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| Disability services |
| Additional service delivery data 2019-20 |

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# Disability services

The Department of Health and Human Services (the department) provides individual support and supported accommodation services, helping people with a disability to live independently and participate in community life.

## Supporting Victoria’s transition to the National Disability Insurance Scheme

The National Disability Insurance Scheme is a national program that has changed the way disability support is funded, accessed and provided for people with permanent and significant disability in Australia. It is jointly funded by the Commonwealth and state and territory governments and provides individualised supports and services for people with a disability, their families and carers to achieve their goals and aspirations.

The National Disability Insurance Scheme in Victoria started rolling out in July 2016 and is now available across the whole state.

At the end of 2019-20 there are 108,630 active National Disability Insurance Scheme participants in Victoria. This includes former state and Commonwealth clients and people newly receiving support.

Transition to the NDIS is now complete, and there are therefore no clients remaining on the Disability Support Register, as indicated in Table 1.

Previously funded state clients assessed as not eligible for the NDIS continue to receive Victorian Government funded services under the State’s Continuity of Support arrangements.

## Number of clients on the Disability Support Register

Prior to transition to the NDIS, applications for ongoing support were registered on the Disability Support Register. The Disability Support Register was used to determine who receives ongoing supports under the state system, with support prioritised to people who have the most urgent and critical need.

# Table 1: Number of clients on the Disability Support Register

| State | 30 June 2018 | 30 June 2019 | 30 June 2020 |
| --- | --- | --- | --- |
| Support to live in the community | 2,475 | 843 | 0 |
| Supported accommodation | 960 | 236 | 0 |

# Incident reporting

Incident reporting data is a snapshot in time of allegations made by clients of the Department of Health and Human Services and includes disclosures of historic abuse. They are recorded and remain as incidents regardless of whether further information becomes available to substantiate or disprove an event.

The department launched the Client Incident Management System (CIMS) in 2018 to replace[[1]](#footnote-2) the Client Incident Analysis (CIA) system with the aim of ensuring and supporting consistency of understanding in managing and responding to client incidents, as well as improving the standard of responses to incidents. Department-funded organisations commenced reporting client incidents on the new CIMS from this date. Department delivered disability services commenced the transition to CIMS from 4 March 2019.

Disability accommodation services continued to use the CIA system during 2019-2020. During 2019-2020 State funded disability providers transitioning to the NDIS no longer reported incidents in CIMS once transition to the NDIS occurred and state funding ceased.

## Incident responses

Where there is an allegation, it is met with a strong response that includes medical attention (should this be required); a report to police if it involves an allegation of physical or sexual abuse or a client is potentially a victim of a crime; and counselling and support being offered to all parties.

Each Major Impact (CIMS) is subject to either an investigation or a review led by the service provider. This additional requirement provides a better understanding of how and why incidents occur; how they can be prevented; and, how the department and service providers can respond to, and learn from, these incidents. Each Category one incident (CIA) is also reviewed and subject to a quality of support review for specific incident types.

## Incident categories

Category One (CIA) and Major Impact (CIMS) incidents are the most serious incidents. When determining the appropriate category of a client incident in CIA, service providers must consider the severity of the incident outcome, the vulnerability of the client and the client’s pattern and history of behaviour.

With CIMS, service providers are required to solely focus on the impact (level of harm) to the client rather than the incident itself, including the extent to which a client has experienced physical, emotional and/or psychological harm and the potential risk of further harm. Due to these changes, and the definitional changes to some incident types in the new CIMS, incidents reported in CIA and CIMS are not directly comparable and must be reported separately.

Table 2: Disability Accommodation Category one[[2]](#footnote-3) incidents (CIA) 2019-20

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| CIA - Category One incidents[[3]](#footnote-4) |
| Incident type | 2019-20  |
| Client death | 50 |
| Assault | 125 |
| Behaviour | 47 |
| Other incident types | 919 |

Table 3: Internal Disability Services Major Impact incidents (CIMS) 2019-20

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| CIMS – Major Impact Incidents3 |
| Incident type | 2019-20 |
| Client death | 4 |
| Abuse4 | 34 |
| Behaviour | 11 |
| Other incident types | 14 |

### Client death

Many deaths of people with disability who are clients of the department or community service organisations are expected due to the age and medical history of the clients, including those receiving palliative care at home or in hospital. When a death occurs in a department run facility in an unusual or unexpected circumstance, for example, overdose, suicide or sudden fatal illness the department also notifies the coroner.

The department and community service organisations are required to report client deaths5 to the Disability Services Commissioner (DSC), that routinely enquires into and can decide to investigate Category One/Major Impact incidents also relating to abuse, neglect, injury and poor quality of care that occur in Victorian disability services. The aim of DSC is to improve services for people with disability and promote their wellbeing, health and safety.

### Assault/Abuse

Assault (CIA) includes allegations of physical and sexual assaults. Abuse (CIMS) includes allegations of physical, sexual, emotional/psychological, and financial abuse. Professional judgement is used with respect to the nature of all assaults/abuse to determine the appropriate level of categorisation of each incident.

The department has procedures requiring all allegations of assault to be reported to the department within 24 hours, and that clients are protected and supported. All allegations of assault are required to be referred to the police. Allegations of the assault of a client by a staff member and unexplained injury are referred to the Disability Services Commissioner for independent monitoring and review. Recent additional safeguards to ensure the safety of disability clients also include stronger and better processes for staff to report any concerns or incidents.

### Behaviour

At times clients become agitated and display a range of behaviours such as hitting, punching (themselves or other people), or running on roads. Overall, behaviours are well managed, and this is reflected in the low number of behaviour incidents.

### Other incident types

Other incidents include matters such as medical condition (known) deterioration, injury and illness.

*5 Referral made by the Minister for Disability, Ageing and Carers to the Commissioner pursuant to sections 16(c) and 128I of the Disability Act 2006 (the Act).*

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1. *With the exception of DAS who continue to report incidents through the CIA system*. [↑](#footnote-ref-2)
2. *Incident reporting data undergoes routine data validation and as such is subject to minor changes over time. Total numbers contained in this report may not be directly comparable to subsequently released incident reporting information.* [↑](#footnote-ref-3)
3. *CIA data includes transferred services and some internal DAS pre transfer (1 July to end October 2019).*

*4. CIMS ‘Abuse’ incident type is not directly comparable to the CIA ‘Assault’ incident type*  [↑](#footnote-ref-4)