



Disability services complaints data (2007-15)

What have we learnt so far?



Disability
Services
Commissioner

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

Disability services complaints data (2007-15):
What have we learnt so far?

Disability Services Commissioner

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Front cover:

Andrew Thomopoulos, Disability Service User and Self Advocate.

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The data analysis would not have been possible without the support of the Department of Health and Human Services, which provided background data relating to the delivery of disability services that provides much of the context for the complaints data.

We acknowledge the following Annual Complaints Reporting Reference and Advisory Group member organisations:

- Department of Health and Human Services Complaints, Integrity and Privacy Unit
- Disability Services Board
- Karden Disability Support Foundation
- National Disability Insurance Agency (Central)
- National Disability Services
- Scope
- Vision Australia
- Youth Disability Advocacy Service.

From the Commissioner

When my office was established in 2007 it was clear that many people with a disability experienced significant barriers to making complaints about their experiences with disability services. Those barriers included limited communication, a fear of retribution and an acceptance of the status quo.

Since launching our campaign '**It's OK to Complain!**' in 2007 we have trained over 10,000 disability services staff to respond effectively to complaints. We have encouraged services to see complaints as an opportunity to improve services for everyone. We have run information sessions for over 5,000 people with a disability, their families and carers, to encourage them to speak up about their concerns.

We have used data collected from service providers via the annual complaints reporting process and our own experience in resolving complaints and enquiries to provide:

- resources for the sector on complaints management
- training and information for people with a disability, their families and staff working at all levels of the disability services sector
- advice about how to safeguard people's right to be free from abuse and work more effectively with families.

This paper focuses on complaints made directly to service providers — over 12,000 complaints — between 1 July 2007 and 30 June 2015. We have seen growing confidence in people with a disability, their families and carers to make complaints about their disability services. Many more people are speaking up now than in 2007. Service providers are increasingly recognising the benefits of proactive and sensitive complaints handling.

The Australian disability services sector is currently experiencing one of the most significant social reforms in Australia's history — the National Disability Insurance Scheme. The data we've collected via Victoria's mandatory complaints reporting framework has valuable information for the National Disability Insurance Scheme and for the development of a national quality and safeguarding framework. This paper contributes to that process by identifying important themes for discussion.

I commend the many Victorians with a disability, their families and others on their behalf, who have spoken up.

I commend those disability providers who have been wise enough to listen and act.

I encourage executive teams and boards of disability service providers to reflect on the services they deliver, review their complaints data, and work with management, staff and people using services to improve service delivery and organisational culture.

A key challenge for the Commonwealth is to support the development of a disability services system that genuinely upholds the right of people with a disability to express their opinions and lead the disability services they receive.



Laurie Harkin AM
Disability Services Commissioner

Protecting the right of people to complain

Victoria's *Disability Act 2006* (the Act) introduced major reforms aimed at improving services for Victorians with a disability. The Act provides a framework for self-directed planning, funding and support, to give people greater choice and control over their supports.

The Act also established the Disability Services Commissioner to work with people with a disability and disability service providers to resolve complaints.

In line with the Act and the Australian standard on complaints handling¹ we define a complaint as:

An expression of dissatisfaction made to or about a disability service provider, relating to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required.

Victoria's disability legislation is unique within Australia in that it requires all registered, funded and contracted disability service providers to report annually to our office on the number and types of complaints they receive and how these complaints are resolved.

We have been collecting this information since 2007, as well as keeping data on complaints that have been handled by our own office.

About this paper

We commissioned ORIMA Research to conduct an analysis of eight years of complaints data (2007–08 to 2014–15) in order to identify:

- trends in the nature and type of complaints reported
- the changing characteristics of the complaints culture in Victoria's disability services sector
- issues and trends for specific service types
- implications for future service delivery and complaints handling approaches.

Key aspects of ORIMA's research and findings are reflected in this paper.

The implementation of our Annual Complaints Reporting Tool in 2010–11 significantly enhanced the breadth and quality of the data we collected. Some data cited in this paper was only collected after 2010–11.

Feedback gathered during our capacity development activities provides another important source of information for this paper. We have trained over 10,000 disability services staff in complaints handling, and engaged with over 5,000 people with a disability, their families and carers in information sessions, expos and workshops that enhanced their capacity to speak up about their concerns. These sessions have provided valuable insights into the complaints handling culture in the sector, and the conditions that both inhibit and enable people to complain.

1. Australian Standards AS/NZS 10002:2014 and ISO 10002:2004 MOD.

Mandatory complaints reporting

Prior to the reforms brought about by the Act, Victoria's approach to funding and monitoring the performance of disability services provided little accountability or incentive for service providers to focus on people's complaints.

When our office was established in 2007 many providers:

- did not have a complaints register or a comprehensive complaints policy
- rarely used complaints data as part of their quality improvement activities
- had variable levels of understanding of what constituted a complaint.

In the last decade much progress has been made to address these issues. Service providers' management of complaints has improved significantly, as have their attitudes to the value and importance of complaints. A number of factors have contributed to this improvement. However, in our opinion, and in the opinion of many service providers, mandatory reporting of complaints has been one of the key factors in influencing this change in attitude and behaviour.

Feedback on mandatory complaints reporting

I'm all for an appropriate independent external body where annual complaints are logged, and think if we removed this we would be going backwards from the progress we are making. We use the data, both internal and benchmarked through DSC, for quality improvement strategies. We use the Periscope risk management software which is now well embedded with our frontline staff as an integrated approach to both incident reporting and complaint tracking and management.

A concrete recent example is in one of the residential houses we were able to track a history of incidents, rosters and related data to a DSC complaint. The local manager responsible was much better able to diagnose the issues, respond to the complaint and set in place remedial actions.

The point I am making here is that complaints tracking is a fundamental part of improving the quality of service for clients, and often the safety of staff. We report our aggregated data and the diagnosis of trends to our Board Quality and Practice Committee to strengthen the internal accountability, and consequently meeting the current DSC requirements is not an onerous task beyond what good organisations should be doing anyway.

Sometimes comparison of external data can be tricky and a national approach would need a consolidated approach in part informed by service providers, but more importantly by client representative groups. There are risks associated with collation of data, for example, presumption that the volume of complaints is necessarily an indicator of poor quality when it can be as much an indicator of a positive reporting culture. The risks, however, are outweighed by the benefits. The concern about yet more work for organisations is misplaced if it is properly developed.

Graeme Kelly

Chief Executive Officer, The Tipping Foundation

Annual Complaints Reporting Tool

In November 2010 the Disability Services Commissioner launched the Annual Complaints Reporting Tool, a secure, password-protected online reporting system.

We developed the tool with extensive input from stakeholders and a 2009 review by ORIMA Research of the annual complaints reporting process.

Use of the tool has led to improved data quality and reliability, reduced data processing time and enhanced annual reporting.

In a 2012 evaluation of the annual complaints reporting process, the majority of service providers agreed that the process improved their complaints reporting system (65 per cent), increased the level of awareness of the importance of complaints reporting in their service (59 per cent), and helped their organisation improve the services it provides to people with a disability (55 per cent).

The model underpinning the tool has been adopted by other state government disability reporting authorities.

- The NSW Department of Family and Community Services — Ageing Disability and Home Care launched the Feedback and Complaint Management Log on 1 July 2013.
- Western Australia's Health and Disability Services Complaints Office launched the Online Complaints and Compliments Reporting System on 1 July 2015.
- The tool is also being considered for use in the Northern Territory.

We've been using the [Annual Complaints Reporting Tool] as our all-in-one complaints register for a number of months, and it has simplified and streamlined the recording and management of complaints within our organisation. The new secure functionality allowing us to enter case notes, personal information and other complaint details in the [Annual Complaints Reporting Tool] has made it much more effective to use as our primary complaints register.

Silvana Gugliandolo

Director of Service Delivery, St John of God Accord

[The annual complaints reporting process and online tool has] ... transformed a culture of 'complaints are a bad thing' to 'feedback is good and constructive'.

Disability service provider

This is the first time I have used this tool and it seems easy to use which is refreshing. We operate quite a small service with a group of service users who have been attending for over eight years with a high degree of satisfaction. This highlights to me it is easy to get complacent about these types of groups and potentially miss feedback to support service redevelopment/quality improvement. This will prompt our service to review our feedback processes for our disability respite programs.

Disability service provider

“ Yooralla sees the importance of proper complaints management, and our organisation has made significant progress in capturing, responding to, resolving and learning from all complaints received.

Feedback, complaints and suggestions form an important part of our continuous quality and improvement processes and are presented to the Board and Service Delivery and Quality Committee as part of our overall governance.

The requirement for organisations to report complaints to the Disability Services Commissioner has been an important part of changing culture and maintaining a focus on effective complaint management processes. Yooralla has introduced the registering of complaints on our RiskMan system, which ensures all complaints are monitored and responded to. This process has reduced the burden on collating annual complaints data for reporting as RiskMan has the information available. Yooralla has also leveraged off the collation of statewide data reports [provided by the Disability Services Commissioner] for our broader analysis and benchmarking.

Yooralla is supportive of the current process of reporting on all complaints in Victoria. To expand this on a national basis would maintain the focus on effective complaints management and provide beneficial national data to service providers about their performance in this area.

Feedback on mandatory complaints reporting

Dr Sherene Devanesen
Chief Executive Officer, Yooralla

“ Currently, as required under the Act, Karingal provides an annual report to the office of the Disability Services Commissioner in relation to the number and type of complaints received. This reporting requirement, in addition to our positive working relationship with the DSC, has resulted in significant improvement in how we respond to and resolve client complaints as well as how we achieve continuous improvement in our practices. Karingal’s complaints handling processes are now more consistent and transparent as a direct result of our involvement with the DSC.

Karingal has an internal complaints log that aligns with the requirements of the DSC’s Annual Complaints Reporting Tool. This log records quantitative data such as numbers and type of complaints and qualitative information regarding complaint descriptions, outcomes achieved, resolution time and key lessons.

The complaints log is used to track the progression of the complaint, from receipt to resolution. The log is easy to use and assists us in improving the quality of our services and guiding our day-to-day practice. Data trends, such as number of complaints by branch, specific complaint type (for example, communication issues) or specific recurring issues (for example, access) allow us to focus on areas for staff development and quality improvement.

Feedback on mandatory complaints reporting

Mike McKinstry
Chief Executive Officer, Karingal

The growth in complaints reported

Changing attitudes and approaches to complaints are no more evident than in the significant increase in the number of complaints reported by disability services to our office via the annual complaints reporting process.

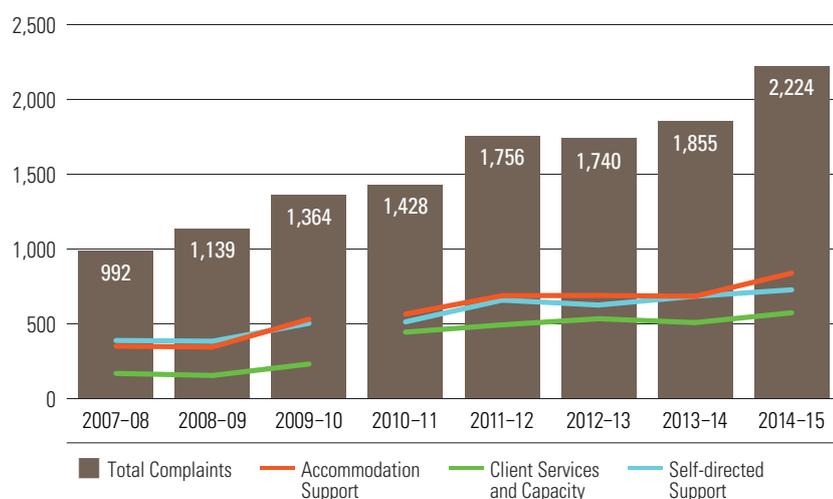
As Figure 1 shows, the number of complaints reported by disability service providers has more than doubled since reporting began – from 992 in 2007–08 to 2,224 in 2014–15. Complaints increased steadily between 2007–08 and 2011–12 (by 16 per cent per year on average), remained fairly steady from 2011–12 to 2013–14, then increased sharply (20 per cent) in 2014–15.

Most complaints made were about three service types – accommodation support², client services and capacity³ and self-directed support.⁴ The strongest growth related to client services and capacity, rising from 16 per cent of total complaints in 2007–08 to 25 per cent in 2014–15. Within client services and capacity, the largest increases were in flexible support packages, independent living training and case management.

The proportion of complaints about accommodation support has remained steady since 2010–11, at about 38 per cent of total complaints. Supported accommodation accounted for almost a third of the overall increase in complaints (across all services).

The proportion of complaints relating to self-directed supports remained fairly stable as a proportion of total complaints (on average 35 per cent).

Figure 1: Number of complaints reported by service providers overall and by service type (2007–08 to 2014–15)



* In 2010–11, multiple-response categorisation of complaints was introduced.
 Note: The total number of complaints includes 'other' and 'not categorised'.

2. Accommodation and support comprises: criminal justice services, facility-based respite, residential institutions and supported accommodation.
3. Client services and capacity comprises: access, advocacy services, aids and equipment, behaviour support services, case management, community-based respite, flexible support packages, independent living training, information services, Multiple and Complex Needs Initiative, outreach support, planning, recreation and therapy.
4. Self-directed support comprises: Future for Young Adults, individual support – funding administration options, individual support packages for day services and individual support packages for other services.

There is growing recognition among service providers that empowering people to speak up will lead to more complaints, and that complaints data makes a valuable contribution to improving services.

Reasons for the strong growth in complaints

The strong growth in complaints cannot be accounted for by the growth in disability services. While the number of complaints made to disability service providers has grown 124 per cent (from 992 in 2007–08 to 2,224 in 2014–15):

- the number of people receiving disability services through the National Disability Agreement has grown by 9 per cent (from 56,539 in 2007–08 to 61,551 in 2014–15)⁵
- the number of Victorians receiving a disability support pension has increased 16 per cent
- Commonwealth Government spending on disability services has increased 36 per cent⁶
- Victorian Government spending on disability services has increased 16 per cent.^{7,8}

Feedback to our office indicates agreement among people with a disability, families and service providers that the increase in complaints reported is due to:

- people feeling more comfortable about making complaints
- more people speaking up about their concerns
- service providers being more transparent about reporting complaints received.

Deterioration of the quality of the services provided is not cited as a reason for the increase in complaints.

Our 'It's OK to complain!' campaign is likely to have contributed to these favourable conditions, in addition to the increased focus from funding bodies on people having control over their disability supports.

There is growing recognition among service providers that empowering people to speak up will lead to more complaints, and that complaints data makes a valuable contribution to improving services. This is leading to an increasingly positive complaints culture, improved practice, greater transparency about reporting complaints and an awareness of the value of statewide complaints data.

We believe we have contributed significantly to this shift in culture and practice through our role in complaints resolution, training and education.



5. Productivity Commission, *Report on government services*, 2017, Table 15A.10.

6. Adjusted for inflation

7. Adjusted for inflation

8. Productivity Commission, *Report on government services*, 2015. Data for the number of people receiving DSP services was sourced from Table 14A.1 and data on government spending was sourced from Table 14A.6. Any expenditure figures quoted from this report are given in 2013–14 dollars.

Compliance with reporting requirements

In 2007–08 when mandatory complaints reporting began, only 56 per cent of service providers submitted their complaints reports. However, reporting rates have improved, and since 2010–11 all disability service providers have submitted their report in compliance with their reporting obligations (Table 1).

The number of providers that reported one or more complaint increased significantly from 2007–08 (32 per cent) to 2010–11 (55 per cent) and has remained fairly steady since then. We believe that this is influenced by the following factors:

- The mandatory complaints reporting increases awareness of and focus on complaints received.
- Our training reinforces complaints as a sign that people feel empowered to speak up and as an opportunity to improve services.
- Service providers understand and acknowledge that providing complex and highly individualised services increases the likelihood that people will at some point be unhappy with their supports.

It is encouraging that, of the providers who did report complaints, the average number of complaints per provider has steadily increased from 2.9 complaints in 2007–08 to 6.6 complaints in 2014–15.

We have observed, moreover, that the quality of data reported by these service providers has significantly improved, with more detail and richer narrative.

Service providers reporting nil complaints

While the overall increase in the number of complaints reported by service providers is encouraging, a large number of service providers report that they have received no complaints. Since 2010–11 the rate has remained fairly steady, between 41 and 46 per cent.

From our own observations and feedback from people with a disability, families and service providers, our office concludes that it is very unlikely that these service providers have not received any complaints. It is more likely that they are:

- using a narrow definition of a complaint, which excludes a range of issues
- receiving complaints but not recording or reporting them
- discouraging people from making complaints due to a range of factors including the complaints culture that exists within these organisations.

We will continue to actively engage with this group of service providers to better understand the factors that have contributed to a nil complaints report. We will also work with providers to review their approach to complaints management and the strategies they have in place to support people with a disability and their families to speak up.

Table 1: Complaints reporting and compliance (2007–08 to 2014–15)

	Total 2007-08	Total 2008-09	Total 2009-10	Total 2010-11	Total 2011-12	Total 2012-13	Total 2013-14	Total 2014-15
Number of providers required to report	348	337	300	301	296	313	311	337
Number submitted reports	196	255	242	301	296	313	311	337
Compliance rates	56%	76%	81%	100%	100%	100%	100%	100%
1 or more complaints reported	113 (32%)	111 (44%)	140 (47%)	167 (55%)	173 (58%)	184 (59%)	180 (58%)	197 (58%)
No complaints	68%	56%	53%	45%	42%	41%	42%	42%
Total number of complaints	992	1,139	1,364	1,428	1,756	1,740	1,855	2,224
Average number of complaints per provider	2.9	3.4	4.5	4.7	6.1	5.6	6.0	6.6

Key issues raised in complaints

The most common issues raised in complaints from 2010–11 to 2014–15 fell into five broad areas, with many complaints falling into more than one of these categories:

50% related to service delivery, service quality or standards

40% related to staff

28% related to communications or relationship with the service provider

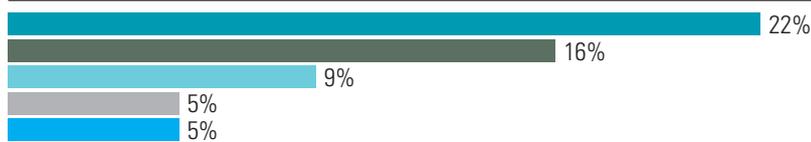
18% related to service access, priority or capability

12% related to a policy or procedure

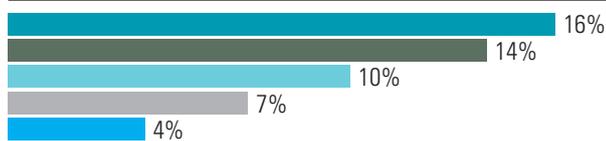
Figure 2 shows the five broad areas broken down further by service type.

Figure 2: Main issues raised by service type (2010–11 to 2014–15) (n=8,982)

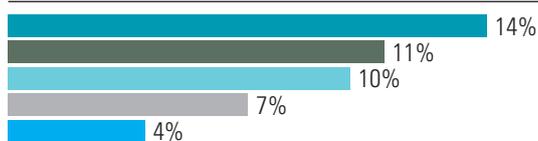
Accommodation support



Self-directed support



Client services and capacity



- Service delivery / quality / standards
- Staff-related issues
- Communication / relationships
- Service access / access priority / compatibility
- Policies / procedures

Within these five broad areas, the top five issues from 2010–11 to 2014–15⁹ were in the following sub-categories:

- Quality of the service: **23 per cent**
- Behaviour or attitude of staff: **20 per cent**
- Physical and personal health and safety: **17 per cent**
- Insufficient communication by service provider: **15 per cent**
- Quality of communication: **14 per cent**

9. Based on complaints received between 2010–11 and 2014–15 (n = 8,982)

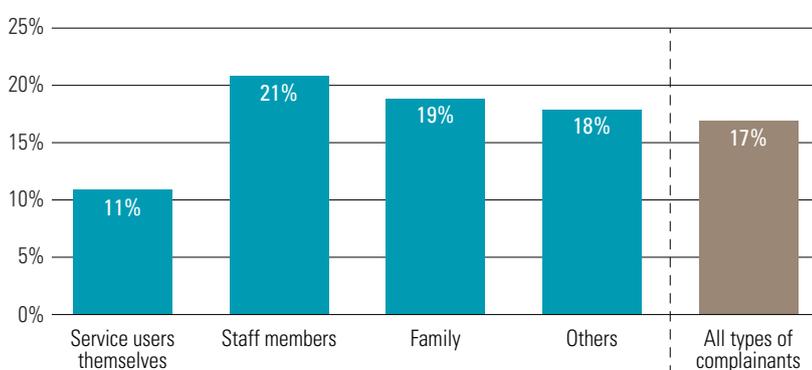
Physical and personal health and safety

Concern about physical and personal health and safety accounted for 17 per cent of total complaints from 2010–11 to 2014–15.

Figure 3 shows that service users are the least likely of all parties involved to raise concerns about their physical and personal health and safety. This is of concern and shows that there is still much work to be done to support, encourage and empower people to make a complaint in these areas as well as to ensure the existence of a range of other safeguards in the meantime.

Figure 3 also highlights the important role support staff and families play in highlighting concerns about the physical and personal health and safety of people accessing disability supports. This is explored further in 'Key considerations for the future'.

Figure 3: Complaints about physical and personal health and safety as a proportion of total complaints, by source of complaint (2010–11 to 2014–15)



Note: 'Others' include advocates (2.6 per cent), friend or neighbour (3.2 per cent), member of the public (1.6 per cent) and other (3.4 per cent).

Safety in supported accommodation

There were many more complaints about physical and personal health and safety, discrimination, abuse, neglect, intimidation or bullying by staff in supported accommodation than in other service types (Table 2). As supported accommodation is the most likely service type to receive complaints about service quality and staff-related issues, these service providers and the broader sector need to examine the factors that are contributing to these trends.

In *Speaking up about safety*¹⁰, a 2014 report by National Disability Services, people with a disability identified staff actions and behaviours as the most important factor in feeling safe at home. Based on this report, the complaints data and our own experience in complaints resolution, we believe that issues relating to staff recruitment, training and supervision in supported accommodation must be critically examined and addressed if people are to feel and be safe in that setting.

Table 2: Concerns about personal safety in supported accommodation as a percentage of total complaints, in comparison to other service types (2010–11 to 2014–15)

Personal safety issues	Supported accomm.	Other service type
Physical and personal health and safety	31%	17%
Discrimination, abuse, neglect, intimidation or bullying by staff	9%	5%

Communication

Twenty-nine per cent of total complaints between 2010–11 and 2014–15 related to communication – either insufficient communication (15 per cent) or the quality of communication (14 per cent).

Speaking up about safety identified themes relating to the communication behaviours of staff and how they contributed to people feeling that they, and their decisions, mattered. A common theme throughout the report is highlighted in the following excerpt:

Participants who felt valued said their providers took an interest in what they were saying ... and followed up on any issues. This was not the case for many; some whom [sic] perceived support workers to be either too busy ... or disinterested.

Access and compatibility

Between 2010–11 and 2014–15, an average of 13 per cent of complaints about supported accommodation services related to issues of access, priority and compatibility.

These complaints typically identified problems with:

- planning and application processes when requesting accommodation or relocation to another accommodation
- the person having no choice about who they live with
- access to appropriate services when transitioning from adolescent to adult services
- access to services in regional and rural areas.

If these issues are to be addressed, a collaborative and proactive approach will be required by all involved in the sector.

10. National Disability Services, *Speaking up about safety*, 2015.

Sources of complaints

People with a disability

Between 2007–08 and 2014–15 people with a disability made between 21 and 25 per cent of all complaints to service providers (23 per cent on average).

This data is similar to the proportion of complaints made by people with a disability to our office — between 17 and 29 per cent of all enquiries and complaints during the same period, or 23 per cent on average.

Given their direct access to service providers, we would expect the proportion of people with a disability making complaints to service providers to be greater. The data suggests there is still much work to be done in empowering people with a disability to raise issues directly with their provider. This is explored further in 'Key considerations for the future'.

Family members

Family members were responsible for between 54 and 57 per cent of all complaints. This data highlights the important role that families play as a natural safeguard in people's lives and in speaking up for their rights and wellbeing.

Our *Occasional paper no. 2: families and service providers working together* recognises that this vital role is not always recognised or acknowledged by service providers. The paper provides a framework for service providers to work more effectively with the families of people they support and enhance the quality and safety of the services they provide.

Support staff

Disability support staff can also make complaints on behalf of people accessing services. In some cases they are employed by the service provider that is the subject of the complaint, and in other cases they are from another service provider that has a relationship with the person.

The proportion of complaints made by staff of the service provider that is the subject of the complaint has fallen significantly, from 13 per cent in 2008–09 to five per cent in 2013–14 and 2014–15.

The reason for this drop is not clear and is explored further in 'Key considerations for the future'.

The proportion of complaints made by staff at **other** service providers rose from one per cent in 2008–09 to eight per cent in 2012–13 before falling back to four per cent in 2014–15.

Reporting abuse and neglect

In Victoria disability service providers are required to report abuse and neglect through a critical incident reporting system.

Critical incident systems perform an important function; however, as noted in the 2016 Victorian Parliament Family and Community Development Committee *Inquiry into abuse in disability services*, treating allegations of abuse and neglect as incidents risks minimising their serious nature, and impacts on the response. The Committee expressed their strongly held view that such allegations must be referred to police.¹¹

We continue to advocate that allegations of abuse and neglect made by people with a disability and their families be treated by service providers not only as critical incidents, but also as complaints. This would not only enhance the quality of the response the person receives but also give people more options in pursuing their concerns.

The fact that many allegations of abuse and neglect are dealt with as critical incidents is almost certainly contributing to what is generally acknowledged as the apparent under-reporting of these issues in complaints data.

Regardless of how allegations of abuse and neglect are reported, service providers need to have the organisational systems and practices in place to respond effectively, including to the alleged victim and to witnesses, particularly to other people with a disability.

Service providers have commented on the complexity of resolving complaints about discrimination or abuse, with many comments about the importance of timely communication, quick responses and adherence to policy and procedures. Examples of common lessons learnt when managing these complaints follow.

- “ The need for robust investigations focused on fact finding, listening to all parties, minimising bias and maintaining appropriate records of steps taken.
- “ Seeking specialist advice or support around mediation or legal issues.
- “ Obtaining a balance in supporting both the person receiving the service and the staff in allegations, including if unfounded.
- “ Police involvement impacting on the timeframe and ability of service provider to respond where investigations are ongoing.
- “ All allegations of client abuse by a staff member need to be addressed immediately with an investigation. Alleged staff member needs to be stood down pending investigation and only then can things move forward on the recommendations from the investigation.

11. Family and Community Development Committee, *Inquiry into abuse in disability services*, 2016.

Addressing abuse in disability services

All stakeholders in the sector have a responsibility to understand, identify and respond to allegations of abuse.

Occasional paper no. 1: safeguarding people's right to be free from abuse from our 'learning from complaints' series outlines the concerns relating to abuse in disability services and the systems and processes that disability service providers need to have in place to prevent abuse occurring. Three of the simplest and most effective safeguards for people with a disability are:

- service providers proactively supporting people's capacity to communicate their needs and wishes
- regular informal and formal opportunities for people to provide feedback about their supports
- a strong and active network of natural social supports around each person.

Outcomes of complaints

The Four A's of complaints management

We developed the **Four A's** framework for responding effectively to complaints based on overseas research and our own experience of complaints resolution. The four elements of the framework — **Acknowledge, Answer, Action** and **Apologise** — are the foundation of our own approach to assisting with complaints, and of the education and resources we provide to service providers, people with a disability and families.

The framework focuses not only on the issue(s) that sit at the heart of a complaint but also on the person's experience and on the outcomes they are seeking.

Acknowledge

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

Answer

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

Action

Take steps to address the concern and then follow it up to see if the issues have been resolved.

Apologise

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

Service providers report to us on outcomes sought and achieved in terms of Acknowledgement, Answer, Action and Apology. This data is available for the years 2010–11 to 2014–15.

Most complaints are resolved

According to service providers' self-assessment, between 2010–11 and 2014–15, in 74 per cent of cases a complaint was fully resolved (*Figure 4*). This rises to 96 per cent when 'fully', 'mostly', and 'partially' resolved complaints are combined.

The percentage of fully resolved complaints fluctuated from year to year:

2010–11 : **76%** 2013–14 : **73%**
 2011–12 : **67%** 2014–15 : **74%**
 2012–13 : **70%**

Figure 4: Providers' self-assessed complaints resolution performance, by outcome sought (2010–11 to 2014–15)

Apology (n=1,664)



Acknowledgement (n=4,880)



Action (n=5,205)



Answers (n=3,184)



Overall complaints (n=8,438)



Legend: Fully (dark blue), Mostly (medium blue), Partially (light blue), Not at all (grey). Note: Excludes 'unknown' outcomes.

For complaints that weren't yet resolved, providers most commonly indicated that:

- the complaint was still being investigated or reviewed
- the actions resulting from the complaint were still being implemented
- the issue is an ongoing one.

Complaints were more likely to be fully resolved when an **apology** was the only broad outcome sought (82 per cent fully resolved).

Conversely, complaints were least likely to be fully resolved when **action** by the service provider was the only outcome sought (69 per cent fully resolved). Full resolution was least likely where the action sought was for relocation or transfer of the service (51 per cent resolved); however, where a change or review of decisions was requested only 60 per cent were noted as resolved.

Disability services believe they are getting better at handling complaints

Free-text feedback from service providers suggests that more service providers are paying attention to their handling of complaints and encouraging people to complain.

Service providers believe they are handling most complaints well. Of all complaints reported between 2010–11 and 2014–15, service providers considered that:

- they had managed the complaint well in 85 per cent of cases
- the person who made the complaint was satisfied with how the complaint was managed in 63 per cent of cases
- the complaint was straightforward to resolve in 63 per cent of cases.

Where an apology was among the desired outcomes, service providers had a greater perception of success:

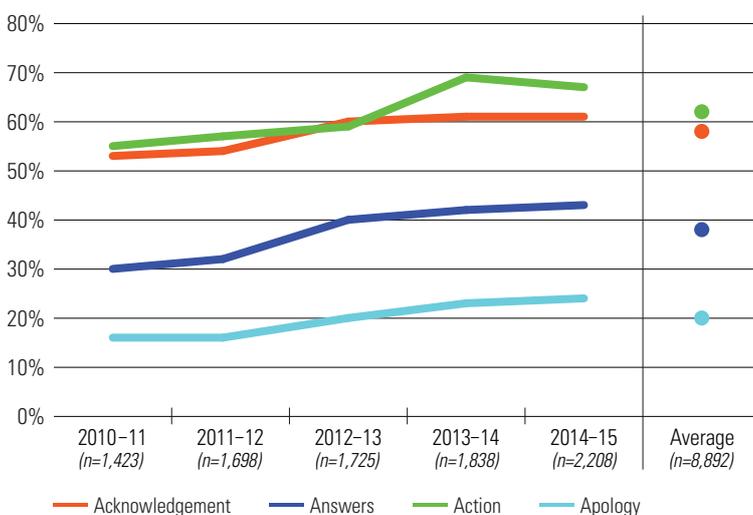
- In 90 per cent of cases they managed the complaint well.
- In 73 per cent of cases the person who made the complaint was satisfied with how the complaint was managed.
- In 70 per cent of cases the complaint was straightforward to resolve.

By its very nature, complaints resolution can result in differing perceptions between service providers and the people making complaints about success and outcomes. It is important that service providers continue to reflect on their own perceptions as well as feedback from the people who have made complaints. In particular, the discrepancy between the perceptions of service providers and people making complaints about how well the complaint was managed (as opposed to the outcome of the complaint) warrants further consideration by service providers.

Outcomes sought

Figure 5 shows the outcomes sought between 2010–11 and 2014–15. Action was consistently the most requested outcome, followed closely by Acknowledgement.

Figure 5: Outcome sought (2010–11 to 2014–15)



Note: 'Other' outcomes – funding or equipment, physical resource modification, investigation of a complaint or referral to another service or authority – are not shown in this figure. The proportion of 'other' outcomes has decreased from 19 per cent in 2012–13 to 8 per cent in 2014–15, primarily due to an increased number of categories service providers were able to allocate complaints to.

Outcomes achieved

From 2010–11 to 2014–15, service providers reported that on average, outcomes in 68 per cent of matters matched the outcome sought.

According to service providers' perceptions, just under three-quarters of complaints (72 per cent) resulted in **at least one** of the complainant's desired outcomes being achieved.

82% of people seeking an acknowledgement of their views or issues achieved this outcome.

75% of people seeking an apology from the service provider received one.

72% of people seeking answers (in the form of an explanation or information about services provided) achieved this outcome.

51% of people seeking action from the service provider achieved at least one of the specific action outcomes they wanted.

Type of service received

People were more likely to achieve their desired outcome when it related to individualised support (75 per cent, compared to 72 per cent of complaints overall), and were less likely to achieve their desired outcome when the complaint was about accommodation support (69 per cent).

Nature of issue

People were more likely to achieve their desired outcome when it related to staff (78 per cent) or communication and relationships (76 per cent) and less likely when it related to service access (68 per cent) or service provider policy (69 per cent).

Overall, from 2010–11 to 2014–15 there was a decline in achievement of the following outcomes:

- access to an appropriate service (17 per cent)
- performance management, feedback or training for workers (17 per cent)
- re-imbursment or reduction of fees/ waivers/compensation (11 per cent)
- relocation or transfer to another service (9 per cent).

There was a positive bias in outcomes where a person was seeking multiple outcomes (acknowledgement and/or answer and/or action and/or apology).

Outcomes of complaints

Action is the hardest outcome to achieve

Action was consistently the most requested outcome (Figure 6). Performance management – which includes discipline, feedback or training for service staff – was the most commonly requested form of action (19 per cent).

Where action was one of the desired outcomes, the providers' perception of complaints management success was less favourable, and it was even worse when the only outcome desired was action.

Figure 6: Provider ratings of complaints where action was the only outcome sought compared with where action was sought with other outcomes (2010–11 to 2014–15)

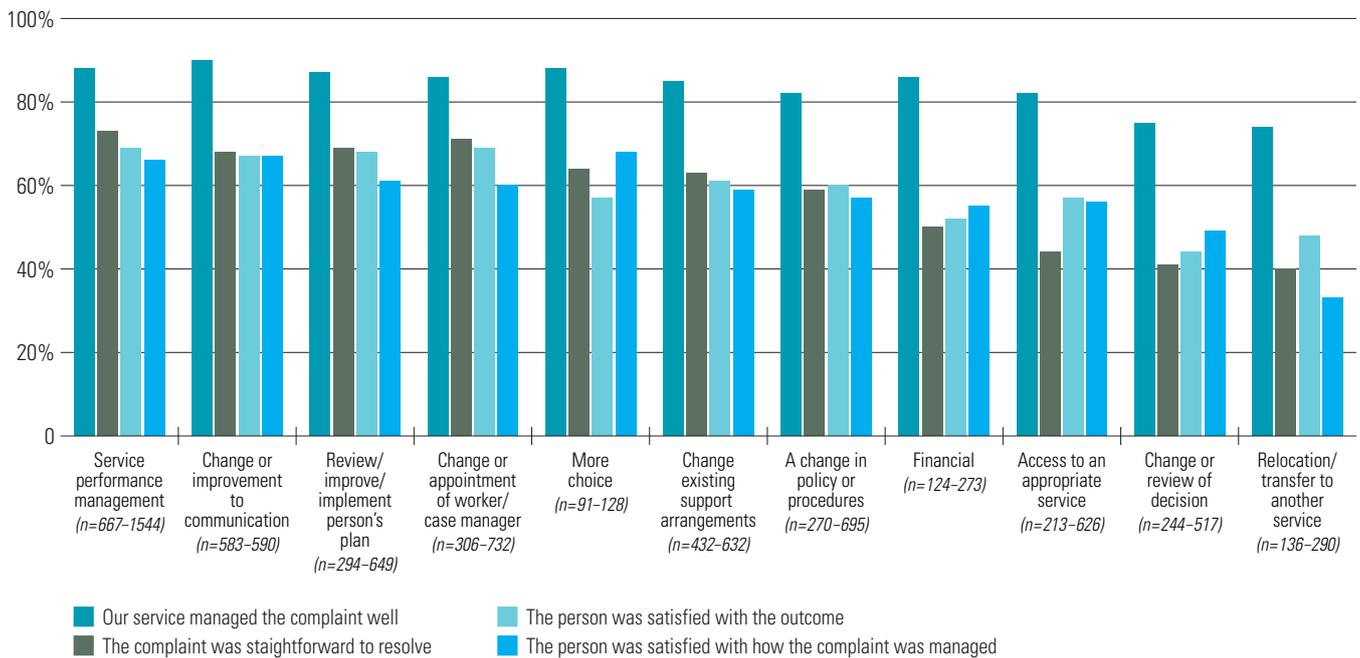


As outlined in Figure 7, service providers recorded high perceptions of their performance when action related to a change or improvement to communication (90 per cent believed they handled the complaint well), service performance management (88 per cent) and more choices (88 per cent).

Service providers were less likely to agree that they handled complaints well when the complaint involved a request for relocation or transfer (74 per cent). These complaints were also reported as less likely to achieve an outcome considered satisfactory (48 per cent). Similarly, service providers were less likely to agree that they handled complaints well when the complaint involved a request for a change or review of decision (75 per cent). These complaints had the lowest outcome satisfaction rating (44 per cent).

Requests for relocation or transfer within supported accommodation were the most difficult to manage.

Figure 7: Providers' self-assessed performance by action outcome sought (2010-11 to 2014-15)

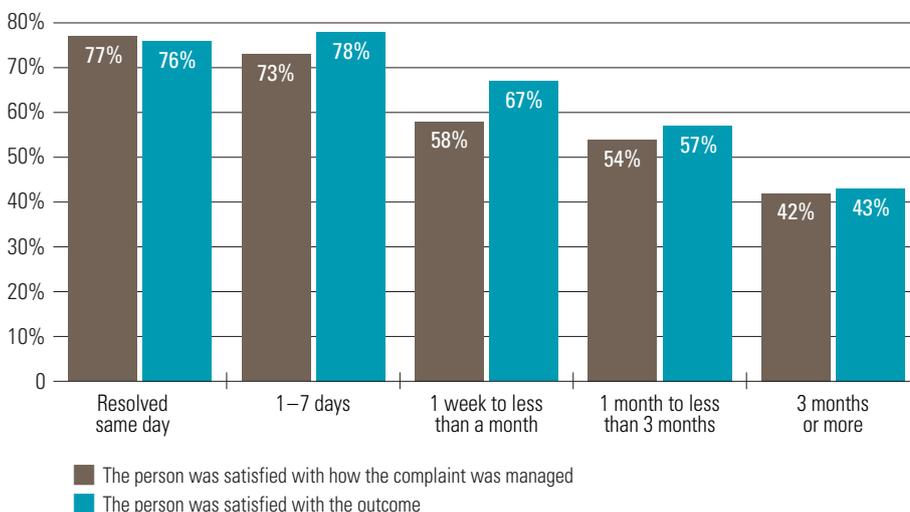


Timely resolution drives consumer satisfaction

The data reveals that the likelihood of achieving satisfaction for the person who makes a complaint declines the longer it takes to resolve a complaint (Figure 8). Satisfaction with the management of complaints as perceived by the service provider was high when the matter was resolved the same day (77 per cent), but dropped significantly (to 54 per cent) when the complaint took longer than a week to resolve.

While more complex complaints take longer to work through, service providers need to resolve them as quickly as possible in order to maximise the likelihood of a positive outcome. The longer it takes to resolve a complaint, the more important it is for the service provider to communicate openly and regularly with the person who made the complaint about what steps they are taking to address the issues.

Figure 8: Satisfaction of the person who made the complaint with outcomes and process by time taken to resolve the complaint (2010-11 to 2014-15)



What providers are learning from complaints

Since 2010–11 disability service providers have been reporting what they have learnt from complaints and complaints resolution.

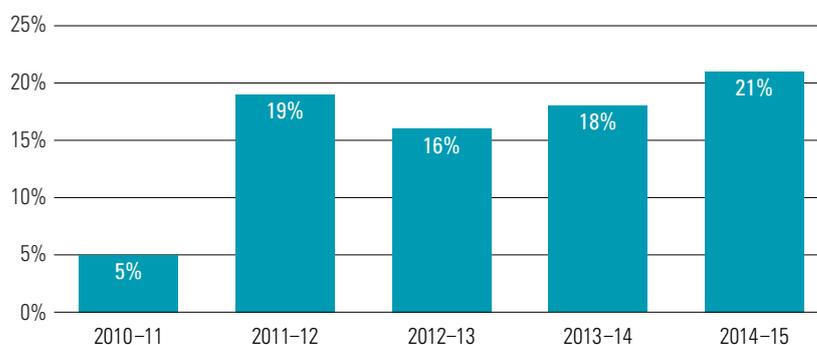
Although this aspect of the reporting is voluntary, the response rate has been good, with a 2010–11 rate of 58 per cent (834 of 1,428 complaints) rising slightly to a 2014–15 response rate of 62 per cent (1,387 of 2,224 complaints).

This is a welcome indicator that complaints culture in services is changing, with increased awareness about the value of complaints to practice, culture and service delivery.

People should be encouraged to complain

The importance of effective complaints handling and encouraging complaints has increasingly been identified as one of the main lessons learnt from individual complaints (Figure 9).

Figure 9: Lessons learnt in complaints handling – proportion expressing the importance of complaints handling and promotion (2010–11 to 2014–15)



Communication is key

The importance of clear communication — between the provider, the person receiving the service and other interested parties — is a consistent theme in complaints reporting. Samples of service providers' response to the question, 'What are the key lessons learnt from this complaint' are provided below.

- “ Addressing complaints openly and directly has good outcomes and improves service delivery.
- “ Highlights that some personnel may not recognise what a complaint is. Reinforcing with consumers the importance of complaints feedback in regard to our agency's performance.
- “ ... Anyone can receive a complaint at [organisation]. This complaint was originally taken from one of our bus drivers and passed onto management. This methodology is in our new complaints procedure also. The public should feel comfortable talking to whomever they choose, not just a member of the management team.
- “ That the service user was confident to let us know that they were not happy and knew what to do about it. The education session 'It's OK to Complain!' showed benefits.
- “ The client's opinion was supported, valued and respected which assisted with supporting him to follow the complaints procedure resulting in a positive outcome for the client.

Behaviour and attitude of staff

Service providers reported the following lessons learnt relating to the behaviour and attitude of staff.

- “Ongoing personality issues which can be part of employing a large number of staff ... performance management strategy [will address some issues] while some staff may need to monitor their own behaviour in a more professional manner than was previously expected.
- “Family concerned about change in attitude of staff at house – however, the coordinator has now left, and family have met with acting coordinator to mend relationship with service.
- “Breaching of professional boundaries between client and staff inevitably leads to complex problems.
- “Spending time at this service both observing practice and hearing from staff has highlighted that there are some cultural issues within this staff group that need to be further explored and addressed.
- “Everyone who supports people with a disability with any meals should ask that person if they mind being supported by you, do not show that person any disrespect by accepting telephone calls, ensure compliance with a person’s meal time profile before supporting them.

Key considerations for the future

The National Disability Insurance Scheme is one of the most significant social reforms in Australian history and certainly the most significant reform of disability services.

Founded on principles of providing consistent, equitable funding and maximising the choice and control people have over their disability supports, the scheme aims to change not only how disability supports are provided but also who influences what those supports look like.

These are highly desirable outcomes that will have positive impacts on many people's lives. However, people's experience of their disability supports will still depend heavily on the relationship between the person and their chosen disability service, and the culture and practices of the service.

With this in mind, it is critical that we learn from the past in order to positively influence the future.

The complaints data collected by our office provides valuable insights for the development of a person-centred framework that upholds the rights of people to complain, improves services and outcomes, and prevents abuse and neglect.

In addition to the issues already covered in this paper, we provide the following reflections for consideration by all stakeholders as we transition to the full rollout of the National Disability Insurance Scheme.

How people's reluctance to complain impacts on 'control and choice'

People's control and choice over their disability supports is a fundamental component of the National Disability Insurance Scheme.

However, the degree to which people feel in control will depend largely on their capacity to communicate what they want from their disability supports and, crucially, their willingness to let people know when they are not happy with those supports.

We have identified a number of variables relating to a person's likelihood to complain, including the person's capacity to communicate and raise issues (and their service provider's understanding of that capacity), the opportunities they are provided to raise issues and whether service providers welcome or discourage complaints.

From feedback gathered in training and education for people with a disability, families and service providers, we have identified a number of reasons why people using disability services don't complain about the support they receive:

- fear of retribution or withdrawal of service for making a complaint
- not being aware of their right to complain
- not wanting to be seen as a 'troublemaker'
- concern about how it will affect their relationship with the service provider
- a lack of information about the process for making a complaint
- previous negative experiences associated with having tried to make a complaint
- a sense of 'gratefulness' in a competitive environment for funding and services
- lack of service options (in rural or remote locations)
- inability to raise issues due to capacity, skill or confidence
- lack of awareness of what is reasonable to expect from their service provider
- cultural reasons (ethnicity or social).

These factors — in particular the fear of speaking up — are significant barriers to people exerting genuine choice and control over their supports. Neither the National Disability Insurance Scheme funding model nor the aim of people having choice and control over their supports will remove these barriers.

If we are to collectively maximise the potential benefits of the National Disability Insurance Scheme for people with a disability, all stakeholders — but in particular the Commonwealth, state and territory governments, the National Disability Insurance Agency, safeguarding bodies and service providers must commit to and proactively work towards strategies, models and practices that genuinely empower people with a disability to speak up about their disability supports.

The role of families in people's lives and disability supports

Ideally it will be people with a disability who direct and have final say over their disability supports in the future.

However, many people with a cognitive impairment will continue to rely on others to advocate for them.

Our *Occasional paper no. 1: safeguarding people's right to be free from abuse* recognises that people are less vulnerable when they have a strong social network around them. For many, family fulfils this role.

Families play a central role in raising complaints. Since the establishment of our office, almost half the complaints recorded were raised by the parent or guardian of the person receiving the services (ranging from 42 per cent in 2008–09 to 49 per cent in 2014–15) and another five to nine per cent of complaints per year were raised by other family members (siblings, spouses, grandparents or children). Importantly, families make 42 per cent of all complaints received by service providers about people's physical and personal health and safety.

Despite this, families continue to express concern about service providers' failure to acknowledge their role in the life of their family member with a disability.

Families cite the same reasons as people with a disability for why they are reluctant to, and in many cases will not, make a complaint about their family member's supports.

If the National Disability Insurance Scheme is to realise its full potential for people with an intellectual disability or cognitive impairment, parents, guardians, other family, friends and significant others will need support to understand the concepts of choice and control, to actively participate in planning for service delivery and to maintain a broad network of support around the person with a disability.

Our *Occasional paper no. 2: families and service providers working together* provides practical ways for disability services to improve their working relationships with people with a disability, their families and carers.

The role of direct support staff

Ultimately, staff on the ground who support and interact directly with people have the greatest impact on their experience of supports.

Staff behaviour and attitude is fundamental to the delivery of quality supports irrespective of funding structures.

Staff are also uniquely placed to promote and safeguard the rights of the people they work with.

It is of considerable concern, then, that 40 per cent of complaints relate to staff, and one in five complaints are specifically about the behaviour or attitude of staff.¹²

Staff have typically made 23 per cent of all complaints relating to people's personal and physical health and safety (the second largest reporting group). In a 2014 study undertaken by the UCCO/Deakin Research Partnership,¹³ 30 per cent of staff who participated indicated that they were not confident that they could identify or respond appropriately to the abuse of people with a disability.

During training provided by our office, direct support staff indicated that, even when they identify abuse within a service setting, they can be reluctant to report it, for the following reasons:

- fear that management won't support them or act on the report
- fear of having to work with the staff member again
- worry about getting someone in trouble
- worry about getting it wrong
- fear of being seen as a 'dobber'.

If the National Disability Insurance Scheme is to succeed, investment in staff recruitment, training and supervision is paramount. This is particularly important for supported accommodation, where staff are often left by themselves with clients and receive only minimal supervision from their manager.

Staff need to understand the organisational mission and values, and how these are made tangible in service delivery. Organisations need to articulate realistic practices in responding to complex situations, provide active supervision where practice matters are discussed, and allow staff enough time to understand people's support and communication needs. They should encourage staff to call out behaviour that does not align with the provider's values, or behaviour that infringes on people's rights. Each action by staff is an opportunity to empower a person with a disability.

The positive impact of teaching staff how to listen, acknowledge and respectfully ask questions cannot be underestimated, both in general provision of support, during the complaints process, and to encourage people to raise their concerns.

12. In the five years from 2010 to 2015.

13. G. Ottoman et al., *Safeguarding children and adults with disabilities in disability services: a Delphi study*, UCCO/Deakin Research Partnership, Melbourne, 2014.

Key considerations for the future

Complaints about individual support packages

Like the National Disability Insurance Scheme funding model, Victoria's individual support packages (ISP) aim to maximise the degree of control and flexibility the person with a disability has over their disability supports.

As such, trends in complaints about ISPs are particularly relevant to services funded by the National Disability Insurance Scheme.

Complaints about ISPs have been steadily increasing, from 349 complaints in 2007–08 to 669 in 2014–15, although the proportion of ISP complaints to total complaints has remained steady at around 35 per cent.

The complaint rate for ISP services, which was 4.6 complaints per 100 clients between 2010–11 and 2013–14, was well above the overall complaint rate of 2.3 complaints per 100 clients for all services between 2007–08 and 2012–13.¹⁴

Data also shows that the complaint rate for ISPs increased on average 13 per cent per year over the four years.

This data is encouraging, as it suggests that the ISP approach may be having a positive impact on people's self-determination and empowerment.

Complaints about day services (funding for which falls within the ISP model) account for roughly 57 per cent of all ISP-related complaints, suggesting the need to improve these services.

The following themes emerged from complaints reporting by service providers in relation to ISPs:

- Understanding **client needs**, including the importance of planning meetings to agree and set realistic goals, and ensuring that support decisions are person centred at all times (balancing engagement of parents and families while ensuring the choice of the person).
- The importance of clear and effective **communication** between all parties, including ensuring that parents and families receive regular communication to promote mutual understanding and that coordination with other services promotes positive outcomes.
- The need for a focus on staff **development, recruitment** and **retention** to ensure relevant skills to support and interact effectively with the person (including those with more complex needs), understand duty of care, understand the rights of the person and engage effectively with families.
- Processes and practices to improve the **continuity of care** and deal with staff absences and turnover, including effective handover arrangements.
- Open **encouragement of complaints** and empowering the person to make complaints. Ensuring that complaints mechanisms are accessible to people with a disability, their families, carers and staff. The importance of treating complaints and other feedback sensitively, encouraging staff to report matters raised and ensuring that people who raise complaints are heard respectfully.

14. The complaint rate for all clients is derived from the 2015 Productivity Commission *Report on government services data*, which did not include client data for 2013–14.

Mandatory complaints reporting

Based on nine years' experience in administering mandatory complaints reporting and observing the positive effects of this practice on the Victorian disability services sector, we believe that mandatory complaints reporting must be included in any future national safeguarding arrangements for disability services.

Enhanced transparency

Mandatory complaints reporting provides transparency for government, regulators, service providers, advocates, people with a disability and their families and carers about issues affecting the quality and efficacy of disability services in Victoria. We can identify the cohorts of people making complaints, what the complaints are about and how service providers are responding to complaints. We can also understand the extent to which service providers respond appropriately, and whether complaints resolutions processes result in the outcomes sought by the people making complaints.

Mandatory complaints reporting allows service providers to benchmark their complaints data against statewide trends, informing their approaches to continuous improvement.

Person-centred supports

An organisational culture that promotes the complaints process, and encourages and supports people with a disability and their carers to make complaints, is indicative of a person-centred approach to service delivery.

Service providers acknowledge that mandatory complaints reporting helps to foster an organisational culture that focuses on feedback received from and complaints raised by the people using their services. This translates into an approach to service delivery that maximises the input of the person receiving the supports and positively influences the service culture.

Improved practice

Multi-year data and information on sector-wide trends derived from mandatory complaints reporting assists to identify both time-limited and recurring issues that need to be addressed in order to improve the experience of people with a disability receiving supports.

Examples of systemic issues identified over time include access to services, communication with young adults during their transition to adult services and the lack of recognition of the role of families.

Mandatory complaints reporting has provided an evidence base for our office to provide advice and develop resources that build the capacity of people to make complaints and for service providers to respond effectively.

The data collected by our office helps the Department of Health and Human Services (as the funding body for the disability services sector) to identify system-wide issues and trends and to respond to these with targeted initiatives and practice requirements that assist in improving services.

Evidence-based policy development, practice advice and training

Complaints data provides visibility of organisational, cultural or practice issues that may need to be addressed strategically. The aim is not necessarily to reduce or eliminate complaints but to address recurring issues and use complaints to listen to consumers.

Complaints data provides an evidence base for key areas of organisational development such as policies and procedures, staff recruitment, supervision and training, and the development of organisational cultures that are authentically respectful of people using services.

Glossary

Term	Definition
accommodation support	A former funding category of the Department of Health and Human Services that included activities criminal justice services, facility-based respite, residential institutions, supported accommodation (group homes).
Annual complaints reporting	Under the <i>Disability Act 2006</i> , Victorian disability services must report annually to the Disability Services Commissioner with the number and types of complaints received and how those complaints were resolved.
Annual Complaints Reporting Tool	Online secure database for service providers to record and report their complaints.
complaint	Expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required. (Australian Standard 2014 AS/NZS 10002:2014).
client services and capacity	A former funding category of the Department of Health and Human Services that included activities of access, advocacy services, aids and equipment, behaviour intervention services, case management, community-based respite, flexible support packages, independent living training, information services, multiple and complex needs initiative, outreach support, planning, recreation and therapy.
<i>Disability Act 2006</i>	The legislation in Victoria that provides the legal framework for the delivery of disability services.
disability service provider	A person or body (for example, a community service organisation) who is contracted, funded or registered to provides disability services under the Act.
disability support	Supports that specifically meet the needs and goals of a person with a disability.
Disability Support Register	The system used by the Department of Health and Human Services to record a person's current need for ongoing disability support. The Disability Support Register provides details of the support that is currently required, so that when resources become available, they can be allocated in a fair and efficient manner.
family member	Includes parents, siblings, spouses, grandparents and children.
individualised funding	Generic term for an allocation of funding in relation to a person with a disability to purchase supports that will best meet their ongoing disability support needs and achieve their goals. May be funded through the Department of Health and Human Services or the National Disability Insurance Agency.
individual support package	The amount of money the Department of Health and Human Services allocates to a person that is used to purchase a range of supports as set out in an approved funding plan.
informal support	Naturally occurring support or assistance available within families, among friends, neighbours and members of a community.
other family member	Includes siblings, spouses, grandparents and children.
self-directed support	A former funding category of the Department of Health and Human Services that included the funding activity of Futures for Young Adults. Individual support packages for the purpose of annual complaints reporting have been separated out of this category.
supported accommodation	Long-term accommodation and support for one or more people with a disability. Funding for support is linked to the service rather than an individual and is not transferable when a person moves from the service.
National Disability Agreement	An agreement between the Commonwealth and the state and territory governments that covers funding and administration of specialist services for people with a disability. The agreement came into effect on 1 January 2009 and replaces the third Commonwealth State Territory Disability Agreement.
self-directed approaches	Self-directed approaches enable people with a disability to identify, design and oversee the support and resources they require. They aim to ensure supports and resources are provided based on people's needs, goals, lifestyle choices and aspirations. Self-directed approaches comprise three connected elements: planning, funding and supports.



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