



GOVERNMENT OF
WESTERN AUSTRALIA



Health and Disability Services
Complaints Office

Disability Services Data Collection Report 2015-18

Prepared by:
Health and Disability Services Complaints Office
March 2019



About this document

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First published by HaDSCO in March 2019.

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Definition of terms used

Complaint: an expression of dissatisfaction made to 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 required¹.

Complaint categories: combines complaint issues (defined below) into specific themes.

Complaint issues: the specific issues, or concerns, that an individual has regarding the disability services provided.

Consumer: an actual or potential recipient of disability services from a prescribed provider. May also be known as a client or customer.

Consumer representative: someone who makes a complaint on behalf of the consumer of a disability service, for example a carer, guardian or spouse.

Service groups: combines services into types (groups) based on the specific form of disability assistance provided². The main service types are:

- Accommodation support;
- Community support;
- Community access;
- Respite services;
- Advocacy, information and alternative forms of communication; and
- Employment support.

Outcome: actions taken by the organisation to resolve the complaint.

¹ Standards Australia. (2014). *Guidelines for complaint management in organizations (AS/NZS 10002:2014)*. Standards Australia, NSW.

² Australian Institute of Health and Welfare (2016). *Disability Services National Minimum Data Set: data guide*, July 2016. Cat. no. DAT 4. Canberra: AIHW.

Executive summary

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority offering an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories.

HaDSCO is established under the *Health and Disability Services (Complaints) Act 1995* (the HaDSC Act) and also has responsibilities under Part 6 of the *Disability Services Act 1993* and Part 19 of the *Mental Health Act 2014*.

Under Section 48A of the *Disability Services Act 1993* and the *Disability Services Regulations 2004*, each year HaDSCO collects complaint data from prescribed government and non-government disability service providers in Western Australia. This data is collected through HaDSCO's Disability Services Data Collection Program (DSDCP). A high level summary of the complaints data is provided in HaDSCO's Annual Report every year.

The information provided in this report provides a more in-depth analysis of the complaint trends observed through the DSDCP and, where relevant, provides comparisons with the trends identified in the complaints managed directly by HaDSCO.

The analysis of the complaints data has shown a number of key trends in terms of complaint numbers, demographics, and the issues raised in complaints, which are summarised on the following page. The complaints managed by prescribed providers were typically about the following service groups: accommodation support; community support; and community access, while the most common complaint issue categories included: staff related issues; service delivery, management and quality; and communication/relationships.

Complaints present both an opportunity for improvement in the delivery of services across the disability sector, and remedies for individuals who may have had a difficult experience accessing disability services. The data relating to complaint outcomes in this report indicates that redress for individuals typically occurs in the form of an explanation or an apology. In some cases, direct action by a service provider resolves the complaint, including: changes to communication; change in a worker, case manager or coordinator; performance management, disciplinary action or training for workers; or review of a person's plan.

The information in this report can assist organisations to learn from complaints and contribute to high quality service delivery across the disability sector.

Summary of provider managed complaints

Complaint trends and demographics

- Complaint numbers have increased in 2017-18 relative to 2015-16; the number of complaints received has increased by 17% (64 complaints), and the number of complaints closed has increased by 15% (54 complaints).
- The majority of complaints were made on behalf of the consumer, typically by a family member.

Service groups

- Complaints were primarily about the following service groups: accommodation support, community support, and community access.

Complaint issues

- The most common complaint categories across the complaints closed by prescribed disability service providers were:

Staff related issues

- Complaints about staff related to behaviour/attitude, knowledge/skills of workers, and staff rostering/turnover.

Service delivery, management and quality

- Complaints about service delivery, management and quality related to the quality of services provided, insufficient care, safety concerns, and a lack of choice (in terms of the services available).

Communication/relationships

- Complaints about communications/relationships concerned insufficient or poor communication.
- The three most common categories of complaints have remained unchanged since 2015-16.

Complaint outcomes

- Providers averaged 2.9 outcomes achieved per complaint. The most common outcomes were acknowledgement of person's views or issues, an explanation, and/or an apology. Where outcomes could not be achieved there was typically a difference of opinion between parties, the complaint issues were not within the provider's control to address, or part of the complaint was unrelated to services provided by the agency.

System/organisational changes

- Complaints resolved by prescribed disability service providers resulted in intended system or organisation changes in approximately one-third of cases. The changes intending to be implemented by providers typically related to communication with clients or other stakeholders, the way services were delivered, or staff training and delivery.

Introduction

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority offering an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories.

The functions of HaDSCO are set out in the governing legislation; the *Health and Disability Services (Complaints) Act 1995*, Part 6 of the *Disability Services Act 1993* and Part 19 of the *Mental Health Act 2014*. HaDSCO's main functions under these Acts are to:

- Deal with complaints by negotiated settlement, conciliation or investigation.
- Review and identify the causes of complaints.
- Provide advice and make recommendations for service improvement.
- Educate the community and service providers about complaint handling.
- Inquire into broader issues of health, disability and mental health care arising from complaints received.
- Work in collaboration with the community and service providers to improve health, disability and mental health services.
- Publish the work of the Office.
- Perform any other function conferred on the Director by the Health and Disability Services (Complaints) Act 1995 or another written law.

Disability Services Data Collection Program

Under Section 48A of the *Disability Services Act 1993* and the *Disability Services Regulations 2004*, each year HaDSCO collects complaint data from prescribed government and non-government disability service providers in Western Australia. The data is collected through annual returns under HaDSCO's Disability Services Data Collection Program (DSDCP) and is used to identify systemic issues and trends across the disability sector.

De-identified data is collected from 20 prescribed disability service providers. A list of the prescribed disability service providers can be found in Appendix 1. The information collected includes:

- Number of complaints;
- Consumer demographics;
- Complaint issues;
- Complaint outcomes;
- System or organisational changes made as a result of complaints; and
- Timeliness of complaint resolution.

Methodology

Complaints data is collected via the HaDSCO Online Complaints and Compliments Reporting System (hosted by ORIMA Research). At the conclusion of each financial year, HaDSCO is provided with access to de-identified complaints data in a database format. The data does not include personal details (such as names, addresses, phone numbers and email addresses) entered by providers into the portal, or case notes related to complaints. HaDSCO is not provided with compliments data.

Complaints data was reviewed for accuracy and completeness by ORIMA Research prior to HaDSCO undertaking analysis of the data presented in this report.

Notes on interpretation

Unless otherwise stated, all of the data presented in this report is for complaints closed by disability service providers during the specified financial years (2015-16, 2016-17 and 2017-18).

Data is presented on the service groups identified in complaints, and the specific issues identified in complaints. A single complaint may relate to more than one service group and/or identify more than one issue. To differentiate the charts presenting data on service groups from those presenting data on complaint issues, different colour schemes have been used in the charts.

One complaint may have multiple objectives, issues, and/or outcomes; a complaint may also be made by more than one person, or concern an individual with multiple disabilities. As a result, the charts included in the report may not sum to 100%.

The charts presented in this report present proportions based on the number of complaints closed in each financial year (e.g. “issue x was identified in 40% of complaints”). While charts indicate proportions, the text throughout the report will also reference the absolute number, or frequency, of complaints (e.g. “issue x was identified in 40 complaints”).

Within this report, reference may be made to data associated with complaints managed by HaDSCO. This is in contrast to the data associated with complaints managed by prescribed providers. Highlight boxes are used to distinguish the data associated with HaDSCO managed complaints to the data associated with provider managed complaints.

Data limitations

There are certain limitations to the data collected through the DSDCP that impact on the analysis that can be completed.

Data collected through the program is case level data. A complaint may involve multiple services, complaint issues and outcomes; as a result, comparisons between specific variables of interest, whether demographic or complaint characteristics, can rarely be completed using mutually exclusive subsets of data. This makes identifying relationships or correlations between variables difficult.

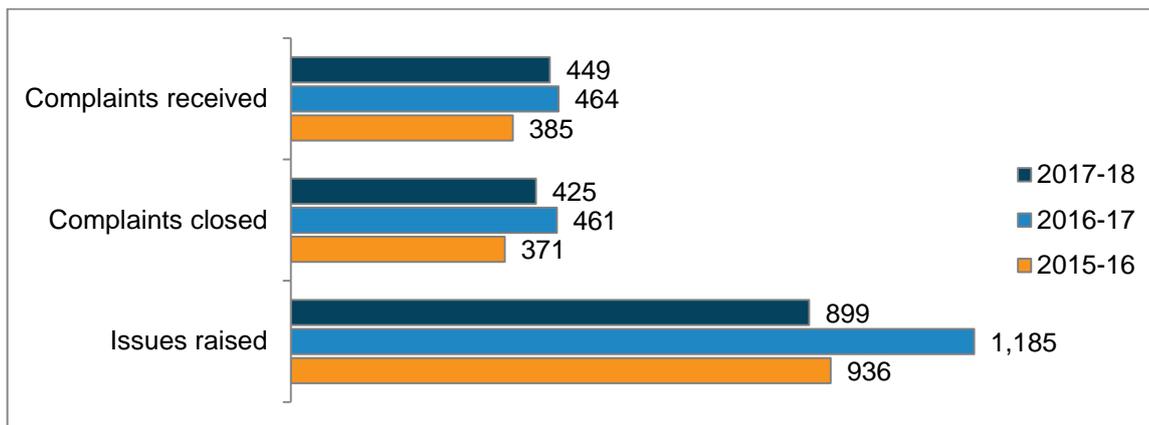
This report focuses on identifying trends more broadly across all of the complaints managed by prescribed providers, instead of identifying correlations between specific aspects of complaints (e.g. whether the person making the complaint influences the type of issues raised in a complaint).

Complaint trends

The number of complaints about disability services received and closed by prescribed disability service providers over the last three financial years is shown in Figure 1.

Between 2015-16 and 2017-18, there was an increase (17%, 64 complaints) in the number of complaints received by prescribed disability service providers. There was also an increase (15%, 54 complaints) in the number of complaints closed. The total number of issues raised decreased, along with the average number of issues per complaint (2.1 issues per complaint closed in 2017-18, compared to 2.5 issues per complaint in 2015-16).

Figure 1: Disability service complaints



Complaint trends: HaDSCO managed complaints

During 2017-18, HaDSCO closed 73 disability complaints, representing a 16% decrease from the previous financial year.

Prescribed providers account for 41 of these complaints, or 56% of HaDSCO's closed disability complaints.

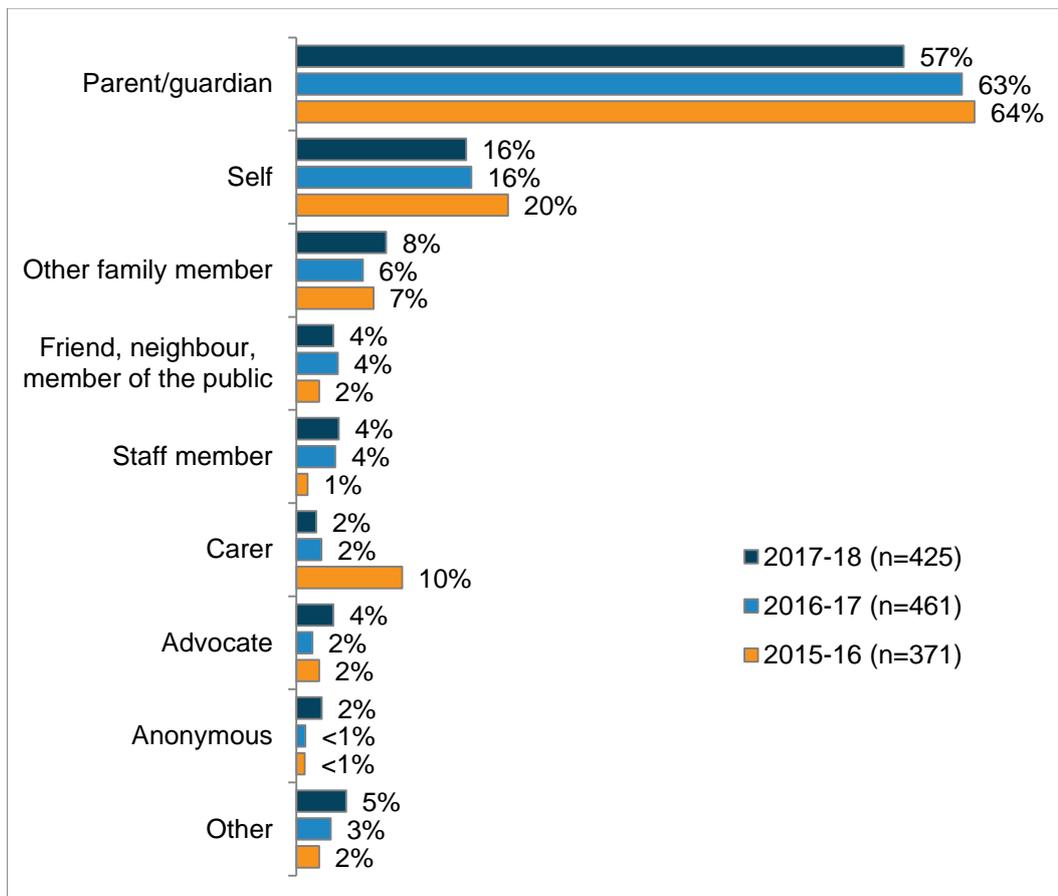
Who makes complaints

Individual making the complaint

In 2017-18, the majority of complaints (84%) received by disability service providers were made by someone acting on behalf of the individual who received the service, typically a family member or guardian, as shown in Figure 2.

In comparison to prior years, the 2017-18 data has remained relatively stable, although there has been a decreasing trend in the proportion of complaints made by a parent or guardian.

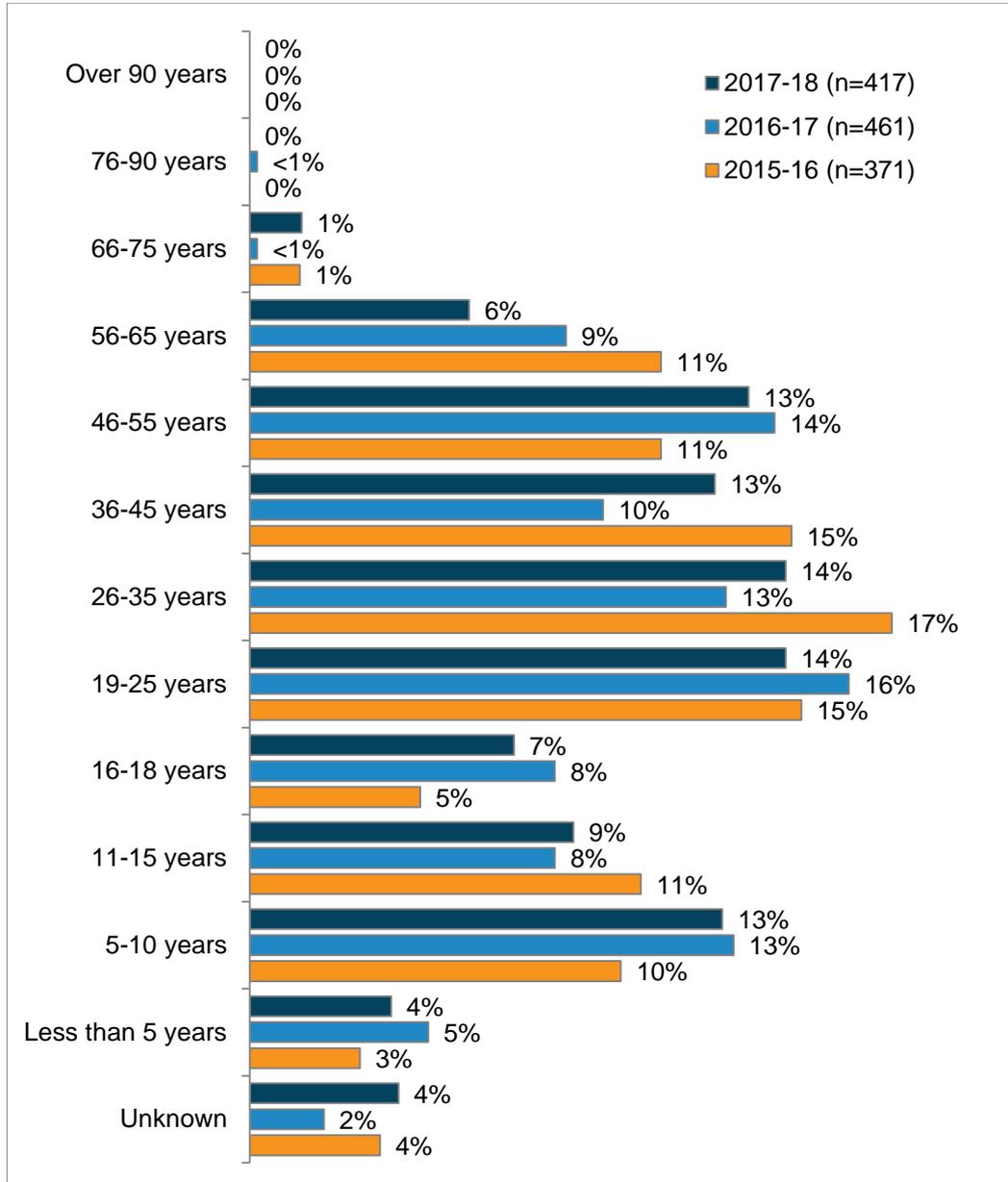
Figure 2: Individual making the complaint



Consumer demographics

In 2017-18, complaints about disability services concerned individuals from a broad range of ages, as observed in 2015-16 and 2016-17 (see Figure 3).

Figure 3: Age of the individual receiving a service

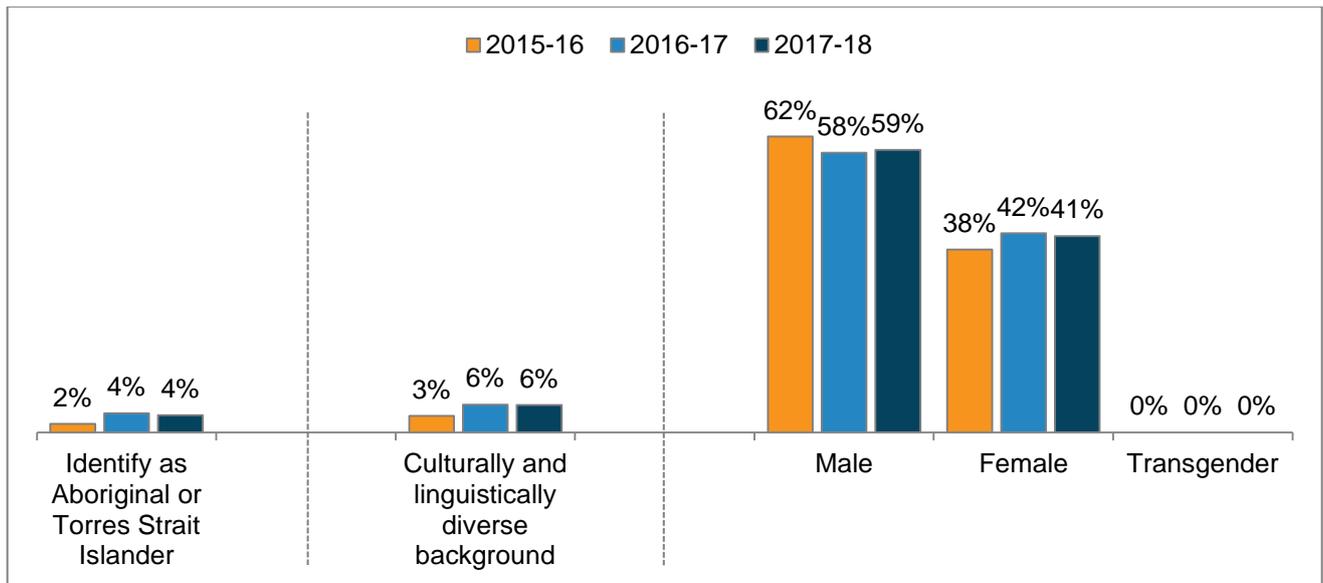


The data in Figure 3 is provided only for complaints where demographic information about the individual receiving a service was recorded.

The characteristics of individuals who received a disability service are shown in Figure 4.

From 2015-16 to 2017-18 the characteristics of the individuals receiving a service has remained relatively stable; between 2-4% of individuals identified themselves as being either Aboriginal or Torres Strait Islander and between 3-6% of individuals identified themselves as being from a culturally or linguistically diverse background. Over the same time period between 58-62% identified themselves as male, with the remainder being female (no individuals identified as being transgender).

Figure 4: Characteristics of individuals receiving a service*



Sample sizes: identify as Aboriginal or Torres Strait Islander (2015-16 n=368, 2016-17 n=422, 2017-18 n=364); culturally and linguistically diverse background (2015-16 n=367, 2016-17 n=360, 2017-18 n=366); gender (2015-16 n=368, 2016-17 n=440, 2017-18 n=397).

*Complaints that provided an 'unsure' response or did not contain demographic data have been excluded from the analysis shown in Figure 4.

Who makes complaints: HaDSCO managed complaints

The profile of consumers was reasonably consistent with that found in complaints managed by HaDSCO, with the representation of males and females remaining fairly equal in recent years, and with complaints relating to individuals across a broad range of age groups.

Disabilities identified

In 2017-18, the majority of complaints closed concerned individuals who had intellectual (37%) and/or physical disabilities (22%). Autism spectrum disorders were the third most commonly identified disability. This was a change from 2015-16 when autism spectrum disorders were identified more commonly than physical disabilities (as shown in Figure 5). There have been steady decreases over time in the proportion of complaints concerning individuals with autism or sensory and speech disabilities.

In 2017-18, 82% of complaints concerned an individual with a single disability, while 18% of individuals had multiple disabilities; this is similar to the ratios observed in 2015-16 and 2016-17.

Figure 5: Disabilities identified

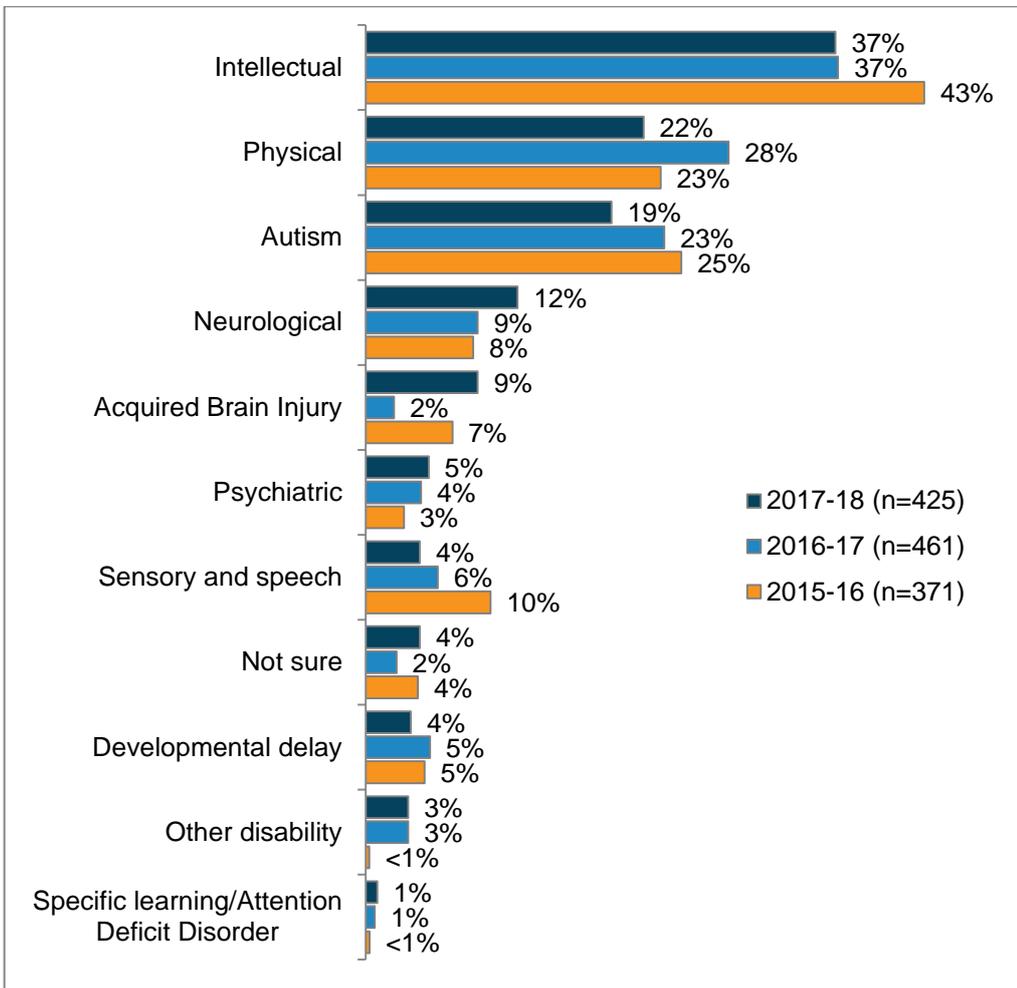


Figure 5 calculated on a per case basis, totals may not sum 100% as a consumer may have more than one disability.

National Standards cited in complaints

The National Standards for Disability Services (National Standards) aim to promote and drive a nationally consistent approach to improve the quality of services. The National Standards focus on rights and outcomes for people with disability.

The Australian Government revised and tested the National Standards in 2012, before they were endorsed on 18 December 2013 by the Standing Council on Disability Reform ministers from all jurisdictions. People with disability, family, friends and carers, service providers, advocacy organisations and quality bodies informed the development of the revised National Standards. There are six National Standards that apply to disability service providers: rights; participation and inclusion; individual outcomes; feedback and complaints; service access; and service management.

For complaints closed by disability service providers in 2017-18, service management (36%), feedback and complaints (28%), and rights (25%) were the National Standards most commonly cited, which differs from prior years, as rights has overtaken individual outcomes as the third most commonly cited National Standard (see Figure 6).

Figure 6: National Standards cited in complaints

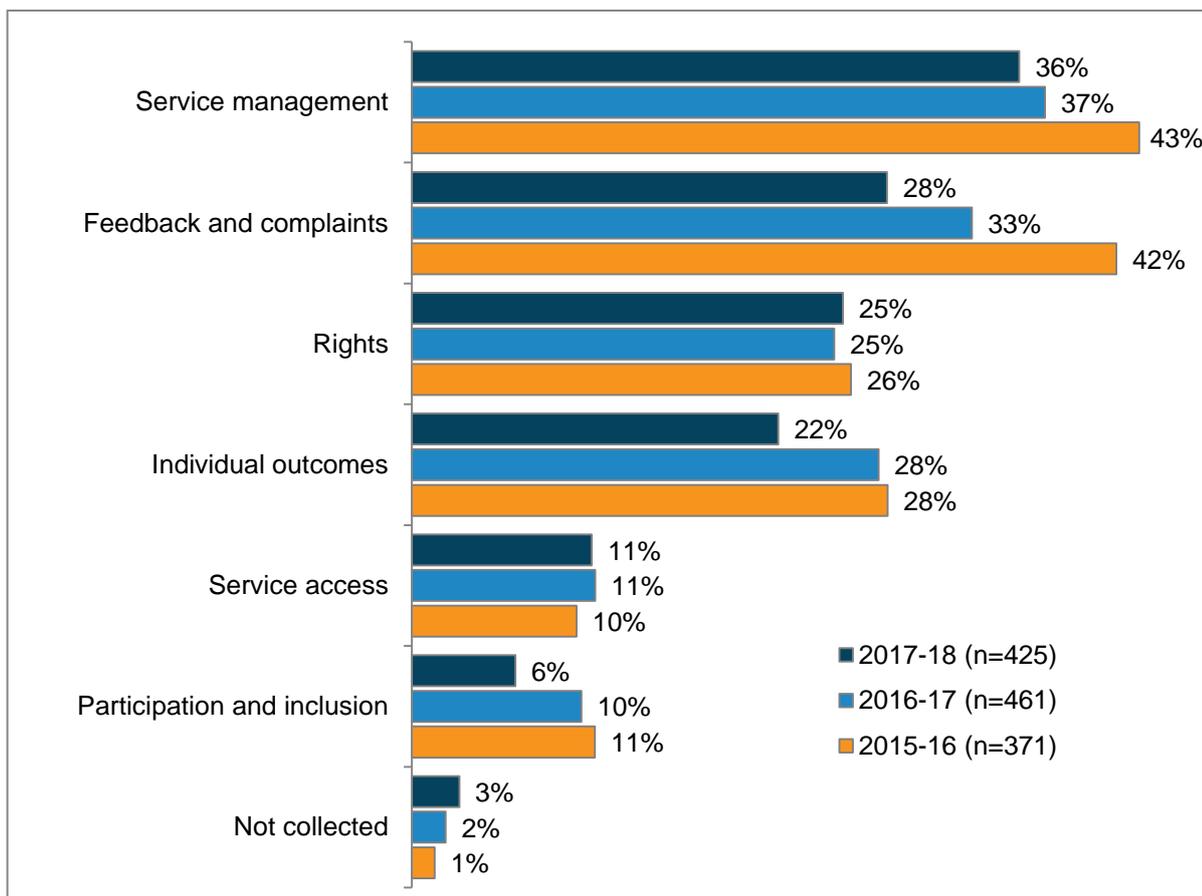


Figure 6 calculated on a per case basis, totals may not sum 100% as a complaint may identify more than one National Standard.

Disability service groups

The Disability Services National Minimum Data Set (DS NMDS)¹ classifies services according to 'service type'. The 'service type' classification groups services into seven categories (known as 'service groups'):

- Accommodation support;
- Community support;
- Community access;
- Respite;
- Employment;
- Advocacy; and
- Other support services.

The specific disability service groups identified in complaints closed by prescribed providers in 2015-16, 2016-17 and 2017-18 are shown in Figure 7.

In 2017-18 an increase in the proportion of complaints concerning community support and community access was observed compared to prior years (as shown in Figure 7).

Figure 7: Disability service groups

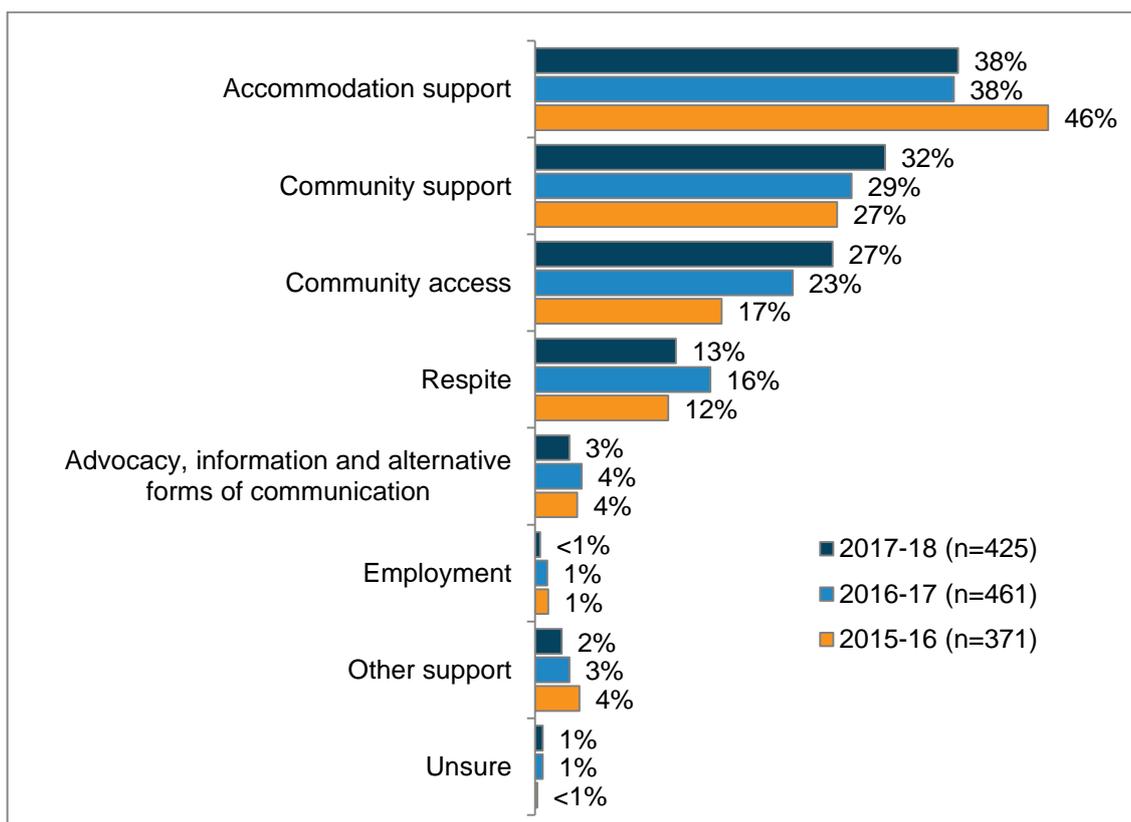


Figure 7 calculated on a per case basis, totals may not sum 100% as a complaint may identify more than one service group.

¹ Australian Institute of Health and Welfare (2016). [Disability Services National Minimum Data Set: data guide](#), July 2016. Cat. no. DAT 4. Canberra: AIHW

Across the disability service groups identified in complaints, the following key findings were identified:

- The proportion of complaints concerning the community support service has increased over the past three years, occurring in 27% of complaints in 2015–16, 29% of complaints in 2016-17 and 32% of complaints in 2017-18.
- The proportion of complaints that cited services within the community access service group has increased steadily between years, occurring in 17% of complaints in 2015–16, 23% of complaints in 2016-17 and 27% of complaints in 2017-18.
- The proportion of complaints that cited services within the respite services group has fluctuated between years, occurring in 12% of complaints in 2015-16, increasing to 16% of complaints in 2016-17 and then declining to 13% of complaints in 2017–18 (an increase from 43 occurrences in 2015-16 to 72 occurrences in 2016-17, followed by a decline to 54 occurrences in 2017-18).

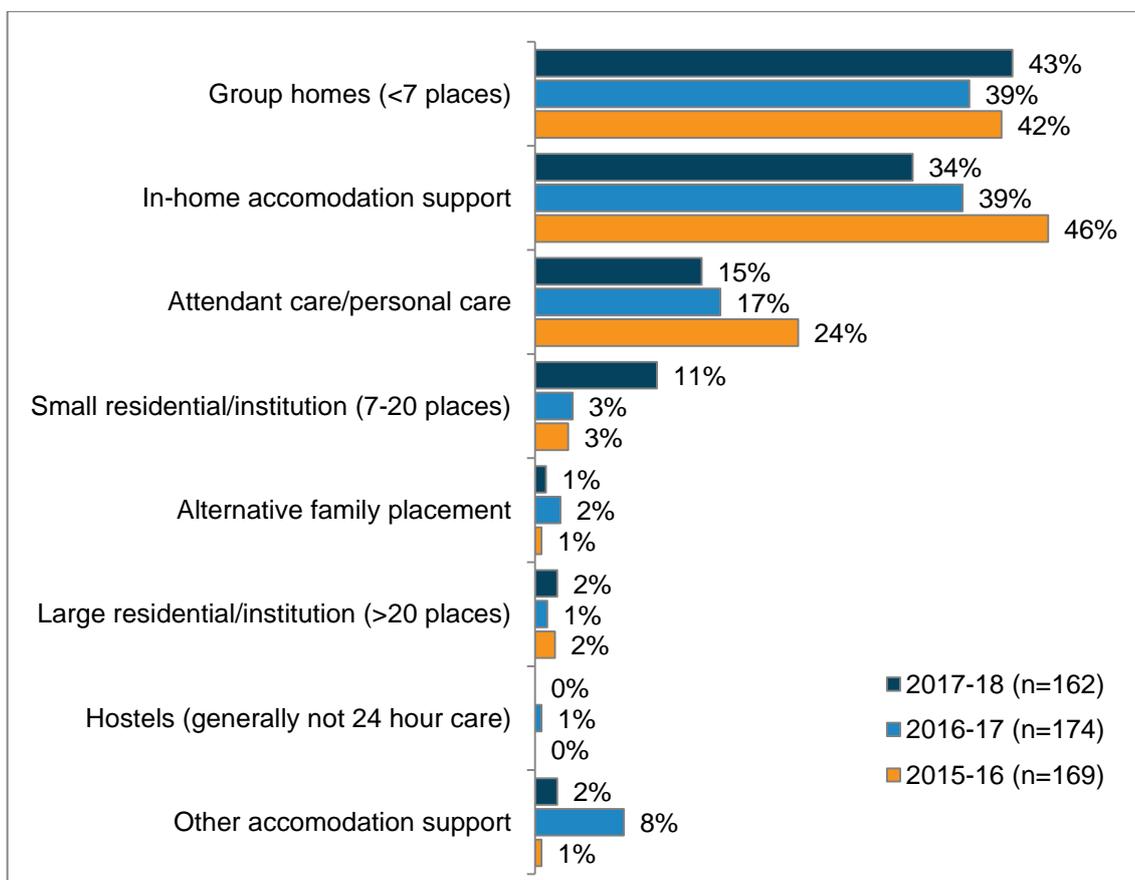
Complaints about accommodation support

The accommodation support service group is defined as services that provide accommodation to people with disability and services that provide support needed to enable a person with disability to remain in their existing accommodation or to move to more suitable or appropriate accommodation¹.

Accommodation support services were cited in 38% of complaints in 2017-18 and 2016-17, and 46% of complaints in 2015-16, making it the service group most frequently cited across all three years (See Figure 7).

Figure 8 shows the breakdown of services identified within complaints falling into the accommodation support service group.

Figure 8: Accommodation services identified in complaints



Totals may not sum to 100% as a single complaint may identify multiple issues within this service group.

Within complaints about the accommodation support service group:

- ‘Group homes (<7 places)’ and ‘in home accommodation support’ were the two most commonly cited services over the past three years (see Figure 8).
- ‘In-home accommodation support’ services were the most commonly cited service type in 2015-16, but were equal in frequency with ‘group homes (<7 places)’ in 2016-17, and nearly 10% lower than ‘group homes (<7 places)’ in 2017-18.
- ‘In-home accommodation support’ and ‘attendant care/personal care’ showed the largest decrease in the number of complaints since 2015-16. ‘In-home accommodation support’ has decreased from 78 occurrences in 2015-16 to 55 occurrences in 2017-18 (a 29%

¹ Australian Institute of Health and Welfare (2016). *Disability Services National Minimum Data Set: data guide*, July 2016. Cat. no. DAT 4. Canberra: AIHW

reduction), and 'attendant care/personal care' has decreased from 40 occurrences to 24 occurrences (a 40% reduction).

- Complaints about 'small residential/institutions (7-20 places)' has seen the largest increase in the number of complaints, increasing from 5 occurrences in 2015-16 to 18 occurrences in 2017-18.

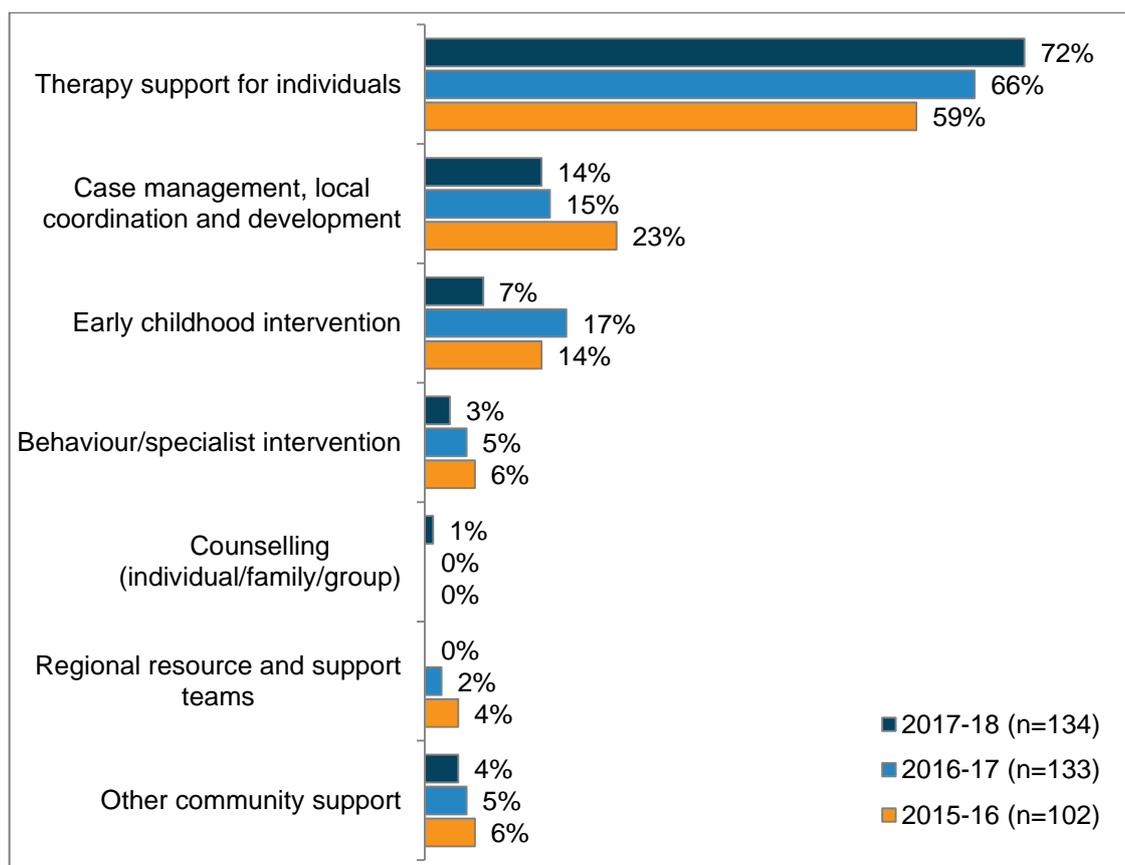
Complaints about community support

The community support service group is defined as services that provide the support needed for a person with disability to live in a non-institutional setting. Support with the basic needs of living such as meal preparation, dressing, transferring etc. are included under accommodation support¹.

Community support was the second most frequently cited service group in complaints across the past three years (See Figure 7).

Figure 9 shows the breakdown of services identified within complaints falling into the community support service group.

Figure 9: Community support services identified in complaints



Totals may not sum to 100% as a single complaint may identify multiple services within this service group.

Within complaints about the community support service group:

- ‘Therapy support for individuals’ was the most commonly cited service, identified in 59% of complaints in 2015-16, 66% of complaints in 2016-17 and 72% of complaints in 2017-18 (see Figure 9).
- With the exception of ‘therapy support for individuals’ and ‘counselling (individual/family/groups)’ there has been a decrease in the frequency that all service types were cited between 2015-16 and 2017-18.

¹ Australian Institute of Health and Welfare (2016). *Disability Services National Minimum Data Set: data guide*, July 2016. Cat. no. DAT 4. Canberra: AIHW

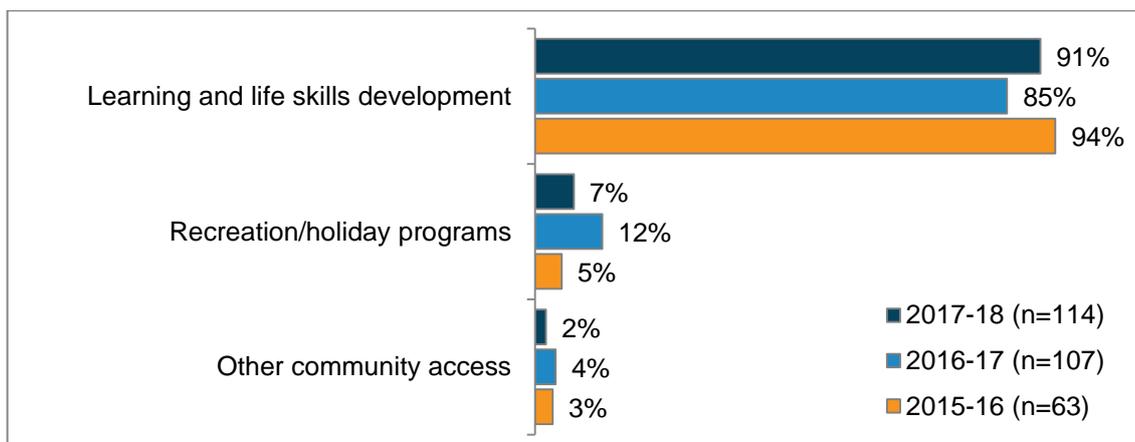
Complaints about community access

The community access service group is defined as including services designed to provide opportunities for people with disability to gain and use their abilities to enjoy their full potential for social independence. People who do not attend school, or who are not employed full-time mainly use these services¹.

Community access was the third most frequently cited service group in complaints across the past three years (See Figure 7).

Figure 10 shows the breakdown of services identified within complaints falling into the community access service group.

Figure 10: Community access services identified in complaints



Totals may not sum to 100% as a single complaint may identify multiple issues within this service group.

Within the community access service group:

- ‘Learning and life skills development’ was the most commonly cited service type in each year, identified in 94% of cases in 2015-16, 85% of all complaints in 2016-17, and 91% in 2017-18 (see Figure 10).
- Despite remaining relatively stable as a proportion of complaints (85-94%), the number of complaints citing ‘learning and life skills development’ has been steadily increasing since 2015-16, from 59 occurrences to 104 occurrences in 2017-18 (a 76% increase).

¹ Australian Institute of Health and Welfare (2016). *Disability Services National Minimum Data Set: data guide*, July 2016. Cat. no. DAT 4. Canberra: AIHW

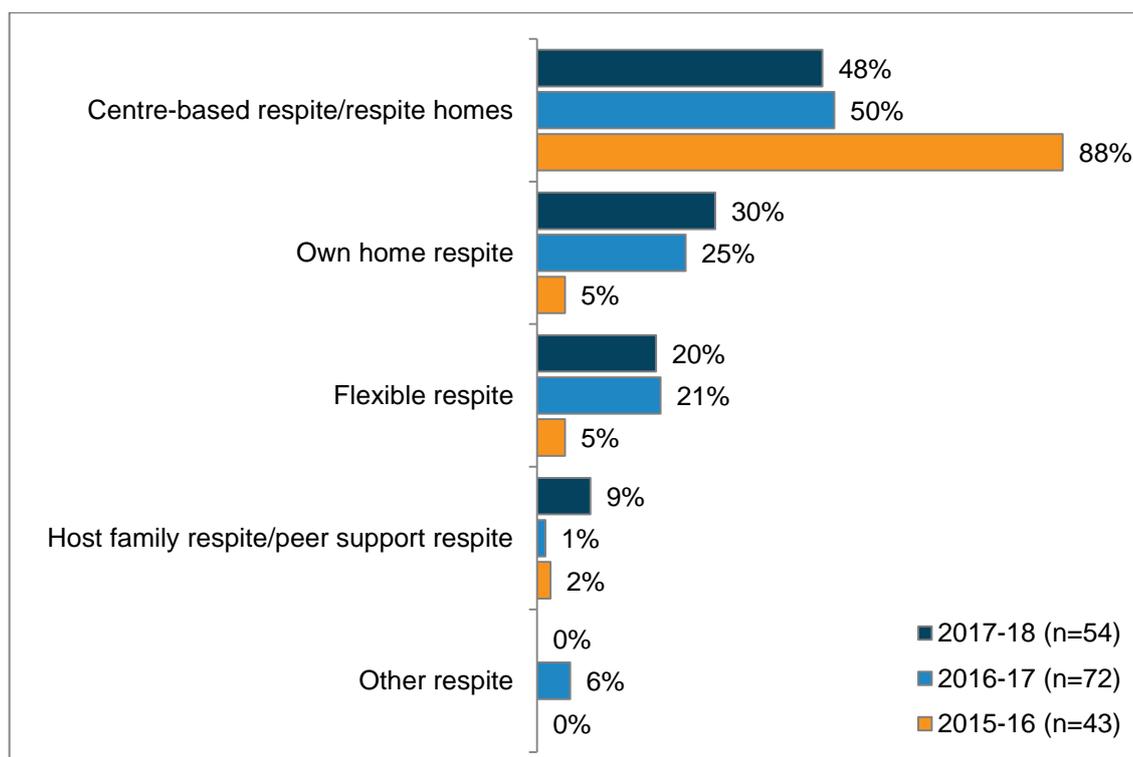
Complaints about respite

The respite services group is defined as services that provide a short-term and time-limited break for families and other voluntary care givers of people with disability, to assist in supporting and maintaining the primary care giving relationship, while providing a positive experience for the person with disability¹.

Respite services were the fourth most frequently cited service group in complaints across the past three years (See Figure 7).

Figure 11 shows the breakdown of services identified within complaints falling into the respite service group.

Figure 11: Respite services identified in complaints



Totals may not sum to 100% as a single complaint may identify multiple issues within this service group.

Within the respite service group:

- ‘Centre-based respite’ services were the most commonly identified service, cited in 88% of complaints in 2015-16, 50% of complaints in 2016-17 and 48% of complaints in 2017-18.
- Despite decreasing proportionally between years, the total number of times that ‘centre based respite’ services were identified in complaints only decreased by 12 (identified 38 times in 2015-16 and 26 times in 2017-18).
- The proportion of respite complaints that identified ‘own home respite’ has increased over the past three financial years, from 5% in 2015-16 to 30% in 2017-18. Increases from 2015-16 to 2017-18 are also seen for ‘flexible respite’ and ‘host family/peer support respite’ services.

¹ Australian Institute of Health and Welfare (2016). *Disability Services National Minimum Data Set: data guide*, July 2016. Cat. no. DAT 4. Canberra: AIHW

Complaints about advocacy, information and alternative forms of communication

The advocacy, information and alternative forms of communication service group is defined as services designed to enable people with disability to increase the control they have over their lives through the representation of their interests and views in the community¹.

Relatively few complaints were closed that concerned advocacy, information and alternative forms of communication (14 complaints in 2015-16, 19 complaints in 2016-17 and 13 complaints in 2017-18).

The majority of complaints concerned 'information/referral', with 9 complaints in 2015-16, 10 complaints in 2016-17 and 5 complaints in 2017-18.

Complaints about employment

The employment service group is defined as including services that provide employment assistance to people with disability in obtaining and/or retaining paid employment in the open labour market¹.

There have been few complaints regarding employment services over the previous three financial years (2 complaints in 2015-16, 4 complaints in 2016-17, and 2 complaints in 2017-18).

The majority of complaints concerned 'supported employment', which accounted for 3 complaints in 2016-17 and 2 complaints in 2017-18.

Complaints about other support

The other support service group is not definitively defined within the DS NMDS but includes complaints related, but not limited to, research and evaluation, training and development, peak bodies and a variety of other support services.

Relatively few complaints were closed that concerned other support services (15 complaints in 2015-16, 14 complaints in 2016-17 and 10 complaints in 2017-18).

¹ Australian Institute of Health and Welfare (2016). [Disability Services National Minimum Data Set: data guide](#), July 2016. Cat. no. DAT 4. Canberra: AIHW

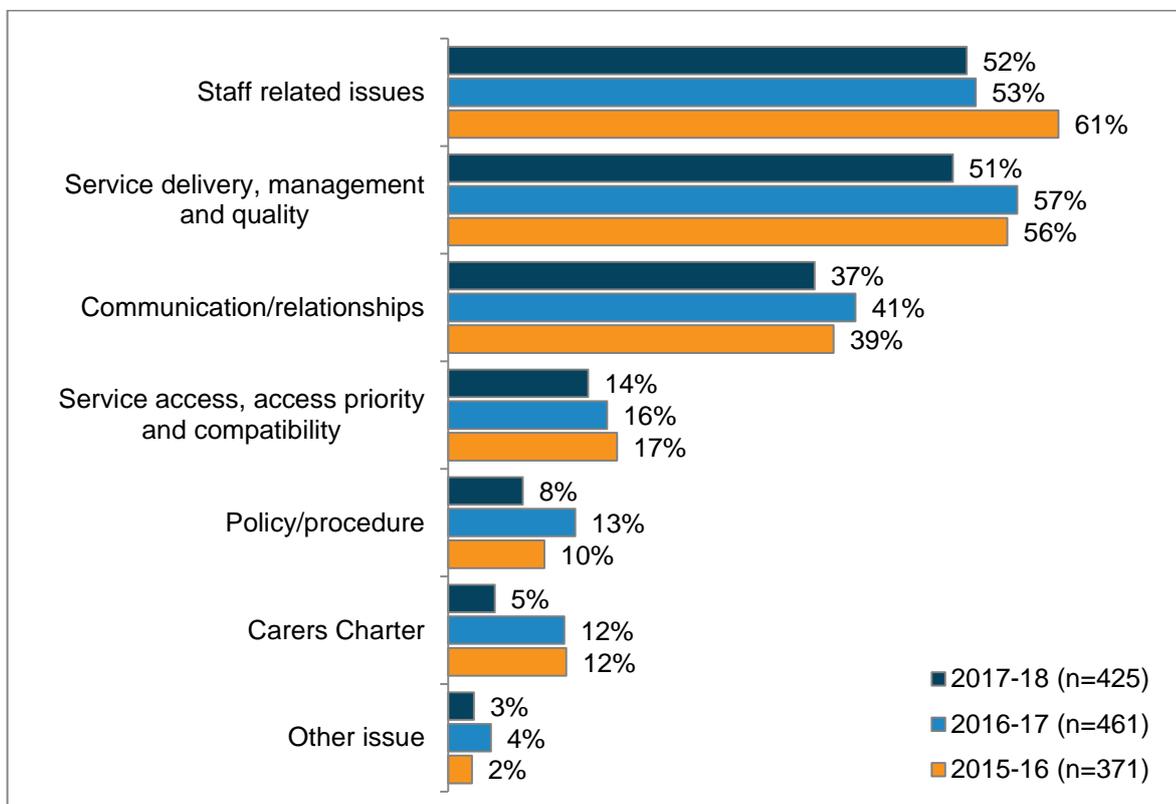
Complaint issue categories

The complaint issue categories combine the specific issues, or concerns, that an individual has regarding the disability services provided into specific themes. A single complaint may have identified issues belonging to more than one issue category, even if the complaint only identified one service group.

In 2017-18, the most common issue categories identified in complaints were staff related issues (52%); service delivery, management and quality (51%); and communication/relationships (37%). While the comparative proportions changed from 2015-16 to 2017-18, the most common issue types remained consistent (as shown in Figure 12).

In 2017-18, there was a decrease in both the total number of issues identified in complaints and a decrease in the proportion of complaints concerning all issue categories, attributable to the reduction in the number of issues cited per complaint.

Figure 12: Complaint categories identified



Totals may not sum to 100% as a single complaint may identify multiple complaint categories.

Across the complaint issue categories, the following key findings were identified:

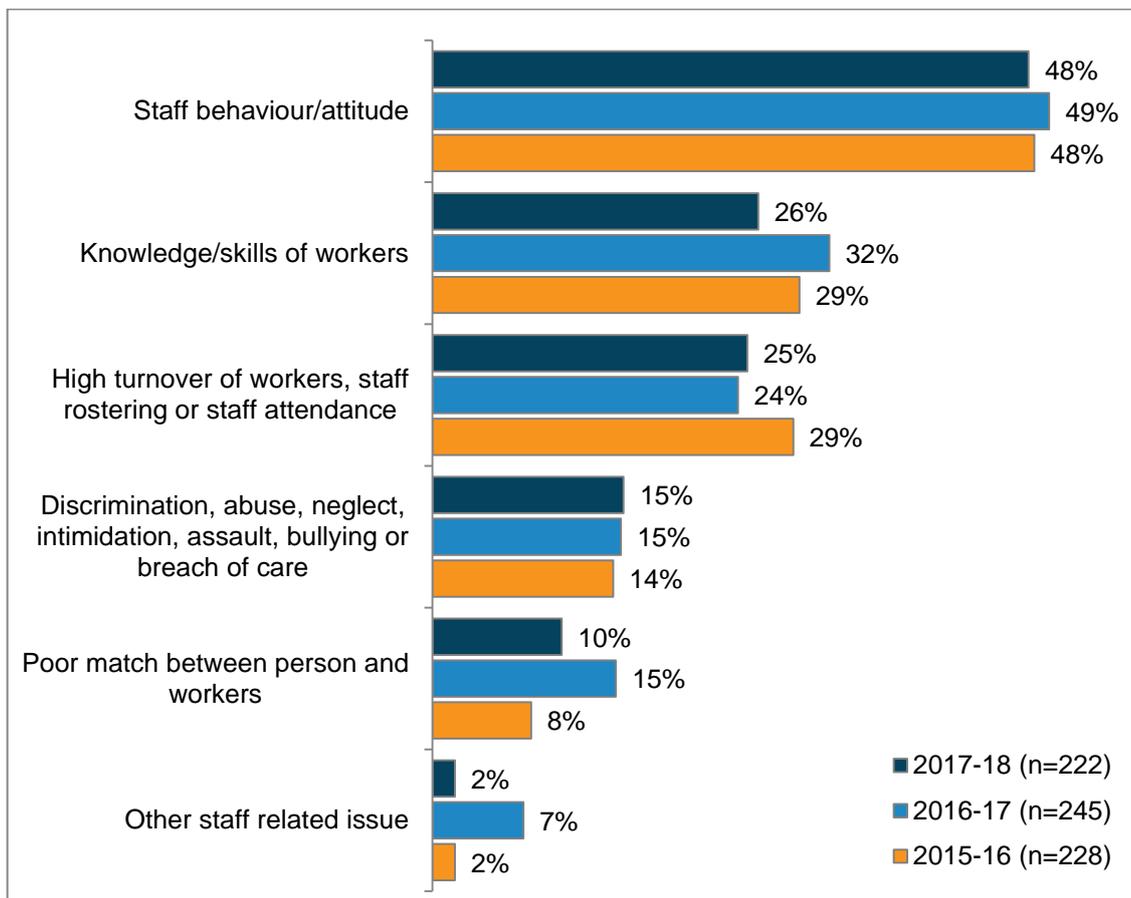
- The total number of issues identified decreased between 2016-17 and 2017-18 by approximately 24%, higher than the 8% decline seen in the total number of complaints closed between 2016-17 and 2017-18.
- Service delivery, management and quality showed the largest decline, from 264 occurrences in 2016-17 to 216 occurrences in 2017-18.
- Complaints identifying Carers Charter issues showed the largest proportional decline, decreasing by 63% between 2016-17 and 2017-18 (from 54 occurrences to 20 occurrences).

Complaints about staff related issues

Staff related issues was the most frequently occurring complaint issue category in 2017-18 and 2015-16, and the second most common complaint issue category in 2016-17 (see Figure 12).

Figure 13 shows the breakdown of complaint issues relating to staff.

Figure 13: Frequency of issues identified in staff related complaints



Totals may not sum to 100% as a single complaint may identify multiple issues within this category.

Across the staff related complaint issues, the three most commonly occurring issues over the last three years were:

- ‘Staff behaviour/attitude’;
- ‘Knowledge/skills of workers’; and
- ‘High turnover of workers, staff rostering or staff attendance’.

The number of complaints identifying the issue ‘staff behaviour/attitude’ decreased between 2016-17 and 2017-18, occurring 15 times less than the previous year.

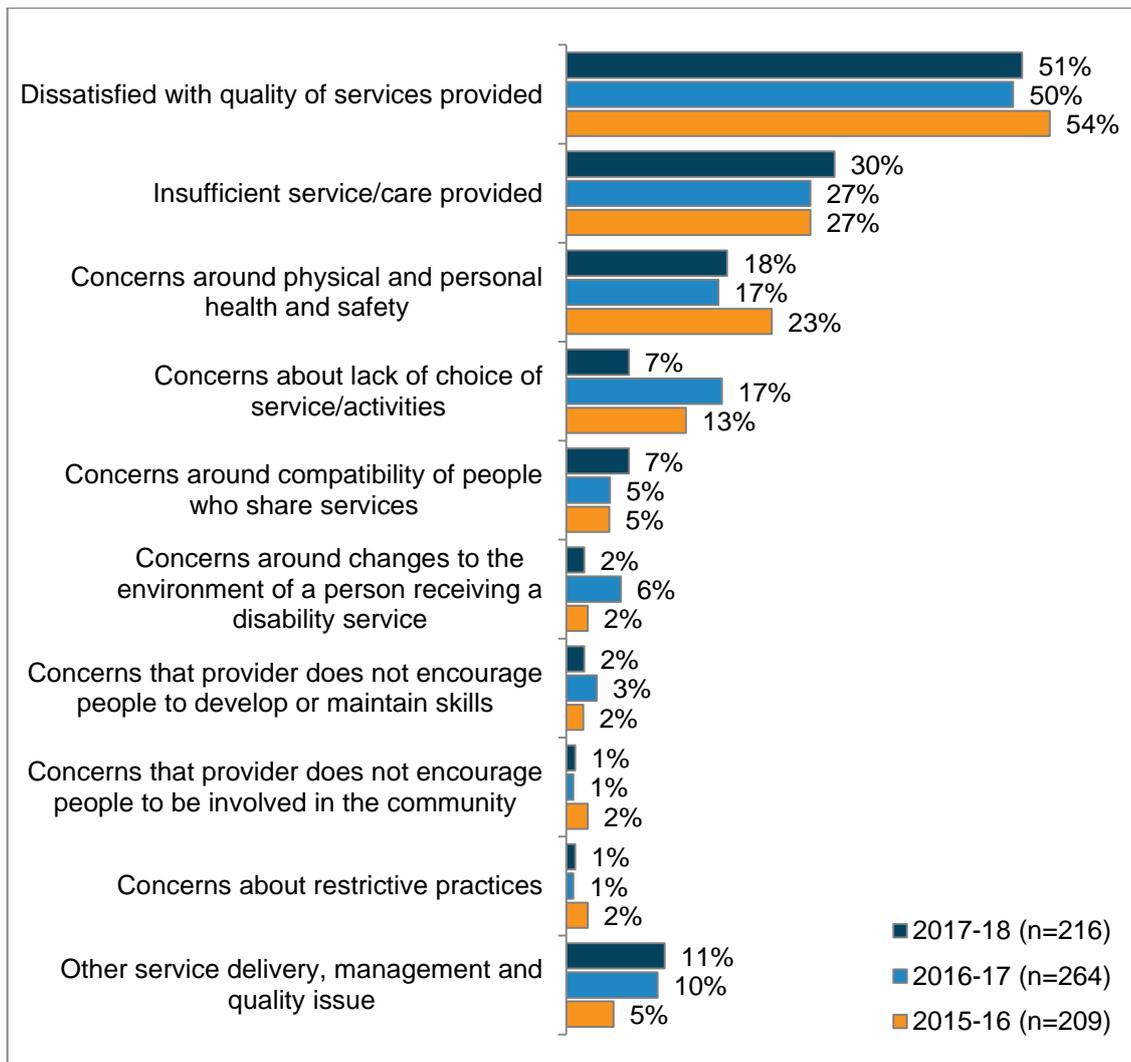
The issue ‘knowledge/skills of workers’ had the single largest decline between 2016-17 and 2017-18, decreasing from 78 complaints in 2016-17 to 58 complaints in 2017-18.

Complaints about service delivery, management and quality

Service delivery, management and quality was the second most commonly occurring complaint issue category in 2017-18 and the most frequently occurring in 2016-17 (see Figure 12).

Figure 14 shows the breakdown of complaint issues relating to service delivery, management and quality.

Figure 14: Frequency of issues identified in service delivery complaints



Totals may not sum to 100% as a single complaint may identify multiple issues within this category.

Within the service delivery, management and quality issue category ‘dissatisfied with quality of services provided’ and ‘insufficient service/care provided’ were the two most commonly identified issues over the past three years (see Figure 14).

The largest change in the number of complaints observed for 2017-18 were:

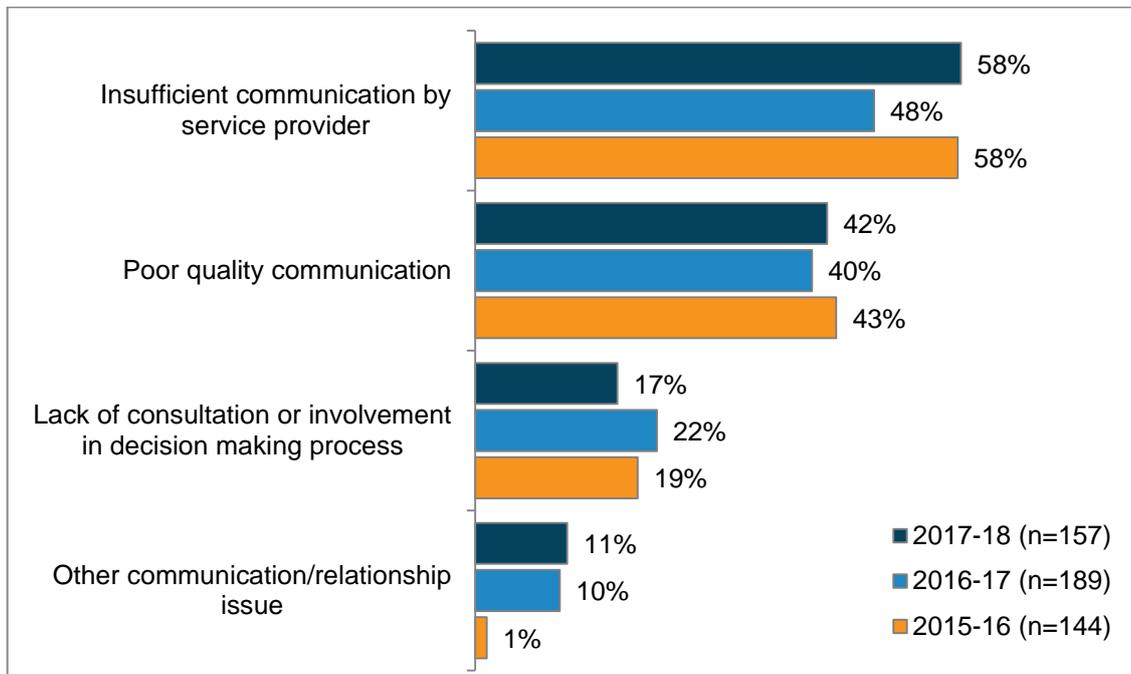
- ‘Concerns about lack of choice of service/activities’ (decreased by 31 complaints in 2017-18 compared to 2016-17); and
- ‘Dissatisfied with quality of services provided’ (decreased by 22 complaints in 2017-18).

Complaints about communication/relationships

Communication/relationships category complaints was the third most commonly occurring complaint issue category over the last two years (see Figure 12).

Figure 15 shows the breakdown of complaint issues relating to communication and relationships.

Figure 15: Frequency of issues identified in communication/relationships complaints



Totals may not sum to 100% as a single complaint may identify multiple issues within this category.

Across the communication/relationships category of complaints:

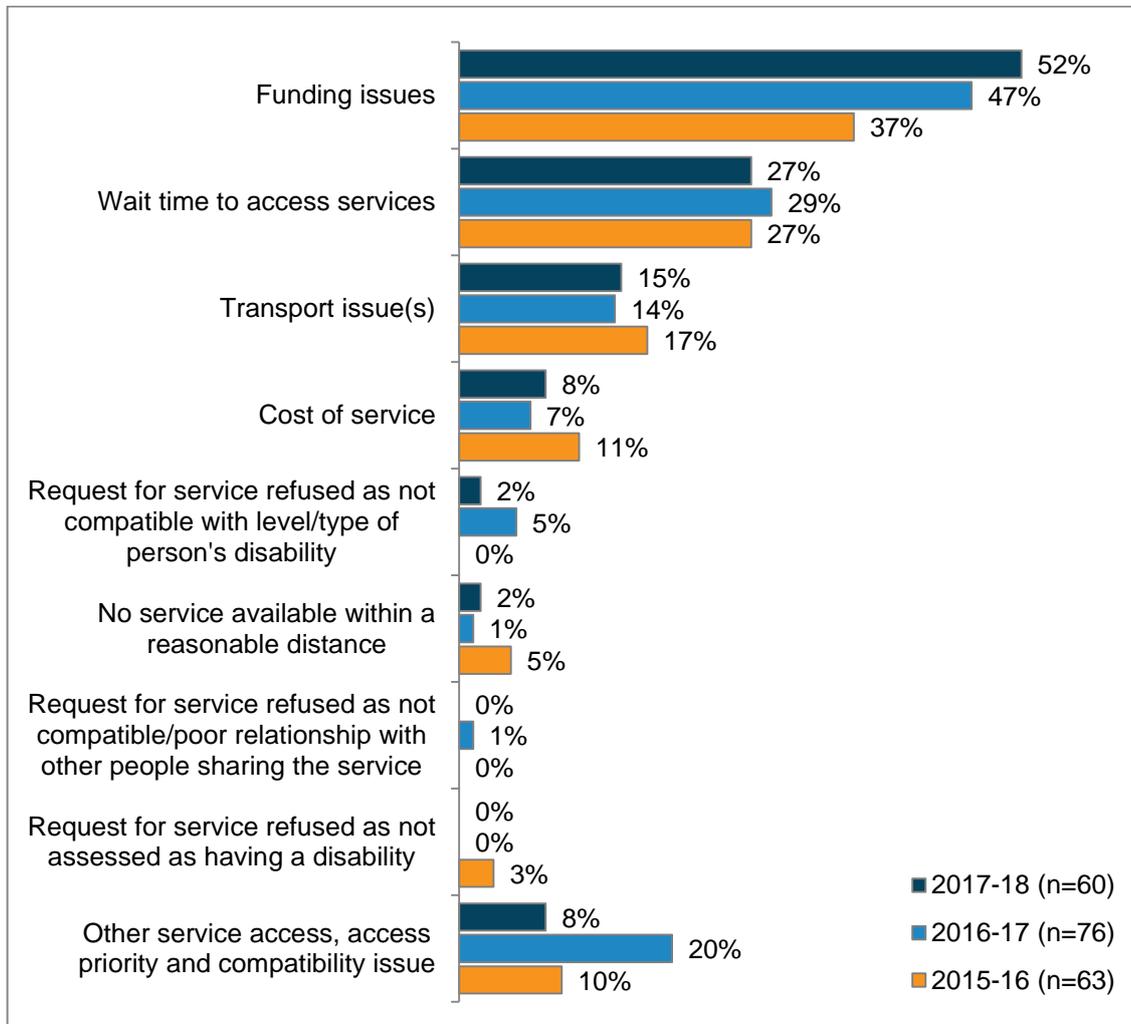
- ‘Insufficient communication by service provider’ and ‘poor quality communication’ were the two most commonly identified issues over the past three years.
- ‘Poor quality communication’ and ‘lack of consultation or involvement in decision making process’ had the largest change between years, decreasing by 10 and 15 complaints respectively in 2017-18 compared to 2016-17.

Complaints about service access, access priority and compatibility issues

Service access, access priority and compatibility was the fourth most commonly occurring complaint issue category over the last two years (see Figure 12).

Figure 16 shows the breakdown of complaint issues in this category.

Figure 16: Frequency of issues in access, access priority and compatibility complaints



Totals may not sum to 100% as a single complaint may identify multiple issues within this category.

Across the service access, access priority and compatibility complaint issues:

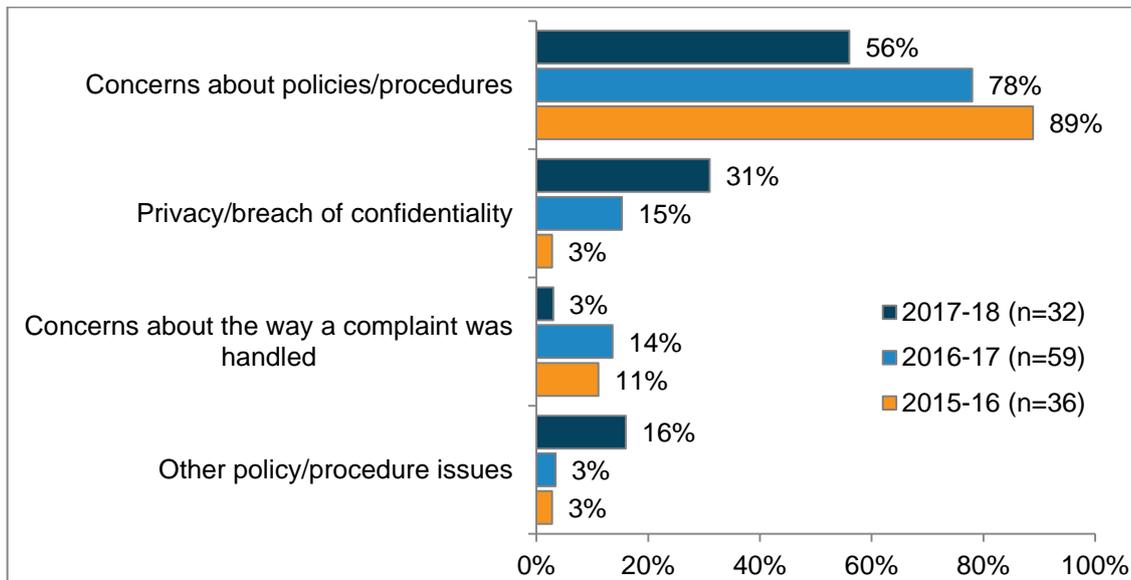
- 'Funding issues' and 'wait time to access services' have been the two most commonly identified issues over the past three years (see Figure 16); and
- 'Wait time to access services' experienced the largest single change between years, being identified six fewer times in 2017-18 than in 2016-17.

Complaints about policy/procedure issues

Policy/procedure was the fifth most commonly occurring complaint issue category in both 2017-18 and 2016-17, and the sixth most commonly occurring category in 2015-16 (see Figure 12).

Figure 17 shows the breakdown of complaint issues relating to policy/procedure.

Figure 17: Frequency of issues in policy and procedure complaints



Totals may not sum to 100% as a single complaint may identify multiple issues within this category.

Across the policy/procedure complaint issues:

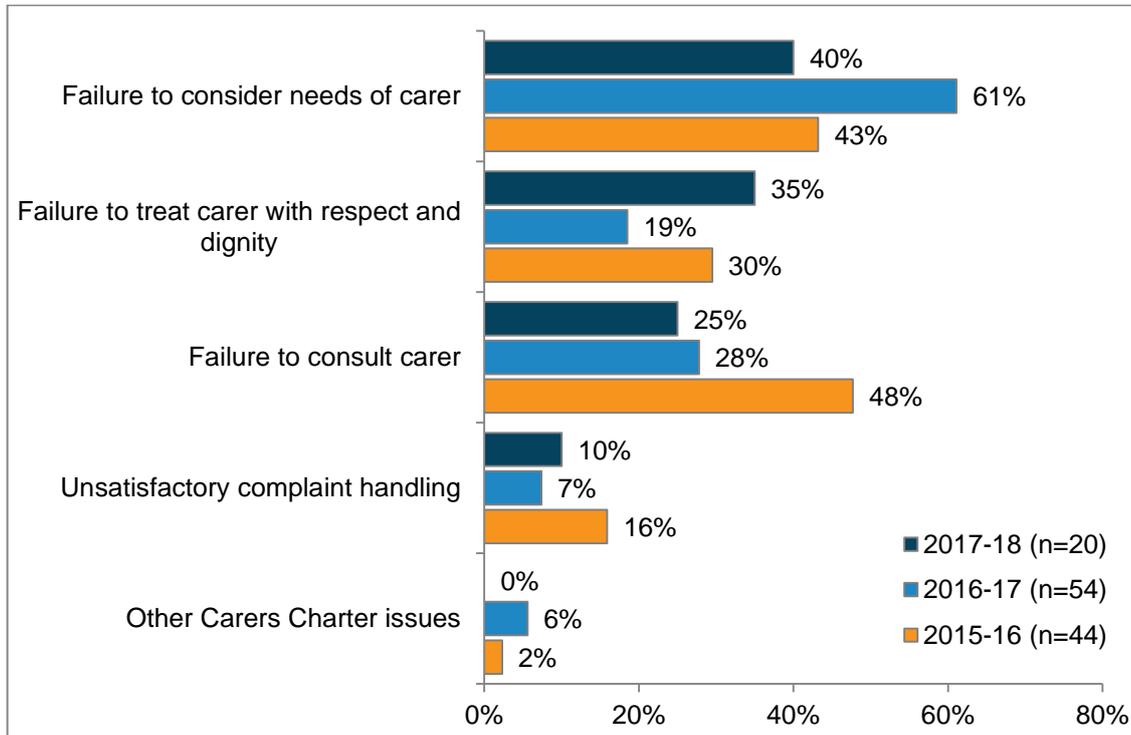
- ‘Concerns about policies/procedures’ were the most commonly identified issue over the past three years.
- The number of complaints that cited the issue ‘privacy/breach of confidentiality’ increased between years, from 1 complaint in 2015-16 to 10 complaints in 2017-18.

Complaints about Carers Charter issues

Carers Charter was the sixth most commonly occurring complaint issue category in both 2017-18 and 2016-17, and the fifth most commonly occurring category in 2015-16 (see Figure 12).

Figure 18 shows the breakdown of Carers Charter complaint issues.

Figure 18: Frequency of issues in Carers Charter complaints



Totals may not sum to 100% as a single complaint may identify multiple issues within this category.

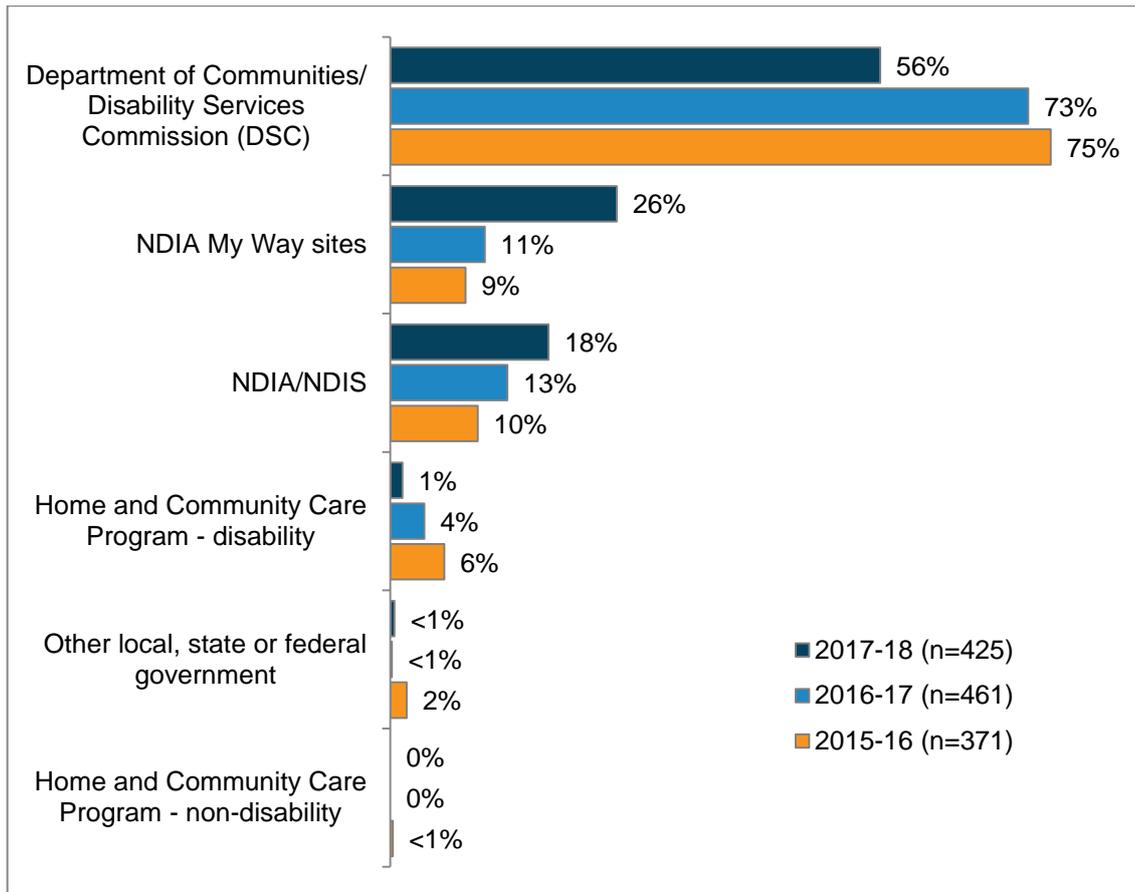
Across the Carers Charter category of complaint issues:

- ‘Failure to consider the needs of a carer’ was the most commonly occurring issue in 2017-18 (see Figure 18).
- ‘Failure to consult a carer’ has decreased consistently since 2015-16, from 21 occurrences in 2015-16 to 5 occurrences in 2017-18.

Service funding

Figure 19 shows how services identified in complaints were funded. Across all years, the majority of complaints concerned services funded by the Department of Communities or the former Disability Services Commission: 75% of complaints in 2015-16, 73% of complaints in 2016-17, and 56% of complaints in 2017-18. The proportion of complaints identifying a service funded via NDIA MY Way or NDIA/NDIS¹ has increased over each of the last three years.

Figure 19: Funding service identified in complaints



The data in Figure 19 is provided only for complaints where funding information about a service was recorded. Percentages may not sum to 100% as more than one funding stream may be available for a service.

¹ The National Disability Insurance Agency (NDIA) is an independent statutory agency which oversees the implementation of the National Disability Insurance Scheme (NDIS).

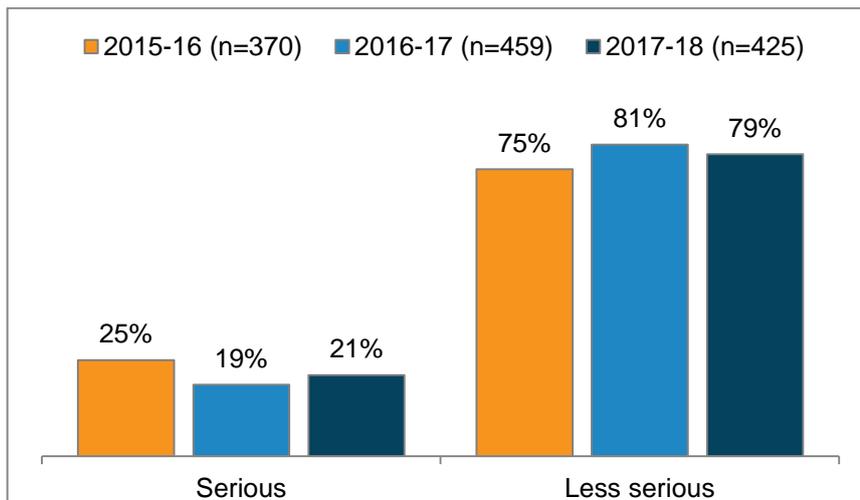
Complaint seriousness

Disability service providers were asked to rate the seriousness of a complaint considering the following factors:

- Consequences and impact of the issues that were raised; and
- Likelihood that a similar issue could arise again.

Disability service providers then used the reasons behind complaints to categorise them as being of either a serious or less serious nature. Results are illustrated in Figure 20.

Figure 20: Proportion of serious and less serious complaints



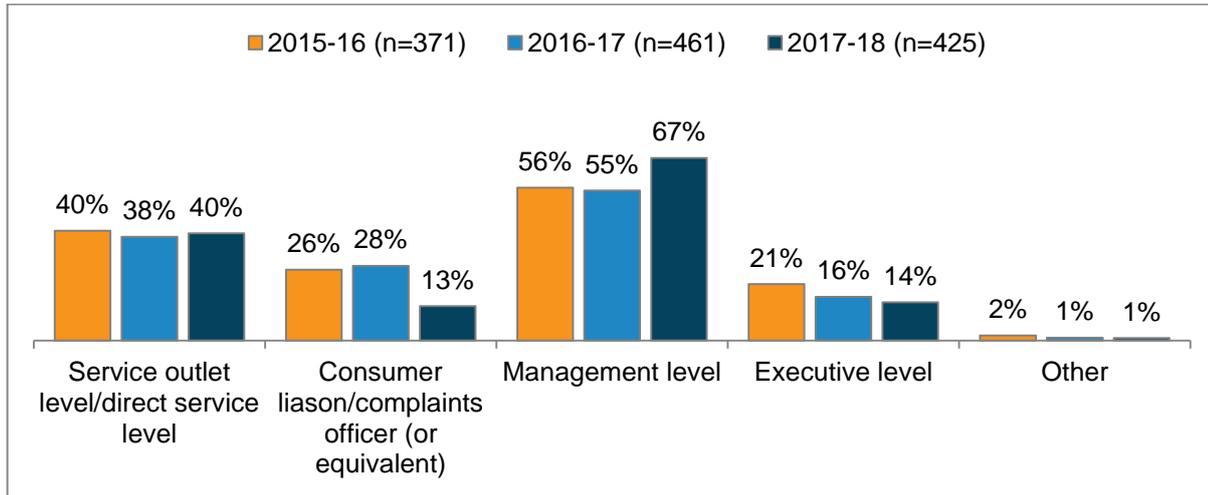
The data in Figure 20 is only presented for complaints where the seriousness was recorded.

Across all years, disability service providers indicated that the majority of complaints were in the less serious category, accounting for 75% or more of all complaints.

Organisational level

The majority of complaints were handled across four organisation or administrative levels; service outlet/direct service, consumer liaison/complaints officer, management and executive. Figure 21 presents the relative proportion of complaint handling performed by these four levels.

Figure 21: Proportion of complaints that were resolved at different service provider levels



The data in Figure 21 is provided only for complaints where the organisational level that was responsible for the complaint resolution was recorded. Totals may not sum to 100% as a complaint can be handled by multiple levels of staff.

In 2017-18, there was a decrease in the number of complaints handled by consumer liaison/complaints officers, and an increase in the number of complaints handled at the management level. Over the three year reporting period, the proportion of complaints handled at the executive level has shown a gradual declining trend.

Complaint experience

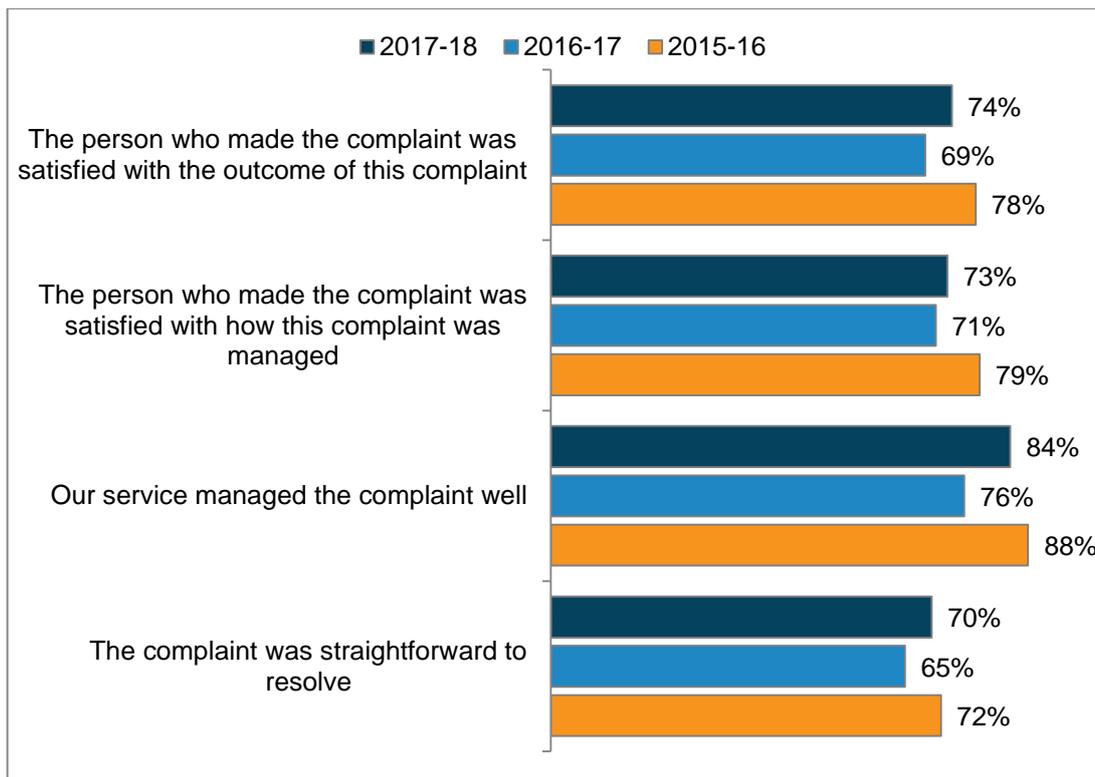
Disability service providers assess their own performance and the satisfaction of the complainant by addressing the following four statements:

- The complaint was straightforward to resolve.
- Our service managed the complaint well.
- The person who made the complaint was satisfied with how this complaint was managed.
- The person who made the complaint was satisfied with the outcome of the complaint.

Figure 22 illustrates the percentage of agreement with these statements.

Agreement is the total of the ‘strongly agree’ and ‘agree’ responses by the providers as part of their self-assessment. The proportion of agreement responses increased in 2017-18 compared to 2016-17 across all four statements. However, the proportion of agreement responses for each question in 2017-18 remains below the results seen in 2015-16. The largest single change seen in the level of agreement was for the statement “our service managed the complaint well”, which increased from 76% of complaints in 2016-17 to 84% in 2017-18.

Figure 22: Providers assessment of complaint management (% agreement)

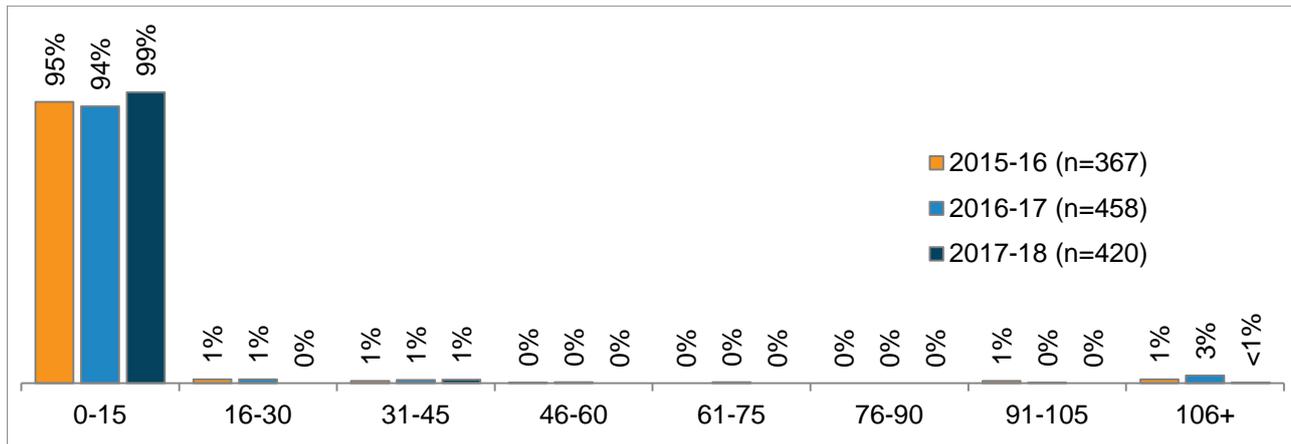


The data in Figure 22 is provided only for complaints where responses were recorded. Agreement is the total of ‘strongly agree’ and ‘agree’ responses. Base sizes vary between statements, 2015-16 ranges from n=360 to n=368, 2016-17 ranges from n=425 to n=460, 2017-18 ranges from n=403 to n=424.

Time to acknowledge and resolve complaints

Across all three years, the majority of complaints were acknowledged within 15 days. A breakdown of the time taken to acknowledge complaints is shown in Figure 23. The average time taken to acknowledge a complaint was 3.0 days in 2015-16, 3.2 days in 2016-17, and 1.0 days in 2017-18. This is attributable to the decline in the proportion of complaints taking over 106 days to acknowledge in 2017-18.

Figure 23: Time taken to acknowledge (days)

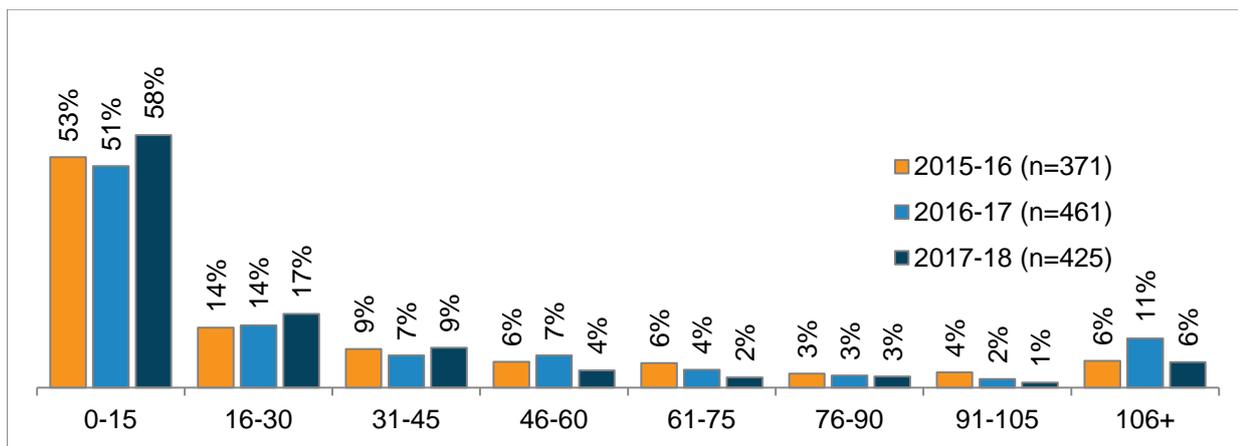


For data in Figure 23 negative values and outliers (>130 days) were removed from the calculation of the average time to acknowledge complaints.

Figure 24 illustrates the time taken to resolve complaints. Analysis of the complaints data showed that:

- Just over half of the complaints lodged across all years were resolved within 15 days; 53% in 2015-16, 51% in 2016-17, and 58% in 2017-18.
- The average time taken to resolve a complaint was 33.6 days in 2015-16, 39.8 days in 2016-17, and 29.5 days in 2017-18.

Figure 24: Time taken to resolve (days)

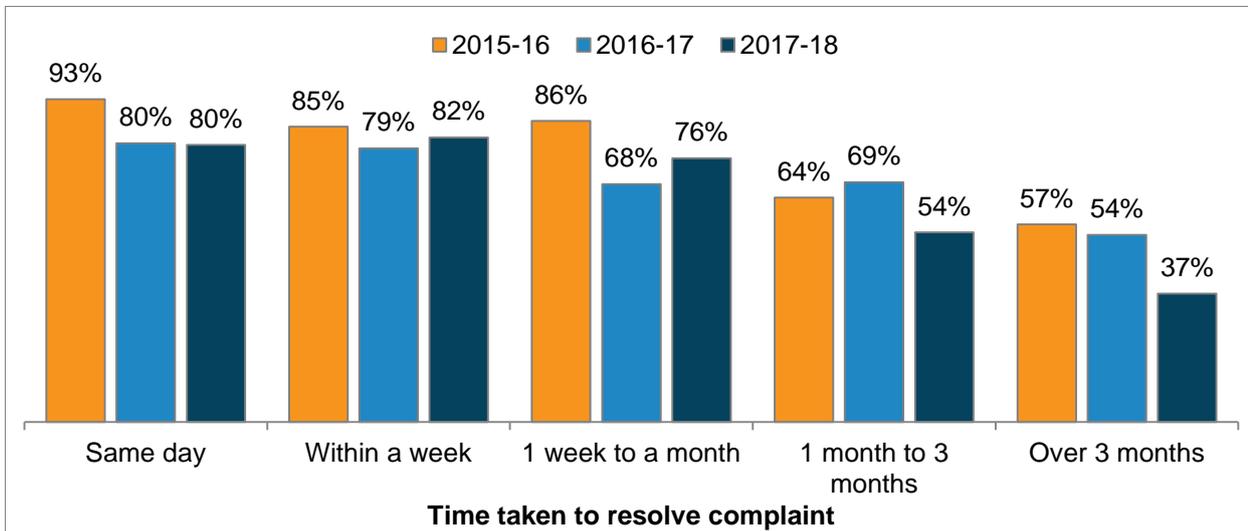


For data in Figure 23 outliers (>500 days) were removed from the calculation of the average time to resolve complaints.

Time to resolve complaints and satisfaction

Figure 25 shows the relationship between the time taken to resolve complaints and complainant satisfaction.

Figure 25: Person who made the complaint was satisfied with its management*



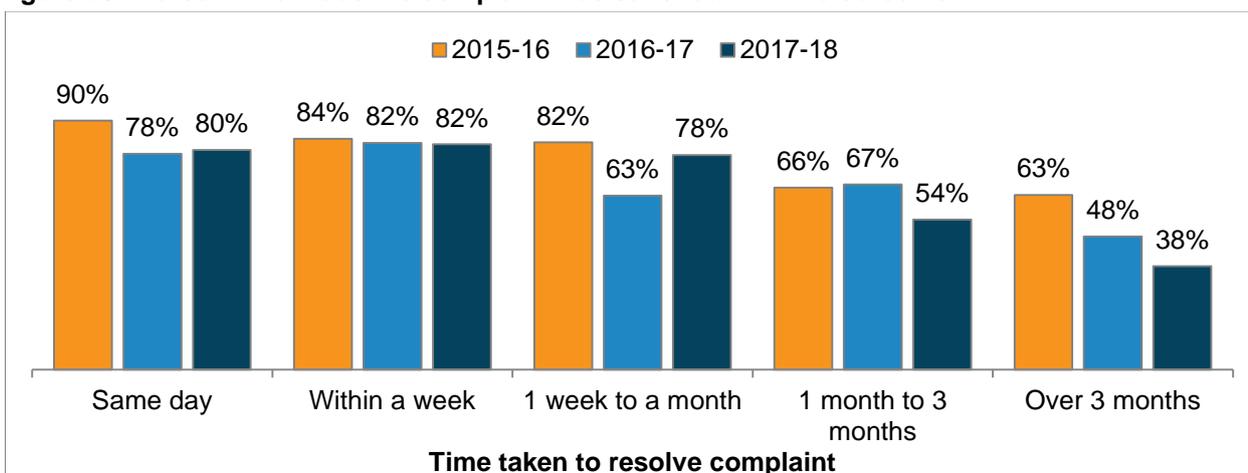
For data in Figure 24 outliers (>500 days) were removed from the calculation of the average time to resolve complaints. 2015-16 base sizes range from n=30 to n=105; 2016-17 base sizes range from n=54 to n=126; 2017-18 base sizes range from n=25 to n=146.

*Satisfied is determined by summing 'satisfied' and 'very satisfied' responses.

Satisfaction with the management of complaints was at its highest when the matter was resolved the same day or within a week. Satisfaction levels declined when complaints took longer than one month to resolve. Furthermore, less than 60% satisfaction was achieved when complaints took over three months to resolve (37% in 2017-18).

Similarly, satisfaction with the outcome of the complaint exhibited the same trend as seen in complaint management; decreasing satisfaction over time (Figure 26).

Figure 26: Person who made the complaint was satisfied with the outcome*



For data in Figure 25 outliers (>500 days) were removed from the calculation of the average time to resolve complaints. 2015-16 base sizes range from n=30 to n=104; 2016-17 base sizes range from n=55 to n=127; 2017-18 base sizes range from n=25 to n=146.

*Satisfied is determined by summing 'satisfied' and 'very satisfied' responses.

Outcomes sought

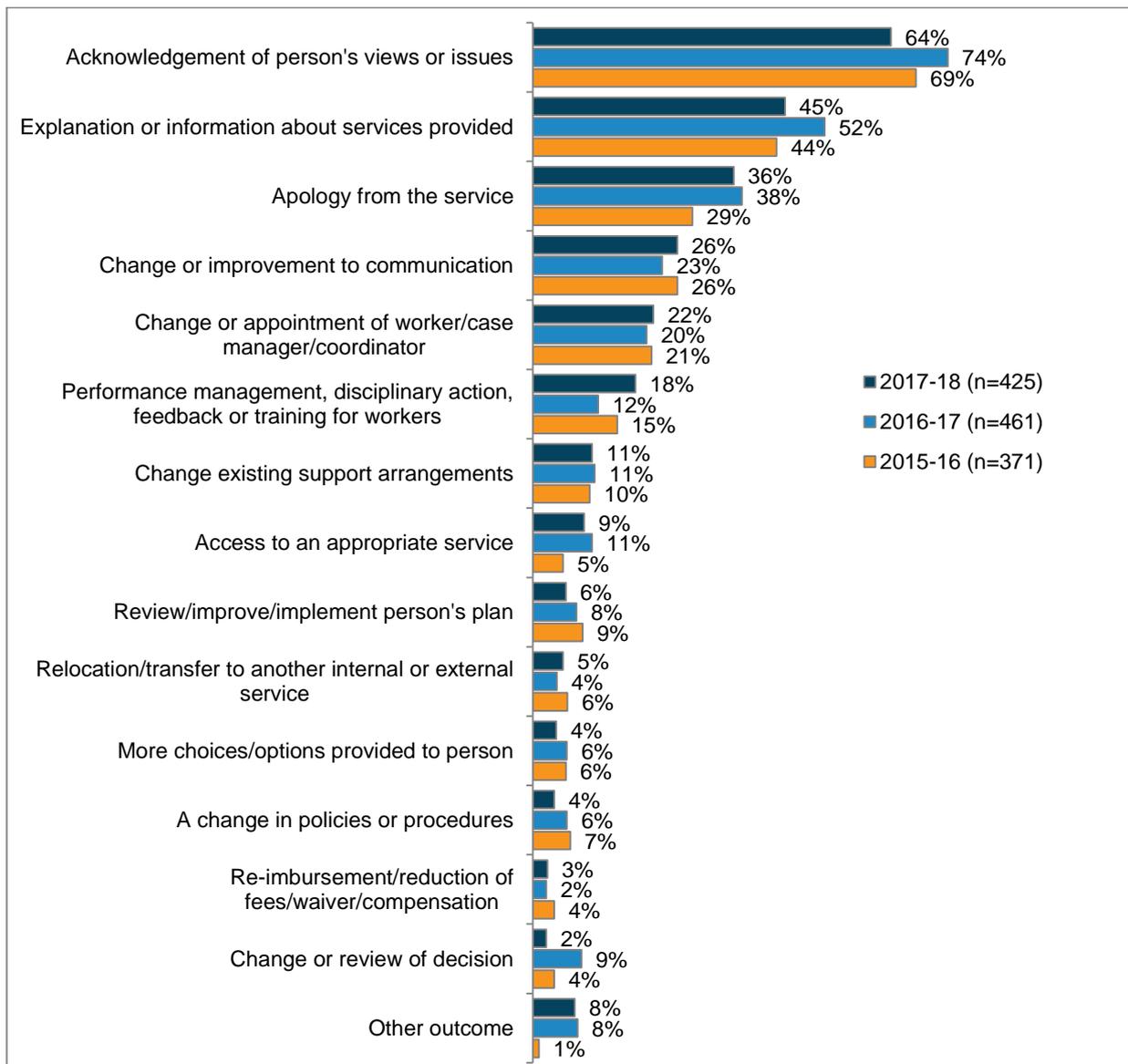
Consumers and their representatives identified a range of desired outcomes in the complaints made to disability service providers, including multiple outcomes for some complaints. In 2017-18 1,117 desired outcomes were identified in the 425 complaints resolved by disability service providers, approximately 2.6 outcomes per complaint, compared to 2.8 outcomes per complaint in 2016-17 and 2.6 outcomes per complaint in 2015-16.

The most common outcomes sought were:

- Acknowledgement of a person's views or issues (64% of complaints in 2017-18);
- An explanation or information about services provided (45% of complaints in 2017-18); or
- An apology from the service (36% of complaints in 2017-18).

These outcomes have all decreased in frequency relative to 2016-17 (see Figure 27).

Figure 27: Outcomes sought



Totals may not sum to 100% as a single complaint may identify multiple desired outcomes.

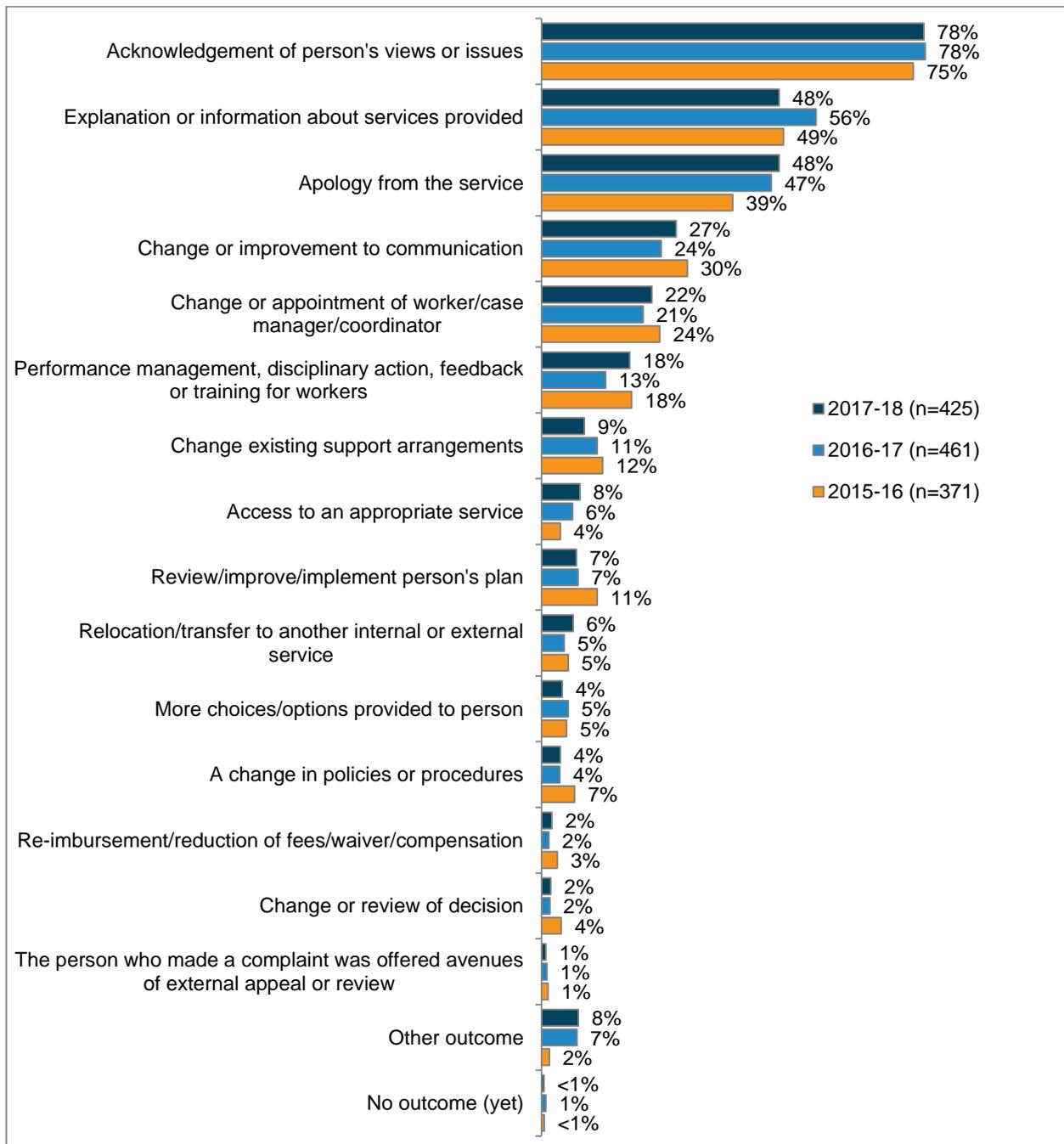
Outcomes achieved

A range of outcomes were achieved from the complaints managed by disability service providers, including multiple outcomes for some complaints. In 2017-18, 1,241 outcomes were achieved from the 425 complaints resolved, 2.9 outcomes per complaint, consistent with 2016-17 and 2015-16.

The most common outcomes have remained consistent between years (see Figure 28):

- Acknowledgement of a person's views or issues;
- An explanation or information about services provided; or
- An apology from the service.

Figure 28: Outcomes achieved



Totals may not sum to 100% as a single complaint may result in multiple outcomes being achieved.

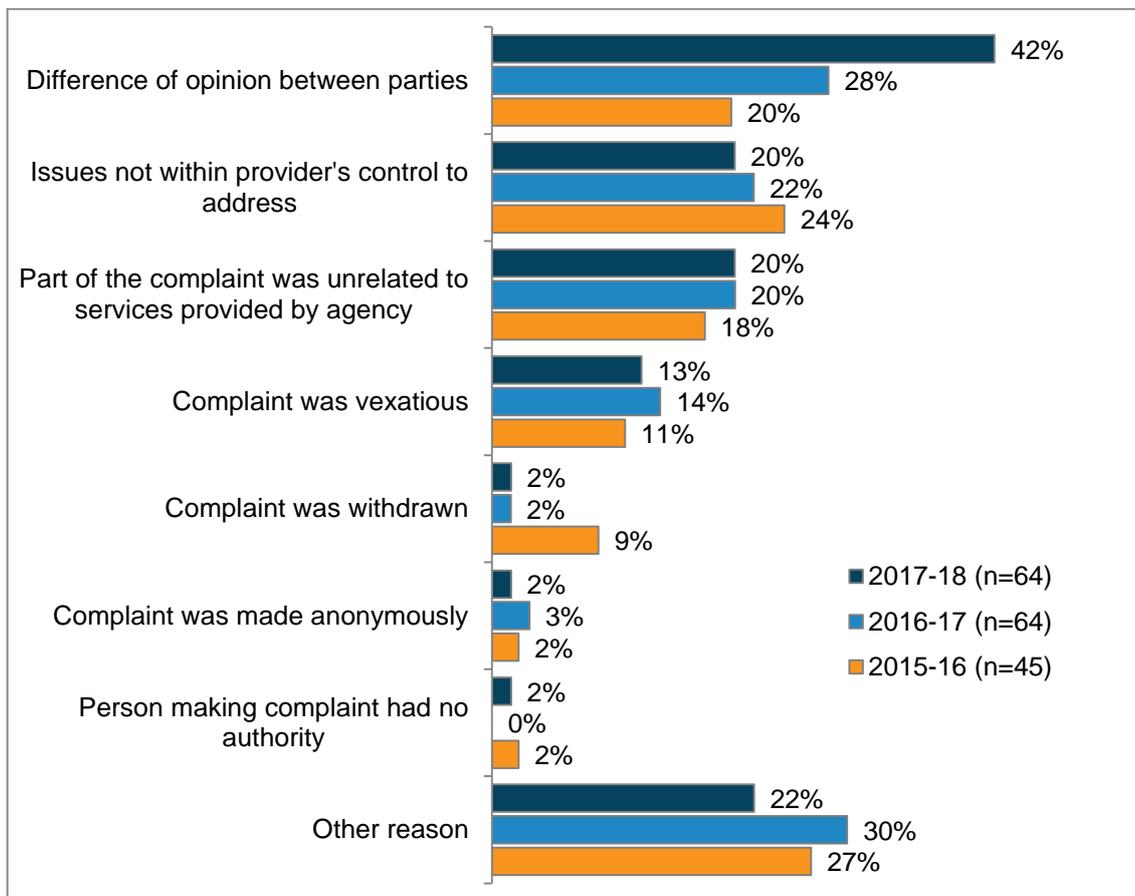
Why outcomes were not achieved

The main reasons why outcomes were not achieved are shown in Figure 29. The common reasons for complaint outcomes not being achieved included:

- ‘Difference of opinion between parties’ (42% in 2017-18);
- ‘Issues not being within provider’s control to address’ (20% in 2017-18); and
- ‘Part of the complaint being unrelated to services provided by agency’ (20% in 2017-18).

Trends were relatively consistent between years, although in 2017-18 ‘difference of opinion between parties’ increased notably compared to prior years.

Figure 29: Reasons why not all desired outcomes were achieved



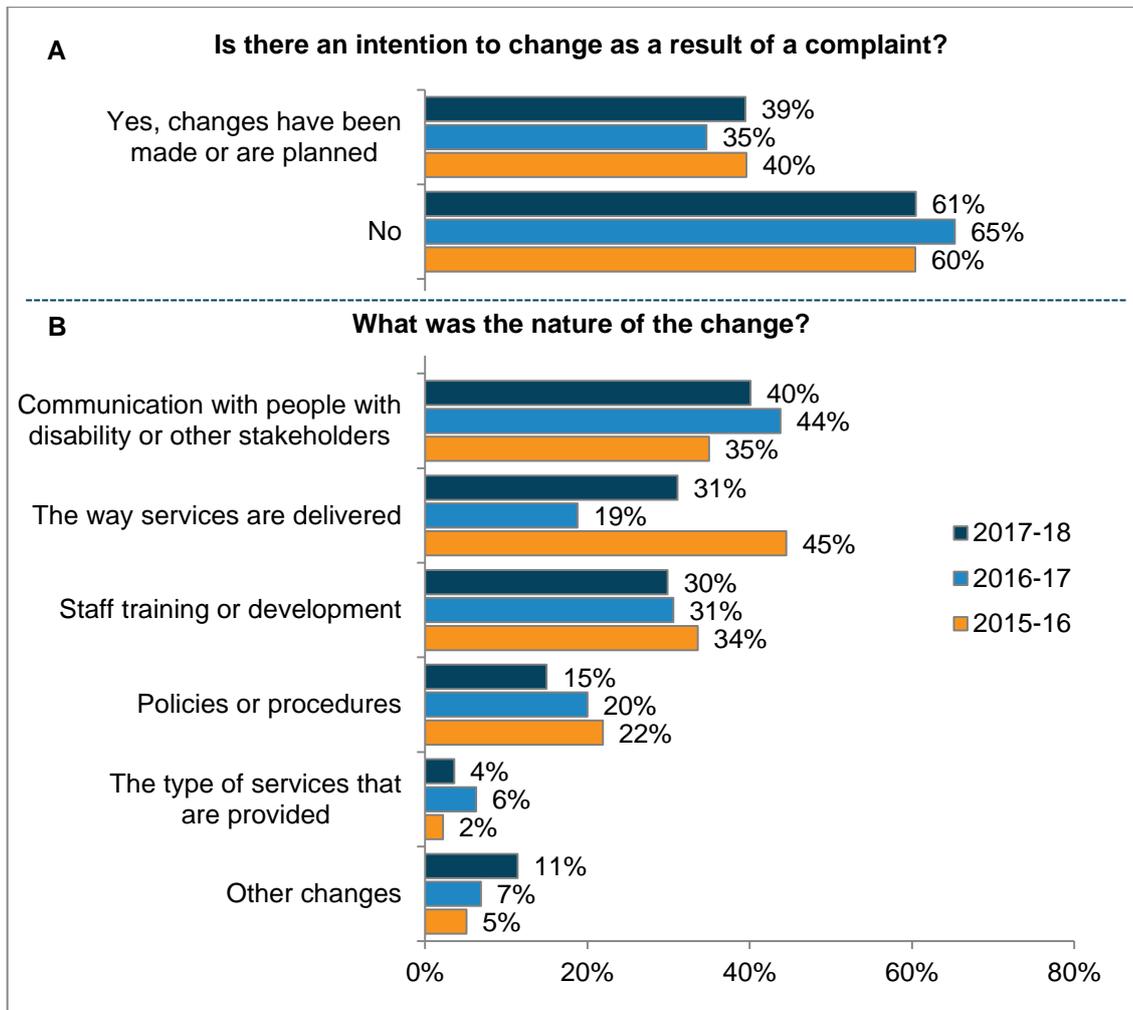
The data in Figure 29 is provided only for complaints where reason for a change not being implemented was recorded. Percentages may not sum to 100% as more than one reason may be provided for a complaint.

System or organisational changes

Across all years more than a third of complaints closed prompted system or organisational changes to improve complaint resolution, or prevent complaints.

The system or organisational changes implemented, or intended to be implemented, by prescribed providers are shown in Figure 30.

Figure 30: Intention to change and types of change resulting from complaints



Base sizes vary between questions; Figure 31A: 2015-16 n=346, 2016-17 n=461, and 2017-18 n=423; Figure 31B: 2015-16 n=137, 2016-17 n=160, and 2017-18 n=167.

Common changes implemented, or intended to be implemented, by providers included:

- Changes to communication with people with disability or other stakeholders (40% in 2017-18);
- The way services are delivered (31% in 2017-18);
- Staff training or development (30% in 2017-18); and
- Policies or procedures (15% in 2017-18).

Appendix 1: Disability providers prescribed under s48A of the *Health and Disability Services (Complaints) Act 1995*

Disability Service Provider	Legal Name
Ability Centre	The Cerebral Palsy Association of Western Australia Ltd
Activ	Activ Foundation Incorporated
Adventist Residential Care Nollamara	Seventh-day Adventist Aged Care (Western Australia)
Autism Association of Western Australia	Autism Association of Western Australia Inc
Avivo (previously Perth Home Care Services)	Perth Home Care Services Inc.
Baptistcare	Baptistcare Incorporated
Community Living Association	Community Living Association Inc.
Disability Services Commission	Disability Services Commission
Empowering People in Communities (EPIC)	Empowering People in Communities (EPIC) Inc.
Enable Western Australia	Enable Southwest Inc.
Identitywa	Identitywa
Lady Lawley Cottage	Australian Red Cross Society (t/as Lady Lawley Cottage)
Lifestyle Solutions	Lifestyle Solutions (Aust) Ltd (Western Operations)
Mosaic Community Care	Mosaic Community Care Inc.
My Place	My Place Foundation Inc.
Nulsen	Nulsen Haven Association (Inc.)
Rocky Bay	Rocky Bay Incorporated
Senses Australia	Senses Australia
Therapy Focus	Therapy Focus Incorporated
UnitingCare West	UnitingCare West

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