



Disability Services Data Collection Report 2016-17

Prepared by: Health and Disability Services Complaints Office
March 2018



Disability Services Data Collection Report 2016-17

Contents

Definition of terms used	v
Executive summary	1
Summary of provider managed complaints	2
Introduction	3
Disability Services Data Collection Program	3
Methodology	3
Notes on interpretation	4
Data limitations	4
Complaint trends	5
Complaint trends: HaDSCO managed complaints	5
Who makes complaints	6
Individual making the complaint	6
Consumer demographics	7
Who makes complaints: HaDSCO managed complaints	8
Disabilities identified	9
National Standards cited in complaints	10
Disability service groups	11
Complaints about accommodation support	13
Complaints about community support	14
Complaints about community access.....	15
Complaints about respite	16
Complaints about advocacy, information and alternative forms of communication	17
Complaints about employment.....	17
Complaints about other support	17
Complaint issue categories	18
Complaints about service delivery, management and quality	20
Complaints about staff related issues	21
Complaints about communication/relationships	22
Complaints about service access, access priority and compatibility issues	23
Complaints about policy/procedure issues.....	24
Complaints about Carers Charter issues	25
Complaints associated with service groups	26
Service funding	28

Complaint seriousness	29
Organisational level.....	30
Complaint experience	31
Time to acknowledge and resolve complaints.....	32
Time to resolve complaints and satisfaction	33
Outcomes sought	35
Outcomes achieved.....	36
Variation between outcomes sought and achieved.....	37
Why outcomes were not achieved	39
System or organisational changes	40

Figures

Figure 1:	Disability service complaints.....	5
Figure 2:	Individual making the complaint.....	6
Figure 3:	Age of the individual receiving a service.....	7
Figure 4:	Characteristics of individuals receiving a service.....	8
Figure 5:	Disabilities identified.....	9
Figure 6:	National Standards cited in complaints.....	10
Figure 7:	Disability service groups.....	11
Figure 8:	Accommodation services identified in complaints.....	13
Figure 9:	Community support services identified in complaints.....	14
Figure 10:	Community access services identified in complaints.....	15
Figure 11:	Respite services identified in complaints.....	16
Figure 12:	Complaint categories identified.....	18
Figure 13:	Frequency of issues identified in service delivery complaints.....	20
Figure 14:	Frequency of issues identified in staff related complaints.....	21
Figure 15:	Frequency of issues identified in communication/relationships complaints.....	22
Figure 16:	Frequency of issues in access, access priority and compatibility complaints.....	23
Figure 17:	Frequency of issues in policy and procedure complaints.....	24
Figure 18:	Frequency of issues in Carers Charter complaints.....	25
Figure 19:	Proportion of Funding service identified in complaints.....	28
Figure 20:	Proportion of serious and less serious complaints.....	29
Figure 21:	Proportion of complaints that were resolved at different service provider levels.....	30
Figure 22:	Providers assessment of complaint management (% agreement).....	31
Figure 23:	Time taken to acknowledge (days).....	32
Figure 24:	Time taken to resolve (days).....	32
Figure 25:	Person who made the complaint was satisfied with its management.....	33
Figure 26:	Person who made the complaint was satisfied with the outcome.....	33
Figure 27:	Outcomes sought.....	35
Figure 28:	Outcomes achieved.....	36
Figure 29:	Variation between outcomes sought and achieved.....	37
Figure 30:	Reasons why not all desired outcomes were achieved.....	39
Figure 31:	Intention to change and types of change resulting from complaints.....	40

Tables

Table 1:	Complaint issue categories generated by different service groups.....	26
----------	-----------------------------------------------------------------------	----

Appendices

Appendix 1:	Disability providers prescribed under s48A of the <i>Health and Disability Services (Complaints) Act 1995</i>	41
-------------	---------------------------------------------------------------------------------------------------------------------	----

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. Of note, complaint numbers have increased since 2015–16, with complaints primarily being about the following service groups: accommodation support, community support and community access. The most common complaint issue categories were service delivery, management and quality, staff related issues, and communication/relationships.

Complaints present an opportunity for improvement in the delivery of services and provide an insight into the priorities of consumers. In addition to HaDSCO's role to resolve complaints, the Office also has a responsibility to inform, educate and empower service providers to prevent complaints. Accountability, learning and prevention are key guiding principles of the *Australian/New Zealand Standard AS/NZS 10002:2014 Guidelines for complaint management in organizations*. This report provides a rich source of information which can inform continuous improvement programs and strengthen service delivery to ensure integrated and coordinated care for people with a disability.

Summary of provider managed complaints

Complaint trends and demographics

- Complaint numbers increased in 2016-17; the number of complaints received increased by 21% (79 complaints) compared to 2015-16, and the number of complaints closed increased by 24% (90 complaints).
- The majority of complaints were made on behalf of the consumer, typically by a family member, friend or carer.

Service groups

- Complaints were primarily about the following service groups: accommodation support, community support, and community access. Of note, complaints about respite services started to become more prevalent in 2016-17 (specifically own-home and flexible respite services).

Complaint issues

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

Service delivery, management and quality

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

Staff related issues

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

Communication/relationships

- Complaints about communications/relationships concern insufficient or poor communication.

- The three primary categories of complaints have remained unchanged since 2015-16.

Complaint outcomes

- In general, providers have achieved the outcomes desired by individuals who make a complaint, which were typically acknowledgement, an explanation, and/or an apology. The data suggests, however, that there were challenges associated with complaints that seek access to appropriate services, changes to policies/procedures, review of a decision, or changes to existing support arrangements.

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 were typically relating to communication with clients or other stakeholders, or to 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 (2016-17 or 2015-16).

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.

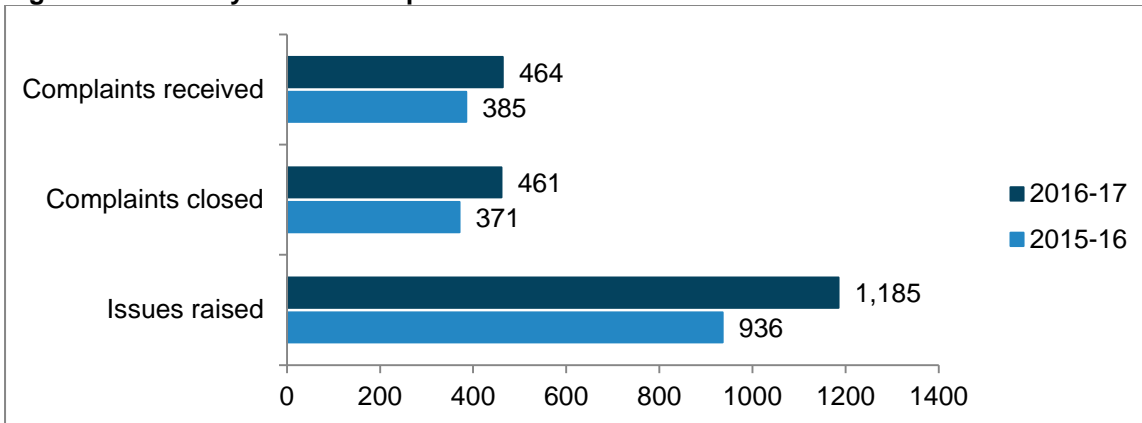
This report focuses on identifying trends more broadly across all of the complaints managed by prescribed providers, instead of identifying correlations between specific aspects of complaints (e.g. whether the person making the complaint influences the type of issues raised in a complaint).

Complaint trends

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

In 2016-17, there was an increase (21%, 79 complaints) in the number of complaints received by prescribed disability service providers. There was also an increase (24%, 90 complaints) in the number of complaints closed. The total number of issues raised also increased, along with the average number of issues per complaint (2.6 issues per complaint closed in 2016-17, compared to 2.5 issues per complaint in 2015-16).

Figure 1: Disability service complaints



Complaint trends: HaDSCO managed complaints

During 2016-17, HaDSCO closed 87 disability complaints, representing a 5% increase from the previous financial year.

Prescribed providers account for 56 of these complaints, or 64% of all of HaDSCO's closed disability complaints.

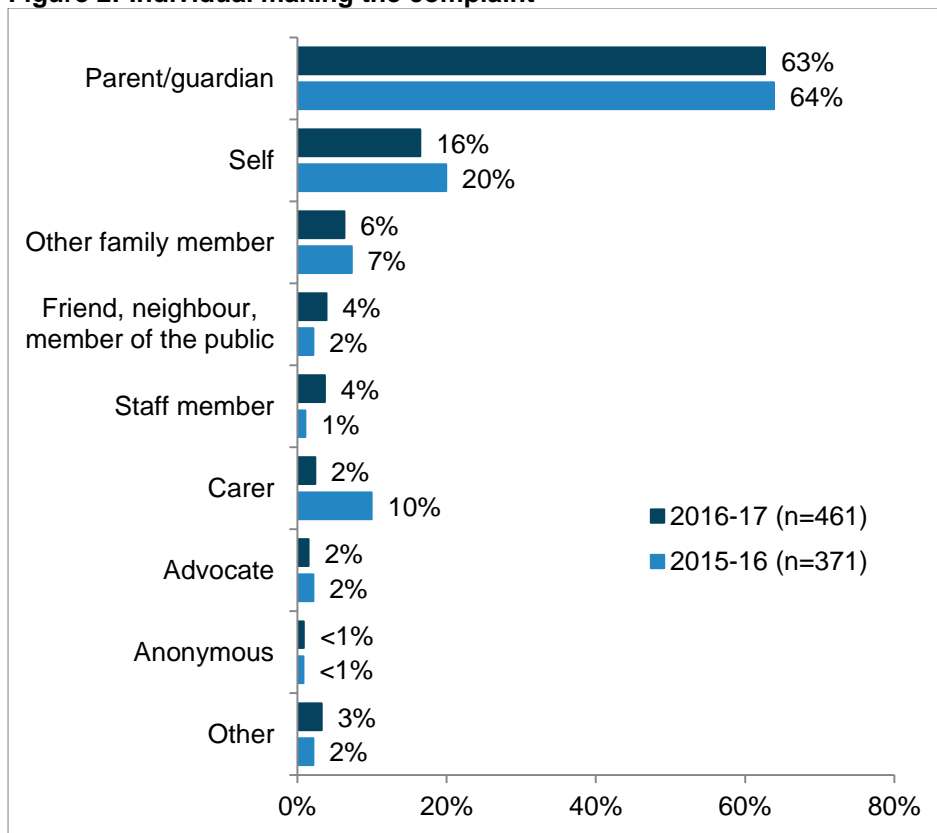
Who makes complaints

Individual making the complaint

In 2016-17, 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 2015-16, there was a decrease in the proportion of individuals who made a complaint on their own behalf, or had a carer make a complaint on their behalf, while there were increases in the proportion of complaints made by staff members, friends and members of the public on behalf of the individual who received the service.

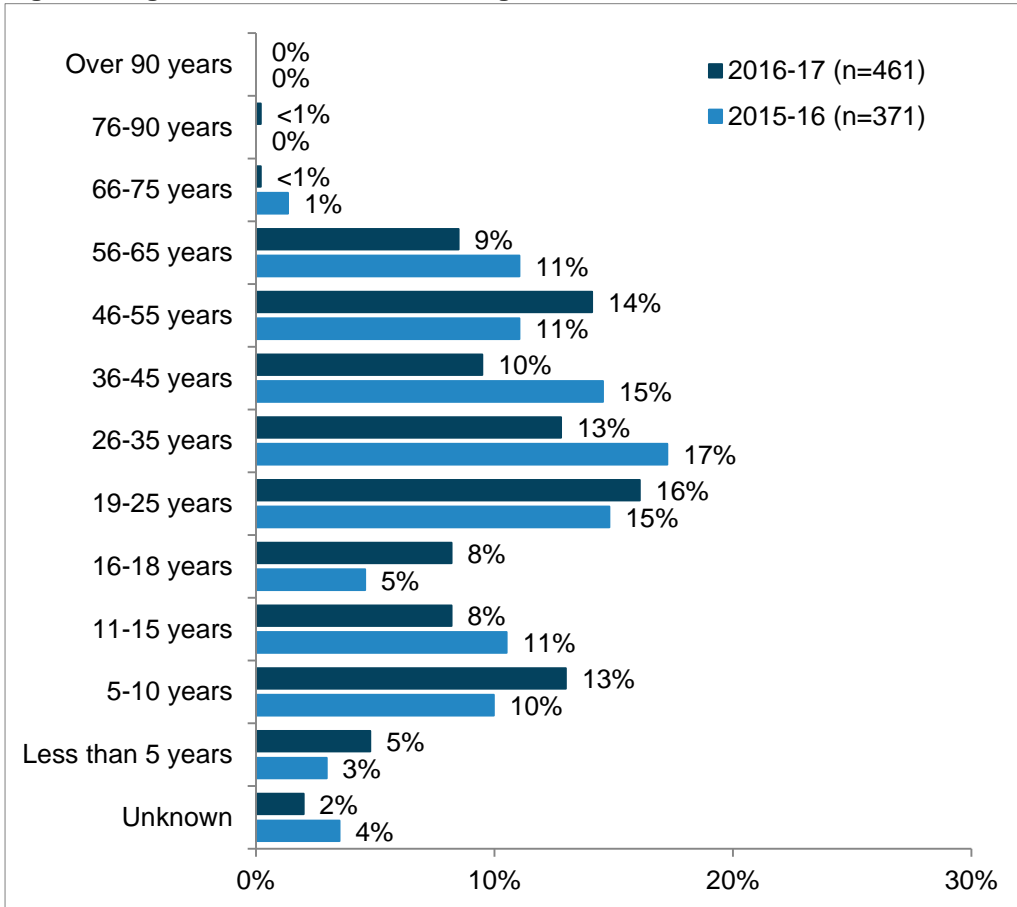
Figure 2: Individual making the complaint



Consumer demographics

In both 2016-17 and 2015-16, complaints about disability services concerned individuals from a broad range of ages, as seen in Figure 3.

Figure 3: Age of the individual receiving a service

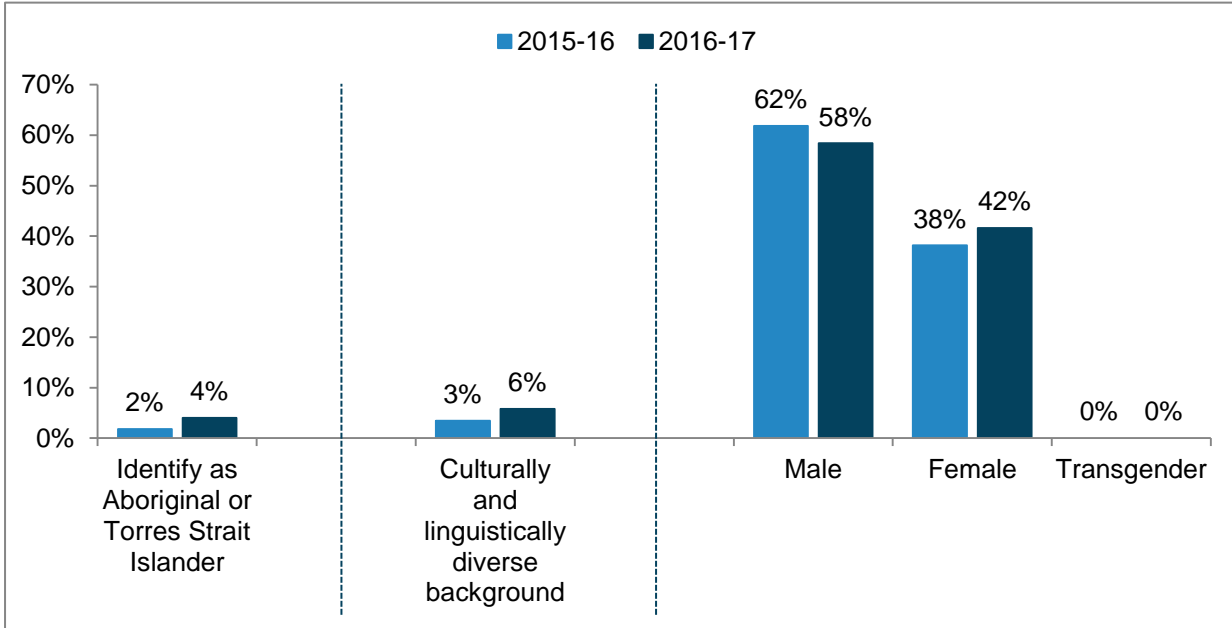


The data in Figure 3 is provided only for complaints where demographic information about the individual receiving a service was recorded.

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

In 2016-17, there was an increase in the number of individuals who identified as Aboriginal and Torres Strait Islander and as coming from a culturally and linguistically diverse background. Males were identified more frequently in complaints than females, although there was a small change in the relative proportions of males and females identified in comparison to 2015-16.

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); culturally and linguistically diverse background (2015-16 n=367, 2016-17 n=360); gender (2015-16 n=368, 2016-17 n=440).

*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 2016-17, the majority of complaints closed concerned individuals who had intellectual (37%) and/or physical disabilities (28%). 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). In 2016-17, there was also a decrease in the number of complaints concerning individuals with acquired brain injuries or sensory and speech disabilities.

In both 2016-17 and 2015-16, 80% of complaints concerned an individual with a single disability, while 20% of individuals had multiple disabilities.

Figure 5: Disabilities identified

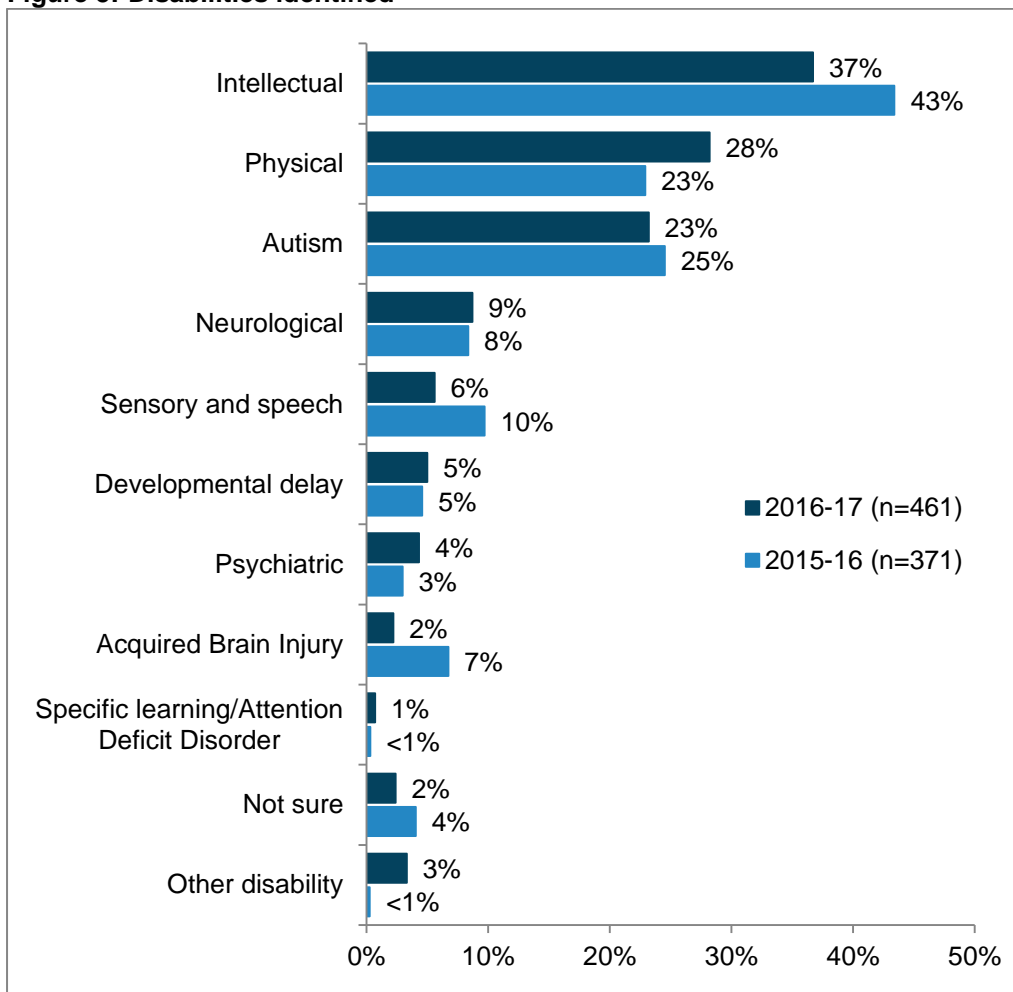


Figure 5 calculated on a per case basis, totals may not sum 100% as a consumer may have more than one disability.

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 2016-17, service management (37%), feedback and complaints (33%), and individual outcomes (28%) were the National Standards most commonly cited, which remains consistent with 2015-16 (see Figure 6).

Figure 6: National Standards cited in complaints

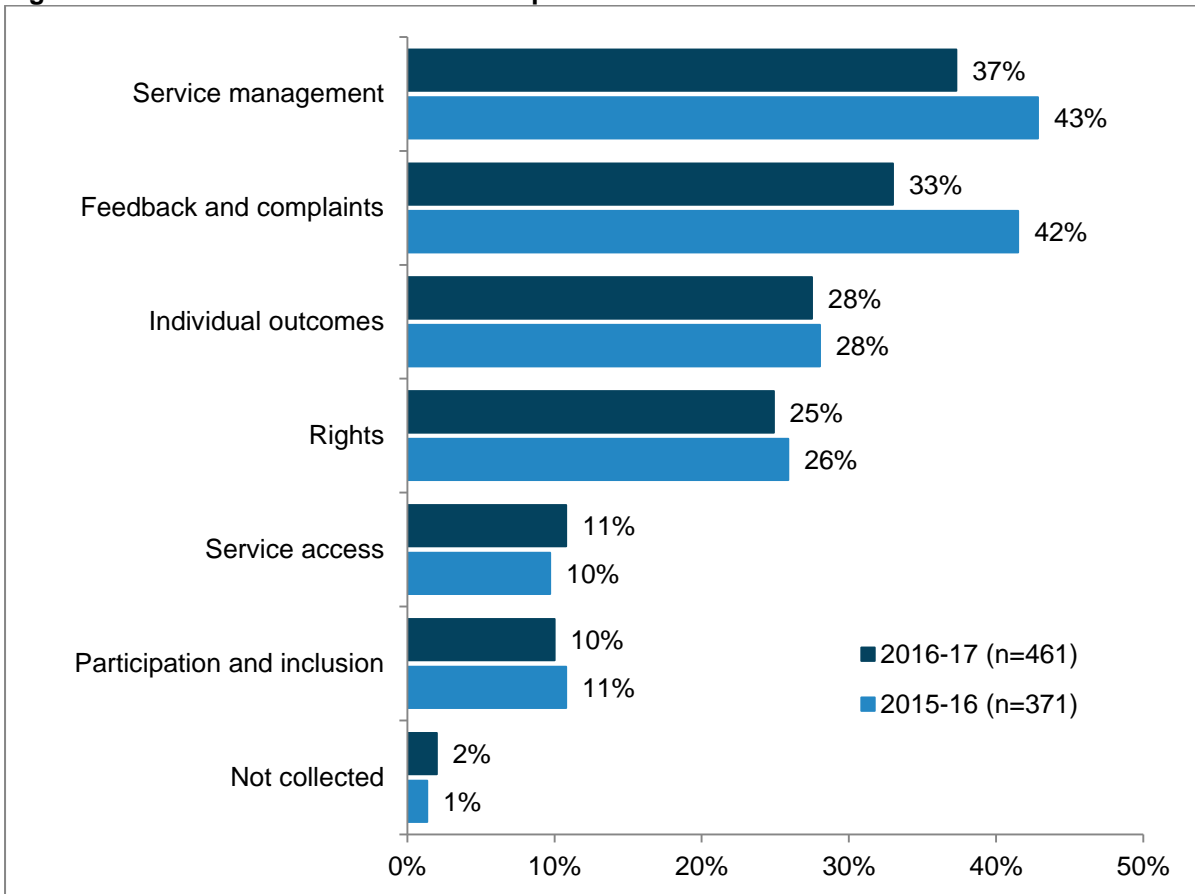


Figure 6 calculated on a per case basis, totals may not sum 100% as a complaint may identify more than one National Standard.

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 2016-17 and 2015-16 are shown in Figure 7.

In comparison to 2015-16, there was an increase in the proportion of complaints concerning community support, community access and respite services in 2016-17, and a decrease in the proportion of complaints concerning accommodation support (as shown in Figure 7).

Figure 7: Disability service groups

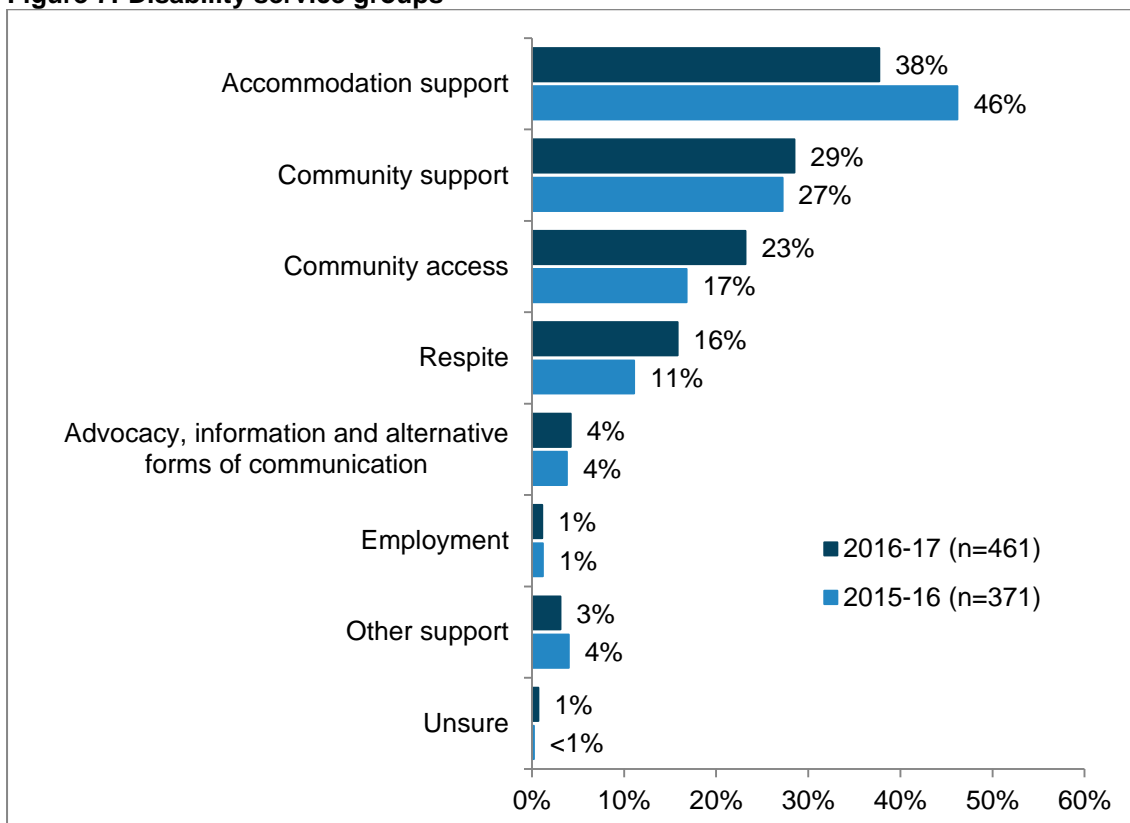


Figure 7 calculated on a per case basis, totals may not sum 100% as a complaint may identify more than one service group.

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 number of complaints that identified accommodation support actually increased from 169 complaints in 2015-16 to 174 complaints in 2016-17. The decline in the proportion of complaints relating to accommodation support is attributable to the increase in the total number of complaints closed by all prescribed providers in 2016-17.
- The number of complaints about the community support service group increased from 102 complaints in 2015-16 to 133 complaints in 2016-17.
- The proportion of complaints that cited services within the community access service group increased between years, occurring in 17% of complaints in 2015-16 and in 23% of complaints in 2016-17.
- The proportion of complaints that cited services within the respite services group increased between years, occurring in 11% of complaints in 2015-16 and 16% of complaints in 2016-17, which was an increase from 43 occurrences in 2015-16 to 72 occurrences in 2016-17.

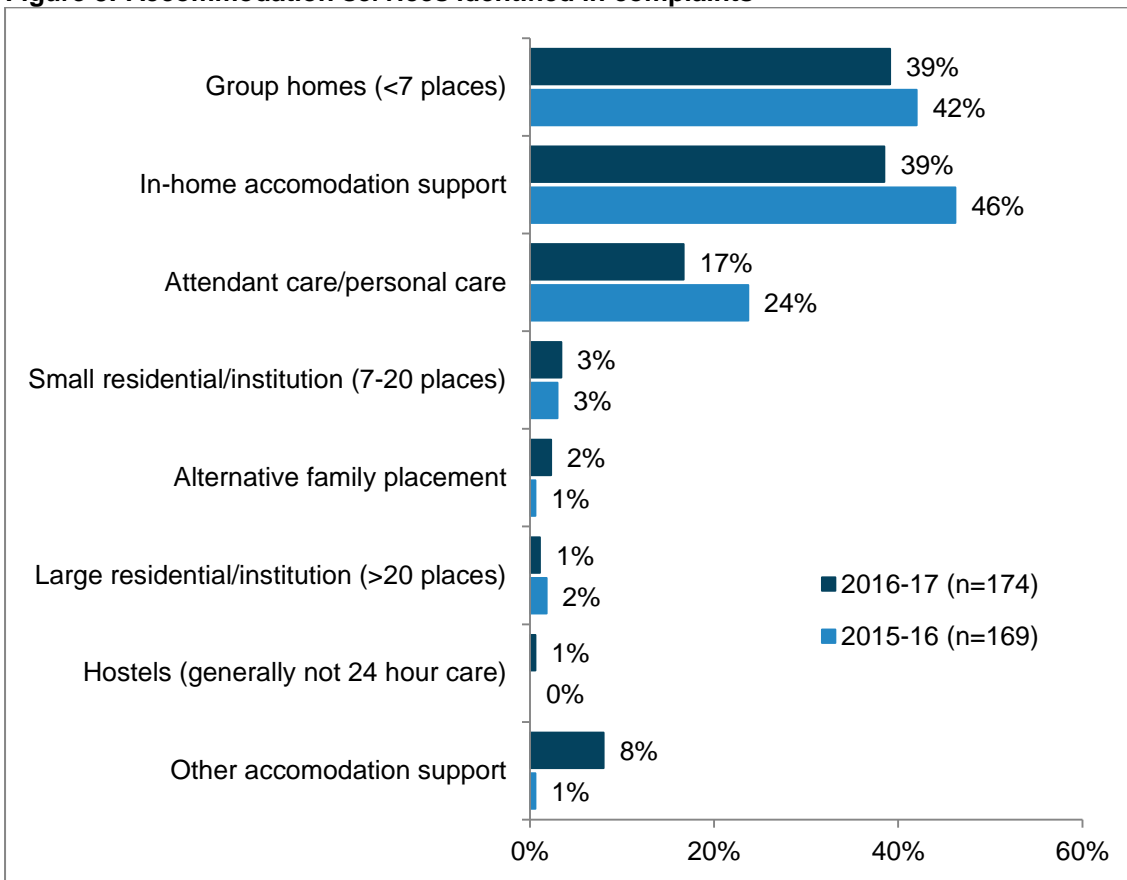
Complaints about accommodation support

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 2016-17 and 46% of complaints in 2015-16, making it the service group most frequently cited in complaints in both 2016-17 and 2015-16 (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 last two 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.
- 'In home accommodation support' and 'attendant care/personal care' showed the largest change in the number of complaints between years, with both service types being cited in 11 fewer complaints in 2016-17 than in 2015-16.

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

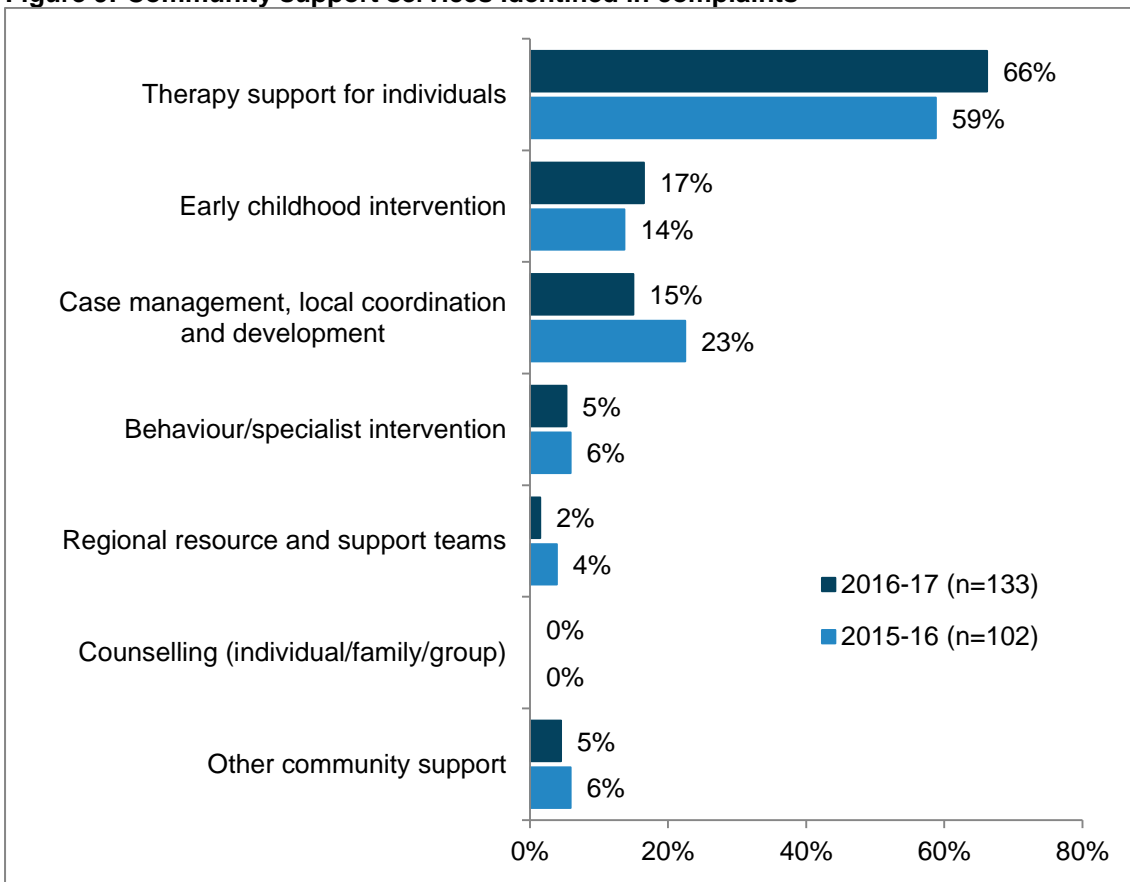
Complaints about community support

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 in both 2016-17 and 2015-16 (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 and 66% of complaints in 2016-17 (see Figure 9).
- The proportion of complaints about ‘case management, local coordination and development’, ‘behaviour/speciality intervention’ and ‘regional resource and support teams’ all decreased between 2015-16 and 2016-17, with ‘case management, local coordination and development’ seeing the largest decrease (8%).
- No complaint identified any form of counselling services (individual, family or group) in either year.

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

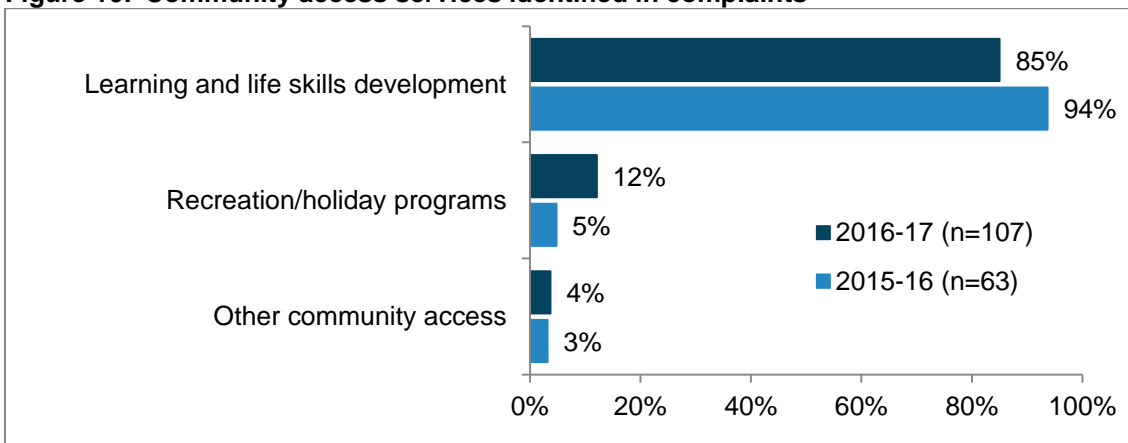
Complaints about community access

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 in both 2016-17 and 2015-16 (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 across both years, identified in at least 85% of all complaints in this group (see Figure 10).
- Despite decreasing as a proportion of complaints for this service group, 'learning and life skills development' increased from 59 occurrences in 2015-16 to 91 occurrences in 2016-17.
- The number of complaints identifying 'recreation/holiday programs' increased between years, from 3 occurrences in 2015-16 to 13 occurrences in 2016-17.

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

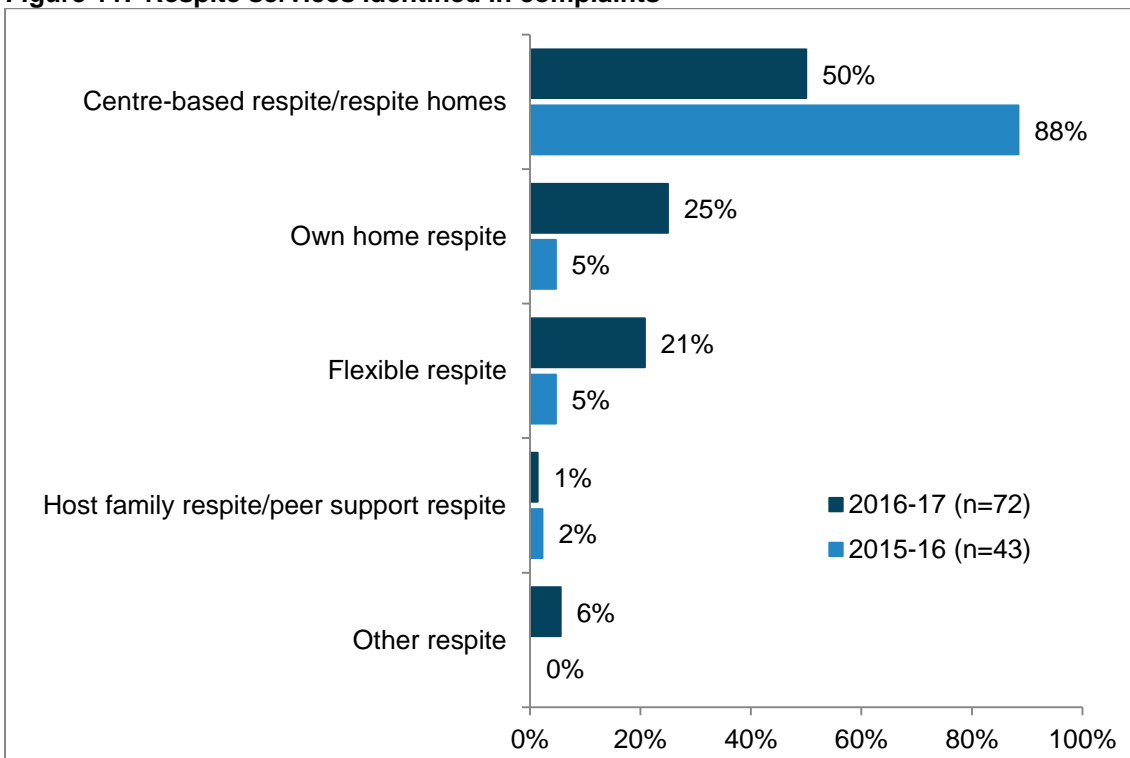
Complaints about respite

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 in both 2016-17 and 2015-16 (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 and 50% of complaints in 2016-17.
- Despite decreasing proportionally between years, the total number of times that ‘centre based respite’ services were identified in complaints only decreased by 2 (identified 38 times in 2015-16 and 36 times in 2016-17).
- ‘Own home respite’ was cited an additional 16 times in 2016-17 and ‘flexible respite’ was cited an additional 13 times, in each case more than doubling the frequency of complaints about these 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 in 2015-16 and 2016-17 that concerned advocacy, information and alternative forms of communication (14 complaints in 2015-16 and 19 complaints in 2016-17).

The majority of complaints concerned:

- 'information/referral', with 9 complaints in 2015-16 and 10 complaints in 2016-17; and
- 'combined information/advocacy', with 3 complaints in 2015-16 and 4 complaints in 2016-17.

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.

Data on the complaints relating to specific employment services cannot be reported, due to the small number of complaints about employment services (four complaints in total in both 2015-16 and 2016-17).

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 in 2015-16 and 2016-17 that concerned other support services (15 complaints in 2015-16 and 14 complaints in 2016-17).

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

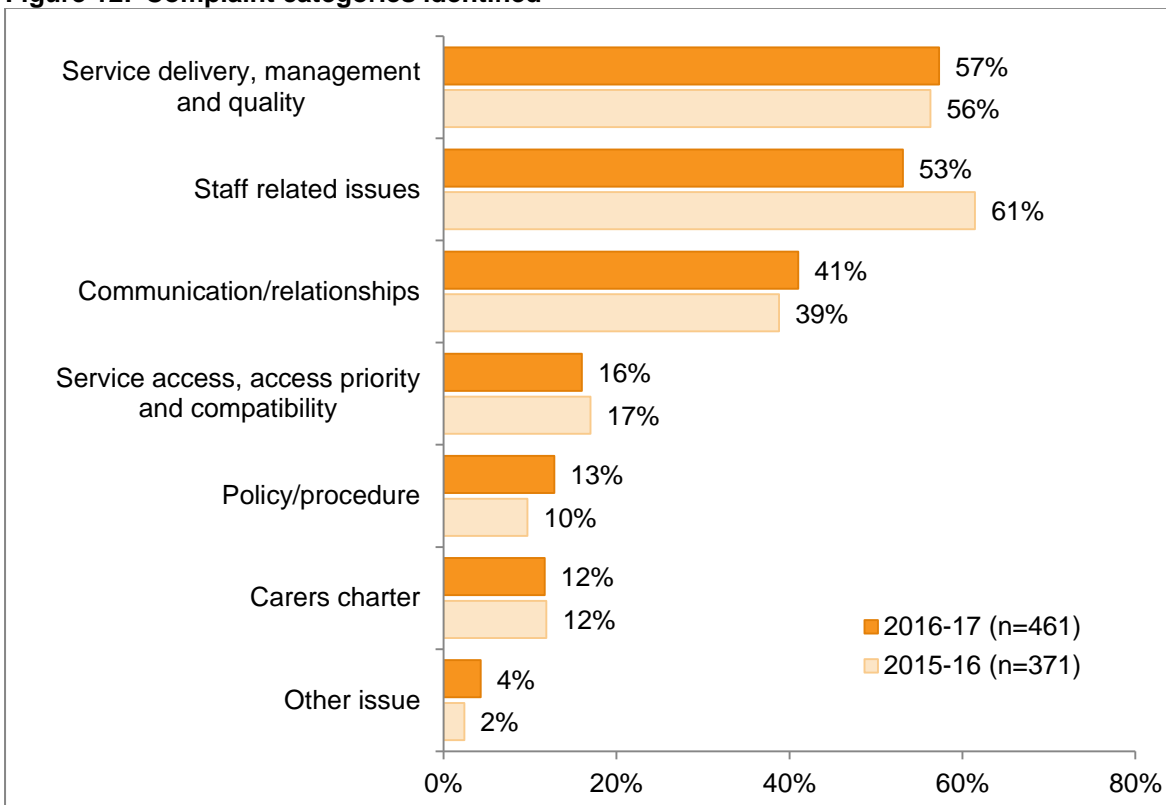
Complaint issue categories

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

In 2016-17, the most common issue categories identified in complaints were service delivery (57%), staff issues (53%) and communication (41%). While the comparative proportions changed between 2016-17 and 2015-16, the most common issue types remained consistent (as shown in Figure 12).

In 2016-17, there was an increase in the proportion of complaints concerning service delivery, management and quality, and communication/relationships, and a decrease in the proportion of complaints concerning staff related issues.

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:

- Although the service delivery, management and quality complaint category only showed a small increase as a proportion of complaint issues identified within each year (increasing from 56% in 2015-16 to 57% in 2016-17), this complaint issue category was identified 209 times in 2015-16 and 264 times in 2016-17.
- Despite decreasing as a proportion of all complaint issue categories, the total number of complaints that identified staff related issues increased from 228 complaints in 2015-16 to 245 complaints in 2016-17.
- The total number of complaints that identified communication/relationship issues increased from 144 complaints in 2015-16 to 189 complaints in 2016-17.

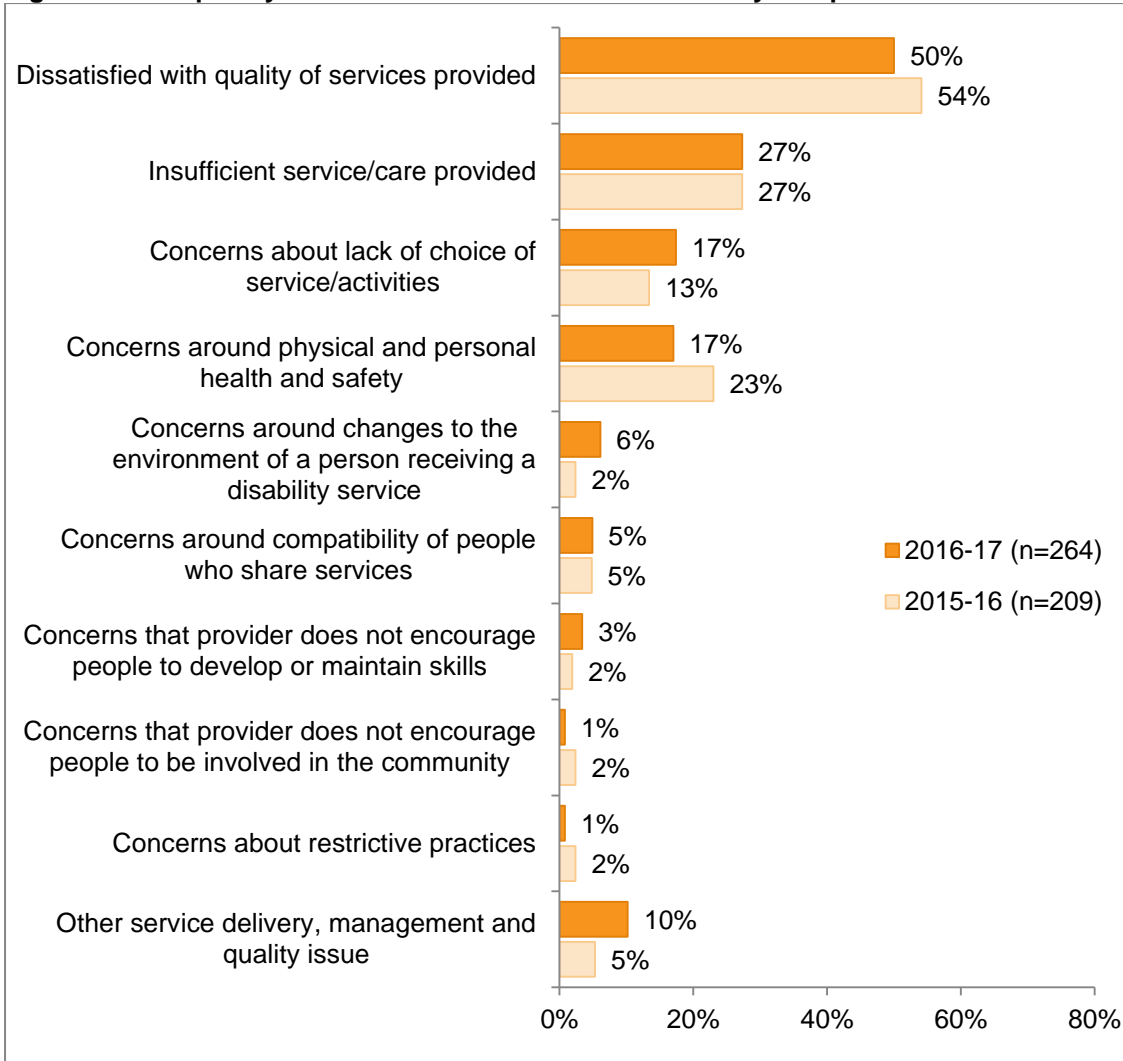
- Although the relative proportion of service access complaints has remained similar for each year (17% in 2015-16 and 16% in 2016-17) the total number of complaints that identified service access issues increased from 63 complaints in 2015-16 to 76 complaints in 2016-17.

Complaints about service delivery, management and quality

Service delivery, management and quality was the most commonly occurring complaint issue category in 2016-17 and the second most frequently occurring in 2015-16 (see Figure 12).

Figure 13 shows the breakdown of complaint issues relating to service delivery, management and quality.

Figure 13: 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 ‘quality of services’ and ‘insufficient service/care’ were the two most commonly identified issues over the last two years (see Figure 13).

The largest change in the number of complaints between years were in:

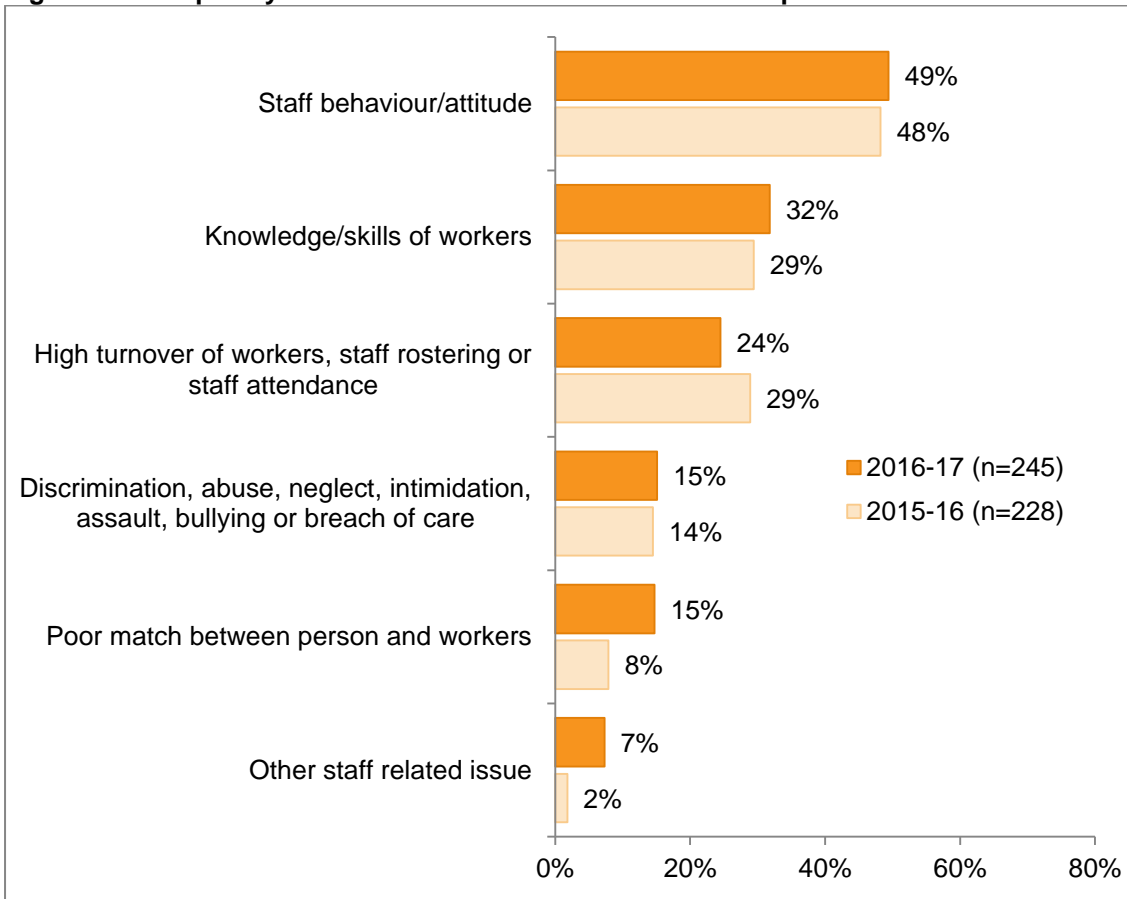
- ‘quality of services’ (increased by 19 complaints in 2016-17); and
- ‘concerns about lack of choice of service/activities’ (increased by 18 complaints in 2016-17).

Complaints about staff related issues

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

Figure 14 shows the breakdown of complaint issues relating to staff.

Figure 14: 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 two 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 issues ‘staff behaviour’ and ‘knowledge/skills of workers’ increased by 11 complaints respectively in 2016-17.

The issue ‘poor match between person and workers’ (e.g. personality differences, gender, age or cultural preferences) had the single largest increase between years, increasing from 18 complaints in 2015-16 to 36 complaints in 2016-17.

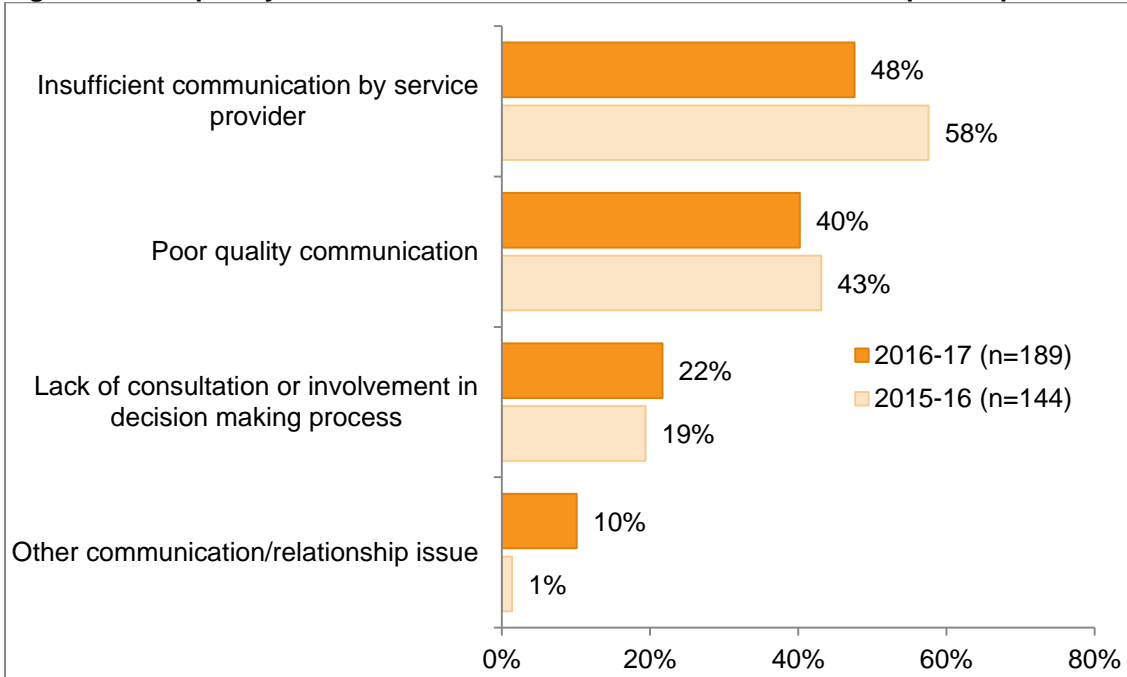
The issue ‘high turnover of workers, staff rostering or staff attendance’ showed the only decrease between years, dropping from 66 complaints in 2015-16 to 60 complaints in 2016–17.

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 and relationships category of complaints:

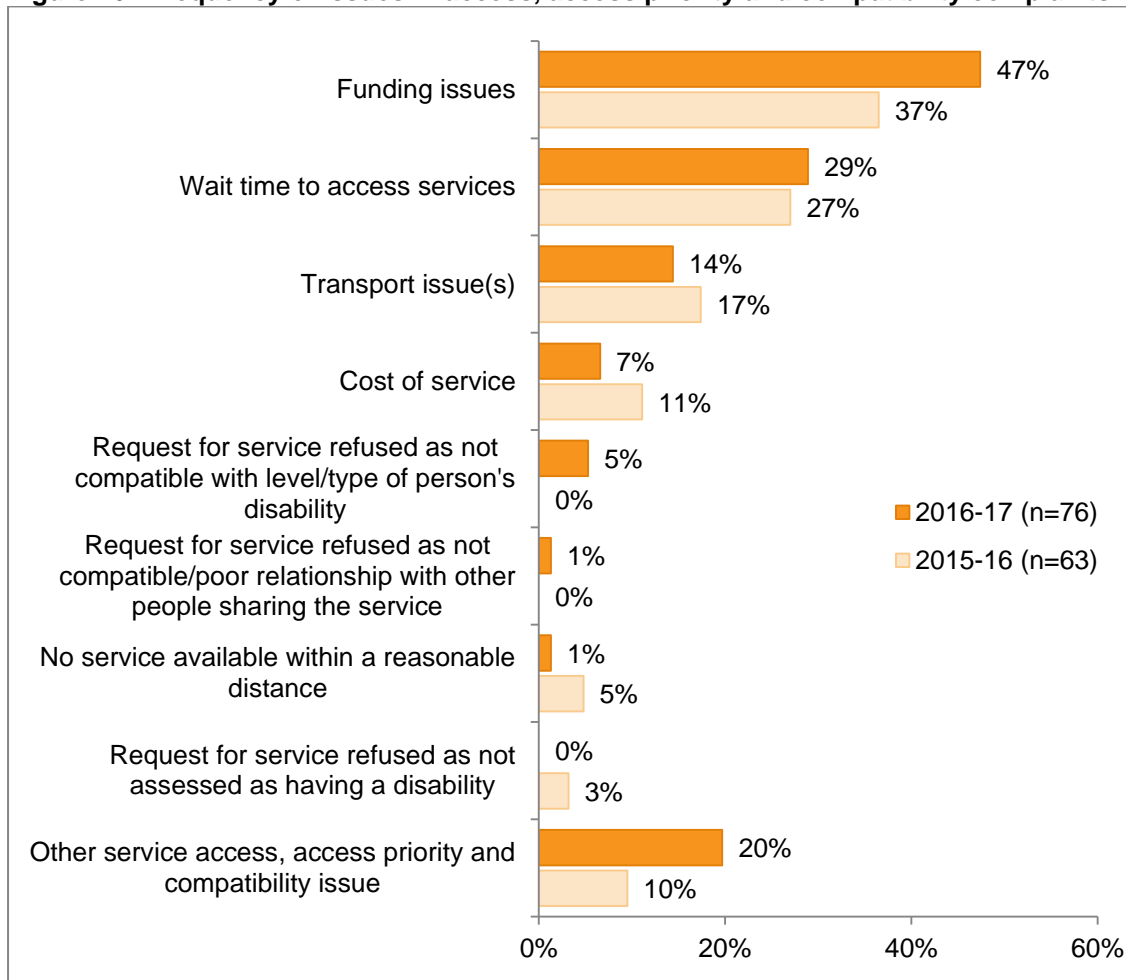
- 'Insufficient communication' and 'poor quality communication' were the two most commonly identified issues over the last two years.
- 'Poor quality communication' and 'lack of consultation' had the largest change between years, increasing by 14 and 13 complaints respectively in 2016-17.

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:

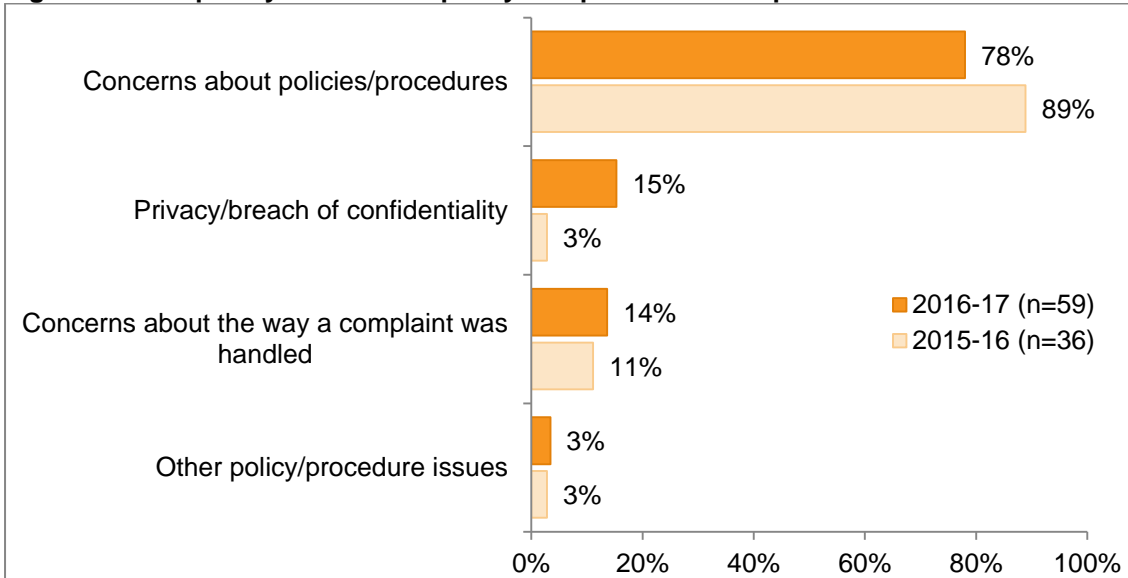
- 'funding issues' and 'wait times' have been the two most commonly identified issues over the last two years (see Figure 16); and
- 'funding issues' experienced the largest single change between years, being identified an additional 13 times in 2016-17.

Complaints about policy/procedure issues

Policy/procedure was the fifth most commonly occurring complaint issue category in 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:

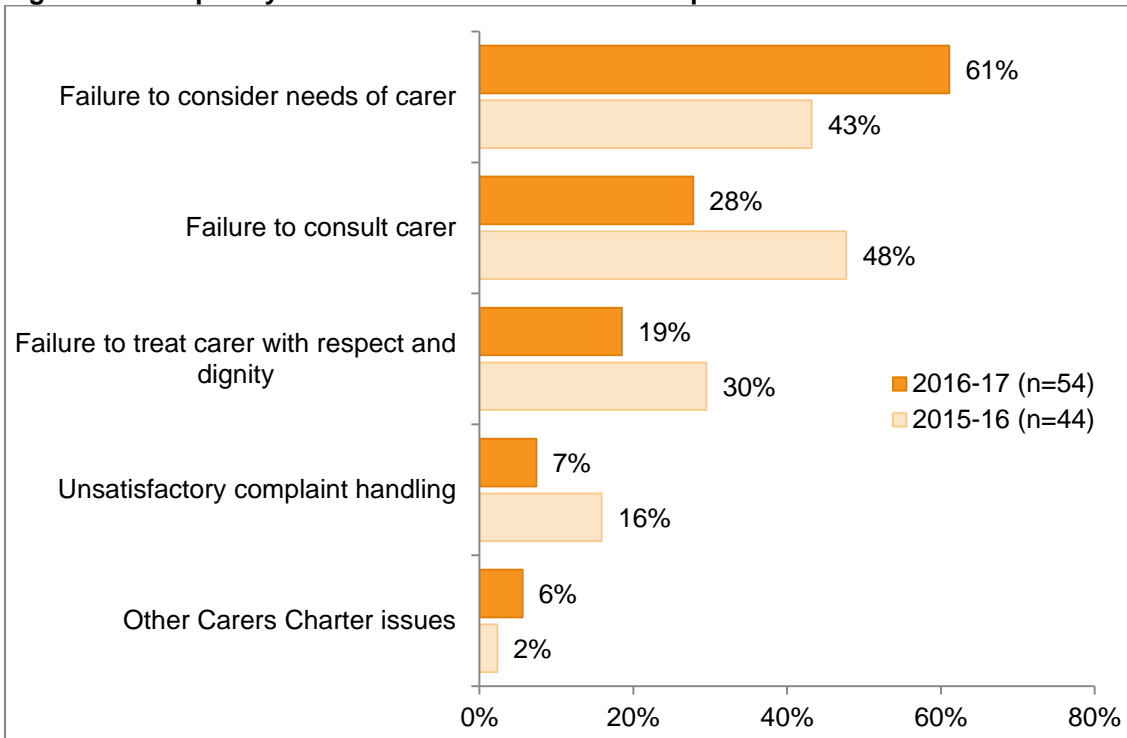
- 'Concerns about policies/procedures' were the most commonly identified issue over the last two years.
- The number of complaints that cited the issue 'privacy/breach of confidentiality' increased between years, from 1 complaint in 2015-16 to 9 complaints in 2016-17.

Complaints about Carers Charter issues

Carers Charter was the sixth most commonly occurring complaint issue category in 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 2016-17 and the second most commonly occurring issue in 2015-16 (see Figure 18).
- 'Failure to consult a carer' was the second most commonly occurring issue in 2016-17 and the most commonly occurring issue in 2015-16.

Complaints associated with service groups

The main issue categories for the more common service groups were considered to determine if service group has a bearing on the issues identified in complaints. Accommodation support, community support, community access and respite were the four service groups analysed, while complaints about the remaining service groups were excluded due to the small number of complaints associated with these services.

The issue categories associated with each of the common service groups are shown in Table 1. The data provided only includes complaints that were related to a single service group (to allow for comparison of the issues raised across service groups). Note that a complaint that relates to a specific service group may identify more than one complaint issue category.

Table 1: Complaint issue categories generated by different service groups

Complaint issue category	Accommodation Support		Community Support		Community Access		Respite	
	15-16	16-17	15-16	16-17	15-16	16-17	15-16	16-17
	n=145	n=138	n=86	n=119	n=43	n=62	n=38	n=47
Staff related issues	73%	58%	44%	41%	65%	60%	50%	43%
Service delivery, management and quality	54%	59%	55%	55%	58%	44%	55%	64%
Communication/relationships	35%	38%	42%	52%	42%	19%	34%	43%
Service access, access priority and compatibility	3%	6%	35%	19%	26%	23%	5%	17%
Policy/procedure	6%	19%	12%	5%	7%	10%	18%	9%
Carers Charter	8%	13%	10%	12%	9%	3%	16%	11%
Other issue type	1%	8%	6%	3%	2%	0%	0%	2%

Numbers represent the percentage of complaints associated with each service type that identified a specific issue category. Totals may not sum to 100% as a single complaint may identify multiple complaint categories.

Across these common service groups, the following key findings were identified:

- Across all service groups, either staff related issues or service delivery, management and quality issues accounted for the largest proportion of complaints.
- In both 2015-16 and 2016-17, the highest proportion of complaints concerning staff related issues were in the accommodation support (73%, 58%) and community access (65%, 60%) service groups.
- The proportion of complaints regarding service delivery, management and quality were reasonably consistent across years for the accommodation support service group (54% to 59%) and the community support service group (55% for both years).
- The proportion of complaints regarding service delivery, management and quality increased in 2016-17 for the respite service group (55% to 64%) and decreased in proportion for the community access service group (58% to 44%).

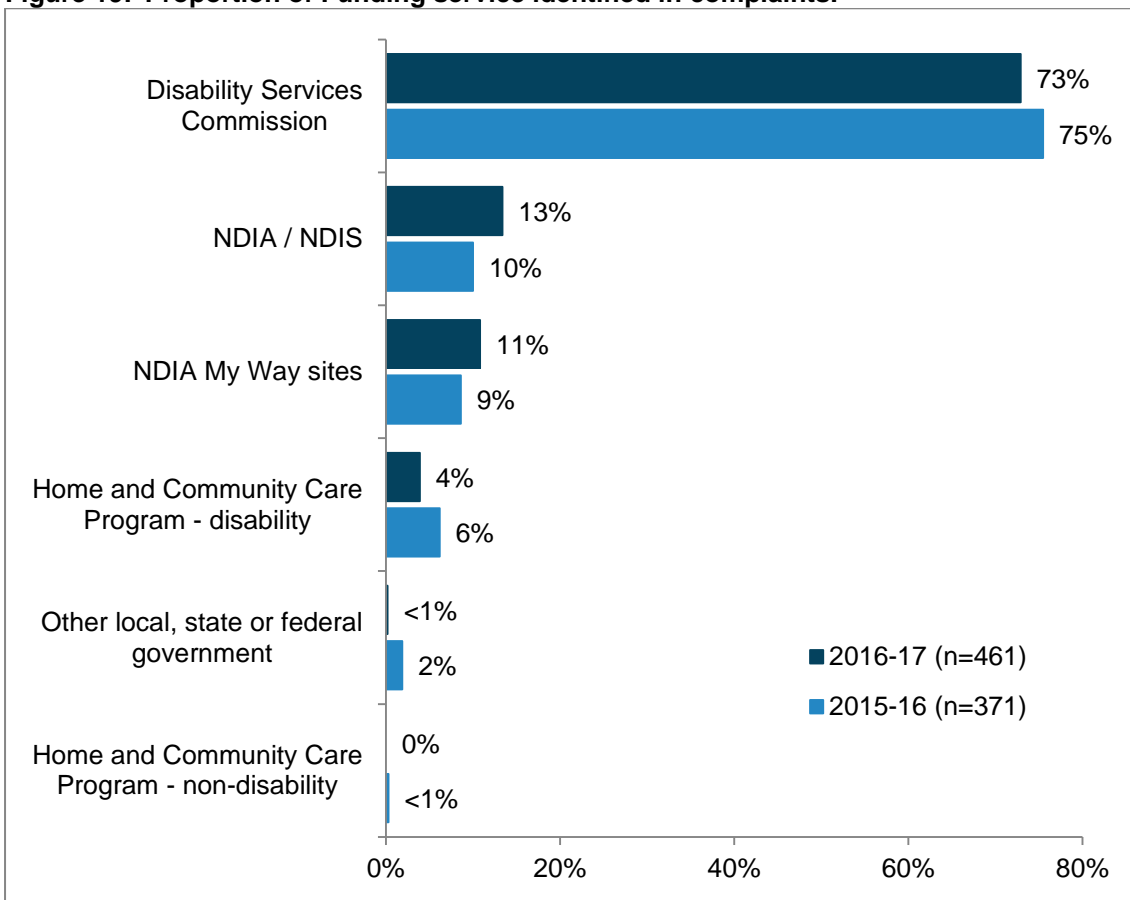
- The proportion of complaints regarding communication/relationships issues were consistent across years for the accommodation support service group; increased in proportion in 2016-17 for the community support service group (42% to 52%) and respite service group (34% to 43%); and decreased in proportion for the community access service group (42% to 19%).
- The proportion of complaints regarding service access, access priority and compatibility issues increased in proportion in 2016-17 for the respite service group (5% to 17%), and decreased in proportion for the community support service group (35% to 19%).
- The proportion of complaints regarding policy/procedure issues increased in proportion in 2016-17 for the accommodation support service group (6% to 19%), and decreased in proportion for the respite service group (18% to 9%).

Service funding

Figure 19 shows how services identified in complaints were funded. For both years, the majority of complaints concerned services funded by the former Disability Services Commission (DSC), with the DSC funding associated with 75% of complaints in 2015-16 and 73% of complaints in 2016-17.

Complaints identifying a service funded via NDIA/NDIS¹ increased from 10% in 2015-16 to 13% in 2016-17. Complaints relating to services funded by the Home and Community Care Program-disability decreased from 6% in 2015-16 to 4% in 2016-17.

Figure 19: Proportion of 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 maybe 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).

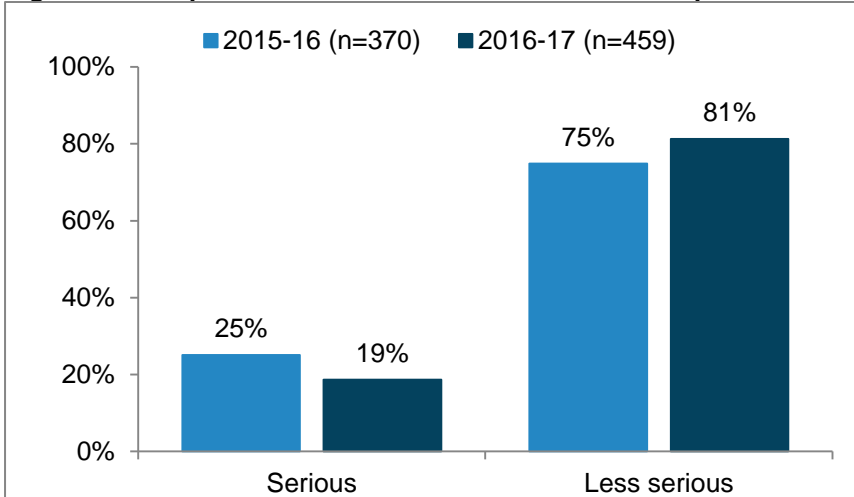
Complaint seriousness

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



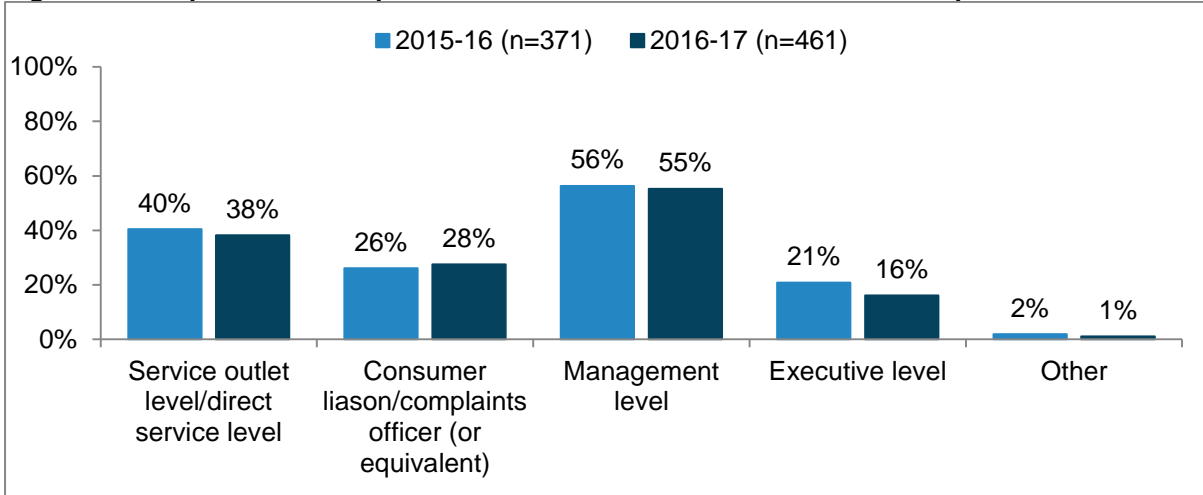
The data in Figure 20 is only presented for complaints where the seriousness was recorded.

Across both 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 represents 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.

There was not significant disparity in complaint handling across the four levels between years, with the most notable difference being at the executive level, where the proportion of complaints dropped from 21% in 2015-16 to 16% in 2016-17.

Of note:

- For both 2015-16 and 2016-17, approximately half of all complaints were handled at the managerial level; 56% and 55% respectively.
- The service outlet/direct service level handled 40% and 38% of complaints during 2015-16 and 2016-17 respectively.

Complaint experience

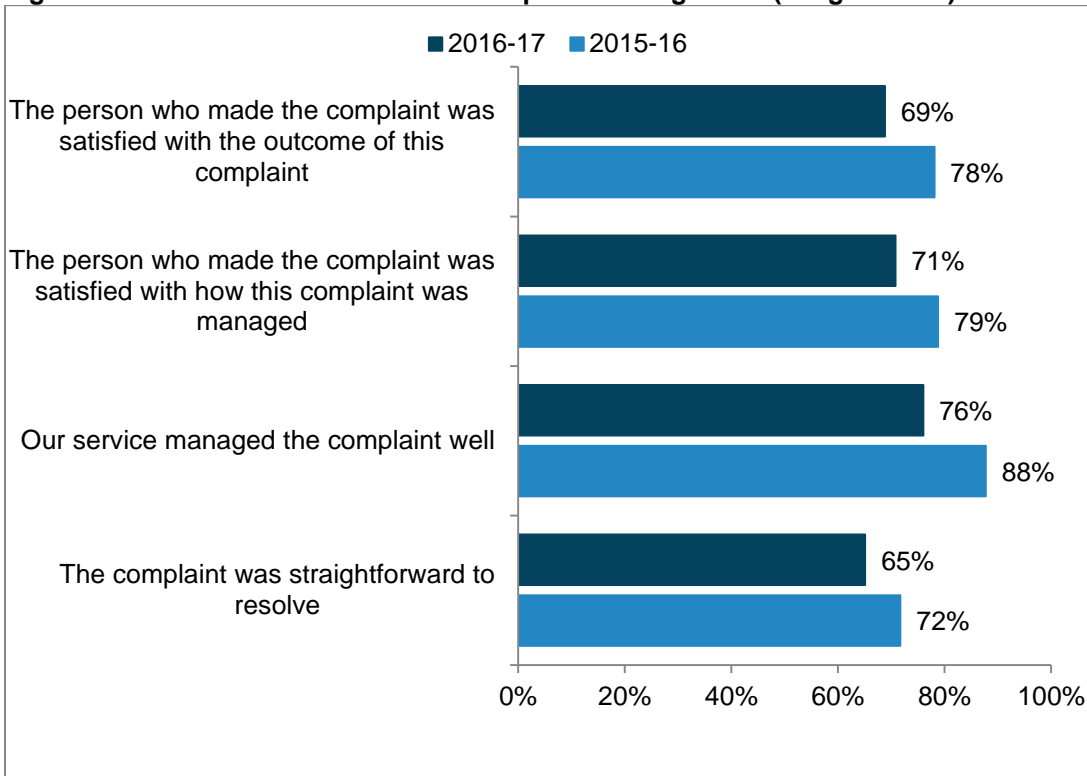
Disability service providers assess their own performance and the satisfaction of the complainant by addressing the following four statements:

- 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 decreased for all four statements between 2015-16 and 2016-17. The largest single change was in the level of agreement with the statement "our service managed the complaint well", which decreased from 88% of complaints in 2015-16 to 76% in 2016-17.

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

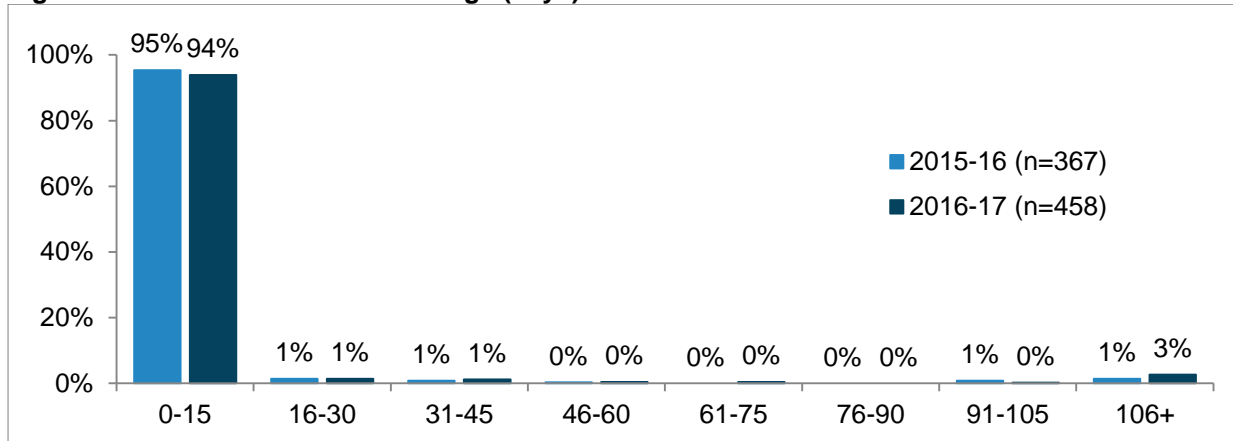


The data in Figure 22 is provided only for complaints where responses were recorded. Agreement is the total of 'strongly agree' and 'agree' responses. Base sizes vary between statements, 2015-16 ranges from n=360 to n=368, 2016-17 ranges from n=425 to n=460.

Time to acknowledge and resolve complaints

In both 2015-16 and 2016-17, the majority of complaints were acknowledged within 15 days. A breakdown of the time taken to acknowledge complaints is shown in Figure 23.

Figure 23: Time taken to acknowledge (days)

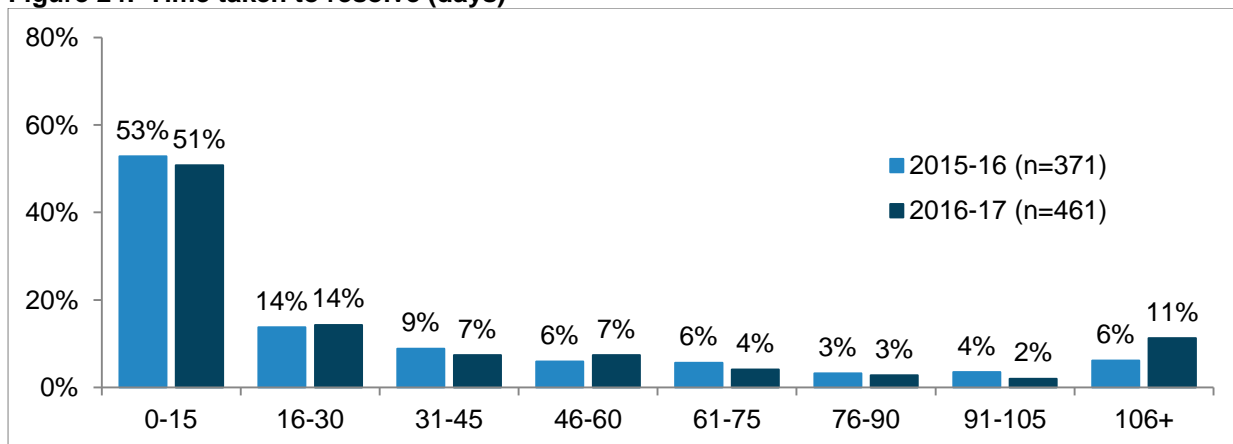


For data in Figure 23 negative values and outliers (>130 days) were removed from the calculation of the average time to acknowledge complaints.

Similar trends were found across both years, with 95% of complaints in 2015-16 and 94% in 2016-17 being acknowledged within 15 days. The average time taken to acknowledge a complaint was 3.0 days in 2015-16, and 3.2 days in 2016-17.

Figure 24 illustrates the time taken to resolve complaints.

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.

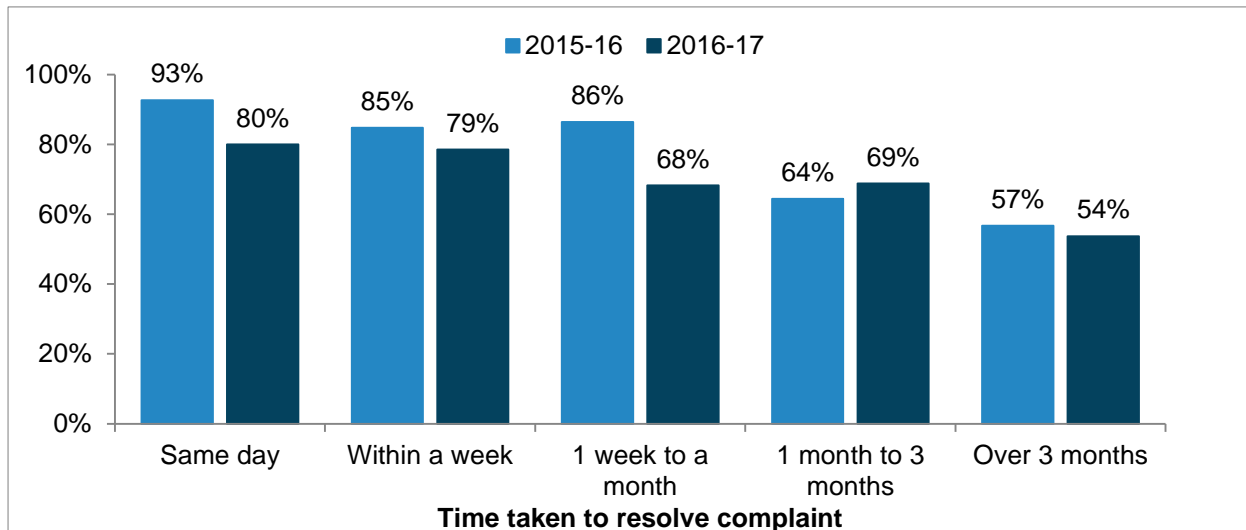
Analysis of the complaints data showed that:

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

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.

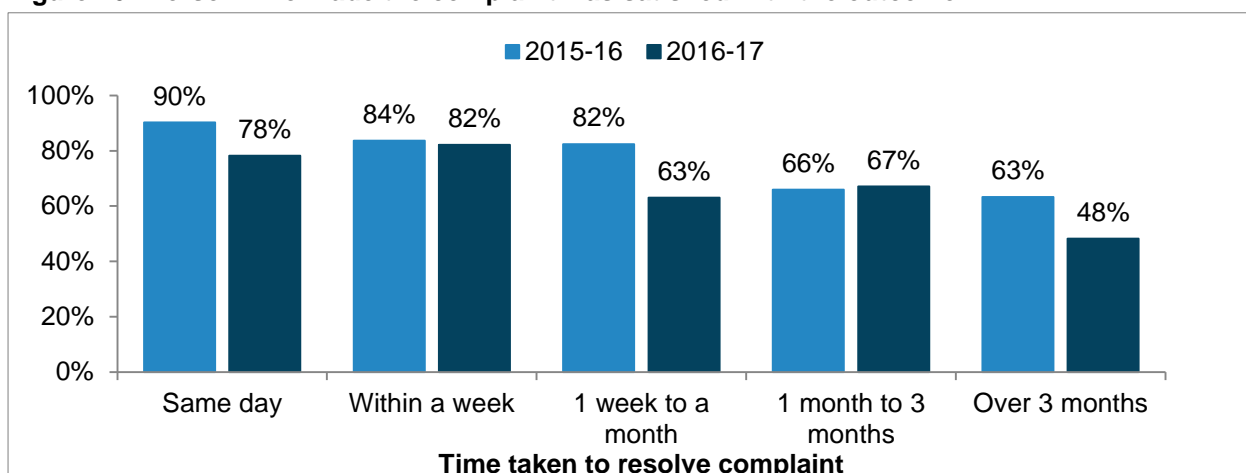
*Satisfied is determined by summing 'satisfied' and 'very satisfied' responses.

Satisfaction with the management of complaints was at its highest (over 80%) when the matter was resolved the same day, 93% in 2015-16 and 80% in 2016-17, however this dropped notably when complaints took longer than a week to resolve. Furthermore, less than 60% satisfaction was achieved when complaints took over three months to resolve.

Overall, complainant satisfaction appears lower in 2016-17 relative to 2015-16; however, the same trend was seen in both years, with satisfaction steadily decreasing the longer the resolution process took.

Similarly, satisfaction with the outcome of the complaint exhibited the same trend as seen in complaint management; decreased 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.

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

For 2015-16, high satisfaction (90%) was recorded when the complaint was closed on the same day, satisfaction for resolution within a week and between one week and one month was also high (84% and 82%, respectively). When complaint resolution took more than one month, satisfaction with the outcome declined.

A similar pattern was displayed in 2016-17, however, satisfaction increased slightly from 78% recorded for the same day, to 82% recorded for within a week, before decreasing to 63% when complaints took between one week and a month to resolve.

Outcomes sought

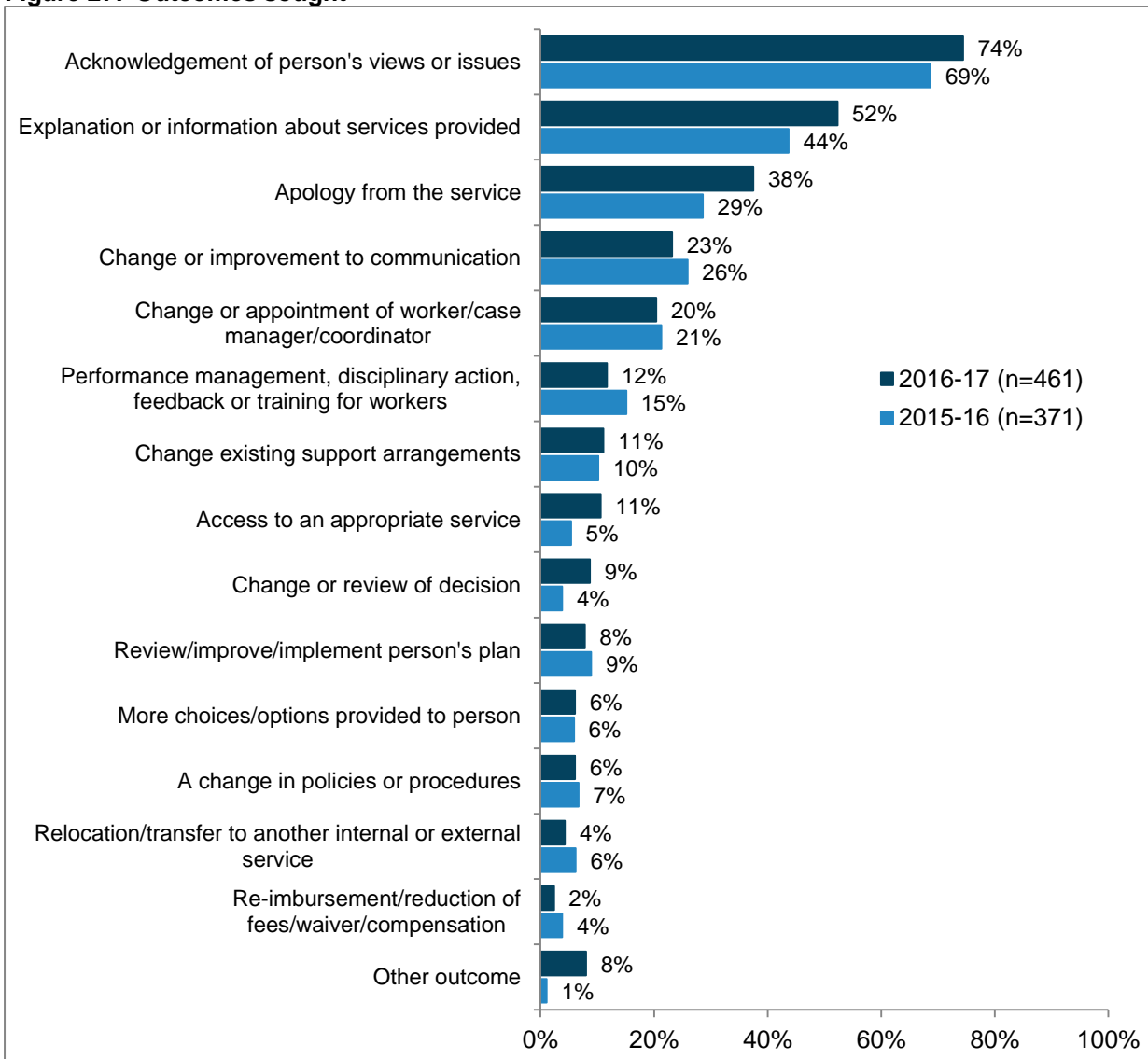
Consumers and their representatives identified a range of desired outcomes in the complaints made to disability service providers, including multiple outcomes for some complaints. In 2016-17 1,311 desired outcomes were identified in the 461 complaints resolved by disability service providers (approximately 2.8 outcomes per complaint), while in 2015-16, 947 desired outcomes were identified in 371 resolved complaints (approximately 2.6 outcomes per complaint).

The most common outcomes sought were:

- acknowledgement of a person's views or issues (69% of desired outcomes in 2015-16 and 74% in 2016-17);
- an explanation or information about services provided (44% of desired outcomes in 2015-16 and 52% in 2016-17); or
- an apology from the service (29% of desired outcomes in 2015-16 and 38% in 2016-17).

These outcomes have all increased in frequency in the last year (see Figure 27).

Figure 27: Outcomes sought



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

Outcomes achieved

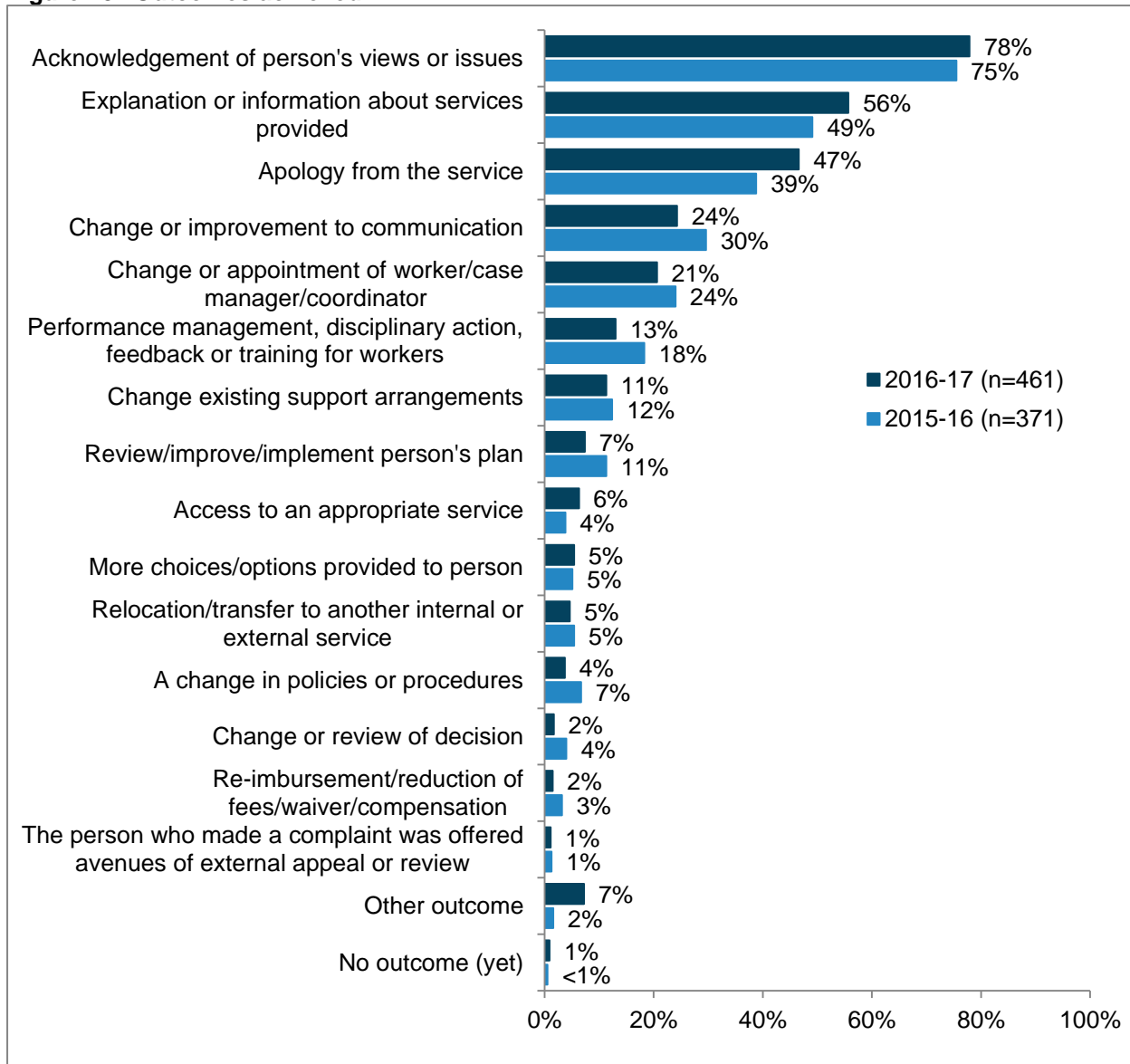
A range of outcomes were achieved from the complaints managed by disability service providers, including multiple outcomes for some complaints. In 2016-17, 1,333 outcomes were achieved from the 461 complaints resolved (2.9 outcomes per complaint), and in 2015-16, 1,079 outcomes were achieved from the 371 complaints resolved (2.9 outcomes per complaint).

The most common outcomes have remained consistent between years:

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

Each of these outcomes has increased as both a proportion of all outcomes achieved and in frequency between years (see Figure 28).

Figure 28: Outcomes achieved

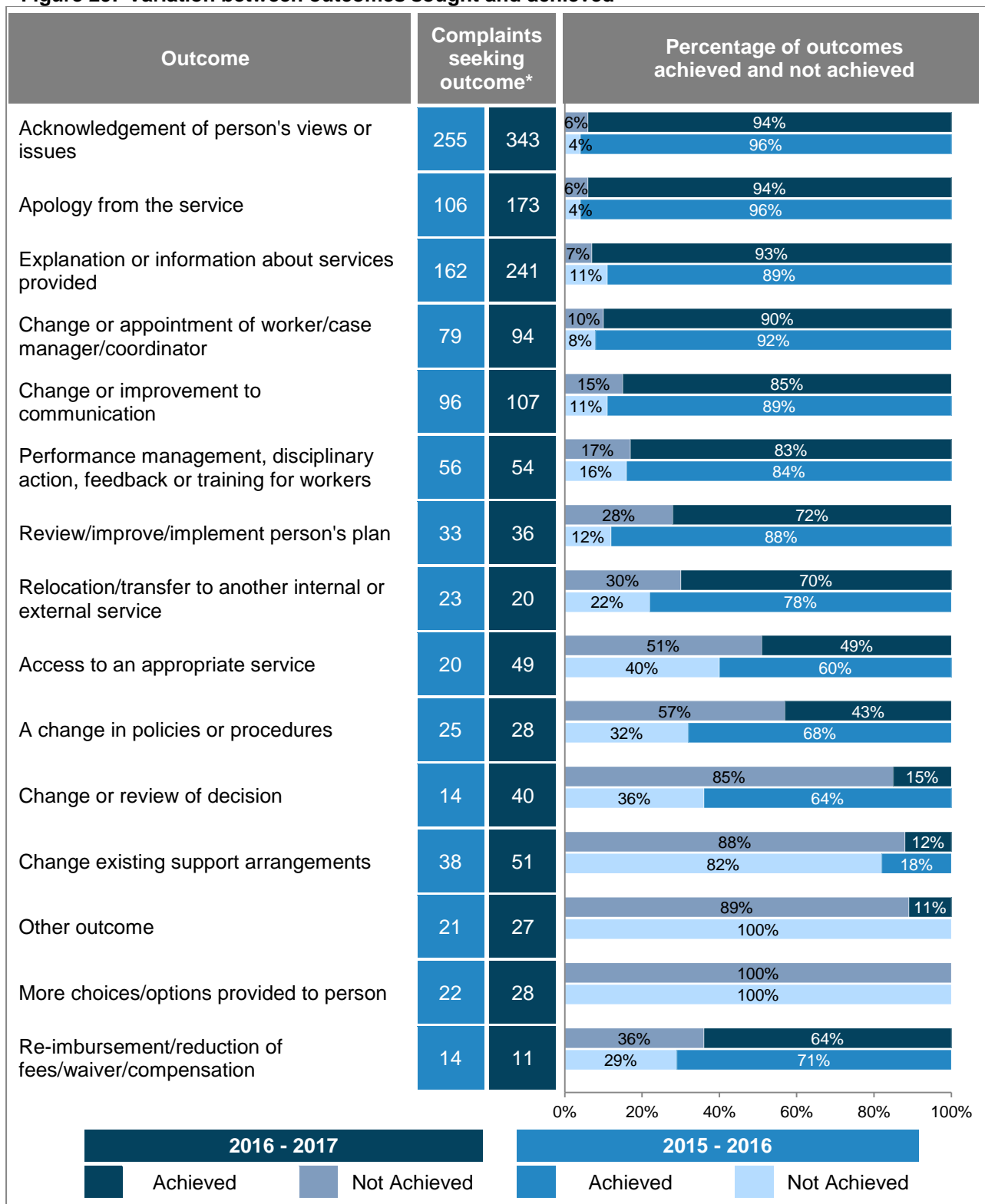


Totals may not sum to 100% as a single complaint may result in multiple outcomes being achieved.

Variation between outcomes sought and achieved

Figure 29 shows for each outcome sought, the proportion of complaints that achieved the outcome and those that did not. Quantifying this breakdown aids understanding of the gap between outcomes sought and realised. Findings exhibit similar trends between years.

Figure 29: Variation between outcomes sought and achieved



*Where less than 30 complaints sought a specific outcome, care should be taken interpreting results.

As seen in Figure 29, in 2016-17 the most commonly achieved outcomes were:

- acknowledgement of a person's views or issues (success rate of 94%);
- an apology from the service (94%);
- explanations or information about services provided (93%);
- the change or appointment of worker/case manager/coordinator (90%); and
- change or improvement to communication (85%).

Outcomes seeking a change to existing support arrangements (success rate of 12%), a change or review of a decision (15%) or a change in policies or procedures (43%) were less likely to be achieved. Complainants who sought to have more choices/options provided were the only group to have no success in having their outcome achieved in either year.

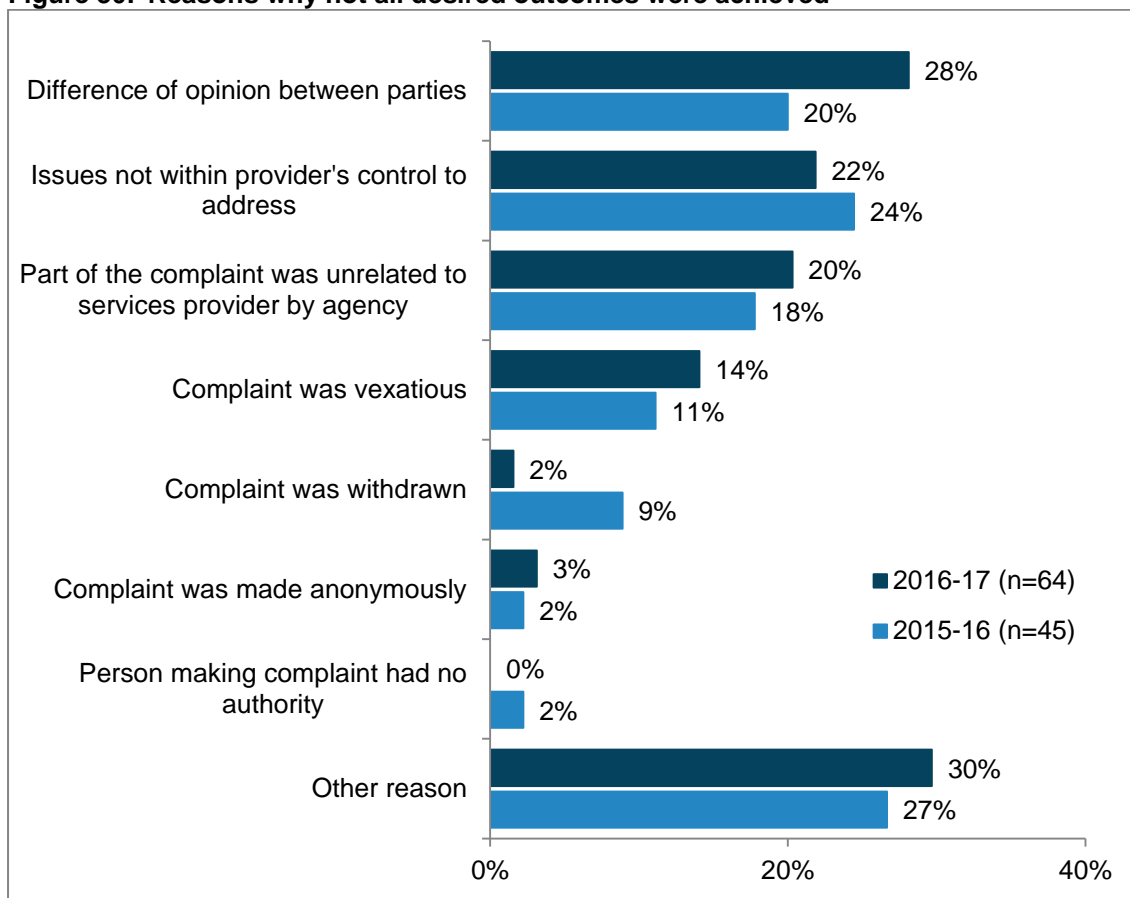
Why outcomes were not achieved

The main reasons why outcomes were not achieved are shown in Figure 30. The common reasons for complaint outcomes not being achieved included:

- ‘difference of opinion between parties’ (20% in 2015-16, 28% in 2016-17);
- ‘issues not being within provider’s control to address’ (24%, 22%); and
- ‘part of the complaint being unrelated to services provided by agency’ (18%, 20%).

Trends were relatively consistent between years, although in 2016-17 ‘difference of opinion between parties’ was the most commonly reported reason for outcomes not being achieved, while the most common reported reason in 2015-16 was ‘issues not within provider’s control to address’.

Figure 30: Reasons why not all desired outcomes were achieved



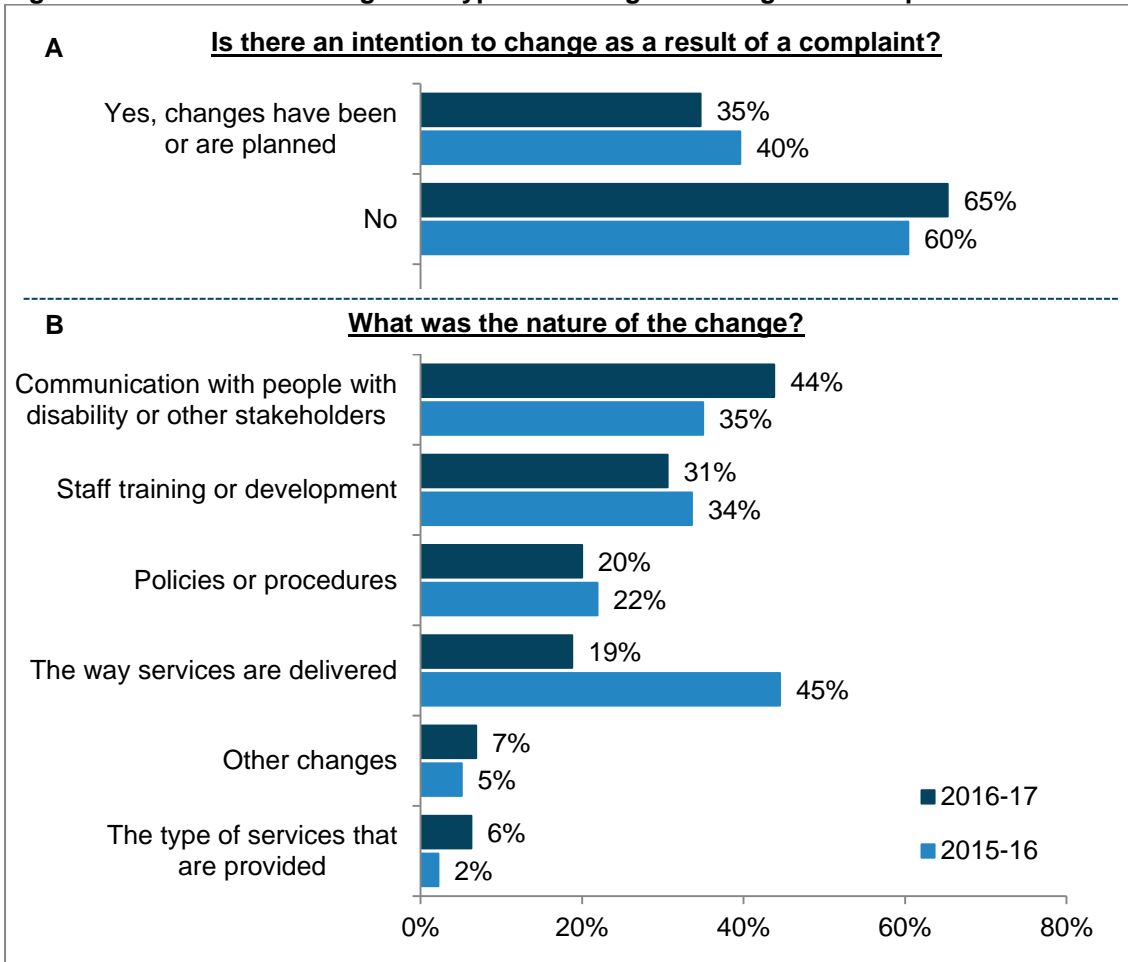
The data in Figure 30 is provided only for complaints where reason for a change not being implemented was recorded. Percentages may not sum to 100% as more than one reason may be provided for a complaint.

System or organisational changes

In both 2015-16 and 2016-17 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 31.

Figure 31: 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 Figure 31B: 2015-16 n=137, 2016-17 n=160.

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

- changes to communication with people with disability or other stakeholders (35% in 2015-16, 44% in 2016-17);
- staff training or development (34%, 31%);
- policies or procedures (22%, 20%); and
- the way services are delivered (45%, 19%).

Notably, the majority (45%) of changes in 2015-16 were to the way in which services were delivered, compared to 19% in 2016-17. In 2016-17, the majority (44%) of changes concerned communication with stakeholders.



**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