



! It's
OK
to complain

Disability Services Commissioner 2014 Annual Report

 Disability
Services
Commissioner

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

Disability Services Commissioner 2014 Annual Report
Disability Services Commissioner

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Authorised and published by the
Disability Services Commissioner,
570 Bourke Street, Melbourne.

Front Cover:

Maree Georgakopoulos is a co-presenter in the training and information sessions we conduct. Inspired by her own experience of successfully making a complaint to her disability service provider, Maree is a strong advocate for people being able to speak up when they are not happy about something.

Disability Services Commissioner

2014 Annual Report

We invite you to read and share *Our year in review 2014*, and the spring editions of our newsletter, which complement this annual report. These documents summarise our reflections on the experience of people with a disability, disability service providers and our team with complaints raised and handled in the past year.

Stories in this report are de-identified composites of complaints and other experiences people have brought to us and to service providers. These stories are representative of dealings with our office, and demonstrate how complaints provide opportunities to learn and improve service delivery. We particularly thank the Department of Human Services, E.W. Tipping Foundation and Mambourin for sharing their lessons learnt.

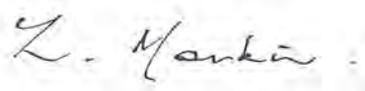
11 August 2014

The Hon. Mary Wooldridge MP
Minister for Disability Services and Reform
Level 22, 50 Lonsdale Street
Melbourne Vic. 3000

Dear Minister,

In accordance with s. 19 of the *Disability Act* 2006, I am pleased to provide you with the Disability Services Commissioner's annual report for the year ended 30 June 2014.

Yours sincerely

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

Laurie Harkin AM
Disability Services Commissioner

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From the Disability Services Commissioner

While much has been achieved in the disability services sector there remains much yet to be done. Leadership across the sector continues to be challenged by an array of competing priorities. Moving towards a National Disability Insurance Scheme is just one part of that challenge. I've had cause to reflect on our experience and learning over the last 12 months, as well as our conversations with chief executive officers, and I've formed a view on what kind of leadership the sector needs to support people with a disability. The word I consistently come back to is **uncompromising**.

In fulfilling our various safeguarding functions, we don't always see disability service providers **placing the person with a disability at the centre of the work they do**.

In our reviews of critical incidents, we often question service providers about the rigour of their investigations, and whether they are giving as much weight and attention to the wellbeing of the person with a disability as they do to administrative processes.

When organisations fail to implement actions agreed to during the complaints resolution process, it compromises peoples' outcomes and brings into question the organisation's commitment to respecting the views and needs of people with a disability and their families.

It is simply not good enough.

Success will be built on the adage 'when all is said and done – there needs to be more done than said'.

Accomplishment is not without challenge, and ultimately the test is how well service providers approach service delivery and how transparently they evaluate this. It is vital that organisations are faithful to what they say – not just say it. People with a disability are entitled to better than that.

For our part, we have the opportunity to learn from different parts of our work, and to translate what we have learnt into further refining our own practice. We must be **uncompromising** about putting people's rights at the centre, and about organisations delivering on undertakings they make in relation to the matters we deal with.

I thank all staff in our office for giving so much of themselves and for their ongoing commitment to improving our practice and engaging with and contributing to the disability services sector.

This year we have seen the Deputy Commissioner Lynne Coulson Barr appointed to the role of Mental Health Complaints Commissioner. We thank Lynne for her service to people with a disability over her seven years with the office, and wish her well in her continued commitment to upholding the voice of vulnerable Victorians.

The third term of the Disability Services Board presents an opportunity to renew priorities. This is particularly important considering the national context, and how safeguards for people with a disability are to be considered.

We welcome Liz Corbett as President and the other new members, and welcome back reappointed board members. Each member brings with them their own set of knowledge and skills to achieve advancement of people with a disability in society.

I thank the Hon. Mary Wooldridge MP, Minister for Disability Services and Reform, and Andrea Coote, Parliamentary Secretary for Family and Community Services, who have been steadfast in promoting the work of our office to empower people with a disability to have a voice that is heard and respected in Victoria.



Laurie Harkin AM
Disability Services Commissioner

From the Disability Services Board President

It is my privilege to be President of the Disability Services Board for this three-year term, and I thank past President Tricia Malowney for her excellent contribution and legacy.

I see this as a time of great opportunity for people with a disability and the community. The National Disability Insurance Scheme (NDIS) offers a once-in-a-lifetime chance to get it right. An independent national complaints system, and encouraging people to raise issues when they are not satisfied with a service, is a significant part of this historic reform. We need to empower people with a disability so they can directly influence and improve the quality of services. It is also critical that we educate people about the value independent complaints mechanisms bring to service integrity and social inclusion for people with a disability.

In the context of the board's statutory functions to advise the Minister for Disability Services and Reform on the disability complaints system and the operations of the Disability Services Commissioner, as enshrined in the *Disability Act 2006*, over the next three years the board will focus on the following priorities:

- Work strategically and in partnership with key stakeholders to promote the design of a national complaints mechanism (while maintaining local effect) using NDIS data and gap analysis.
- Through a stronger relationship with the Victorian Disability Advisory Council and in line with the Victorian state disability plan 2012–2016, provide advice to the Minister on whole-of-government policies in mainstream areas.
- Enhance the position and reputation of Disability Services Commissioner in all board activities.

I extend my thanks to my fellow board members for their support and contribution, and for bringing a wealth of expertise and diverse views to the work undertaken by the board to date.

Thank you to the Commissioner for encouraging the work of the board, and to Suzanne Millar, Program Development Officer, and Tamara Reinisch, Executive Officer, for the support they provide to the board.

This is an exciting time for the disability services sector and an opportunity for the board to promote the value and rights of people with a disability in speaking up to build an inclusive society.



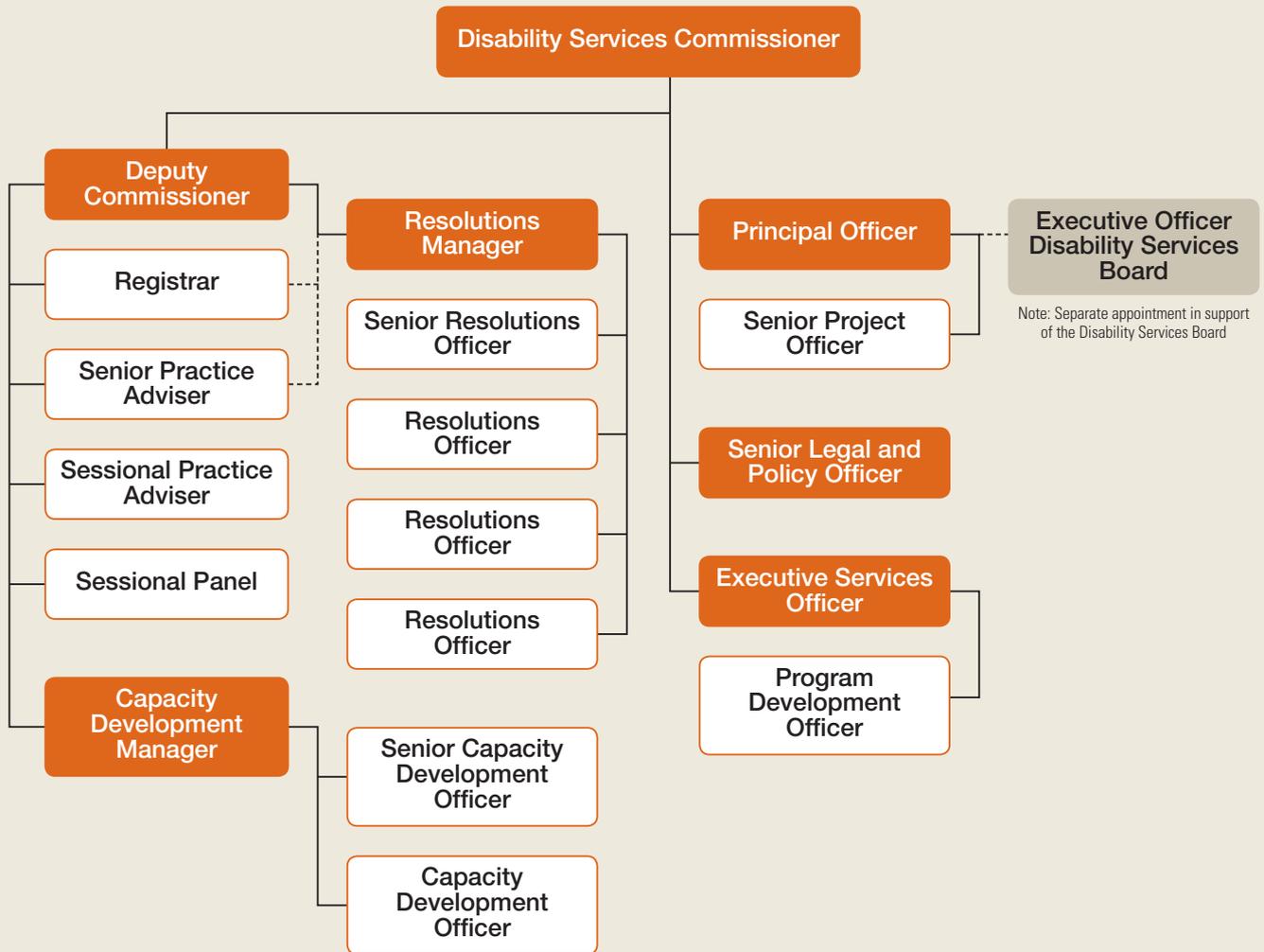
Elizabeth Corbett
President, Disability Services Board

We need to empower people with a disability so they can directly influence and improve the quality of services.

About the Disability Services Commissioner

Organisational structure

FTE as at 30 June 2014 = 14 Number of positions = 17 Number of sessional conciliators and investigators = 5



Our values



Fairness



Respect



Rights

Our principles



Accessible



Accountable



Excellence



Person-centred



Responsive

Summary of our performance

Key activities, achievements and directions

Supporting people and raising awareness

Accessibility and awareness	The Disability Services Commissioner (DSC) celebrated International Day of People with Disability on 3 December 2013 with two events. We distributed over 800 ribbons and other merchandise to raise awareness of the day in our building at 570 Bourke Street.
Online	At 30 June 2014 we had 12,625 visits to our website <www.odsc.vic.gov.au>, 266 followers on Twitter @ODSCVictoria (an increase of 25%) and 303 likes on Facebook (an increase of 15%).
Newsletters	We distributed four standard and four plain-English newsletters, each of which was distributed to over 1,400 individuals, groups and organisations.
Sponsorship	We sponsored nine events aimed at promoting people's ability to express their views and opinions about what is working and not working with their supports.

Communication and learning

Expo, education and information	We delivered 80 presentations and training sessions to 1,821 people – 511 people with a disability, 179 family members and carers and 1,131 staff from disability service providers. We participated in seven conferences and events relevant to Victorian disability services.
Feedback and evaluation	Sixty-six people responded to our evaluation survey (30% return rate) of whom 97% reported high levels of satisfaction with our complaints resolution process, 74% reported that their complaint was seen as improving services to the person with a disability and 33% reported that their relationship with the service provider had improved. Feedback on our presentations and training sessions was again extremely positive. A random sample of participant feedback indicated that 72% of participants were very satisfied and 28% of participants were satisfied.
Learning from complaints	Service providers reported 919 lessons learnt from the 1,855 complaints reported.
Publications	We produced <i>Occasional paper no. 2: families and service providers working together</i> in our 'learning from complaints' series and <i>Investigations: guidance for good practice</i> , a resource for service providers.
Products	We distributed over 14,980 products and promotional materials including standard and plain-English brochures, occasional papers, information sheets, our publication <i>Everything you wanted to know about complaints...</i> and Four A's postcards and magnets.

Safeguarding knowledge and influence

Annual complaints reporting	We enhanced our Annual Complaints Reporting Tool to incorporate services purchased by National Disability Insurance Scheme (NDIS) package funding. A record 1,855 complaints were recorded from 100% of service providers required to report.
Resolving complaints to DSC	DSC received 931 new enquiries and complaints (about a 3% increase from 2012–13). A total of 975 matters were dealt with, including 43 matters carried forward from 2012–13. The majority of in-scope complaints achieved positive outcomes, with 69% fully or substantially resolved and 21% partially resolved.
Submissions and consultations	We made 3 submissions and provided advice on 18 guidelines, legislative provisions and policies. We provided consultancy about our complaints resolution model to 5 other organisations or jurisdictions.
Incident reporting	We reviewed 302 Category One incident reports and provided advice on individual matters and systemic issues as part of the referral for advice from the Minister for Disability Services and Reform.

Contribution to inquiries, submissions, research and policy

Submissions, policy consultation and feedback

Equity, capacity and disability in Commonwealth laws issues paper: submission, January 2014, submission to the Australian Law Reform Commission discussion paper released in November 2013

National Disability Services and National Health Services Commissioners' Group
Membership in the Conciliation Standards Working Group

Deakin University Centre for Rural Regional Law and Justice
Contribution to the Advocacy Data Collection and NDIS project, October 2013

Contributions to Department of Human Services policies and guidelines

- *Compliments and complaints management policy*, July 2013
- *Flexible support packages guidelines 2013*, August 2013
- *Disability services: individual support package guidelines*, August 2013
- *ISP disability day service operating requirements*, October 2013
- *Victorian state disability plan 2012–2016*, May 2014
- *Undue financial hardship guidelines: for disability service providers*, January 2014
- *Disability accommodation services tip sheet: working in partnership with families*, April 2014
- *Independent person toolkit: for the independent person, people with a disability and disability service providers*, January 2014

Family and Community Development Committee (Parliament of Victoria) Inquiry into the Social Inclusion and Victorians with a Disability

- Submission to the Inquiry, March 2014
- Evidence to the Parliament of Victoria, March 2014

National Disability Insurance Agency strategic plan

- Submission, January 2014

National Disability Services

- Zero Tolerance project
- *Zero Tolerance practice advice 2: early intervention – acting on suspicion and gathering evidence*
- Workforce Entry Working Party, May 2014

Victorian Public Sector Commission (formally the State Services Authority) review of residential charges in group homes for people with a disability, March 2014

Victorian Equal Opportunity and Human Rights Commission

- *2013 report on the operation of the Charter of Human Rights and Responsibilities*, June 2014
- Consultation on restrictions and seclusions in schools, July 2013
- Research on the experience of people with disabilities as victims of crime in Victoria – member of project reference group

Women with Disabilities Victoria

- Gender and Disability Workforce Development Program Advisory Group, October 2013

Consultancy on DSC model of complaints resolution and complaints reporting tool

- Victorian Mental Health Complaints Commissioner project team
- Western Australia, Health and Disability Services Complaints Office
- New South Wales Deputy Ombudsman and Community and Disability Services Commissioner
- New South Wales, Ageing, Disability and Home Care, Family and Community Services
- National Children's Commissioner

Conference and forum presentations

National Disability Services

'Zero tolerance: preventing and responding to abuse and neglect of people with disability in non-government disability services'

September 2013

Women with Disabilities Australia

National Symposium: Stop the Violence against Women and Girls with Disabilities

October 2013

Victorian Safe Communities Network – The Royal Children's Hospital

Seminar: 'Children who wander: keeping those with autism and other additional needs safe'

October 2013

National Disability Services State Committee

October 2013

Inclusion Melbourne and the Gawith Foundation

Gawith Lecture: 'Ensuring safeguards for people through the NDIS'

November 2013

5th National Disability Advocacy Conference

'Complaints, safeguarding and advocacy'

November 2013

Australian Health Complaints Conference: Negotiating Good Health

'Rethinking approaches to complaints resolution and conciliation'

November 2013

ADEC ArtAbility awards presentation

December 2013

Victorian Advocacy League for Individuals with Disability

Having a Say conference

'Safeguarding people's rights and wellbeing'

February 2014

LEADR Association of Dispute Resolvers

Professional development session for alternative dispute resolutions (ADR) practitioners,

'Practice issues and approaches to statutory ADR'

February 2014

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

A total of 13 Notices of Advice were provided by the Commissioner on matters arising from 15 complaints. These included 6 Notices of Advice to service providers, 4 Notices of Advice to the Department of Human Services and 3 Notices of Advice to people who made complaints to DSC. The Notices of Advice identified actions to respond to specific issues, and provided advice on policy and systems issues to support service improvements in organisations and the sector.

Sara's story: Residential fees

Sara contacted DSC about an increase in her daughter's residential fees. Her daughter couldn't afford to pay the new fees, and neither Sara nor her daughter could understand why the increase was so significant.

DSC assessed the complaint and identified that the residential statement provided to Sara's daughter was out of date and contained inconsistent information. It became evident that other residents and their representatives were also confused about the breakdown of the residential fee and what it paid for. In addition, DSC identified that residents were being charged more than the maximum 75 per cent of their disability support pension.

The disability service provider reached an agreement with Sara and her daughter about payment of fees, and their complaint prompted the service provider to review and improve the residential statements for all the residents. Each resident was reimbursed for overpaid fees and their ongoing residential fee was reduced.

As a result of the DSC process the service provider clarified their rights and responsibilities and reaffirmed the value of clear communication with stakeholders.

Sophie and Grace: Unclear funding rules

Sophie and Grace had been using their flexible support packages for about six months for dance classes, music and art therapy. Their parents Tony and Ellen booked a Queensland holiday for the family. When Tony asked their disability service provider to reimburse him for the cost of Sophie and Grace's plane tickets and accommodation, he was told the expense did not fit with the intended purpose of the package. Tony made a complaint to DSC because he felt the rules regarding the use of the package were unclear. DSC established that there was no funding plan for the package or current support plan for Sophie or Grace.

DSC facilitated a meeting between the family and the service provider to resolve the issues. The service provider apologised for not communicating from the start about support plans or what the package could be used for. The parties agreed that the case manager would meet with Tony and Ellen as soon as possible to develop Sophie and Grace's support plans. This agreement was formalised by DSC.

The service provider recognised that lack of clarity regarding funding could cause confusion and stress for people using disability services and their families, and that funding should not be approved without clear expectations and a support plan in place.

Andrew's story: Directing supports

Andrew made a complaint to DSC about his role in coordinating his in-home supports. Andrew said workers were always late, and he had to constantly remind them about tasks and routines in his personal care. His funding was stretched to cover their shifts. He wasn't able to focus on his health and do the things he wanted to do.

Discussion with DSC revealed that over time Andrew's support team had become very small and relationships had become more informal. The coordinator was not very involved, and believed that Andrew was happy with the way things were working.

Together Andrew and his service took action to ensure that staff were clearer about their expected tasks on each shift. They also recruited and inducted new team members. Andrew was able to arrange backup from a flatmate when he needed additional support outside of his regular roster.

The service provider acknowledged that they needed to be more aware and involved in Andrew's support, and work with him on new ideas about how support could best meet his needs.

Promoting positive complaints cultures

In recognition of the critical role families undertake in speaking up for their family member with a disability, a key focus of our work this year was the development and publication of *Occasional paper no. 2: families and disability service providers working together* from our 'learning from complaints' series. We received feedback that it will be a valuable and practical resource. In conjunction with the Family Engagement Reference Group, we are using this feedback to inform the development of a series of stand-alone resources for use by families and service providers.

Our work in sector capacity building has continued to emphasise the role of service providers in supporting people's rights and ability to express concern about their disability supports. This year we welcomed two more co-presenters to our training team – both with a lived experience of using disability services – Elvira Alic (self-advocate) and Jane Tracy (parent). We also thank Maree Georgakopoulos and Tricia Malowney for their continued support during the year.

Building on the success of our 'Responding Effectively to Complaints' workshops, during 2013–14 we began to develop training for staff in 'having difficult conversations'. When difficult conversations don't go well or don't happen at all, it can have a detrimental impact on the quality of people's supports. Feedback received on the pilot of this training was very positive and is being used to finalise the training for delivery during 2014–15.

'We were blown away by one of the gentleman we support! He never really talks much due to sensory overload, and during the DSC presentation he actually answered a question. Not only did he answer the question but he went up the front to the presenter, made eye contact and spoke about his opinion!!'

Staff member

'[The Commissioner] fixes things and makes them better.'

Self-advocate

'Presenters very knowledgeable and personable and delivered very practical ideas and solutions – enjoyed it very much.'

Staff member

'[The presenters] were fantastic!! Really great discussions, felt very comfortable opening up.'

Staff member

'Fantastic, genuine, interesting.'

Staff member on hearing a parent's story

'Made me think about how I do things.'

Staff member

Safeguarding people's right to be free from abuse

Safeguarding the rights of people with a disability continued to be a key objective of our work and strategic directions in 2013–14. Through our role in monitoring and reviewing incidents involving allegations of staff-to-client assault and unexplained injury, the Disability Service Commissioner (DSC) influences policy and promotes good practice in preventing and responding to abuse. Through the referral for advice from the Minister for Disability Services and Reform under s.16(c) of the *Disability Act 2006*, DSC will continue this work until 2016.

In 2013–14 DSC reviewed 309 incidents and identified the following key themes:

- **a lack of focus on people's outcomes and safeguarding people's rights during investigations**
- **the need for proactive engagement with Victoria Police**
- **further clarification on the scope, conduct and guidelines for Quality of Support Reviews**
- **the requirement for advocacy organisations to report critical incidents**
- **a lack of clarity and shared understanding of the definition of 'assault' and 'poor quality of care'**
- **the need to regulate the suitability of staff who work in disability services.**

The common thread through all of these themes is the right of people with a disability to be heard, to be proactively supported along with their family members, to participate in any investigations relating to allegations and to access the justice system. Our reviews have again highlighted concerns about whether investigations into incidents give equal weight to substantiating an allegation regarding a staff member and considering the potential abuse of the person's human rights and the impact of the trauma they experienced.

DSC's *Investigations: guidance for good practice* and associated information sheets and practice guidance will support services to promote consistent good practice in investigations to address the experience of the person with a disability while conducting a fair and thorough investigation.

Sam's story: Investigation of injury

Sam lives in a group home. When staff were helping Sam with his personal care, they noticed a serious injury. Sam has no verbal communication skills and couldn't tell staff what had happened. Medical attention was sought, and the injury was assessed as requiring hospital admission and surgery. The hospital was concerned that the injury may have been the result of assault and notified police. Sam's family was kept up to date by both the hospital and the disability service provider. Hospital staff indicated that the injury may have been sustained a few days prior to it being noticed by staff. Police advised that they would not pursue the issue, as the injury seemed to have been self-inflicted.

A review of the incident indicated that staff were aware of Sam's behaviours of concern, but these behaviours were not detailed in his support plan or behaviour support plan. While a forensic medical assessment was organised, an external investigation was conducted that developed interim strategies to minimise the risk to Sam of further injury. While the investigation outcomes were developed DSC requested further information about supports provided to Sam. The organisation advised that a supervision protocol had been implemented to ensure Sam was well supported.

DSC's review of the incident and a Notice of Advice to the service provider ensured that Sam's behaviour support plan was reviewed. Using feedback from the Department of Human Services' Office of Professional Practice, the plan was updated with a more person-centred approach and strategies to reduce Sam's risk of self-harm. The service provider also reviewed staff culture at the house, how staff provided support to people using the services, and how they responded to serious injuries.

Learning from complaints: trends and issues

Trend #1 Transparency of fees and charges

In 2013–14 the Disability Services Commissioner (DSC) identified an emerging trend relating to fees and charges in the enquiries and complaints we received. Concerns raised included accumulation of debt, lack of clarity about fees and charges, transport fees, lack of consultation in decision making, affordability and how services kept accounts. Concerns were raised for all types of services, but in particular the proposed increase in board and lodging fees in Department of Human Services (DHS) group homes.

Observations, initiatives and developments

DSC provided feedback and recommendations to DHS on the process being used to implement the proposed increase in board and lodging fees.

A Notice of Advice was provided to DHS in relation to the need for further clarity and guidance for the sector about the implementation of day service fees.

DSC provided feedback to one disability service provider in relation to their initiative to develop a template to provide clear information each year to their day service participants about the supports to be provided and the fees and charges to be paid.

DSC continues to promote clarity in relation to fees and charges as a systemic issue for service providers.

Trend #2 Adequacy of reviews and investigations

In our 2012–13 annual report we highlighted the increase in reports of alleged assault and risks to people's wellbeing and safety. An associated trend this year has been complaints about the adequacy of reviews and investigations by service providers into incidents of assault that occur within their services.

Observations, initiatives and developments

Two Notices of Advice were issued related to this very serious issue. DSC also published *Investigations: guidance for good practice* to promote practice that addresses both the experience of the person with a disability and the staff member subject to the allegation.

Trend #3 Working with families

The greatest proportion of enquiries and complaints to our office (a total of 48 per cent) continues to be made by parents or guardians (37 per cent) and other family members such as siblings (11 per cent).

Observations, initiatives and developments

In response to the continued high proportion of complaints raised by families, in February 2014 DSC released *Occasional paper no. 2: families and service providers working together* from our 'learning from complaints' series. The paper, and feedback received from the sector, will form the basis of additional resources for use by families and service providers about this important aspect of service delivery.

Trend #4 Establishment of group homes

Supported accommodation continues to be the service type with the highest proportion of enquiries and complaints made to DSC. In 2013–14, 37 per cent of matters related to group homes. This trend is also replicated in complaints data provided by service providers (49 per cent).

The establishment of a new group home in particular can result in concerns being raised; about the mix of people and how well their support needs are understood by the service, the involvement and support of families during their family member's transition into the group home, the support and leadership of new staff and the need to build a person-centred culture.

Observations, initiatives and developments

DSC met with service providers in 2013–14 to discuss ways the services could learn from the complaints and perspectives shared by residents, families and staff.

A Notice of Advice was issued to a service provider in relation to three complaints about the establishment of a group home, including concerns about support planning and transition processes.

Learning from complaints: reflections of disability service providers

The complaints reporting process elicits the key lessons that service providers have learnt from individual complaints they receive. The Disability Services Commissioner (DSC) received a record number of 919 reports in 2013–14, grouped into the following themes:

1 Effective and timely **communication with people receiving services and their families**

‘Ensure adequate communication around changes to staff shifts and rostering.’

‘Ensure parents are aware of communication processes when an incident occurs. This includes privacy issues and issues that from time to time affect timeliness in communication.’

‘Important for workers to have clear, consistent communication with clients and realistically assess their needs.’

‘Ensure communication with families is paramount at all times.’

‘To improve communication with family members in a more proactive manner and keep in touch during complaints resolution periods [we] are developing a family engagement strategy to enhance our interactions ... [and] ... agreements with all families to ensure agreed expectations of service delivery.’

2 The need for improved **management of staff, information and resources**

‘Knowledge needs to be handed on better through coordinators so that we can manage existing contractors.’

‘Ensure casuals know how to support individuals correctly. If unsure give non-personal care-related tasks.’

‘Administration processes need to be tightened and invoicing needs to be quicker and correct.’

‘The importance of establishing and applying procedures for retention of clients’ records.’

3 Continued focus on providing flexible services that **genuinely respect the person’s choice**

‘That [organisation] needs to be aware of client differences and preferences, and not treat all clients in the same manner.’

‘Person-centred planning and review are a great tool for all parties concerned.’

‘Need to continue developing a person-centred approach between staff and clients.’

4 **Increased timeliness in the resolution of complaints**, including thorough follow-up and timely acknowledgement of issues

‘Respond promptly to concerns raised before they become complaints.’

‘Acknowledge and respond promptly to any concerns raised by the carers.’

‘Being responsive to the complaint makes the person feel heard and issue resolved.’

‘Need for ongoing training for the staff on conflict resolution and regular monitoring of client relationships to ensure [a] healthier environment.’

‘Complaints and feedback provide a good platform to improve service delivery and the organisation is implementing a roster to train and educate staff on the complaints process, relevancy and importance.’

From service providers

Listening to what people want

Rodney wrote to the chief executive officer of our organisation wanting people removed from the bus he used because they were yelling. He was also not happy with his new day service activities. We met with Rodney to talk about how we could address the issues he'd raised, but also to explain what we could not change due to other people's needs. Reviewing his support plan gave Rodney access to a clear line of communication with his support workers. When we checked with Rodney later about progress on resolving these issues, he told us he was much happier travelling on the bus and had started new activities. He'd also started a regular column in our organisation's newsletter, actively championing the voice of other people in his service. Rodney's complaint challenged everyone in our organisation, from the chief executive officer to front-line staff, to demonstrate our commitment to our values of dignity and empowerment.

Professional boundaries

Jane raised her concern that a support worker had crossed professional boundaries by emailing her religious material. Jane was distressed and felt that the email was inappropriate. She wanted to have the support worker removed from her program to prevent the situation from happening again.

The staff member acknowledged the error and an apology was communicated to Jane. Our organisation undertook staff performance management and training, and Jane was kept informed throughout the process.

This complaint highlighted the importance of educating staff about the impact on people with a disability and their family when professional boundaries are overstepped. Maintaining confidentiality and professional and personal boundaries are topics we now discuss in team meetings and staff meetings, as well as during formal induction.

Jane was satisfied with the steps taken and felt reassured that the behaviour would not be repeated.

Person-centred organisations

Sandra's support allows her to live independently in her own home. She contacted us about her financial statements, worried that she was being overcharged and might run out of funding before the end of the financial year.

With Sandra's consent we investigated the situation. The invoices were correct; however, her rates had changed, and the timing these came into effect was not clear. Sandra appreciated the explanation and noted she would keep a keen eye on future statements.

This complaint highlighted our responsibility to be person centred across several areas in our organisation: efficient and accountable administration, being receptive to feedback and acting promptly to prevent a loss of trust and credibility. Clear and timely communication about changes in rates and service delivery models are important. We now provide a sample financial statement and explanatory notes to people using our services, to reduce the risk of confusion and anxiety for them and their families.

Learning from complaints: feedback from people involved in our complaints processes

The Disability Services Commissioner (DSC) regularly seeks feedback from people who make complaints and from disability service providers so that we can monitor how we are performing in relation to the principles of the Disability Act 2006, the values we stand for and the expectations of people we help to resolve complaints.

In the past year, 66 people responded to our evaluation survey, representing a return rate of 30 per cent. In the feedback, 88 per cent of people said their complaints were resolved or partly resolved. Satisfaction with outcomes was reported at 61 per cent with 25 per cent of people not indicating whether they were satisfied or not satisfied. More people (74 per cent) are reporting that their complaint improved services to the person with a disability and 33 per cent reported that their relationship with the service provider had improved (48 per cent reported no change in the relationship).

'We were able to repair relationships.'

'We came out of the process with a more positive relationship with the manager, and that is very important.'

'DSC was impartial and assisted all parties to be empowered.'

Fourteen per cent of people reported being dissatisfied with the outcome of the complaint and their feedback will guide areas for improvement. The themes are best captured by the following observations:

'The service provider did not appear to have any respect for the DSC process.'

'DSC needs to follow up and ensure decisions are implemented. DSC needs to be empowered to ensure changes take place.'

'There was initial improvement but things reverted to historical manner.'

Satisfaction rates with DSC officers are again very positive, with 97 per cent of respondents saying that they were helpful and 94 per cent identifying that they were respectful and treated the complaint seriously. Officers' understanding and promotion of rights were similarly highly rated.

'DSC were open, respectful and impartial.'

'The process [at DSC] was helpful with a constructive process of listening and being respectful, and the approach integrated the client and service provider in a way that worked well.'

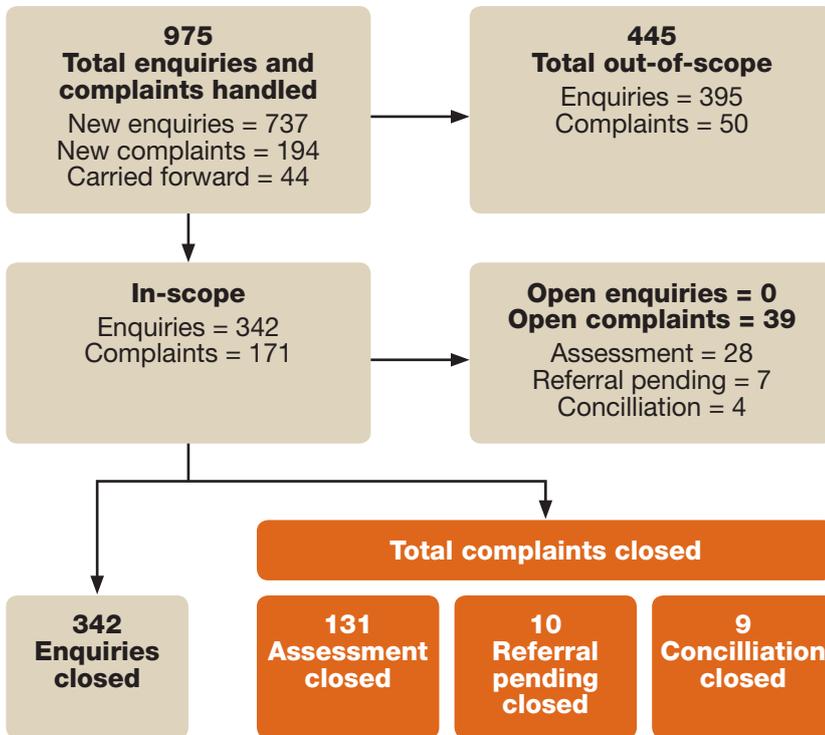
'DSC worked well, resulting in open, honest, fair communication and decision making.'

'The DSC officer was excellent in working with both parties to resolve the complaint.'

'DSC were helpful, caring, useful, thoughtful and sympathetic.'

Resolving complaints to the Disability Services Commissioner

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



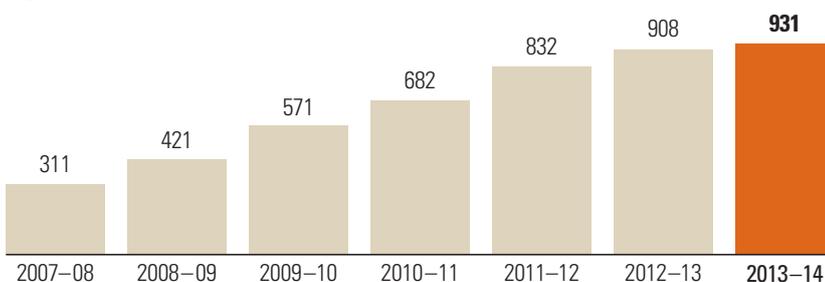
Overview of enquiries and complaints

There was a small increase in the number of new enquiries and complaints made to the Disability Services Commissioner (DSC) in 2013–14 compared to 2012–13, continuing the trend of an annual increase since DSC began on 1 July 2007.

Figure 2 shows that the number of new enquiries and complaints made to DSC increased from 908 to 931 (an increase of 3 per cent) between 2012–13 and 2013–14. The number of matters raised with DSC in 2013–14 is now about three times the number raised in 2007–08 when DSC began operation.

In total there were 975 enquiries and complaints dealt with in 2013–14 (931 new enquiries and complaints, 43 complaints carried forward from 2012–13 and one complaint that was reopened). Of these matters, 937 were closed during the year and 39 were still open as at 30 June 2014.

Figure 2: Total number of new enquiries and complaints



The implementation of the National Disability Insurance Scheme (NDIS) trial site in Barwon was phased in throughout the 2013–14 reporting period. Given the staggered transition of support, we will commence more detailed analysis of enquiries and complaints related to the NDIS trial in the 2014–15 reporting period.

PLEASE NOTE:

Throughout the report percentages might not add up to 100 per cent due to rounding.

Breakdown of new enquiries and complaints

Of the 931 new matters raised with DSC, 737 matters (79 per cent) were enquiries while 194 matters (21 per cent) were new complaints that were assessed by DSC (Figure 3).

Enquiries are an opportunity to work with people who may be unclear about their rights or how to raise an issue with their disability service provider. DSC helps people to raise issues directly with their service provider and resolve these issues without having to directly involve DSC.

Figure 3: Breakdown of new enquiries and complaints



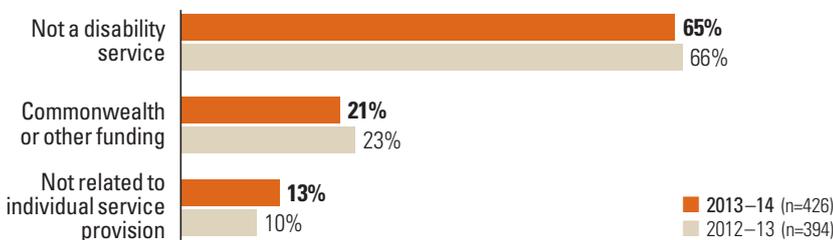
Out-of-scope enquiries and complaints

Out-of-scope enquiries and complaints are those that fall outside the powers of DSC as specified in the *Disability Act 2006*. Of the 931 new enquiries and complaints made to DSC in 2013-14, 46 per cent (426) were out of scope. This figure is consistent with previous years (43 per cent in 2012-13 and 47 per cent in 2011-12) and continues to account for a substantial proportion of all matters.

Figure 4 shows a breakdown of all out-of-scope enquiries and complaints received.

Figure 4: Out-of-scope new enquiries and complaints

The figures have been rounded to zero decimal places and may not add up to 100 per cent.



Service types and issues

Service types and issues (in scope)

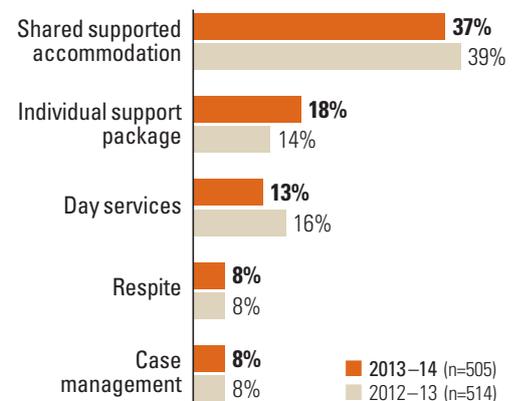
Enquiries and complaints continued to be made about a broad range of service types. Supported accommodation continued to account for the greatest share of in-scope enquiries and complaints (37 per cent – see Figure 4).

Individual support packages (ISP) accounted for the second greatest share of enquiries and complaints (18 per cent), followed by day services (13 per cent), while 8 per cent were made about respite and case management.

Other service types not shown in Figure 5 that accounted for less than five per cent of enquiries and complaints in 2013-14 were planning (three per cent), futures for young adults (two per cent), aids and equipment (two per cent) and flexible support packages (two per cent).

Figure 5: Enquiries and complaints by service type (top five categories)

In-scope enquiries and complaints by service type, accounting for at least 5 per cent of matters.



Issues raised in complaints

Issues (in scope)

People contacting DSC usually raise multiple issues and concerns. These issues have been grouped into five broad categories as shown in Figure 6. The main issues raised in enquiries and complaints in 2013–14 were:

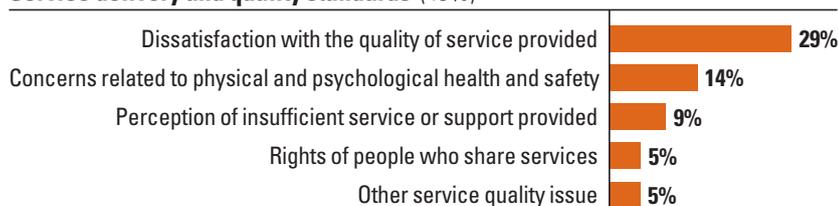
- service delivery and quality standards issues (49 per cent, down from 58 per cent in 2012–13) – mostly regarding dissatisfaction with the quality of service provided, concerns about physical and psychological health and safety and insufficient service or support provided
- communication or relationship issues (38 per cent) – largely due to insufficient communication from disability service providers or concerns about the quality of communication.

A smaller share of matters related to concerns about service providers' policies and procedures (30 per cent), service access or compatibility issues (27 per cent) and workforce and staff-related issues (16 per cent).

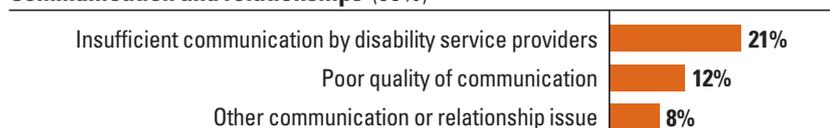
Figure 6: Issues raised in enquiries and complaints

In-scope enquiries and complaints by issue and sub-issue. Multiple responses are possible, so figures may not add up to 100 per cent (n=505).

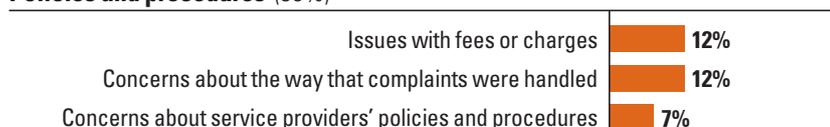
Service delivery and quality standards (49%)



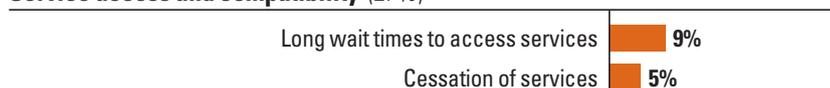
Communication and relationships (38%)



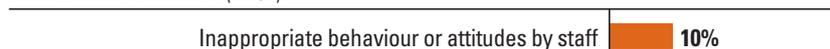
Policies and procedures (30%)



Service access and compatibility (27%)



Workforce and staff (16%)



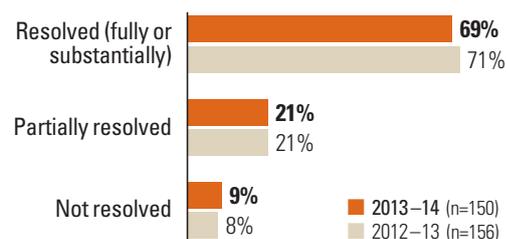
Outcomes

Resolution rates for complaints

The vast majority of in-scope complaints that were closed in 2013–14 achieved a positive outcome, similar to the previous reporting year (Figure 7).

Figure 7: Resolution rates for in-scope complaints

The figures have been rounded to zero decimal places and may not add up to 100 per cent.



In 2013–14 a total of 150 in-scope complaints were dealt with and closed either in assessment, referral pending or conciliation stage with 39 still open at 30 June 2014 (Figure 1). Sixty-nine per cent of all complaints (104 matters) were fully or substantially resolved and a further 21 per cent (32 matters) were partially resolved at closure. A total of 14 matters were not resolved.

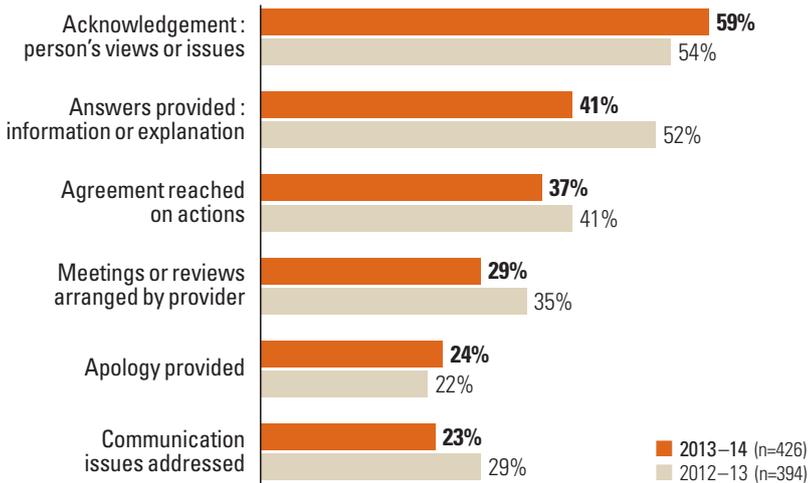
How complaints were resolved

DSC has an ongoing focus on flexible person-centred approaches to promote the resolution of complaints and improved service outcomes and relationships. Figure 8 shows that the Four A's were used in four out of five cases to resolve complaints. The most common ways that complaints were resolved were: acknowledging the views and issues of the person who made the complaint (59 per cent, an increase from 54 per cent in 2012–13 and 44 per cent in 2011–2012); giving information or explanations to answer questions raised by the person who made the complaint (41 per cent, down from 52 per cent in 2012–13); and reaching agreements on actions (37 per cent). Of the Four A's, providing an apology (24 per cent) was the least common resolution method.

Less than one-third of complaints (29 per cent) were resolved by arranging meetings or reviews with the person who made the complaint or received the service. About a quarter (23 per cent) were resolved by the service provider addressing communication issues or misunderstandings.

Figure 8: Most common ways complaints were resolved

Proportion of complaints resolved at assessment, referral pending or conciliation. Multiple responses are possible, so figures may not add up to 100 per cent.



The Four A's of successful complaint resolution

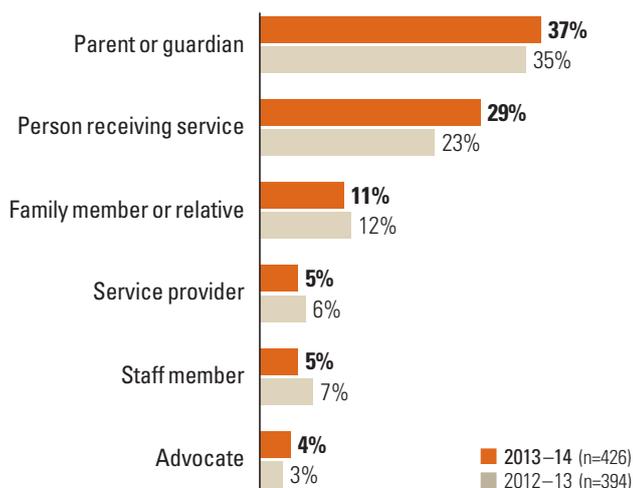
Acknowledgement
Answer
Action
Apology

Characteristics of people involved in complaints to DSC

Source of enquiries and complaints

The profile of people bringing issues to DSC was broadly similar in 2013–14 to 2012–13. Figure 9 shows that the proportion of all enquiries and complaints made directly by people receiving services was 29 per cent, up from 23 per cent in 2012–13 and 25 per cent in 2011–12. The greatest proportion of enquiries and complaints continue to be made by parents and other family members (a total of 48 per cent).

Figure 9: Source of enquires and complaints (top six)



Types of disability

In 2013–14, where the type of disability was known, the majority of matters were about services provided to people with an intellectual disability (56 per cent). The next most common disability types were physical impairment (40 per cent) and autism (27 per cent). Fifteen per cent of people identified as having a neurological impairment, 12 per cent identified as having an acquired brain injury and 7 per cent identified as having a sensory impairment. A smaller proportion of enquiries and complaints were about services to children with a developmental delay (3 per cent).

While not included as a disability under the *Disability Act* 2006, mental illness in combination with other disabilities was present in 13 per cent of matters.

Gender and age

Just over half of enquiries and complaints in 2013–14 involved males receiving services (55 per cent), while 43 per cent related to females and 2 per cent to both males and females. This is a similar gender profile to that in 2012–13.

Where the information was available, just under half of the enquiries and complaints concerned people aged 30 years or under (45 per cent), with 55 per cent of enquiries and complaints made in relation to people aged 31 years or over.

Martin's story: Critical incidents and brokered services

Martin's daughter Isabelle receives in-home respite coordinated by a registered disability service provider and delivered by subcontracted agencies.

Martin contacted DSC with concerns about the behaviour of a contracted in-home respite worker and the service provider's response to his complaint. Martin told the service provider that the support worker took photos of Isabelle playing, yelled at her and allowed her to play with crockery from the kitchen cupboards. He was upset that the service provider forwarded the complaint to the contracted agency without talking to him first, and that the contracted agency didn't follow up his concerns or tell him what actions they were taking.

DSC identified that an incident report hadn't been completed or submitted to the Department of Human Services (DHS). After consultation with DHS, DSC worked with the service provider to ensure this was done. Further assessment identified that the contracted agency did not have robust incident reporting policies or a complaints policy that was person centred and proactive.

DSC facilitated an Assessment Conference with Martin, his wife, the contracted agency and a representative from DHS. The contracted agency apologised to Martin and his wife and acknowledged their concerns about how the complaint had been managed.

Following this incident the contracted agency implemented new training for staff. With support from DSC they reviewed their complaints, assessment and orientation processes, and improved the communication between themselves and the service provider. DHS continued to monitor both service providers, their working arrangements and their incident reporting and complaints policies and processes.

Martin expressed his satisfaction that other people wouldn't have to go through the same situation if they made a complaint, and that the service providers were working to make their processes better.

Alice's story: Incompatibility

Alice and Sharon lived together in a group home. Alice felt unsafe as a result of Sharon throwing things and yelling at Alice. To safeguard Alice the disability service provider tried different ways of providing behaviour support to Sharon, but had limited success. Alice's mother Dorothy submitted a complaint to DSC as she believed the service provider was not doing enough to address the compatibility issues between Alice and Sharon. DSC spoke to Alice who made it clear that she wanted Sharon to stop harming her and did not want to live with Sharon anymore.

DSC encouraged the service provider to work together with Alice and Dorothy to resolve the situation. The service provider identified a vacancy at another house that was potentially suitable for Alice. Alice decided that this was a good solution for her. Not only would she feel safe at the house, but the other residents were a similar age, a friend of hers lived there and she would still be able to access her local community and attend her day service.

On reflection, the service provider realised the importance of involving Alice and her mother in problem solving and reaffirmed their responsibilities in safeguarding people with a disability.

Resolving complaints to disability service providers

Overview of annual complaints reporting

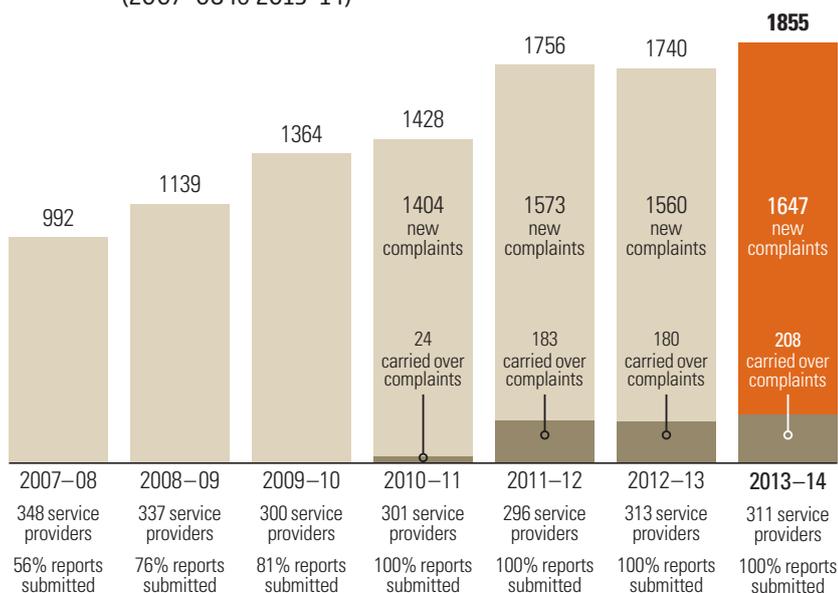
Disability service providers must report annually to the Disability Services Commissioner (DSC) on the number and types of complaints they receive and how the complaints are resolved. All registered, funded and contracted disability service providers must report in accordance with s. 105 and 106B of the *Disability Act* 2006. Section 19 of the Act requires that the Commissioner produce an annual report that includes information about the number, type and the outcome of complaints.

Complaints received

Number of complaints

Service providers reported a total of 1,855 complaints in 2013–14, seven per cent more than the 1,740 complaints reported in 2012–13 (Figure 10) and the highest since DSC was established. Complaints have increased by an average of 11 per cent per year since the first reporting period in 2007–08. The number of new complaints (excluding complaints carried forward from the previous year) was 1,647 in 2013–14.

Figure 10: Complaints reported by disability service providers (2007–08 to 2013–14)



Distribution of complaints among disability service providers

Similar to previous years, a high proportion of complaints were reported by a small number of disability service providers. While 180 service providers reported at least one complaint in 2013–14, 78 per cent of these complaints were accounted for by the 45 service providers that reported 10 or more complaints (with 33 per cent of complaints accounted for by the three service providers that recorded over 50 complaints each). A large proportion of services reported nil complaints (42 per cent).

Service types and issues

Service types

The commencement of the National Disability Insurance Scheme (NDIS) trial on 1 July 2013 provided an opportunity to refine the annual complaints reporting process and improve our understanding of complaints about services purchased with individualised funding. The combined total of complaints arising from individualised funding – Department of Human Services (DHS) individual support packages (ISP) and NDIS packages – is 42 per cent, while 61 per cent related to services funded through service agreements with, or directly provided by, DHS. These complaints have been represented separately to the traditional DHS-funded programs.

Reflecting the staggered transition of supports and early stage of the trial, only two per cent (43) of all complaints in 2013–14 related to services purchased through the NDIS.

From service providers

Communicating actions

Anne was dissatisfied with the number of support workers available to cover her shifts. She was not happy with having to rely on her daughter and family when her regular support staff could not be arranged, and felt her family should only have to cover shifts in emergency situations. Anne wanted an explanation about the recruitment program currently being undertaken to address her issues. She was also anxious about the change in her service coordinator.

Following Anne's complaint the service coordinator identified and screened support workers in the area and arranged for a 'meet and greet'. Anne met with the new service coordinator, who explained the steps taken to address the vacant shifts situation. Anne felt reassured that her complaint had been heard and was being proactively worked on. This complaint highlighted that communication and involving the person in key decisions is vital in promoting independence and participation, particularly during periods of change. The complaint also demonstrated the importance of all departments working together to reach the desired outcome.

Understanding what's important

Gregory lived in a group home but he wanted to live on his own with some supports. Gregory did not communicate his wishes to staff. Instead, he behaved in a dangerous and disruptive manner towards the other people in the house and street. Several people made complaints, which triggered a conversation with Gregory. He expressed that living in a group home was making him unhappy. He wanted to live on his own in peace and quiet.

Several meetings occurred with Gregory and a circle of support was created to help him achieve what he wanted in life. Gregory now lives independently with support but maintains regular contact with the staff who supported him and helped him change his life.

The complaints process facilitated direct and open communication with Gregory and collaboration across different community sector organisations. Gregory experienced a successful transition and positive life outcomes.

Complaints about service types accessed through DHS-funded programs

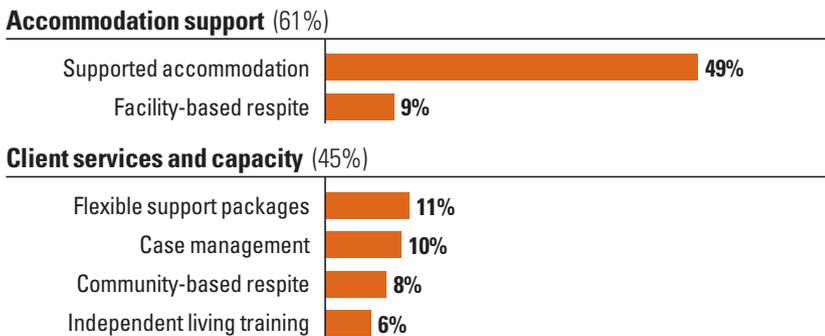
As shown in Figure 11, complaints about services funded through DHS, most commonly related to accommodation support (61 per cent) and client services and capacity (45 per cent).

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

These service types represented a similar proportion of all complaints (when taking account of services purchased through an ISP or NDIS package) to those in 2012–13.

Figure 11: Complaints by service type – DHS-funded programs

Includes complaints accounting for at least 5 per cent of matters. Multiple responses are possible, so figures may not add up to 100 per cent (n=1,104).

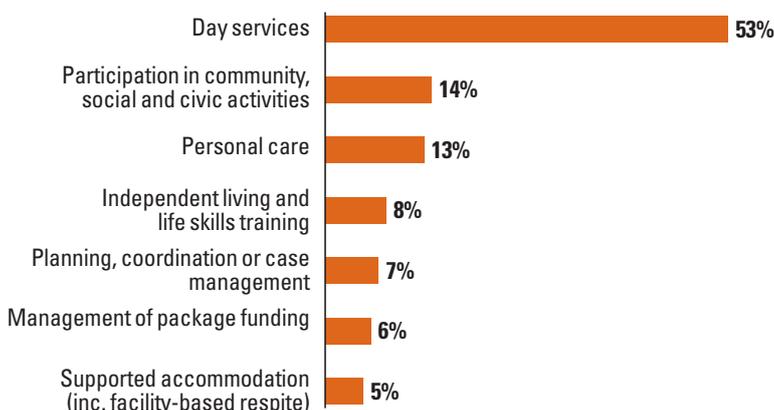


Complaints about service types purchased through individualised funding

Over half (53 per cent) of complaints related to services purchased through individualised funding packages were about day services (Figure 12), accounting for a similar proportion of total complaints reported against day services (21 per cent) in 2012–13. The next most common complaints about services purchased through individualised funding were participation in community, social and civic activities, which includes community-based respite (14 per cent), and personal care (13 per cent).

Figure 12: Complaints by service type – individualised funding

Complaints purchased through ISPs or NDIS packages, accounting for at least 5 per cent of matters. Multiple responses are possible, so figures may not add up to 100 per cent (n=698).



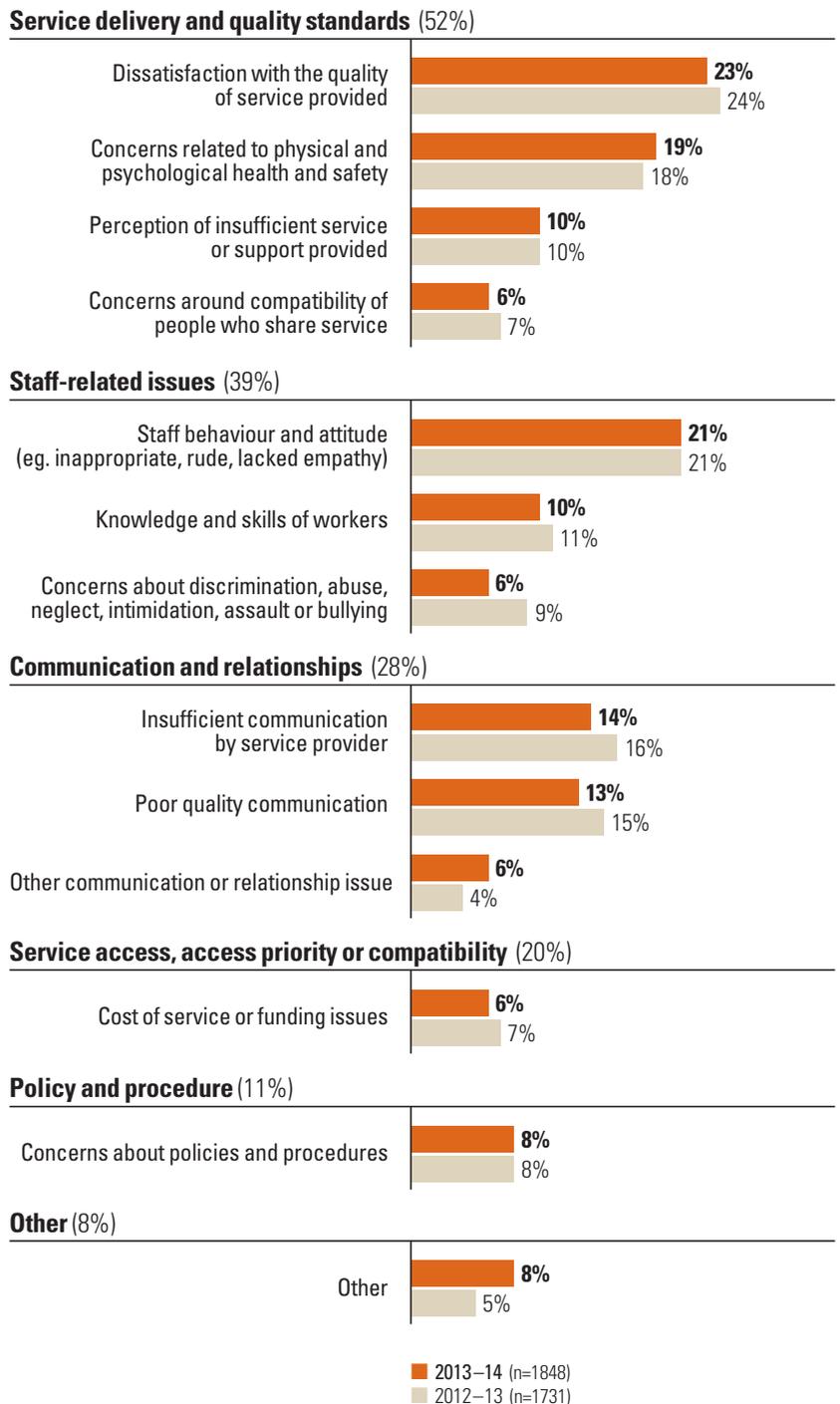
Issues raised in complaints

Service delivery and quality remain the predominant issues raised in complaints, followed by staff and communication. Figure 13 shows that the profile of complaints in 2013–14 was similar to that of 2012–13:

- service delivery and quality (52 per cent) – generally related to dissatisfaction with the quality of service provided (23 per cent), concerns about physical and personal health and safety (19 per cent) and perceptions of insufficient care or service provided (10 per cent)
- staff-related issues (39 per cent) – generally about staff behaviour or attitude (21 per cent) or the skills and knowledge of staff (10 per cent)
- communication (28 per cent) – related to insufficient communication (14 per cent) and poor-quality communication (13 per cent).

Figure 13: Issues raised in complaints

Issues accounting for at least 5 per cent of matters. Multiple responses are possible, so figures may not add up to 100 per cent.

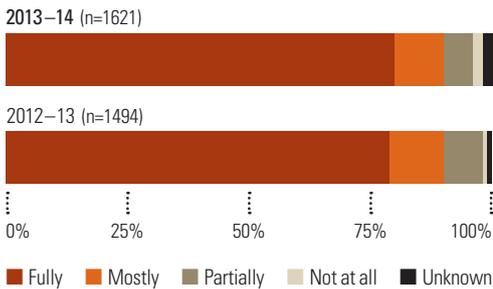


How complaints were resolved

Resolution rates for complaints

Providers indicated that the majority of complaints closed by 30 June 2014 had either been 'fully' (80 per cent) or 'mostly' (10 per cent) resolved. Only 2 per cent of closed complaints were 'not at all' resolved (Figure 14).

Figure 14: Resolution rates for complaints
Percentage of closed complaints



Time to resolve complaints

Most of the complaints that were closed in 2013-14 were either resolved within a week (40 per cent) or 8 to 20 days (20 per cent), with 39 per cent taking over 20 days to resolve.

Complaint outcomes

The distribution of complaint outcomes in 2013-14 against the Four A's of successful complaint resolution is shown in Figure 15 and is similar to 2012-13. About two-thirds of complaints resulted in acknowledgement of the person's views or issues (63 per cent), about half resulted in action (54 per cent) and answers (48 per cent), while one-quarter resulted in an apology.

Actions most commonly related to performance management, disciplinary action, feedback or training for workers (17 per cent), but also included changes or improvements to communication (13 per cent – this was a new option), changes in existing support arrangements (10 per cent) and reviewing, improving or implementing the person's plan (10 per cent).

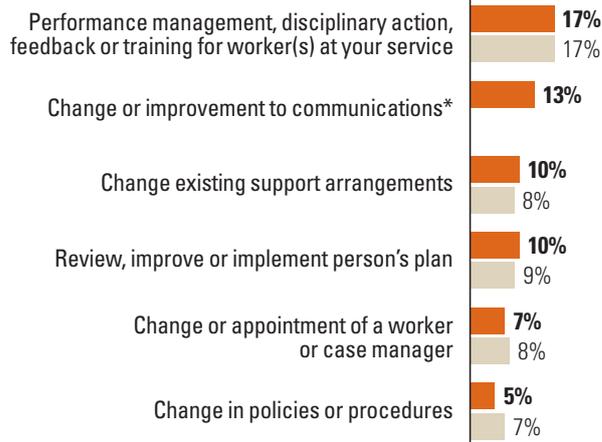
Figure 15: Complaint outcomes – the Four A's

*Complaint outcomes accounting for at least 5 per cent of matters.
Multiple responses are possible, so figures may not add up to 100 per cent.*

Acknowledgement (63%)



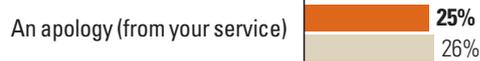
Action (54%)



Answers (48%)



Apology (25%)



* New response option in 2013-14

2013-14 (n=1781)
2012-13 (n=1707)

Comparison of complaint outcomes with outcomes sought

Disability service providers indicated that the outcomes sought by the person who made the complaint matched the actual complaint outcomes in 67 per cent of cases in 2013–14.

People who sought acknowledgement (86 per cent), answers (77 per cent) or an apology (73 per cent) were much more likely to achieve these outcomes than those who sought actions (49 per cent).

The likelihood of achieving an outcome varied considerably, depending on the actions sought.

- About two-thirds of people who sought performance management, discipline action or training for worker(s) within the service (66 per cent), change or appointment of a worker or case manager (63 per cent) and review, improvement or implementation of a person's plan (62 per cent) achieved this outcome.
- Twenty-nine per cent of people who sought a relocation or transfer to another service achieved this outcome (down sharply from 45 per cent in 2012–13). One-quarter were able to access an appropriate service and 15 per cent succeeded in achieving a change or review of decision.

Status of open complaints

In a similar finding to previous years, complaints that were open as at 30 June 2014 were generally either in negotiation or discussion with the person who made the complaint (35 per cent, up from 28 per cent in 2012–13) or under review (24 per cent).

In a minority of cases, assistance with the resolution process was also sought from DSC (11 per cent) or another authority or service (17 per cent).

Complaints raised with other agencies or authorities

Disability service providers indicated that 27 per cent of all complaints (whether open or closed) had been raised with an agency or authority apart from their service – most notably 11 per cent had been raised with DSC and eight per cent with a DHS division.

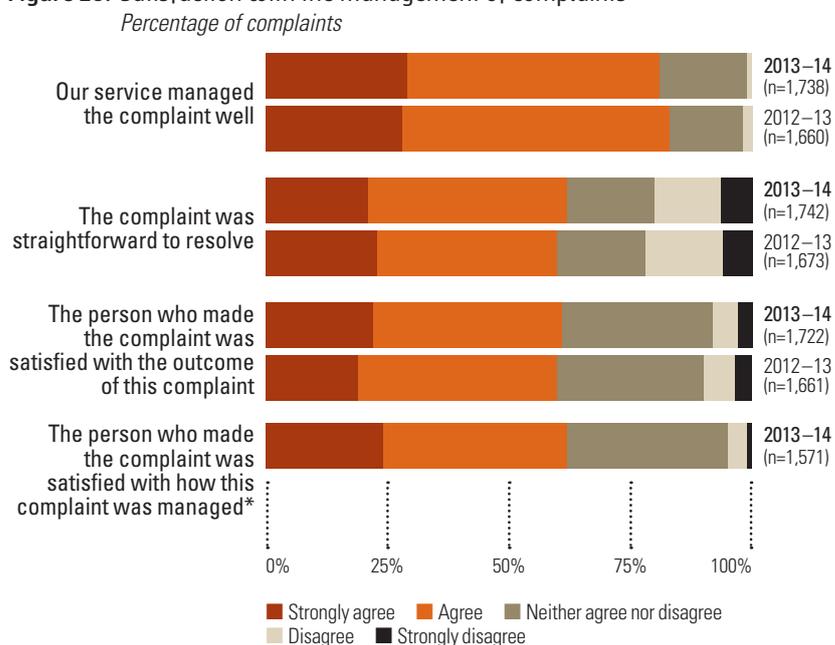
Outcomes

Satisfaction with the management of complaints

There is little change from previous years in the trends related to perceived management of complaints (Figure 16). Disability service providers agreed that they managed complaints well in the vast majority of cases (81 per cent). However, the type of outcome sought by the person raising the complaint had a substantial effect on perceptions of how straightforward the complaint was to resolve.

Complaints that involved an apology (70 per cent), acknowledgement (66 per cent) or answers (65 per cent) were considered the most straightforward to resolve. Complaints that sought action, particularly relocation or transfer to another service (27 per cent), were identified as more complicated to resolve.

Figure 16: Satisfaction with the management of complaints



* New question in 2013–14

Actions taken as a result of complaints

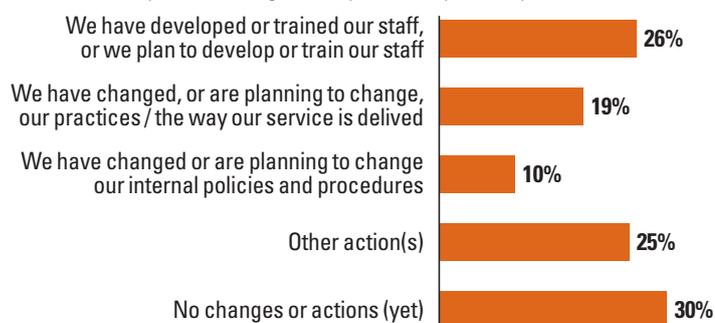
Figure 17 shows that the most common actions service providers had taken or planned to take as a result of the complaint was the development or training of staff (26 per cent), changing practices or the way services are delivered (19 per cent) and changing internal policies and procedures (10 per cent).

Other actions occurred in one-quarter of complaints. These other actions related to improving communication and consultation processes, staffing allocation or rostering changes or performance management of staff (including in some cases discipline or termination of employment).

There were also a substantial proportion of complaints where no action or changes had yet occurred (30 per cent).

Figure 17: Actions taken as a result of complaints

Percentage of complaints that account for at least 5 per cent. Multiple responses are possible, so figures may not add up to 100 per cent (n=1,721)

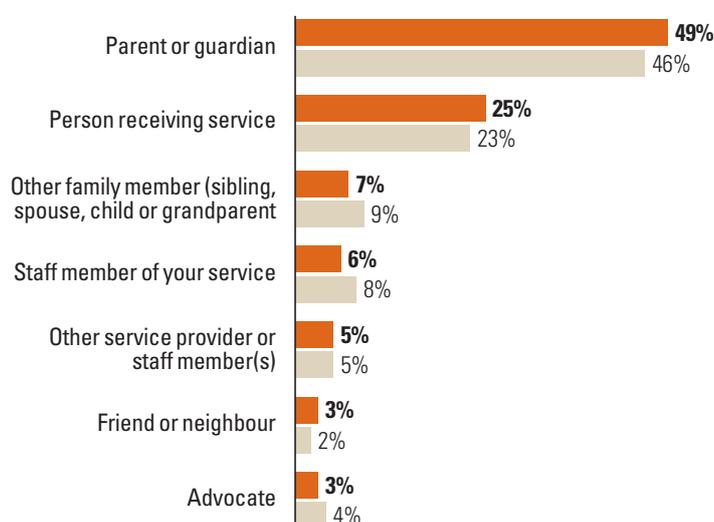


Characteristics of people involved in complaints to disability service providers

Figure 18 shows that, similar to 2012–13, complaints were most commonly made by parents or guardians (49 per cent), the person receiving services (25 per cent) and other family members (7 per cent).

Figure 18: Most common sources of complaints

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



Type of disability

The majority of complaints in 2013–14 involved people with an intellectual disability (65 per cent) and physical impairment (26 per cent, up from 20 per cent in 2012–13).

Gender and age

More people with a disability involved in complaints were male (58 per cent) than female (44 per cent), while less than 1 per cent of people were transgender.

The most common age groups of people with a disability involved in complaints were 26 to 35 years (24 per cent), 36 to 45 years (23 per cent, up from 18 per cent in 2012–13), 19 to 25 years (18 per cent) and 46 to 55 years (16 per cent).

Cultural background

Seven per cent of people with a disability involved in complaints identified as being from a diverse cultural and linguistic background, while only one per cent identified as being from an Aboriginal or Torres Strait Islander background.

From service providers

Involving and supporting families

The parents of Kailash were not happy with the accommodation option offered to their son. They did not believe that staff in the house were capable of providing adequate support for Kailash, and felt they should have been involved in the decision making. They made several complaints, to us and to external bodies.

We resolved the complaint by acknowledging the issues, explaining the vacancy management process and changing the style and frequency of communication with the family. Senior management and staff met several times with the family about appropriate support for Kailash. We kept the family up to date on staff training and recruitment of new staff. Ongoing discussion reassured the family that we were taking their concerns seriously and were taking action.

Reviewing the most effective complaint management style for each complaint is important for ensuring a positive outcome. In this case, our actions were in accordance with established process and policy, so it was improved communication and engagement, including explanations and rationale for decisions, that resolved the complaint. The family is satisfied that appropriate steps have been taken to provide adequate support for Kailash.

Giving people a voice

Kim was frustrated as she believed staff or other people in the house were entering her room and taking her personal belongings. Staff had several discussions with Kim but their attempts to resolve the complaint were unsuccessful.

The complaint was raised at a focus group where residents, advocates and staff discuss residents' experiences and concerns. The group identified lock and key entry to Kim's room as a solution.

Kim was happy with this outcome and felt that she now had control over who entered her room. There was less conflict among the residents and trustful friendships were rebuilt. This issue was listed as an agenda item for regular house meetings to ensure Kim remained satisfied with the outcome of her complaint.

The key reflection from this complaint is the need to educate and empower people using services, and ensure the organisation's complaints process is transparent. If the person is not happy with an outcome there may be other avenues where a complaint can be raised or escalated to reach a positive outcome.

Finance

Financial statement for the year ended 30 June 2014

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

The financial operations of DSC are consolidated into those of DHS and are audited by the Victorian Auditor-General's Office. A complete financial report is therefore not provided in this annual report.

A financial summary of expenditure for 2013–14 is provided below.

Operating statement for the year ended 30 June 2014

Expenses from continuing activities

Salaries	\$ 1,599,256
Salary on-costs	\$ 238,166
Supplies and consumables	\$ 302,741
External services delivered	\$ 13,636
Indirect expenses (includes depreciation and long service leave)	\$ 112,672
Total expenses	\$ 2,266,471

Compliance and accountability

Information Privacy Act 2000

The Disability Services Commissioner (DSC) is an organisation covered under s. 9 of the *Information Privacy Act 2000*. DSC complies with this Act in its collection and handling of personal information.

Freedom of Information Act 1982

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

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

In 2013–14 there were 11 requests made pursuant to the Freedom of Information Act. One request was granted in full, nine were dealt with by way of administrative release pursuant to s. 16(2), and one was a request to amend records held by DSC pursuant to s. 39.

Charter of Human Rights and Responsibilities Act 2006

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

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

Protected Disclosure Act 2012

Disclosures of improper conduct by DSC or its officers can be made verbally or in writing to:

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

More information about the *Protected Disclosures Act 2012* is available from the Independent Broad-based Anti-corruption Commission website at www.ibac.vic.gov.au.

Disability Services Commissioner

Level 30, 570 Bourke Street
Melbourne Victoria 3000

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

TTY: 1300 726 563

Office enquiries: 1300 728 187 (local call)

Fax: (03) 8608 5765

Twitter: @ODSCVictoria

Facebook: www.facebook.com/DSCVic

Skype: ODSC Victoria

www.odsc.vic.gov.au

