

Proposal for a National Disability Insurance Scheme Quality and Safeguarding framework

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The purpose of a National Quality and Safeguards system is to ensure that people with disability are safe from abuse and receive quality services from those who deliver their supports. The Victorian Disability Services Commissioner (VDSC) presents this paper for consideration by the Department of Social Services in developing mechanisms to achieve this goal.

This paper presents information based on our experience and lessons learnt as an independent statutory oversight body focused on driving transformational change in the disability services sector and protecting the rights of persons with a disability. We give particular emphasis in this paper to those who find it most challenging to have their rights upheld due to communication, capacity, circumstances and systemic barriers.

The views represented are consistent with the principles developed by the National Disability Complaints Commissioners' group (Appendix 1) and in addition seeks to provide more detailed context and our unique observations from Victoria. In doing so, VDSC advises that there are many positive elements across the country that should be drawn on and enhanced, and likewise elements of the current system that would benefit from improvement to facilitate a person-centred rights based approach to the delivery of disability services.

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Executive Summary

In summary the paper draws the following observations and comments:

1. Establishment of an independent complaints office in Victoria was seen as an enabler of transformation in the sector toward individualised supports and building the capacity of people to speak up.
2. The Victorian Disability Services Commissioner (VDSC) has adopted a foundational approach of *contribution* and *capacity building*, with compliance being a tertiary end response. Each interaction is an opportunity to build the capacity of the person and service provider.
3. The voice of people with a disability will be better heard when services employ a positive attitude to people making complaints and recognise the value of learning through complaints.
4. The nature of service provision to people with a disability generates differences to more generalised consumer relations or episodic health services. Knowing and recognising the environment and complexity which the regulation will operate in, will enable a stronger fit-for-purpose safeguards model.
5. The VDSC draws on experience of a total of over 14,600 enquiries and complaints matters: 9,679 complaints reported by disability service providers and has handled over 5,000 enquiries and complaints directly. Complaints are on a rising trend which indicates improved complaints culture and rights of people to speak up.
6. VDSC utilise an Alternative Dispute Resolution model of complaints handling and consistently achieve a complaints resolution rate of 70 per cent and above, as identified by the person making the complaint.
7. Disability service providers are required by legislation to report to the VDSC the complaints they have managed. An evaluation of the complaints reporting tool and process conducted by ORIMA research in 2012, showed 59 per cent of respondents agreed the process improved the level of awareness of the importance of complaints reporting in their service.
8. In the two years VDSC has had oversight of critical incident (client-to-staff assault and unexplained injuries, over 590 reports) we have identified inequitable weighting of responses to incidents taking an organisational focus, rather than the experience of the person with a disability.
9. Research indicates the disability sector have lower rates of complaints behaviour than general consumers. However, education and awareness support increased rates of complaints. VDSC have evidenced a positive statistically significant relationship between service providers who have engaged in training with VDSC and a resulting increase in complaints reported.
10. A risk based model requires greater assessment of the context of risk to the person and identifies elements of capacity, support types, communication, natural supports etc. While a legislative remit may be broad the response of the oversight body will vary depending on the capacity of the person and situation.
11. Responsibility for developmental, preventive and corrective actions should be articulated across all quality and safeguard mechanisms to achieve the breadth, sustained change and problem solving required by this scheme.
12. There should be a separate national independent oversight body established that has a discrete remit of disability.
13. Legislative considerations include:
 - a. Scale and scope: There is alignment of people in the scheme who have a cognitive impairment, utilise higher risk and cost resources, and people who actively use the support of an independent complaints body. Warm referral processes should apply for all participants of the NDIS.
 - b. Functions and Powers should consider the benefits of: 'prescribed' complaints reporting, own motion inquiry, effective information sharing provisions and flexible jurisdiction.
 - c. Alignment of functions that would benefit from national consistency and independent oversight i.e. critical incident reporting, restrictive interventions, community visitors and workforce scheme (adverse finding).
 - d. Consideration to transitional implementation of national safeguards.

1. Sector Transformation: Towards Individualised Supports in Victoria

Prior to the movement towards individualised funding and support, Victoria had two foundational frameworks for the provision of services to people with a disability. The *Intellectually Disabled Persons' Services Act 1986* (Vic), was primarily concerned with the protection of people with an intellectual disability who were moving from residential institutions to community accommodation. This rights-based legislation protected peoples right for service, quality of life and development. The later *Disability Services Act 1991* (Vic) recognised a broader range of disability and enabled community service provision, driven by the agreement of Commonwealth and State governments to improve community integration of people with a disability.

The Victorian *Disability Act 2006* (the Act) was largely driven by two factors: 1) the 2003 Victorian Law Reform Commission review concerned with the well-being and inclusion of people with an intellectual disability and 2) the aspiration of movement towards individualised funding and supports.

The Act drives transformational change in the sector to embed person-centred approaches through the person having greater control over their support planning and service delivery. The Act recognises the need for an independent statutory complaints framework that ensures people are empowered to 'speak up' to their service and would drive improvement in services meeting their needs. The establishment of such an office to fulfil this function at this time was innovative in Australia due to its visibility through name, being a discrete entity (not attached to any other jurisdiction such as health) and being tasked with system stewardship of cultural changes in the sector, rather than administrative review.

"Complaints will often provide opportunities to improve quality of care and redress systemic issues. They should be seen primarily as a method of quality assurance, rather than as providing a means of detecting and punishing wrongdoers. A complaints body can operate as a practical mechanism to support and enforce a statement of core values." (Victorian Law Reform Commission, 2003, p. 153)

The principles in the Act are comprehensive, providing a clear foundation and evidence for the manifestation of service delivery in individualised ways. In this regard the *National Disability Insurance Scheme Act 2013* (NDIS Act) and the Victorian Act have similarities.

The core legislative responsibilities of the Victorian Disability Services Commissioner (VDSC) are to:

- Work with people with a disability and service providers to resolve complaints.
- Provide information, education and training about complaints in disability services and the ways to prevent, manage and resolve issues.
- Utilise information from mandatory complaints reporting from service providers to inform broader improvement in disability services.

More detailed information about the functions of the VDSC are outlined in section six.

System stewardship of cultural change

The approach VDSC takes in meeting these functions advances the notion of quality assurance in a person-centred environment. VDSC holds the view the more open people are to raising issues and services are in accepting complaints, the greater contribution this can make to the improvement of services at both an individual organisation or across the sector as a whole. The VDSC has adopted a foundational approach of *contribution* and *capacity building*, with compliance being a tertiary end response.

The VDSC works to enhance the capacity of people with a disability and their family to raise issues, be heard and respected in the delivery of their service. Capacity development of the person occurs through:

- coaching people to raise issues directly with their provider or another entity
- warm referral to other complaints entity
- education sessions
- 'It's OK to complain!' and 'Speak UP!' campaigns
- easy English newsletters
- accessible complaints resolution process (including bespoke resources)
- person-centred alternative dispute resolution model.

The voice of people with a disability will be better heard when services employ a positive attitude to people making complaints and recognise the value of learning through complaints. A critical component of cultural change is the ability, through reflective practice, to identify and redress issues that have arisen from service delivery that does not align with the core values of the organisation, relevant standards or principles of the Act.

To build the capacity of the sector VDSC:

- developed training on the Four As of complaints handling (Acknowledgement, Answers, Action and Apology) providing organisations with a tangible responsive approach to handling complaints
- embeds person-centred practice and organisational reflection within the online complaints reporting process¹
- coaches services in their response to people raising issues
- provides feedback on service providers complaints policy and processes
- provides resources and publications to support staff and senior executives in good practice complaints handling
- provides organisational complaints culture stock take tools
- questions the lessons learnt and organisational improvements that can be made as part of the complaints resolution process
- issues Notices of Advice highlighting improvement areas.

Contribution of the Victorian Disability Services Commissioner

The VDSC was implemented to support the transition towards more person controlled service delivery, and to change the behaviour of the composite parts of the sector. Since 2007, the VDSC has collected information on 9,679 complaints reported by disability service providers and has handled over 5,000 enquiries and complaints directly. This equates to a total of over 14,600 enquiries and complaints matters to draw experience from.

In addition to the varied resources published, VDSC has disseminated over 108,000 pieces of promotional materials and newsletters. VDSC have delivered education and information sessions to over 13,000 people including over 3,100 people with a disability, 2,100 family members and over 7,800 staff.

The approach of VDSC has seen the volume of complaints reported and dealt with by VDSC rise significantly. Complaints reported by service providers to VDSC through the annual complaints reporting process have risen 66 per cent since the establishment of the office in 2007, and there continues to be a rising trend. An evaluation of complaints reporting process conducted by ORIMA research in 2012, showed 59 per cent of respondents agreed the process improved the level of awareness of the importance of complaints reporting in their service. Complaints dealt with by VDSC have also risen by 200 per cent since 2007. This reflects the changing attitudes in the Victorian sector about people having a right to speak up about their services.

The above information is intended to provide an insight into the unique experience VDSC has in regards to working with people with a disability who access an independent complaints function and the trends in specialist disability service provision.

¹ Refer to Appendix 2 and 3 for further information about the Annual Complaints Reporting process and online tool.

2. The Unique Context of the Disability Sector

Service provision to people with a disability is different to more generalised consumer relations or episodic health services. Knowing and recognising the environment, which the regulation will operate in, will enable a stronger fit-for-purpose safeguards model.

The features outlined below demonstrate a unique layer of complexity that should be recognised in the development of a national safeguarding framework.

- Length of service provision

Where impairment is permanent and profound, disability can be long term with resources allocated in an ongoing capacity. Service delivery delivered over an extensive period of time and there is an overlapping interest between those involved in planning and future delivery. Relationship factors, such as trust and ability to work partnership, are highly valued. In complaints dealt with by VDSC there is often a long history of service to a person with a disability often with many shared experiences (both positive and negative). The most recent 50 complaint forms received by VDSC indicated an average service relationship of five years, with the longest relationship being 30 years.

- The efficacy and quality of services can change over time

Due to this extensive relationship between a person and a service provider, the organisation itself changes in its capacity to meet a person's need (operational changes, resources etc.), and on the consistency and quality of service provided.

- Access to services to meet individualised needs

There can be limited disability services to choose from particularly in regional areas of Victoria or when a person needs a more specialised service. Some services are delivered in settings that must take into account the rights of individuals within a group context, such as group homes.

- Multiparty support

A person receiving a service may have a large team of workers who are involved in the provision of their service. A person may be utilising multiple services at any one time and they may have multiple people in their lives assisting with making choices and decision-making.

- Increased risk due to support type and/or limited social networks

The service can be a highly personal service and often delivered on a one-to-one basis, taking place in people's own homes. The workforce is highly casualised and some of the most sensitive supports are performed by those unskilled in that area (NDS, 2011). People with an intellectual or psychological profound or severe disability are less likely to report having family members outside the household they could confide in (66 per cent and 65 per cent respectively), compared to those without disabilities (90 per cent)². This is also depicted in complaints for people over the age of 45 years, complaints raised on behalf of a person with a disability are predominantly made by paid staff, and only 2 per cent of complaints are made by 'other family members'.³

² ABS, 4439.0 - Social Participation of People with a Disability, 2011.

³ Currently unpublished paper by the VDSC, 2015.

3. National Oversight

Risk Based Approach

The consultation paper articulates the risks based on a movement towards a 'disability marketplace' with significant changes to the pathway of funding for the provision of supports, namely the person having control in the purchase of services. It also captures the principles for a safeguard framework succinctly. While risk is defined as the likelihood of harm and poor quality of supports, the framework would benefit from greater articulation and assessment of the discrete nature of risk faced by different individuals. Conventionally risk is defined as a combination of probability/likelihood and impact/consequence. Framing this in the context of risk to the person identifies elements of capacity, support types, communication, natural supports etc. A rigorous and systematic approach to identifying and responding to risk requires more detailed analysis of these situations, to ensure regulation is focused in a way that manages the risk effectively, efficiently, consistently and coherently. This may provide a clear legislative starting point for the safeguards. Information contained in this paper is intended to assist with such risk analysis.

Of interest is the work in the United Kingdom (UK) by the Financial Services Consumer Panel, a statutory body that advises on the interests and concerns of consumers (2015), on defining and dealing with issues of vulnerability and disadvantage. The research contends that vulnerability and disadvantage go beyond the personal attributes but include the circumstances of the individual. Therefore, vulnerability does not encompass everyone with a disability but acknowledges the differences in 'how' a person is a consumer and variation in the level of disadvantage that exists. Risk is heightened due to multiple factors such as the capacities of the person, prolonged vulnerability, complexity in decision-making and weighing up choices, technology disadvantage, and the type of service they sought to use. It also noted that a business's policy on complaints:

'have huge impact on consumer's experience. Firms that are unhelpful when things go wrong put consumers at considerable disadvantage, leaving them unable to resolve problems to their satisfaction and deterring others from even making a complaint, because of the hassle involved with little anticipation of success.' (Financial Services Consumer Panel, 2015).

This multifaceted risk they contend requires proactive engagement of regulation entities due to the likelihood of consumer disadvantage faced (UK, 2015).

Oversight

It has been the experience of the VDSC that complaints allow a holistic perspective of the various quality and safeguard mechanisms enacted within this legislation. Complaints identify issues of service provider compliance or policy implementation of: quality assurance mechanisms, restrictive interventions, abuse and neglect/adverse event reporting, choice and control, staffing issues, formal and informal decision-making for example. This is not to say that it manages all of these processes, however, it does provide a central conduit to understanding the issues in many of the quality and safeguards areas. The VDSC is an advocate for the principles of the Act, human rights legislation and driving systemic sector changes as an enabler.

Developmental, Preventive and Corrective Tiers of Safeguards

The consultation paper identifies three tiers of safeguards: developmental, preventive and corrective. To achieve the aspirations of the *NDIS Act 2013* requires innovation and deviation from traditional approaches to regulation. This is an opportunity to embed elements of behavioural change principles within regulation policy to sustain cultural change in the sector. While 'Corrective' mechanisms by the nature of the powers they hold may be seen to enable this, it would be fundamental to reinforcing the scheme's aspirations for corrective mechanisms to be founded firstly in developmental and preventative approaches.

Regulatory approaches should be person-centred, accessible and have a clear intention to build the capacity of the person, services and sector as a whole. The approach should actively engage the stakeholders in development activities with the view to preventing a tertiary level response. Responsibility for developmental, preventive and corrective actions should be articulated across all quality and safeguard mechanisms to achieve the breadth, sustained change and problem solving required by this scheme. Culturally, any safeguard entity should also be focused on learning, refinement in approach and shared learning, which will encourage adaptability and flexibility to the changing environment the NDIS will bring (Australian Public Service Commission, 2007). This approach aligns more strongly with Best Practice Regulation by seeking contribution to sector improvement rather than creating bureaucratic processes.

4. The Importance of Independence

The Productivity Commission's Disability Care and Support Inquiry Report (2011) identified the need for an independent complaints function, noted as an Inspector General, to assume responsibility for issues of quality and efficacy in service provision. The experience of our office is that independence is of paramount concern to people raising issues and something we continue to need to reinforce. There is a clear public integrity issue of aligning a complaints entity within a funding or decision-making body, and such an approach would be inherently conflicted and compromised.

The concerted focus on market growth to cater for demand for specialist disability supports is likely to raise scepticism around complaints handling and resulting decisions if it is too closely aligned with the agency or government departmental. Separation from resource and provider registration decisions will go some way to alleviate the concerns of conflict of interest and over time aspire to normalising complaints in the provision of disability services. More will be mentioned about the current complaints rates in the disability sector in the next section.

Consideration also needs to be given to the option of alignment with any other complaints function. The implementation of a discrete Disability Services Commissioner in Victoria was driven through public and sector interest who favoured an approach that created clear visibility of disability as a priority issue⁴. Overtime VDSC has seen the benefits of this discrete investment through the increase in number of people speaking up about what is not working with their supports and the sector drawing on our resources. Arguably comparison of disability complaints rates demonstrates this is not the same experience across Australia, with particular resource implications when aligned with other functions (Bruggerman & Johnson, 2013, p 73) and variability in investment across the country.

The investment being made by the Commonwealth and States in individualised disability supports requires comparable attention to the risks posed and outcomes that can be achieved through the establishment of an independent entity.

For the reasons outlined in part above and will be further highlighted throughout this paper, independence must be demonstrated by its autonomy from government due to the highly sensitive nature of information held, and perceived interference government could play in managing conflicts with service providers and staff. For example, the Aged Care Scheme does not display sufficient independence as it reports to the Secretary of the Department of Social Services (Commonwealth). This scheme also makes decisions about accreditation of services which may compromise the desired cultural shift in the sector required to embrace complaints as an opportunity to empower people to speak up and learn from complaints in order to improve service delivery.

For consideration of the Commonwealth are the public integrity issues that are linked to the NDIA's strategic goal of community ownership, confidence and pride in the scheme. It is the experience in Victoria, and rhetorically we understand of other states, that visibility and terminology of 'Disability Commissioner' was seen as critical to stakeholders, even where this was attached to other functions. The number of complaints by people with a disability provides some evidence of public reticence of people with a disability approaching other statutory authorities, where these numbers are seen to be important to report. Largely this may go somewhat to the issue of accessibility, however the distinct branding of 'Disability' aids in a clear identity and signal of accessibility. As noted in the ACT Human Rights Commissioner 2012-13 Annual Report, *'The visibility of the role of the Commissioner has also been an ongoing problem when the title of the organisation does not reflect the work of the Commissioner's office. It is often a source of confusion for the public who consider that our focus is quite different to the separate work undertaken by the respective Commissioners'* (Disability & Community Services Commissioner, ACT, 2014). Of note, the Commissioner has no functions related to community services.

For the reasons canvassed above, there should be a separate national independent oversight body established that has a discrete remit of disability.

⁴ As noted in relevant Hansard records, there was overwhelming constituent and sector support.

5. Complaints Enabling Choice and Control

Market Model

Movement towards a market perspective of disability services requires participants of the scheme to be rights aware, able to evaluate options and make informed choices, and shape service delivery and quality (as outlined in the consultation paper). While there are different theories of the role of government and protections within a market, well reflected by the options in the consultation paper, there is a bipartisan desire to develop policies that create opportunities and inclusion of people with a disability in society; and to create regulation that is consistent with protecting consumers, that does not leave people behind and ultimately creates an equitable society within a market model⁵.

Based on the most renowned research regarding complaints behaviour it is apparent that there is a significant gap in expected general consumer complaint behaviour and consumers in the disability services sector. Research suggests only 1-5 per cent of customers will escalate their complaint to a local manager or corporate Head Office (Goodman, 1999). For problems of 'mistreatment, quality, and incompetence' people will only raise a complaint with front-line staff 5-30 per cent of the time (Goodman, 1999).⁶

Specific to the NDIS model, the Administrative Appeals Tribunal allowed for an increase of approximately 400 matters and equivalent budget to cater for the commencement of the NDIS 2013-14 (AAT, 2015). However, for that financial year only 18 cases were raised for review with the AAT, representing approximately 4.5 per cent of the expected volume (NDIS Annual Report 2013-14).

The Commonwealth and ACT Ombudsman (2014) report into complaint management identifies the existence of cultural, confidence, language, referral and fear barriers that exist for vulnerable groups of people preventing them making a complaint. VDSC has also identified explicit reasons why people with a disability or their family members are reluctant to raise issues with their service provider or with a third party:

- Fear of retribution or withdrawal of service for making a complaint
- Not being aware of their right to complain
- Not wanting to be seen as a 'troublemaker'
- Concern about how it will affect their relationship with the service provider
- A lack of information about the process for making a complaint
- Previous negative experiences associated with having tried to make a complaint
- A sense of 'gratefulness' in a competitive environment for services
- Lack of service options (in rural or remote locations).

The VDSC's annual report recounts the experience of a mother.

*'I complied because I didn't want [the staff member's] frustration taken out on [my son].'
Mother of a person living in a group home (VDSC, 2014)*

It is critical to the development of a national framework that the barriers faced by people with a disability receiving services are acknowledged in order for appropriate mechanisms to reduce those barriers are put into place.

Service Cultures

The regulatory mechanisms need to be aspiration based in accordance with the desired scheme. However as individualised supports roll out across the country it is also important that the capacity of people to speak up about their supports is developed, and the capacity of services to listen is ensured.

⁵ Taken from current party platforms – refer to references.

⁶ In Victoria, which has had individualised funding since 2008 and is developing a strong complaints culture, based on a conservative estimate of the proportion of expected complaints it appears that 88 per cent of issues of dissatisfaction are unreported to services or not recorded. However, it is acknowledged rates will vary based on the service, and this rate is likely to be overestimated given the inaccuracy in defining a complaint. The rate is based on the following 2011-12 data: Number of people in Victoria provided with specialist disability services, number of complaints reported to VDSC and Respite Carer Satisfaction Survey (ROGS 2013 Box 14.16) reporting 11 per cent of Victorian carers receiving respite services were dissatisfied.

The majority of complaints reported directly to providers⁷ and those dealt with by our office can be traced back to a fundamental issue of the person's choice or control of their support.

The top three complaint themes raised directly with service providers were service delivery quality/standards (51 per cent); staff of the service provider (41 per cent) and communication or relationships with the service provider (28 per cent) [aggregate period 2010-14, n=6779]. Quality of service delivery incorporates issues around expectations versus experience, which can result from incomplete understanding of the person's needs before commencing of service delivery, or over ambitious portrayal of what the service can deliver. As a subset of staff related issues, the behaviour and attitudes of staff (20 per cent) often relate to the person not feeling listened to, being treated disrespectfully or not actively involved in the delivery of the service. These sentiments were also mirrored in National Disability Services (NDS) national public forums when exploring what makes a person feel their decisions matter and feel safe in the delivery of support services:

'The feedback supports the notion that policy and procedure have a role to play but that people who use services are overwhelmingly focused on the issue of service cultures. Failure to listen was the most common theme. Being overly familiar or disrespectful of a person's home and possessions; failure to elicit opinions or decisions; undue focus on routines; and 'doing for' behaviours also represent areas of poor practice...' (NDS, 2014, p. 13).

Developing Sector Capacity

The review of the management of complaints by the Commonwealth and ACT governments identified that the increase in complaints numbers was attributed to the improvement in community awareness of raising complaints and ease of accessing complaints mechanisms (Commonwealth & ACT Ombudsman, 2014). This report also highlighted the cultural shift of the last 20 years indicating that the public service sees complaints management as an important tool to improve business rather than a 'cost' (Commonwealth & ACT Ombudsman, 2014).

Building the Person's Capacity

Independent complaints mechanisms provide an opportunity for the person and family to feel heard, exercise choice and control or address misalignment of expectations. VDSC has an accessible and person-centred model, and undertakes much of our resolution work in both early conversations (enquiry stage) and the assessment period (assessment stage). This is reflected in the high number of enquiries and complaints in which VDSC:

- coaches and/or assists people to raise issues with their service provider in the first instance
- provide consultation to service providers on how to address issues
- brings people together to talk about issues and expectations.

Taking this approach develops the capacity of the person and the service in how to raise and address issues related to service delivery, and often supports them to resolve concerns as they arise in the future (refer also to Section 6 Legislative Considerations; Approach).

Best practice, as identified in the Australian Standard for Complaint Management (2015), recognises the importance of organisations taking regular action to determine the level of satisfaction of people who make complaints with the service. VDSC sends an evaluation survey to each person, where appropriate, involved in our complaints process. Our evaluation process demonstrates:

- The perceived resolution to issues has improved from 58 per cent in 2009-10 to 92 per cent in 2013-14.
- Satisfaction with how VDSC dealt with the complaint has risen from 69 per cent in 2011-12 to 80 per cent in 2013-14.
- Dissatisfaction with the outcome of the complaint has dropped from 21 per cent in 2011-12 to 8 per cent in 2013-14.
- Satisfaction that the person felt listened to by the officer, was respected and felt the complaint was treated seriously has averaged 92 per cent since 2011.

⁷ In Victoria the legislation requires all registered, contracted and funded disability service providers to report complaints they receive to the Commissioner annually. Refer to Appendix 2 for information about the process and Appendix 3 for information about the On-line Complaints Reporting Tool.

The Role of Advocacy

VDSC acknowledges the important role advocacy plays in supporting the voice of people to raise issues directly with a service provider, or seek resolution assistance from VDSC where there is dissatisfaction with the outcomes. There is outstanding work of some advocacy organisations that provides access to those who are most vulnerable due to living in closed environments, children or are more difficult to reach due to the significance of their communication or cognitive impairment.

VDSC also works closely with a range of self-advocacy groups and has developed tailored training and information to support their role in communicating the rights of people to 'Speak Up' and that 'It's OK to complain!'

Improving service providers responses to complaints

It is important to note that complaints resolution models generally subscribe to a tiered approach whereby persons are encouraged or assisted to raise their complaint firstly with their service provider. The use of an independent complaint mechanism occurs if the complaint was not dealt with to the satisfaction of the person, or the person is too fearful or requires support to communicate/raise their issue. With some complaints raised with VDSC the person has felt uncomfortable or scared to raise their complaint directly with the provider and sought an independent complaints process to provide them with certainty about the way their complaint would be handled.

Education is a critical function of any regulation framework in order to address cultural change and sector improvement. The UK Care Quality Commission's assessment of complaints handling identified the poorest practice related to providers' responsiveness and treatment of people who complain (Care Quality Commission, 2014).

Based on mandatory complaints reported by service providers during the period of 2010-2013, we have demonstrated a statistically significant relationship ($r=0.7$) between the provision of VDSC complaints handling training and the volume of complaints the service provider reports following this training. As educative interaction with VDSC increases - so too does the number of complaints reported.

Supporting other complaints schemes to build their capacity of working with people with a disability is a further opportunity presented by implementation of independent oversight. In Victoria we have worked with agencies such as: Australian Competition and Consumer Commission, The Public Advocate, Consumer Affairs Victoria, the NDIA, Victorian Department of Education and Training, Victorian Equal Opportunity and Human Rights Commissioner, Health Services Commissioner, Legal Services Commissioner, Victorian WorkSafe and more recently Victorian Police; to deliver tailored training, provide advice on information and education materials, review or assist development of policy frameworks and practice models to improve accessibility for people with a disability to make complaints.

6. Legislative Considerations

The National Disability Insurance Scheme (NDIS) is the new way of providing individualised support for eligible people with permanent and significant disability, their families and carers. In shifting to this particular type of service provision, consideration needs to be given to ensure that adequate safeguards are in place so that the rights of people utilising the scheme remain at the forefront of service delivery. Any oversight legislation should have clearly articulated functions that are consistent with both the Principles of the Act and reflective of the human rights focused approach.

The following objects of the NDIS Act 2013 align strongly to the objectives of disability complaints mechanisms:

Part 2, Section 3(1):

- (c) support the independence and social and economic participation of people with disability;
- (e) enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports;
- (g) promote the provision of high quality and innovative supports that enable people with disability to maximise independent lifestyles and full inclusion in the mainstream community;

Scale and Scope

In 2011–12 a total of 63,186 Victorians received National Disability Agreement (NDA) specialist disability services in Victoria (Productivity Commission, 2014). This represents less than one-fifth of the number of people with profound or severe disabilities.

Based on complaints reported over the past 7 years (2007 - 2014) where disability type was recorded by service providers (8,013 instances), consistently an average of 64 per cent of people in receipt of the service had an intellectual disability. This far exceeds the next categories of physical disability at 19 per cent and autism at 11 per cent. For complaints raised directly with our office the trend in 2013-14 is similar for intellectual disability (56 per cent), but higher for physical disability (40 per cent) and autism (27 per cent).

This reflects a similar proportion to the population expected by the Productivity Commission for Tier 3 supports whereby approximately 50 per cent of participants have an intellectual disability and 14 per cent are estimated to have autism. While the current National Disability Insurance Agency (NDIA) data does not represent full scheme and is impacted by the trial site focus, it would be likely that the top two disability types for allocation of Tier 3 resources will remain persons who have an intellectual disability and autism (NDIA, 2014). They also represent the highest level of committed funds.

What is evident from this information is the general alignment of providing active service to people who most require it due to the significant communication, support and service needs arising from their disability. Based on estimated participants of Tier 3 funding support, it could be envisaged that while a broad jurisdiction might apply, active service of complaints function might realistically be scoped at approximately 150,000 participants nationally.

The other side to this story is an average of 40 per cent of enquiries and complaints that VDSC receive are not in jurisdiction. In many of these instances VDSC facilitates a 'warm referral' to other appropriate statutory, complaints or other agency where an agreement is in place. Working arrangements with other statutory entities detail contact points which in some instances provides priority access, for instance with Consumer Affairs Victoria. We see this as an important function to ensure any person with a disability receives appropriate support from any complaints system. This also provides supplementary support to people with a disability or family members who may require coaching to initiate a complaint, but not complaint handling by our office. In recent years, 'warm transfer' with a clear timeframe for response has also been instigated between Commonwealth government agencies e.g. Centrelink, to prevent 'complaint fatigue and drop-out' (Commonwealth & ACT Ombudsman, 2014, p. 13).

Service Trends

Complaints about supported accommodation consistently receives the highest volume of complaints handled by VDSC and reported by service providers. The complaint profile also differs from other types of services. Supported accommodation complaints are more likely than other complaints to relate to:

- service delivery, quality or standards (57 per cent, compared with 50 per cent)

- a person receiving services with an intellectual disability (75 per cent, compared with 61 per cent for other complaints)
- a person aged either 36-45 years (29 per cent, compared with 18 per cent) or 46-55 years (22 per cent, compared with 12 per cent)

Concerns about personal safety issues in supported accommodation are more prominent in comparison to other service types (refer to Table 1 below).

Table 1: Comparison of personal safety and support type

Personal safety issues	Supported accommodation	Other service type	
Physical & personal health and safety	33 per cent	17 per cent	More likely to be regarding people with ID and autism than other supported accommodation complaints (81 per cent vs. 73 per cent; and 15 per cent vs. 10 per cent)
Discrimination, abuse, neglect, intimidation or bullying by staff	10 per cent	6 per cent	More likely to be regarding people with ID than for other supported accommodation complaints (85 per cent vs. 74 per cent)

The top-5 service type and issue combinations⁸ in complaints as reported by service providers in the four years 2010-2014 were:

- Physical and personal safety in supported accommodation (8 per cent)
- Quality of service provided in supported accommodation (7 per cent)
- Quality of service delivery for individual support packages (7 per cent)
- Staff behaviour and attitudes in delivery of individualised supports, namely day services (7 per cent)
- Staff behaviour and attitudes in supported accommodation (6 per cent)

Approach and Functions

VDSC has consistently achieved a complaints resolution rate of 70 per cent and above. This exceeds the resolution rate for similar bodies and is also based on the person's perspective of resolution. A further 21 per cent were partially resolved in 2013-14. Fewer than one in ten matters do not achieve resolution in the view of the person who has raised the concerns.

These results are achieved through informal resolution of matters, conciliation and investigation. The approach is cognisant of the ongoing relationship people with a disability have with their provider and the often limited choice in another support service. The Alternative Dispute Resolution model and focus on resolution is highlighted as a key recommendation in the Commonwealth and ACT Ombudsman's review (2014). All Resolutions Officers have experience in the disability sector and are accredited under Australian Mediator Accreditation System (NMAS).

This approach is consistent with the core functions of the Commissioner, the principles of the Act and is underpinned by Human Rights legislation⁹, all of which have a focus on safeguards as a high priority. Key functions (refer to s16 of the Act for full function details) include:

- Investigate complaints relating to disability services;
- Review and identify causes of complaints and suggest ways of improving and minimising those causes;
- Conciliate where a complaint has been made in relation to a disability service provider;
- Publish and make available details of complaints procedures;
- Publish information about complaints;
- Consider ways of improving disability services complaints systems;
- Develop programs for persons in the handling of complaints;

⁸ The Annual Complaints Reporting tool captures 28 types of issues. The funding pathway captures 15 individualised funding service types and 20 department funded activities.

⁹ In the *Victorian Charter of Human Rights and Responsibilities Act 2006* (the Charter)

- Determine what action should be taken by a disability service provider where a complaint has been found to be justified (pursuant to s119 of the Act);
- Provide education and information about complaints relating to disability services;
- Provide training about the prevention and resolution of complaints relating to disability services;
- Conduct research into complaints relating to disability services and mechanisms for resolving complaints relating to disability services.

Powers

The legislation needs to ensure that any independent oversight body has the capacity to carry out its functions by ensuring that its powers are commensurate to the functions of the body established. The powers afforded to a national oversight body should be both preventative and corrective in nature.

Currently, the VDSC has the power to:

- Consult with any person or body as the Commissioner considers appropriate;
- Develop and suggest ways of implementing procedures for:
 - dealing with complaints relating to disability services; and
 - making existing procedures more effective
- Provide advice to complainants of alternative means for dealing with complaints;
- Provide advice generally on any matter in respect of complaints relating to disability services to:
 - disability service providers;
 - complainants;
 - the Minister;
 - the Secretary
- Encourage disability service providers to distribute, display or make available material and information produced by the VDSC about the resolution of complaints relating to disability services;
- Seek information from disability service users and disability service providers about the working of the disability services complaint system.

Legislative barriers and unintended consequences

Jurisdiction

The consultation paper identifies the likelihood of new services arising to meet demand. While this paper highlights key areas of vulnerability, drawing from the Health sectors response to service rebadging and managing unregistered providers, the scope needs to be sufficiently broad to capture NDIS funded supports and flexible to allow for growth, innovation and improvement in quality. There is precedent in NSW of establishing jurisdiction by agreement, allowing changes to be made without the requirement of passing legislative amendment.

While less likely an issue should the jurisdiction cover NDIS funded supports, it is the experience in Victoria that safeguards for particularly vulnerable groups have been impacted due to machinery of government changes. There is currently a lack of safeguards in place for children with a disability. NDIS has an opportunity to ensure that disability matters for children funded by the scheme are handled by a body that has expertise in understanding the issues for children with a disability and their families or carers.

Own Motion Inquiry

It is noteworthy that six other jurisdictions within Australia with similar complaint resolutions functions all have own motion capacity - a power that the VDSC does not have. This is of concern as the power to conduct an own motion inquiry can have a direct and positive outcome on individuals in receipt of disability services who may or may not be empowered or have capacity to complain about conduct or service delivery of concern. At a federal level, the Aged Care Commissioner also has own motion capability pursuant to Part 6.6 of the *Aged Care Act 1997*.

Complaints Reporting

The mandatory complaints reporting process has assisted to reframe the value of complaints in the sector, provided a person-centred approach to complaints handling, and provides valuable data-mining capability around complaints trends. Improvement, however, would be found in the Western Australian model whereby complaints' reporting is 'prescribed', enabling a more flexible and tiered approach to risk and regulation. It is of note that WA Health and Disability Services Complaints Office have adopted the online complaints reporting tool developed from work by VDSC and will commence on 1 July 2015. NSW have a voluntary process of

complaints reporting through an adaptation of VDSC's online tool, and have embedded this alongside other quality reporting requirements.

Information Sharing

A survey conducted in UK identified 82 per cent of people would be more likely to raise an issue about poor quality of care if they knew the information would inform later assessment or investigation processes (Care Quality Commission, 2014). The CQC utilised this basis to inform their 'Intelligent Monitoring' approach that utilises information and data across a range of quality and safeguard functions (internal and external) to determine which organisations to conduct a site visit (inspection) with the purpose of promoting improvement. The Care Quality Commission's (CQC) refreshed approach to regulation directly embeds the person's perspective on organisational complaints handling and utilises this to assess and publicly report on complaints performance from 'Outstanding' to 'Inadequate' (CQC, 2014).

While VDSC identify that variability occurs within services, we agree with the key motivator for this approach is to drive improvement in service delivery and complaints handling. CQC enable organisational cultural change by supporting providers to reflect on and utilise the feedback from a range of information sources. The site visit process is a learning opportunity targeted at services that 'do not take complaints seriously' (CQC, 2014). Information sharing provisions in legislation need to be addressed to ensure adequate responses to quality changes in the sector, and market learning can be shared with the NDIS.

The information above depicts the importance of appropriate information sharing provisions and relevant powers to conduct own motion inquiry where there are either well-being concerns for an individuals of which the information provided is unclear, or to address organisational trends based on information captured across safeguarding functions.

7. Opportunity for alignment of safeguards

It is important that the fragmentation of safeguard approaches or absence of safeguards is not duplicated in a National Scheme. The aspiration should be for one oversight body to monitor the safety of people with disability and quality of service provision from their perspective. Where there are serious implications for service providers, this body would share information with the regulatory authority responsible for registration.

Critical Incidents Oversight

One of the most disturbing issues that can occur in disability service provision is the alleged assault or abuse of people with a disability by staff who are entrusted to provide care and support. It has a devastating impact on those affected and undermines the confidence of other clients, families and staff in the disability service system. It is completely unacceptable.

Since June 2012, VDSC has been providing independent review and monitoring of Category One incident reports relating to allegations of staff-to-client assault and unexplained injuries for Department of Health and Human Services. In August 2012, this arrangement was extended to include community service organisations. Through our role in monitoring and reviewing incidents, we influence policy to improve prevention and responding to abuse; and provide advice on individual matters where the concern for the person with a disability is not apparent.

- In 2012-13 the Disability Services Commissioner reviewed 281 incident reports.
- In 2013-14 the Disability Services Commissioner reviewed 309 incident reports.

Through these reviews we consistently identify the following themes:

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

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

In 2012, we published an occasional paper *Safeguarding people's right to be free from abuse* to provide recommendation to government and the sector. The recent implementation by the Victorian Government of the Disability Worker Exclusion Scheme aligns with our perspective that robust human resource processes and documented staff investigations are required to prevent further reoccurrence.

In 2014 we published *Investigations: guidance for good practice* and associated information sheets and practice guidance to support services to promote consistent good practice in investigations to address the experience of the person with a disability while conducting a fair and thorough investigation.

Barriers and Opportunities for Improvement

- Amended forms or identification of an incident through the VDSC complaints process evidences a degree of underreporting or failure to report due to unclear definitions and understanding of what constitutes a critical incident. VDSC are also aware of families not supporting a report being submitted due to the perceived consequences (fear, removal of services, that staff will be offended), not believing the alleged victim or not wanting to be seen as a *bother*.
- The administrative nature of our oversight arrangement is not ideal, and we submit that any legislated review function should be supplemented with a provision allowing the independent body to have monitoring/oversight of and authority to investigate critical incidents as a result of the review function. We are encouraged by the work of the NSW Ombudsman, Deputy Ombudsman/Community and Disability Services Commissioner pertaining to enshrining reportable incidents in legislation, and the outcomes they

have seen in this short space of implementation.

- Mandatory reporting will enable protection of a person's human rights and should also capture the requirement of advocacy organisations to provide a streamline report or alert. We understand there is some hesitance in the advocacy sector due to concern of breaching a person's confidence/trust. VDSC contends there are situations where the wellbeing of the person must be paramount, and this is the only way to obtain a reasonable picture of the extent of abuse and neglect and ensure the person's needs are considered by the service provider.
- It is worthy of considering the current constructs of the aged care model of incident reporting oversight as contained in the *Aged Care Act* 1997. This legislation requires that all staff to client assaults must be reported to the Department and Police within 24 hours except under a number of clear circumstances; and encourages disclosure of reportable assaults by providing both civil and criminal immunity to a disclosure who makes a disclosure in good faith and in accordance with the relevant legislative requirements (Division 96.8). This immunity from legal action provides an additional layer of safeguarding by promoting disclosure of reportable behaviour rather than relying on complaints being raised by an individual that is being treated inappropriately, who may or may not have the capacity (both legal or otherwise) to report such behaviour.
- VDSC have also seen benefit of practical partnership with police at a state level to facilitate better access to justice for people with a disability reporting crime. Under a national system this local based practice should be retained.

Restrictive Interventions

One of the strengths of the Victorian disability system is the way in which the safeguards provided by the Senior Practitioner (Disability) and the complaints functions work together to promote and protect the human rights of people with a disability and aim to achieve optimal outcomes. Nearly 10 per cent of people with an intellectual disability who are receiving services are subject to routine chemical restraint (Victorian Government, 2014).

A number of similar themes have been identified through complaints handling and the independent oversight of critical incidents relating to allegations of staff to client assault and unexplained injuries. Where enquiries and complaints relate to behaviour support plans and practices, medication and use of restrictive practices (7 per cent of complaints relating to physical or psychological safety in 2013-14); the expertise and clinical review function of the Senior Practitioner has been invaluable. In addition VDSC consult ad-hoc on a range of other complaints related to the quality of service provision to gauge the adequacy of behaviour support plans in place and clarification on practice standards. The scoring tool evaluation implemented by the Senior Practitioner provides a standardised assessment as to the quality and adequacy of the plan in place for that person.

Barriers and Opportunities

- In relation to restrictive interventions, it has been our view that the Victorian model could be enhanced with a more strategic focus and increased credibility in providing expertise and evidence-based practice standards for the sector were it independent from the funding body.
- Under the current trial of the NDIS, practice based behavioural interventions are outsourced to a service provider as funded in the participants plan. As an entity, the NDIA is developing expertise in assessing, planning and funding; rather than specialising in practice intervention. There is an opportunity to more closely align the work of complaints and restrictive intervention practitioners to utilise the expertise of both functions in bringing about change to the disability sector

Community Visitors

Community Visitors (CV) have an important safeguarding function in Victoria. CV volunteers conduct hundreds of visits each year to group homes, supported residential services and mental health facilities to monitor and report on the adequacy of such services. VDSC utilise referral to the CV requesting visits to particular group homes the Commissioner has concerns about arising from enquiries and complaints that have been received. VDSC utilises the information published in the CV annual report to inform greater contextual understanding and trends in sector issues.

Barriers and Opportunities

- The Community Visitors Board under section 33(b) of the Act can refer matters to the VDSC to deal with. However, the construct of the CV program can prevent timely referral.

- Given the national variation in visitor schemes, it would be prudent for evaluation of the different models that exist in Australia and NZ to identify a best approach that retains the ability to access persons that are more challenging to engage in safeguard mechanisms due to their level of communication or cognition impairment.
- Of note, we understand New Zealand's national disability advocacy scheme as part of the Health and Disability Commissioner has some success in facilitating complaints handling at a local level.

Centralised Workforce Scheme

Through oversight of critical incidents VDSC have identified repeat 'offenders' who have not been identified due to working at different organisations, regions or making adjustments to their name. While this has resulted in conviction, it highlights the inefficiencies in workforce screening, reporting and review controls in place.

The national scheme provides an opportunity to provide a comprehensive and consistent approach to workforce protections across other similar vulnerable groups, such as children and aged care, and other authorities who engage disability services (i.e. TAC and WorkSafe). As identified in numerous reports and more recently by the Royal Commission into Institutional Responses to Child Sexual Abuse, predatory behaviour does exist and staff do move between areas of employment or states prior to any disciplinary actions.

The VDSC strongly contends that there is a need for both state and commonwealth governments to enable an adverse workforce finding scheme (barring / negative licence scheme) to contain the abuse of the most vulnerable in our society.

Quality: Registration and/or Accreditation

The consultation paper refers to withdrawal of registration as a disincentive for providers. The current status in NDIA is that unregistered providers may continue to provide services. This is therefore no longer a risk or disincentive for being unregistered.

From the perspective of safety there are examples of where non-registered providers have not respected the human rights of people with disability and there has been a lack of access to make a complaint or speak up about the quality of service provision. The onus should be on the provider to undertake registration so that people with disability do not need to become experts in the quality controls that providers should have in place.

Registration as a minimum does not provide assurance that the service is being delivered in a quality manner, respecting the human rights of the person with a disability. In managing complaints the VDSC has had instances where providers who are failing in their obligations to people with a disability have recently been accredited. It is only through the perspective of the person receiving the service that we can be assured that polished policies and procedures are being implemented in a practical and useful way.

It is possible to reduce the administrative burden of compliance if self-assessment is introduced and the self-assessment includes people with a disability and their families or carers to undertake/participate in the assessment. Of interest is an approach in the UK that supplements a service providers quality assessment by employing people with a disability to undertake consumer audits by focus groups and survey.

Complaints information is highly valuable in understanding whether people with a disability have an opportunity to speak up and the organisation responds with service improvements. In Victoria service providers are required to report their own internal complaints experience annually to the VDSC. The information technology system used is administratively efficient, low cost and technologically compatible for all service provider systems.

8. Transition to a national model

Until the NDIS matures and choice is supported through empowerment and increased number of options available, it is crucial for service providers to improve their service delivery. Changing providers is not and will not always be the choice of people with a disability, and responsibility should be on the provider to improve the quality of their service. Such improvements have been achieved in Victoria through effective resolution of complaints and educational activities that are founded in on the person's rights and continuous improvement.

It is important not to increase the burden on people with a disability and families to search out the many bodies where they can take their complaints. The complaints process under an NDIS should be accessible, simple and easy for people with a disability to use. Should there be complexities in the arrangements to resolve complaints, these should be managed in the back end of the system. The VDSC works with people with a disability to ensure that their complaint is forwarded to the appropriate body where it is not within jurisdiction.

The additional safeguarding features identified in this paper have evolved over time in response to the most abhorrent human rights abuses that continue to occur today. It would be negligent for our society to suppose this will cease or be alleviated due to the utility of choice in service delivery. The outlined safeguarding functions all benefit from independence from resource and registration decisions to ensure public integrity of decisions, and to drive change within the sector.

It would be an aspirational yet a worthy framework that seeks to achieve alignment in these functions and consistency in the approach nationally. In recognition that states and territories will need to move significantly forward on a number of issues, consideration could be given to a staged implementation drawing on the lessons learnt and evidence gathered, much like the trial of the scheme itself. Recognising the inability to 'trial' legislation; conferral of powers may provide an interim solution.

Further information and consultation

VDSC are currently working on finalising an Occasional Paper that details the trends over the last 8 years of mandatory complaints reporting. We would be happy to release an early draft in confidence ahead of publication with the intention of aiding understanding of data available through complaints management and complaints trends overtime in the sector.

VDSC would also welcome further conversation or provision of information to clarify aspects of this paper. We would welcome the opportunity to also demonstrate the online complaints reporting process.

For further information regarding this submission, please contact Tamara Reinisch on 03 8608 5776 or email <tamara.reinisch@odsc.vic.gov.au>.

References

- Administrative Appeals Tribunal (AAT), 2015, *Administrative Appeals Tribunal*. Accessed 23 March 2015 <<http://www.ag.gov.au/Publications/Budgets/Budget2013-14/Documents/paes-2013-14>>
- Australian Labor Party, 2015, *National Platform*. Accessed 26 April 2015, <http://www.alp.org.au/national_platform>
- Australian/New Zealand Standard, 2014, *Guidelines for complaint management in organizations*, AS/NZS 10002:2014, SAI Global Limited with permission from Standards Australia Limited, Sydney, Australia.
- Australian Government, 2014, *Smaller government - towards a sustainable future*. Ministerial Paper, Senator the Honourable Mathias Cormann, Canberra.
- Australian Public Service Commission, 2007, *Tackling wicked problems: a public policy perspective*, Commonwealth of Australia, Canberra.
- Bruggerman, R and Johnson, C, 2013, *National Disability Insurance Scheme Practical Design Fund: potential unintended consequences of self-managed support packages & appropriate strategies and safeguards to ensure People obtain the Full Benefit of Self-Managed Supports*. Lumin Collaborative. Accessed from: <www.lumincollaborative.com.au>.
- Care Quality Commission, 2014, *Complaints Matter*, United Kingdom.
- Commonwealth & ACT Ombudsman., 2014, *Complaint management by government agencies: An investigation into the management of complaints by Commonwealth and ACT government*. Canberra.
- Disability Services Commissioner, 2014, *Occasional paper no. 2: Families and service providers working together*. State of Victoria. Melbourne.
- Goodman, 1999, *Basic facts on customer complaint behavior and the impact of service on the bottom line. competitive advantage*, June 1999, pp. 1-5. Available at < <http://www.talent-technologies.com/new/wp-content/uploads/2010/06/a-complaint-is-a-gift.pdf>>
- Liberal Party, 2015, *The federal platform of the Liberal Party of Australia*. Accessed 26 April 2015 at <<http://lpaweb-static.s3.amazonaws.com/FederalPlatform.pdf>>.
- National Disability Insurance Agency, 2014, *6th quarterly report to COAG Disability Reform Council*. 31 December 2014.
- National Disability Insurance Scheme (NDIS), 2014, *NDIS annual report 2013-14*. Accessed on 26 April 2015 at <http://www.ndis.gov.au/sites/default/files/documents/annual_report_2013_14.pdf>.
- National Disability Services, 2011, *Discussion paper to inform development of the workforce strategy for the NDS transition plan*. Accessed at < www.nds.org.au/asset/view_document/979319866>
- National Disability Services, 2014, *Speaking up about safety: perspectives of people with disability on personal safety at home, in the community and in disability services*. Zero Tolerance Project, <<http://www.nds.org.au/projects/article/194>>.
- Productivity Commission, 2011, *Disability care and support*, Report no. 54, Canberra.
- Productivity Commission, 2014, *Report on government services*. Table 14A.13, Canberra
- UK Financial Services Consumer Panel, 2015, *Defining consumer vulnerability and disadvantage*. Accessed 23 February 2015 <http://www.fs-cp.org.uk/newsroom/2015/260.shtml>
- Victorian Government, 2014, *Senior Practitioner report 2012–13*. State of Victoria, Melbourne.

Appendices

1. National Disability Complaints Commissioners group: Safeguards and the NDIS
2. Annual Complaints Reporting
3. Online Complaints Reporting Tool