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SPECIAL

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Disability Services Act 1993

Disability Services Amendment Regulations 2015

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Disability Services Amendment Regulations 2015*.

2. Commencement

These regulations come into operation as follows —

- (a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;
- (b) the rest of the regulations — on the day after that day.

3. Regulations amended

These regulations amend the *Disability Services Regulations 2004*.

4. Part 3 inserted

After Part 2 insert:

Part 3 — Complaints

41. Return of complaints received (s. 48A)

- (1) For the purposes of section 48A of the Act, the prescribed time after 30 June each year within which a

prescribed class of service providers must give to the Director a return concerning complaints received and action taken by that service provider during the year is 31 days.

- (2) For the purposes of section 48A of the Act, the prescribed service providers required to give the Director a return concerning complaints received and action taken are the people who manage or the chief executives of the disability service provider agencies listed in Schedule 4 Division 1.
- (3) For the purposes of section 48A(2) of the Act, the form set out in Schedule 4 Division 2 is prescribed as the form of the return given under subregulation (2).

5. Schedule 4 inserted

After Schedule 3 insert:

Schedule 4 — Prescribed service providers and complaint returns

[r. 41(2) and (3)]

Division 1 — Service providers

**Disability Service Provider
(Legal entity names)**

Activ Foundation Incorporated

Seventh-day Adventist Aged Care (Western Australia)
Limited

Autism Association of Western Australia Inc

Baptistcare Incorporated

Community Living Association Inc.

Disability Services Commission

Empowering People In Communities (EPIC) Inc.

Enable Southwest Inc.
Identitywa
Australian Red Cross Society (t/as Lady Lawley Cottage)
Lifestyle Solutions (Aust) Ltd (Western Operations)
Mosaic Community Care Inc.
My Place Foundation Inc.
Nulsen Haven Association (Inc.)
Perth Home Care Services Inc.
Rocky Bay Incorporated
Senses Australia
The Cerebral Palsy Association Of Western Australia Ltd
Therapy Focus Incorporated
UnitingCare West

Division 2 — Form of complaint return

I. Profile of the person making the complaint

The information entered into this part of the complaint report provides useful descriptors to support service providers to interpret data entered in the following sections of this report. Service providers are encouraged to complete all fields in this section recognising the value this provides to individuals with a disability, services and the disability sector. This information may facilitate effective analysis and identification of opportunities for improvement across the sector.

Question 1 is optional and your responses will not be submitted to HaDSCO

1. a. Complaint reference number (your unique ID for this complaint)
- b. What member of staff has the complaint been assigned to?

Question 2 is optional and your responses will not be submitted to HaDSCO, apart from question 2c (postcode)

2. a. What is the name of the person who made this complaint?

- b. What is the address of the person who made this complaint?
1. Address Line 1:
 2. Address Line 2:
 3. Suburb:
 4. State/Territory:.....
- c. What is the postcode of the person who made this complaint?
(Numbers only, WA postcode)
- d. What is the phone number of the person who made this complaint? Area code Phone number
(Numbers only)
- e. What is the email address of the person who made this complaint?
3. Who made the complaint? **[Please select all that apply]**
- 1 Anonymous
 - 2 Person receiving a disability service (if this option is selected, skip question 5 and proceed to question 6)
 - 3 Parent/guardian
 - 4 Other family member (e.g. sibling, spouse, child, grandparent)
 - 5 Carer
 - 6 Advocate
 - 7 Friend, neighbour, member of the public
 - 8 Staff member of your service
 9. Other [Please specify] _____

II. Profile of the person(s) receiving disability services

Question 4 is optional and will not be submitted to HaDSCO

4. Please indicate if this complaint concerns:
- 1 An individual receiving service
 - 2 More than one person receiving disability service or a group [Please specify how many people the complaint concerns] (Numbers only)
 - 3 Neither an individual nor group (e.g. it was a general matter)
[Go to Question 12]

Question 5 is optional and will not be submitted to HaDSCO, apart from Question 5c

(postcode)

5. a. What is the name of the person receiving a disability service who is the subject of the complaint?
- b. What is the address of the person receiving a disability service?
1. Address Line 1:
2. Address Line 2:
3. Suburb:
4. State/Territory:.....
- c. What is the postcode of the person receiving a disability service?
(Numbers only, WA postcode)
- d. What is the phone number of the person receiving a disability service? Area code Phone number
(Numbers only)
- e. What is the email of the person receiving a disability service?

Question 6 is optional and will not be submitted to HaDSCO

6. Please record any notes here about the person(s) receiving a disability service.

7. Does the person receiving a disability service identify as Aboriginal or Torres Strait Islander?

- 1 Yes
- 2 No
- 3 Unsure

8. Is the person receiving a disability service from a culturally and linguistically diverse background?

- 1 Yes [Please specify the background]
- 2 No
- 3 Unsure

9. What is the age of the person receiving a disability service?

- | | |
|-------------------------|----------------------|
| 1 Less than 5 years old | 8 46 - 55 years |
| 2 5 - 10 years | 9 56 - 65 years |
| 3 11 - 15 years | 10 66 - 75 years |
| 4 16 - 18 years | 11 76 - 90 years |
| 5 19 - 25 years | 12 Over 90 years old |
| 6 26 - 35 years | 13 Unknown |
| 7 36 - 45 years | |

10. What is the gender of the person receiving a disability service?

- 1 Female
- 2 Male
- 3 Transgender
- 4 Unknown

11. Please identify the main disability/disabilities of the person receiving a disability service. **[Please select all that apply]**

- | | |
|--|---|
| 1 Not sure | 8 Deafblind (dual sensory) |
| 2 Intellectual (including Down syndrome) | 9 Vision |
| 3 Specific learning/Attention Deficit Disorder (other than Intellectual) | 10 Hearing |
| 4 Autism (including Asperger's syndrome and Pervasive Developmental Delay) | 11 Speech |
| 5 Physical | 12 Psychiatric |
| 6 Acquired brain injury | 13 Developmental delay |
| 7 Neurological (including epilepsy and Alzheimer's disease) | 14 Other disability [Please specify]
_____ |

III. Profile of the complaint

Please complete all of the questions in this section for **each complaint received** by your service. To provide details of other complaints, click the 'Save and Close

Form' button at the end of this form and either create a new complaint record or update an existing record.

Note: Complaints that are not closed at the end of a reporting period (30 June) will be automatically rolled over into the next reporting period.

12. When was the complaint received by your service?
(dd/mm/yyyy)
13. When did your service acknowledge the complaint? 1
(dd/mm/yyyy)
2 We have not acknowledged the complaint (yet)
14. Please list the postcode(s) where the service was provided. (If more than one location, please list the postcodes of all locations)
1 (Numbers only, WA postcode)
2 (Numbers only, WA postcode)
3 (Numbers only, WA postcode)
4 (Numbers only, WA postcode)
5 (Numbers only, WA postcode)

Question 15 is optional and will not be submitted to HaDSCO

15. Please record your case notes for this complaint here

16. How is the service funded? **[Please select all that apply]**

- 1 Disability Services Commission (DSC)
2 DSC - NDIS/My Way trial sites (My Way)
3 NDIA - NDIS trial sites (NDIA)
4 Home and Community Care (HACC) program (Disability)
5 Home and Community Care (HACC) program (Non-disability)*
6 Other local, state or federal government [Please specify] _____*
7 Other non-governmental funding source [Please specify] _____*

* Note: Only complaints that are fully or partially funded by 1 (DSC), 2 (My Way), 3 (NDIA) or 4 (HACC) program (Disability) will be included in your report to HaDSCO.

17. Which service(s) was the complaint about? (See **Definitions**) [Please select all that apply]

- | | |
|------------------------------|---|
| Accommodation support | 1 Large residential/institution (>20 places) - 24-hour care [NMDS code: 1.01]
2 Small residential/institution (7-20 places) - 24-hour care [NMDS code: 1.02]
3 Hostels - generally not 24-hour care [NMDS code: 1.03]
4 Group homes (usually <7 places) [NMDS code: 1.04]
5 Attendant care/personal care [NMDS code: 1.05]
6 In-home accommodation support [NMDS code: 1.06]
7 Alternative family placement [NMDS code: 1.07]
8 Other accommodation support [NMDS code: 1.08] [Please specify] _____ |
| Community support | 9 Therapy support for individuals [NMDS code: 2.01]
10 Early childhood intervention [NMDS code: 2.02]
11 Behaviour/specialist intervention [NMDS code: 2.03]
12 Counselling (individual/family/group) [NMDS code: 2.04]
13 Regional resource and support teams [NMDS code: 2.05]
14 Case management, local coordination and development [NMDS code: 2.06]
15 Other community support [NMDS code: 2.07] [Please specify] _____ |
| Community access | 16 Learning and life skills development [NMDS code: 3.01]
17 Recreation/holiday programs [NMDS code: 3.02]
18 Other community access [NMDS code: 3.03] [Please |

specify] _____

- | | |
|---|---|
| Respite | 19 Own home respite [NMDS code: 4.01]
20 Centre-based respite/respite homes [NMDS code: 4.02]
21 Host family respite/peer support respite [NMDS code: 4.03]
22 Flexible respite [NMDS code: 4.04]
23 Other respite [NMDS code: 4.05] [Please specify] _____ |
| Employment | 24 Open employment [NMDS code: 5.01]
25 Supported employment [NMDS code: 5.02]
26 Other employment [Please specify] _____ |
| Advocacy, information and alternative forms of communication | 27 Advocacy [NMDS code: 6.01]
28 Information/referral [NMDS code: 6.02]
29 Combined information/advocacy [NMDS code: 6.03]
30 Mutual support/self-help groups [NMDS code: 6.04]
31 Alternative formats of communication [NMDS code: 6.05]
32 Other advocacy, information and alternative forms of communication [Please specify] _____ |
| Other support | 33 Research and evaluation [NMDS code: 7.01]
34 Training and development [NMDS code: 7.02]
35 Peak bodies [NMDS code: 7.03]
36 Other support services [NMDS code: 7.04] [Please specify] _____ |
| Unsure | 37 |
| Other non-disability services | 38 Other non-disability service [Please specify] _____* |

* Note: Complaints in this category will not be included in your report to HaDSCO.

18. Which national disability standard(s) relate to this complaint? **[Please select all that apply]**

- 1 Rights
- 2 Participation and inclusion
- 3 Individual outcomes
- 4 Feedback and complaints
- 5 Service access
- 6 Service management
- 7 Don't know

19. Which of the following issue categories best describe the reason(s) for the complaint, as reported by the person who made a complaint? **[Please select all that apply]**

Staff related issues

- 1 Knowledge/skills of workers
- 2 Staff behaviour/attitude (e.g. inappropriate, impolite, rude, lacked empathy, did not treat person with dignity)
- 3 Concerns around discrimination, abuse, neglect, intimidation, assault, bullying or breach of duty of care
- 4 Poor match between person and workers (e.g. personality differences, gender, age or cultural preferences)
- 5 High turnover of workers, staff rostering or staff attendance
- 6 Other staff related issue [Please specify] _____

Service delivery, management and quality	7	Concerns around physical and personal health and safety (including physical environment)
	8	Concerns around compatibility of people who share services
	9	Concerns around changes to the environment of a person receiving a disability service
	10	Concerns about lack of choice of service/activities
	11	Concerns about restrictive practices
	12	Dissatisfied with quality of services provided
	13	Insufficient service/care provided
	14	Concerns that the provider does not encourage people to develop or maintain skills
	15	Concerns that the provider does not encourage people to be involved in the community
	16	Other service delivery, management and quality issue [Please specify] _____
Communication/relationships	17	Insufficient communication by service provider
	18	Poor quality communication
	19	Lack of consultation or involvement in decision making processes
	20	Other communication/relationship issue [Please specify] _____
Services access, access priority and compatibility	21	Wait time to access services
	22	Cost of service
	23	Funding issues
	24	No service available within a reasonable distance
	25	Request for service refused as not assessed as having a disability
	26	Request for service refused as not compatible with level/type of person's disability
	27	Request for service refused as not compatible/poor relationship with other people sharing the service
	28	Transport issue(s)
	29	Other service access, access priority and

compatibility issue [Please specify]

**Policy/
procedure**

- 30 Concerns about policies/procedures
- 31 Privacy/breach of confidentiality
- 32 Concerns about the way a complaint was handled
- 33 Other policy/procedure issues [Please specify]

Carers Charter

- 34 Failure to consider needs of carer
- 35 Failure to consult carer
- 36 Failure to treat carer with respect and dignity
- 37 Unsatisfactory complaint handling
- 38 Other Carers Charter issues [Please specify]

Other issue type

- 39 [Please specify] _____

Unsure

- 40

20. How serious were the reasons for the complaint? (See the risk matrix in the 'What is a Complaint?' document to assist you to answer this question)

- 1 Serious [Comments] _____
- 2 Less serious [Comments] _____

21. What was the main outcome(s) sought by the person who made the complaint? **[Please select all that apply]**

- | | |
|--|---|
| Acknowledgment | 8 Change or review of decision |
| 1 Acknowledgment of person's views or issues (e.g. the person felt listened to, valued, respected) | 9 A change in policies or procedures |
| | 10 Performance management, disciplinary action, feedback or training provided for worker(s) at your service |
| Answers | 11 Re-imbursement/reduction of fees/waiver/compensation |
| 2 An explanation or information about services provided | 12 Review/improve/implement person's plan |
| Apology | 13 Change existing support |
| 3 An apology from your service | |

- | | |
|---|---|
| <p>Action</p> <p>4 Change or appointment of a worker/case manager/coordinator</p> <p>5 Access to an appropriate service</p> <p>6 Change or improvement to communication</p> <p>7 Relocation/transfer to another internal or external service</p> | <p>arrangements</p> <p>14 More choices/options provided to person</p> <p>15 Other outcome [Please specify] _____</p> |
|---|---|

IV. Status of the complaint

This section records details about any **action(s) taken to resolve the complaint** and the current status of the complaint. The information in this section can be amended over time as additional actions are taken to resolve the complaint and/or its status changes.

22. Has the complaint been finalised/closed?
- 1 Yes [**Go to Question 24**]
 - 2 No - the complaint has not been closed yet
23. What is the current status of the complaint? (You do not need to answer any of the remaining questions until the complaint is closed)
- 1 No action taken (yet)
 - 2 We are currently reviewing
 - 3 We are in negotiation or discussion with the person who made the complaint [**Go to Question 25**]
 - 4 Being dealt with by another agency [Please specify] _____
 - 5 Other actions [Please specify] _____
24. On what date was the complaint finalised/closed?
- 1 (dd/mm/yyyy)
25. At what level within your service has the complaint been handled? [**Please select all that apply**]
- 1 Service outlet level/direct service level
 - 2 Consumer liaison/complaints officer (or equivalent)

- 3 Management level
- 4 Executive level
- 5 Other [Please specify] _____

26. What was the outcome(s) for the person receiving the disability service *and* the person who made the complaint? **[Please select all that apply]**

- | | |
|--|---|
| 1 No outcome (yet) | 8 Relocation/transfer to another internal or external service |
| Acknowledgment | 9 Change or review of decision |
| 2 Acknowledgment of person's views or issues (e.g. the person felt listened to, valued, respected) | 10 A change in policies or procedures |
| Answers | 11 Performance management, disciplinary action, feedback or training provided for worker(s) at your service |
| 3 An explanation or information about services provided | 12 Re-imbursement/reduction of fees/waiver/compensation |
| Apology | 13 Review/improve/implement person's plan |
| 4 An apology from your service | 14 Change existing support arrangements |
| Action | 15 More choices/options provided to person |
| 5 Change or appointment of a worker/case manager/coordinator | 16 The person who made a complaint was offered avenues of external appeal or review |
| 6 Access to an appropriate service | 17 Other outcome [Please specify] |
| 7 Change or improvement to communication | _____ |

27. i. Were system or organisational changes made by your service, or plan to be made by your service, as a result of this complaint?

- 1 Yes, changes have been made or are planned
- 2 No **[Go to Question 28]**

ii. What was the nature of these changes? **[Please select all that apply]** [Online survey to display follow up question for selected categories only]

- | | |
|---------------------------|---|
| a. Policies or procedures | 1 Have changed as a result of the complaint |
|---------------------------|---|

- | | | |
|---|---|---|
| | 2 | Plan to change as a result of the complaint |
| b. The way that services are delivered | 1 | Have changed as a result of the complaint |
| | 2 | Plan to change as a result of the complaint |
| c. The type of services that are provided | 1 | Have changed as a result of the complaint |
| | 2 | Plan to change as a result of the complaint |
| d. Staff training or development | 1 | Have changed as a result of the complaint |
| | 2 | Plan to change as a result of the complaint |
| e. Communication with people with disability or other stakeholders | 1 | Have changed as a result of the complaint |
| | 2 | Plan to change as a result of the complaint |
| f. Other system or organisational change(s)
[Please specify] _____ | 1 | Have changed as a result of the complaint |
| | 2 | Plan to change as a result of the complaint |

28. What are the key lessons learnt from this complaint that could be applied to, useful for, or of interest to the sector?

29. To what extent do you agree or disagree with the following statements about this complaint.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<hr/>					

a. The complaint was straightforward to resolve	1	2	3	4	5	6
b. Our service managed the complaint well	1	2	3	4	5	6
c. The person who made the complaint was satisfied with how this complaint was managed	1	2	3	4	5	6
d. The person who made the complaint was satisfied with the outcome of this complaint	1	2	3	4	5	6

Only respond to question 30 if all outcomes sought were not achieved (question 26).

30. Why did your service not achieve all of the outcomes that were desired by the person who made the complaint? **[Please select all that apply]**
- 1 Complaint was made anonymously
 - 2 Part of the complaint was unrelated to services provided by our agency
 - 3 Complaint was withdrawn
 - 4 The person who made the complaint did not have the authority to make a complaint on behalf of the person receiving a disability service
 - 5 Difference of opinion between parties
 - 6 Complaint was vexatious
 - 7 The issues raised were about the provider, but were not within the provider's control or influence to address [Please specify] _____
 - 8 Other [Please specify] _____

31. If you have any other comments about the complaint please record them here

N. HAGLEY, Clerk of the Executive Council.
