communication with services and carers or family and to internal communication.

Service providers indicated that they had learned how effective clear communication practices could be when working with clients, their families and carers in helping to achieve successful outcomes. Providers also highlighted the need for improved consultative processes to provide input to care decisions and build effective relationships.

“Communication and responding to issues raised quickly and keeping those involved in the complaint ‘in the loop’ of actions taken and agreed outcomes from [the] complaint. In complex cases, communication needs to be open, transparent with all parties.”

“Working alongside families to share information about the real communication and behaviour of clients is the most effective tool in understanding how to provide the best support possible. All behaviour is a form of communication, and whilst it may take time to understand the client’s message, investing time in trying to understand each person’s messages is a key element to ensuring that all clients feel supported and safe within [agency].”

“The complaint was raised as the carer was concerned and felt that they had not been consulted in an appropriate manner. The carer felt that the worker who raised the change of procedure had not communicated with the carer in a consultative manner.”

“For those non-sensitive issues, we can have staff and client face-to-face to talk about it and come up with a solution. [The] supervisor and case manager need to be there to help and run the meeting.”

Comments related to improved communication practices within service providers included the need for clear information gathering, disseminated and general communication practices, as well as the importance of continuous improvement and regular review in this area to ensure ongoing effectiveness.

“Clear and concise communication regarding program outcomes with staff are imperative.”

“Clearer and more instructive communication techniques that provide clear direction to staff in regards to the actions/ behaviours of clients that attend our service.”

“Communication can always be improved and whilst the matter had actually been dealt with appropriately, we have developed better communication strategies and a clear strategy for dealing with the same situation again should it arise.”

Learning from complaints

2. Service providers also acknowledged the importance of **developing a better understanding of the needs of people with a disability** and their families through listening effectively to the issues raised about their services, taking this into account in their day-to-day service delivery practices and in helping identify ways to improve their service.

“[The] importance of understanding the needs of families and clients. Importance of ensuring families and clients understand the service they will receive.”

“For families experiencing multiple difficulties, case managers need a lot of skill and support to work well with them, hence transfer to a very experienced worker in the field of mental health. Also need management support to advocate strongly within the wider service system to get appropriate support – as occurred with a client receiving a high level [Individual Support Package].”

3. Many service providers also indicated that more intensive or **additional support was required for their staff**, including through more timely access to training and greater levels of support for service staff. Several providers indicated that the complaint reporting process has helped identify and highlight the importance of taking action in these areas.

“Staff need to be continually retrained and supported to know particular people’s needs and requirements.”

“Accessing supports for complex client needs takes considerable time and push from families and key staff. This process needs to begin early before clients are forced into crisis. However [the system] only seems to respond once the client/family has hit crisis point.”

“This complaint highlights the importance of shifting from an ‘outputs’-based approach to an ‘outcomes’-based approach. This has been a strong focus of staff support and development activities over the past year. The complaint also highlights the inherent difficulties associated with providing appropriate monitoring, supervision and support for outreach staff who primarily work autonomously (rather than with other colleagues), in a variety of different community settings, and often outside of normal business hours.”

“... need to provide effective monitoring and support to our volunteers. This includes on the job support to ensure our service is providing a quality program to participants.”

For the sector

Service providers were also asked to identify key lessons learnt from complaints that could be applied to, useful for, or of interest to the sector. These lessons were identified in one-third of complaints and again highlighted the need for improved communication practices (11 per cent of comments), whilst also emphasising the need for more information and clearer guidelines for service providers (six per cent), and more flexible and customised support to meet the needs of families and people with a disability (four per cent).

1. A large number of providers emphasised the **need for improved communication practices** and coordination across the sector to improve the overall standard of service provision, including with stakeholders in service provision (such as other disability service providers, associated services and funding bodies) and people with a disability and families.

Service providers indicated that they had learned how important it is to effectively communicate and coordinate with stakeholders in order to achieve successful outcomes for their clients. They also emphasised the importance of taking a partnership approach with stakeholders to assist in making informed decisions around funding.

“Communication between all stakeholders is extremely important on an ongoing basis, not just when a complaint is raised. Dialogue amongst all stakeholders should be encouraged, including areas for improvement and positive achievements.”

“Improve communication and sometimes the need to ‘hassle’ associated services to limit delay times for clients.”

“A partnership approach between funding bodies and service providers in undertaking Disability Support Register reviews may assist in more informed funding decisions. Service providers should be provided with copies of client individual support plans so informed decisions can be made about what the funding can and can’t be used for. In lieu of individual support plans, clear and itemised guidelines should be provided to alleviate the possibility of the misuse of Disability Support Register funds.”

Service providers indicated that they had also learned how effective rapport building and interpersonal communication practices between staff and people with a disability could be when working towards successful outcomes.

“Sometimes the client might misunderstand the carer’s meaning. To have both, face-to-face to talk about it at once [is] better than having two separate meetings to listen [to] two or more difference stories.”

Learning from complaints

2. Service providers acknowledged the **need for more information and clearer guidelines** about the scope of service delivery outputs and activities, how they should be implemented and better practices approaches. This was considered to provide the potential to enhance the consistency and quality of service provision across the sector and to assist service providers to deliver services to a high standard.

“... to have clear guidelines in place within organisations as to how to allocate ... funds fairly.”

“... to ensure that we are clarifying information for all parties to save angst and confusion.”

“A better understanding of the implications for services of the direct funding Individual Support Package model [is needed] to ensure services have full information.”

3. Providers also indicated the **need to provide more flexible and customised support to meet the needs of families and people with a disability** was a key lesson learnt for the sector from the complaints reporting process. This included the need to understand service user and family needs and be able to cater for these needs within service delivery approaches. Examples provided of how this could occur in specific cases included increased timeliness of referrals for services, a focus on educating people with a disability and their families, and improved consultation with people with a disability and their families.

“Refer earlier rather than place on a waiting list. In the disability sector you may wait a very long time for a vacancy. For carers being on a waiting list implies that you will receive a service within a reasonable period of time. Services are ongoing, there is little movement out of the service therefore waiting could take some considerable time. Better to refer on and advise that family re-engages at a later time if they still desire the service.”

“Families deserve to be listened to. Families struggle with change.”

Our reflections on areas for further development

Communication issues have consistently been identified by DSC as an underlying theme in the majority of enquiries and complaints to our office. The reflections provided by service providers indicate a growing recognition of communication and relationships as key themes in complaints, and indicates a real shift from a focus on complaint processes to a more person-centred approach to responding to complaints.

From our experience in working with disability service providers and people who raise complaints, we have identified the following areas as important for promoting effective communication and relationships within disability service provision:

- when service providers initiate discussions with people receiving services and their families about mutual expectations, communication and decision-making processes, at the commencement of services and through regular feedback processes
- where person-centred approaches are embedded in all aspects of service delivery, and key documents capture the needs, wishes and rights of people with a disability who receive a service. These documents include person-centred plans, behaviour support plans, health care plans and residential statements
- where the style and quality of communication is such that people feel heard, respected, safe to express themselves and understand the language and form of communication being used
- when managers and support staff are clear about what information can be conveyed to families about the person receiving services, and there are consistent interpretations about privacy and confidentiality requirements
- where support staff have appropriate access to the information that families seek about their family member
- when the advice provided by the service or individual staff members regarding guidelines, policies and processes is clear and consistent; in particular regarding Individual Support Packages Guidelines and Disability Support Register applications

We are increasingly working with service providers through individual complaints and education activities on the approaches and skills required for effective communication and to address the areas identified above.

Learning from complaints

In line with this increased focus on improving communication, DSC has found that service providers are becoming increasingly attuned to the 'four A's', which are the four key things people often want from service providers when they make a complaint:

Acknowledge ... how the situation has affected the person and their expectations of a quality service

Answer ... why something has or has not happened or why a decision was made

Action ... take steps to address a concern and then follow it up to see if the issue has been resolved

Apologise ... a genuine apology may be all or part of what is sought.

We have found that the 'four A's' has resonated with service providers in their efforts to improve their responses to complaints. This has been witnessed in service provider responses to complaints to us, in education sessions, and in the number of requests for the 'four A's' postcard, with some providers requesting copies for every staff member. It is significant that the most common complaint outcome reported by service providers in 2010–11 involved the acknowledgement of the views or issues of the person who made the complaint (53 per cent) an increase from 17 per cent in 2009–10. In addition, apologies also significantly increased from four per cent in 2009–10 to 16 per cent in 2010–11.

These increases can be in part explained by the capacity to provide multiple responses in the new ACR reporting tool. However, when these results are considered in conjunction with comments provided by service providers on key lessons and suggestions for improvement, there is clear evidence that service provider approaches are becoming more aligned with a positive complaints culture and person-centred approaches in responding to complaints.

Sam's Story

The mother of a young man, Sam, complained to DSC that Sam's day service said that he could no longer attend the service. She said that in the lead up to this decision there had been some discussion about the suitability of Sam's activities and about strategies the staff used to support Sam's behaviours of concern. Sam wanted more choice in his activities and he wanted to stay with his friends at the day service. The decision to cease services upset Sam and threw his family's routine and his accommodation service into chaos.

DSC worked with the service provider to acknowledge the impact their decision had on Sam and his family and to provide clear answers as to why the decision had been made. While the service provider's response helped to address some of Sam's mother's concerns, she and Sam decided to accept the offer of an alternative service. The service provider however accepted DSC's advice on the need to develop clearer communication strategies linked to policy and procedures on ceasing service. They also undertook to develop a clear policy on working with families to meet the relevant standards in the Quality Framework

Learning from complaints

Feedback from people who have brought issues to us

Feedback was actively sought from people whose complaints had been assessed as in-scope and completed during 2009–10 with a 50 per cent response rate. The majority (75 per cent) of people provided positive feedback about the way in which their complaint was handled, in terms of being timely, efficient, well explained, supportive, fair and objective.

This positive feedback was provided even though only 36 per cent of the respondents advised that they were satisfied with the outcome of their complaint. In some of these cases, agreements that had been reached to resolve the complaint had either not produced the intended outcomes or had not been implemented to people's satisfaction. For others, the dissatisfaction about outcomes appeared to be linked to expectations and ongoing concerns about the adequacy and quality of services being received.

The analysis of this feedback has been used to further develop our approaches in working with all parties. Practice developments have included an increased focus on defining the complaint issues and resolutions, details of agreed actions and review processes, and the provision of documented advice.

... on what worked well:

"After having repeated myself for 15 years my complaint was listened to, with understanding of my disability and I was very satisfied with the result as my complaints were finally understood."

Person with a disability

"The time that was given to help me to explain all the details and that the worker understood my pain."

Family member

"The level of support during a difficult time was great."

Person with a disability

"I was listened to."

Person with a disability

"Being able to vent grievances to an independent body."

Family member

"I was impressed with how [the] DSC officer was at hand and ready to listen and suggest how to process our concerns."

Family member

"[It was good to have] a genuine person dealing with my issues who showed empathy as well as a reality of outcome."

Person with a disability

"I didn't know we could just ring DSC for advice."

Family member

"This has been a great experience and reflection time for our residential services staff. It's always an issue when staff and family members believe they are acting in the best interests of the person who has a disability, but come from this from slightly different angles. As an organisation I think we can, and should be, taking our lead from family members and understanding with more clarity the role they play."

Service provider

"The meeting (assessment conference) assisted us to strengthen our relationship with the family and to reiterate how important we know families are in the lives of the people we support."

Service provider

"Many thanks for your involvement in this issue. We have appreciated your professional and diligent approach to ensure the best outcome for the residents. We look forward to the closure of the issue and our reflection on the process has assisted us to improve our support to these and other residents."

Service provider

... on outcomes achieved:

"I received a clear, relevant explanation that I could understand as the service had not focussed on the issue that was relevant for me."

Person with a disability

"I'm hopeful that the action plan will assist us to provide better communication options for everyone in the future. This would never have happened without your help."

Family member

"Happy."

Person with a disability

"The DSC officer mediated our concerns to the service provider with suggestions [about] how they could improve delivery of service. Most parents and carers won't take this step to rectify problems because they feel they will lose the service they have. The service provider is now ... forming a policy on working with families."

Family member

Resolving complaints to the Commissioner

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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. We approach each enquiry and complaint with the purpose of assisting people to find a resolution to their issues in the most effective and constructive way possible. 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 who may not have received a satisfactory outcome in response to their complaint.

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

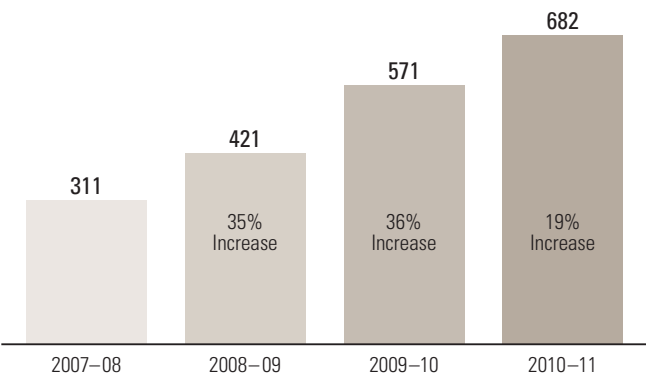
Overview of enquiries and complaints

There was a significant increase in the number of enquiries and complaints made to DSC in 2010–11, continuing the strong upward trend since the commencement of DSC on 1 July 2007.

Figure 1 shows that the overall number of enquiries and complaints made to DSC increased from 571 to 682 (an increase of 19 per cent) between 2009–10 and 2010–11.

In addition to the 682 new enquiries and complaints in 2010–11, 47 matters were carried forward from 2009–10, resulting in a total of 729 matters that were dealt with by DSC this financial year. Of these matters 669 were closed during the year and 60 were still open as at 30 June 2011.

Figure 1: Total number of new enquiries and complaints



Resolving complaints to the Commissioner

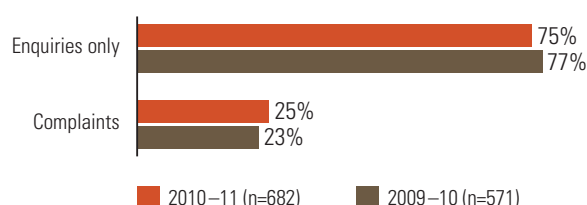
Enquiries

Of the 682 matters raised with DSC, 509 matters (75 per cent) were handled as enquiries while 173 matters (25 per cent) were assessed and handled as formal complaints. Figure 2 shows that a similar proportion of matters were handled as enquiries in 2009–10 (77 per cent) and 2010–11 (75 per cent).

The high proportion of matters raised with DSC as enquiries can be attributed to an ongoing focus by staff at DSC on assisting callers and service providers to deal with issues at an early stage (see figure 2).

Enquiries are an opportunity to work with people who may be unclear about their rights or how to raise an issue with a service provider. DSC assists callers to raise issues directly with their service provider and resolve these issues without making a formal complaint.

Figure 2: Breakdown of new enquiries and complaints
(Percentage of new complaints in 2010–11)



Out-of-scope enquiries and complaints

Out-of-scope enquiries and complaints are those outside the power and authority (jurisdiction) of the Disability Services Commissioner to deal with under the Disability Act. The proportion of enquiries and complaints made to DSC that were out of scope decreased from 40 per cent in 2009–10 to 34 per cent in 2010–11 however continues to account for a significant proportion of matters (see Figure 3).

Responding to out-of-scope enquiries and complaints and assisting people with appropriate information and referrals continues to be an important service provided by DSC. We recognise the difficulty that people can have in knowing where to take their particular issue and therefore encourage contact with our office if they have a concern and are not sure how it might be addressed.

The most common reason for an enquiry or complaint being out of scope is that the service is not a disability service (53 per cent) or the service is a Commonwealth or Home and Community Care (HACC) funded disability service (23 per cent). Twelve per cent of enquiries and complaints were assessed as outside the jurisdiction of DSC because the issues did not arise out of disability service provision or the events occurred prior to the Disability Act coming into effect on 1 July 2007. A significant proportion of out-of-scope enquiries and complaints were also about state-funded disability services provided by non-registered providers (11 per cent).

Currently, non-registered providers do not have a requirement to provide information to people about their right to complain, suggesting that numbers of potential complaints are likely to be much higher. These services are outside the jurisdiction of DSC as the Disability Act defines disability services as those provided by registered disability service providers or by the Secretary of the Department of Human Services. The department responded to the Commissioner's representations on this issue in June 2011 of its intention to address this jurisdictional issue through either registration as disability service providers or requiring service providers to comply with the complaints process of DSC through the Funding Agreement process.

There were a wide range of issues raised with DSC amongst those out-of-scope enquiries and complaints that were not related to a disability service (as currently defined), with the most common of these relating to education, legal services, supported residential services (SRS's), health and mental health, housing, environmental access and general employment matters.

The Disability Services Board reviewed the range of out-of-scope matters received by DSC this year and provided advice to the Minister for Community Services specifically in relation to complaints by people with a disability about HACC-funded services, SRS's and education.

Figure 3: Out-of-scope enquiries and complaints
(Percentage of new complaints in 2010–11)



Resolving complaints to the Commissioner

Types of services and issues

Service types

Enquiries and complaints continued to be made about a broad range of service types. There were, however, some changes in the service types most commonly represented in these matters in 2010–11 compared with previous financial years.

While shared supported accommodation continued to account for the greatest share of in-scope enquiries and complaints (37 per cent), there was an increase in the share of enquiries and complaints made about individual/flexible support packages (from 15 to 26 per cent) and day services (from 10 to 16 per cent) and a decline in those made about case management (from 17 to 13 per cent).

Other service types that were less commonly the subject of enquiries and complaints included respite (nine per cent), planning (four per cent), attendant care (three per cent) and other funded services (seven per cent).³

The profile of service types that were subject to enquiries and complaints made to DSC were broadly similar to those made directly to service providers through the ACR process.⁴ The main difference was that a higher proportion of enquiries and complaints to DSC were about individual support packages (26 per cent), than amongst those made to service providers (13 per cent).

3. These percentages are calculated to exclude out-of-scope matters to allow direct comparison to last year as well as annual complaint reporting data from service providers. These percentages also include all 'Resolution not applicable/other' enquiries as these are likely to be about general issues or requests for information. 'Resolution not applicable/other' complaints are included as these will be about a service activity but the complaint may have been withdrawn or stopped dealing with for other reasons.

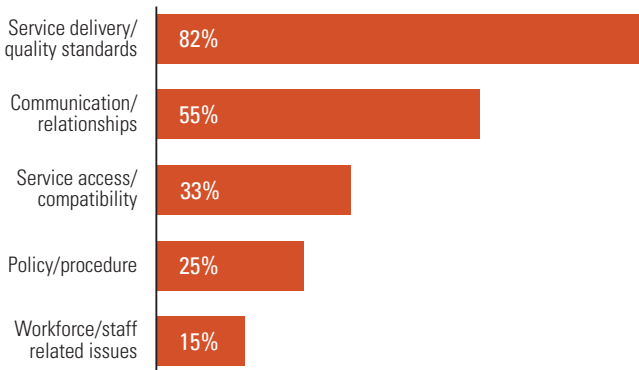
4. See section resolving complaints to disability service providers for detailed analysis.

Issues

People contacting DSC most often raise multiple issues and concerns. These issues have been grouped into five broad categories as shown in Figure 4. The main issues raised in enquiries and complaints in 2010–11 were similar to 2009–10 and most commonly related to service delivery/quality standards (82 per cent), communication/relationships (55 per cent), service access/compatibility (33 per cent), policy/procedure (25 per cent) and workforce/staff-related issues (15 per cent).

The relative frequency of issues raised from enquiries and complaints to DSC (from most common to least common) was broadly similar to the corresponding pattern amongst complaints made directly to service providers.⁵ The main difference was with regard to the relative frequency of workforce/staff related issues, which were much more likely to be raised in complaints made to service providers (second most common issue) than to enquiries and complaints made to DSC (least common issue).

Figure 4: Types of issues enquiries and complaints
(Percentage of in-scope enquiries and complaints (n=407), multiple issues can occur for each enquiry and complaint)



5. The actual proportion of enquiries and complaints to DSC was much higher for all categories apart from staff-related issues (because service providers were less likely than DSC to indicate that complaints to them covered multiple categories), however, the order (or relative frequency) of these categories was similar (see section resolving complaints to disability service providers for detailed analysis).

Resolving complaints to the Commissioner

Service delivery and quality standards

The service delivery/quality standards category captured a broad range of issues about dissatisfaction with the quality of services provided (36 per cent), a perception of insufficient service or care provided (14 per cent), alleged assault, neglect or safety risks (12 per cent) other health and safety issues (five per cent) or other service quality issues (six per cent).

Within the broad category of **dissatisfaction with the quality of service**, the key theme that emerged was about dissatisfaction with the quality of individual needs/person-centred planning (raised in 28 per cent of all enquiries and complaints), with a smaller share of enquiries and complaints relating to dissatisfaction with decision-making/choices (five per cent).

- Concerns about individual needs/person-centred planning were generally related to the suitability of accommodation and other services provided. Accommodation concerns included decisions to relocate residents, concerns about the quality and suitability of accommodation and compatibility with other residents within shared accommodation services. Other common concerns centred on the provision of 'unstimulating' or inappropriate activities, unsuitable or unqualified staff and a general lack of flexibility in service delivery. Concerns were also raised in a few cases about a perceived lack of planning or case management and lack of follow up on delivery of services specified in individual plans not being provided.
- Dissatisfaction with decision-making centred on specific decisions in a broad range of areas (such as accommodation, use of medication and applications for additional services) and the decision-making process, including the extent of consultation with parents/carers and other family about decisions.

Perceptions of **insufficient service or care** included instances where no case manager had been assigned or the level of service or activities provided by the case manager was considered to be lacking, a failure to provide the level of care that had been promised or agreed to in individual plans and general dissatisfaction with the extent of service provided in catering for a range of needs (such as safety, accommodation and suitable activities).

Concerns relating to **alleged assaults, abuse, neglect or risks** to people using services featured in 13 per cent of cases. These included reports of verbal abuse, bullying and threatening behaviour, violence and alleged physical or sexual assault by other people who are using services or staff, and incidents of unexplained injuries.

- Incidents involving other people receiving services were often in accommodation services and generally related to violent or aggressive behaviour by an individual resident or group to other residents, bullying or threatening behaviour and, in a few cases, alleged sexual assault. In many cases the person who made the complaint to DSC considered that some residents were incompatible with other residents and considered that they should be moved. In several cases there was also concern expressed about the adequacy of service providers' responses and management of behaviour, and a lack of transparency and openness to family/carers about the nature of alleged incidents.
- The incidents involving staff ranged from threats and aggressive behaviour, to allegations of physical or sexual assault.

Resolving complaints to the Commissioner

Communication and relationships

Communication issues continue to be a key underlying theme in many enquiries and complaints to DSC, including due to insufficient communication from the service provider (34 per cent of cases), poor quality communication (10 per cent) and other communication and relationship issues (10 per cent).

Insufficient communication between service providers and people receiving services or their families/carers, included not advising families about changes in services, not providing sufficient explanation or reasons for care decisions and not responding to or following up issues and concerns raised by families/carers. Lack of communication also related to insufficient consultation with families and carers of people with a disability about changes in services delivered or care decisions.

- In several cases DSC staff also observed an unwillingness *on behalf of the family or the person receiving services* to raise the issue with the service provider or communicate with them in general (due to poor relationships) as contributing to lack of resolution of their issues and concerns.

Similar issues were also raised about instances of **poor quality communication** including with regard to a lack of clarity about the reasons for care decisions, unresolved misunderstandings between families and service providers, general communication breakdowns and deterioration in relationships between families/carers and service providers and a lack of listening to and understanding the needs and concerns of people receiving services and their families.

Service access and compatibility

Service access and compatibility issues included long wait times to access eligible services (13 per cent), cessation of services (four per cent) and other service access and compatibility issues (10 per cent).

Concerns about **long wait time to access services** generally related to access to Individual Support Packages, case management and accommodation services.

- Delays in accessing Individual Support Packages included both waiting for them to be approved or implemented and delays in accessing specific services specified in them.
- Case management delays included waiting for an initial case manager to be appointed and delays in the replacement of case managers who leave the service provider.
- Accommodation delays tended to relate to the lack of accommodation options or suitable accommodation.

A few issues also related to lack of funding of services (e.g. respite and therapy services) or inclusion of relevant services within Individual Support Packages. Several callers to DSC felt that delays in receiving services were unfair because they considered other people with similar characteristics had reportedly waited shorter periods to access these services.

Issues associated with **cessation of services** included parents' concerns about decisions to withdraw services from their son or daughter in response to concerns about behaviour and instances where services or activities have simply been closed by service providers.

Other issues associated with **service access and compatibility** included perceptions that accommodation was unsuitable (including the nature of the accommodation and or behaviours of other residents), inadequate care or funding being available to meet high-level needs (e.g. one-on-one assistance), problems with access to transport and its reliability and queries or concerns about assessments for services or lack of eligibility.

Resolving complaints to the Commissioner

Policies and procedures

Issues about policies and procedures included concerns about service providers' policies and procedures (12 per cent), concerns about the way that complaints were handled (seven per cent) and other policy or procedural issues (five per cent).

Issues raised about **policies and procedures** included financial matters such as the amount charged for services, allegations of misappropriation of finances and inadequate controls in the way that service providers handle funds. Other policy and procedural concerns related to the impact of service provider policies on how care is provided to people with a disability (e.g. dispensing medication and travel for activities) and in the application of policies that resulted in a reduction or suspension of service in some cases.

Concerns about complaint handling included inadequate responses by the provider to complaints (including instances where a complaint was not considered to have been taken seriously or where no response has been received), lack of information and consultation during the complaints handling process and concerns about possible retribution from raising complaints (including amongst staff who raise concerns about their own service).

Workforce/staff-related issues

Workforce and staff-related issues mainly concerned inappropriate behaviour or attitudes by staff (seven per cent). A small proportion of enquiries and complaints related to perceptions of insufficient knowledge and skill of staff (three per cent), poor match between people being supported and their staff (one per cent) and other workforce issues (two per cent).

The types of **inappropriate staff behaviour or attitudes** reported included neglect of people's support needs, inappropriate staff conduct (including perception of 'unprofessional behaviour', having arguments in front of people who are using services, smoking in close proximity to people who are using services) and generally poor relationships of staff with people who are using services and parents/carers.

Systemic issues

As part of DSC's role in dealing with complaints, each complaint is assessed for underlying issues or causes which may represent broader systemic issues to be addressed in disability service provision. Such issues also impact on how well these complaints could be satisfactorily resolved by service providers. Systemic issues were identified by DSC staff in 202 matters⁶ and most commonly related to the following issues (addressed in order of frequency of complaints):

- **Unmet needs of people with a disability**, including inadequate or inappropriate access to services and resources. In many cases, this concerned lack of access to Individual Support Packages or funding for particular activities within these packages, accommodation issues (including delays in accessing accommodation, relocation decisions, the suitability of accommodation or compatibility/safety concerns) or lack of access to effective cases-management. In some cases these issues related to changing the way services are provided, contrary to the wishes of family members or people with a disability or concerns about assessment processes and eligibility for services (92 matters).
- **The service provider's approach to complaints handling**, including perceptions of the service provider not taking the complaint seriously or not responding adequately to issues raised, service providers treating the complaint in an unprofessional or inappropriate manner (e.g. discussing matters with third parties without the consent of person who made the complaint) and lack of clear or straightforward complaints processes (61 matters).
- **The role of the families**, including the important role that families play in raising concerns about the provision of services to their family member, the dynamic of communication and relationships between families and service providers and the impact that this interaction can have on the extent to which issues arise in service provision and how easy they are to resolve (51 matters).
 - Several cases involved a breakdown of communication or relationships between the family and service provider, resulting in a lack of communication or constructive communication.
 - Disagreements also occurred between the family and the service provider in relation to decisions about accommodation arrangements, activities and service planning or medication levels. Related to this issue, some family members were concerned about service providers not taking adequate account of their views and input and felt that this had a negative impact on the quality of care for their family member.

6. More than one systemic issue was identified for some matters.

Resolving complaints to the Commissioner

- A few matters also related to family members complaining about having insufficient access or no access to a family member living in supported accommodation.
- Some cases centred on the different views held by the family about what they considered 'important for' the person receiving services, to those held by the service provider or by the person themselves.
- **Lack of person-centred planning** or approaches, including concerns about the level and quality of care or responsibility from staff, as well as plans not reflecting the needs and wishes of the person receiving the service. In some cases this related to a lack of flexibility in service delivery practices, including an inability or unwillingness of service providers to customise service delivery for people with complex support needs. There were also concerns about the management of changes to service provision and lack of consultation or consideration of the views of person who made the complaint in deciding on these changes (46 matters).

Other systemic issues identified as impacting on a smaller proportion of complaints made to DSC included **staffing issues** such as concerns about the appropriateness, skills and qualifications of staff; unprofessional or unlawful behaviour (including misappropriation of residents' money) and alleged bullying or mistreatment of people receiving services (30 matters). **Policy or legislative issues**, including eligibility issues preventing access to services for those with particular characteristics and the way that different services work together to meet the needs of people receiving multiple services, including those with different funding sources (16 matters) were also identified.

Paula's Story

Phillip called DSC with concerns that his sister Paula was being encouraged to move out of the group home where she had been living for many years. Phillip was concerned that staff from Paula's service were talking with Paula about the possibility of moving out with her boyfriend into a flat and he felt that Paula was not prepared for the reality of living more independently. Phillip was also concerned that Paula's family had not been involved in any planning toward Paula's moving out. The family felt hurt by this as they had always been a key support for Paula.

DSC assisted Phillip to receive a clear explanation from the service provider about how the planning had occurred, and spoke to Paula about what was important for her. Through this process, DSC was able to identify that a series of misunderstandings between the family, the service provider and the planner had occurred. It also became clear that Paula's 'circle of support' wasn't working for her, and she was feeling confused about what different people were saying about her choices about where to live.

With Paula's input, DSC facilitated a meeting between her family and the service provider to discuss what had happened and how they could better work together. They discussed how they could best support Paula to explore her options for more independent living, as well as the steps that she may need to take to get there. DSC was able to ensure that the family and service provider would work together to support Paula to make an informed decision about her living situation.

The resolution of this complaint led to better planning and outcomes for Paula. The complaint also assisted the service provider to focus on the importance of communication, especially with families, in person-centred planning and decision-making.

Resolving complaints to the Commissioner

Outcomes

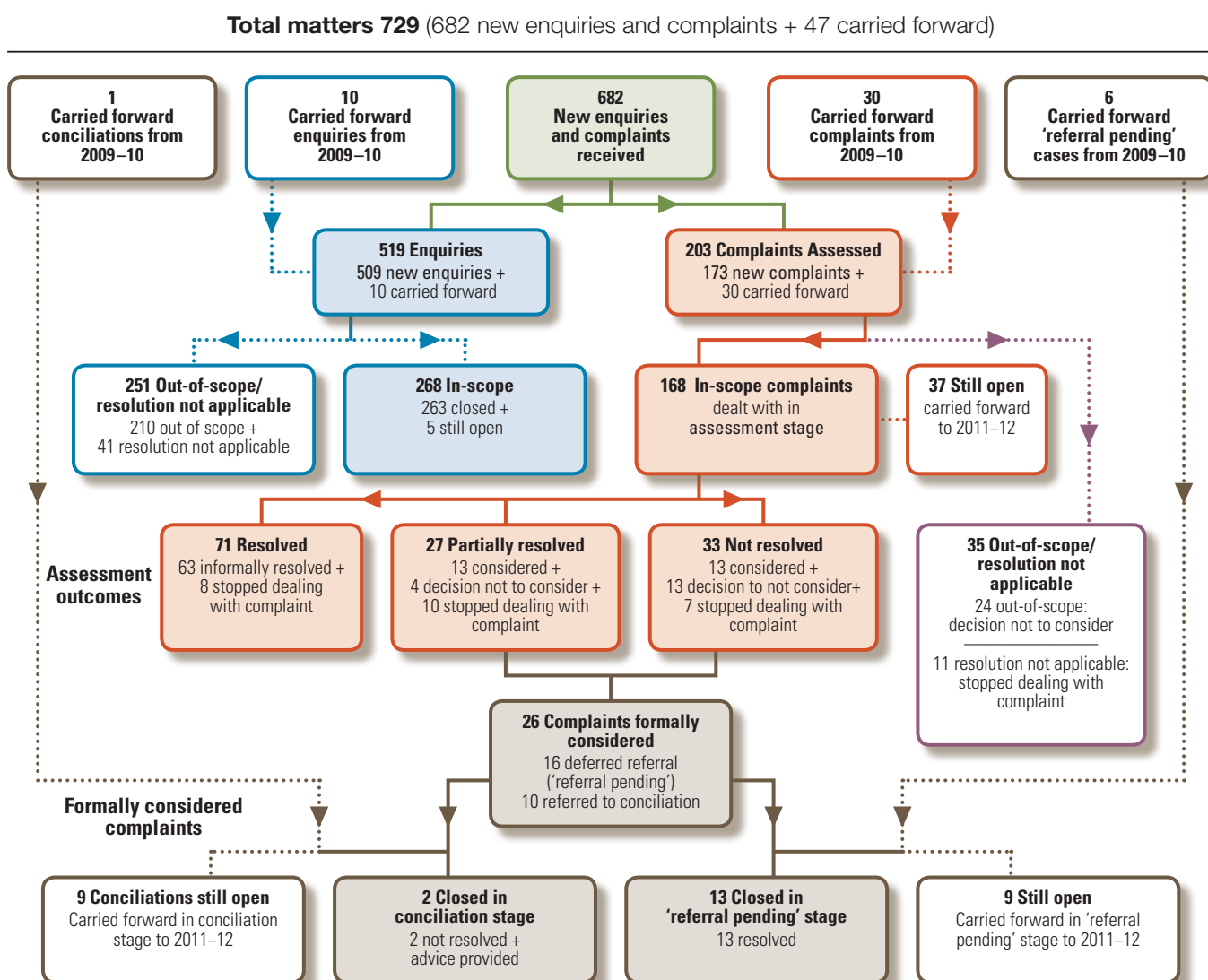
The majority of matters brought to DSC in 2010–11 continue to be handled within the 90-day assessment period required under the Disability Act, with the focus being on the earliest possible resolution of issues. Where a complaint remains unresolved, DSC will decide whether the complaint should be formally considered. A decision to formally consider means that a complaint may be referred to conciliation or investigation. This referral may be deferred to allow further opportunity for the complaint to be resolved by agreement.

Figure 5 shows the outcomes of complaints at each stage of the DSC complaints process. Outcomes are recorded whether the complaint was resolved, partially resolved, not resolved or 'resolution not applicable'.

Where decisions are made to stop dealing with a complaint, a complaint may be substantially resolved, partially resolved or not resolved, depending on the reasons for the decision.

Complaints that are formally considered or declined to be considered may still be partially resolved in the assessment stage and these outcomes are still recorded. Examples of complaints assessed as 'resolution not applicable' include complaints assessed as out of scope, withdrawn or where other circumstances prevented the assessment of the complaint. These complaints are excluded for the purposes of assessing the resolution rate of complaints made to DSC.

Figure 5: Enquiries and complaints 2010–11



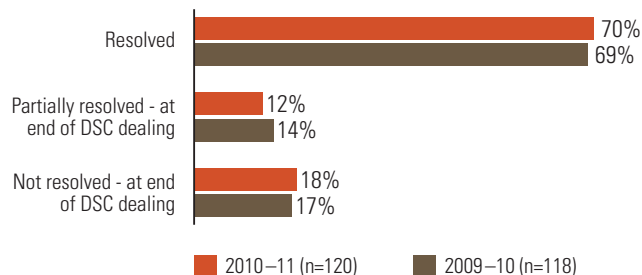
..... Indicates carried forward

Resolving complaints to the Commissioner

Resolution rates for complaints

Figure 6 shows that the vast majority of in-scope complaints that were closed in 2010–11 achieved a positive outcome, similar to 2009–10.

Figure 6: Resolution rates for in-scope complaints
(Percentage of in-scope complaints closed in 2010–11⁷)



A total of 120 in-scope complaints were handled and closed in 2010–11 either in assessment, referral pending or conciliation stage (this includes seven matters carried forward in referral pending and conciliation stages from 2009–10) with 55 still open at 30 June 2011. Seventy per cent (84 matters) of all complaints were fully or substantially resolved in either the assessment (71 matters) or referral pending stage (13 matters). In addition a further 12 per cent (14 matters) were partially resolved at closure. This means that for 82 per cent of complaints where a resolution was attempted, some form of positive outcome or resolution was achieved. This is similar to the overall resolution rates for 2009–10 where 69 per cent of in-scope complaints were resolved at either the assessment or a later stage, with a further 14 per cent partially resolved at closure, for a total of 83 per cent.

7. These statistics include the outcomes of 30 matters carried over from 2009–10 and exclude the complaints that were out of scope or resolution not applicable (35) and complaints that were still open as at 30 June 2011 (37).

Assessment stage – outcomes

A total of 203 complaints were handled in the assessment stage, this included 173 new complaints and 30 complaints that were carried forward from 2009–10. Thirty-five of these complaints were assessed as either out-of-scope or resolution not applicable. Just over half of in-scope complaints were resolved in the assessment stage, similar to the previous year and a further 21 per cent (27 matters) were partially resolved. This means that 75 per cent of assessment cases were resolved or partially resolved in the 90-day assessment stage.

Figure 7 shows 54 per cent⁸ of in-scope complaints were informally resolved at the assessment stage in 2010–11, compared with 61 per cent in 2009–10; 20 per cent of complaints (26 complaints) were considered for conciliation or investigation, compared with 10 per cent in 2009–10; and in the remaining 26 per cent of matters, there was either a decision to not consider the complaint (13 per cent) or stop dealing with the complaint (also 13 per cent).

This year saw an increase in the proportion and number of complaints which were formally considered by DSC. This reflects the nature and complexity of the issues in these complaints, for which more time is required to reach a resolution and a sustainable outcome.

Decisions were made in all but two⁹ of these cases to defer the decision to refer these complaints to conciliation or investigation in order to allow further opportunity for the complaint issues to be resolved through agreed actions with the service provider and facilitation by DSC. Examples of such circumstances included where feasibility studies were required before decisions to relocate people were able to be finalised or where specialist assessments were required. Thirteen of the complaints formally considered by DSC in 2010–11 were partially resolved in the assessment stage.

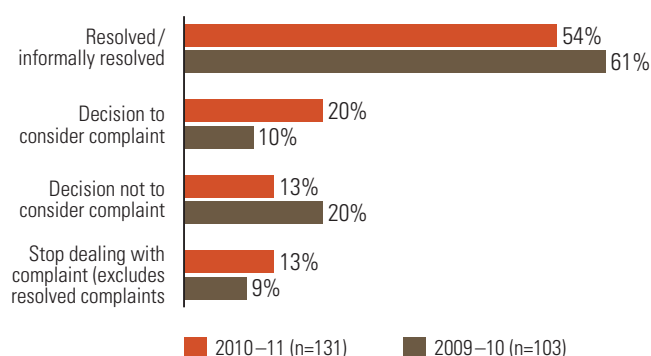
8. These statistics are calculated by excluding those complaints that were assessed as being out-of-scope or where resolution was not applicable and those complaints that were still being assessed as at 30 June 2011. This includes 24 out-of-scope cases and 11 other cases in circumstances where the assessment did not commence (e.g. through the complaint being withdrawn or complaints assessed as vexatious due to false names).

9. The two cases that were not deferred in 2010–11 comprised one of the new cases that was referred straight to conciliation and the conciliation case that was carried forward from 2009–10.

Resolving complaints to the Commissioner

The proportion of in-scope complaints where it was decided not to formally consider or to stop dealing with the complaint was similar to 2009–10 at 29 per cent compared with 26 per cent in 2010–11. These decisions were mainly due to assessments that no further action was warranted or there were changes in circumstances. Fourteen of these 30 complaints were partially resolved.

Figure 7: Outcomes for in-scope complaints – assessment stage
(Percentage of in-scope complaints closed in 2010–11¹⁰)



‘Referral pending’ stage – outcomes

A total of 31¹¹ complaints (25 new and six carried forward from 2009–10) were dealt with in 2010–11 as referral pending complaints. The decision was made in these cases to defer referral to conciliation or investigation in recognition that steps were being taken to address the complaint and to allow further opportunity for the complaint to be resolved through agreed actions with the service provider and facilitation by DSC¹². Of these 31 complaints, 13 were resolved in this referral pending stage, nine were referred to conciliation and nine carried forward for further action in 2011–12.

The creation of a ‘referral pending’ stage has enabled DSC to develop a range of options for resolution to address specific needs and situations, such as those raised in complaints lodged by groups of residents. Where the service provider and person who made the complaint agree that there is merit and a good chance of success if more time is allowed, then the referral pending stage provides the opportunity for DSC to assist a resolution process that strengthens the relationship between the person who made the complaint and the service provider.

Conciliation stage – outcomes

Eleven matters were in conciliation in 2010–11, up from five in 2009–10, but well below the 23 matters in conciliation in 2008–09. Referrals to conciliation were made for complaints which DSC assessed would benefit from a more formal process that offers confidentiality and the option of a certified agreement.

One matter was a conciliation carried forward from 2009–10 and the remaining 10 were new complaints (nine of which were initially dealt with in the referral pending stage before being referred to conciliation). Of the 11 matters in conciliation in 2010–11, nine were carried forward in the conciliation stage to 2011–12. Two matters were not resolved and the person who made the complaint did not wish to pursue the complaint, but advice was provided by DSC to the person who made the complaint and service provider about how to address the issues raised.

Investigation stage – outcomes

No complaints were referred to investigations in 2010–11. In complaints where serious risk issues are identified, such as alleged assaults, we assess the adequacy of actions and responses in order to determine whether an investigation is necessary. In making these decisions and attempting to resolve complaints, we take into account any investigations or service reviews appropriately undertaken by service providers, other bodies or the police.

10. These statistics include the outcomes of 30 matters carried over from 2009–10 and exclude the complaints that were out of scope or resolution not applicable (35 matters) and complaints that were still open as at 30 June 2011 (37 matters).

11. This figure includes complaints referred to conciliation stage after referral pending stage.

12. The Disability Act provides that complaints can be resolved by agreement between the person who made the complaint and the service provider by agreement ‘whether through conciliation process or not’.

Resolving complaints to the Commissioner

How complaints were resolved

An ongoing focus of DSC's work has been the development of a range of flexible person-centred approaches to promote the resolution of complaints and improved service outcomes and relationships.

Figure 8¹³ shows that the three most common ways that complaints were resolved in 2010–11 were through service providers acknowledging the views and issues of the person who made the complaint (39 per cent), agreements reached on actions to address issues (38 per cent) and giving information or explanations to answer questions raised by the person who made the complaint (37 per cent). In many cases, a combination of these and other approaches were used to resolve complaints. The relative proportions of these approaches to resolving complaints were lower than in 2009–10, indicating a wider range of approaches featured in 2010–11.

Other common ways of resolving complaints included the service provider arranging meetings or reviews with the person who made the complaint or receiving the service (32 per cent), changes to the way support or service is provided (24 per cent), the coaching of parties by DSC (23 per cent) or addressing communication issues or misunderstandings (22 per cent).

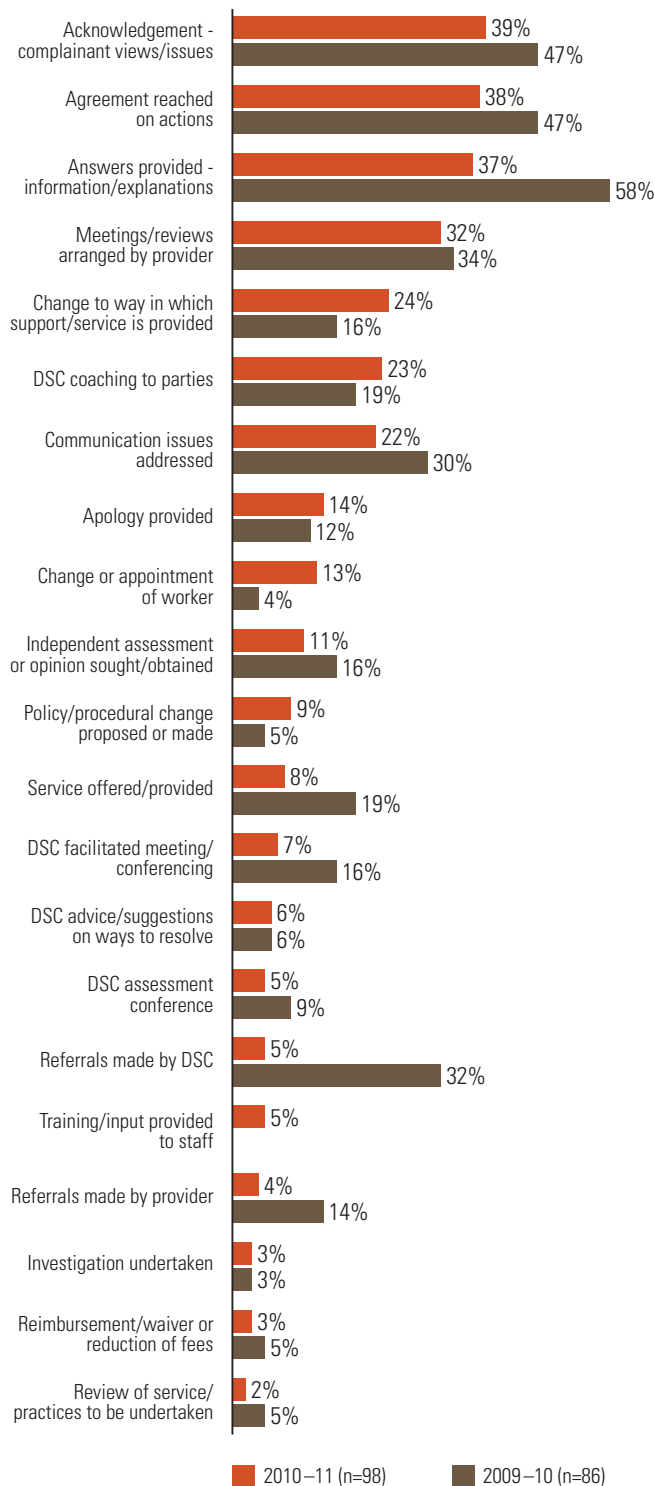
Figure 8 also shows that a broad range of other actions were taken to resolve complaints in 2010–11, including provision of an apology (14 per cent), a change of staff member or appointment of a new staff member (13 per cent) and seeking or obtaining an independent assessment or opinion (11 per cent) among others.

The way in which complaints are resolved is informed by the nature and complexity of the issues and the history of the dispute or concerns. In 2010–11 a greater proportion of complaints were assessed as needing a range of strategies such as coaching of parties, changes to the way supports were provided, or independent reviews or assessments to address the issues identified.

Service reviews conducted by the Office of Senior Practitioner and Department of Human Services' regions have played a critical role in identifying actions required to resolve a number of complaints concerning issues of risk and quality of life for people living in group homes or extended respite facilities. The Disability Services Commissioner's general powers for consultation and referral have been used to enable such reviews and assessments to be undertaken as part of an overall resolution plan to address these complex complaints.

Figure 8: Ways complaints were resolved

(Percentage of complaints resolved at assessment, pending referral and during conciliation, multiple ways of resolving complaints can occur)



13. These statistics are calculated by combining outcomes for complaints resolved in either assessment, referral pending, or conciliation. These statistics include multiple responses, and hence the percentages reflect the frequency of particular actions or ways in which complaints were resolved.

Resolving complaints to the Commissioner

Jill's Story

Jill was living in supported accommodation and made a complaint to DSC that her service provider had overlooked her request to move to a new house. Jill said she waited six years for a move and decided to make a complaint to her service provider when she heard that someone else moved to the house where Jill wanted to live. Jill had been with the service for many years and could not understand why she had not been consulted. She felt hurt and let down because she had enjoyed a good relationship with her service.

The service provider however was surprised when they heard of the complaint and the managers informed Jill that they had no knowledge of her expectation to move. Jill said that she had frequently talked to her direct care staff about her desired move and assumed that they were acting on her wishes. The service provider's response was that Jill had regularly been invited to develop plans for her future but that she had chosen not to have a plan. Jill was unhappy with this response and felt that six years had been wasted.

Jill came to DSC to see whether a different outcome would be possible. DSC spoke with Jill, her advocate and the managers at Jill's service. DSC facilitated a meeting where Jill was encouraged to talk about what was important to her and how the provider's approach to planning and communication had not worked for her. The service acknowledged that communication had broken down and that the services being offered were no longer meeting Jill's needs and wishes. Through this meeting Jill was able to start exploring alternative options for accommodation and support that could enable her to live far more independently.

In the process of resolving the complaint, Jill decided on a new course for her life. The service provider supported her to access an individualised support package and move into public housing. The way in which the complaint was resolved restored Jill's trust and relationship with the service provider and she chose to continue receiving her support from them. This complaint also highlighted the need for the service provider to ensure that requests and issues raised in everyday conversations with staff were captured as part of a continuous approach to person-centred planning and service provision.

Comparison of desired outcomes and ways complaints were resolved

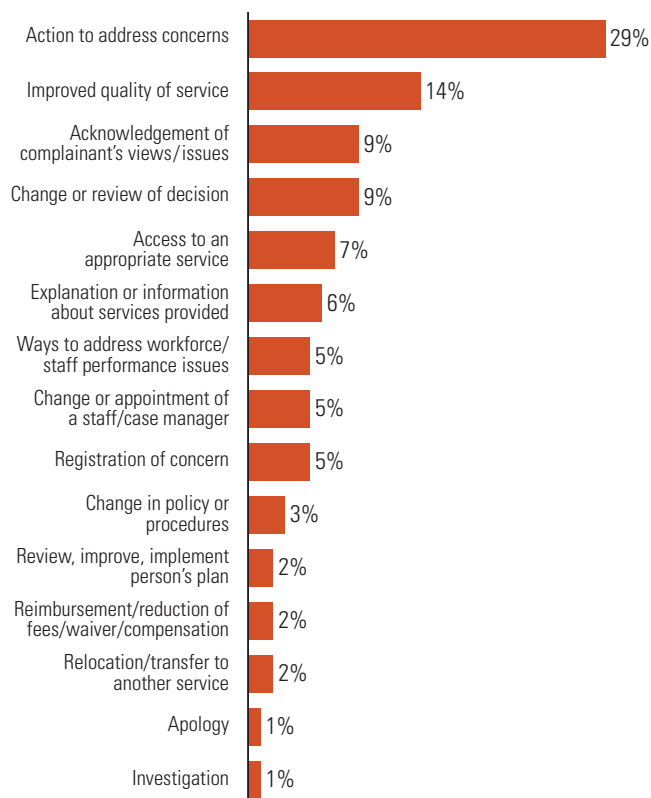
People who contact DSC for assistance are seeking a broad range of outcomes, ranging from acknowledgement of their issue to changes in the way that disability services are provided. Figure 9 reflects the wide variety of outcomes sought amongst in-scope complaints in 2010–11. The most common outcome sort by those who contacted DSC was action to address their issue or concerns (29 per cent of issues raised), followed by improved quality of service (14 per cent). This figure also shows that there were a broad range of other desired outcomes which represented less than 10 per cent of issues raised, with the most common of these being acknowledgement of the views or issues of the person who made the complaint (nine per cent) and change or review of decision (nine per cent).

Figure 9 shows that agreement reached on actions taken to address a complaint and changes to the way services and support are provided are amongst the most common complaint outcomes. Both of these outcomes are consistent with addressing the most commonly *desired* outcome of having action taken to address concerns (see Figure 9). A comparison of actual and desired outcomes also shows however, that acknowledgement of the views of the person who made the complaint, provision of answers and explanations and the arrangement of meetings between those involved with the complaint are more likely to be amongst the actual outcome of a complaint than initially desired by people making complaints to DSC.

It is not uncommon for other issues, often underlying ones, to be identified through the assessment of a complaint and therefore people's views about what will resolve their complaint may change. Identifying an underlying problem of miscommunication or inadequate communication may, for example, result in agreements about communication between the person and the service provider which may not have been originally sought as an outcome of the complaint.

Resolving complaints to the Commissioner

Figure 9: Desired outcomes from complaints
(Percentage of all desired outcomes from in-scope enquiries and complaints received by DSC in 2010–11)



Advice provided on issues arising from complaints

Advice was provided to service providers and people making complaints in 16 matters in 2010–11. The Commissioner's powers include the power to provide advice generally on any matter in respect of a complaint relating to disability services. The provision of such advice is increasingly being used to communicate the findings and learnings from complaints with the view of improving service delivery, communication and outcomes for the people receiving services. In addition to a formal statement of advice to the Secretary of the Department of Human Services on issues arising from the Strategic Replacement and Refurbishment Program (SRRP) for group homes, advice was provided on 12 occasions to service providers and to three people who had made complaints.

The advice provided has ranged from specific advice for improving relationships and service outcomes for individuals, to advice on broader policy and practice issues, including advice on actions required to ensure that service practices comply with the principles and requirements of the Disability Act and the standards in the Quality Framework.

Characteristics of people making and/or that were the subject of complaints

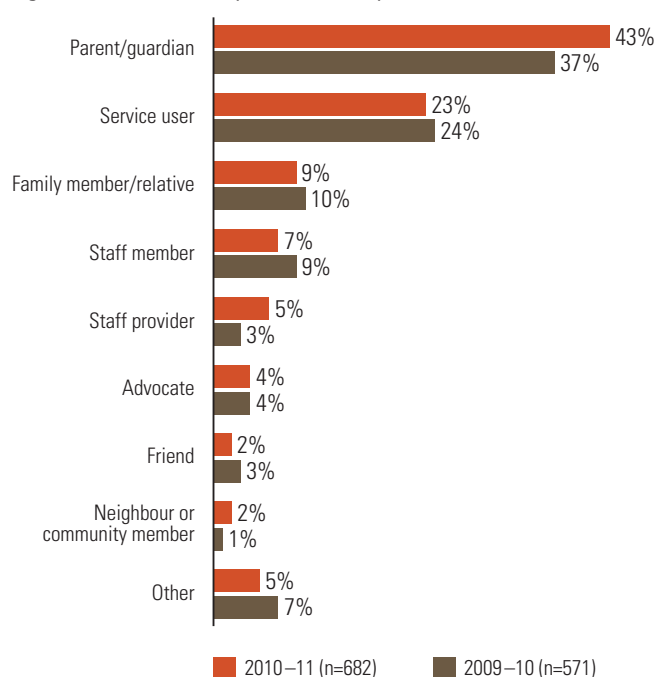
Sources of enquiries and complaints

The profile of people bringing issues to DSC was very similar in 2010–11 to 2009–10. Figure 10 shows that the proportion of all enquiries and complaints made directly by people receiving services was similar at 23 per cent in 2010–11 to 24 per cent in 2009–10. There was, however, an increase in the number of enquiries and complaints to DSC made by people receiving services in 2010–11 (from 136 to 155 enquiries and complaints).

The most significant change in the profile of people making enquiries and complaints to DSC was an increase in the share of matters raised by parents and guardians, from 37 per cent to 43 per cent.

The profile of people who made enquiries and complaints to DSC in 2010–11 was very similar to the profile of those who made complaints directly to service providers over the same period.¹⁴

Figure 10: Source of enquiries and complaints



14. See section resolving complaints to disability service providers for detailed analysis.

Resolving complaints to the Commissioner

Types of disability

The majority of enquiries and complaints in 2010–11 were about services provided to people with an intellectual disability (66 per cent)¹⁵, with the next most common disabilities being physical impairments (43 per cent) and autism (30 per cent)¹⁶. At least 10 per cent of people were identified as having a neurological impairment (15 per cent), mental illness (13 per cent)¹⁷ or acquired brain injury (10 per cent). A smaller proportion of people were identified as having a sensory impairment (eight per cent) or developmental delay (four per cent).

The only significant change in regard to types of disability between 2009–10 and 2010–11 was a reduction in the proportion of enquiries and complaints made about services provided to people with neurological impairment (from 26 to 16 per cent) and mental illness (from 23 to 13 per cent).

Just over half of people receiving services were identified as having more than one type of disability. People with autism were most likely to be identified as having multiple disabilities (most commonly autism and intellectual disability), while it was also common for people with physical impairment to have multiple disabilities (most commonly in combination with an intellectual disability or neurological impairment).

Complaints made directly to service providers were less likely than those made to DSC to be in relation to services received by people with physical impairment (21 per cent, compared with 43 per cent) and autism (13 per cent, compared with 30 per cent).¹⁸

Gender and age

Fifty-eight per cent of enquiries and complaints involved males receiving services and 42 per cent females, similar to previous years. There was however, a significant change in the age profile in enquiries and complaints between 2009–10 and 2010–11. A much larger proportion of enquiries and complaints concerned people aged 30 years or under (70 per cent) up from 49 per cent¹⁹ in 2009–10. The largest increases in enquiries and complaints in particular age groups were recorded in the 16 to 18 year (from eight per cent to 16 per cent) and 26 to 30 year (from 14 to 21 per cent) age groups, while a significant decline was recorded in the 31 to 60 year age group (from 43 per cent to 24 per cent). Complaints made directly to service providers were more likely than enquiries and complaints to DSC to involve females receiving services (47 per cent, compared with 42 per cent) and people aged over 25 (71 per cent, compared with 51 per cent).²⁰

Regional breakdown of complaints

The spread of enquiries and complaints across regions was similar to 2009–10, with 71 per cent of complaints from the three metropolitan regions: North and West Metropolitan Region (34 per cent), Southern Metropolitan Region (20 per cent) and Eastern Metropolitan Region (17 per cent).²¹ There was an even spread of enquiries and complaints across the remaining regions, with an average of five per cent per region.

15. Percentages refer to cases where the disability of the person that was the subject of the complaint was known.

16. Whilst autism has been considered as a neurological impairment under the Disability Act since December 2008, information on the number of people with autism 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.

17. Mental illness is not included as a disability under the Disability Act. It can present particular challenges for service access and provision, including in combination with disabilities.

18. See section resolving complaints to disability service providers for detailed analysis.

19. Percentages in this paragraph refer to cases where the age or gender of the service user was known.

20. See section resolving complaints to disability service providers for detailed analysis.

21. The statistics for 2010–11 are calculated excluding enquiries and complaints where the region was unknown (122) or were from outside Victoria (nine).

Resolving complaints to disability service providers

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Overview of Annual Complaints Reporting (ACR)

Disability service providers must report annually to DSC on the number and types of complaints they received and how the complaints were resolved. All registered disability service providers must report in accordance with section 105 of the Disability Act. Section 19 of the Disability 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 fourth year that data about complaints to disability service providers has been presented in the annual report.

New on-line ACR tool

In 2010–11 DSC introduced a new on-line reporting tool to assist service providers to record and report their complaints. The tool was developed by DSC, drawing on input from specialist research advisors and the Disability Services Board ACR task group with the aim of enhancing the quality and reliability of data collected and supporting the analysis of complaints data. A central aim of the development of the new process has been to make complaints reporting straight forward for service providers. The on-line tool was subject to two rounds of user testing with providers to ensure that it is user friendly and supports the collection of data from the broad cross-section of providers.

The on-line ACR tool was also designed to have several benefits for service providers, including:

- password protected access to complaint records
- an easy-to-use on-line interface which collects data in a 'question and answer' format
- easy storage and retrieval of complaints data entered over several sessions, allowing service providers to report and update complaints throughout the year
- a download function to allow service providers to view and analyse complaints data in a spreadsheet format
- a separate spreadsheet facility to allow service providers the option of recording their own information about complaints to assist with internal complaints management and to link this information with the complaints record entered in the tool via the download function
- a feedback facility for comments and suggestions for improvement to the reporting tool.

Resolving complaints to disability service providers

The on-line tool was launched in November 2010 and supported by a series of 23 information sessions for providers throughout the state between November 2010 and June 2011. The information sessions were well attended, with a total of 193 representatives from 111 service providers taking part in these sessions. During these sessions service providers were provided with guidance about the operation of the tool, encouraged to ask any questions that they had about the tool and offer suggestions for improvement.

In March 2011 the on-line tool was also subject to an independent information security review to assess the data sensitivity and adequacy of controls within the tool. Recommendations from this review and suggestions for improvement from attendees of the information sessions informed an enhanced version of the tool released in May 2011.

Feedback about the ACR tool from service providers has been very positive and providers continue to offer valuable suggestions for improvement to further advance the tool. These suggestions will continue to inform ongoing enhancements to the tool for 2011–12 and in future years.

One measure of the success of the new reporting framework in 2010–11 and the support and guidance provided by DSC to providers during the reporting process, is that all 301 service providers submitted a valid return in 2010–11 (either a report or NIL return) compared with 19 per cent of providers that failed to submit a report in the previous year.

The following figures present the complaints data submitted by disability service providers across Victoria in 2010–11. 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.

“I would just like to pass on my appreciation for this easy to use [complaints reporting] tool. I have completed a number of reports in the last few weeks and this is by far the most straight-forward. I recommend other organisations take your lead and shift to this type of on-line system [other reporting systems are] very archaic and problematic.”

Service provider

Resolving complaints to disability service providers

Complaints received

Number of complaints dealt with

Service providers reported a total of 1,428²² complaints dealt with in 2010–11, a moderate increase from 1,364 complaints reported in 2009–10.

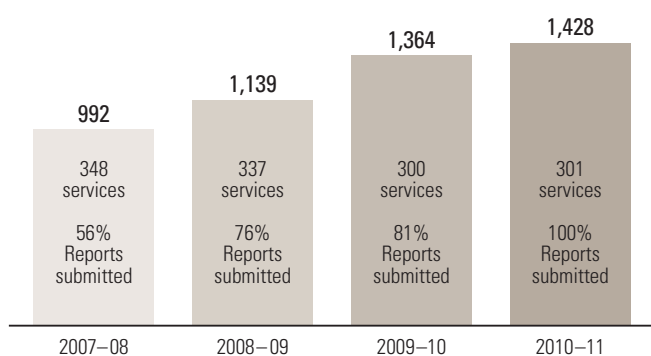
The 1,428 complaints dealt with include 24 complaints that were received prior to 1 July 2010 and carried forward into this year (and therefore were counted as 'open' complaints or 'pending resolution' in the 2009–10 ACR reporting process) and 183 complaints that were ongoing as at 30 June 2011²³ (and will therefore be carried forward and reported on in the 2011–12 ACR reporting process).

1,428 complaints dealt with 2010–11

Includes 24 complaints pending resolution as at 30 June 2010 + 183 complaints pending resolution as at 30 June 2011

Figure 11 shows that the increase in complaints in 2010–11 continues the trend of successive increases in complaints recorded since the establishment of DSC in 2007–08. This figure also shows however, that the rate of increase in reported complaints has eased considerably in 2010–11, from 20 per cent between 2008–09 and 2009–10 to five per cent between 2009–10 and 2010–11.

Figure 11: Number of complaints reported by service providers between 2007–08 and 2010–11



22. Complaints recorded in 2010–11 excludes 16 complaints that were entered by service providers into the on-line tool during 2010–11 that were recorded as 'closed' prior to 30 June 2010.

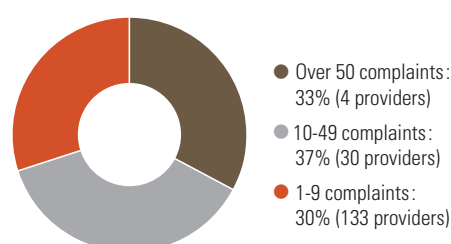
23. The 183 'open' complaints includes 165 complaints that were identified as open by service providers plus 18 complaints where providers did not indicate whether the complaint was open or closed and which did not include a date when the complaint was closed.

Distribution of complaints between providers

Similar to previous years, a significant proportion of the complaints were recorded by a small number of service providers.

Figure 12 shows that while 167 service providers reported at least one complaint in 2010–11, 70 per cent of these complaints were accounted for by the 34 providers that reported 10 or more complaints (and 33 per cent of those by the four providers that recorded over 50 complaints).

Figure 12: Distribution of complaints between providers (Percentage of complaints)



Trends in complaints reporting and compliance

Table 1 shows that for the first time, more than half (167) of the 301 registered service providers (55 per cent of providers) indicated that they received at least one complaint in 2010–11, continuing a rising trend from 32 per cent in 2007–08.

This table also shows that *all* service providers were compliant with their requirement to submit a complaint report to DSC in 2010–11, compared with 81 per cent of services providers that submitted their reports in 2009–10 (and 56 per cent in 2007–08).

The considerable improvement in reporting compliance this year follows a campaign by DSC in 2010–11 to educate providers about their responsibilities under the Disability Act, combined with active assistance in the lead up to the end of the 2010–11 reporting period. This improvement is also consistent with the continued increase in the number of complaints reported and comments by providers about ongoing improvements to their complaints handling practices, demonstrating a strengthening positive complaints culture amongst service providers over time.

Resolving complaints to disability service providers

Table 1: Complaints reporting and compliance 2007 to 2011

Four-year comparison of service provider complaint reporting and compliance	Total 07–08	Per cent	Total 08–09	Per cent	Total 09–10	Per cent	Total 10–11	Per cent
Number of registered service providers	348	100%	337	100%	300	100%	301	100%
0 complaints reported (nil returns)	83	24%	144	43%	102	34%	134	45%
One or more complaints reported	113	32%	111	33%	140	47%	167	55%
Total reports	196	56%	255	76%	242	81%	301	100%
Reports not submitted	(155)	45%	(82)	37%	(58)	19%	(0)	0%
Total number of complaints	992		1,139		1,364		1,428	
Average number of complaints per provider	2.9		3.4		4.5		4.7	
Reports received prior to 1 July	–	–	37	11%	53	18%	N/A**	0%
Reports submitted after due date	51*	15%	47*	14%	12	4%	11	4%

* These reports were not included in the total number of complaints recorded for the relevant reporting period.

** The on-line ACR tool prevented organisations from submitting their reports prior to 1 July for the 2010–11 reporting period.

Types of complaints

Service output and service activity type receiving complaints

Services providers reported that the vast majority of complaints in 2010–11 were related to individual support or accommodation services. Figure 13 shows that individual support was by far the largest service output type (61 per cent of complaints). Within individual support, day services (22 per cent), respite (14 per cent) and individual support packages (13 per cent) accounted for the most complaints. Residential accommodation and support service output accounted for 31 per cent of complaints, largely from shared supported accommodation (30 per cent).

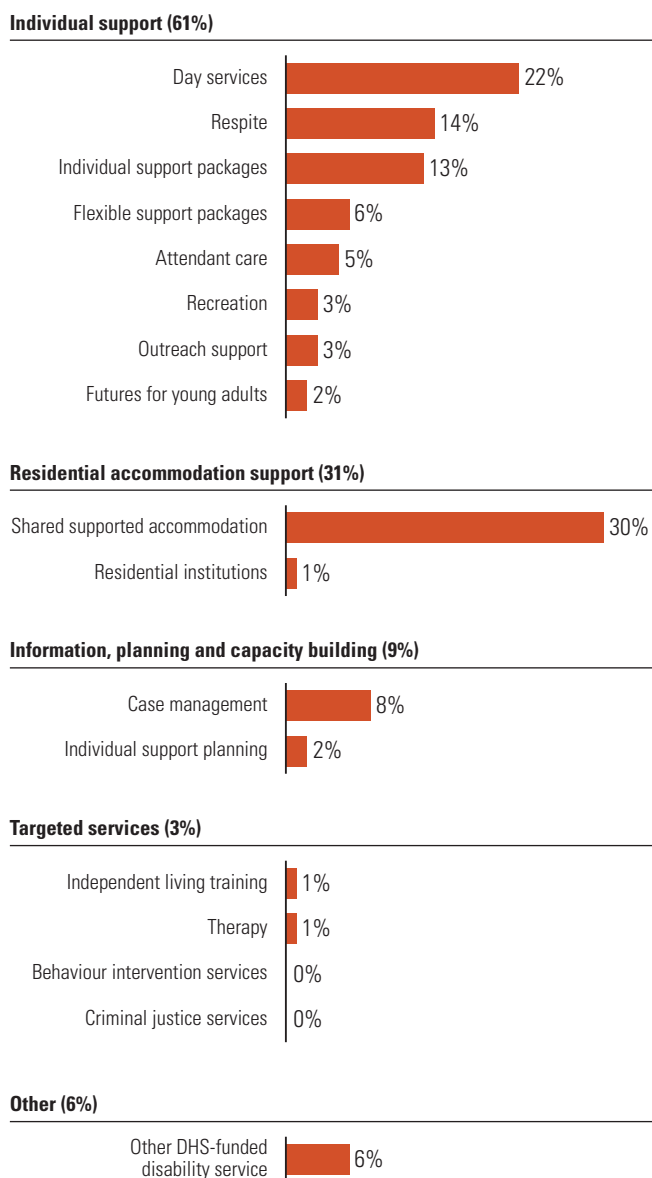
This figure also shows that less than 10 per cent of complaints related to information, planning and capacity building (nine per cent), targeted services (three per cent) or other services²⁴ (six per cent). The most common types of complaints identified in the ‘other’ category related to disability aids and equipment and issues associated with using Individual Support Packages with additional Department of Human Services’ funding to create residential support services. Other less commonly identified complaint types in the ‘other’ category related to therapy, transport, staff training, in-home support services and case management. The profile of service activity types subject to complaint was similar in 2010–11 and 2009–10, with the most significant change being an increase in the proportion of complaints about respite.²⁵

24. These ‘other services’, refer to those services provided by registered disability funded service providers and within scope of providers’ reporting requirements under the Disability Act. Service providers were able to record complaints in the ACR on-line tool that were related to ‘other’ non-DHS funded or non-registered disability services. These complaints are outside the scope of providers’ reporting requirements and are inaccessible to DSC.

25. Comparison between the share of complaints by service type between 2009–10 and 2010–11 should be interpreted with caution due to differences in the service type categories between the complaint reporting tools in the two years and the ability of providers to indicate that a single complaint related to multiple service types in the 2010–11 tool, where they were only able to link them to a single service type in 2009–10.

Resolving complaints to disability service providers

Figure 13: Share of complaints by service output type and service activity²⁶
(Percentage of complaints, multiple response²⁷) (n= 1424)



26. The four service output types are presented in this chart as bold headings with percentages shown in the figure labels on the vertical axis and differentiated from other service output types by horizontal dividing lines. Activities within each service output type are presented underneath the relevant output type (for example, the activities 'shared supported accommodation' and 'residential institutions' are presented under the output type 'Residential accommodation support').

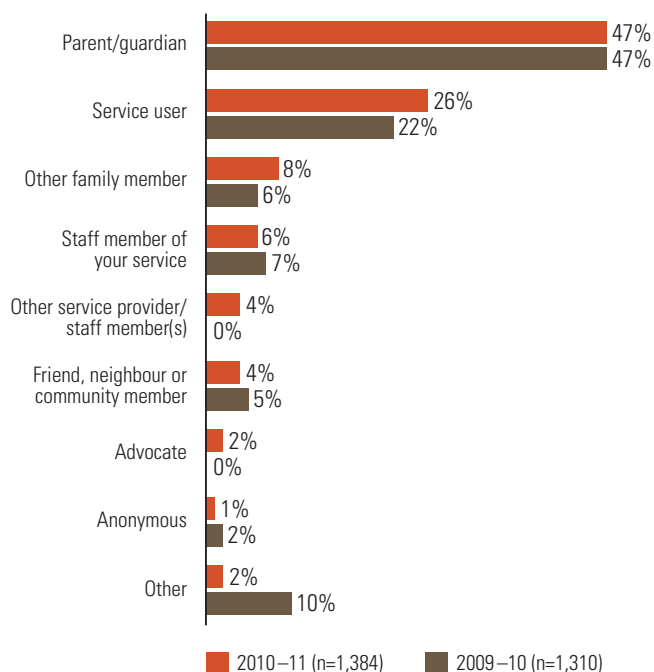
27. Providers were able to indicate that complaints related to more than one service output type or sub-component, e.g. service activity. This means that the sum of the percentage results by service output type shown in the figure will be more than 100 per cent and that the sum of the service activity type of particular service output types may appear to exceed the total for the relevant service output type, (e.g. individual support packages were the subject of 61 per cent of all complaints but summing up the eight service activities of this service output type shown in this figure exceeds this figure due to the fact that a single complaint can relate to more than one of these service activities but is only counted once in arriving at the service output type total).

Source of complaints

Figure 14 shows that the complaints were most commonly made by parents/guardians (47 per cent), people with a disability (26 per cent, slightly increased from 2009–10) and other family members (eight per cent).

Other groups that lodged complaints less frequently were staff members (six per cent) other service providers/ staff members (four per cent), friends, neighbours or community members (four per cent), advocates (two per cent) and people who opted to complain anonymously (one per cent).

Figure 14: Who lodged the complaint?
(Percentage of complaints)



Regional breakdown of complaints

Similar to previous years, just over two-thirds of complaints were recorded across the three metropolitan regions: North and West Metropolitan Region (28 per cent), Southern Metropolitan Region (19 per cent) and Eastern Metropolitan Region (19 per cent). The breakdown of complaints recorded for the five non-metropolitan regions was as follows: Gippsland and Grampians regions – four per cent; Loddon Mallee region – seven per cent; Hume region – eight per cent; Barwon-South Western region – 10 per cent.²⁸

28. The breakdown of complaints by region is calculated excluding the 145 complaints where providers did not provide location details.

Resolving complaints to disability service providers

Characteristics of people that were the subject of complaints

The characteristics of people with a disability that were the subject of complaints were similar in 2009–10 and 2010–11. In this reporting year the most common types of disability were intellectual disability (65 per cent) and physical impairment (21 per cent). A smaller proportion of people that were the subject of complaints had autism (13 per cent), an acquired brain injury (seven per cent), a neurological impairment (six per cent), a sensory impairment (five per cent), developmental delay (two per cent) or 'other' disability/mental illness (seven per cent).

- Six per cent of people that were the subject of complaints were identified as a person from a diverse cultural and linguistic background, while only one per cent were identified as a person from an Aboriginal/Torres Strait Islander background.
- There was a fairly even gender split of 53 per cent male and 47 per cent female that were the subject of a complaint.
- The most common age groups were 26 to 35 years (24 per cent), 36 to 45 years (20 per cent), 19 to 25 years (17 per cent) and 46 to 55 years (15 per cent).

How complaints were resolved

Complaint outcomes

Figure 15 shows a wide range of complaint outcomes were recorded in 2010–11. The *most* common complaint outcomes involved the acknowledgement of the views or issues of the person who made the complaint (53 per cent), an explanation or information about services provided (30 per cent), performance management, discipline feedback or training to staff (19 per cent) and an apology from the service (16 per cent). Other outcomes were recorded in around 10 per cent of cases or less and included a change in policy or procedure (11 per cent) a change or appointment of a staff member/case manager (10 per cent), access to an appropriate service (seven per cent) or a review of a person's plan (six per cent).

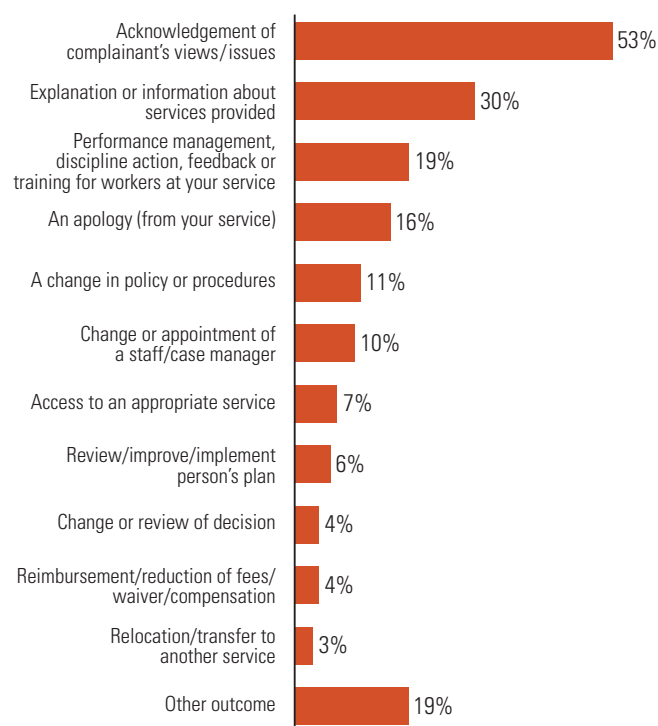
There was also a substantial proportion of 'other outcomes' (19 per cent). These outcomes included:

- providing extra funding – either from non-government or government sources – for various purposes (such as respite care, Individual Support Packages and transport)
- more resources provided for people who are using services, such as more equipment, better transport services and maintenance of grounds and accommodation facilities
- referral of matters to other services or authorities (such as other service providers, councils and in one case, the police).

The main complaint outcomes in 2010–11 were also amongst the most common outcomes in 2009–10, with provision of an explanation or information and acknowledgement of the views of the person who made the complaint also the most common outcomes. Differences in the way that outcomes were recorded,²⁹ however, prevents detailed comparison of changes in the frequency of these outcomes between the two years.

Figure 15: Complaint outcomes

(Percentage of complaint outcomes, multiple response)
(n=1407)



29. The differences in the way that outcomes were recorded between the 2010–11 and 2009–10 ACR reporting cycles included differences in the categories provided to service providers to record complaint outcomes and the ability of providers to select multiple complaint outcomes in 2010–11, where only a single response was possible in 2009–10. Therefore, while it is clear that the acknowledgement of the views of the person who made the complaint and provision of an explanation/information were the most important outcomes in both years, more detailed interpretation of differences is inappropriate.

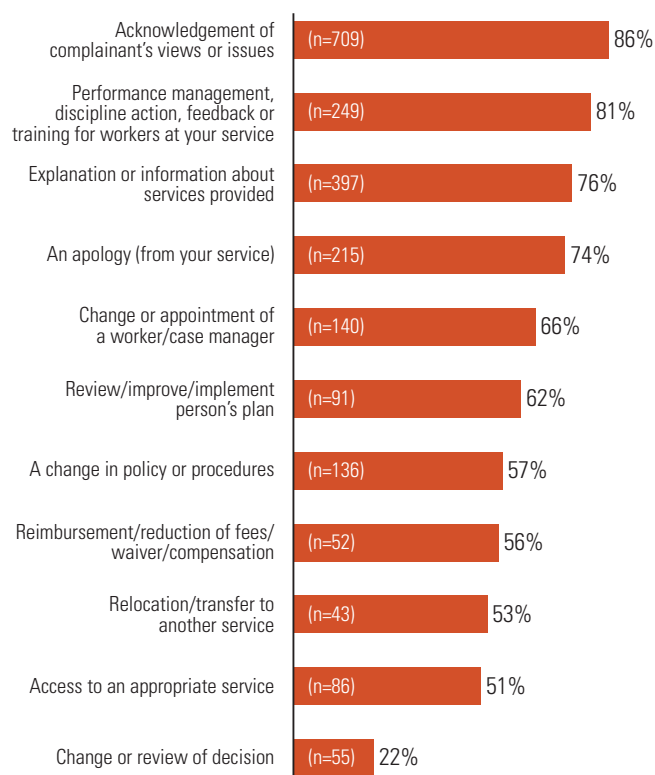
Resolving complaints to disability service providers

Comparison of complaint outcomes and outcomes sought

Service providers indicated that the outcomes desired by the person who made the complaint matched the actual complaint outcomes in 74 per cent of cases³⁰ in 2010–11.

Figure 16 shows that people who made complaints reportedly achieved the desired outcome from their complaint for almost all complaint outcome types (ranging from 51 per cent of those seeking access to an appropriate service to 86 per cent of those seeking acknowledgement of their views). The only desired complaint outcome that was unlikely to occur was a change or review of decision, which was only achieved in 22 per cent of cases where this outcome was sought.³¹

Figure 16: Comparison between complaint outcomes and outcomes sought
(Percentage of complaints where complaint outcome matched outcome sought)



30. Multiple actual and desired outcomes could be recorded for each complaint in 2010–11. This percentage is therefore based on a comparison of the number of cases where desired and actual outcomes matched divided by the number of desired outcomes (rather than the number of complaints).

31. A comparison of the match between actual and desired complaint outcomes between 2010–11 and 2009–10 is not appropriate due to the significant differences in data collection approaches between the two years. This is primarily due to complaints being able to be recorded with multiple outcomes sought and achieved in 2010–11, whereas only one was possible prior to this year.

Issues raised in complaints

Figure 17 shows that the majority of complaints in 2010–11 related to dissatisfaction with aspects of service delivery and quality (49 per cent), staff-related issues (38 per cent), concerns about communication from providers (26 per cent), access to services (15 per cent) or concerns with policies and procedures (nine per cent).

- Issues raised about **service delivery and quality standards** generally related to dissatisfaction with the quality of service provided (20 per cent), concerns about physical and personal health and safety (13 per cent) and perception of insufficient care or service provided (12 per cent).
- Concerns about **staff-related issues** were generally about staff behaviour or attitude (20 per cent) or the skills and knowledge of staff (11 per cent) but in a minority of cases also related to concerns about discrimination, abuse, neglect, intimidation or bullying by staff (six per cent).
- **Communication and relationship** concerns were related to both insufficient communication (12 per cent) and poor quality communication (11 per cent).

This figure also shows that six per cent of complaints identified 'other' complaint issues. The most common issue raised within these complaints was a reduction in funding for people who are using services, while others issues were related to specific services (such as transport, including taxi services and the condition of transport vehicles), the bullying of people with a disability by other people who are using services and issues relating to the condition or quality of residential services (such as the laundry services and the quality of food).

The main issues raised in complaints in 2009–10 were also amongst the most common issues raised in 2010–11, with service delivery and quality issues the most common issue raised in both years, followed by staff-related and communication related issues.³²

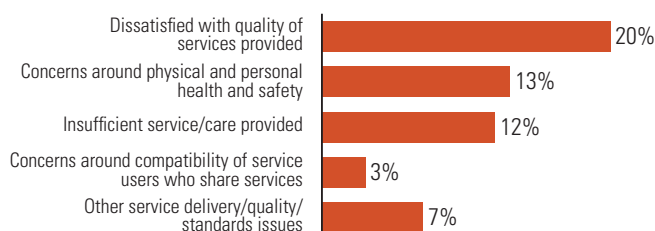
32. The differences in the way that issues were recorded between the 2010–11 and 2009–10 ACR reporting cycles means that direct comparison of these percentages is not appropriate. These differences include changes in the categories used to record complaint issues and the ability of providers to select multiple complaint issues in 2010–11, where only a single response was possible in 2009–10.

Resolving complaints to disability service providers

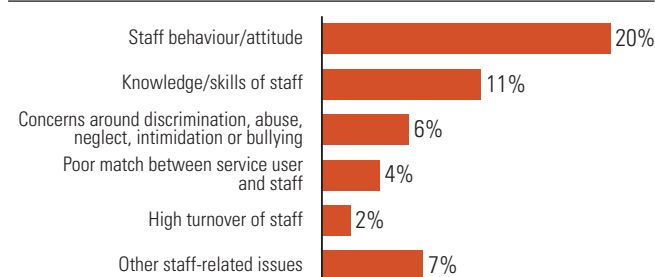
Figure 17: Complaint issues

(Percentage of complaints, multiple responses³³) (n=1,408)

Service delivery / quality / standards (49%)



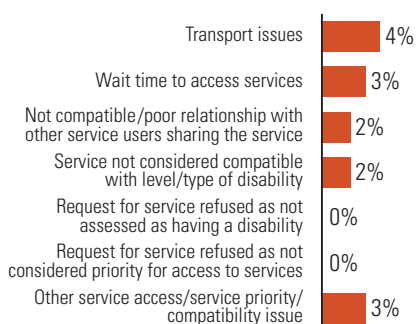
Staff-related issues (38%)



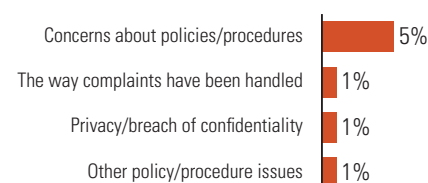
Communication / relationships (26%)



Service access / priority / compatibility (15%)



Policy / procedure (9%)



Other (6%)

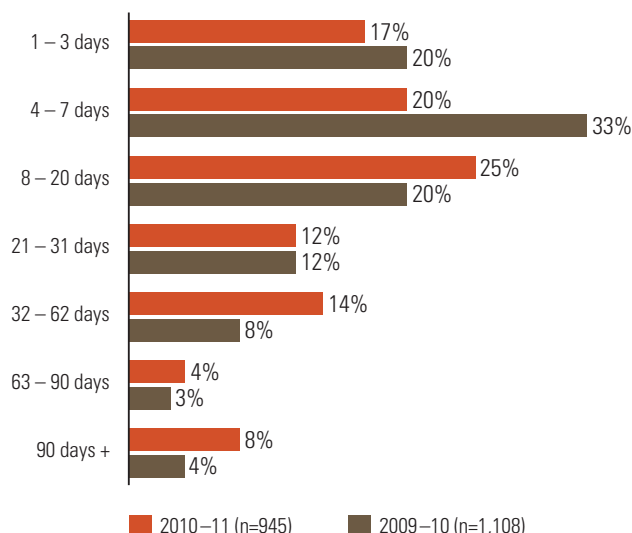


Time to resolve complaints

Most of the complaints that were closed in 2010–11 were either resolved within one week (37 per cent) or eight to 20 days (25 per cent), with 38 per cent taking over 20 days to resolve. The median time taken to resolve complaints in 2010–11 was 14 days. Figure 18 shows that there was a significant decline in the proportion of complaints that were resolved within seven days between 2009–10 and 2010–11 (from 53 to 20 per cent), mainly due to a decline in the share of complaints resolved within four to seven days (from 33 to 20 per cent). There was a corresponding increase in the share of complaints resolved in eight to 20 days (from 20 to 25 per cent) and over 20 days (from 27 to 38 per cent).

Figure 18: Time to resolve complaints

(Percentage of closed complaints³⁴)



33. Providers were able to indicate that complaints related to more than one service output type or sub-component, e.g. service activity. This means that the sum of the percentage results by service type shown in the figure will be more than 100 per cent and that the sum of the service activity type of particular service output types may appear to exceed the total for the relevant service output type, (e.g. Individual support packages were the subject of 61 per cent of all complaints but summing up the eight service activities of this service output type shown in this figure exceeds 61 per cent due to the fact that a single complaint can relate to more than one of these service activities but is only counted once in arriving at the service output type total).

34. Fourteen per cent of complaints dealt with in 2010–11 were not closed (pending resolution) as at 30 June 2011.

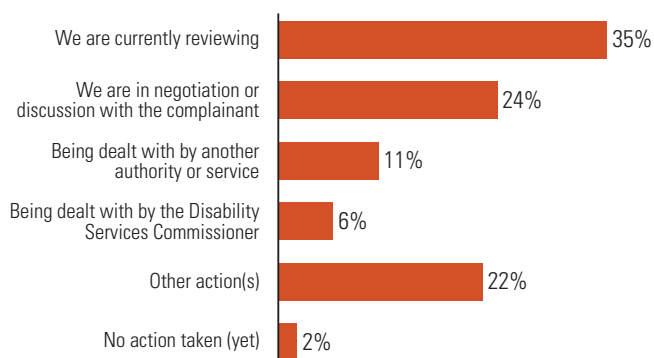
Resolving complaints to disability service providers

Status of open complaints

Figure 19 shows that complaints that were open as at 30 June 2011 were generally either under review (35 per cent) or in negotiation or discussion with the person who made the complaint (24 per cent). A smaller proportion of these complaints were being dealt with by another authority or service (11 per cent) or DSC (six per cent) or had not yet had any action taken (two per cent). There were also a substantial proportion of complaints that were subject to 'other' actions (22 per cent).

These 'other actions' related to several broad themes, including further explanations and clarification of processes or issues with family members and carers, recruitment of more staff to improve the quality of service delivery, reimbursement of costs to people who are using services for expenses, and reviews of existing policies and procedures (including with regard to application of fees, government benefits, internal procedures relating to staff duties and bullying and harassment).

Figure 19: Current status of open complaints at 30 June 2011³⁵
(Percentage of open complaints) (n=151)



35. This figure presents responses to the question from the ACR on-line tool 'What is the current status of this complaint?' The responses are therefore from the perspective of the service provider – i.e. 'We are currently reviewing' and 'We are in negotiation or discussion with the complainant' should be interpreted as the service provider taking these actions.

Complaints raised with other agencies or authorities

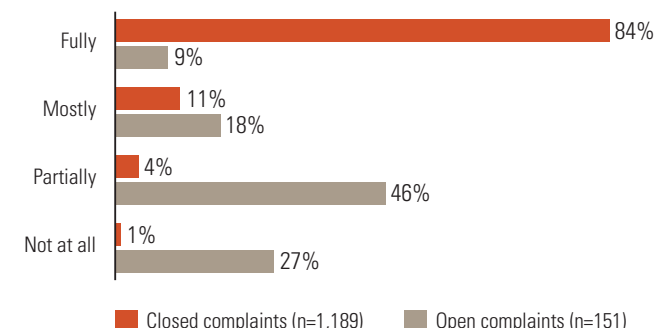
Providers indicated that just under one-quarter of all complaints (whether opened or closed) had been raised with an agency or authority apart from their service, including eight per cent raised with a Department of Human Services regional office, eight per cent with the Disability Services Commissioner and three per cent raised with the department's central office.³⁶ One per cent or less of complaints were raised with a range of other agencies and authorities.

Resolution rates for complaints

Figure 20 shows that providers indicated that the vast majority of complaints that were closed by 30 June 2011 had been 'fully' resolved (84 per cent), with a further 15 per cent either 'mostly' (11 per cent) or 'partially' (four per cent) resolved and only one per cent not resolved.

This figure also shows that providers indicated that at least some progress had been made towards resolving around three-quarters of the complaints that were open as at 30 June 2011, with nine per cent considered to have already been fully resolved, 18 per cent 'mostly' resolved and 46 per cent 'partially' resolved.

Figure 20: Extent to which issues raised by the person who made the complaint were resolved
(Percentage of all complaints) (n=1,340)



36. The proportion of complaints referred to other agencies and authorities related to all complaints (whether opened or closed). These proportions differ slightly to the corresponding proportions in Figure 19, which are for open complaints only.

Resolving complaints to disability service providers

Unresolved complaints

If service providers indicated that the issues raised by the person who made the complaint had not yet been resolved, they were asked to explain why this may be the case. The most common theme amongst these comments related to dissatisfaction of the person who made the complaint with the current complaint outcome or proposed course of action. In some cases this was perceived by providers to be partly due to unrealistic expectations from people raising complaints.

“This issue has been raised continually, at least once a year for several years. This issue will never be resolved as the complainant believes that no one looks after [their son/daughter] the way they should.”

“The complainant is not accepting of the resolution proposed.”

“The issues are complex and not strictly related to the service. A comprehensive response was sent to the complainant on [date] but regrettably the complainant has since rejected the response. [The complainant] has now been referred to the DSC.”

Another common theme related to the ongoing nature of negotiations and discussions between the service provider and the person who made the complaint and/or the family members of the person who made the complaint to clarify the issues and provide an appropriate response.

“We are currently working with the person and family in the planning process to ensure that the services offered to the person are appropriate.”

“Group discussion with this client and other service users occurred to ascertain why this was seen as a problem. No feedback has been given. Further discussions are occurring with client to find out reasons behind complaint.”

“Meeting organised with family to discuss issues and arrive at mutually beneficial solutions.”

In other cases, providers indicated that actions had been implemented in order to solve the complaint but that the complaint had not been fully resolved.

“The complainant has indicated that there are multiple issues across a number of areas, including housing, health, child protection and disability. The specific areas of focus in disability have been addressed; however, ideally it would've been useful to address the whole picture. It was not possible to take an integrated approach at this point.”

How complaints were managed

Service providers were asked a range of new questions in 2010–11 about how complaints were resolved and managed within their service, including the level at which complaints were handled and the effectiveness of their complaint management process.

Organisational level

Service providers indicated that a significant proportion of complaints were handled and resolved at a range of levels within their organisations.

Figure 21 shows that while over half of complaints were handled at the middle management level, around two-fifths were also handled at the senior/executive level and service outlet level.

Complaints that were handled at senior/executive level were less likely to be considered straightforward to resolve (57 per cent), than those handled at middle management level (70 per cent) and service outlet level (75 per cent).

The greater complexity of the complaints escalated to the senior/executive level is also reflected in the lower proportion of these complaints that were considered to have been fully resolved (66 per cent), than those handled at either middle management (76 per cent) or service outlet level (82 per cent).

Figure 21: Level at which complaint was handled
(Percentage of complaints resolved/not resolved) (n=1,343)



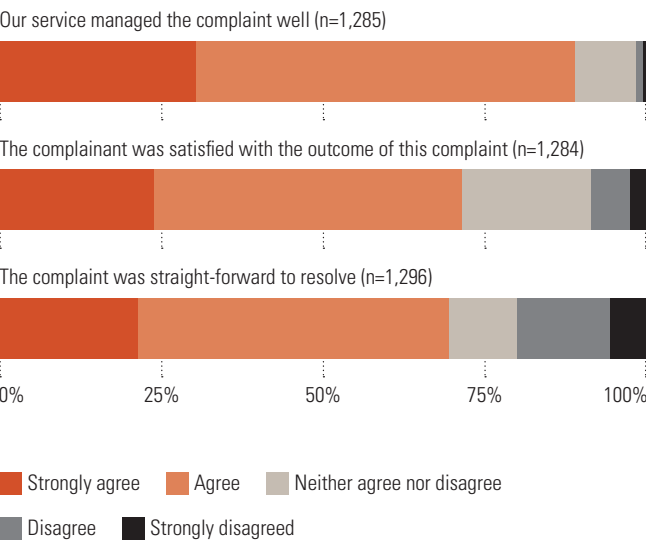
Resolving complaints to disability service providers

Satisfaction with management of complaints

Figure 22 shows that the majority of service providers agreed that they managed complaints well in the vast majority of cases. Service providers were, however, less likely to agree that people who made complaints were satisfied with the outcome of complaints (72 per cent of complaints) or that complaints were straightforward to resolve (69 per cent of complaints), while they disagreed in 21 per cent of cases.

Complaints that were least likely to have been considered straightforward to resolve by providers were those where the desired outcome from the person who made the complaint was relocation or transfer to another service (considered straightforward to resolve in only 38 per cent of cases) and a change or review of a decision (46 per cent).

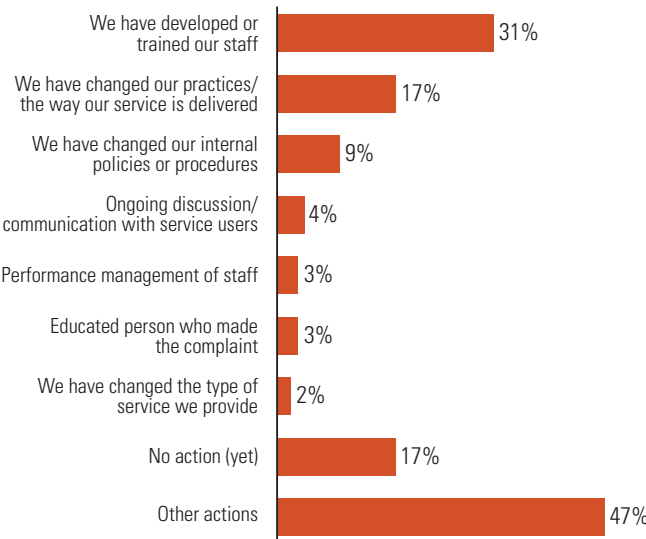
Figure 22: Satisfaction with the management of complaints
(Percentage of complaints)



Actions taken as a result of complaints

Figure 23 shows that the most common actions taken by providers as a result of complaints was the development or training of staff (31 per cent) followed by changing practices or the way services are delivered (17 per cent). Service providers reported a range of other specific actions in less than 10 per cent of cases, most commonly changing their internal policies or procedures (nine per cent). There were also a substantial proportion of respondents who reported 'other actions' (47 per cent). These related to several broad themes, including further clarification with people who made a complaint about their complaint issue, recruitment of more staff to improve the quality of service delivery, reimbursement of costs to people using services, and reviews of existing policies and procedures.

Figure 23: Actions taken as a result of the complaint
(Percentage of complaints, multiple response) (n=1,301)



Finance

Financial statement for the year ended 30 June 2011

The Department of Human Services provides financial services to the Office of the Disability Services Commissioner. The financial operations of the Disability Services Commissioner are consolidated into those of the department and are audited by the Auditor-General. A complete financial report is therefore not provided in this annual report.

A financial summary of revenue and expenditure for 2010–11 is provided below.

The source revenue for the Disability Services Commissioner was the allocation of \$2,028,151 provided through the Department of Human Services.

Operating statement for the year ended 30 June 2011

Government appropriation	\$ 2,028,151
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Total revenue	\$ 2,028,151
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Expenses from continuing activities:

Salaries	\$ 1,315,654
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Salary on costs	\$ 195,253
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Supplies and consumables (admin)	\$ 320,466
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Indirect expenses ³⁷	\$ 161,699
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Total expenses	\$ 1,993,072
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Net result for the year (surplus)	\$ 35,079
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37. Indirect expenses include depreciation and long service leave.

Compliance and Accountability

Whistleblowers Protection Act 2001

Section 104 of the *Whistleblowers Protection Act 2001* 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*.

The Disability Services Commissioner complies with the Information Privacy Act in its collection and handling of personal information.

Freedom of Information Act 1982

The *Freedom of Information Act 1982* 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 the Disability Services Commissioner for the year in review.

Charter of Human Rights and Responsibilities Act 2006

The *Charter of Human Rights and Responsibilities Act 2006* (the Charter) sets out individuals' civil and political rights and freedoms, and the responsibilities that go with them.

DSC complies with the legislative requirements outlined in the Charter, and gives consideration to human rights when dealing with enquiries and complaints.

Appendix 1: Whistleblowers

Whistleblowers Protection Act 2001

The *Whistleblowers Protection Act 2001* (the Act) 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 section 104 of the Act.

(a) Reporting procedure guidelines

Statement of support

The Disability Services Commissioner has adopted guidelines in accordance with the requirements of the Act. 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, they 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 Victoria 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.

Appendix 1: Whistleblowers

Reporting under Whistleblowers Protection Act 2001

DSC report for 2010–2011

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 the 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 the Ombudsman

No recommendations were made by the Ombudsman under the *Whistleblowers Protection Act 2001* relating to the office.



Disability Services Commissioner

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