

Disability Services Commissioner

# 2015 Annual Report



Disability Services Commissioner 2015 Annual Report  
Disability Services Commissioner

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570 Bourke Street, Melbourne.

Case stories in this publication are composites of de-identified complaints and other experiences people have brought to us, which are representative of their dealings with our office.



Disability Services Commissioner

2015 Annual Report

10 August 2015

The Hon. Martin Foley MP  
Minister for Housing, Disability and Ageing  
Level 22, 50 Lonsdale Street  
Melbourne Vic 3000

Dear Minister,

In accordance with s. 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 2015.

Yours sincerely

A handwritten signature in black ink that reads "L. Harkin".

Laurie Harkin AM  
Disability Services Commissioner

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The Disability Services Commissioner is an independent voice promoting rights and resolving complaints about disability services in Victoria.

## Our values



Fairness



Respect



Rights

## Our principles



Accessible



Accountable



Excellence



Person-centred



Responsive

## From the Disability Services Commissioner



**Laurie Harkin AM**  
Disability Services  
Commissioner

The year has been characterised by public awareness and discussion on the quality and safeguards of services accessed by people with a disability. We have welcomed and actively contributed to the various state and national inquiries and the development of a national framework for quality and safeguards under a National Disability Insurance Scheme (NDIS).

In April the National Disability Complaints Commissioners hosted a roundtable with executives from government and statutory representatives. The discussion demonstrated a high degree of alignment about the principles of safeguards, including the need for independent oversight, and the forum provided opportunity to discuss some of the complexities in achieving consistency nationally. We acknowledge that good examples exist across the country, but also realise that there is much we can improve on in a new safeguarding framework.

We are encouraged by the Victorian Ombudsman's strength of recommendation to call for the establishment of a single independent oversight body for the disability sector. This strongly aligns with the principles for safeguarding we have advocated over the past four years, and in more recent times, together with the National Disability Complaints Commissioners. The Victorian Ombudsman also acknowledges the value of informal resolution of complaints, an educative approach for the sector and our online complaints reporting tool for identification of trends.

We have seen significant growth in disability service providers' online complaints reporting — this year having the highest volume ever. The value of complaints information and our foundational work to develop an online tool, in conjunction with ORIMA research, has been extended to other states. The NSW Department of Family and Community Services — Ageing, Disability and Home Care, and the WA Health and Disability Services Complaints Office, have both implemented adaptations of the tool.

This year we have reviewed 332 incident reports, and we continue to question the rigour of the approach adopted to investigations and the concurrent and equal attention to the wellbeing of people who use services. In approximately 50 per cent of matters we see the need to intervene to ensure more rigorous local-level responses to people with a disability experiencing alleged violence or abuse. In recognition of the systemic issues, we have proactively engaged and are working with Victoria Police Command.

The trial of the NDIS in Barwon has highlighted opportunities for further improvement of quality of service delivery that is founded on person-centred practice and ensuring the rights of people with a disability to speak up. Further clarity in the jurisdiction of our office has also enabled people using disability supports funded by the Transport Accident Commission (TAC) access to a free, independent complaints resolution process offered by our office.

We look forward to continuing to work in open and constructive ways with government and others in order to achieve optimum quality and safeguards for people with a disability into the future.

I express my appreciation to the staff of my office, whose skill and dedication to improving outcomes for people with a disability is highly valued. I also thank the Disability Services Board for their expertise and contribution to shaping the future of safeguards for the disability sector.



## From the Disability Services Board President



**Elizabeth Corbett**  
President, Disability  
Services Board

It has been a rewarding year for the board as we worked towards attaining the strategic priorities we developed for this three-year term. The main priority for the last 12 months has been to:

*Work strategically and in partnership with key stakeholders to promote the design of a national complaints mechanism (while maintaining local effect) using NDIS data and gap analysis.*

As the development of the National Disability Insurance Scheme (NDIS) progresses, the board believes it is vital that people with disability have access to appropriate quality services with safeguards in place to support their choices to live independently in the community. To this end, the board has consulted widely with key stakeholders around the development of a national framework for quality and safeguards for the NDIS. Board members have attended workshops, government consultations and roundtables, and have engaged with various stakeholders on an individual basis. In addition, the board has provided a submission to the Commonwealth on the consultation paper *Proposal for an NDIS Quality and Safeguarding Framework*.

All consultations have provided the board with the opportunity to highlight the key features of the Disability Services Commissioner that the board is confident would be beneficial to participants in the national scheme. The board believes that the independence of the office is central to the success of the Disability Services Commissioner because people who use services and their families and carers can make a complaint without fear of retribution or service withdrawal. This process empowers people with a disability to make complaints, which in turn has led to service system improvements. The board considers that when the NDIS quality and safeguarding framework is developed it is vital that there be no diminution of safeguards for people with disability in Victoria under the national scheme.

In addition to the board's focus on the development of the NDIS, we have met with the Victorian Disability Advisory Council. This has enabled us to identify and promote areas of common interest, which will ensure people with a disability have access to services that are inclusive and meets their needs.

I extend my thanks to my fellow board members for their continuing involvement and support, to the Commissioner and for the executive support provided to the board. We look forward to actively contributing to the development of the new Victorian State Disability Plan and in considering how the plan aligns with and enhances the future safeguarding model under the NDIS.

# Highlights 2014-15

- ▶ The Commissioner undertook a series of targeted visits to service providers to discuss their performance on issues relevant to responding to complaints, organisational complaints culture and incident reporting.
- ▶ We released 'Jane's Story', a digital story that outlines one mother's experience following her son's move to a group home. The story details the decision-making process, subsequent issues that arose and considerations for service providers when working with families.
- ▶ A new protocol was established with the Transport Accident Commission (TAC) providing an independent complaints resolution process for people receiving TAC-funded disability supports.
- ▶ We worked with the National Disability Insurance Agency (NDIA) in Barwon to support improved awareness of NDIA participants' right to make a complaint, and to enhance the ability of NDIA staff to respond to participants making complaints.



- ▶ We showcased the art of Eli J-R, a young photographic artist with a disability, as part of the International Day of People with Disabilities.
- ▶ The National Disability Complaints Commissioners hosted a national roundtable in Victoria attended by key personnel from the Commonwealth, including the NDIA, and state governments to consider the development of a quality and safeguarding framework for the NDIS.
- ▶ Four 'Responding Effectively to Complaints' workshops were delivered on a fee-for-service basis to senior staff from the Department of Education and Training primary and secondary schools.
- ▶ Incorporating feedback from people who have brought their concerns to our office, we undertook a review of our approach to complaints handling. We believe changes introduced from 1 July 2015 will result in a more timely process and improved outcomes for people who access our service.

## Safeguarding people's right to be free from abuse

The Disability Services Commissioner continues to monitor and review incidents involving allegations of staff-to-client assault and unexplained injury through the 2013 referral from the Minister for Housing, Disability and Ageing under s.16(c) of the *Disability Act* 2006.

Our role in safeguarding the rights of people with a disability to be free from abuse promotes the person's experience as a priority, even when an allegation of assault is not sustained. The Disability Services Commissioner influences policy and promotes good practice in preventing and responding to abuse. This year 332 incidents were reviewed, and unfortunately, key themes were similar to those of previous years. Themes included a lack of focus on people's outcomes and safeguarding people's rights during investigations, the need for the disability sector to have more proactive engagement with Victoria Police and a lack of clarity and shared understanding of the definitions of assault and abuse. The Disability Services Commissioner has provided a Notice of Advice to the Department of Health & Human Services about the key concerns identified and the actions required to achieve and sustain a person-centred human rights practice.

To drive systemic changes, the Commissioner initiated conversations with the Victorian Police Chief Commissioner and Police Command to improve the rights of people with a disability ability to access the justice system. The Commissioner continues to have engagement with Victoria Police at operational and policy levels, including through membership of the Chief Commissioner's Human Rights Strategic Advisory Committee.

### ► From a service provider

A service provider contacted the Disability Services Commissioner to advise that they had submitted an incident report to the Department of Health & Human Services after a staff member had alleged that other staff were mistreating people with a disability who lived in a group home. The service provider was following up the allegation because police had advised that they were unable to proceed to an investigation.

The Disability Services Commissioner reviewed the staff-to-client assault incident report and noted the staff members who allegedly assaulted the residents had returned to work prior to an investigation being undertaken. Further, the residents had not been interviewed about their experiences. The Disability Services Commissioner contacted the service provider about their consideration of the safety and wellbeing of the residents and the need to ensure a robust investigation into the allegations.

Following discussions, the service provider implemented increased staffing levels and ensured that the staff named in the allegations were supervised when supporting residents. An external investigation was arranged with an advocacy organisation facilitating interviews with all residents potentially affected by the allegations. While the allegations were not sustained, a rigorous investigation was completed, and all residents were able to express their views on how they were supported. Changes were made to residents supports based on their concerns.



## Lara's story

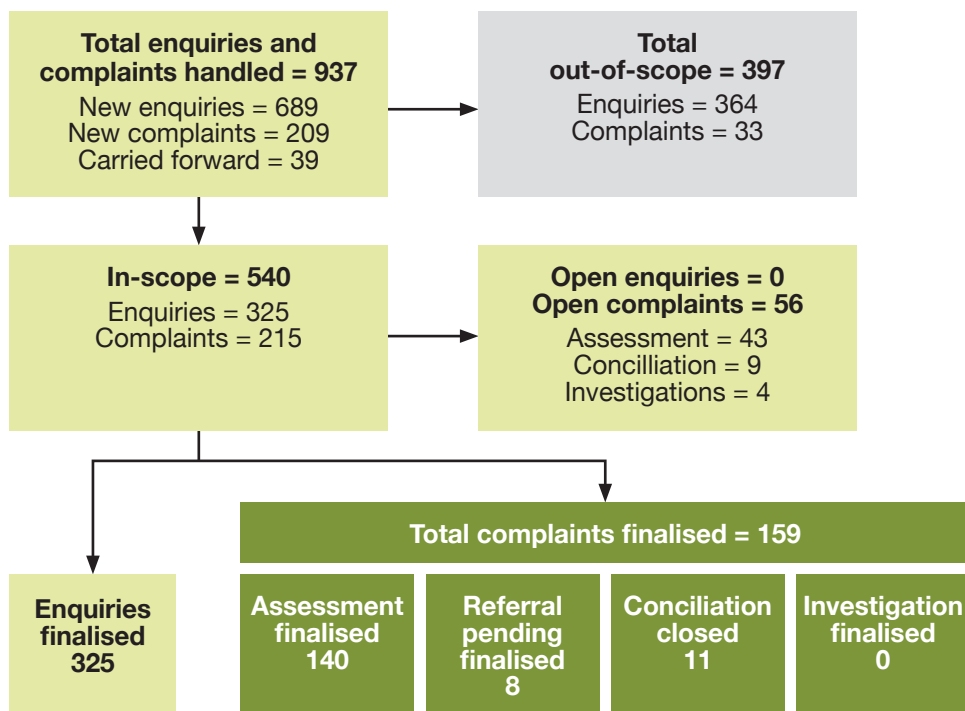
Lara made a complaint to the Disability Services Commissioner because she was worried about her sister Page. Page has an intellectual disability and lives in a group home. Lara was concerned about the quality of the support Page was receiving. Lara said she didn't know what was happening in her sister's life and that high staff turnover and changes in the team leader position made it difficult to communicate, adding to her frustration. Lara also said that Page didn't tell her what was going on at her home. Lara understood Page's right to privacy, but was worried about who Page could go to for support when she needed it.

The resolutions officer phoned Page and spoke to her about Lara's concerns. Page didn't know why Lara had called the Disability Services Commissioner and thought she might be in trouble. Page told the resolutions officer that the staff are great and they always listen to her. Page said she was very happy at her group home and talked about not sharing things with her sister. Page said she wanted to be treated like an adult and make her own decisions.

The resolutions officer called Lara after speaking to Page. Lara advised that she had spoken with the house team leader and an agreed communication strategy had been implemented. House staff would keep Lara informed about what Page was doing generally, so that Lara could be assured that Page was okay. Lara also said that Page had called her and they had chatted. Page had told her about wanting to make her own decisions, but that she would let Lara know what was happening in her life so she wouldn't worry. Lara said that she was feeling less worried about her sister. Through this complaint Lara indicated that her communication with the group home staff has improved and her relationship with Page has been strengthened.

# Resolving complaints to the Disability Services Commissioner

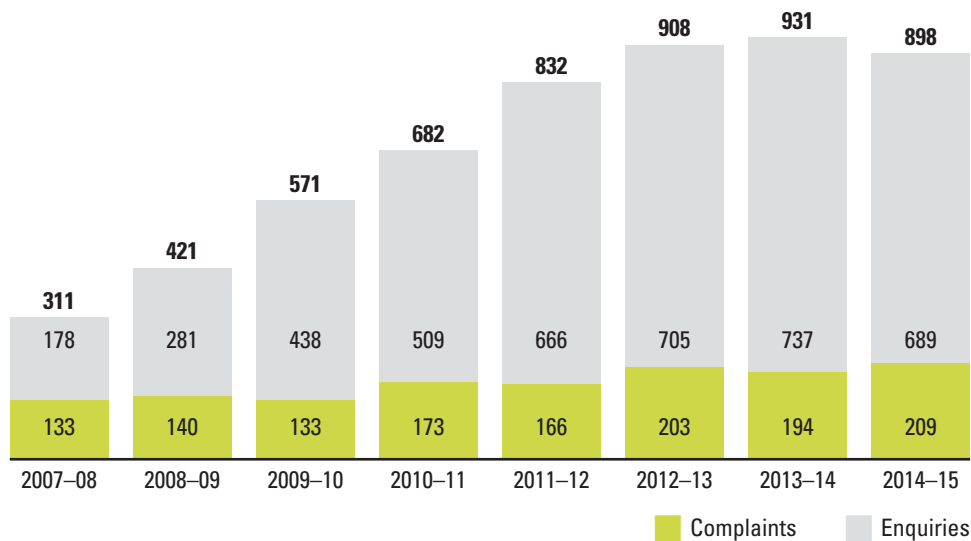
**Figure 1: A snapshot of complaints made to the Disability Services Commissioner**



## Enquiries and complaints

In total there were 937 enquiries and complaints dealt with in 2014–15 (898 new enquiries and complaints and 39 complaints carried forward from 2013–14). Of these matters, 881 were finalised during the year and 56 were still open as at 30 June 2015.

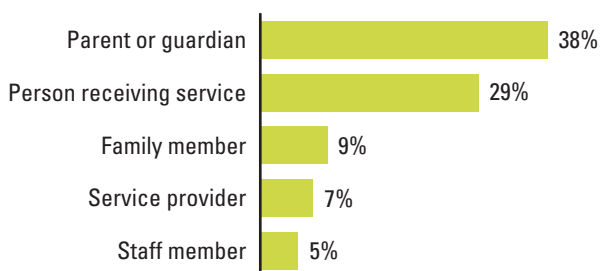
**Figure 2: Total number of new enquiries and complaints**



## Source of enquiries and complaints

The profile of people bringing issues to the Disability Services Commissioner was similar in 2014–15 to 2013–14. Figure 3 shows that the proportion of all enquiries and complaints made directly by people receiving services was 29 per cent, with the greatest proportion of enquiries and complaints still being made by parents or guardians (38 per cent).

**Figure 3: Top five sources of enquiries and complaints**  
(Proportions of in-scope enquiries and complaints for source)

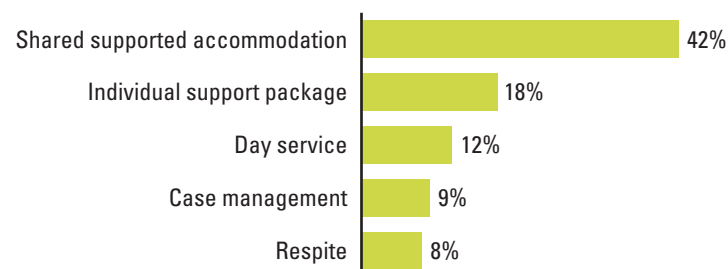


## In-scope enquiries and complaints

### Service types and issues

Enquiries and complaints continued to be made about a broad range of service types. Supported accommodation continued to account for the greatest share of in-scope enquiries and complaints (42 per cent; see Figure 4).

**Figure 4: Enquiries and complaints by service types (top five categories)**  
(Proportions of in-scope enquiries and complaints for service types accounting for at least 5 per cent of matters)



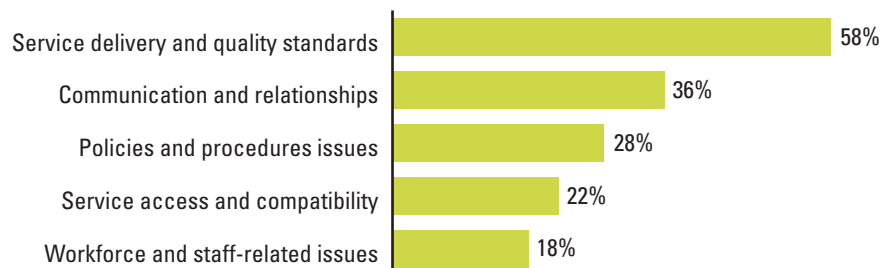
### Issues raised in enquiries and complaints

People contacting the Disability Services Commissioner usually raise multiple issues. These issues have been grouped into five broad categories, as shown in Figure 5. The main issues raised in enquiries and complaints in 2014–15 were:

- service delivery and quality standards issues (58 per cent) — mostly regarding dissatisfaction with the quality of service provided, concerns about physical and psychological health and safety and insufficient service or care provided
- communication or relationship issues (36 per cent) — largely due to insufficient communication from providers and concerns about the quality of this communication.

**Figure 5: Types of issues raised in enquiries and complaints**

*(Proportion of in-scope enquiries and complaints. Multiple issues can occur for each enquiry and complaint so may not add up to 100 per cent, n = 501)*



More detailed information about complaints to the Disability Services Commissioner can be found in Appendix 1.

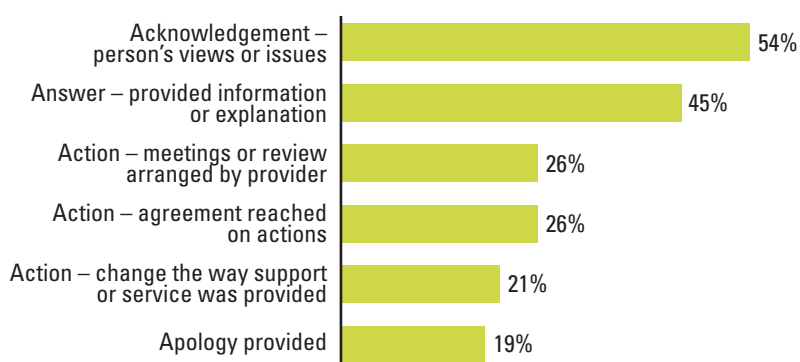
## Responding to complaints (the Four A's)

The Disability Services Commissioner has an ongoing focus on flexible person-centred approaches to promote the resolution of complaints and improved service outcomes and relationships. Figure 6 shows the most common ways that complaints were resolved: acknowledging the views and issues of the person who made the complaint (54 per cent); and giving information or explanations to answer questions raised by the person who made the complaint (45 per cent). Of the Four A's, providing an apology (19 per cent) was the least common resolution method.

Approximately one-quarter of complaints were resolved through actions such as arranging meetings or reviews with the person who made the complaint or receives the service (26 per cent); and by reaching agreements on actions (26 per cent, down from 37 per cent in 2013–14). Another 21 per cent were resolved by changing the way in which support and service was provided.

**Figure 6: Top six ways complaints were resolved using the Four A's**

*(Proportion of complaints resolved at assessment, pending referral and during conciliation; multiple ways of resolving complaints can occur, n = 159)*







## Angela's story

Angela sent a complaint to the Disability Services Commissioner about her day service. She hand wrote the complaint. Angela was unhappy that her day service was not providing her support to achieve the goals in her support plan, and that all the documented actions for achieving these goals were assigned to her and her mother.

The resolutions officer met with Angela in a café and talked about what was important to her. She explained that her service provider had told her that they could better support her to achieve her goals at another site, but that it was important to her to remain at her current site.

Through this complaint the resolutions officer identified that the service provider was not compliant in meeting their obligations under the *Disability Act* 2006.

The complaint was resolved by the service provider acknowledging that there was a gap in Angela's support documentation. By working on this with Angela, the service was able to talk with Angela about her expectations, discuss what they could offer and how they might be able to provide support, and agree on the goals that they could support Angela to work on.

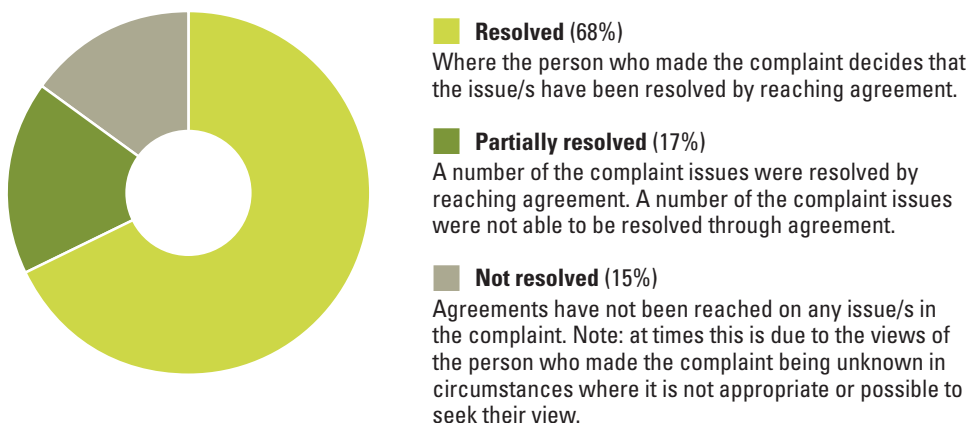
The Disability Services Commissioner issued a Notice of Advice to the service provider regarding the need to ensure their compliance regarding support planning. As a result of the Notice, the provider reviewed and improved their planning policies and undertook an audit to ensure that the plans for their clients were compliant.

## Outcomes

### Resolution rates for complaints

The vast majority of in-scope complaints that were finalised in 2014–15 achieved a positive outcome, similar to the previous reporting year (see Figure 7).

**Figure 7: Resolution rates for in-scope complaints**



### Feedback from people involved in Disability Services Commissioner processes

The Disability Services Commissioner (DSC) regularly seeks feedback from people who make complaints and from disability service providers so we can monitor how we are performing in relation to the principles of the Disability Act, the values we stand for and the expectations of people we assist to resolve complaints. The response rate for the feedback survey was 30 per cent (from 196 feedback requests).

#### What worked

Satisfaction rates with the resolutions officers' at the Disability Services Commissioner are again very positive, with 88 per cent of respondents saying that the officers were respectful and treated the complaint seriously; 85 per cent commending the accessible communication and 84 per cent noting the timeliness of the process and being kept informed.

**'Telling someone what happened regardless of the outcome.'**

**'Regular contact and communication.'**

**'Communication was maintained and details were constantly clarified to ensure correct information was considered. Felt like it was a fair process and not biased.'**

**'The involvement of DSC staff with their wide range of knowledge and expertise helped to resolve the issue easier.'**

#### What we can improve

While 64 per cent of respondents identified that improvements had been made by the service provider, 22 per cent did not feel changes had been made, and 25 per cent noted issues with the relationship with the service provider. In many of these cases people had changed service provider.

Suggestions for improvements included:

**'Direct contact with provider on completion of complaint on a three-monthly basis to see if all is as agreed.'**

**'Let the client suggest how they may like the complaint to be handled.'**

**'Have a "table" where the issue and outcomes desired are outlined.'**

In 2014–15 we reduced the average time to complete the assessment phase of a complaint from 63 days to 54 days (14 per cent reduction).

We note from this information and feedback from advocacy organisations that actions are not always completed by service providers. Given this feedback, we now routinely ask that service providers report back that the actions agreed had been completed. Up to 30 June 2015 the Disability Services Commissioner requested 13 reports on action. Twelve responses demonstrated the service providers had completed the planned actions. We have ongoing involvement in one matter to ensure that the actions by the service provider will adequately address the support needs of the person with a disability. We will continue to monitor these outcomes in the next financial year.

We have made improvements to our complaints process based on what people have told us about our process and our own internal review. We are:

- reducing paperwork, making complaints lodgement faster and easier
- confirming in writing which issues the Disability Services Commissioner can and cannot pursue
- requiring service providers to be more timely in providing information
- reducing the average time for complaints handling
- making it easier for people who make complaints to give feedback electronically
- measuring outcomes for each issue in addition to complaint resolution.

## Notices of Advice in accordance with s.17(1) of the Disability Act 2006

Notices of Advice are issued to provide direction to service providers where policy or systemic issues have been identified and warrant action to assure a quality response in the future.

A total of 15 Notices of Advice were provided by the Disability Services Commissioner in relation to complaint matters. These included eight Notices of Advice to service providers and seven Notices of Advice to the Department of Health & Human Services.

## Out-of-scope enquiries and complaints

Out-of-scope enquiries and complaints are those that fall outside the jurisdiction of the Disability Services Commissioner as specified in the Disability Act. Of the 898 new enquiries and complaints made in 2014–15, 44 per cent (397) were out of scope.

The Disability Services Commissioner has the power to refer a complaint and any relevant information to a person, court, board or tribunal that we consider has the power to resolve or deal with the matter. Where the person making the complaint requires assistance and gives consent, the Disability Services Commissioner provides a *warm* referral to the appropriate agency by making initial contact and providing information about the complaint circumstances on the person's behalf.



## Mary and Nigel's story

Mary's son Nigel lived in a group home. Mary was told by the disability service provider that at some stage the house would need to undertake major refurbishments and Nigel would need to move out. No timelines were given about when the work would be completed. Mary was scheduled to move into a nursing home, and two weeks prior to her move she was contacted by the service provider and told that alternative accommodation had been found for Nigel. He would be moving in to his new home at approximately the same time that Mary was moving into her nursing home.

Mary told the resolutions officer at Disability Services Commissioner that she was unhappy about the timing of the move and receiving little notice. She was concerned about the transition process, lack of communication and poor planning. The service provider responded to Mary's complaint by acknowledging they had provided short notice and apologised for this. They explained that an opportunity for suitable accommodation had become available, which they believed would ideally match Nigel's needs and they did not want to lose this opportunity for him. In addition, it was explained to Mary that funds had become available to complete the renovations at Nigel's existing home and the work needed to commence as soon as possible.

The resolutions officer worked with the service provider, Nigel and Mary to develop a transition plan that included Mary visiting the new group home. Nigel and Mary liked the new house because it was more spacious than the old home. They also learnt that one of the other residents was a friend of Nigel's. Mary told the resolutions officer that she felt the service provider had heard her complaint and responded in a way that was focused on both Nigel's and her needs.

# Resolving complaints to disability service providers

## Overview of annual complaints reporting

All registered, funded and contracted disability service providers must report annually to the Disability Services Commissioner on the number and types of complaints they receive and how the complaints are resolved (ss.105 and 106B of the Disability Act). This information is used to inform government, influence policy, identify trends in complaints and areas for improvement.

## Learning from complaints

The complaints reporting process elicits the key lessons that service providers have learnt from individual complaints. In 2014–15, a record number of 1,512 lessons were identified, the highest since the establishment of the Disability Services Commissioner. The lessons from these complaints can be grouped into the following themes:

- 1 The need for effective communication between all parties, including families of people receiving services and neighbours.**

*'We cannot always assume that information sent by post is received in a timely manner, and multiple modes of communication should be considered. We need to be diligent in following up receipt of communication for families experiencing multiple disadvantage.'*

*'When developing documentation, always consult the audience to ensure it truly is easy to read and contains all the appropriate information.'*

*'We need to keep families involved in discussions at all times.'*
- 2 The importance of encouraging an open culture that is responsive to feedback and complaints.**

*'While we cannot resolve all issues raised, just listening to the issues and acknowledging the complainant's point of view and feelings goes a long way.'*

*'We need to ensure customers feel supported and heard at times of heightened stress, or when they have concerns.'*

*'To continue to communicate freely with our residents and their families and offer opportunities for feedback.'*
- 3 The need for improved focus on staff performance and ensuring high levels of professionalism.**

*'This has been a learning experience in the respect that staff needs to be aware of how their words and actions can be interpreted by others.'*

*'For staff to be diligent when providing support to customers and follow directions in [the client support plan].'*

*'Staff needs to treat customers' belongings as they would their own belongings...with care and attention.'*

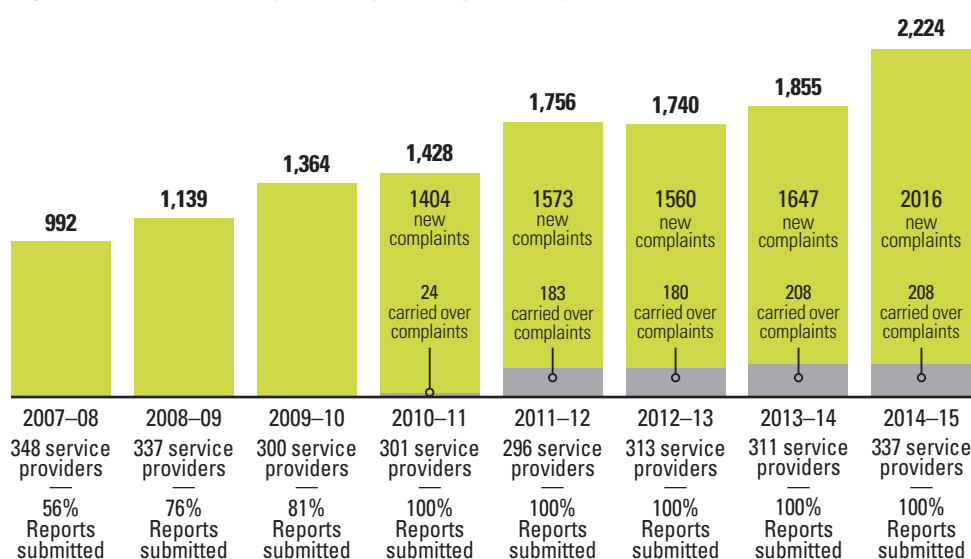
## Disability service providers' complaints data

### Overview of annual complaints reported

Service providers reported a total of 2,224 complaints in 2014–15, the highest since the Disability Services Commissioner was established. The number of new complaints (excluding complaints carried forward from the previous year) was 2,016, representing a record increase of 22 per cent from 1,647 new complaints in 2013–14 (see Figure 8).

The large increase in complaints in 2014–15 follows a period of more moderate complaint growth over the previous two years. The average annual rate of increase in complaints since 2007–08 is now 12 per cent per year.

**Figure 8: Number of complaints reported by service providers, 2007–08 to 2014–15**

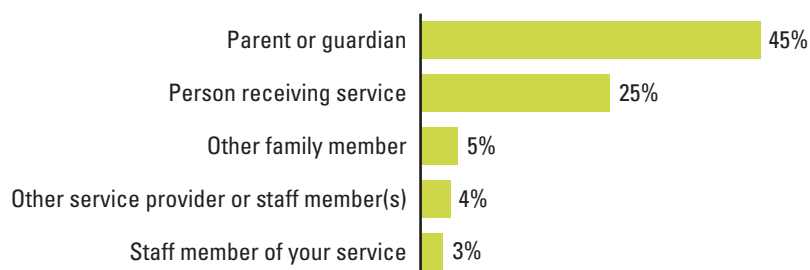


### Source of complaints

The profile of people bringing issues to service providers was broadly similar to last year. Figure 9 shows that the proportion of all complaints made directly by people receiving services remains at 25 per cent. The greatest proportion of complaints continue to be made by parents or guardians (45 per cent).

**Figure 9: Source of complaints (top five)**

(Percentage of complaints. Multiple responses are possible, so figures may not add up to 100 per cent, n = 2,097)



### Service types and issues

The combined total of complaints arising from individualised funding through Department of Health & Human Services (DHHS) individual support packages (ISP) and National Disability Insurance Scheme (NDIS) packages was 38 per cent, while 63 per cent related to services funded through service agreements with, or directly provided by, DHHS. These complaints have been represented separately.





## From a service provider: David's story

After David contacted our organisation to raise a complaint, the regional practice leader attended the house to discuss David's concerns. David has severe cerebral palsy that affects his physical movements and speech. He is nonverbal and very intelligent.

It immediately became apparent that ineffective methods of communication (primarily through eye gestures) resulted in high levels of frustration for David, which at times he displayed through what staff may have interpreted as behaviours of concern.

As a result of this complaint, the practice leader worked closely with David and a speech pathologist from another organisation to assess the best communication aid. Because David already had an iPad, it was agreed the application Proloquo2Go, a symbol-based communication device, would be installed along with a trigger to allow David to communicate in full sentences and have more control of conversation instead of simple closed questions with yes/no answers.

Following an occupational therapy assessment to identify the correct trigger device, the speech pathologist and practice leader will work closely alongside David and the house staff for ongoing support and development of the communication device, and support and encouragement of David.

The aim is to ensure that David is empowered to communicate more freely and independently. He will have his own voice capable of free speech instead of depending on others around him to ask the correct questions in order for him to answer.

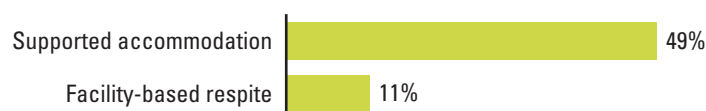
## Complaints about service types accessed through DHHS-funded programs

Complaints about services funded through Department of Health & Human Services (DHHS) programs were most commonly related to accommodation support (62 per cent) and client services and capacity (42 per cent) (see Figure 10).

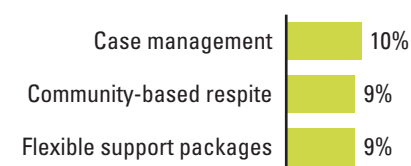
- Most of the complaints within accommodation support related to shared supported accommodation (49 per cent), while 11 per cent related to facility-based respite.
- There was a broad range of service types represented within the client services and capacity category, including case management (10 per cent) and community-based respite (9 per cent).

**Figure 10: Complaints by service type: DHHS-funded programs**  
(Percentage of complaints accounting for at least 5 per cent of matters.  
Multiple responses are possible, so figures may not add up to 100 per cent, n = 1,338)

### Accommodation support (62%)



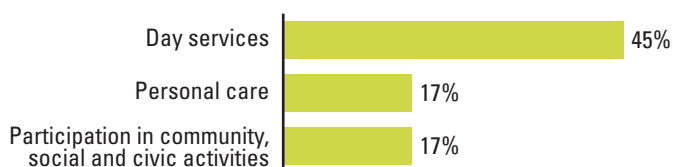
### Client services and capacity (42%)



## Complaints about service types purchased through individualised funding

There was a decline in complaints related to day services (53 per cent in 2013–14 to 45 per cent this year); however, this service type remains the highest proportion of complaints raised. A broad range of other service types accounted for less than 20 per cent of individualised funding complaints (DHHS ISP or NDIS), including personal care (17 per cent) and participation in community, social and civic activities (17 per cent) (see Figure 11).

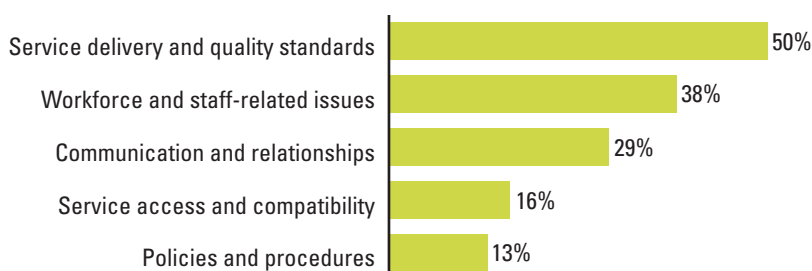
**Figure 11: Complaints by service type: individualised funded services**  
(Percentage of complaints purchased through ISPs or NDIS packages, accounting for at least 5 per cent of matters. Multiple responses are possible, so figures may not add up to 100 per cent, n = 812)



## Issues raised in complaints

Figure 12 identifies the issues raised in complaints. Issues raised about service delivery and quality standards generally related to dissatisfaction with the quality of service provided (21 per cent), concerns about physical and personal health and safety (16 per cent) and perceptions of insufficient care or service provided (9 per cent). Concerns about staff-related issues were generally about staff behaviour or attitude (19 per cent) or the skills and knowledge of staff (10 per cent). Communication and relationship concerns were related to insufficient communication (15 per cent) and poor quality communication (13 per cent).

**Figure 12: Issues raised in complaints**



Refer to Appendix 1 for more detailed information about complaints reported by disability service providers.

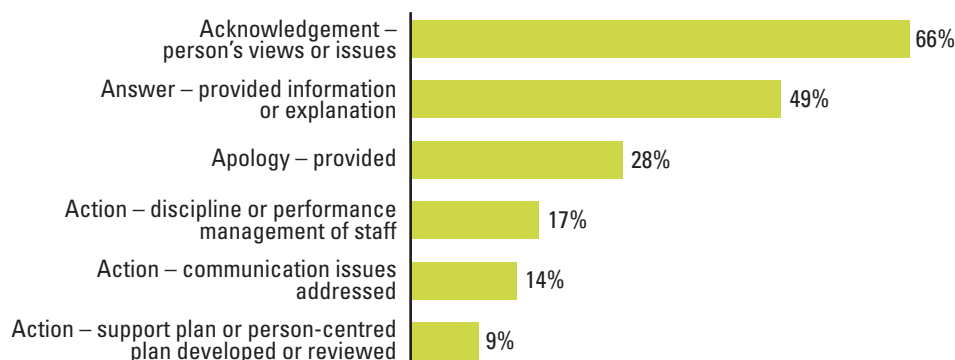
## Responding to complaints (the Four A's)

The distribution of complaint outcomes in 2014–15 against the Four A's of successful complaint resolution is shown in Figure 13, and is similar to that recorded for 2013–14.

Approximately two-thirds of complaints resulted in acknowledgement of the person's views or issues (66 per cent), approximately half resulted in action (54 per cent) and answers (49 per cent), while only 28 per cent resulted in an apology. 'Actions' most commonly related to performance management, disciplinary action, feedback or training for workers within the service (17 per cent); but also included changes or improvements to communication (14 per cent), changes in existing support arrangements (9 per cent) and reviewing/improving and/or implementing the person's plan (9 per cent).

**Figure 13: Top six ways complaints were resolved using the Four A's**

*(Percentage of complaint outcomes. Multiple responses are possible, so figures may not add up to 100 per cent, n=2,126)*



## Outcomes of complaints managed by disability service providers

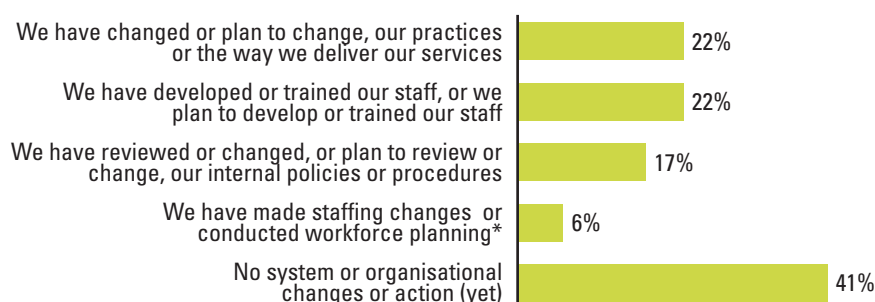
### Actions taken as a result of complaints

Figure 14 shows that the most common organisational actions service providers had taken or planned to take as a result of complaints were changing practices or the way services were delivered (22 per cent), the development or training of staff (22 per cent) and changing internal policies or procedures (17 per cent, up from 10 per cent in 2013–14). There was also a substantial proportion of complaints where no action or changes had yet occurred (41 per cent, up from 30 per cent in 2013–14).

More detailed information about complaints to disability service providers can be found in Appendix 1.

**Figure 14: Actions taken as a result of the complaint**

(Percentage of complaints that account for at least 5 per cent. Multiple responses are possible, so figures may not add up to 100 per cent, n = 2,025)

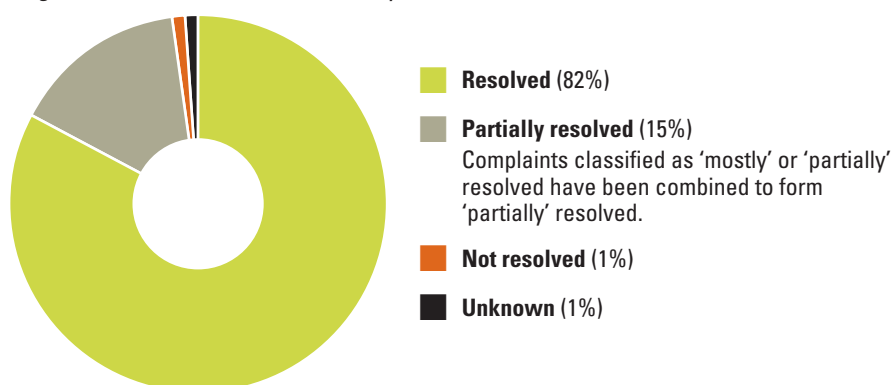


\* New option added to the ACR tool in 2014–15.

### Resolution rates for complaints

Service providers indicated that the vast majority of the complaints that were closed by 30 June 2015 had either been resolved (82 per cent) or 'partially' resolved (15 per cent) (Figure 15).

**Figure 15: Resolution rates for complaints (n = 1,874)**



### Complaints raised with other agencies or authorities

Service providers indicated that 23 per cent of all complaints (whether open or closed) had been raised with an agency or authority apart from their service, most notably with the Disability Services Commissioner (11 per cent) or Department of Health & Human Services (five per cent).



## Donald's story

Donald sent his complaint form to the Disability Services Commissioner without first calling our enquiries and complaint line. He used voice recognition software to enter his information into the form. On the same day he submitted the form the resolutions officer called him to talk about his concerns. Donald explained that he received no service on Christmas Day and on New Year's Day. The service he receives is a short shift in the evening. The worker prepares his meal and assists him to eat it. Donald also explained that he had tried to raise concerns in the past about unfilled shifts, and it had now happened again.

Donald and the resolutions officer discussed that because the service he receives is Home and Community Care (HACC), his complaint does not fall within the jurisdiction of the Disability Services Commissioner.

The Disability Services Commissioner has a protocol with the Department of Health & Human Services that sets out a procedure where any HACC complaint made to the Disability Services Commissioner can be referred directly to the appropriate department representative.

With Donald's permission his complaint was referred to both the HACC provider and the department, which funds and has oversight over HACC services. The department accepted the referral and agreed to follow up on Donald's concerns. As a result, the HACC provider acknowledged a mistake had been made regarding the unfilled shifts and apologised to Donald. The HACC provider also changed their procedures to ensure that Donald is able to contact them if no one has arrived for a shift.

In 2014–15 there were 38 enquiries and complaints received by the Disability Services Commissioner regarding services delivered in the Barwon NDIS trial site. Encouragingly, a high proportion of these were made directly by the person receiving the service (see Figure 16). People making enquiries were assisted to clarify complaint issues and options (30 per cent), provided information on our process (30 per cent) and/or coached in how to raise issues with their service provider.

There were 143 complaints reported by disability service providers related to NDIS-funded supports. Most of these complaints were made by the parent or guardian of the person receiving service (57 per cent), while 31 per cent were made by the person themselves.

**Figure 16: Source of enquiries and complaints**  
(Percentage of matters. Multiple responses are possible)

	DSC (n = 38)	ACR (n = 134)
Parent	39%	57%
Person receiving service	32%	31%
Service provider	11%	4%
Advocate	5%	1%
Other family member	—	5%
Other	5%	1%

In-scope enquiries and complaints made to the Disability Services Commissioner followed general complaints trends, with the highest proportion relating to supported accommodation or day services (see Figure 17). Sixty-five per cent of issues were regarding the quality of service delivery with the following top three issues:

- physical and psychological health and safety (24 per cent)
- dissatisfaction with quality of services provided (12 per cent)
- rights of people who share services (12 per cent).

Complaints made to service providers most commonly related to services delivered for participation in community, social and civic activities (38 per cent) (see Figure 17). The main issues raised across all service delivery types were:

- insufficient (21 per cent) or poor quality communication (10 per cent)
- dissatisfaction with the quality of service provided (17 per cent)
- staff behaviour or attitudes (17 per cent).



**Figure 17: Top service types of in-scope enquiries and complaints**  
(Percentage of matters that accounted for at least 5 per cent)

	<b>DSC (n=19)</b>	<b>ACR* (n=143)</b>
Supported accommodation	23%	17%
Facility-based respite	18%	
Day service	18%	16%
Support package	14%	—
Case management	14%	8%
Participation in community, social and civic activities	—	38%
Personal care	—	19%
Independent living and life skills training		11%
Other	9%	1%

\* 'Case management' describes 'planning, coordination or case management' in the ACR tool.

Note: Categories indicated by a dash could not be directly matched between the DSC and ACR data

Most of the people who contacted the Disability Service Commissioner had previously used our service (21 per cent), learnt about us from attending a conference (13 per cent) or through our website (11 per cent).

In this first year of complete operations the volume of enquiries and complaints were disproportionate to the increase in amount of services people received. Our reflection is that improvements are needed to the registration process to avoid gaps and provide information about both the NDIA's and service providers' quality and safeguards obligations. This includes the NDIA's, service providers' and advocates' roles in promoting awareness of people's rights to complain to the service provider or with our office.

***In February 2015 the Disability Services Commissioner wrote to the CEOs of all registered, contracted and funded providers in the Barwon trial site for the National Disability Insurance Scheme (NDIS) to reinforce their obligations under the Disability Act 2006 in relation to enabling people to access complaints processes. Services are required to:***

- ***have an accessible and effective complaints management system in place***
- ***provide information to service users about how to make a complaint and who they can complain to including the DSC***
- ***take all reasonable steps to ensure that people are not adversely affected because a complaint has been made by or on their behalf***
- ***report every year to the Commissioner on all of the complaints they have received.***

***The Commissioner highlighted the range of free resources disability services can access from our office, including: an online complaints reporting tool, education and training for people using their service, their families and carers, and staff; brochures; good practice guides; culture surveys; and advice on complaints policy and complaints issues.***



## Bill's story

Judy contacted the Disability Services Commissioner about her brother Bill, who has an intellectual disability and has attended his day service for more than twenty years. Bill is a keen bowler and enjoyed organising the weekly competition at his day service and practising with his friends at lunchtime. Bill lives in a group home managed by a different service provider and visits Judy and their siblings for celebrations and holidays. Judy noticed that, for quite a while, Bill did not seem his usual self and had become withdrawn. She contacted the manager of his day service and was told that Bill had not been attending his sports group following an incident that occurred several months before. Bill had physically assaulted another person and afterward didn't return to the activity.

Judy was concerned that she was not advised of the incident at the time and that the staff at Bill's group home were also unaware of the incident or the changes to Bill's activities. She decided to make a complaint to the Disability Services Commissioner. Her main concern was that Bill had not had the opportunity to speak to someone about what might have triggered his unexpected behaviour and how he felt about what had happened.

The manager acknowledged to the resolutions officer that they had focused on the incident and the impact on the other clients, but had not followed up with support for Bill. This was a clear gap in their follow up after the incident. The manager also acknowledged that Judy is important to Bill and he chooses to involve her in significant decisions in his life. The manager made a commitment to be more open and responsive in communication between their staff and Judy, and the staff at Bill's home. The Disability Services Commissioner provided the service with a Notice of Advice and made a referral to the Department of Health & Human Services regarding the organisation's incident management practices.

## Year at a glance

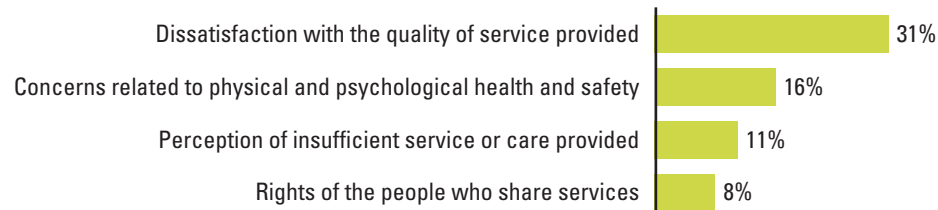
<b>18,305</b>	Visits to our website <a href="http://www.odsc.vic.gov.au">www.odsc.vic.gov.au</a>
<b>361</b>	Followers on Twitter
<b>586</b>	Facebook likes
<b>1,700</b>	Individuals, groups and organisations received four editions of our newsletter and three editions of <i>Speaking Up</i> (plain-English newsletter)
<b>2,683</b>	People involved in our training (274 people with a disability, 499 families/carers, 1,910 staff)
<b>88%</b>	Reported high levels of satisfaction with our complaints resolution process and officers
<b>85%</b>	Commended the accessible communication of DSC process
<b>84%</b>	Satisfied with the timeliness and information provision of the DSC
<b>22,800</b>	Products and promotional materials distributed
<b>20</b>	Advice via submissions, consultation and guideline or policy review
<b>11</b>	Consultancy about our complaints resolution model and online tool
<b>10</b>	Events sponsored
<b>1,512</b>	Lessons learnt by service providers from 2,224 complaints reported
<b>6</b>	Keynote addresses
<b>1</b>	Event for International Day of People with Disabilities
<b>88%</b>	People reported they achieved a positive outcome from DSC process

## Appendix 1: Additional data

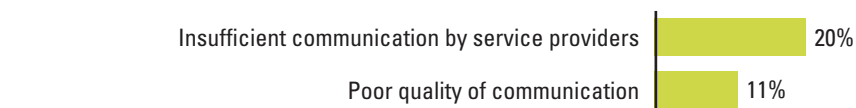
### Complaints to the Disability Services Commissioner

**Figure 18: Types of issues raised in enquiries and complaints**  
(Proportion where above 5 per cent)

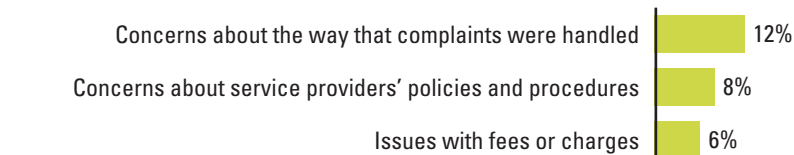
#### Service delivery and quality standards (58%)



#### Communication and relationships (36%)



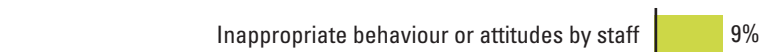
#### Policies and procedures issues (28%)



#### Services access and compatibility (22%)



#### Workforce and staff-related issues (18%)



**Figure 19: Type of disability of person(s) receiving services (n=402)**

Intellectual disability	70%
Physical impairment	47%
Autism	33%
Neurological impairment	17%
Dual disability	17%
Acquired brain injury	14%
Sensory impairment	12%
Developmental delay	3%

**Figure 20: Gender of person(s) receiving service — enquiries and complaints**

Males	54%
Females	44%
Group – males and females	2%

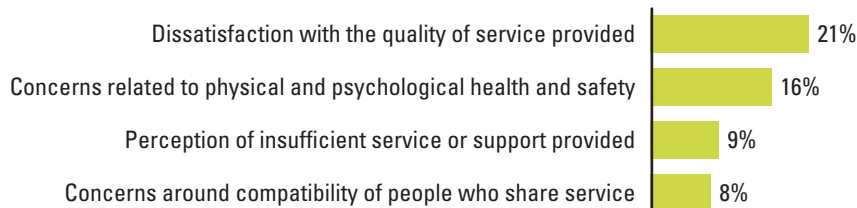
**Figure 21: Age of person(s) receiving service — enquiries and complaints**

People aged 30 years or under	48%
People aged 31 years or over	52%

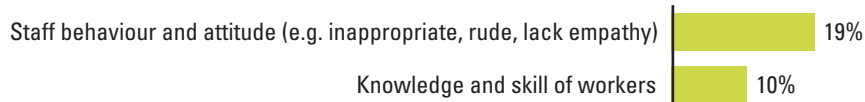
## Complaints to disability service providers

**Figure 22: Types of issues raised in complaints to disability service providers \***  
(Proportion where above 5 per cent.)

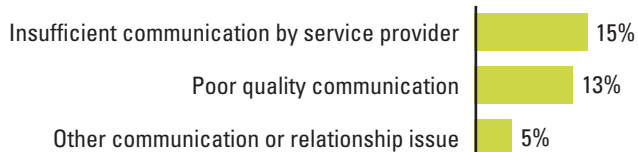
### Service delivery and quality standards (50%)



### Staff-related issues (38%)



### Communication and relationships (29%)



### Service access, access priority or compatibility (16%)



### Policy and procedure (13%)

### Other (7%)



\* Multiple responses are possible, so figures may not add up to 100 per cent.

**Figure 23: Type of disability of the person receiving service\*** (n = 1670)

Intellectual disability	57%
Physical impairment	27%
Autism	18%
Neurological impairment	13%
Sensory impairment	4%
Acquired brain injury	5%
Mental illness (dual disability)	5%
Developmental delay	1%
Other disability	2%

**Figure 24: Age of person(s) receiving service\*** (n = 1621)

35 years or under	55%
Over 35 years old	45%

**Figure 25: Gender of person(s) receiving service\*** (n = 1760)

Female	45%
Male	57%
Transgender	< 1%

**Figure 26: Background of the person receiving service\*** (n = 1940)

Aboriginal or Torres Strait Islander	1%
A person from a diverse cultural and linguistic background	3%
None of the above	56%
Don't know / not sure	40%

\* Multiple responses are possible, so figures may not add up to 100 per cent.



## Appendix 2: Operations

### Financial statement for the year ended 30 June 2015

The Department of Health & Human Services (DHHS) provides financial services to the Disability Services Commissioner (DSC).

The financial operations of the Disability Services Commissioner are consolidated into those of the Department of Health & Human Services and are audited by the Victorian Auditor-General's Office. A complete financial report is therefore not provided in this annual report. A financial summary of expenditure for 2014 to 2015 is provided below.

#### Operating statement for the year ended 30 June 2015

##### Expenses from continuing activities

Salaries	\$ 1,756,410
Salary on-costs	\$ 262,472
Supplies and consumables	\$ 317,028
External services delivered	\$ 61,818
Indirect expenses (includes depreciation and long-service leave)	\$ 96,260
<b>Total expenses</b>	<b>\$ 2,493,988</b>

#### Staffing

##### 15.1 FTE as at 30 June 2015.

17 staff positions.

53 per cent of the Disability Services Commissioner staff have a lived experience of disability.

All resolutions officers are nationally accredited mediators.

## Appendix 3: Compliance and accountability

### ***Privacy and Data Protection Act 2014***

The Disability Services Commissioner is an organisation bound by the provisions of the *Privacy and Data Protection Act 2014*. The Disability Services Commissioner complies with this Act in its collection and handling of personal information.

### ***Freedom of Information Act 1982***

Victoria's *Freedom of Information Act 1982* provides members of the public the right to apply for access to information held by ministers, state government departments, local councils, public hospitals and statutory authorities.

The Freedom of Information Act allows people to request access to documents held by an agency whether they are hardcopy or electronic. The majority of requests relate to individuals asking for access to, or correction of, documents held by the agency relating to their personal affairs.

In 2014–15 there were no requests made for access to information pursuant to the Freedom of Information Act. On two occasions the Disability Services Commissioner provided information to individuals by way of administrative release pursuant to s. 16(2) of the Freedom of Information Act. In addition, there was a request to amend records held by the Disability Services Commissioner pursuant to s. 39 of the Freedom of Information Act.

### ***Charter of Human Rights and Responsibilities Act 2006***

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

The Disability Services Commissioner complies with the legislative requirements outlined in the charter, and gives consideration to human rights when dealing with enquiries and complaints.

### ***Protected Disclosure Act 2012***

Disclosures of improper conduct by the Disability Services Commissioner or its officers can be made verbally or in writing to:

Independent Broad-based Anti-corruption Commission  
GPO Box 24234  
Melbourne Vic 3000  
Phone: 1300 735 135  
Fax: (03) 8635 6444  
Email: [submit@ibac.vic.gov.au](mailto:submit@ibac.vic.gov.au)

More information about the Protected Disclosures Act (Vic) is available from the Independent Broad-based Anti-corruption Commission website at: [www.ibac.vic.gov.au](http://www.ibac.vic.gov.au)

**Disability Services Commissioner**

Level 30, 570 Bourke Street, Melbourne Victoria 3000

Enquiries and complaints: 1800 677 342 (free call from landlines)

TTY: 1300 726 563

Office enquiries: 1300 728 187 (local call)

Fax: (03) 8608 5765

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