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16 September 2010

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

Dear Minister,

In accordance with section 19 of the *Disability Act 2006*, I am pleased to provide you with the Disability Services Commissioner's annual report for the year ended 30 June 2010.

Yours sincerely,

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

Laurie Harkin  
Disability Services Commissioner

## From the Disability Services Commissioner

As I reflect on the conclusion of the 2009–10 reporting period and in the context of our three year history, I provide a view of the year past and a perspective about the year ahead.

At the conclusion of three years of establishment of my office we are able to compare the experiences we have gained in responding to over 1,300 matters to date. We are encouraged by results that show over 60 per cent of all issues dealt with this year have been resolved informally.

Again this year, many people have reflected on the affirmation they have felt and the improved circumstances they experienced as a result of their dealings with us. There is an obvious benefit in this being the experience of people with a disability and we believe this confirms the value of the practice approaches we have adopted.

In February 2010, as part of our practice to continuously improve and integrate the work of the office, we established the role of Deputy Commissioner, to which Ms Lynne Coulson Barr was appointed. The establishment of the Deputy Commissioner role followed a review of our work in complaints management and processes and in the area of capacity development capability together with promoting practice change. The role provides for specialised expertise and advice in complaint management, dispute and conflict resolution, conciliation and investigation and development of approaches to better promote resolution of complaints.

We already see the benefits of our restructure in the improved integration of our work in core complaints management, education and organisational systems development. We believe these arrangements more appropriately align our responsibilities and further define the nature and direction of our future work.

Of significance, this reporting period takes us to the end of the first term of the inaugural Disability Services Board for which the president, Ms Tricia Malowney provides her own report. Since July 2007 the Disability Services Board has undertaken a significant number of projects to strengthen the complaints management systems within the sector. Board members have brought a diversity of perspectives and valuable advice to my office in the delivery of our role.

I thank Ms Tricia Malowney in her role as President for her leadership, collaboration and collegiate approach to the work of the office. I express



**'...people with a disability are increasingly represented amongst those bringing complaints to my office.'**

our appreciation for this contribution and for the contributions of each board member and I thank them for this. We look forward to the forthcoming appointment of the next board by the Minister for Community Services, and for the further opportunities this will present. I also acknowledge the leadership of the Annual Complaints Reporting Task Group of the Board in developing tools and processes to be used by my office to capture the complaints experience of both service users and providers.

Since my appointment I have visited over 150 disability services providers across the state. This year marked the end of the initial planned-visiting program and I reflect on how much my office has gained from these meetings. I have talked to service providers about their policy platforms, their approaches to service planning, how they dealt with complaints and what they were most proud of. The most evident development in this time is the growing understanding about the value of complaints in service improvement and the increased awareness about the role of this office.

I have greatly appreciated the opportunity to meet with so many providers who welcomed and openly shared with us their experiences and informed the development of our own practice and perspectives. I acknowledge each service we visited for their support and collaboration. We are very pleased to have experienced such willingness to exchange and receive policy and procedural materials and to learn from the commentaries and discussions.

This year I also met with the Commissioner and colleagues from the office of the Health and Community Services Complaints Commissioner in South Australia (SA) and the Chair of the SA Ministerial Disability Advisory Committee and Disability SA, a division of the SA Department for Families and Communities. It was an opportunity to discuss issues associated with the reporting and resolution of complaints in the disability sector across both states, and to be updated on developments in the SA disability complaints system. We were also pleased to have been able to provide our good practice guide to these groups, who expressed interest in this resource.

We have continued to promote the use of the good practice guide and the message *'It's OK to complain!'* throughout the Victorian sector and beyond. We have enhanced our education campaign with the development of additional resources including DVDs, CDs and culture questionnaires. We have been encouraged to see all of these tools identified by providers as useful resources that contribute to complaints handling.

Disability service providers are required by the *Disability Act 2006*, to report each year on the number and types of complaints they received and how they were resolved. As with previous years, in our communications with service providers, I have emphasised the value and significance of Section 105 of the Act as an opportunity to contribute to the body of knowledge available to inform the ongoing development of the disability service system, as distinct from emphasising annual complaint reporting compliance obligations. We are pleased to see increasing levels of contribution and increased compliance from 76 per cent to 81 per cent this year.

In this report I provide, for the first time, an analysis of the responses given by services for their non-compliance with their obligations. I remain concerned about those organisations that are less than fully compliant. We will actively pursue the issue with any providers who may remain non-compliant and will continue to reinforce the value of complaints reporting to the sector as a whole.

We know that complaints tell a story. Complaints can be about adverse events and circumstances experienced by people with a disability and their families. Increasingly, in this year of operation and as we move forward, we will reflect on the evidence and emerging trends that reveal broader systemic implications. These trends are addressed in greater

detail in the body of this report and include, but are not limited to, issues relating to accommodation services, the role of families, children's services, aspects of service provision, staffing and workforce issues and out-of-scope matters.

We are now also in a position to identify some of the systemic causes of complaints and ways in which these might be addressed to achieve better service outcomes for people with a disability. We are pleased to have achieved a high rate of informal resolution of complaints and contributed to positive resolutions and service improvements for the majority of formally considered complaints. We have received positive feedback from people and service providers about our approaches to resolving complaints and the way in which service provision and relationships have improved as a result. While our results are very encouraging I am mindful that not all people who raise issues with my office are satisfied with the outcomes achieved and can remain concerned about various aspects of disability service provision. The feedback we receive from our current evaluation project will be used to further review our practices and develop the ways in which we address the needs and expectations of people who raise issues with us.

Despite the many challenges people with disabilities and service providers face, we are encouraged by contemporary developments that recognise the circumstance of people with disabilities and their place in a civil society. We note the referral to the Productivity Commission to conduct an inquiry into a national long-term care and support scheme looking into the costs, benefits and feasibility of approaches which provide care and support for people with a disability. As disability service providers prepare for the introduction of independent monitoring against the Standards for Disability Services in Victoria, we also note the attention given to quality improvement initiatives and the outcome standards required for provision of high quality services.

We have been pleased to have the opportunity to provide guidance to government about what actions could be taken to ensure a more inclusive and universally accessible society for all people, though our submissions, reports and other opportunities as they emerged this year.

Looking to the year ahead we will maintain relationships and further develop opportunities for exchange of views and experience with other bodies and jurisdictions where we share common interests;

including the Health Services Commissioner Victoria, Department of Health, Department of Human Services, Department of Planning and Community Development, Mental Health Review Board, Child Safety Commissioner, the Public Advocate and the Victorian Equal Opportunity and Human Rights Commission.

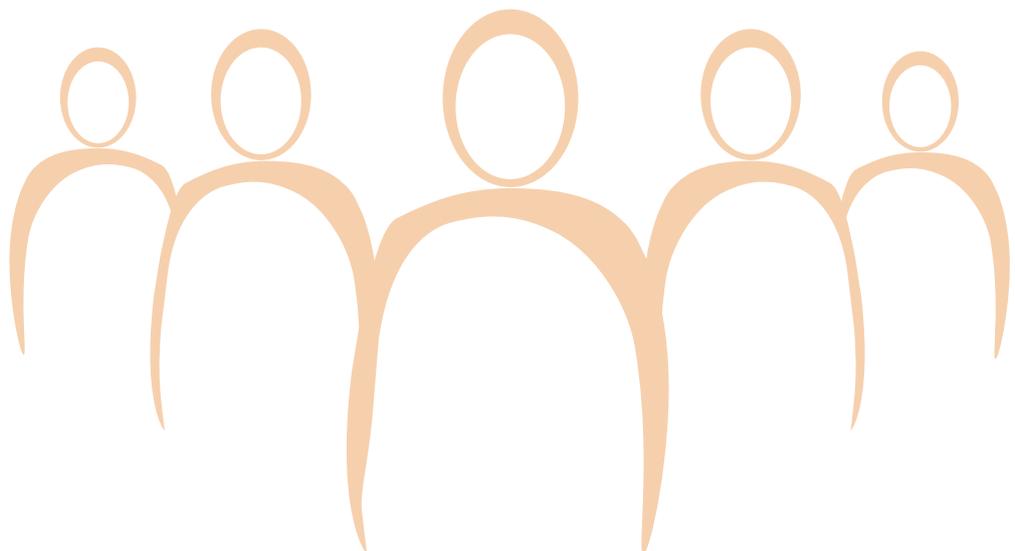
It is particularly pleasing to see that people with a disability are increasingly represented amongst those bringing complaints to my office. We look forward to continuing to create an environment where people with a disability, their family, friends and carers understand and exercise their right to speak up.

We acknowledge and thank the Hon. Lisa Neville, Minister for Community Services for her ongoing support and encouragement of our work which is much appreciated.

Finally I congratulate and thank everyone from the office, former and present staff, for their professionalism, the contributions made during the year and for the spirit and goodwill they bring to the work.



Laurie Harkin  
Disability Services Commissioner



## From the Disability Services Board President

The Disability Services Board has reached the end of its first term, and we are satisfied we have established our role working with the Disability Services Commissioner and his staff.

It is now that the wisdom of including a combination of skills, interests and personal experiences in the composition of the Board is bearing fruit. Our efforts have been enhanced by the participation of Arthur Rogers, Executive Director of Disability Services Department of Human Services, Beth Wilson, Health Services Commissioner and those Board members selected for their particular expertise relating to complaints. I have also been impressed with the willingness of service providers and people with disabilities on the Board to share their experiences in order to look at how we can assist the Commissioner in providing optimum advantage to some of the most vulnerable members of our society.

Not only do we hear reports from the Disability Services Commissioner and his staff, but we also have the opportunity to participate in the development of the work of the office including the review of materials for use by DSC, participation in working parties, round tables, training and forums. I would particularly like to thank Scott Sheppard for the work that he has done in providing his expertise and chairing the Board's Annual Complaints Reporting Task Group.

I like to spend time speaking to people with disabilities about their lives and as another person with a disability, often they are willing to do so. I ask them what they find to be good about their lives, what they find not so good, whether they are happy in how services are delivered and whether they know what to do if they are not happy. I have been encouraged that people are generally happy with what is happening while acknowledging that some have come from situations where any improvement is great. I am also encouraged that many of them know that they now have rights and that *'It's OK to complain!'*

I know that the Disability Services Commissioner shares my enthusiasm for connecting with people with disabilities, and it makes a difference in people's lives to know that the Commissioner really cares. Recently I introduced someone to the Commissioner and when I met that person a couple of weeks later he told me that he had gone back to his house and told his housemates and the staff about 'the person who cared' about them. This is another good example of where a positive difference is being made.

*'I like to spend time speaking to people with disabilities about their lives...'*

I would like to thank the Commissioner Laurie Harkin and the Deputy Commissioner Lynne Coulson Barr for their inclusive approach to ensure Board members are part of the work. The Board wishes to thank Rosie Chiavaro for her passion and her support of the Board and her ability to raise issues in a timely and compelling manner.

Regards,



Patricia (Tricia) Malowney  
President, Disability Services Board



President Tricia Malowney with Hon. Lisa Neville, Minister for Community Services at a meeting at Parliament House.

## About the Disability Services Board

### Board member appointment period

1 July 2007 to 30 June 2010

### Summary of functions

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

### Board members

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

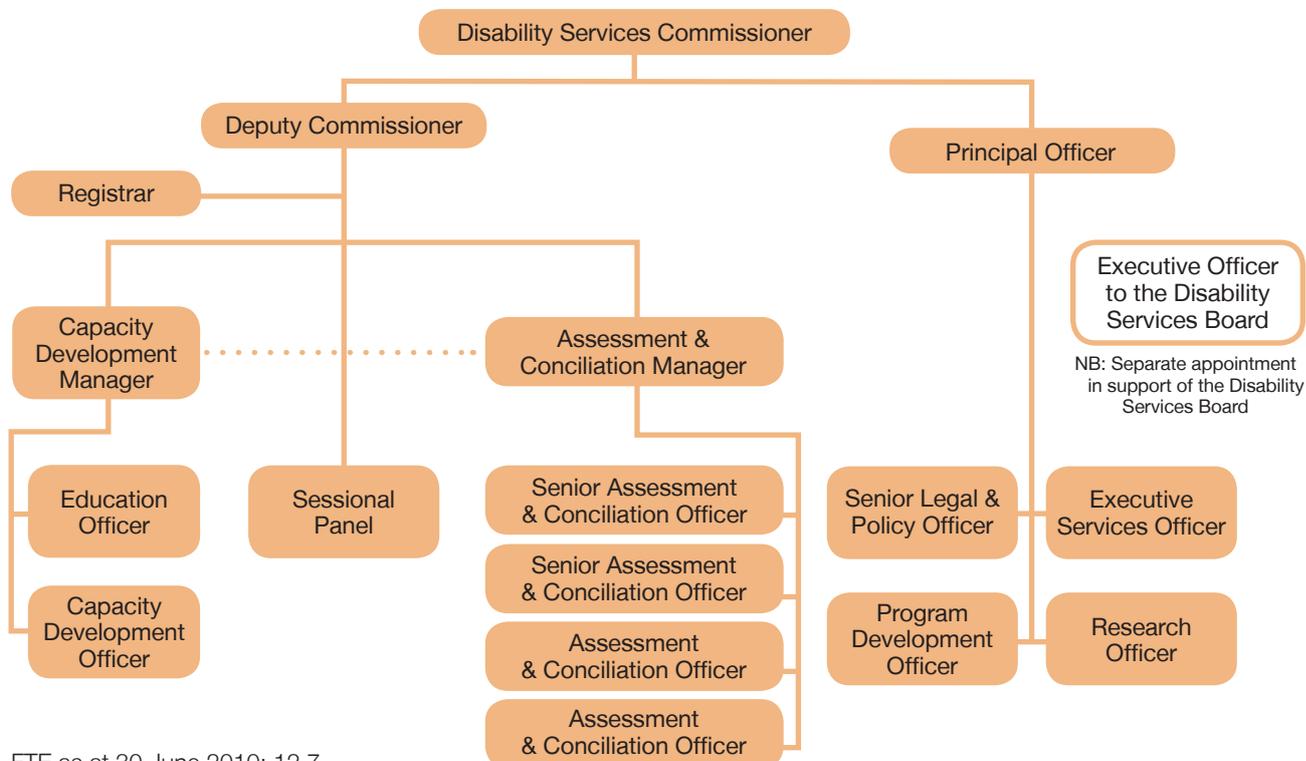
- Ms Aileen McFadzean — Lawyer
- Mr Christian Astourian — Diversity and Disability Coordinator, Policy and Communication Officer, Migrant Resource Centre North West
- Dr Chad Bennett — Clinical Director and Consultant Psychiatrist, the Victorian Dual Disability Service
- Ms Liz Bishop — Project Manager, Disability Strategy, St John of God Accord Inc
- Ms Liz Kelly — Private consultant
- Ms Tricia Malowney — Systemic advocate and member of various boards and committees
- Dr Kevin Murfitt — Lecturer, Deakin University, Chair, Vision Australia
- Mr Arthur Rogers — Executive Director, Disability Services, Department of Human Services
- Ms Jennifer Sewell — Chief Executive Officer, John Curtain Aged Care
- Mr Scott Sheppard — Chief Executive, Uniting Care Community Options
- Ms Beth Wilson — Health Services Commissioner



Front left to right — Aileen McFadzean (Board member), Laurie Harkin (Disability Services Commissioner), Trish Malowney (President), Gill Callister (Secretary, Department of Human Services), Christian Astourian (Board member). Back left to right — Rosie Chiavaro (Executive Officer), Liz Bishop (Board member), Beth Wilson (Health Services Commissioner), Scott Sheppard (Board member), Dr Chad Bennett (Board member), Arthur Rogers (Executive Director, Disability Services), Suzanne Millar (Executive Support), Liz Kelly (Board Member), Jennifer Sewell (Board member). Absent — Dr Kevin Murfitt (Board member)

## About the Disability Services Commissioner

### Our organisational structure



FTE as at 30 June 2010: 12.7

Positions: 15

Number of sessional conciliators/investigators: 8



Front left to right — Carole Grace, Melinda Webb, Ron Tiffen, Jen Jackson-Hall, Anthony Kolmus, Sandra Myerscough, Hugh MacPhee. Back left to right — Dina Theodoropoulos, Rosie Chiavaro, Jo-Anne Mazzeo, Linda Rainsford, Laurie Harkin, Suzanne Millar, Heather Inglis, Christine Krashow, Lynne Coulson Barr.

In February this year, we reviewed our work in complaints management and capacity development and subsequently established the role of Deputy Commissioner. The Deputy Commissioner has overall responsibility for the delivery and integration of the work of the Capacity Development and Assessment and Conciliation teams.

## Our values

### Fairness

We seek to resolve complaints through a fair process. All staff communicate openly and honestly and listen carefully to what all parties have to say about the complaints that are made to us. We will remain objective and unbiased in our approach, making sure we have no conflict of interests. The decisions we make about complaints are based on verified information, rather than speculation or suspicion.



### Respect

The Disability Services Commissioner takes complaints seriously and treats all parties to a complaint with dignity, sensitivity and courtesy. Information is not shared with any other person or agency without the person's permission.



### Rights

We uphold the right of people with a disability to complain about the disability service they receive because they are entitled to receive quality services that support their quality of life.



## Our principles

### Accessible

We ensure we are accessible to people with a disability and other key stakeholders through clear and effective communication methods. We provide easy to understand information that articulates the right to complain, how complaints can be made, who they can be made to, and how complaints to us are handled.



### Accountable

We will aim to achieve our objectives in a transparent manner and will accept responsibility for decisions made by us. We are open to appropriate levels of scrutiny, ensuring any conflicts of interest are disclosed and acted upon. We report on the operation of the complaints process against documented performance standards and ensure that disability service providers are also accountable in this way. We provide clear recommendations for any corrective action that may be required to resolve complaints.



### Excellence

We strive to do our best and continually seek ways to improve the ways we do things. In doing this we also seek to promote a learning culture within disability service organisations, to ensure complaints are considered vital to an organisation committed to continuous improvement.



### Person-centred

We respect and value the knowledge, abilities and experiences of people with a disability and respond to their complaints in a way that suits their particular needs, wishes and circumstances. In fulfilling our role, we try to achieve the best possible outcomes for people with a disability.



### Responsive

We provide timely assistance to people who contact us and keep all parties informed of the progress of complaints. Our responses focus on addressing the issues raised in complaints, and not on assigning blame.



# Summary of our performance

## Key activities, achievements and directions

<b>Annual Complaints Reporting (ACR) Task Group</b>	The task group and specialist research advisors reviewed the methodologies used for collecting, analysing and reporting service provider annual complaints data this year. This resulted in the development of a web-based complaints data-collection tool that will be available to all disability service providers for the next reporting cycle and is soon to be rolled out with education and information sessions. Designed to be user friendly, the new tool simplifies and enhances complaints reporting and better supports the collection and analysis of service provider complaints data.
<b>Communicating and informing via our website — odsc.vic.gov.au</b>	This year we expanded our use of technologies to communicate with stakeholders. We maintained the 'AAA' accessibility rating for our website, which continues to be a popular site for people to access resources and information about how to make complaints. We have recognised social media is an increasingly crucial part of maintaining accessibility and this year established ourselves on Facebook and Twitter to share information about our office. We will continue to explore opportunities to enhance accessibility using social media and other technologies into the future.
<b>Culture questionnaires</b>	We developed culture questionnaires as a tool for services to gain an indication of how well their organisation responds to complaints. The questionnaires consider the different perspectives of organisations, staff, service users and families on the culture that exists in relation to complaints, including 'do you have a culture in your organisation where 'It's OK to complain!'?' The questionnaire links to the relevant sections of our <i>Good practice guide and self audit tool</i> so services can conduct an initial assessment and identify areas of achievement and opportunities for improvement and actions. We are continuing to refine the culture questionnaires as part of our ongoing commitment to the quality of our tools and resources and to ensure relevance and easy use for all stakeholder groups.
<b>DSC newsletter</b>	The distribution and readership of our newsletter increased this year from 500 to around 600 people and services. In conjunction with our broader communication and engagement strategy, our newsletter continues to be a key communication tool that provides opportunities to raise awareness and to establish and maintain different levels of engagement with a range of key stakeholders. On a seasonal basis this year we have provided updates on various office activities, resource information, stories about quality service and complaints.
<b>Education and information sessions</b>	As part of our education strategy this year we conducted information and education sessions with 204 service users, 617 family members and 705 staff and managers from various service providers. More specifically, we worked with service providers to raise awareness of the importance of complaints and assist with reviews of complaints approaches. In addition, we provided assistance to organisations to review policies, procedures and systems for handling complaints and worked with them to link this work to the overall quality improvement activities of their organisation. We have received positive feedback about the value of the sessions, with many participants indicating they have appreciated the opportunity to reflect upon their own experience of both receiving a quality service and raising a complaint.
<b>Enhancing our technologies</b>	We further enhanced our database to capture information regarding complaints and enquiries made to our office throughout the year. The system enhancements have strengthened the capacity of our existing database to provide us with improved user functionality, better access to complaint data, greater opportunities for data analysis, expanded reporting features and the ability to better capture complaint trends and identify systemic issues in future years.
<b>Feedback and complaints</b>	Consistent with our stated values, principles and core business, we have welcomed both feedback and complaints that affirm and further enhance our practice. Our complaint and feedback policy was developed and made publicly available earlier this year and supports our view that 'It's OK to complain!'. It provides us with opportunities to reflect on our own practice and improve what we do and how we do it. An evaluation process was also developed to capture people's feedback on their experience of our complaints process and outcomes achieved. This feedback and a sample of follow-up interviews will inform practice and process improvements in the year ahead.
<b>Good practice guide</b>	The <i>Good practice guide</i> provided an important foundation for capacity development work this year and continued to be a key resource used by service providers to assist them to develop a person-centred complaints management culture and system. We received positive feedback about the usefulness of the guide from here and overseas. Service providers indicated the guide supports them to easily assess and review their performance and informs the development of plans for improving complaint handling approaches. We will continue to use the guide in our ongoing educational work and to assist providers to develop and review their approaches to complaints.
<b>International and national links</b>	As part of our commitment to ensuring we are informed about and familiar with best practice approaches to complaints handling in other jurisdictions, the Commissioner and Deputy Commissioner visited complaints handling organisations in South Australia and the ACT this year, and a joint meeting of Australian and New Zealand complaint managers from statutory bodies dealing with complaints about health and disability services. In addition to the information obtained through these discussions, the visits facilitated development of working relationships we believe will further enhance our work in Victoria.

<b>Product launches</b>	As part of the International Day of People with Disabilities celebrations we launched the 'It's OK to complain!' music CD of Ants Pantz and 'It's OK to complain!' DVD, complete with captions and audio options, at the State Library in November 2009. Both resources can be used to prompt discussions and deliver the message that 'It's OK to complain!' in a meaningful way by people with a disability. In recognition of the diverse needs of people we communicate with, we continue to develop a number of resources including Braille business cards and brochures, larger more accessible fridge magnets, large print brochures, wrist bands, pens, bags, music CD, DVD, an Auslan information clip and online CALD brochures.
<b>Providing information in diverse language</b>	Our office launched 'It's OK to Complain!' CALD brochures as part of the Advocacy Disability Ethnicity Community (ADEC) ArtAbility art exhibition held at Federation Square in December 2009. CALD information is now available (in both hard copy and via our website in both RTF and PDF formats), in Amharic, Turkish, Spanish, Somali, Serbian, Russian, Greek, Macedonian, Khmer, Chinese, Arabic, Vietnamese, Italian, Polish and Croatian.
<b>Media</b>	The Commissioner was interviewed by people with a disability from groups including Raising Our Voices (3CR), and Action for More Independence and Dignity in Accommodation (AMIDA). Similar to previous years with SARU and Yackety Yak, these interviews provided an important opportunity to communicate about the role of our office and for people with a disability to talk with the Commissioner directly.
<b>Our organisational changes</b>	As part of our ongoing review of practices and our aim to further integrate the work of the office, we implemented changes to our organisational structure and established the role of deputy commissioner. This change has facilitated a more integrated and effective approach to our work in the areas of complaint resolution and conciliation, and working with key stakeholders in the sector to promote practice change and to enhance capacity in relation to making and responding to complaints. The arrangements will streamline and further improve our core areas of work and more appropriately define the nature, direction and alignment of responsibilities.
<b>Resolving complaints</b>	<p>We have continued to achieve a high rate of informal resolution of complaints, with about 60 per cent of complaints resolved in the assessment stage, along with significant positive resolutions and service improvements for the majority of formally considered complaints. The number of enquiries and complaints raised with our office increased by 36 per cent to 571 compared to 421 in 2008–09, with a significant increase in responding to enquiries to the complaints line. Consistent with our focus on facilitating the earliest possible resolution of issues, we believe that assistance provided at the enquiry stage has allowed us to help people take complaints direct to service providers or otherwise deal with the matters without the need for a formal complaint.</p> <p>We have received positive feedback from people who have raised a complaint and service providers about our method of responding to complaints and focus on finding ways to reach mutual agreement about how best to resolve complaints. While results are very encouraging we are mindful that not all people who raise issues with DSC are satisfied with outcomes achieved and can remain concerned about various aspects of disability service provision. We will use the range of feedback received to review our practices and further develop the ways in which we can address the needs and expectations of people who raise issues with us. We will also undertake a more detailed analysis of our data and experiences from the past three years to identify further systemic issues and causes of complaints and ways in which these might be addressed in order to achieve better service outcomes for people with a disability</p>
<b>Sponsorships</b>	ADEC ArtAbility is an annual exhibition of artworks created by people with a disability from diverse cultural backgrounds. This year the exhibition was held over seven days in late 2009 at Federation Square. The theme for the exhibition was 'Home' and we were proud to provide sponsorship for this event and support the opportunity for people with a disability to participate, be recognised and have their achievements as artists celebrated.
<b>Staff training and accreditation initiatives</b>	Training has been an important part of our business planning and enabled staff to further develop skills and competencies in areas such as person-centred practices, conflict resolution, complaint handling, organisational development, cultural change and project management. As part of these initiatives, we supported assessment and conciliation staff to receive both core and refresher training in mediation to meet the accreditation standards for the National Mediator Accreditation scheme.
<b>Student placements</b>	We supported two Swedish social work students to undertake a research project on approaches to complaint handling by disability service providers based on a case sample analysis of responses to complaints and written policies and procedures. These students offered valuable insights from their experience of the disability service system in Sweden, and the results of their project will inform future capacity development work.
<b>Supporting disability enterprises</b>	We maintain our commitment to continuing to support purchasing from Disability Enterprises who provide employment and enhance opportunities for people with disability to participate in community and economic life.
<b>Visits to services</b>	The Commissioner visited a further 58 providers across the state this year to learn firsthand about the experience of service users and providers and about their complaints experience. These visits and visits to other jurisdictions in the future will continue to provide opportunities for learning and to share good practice approaches to responding to complaints.

## Protocols and key developments

<b>Department of Human Services</b>	Update and review of protocol initiated June 2010 and will include working arrangements with the Office of the Senior Practitioner.
<b>Office of the Child Safety Commissioner</b>	<p>Update and review of protocol commenced June 2010.</p> <p>Together with the Child Safety Commissioner we met with Children Youth and Families and Disability Services of the Department of Human Services. We put to them concerns expressed to us by a number of service providers, which had also confirmed our own views, about the issues raised regarding placement of children with disabilities in out of home care and child protection programs.</p> <p>Department of Human Services interdivisional review meetings resulted in the development of joint actions articulated in an integrated work plan for Children Youth and Families and Disability Services divisions. The Disability Services Commissioner provided comment on a draft framework that proposes improved outcomes for children with a disability in out-of-home care and stronger working relationships between the community care and disability services workforces.</p> <p>In recognition of the particular circumstances of young people with a disability, the two offices will continue to jointly follow the outcomes from this work and we will support ongoing governance arrangements.</p>
<b>Office of the Public Advocate</b>	Update and review of protocol commenced June 2010.
<b>Victorian Equal Opportunity and Human Rights Commission</b>	Development of protocol initiated May 2010.

## Contributions to inquiries

<b>Parliamentary Inquiry into Shared Supported Accommodation (SSA) for people with a disability and mental health issues.</b>	<p>The Commissioner was invited to provide evidence at a public hearing of this Parliamentary Inquiry. Evidence provided noted that approximately 30 per cent of in-scope enquiries and complaints made to DSC related to concerns about shared supported accommodation. The issues raised in complaints to DSC were summarised and included themes such as access to shared supported accommodation; competing needs and compatibility of residents; quality of support issues in terms of individual needs, choice and community access; capacity to meet specific needs of residents with autism or mental illness; and the level of involvement of families with the service and decision-making.</p> <p>Evidence was also provided about complaints raised in relation to case management or planning for residents with a disability residing in supported residential services (SRS's). Whilst SRS's are out of scope for DSC, in our comments to the departmental review we suggested that there should be an independent complaints body for the SRS sector.</p>
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## Complaints and feedback

<b>Complaints from people who have brought issues to us</b>	Our internal Complaints and Feedback Policy was developed and made publicly available earlier this year. The policy gives us the opportunity to reflect on our practice and continue to improve what we do and how we do it.
What people who have been dissatisfied have said about us and improvements made as a result:	<p>In response to feedback about the information available about our complaints process, we have reviewed the information we provide in our letters, information sheets and on our website. We have reviewed all our correspondence with the aim of providing clearer information about the consents, the information we need in order to be able to assess a complaint and what people can expect from their dealings with us. We will produce new and updated information sheets and website content over the next year.</p> <p>Feedback and suggestions for improvement on all aspects of our processes were sought from people who had made in-scope complaints in 2009–10 and responses received will be analysed and further areas for improvement identified.</p>

## Summary of engagements and activities

<b>Annual general meetings</b>	Able Australia, Housing Resource and Support Services, Uniting Care Community Options, Oz Child, Wallara.
<b>Conferences and forums</b>	Society of Consumer Affairs Professionals (SOCAP) Conference, From Strength to Strength Inaugural NDS-DPV Conference, National Deaf Blind Conference, National Disability Summit, Law Institute Human rights conference, AIJA Non-Adversarial Justice Conference, Passport to Quality Forum, Government Lawyers conference, Transforming Services to Create Better Lives, Having a Say (HAS).
<b>Consultations</b>	Needs and Rights of Children with a Disability Meeting — Child Safety Commissioner, Department of Human Services; Victorian Auditor-General's Office — Health and Human Services stakeholder forum.
<b>Contributions to inquiries and research</b>	Parliamentary Inquiry into Shared Supported Accommodation (SSA) for people with a disability and mental health issues — evidence at public hearing; Monash University ARC Research Project on Human Rights — interview.
<b>Cyclical meetings</b>	Child Safety Commissioner, President Mental Health Review Board, Victorian Equal Opportunity and Human Rights Commissioner, Department of Human Services, Disability Services Divisional Executive, Public Advocate, Senior Practitioner, Inter-Agency Complaint Managers Meeting.
<b>Expos and stalls</b>	Tri-State Games, South West Disability Network conference, Changing Days Expo in Wodonga, Strengthening Disability Advocacy Conference, Awakenings festival, LG Pro Aged and Disability Services Seminar and Disability Support Workers Conference, Mansfield Connect Ability Expo, Eastern Metropolitan Regional Disability Respite Expo 2010, ASSID (disability workers conference), Passport to Quality Forum, Central Access Regional Forum, Colac Disability Network, National Deaf Blind Conference and presentations to 28 providers, families, people with a disability and advocacy services, South West Disability Network Conference, My Future My Way Conference Loddon Mallee, Having a Say Conference.
<b>Functions and ceremonies</b>	Uniting Care Community Options — staff service awards, South Australia — Special Olympics Opening Ceremony, EW Tipping Foundation 40th Anniversary — Government House, Rotary Shine On Awards, Elizabeth Street Common Ground building inspection, Vision Australia i-access project, Australian Sign Language Interpreter Association (ASLIA) — Auslan Interpreter of the Year Awards.
<b>Information and education sessions</b>	Conducted sessions with 204 service users, 617 family members and 705 staff and managers from various service providers throughout Victoria.
<b>Inter-agency training</b>	NSW Ombudsman Training — Hosted workshop for statutory complaints bodies and DSC staff.
<b>Launches — DSC products</b>	'It's OK to complain!' CALD brochures at Advocacy Disability Ethnicity Community (ADEC) ArtAbility art exhibition — Federation Square; 'It's OK to complain!' DVD Launch — State Library of Victoria.
<b>Launches</b>	Department of Human Services policy launch — Statement of principles for children and young people with a disability and their families; Carer Card Launch; Equal Opportunity Law Reform launch.
<b>Liaison meetings</b>	State Services Authority — meeting; Health and Community Services Union (HACSU).
<b>Media engagements</b>	3CR Raising Our Voices radio show — interview.
<b>Other engagements</b>	National Disability Service (NDS) State Board Meeting; Victorian Equal Opportunity & Human Rights Commission — Disability Reference Group; Department of Human Services Barwon-South Western Region — Disability Leadership forum.
<b>Regional visits</b>	Gippsland, Barwon-South Western, Southern Metropolitan, North and West, Hume, Grampians, Eastern Metropolitan, Loddon Mallee.
<b>Visits to other jurisdictions</b>	South Australia (SA) — Health & Community Services Complaints Commissioner and Disability SA; ACT Human Rights Commission — ACT Disability Services Commissioner.

## Promoting rights, change and building capacity

A key focus of DSC's work is to promote the right of people using disability services to make a complaint, and to build the capacity of disability service providers to respond to complaints as an integral part of providing a quality service. Part of building this capacity involves promoting cultural change in people's and organisations' responses to complaints.

As part of our strategic plan we seek to promote changes within the disability service sector so that:

- people with a disability will know that they have the right to complain if they are unhappy with a disability service and know how to make a complaint to get an outcome they are satisfied with
- disability service providers will have effective complaints handling systems in place and will have cultures where people with a disability believe that *'It's OK to complain!'*
- people with a disability will feel that their needs and aspirations are taken seriously by disability service providers and that complaints result in improvements in service quality.

During the past year it has been pleasing to see a growing awareness amongst service users and service providers of both the DSC, and of the relevance of complaints to improving the quality of disability supports. Our office conducted information and education sessions with 204 service users, 617 family members and 705 staff and managers from various service providers. More specifically, we worked with service providers to raise awareness of the importance of complaints and assist with reviews of complaints approaches. We have received positive feedback about the value of the sessions we have conducted, with many participants indicating they have appreciated the opportunity to reflect upon their own experience with quality services and complaining.

### What house supervisors said about our presentations:

*'...Understanding that complaints are an important part of our work...'*

*'It reaffirmed that complaints can have positive outcomes...'*

*'It gave most house supervisors a new idea or more understanding about responding to complaints...'*

*'...that it's OK to complain!'*

As the sector prepares for the introduction of independent monitoring against the Standards for Disability Services in Victoria, we have worked with people using services, their families, carers and service providers to promote the fact that making and responding to complaints is an inherent part of delivering a quality human service, particularly given the trend towards person-centred and self-directed supports. An important part of our work has been a continued focus on reducing 'labelling' and apprehensions associated with both making a complaint and being complained about. This is so people can see complaints for what they are — an opportunity to improve the service being provided and through this, further enhance each person's quality of life.

We continue our work in a variety of ways to continue to promote people's right to complain and to build the capacity of the Victorian disability service sector to respond to complaints. Through the many information and training forums we have conducted and the ongoing development of resources to assist in our work (for example: the culture questionnaires, Antz Pants DVD and publication of our brochures in 15 community languages) we have continued to raise people's awareness of the importance of complaints and their capacity to make the most of the opportunities complaints present. An outline of some of our key education and information resources are provided in this report.

As part of our ongoing review of practices, we are updating our Communication and Stakeholder Engagement Strategy to reflect our learnings to date and to ensure the ongoing relevance and effectiveness of the messages and strategies that underpin our work. Through implementing this strategy and continuing to develop a range of resources, we seek to promote the right to complain and a quality culture within the Victorian disability service sector, where people with a disability are listened to and better service outcomes are delivered.

## Our education and information resources

### **'It's OK to complain!' DVD and CD**

'It's OK to complain!' presents a number of short stories (based on actual complaints received by the office) that show how people who were unhappy with their service spoke up. The DVD includes captions and audio options and is set in chapters so smaller sections can be used to promote discussion.

The DVD features Ants Pantz performing their song 'It's OK to complain!' which is also available on CD. Importantly, this project recognises the added value and meaning of having people with a disability delivering the message that 'It's OK to complain!'

There are four stories that run from five to ten minutes and one song 'It's OK to complain!'. Each story on the DVD can be viewed or presented separately. There is also a documentary segment which is a behind the scenes look at how the script was developed, and the rehearsals leading up to the performance at the Having a Say (HAS) conference.

The DVD can be useful for advocacy groups and service providers to help promote discussion with service users about the importance of speaking up if they are unhappy with their service.

### **Culture questionnaires**

This is a resource available to assist service providers in developing and reviewing their complaint management systems and cultures. It is designed to assist disability service providers to assess the extent to which a culture exists in their organisation where 'It is OK to complain!'.

There are questionnaires for use by service users, families and staff so that different perspectives on the culture can be ascertained. The surveys have specific references to the relevant sections of the *Good practice guide and self audit tool*, so that organisations can use the guide informed by the results obtained from the questionnaires.

#### **What service provider staff said about the 'It's Ok to complain!' DVD:**

'The DVD of David and Zoe was really great'.

'The Ants Pantz video was fantastic!'

'Great to see a DVD done for a learning purpose and not tokenistic in the involvement of people with a disability!'

Some service providers have chosen to use the questionnaires as a way of providing an initial sense of the complaints culture that exists in their organisation, often finding the results both interesting and at times surprising. The questionnaires are designed to provide services with the ability to identify specific training and development needs and areas for system improvement.

### **Quarterly newsletter**

Our quarterly newsletter provides regular updates about the work of the Disability Services Commissioner and is an important source of ongoing communication with service providers and other stakeholders.

A regular feature of our newsletter is the provision of information about where people can take complaints about other services. This is in recognition of the significant number of calls our office receives about the range of other areas of concern for people with a disability.

### **'It's OK to complain!' brochure**

This brochure outlines the role of the Commissioner; who can complain and what a complaint to the Commissioner can be about. Available on the web and in 15 languages.

DSC also has information in accessible formats including plain English, large print, Auslan, Braille and audio.

Malcolm is a 25-year old man with an intellectual disability. He was not happy with his individual support plan, as he wanted to go swimming every week instead of once a fortnight as set out in his plan. Malcolm's advocate Sarah submitted a complaint on his behalf on the basis that Malcolm's plan was not up to date as it had not been reviewed for three years and did not reflect his current interests. The service provider's response to the complaint indicated that they were not aware that Malcolm wanted to go swimming more often and they offered him individual support for two hours every week so he could go swimming. The service provider acknowledged they had not reviewed Malcolm's individual support plan and provided an apology. They then made arrangements to support Malcolm to follow his interests and improve his quality of life.

### **Good practice guide and self audit tool**

This guide and self audit tool has been developed to assist disability service providers to develop an effective person-centred complaints management culture and system and to review their complaints management system to ensure that it is:

- responsive and accessible to people with a disability
- forms part of a broader quality culture that sees complaints as an opportunity for service improvement.

Through the use of the self audit tool, together with other processes, disability services can assess the extent to which their systems and culture promote an environment where service users feel that 'It's OK to complain!', and identify any improvements that need to be made.

### **Making a complaint information sheet**

This is a fact sheet outlining:

- what a complaint to the Commissioner can be about and the complaints process
- who can complain
- what information is needed
- what outcomes can be achieved.

### **Disability service providers information sheet**

This is an information sheet for service providers outlining:

- their complaints management obligations under the *Disability Services Act 2006*
- the role of the Commissioner
- who can complain
- what a complaint to the Commissioner can be about and the complaints process.

#### **What services said about our visits:**

'We felt it was a useful and informative visit to exchange ideas and we look forward to receiving your email updates'.

'Thank you for your support and encouragement. It was a pleasure to host the Commissioner'.

#### **What services said about our training and education sessions:**

'The training was really clear and comprehensive and demonstrated the opportunity complaints present for improvements and the important role of organisational culture in relation to this'.

'A good reminder of the importance of accepting complaints with an open mind'.

'The notion of a complaint being an 'aid' towards service improvement rather than a criticism'.

'...funny cartoons'.

'Most useful — understanding that complaints can be /are a good thing and understanding that I need to view a complaint as one of the four in 100 that has bothered to contribute to improving a service'.

'Increased my confidence in being able to respond to complaints'.

'Useful to help us think of complaints in a more positive way and quite an interactive session!'

'It was interesting [realising] people's first attitude to receiving a complaint'.

'Most helpful — activity where we stood up and spoke about own experience with complaints. Shows how users of our service may feel'.

'I found really valuable the reasons why people do not make complaints'.

**What people with a disability, their families, and carers found helpful from our information sessions:**

‘People don’t know what is wrong unless I tell them’. Person using disability services.

‘I can have a friend help me when I want to complain’. Person using disability services.

‘It is good to tell my worker when she does things that I like’. Person using disability services.

‘It is good to know to always state the outcome you are seeking when making a complaint’. Parent.

‘I now know that I should complain when something goes wrong as it gives the service an opportunity to fix the issue. If I say nothing it may happen to someone else as well’. Parent.

‘Sometimes I feel my provider does not listen. So it is good I can call your office’. Parent.

‘The forum was pitched at the right level for the families and carers and the questions asked at the information session helped to highlight the issue that many parents or carers are scared to complain in case they lose services’. Parent.

‘Definitely good to know that there is a system of support in place which is there to help if we ever need it. Also important to know that each organisation is required to have a complaints system which should be used first before referring to the Commissioner’. Parent.

Carol contacted DSC to discuss the implications of an event which had occurred while her daughter was on a camp. The camp was promoted as a getaway for women with a disability. Carol’s daughter had been looking forward to the camp’s activities and a break away from her group home. An incident occurred while on camp and Carol’s daughter was sent home. Carol raised concerns about a lack of supervision for her daughter and a change in the program which meant that it was not a women’s only camp. DSC checked the register of disability providers and informed Carol that the organisation was not a registered disability service provider. This meant that DSC was not able to deal with the complaint. DSC was able to inform Carol that the organisation was a registered travel agent and therefore her complaint could be taken to Consumer Affairs and was provided with information about how to do this.

Susan called with concerns about an organised holiday that her brother Bill went on with other people with disabilities and a number of carers. While on the holiday, Bill was given a large sum of money by the venue staff while at a casino to spend on gambling. Upon his return home, the casino manager contacted Bill’s sister, as his administrator, and requested payment of the monies lent to her brother for use in the casino. Susan wanted to complain about the duty of care of the casino staff, and how her brother was given money to gamble without her knowledge. She was also having difficulty contacting the venue manager and finding the right person to resolve the issue with. As the complaint was out of scope for the Disability Services Commissioner, DSC staff assisted Susan by finding information about the company’s complaints process and also advising her of the option of making a complaint to Consumer Affairs. Susan was extremely satisfied with the assistance she received from DSC and expressed her gratitude in a follow up email.

## Resolving complaints

### Complaints to the Commissioner

Complaints can improve things! Making a complaint can be an empowering experience for people with a disability. It affirms their right to raise concerns about services they receive and to feel heard and respected. For service providers, complaints are an opportunity to hear from the people being supported by their service and their families, to learn more about what is important to those people and to improve services and communication for the future.

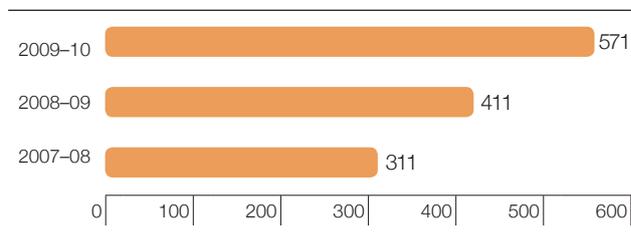
We assist people who have found it difficult to complain to their service provider, as well as those who have tried to complain but not received a satisfactory outcome in response to their complaint. Consistent with the emphasis of the *Disability Act 2006*, we try to resolve complaints at the earliest possible point between the person making the complaint and the service provider. Our focus is on what is important to and for the person receiving the service, and we seek to involve them in the process as much as possible.

Many complaints include misunderstandings or examples of poor communication. Some complaints need to be understood in the context of a long-term relationship between the person receiving the service, their family and the service provider. For some relationships there may have been years of ongoing tension and low levels of trust which need to be addressed in order to find a resolution to the complaint. No matter the cause or circumstances of the complaint, our approach is to be fair, independent and to treat people with dignity and respect. We find that the most effective resolutions of complaints come when people are prepared to work together and focus on improving the current situation and their communication with each other.

### Overview of enquiries and complaints

There has been a significant increase in the total number of enquiries and complaints made to DSC in 2009–10, following a similar increase in 2008–09.

Figure 1: Total number of new enquiries and complaints<sup>1</sup>



<sup>1</sup> This excludes the 24 complaints that were carried forward from 2008–09.

Figure 1 shows that the overall number of enquiries and complaints made to DSC increased from 421 to 571 (an increase of 36 per cent) between 2008–09 and 2009–10. This follows a similar increase (35 per cent) in the number of enquiries and complaints from 311 to 421 in the previous year.

- The number of enquiries and complaints to DSC in 2009–10 increased by 84 per cent from 2007–08.

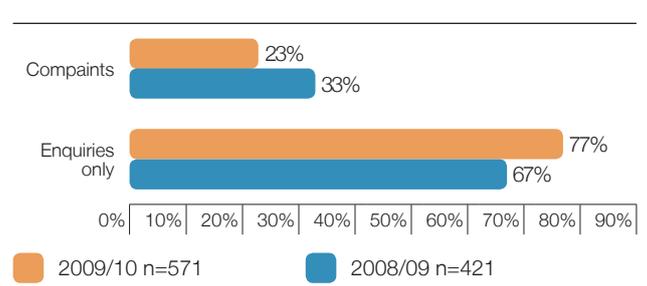
### Breakdown of new enquiries and complaints

Seventy-seven per cent of new enquiries and complaints raised with DSC (or 438 matters) were handled as enquiries, compared with 23 per cent (133 matters) which were assessed and handled as formal complaints. There was an increase of 10 per cent in the proportion of matters handled as enquiries compared to matters handled as formal complaints in 2009–10 compared with 2008–09.

The trend of increasingly dealing with matters raised with DSC as enquiries rather than formal complaints can be attributed to an ongoing focus on assisting callers and service providers to deal with issues at the earliest possible stage, as well as an increase in the number of enquiries about matters which are out of scope, (not in the jurisdiction of DSC), (see Figure 3).

Assisting people at the enquiry stage can involve several contacts and includes provision of information and referrals (69 per cent), contacting the provider to facilitate the person making the complaint (19 per cent), resolving the issue without the need for a formal complaint (five per cent) or other forms of assistance (seven per cent). People making enquiries to DSC are often uncertain about how to raise their concerns with their service provider. The time spent with callers on clarifying their issues and talking through how they can raise their concerns directly with the service provider is an important feature of our work and promotes early resolution of complaints.

Figure 2: Breakdown of new enquiries and complaints (Percentage of new complaints in 2009–10)

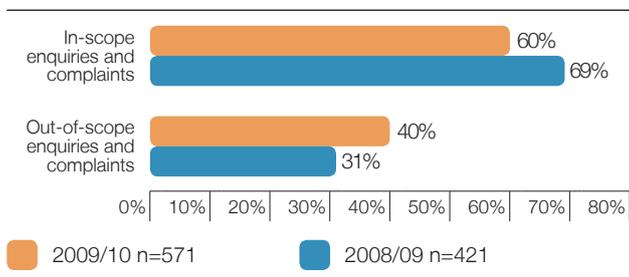


## Complaints to the Commissioner

### 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 complaints and enquiries that were made to DSC that were out of scope increased from 31 per cent in 2008–09 to 40 per cent in 2009–10 (see Figure 3).

Figure 3: Out-of-scope enquiries and complaints (Percentage of new enquiries and complaints in 2009–10)



- The proportion of out-of-scope enquiries and complaints enquiries and complaints to DSC in 2009–10 is now double the corresponding figure in 2007–08 (20 per cent).

The increase in out-of-scope enquiries over the last two years can be attributed to the capacity development and education work of DSC which has sought to increase awareness of the office. In promoting the work of DSC with people with a disability, we acknowledge that it can be difficult to know where to take a particular issue and therefore encourage people to make contact with our office if they have a concern and are not sure how it might be addressed.

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. The most common reason for an enquiry or complaint being out of scope is that the service is not a disability service (54 per cent) or the service is a Commonwealth or Home and Community Care (HACC) funded disability service (17 per cent). Examples of out-of-scope enquiries and complaints include issues experienced by people with a disability in relation to employment services, education, transport, health, legal and financial administration services.

Over the past year we have also observed a growing number of enquiries and complaints about state-funded disability services provided by non-registered providers (17 per cent). 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 legislation therefore does not afford the same protections and access to complaint resolution to people receiving services from non-registered disability service providers. These issues have been highlighted with the Department of Human Services and options for addressing this situation were under consideration as at 30 June 2010.

The remaining 12 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.

### Overview of outcomes for enquiries and complaints

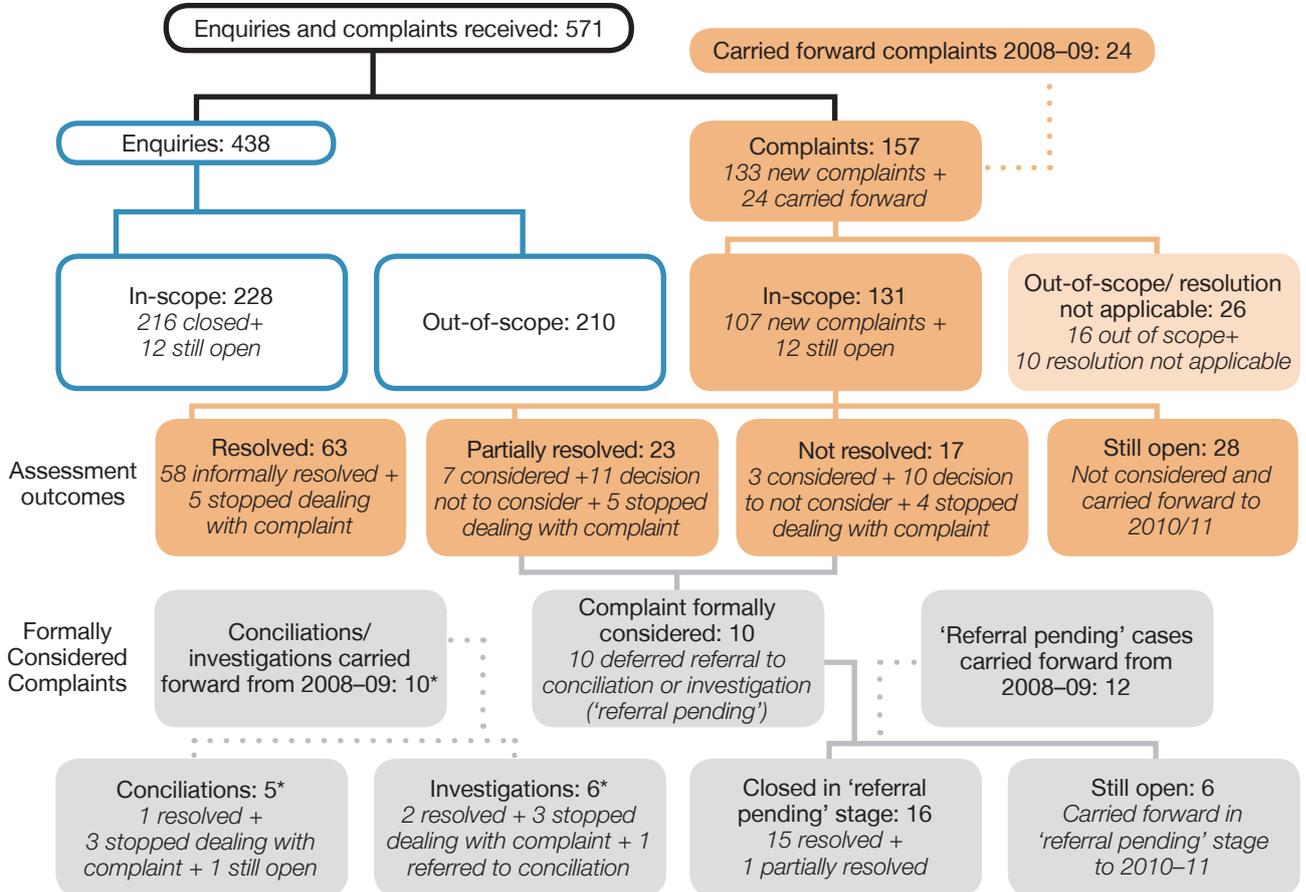
The majority of matters brought to DSC in 2009–10 were handled as enquiries or complaints within the 90-day assessment period allowed under the Disability Act, with the focus being the earliest possible resolution of issues.

Consistent with this focus, the outcomes for complaints at each stage of the DSC complaints process are recorded in terms of whether the complaint was *resolved*, *partially resolved*, *not resolved* or *resolution not applicable*. Examples of complaints assessed as 'resolution not applicable' include complaints that were withdrawn or where other circumstances prevented the assessment of the complaint.

Under the Disability Act, complaints can be informally resolved by agreement, or a decision made to stop dealing with the complaint, to decline to consider the complaint or to formally consider the complaint. 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 consider may still be partially resolved in the assessment stage and these outcomes are recorded over the page in Figure 4.

## Complaints to the Commissioner

Figure 4: Enquiries and complaints 2009–10



\* The five conciliations include one referral from investigations. This referral was an investigation and a conciliation in 2009–10 (but only counted once in the total of 10 cases).

A decision to formally consider means that a complaint may be referred to conciliation or investigation. This referral may however be deferred to allow further opportunity for the complaint to be resolved by agreement, as occurred in the small number of complaints which were formally considered in 2009–10 (10) as shown in Figure 4.

### Assessment outcomes

Most of the complaints that were in-scope in 2009–10 were resolved in the assessment stage, similar to the previous year. Figure 5 shows that:

- sixty-one per cent of in-scope complaints were resolved at the assessment stage in 2009–10, similar to the 59 per cent in 2008–09. These were either informally resolved by agreement, or resolved and DSC stopped dealing with the complaint due to no further action required

- ten per cent of complaints (10 complaints) were formally considered, down from 16 per cent in 2008–09
- in the remaining 29 per cent of cases, there was either a decision to not consider the complaint (20 per cent) or to stop dealing with the complaint (nine per cent).

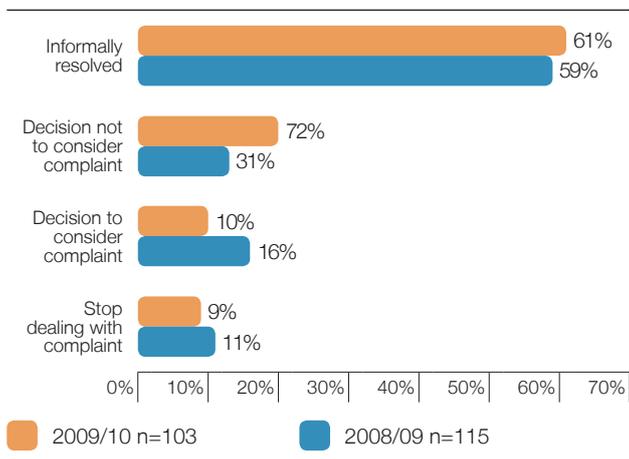
The continued high share of informally resolved complaints means that most people bringing issues to DSC were satisfied that their concerns had been acknowledged and agreement reached with the service provider on how to address these concerns, without the need for the Commissioner to formally consider the complaint. Consequently a smaller proportion of complaints were formally considered by the Commissioner. For these formally considered cases, the majority were partially resolved in the assessment stage and a decision was made that more time was required in order to enable further steps to be taken to resolve the remaining issues.

## Complaints to the Commissioner

### Complaints resolved in the assessment stage

The proportion of in-scope complaints<sup>2</sup> resolved in the assessment stage (61 per cent) was fairly similar to 2008–09 (59 per cent), following a sharp increase from the previous year (22 per cent). The continued high share of complaints that were resolved informally reflects a range of practices that promote early resolution of complaints as well as continuing awareness and willingness of service providers to engage in these processes (See Figure 5).

Figure 5: Outcomes for in-scope complaints (Percentage of in-scope complaints that were closed in 2009–10<sup>3</sup>)



### Decisions to consider complaints

Of the total 10 complaints formally considered by the Commissioner, decisions were made in all 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. Seven of these complaints had been partially resolved during the assessment stage. Six of these complaints were resolved in the 'referral pending' stage without the need for referral to conciliation or investigation, whilst four were carried forward for consideration in 2010–11. (See 'Outcomes for referral pending complaints').

<sup>2</sup> 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 2010. Examples of complaints assessed as 'resolution not applicable' include complaints that were withdrawn or where other circumstances prevented the assessment of the complaint.

<sup>3</sup> These statistics include the outcomes of 24 complaints carried over from 2008–09 and exclude the complaints that were out of scope or resolution not applicable (26) and complaints that were still open as at 30 June 2010 (28).

### Decision not to consider or to stop dealing with complaints

The proportion of complaints where it was decided not to consider the complaint or to stop dealing with the complaint that was not resolved, increased from 24 per cent in 2008–09 to 29 per cent in 2009–10. These decisions were generally due to an assessment that the issues raised had been substantially addressed and no further action was warranted by DSC, or that circumstances had changed and the complainant did not wish to pursue the complaint. Whilst decisions were made to close these complaints, the issues in just over half of these complaints were partially resolved through actions such as the provision of acknowledgement and information by the service providers.

### Outcomes for 'referral pending' complaints

In the last reporting period decisions were made to defer the decision to refer a number of complaints to conciliation or investigation in recognition that steps were being taken to address the complaint issues and to allow further opportunity for the complaint to be resolved through agreed actions with the service provider and facilitation by DSC. 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'<sup>4</sup>.

DSC has found the creation of a 'referral pending' stage has enabled a range of options for resolution to be developed, to address specific needs and situations, such as complaints lodged by groups of residents. During the 'referral pending stage' DSC works actively with all parties to identify steps and actions to resolve the complaint issues. This stage has often been used to allow time for reviews, assessments and person-centred planning to be undertaken to address or clarify issues raised in the complaint. It has also been used where the service provider needs time to try to change a process or requirement that is not directly under its control. Where the service provider and complainant agree that there is merit and a good chance of success if more time is allowed, then the 'referral pending' stage gives DSC a chance to assist a resolution process that strengthens the relationship between the person making the complaint and the service provider.

<sup>4</sup> Section 117(3) of the *Disability Act 2006*

## Complaints to the Commissioner

A total of 22 complaints (10 new and 12 carried forward from 2008–09) were dealt with in 2009–10 as referral pending complaints. Fifteen of these complaints were resolved, one partially resolved and the remaining six were carried forward into 2010–11.

Of the 15 complaints resolved in this stage, 12 involved issues relating to relocation decisions for residents living in shared supported accommodation. The resolution of these complaints was achieved through processes which enabled the service provider to fully understand the needs and wishes of the residents concerned, to identify alternative options and implement person-centred approaches. The outcomes achieved were significant for the residents and affirmed their right to speak up about decisions affecting them. There were also significant learnings for the service providers in terms of approaches to decision making and person-centred and transitional planning. DSC's approach to these complaints highlighted the principles of the Disability Act which recognise the rights of residents to exercise control and actively participate in decision making that affects their lives and the requirement for disability services to be flexible and responsive to individual needs and, as far as possible, to be provided in such a way that people need not move out of their local community<sup>5</sup>.

### Conciliation outcomes

Only five matters were in conciliation during 2009–10, down substantially from 23 in 2008–09. Four matters were conciliations carried forward from 2008–09 and one matter was an investigation from 2008–09 which was referred to conciliation. This matter was still open and carried forward for consideration in 2010–11.

- One was fully resolved through this process
- DSC decided to stop dealing with three complaints due to a change of circumstances, legal proceedings on the matter or because further action was not warranted.

The reason for this significant decline in conciliations in 2009–10 reflects DSC's development of a range of practices that promote early resolution of complaints in the assessment stage, including assessment conferences, together with the development of individualised approaches to complaint resolution in the 'referral pending' stage. DSC's primary use of this 'referral pending' stage for formally considered

cases in 2009–10 has enabled continuity of steps being taken to resolve the complaint from the assessment stage and resulted in the majority of these cases being resolved by agreement between the parties. DSC will continue to develop a range of flexible models of complaint resolution, including conciliation models, to address the diverse issues and needs of participants in the complaints brought to DSC.

### Investigation outcomes

No new complaints were referred to investigation in 2009–10. This is consistent with DSC's focus on working with complainants and service providers to reach shared understanding of complaint issues and agreement on how to address them. Of the six investigation cases carried forward from 2009–10:

- two joined complaints were resolved through actions taken by the service provider and responses to preliminary findings
- one complaint has been referred to conciliation following completion of preliminary findings
- DSC had to stop dealing with the investigation of three joined complaints due to related legal proceedings and subsequent attempts to resolve the matter. Options for recommencing dealing with this matter are under consideration.

All investigations conducted by DSC have been undertaken in the context of disputes around the facts and circumstances surrounding the complaint issues (all pertaining to shared supported accommodation arrangements) and a history of long standing concerns. The focus in each of these matters has been to identify opportunities for resolution and service improvements. Consistent with this aim, substantive changes and attempts to resolve the identified issues have been made by the service providers involved in these investigations.

#### About assistance with an out-of-scope complaint:

*'Thank you for your assistance. I am most grateful. I appreciate the time and effort that you have put into hearing my concerns, giving an answer promptly and pointing me in a worthwhile direction.'*

*'Thanks for the info. Very helpful.'*

<sup>5</sup> Sections 5(2)(d), 5(2)(e) & 5(3)(b) & 5(3)(f).

## Complaints to the Commissioner

Simon made a complaint to DSC about his daughter Sophia's day service provider not following through on concerns about a therapy program. When Simon tried to complain he felt that the service provider did not address his concerns. In assessing the complaint, officers from DSC discovered that while the original complaint issues had been acknowledged and explanations provided, there was a high level of distrust between Simon and the service provider. This distrust had escalated to the point where there was very little communication possible about services for Sophia. DSC officers worked with Simon and the day service provider to understand how the conflict had escalated and why the original complaint was not considered further. DSC provided advice about what both the service provider and Simon could do to improve their ongoing relationship and to work in partnership to achieve positive outcomes for Sophia.

### What services have said about their experience with our processes:

'The assessment conferences have been particularly helpful'.

'The relationships between a family member and managers have been able to shift in a positive direction since the assessment conference'.

'The real value of the involvement of DSC in complaints has been to make us stop and take another look at several important issues'.

'The process really helped the residents to speak up for themselves and say what they wanted.'

### What an advocate said about an assessment conference:

'... learnt a lot ... not been in this type of process before. The provider shared more details ... appreciated [the DSC officer] naming some of the unsaid things ... before this they were not really (been) getting to the emotion and honesty of how they were feeling and therefore not really moving forward.'

### About outcomes achieved:

'The DSC officer listened after I had a very bad experience with a service provider and found the best way to present the issues for me. This resulted finally in an agreement that will prevent this occurring again for me and others'. Person with a disability.

'My [family member] is now in a house and day program more suited to [person] needs and staff are able to respond to [person] mental health issues. Many positive changes have been achieved. I can now see [person] having an excellent quality of life'. Family member.

'I did not get the decision I wanted at first, but DSC action resulted in a detailed letter from the service and discussion of issues that I would not have got myself. This was very helpful'. Parent.

'The office mediated the best possible outcome given the contemporary practices of disability services. The assessment officer was able to gain a commitment for a review of processes'. Staff member.

The ODSC did all they could to assist us but we would like to see more monitoring of poor practice in disability services. We moved our child but that does not help other people'. Parent.

### On how their relationship with the service provider has changed since the complaint:

'Improved. There has been increased consultation and more information provided to us'. Parent.

'I am going to be part of making decisions... Not like before....we were all upset about being told to move..... I know who to speak to now and what is happening...' Person living in shared supported accommodation.

'I was able to have a great meeting with the case manager. I felt like royalty from the way I was treated by the staff when I went into their office'. Parent.

'We do have new issues however I am hoping that these will be resolved without going through the complaints process'. Parent.

## Complaints to the Commissioner

### Resolutions

#### How complaints were resolved

A continued focus of our work has been the development of a range of flexible approaches to promote the resolution of complaints. Figure 6<sup>6</sup> shows that the three most common ways that complaints were resolved in 2009–10 were through service providers giving information or explanations to answer complainant's questions (59 per cent), acknowledging the views and issues of the person making the complaint (49 per cent) and agreements on actions to address issues (46 per cent). In many cases a combination of these and other solutions were used to resolve complaints.

Other common ways of resolving complaints included the provider arranging meetings or reviews with the person making the complaint and/or the person using the service (36 per cent) and the resolution of communication issues or misunderstanding between the service provider and the person making the complaint (30 per cent).

This figure also shows that a broad range of other actions that were taken to resolve complaints in 2009–10, including over 15 per cent of resolved complaints involving DSC coaching of parties on ways to approach resolution of the complaint (20 per cent), services offered or provided (20 per cent), change to the way services are provided (17 per cent), DSC facilitated meetings or conferences (17 per cent), or the provision of an independent assessment or reviews relating to the complaint issues. We believe that bringing people together at 'assessment conferences' or facilitated meetings to discuss the complaint issues and find solutions together, can produce significant outcomes in terms of improved relationships and service improvements.

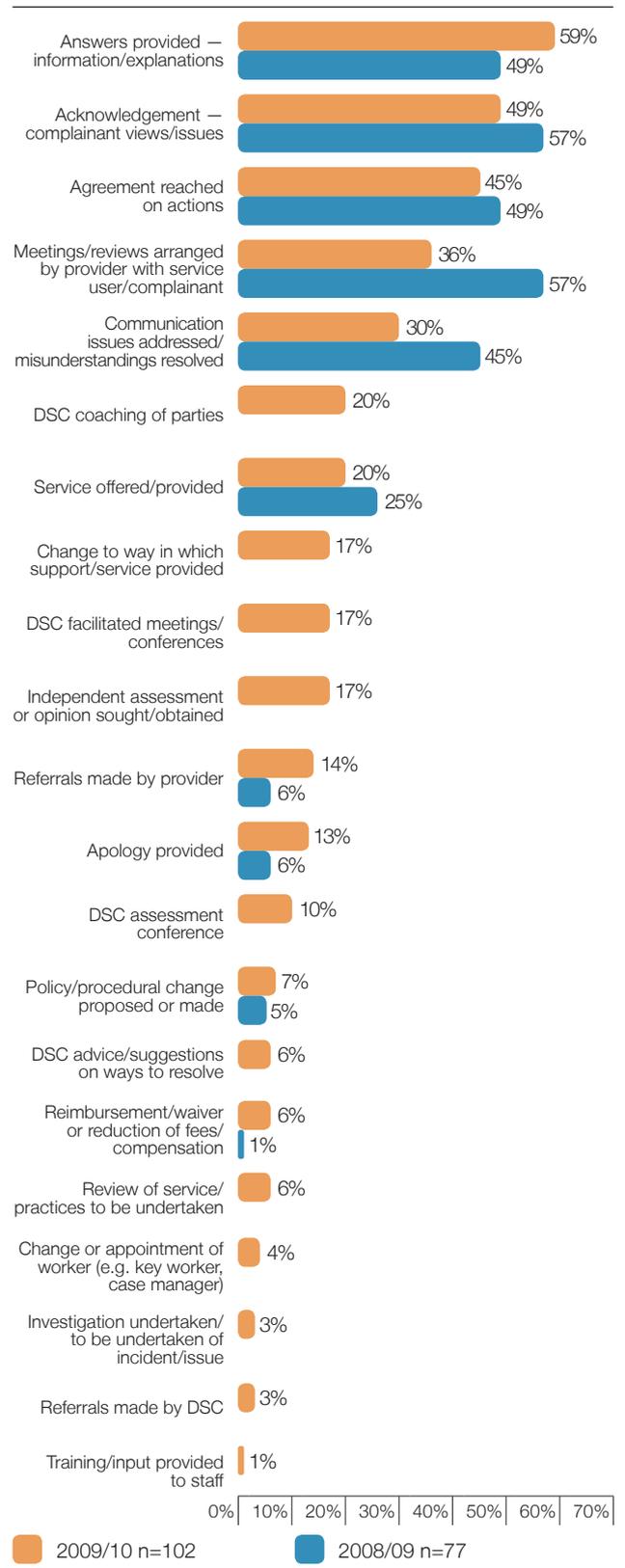
While the top five ways that complaints were resolved in 2009–10 were the same as in 2008–09, there has been a change in their relative importance. An increased proportion of complaints were resolved by providers giving an explanation or information

<sup>6</sup> These statistics are calculated by combining outcomes for complaints resolved in either assessment, referral pending, or conciliation and were not included in this format in the 2007–08 annual report. These statistics include multiple responses, and hence the percentages reflect the frequency of particular actions or ways in which complaints were resolved.

\* The categories used to record the way complaints were resolved were expanded between 2008–09 and 2009–10 and there was a change in the wording of the category 'meetings/reviews arranged' that was used in 2008–09 to specify that these meetings were organised by the provider.

<sup>7</sup> These statistics exclude the one conciliation that was still open as at 30 June 2010.

Figure 6: Ways complaints resolved\* (Percentage of complaints resolved at assessment, referral pending and during conciliation, multiple ways of resolving complaints can occur<sup>7</sup>)



## Complaints to the Commissioner

to answer complainants' questions (from 49 per cent to 59 per cent), while there was a decline in the proportion of complaints resolved by meetings being organised by the provider (from 57 per cent to 36 per cent) and communication issues being addressed or misunderstandings resolved (from 45 per cent to 30 per cent).

- These declines should, however, be interpreted with caution because of changes in the approach to recording the way complaints were resolved in 2009–10<sup>8</sup>.

The other significant changes that occurred in the way complaints were resolved between 2008–09 and 2009–10 were increases in the proportion of complaints that were resolved by providers either referring people to other services (from six per cent to 14 per cent) or providing apologies to the person making the complaint and/or the person using the service (from six per cent to 13 per cent).

The categories used to record the way complaints were resolved were expanded between 2008–09 and 2009–10 and there was a change in the wording of the category 'meetings/reviews arranged' that was used in 2008–09 to specify that these meetings were organised by the provider.

### About assessment conferences:

*'They [the service] acknowledged the issues like they had not done previously. We were able to focus on the improvements and make plans for ongoing communication between our family, the house and management'. Family member.*

*'Usually I am a clear, articulate person, but I find trouble in meetings when emotion and anxiety about my son take over. It was so important to have two people from the DSC at the meeting to mediate. Everyone had an equal chance to speak and the results were as good as we could get then, as it is a continuing process'. Parent.*

### On what worked well in the complaints process:

*'Initially having someone to actually acknowledge that I had a problem. It was then helpful to have an official body approach the service provider and confirm that the grievance was justified'. Parent.*

*'Just being listened to and taken seriously'. Person using disability services.*

*'Speed of response to the complaint. Mediator role of the DSC. Focus remained on the central features of the complaint'. Staff member.*

*'Communication, respect and compassion. [The officer] understood [my] concerns... identified relevant issues.... made communication easier....helped generate options to resolve the complaint'. Parent.*

*'The assessment officer was able to maintain a clear focus on the main points of the complaint and the communication was articulate and helpful'. Parent.*

*'I was given reasonable opportunity and time to place some clarity around my concerns for the health and wellbeing of the client group'. Staff member.*

*'I liked that they spoke to me. ...They wanted to know what I felt — not just ask my family.... They meant it when they asked me about things'. Person using disability services.*

*'The letters were sent to me and the meetings were arranged with me not staff'. Person living in shared supported accommodation.*

<sup>8</sup> The current option 'meetings/reviews arranged by provider with service user/complainant' did not previously specify who organised these meetings and may therefore have included meetings and reviews arranged by DSC (which would now be recorded under the new category 'DSC facilitated meetings and conferences'). A number of new categories were also included in 2009–10 to better measure the ways that complaints are resolved. This may mean that actions previously recorded under more general categories (such as 'communication issues addressed/misunderstandings resolved') may now be recorded in one of the more specific categories.

## Complaints to the Commissioner

### Types of services and issues

#### Service types

Enquiries and complaints in 2009–10 were made about a range of service types, in similar proportions to 2008–09<sup>9</sup>. Shared supported accommodation continued to account for the greatest share of in-scope enquiries and complaints (39 per cent) followed by case management (17 per cent) and individual support packages (15 per cent). Day programs (10 per cent) and respite (eight per cent) were the other service types that accounted for over three per cent of enquiries and complaints.

#### Regional breakdown of complaints

The spread of enquiries and complaints across regions was also similar to 2008–09, with 71 per cent of complaints from the three metropolitan regions, including North and West Metropolitan Region (33 per cent), Southern Metropolitan Region (21 per cent) and Eastern Metropolitan Region (17 per cent)<sup>10</sup>. The remaining regions each had less than 10 per cent of complaints, ranging from four per cent in Hume to seven per cent in Loddon Mallee and Grampians Regions.

#### Issues

People contacting DSC more often raise multiple issues and concerns, which have been grouped into nine broad categories as shown in Figure 7<sup>11</sup>. The main issues raised in enquiries and complaints in 2000–10 were similar to 2008–09 and most related to service provision (46 per cent), communication (30 per cent), service access (18 per cent) and service quality (17 per cent).

The service provision category captured enquiries and complaints across a range of issues that included:

- the individual needs of the service users, including a broad range of issues about access to relevant services, information about government and community service and support options (including legal support, advocacy and other complaints bodies and processes), concerns about the cost of services and concerns about the quality or

sufficiency of services relative to the needs of service users (22 per cent)

- concerns about alleged abuse, assaults or neglect of service users, including concerns about the behaviour and actions by staff or other service users, other health and safety issues and the service providers' responsibilities to address identified risks for service users (nine per cent)
- concerns about decision making or choices made by service providers, including in relation to decisions about access to services or activities for service users, changes in the way services are provided (including changing the location of residents of accommodation services) and lack of explanation of reasons for decisions and changes (seven per cent)
- other issues about service provision including concerns about the quality or suitability of case workers, the suitability of planning to assist service users and other general concerns about the sufficiency and quality of service (eight per cent).

Communication issues continue to be an underlying theme in many enquiries and complaints and often tend to exacerbate issues or problems between service providers and complainants or make them more difficult to resolve. The most commonly identified problems with communication were about lack of communication or unclear information provided to parents or service users (including with regard to changes in services delivered, service planning, decision making or the cost of services) and providers not responding to communication from the complainant or not responding in a timely manner. A number of complainants also raised concerns about lack of consultation or involvement in decisions to change the way that services are provided to service users. In several cases, communication problems resulted from deterioration in relationships and a loss of trust between the complainant and service provider.

Issues raised about access to services included callers being uncertain about where to access help or how to apply for services, lack of information about available service options (including the range of options available and information about specific support options), an inability to access required services (in some cases due to long waiting periods, failure to meet eligibility criteria or lack of availability) and a reduction in the amount of service provided to some service users.

<sup>9</sup> The statistics for 2009–10 are calculated excluding enquiries and complaints which were either out of scope or no service type was identified. This allows for a direct comparison to the annual complaint reporting data from service providers.

<sup>10</sup> The statistics for 2009–10 are calculated excluding enquiries and complaints where the region was unknown (114) or were from outside Victoria (3).

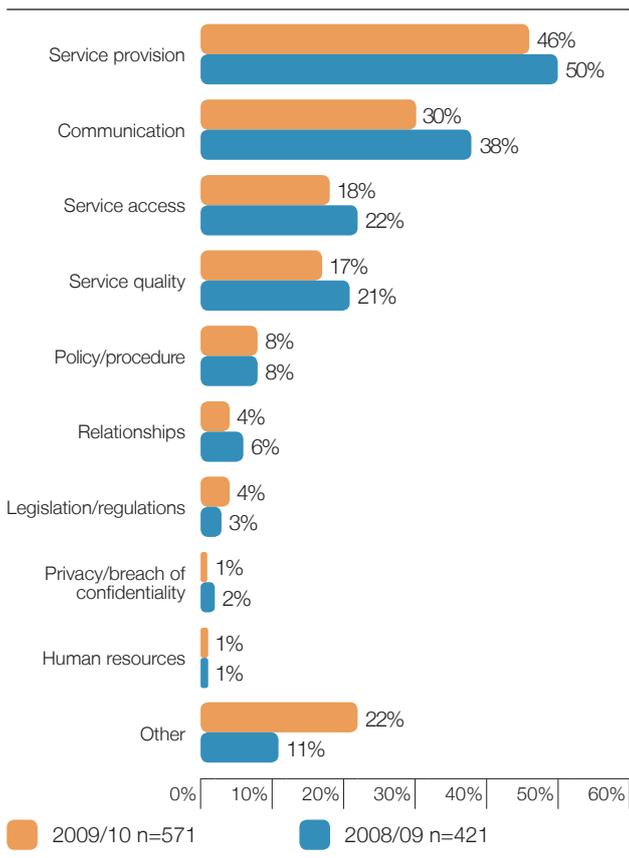
<sup>11</sup> These statistics for 2009–10 are also calculated excluding enquiries and complaints which were either out of scope or had no defined issues.

## Complaints to the Commissioner

Service quality issues covered a broad range of concerns about the quality and level of care or support provided to service users (including some instances of neglect), concerns about quality or sufficiency of support workers and issues related to the health or wellbeing of service users (including appropriateness of medication).

Figure 7 shows that 22 per cent of enquiries and complaints were about 'other' issues (not covered by the specific categories shown in this figure). These other issues covered a broad range of areas including access to services (generally not those provided by registered disability service providers), enquiries about referral to advocacy and other support services and advice about where to take complaints or concerns about services outside the scope of DSC.

Figure 7: Types of issues for enquiries and complaints



## Identification of systemic issues

Through the enhancement of our data base, we have been able to capture some of the emerging complaint trends and identify systemic issues underlying complaints made to DSC. In 2009–10 underlying systemic issues were identified in 123 complaints to DSC, which impacted on the level and complexity of issues and on how well these issues could be satisfactorily resolved. More than one systemic issue was identified for some complaints and were most commonly related to the following issues:

- The role of the family of people with a disability**, including the important role that families play in raising concerns about the provision of services to service users, 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 (49 matters):
  - In several complaints, issues involved disagreement between the family and the service provider on the best way to provide services and support to the person with a disability (e.g. in relation to accommodation arrangements, activities, service planning or medication levels).
  - In a few complaints, the wishes of the family about what they considered 'important for' the person with a disability appeared to differ from what the person receiving the service viewed to be 'important to' themselves.
  - In some complaints, families and service providers differed on issues such as the capacity of the person with a disability to make choices and views about his or her support needs.
- Accommodation issues**, including the right to be safe and have quiet enjoyment in an accommodation service. These matters are often related to the support provisions and supervision offered in the accommodation service. Some complaints related to relocation decisions (including decisions to move residents or close services). The planning and transition management for people with a disability, where a new person was moving into a shared supported accommodation service, was a common aspect of several complaints (43 matters).

## Complaints to the Commissioner

- **Unmet needs of people with a disability** in relation to accessing services and resources. In many cases this concerned accommodation issues (including delays in accessing accommodation and the suitability of accommodation or the impact of people living together in services, the match between the person with a disability and the level or type of service offered or concerns about assessment processes and eligibility for services (41 matters).

Other systemic issues that were identified as impacting on complaints made to DSC included:

- **Staffing issues** including consistency of staff, the impact of staff turnover on people with a disability, concerns about the appropriateness and skills of staff, reliability and quality of in-home support, and alleged assaults or mistreatment by staff (35 matters).
- **Lack of person-centred planning or approaches**, including services not matching the person's requirements (in some cases due to lack of flexibility in the way that services are delivered), concerns about the management of changes to the way that service is provided (particularly with regard to closure of accommodation services), perceived lack of consultation or consideration of the views of complainants and general insufficient or inappropriate planning (26 matters).
- **The service provider's approach to complaints handling**, including lack of a clear complaints process and inadequate management or follow up on complaints (19 matters).
- **Policy or legislative issues**, including gaps in available services and issues about the way that policies are implemented (11 matters).

These systemic issues and the way in which information on emerging trends can be used to inform service improvements and changes is discussed further on pages 37–42.

Christine, a 40-year old with a physical and sensory disability made a complaint about a new resident at her group home. She raised a number of issues about the new resident's behaviour, ranging from annoying or disruptive behaviour to actions which could be dangerous for some residents. Christine made a request that the new resident be shifted and felt that her concerns were not taken seriously by her service provider.

The DSC officer met with Christine to discuss her complaint prior to arranging a joint meeting with the house supervisor and area manager of the service. At this meeting a clear plan was developed to address what was not working well for both the new resident and the five long-term residents. This plan included initiatives and activities to help the new resident, along with house meetings for all residents to foster positive communication about house issues. It was agreed that Christine would be involved in the planning of the agendas for the house meetings, and Christine was pleased with the response by the service provider to her complaint.

During this process it became apparent that Christine had been affected by the changes at the house more than other residents due to changes in her own lifestyle. The DSC officer facilitated a review of the individual planning for Christine, who had been without activities or a day program for some months due to health issues. Following a review of her medical and transport requirements Christine was able to resume her day program as well as access more activities outside the house. Her quality of life improved as a consequence of actions taken in response to her complaint.

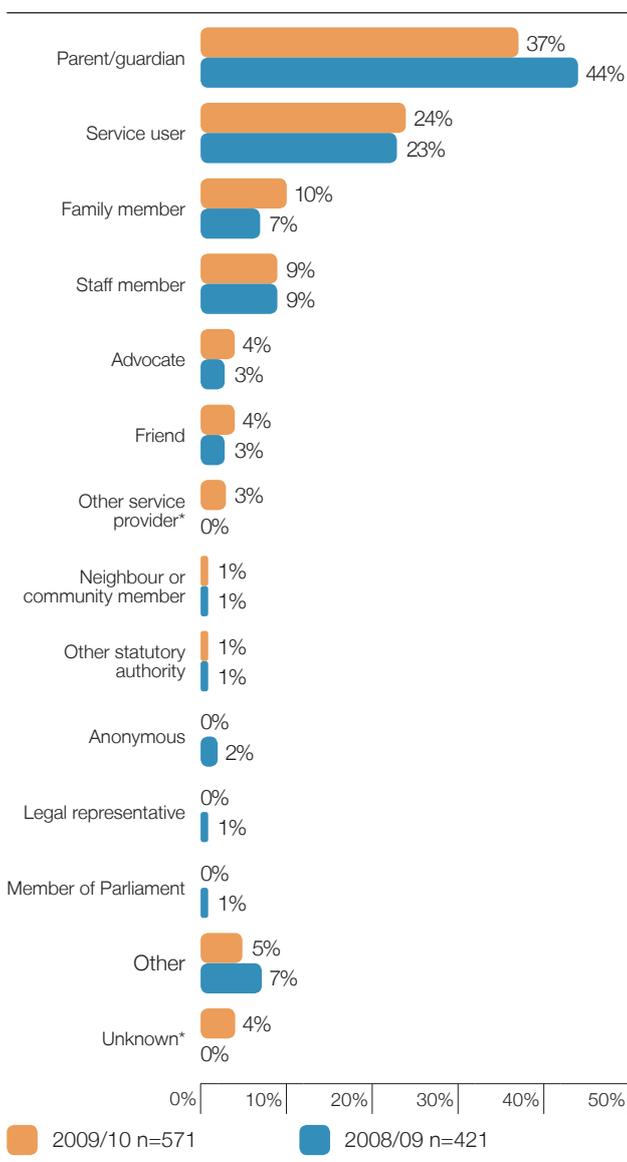
Complaints to the Commissioner

## Characteristics of complainants and service users

### Sources of enquiries and complaints

The profile of people bringing issues to DSC was very similar in 2009–10 to 2008–09. Figure 8 shows that the proportion of all enquiries and complaints made directly by service users increased slightly from 23 per cent to 24 per cent in 2009–10 and remains well above the share in 2007–08 (17 per cent).

Figure 8: Source of enquiries and complaints



\* The categories 'other service provider' and 'not defined' were new categories included in 2009–10

- There was a significant increase in the number of enquiries and complaints to DSC made by service users, from 97 in 2008–09 to 136 in 2009–10. This increase was, however, broadly in line with the increase in enquiries and complaints from other sources in 2009–10, leaving the proportion from service users similar to 2008–09.

The main changes in the profile of people making enquiries and complaints to DSC was a decline in the share of matters raised by parents and guardians (from 44 per cent to 37 per cent) and an increase in the share raised by other family members (from seven per cent to 10 per cent). The overall proportion of enquiries and complaints raised by family members (parents and other family) continues to be about half of all matters brought to DSC (47 per cent in 2009–10 and 51 per cent in 2008–09).

### Types of disability

The majority of enquiries and complaints in 2009–10 were about services provided to people with an intellectual disability (60 per cent<sup>12</sup>), with the next most common disability being physical impairments (45 per cent).

- Approximately one-quarter of service users were identified as having autism (27 per cent<sup>13</sup>), a neurological impairment (26 per cent) or mental illness (23 per cent)<sup>14</sup>.
- Eleven per cent of service users were identified as having an acquired brain injury, nine per cent with sensory impairment and three per cent developmental delay.

Just under half of service users were identified as having more than one type of disability. Service users with autism were most likely to be identified as having multiple disabilities (most commonly autism and intellectual disability), while it was also common for service users with neurological impairment to have multiple disabilities (also most commonly in combination with an intellectual disability).

<sup>12</sup> Percentages refer to cases where the disability of the service user was known.

<sup>13</sup> Whilst autism has been considered as a neurological impairment under the *Disability Act 2006* since December 2008, information on the number of service users will continue to be recorded separately by DSC due to the particular issues raised in relation to service responses to the needs of children and adults with autism.

<sup>14</sup> Mental illness is not included as a disability under the *Disability Act 2006*. People receiving disability services can have mental health issues in combination with other disabilities and data on the numbers of people with mental illness is therefore collected.

## Complaints to the Commissioner

### Gender and age

There were more male service users (61 per cent) than female service users (39 per cent). Just under half of service users were aged between 31 and 60 years (43 per cent), with the next most common age groups 16 to 25 years (23 per cent) and 26 to 30 years (14 per cent). Less than 10 per cent of service users were aged between 61 and 90 years (eight per cent), 11 to 15 years (six per cent), five to 10 years (four per cent), less than four years (0.3 per cent) or over 90 years (0.3 per cent). These characteristics of service users were very similar to 2008–09<sup>15</sup>.

John submitted a complaint about a service provider regarding his adult children Tim and Sarah who lived at home with him and had high support needs. The complaint was about how the service provider was managing the large number of support workers and shifts required to care for Tim and Sarah. John said that carers would not turn up or were not properly trained. He said there were several gaps in the roster and these were often filled by John. This was impacting on his health and he did not want to have to fill any shifts that the service provider was unable to fill. An assessment conference was arranged to work through the issues raised by John. At the conference, the provider acknowledged the time and effort John put into looking after Tim and Sarah. It was agreed that a six-week roster would be drawn up and that the service provider would have sole responsibility for the roster with input from the family. John would not be filling in for vacant shifts that appeared on the roster. On closure of the complaint, while all issues were not resolved, John and the service provider agreed to work together to resolve the remaining issues.

They agreed to meet regularly, both be responsible for recruiting new staff and agreed on how they would communicate when problems arose.

Helen and Gerard made a complaint so they could find a better way to be actively involved in the decision making around their son Bill's life. The family talked about their emotional decision to request shared supported accommodation for Bill. After a long wait Bill was successful in obtaining accommodation and appeared to be settled in his new home. The family believed the support workers were committed and competent. After Bill moved into the house, however, the family became increasingly concerned about the policies of the service provider. There were several aspects of policy and practice that they felt had negative impacts on Bill and they wanted the provider to make some changes. They felt the service provider was allowing Bill to have too much choice, which in their view was leading to him placing himself at unacceptable risk. Helen and Gerard felt dismissed after raising these concerns with the service, and made a complaint to DSC. In the course of assisting the parties to resolve the complaint the assessment officer arranged an assessment conference. The family and two managers from the service were able to sort through most issues and reach an agreement about how communication could work better in the future. The meeting did not give the family all they wanted but they commented that they had never met the managers before and that it would have saved much heartache had they understood some of the thinking and approaches of the service provider from the start.

<sup>15</sup> Percentages in this paragraph refer to cases where the age or gender of the service user was known.

## Resolving complaints

### Complaints reported by service providers (annual complaints reporting)

#### Background

This section of the report reflects the third year of the Disability Services Commissioner's operation. The graphs and reflections capture the experiences of service users, service providers, our staff and the members of the Disability Service Board Annual Complaints Reporting (ACR) Task Group over the past twelve months.

Disability service providers across the state have contributed to the development of our understanding of the sector's complaints experience. Their reports outline the number of complaints received by services and how they were resolved.

The information distilled from these reports plays an important role in improving our collective understanding of the issues that are of concern to people who access disability services. The reports also provide us with information about people's awareness of their right to speak up if they are unhappy about the quality of their service. All of this is used to inform the education and training work of our office and has provided insight into the work that has been achieved by service providers and that is still to be undertaken.

We have been encouraged that many service providers contribute very informative reports. This improves our understanding of the complaints experience of service users and providers and can inform service improvements across the disability service system. The information from service providers continues to contribute to improvements in complaints handling in the disability service system. The trends and emerging issues in complaints, together with examples of improvements made by disability service providers in complaints handling are discussed further on pages 37–45.

#### Annual complaints reporting 2009–10

Disability service providers must report annually to the Disability Services Commissioner 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. They are required to specify the number and type of complaints received and how they were

resolved. Section 19 of the Act requires that the Commissioner produce an annual report which includes information about the number and type of complaints and the outcome of complaints. This is the third year that data about complaints to disability service providers has been presented in the annual report.

The 2009–10 complaints data was collected through a report template developed in 2007–08 by DSC and the Disability Service Board Annual Complaints Report Task Group. DSC is working to significantly enhance the complaints reporting approach through the introduction of an on-line reporting tool that will be available to providers in 2010–11. The revised reporting approach has been developed in close consultation with specialist research advisors and the task group with the aim of enhancing the quality and reliability of data collected. A central aim of the development of the new process has been to make the reporting process more straight forward for 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 following figures present the complaints data for the year in review submitted by disability service providers across Victoria. This data offers valuable insights into the concerns of people with a disability using disability services and the current status of complaints systems within the Victorian disability services sector.

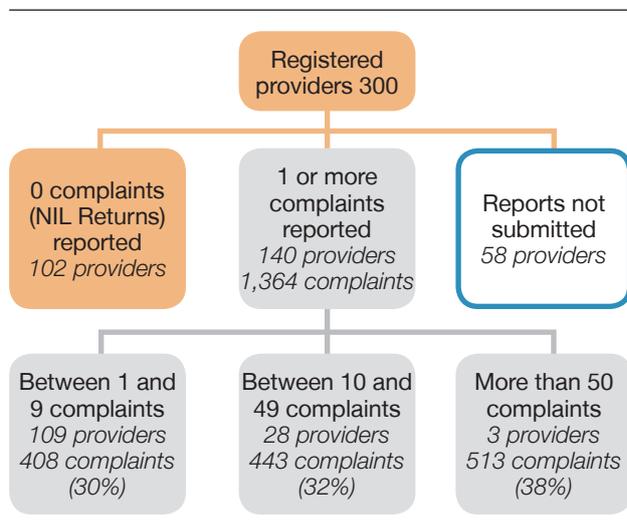
#### Number of complaints

Service providers reported a total of 1,364 complaints received in 2009–10. This represents a 20 per cent increase in reported complaints compared with 2008–09, where 1,139 complaints were reported and a 38 per cent increase from 2007–08, where 992 complaints were reported.

Figure 9 shows that a small proportion of the 300 registered service providers accounted for most of the complaints in 2009–10. In particular, this figure shows that while 140 providers reported one or more complaints in 2009–10, most of these providers reported less than 10 complaints over the year. The 31 providers that reported 10 or more complaints in 2009–10 accounted for 70 per cent of all complaints.

## Complaints reported by service providers

Figure 9: Number of complaints reported by service providers in 2009–10



### Complaints reporting and compliance 2007 to 2010

Table 1 shows a strong increase over the last three years in the proportion of providers that have submitted reports to DSC, from 56 per cent in 2007–08 to 81 per cent in 2009–10. There has also been an increase over this period in the proportion of providers who have reported at least one complaint, from 32 per cent to 47 per cent.

This trend in reporting behaviour, the overall increase in the number of complaints reported each year and the comments of providers about their actions to improve their complaints handling policies and practices are an indication of a growing positive complaints culture amongst service providers.

Table 1: Complaints reporting and compliance 2007 to 2010

Three-year comparison of service provider complaint reporting and compliance	Total 07–08	Per cent	Total 08–09	Per cent	Total 09–10	Per cent
Number of registered service providers	348	100%	337	100%	300	100%
0 complaints reported (nil returns)	83	24%	144	56%	102	34%
One or more complaints reported	113	32%	111	44%	140	47%
Total reports	196	56%	255	76%	242	81%
Reports not submitted	(155)	45%	(82)	37%	(58)	19%
Total number of complaints	992		1,139		1,364	
Reports received prior to 1 July	-	-	37	11%	53	18%
Reports submitted after due date	*51	15%	*47	14%	12	4%
Service improvement reports received	137 (quarterly reports)	-	107 (annual reports)	32%	169 (annual reports)	56%

\*These reports are not counted in the total number of complaints recorded for the relevant reporting period.

### Compliance 2008–09

We reported last year that 82 registered disability service providers failed to comply with their reporting obligations under section 105 of the Disability Act, for the reporting period ending 2008–09.

Table 2: Analysis of non-compliance

Services that did not report	n=82	(per cent breakdown of responses)
Service no longer registered	30	37%
Service provided late report	24	29%
No response provided by service	21	26%
Cause identified — communication/administrative error(s)	6	7%
Not aware of reporting requirement(s)/details	1	1%

### Compliance 2009–10

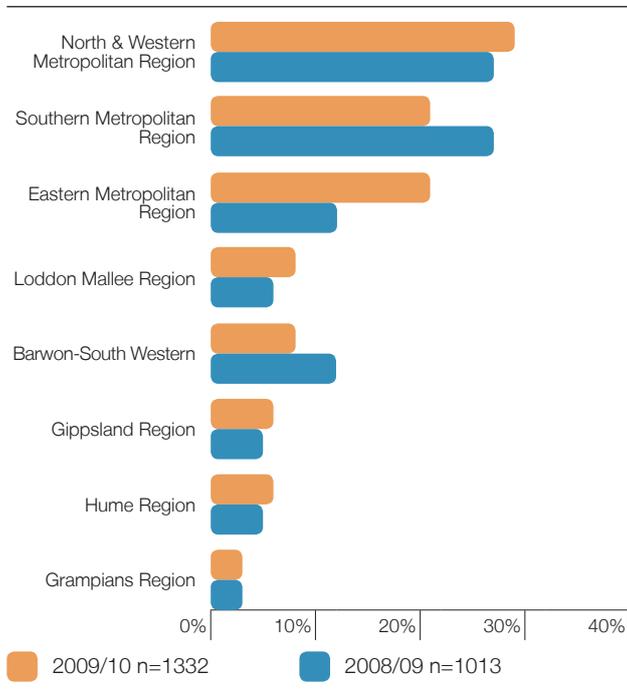
Fifty-eight providers did not meet reporting obligations in 2009–10. It remains a concern that organisations are less than fully compliant and these providers can expect that we will actively pursue and highlight the matter of compliance, in particular where providers have remained non-compliant for a third consecutive year.

### Regional breakdown of complaints

Figure 10 shows that over two-thirds of complaints were recorded across the three metropolitan regions: North and West Metropolitan Region (27 per cent), Southern Metropolitan Region (21 per cent), and Eastern Metropolitan Region (21 per cent), with the five non-metropolitan regions recording between three (for Grampians Region) and eight per cent (for Loddon Mallee Region and Barwon-South Western Region) of complaints over this period.

## Complaints reported by service providers

Figure 10: Share of complaints by region (Percentage of complaints)



This figure also shows that there has been a considerable increase in the share of complaints from Eastern Metropolitan Region (from 12 to 21 per cent) and a reduction in complaints from Southern Metropolitan Region (from 27 to 21 per cent) and Barwon-South Western Region (from 12 to eight per cent) over this period.

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

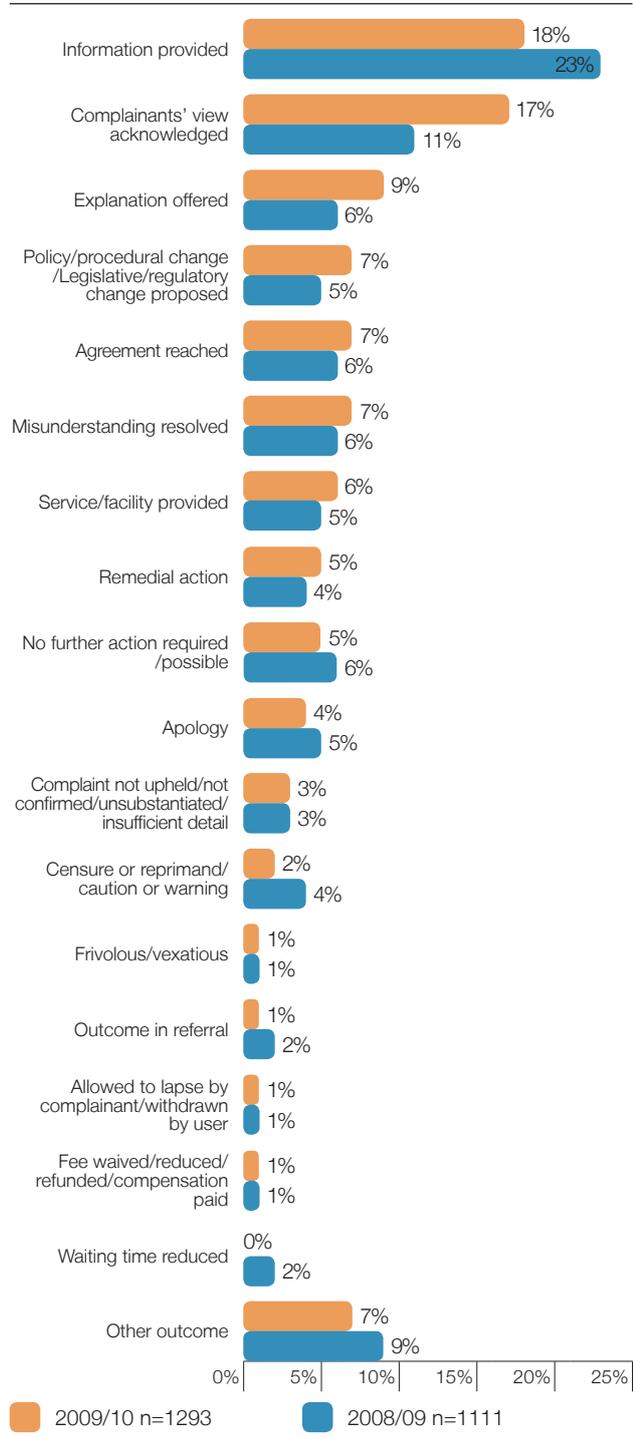
### Complaint outcomes

Figure 11 shows a wide range of complaint outcomes in 2009–10, with no single outcome recorded for more than 20 per cent of complaints.

The two most common complaint outcomes involved providing information to the complainants or service users (18 per cent of complaints) and acknowledging the views of complainants (17 per cent).

Over five per cent of complaints involved providing an explanation to the complainant or service user (nine per cent), a policy or procedural change (seven per cent), an agreement reached between the provider and complainant (seven per cent), resolving a misunderstanding (seven per cent) or provision of service or a facility (six per cent).

Figure 11: Complaint outcomes (% of complaints<sup>8</sup>)



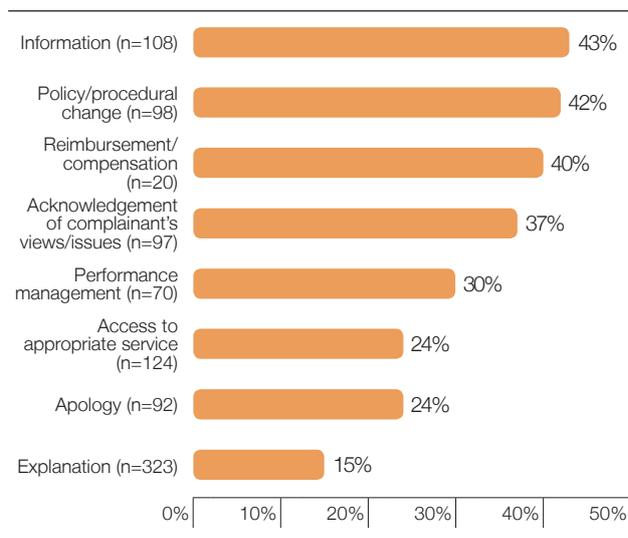
## Complaints reported by service providers

### Outcomes sought

Service providers indicated that the most common outcome sought by complainants was an explanation (26 per cent of complaints). Ten per cent of complainants sought access to an appropriate service, while 10 per cent sought a range of other outcomes including information (nine per cent), policy or procedural change (eight per cent), acknowledgement of complainant's views and issues (eight per cent) or an apology (seven per cent).

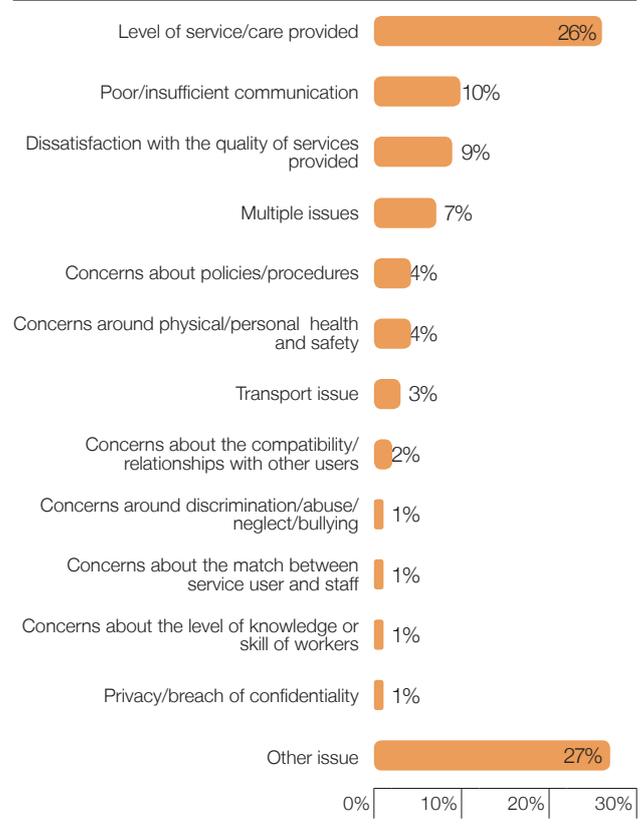
Figure 12 shows that outcomes sought by complainants matched actual complaint outcomes in approximately 40 per cent of cases for those seeking a range of outcomes from acknowledgement of their views (37 per cent) to policy/procedural changes (43 per cent).

**Figure 12: Match between complaint outcomes and outcomes sought (Percentage of complaints where complaint outcome matched outcome sought)**



Outcomes sought matched complaint outcomes in less than one-quarter of cases where complainants were seeking access to an appropriate service (24 per cent), an apology (24 per cent) or an explanation (15 per cent).

**Figure 13: Complaint issues (Percentage of complaints)**



### Issues raised in complaints

Figure 13 shows that the majority of complaints in 2009–10 related to dissatisfaction with aspects of service provision, concerns about communication from providers or issues about service provider staff.

- Thirty-five per cent of complaints either related to lack of care or service provided (26 per cent) or dissatisfaction with the quality of service provided (nine per cent).
- Ten per cent of complaints related to poor quality or insufficient communication.
- Ten per cent of complaints related to staff behaviour or attitudes (seven per cent), concerns about the match between staff and the service user (one per cent) or concerns about the knowledge or skill of workers (one per cent).
- A range of complaint issues occurred in proportions of less than five per cent.

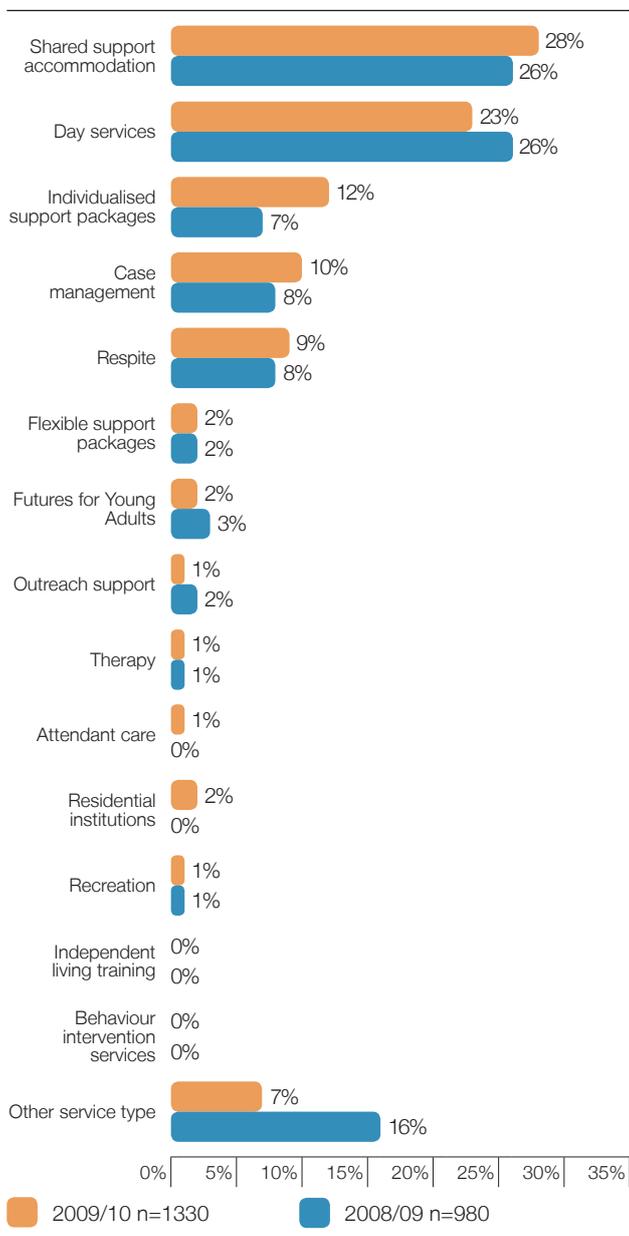
While there is limited detail about the 'other issues' complaints category (27 per cent) this total includes complaint categories that were identified in less than one per cent of cases, such as:

- services not considered compatible with the service user's level or type of disability

## Complaints reported by service providers

- requests for service being refused because the service user was not assessed as having a disability or not considered a priority for access to services
- concerns about the turnover of workers
- long wait time to access services
- the way complaints have been handled.

Figure 14: Share of complaints by service type (Percentage of complaints)



### Service type

The 2009–10 service provider complaints data also showed that service types that received the largest number of complaints were those with the highest number of service users. Figure 14 shows that:

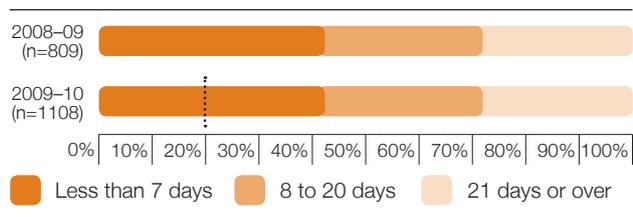
- shared supported accommodation (28 per cent) and day services (23 per cent) both accounted for over 20 per cent of complaints
- individualised support packages (12 per cent), case management (10 per cent) and respite (nine per cent) each accounted for around 10 per cent of complaints
- no other individual category type accounted for more than two per cent of complaints.

Service types that did not fit into the individualised categories are shown in ‘other service type’ (seven per cent). This category accounts for ‘multiple services’.

### Time to resolve complaints

Figure 15 shows that just over half of complaints (53 per cent) were resolved within seven days and a further 20 per cent were resolved in eight to 20 days. These results are very similar to those from 2008–09. Twenty per cent of complaints took three days or less to resolve, while 33 per cent took between four and seven days.

Figure 15: Time to resolve complaints (Percentage of complaints that have been resolved)



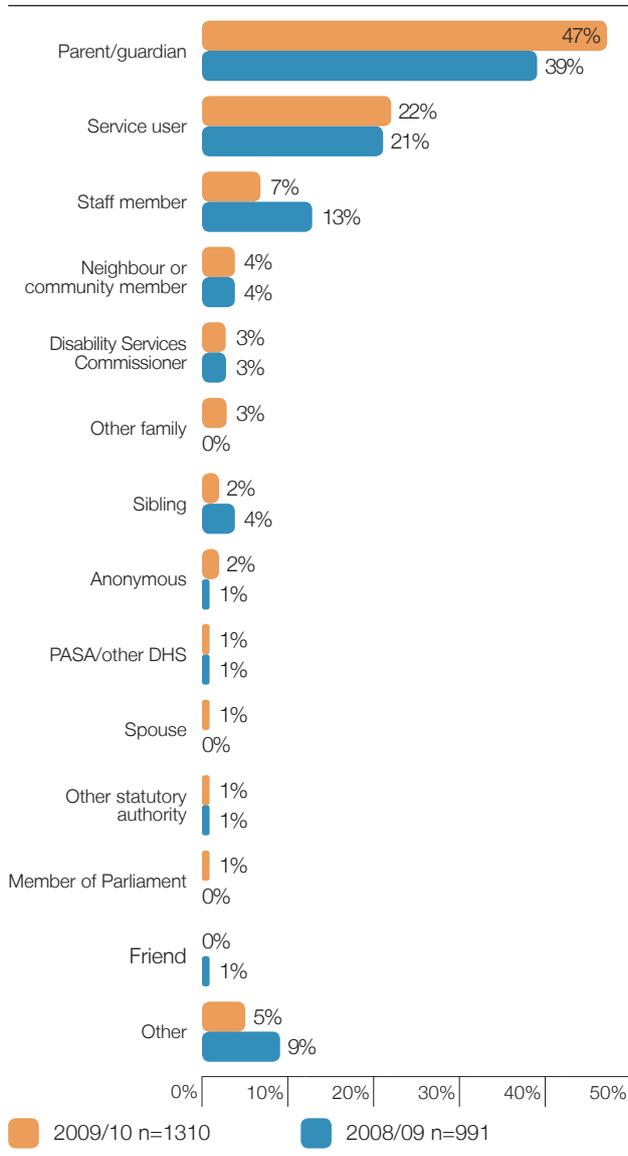
### Characteristics of complainants and service users

The 2009–10 service provider complaints data shows that complaints were most commonly made by parents/guardians (47 per cent), service users (22 per cent) and staff members of providers (seven per cent).

Figure 16 shows that there was an increase in the proportion of complaints made by parents/guardians (from 39 per cent to 47 per cent) and a slight reduction in the share made by staff members (from 13 per cent to eight per cent) between 2008–09 and 2009–10.

## Complaints reported by service providers

Figure 16: Source of complaints (Percentage of complaints)



### Characteristics of service users

The characteristics of service users that were the subject of complaints were similar in 2008–09 and 2009–10.

- The most common types of disability were intellectual disabilities (53 per cent) and physical impairments (16 per cent).
  - There was, however a decrease in the share of complaints from people with an intellectual disability (from 63 per cent to 53 per cent) and an increase in the share of complaints from service users with autism (from three to eight per cent) acquired brain injury (from three to six per cent) and sensory impairment (from one to four per cent).
- There was a fairly even gender split of 45 per cent female and 55 per cent male; with 34 per cent aged between 41 and 50 years, the next most common age groups 19 to 25 years (21 per cent), 26 to 30 years (12 per cent) and 31 to 40 years (10 per cent).

Grace made a complaint to DSC when she was informed that her child's case worker was being changed. Grace is the mother of a young child who is deaf and has autism. The complaint was about her fear that the quality of service they had been experiencing was about to change. Grace felt they had not been consulted and that the service could not see the real impact this change would have on her family. In response to the complaint the service provider offered to meet with Grace and explain their decision-making process. They also listened to her concerns and her feedback about what had been working well. During the meeting the service provider apologised for the distress caused to the family and agreed that the family should have the opportunity to say goodbye to the worker who had been so important to the family. Together they agreed on a transition plan, the qualities and skills needed in a worker to meet this families needs and a timeframe for the change. The service wrote to Grace and told her that they would use her experience as a way to review relevant policies and procedures. Grace told DSC that this step gave her hope that they can work together and learn from these issues.

## Learning from complaints

DSC seeks to promote a quality culture within the Victorian disability service sector, where people with a disability are listened to and better service outcomes are delivered. Part of listening to people with a disability is to use the information from complaints to identify trends, systemic issues and underlying causes of complaints which may need to be addressed in order to improve service outcomes. Issues identified from the complaints made to DSC, along with the ACR data from disability service providers, provide key insights into what is working

and not working for people with a disability and their families and carers.

Through analysing this data and reflecting on our experiences to date, we have identified a number of emerging trends and systemic issues that warrant further consideration as areas for service improvement and change. In 2010 and 2011 we will undertake more detailed analysis of these trends and issues and continue to consider ways in which these may be addressed by the disability service sector and government.

## Indicators of trends and systemic issues

### 1. Shared supported accommodation issues

#### Trends

The highest proportion of enquiries and complaints to both DSC and in the ACR data relate to concerns about shared supported accommodation. This has been consistent over the past three years and in 2009–10 represented 39 per cent of complaints to DSC and 28 per cent to disability service providers across Victoria. Systemic issues relating to accommodation issues were identified in 43 matters raised with DSC in 2009–10.

Key themes and issues: Complaints about shared supported accommodation to DSC have included the following issues:

- access to shared supported accommodation
- concerns about competing needs and the 'compatibility' of residents
- planning and transition for new residents
- alleged assaults, risks and 'duty of care' issues
- quality of support issues in terms of individual needs, choice and community access
- capacity to meet specific needs of residents with autism or mental illness
- physical conditions and facilities
- decisions about relocation of residents.

Some of the emerging themes from addressing these issues are highlighted below.

#### *Right to safety and the quiet enjoyment in accommodation (including issues of risks and alleged assaults by co-residents)*

#### Observations

Complaints that relate to concerns about 'resident incompatibility' and alleged assaults or risks posed by co-residents are usually complex and present many challenges to both DSC and service providers to try to resolve.

Nine per cent of DSC enquiries and complaints about service provision related to concerns about alleged abuse, assaults or neglect of people with disabilities. Six per cent of complaints reported in the ACR data related to issues of compatibility or concerns about risks or safety across all service types<sup>16</sup>.

Complaints framed in terms of 'resident incompatibility' can imply that the problems are with individuals rather than the nature of service provision, and outcomes sought are to move the residents who are seen as the 'problem'. DSC therefore seeks to reframe these complaints as being about people's 'rights to safety and quiet enjoyment in their accommodation', and focus on what steps service providers can take to meet the support needs of each resident and address residents' safety and wellbeing. Person-centred planning, assessments, service reviews, changed staffing arrangements and positive behaviour support are often integral to resolving these complaints.

We see progress and improvement in service outcomes in many cases, yet people raising these complaints commonly express concerns about the speed and adequacy of responses to concerns about safety and wellbeing. Family members may perceive 'the system' as failing to protect their family member if the service provider is unable to act quickly and investigations by the police (where involved) may not result in any legal options for protection. This category of complaints involves considerable time and energy by all involved. We recognise the efforts of service providers in striving to balance the competing interests to forge better outcomes. These complaints highlight the need for prompt development of capacity by service providers to better position themselves to deal with these issues.

<sup>16</sup> See ACR data Figure 13 — Complaint Issues. Concerns around physical/personal health and safety (three per cent), concerns around compatibility/relationships with other service users (two per cent), concerns around discrimination, abuse, neglect or bullying (one per cent).

The way in which the police and services respond to incidents and alleged assaults appears variable in terms of the involvement of the justice system and decisions about when or if a resident should move. This situation can leave the people who have made the complaint, particularly family members, feeling deeply concerned and frustrated about the adequacy of responses to concerns about safety and wellbeing of residents.

There are however, many underlying systemic issues to these complaints that impact on the extent to which improved service outcomes can be achieved.

These issues include: limited alternative accommodation options and choice as to whom a person lives with; the physical and staffing models of accommodation which can exacerbate tensions in shared living; privacy issues which limit the service provider's capacity to share information with other residents or families to assist their understanding of the co-resident's behaviour and supports being provided; compromises to transitional planning for new residents in response to urgent placement needs; and the need for increased skills and capacity of services to effectively support people with behaviours of concern.

These issues have received attention by the Parliamentary Inquiry into Shared Supported Accommodation<sup>17</sup>, by the Department of Human Services and the disability service sector in the development of individualised support arrangements, new accommodation models and quality improvement initiatives. The Office of the Senior Practitioner is also addressing the capacity of services to effectively support people with behaviours of concern and change contributing factors in a person's environment.

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#### *Alleged assaults/abuse by staff*

##### **Observations**

Although only a small proportion of complaints to DSC and reported in the ACR data relate to alleged assaults/abuse by staff, these are complex complaints to address and the impacts are potentially severe for all concerned. One per cent of all complaints reported in ACR data 2009–10 related to alleged abuse, neglect or bullying.

In complaints made to DSC it is not uncommon for a police investigation and disciplinary investigation to result in the allegations being found to be unsubstantiated, yet questions remain about the extent to which evidence and concerns from the person with a disability have been taken into account.

These situations require attention to both the rights of people receiving services and staff. Solutions need to be found when fears and concerns remain. The third-party facilitation role by DSC can help work through the delicate issues that arise in these complaints. Broader questions arise about the interface between police, disciplinary, regulatory and complaints processes and the role each of these processes play in trying to ensure the safety and wellbeing of people with disabilities. These issues have been raised with DSC in discussions with other jurisdictions and different ways of approaching these challenging issues will continue to be explored in the coming year.

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#### *Relocation decisions for residents*

##### **Observations**

Systemic issues have been identified in complaints made to DSC about decisions to relocate residents from group homes that are assessed as falling below required standards. These issues have included the need for any proposals to move people to be informed by sensitive and person-centred planning which respects individuals' sense of home and community, their rights and what is important to them. The absence of such considerations and lack of consultation and involvement of residents in decision-making processes produced significant distress and conflict in several complaints to DSC. However, the resolutions achieved in these complaints produced a change in decisions and positive outcomes. DSC has highlighted the need for these learnings to inform future approaches to such decisions by service providers to ensure that the rights of people with a disability are upheld and respected.

*Five residents who share a home made a complaint when they were advised that they needed to move as a consequence of a fabric audit of the building. The service provider explained that there was a new home available but it was some kilometres away. The residents were distressed, as they wanted to remain together and in the community that they knew. They regarded the move as an imposition that would take them away from family, jobs, programs and places that were important to them. They sought the support of an advocacy service. DSC worked closely with the residents, their families, the advocacy service and the service provider. Starting at a point where the move appeared inevitable and all parties believed the decision makers were unlikely to be able to find a solution, the outcome was a resounding 'win-win'. The residents agreed to move temporarily while the house was rebuilt on the same site. The service provider went to great efforts to have decisions reviewed and there was learning at many levels about the need for better person-centred approaches to change. The residents turned around an experience that was initially profoundly disempowering to them, to one which was most empowering.*

<sup>17</sup> Victorian Parliamentary Inquiry into Shared Supported Accommodation for people with a disability and mental health issues 2009

## 2. Family related issues

**Trends** About half of the complaints received by DSC and by disability service providers are made by parents and other family members of people receiving services. This has been consistent over the past three years and in 2009–10 represented 47 per cent of complaints to DSC and 53 per cent to disability service providers across Victoria<sup>18</sup>. Systemic issues relating to the role of families in service provision and decision making were identified in 49 matters raised with DSC in 2009–10.

### *Role of families and family engagement*

**Observations** The Disability Act recognises the importance of families, and requires disability service providers to consider and respect the role of the family and acknowledge the important role families have in supporting people with a disability<sup>19</sup>. The proportion of complaints raised by family members highlights the importance of developing a common understanding as to the role of the family in service provision and the level of engagement with the service provider. Many of the complaints to DSC involve situations of conflicts between the family and service provider about the best way to provide services and support to the person with a disability, decision making and the level of involvement of the family in service provision.

Some of these conflicts have escalated to serious ongoing disputes with adverse effects on all concerned, including the person with a disability. A spectrum of emotions can be present from despair or alienation felt by families to feelings by staff of being overwhelmed by demands by family members. Many of DSC's best results have come through facilitation of improved communication between families and service providers and addressing mutual expectations and concerns. The role of an independent party is usually valued by families and service providers as an opportunity to provide a circuit breaker to disputes and to work through what is working and not working from all perspectives.

DSC's experience however suggests the need to build the capacity of disability service providers to engage with families in a way that addresses mutual expectations and communication from the outset of the relationship. This includes the willingness to have the difficult conversations when there are differences in views about what is important to and for the person with a disability, rather than leaving these to escalate into conflicts. We have commenced a Family Engagement Project which will seek to identify examples of good practice and ways of building this capacity of service providers. The project will also seek to inform the development of a clear policy and practice framework for the positive engagement of families in disability service provision.

Mike and Jen complained about a service providing day programs to their daughter through an individualised support plan. One aspect of the complaint was that the service had 'deteriorated' in the past 12 months. The family believed support workers were not doing their job, that they seemed to be less inclined to stick to the planned programs and they did not encourage service users to participate in programs. When staff and management explained that the policy had changed very deliberately to give service users more choice and 'mix the program up' to provide some variety, Mike and Jen were upset at the lack of consultation. They believed the explanation confirmed their view that staff just did not want to 'go the extra mile' for the service users. Communication between the agency and family broke down and disputes escalated. This drew in more families and raised more issues regarding policy and practice. The complaint process provided a 'circuit breaker' and the disputes were able to be contained for a month as parties agreed to discussions about the expectations of the family and the directions of the provider. The complaint process enabled the discussion to focus on service user's responses to the changes and person-centred approaches to understand what was working or not working for them.

<sup>18</sup> These percentages are calculated as follows: DSC complaints — 37 per cent from parents/guardians and 10 per cent from other family members; ACR data — 47 per cent from parents/guardians, three per cent other family, two per cent siblings and one per cent from spouses in 2009–10.

<sup>19</sup> Sections 5(3)(h) and 5(3)(i) of the *Disability Act 2006*

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### 3. Service provision issues (general)

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**Trends** Thirty-five per cent of complaints reported in the ACR data either related to lack of care or service provided or dissatisfaction with the quality of service. Forty-six per cent of DSC complaints related to a range of service provision issues, some of which are highlighted below.

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#### *Unmet needs or access to adequate services/ resources*

**Observations** Twenty-nine per cent of complaints reported in ACR data related to concerns about a lack of care or service, indicating underlying issues of unmet needs. Whilst DSC can only deal with complaints arising out of disability service provision, 18 per cent of enquiries and complaints did relate to issues of access to services. Access to supported accommodation, individual support packages and respite are the most common concerns.

Systemic issues relating to unmet needs were identified in 41 matters raised with DSC in 2009–10. These included delays in accessing accommodation, the match between the person with a disability and the level or type of service offered or concerns about assessment processes and eligibility for services. Whilst the level of unmet need cannot be measured by the number of complaints on these issues, the concerns raised in these complaints are nonetheless an indication of the pressures experienced in the disability service sector and by people with a disability and their families.

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#### *Adequacy of person-centred approaches and planning*

**Observations** Concerns about the adequacy or lack of person-centred planning or approaches were identified as indicative of systemic issues in 26 matters raised with DSC in 2009–10. Whilst DSC has seen many good examples of person-centred practice from service providers, the concerns raised with DSC indicate underlying causes relating to the lack of person-centred approaches. DSC remains committed to building the capacity of services to adopt person-centred approaches which enable service provision and decision making to be informed by the choices, needs and wishes of people being supported.

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#### *The role of case management*

**Observations** Case management was the second most common service type in enquiries and complaints to DSC, with concerns raised in 17 per cent of matters in 2009–10, which is consistent with 2008–09. It was the third most common service type in complaints reported from ACR data, but nonetheless significant at 10 per cent in 2009–10. The greater proportion of issues raised to DSC about case management may be explained by the number relating to cessation of case management or the intermittent nature of service provided. A theme of complaints these issues relate to is the desire for an ongoing and active model of case management, particularly where service access and co-ordination of services is experienced as problematic. Parents and family members express frustration and sometimes exhaustion at the prospect of assuming a case management role. There often appears to be mismatched expectations of what a case manager's role involves. These questions about the role and model of case management in disability service provision will receive further consideration by DSC in the coming year.

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#### *Reliability and quality of in-home support*

**Observations** Themes in complaints to DSC about the reliability and quality of support provided in people's homes through in-home support include underlying concerns about shortfall in support provision, the distress caused when support workers do not complete shifts as scheduled and the risks that result from insufficient support. Often the resolution in these matters involves improving communication and protocols to address unexpected changes to arrangements. The systemic issues identified in these complaints often relate to workforce issues, along with the need for active case management, coordination and careful contingency planning where people are dependent on in-home support for their day-to-day needs.

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#### *Support for people with autism*

**Observations** The specific support needs of children, young people and adults with autism were recognised by the policy decision in December 2008 to recognise autism as a neurological impairment under the Disability Act, followed by the launch of the Victorian Government's Autism State Plan in May 2009. Enquiries and complaints to DSC about service provision for people with autism often raise issues about the service's capacity to provide individualised and specialised supports. In 2009–10, around one-quarter of service users were identified as having autism (27 per cent), and were most likely to be identified as having multiple disabilities (most commonly autism and intellectual disability). This was an increase from 15 per cent in 2008–09. DSC will continue to identify the complaint trends and issues relating to support for people with autism.

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#### 4. Workforce/staffing issues

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**Trends** Ten per cent of complaints reported by disability service providers in 2009–10 related to staff behaviour or attitudes, concerns about the match between staff and the person with a disability or concerns about the knowledge or skill of workers. Staffing issues were identified as systemic issues in 27 matters raised with DSC complaints in 2009–10.

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##### *Consistency of staff, skills and competencies*

**Observations** Staffing Issues identified in enquiries and complaints to DSC have included concerns about consistency of staff, the impact of staff turnover on people with a disability and concerns about the competencies and skills of staff. Person-centred practices recognise the importance of the relationships and 'fit' between staff and people receiving services. The themes in DSC complaints reinforce the importance of building the workforce capacity in the disability sector as a critical component of achieving improved service outcomes for people with a disability.

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##### *Staff raising complaints*

**Observations** Nine per cent of enquires and complaints made to DSC were by staff in 2008–09 and 2009–10. In the same period the proportion of staff making complaints decreased from 13 per cent to seven per cent in the ACR data. Under the Act any person can make a complaint to the Disability Services Commissioner and staff can play an important role in assisting people to raise concerns with DSC, or making a complaint on their behalf. Staff making complaints to DSC may however also indicate cultures where staff members feel unsure how to raise issues within their organisation. DSC is aware of the sensitivities of these complaints for employee/ employer relationships and the need to distinguish complaints made on behalf of people with disabilities from any grievance issues arising out of employment. DSC plans to develop resources such as information sheets to assist both staff and service providers to approach complaints by staff in a way that ensures the focus on achieving improved service outcomes for people being supported.

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George is a direct care worker who made a complaint about practices in the group home where he worked. George said that he witnessed many examples of poor practice in the care of people with disabilities and outlined specific examples in his complaint. George expressed frustration and a belief that the culture of the service was old fashioned and did not reflect person-centred approaches to supporting people. George wanted to remain anonymous. He believed that he would be disadvantaged if his name was known to the service provider. DSC approached the complaint by conducting a systematic assessment of each of the alleged practices raised in relation to the residents. Some allegations about practices could not be substantiated. Other issues were acknowledged and explained by the service provider. The DSC officer gave George a full account of the assessment steps and the actions that the service provider had agreed to take in relation to the support needs of the residents. George accepted the assessment by DSC that the provider had responded to the key concerns raised in the complaint and were taking steps to address them. George also felt satisfied that an independent body had looked at the issues and was prepared to engage him in discussion about the concerns he had raised on behalf of the residents of the service.

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## 5. Children and young people in out-of-home care

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**Trends** The Disability Services Commissioner and the Child Safety Commissioner have both been approached by service providers concerned about the adequacy of service responses to the needs of children and young people with a disability in out-of-home care and child protection services.

### *Children and young people with a disability in out-of-home care*

**Observations** The lack of a common assessment and co-ordinated approach to meeting the needs of children and young people with a disability in out-of-home care and child protection programs has been identified by a number of service providers. Examples of inappropriate placements and gaps in protections and planning afforded to children and young people with a disability in out-of-home care have been brought to the attention of the Disability Services Commissioner and the Child Safety Commissioner. These issues were highlighted in subsequent joint discussions held with the Executive Directors of Disability Services and Children, Youth and Family Services of the Department of Human Services.

Further to these discussions, the department has developed a draft *Integrated framework* for children and young people with a disability which sets out a joint work plan between the Divisions of Disability Services and Children, Youth and Family Services. This framework 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. In recognition of the particular circumstances of young people with a disability and the joint interests of DSC and the Child Safety Commissioner, both offices will continue to engage with the Department of Human Services on the outcomes of these planned actions over the coming year.

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## 6. Out-of-scope issues

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**Trends** Out-of-scope enquiries and complaints to DSC increased from 31 per cent in 2008–09 to 40 per cent in 2009–10.

### *Accessibility of complaint options for out-of-scope issues*

**Observations** The most common reason for an enquiry or complaint being out of scope was that the service is not a disability service (54 per cent in 2009–10) or the service is a Commonwealth or Home and Community Care (HACC) funded disability service (17 per cent).

Examples of out-of-scope enquiries and complaints include issues experienced by people with a disability in relation to employment services, education, transport, health, legal and financial administration services. Whilst the growing number of out-of-scope matters can be attributed to the education work of DSC which has increased awareness of the office these numbers also show the difficulties people experience in identifying an appropriate or accessible complaint process for these issues.

### *Non-registered providers and self-directed supports*

**Observations** DSC has observed a growing number of enquiries and complaints being made about state-funded disability services provided by non-registered providers (17 per cent). These services are out of scope for DSC as the Act defines disability services as those provided by registered disability service providers or by the Secretary of the Department of Human Services. With increased opportunities being created for people to choose their own service provision arrangements through self-directed support funding, it is possible that more people may choose to have services provided by non-registered providers. Whilst DSC strongly supports the exercise of control and choice inherent in self-directed support models, there is concern that people choosing to access non-registered disability service providers may be disadvantaged through lack of access to the protections and complaint resolution options afforded by the Act. These issues have been highlighted with the Department of Human Services, and options for ensuring the rights and protections contained in the Act are maintained and strengthened were under consideration as at 30 June 2010.

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## Learning about ways to improve complaint handling

### Annual complaints reporting: Strengths and suggestions for improvement in providers' complaint handling

The 2009–10 annual complaints reporting process asked service providers to identify aspects of their complaints process that worked well in resolving complaints during 2009–10 and aspects of their complaints process that would benefit from improvement.

The responses to these questions allow an insight into the changing 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 service users and other stakeholders to raise their concerns and complaints and the extent to which providers use this feedback to drive continuous improvement.

Providers' responses to these questions in 2009–10 suggest that providers' attitudes, practices and policies are becoming more aligned with a positive complaints culture and more consistent with DSC's message *'It's OK to complain!'*

### Suggestions for improvement to complaints processes

In 2009–10 166 providers (over half of all registered providers) identified an area for improvement in their complaints handling approach, a 60 per cent increase in the number who provided such comments in 2008–09 (104). The most common themes from these comments included:

- Improving information provision to complainants about the complaints process, including simplifying the presentation and wording of information, providing information in accessible formats (e.g. in Auslan for deaf service users and information in a range of languages) and improving the distribution of information to service users, their families and other stakeholders (24 of the 166 respondents).

*'The one aspect of our complaints handling practice that has been identified during 09–10 that would benefit from improvement is the providing of service users with more information around our complaints handling process and the avenues which are available to service users when making a complaint.'*

*We have a complaints policy in place in the <<location>> but are working with students who attend the area to develop this document into an easy to read format for students who attend our centre and in particular those who require a different communication method'.*

- Developing or enhancing complaints policies or procedures, including improved recording of complaints and using complaints processes to comply with the quality framework for disability service standards (23 providers).

*'... Introduction of regular inservice training/ monitoring for staff as part of monthly staff meetings/quality meetings to ensure best practice in relation to staff understanding re the benefits that services (all stakeholders) can achieve if the complaints process is viewed as a tool for quality improvement'.*

*'We have redeveloped our complaints handling process to comply with the Quality Framework requirements'.*

- Improved and increased training about the complaints handling process amongst staff of providers (21 providers).

*'Further staff education for disability instructors concerning complaints policy and procedure and its importance to the quality process'.*

*'Ensuring all support workers understand their role in assisting people to make complaints. Induction/orientation training for staff was modified to stress the importance of considering complaints as feedback and an opportunity and not as a negative which seems to have helped improve people's understanding'.*

- Seeking feedback from service users, their families and other stakeholders to identify and address emerging issues (21 providers).

*'The total number of complaints was relatively low. We will be conducting a survey of service users to identify: 1) their understanding of the [Provider name] complaints system. 2) their understanding of other options for lodging a complaint. 3) the useability of the [Provider name] complaints system'.*

- Raising awareness of the complaints process amongst families, service users or other services (19 providers).

‘Following the work we have done in the recording, investigating and resolving of complaints, an area we have identified for improvement is in communicating with our stakeholders including the people we support and their families around our complaints and feedback system. We will be developing this further in 2010–11 including the holding of family forums, focus groups for people we support, the written information we provide and ongoing formal and informal communication’.

- Improving or enhancing complaints handling systems (15 providers).

‘During 2009–10 we identified how our complaints register could be improved by making it in line with the Disability Services Commissioner’s reporting tool. This allows for ease of tracking and reporting of complaints’.

‘Throughout the last two years [Provider name] has striven to ensure our complaints handling and reporting practice is both streamlined and user friendly, and has seen a marked increase in the active registration of complaints and resolution within the organisation. Internally however, we have been collating the data on a quarterly basis and then reporting accordingly to regional offices, senior management, executive and board. We have identified that in this quarterly reporting we are potentially missing an opportunity for continual improvement on the services we deliver. Accordingly we have, in consultation with internal staff, redesigned our complaints registration tool to be accessed continually to allow for continuous review by the quality, and service management teams’.

## What has worked well for services

*Aspects of the complaints handling process that worked well in 2009–10*

155 providers identified an aspect of their complaints handling approach that worked well in resolving complaints in 2009–10. The most common themes from these comments included:

- Seeking feedback in a proactive way to identify issues and service improvement opportunities before they become complaints (30 of the 155 providers).

‘...we have increased the number of times we visit clients and their families across a year. This has allowed us to check that we are providing a service that is responsive to their needs. We hope that this process will also allow for early identification of any complaints that may arise into the future’.

‘Use of satisfaction surveys give indication of improvement before escalating to formal complaint’.

‘[Provider name] has a number of forums and committees with service user/carer representation that enables issues to be raised and addressed before they reach the stage where a complaint is necessary’.

- Providing effective information and communication to complainants, including in easy to understand language, and in accessible formats (including pictorial formats) (22 providers).

‘Easy English with picture versions of complaints process developed in conjunction with the service user advisory group’.

‘We have worked with the students who have a disability to support and empower them to be involved in student projects and student committees in the centre that are working on procedures. Assisting students to be involved in the life of the centre and the development of written information in formats that support their communication needs has assisted them to be active members of our community’.

- Responding to complaints quickly, including following up issues in a timely manner and de-escalating issues (21 providers).

*‘The immediacy of our handling concerns really stands us in good stead. It demonstrates that we get straight onto the concern and do not let people get more anxious by having to wait. They are able to talk through issues that are troubling and never feel ‘shoved aside’ or having to wait for action or to be heard. If we cannot deal with the situation immediately by the complainant being unavailable, we always try to assure they know we have been in contact by leaving messages and return numbers’.*

- An effective complaints register, linked with complaints handling processes/quality management systems (21 providers).

*‘The prompt logging of the complaint on the complaints registers by the team leader which allows the complaint to be actioned promptly with all outcomes documented’.*

*‘At its monthly meetings, [Provider name’s] Quality Management Review Committee reviews and identifies any trends in complaints, compliments or general feedback. ... This strong committee membership across [Provider name’s] major business areas enables the committee to develop, implement and evaluate improvement actions to manage its complaints resolution practices’.*

## Areas for further development

DSC’s experience in working with service providers to resolve complaints has confirmed the importance of understanding the four key things (the four A’s) people tend to want from service providers when they make a complaint, which is to:

**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.

Data collected over the past three years of the significant factors in the resolution of complaints brought to DSC indicates the importance of providing information or explanations to answer complainant’s questions, (59 per cent in 2009–10), acknowledging the views and issues of the person making the complaint (49 per cent in 2009–10) and agreements on actions to address issues (46 per cent in 2009–10). The provision of apologies featured in 13 per cent of complaints in 2009–10, an increase of seven per cent from 2008–09.

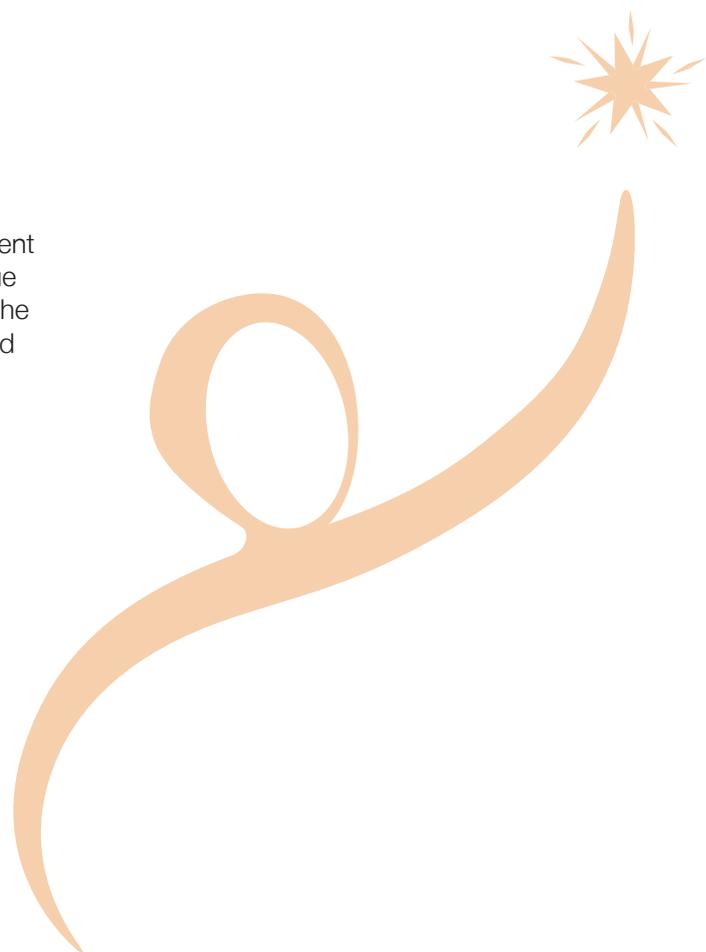
DSC recognises that a combination of factors is normally involved in the resolution of complaints and has therefore collected multiple responses for ways in which individual complaints are resolved. In contrast, ACR data from service providers to date has only allowed the recording of a single complaint outcome, resulting in lower proportions of complaints recorded as being resolved through the provision of information (18 per cent) or explanation (nine per cent), acknowledgement of complainant’s views and issues (17 per cent), agreements reached on actions (seven per cent) and apologies (four per cent). Twenty-eight per cent of ACR complaints were resolved by various actions to address the issues, including agreements on actions (seven per cent), remedial actions (five per cent), service or facility provided (six per cent), policy or procedural change (seven per cent) or other actions (three per cent).

While these proportions are not directly comparable to those recorded by DSC, these trends suggest that the provision of answers, acknowledgements and apologies may be areas for further development and attention by service providers in their responses to complaints. Acknowledgements did however

increase from 11 per cent in 2008–09 to 17 per cent in 2009–10 which indicates that service providers are already giving more attention to this approach to complaint resolution. The new web-based ACR tool due for release in 2010–11 will enable service providers to record multiple factors that have contributed to the resolution of complaints and thus enable better comparative data and analysis in the future.

DSC's experience suggests that the initial response from service providers to complaints is critical to both the degree to which the complaint will be escalated and, ultimately, the resolution of that complaint. In this regard, our experience indicates that the development of communication and conflict resolution skills of staff is as important to effective complaint handling as improvements in complaints processes and systems. Communication issues have been consistently identified as an underlying theme in many enquiries and complaints to DSC, featuring in 30 per cent of matters raised in 2009–10. In contrast 10 per cent of complaints reported in ACR data in 2009–10 related to poor quality or insufficient communication which raises questions about the extent to which the role communication plays, in both contributing to and subsequently resolving complaints, is being recognised and addressed.

Knowledge gained from DSC's experience in resolving complaints, together with these trends observed in ACR data, will be used to enhance DSC's ongoing education and capacity development work with service providers. This work will continue to build on the important foundation provided by the good practice guide for developing person-centred complaints management cultures and systems.



## Annual complaints reporting (ACR) – task group developments

<b>Task group membership 2009-10</b>	<b>Previous</b>
	Ms Ellen-Jane Brown, Manager Corporate Integrity Information & Resolutions Unit Department of Human Services Kerry Presser, State Manager, National Disability Services Victoria
	<b>Current</b>
	CHAIR - Mr Scott Sheppard, Chief Executive, Uniting Care Community Options Ms Christine Owen, Manager Disability Services, Department of Human Services, Eastern Metropolitan Region Mr Denis Quigly, Yooralla - Compliance and Risk Manager, Mr John Gray, Manager Disability Services, Loddon Mallee Region Ms Helen Bryant, NDS - Policy Officer Ms Marianne Hubbard, PINARC - Chief Executive Officer Ms Rosie Chiavaro, Principal Officer, Disability Services Commissioner Ms Sally Nicol, Melba - Community Connections Manager Mr Sanjib Roy, Yooralla - Chief Executive Officer Mr Shane Beaumont, Quality and Sector Development Branch, Disability Services Division, Department of Human Services Mr Mike Howard, Manager Corporate Integrity Information & Resolutions Unit, Department of Human Services
<b>Terms of reference</b>	<ol style="list-style-type: none"> <li>1. Identify, monitor and propose strategies to address issues that arise from the distribution of the DSC annual complaints report.</li> <li>2. Consider and propose relevant methodology for the collection, analysis and reporting of annual complaints data under the <i>Disability Act 2006</i>.</li> <li>3. Make recommendations for improvement of ACR data collection tool instrument design.</li> </ol>
<b>Legislation</b>	<i>Disability Act 2006</i> Section 105 Report on complaints. A disability service provider must report annually to the Disability Services Commissioner in the form required by the Disability Services Commissioner specifying the number of complaints received and how the complaints were resolved.

The ACR Task Group reports to the Disability Services Board and enables the provision of advice from the Board to the Commissioner about service provider's annual complaints reporting.

For the past three years DSC has provided reporting templates to assist service providers in their reporting requirements. There is growing recognition that the use of the complaints data collected informs and enhances our focus on sector development activities and provides an opportunity to showcase examples of good practice.

We recognise that the existing reporting templates are not optimal for interpretation, analysis and the ability to provide value-adding commentary about data which would continue over time. To improve the complaints reporting framework, the task group, together with DSC staff and specialist research advisors, worked to establish stronger reporting indicators to ensure more rigorous, statistically sound and meaningful interpretations of service provider complaints data into the future.

A review of our reporting methodology was conducted by independent researchers about

our ability to gather and analyse complaints data, map trends, identify gaps and provide reports to inform sector development. Key findings from the review identified gaps and inconsistencies in data collected and reinforced the advantages of a new methodology for collecting and analysing complaints reports from services, including a review of questions and going on-line.

The work resulted in the development of a new web-based complaints data collection tool that will be available to all registered disability service providers for reporting their complaints for 2010–11. The new tool has been designed to be user friendly, and to simplify and enhance complaints reporting and better support the collection and analysis of complaints data in the future. The new tool improves the benefits, ease of completion and usability for service providers to both enhance reporting compliance and ensure rigorous, statistically sound and meaningful interpretations of data.

Following an initial re-design of the reporting questions and tool in consultation with the Privacy Commissioner, the task group developed a more

comprehensive web-based tool for demonstration and made this available for user testing. Some service providers were invited to provide input through focus groups, interviews and feedback. User testing results were positive and suggestions for improvement were accepted, including a key design feature identified by service providers for a 'data upload function' to import data from other databases.

### **Key features of the online complaints reporting tool**

- Accessible, flexible, secure and user friendly.
- Services can load data throughout the year (authorised person submits report at the end of the reporting cycle).
- Functions as both a management tool and a complaint reporting tool.
- Reports that include a summary of the status of complaints can be printed.
- Reporting questions have enhanced response categories, multiple-response options and more consistent wording to help with interpretation of complaints.
- Question design to minimise double counting, tracks extent of outcomes and allows assessment of impact of complaint process on service providers.

Second stage user testing commenced in June 2010. The tool is due to be released late 2010 with roll-out supported by information and education sessions.



## Financial statement for the year ended 2010

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 2009–10 is provided below.

The source revenue for the Disability Services Commissioner was the allocation of **\$1,995,522** provided through the Department of Human Services.

### Operating statement for the year ended 30 June 2010

Government appropriation	\$1,995,522
Total revenue	\$1,995,522
<b>Expenses from continuing activities:</b>	
Salaries	\$1,214,695
Salary on costs	\$182,832
Supplies and consumables (admin)	\$362,868
Indirect expenses <sup>20</sup>	\$140,797
Total expenses	\$1,901,192
Net result for the year	\$94,330

<sup>20</sup> Indirect Expenses include depreciation and long service leave.

## Compliance and accountability

### *Whistleblowers Protection Act 2001*

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

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

### *Information Privacy Act 2000*

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

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

### *Freedom of Information Act 1982*

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

No freedom of information applications were received by DSC for the year in review.

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

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

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

- *protection from inhuman or degrading treatment*
- *freedom of movement including the freedom to choose where to live*
- *taking part in public life*
- *the right to liberty and security of person*
- *humane treatment when deprived of liberty*
- *the right to privacy and reputation.*

In fulfilling our various functions, the Disability Services Commissioner seeks to promote the human rights of all individuals. The Commissioner gives consideration to human rights when dealing with complaints. As part of the *Good practice guide and self audit tool* for disability service providers, specific attention is given to ensuring disability service providers comply with the Charter in responding to complaints.



## Appendix one: Commissioner – Complaints data

Breakdown of enquiries and complaints	08-09 Total	09-10 Total	% of Total
Complaints	140	133	23.3%
Enquiries only	281	438	76.7%
<b>Total</b>	<b>421</b>	<b>571</b>	<b>100%</b>

Outcomes for in-scope complaints	08-09 Total	09-10 Total	% of Total
Informally resolved	68	63	61.2%
Decision not to consider complaint	15	21	20.4%
Decision to consider complaint	19	10	9.7%
Stop dealing with complaint	13	9	8.7%
<b>Total</b>	<b>115</b>	<b>103</b>	<b>100%</b>

Ways complaints resolved: Assessment and conciliation cases (multiple responses)	08-09 Total	09-10 Total	% of Total
Answers provided – information/explanations	38	60	58.8%
Acknowledgement – complainant views/issues	44	50	49.0%
Agreement reached on actions	38	47	46.1%
Meetings/reviews arranged by provider with service user/complainant	44	37	36.3%
Communication issues addressed/misunderstandings resolved	35	31	30.4%
DSC coaching of parties		20	19.6%
Service offered/provided	20	20	19.6%
Change to way in which support/service provided	-	17	16.7%
DSC facilitated meetings/conferences	-	17	16.7%
Independent assessment or opinion sought/obtained	-	17	16.7%
Referrals made by provider	5	14	13.7%
Apology provided	5	13	12.7%
DSC assessment conference	-	10	9.8%
Policy/procedural change proposed or made	4	7	6.9%
DSC advice/suggestions on ways to resolve	-	6	5.9%
Reimbursement/waiver or reduction of fees/compensation	1	6	5.9%
Review of service/practices to be undertaken	-	6	5.9%
Change or appointment of worker (e.g. key worker, case manager)	-	4	3.9%
Investigation undertaken/to be undertaken of incident/issue	-	3	2.9%
Referrals made by DSC	-	3	2.9%
Training/input provided to staff	-	1	1.0%
Disciplinary action	1	-	
<b>Total number of cases</b>	<b>77</b>	<b>102</b>	

Breakdown of in-scope and out-of-scope enquiries and complaints	08-09 Total	09-10 Total	% of Total
In-scope enquiries and complaints	289	345	60.4%
Out-of-scope enquiries and complaints	132	226	39.6%
<b>Total</b>	<b>421</b>	<b>571</b>	<b>100%</b>

Conciliation outcomes	08-09 Total	09-10 Total	% of Total
No further action warranted/change of circumstances	4	2	50.0%
Resolved – fully or substantially	9	1	25.0%
Matter could not be conciliated/legal proceeding commenced on issue	3	1	25.0%
Complaint withdrawn	3	0	0.0%
<b>Total</b>	<b>19</b>	<b>4</b>	<b>100%</b>

Types of issues for in-scope complaints (multiple responses)	08-09 Total	09-10 Total	% of Total
Service provision	145	260	45.5%
Communication	111	171	29.9%
Service access	63	103	18.0%
Service quality	60	95	16.6%
Policy/procedure	22	45	7.9%
Relationships	17	23	4.0%
Legislation/Regulations	8	22	3.9%
Privacy/breach of confidentiality	6	7	1.2%
Human resources	4	6	1.1%
Other	33	127	22.2%
Not Defined	131	-	
<b>Total number of cases</b>	<b>421</b>	<b>571</b>	

Source of enquiries and complaints	08-09 Total	09-10 Total	% of Total
Parent/guardian	184	211	37.0%
Service user	98	136	23.8%
Family member	30	59	10.3%
Staff member	39	51	8.9%
Advocate	11	20	3.5%
Friend	13	16	2.8%
Other service provider*	0	18	3.2%
Neighbour or community member	4	4	0.7%
Other statutory authority	5	4	0.7%
Anonymous	6	2	0.4%
Legal representative	1	2	0.4%
Member of parliament	1	2	0.4%
Other	29	26	4.6%
Unknown*	0	20	3.5%
<b>Total</b>	<b>421</b>	<b>571</b>	<b>100.0%</b>

## Appendix two: Annual Complaints Report data from service providers

Service type	08-09 Total	09-10 Total	% of Total
Advocacy services	4	-	-
Attendant care	-	14	1.1%
Behaviour intervention services	3	1	0.1%
Case management	76	129	9.7%
Community options	8	-	-
Congregate care	4	-	-
Day services	258	310	23.3%
Flexible support packages	18	31	2.3%
Futures for Young Adults	30	30	2.3%
Home First	18	-	-
Independent Living Training	-	6	0.5%
Individualised support packages	69	155	11.7%
Outreach support	17	15	1.1%
Recreation	11	12	0.9%
Residential institutions	-	23	1.7%
Respite	82	123	9.2%
Shared support accommodation	250	377	28.3%
Therapy	8	14	1.1%
Other service type	124	90	6.8%
Data not provided	159	34	
<b>Total</b>	<b>1139</b>	<b>1364</b>	<b>100%</b>

Outcome sought	08-09 Total	09-10 Total	% of Total
Information	114	110	8.5%
Explanation	283	332	25.7%
Apology	96	94	7.3%
Access to appropriate service	104	130	10.1%
Policy/procedural change	101	102	7.9%
Performance management	54	73	5.6%
Re-imburement/compensation	19	21	1.6%
Acknowledgement of complainant's views / issues	-	98	7.6%
Change or appointment of worker / case manager	-	31	2.4%
Relocation / transfer to another service	-	18	1.4%
Change of review or decision	-	13	1.0%
Review, improve, implement person's plan	-	19	1.5%
Other outcome	207	252	19.5%
Data not provided	161	71	
<b>Total</b>	<b>1139</b>	<b>1364</b>	<b>100%</b>

Source of complaint	08-09 Total	09-10 Total	% of Total
Anonymous	12	27	2.1%
Service user	207	293	22.4%
Parent / guardian	414	614	46.9%
Sibling	40	30	2.3%
Spouse	2	14	1.1%
Child	3	2	0.2%
Staff member	129	98	7.5%
PASA / other DHS	7	18	1.4%
Friend	5	4	0.3%
Grandparent / grandchild	5	1	0.1%
Advocate	-	3	0.2%
Neighbour or community member	40	56	4.3%
Disability Services Commissioner	29	38	2.9%
OPA	2	4	0.3%
Other statutory authority	11	14	1.1%
Legal representative	3	2	0.2%
Member of Parliament	3	10	0.8%
Minister for Community Services	-	1	0.1%
Other family	-	34	2.6%
Other	79	47	3.6%
Data not provided	148	54	
<b>Total</b>	<b>1139</b>	<b>1364</b>	<b>100%</b>

Resolution	08-09 Total	09-10 Total	% of Total
Resolved - Fully / satisfied	-	921	71.8%
Resolved - Mostly	-	111	8.7%
Resolved - Partially	-	77	6.0%
Unresolved - Currently under internal review	-	65	5.1%
Unresolved - Currently being dealt with by Commissioner	-	18	1.4%
Unresolved - Currently being dealt with by another authority / service	-	9	0.7%
Unresolved - No action taken (yet)	-	12	0.9%
Unresolved - Not able to be resolved	-	16	1.2%
Other	-	54	4.2%
Data not provided	-	81	
<b>Total</b>		<b>1364</b>	<b>100%</b>

Gender	08-09 Total	09-10 Total	% of Total
Female	408	543	45%
Male	471	676	55%
Data not provided	260	145	
<b>Total</b>	<b>1139</b>	<b>1364</b>	<b>100%</b>

Type of disability	08-09 Total	09-10 Total	% of Total
Sensory impairment	6	45	3.8%
Physical impairment	139	192	16.1%
Neurological impairment	31	63	5.3%
Acquired brain injury	29	76	6.4%
Intellectual disability	549	634	53.0%
Developmental delay	4	12	1.0%
Autism	27	93	7.8%
Mental illness	-	6	0.5%
Other disability	85	75	6.3%
Data not provided	269	168	

Age range	08-09 Total	09-10 Total	% of Total
< 4 yrs	6	6	0.5%
5 – 10 yrs	26	29	2.5%
11 – 15 yrs	48	50	4.3%
16 – 18 yrs	-	28	2.4%
19 – 25 yrs	-	248	21.2%
16 – 25 yrs	188	-	-
26 – 30 yrs	117	136	11.6%
31 – 40 yrs	-	118	10.1%
41 - 50 yrs	-	400	34.2%
51 - 60 yrs	-	69	5.9%
31 – 60 yrs	421	-	-
61 - 70 yrs	-	13	1.1%
71 - 90 yrs	-	32	2.7%
61 – 90 yrs	30	-	-
> 90 yrs	2	-	-
Unknown	-	40	3.4%
Data not provided	301	195	
<b>Total</b>	<b>1139</b>	<b>1364</b>	<b>100%</b>

Time taken	08-09 Total	09-10 Total	% of Total
<7 days	437	-	
1 - 3 days	-	221	19.9%
4 - 7 days	-	369	33.3%
8 - 20 days	153	220	19.9%
21 - 31 days	89	137	12.4%
32 - 62 days	77	93	8.4%
63 - 90 days	23	28	2.5%
> 90 days	34	40	3.6%
Still open	100	105	
Data not provided	226	151	
<b>Total</b>	<b>1139</b>	<b>1364</b>	<b>100%</b>

Complaint issue	08-09 Total	09-10 Total	% of Total
Human resources	33	-	
Insufficient knowledge / skills of workers	-	16	1.2%
Staff behaviour / attitude	-	93	7.2%
Concerns around discrimination / abuse / neglect / bullying	-	19	1.5%
Poor match between service user and staff	-	18	1.4%
High turnover of workers	-	6	0.5%
Concerns around physical / personal health & safety	-	35	2.7%
Legislation/regulations	11	-	-
Relationships	63	-	-
Concerns around compatibility of service users who share services	-	7	0.5%
Dissatisfaction with quality of services provided	-	114	8.9%
Insufficient service / care provided	-	340	26.5%
Communication	135	-	-
Insufficient communication by service provider	-	29	2.3%
Poor quality communication	-	94	7.3%
Service access	118	-	-
Long wait time to access services	-	7	0.5%
Request for service refused as not assessed as having a disability	-	1	0.1%
Request for service refused as not considered priority for access to services	-	3	0.2%
Service not considered compatible with level / type of disability	-	8	0.6%
Not compatible / poor relationship with other users sharing services	-	18	1.4%
Transport issue	-	28	2.2%
Concerns about policies / procedures	46	52	4.0%
Privacy / breach of confidentiality	8	14	1.1%
The way complaints have been handled	-	3	0.2%
Multiple issues	21	57	4.4%
Other issue	159	323	25.1%
Data not provided	135	79	
<b>Total</b>	<b>1139</b>	<b>1364</b>	<b>100%</b>

**Total complaints reported** 1364

\* Dashes denote options not used in corresponding year

## Appendix three: Whistleblowers

### Whistleblowers Protection Act 2001

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

#### (a) Reporting procedure guidelines

##### Statement of support

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

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

##### Availability of procedures

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

### Corrupt conduct

Corrupt conduct means:

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

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#### The reporting system

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

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

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

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#### 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](http://www.ombudsman.vic.gov.au)  
Email [ombudvic@ombudsman.vic.gov.au](mailto:ombudvic@ombudsman.vic.gov.au)  
Telephone (03) 9613 6222  
Toll free 1800 806 314

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## 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.

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### DSC report for 2009–2010

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

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## NOTICE OF AMENDMENT to Annual Report 2008–09

Below is the amended 'Figure 8, 'Sources of enquiries and complaints' from page 28 of our 2008–09 Annual Report. This table provides an accurate representation of the figures and supporting text in section 'Characteristics of complainants and service users; Sources of enquiries and complaints'.

### **Characteristics of complainants and service users; Sources of enquiries and complaints**

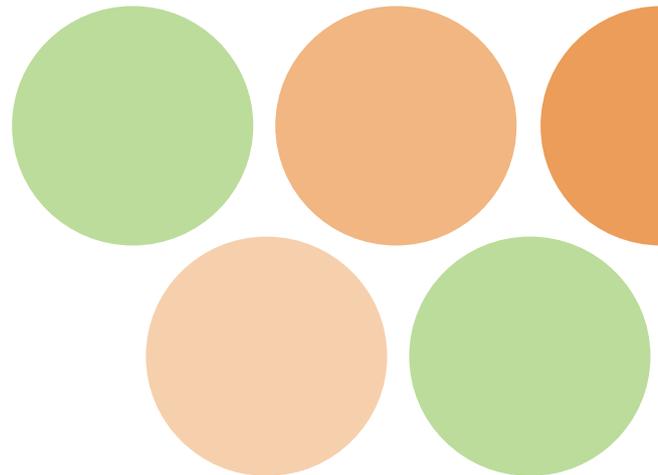
The number of people with a disability bringing issues to DSC increased to 23 per cent of all enquiries and complaints compared with 17 per cent in 2007–08. Parents account for 44 per cent of enquiries and complaints while other sources include advocates, staff members, friends and other statutory bodies, representing similar proportions to 2007–08. Figure 8 shows a slight increase in the proportion of enquiries and complaints made by staff members (from six to nine per cent) in 2008–09 and a slight decline in those made by parents/guardians (from 47 to 44 per cent) in line with the increase in the number of issues raised by service users.

Figure 8: Source of enquiries and complaints

Parent/guardian 2007–08	47 per cent
Parent/guardian 2008–09	44 per cent
Service User 2007–08	17 per cent
Service User 2008–09	23 per cent
Family member 2007–08	eight per cent
Family member 2008–09	seven per cent
Staff member 2007–08	six per cent
Staff member 2008–09	nine per cent
Advocate 2007–08	five per cent
Advocate 2008–09	three per cent
Friend/neighbour/community 2007–08	four per cent
Friend/neighbour/community 2008–09	four per cent
Anonymous 2007–08	one per cent
Anonymous 2008–09	1.5 per cent
Other statutory authority 2007–08	one per cent
Other statutory authority 2008–09	one per cent
Legal representative 2007–08	three per cent
Legal representative 2008–09	0.5 per cent
Member of Parliament 2007–08	one per cent
Member of Parliament 2008–09	0.5 per cent

respect responsive rights accessibility

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