



Disability Services  
Commissioner  
**2012** Annual Report

! It's  
**OK**  
to complain



Disability  
Services  
Commissioner

Published by the Victorian Government  
Disability Services Commissioner  
Melbourne, Victoria, Australia

September 2012

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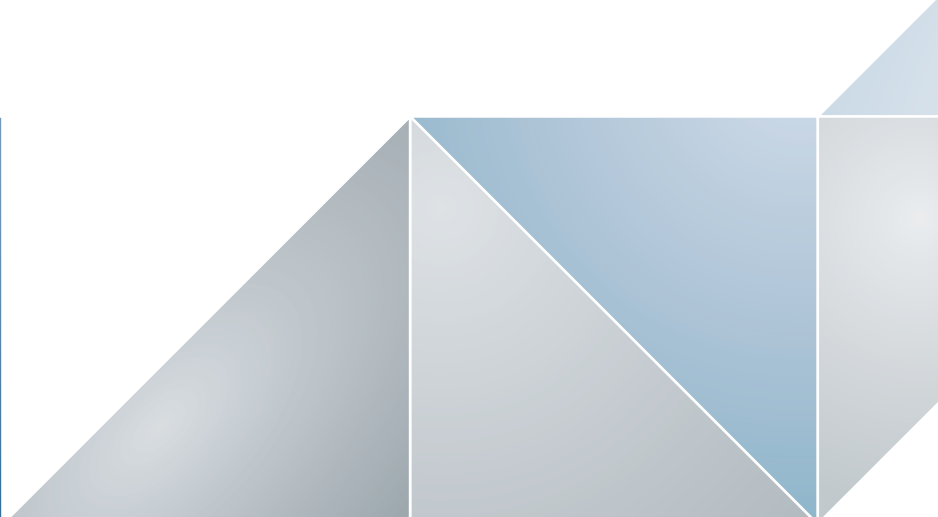


# Disability Services Commissioner

## 2012 Annual Report

We invite you to read *Our Year in Review 2011–12* and our Spring Edition plain English newsletter complementary to this annual report. These capture our summary reflections on the activities and achievements of our office, the Victorian disability sector and the experience of people with a disability, service providers and our team regarding complaints raised and handled in the past year.

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

11 September 2012

The Hon Mary Wooldridge 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 2012.

Yours sincerely

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

Laurie Harkin  
Disability Services Commissioner

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# From the Disability Services Commissioner



Given the passing of five years since the establishment of this Office under the *Disability Act 2006* it is timely to reflect on the privilege that has been ours to serve as faithful agents of the principles which safeguard the rights and protections mandated for people with a disability in this legislation.

In this report we review what has been achieved this year. We are mindful of the opportunities and challenges ahead and to ensure our future work is informed by the richness of our learning to date.

We continue our work with energy and enthusiasm in support of the rights of people with disabilities to be heard and to have their views respected. As we refine our internal practices and processes we are always informed by the need to have the person with a disability at the centre of our thinking. At the conclusion of my five-year appointment, and the commencement of a further time as Commissioner, I remain confident that our work is and will be firmly characterised by these principles into the future.

Reflecting on our first five years, I know some initially did wonder if things could change and naturally there was a degree of uncertainty in our early days. Individuals or families with concerns about disability services often did not believe that anything could ever be different. Some service providers were understandably also sceptical about the objectives to be pursued with the establishment of the Office in July 2007.

During these years the sector has increasingly demonstrated an openness, insight and acceptance of the need for change and the preparedness and conviction to make it happen. At times this required longstanding paradigms to be challenged. Primarily, our role has been to offer people the opportunity to view the circumstances before them differently.

We have undertaken our responsibilities in a methodical way and have continued to pursue opportunities for influence through all things we do. We have gone about our work in these foundation years in a forthright and measured way and everything suggests there has been great value in this approach.

Issues for services have often been about values and relationships with people and less often about the processes. We have been able to identify this through the input of people with a disability. This has significantly increased the likelihood of organisations applying these perspectives and viewing complaints as learning opportunities.

We have seen the value in inviting services and individuals to accompany us on the journey of change and are pleased and encouraged by the many contributions that continue to be made to our work through the direct input of the sector and people with a disability. The test for us is what people with disabilities say, as they provide the testimony to whether or not this model works, and invariably they say to us that it works for them.

We remain encouraged by our dealings with and visits to service providers, and the opportunities for direct discussions about key issues and challenges across the sector. Now is a critical time for the sector with the emergence of the National Disability Insurance Scheme (NDIS) and government

announcements regarding the foundations for its introduction. We remain steadfast in our commitment to the safeguards and protections currently available through the Victorian legislation and aspire to see them incorporated within the models that could come into play in any future arrangements.

Like all others involved in the disability sector, we look forward with hope and anticipation for what such a scheme might hold for the lives of people with a disability. Getting this right is a significant challenge and care and diligence needs to characterise everyone's endeavours so that key opportunities are neither diminished nor lost. We look forward to playing our part in this work, and in particular through representing the lived experience of people with a disability who have brought their issues to us to assist in their resolution.

We are increasingly recognised as being at the forefront of alternative dispute resolution (ADR) practice in disability service complaints, as evidenced by requests for consultation, input and presentations on the practices we have developed.

The annual complaint reporting (ACR) tool and the approaches we have adopted have been recognised this year by the Research Industry Council Australia (RICA) and there is strong interest from our colleagues in other jurisdictions who recognise the benefit of our methodologies for capturing complaints experiences.

Meetings this year with fellow commissioners with disability

## From the Disability Services Commissioner

complaints responsibility across states and territories, together with our colleagues from New Zealand, have reaffirmed that we are broadly at one about the key principles that should apply in disability complaints handling.

Also significant for us at this time are the amendments to the Disability Act which further enhance how we are able to influence the work of the sector. Through enquiries and complaints that are outside our jurisdiction, we continue to see the opportunity for improved scrutiny of services provided to children with disability in the education system, supported residential services (SRSs), Home and Community Care (HACC) services and disability services that are Transport Accident Commission (TAC) funded. These services for people with a disability could, in our view, benefit from similar independent scrutiny to that provided by this Office, which we believe, would further improve the disability service system.

Each year opportunities arise to provide advice and make submissions to government and we have continued to provide our perspective to a number of these informed by our learnings, emerging trends and broader systemic issues. These are represented in the body of this report.

Areas that have exercised us in the complaints dealt with this year, have included issues relating to the adequacy of responses to incidents and risks to people's wellbeing and safety, relationships between families and services, the needs of children with a disability, communication and decision making around Individual Support Packages, person-centred approaches within accommodation services and staffing and workforce issues. These themes are also reflected in complaints reported by service providers and are identified as key areas for policy, practice and service improvements.

The trend increase in the number of complaints reported by service providers over the last five years continues with a 12 per cent increase in new complaints, along with the significant improvement in compliance with complaint reporting obligations, with all services reporting this year. This suggests that providers' attitudes, practices and policies are becoming more aligned with a positive complaints culture in which people feel comfortable to provide feedback, positive or negative, about the disability supports they receive.

Our data analysis this year shows the number of enquiries and complaints to us has increased by 22 per cent, which is consistent with the trends reported in the annual complaints data provided by the sector. This again is a strong indication of the increasingly positive complaints culture and the concerted efforts of service providers to enhance their insight into the concerns of people with a disability.

In June we launched the first in a series of occasional papers – *Learning from Complaints Occasional Paper No. 1: Safeguarding People's Right to be Free from Abuse – Key considerations for preventing and responding to alleged staff to client abuse in disability services*. The paper provides a valuable and extensive literature review prompted by emerging trends highlighted this year including inconsistencies of practice in responding to serious issues of concern. We will produce a series of occasional papers titled *Learning from Complaints* in the future, including a significant piece of work on data analysis, which will reflect our learning and share information and experiences to further inform policy, practice and service improvements.

Additionally, we have observed the significant challenge of access to justice for people with cognitive impairment. This is an issue that requires greater sensitivity to the circumstances of people with disabilities when involved with the justice system. It is encouraging that there is a Victorian Parliamentary Law Reform Committee of Inquiry into this issue that should influence consideration of how things might work better for people.

It is important to us to be clear about the values that we articulate and the rigour with which we pursue them. Looking ahead, we will establish a new strategic plan that articulates our commitment to achieving our future objectives and confirm our priorities and approaches for the coming years.

I record my appreciation for the work of my staff and for their commitment and valued contributions. We could not have anticipated the extent to which we would be both humbled and uplifted by our work. It is a privilege!

The annual report also provides the opportunity to acknowledge and thank Ms Tricia Malowney, President of the Disability Services Board, and all board members for their commitment, expertise and valued support.

In conclusion I acknowledge and thank the Hon. Mary Wooldridge MP Minister for Community Services for her support and commitment to the work of our office.



**Laurie Harkin**  
Disability Services Commissioner

## From the Disability Services Board President



Since our establishment five years ago the Disability Services Board has placed the needs of Victorians with disabilities at the centre of our work.

The *Disability Act 2006* determines the functions of the board and through our annual assessment process we are pleased to be able to report a diverse number of tasks undertaken in carrying out our functions and meeting our obligations this year.

We believe that, as well as providing support to the service sector, the practice, processes and resources developed by the Disability Services Commissioner (DSC) to meet the needs of Victorians with disabilities and their families or carers, are noteworthy within a best practice framework. The work continues to raise awareness across the sector of the rights of people with disabilities: guiding and supporting culture change and providing valued independent, person-centred and accessible complaint mechanisms.

This year the Disability Services Commissioner has continued to work with the board to ensure that all mechanisms are appropriate to meet the needs of Victorians with disabilities. The Office has sought the board's advice and feedback on a range of issues including resources, publications, complaint trends and ACR processes.

The board is represented on DSC's newly formed ACR reference and advisory group (formerly the board's ACR task group), by Karen McCraw and Scott Sheppard as Chair. The reference group will support the ongoing work of the Commissioner's office in the implementation, application and continuous improvement of the annual complaints reporting tool.

It is the practice of the Commissioner to invite me as President of the Board to participate in recruitment selection processes for the office; providing expertise, guidance and advice to the Commissioner. Other board members have participated in projects such as the DSC Family Engagement reference group, annual planning days for the office, joint conference presentations or have provided feedback on development of key documents such as the strategic plan.

Board members continue to promote the work of DSC which we do by clearly articulating how the Office undertakes its legislated requirements under the Act and how effective this is in improving the lives of Victorians with disabilities. We endorse the work as best practice for complaints handling as well as ensuring that we promote the work of the Commissioner through our own networks and our written submissions.

This year the board's submissions have included:

- a submission to the Victorian Equal Opportunity and Human Rights Commission (VEORHC) research on experiences of students with a disability in Victorian schools – *Out-of-scope complaints to the Disability Services Commissioner regarding education – Issues paper* December 2011
- a submission to the Department of Health Legislative Review on supported residential services on the draft SRS Regulations and Regulatory Impact Statement (RIS) – January 2012.

We were happy to welcome Ms Andrea Coote, Parliamentary Secretary for Families and Community Services, who attended a board meeting on behalf of the Hon. Minister Wooldridge earlier this year to discuss our concerns regarding inequitable complaint mechanisms which are outside the jurisdiction of the Commissioner.

We have had the opportunity to provide advice and support the work of the office to ensure better outcomes for Victorians with disabilities. At the conclusion of this reporting period, I acknowledge the work of the office, the Commissioner Mr Laurie Harkin for his leadership and his dedicated team for their contribution to this important area of work.

We have come a long way in improving the lives of Victorians with disabilities since the implementation of the *Disability Act 2006*, and we will also continue to support the Disability Services Commissioner in proactive ways to continue positively shaping and changing the culture within the disability sector.

We all know that it is better for everyone when Victorians with disabilities, their families and carers, and those working in the sector genuinely feel and believe that it is 'OK to Complain!'

Regards,



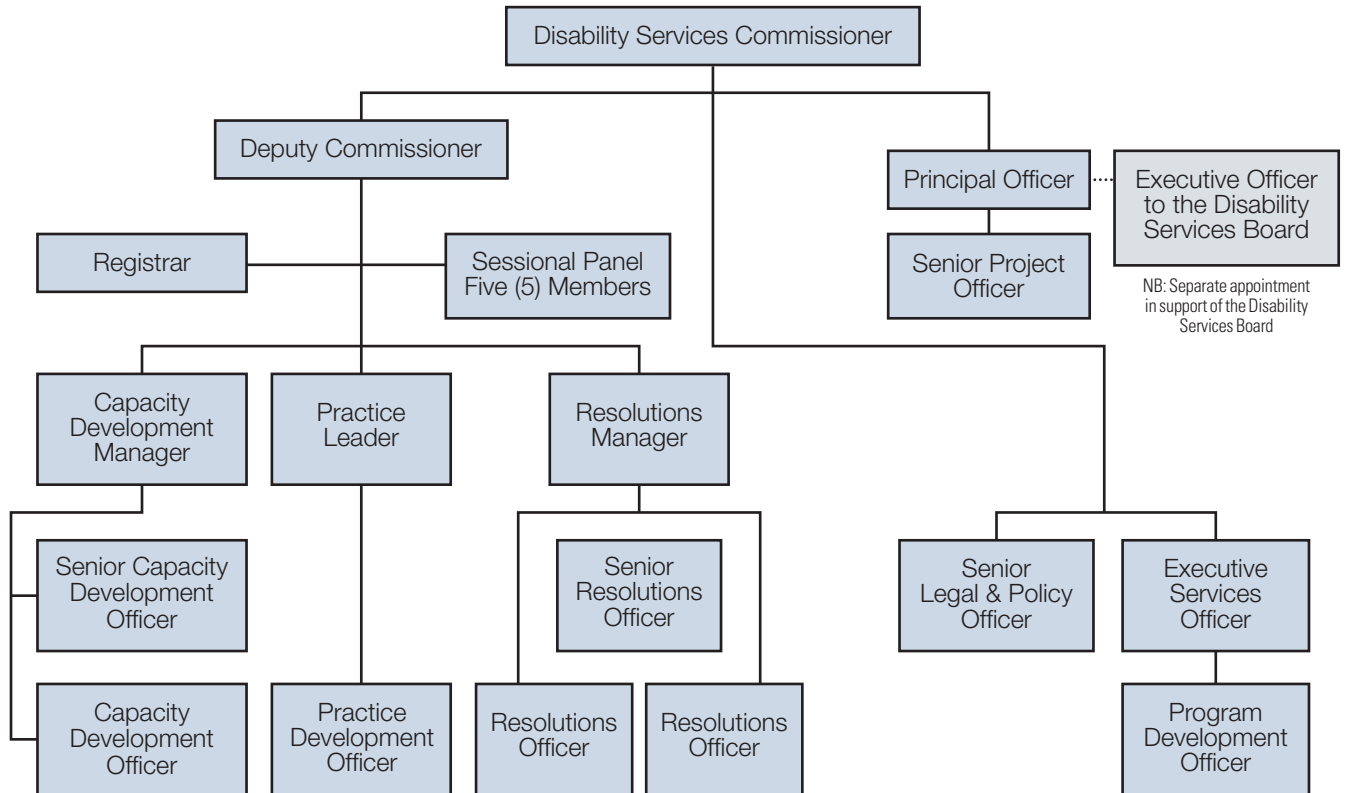
**Tricia Malowney**

President, Disability Services Board



# About the Disability Services Commissioner

## Our organisational structure



13.7 = FTE as at 30 June 2012. 16 = Number of positions. 5 = Number of sessional conciliators / investigators

## Our Values



Fairness



Respect



Rights

## Our Principles



Accessible



Accountable



Excellence



Person-centred



Responsive

# Summary of our performance

## Key activities, achievements and directions

<b>Accessibility</b>	We enhanced our accessibility with a plain English complaint form and 'Speaking Up' newsletter (print and audio versions), Braille information sheet, presentations in languages other than English, AAA website review, a revised Facebook fan page ( <a href="http://www.facebook.com/DSCVic">www.facebook.com/DSCVic</a> ) and increased use of language interpreters.
<b>Annual complaints reporting (ACR)</b>	Our evaluation survey showed <b>92 per cent</b> of users of the ACR tool rated usability of the tool positively. The ACR tool was highly commended for technology effectiveness by the Research Industry Council of Australia (RICA).
<b>Expos, education and information</b>	We delivered <b>104</b> presentations to <b>685</b> people with a disability, <b>389</b> families and carers, <b>1,755</b> service provider staff throughout Victoria – a total of <b>2,829</b> people. Information, resources and the opportunity to meet with DSC staff provided at <b>14</b> Victorian conferences and events relevant to people with a disability, families and service providers.
<b>Feedback and evaluation</b>	81 per cent of people and service providers responding to requests for feedback reported high levels of satisfaction with our complaint resolution process, in terms of being supportive, well-explained, timely, effective, objective, fair, and person-centred.
<b>Learning from complaints</b>	Service providers reported <b>944</b> 'lessons learned' from complaints (54 per cent of complaints) and 620 key lessons for sector learning. Key themes included improved communication, training and education, information for families and carers and effective complaint responses and systems.
<b>New products</b>	More than <b>12,000</b> promotional products and copies of educational materials were distributed including new <i>My Life My Way OK!</i> badges, <i>So you received a Complaint</i> postcard, <i>It's OK to Complain!</i> bingo game, eight information sheets about how we work and 4As pens and posters.
<b>Papers</b>	We produced our Learning from Complaints Occasional Paper No.1: <i>Safeguarding People's Right to be Free from Abuse – Key considerations for preventing and responding to alleged staff-to-client abuse in disability services</i> , June 2012.
<b>Publications</b>	We distributed more than <b>5,060</b> standard and plain English newsletters to individuals, groups and organisations.
<b>Resolving complaints in DSC</b>	<b>832</b> new enquiries and new complaints were received (a <b>22</b> per cent increase). A total of <b>892</b> matters were dealt with, including 60 matters carried forward from 2010–11. Ninety per cent of complaints to our office achieved positive outcomes with 69 per cent fully resolved and 21 per cent partially resolved.
<b>Sponsorships</b>	We sponsored <b>10</b> events and the production of <b>two</b> information/training resources aimed at promoting people's right to speak up and the role of complaints in improving the quality of disability services.
<b>Web and Twitter</b>	We had <b>13,382</b> visitors to our website ( <a href="http://www.odsc.vic.gov.au">www.odsc.vic.gov.au</a> ) and have <b>141</b> followers on twitter @ODSCVictoria.

## Summary of our performance

### Contributions to inquiries, submissions, research and policies

- Department of Human Services Children Youth and Family and Disability Services Division joint work plan – Governance group
- Department of Human Services policy review and draft documents – Provision of feedback on:
  - July 2011: Strategic Replacement and Realignment Program (SRRP) consultation and planning requirements – relocation of group homes guidelines
  - December 2011: Department of Human Services Service Standards Evidence Guide
  - January 2012: Disability Residential Statement template
  - March 2012: How to get ongoing support handbook (Disability Support Register)
  - May 2012: Day Services – A handbook for getting what you want
  - May 2012: Making decisions and getting help if you need it – supported decision making guide
  - May 2012: Supporting Accommodation Planning and amendments to the Residential Services Practice Manual (4.1 entry, exit, relocation and residential statements)
  - June 2012: *Disability Amendment Act 2012* Information sheet – Complaints about contracted or funded disability service providers
- October 2011: Adequacy of DHS quality of support review (QoSR) processes in departmentally operated disability services – Report.
- October 2011: Law Reform Committee – Inquiry into access to and interaction with the justice system by people with an intellectual disability and their families and carers – Evidence and submission
- November 2011: Latrobe University Sixth Annual Roundtable on Intellectual Disability Policy 29 – Services and families working together to support adults with intellectual disability – Paper
- January 2012: Victorian Auditor-General's Office performance audit consultation – Students with Special Learning Needs
- February 2012: Victorian Equal Opportunity and Human Rights Commission – report on the operation of the *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- May 2012: *Victorian Legal Aid disability action plan 2012–14* – Consultation
- June 2012: Draft National Standards for Disability Services consultation – Submission
- June 2012: Latrobe University/RMIT research project – Counting the Impact of Human Rights on Persons with Disabilities – Roundtable
- Latrobe University research project – Developing cultures of respect and preventing potential abuse in residential services for people with an intellectual disability – Research partner
- Victorian Equal Opportunity and Human Rights Commission – Relinquishment of children with disability into state care in Victoria – Reference group membership

### Provision of Notice of Advice – s17(1) Disability Act 2006

Seventeen Notices of Advice were provided by the Disability Services Commissioner as an alternate means for dealing with complaints or general matters related to complaints. These included 14 Notices of Advice to service providers, one Notice of Advice to the Department of Human Services in relation to information contained in two publications and two Notices of Advice to people who made complaints to DSC. The Notices of Advice identified actions to respond to specific issues, and advice on policy and systems issues to support service improvements within organisations and the sector.

### Protocols reviewed and in development

- Department of Health – Protocol in development
- Department of Human Services – Reviews of incident reports in relation to allegations of staff-to-client assault – Protocol executed May 2012
- Department of Human Services – Protocol updated February 2012
- Office of the Public Advocate (OPA) – Protocol updated May 2012
- The Office of the Child Safety Commissioner (OCSC) – Protocol updated June 2012
- Victorian Equal Opportunity and Human Rights Commission (VEOHRC) – Protocol agreed February 2012

## Promoting rights, change and building capacity

It is pleasing to see an increasing number of service providers recognising people's right to speak up and also the importance of responding effectively to complaints. This is reflected in the continuing high demand for our education and information sessions. We held more than 100 sessions, which were attended by 2,829 people with a disability, families and staff in 2011–12.

The introduction of our *Responding Effectively to Complaints* workshops this year also resulted in an overwhelming response from services wanting to enhance workforce skills in this area.

Feedback on our presentations continues to be encouraging, with particularly positive responses to presentations we have jointly undertaken with people with disabilities who share their own experiences of raising concerns about the services they have received. Our thanks go to Chris Van Ingen, Paul Drew and Maree Georgakopolis for their collaboration and contributions to this aspect of our work.

While good progress has been made we recognise there is still much work to be done. The gap that exists between people's expectations of their disability supports and their actual experience continues to be the driver for many of the people who bring complaints to us. One approach we have sought to initiate in response to this is a Family Engagement Project, with the objective of supporting service providers and families to work more effectively together and enhance communication. We have established a Family Engagement Reference Group comprising representatives from the sector, including providers, peak bodies, advocacy and carer organisations, universities and the Disability Services Board.

We look forward to working with the group and the disability sector over the next 12 months to establish principles and provide policy leadership to this important area of work.

**“I found information about being able to complain very useful. I wasn't aware that I could complain about a service provider...”**

*Carer*

**“I really valued the positive presentation of the meaning of a complaint and how positive this is ... for change and growth.”**

*Service provider staff member*

**“Good to have [information] presented by people from DSC ... to put faces to names and have the chance to ask questions.”**

*Parent*

**“I really valued hearing directly from Chris (service user) about his personal experiences and challenges dealing with service providers.”**

*Service provider staff member*

**“The sessions got me thinking about what we are/aren't doing and what we need to improve on.”**

*Service provider staff member*

**“It's good to know the Disability Services Commissioner exists as either a sounding board or a means to lodge a complaint.”**

*Parent*

**“Working with all you guys at DSC last year was [a] highlight of my working year.”**

*Chris Van Ingen, co-presenter*

**“I found it useful to know how to respond to a complaint appropriately as we are the 'grass roots' workers who ... receive the complaints first hand.”**

*Service provider staff member*

# Learning from complaints

## Trends and issues

1 Communication issues	
<b>Trend(s)</b>	<p><b>Communication issues continue to be identified as a key issue in complaints to DSC and those reported by service providers.</b></p> <p>In 2011–12 communication issues were identified in 48 per cent of complaints to DSC and 36 per cent of complaints reported by service providers. The proportion remained similar for complaints to DSC to 2010–11 and for service providers was an increase of 10 per cent from 2010–11.</p> <p>This suggests that service providers are becoming increasingly alert to communication as an underlying issue in many complaints and its importance for resolution.</p>
<b>Observations, initiatives and developments</b>	<ul style="list-style-type: none"> <li>• The need for improved communication was identified as a key lesson learnt by service providers in the annual complaints reports to the Commissioner.</li> <li>• The key learnings from complaints identified by both service providers and DSC demonstrate a strong focus on the importance of communication and relationships in service provision and in responding to complaints.</li> <li>• New training workshops developed by DSC on Responding Effectively to Complaints focus on communication skills, the ‘Four A’s’ of successful complaints resolution. These received an overwhelming response from both managers and staff in services seeking to attend.</li> </ul>
2 Reports of alleged assaults and risks to wellbeing and safety	
<b>Trend(s)</b>	<p><b>Service providers and DSC received increased numbers of complaints relating to alleged assaults, abuse, neglect or risks to people receiving services.</b></p> <p>There was an overall increase in complaints from 13 per cent in 2010–11 to 17 per cent in 2011–2012 to both DSC and service providers that related to issues of risks to people’s physical or psychological health and safety.</p> <p>Three per cent of complaints to DSC specifically related to alleged assaults or harm by staff, while seven per cent of complaints to service providers also related to specific concerns about intimidation, bullying, abuse or neglect by staff.</p>
<b>Observations, initiatives and developments</b>	<ul style="list-style-type: none"> <li>• This trend suggests increased attention to these serious issues and growing preparedness of people to speak up and report issues or incidents of concern.</li> <li>• In recognition of the importance of this issue, DSC produced an Occasional Paper on <i>Safeguarding People’s Right to be Free from Abuse</i> which outlines key considerations for preventing and responding to staff-to-client abuse in disability services. This paper outlines key observations and learnings from DSC complaints involving alleged staff-to-client abuse and complaints about responses to unexplained injuries.</li> <li>• DSC has contributed to learnings in consultations on the NDIS safeguarding mapping project, government submissions, input to research projects and presentations at forums.</li> <li>• In response to a request from the Minister of Community Services and the Department of Human Services, DSC provided advice on the Quality of Support Review processes for alleged staff-to-client assaults in disability services and commenced independent review of incident reports in June 2012.</li> </ul>

# Learning from complaints

## Trends and issues *continued*

3 Increase in out-of-scope enquiries to DSC	
Trend(s)	<p><b>The proportion of out-of-scope enquiries and complaints made to DSC increased from 34 per cent in 2010–2011 to 47 per cent in 2011–2012.</b></p>
Observations, initiatives and developments	<ul style="list-style-type: none"> <li>• Many people tell DSC about their frustrations with out-of-scope concerns where there is not an independent complaints pathway available.</li> <li>• In response to concerns raised about education issues for children and young people with a disability, the Commissioner met with the Minister for Education and separately with the Secretary of the Department of Education and Early Childhood Development (DEECD) to canvas these concerns.</li> <li>• DSC has contributed to Victorian Equal Opportunity and Human Rights Commission (VEOHRC) research relating to experiences of students with a disability in the education sector.</li> <li>• To ensure a smooth referral process for enquiries and complaints about Home and Community Care (HACC) and Supported Residential Services (SRS), DSC is developing a protocol with the Department of Health.</li> <li>• The <i>Disability Amendment Act 2012</i> broadens the scope of DSC from 1 July 2012, enabling DSC to deal with complaints about advocacy, information services, aids and equipment programs, financial intermediary services, and other services to people with a disability funded under the Disability Act.</li> </ul>
4 Individual Support Packages	
Trend(s)	<p><b>DSC and service providers have dealt with higher numbers of complaints relating to Individual Support Packages than any other year.</b></p> <p>Complaint reporting data from service providers highlights an increase in both numbers and proportion of complaints about Individual Support Packages from 13 per cent in 2010–11 to 16 per cent in 2011–2012.</p> <p>While a shift in the overall <i>proportion</i> (26 per cent to 22 per cent) was noted, DSC observed an increase (10 per cent) in the <i>total number</i> of enquiries and complaints about Individual Support Packages in 2010–11.</p>
Observations, initiatives and developments	<ul style="list-style-type: none"> <li>• DSC has observed a number of issues in relation to these types of complaints, such as uncertainty about review processes, lack of clarity about whether a review can include a request for an increase in funding, and more generally complaints about use of funding.</li> <li>• A Notice of Advice was provided to the Department of Human Services in relation to the need for clearer documentation relating to the circumstances of a person changing day service providers.</li> <li>• The department has sought input from DSC on reviews of related documents such as the new <i>Day Services Handbook</i> outlining the use of Individual Support Packages for these services.</li> </ul>

# Learning from complaints

## Trends and issues *continued*

5 Shared Supported Accommodation issues	
Trend(s)	<p><b>For service providers and DSC, Shared Supported Accommodation is the service type with the highest proportion of complaints.</b></p> <p>Thirty-eight per cent of all enquiries and complaints to DSC in 2011–2012 were about accommodation services compared with 37 per cent in 2010–11.</p> <p>Complaint reporting data from service providers showed complaints about shared supported accommodation recorded over two years remained at 30 per cent.</p>
Observations, initiatives and developments	<ul style="list-style-type: none"> <li>• These complaints often highlight the complexities associated with people's various disability-related support needs living together in group homes.</li> <li>• Increasingly we have highlighted the importance of the quality of support plans and reviews as a method of working through concerns about the quality of care provided to individual residents.</li> <li>• To further enhance the information contained in the document and reinforce people's rights and responsibilities in accommodation settings, DSC has made suggestions to the Department of Human Services for improvements to the Residential Statement template used by services.</li> <li>• DSC provided input to the departmental guidelines relating to the planning requirements for relocation of group homes.</li> </ul>
6 Family-related issues	
Trend(s)	<p><b>The highest proportion of complaints received continues to be made by parents and other family members of people receiving services, 47 per cent to DSC and 54 per cent of complaints to service providers.</b></p> <p>Issues relating to the role of families in service provision and decision making continue to be identified in complaints to DSC.</p> <p>The need to work on improved relationships and communication with families also featured in the key lessons reported by service providers from complaints in 2011-2012.</p>
Observations, initiatives and developments	<ul style="list-style-type: none"> <li>• DSC's Family Engagement project aims to support the development of effective relationships between service providers and the families of people using their services, by developing policy principles and practice guidelines for service providers and resources for people with a disability and their families.</li> <li>• Through complaint resolution work and engagement with service providers, DSC has identified issues such as services not having planned or documented approaches to working with families, and many families still being fearful of raising issues with providers.</li> <li>• Following a positive response to DSC's paper on the Family Engagement project at the Latrobe University's Intellectual Disability Policy Roundtable on Services and Families Working Together, DSC established a reference group of representatives from the sector to undertake this project.</li> <li>• DSC continued to draw attention to issues relating to the adequacy of service responses to children with a disability and their families, particularly in relation to out-of-home care, child protection and supports for families.</li> <li>• DSC actively supported the research project by VEOHRC on the relinquishment of children with a disability into state care in Victoria, through membership of the reference group and as a key informant. Together with the Child Safety Commissioner, these issues also received attention through our continuing participation on the governance group for implementation of the joint work plan for the Department of Human Services Children, Youth, Families and Disability Services Divisions.</li> </ul>

# Learning from complaints

## Trends and issues *continued*

7 Staff-related issues	
Trend(s)	<p><b>The second highest proportion (51 per cent) of issues in those complaints reported by service providers in 2011–2012 related to workforce and staffing issues, an increase from 38 per cent in 2010–2011.</b></p> <p>The number and proportion of enquires and complaints to DSC about these issues also increased from 15 per cent in 2010–11 to 18 per cent in 2011–2012.</p> <p>The most common staff-related issue identified in DSC complaints data (11 per cent) and complaint data reported by service providers (20 per cent) was concerns about the behaviour and attitudes of staff.</p>
Observations, initiatives and developments	<ul style="list-style-type: none"> <li>• Reflections from both service providers and DSC on learnings from complaints identify the importance of staff development and training focusing on values, attitudes and the nature of relationships with the people they support.</li> <li>• The increase in reported concerns about staff behaviours and attitudes may indicate increasing confidence of people to speak up about these concerns. It also provides a clear direction for services to focus on culture change and person-centred and rights-based approaches.</li> <li>• DSC has given increased focus to the role and training needs of direct support staff through presentations to registered training organisations and other capacity development activities.</li> </ul>

### **Edwina’s story**

Edwina lives in a group home. Her sister Mary had concerns about Edwina’s safety when she visited Edwina and noted she had bruising to her arm. As Edwina has an intellectual disability and limited verbal communication skills, she was unable to explain how the bruising occurred. When raising her concerns Mary felt the worker did not take the matter as seriously as she felt the worker should.

Through DSC’s process of assessing and resolving the complaint, the service was requested to review its response to the matter of unexplained bruising, including whether an incident report had been completed, and what investigations had been undertaken on the possible causes. DSC also requested a copy of Edwina’s support plan and found that it contained little information about her family, communication methods, or physical care and safety. DSC met with Edwina in her home and talked to the house supervisor about Edwina’s communication support needs.

DSC officers facilitated a meeting with the service provider and Mary to discuss the service’s response to the incident, opportunities to improve the supports provided to Edwina and ways to safeguard her from injury and harm. The service was able to explain the most likely causes of Edwina’s bruise and also identified areas for improvements in incident reporting and the need for more rigorous approaches to investigations of unexplained injuries. Mary and the service also discussed the benefits of Edwina having a more detailed support plan. As a result, the service introduced a more thorough process for developing and reviewing support plans that would include the person’s network and family and steps to improve safety, such as being supported to communicate concerns and needs. For Edwina, this included a support plan review meeting where Mary was included and her concerns were discussed, and plans were made for Edwina’s communication support needs to be assessed and a range of aides developed.

The service subsequently invited Edwina and Mary to provide feedback about the planning process and assured them that Edwina’s plan could be reviewed at any time. In addition, the service provider developed a clearer approach to working with families, particularly around how they would inform them of incidents at the service and the subsequent actions they would take.



# Learning from complaints

## Service provider reflections on learnings from complaints

The 2011–12 complaints reporting process asked service providers to identify the key lessons they had learnt from the complaints process, including observations and areas for improvement for their **service** and the **sector** as a whole. The responses to these questions provide insight into the current attitudes and behaviours of the sector towards the complaints process. They also help to describe the current culture within the sector around the encouragement of people to raise their concerns and complaints to facilitate continuous improvement among services and the sector.

### Suggestions for service improvement and key lessons learnt

Service providers were asked about the key lessons for their **service** that emerged from each of the complaints that they received. A total of 944 responses were recorded for this question. The main themes within these comments included:

#### 1. The need for improved communication (26 per cent).

Important themes that emerged were related to external communication with services and carers and family, and internal communication in services. Service providers indicated that they had learned how effective clear and targeted communication practices could be when working with people with disabilities and their families and carers to achieve successful outcomes. Providers highlighted the need for improved consultative processes and clearer and more open communication to provide input into care decisions and build effective relationships.

Comments related to improvements in internal communication practices included the need to maintain adequate and appropriate communication between different groups of staff involved in service provision to enhance planning of care and the effectiveness of coordination to enhance care outcomes. Comments also included the importance of communication to identify continuous improvement opportunities to ensure ongoing effectiveness.

*“Importance of establishing a clear and detailed communication strategy with families who want regular communication.”*

*“Keep communication open and encourage feedback from families, to learn more about the people we serve and what their needs are.”*

#### 2. Staff training (10 per cent).

Service providers also acknowledged that, in order to provide quality services, staff training is important to ensure staff are appropriately skilled, up-to-date with the latest approaches, and have a good knowledge of relevant policies and procedures.

*“More skill development for individuals to manage issues as they arise.”*

*“It is essential that all staff receive ongoing training to work effectively with family members.”*

#### 3. Procedures and policies (10 per cent).

Service providers also suggested that ensuring that all procedures and policies are followed in a consistent manner by staff is essential in providing efficient and high standard services.

*“... All staff to be informed and trained when there are procedure updates.”*

*“Ensuring implementation of new policy or practice instructions need to be followed with repeated and timely staff development and training.”*

#### 4. Efficient and timely follow-up on complaints (10 per cent).

Many service providers also indicated that more efficient and timely follow-up on complaints is necessary, as prompt and appropriate responses to complaints can maximise resolution rates and provide a more positive outcome for the client.

*“The initial complaint should be acknowledged immediately. A meeting with the complainant should be called as soon as possible.”*

*“Dealing with it promptly and openly was very productive and enabled us to resolve the issue through a simple and productive meeting.”*

# Learning from complaints

## Service provider reflections on learnings from complaints *continued*

### Suggestions for sector improvement and key lessons learnt

Service providers were also asked to identify key lessons learnt from complaints that could be applied to, useful for, or of interest to the **sector**. These lessons were identified in just over one-third of complaints (620 responses). The main themes within these comments included:

#### 1. Need for improved communication practices (32 per cent).

A large proportion of providers emphasised the need for improved communication practices and open and regular information sharing across the sector to improve the overall standard of service provision, including with stakeholders in service provision (such as other disability service providers, associated services and funding bodies) and people with disabilities and families.

Service providers indicated that they had learned how important it is to effectively communicate and share information with all relevant stakeholders in order to achieve successful outcomes for their clients. They also emphasised the importance of investing in an ongoing partnership with stakeholders to assist in ensuring people with disabilities receive quality service. Service providers' also indicated that they had learned how effective interpersonal communication practices between staff and people with disabilities could be when working towards positive outcomes.

*“Share information with clients, parents and carers about the organisations quality improvement initiatives as they may help people to understand the organisations ‘journey’ which may alleviate their concerns.”*

*“An investment in an ongoing, authentic relationship between staff, clients and their carers is as important as any other aspect of service. Also, carers need reminding of what staff need from them too, otherwise they may not know how they can contribute to ensuring that clients receive quality support services. It’s a partnership that requires ongoing investment and dialogue.”*

#### 2. More staff training (10 per cent).

Service providers also indicated the need for more staff training to ensure staff are skilled to deal with issues and behaviours. The importance of being up to date with policies and procedures to manage changes was also highlighted.

*“Constant up skilling of staff and monitoring of staff and client behaviours to try to address any issues quickly and efficiently before they become a major impact on clients and staff.”*

*“Importance of staff training to manage changes in practice.”*

*“Learning and development opportunity - ongoing training for staff around incident reporting procedures.”*

#### 3. Need for more information and education about service provision (four per cent).

This was considered important to build understanding among people with disabilities and their families and carers of service provision and delivery and to provide realistic expectations of services provision.

*“Families and/or carers rely on and welcome the information provided to them by service providers, in regards to service users.”*

#### 4. Need for an effective complaints system (four per cent).

Service providers also indicated the importance, in particular, for people with disabilities to feel encouraged to make complaints and know that their complaints will be responded to and investigated as part of improving services.

*“Regular contact with all clients needs to take place so that if issues arise, management are able to resolve them ASAP.”*

# Learning from complaints

## Our reflections on areas for further development

Consistent with the view of the service providers, we continue to see communication issues as an area for continued focus and action.

Through our education efforts we have introduced training based on strengthening communication in responding to complaints, including a specific focus on the “Four A’s” – *Acknowledgement, Answer, Action and Apology*.

Service providers have noted that their most common way of resolving a complaint was providing acknowledgement of the person’s views and issues (60 per cent of complaints in 2011-12). We know that when staff are comfortable and competent in providing genuine acknowledgement, the relationship with the person raising the concerns is often strengthened.

We will continue to tailor and develop our training materials to encourage service providers to engage in conversations that they might find difficult. We believe these conversations are instrumental in working through complex issues.

We note that only a small number of service providers reported undertaking a review of a person’s support plan as a way to work through issues about the quality of care provided. Presenting the opportunity to work together on reviewing a support plan can address many issues around tailoring support to the person and identifying and strengthening communication with the person and their family/ carers. At DSC, we will continue to promote the value of reviewing a person’s support plan when handling complaints to our office.

## Feedback from people involved in DSC processes

We are continuously working to improve the way we do things. One important way is through seeking feedback from people who have been involved in our processes when a complaint is brought to our office. This includes people who made a complaint and service providers.

As in previous years, feedback in 2011–12 has been overwhelmingly positive (81 per cent) in relation to DSC processes, with both people making the complaint and service providers reporting that complaints were handled in a manner that was helpful, respectful, timely, efficient, well-explained, supportive, fair and objective.

A key finding from previous years was that service providers were more likely than the person who made the complaint to report service improvements as a result of the complaint. This finding further informed DSC’s education activities and complaint resolution work. We have highlighted the importance of ongoing communication between parties and review of agreed actions after a complaint is closed, to ensure the sustainability of outcomes.

By comparison, this year there were similar levels of service improvements reported by people who made complaints (61 per cent) and service providers (59 per cent). This suggests improvements in the communication about changes resulting from complaints and the sustainability of these outcomes. Differences remained however in relation to people’s reported satisfaction with complaint outcomes. Of those who provided feedback, 54 per cent of people who had made a complaint reported satisfaction with the complaint outcome compared with 81 per cent of service providers. This finding suggests the importance of service providers reviewing outcomes with the person who made the complaint and considering how any remaining issues or concerns could be addressed.

### Feedback on what worked well

**“Great communication between DSC and myself.”**

*Person with a disability*

**“[Having a] mutual focus on improving ... the person’s situation ... and respect of their perspective.”**

*Service provider*

**“People listened when I made a complaint.”**

*Person with a disability*

**“The complaint was handled in a very professional and timely manner. I was very happy ...”**

*Family member*

**“We were so well treated and it was very reassuring our daughter was still professionally provided [services] ... despite a complaint being made against the organisation.”**

*Parent*

**“My complaint was handled very well ... thank you.”**

*Person with a disability*

### Feedback on outcomes achieved

**“[We are seeing] a better response to queries.”**

*Advocate*

**“Service manager personally explained where their service delivery to clients and family was to change for the better and corrected the mistake dramatically.”**

*Person with a disability*

**“We [all] agreed to a way forward to ensure clients received the highest quality of care and support.”**

*Service provider*

**“[The person] realised they could approach us with a complaint ... to improve their service and that we would see this as a positive.”**

*Service provider*

**“The key recommendation from DSC was a referral to the Office of Senior Practitioner [whose] involvement ... was very productive and reasonable.”**

*Service provider*

# Resolving complaints to the Disability Services Commissioner

## Overview of DSC complaints resolution

Supporting people with a disability and service providers to find ways of resolving complaints and improving services is a key focus of the work of DSC. We know that resolving complaints informally at the earliest possible point between the person who made the complaint and the service provider can strengthen communication and relationships.

We encourage people to talk to their service provider about their concerns. We recognise that sometimes this may be difficult and therefore we provide assistance to people wanting to make a complaint. Some complaints are raised with our office after attempts to work through the issues directly with the service provider have not resulted in the issues being fully resolved.

Our approach is to identify solutions that work for everyone. It is important to us to ensure that the person receiving the service is central to the steps taken to resolve the concerns.

We know that positive relationships are a foundation for the provision of quality services. It is important that we support the person who makes the complaint and their service provider to find ways to resolve the issues together as this is likely to produce the best long-term outcomes.

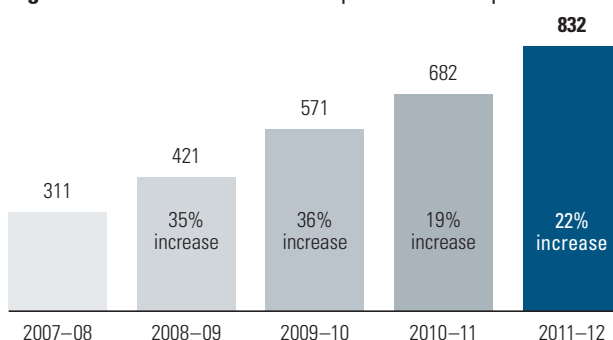
### Number of enquiries and complaints

There was a large increase in the number of enquiries and complaints made to DSC in 2011–12 compared with 2010–11, continuing a strong upward trend in the number of complaints since the commencement of DSC on 1 July 2007.

Figure 1 shows that the overall number of enquiries and complaints made to DSC increased from 682 to 832 (an increase of 22 per cent) between 2010–11 and 2011–12.

In addition to the 832 new enquiries and complaints in 2011–12, 60 matters were carried forward from 2010–11, resulting in a total of 892 matters that were dealt with by DSC this financial year. Of these matters 853 were closed during the year and 39 were still open as at 30 June 2012.

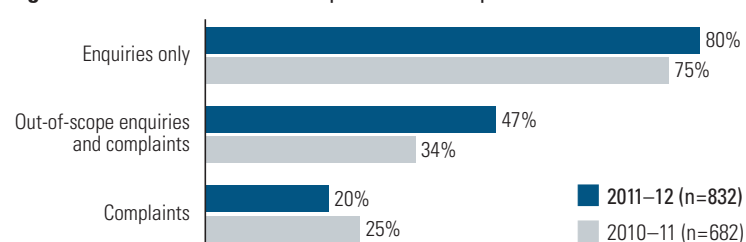
**Figure 1: Total number of new enquiries and complaints**



Of the 832 new matters raised with DSC, 666 matters (80 per cent) were handled as enquiries, while 166 matters (20 per cent) were assessed and handled as formal complaints. Figure 2 shows that a slightly higher proportion of matters were handled as enquiries in 2011–12 (80 per cent) than in 2010–11 (75 per cent). The high proportion of matters raised with DSC as enquiries can be attributed to an ongoing focus by staff at DSC on assisting callers and service providers to deal with issues at an early stage.

Enquiries can involve someone speaking up about their concerns for the first time. We also receive enquiries from people who describe that they have been raising their issues for a long period without it being resolved. We see each enquiry as an opportunity to work with people so they can gain clarity about their rights and how they can constructively raise their issue. Where possible we assist people to raise issues directly with their service provider and resolve these issues without making a formal complaint to DSC.

**Figure 2: Breakdown of new enquiries and complaints**



## Out-of-scope enquiries and complaints

Out-of-scope enquiries and complaints are those outside the jurisdiction of DSC to deal with under the Disability Act. The proportion of enquiries and complaints made to DSC that were out-of-scope increased from 34 per cent in 2010–11 to 47 per cent in 2011–12 and therefore continues to account for a significant proportion of matters.

The most common reason for an enquiry or complaint being out-of-scope in 2011–12 was that the service was not a disability service (51 per cent) or the service was a Commonwealth or HACF funded disability service (28 per cent). A further four per cent of enquiries and complaints were about state-funded disability services provided by non-registered providers, while the remaining 17 per cent of these complaints were out-of-scope for other reasons (for example, because the issues did not arise out of disability service provision, such as staff grievances). There were a wide range of issues raised with DSC amongst those out-of-scope enquiries and complaints that were not related to a disability service (as defined in the Disability Act), with the most common of these relating to education, legal services, SRS, health and mental health services, housing, physical access and general employment matters.

## Service types and issues

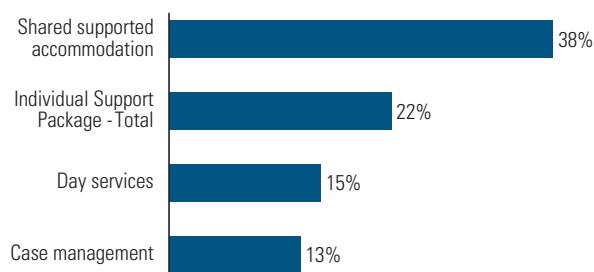
### Service types (in-scope)

Enquiries and complaints continued to be made about a broad range of service types. Although Shared Supported Accommodation continued to account for the greatest share of in-scope enquiries and complaints (38 per cent – see Figure 3) there was a small decrease in the share of enquiries and complaints made about Individual Support Packages (from 26 to 22 per cent) and a similar proportion made about day services (15 per cent) and case management (13 per cent). In each of these cases the actual number of complaints has increased, however, due to the overall increase in enquiries and complaints in 2011–12. For example, the number of complaints about Individual Support Packages increased by 10 per cent from 88 to 97 over this period.

Other service types, not shown in Figure 3, that were less often the subject of enquiries and complaints included respite (nine per cent) and planning (seven per cent), while other categories account for one per cent or less of complaints. These percentages do not include out-of-scope enquiries and complaints.

**Figure 3: Enquiries and complaints by most common service types**

*(Proportions of in-scope enquiries and complaints 10 per cent or more). (n=442)*



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Supporting people with a disability and service providers to find ways of resolving complaints and improving services is a key focus of the work of DSC.

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# Resolving complaints to the Disability Services Commissioner

## Issues (in-scope)

People contacting DSC most often raise multiple issues and concerns. These issues have been grouped into five broad categories as shown in Figure 4.

The main issues raised in enquiries and complaints in 2011–12 were:

- **service delivery and quality standards issues** (60 per cent) – mostly regarding dissatisfaction with the quality of service provided, concerns about physical and psychological health and safety and perceptions of insufficient service or care provided. The percentage share for this overall category cannot be directly compared with results presented in the 2010–11 annual report due to changes in data categories.
- **communication or relationship issues** (48 per cent) – largely due to insufficient communication from providers and concerns about the quality of this communication.

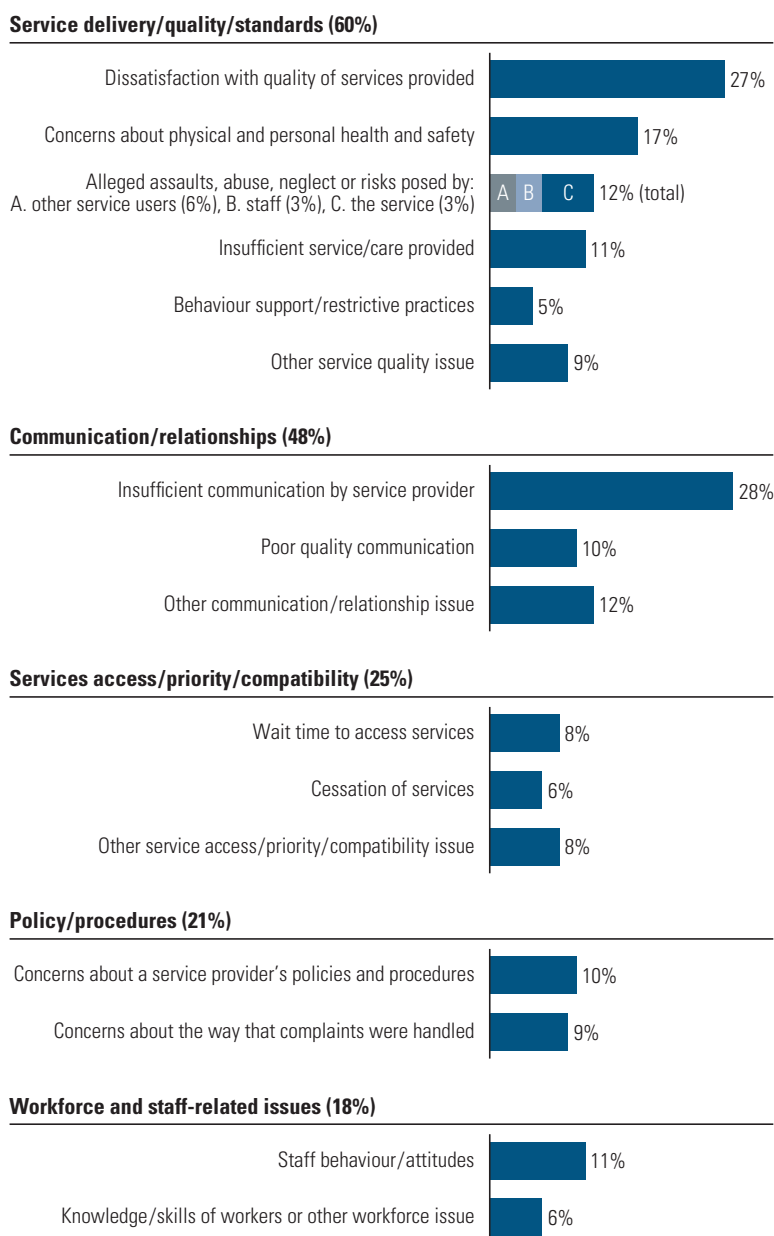
A smaller, but significant share of matters related to issues associated with service access or compatibility issues (25 per cent), concerns about providers' policies or procedures (21 per cent) and workforce or staff-related issues (18 per cent). Specific concerns about physical and psychological health and safety issues included alleged assaults, abuse, neglect or risks to people using services by other service users (six per cent), by staff (three per cent) or generally by the service (three per cent).

The common systemic issues identified in enquiries and complaints related to:

- unmet needs of people with a disability, including inadequate or inappropriate access to services and resources
- the role of families including communication and relationship issues with service providers
- the service provider's approach to complaint handling
- a lack of person-centred approaches and planning
- workforce issues and concerns about the consistency and skills of staff.

The themes and proportions of these systemic issues were similar to those identified in 2010–11.

**Figure 4: Types of issues raised in enquiries and complaints**  
(Percentage of in-scope enquiries and complaints with recorded issues (n=424), multiple issues can occur for each enquiry and complaint)



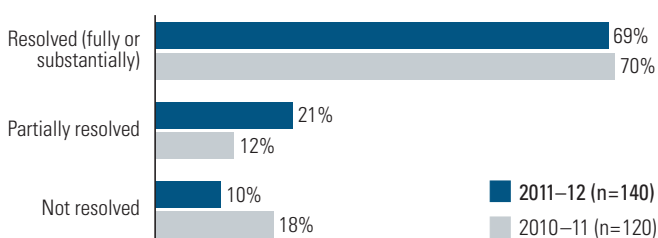
The sum of the percentage results shown in the above figure may equal more than 100 per cent as enquiries and complaints related to more than one issue.

## Outcomes

### Resolution rates for complaints

Figure 5 shows that the vast majority of in-scope complaints that were closed in 2011–12 achieved a positive outcome, similar to 2010–11. These resolution rates are calculated by excluding complaints that were either out-of-scope or where resolution was assessed as not applicable for other reasons, such as withdrawn complaints.

**Figure 5: Resolution rates for in-scope complaints**  
(Percentage of in-scope complaints in 2011–12)



These resolution rates represent the outcomes for 140 in-scope complaints which were handled and closed in 2011–12 either in assessment, referral pending or conciliation stage. These include complaints that were carried forward from 2010–2011 and exclude those complaints where resolution was assessed as not applicable. Thirty-nine complaints were still open at 30 June 2012.

Just over two-thirds (69 per cent – 97 matters) of all these complaints were fully or substantially resolved at the assessment stage. In addition, a further 21 per cent (30 matters) were partially resolved at closure. This means that for 90 per cent of complaints where a resolution was attempted, some form of positive outcome or resolution was achieved. This is above the overall resolution rates for 2010–11 where 70 per cent of in-scope complaints were resolved at either the assessment or a later stage, with a further 12 per cent partially resolved at closure, for a total of 82 per cent.

### Assessment stage – outcomes

A total of 206 complaints were handled in the assessment stage, this included 166 new complaints and 40 complaints that were carried forward from 2010–11. Forty-five of these complaints were assessed as either out-of-scope (30 matters) or resolution not applicable (15 matters). In total, 135 in-scope complaints were handled and closed in the assessment stage. Twenty-six complaints remained open as at 30 June 2012.

More than half of the in-scope complaints were resolved in the assessment stage (59 per cent – 80 matters), and a further 21 per cent (28 matters) were partially resolved. This means that 80 per cent of assessment matters were resolved or partially resolved in the 90-day assessment stage.

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The vast majority of in-scope complaints this year achieved a positive outcome.

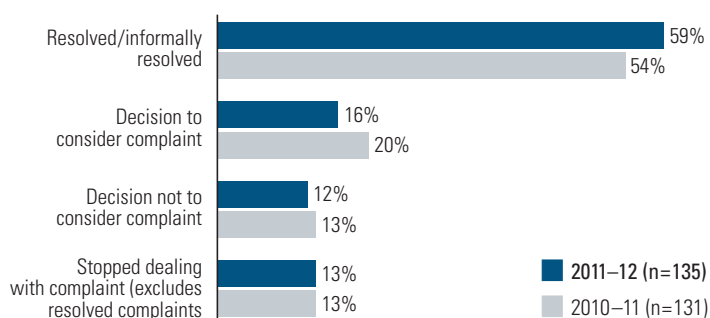
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# Resolving complaints to the Disability Services Commissioner

Figure 6 shows 59 per cent of in-scope complaints were resolved at the assessment stage in 2011–12, compared with 54 per cent in 2010–11. These statistics include the outcomes of 40 matters carried over from 2010–11 and exclude the complaints that were out-of-scope (30) or resolution not applicable (15 matters) and complaints that were still open as at 30 June 2012 (26 matters).

Decisions were made to formally consider 21 complaints (16 per cent), compared with 20 per cent in 2010–11. In the remaining matters, there was either a decision to not consider the complaint (12 per cent – similar to 13 per cent in 2010–11) or stop dealing with the complaint (13 per cent – same as in 2010–11). These decisions were mainly due to assessments that no further action was warranted on the particular issues raised, or there were changes in circumstances.

**Figure 6: Outcomes for in-scope complaints – assessment stage**  
(Percentage of in-scope complaints closed in 2011–12)



## 'Referral pending' stage – outcomes

DSC continues to see the benefit in many cases of deferring a referral to conciliation or investigation to allow further opportunity for the complaint to be resolved through agreed actions with the service provider and facilitation by DSC. A total of 26 complaints were dealt with in 2011–12 in this 'referral pending' stage, with 17 closed in this stage. Fourteen of these matters were resolved, two matters partially resolved and one matter not resolved and closed on the basis that no further action was warranted. Five of the 26 complaints were referred to conciliation and four complaints were carried forward in the referral pending stage in 2012–13.

## Conciliation stage – outcomes

Eighteen matters were referred to conciliation in 2011–12, compared with 11 in 2010–11. Conciliation is used by DSC as part of a continuum of approaches to resolving complaints, and offers protections around confidentiality and formal agreements which can assist the resolution of particular issues. Of the 18 matters referred to conciliation, three were resolved, six were partially resolved, and nine were carried forward for further action in 2012–13.

## Investigation stage – outcomes

No complaints were referred to investigation in 2011–12.



# Resolving complaints to the Disability Services Commissioner

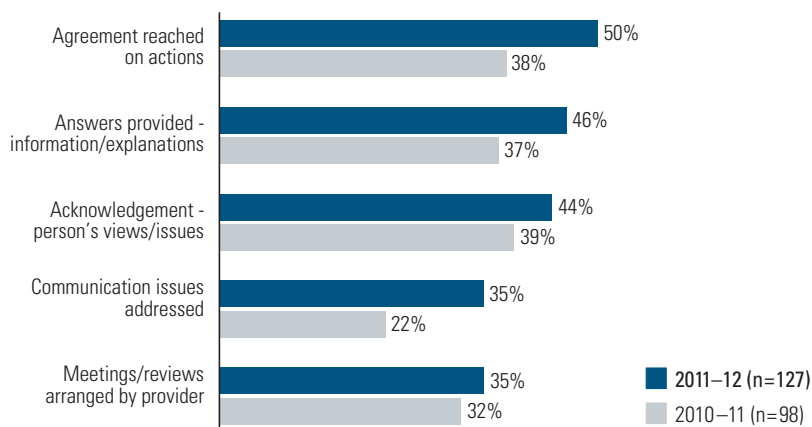
## How complaints were resolved

An ongoing focus of our work has been the development of a range of flexible person-centred approaches to promote the resolution of complaints and improved service outcomes and relationships. Figure 7 shows that the five most common ways that complaints were resolved in 2011–12 were through agreements reached on actions to address issues (50 per cent), service providers giving information or explanations to answer questions raised by the person who made the complaint (46 per cent), acknowledging the views and issues of the person who made the complaint (44 per cent), the service provider addressing communication issues or misunderstandings (35 per cent), and arranging meetings or reviews with the person who made the complaint or receiving the service (also 35 per cent).

In many cases, a combination of these and other approaches were used to resolve complaints. The relative proportions of these approaches to resolving complaints were significantly higher than those in 2010–11 for each of these resolution approaches. This is attributed to the way in which service providers are becoming increasingly attuned to the importance of the 'Four A's' in resolving complaints, particularly in respect of providing acknowledgement, answers, and agreements on actions, together with a continuing focus on improving communication as a key to effectively resolving complaints. The proportion of complaints where an apology was provided was similar between 2010–11 (14 per cent) and 2011–12 (15 per cent).

**Figure 7: Ways complaints were resolved**

*(Percentage of complaints resolved at assessment, pending referral and during conciliation, with multiple responses on ways of resolving complaints)*



## Paul and Deanne's story

Paul submitted a complaint to DSC on behalf of his daughter Deanne. He and Deanne wanted a review of her Individual Support Package as they believed Deanne's goals and support needs were not being met.

Paul had been advised by the service provider that there may be a long wait for additional supports. Paul was upset and frustrated, and found it difficult to understand the steps involved in seeking a review of Deanne's supports. DSC sought information from the service provider in response to the complaint and identified the information that needed clarification. DSC facilitated a meeting between Deanne, Paul and the service provider. At the meeting the service provider agreed to work closely with Paul and Deanne in order to clarify the precise supports required by Deanne and assess if a Disability Support Register (DSR) application for additional supports was needed. The DSC officer recorded the acknowledgement and agreements reached at the meeting. Following the meeting, detailed planning took place and Paul later advised DSC that he and Deanne were more actively involved in the planning process to address Deanne's needs.

Paul and Deanne now say they understand the steps required for seeking a review of Deanne's supports and services and who they can contact at the service if they require future assistance.

## Characteristics of complaints and people receiving services

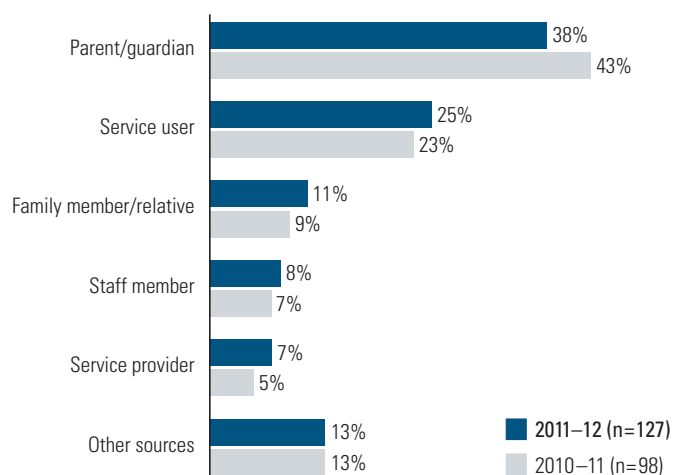
### Sources of enquiries and complaints

The profile of people bringing issues to DSC was similar in 2011–12 to 2010–11.

Figure 8 shows that the proportion of all enquiries and complaints made directly by people receiving services remained similar at 23 per cent in 2010–11 compared to 25 per cent in 2011–12. This however represents a substantial increase in the number of complaints from people receiving services of 31 per cent (from 155 to 203 enquiries and complaints).

There was a decrease in the share of matters raised by parents and guardians, from 43 to 36 per cent and an increase by other family members and relatives from nine to 11 per cent in 2011–12. Overall this shows the greatest proportion of enquiries and complaints continues to be made by parents together with other family members and relatives, (total 47 per cent in 2011–12 compared with 52 per cent in 2010–11). Other sources of complaints were staff members (eight per cent) other service providers/staff members (seven per cent), friends, neighbours or community members (six per cent), and advocates (six per cent).

**Figure 8: Most common sources of enquires and complaints**



### Types of disability

The majority of enquiries and complaints in 2011–12 were about services provided to people with an intellectual disability (62 per cent), with the next most common disabilities being physical impairment (43 per cent), autism (23 per cent) and neurological impairment (17 per cent). Mental illness, whilst not included as a disability under the Disability Act, is recorded as a type of disability for the purposes of understanding people's support needs and issues in service provision. Over ten per cent of people were identified as having a mental illness (13 per cent), sensory impairment (13 per cent) or acquired brain injury (11 per cent). A smaller proportion of people were identified as having a developmental delay (four per cent). These percentages refer to matters where the disability of the person was made known to DSC.

### Gender and age

Just over half of the enquiries and complaints in 2011–12 involved males receiving services (52 per cent), while 45 per cent involved females and three per cent concerned groups of both males and females. Just fewer than three-quarters of enquiries and complaints concerned people aged 30 years or under (71 per cent). The gender and age profile in 2011–12 was similar to that recorded in 2010–11.

# Resolving complaints to the Disability Services Commissioner

## **Malcolm's story**

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Malcolm lives in country Victoria with his mother Anne and he was travelling considerable distances to attend day services on three different sites.

When Malcolm's day service provider decided to discontinue his program, Anne made a complaint about the short notice the family received and the lack of alternative choices available to Malcolm that would meet his needs. Anne felt that she was not treated with respect and that the service provider didn't understand that families living in isolated areas experience specific difficulties, particularly with transport options.

The day service manager acknowledged that they should have communicated with Anne and Malcolm in a more positive and effective manner and offered them both an apology for the stress and confusion this had caused.

The service provider changed their decision and recommenced Malcolm's program. They agreed to work with Anne and Malcolm to offer a choice of activities and arrange transport. While Malcolm and Anne were not happy with the disruption to the service, they were pleased that they had been heard and that their experience had been acknowledged. Anne commented that she is now hopeful the service provider will consider the specific needs of families living in isolated areas the next time a similar decision is required.

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

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# Resolving complaints to the disability services providers

## Overview of annual complaints reporting (ACR)

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 report in accordance with section 105 of the *Disability Act* 2006. Section 19 of the *Disability Act* requires that the Commissioner produce an annual report which includes information about the number and type of complaints and the outcome of complaints.

## Complaints received

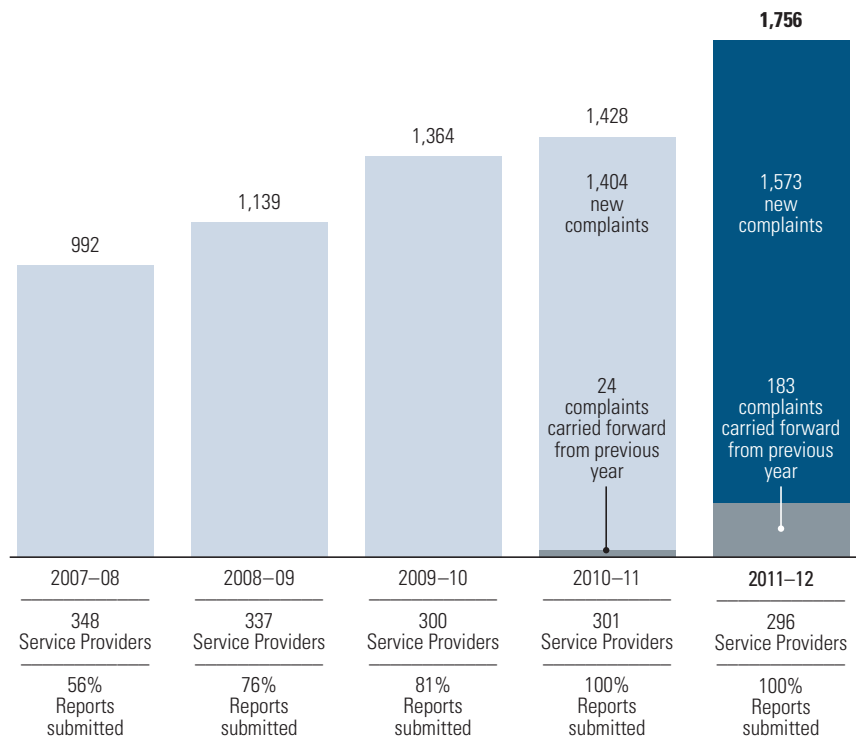
### Number of complaints

Service providers reported a total of 1,756 complaints in 2011–12, a strong increase from 1,428 complaints reported in 2010–11. The 1,756 complaints reported include 183 complaints that were received prior to 1 July 2011 and carried forward into this year (and therefore were counted as ‘open’ complaints or ‘pending resolution’ in the 2010–11 ACR reporting process) and 259 complaints that were ongoing as at 30 June 2012 (and will therefore be carried forward and reported on in the 2012–13 ACR reporting process).

The number of new complaints (excluding complaints carried forward from the previous year) was 1,573 in 2011–12. This represents a 12 per cent increase from 1,404 new complaints in 2010–11.

Figure 9 shows that the increase in complaints in 2011–12 continues the trend of successive increases in complaints recorded since the establishment of DSC in 2007–08. The rate of increase in reported complaints has increased considerably in 2011–12, from five per cent between 2009–10 and 2010–11 to 23 per cent between 2010–11 and 2011–12.

**Figure 9:** Number of complaints reported by service providers (2007–08 to 2011–12)



Data on complaints carried forward prior to 2010–11 was not available.

### Distribution of complaints between providers

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

While 173 service providers reported at least one complaint in 2011–12, 72 per cent of these complaints were accounted for by the 36 providers that reported 10 or more complaints (with 38 per cent of complaints accounted for by the four providers that recorded over 50 complaints each).

# Resolving complaints to the disability services providers

**Table 1: Complaints reporting and compliance (2007–08 to 2011–12)**

Five-year comparison of service provider complaint reporting and compliance	Total 07–08	Per cent	Total 08–09	Per cent	Total 09–10	Per cent	Total 10–11	Per cent	Total 11–12	Per cent
Number of registered service providers	348	100%	337	100%	300	100%	301	100%	296	100%
0 complaints reported (nil returns)	83	24%	144	56%	102	34%	134	45%	123	42%
One or more complaints reported	113	32%	111	44%	140	47%	167	55%	173	58%
<b>Total reports</b>	<b>196</b>	<b>56%</b>	<b>255</b>	<b>76%</b>	<b>242</b>	<b>81%</b>	<b>301</b>	<b>100%</b>	<b>296</b>	<b>100%</b>
Reports not submitted	(155)	45%	(82)	37%	(58)	19%	(0)	0%	(0)	0%
<b>Total number of complaints</b>	<b>992</b>		<b>1,139</b>		<b>1,364</b>		<b>1,428</b>		<b>1,756</b>	
Average number of complaints per provider	2.9		3.4		4.5		4.7		6.1	

## Service types and issues

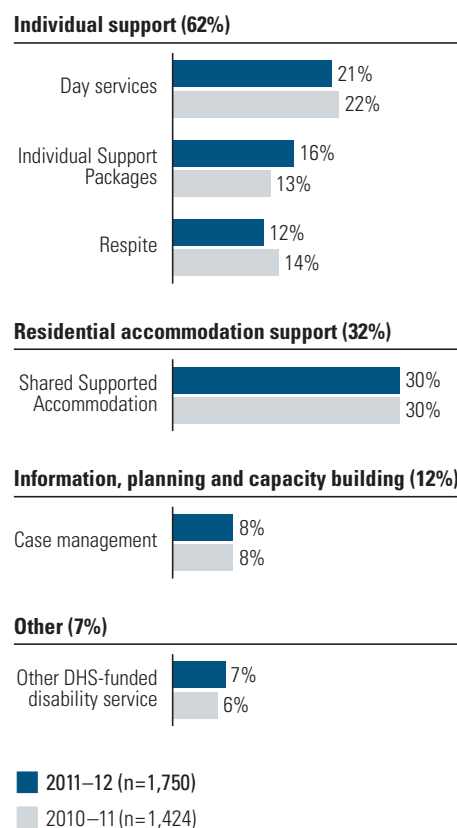
### Service types

The profile of service activity types was similar between 2010–11 and 2011–12, with the most significant change being a slight increase in the proportion of complaints about Individual Support Packages and a slight decrease in the proportion of complaints about respite.

Service providers reported that the majority of complaints in 2011–12 were related to individual support or accommodation services. Figure 10 shows that individual support was the largest service output type (62 per cent of complaints). Within individual support, day services (21 per cent), Individual Support Packages (16 per cent) and respite (12 per cent) accounted for the most complaints. Residential accommodation and support services accounted for 32 per cent of complaints, largely from shared supported accommodation (30 per cent).

This figure also shows that 12 per cent of complaints related to information, planning and capacity building. Within this category, case management (eight per cent) accounted for most complaints. The most common types of complaints identified in the 'other' category related to information services and disability aids and equipment. Other less commonly identified complaint types in the 'other' category related to the My Future My Choice program and the provision of financial intermediaries.

**Figure 10: Share of complaints by service output type and service activity**  
(Percentage of complaints, multiple response)



The sum of the percentage results shown in the above figure equals more than 100 per cent as complaints relate to one or more service output and service activity type.

# Resolving complaints to the disability services providers

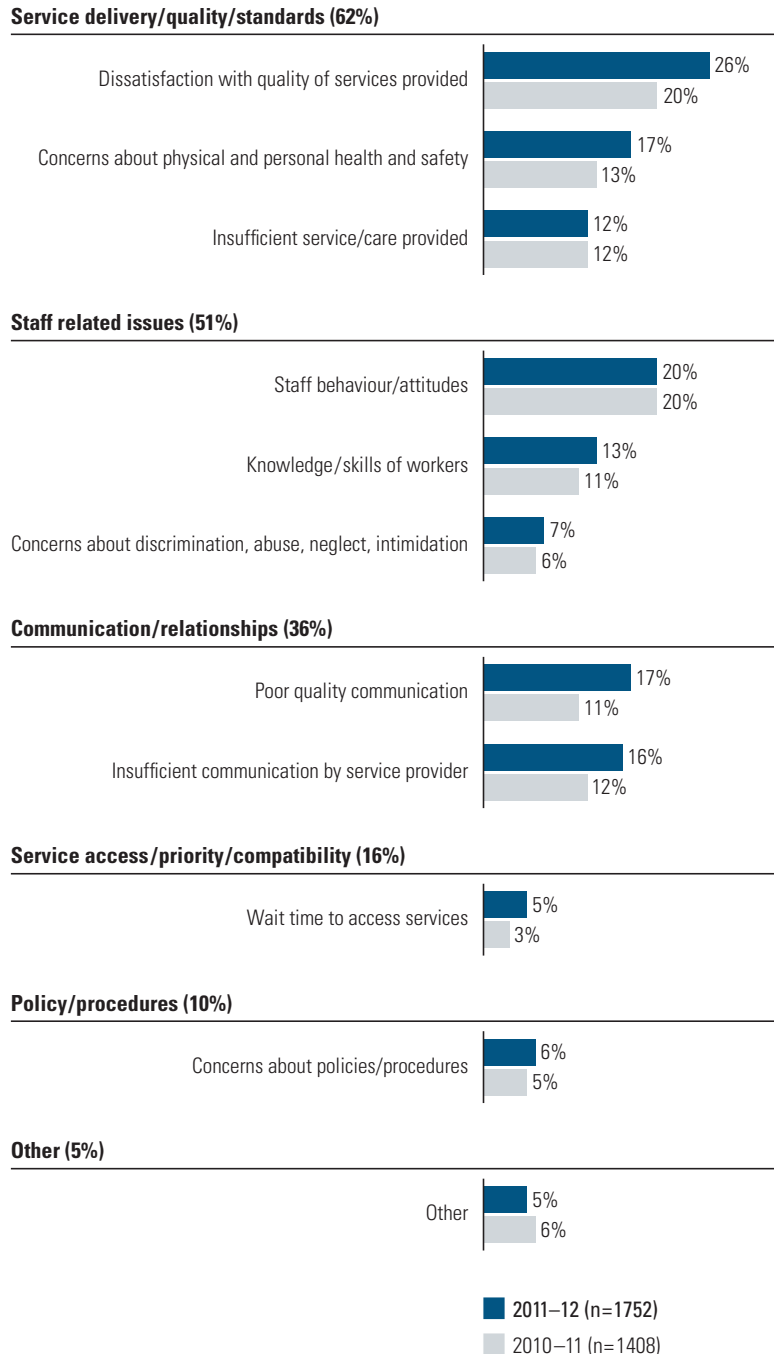
## Issues raised in complaints

Figure 11 shows the majority of complaints in 2011–12 related to dissatisfaction with aspects of service delivery and quality (62 per cent), staff-related issues (51 per cent), concerns about communication from providers (36 per cent), access to services (16 per cent) or concerns with policies and procedures (ten per cent). The main issues raised in complaints in 2011–12 were also amongst the most common issues raised in 2010–11, with service delivery and quality issues the most common issue raised in both years, followed by staff-related and communication-related issues.

- Issues raised about service delivery and quality standards generally related to dissatisfaction with the quality of service provided (26 per cent, an increase from 20 per cent in 2010–11), concerns about physical and personal health and safety (17 per cent, an increase from 13 per cent in 2010–11) and perception of insufficient care or service provided (12 per cent).
- Concerns about staff-related issues were generally about staff behaviour or attitude (20 per cent) or the skills and knowledge of staff (13 per cent). Not shown in the figure, seven per cent of these complaints related to concerns about discrimination, abuse, neglect, intimidation or bullying by staff.
- Communication and relationship concerns were related to both poor quality communication (17 per cent, an increase from 11 per cent in 2010–11) and insufficient communication (16 per cent, an increase from 12 per cent in 2010–11).

This figure also shows that five per cent of complaints identified ‘other’ complaint issues. The most common issue raised within these complaints related to accommodation, whether in regard to the physical location, or the relationships between people residing together. Other issues in this category concerned the behaviour of residents and complaints relating to potential abuse of residents.

**Figure 11: Complaint issues**  
(Percentage of complaints, multiple responses)



# Resolving complaints to the disability services providers

## How complaints were resolved

### Complaint outcomes

Figure 12 shows the most common complaint outcomes recorded in 2011–12 involved the acknowledgement of the views or issues of the person who made the complaint (60 per cent), an explanation or information about services provided (36 per cent), performance management, discipline, feedback or training to staff (22 per cent) and an apology from the service (21 per cent).

The main complaint outcomes in 2011–12 were also amongst the most common outcomes in 2010–11, with acknowledgement of the views of the person who made the complaint and provision of an explanation or information also commonly recorded.

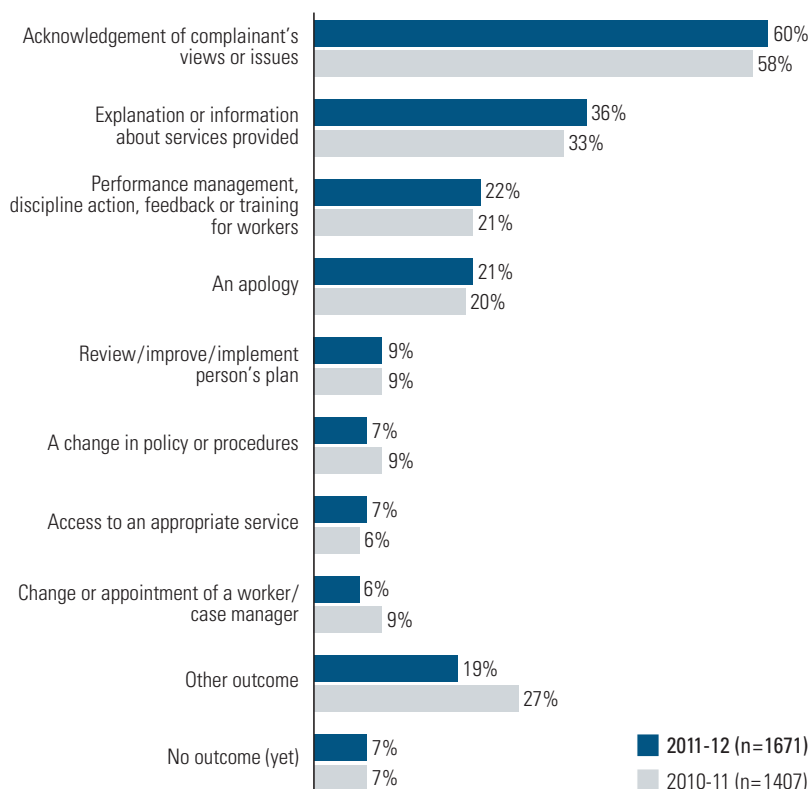
There was also a substantial proportion of ‘other outcomes’ (19 per cent). These outcomes most commonly included:

- improved communication practices, and better sharing of information between people with disabilities, staff and friends/family members
- changes to the physical environment or improvement to facilities for people with disabilities
- an investigation into the reason for the complaint.

Also shown in this figure, are the outcomes recorded in around 10 per cent of matters or less, which were a review of a person’s plan (nine per cent), a change in policy or procedure (seven per cent), access to an appropriate service (seven per cent) or a change or appointment of a staff member or case manager (six per cent). Other less common outcomes not shown in this figure included relocation or transfer to another service (three per cent), change or review of decision (two per cent) or re-imburement or reduction of fees (two per cent).

**Figure 12: Complaint outcomes**

(Percentage of complaint outcomes, multiple response)



### Comparison of complaint outcomes and outcomes sought

Service providers indicated that the outcomes desired by the person who made the complaint matched the actual complaint outcomes in 71 per cent of cases in 2011–12.

More than half of the people who made complaints reportedly achieved the desired outcome from their complaint for most desired outcome types (ranging from 51 per cent of those seeking a change in policy or procedures to 85 per cent of those seeking acknowledgement of their views).

The four desired complaint outcomes that were achieved in less than half of complaints were access to an appropriate service (43 per cent of matters where this outcome was sought), re-imburement or reduction in fees (41 per cent), relocation to another service (28 per cent) and a change or review of decision (27 per cent).

The rate at which outcomes sought matched outcomes achieved was broadly similar between 2010–11 and 2011–12 for most of the eleven outcome categories.

Two categories where there was a large reduction in the rate at which actual outcomes matched outcomes sought was regarding re-imburement or reduction in fees (41 per cent in 2011–12, down from 56 per cent in 2010–11) and relocation or transfer to another service (down sharply from 53 per cent in 2010–11 to 28 per cent in 2011–12).

# Resolving complaints to the disability services providers

## Time to resolve complaints

Most of the complaints that were closed in 2011–12 were either resolved within one week (44 per cent) or eight to 20 days (21 per cent), with 36 per cent taking over 20 days to resolve. There was an improvement in the proportion of complaints that were resolved within seven days between 2010–11 and 2011–12 (from 37 to 44 per cent), mainly due to an improvement in the share of complaints resolved within one to three days (from 17 to 30 per cent). There was a corresponding decrease in the share of complaints resolved in four to seven days (from 20 to 14 per cent) and eight to 20 days (from 25 to 21 per cent).

## Status of open complaints

Complaints that were open as at 30 June 2012 were generally either in negotiation or discussion with the person who made the complaint (35 per cent) or under review (29 per cent). These proportions are slightly different to last year's results, when complaints that were open as at 30 June 2011 were more likely to be under review (35 per cent in 2010–11) than in negotiation (24 per cent).

Eighteen per cent of 2011–12 open complaints were being dealt with by another authority or service, while only five per cent of complaints were reportedly being dealt with by DSC and four per cent had not yet been subject to any action.

Ten per cent of complaints were subject to 'other' actions. These 'other actions' related to several broad themes, including ongoing training of staff to better address complaint issues and other types of negotiations – either with other agencies or with friends and family members of service users.

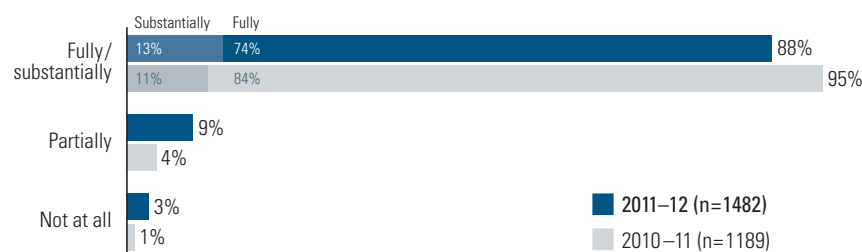
## Complaints raised with other agencies or authorities

Service providers reported just over one-quarter of all complaints (whether opened or closed) had been raised with an agency or authority apart from their service, including nine per cent raised with a Department of Human Services regional office, nine per cent with DSC and three per cent raised with the Department of Human Services central office. One per cent or less of complaints were raised with a range of other agencies and authorities.

## Resolution rates for complaints

Figure 13 shows that service providers reported that of the complaints that were closed by 30 June 2012, the majority (88 per cent) of them had been resolved, either 'substantially' (13 per cent) or 'fully' (74 per cent), with a further nine per cent 'partially' resolved. This represents a decrease from 2010–11 where 95 per cent of closed complaints had been either 'substantially' (11 per cent) or 'fully' (84 per cent) resolved. Three per cent of closed complaints were 'not at all' resolved. This proportion increased slightly from one per cent in 2010–11.

**Figure 13: Extent to which issues raised in the complaint were resolved**  
(Percentage of all complaints)



*The sum of 'fully' and 'substantially' for 2011–12 in the above figure equals to 88 per cent due to rounding.*



# Resolving complaints to the disability services providers

## Outcomes

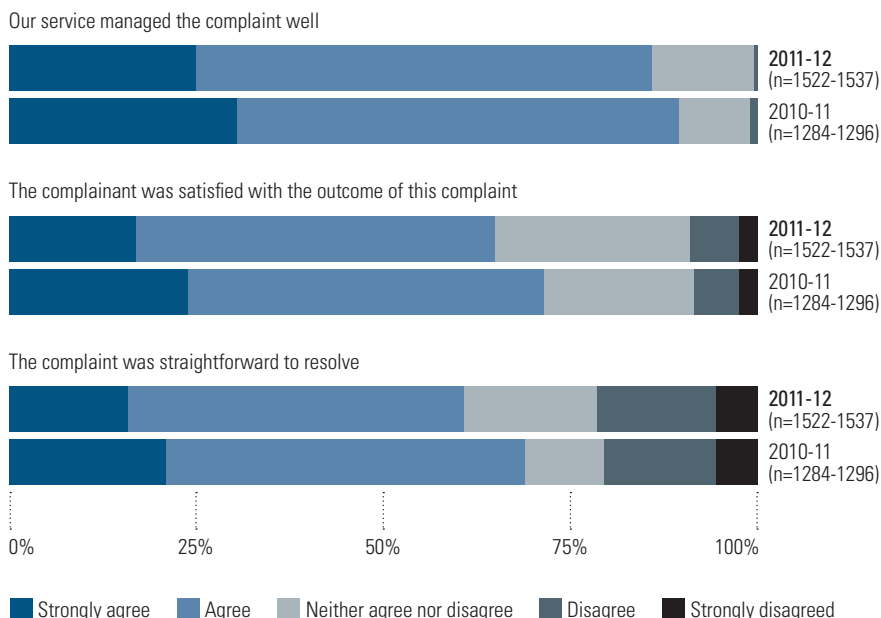
### Satisfaction with management of complaints

Figure 14 shows that in 2011–12, the majority of service providers (86 per cent) agreed that they managed complaints well in the vast majority of matters, consistent with the results for 2010–11. However, the proportion of service providers that agreed that people who raised complaints were satisfied with the outcome (65 per cent) decreased from 72 per cent in 2010–11.

There has also been a decrease in the proportion of service providers that agreed that complaints were straightforward to resolve from 69 per cent in 2010–11 to 61 per cent in 2011–12.

The type of outcome sought by the person raising the complaint had a substantial effect on how straightforward they were to resolve. Complaints that involved an apology were considered by service providers the most straightforward to resolve (70 per cent agreed), whereas relocating or transferring a person to another service the least straightforward to resolve (35 per cent agreed).

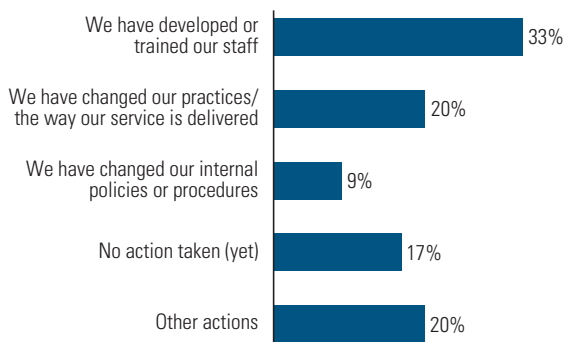
**Figure 14: Satisfaction with the management of complaints**  
(Percentage of complaints)



### Actions taken as a result of complaints

Figure 15 shows that the most common actions taken by providers as a result of complaints were development or training of staff (33 per cent) followed by changing practices or the way services are delivered (20 per cent). Service providers reported a range of other specific actions in less than 10 per cent of matters, most commonly changing their internal policies or procedures (nine per cent). There were also a substantial proportion of service providers who reported 'other actions' (20 per cent). These 'other actions' related to several broad themes, including further investigation of the issue(s) giving rise to the complaint and meeting(s) with all related parties to decide on future actions.

**Figure 15: Most common actions taken as a result of the complaint**  
(Percentage of complaints, multiple responses)

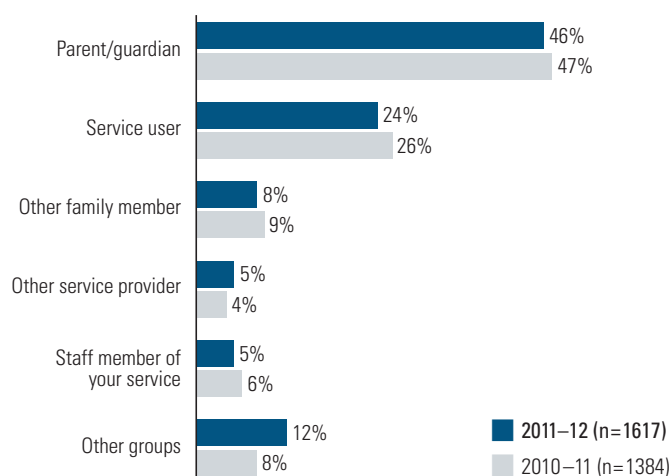


## Characteristics of complaints and people receiving services

### Source of complaints

The profile of those who made complaints in 2011–12 is similar to the profile recorded in 2010–11. Figure 16 shows that complaints were most commonly made by parents or guardians (46 per cent), and people with a disability (24 per cent). Others that made complaints less frequently included family members (eight per cent), staff members (five per cent), other service providers (five per cent). Other groups (12 per cent) included friends, neighbours or community members (four per cent), advocates (two per cent), people who opted to complain anonymously (two per cent) and a further four per cent described as ‘other person’.

**Figure 16:** Most common source of complaint  
(Percentage of complaints)



### Types of disability

The characteristics of people receiving services were similar in the complaints reported in 2011–12 and 2010–11. In this reporting year the most common types of disability were an intellectual disability (67 per cent, slightly higher than last year’s proportion – 65 per cent) or a physical impairment (18 per cent, slightly lower than last year’s proportion – 21 per cent). A smaller proportion of people had autism (13 per cent), a neurological impairment (nine per cent), a sensory impairment (eight per cent), an acquired brain injury (four per cent), developmental delay (one per cent) or ‘other’ disability/mental illness (seven per cent).

### Gender and age

There were more complaints about services to males (52 per cent) than females (43 per cent), while five per cent of complaints concerned groups of both males and females. The most common age groups were 36 to 45 years (22 per cent), 26 to 35 years (19 per cent), 19 to 25 years (17 per cent) and 46 to 55 years (15 per cent).

### Cultural background

Four per cent of complaints were about services to people who identified as a person from a diverse cultural and linguistic background, while only one per cent identified as a person from an Aboriginal/Torres Strait Islander background.

# Finance

## Financial statement for the year ended 30 June 2012

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 2011–12 is provided below.

The source revenue for the Disability Services Commissioner was the allocation of \$2,099,646 provided through the Department of Human Services.

## Operating statement for the year ended 30 June 2012

Government appropriation	\$ 2,099,646
<b>Total revenue</b>	<b>\$ 2,099,646</b>
Expenses from continuing activities:	
Salaries	\$ 1,408,306
Salary on costs	\$ 206,770
Supplies and consumables	\$ 374,384
External services delivered	\$ 42,700
Indirect expenses (includes depreciation and long service leave)	\$ 69,968
<b>Total expenses</b>	<b>\$ 2,102,128</b>
<b>Net result for the year</b>	<b>\$ - 2,482</b>

# Compliance and accountability

## ***Information Privacy Act 2000***

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

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

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

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

The FOI Act allows people to apply for access to documents held by an agency, irrespective of how the documentation is stored. This includes, but is not limited to, paper and electronic documents. The majority of freedom of information requests relate to individuals asking for access to, or correction of, documents relating to their personal affairs held by the agency.

Two freedom of information requests were received by the Disability Services Commissioner for the year in review. Both requests were made pursuant to section 39 of the FOI Act for amendments to records held by DSC.

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

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

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

# Appendix 1: Whistleblowers

## **Compliance with *Whistleblowers Protection Act 2001***

The *Whistleblowers Protection Act 2001* (the Act) encourages and assists people in making disclosures of improper conduct by public officers and public bodies. The Act provides protection to people who make disclosures in accordance with the Act and establishes a system for the matters disclosed to be investigated and for rectifying action to be taken.

The Disability Services Commissioner does not tolerate improper conduct by its employees, or the taking of reprisals against those who come forward to disclose such conduct. It is committed to ensuring 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 Disability Services Commissioner will take all reasonable steps to protect people who make such disclosures from any detrimental action in reprisal for making the disclosure. It will also afford natural justice to the person who is the subject of the disclosure to the extent it is legally possible.

### **Reporting procedures**

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  
Level 30, 570 Bourke Street  
Melbourne 3000  
Telephone (03) 8608 5778  
Facsimile (03) 8608 5785

### **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  
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

## **Further information**

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.

## Appendix 1: Whistleblowers

### DSC report for 2011–2012

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.





**Disability Services Commissioner**

Level 30, 570 Bourke Street

Melbourne Victoria 3000

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Facebook: [www.facebook.com/DSCVic](https://www.facebook.com/DSCVic)

Twitter: [@ODSCVictoria](https://twitter.com/ODSCVictoria)