



GOVERNMENT OF
WESTERN AUSTRALIA



Health and Disability Services
Complaints Office

Disability Services Data Collection Report 2015-16 to 2018-19

Prepared by:
Health and Disability Services Complaints Office
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About this document

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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 relative.

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.

Summary of provider managed complaints 2015-16 to 2018-19

Complaint trends and demographics

- Complaint numbers increased in 2018-19 relative to 2015-16; the number of complaints received increased by 32% (124 complaints), and the number of complaints closed increased by 29% (106 complaints).
- The majority of complaints were made on behalf of the consumer, typically by a family member.
- The proportion of complaints received by individuals in the 56-65 age group increased in 2018-19, while complaint numbers for other age groups remained consistent since 2015-16.

Service groups

- Complaints were primarily about 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, staff turnover/rostering, and knowledge/skills of workers.

Service delivery, management and quality

- Complaints about service delivery, management and quality related to the quality of services provided, insufficient services/care, physical and personal health and safety concerns, and compatibility of people who share services.

Communication/relationships

- Complaints about communications/relationships concerned poor or insufficient communication.
- The three most common categories of complaint issues have not changed since 2015-16.

Complaint outcomes

- Providers averaged 2.6 outcomes achieved per complaint in 2018-19. The most common outcomes were acknowledgement of a person's views or issues, an explanation, and/or an apology.
- Over the past four years, the most common outcomes achieved have remained consistent with outcomes sought.
- 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 across all years resulted in intended system or organisation changes in more than 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 development.

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.

Annually, the Health and Disability Services Complaints Office (HaDSCO) collects disability complaint data from prescribed providers across Western Australia and the Indian Ocean Territories (IOT). The data is collected as part of the Disability Services Data Collection Program (DSDCP), which is completed in accordance with Section 48A of the *Disability Services Act 1993* and the *Disability Services Regulations 2004*.

The information in this report provides a detailed analysis of the complaint trends observed through the DSDCP over a four-year period. The number of complaints received by prescribed providers has increased each year since 2015-16.

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

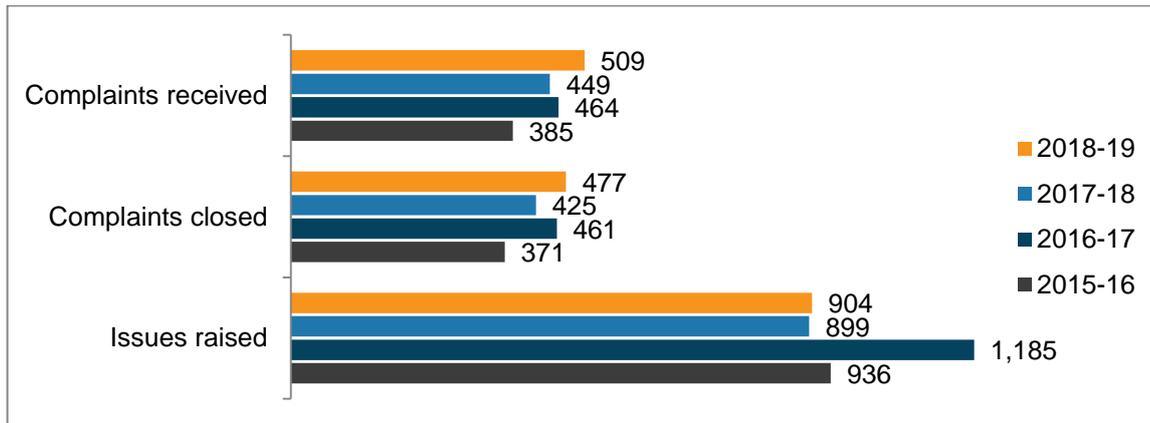
Appendix 1 provides background information about the HaDSCO DSDCP, methodology, notes on interpretations and data limitations. Appendix 1 is located at the end of the report.

Complaint trends

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

Between 2015-16 and 2018-19, there was an increase (32%, 124 complaints) in the number of complaints received by disability providers. There was also an increase (29%, 106 complaints) in the number of complaints closed. While the total number of issues raised in 2018-19 increased, the average number of issues per complaint decreased (1.9 issues per complaint closed in 2018-19, compared to 2.1 issues per complaint closed in 2017-18).

Figure 1: Disability service complaints



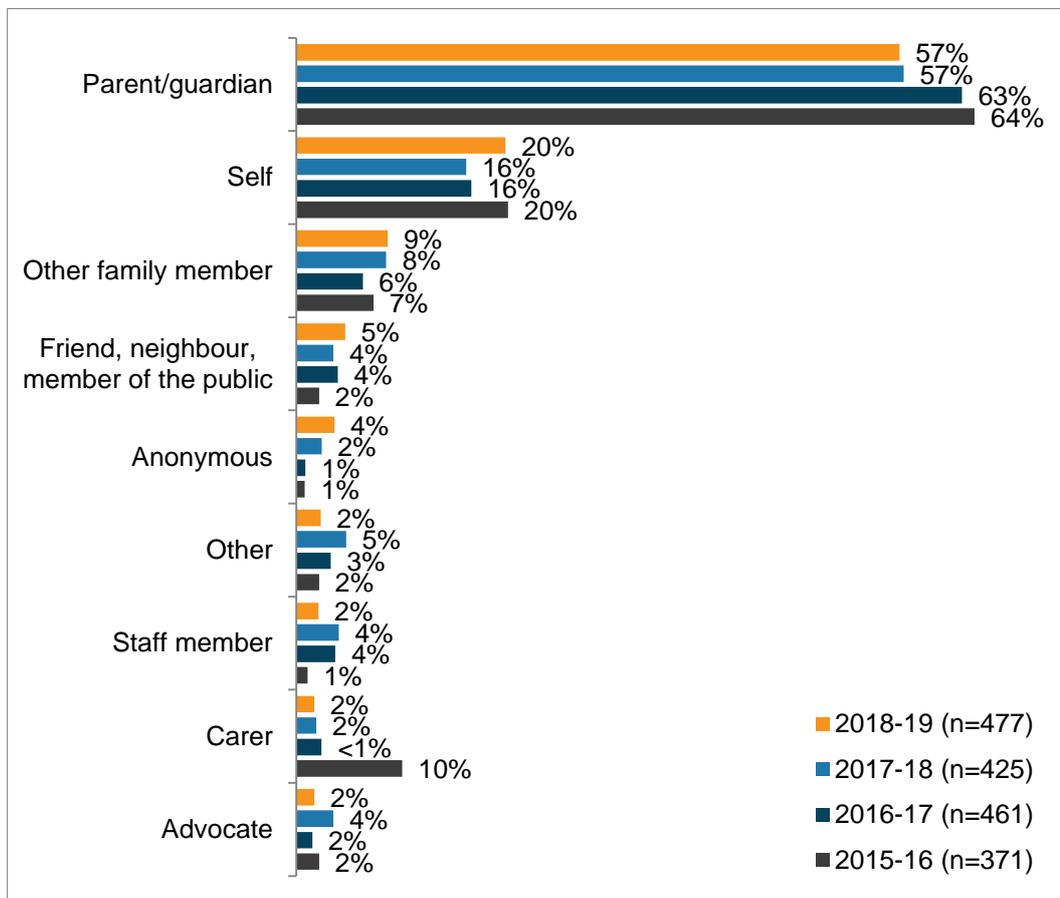
Who makes complaints?

Individual making the complaint

In 2018-19, the majority of complaints (81%) received by disability 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 2018-19 data has remained relatively stable, although there has been a decreasing trend in the proportion of complaints made by a parent or guardian since 2015-16.

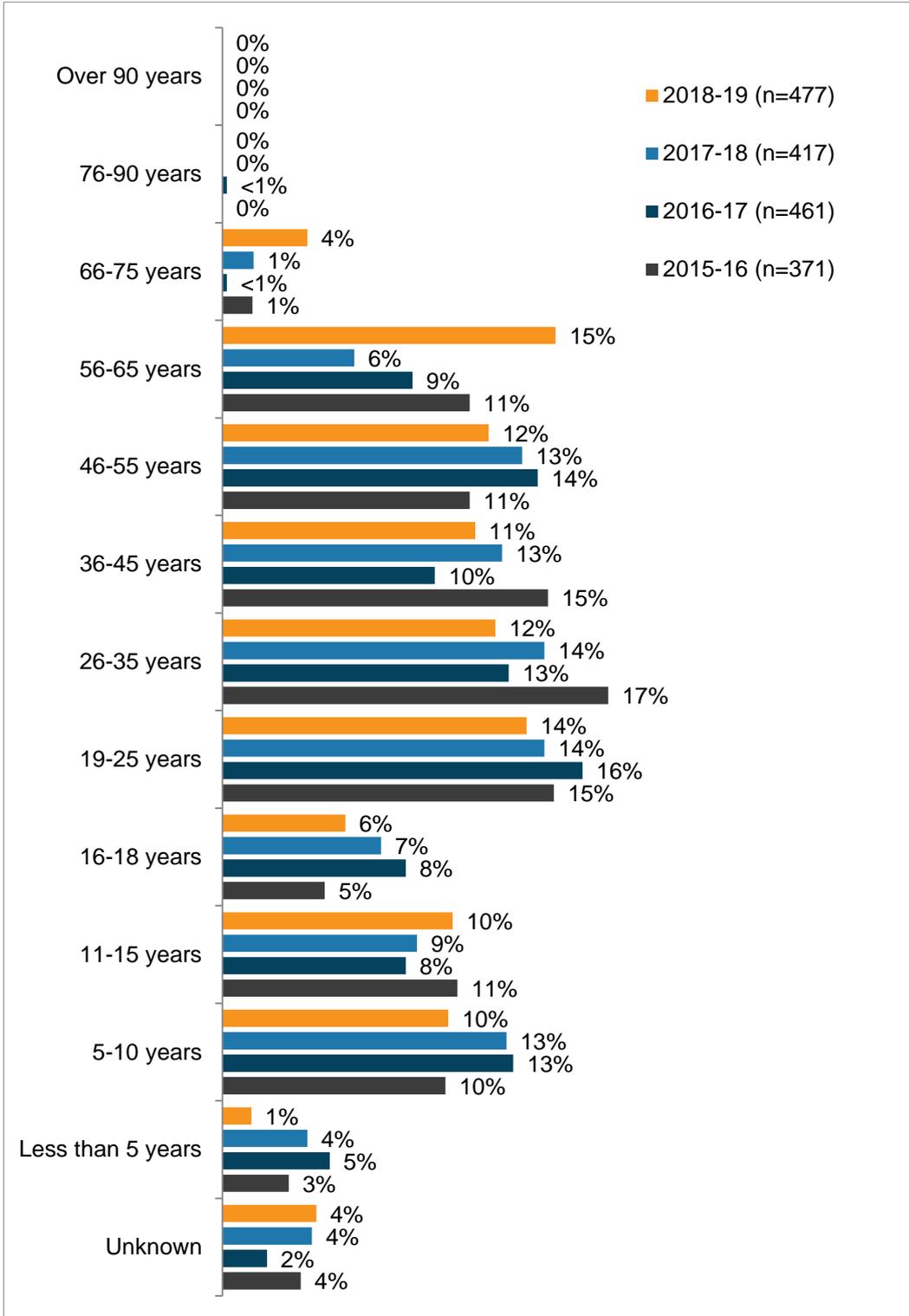
Figure 2: Individual making the complaint



Consumer demographics

In 2018-19, complaints about disability services concerned individuals from a broad range of age groups, as observed in previous years (see Figure 3). In 2018-19, there was an increase in the proportion of complaints concerning individuals between the ages of 56-65 and 66-75.

Figure 3: Age of the individual receiving a service

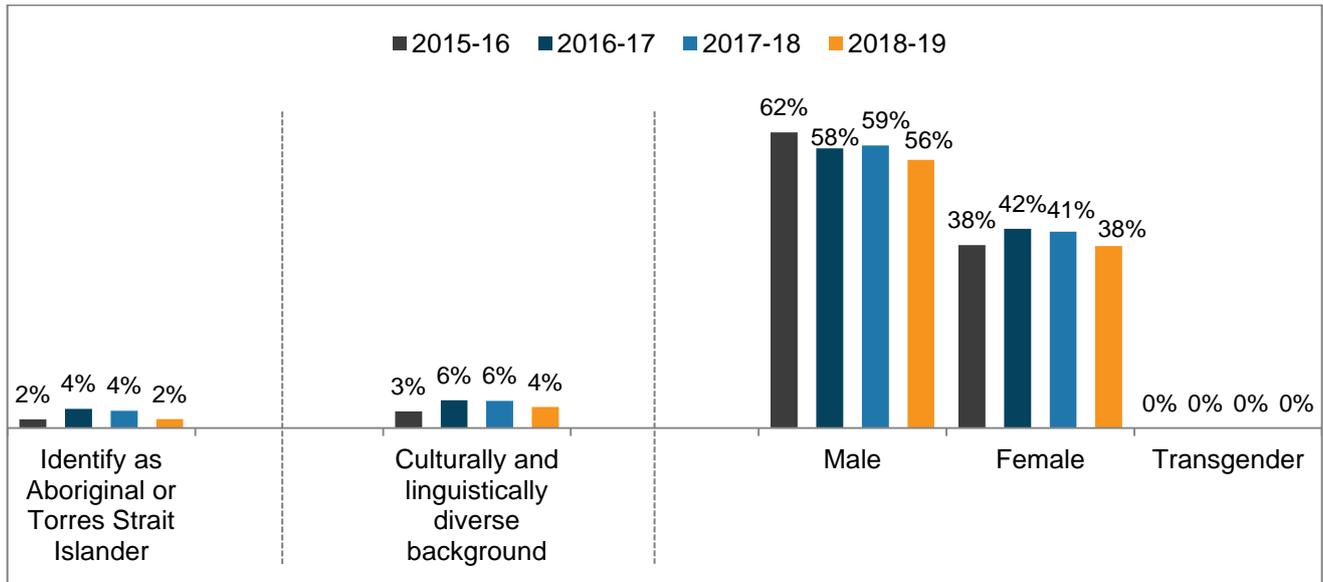


The data in Figure 3 is provided only for complaints where demographic information about the individual receiving a service was recorded.

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

From 2015-16 to 2018-19, 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% identified as being from a culturally or linguistically diverse background. Over the same time period between 56-62% identified themselves as male, with the remainder (38-42%) being female. There were 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, 2018-19 n=383); culturally and linguistically diverse background (2015-16 n=367, 2016-17 n=360, 2017-18 n=366, 2018-19 n=373); gender (2015-16 n=368, 2016-17 n=440, 2017-18 n=397, 2018-19 n=450).

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

Disabilities identified

In 2018-19, the majority of complaints closed concerned individuals who had intellectual (35%) and/or Autism spectrum disorders (24%). Physical disabilities (20%) were the third most commonly identified disability. This was a change from 2017-18 when physical disabilities were identified more commonly than Autism spectrum disorders (as shown in Figure 5).

In 2018-19, 78% of complaints concerned an individual with a single disability, while 22% of individuals had multiple disabilities; this is similar to the ratios observed in 2015-16 and 2016-17. In 2017-18, the number of individuals who identified as having a single disability was 82%, while 18% of individuals had multiple disabilities.

Figure 5: Disabilities identified

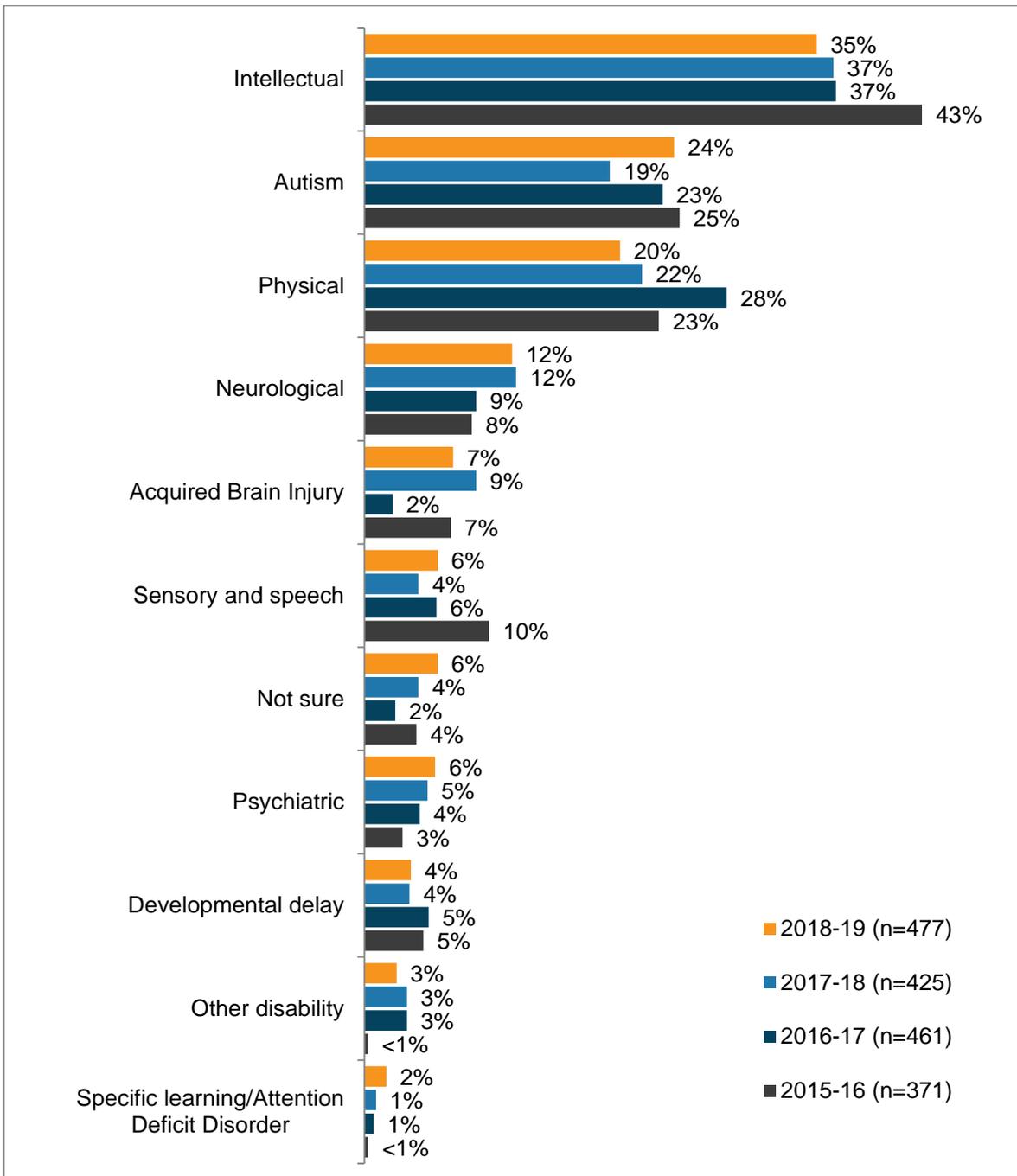


Figure 5 calculated on a per case basis, totals may not sum to 100% as a consumer may have more than one disability.

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 providers: rights; participation and inclusion; individual outcomes; feedback and complaints; service access; and service management.

For complaints closed by disability providers in 2018-19, 'service management' (36%), 'individual outcomes' (26%) and 'feedback and complaints' (25%) were the National Standards most commonly cited (see Figure 6).

Figure 6: National Standards cited in complaints

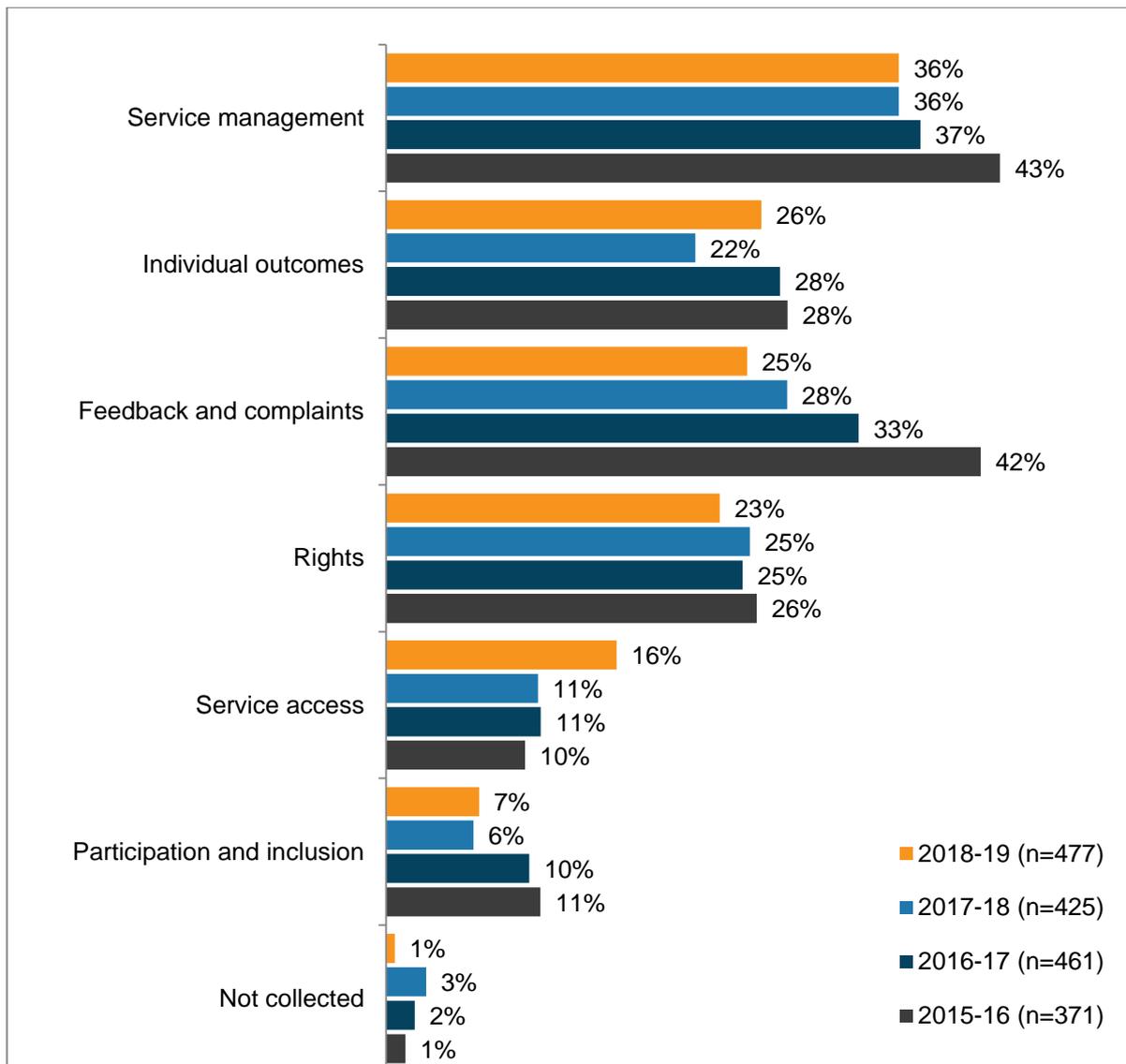


Figure 6 calculated on a per case basis, totals may not sum to 100% as a complaint may identify more than one National Standard.

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 are shown in Figure 7.

Figure 7: Disability service groups

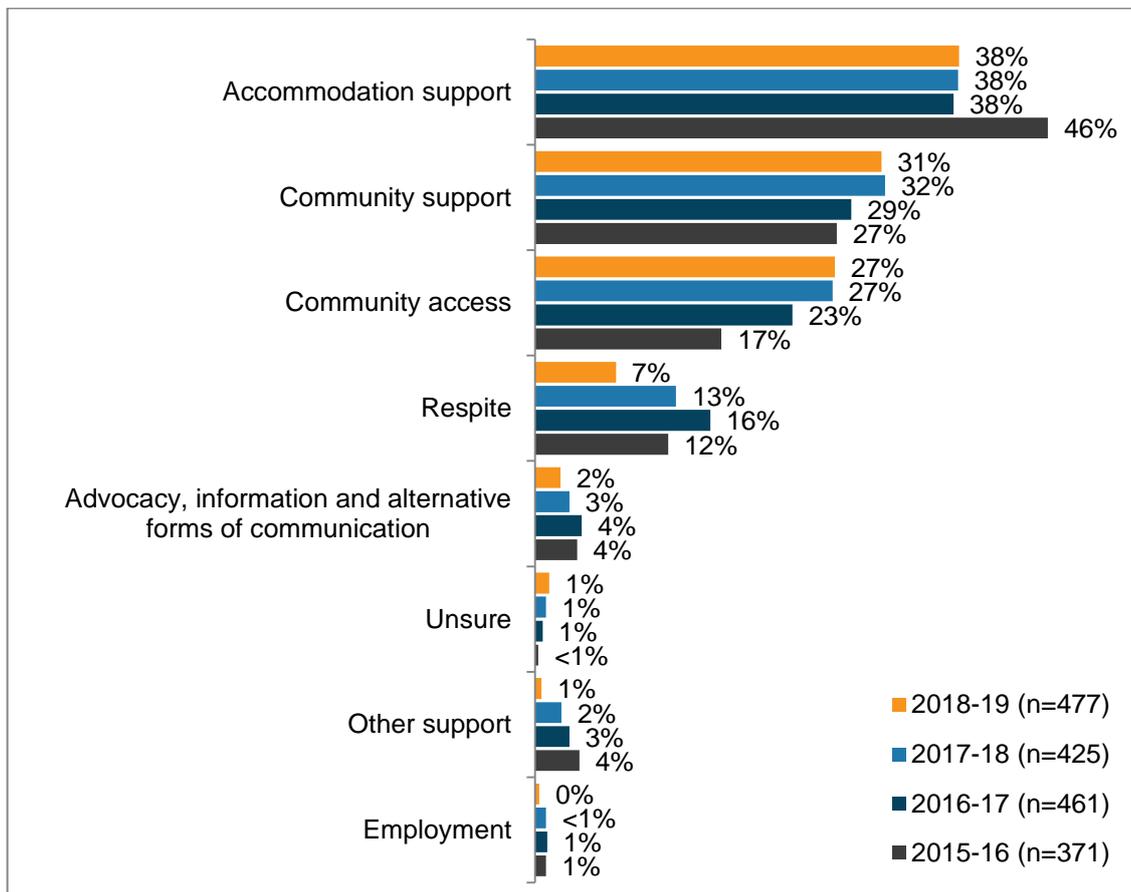


Figure 7 calculated on a per case basis, totals may not sum to 100% as a complaint may identify more than one service group.

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

- The proportion of complaints that cited ‘accommodation support service groups’ remained consistent at 38% from 2016-17 to 2018-19.

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

- The proportion of complaints that cited services within the ‘community access service group’ has increased steadily from 2015-16, occurring in 17% of complaints in 2015–16, 23% of complaints in 2016-17 and 27% of complaints in 2017-18 and 2018-19.
- 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, decreasing to 13% of complaints in 2017-18 and 7% in 2018-19.

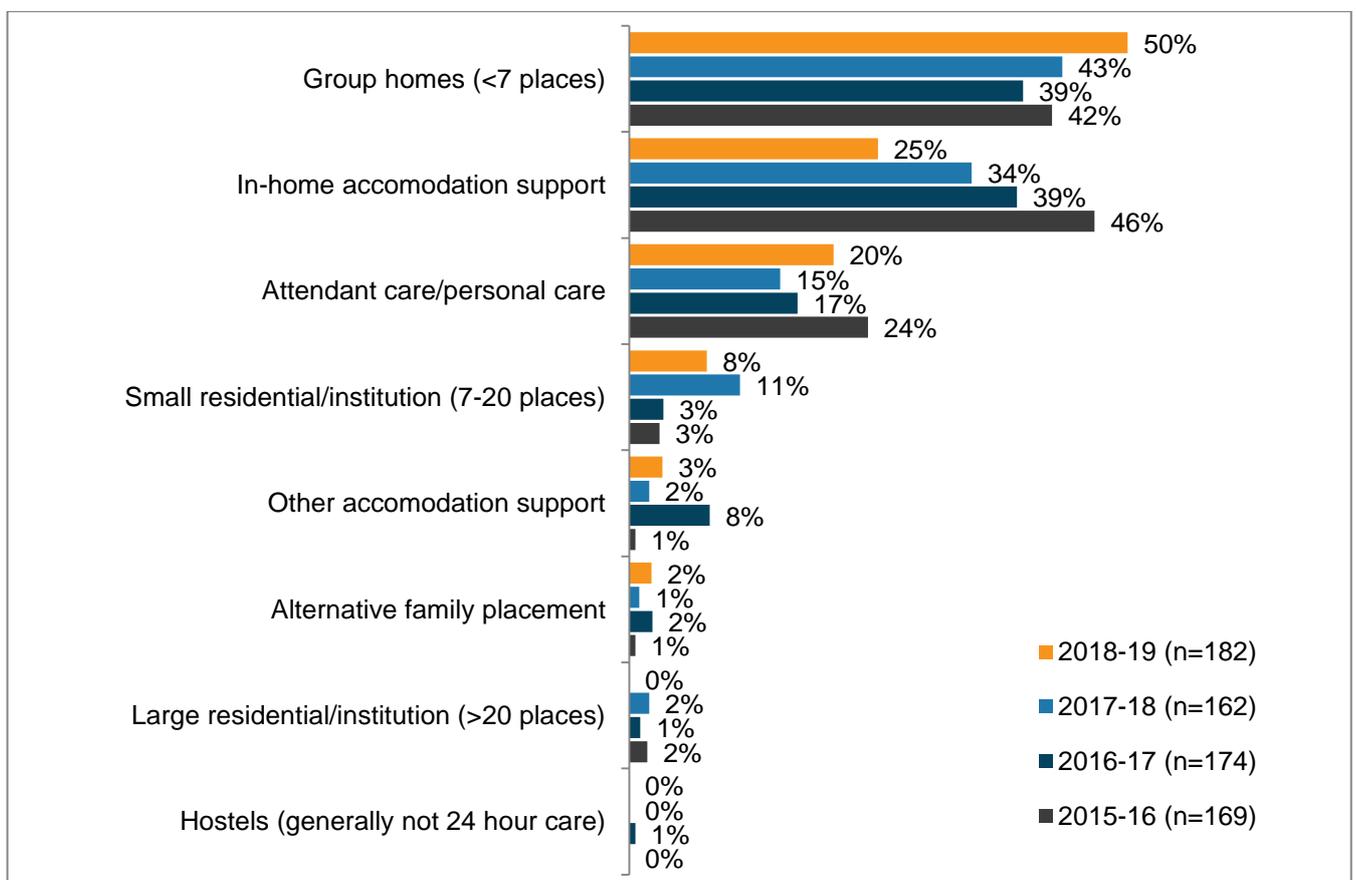
Complaints about accommodation support

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.

This group was cited in 38% of complaints in 2018-19, 2017-18 and 2016-17, and 46% of complaints in 2015-16, making it the service group most frequently cited across all four 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 four years (see Figure 8).
- Complaints about ‘Group homes (<7 places)’ has seen the largest increase in the number of complaints, increasing from 39% in 2016-17 to 50% in 2018-19.
- While ‘In-home accommodation support’ services was the most commonly cited service type in 2015-16, the proportion of complaints about this service type demonstrates a decreasing trend over the past four years (from 46% in 2015-16 to 25% in 2018-19).

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

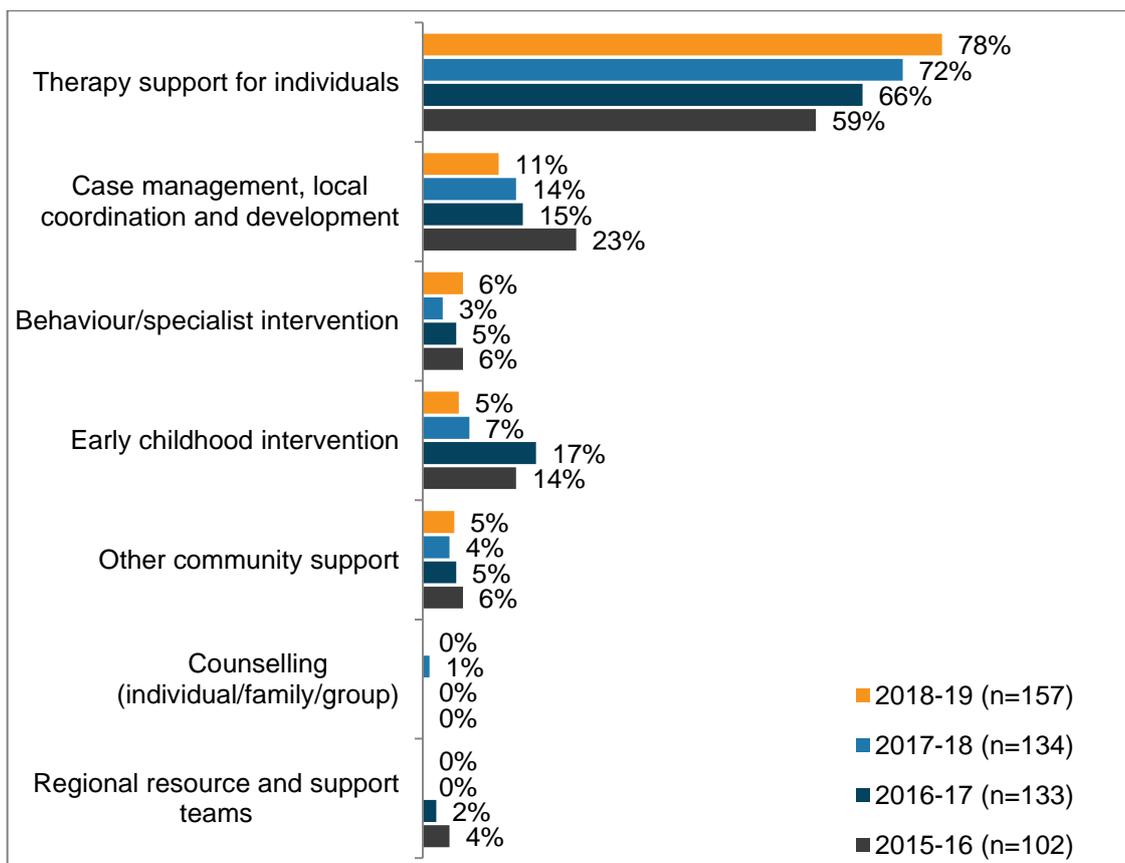
Complaints about community support

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.

This group was the second most frequently cited service group in complaints across the past four 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 and demonstrates an increasing trend; 59% of complaints in 2015-16, 66% in 2016-17, 72% in 2017-18 and 78% in 2018-19.
- ‘Case management, local coordination and development’ has been decreasing since 2015-16; 23% of complaints in 2015-16, 15% in 2016-17, 14% in 2017-18 and 11% in 2018-19.
- ‘Early childhood intervention’ has decreased since 2016-17; 17% in 2016-17, 7% in 2017-18 and 5% in 2018-19.

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

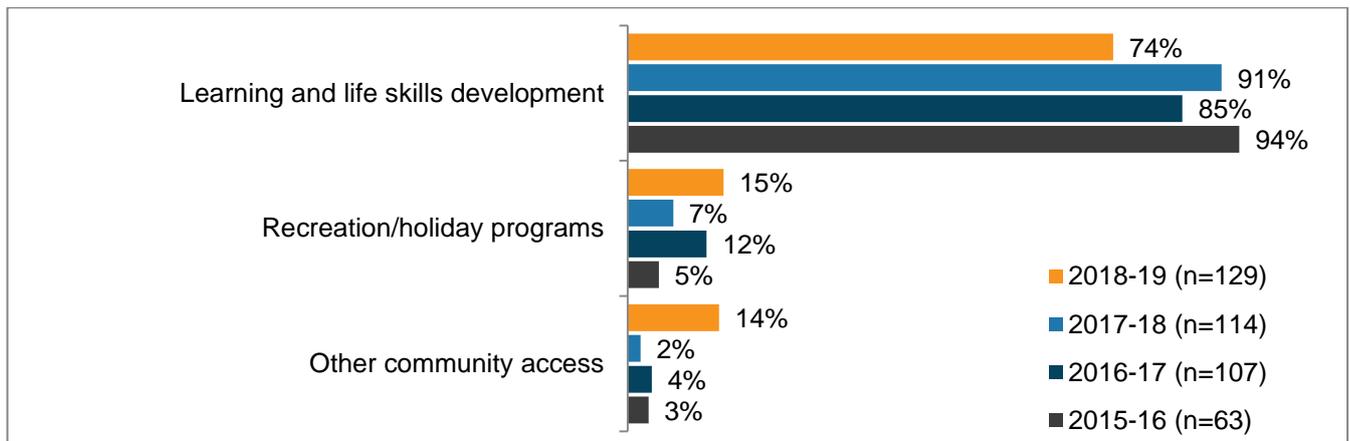
Complaints about community access

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, are the main users of these services¹.

This group was the third most frequently cited service group in complaints across the past four 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, although a decrease in the proportion of complaints associated with this service type is seen in 2018-19 to 74%.
- The percentage of complaints regarding ‘recreation/holiday programs’ has varied over the four-year period. In 2018-19 the proportion of complaints (15%) is 8% higher than in 2017-18 (7%).
- Complaints about ‘other community access’ has seen the largest increase in the proportion complaints, increasing from 2% in 2017-18 to 14% in 2018-19. The majority of complaints relating to ‘other community access’ concern issues surrounding transport.

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

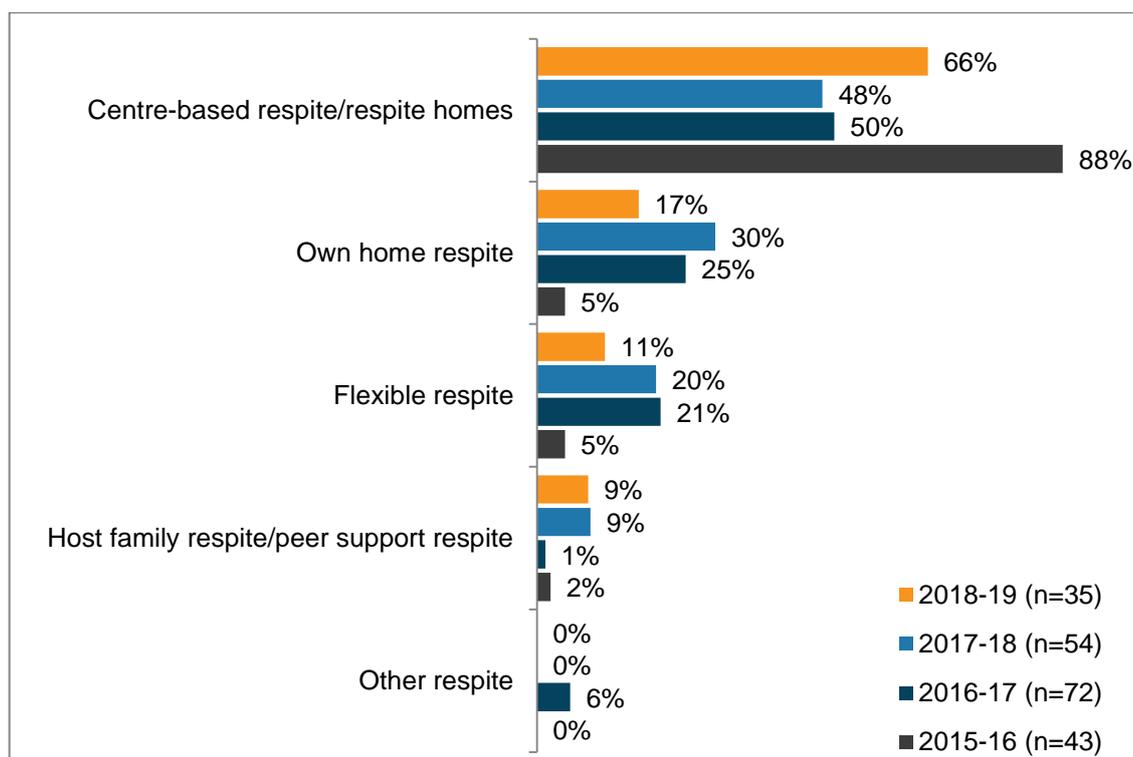
Complaints about respite

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.

This group were the fourth most frequently cited service group in complaints across the past four 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/respice homes’ services were the most commonly identified service across the four-year period. The proportion of ‘centre-based respite’ complaints has fluctuated from year-to-year; 88% of complaints in 2015-16, 50% in 2016-17, 48% in 2017-18, before rising to 66% of complaints in 2018-19.
- The proportion of respite complaints that identified ‘own home respite’ and ‘flexible respite’ have fluctuated over the past four financial years. ‘Own home respite’ saw a considerable decrease in the proportion of complaints from 30% in 2017-18 to 17% in 2018-19, while ‘flexible respite’ decreased from 20% in 2017-18 to 11% in 2018-19.

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.

A total of 12 complaints were closed in 2018-19 that concerned 'advocacy, information and alternative forms of communication' (14 complaints in 2015-16, 19 complaints in 2016-17, 13 complaints in 2017-18 and 12 in 2018-19).

The majority of complaints concerned 'information/referral', with 9 complaints in 2015-16, 10 complaints in 2016-17, 5 complaints in 2017-18 and 8 complaints in 2018-19.

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 four financial years (2 complaints in 2015-16, 4 complaints in 2016-17, and 2 complaints in 2017-18 and 2 complaints 2018-19).

The majority of complaints concerned 'supported employment', which accounted for 3 complaints in 2016-17 and 2 complaints in 2017-18 and 2 complaints in 2018-19.

Complaints about other support

The other support service group is not specifically 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, 10 complaints in 2017-18 and 3 complaints in 2018-19).

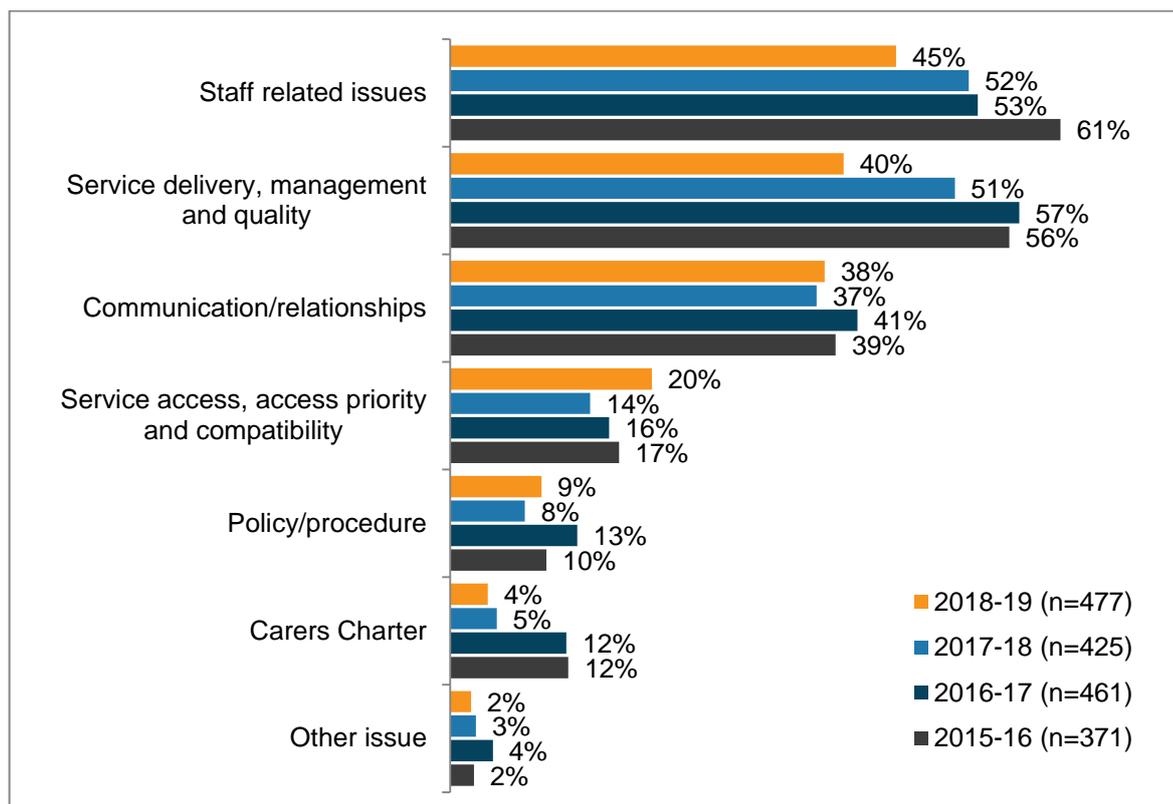
¹ Australian Institute of Health and Welfare (2016). [Disability Services National Minimum Data Set: data guide](#), July 2016. Cat. no. DAT 4. Canberra: AIHW.

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 2018-19, the most common issue categories identified in complaints were staff related issues (45%); service delivery, management and quality (40%); and communication/relationships (38%).

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:

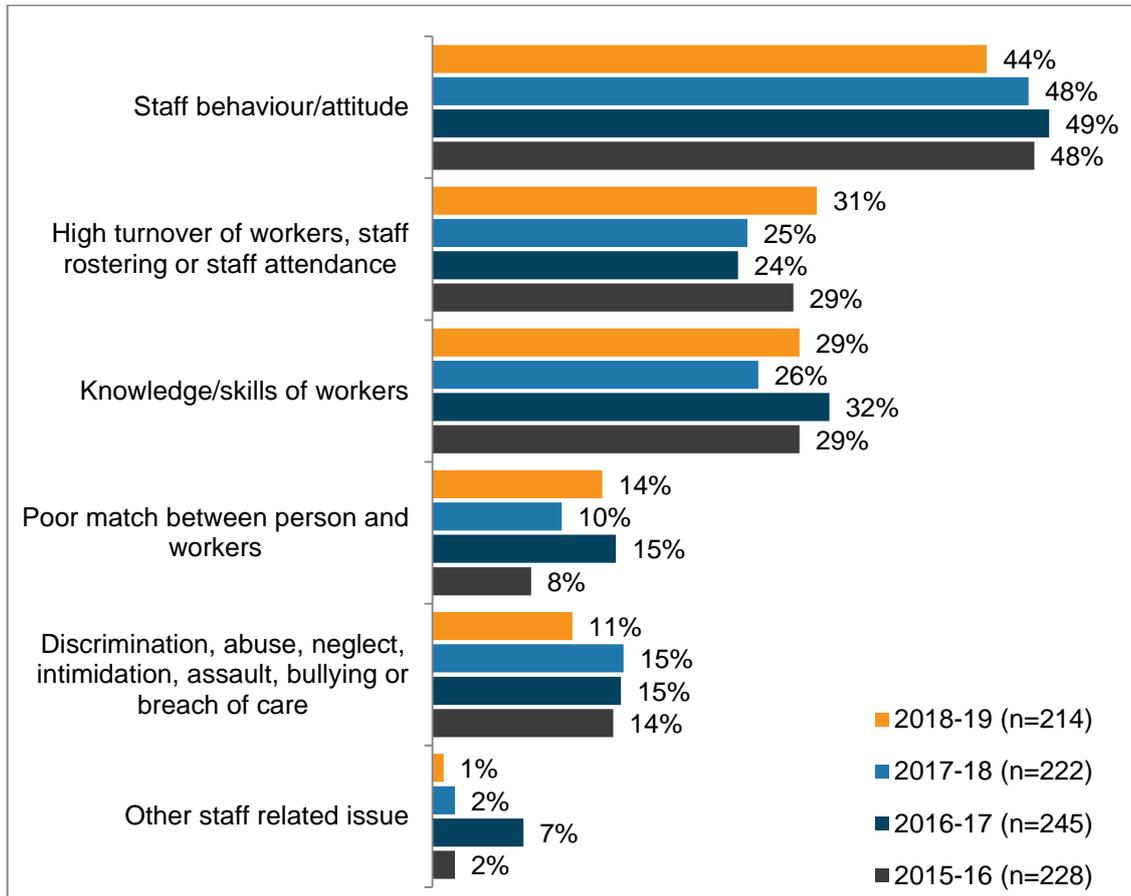
- Since 2015-16, complaints containing ‘staff related issues’ have continued to decline. This trend is consistent over the four-year period examined. In 2015-16, 61% of complaints concerned ‘staff related issues’ compared to 45% of complaints in 2018-19.
- Similarly to ‘staff related issues’, the proportion of complaints about ‘service delivery, management and quality’ have continually decreased since 2016-17.
- The proportion of complaints about ‘service access, access priority and compatibility’ increased in proportion from 14% in 2017-18 to 20% in 2018-19.

Complaints about staff related issues

This group was the most frequently occurring complaint issue category in 2018-19, 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 four years were:

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

The proportion of complaints identifying the issue ‘staff behaviour/attitude’ decreased between 2017-18 and 2018-19, occurring 4% less than the previous year.

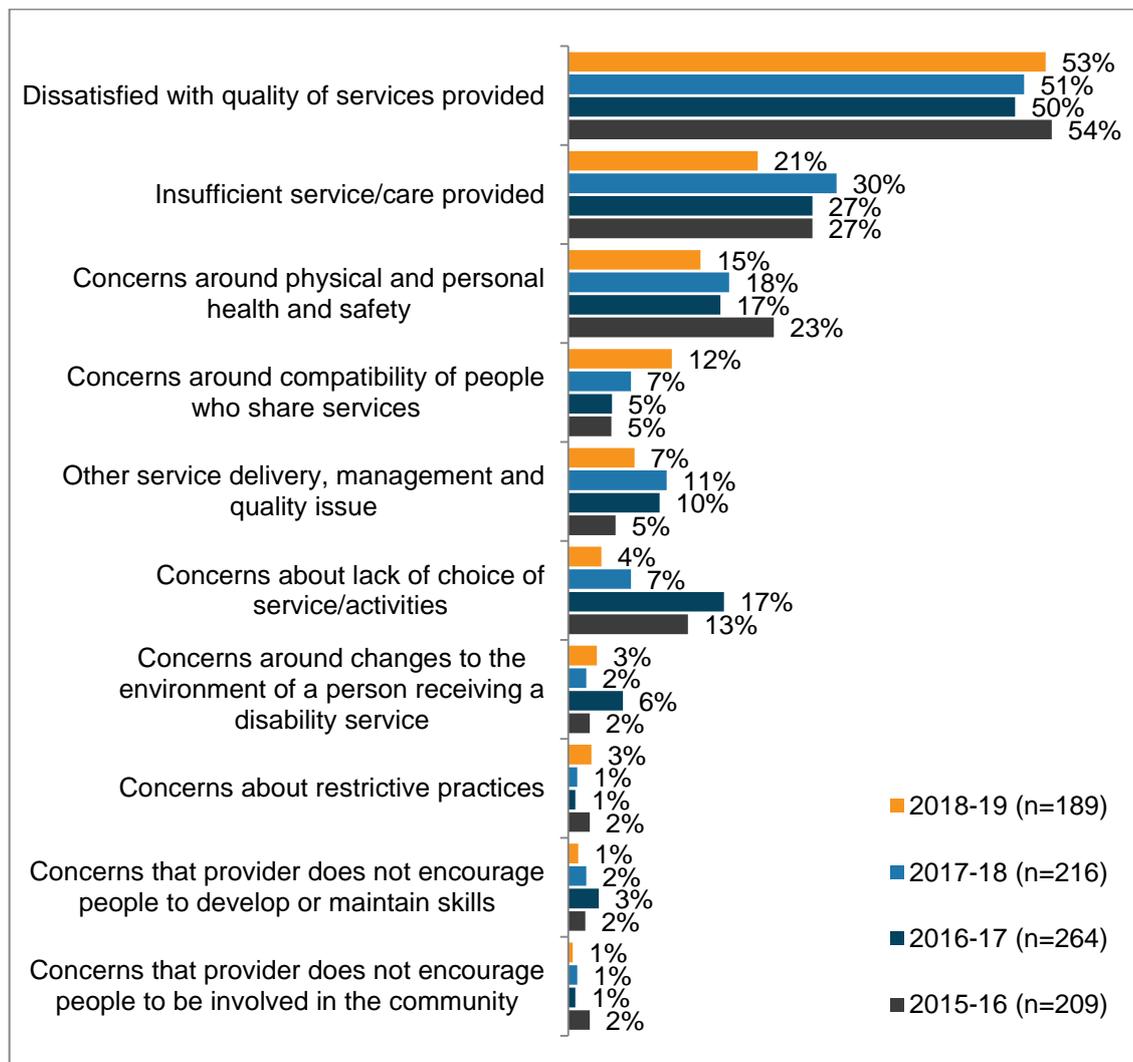
‘High turnover of workers, staff rostering or staff attendance’ issues were the second most frequently identified in 2018-19; this follows an increasing trend started in 2016-17. In 2018-19, ‘high turnover of workers, staff rostering or staff attendance’ issues made up 31% of staff related complaints, compared to 25% in 2017-18 and 24% in 2016-17.

Complaints about service delivery, management and quality

This group was the second most commonly occurring complaint issue category in 2018-19 and 2017-18 (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, the following key findings were identified:

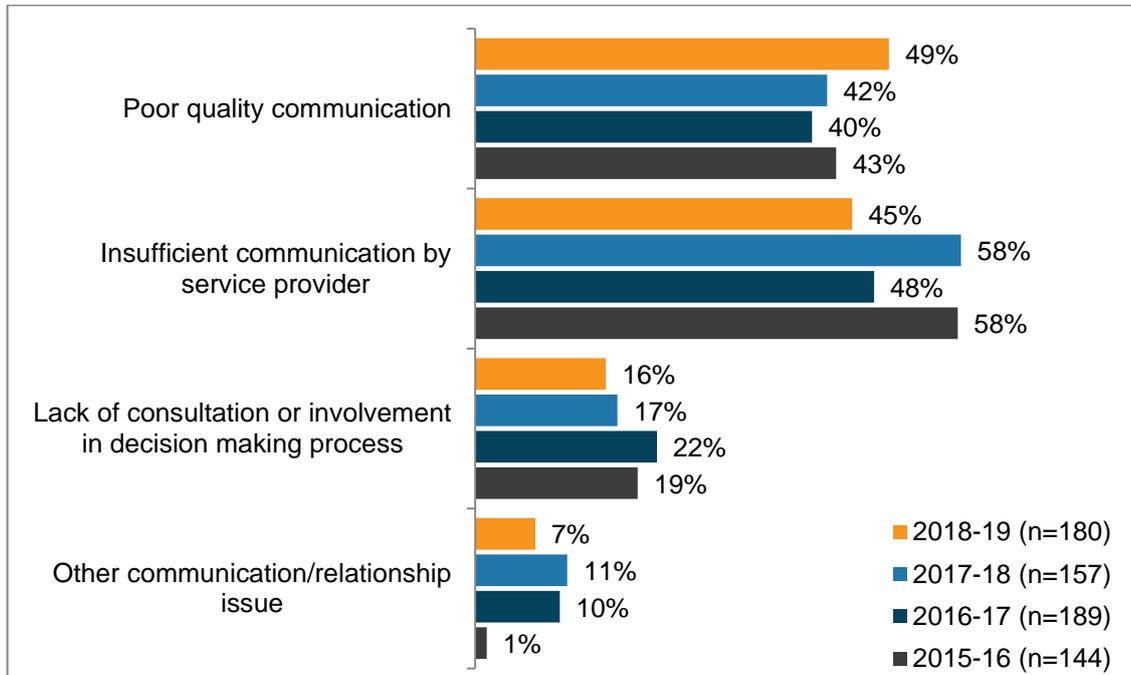
- ‘Dissatisfied with quality of services provided’ and ‘insufficient service/care provided’ were the two most commonly identified issues over the past four years.
- ‘Insufficient service/care provided’ decreased from 30% in 2017-18 to 21% in 2018-19.
- ‘Concerns about compatibility of people who share services’ has increased from 5% in 2015-16 and 2016-17, 7% in 2017-18 to 12% in 2018-19.
- Since 2016-17, complaints about ‘concerns about lack of choice of service/activities’ have continued to decrease from 17% in 2016-17, 7% in 2017-18, to 4% in 2018-19.

Complaints about communication/relationships

This group of complaints was the third most commonly occurring complaint issue category over the last four 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:

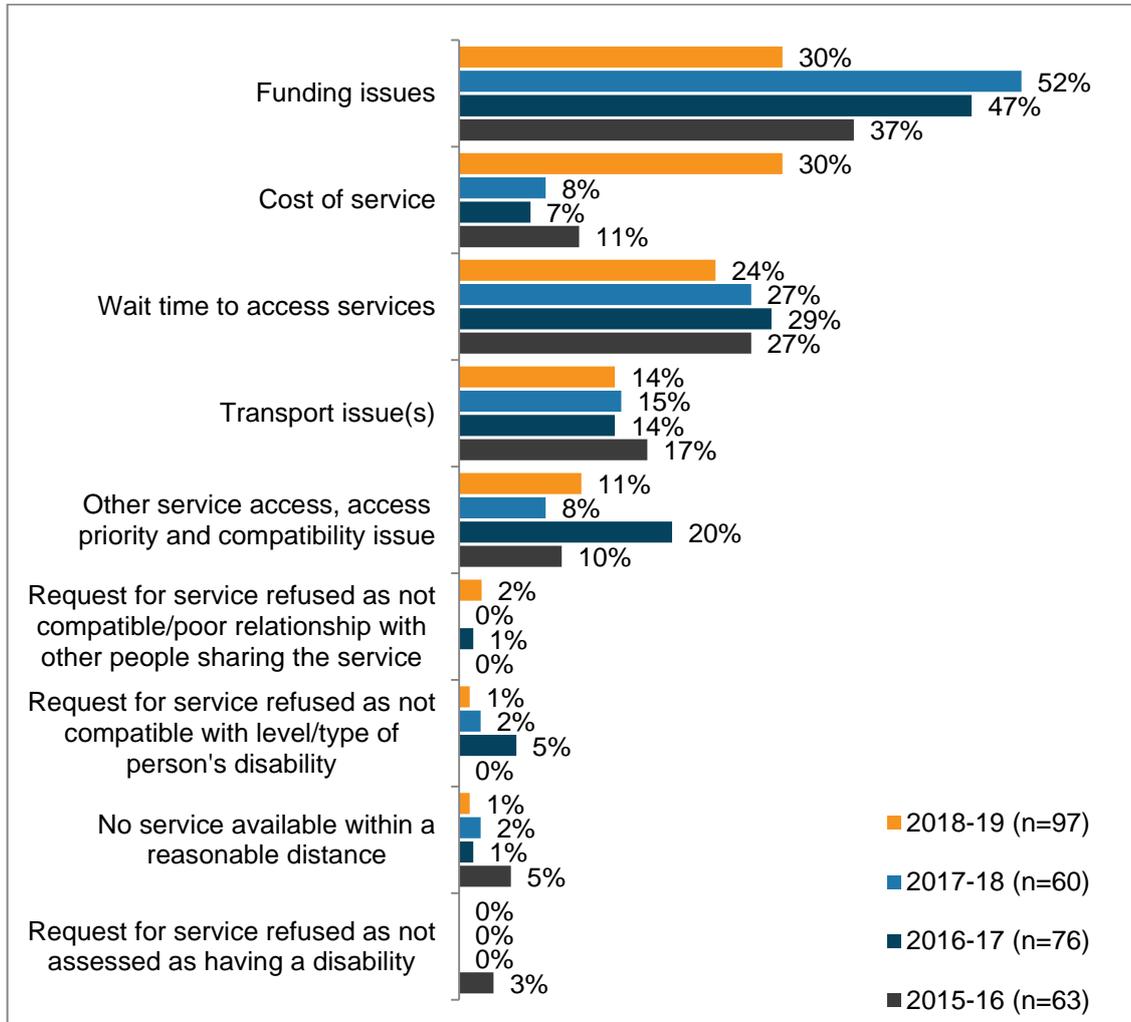
- ‘Poor quality communication’ and ‘insufficient communication by service provider’ were the two most commonly identified issues over the past four years.
- Issues identified about ‘poor quality communication’ have continued to rise in an increasing trend since 2016-17 (40% in 2016-17, 42% in 2017-18 and 49% in 2018-19).

Complaints about service access, access priority and compatibility issues

This group was the fourth most commonly occurring complaint issue category over the last four 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:

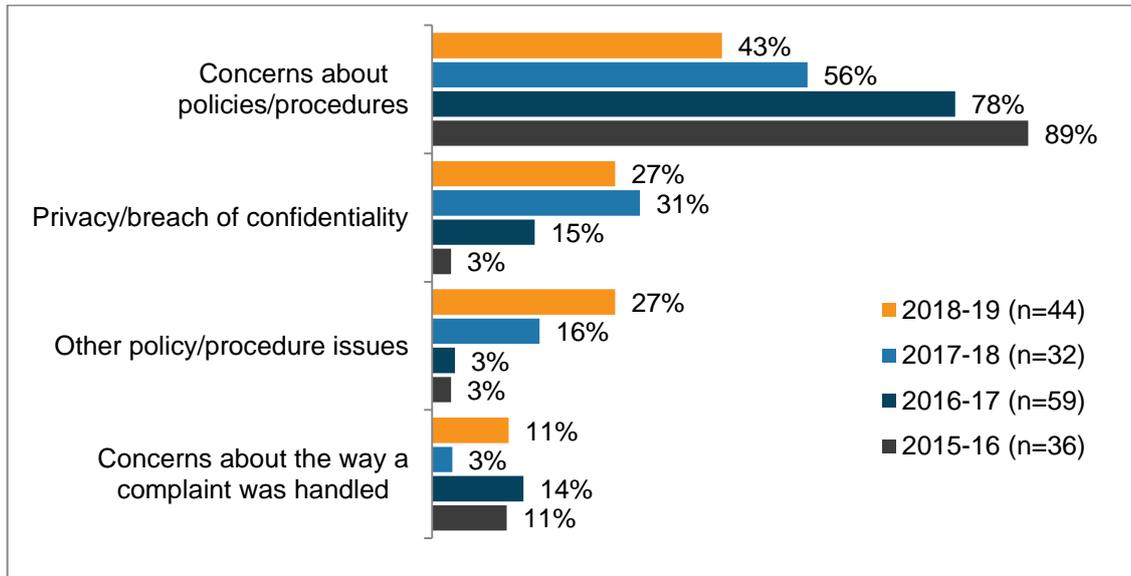
- In 2018-19, 'funding issues' and 'cost of service' have been the two most commonly identified issues. These issues had two considerable changes in proportion from 2017-18. 'Funding issues' decreased from 52% in 2017-18 to 30% in 2018-19 and 'cost of service' increased from 8% in 2017-18 to 30% in 2018-19.

Complaints about policy/procedure issues

Policy/procedure was the fifth most commonly occurring complaint issue category for the last three years, 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:

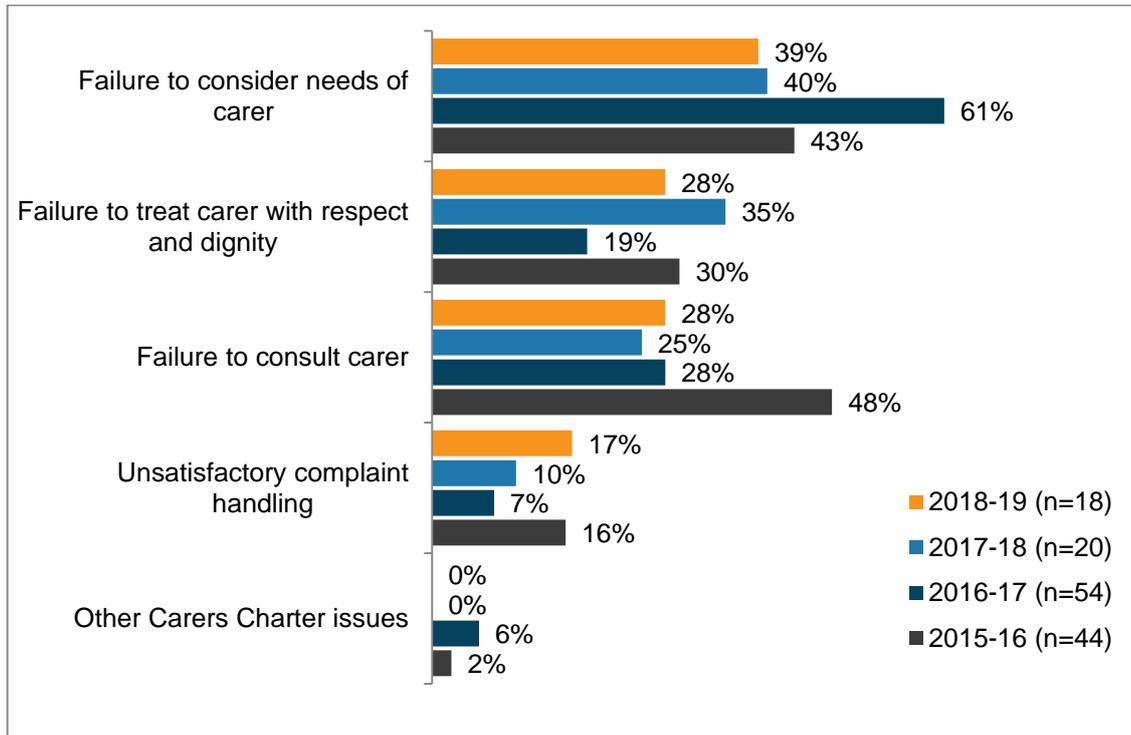
- ‘Concerns about policies/procedures’ was the most commonly identified issue over the past four years. This category has continued to decrease from 89% in 2015-16 to 43% in 2018-19.
- ‘Other policy/procedure issues’ increased in frequency from 1 complaint in 2015-16 to 12 complaints in 2018-19. In this category, the majority of comments concerned financial policies or lack thereof.

Complaints about Carers Charter issues

This group was the sixth most commonly occurring complaint issue category for four consecutive years, 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.

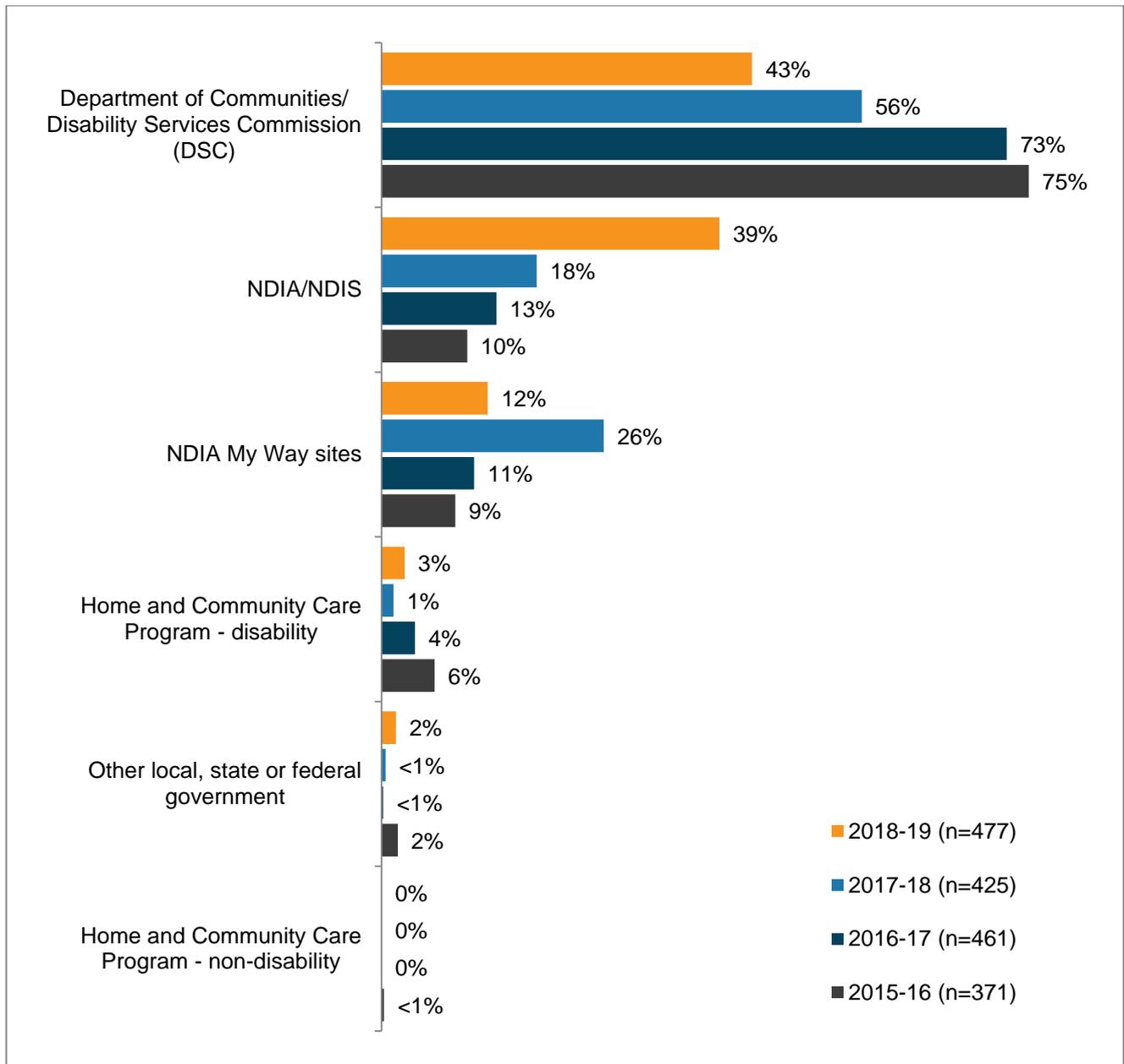
Across the Carers Charter category of complaint issues:

- ‘Failure to consider the needs of a carer’ was the most commonly occurring issue over the past three years (see Figure 18).
- ‘Failure to consult a carer’ has decreased in frequency consistently since 2015-16, from 21 occurrences in 2015-16 to 5 occurrences in 2018-19.

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, 56% of complaints in 2017-18 and 43% of complaints in 2018-19. Complaints identifying a service funded via NDIA MY Way decreased from 26% in 2017-18 to 12% in 2018-19, while complaints regarding NDIA/NDIS¹ increased from 18% in 2017-18 to 39% in 2018-19.

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 maybe available for a service.

Complaint seriousness

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

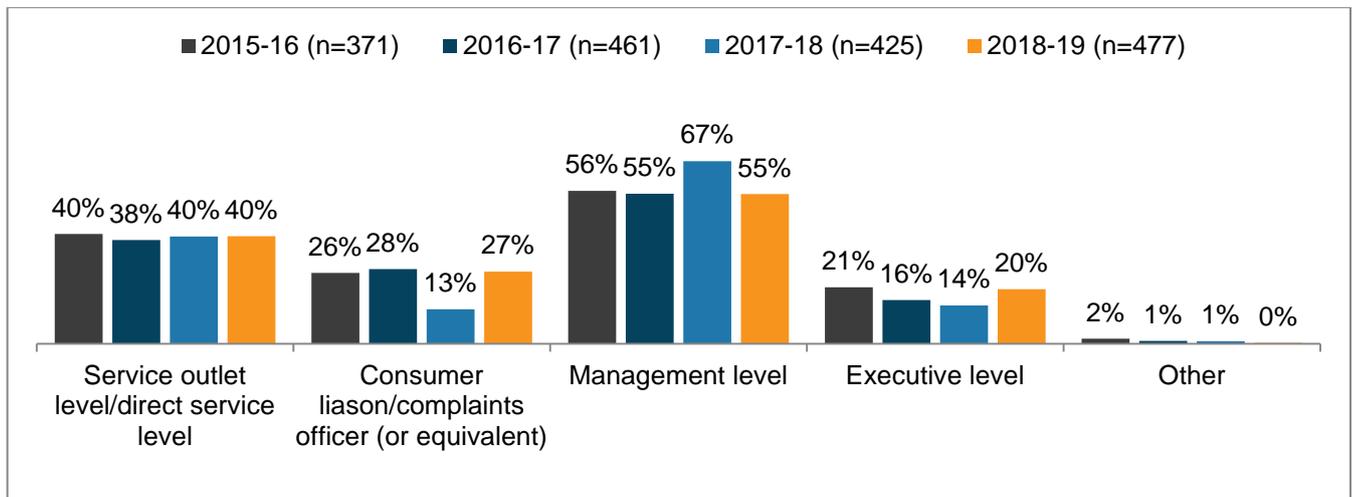
- Consequences and impact of the issues that were raised; and
- Likelihood that a similar issue could arise again.

Disability providers then used the reasons behind complaints to categorise them as being of either a serious or less serious nature. In the four-year period under consideration the majority of complaints were determined to be ‘less serious’; 75% in 2015-16, 81% in 2016-17, 79% in 2017-18 and 78% in 2018-19. ‘Serious complaints’ were significantly less frequent, remaining under 25% over the four-year period (25% in 2015-16, 19% in 2016-17, 21% in 2017-18 and 22% in 2018-19).

Organisational level

The majority of complaints were handled across five organisation or administrative levels; service outlet/direct service, consumer liaison/complaints officer, management, executive and other. Figure 20 presents the relative proportion of complaint handling performed by these five levels.

Figure 20: Proportion of complaints that were resolved at different service provider levels



The data in Figure 20 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.

Across the organisational level category:

- There was an increase in the number of complaints handled by consumer liaison/complaints officers from 13% in 2017-18 to 27% in 2018-19 and a decrease in the number of complaints handled at the management level from 67% in 2017-18 to 55% in 2018-19.
- From 2015-16 to 2017-18, the proportion of complaints handled at the executive level showed a gradual declining trend. However, in 2018-19, the number of complaints handled at the executive level increased from 14% of complaints in 2017-18 to 20% complaints in 2018-19.

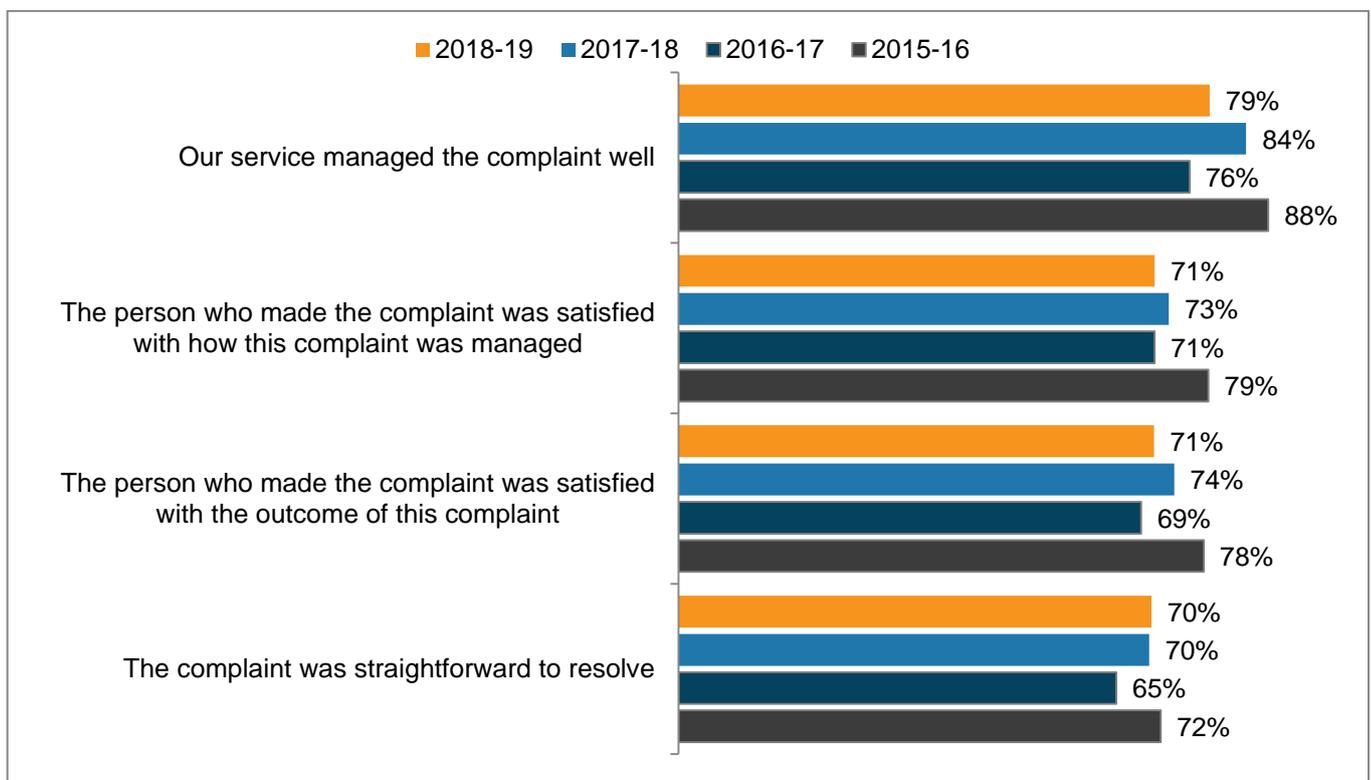
Complaint experience

Disability 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 21 illustrates the percentage of agreement with these statements.

Figure 21: Providers assessment of complaint management (% agreement)



The data in Figure 21 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, 2018-19 n=444 to n=472.

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 decreased in 2018-19 compared to 2017-18 across three of the four statements. 'Our service managed the complaint well' saw the largest decrease in proportion from 84% in 2017-18 to 79% in 2018-19.

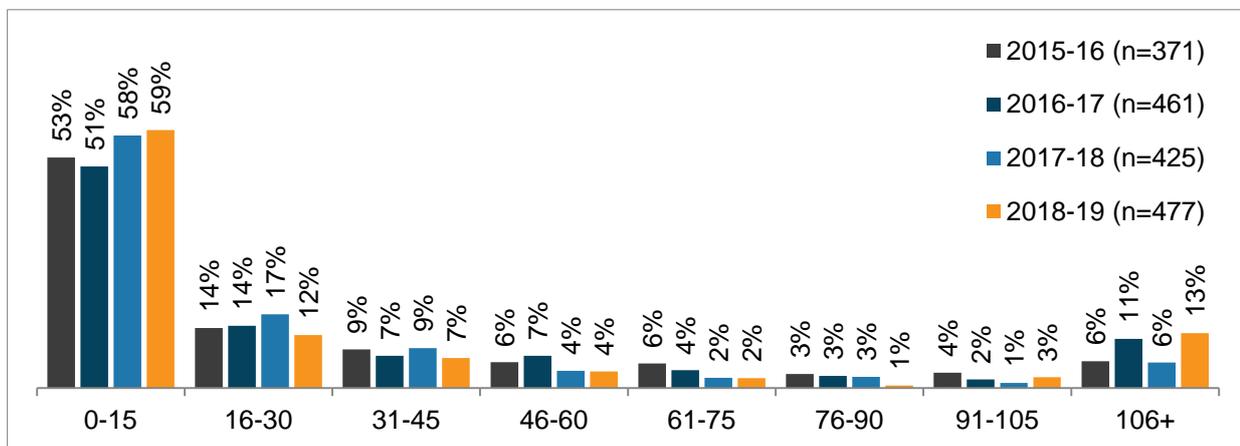
Time to acknowledge and resolve complaints

Across all four years, the majority of complaints were acknowledged within 15 days. The proportion of complaints acknowledged within 15 days ranged from 95% in 2015-16, 94% in 2016-17, 99% in 2017-18 and 96% in 2018-19. The average time taken to acknowledge a complaint was 3.0 days in 2015-16, 3.2 days in 2016-17, 1.0 days in 2017-18 and 2.1 days in 2018-19.

Figure 22 illustrates the time taken to resolve complaints. Analysis of the data indicates that:

- Over half of the complaints lodged across all years were resolved within 15 days; 53% in 2015-16, 51% in 2016-17, 58% in 2017-18 and 59% in 2018-19.
- The average time taken to resolve a complaint was 33.6 days in 2015-16, 39.8 days in 2016-17, 29.5 days in 2017-18 and 38.2 days in 2018-19.

Figure 22: Time taken to resolve (days)

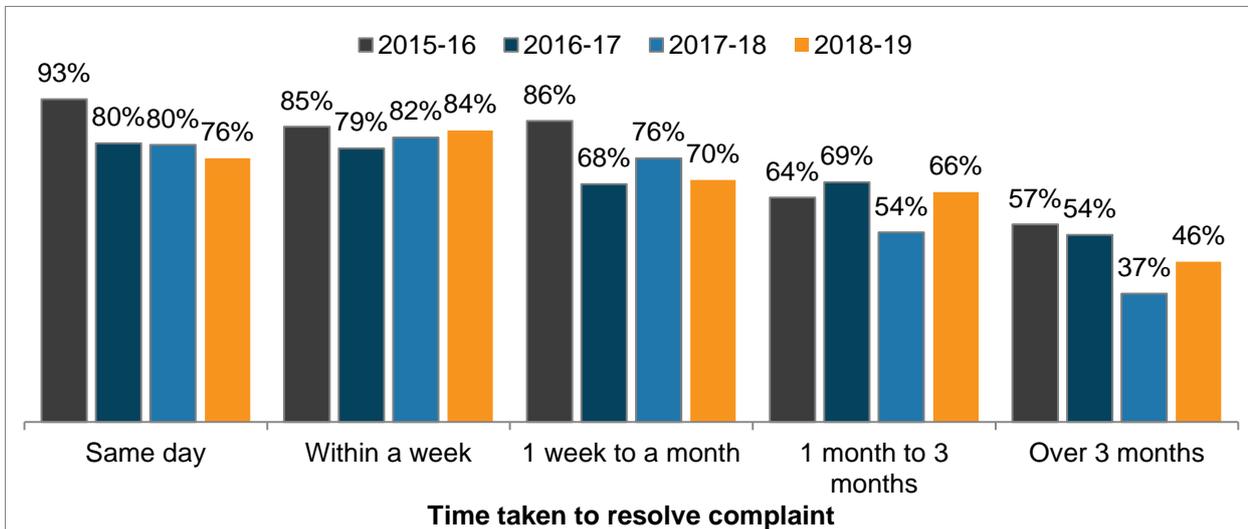


For data in Figure 22, outliers (>500 days) were removed from the calculation of the average time to resolve complaints.

Time to resolve complaints and satisfaction

Figure 23 shows the relationship between the time taken to resolve complaints and complainant satisfaction.

Figure 23: Person who made the complaint was satisfied with its management*



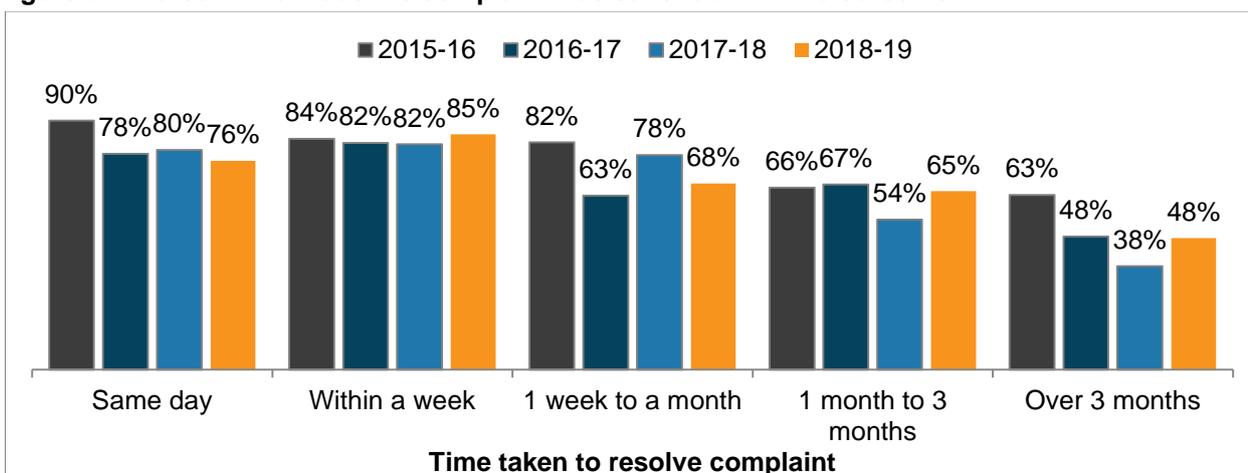
For data in Figure 23, outliers (>500 days) were removed from the calculation of the average time to resolve complaints. 2015-16 base sizes range from n=30 to n=105; 2016-17 base sizes range from n=54 to n=126; 2017-18 base sizes range from n=25 to n=146; 2018-19 base sizes range from n=53 to n=141.

*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 (46% in 2018-19).

Similarly, satisfaction with the outcome of the complaint exhibited the same trend as seen in complaint management; decreasing satisfaction over time (Figure 24).

Figure 24: Person who made the complaint was satisfied with the outcome*



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=104; 2016-17 base sizes range from n=55 to n=127; 2017-18 base sizes range from n=25 to n=146; 2018-19 base sizes range from n=51 to n=143. *Satisfied is determined by summing 'satisfied' and 'very satisfied' responses.

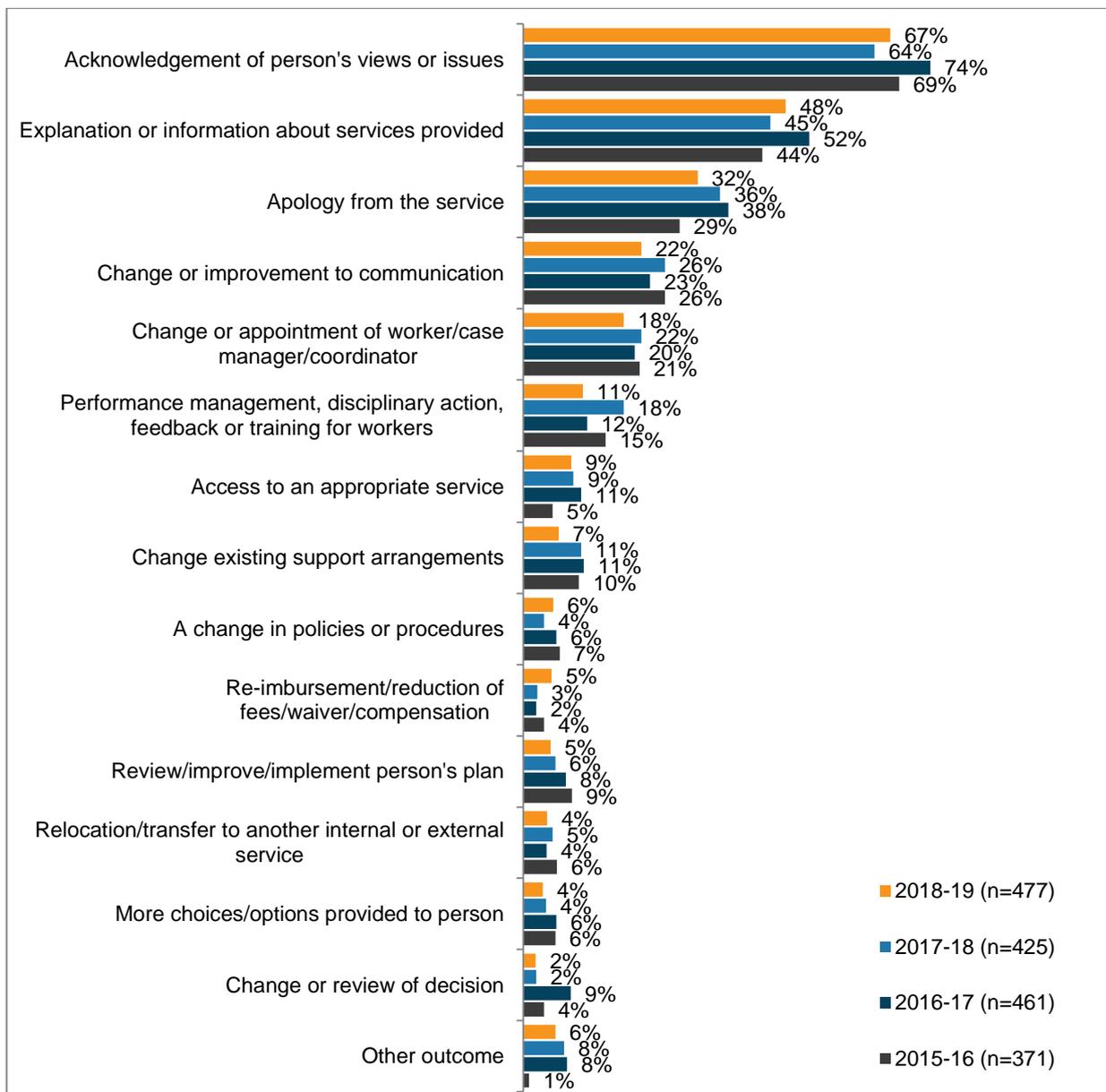
Outcomes sought

Consumers and their representatives identified a range of desired outcomes in the complaints made to disability providers, including multiple outcomes for some complaints. In 2018-19, 1,169 desired outcomes were identified in the 477 complaints resolved by disability providers, approximately 2.5 outcomes per complaint, compared to 2.6 outcomes in 2017-18, 2.8 outcomes per complaint in 2016-17 and 2.6 outcomes per complaint in 2015-16.

The most common outcomes have remained consistent between years (see Figure 25):

- Acknowledgement of a person's views or issues (67% of complaints in 2018-19)
- An explanation or information about services provided (48% of complaints in 2018-19), or
- An apology from the service (32% of complaints in 2018-19).

Figure 25: Outcomes sought



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

Outcomes achieved

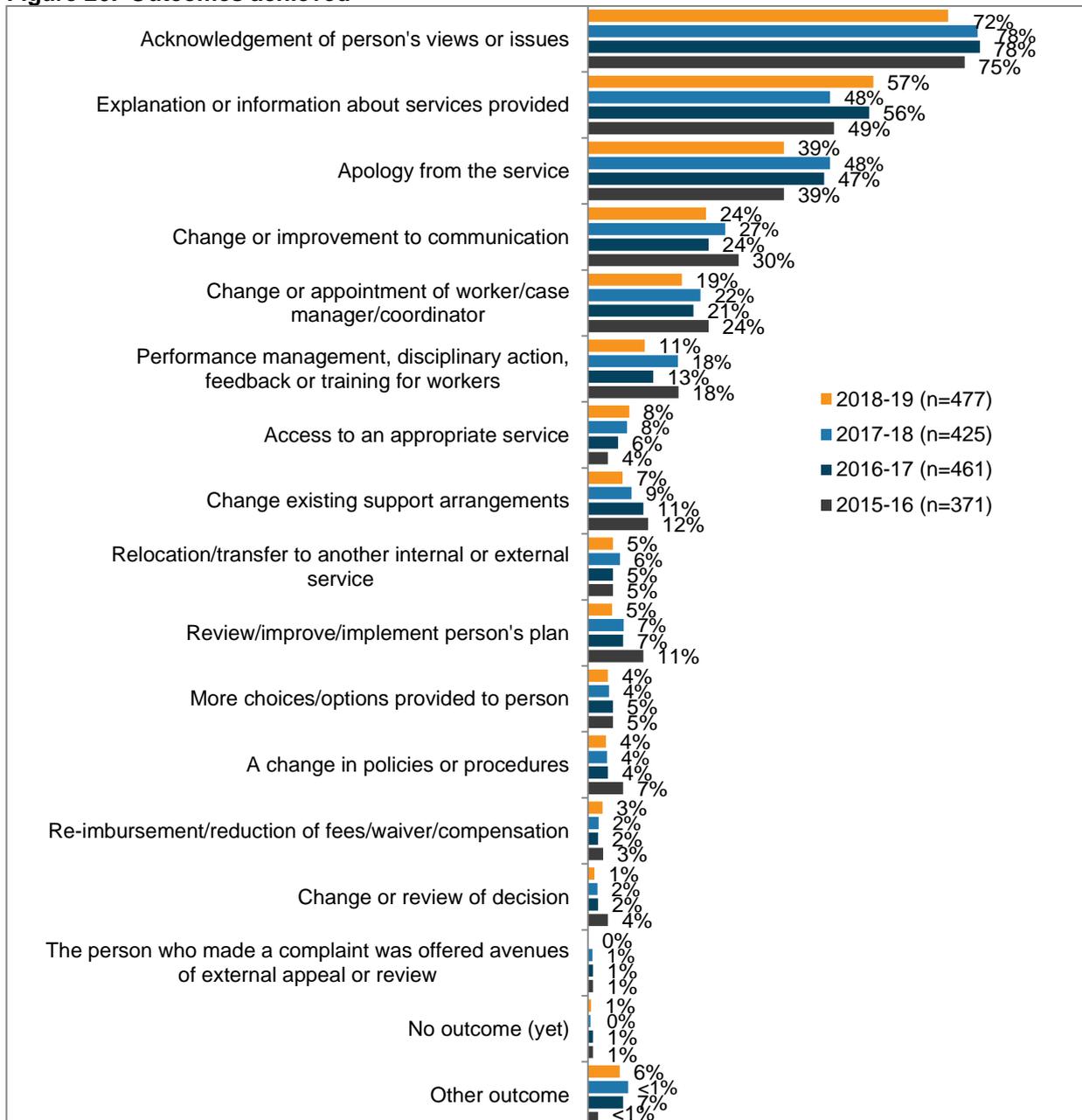
A range of outcomes were achieved from the complaints managed by disability providers, including multiple outcomes for some complaints. In 2018-19, 1,262 outcomes were achieved from the 477 complaints resolved, 2.6 outcomes per complaint, decreasing from previous years (2.9 outcomes per complaint since 2015-2016).

The most common outcomes have remained consistent between years (see Figure 26):

- Acknowledgement of a person's views or issues (72% in 2018-19)
- An explanation or information about services provided (57% in 2018-19), or
- An apology from the service (39% in 2018-19).

Over the past four years, the most common outcomes achieved have remained consistent with outcomes sought.

Figure 26: 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 27. The common reasons for complaint outcomes not being achieved included:

- ‘Difference of opinion between parties’ (34% in 2018-19)
- ‘Issues not being within provider’s control to address’ (13% in 2018-19), and;
- ‘Part of the complaint being unrelated to services provided by agency’ (10% in 2018-19).

30% of complaint outcomes consisted of ‘Other reason’. A common theme outlined by the ‘Other’ category was that the complainant did not respond to attempts to resolve the complaint (25%).

Figure 27: Reasons why not all desired outcomes were achieved

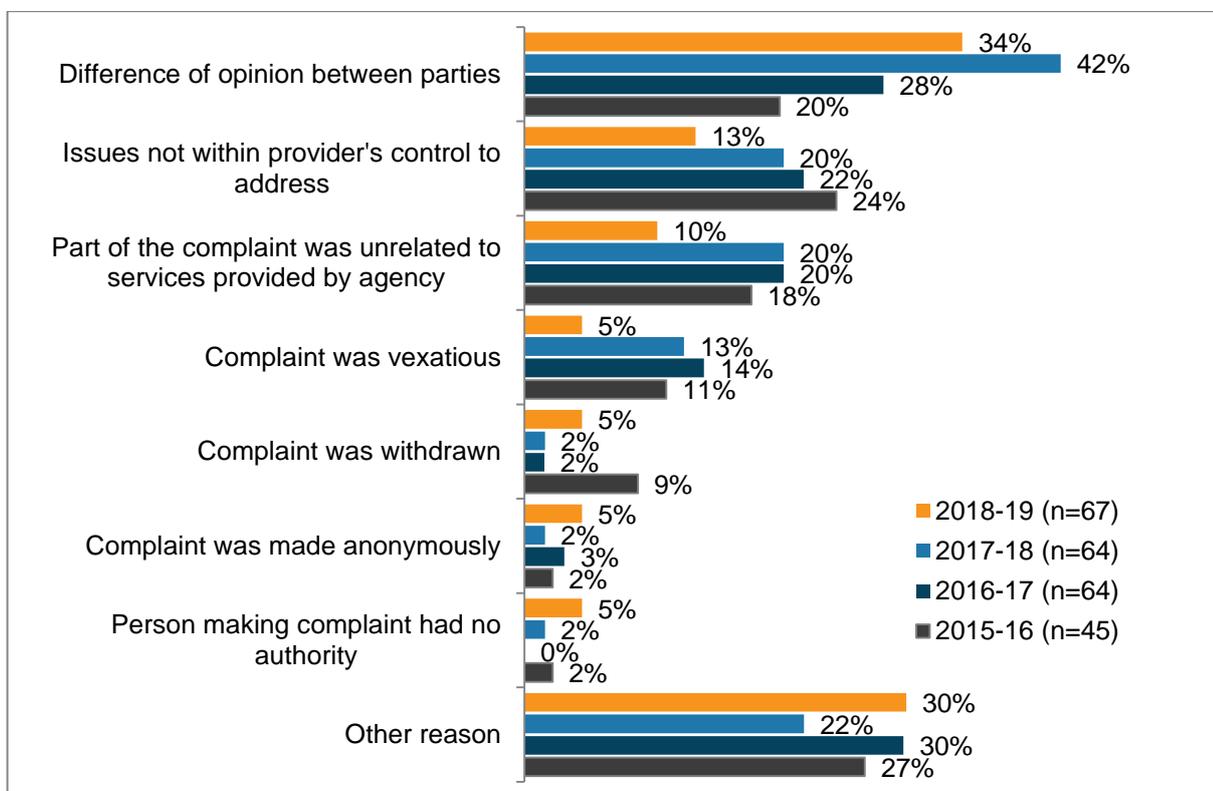


Figure 27 is provided only for complaints where reason for a change not being implemented was recorded. Percentages may not sum to 100% as more than one reason may be provided for a complaint.

The four most common reasons for complaint outcomes not being achieved have declined since 2017-18:

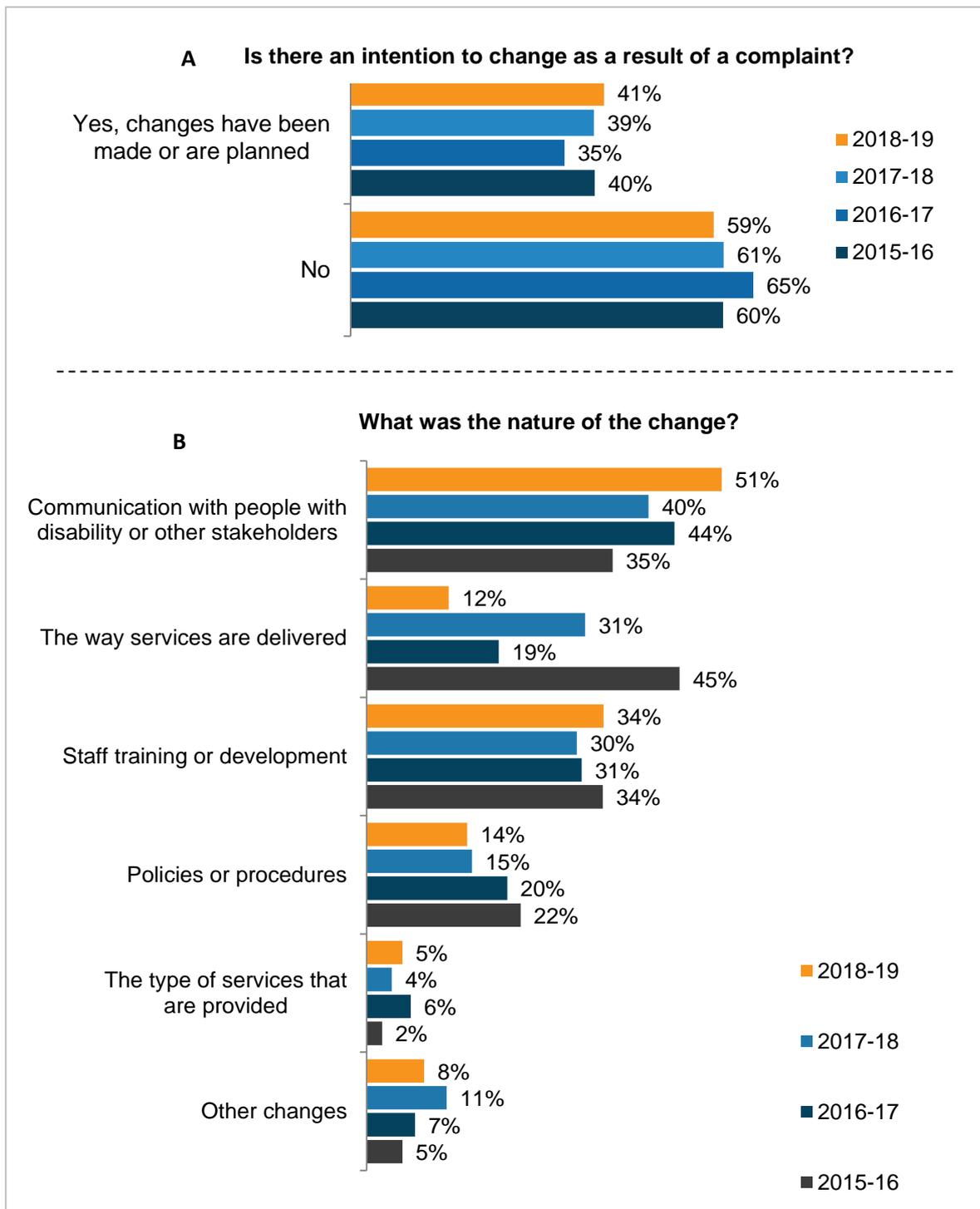
- ‘Difference of opinion between parties’ has decreased from 42% in 2017-18 to 34% in 2018-19.
- ‘Issues not within provider’s control to address’ has decreased from 20% in 2017-18 to 13% in 2018-19 and has shown a decreasing trend since 2015-16.
- ‘Part of the complaint was unrelated to services provided by agency’ has decreased from 20% in 2016-17 and 2017-18 to 10% in 2018-19.
- ‘Complaint was vexatious’ has shown a decreased trend since 2016-17; 14% in 2016-17, 13% in 2017-18 and 5% in 2018-19.
- The proportion of the ‘other reason’ why outcomes were not achieved has increased from 22% in 2017-18 to 30% in 2018-19 (see Figure 27).

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 28.

Figure 28: Intention to change and types of change resulting from complaints



Base sizes vary between questions; Figure 28A: 2015-16 n=346, 2016-17 n=461, 2017-18 n=423 and 2018-19 n=477; Figure 28B: 2015-16 n=137, 2016-17 n=160, 2017-18 n=167 and 2018-19 n=477.

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

- The 'communication with people with disability or other stakeholders' outcome, which has shown an increasing trend over the four years. 35% in 2015-16 to 51% in 2018-19.
- 'The way services are delivered' outcome, which has decreased significantly from 31% in 2017-18 to 12% in 2018-19.
- 'Staff training or development', which increased to 34% in 2018-19 from 30% in 2017-18.
- 'Policies or procedures', which have decreased in each of the past four years (22% in 2015-16, 20% in 2016-17, 15% in 2017-18 and 14% in 2018-19).

Appendix 1: Health and Disability Services Complaints Office

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 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 providers. A list of the prescribed disability providers can be found in Appendix 2. 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 Pty Ltd). 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 Pty Ltd prior to HaDSCO undertaking analysis of the data presented in this report.

Notes on interpretation

Unless otherwise stated, all the data presented in this report is for complaints closed by disability providers during the specified financial years (2015-16, 2016-17, 2017-18 and 2018-19).

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.

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 frequency or number of complaints (e.g. "issue x was identified in 40 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 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).

Appendix 2: 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

**As of March 2019, Adventist ceased providing disability services, focusing only on aged care. At this time, Nulsen absorbed the disability services Adventist were providing.*

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Health and Disability Service Complaints Office (HaDSCO)

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