



Health and Community Services  
Complaints Commissioner

# 2020-21 Annual Report Companion Document



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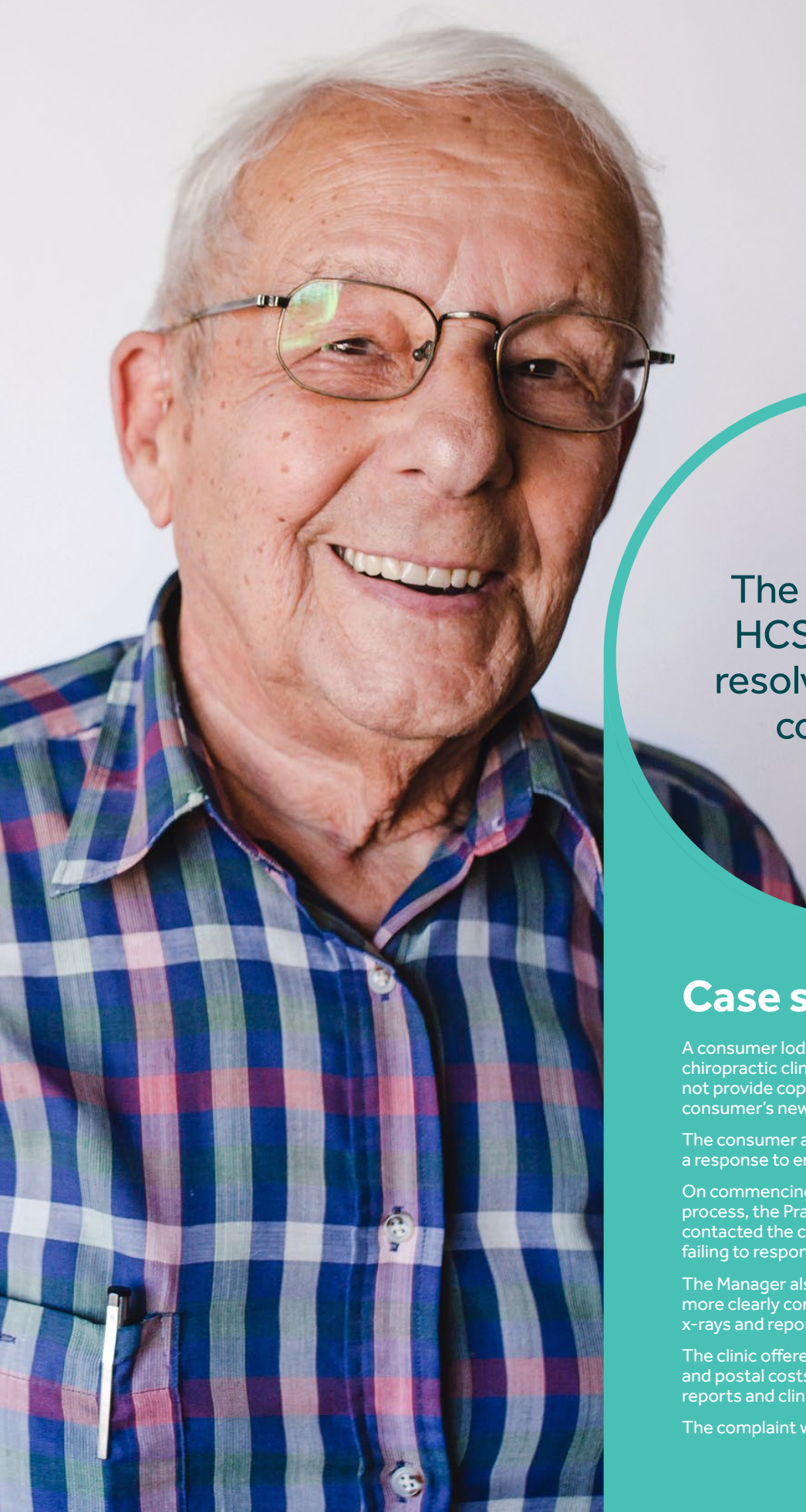
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The Office of the HCSCC can help resolve a variety of complaints.

## Case study

A consumer lodged a complaint about their old chiropractic clinic. They alleged the clinic would not provide copies of x-rays or records to the consumer's new clinic.

The consumer also said they had not received a response to emails.

On commencing the facilitated direct resolution process, the Practice Manager of the clinic contacted the consumer and apologised for failing to respond to the email.

The Manager also stated that they should have more clearly communicated the provision of x-rays and reports.

The clinic offered to cover the administrative and postal costs to have the x-rays, radiology reports and clinical notes sent to the consumer.

The complaint was resolved.



# Section 1 Overview



## Snapshot 2020-21



**2,840**

total contacts



**115**

conciliations completed



**40**

investigations completed



**530**

contacts received from prisoners



**24.2%**

increase in contacts



**69**

contacts about Unregistered Health Practitioners



**2**

prohibition orders issued



## From the Commissioner

As you will read in this report, it has been a very busy year for the Office of the Health and Community Services Complaints Commissioner (HCSCC).

Despite the challenges posed by changing health orders in the State, our overall contact numbers have increased by approximately 24 per cent and our health contacts have increased by approximately 30 per cent. Unsurprisingly, given staff have been working from home and telephone contact has been limited as a result, the proportion of contacts by email have increased and the proportion of telephone contacts have decreased.

Late last financial year, based on trend analysis and increasing contact numbers, the HCSCC successfully made a case for an increase in staffing which the Chief Executive of the Department for Health and Wellbeing, Dr Chris McGowan, granted. I am grateful to Dr McGowan for his ongoing support of the office. Last year, an Assessment Officer (ASO 4) position was approved and next year, a Complaints Resolution Officer (ASO 6) position will be recruited. This should well place us to respond to the needs of the South Australian community and to demands on the office by government. We received a referral from the Premier to investigate a matter which required us to seek additional, specialist support from the Department for Health and Wellbeing. With the new staff being recruited, the need to seek additional resourcing should be mitigated.

### Provision of information by service providers

Since I raised last year difficulties obtaining information from service providers, there has been a marked improvement. I appreciate the effort most service providers have made to meet our timeframes for requests for information. However, there are still isolated incidents of service providers asking for extensions after the due date and, in one case, legal advice being sought about the HCSCC's legal basis for requesting the names of registered practitioners. We will continue to work constructively with service providers to ensure compliance with our legislative requests and complaints processes more generally.

### Care of people with a disability in acute hospital settings

Last year I published an own motion investigation report into the care of people with a disability in acute settings. That report occurred in this reporting period and required all Local Health Networks to develop and publish Disability Access and Inclusion Plans which they have done. We continue to receive complaints about the care of people with a disability in acute settings and will monitor this quite closely over the next year.

### Policy and procedures review

I indicated last year a comprehensive review of our policies and procedures was well underway. I can report that work has been completed and well embedded into our ongoing operations. As part of that review, our suite of template letters has been reviewed for clarity, ease of reading and user friendliness for staff. There will be ongoing minor amendments to ensure clarity, readability and useability are maximised however, staff report much quicker and easier drafting of correspondence.

### Flexible work arrangements

As with the previous year, the HCSCC has continued to adapt to the changing COVID-19 pandemic by enabling remote access to work systems so that productivity could be maintained. This has allowed seamless transition between the office and working from home for most staff. I anticipate the work flexibility will continue and will enable us to respond to changing health orders without a substantial loss in service to the community.

## Trends for 2020-21

### Complaints 12 months old or older

One of the benefits of working from home for staff has been the capacity to close outstanding complaints. We have worked hard to close matters over 12 months old and, as at 30 June 2021, only four matters were over 12 months old. This is a substantial improvement from the approximately 30 matters at the start of the year. Those that remain open are either court matters or highly complex ones which are being actively managed.

### Increasing special needs categories

Over the past three years, there has been an increase in the proportion of contacts identifying as having one or more special needs. The number has increased from 980 special needs categories identified in 2018-19 to 1273 in the current reporting period. Identified special needs has grown from 38.5 per cent of total contacts in 2018-19 to 44.8 per cent in 2020-21, an increase of 6.3 per cent overall. This may also be related to better capture of data by my staff and multiple special needs for single a contact being identified.

### Greater proportion of email and website contacts

Since 2018-19, email and website contacts have grown from 20.8 per cent of total contacts to 29 per cent of total contacts in this reporting period. Interestingly, even since the introduction of an editable form on the website, email contacts have steadily grown from 5.5 per cent in 2018-19 to 14.7 per cent this year. One explanation for this may be the restricted telephone capability the HCSCC had during work from home health orders however, further work needs to occur in understanding why contacts are using email rather than the online complaint form.

## Focus on the year ahead

Once we have fit for purpose accommodation, engaging in more face-to-face conciliation would be beneficial. We will also consolidate and extend our engagement in Code of Conduct for Certain Health Care Workers (the Code) matters and promote the Code more generally. We also intend to expand our complaints management consultancy work to provide support and guidance to service providers on good complaint management. All of this will be captured in a revamped strategic plan.

This work can only be done by a committed and engaged staff and I am grateful for their dedication and professionalism throughout the year.



**Assoc. Prof. Grant Davies**  
HCSC Commissioner

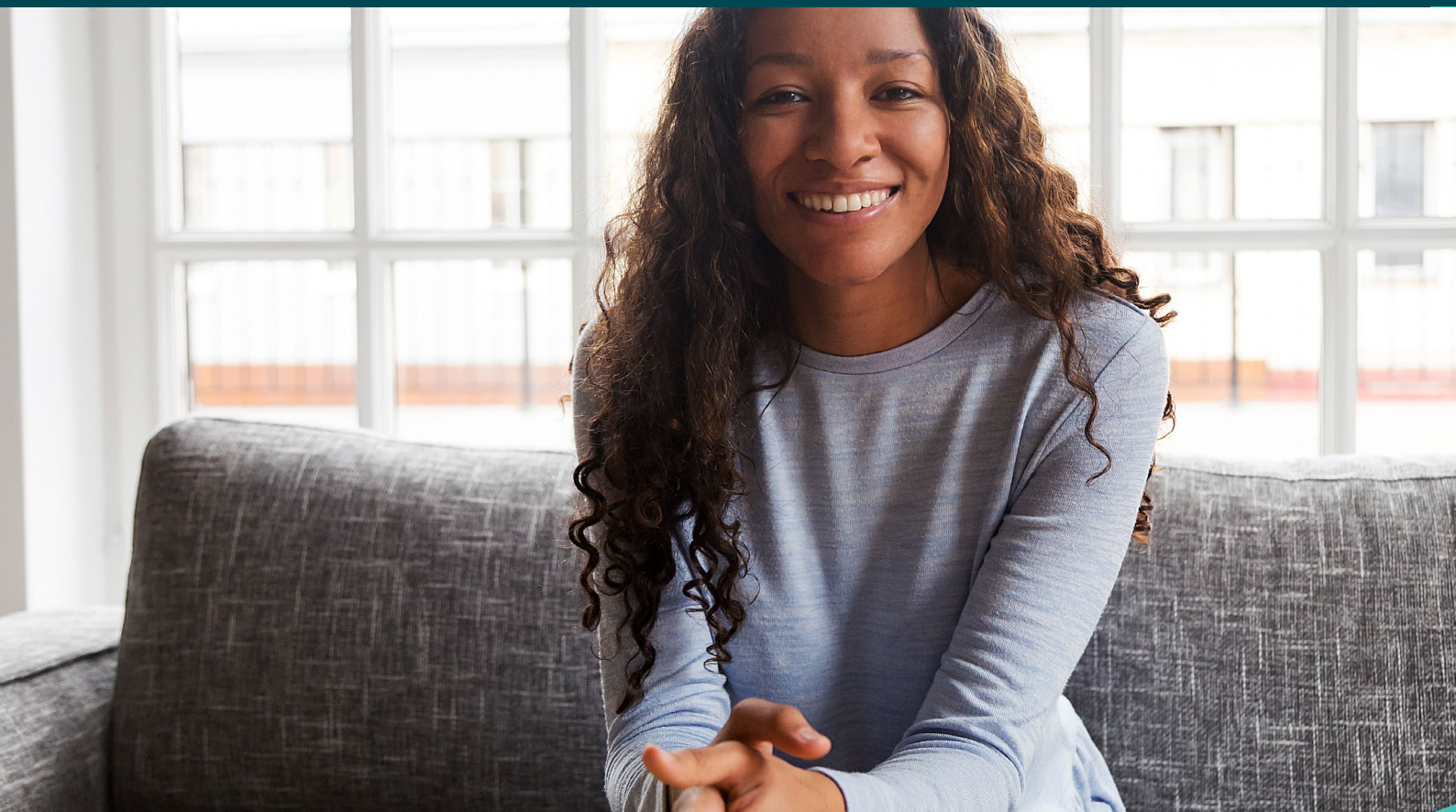


## Our Strategic Focus

The HCSCC's vision is for improved quality, safety and confidence in South Australia's health and community services through excellence in complaints resolution and education.

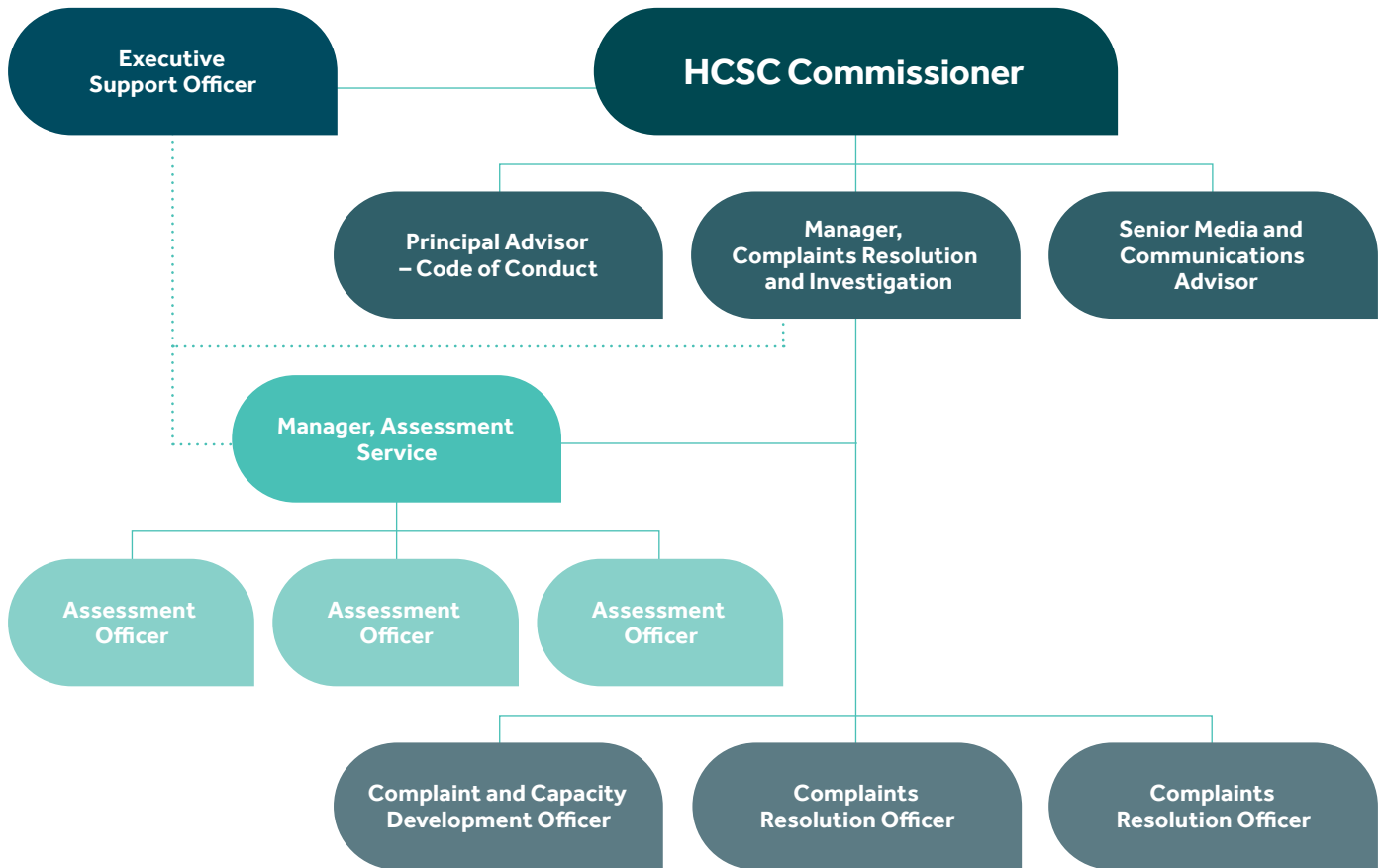


A full copy of the HCSCC's strategic plan is available at:  
[hcscc.sa.gov.au/wp-content/uploads/2018/12/Strategic-Plan.pdf](https://hcscc.sa.gov.au/wp-content/uploads/2018/12/Strategic-Plan.pdf)



# Our Organisational Structure

HCSCC Organisational Structure as at 30 June 2021



## Performance at a Glance

- A 24 per cent increase in contacts on the previous financial year.
- Slightly less than a 30 per cent increase in health contacts.
- 96 matters moved into conciliation. 115 conciliations completed for the financial year.
- 48 matters were investigated in 2020-21. 27 were matters opened in 2020-21 and a total of 40 investigations were finalised.
- New logo and brand officially launched on 1 July 2020.
- Updated HCSCC collateral to coincide with the new brand and logo.
- Two prohibition orders issued against:
  - Dr John Potter – banned from assessing, diagnosing or reporting on a person’s dementia.
  - Ms Hoai Thu Vu – banned from offering skin needling, skin penetration or invasive health services.
- A 77 per cent increase in contacts about unregistered health care workers.
- 3,042 contacts closed (an average of 8.33 a day).
- Total procedure and process review.



## Section 2

Accessible, fair and responsive  
complaints resolution service to  
the South Australian community







# Definitions to assist understanding statistics

## Complaint

A contact that satisfies section 25 of the Act. An assessment of the complaint is made in accordance with section 29 subsection (1) of the Act. Please note a complaint can be closed without any further action under the reasons provided in section 33 of the Act.

A complaint may be managed by conciliation, investigation or own motion investigation.

## Enquiry

A contact from the public (which could be via email, phone or correspondence) which may be seeking information, or providing information but that does not lead to a formal complaint or the person decides not to proceed with a complaint. Enquiry data have been included in the data set in order to fully demonstrate how many contacts this Office has received. A total picture cannot be gained without these data.

## Own motion

Section 9 subsection (1)(h) and section 43 subsection (1)(d) of the Act allows the Commissioner to inquire into, report or investigate on any matter relating to health or community services. This means an investigation initiated by the Commissioner based on intelligence received may not necessarily be a formal complaint.

## Disclaimer

The HCSCC takes the collation of data seriously and has made significant improvements on how contacts are recorded in our records management system.

The data contained within this report are collated after the financial year ends, and represent statistics taken at a point-in-time. On occasion, these statistics can change based on multiple factors in the HCSCC's work practices like the re-opening of files, splitting files between AHPRA and the HCSCC or one complainant making multiple reflections about a variety of service providers.

Therefore, there may be discrepancies between the statistics from one Annual Report to the next. These are not errors but rather a reflection of the changing nature of the work done by the HCSCC.

The HCSCC is available to service providers to assist in complaints management.

## Case study

The HCSCC received a call from a service provider seeking assistance on how to manage a series of complaints made by a consumer about their services.

The service provider felt frustrated because they had exhausted all possible avenues to resolve the complaint – including referring the consumer to the HCSCC – but the consumer continued to lodge new complaints.

The service provider was considering banning the consumer from their facility particularly because of the consumer's behaviour towards staff and other patients.

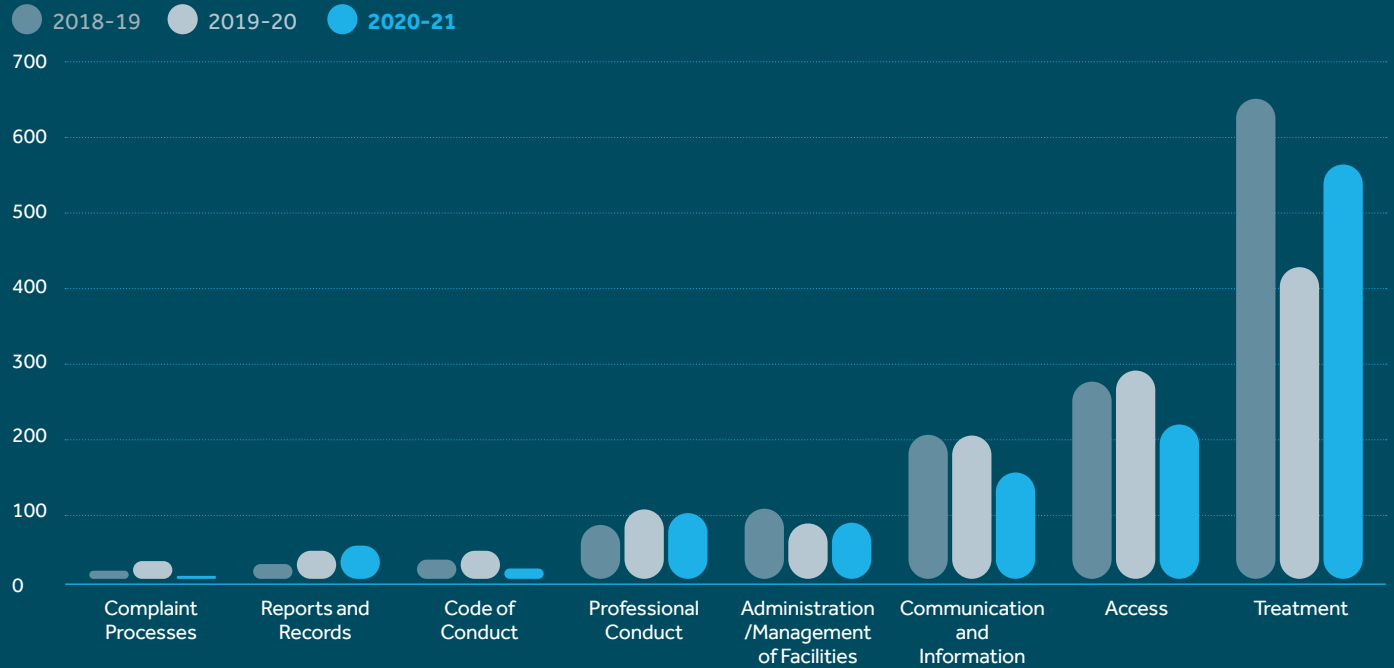
The HCSCC provided advice to the service provider about how best to handle the situation and what next steps it could take. The advice included:

- banning a patient after they complain may seem like it has been done as 'retribution';
- it is okay to put boundaries on a consumer, but a caution may be more appropriate at first;
- if a consumer's complaints have been managed and there are no further options to assist, ending correspondence.
- it is okay for a service provider to advise a consumer about what services they can and cannot provide to gauge if the consumer still wants to attend on those terms.

The service provider was satisfied with the advice given about how to handle the complaints and the conduct of the consumer.

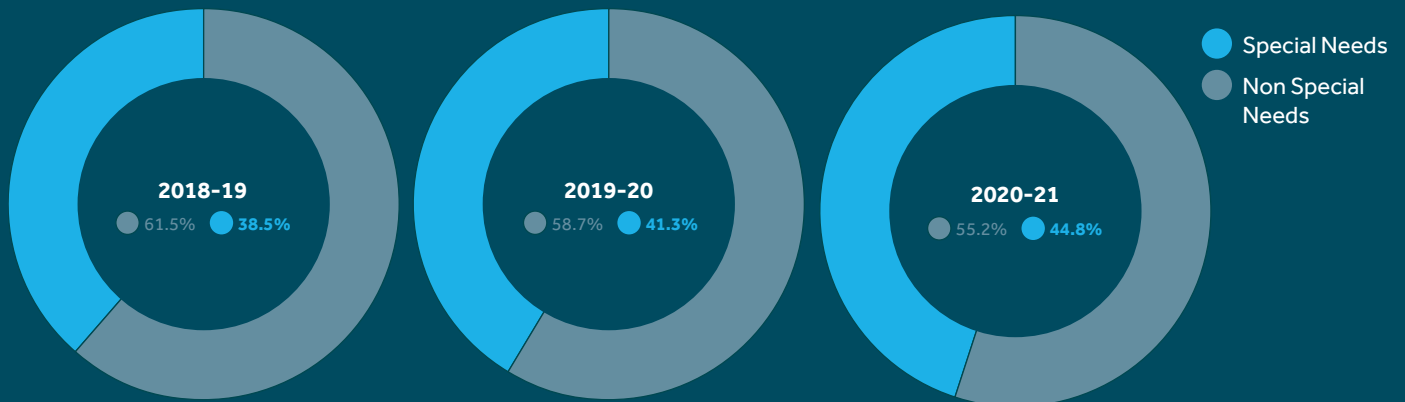
# Trends across the past three financial years

## Health Issues Complained About

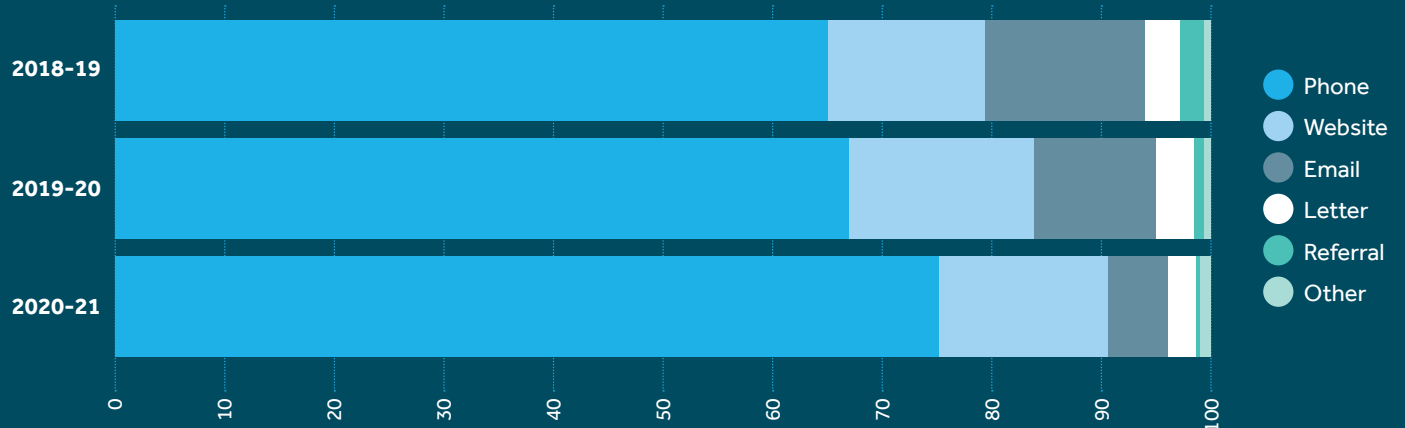


Note: a single complaint may raise more than one issue.

## Complaints from Consumers with Special Needs (%)



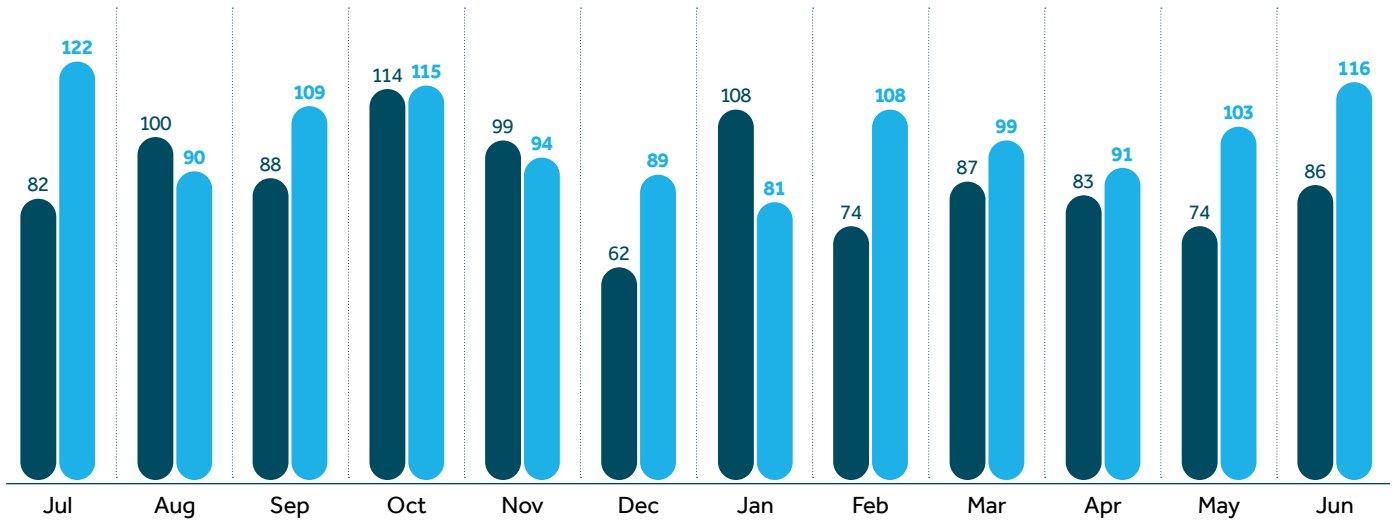
## Method of Contact (%)





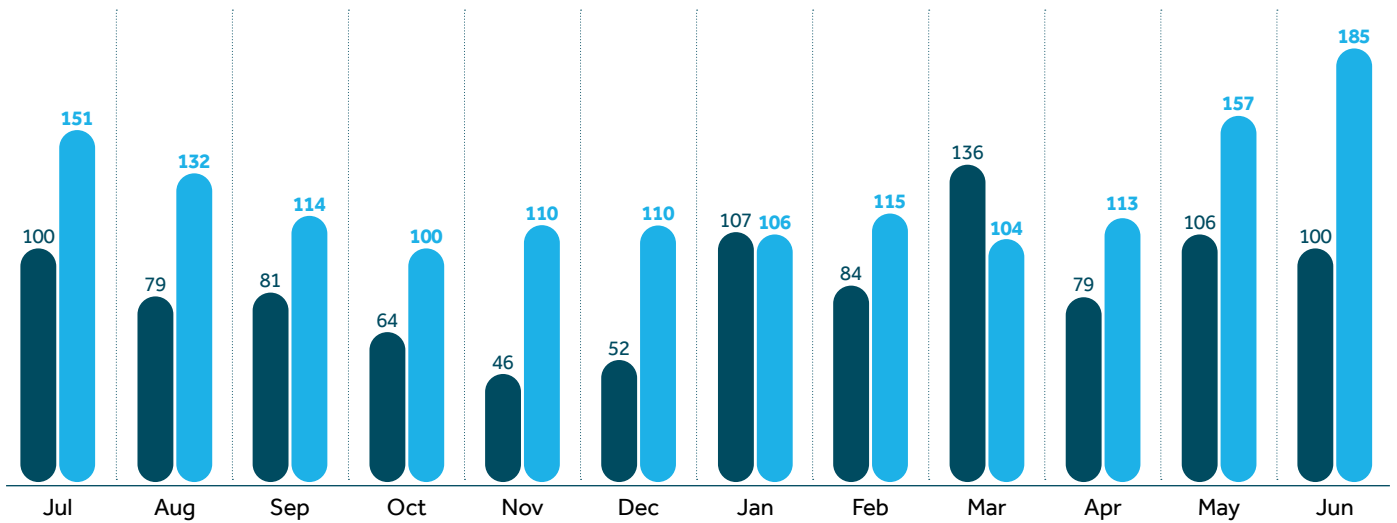
### Health: Complaints / Own motions

● 2019-20 ● 2021-21

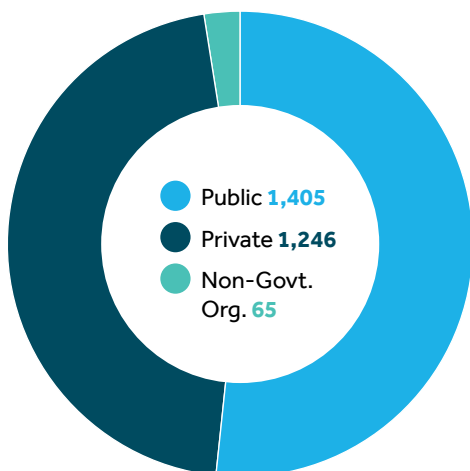


### Health: Enquiries

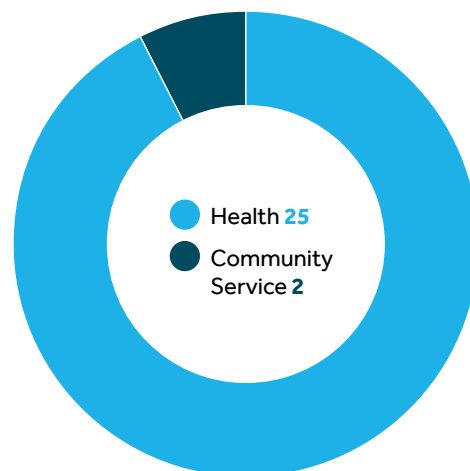
● 2019-20 ● 2021-21



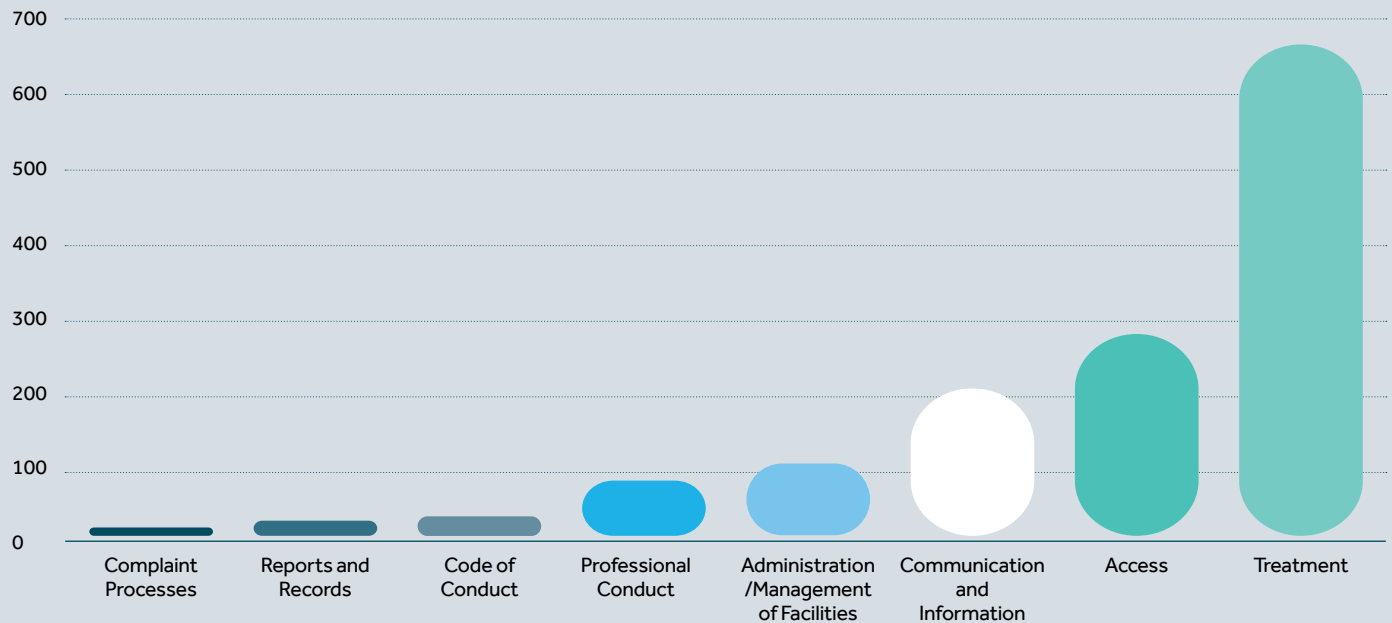
### Health: Contacts by Sub-Category



### Part 6: Summary of Investigations by Type of Provider



## Health: Issues Complained About



Note: a single complaint may raise more than one issue.

## Case study

The HCSCC received a complaint from a consumer about their treatment at a hospital. The consumer was concerned the service provider did not provide the care they were entitled to as a person with a disability.

After initial communication with the two parties, the complaint was moved into conciliation.

Conciliation is an important aspect of complaint resolution which:

- utilises an impartial HCSCC officer to help resolve a complaint;
- repairs relationships; and
- aims to resolve complaints in a timely manner in a confidential environment.

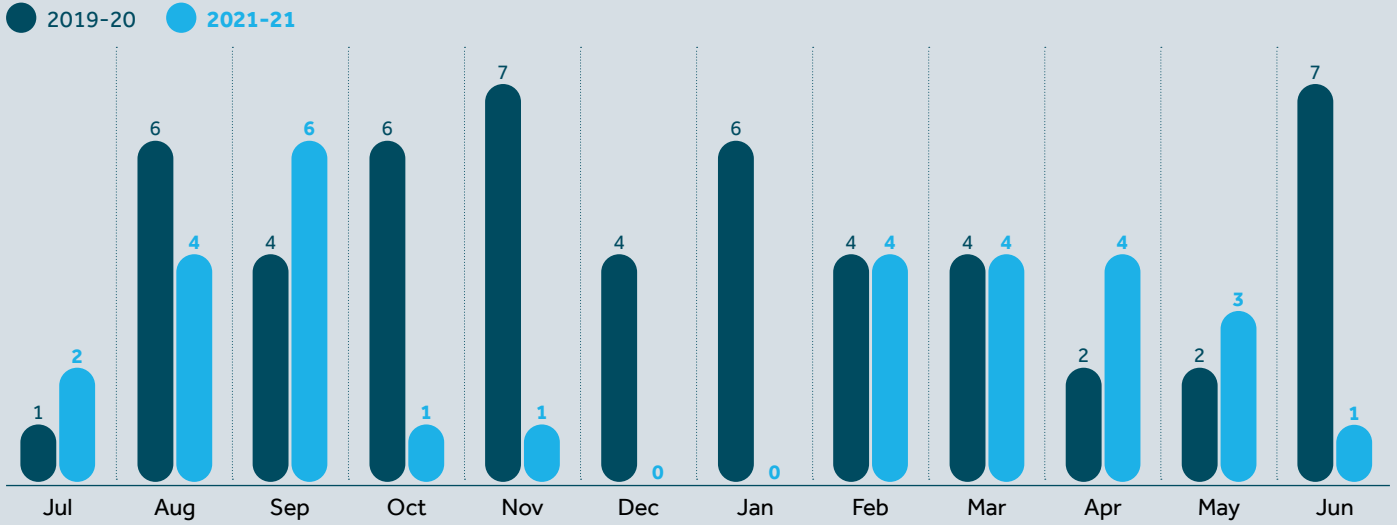
The consumer used the conciliation process to express their concerns and seek assurances about their care and also to help the hospital understand how to assist people with a similar disability to theirs.

For the staff of the hospital, it provided an opportunity to discuss, review and improve on their processes. So much so, the consumer and an advocate who participated in the conciliation agreed to return to the hospital to participate in staff education.

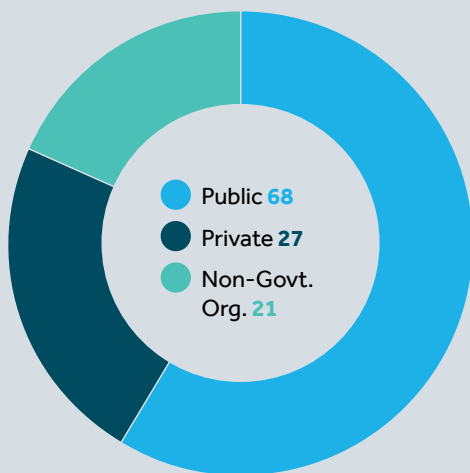




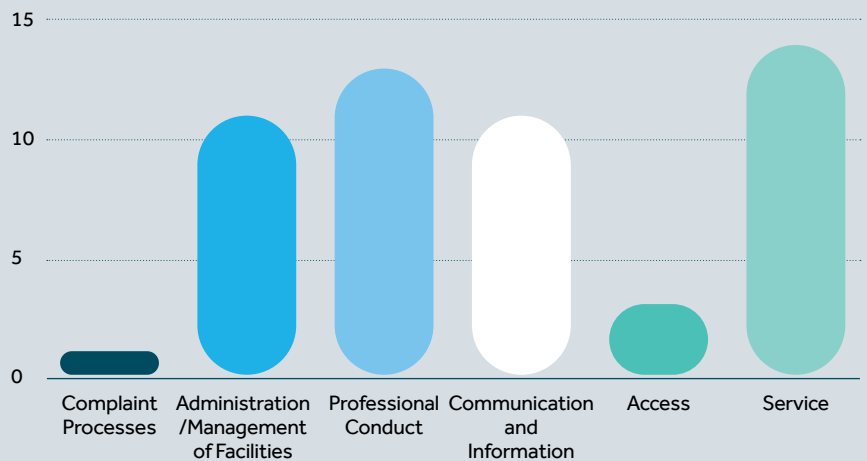
### Community Services: Complaints/Own Motions



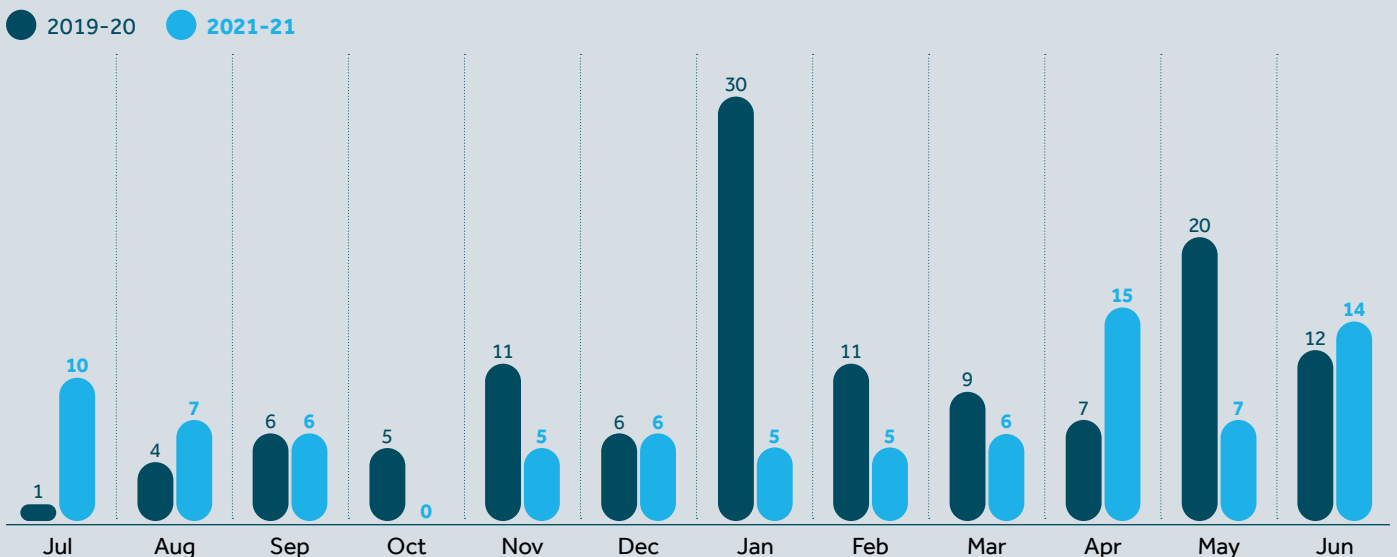
### Community Services: Contacts by Sub-Category



### Community Services: Issues Complained About



### Community Services: Enquiries





Conciliation between parties is a powerful tool in the complaint resolution process.

### Case study

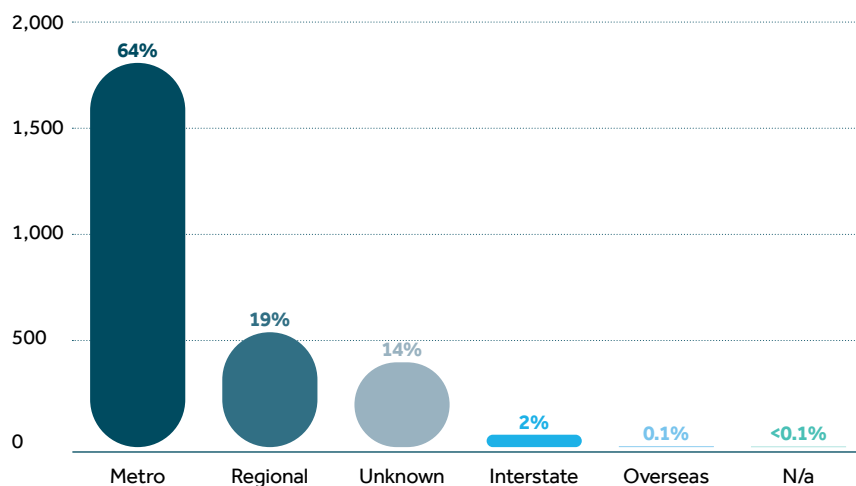
A consumer was unhappy after attending an emergency department seeking mental health support. They felt that at the time, they were not listened to and were left traumatised after being held involuntarily.

The consumer did not believe conciliation would help as they had lost trust in the service provider.

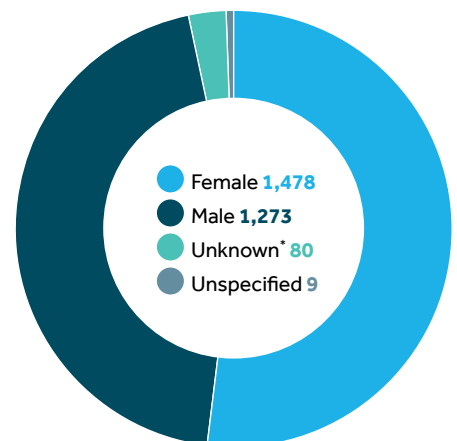
Nevertheless, the conciliation process was successful with the service provider listening and helping to resolve the concerns the consumer had.

The consumer was pleased with the process and expressed that it had helped them move on.

Location of Contacts (All contacts)



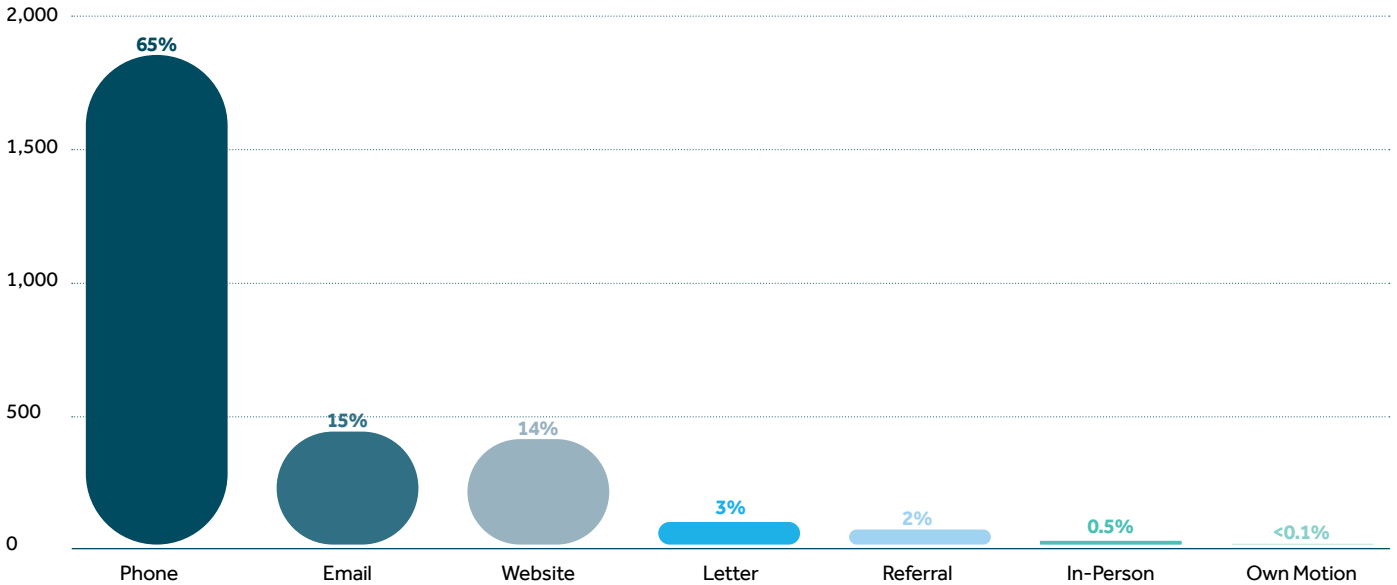
Gender of Contacts (All contacts)



\*Unknown/NA: people who choose to remain anonymous, contacts from organisations, own motions and other factors that requires the contact to be identified as such.

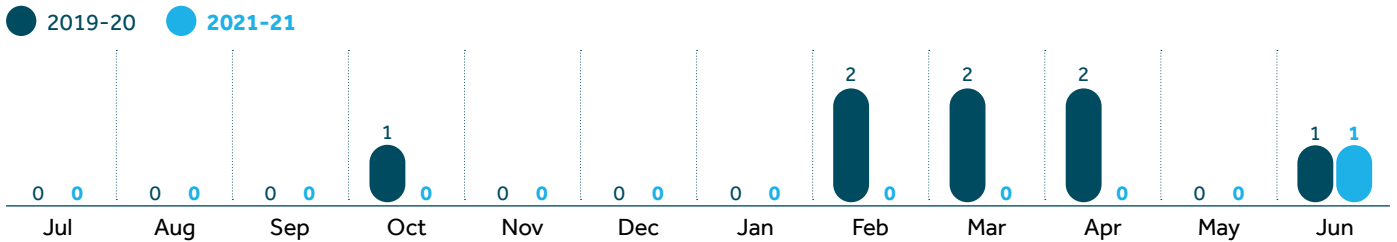


### Method of Contact (All contacts)



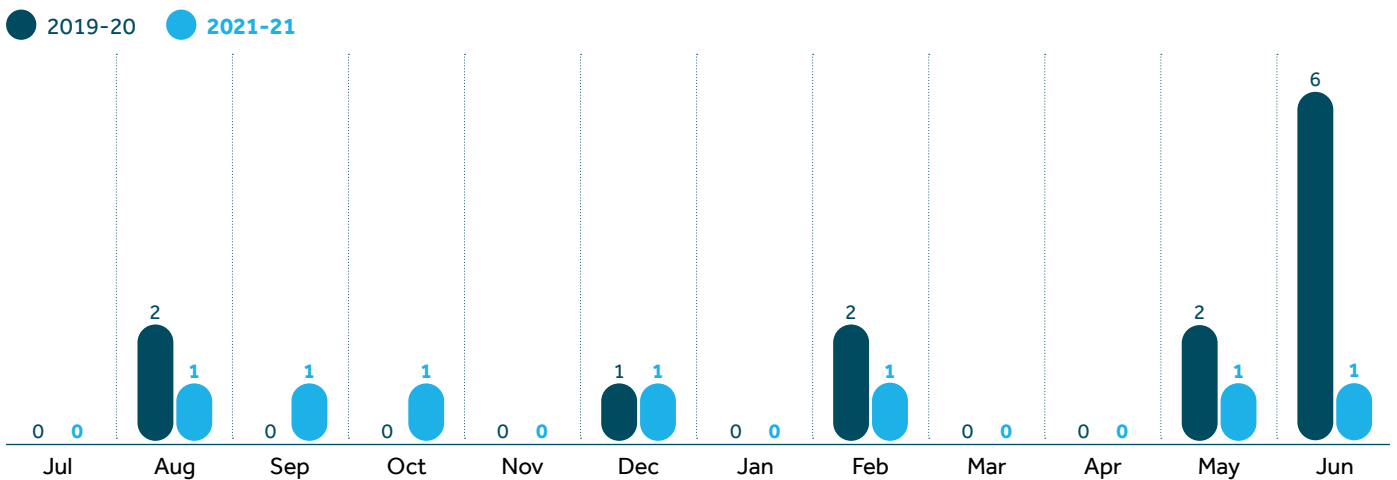
Note: the percentage is against all contacts for 2020-21

### Child Protection: Complaints/Own Motions\*

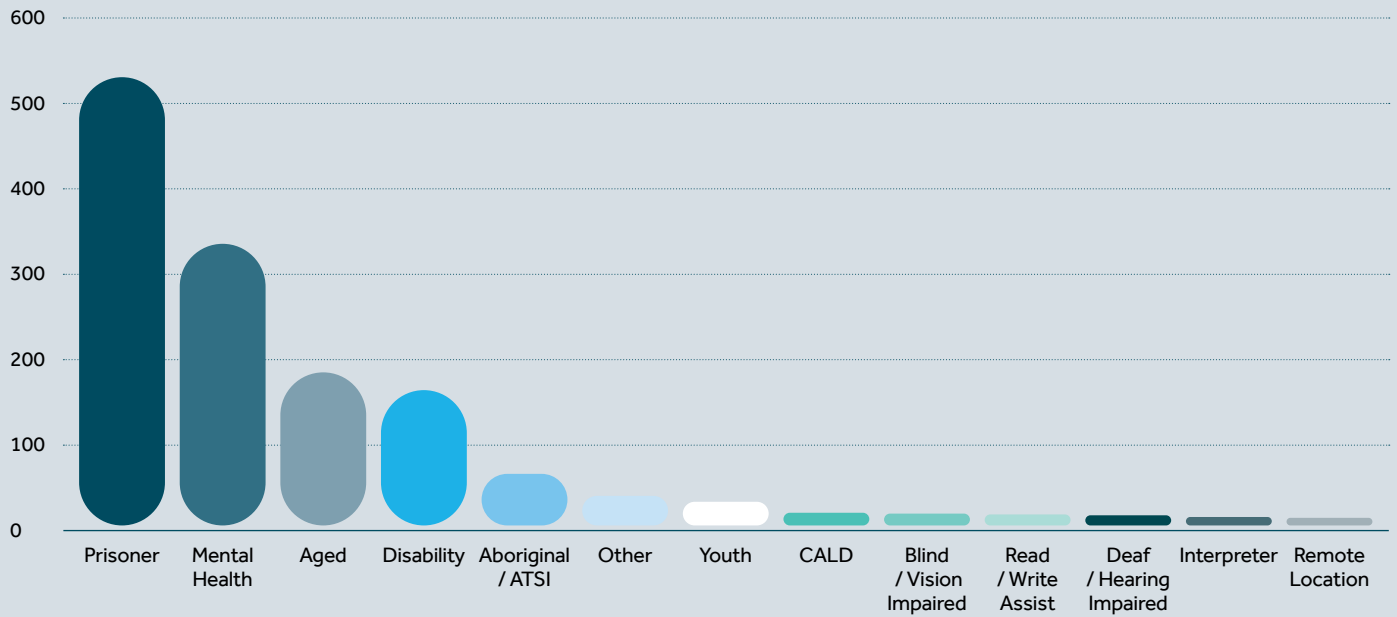


\*In December 2017, Ombudsman SA became the lead agency responsible for the investigation of complaints about child protection services. The HCSCC received eight contacts from the public about child protection matters in 2020-21 and referred all these matters to Ombudsman SA.

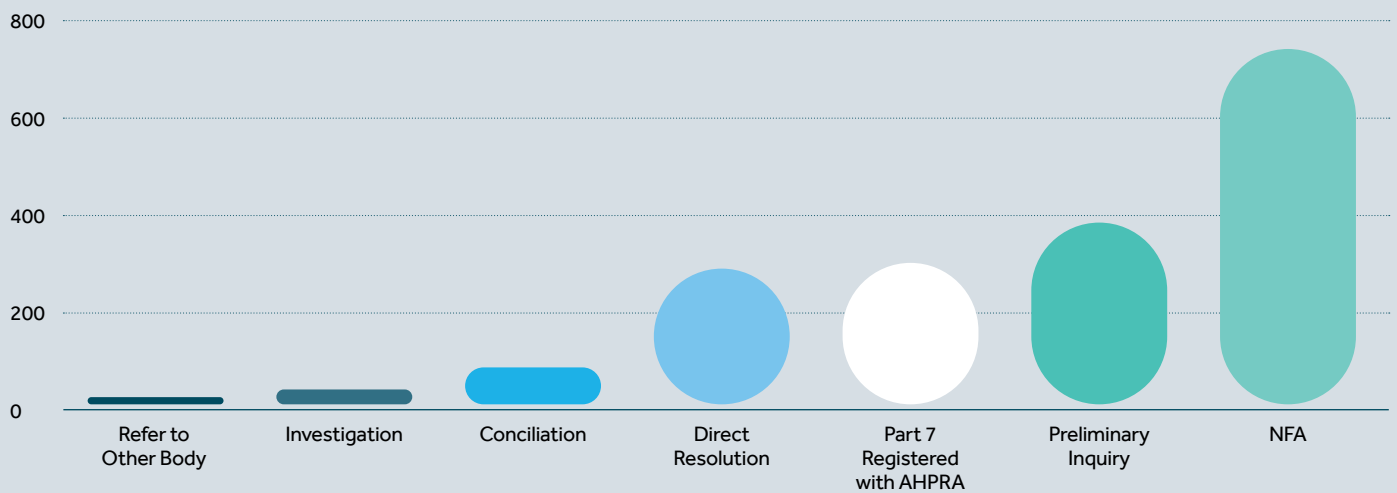
### Child Protection: Enquiries



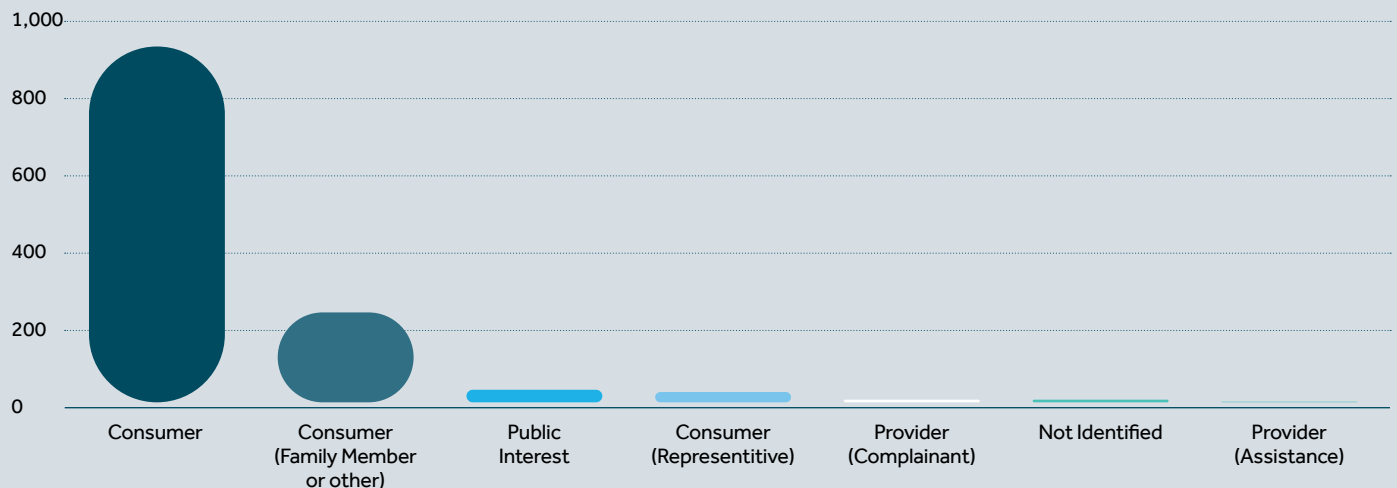
### Complaints from Consumers with Special Needs (All contacts)



### Number of Assessment Determinations

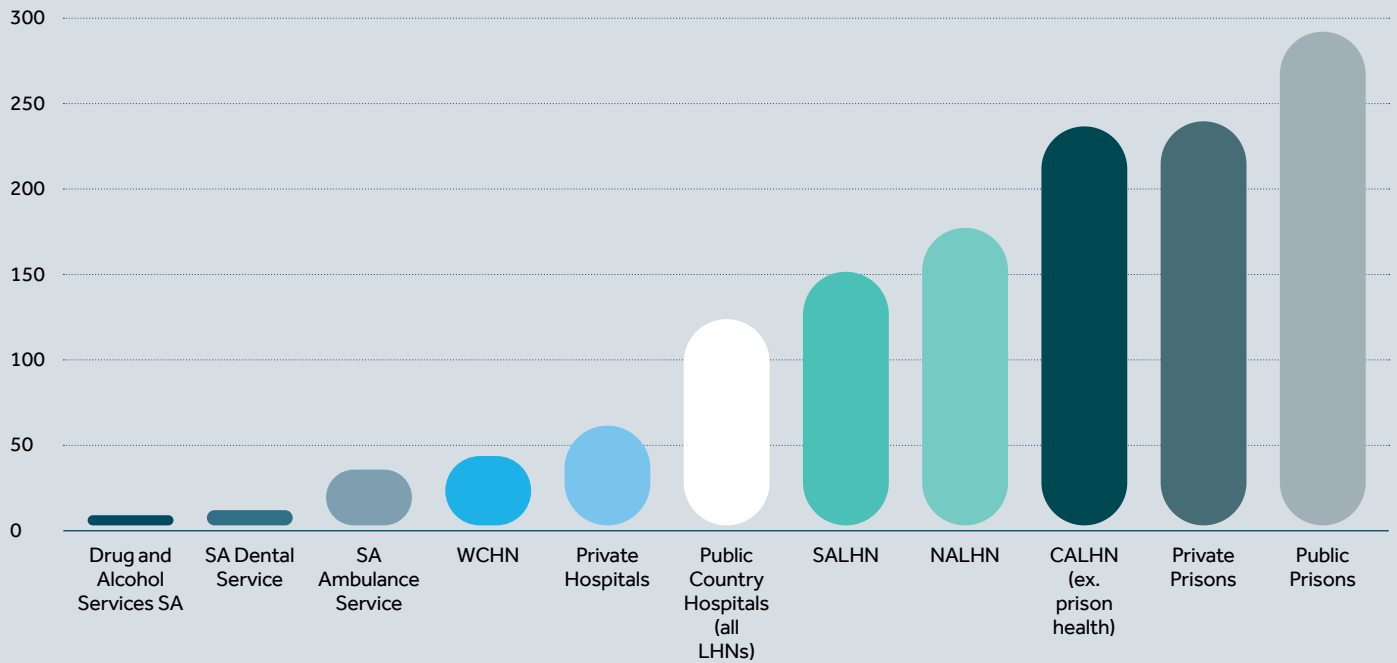


### Legal Role of Contact Person (Complaints only)





## Contacts about Major Health Services



## Case study

The HCSCC received a complaint on behalf of a consumer about the billing process for cancer treatment as a non-Medicare patient within the public hospital system.

The consumer had private health insurance.

The HCSCC liaised with the service provider about the issues the complainant raised.

After consultation between the complainant, the service provider and the consumer's private health insurer, a better way to handle the billing processes was developed between all parties.

This process also led to the private health insurer reviewing and amending some of their internal processes to ensure the same situation does not occur for other consumers who are receiving cancer treatment as non-Medicare patients.

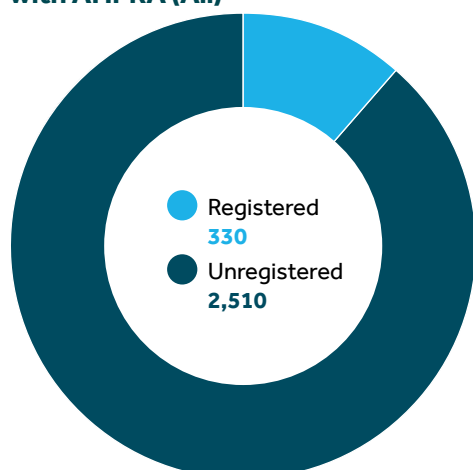
This is an example of how individual complaints can positively impact systems to change the experience of others.

## Reasons for Closure of Complaints 2020-21

Advice and information provided	2
Outside of Jurisdiction	63
Part 5 s39 Conciliation may be bought to an end	1
Part 6 s54 Report	26
Part 6 s56C order	4
s33(1)(a) not entitled to make complaint	9
s33(1)(b) does not disclose ground of complaint	6
s33(1)(c) should be determined by legal proceedings	2
s33(1)(d) proceedings have commenced before a tribunal authority or other	11
s33(1)(e) reasonable explanation(s) or information earlier	637
s33(1)(f) grounds should have been disclosed earlier	2
s33(1)(g) complaint lacks substance	5
s33(1)(h) the complainant has failed to comply with a requirement	14
s33(1)(i) the complaint would be an abuse of the processes under the Act	4
s33(1)(j) the complaint is abandoned	55
s33(1)(j) the complaint is resolved	128
s33(1)(k) reasonable cause - agreement to take reasonable steps to resolve complaint and/or prevent recurrence	7
s33(1)(k) reasonable cause - differing versions of events - unable to prefer one over the other	25
s33(1)(k) reasonable cause - other	80
s33(1)(k) reasonable cause - s27 outside of time limit	6
s33(1)(k) reasonable cause - s29(2)(d) referral to another agency	19
s33(1)(k) reasonable cause - s29(3) referral to ACQ&SC	4
s33(1)(k) reasonable cause - s29(5) attempting direct resolution	10
s33(1)(k) reasonable cause - service provider met reasonable standards	20
s33(1)(k) reasonable cause - service provider resources are limited and equitably provided	1
s34(1) complaint withdrawn	14
s57(2)(b) referred to registration authority	90
Other	5
<b>Total</b>	<b>1,250</b>

Note: This includes complaints that were opened in previous financial years

## Service Provider registered with AHPRA (All)



## Grounds for Complaint 2020-21

<b>Charter of Health and Community Services Rights grounds</b> (Refer to <a href="https://hscsc.sa.gov.au/about-the-hscsc-charter/">hscsc.sa.gov.au/about-the-hscsc-charter/</a> )	
Charter 1 – Access	344
Charter 2 – Safety	75
Charter 3 – Quality	312
Charter 4 – Respect	118
Charter 5 – Information	163
Charter 6 – Participation	43
Charter 7 – Privacy	27
Charter 8 – Comment	19
<b>Health and Community Services Complaints Act 2004</b>	
<b>Section 25 – Grounds on which a complaint may be made</b>	
S 25 1 (a) – service not provided or discontinued	33
S 25 1 (b) – service provision not necessary/inappropriate	60
S 25 1 (c) – unreasonable manner in providing service	62
S 25 1 (d) – lacked due skill	38
S 25 1 (e) – unprofessional manner	71
S 25 1 (f) – lack of privacy/dignity	13
S 25 1 (g) – quality of information	13
S 25 1 (h) – unreasonable action – lack of information/access to records	6
S 25 1 (i) – unreasonable disclosure to a third party	1
S 25 1 (j) – improper action on a complaint	4
S 25 1 (k) – inconsistent with the Charter	0
S 25 1 (l) – did not meet expected standard of service delivery	460
<b>Grand total</b>	<b>1,862</b>

## Contacts about Unregistered Health Care Workers 2020-21

Number of complaints made and assessed under Schedule 2 <i>Health and Community Services Complaints Act Regulations 2005</i>	32
Number of enquiries about Unregistered Health Care Workers	36
Number of Own Motions about Unregistered Health Care Workers	1
<b>Total contact about Unregistered Health Care Workers</b>	<b>69</b>

At the end of the 2020-21 financial year, there were five matters about Unregistered Health Care Workers that remained open.



## Registered Health Service Providers (Part 7 of the Act)

The following tables provide information about the HCSCC / Australian Health Practitioner Regulation Agency (AHPRA) consultations during 2020-21.

### AHPRA consultations with HCSCC and referral of complaints from AHPRA to HCSCC

	Number of AHPRA complaint consultations with HCSCC	Number of AHPRA complaints referred to HCSCC
Medical	148	25
Dental	11	3
Nursing & Midwifery	22	6
Pharmacy	17	2
Chiropractic	5	0
Physiotherapy	2	1
Optometry	0	0
Osteopathy	0	0
Psychology	28	0
Podiatry	2	1
Chinese Medicine	1	0
Medical Radiation Practice	3	0
Occupational Therapy	4	0
Aboriginal and Torres Strait Islander Health Practice	0	0
Paramedicine (commenced December 2018)	2	0
Unregistered Health Practitioner	0	0
Systemic	0	3
<b>Total</b>	<b>244</b>	<b>42</b>

### AHPRA investigation outcomes resulting from referral of complaints by HCSCC to AHPRA

	Number of outcomes notified by AHPRA of action taken from HCSCC complaint referrals	AHPRA notified outcome*	
Medical	63	3	No further action
		2	Caution
		1	Conditions imposed
		57	No outcome as at 30.06.21
Dental	6	6	No outcome as at 30.06.21
Nursing & Midwifery	7	2	No further action
		1	Caution
		4	No outcome as at 30.06.21
Pharmacy	1	1	Caution
Chiropractic	0	0	No complaints referred
Physiotherapy	2	2	No outcome as at 30.06.21
Optometry	1	1	No outcome as at 30.06.21
Osteopathy	0	0	No complaints referred
Psychology	4	1	No further action
		1	Referred to Tribunal
		2	No outcome as at 30.06.21
Podiatry	0	0	No complaints referred
Chinese Medicine	0	0	No complaints referred
Medical Radiation Practice	0	0	No complaints referred
Occupational Therapy	0	0	No complaints referred
Aboriginal and Torres Strait Islander Health Practice	0	0	No complaints referred
Paramedicine (commenced December 2018)	0	0	No complaints referred
<b>Total</b>	<b>84</b>	<b>84</b>	

### HCSCC consultations with AHPRA and referral of complaints to AHPRA by HCSCC

	Number of HCSCC complaint consultations with AHPRA	Number of HCSCC complaints referred to AHPRA	Number of HCSCC complaints split* with AHPRA
Medical	243	63	10
Dental	33	6	6
Nursing & Midwifery	42	7	0
Pharmacy	10	1	1
Chiropractic	0	0	0
Physiotherapy	7	2	2
Optometry	4	1	1
Osteopathy	0	0	0
Psychology	6	4	0
Podiatry	1	0	1
Chinese Medicine	0	0	0
Medical Radiation Practice	5	0	0
Occupational Therapy	0	0	0
Aboriginal and Torres Strait Islander Health Practice	0	0	0
Paramedicine (commenced December 2018)	3	0	0
<b>Total</b>	<b>354</b>	<b>84</b>	<b>21</b>

\*Part of the complaint involving a registered health practitioner is referred to AHPRA and part of the complaint is dealt with by HCSCC.

### AHPRA outcomes and outcome of any AHPRA action taken on AHPRA complaints consulted with HCSCC

	Number of outcomes notified by AHPRA of action taken by AHPRA	AHPRA notified outcome
Medical	19	8 No further action
		5 Conditions imposed
		6 Cautioned
Dental	2	2 Cautioned
Nursing & Midwifery	8	3 No further action
		3 Conditions imposed
		2 Cautioned
Pharmacy	7	3 Conditions imposed
		4 Cautioned
Chiropractic	0	0 Nil action notified
Physiotherapy	0	0 Nil action notified
Optometry	0	0 Nil action notified
Osteopathy	0	0 Nil action notified
Psychology	5	1 No further action
		3 Conditions imposed
		1 Cautioned
Podiatry	1	1 Undertaking imposed
Chinese Medicine	1	1 Conditions imposed
Medical Radiation Practice	0	0 Nil action notified
Occupational Therapy	0	0 Nil action notified
Aboriginal and Torres Strait Islander Health Practice	0	0 Nil action notified
Paramedicine (commenced December 2018)	0	0 Nil action notified
<b>Total</b>	<b>43</b>	<b>43</b>



# Section 3

## Continuously improve the quality of our services







# Public complaints

## Number of Public Complaints Reported

### Internal Reviews conducted by the Commissioner

During 2020-21, the HCSCC received 52 requests from complainants for an internal review by the Commissioner on the basis that they were not satisfied with the outcome of their complaint.

This is five more (a 10.64 per cent increase) than 2019-20.

Total number of reviews requested	Number of reviews conducted	Number of decisions upheld	Number of decisions varied	Number of matters re-opened for further action
52	49	43	1	6

### Reviews of HCSCC decisions by Ombudsman SA

Complainant can ask Ombudsman SA to review HCSCC outcomes if they are dissatisfied with HCSCC processes or there were administrative errors.

Number of Ombudsman SA contacts/queries	Number of formal requests	Number of informal information requests	Number of NFAs or no concerns	Number of concerns raised	Number awaiting finalisation following info provision
12	5	7	11	1	1

## Service Improvements

### Complainants

During the 2020-21 financial year, the HCSCC received nine contacts from complainants expressing concern about the timeliness of our processes or the attitude/manner of staff with whom they were dealing. Each of these concerns were resolved by telephone or face-to-face discussion with the relevant Manager or HCSCC officer.

We also received one contact about the physical accessibility of our premises for visually impaired people. We are working to implement this feedback in accordance with our Disability Action and Inclusion Plan.



This was an important outcome for a person in an extremely vulnerable and stressful situation.

## Case study

A prisoner said they had been very sick overnight, they had been vomiting and were still doing so when it was time for their daily methadone dose.

They told the prison officer that they were sick, and the prison officer said they could get their dose of methadone when they were feeling better.

There was miscommunication between the officer and nurses who administer the methadone. The nurses understood the prisoner refused the methadone and would therefore have to wait until the next day for a dose.

When the HCSCC received the complaint, the miscommunication was discovered and the prisoner was provided with their dose of methadone later that day.



# Section 4

## Sharing our learnings







# Media and Social Media

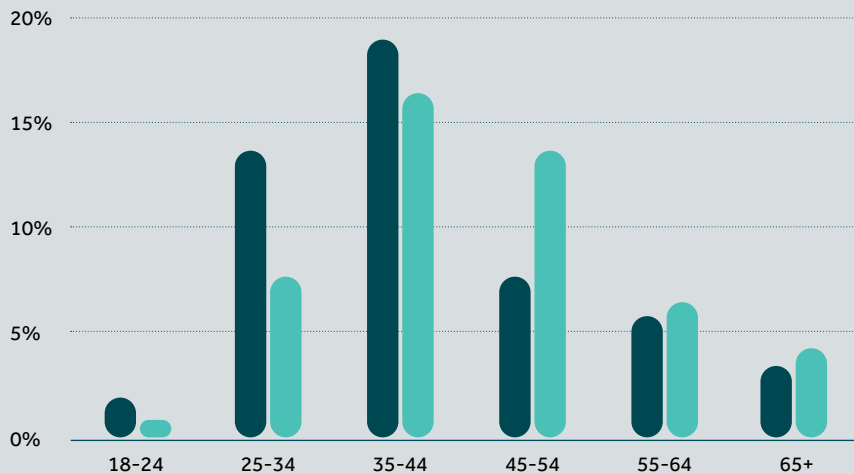
The HCSCC continues to utilise the media and social media to connect with the South Australian public.

Social media has been a vital tool of communication as many community events in 2020-21 did not proceed due to the COVID-19 pandemic. There has been a steady growth in engagement on our Facebook page and the HCSCC remains one of the few health complaints bodies in Australia with such a strong online profile.

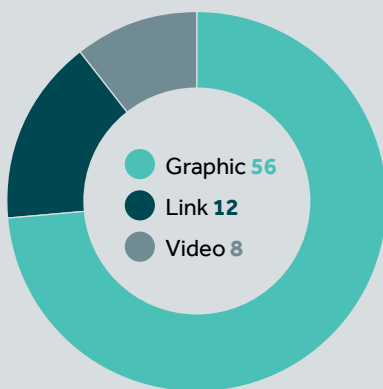
## Facebook Stats

### Audience Profile

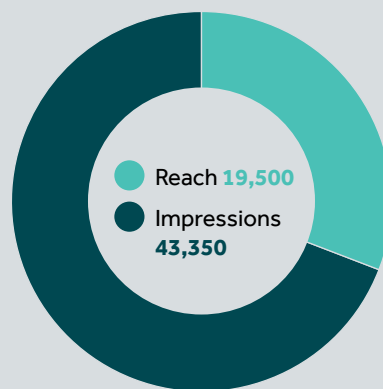
Men 51.1% Women 48.9%



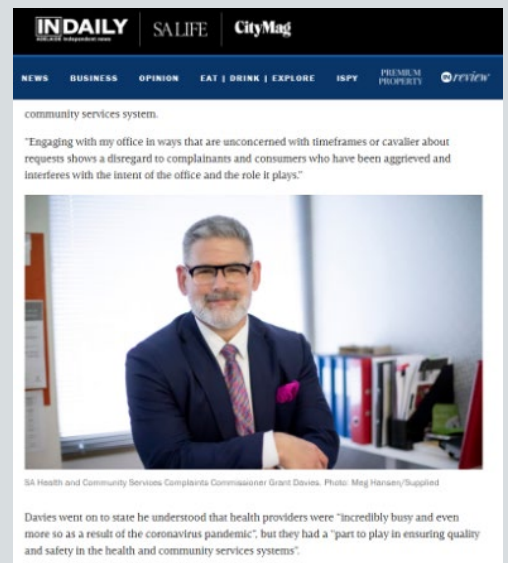
### Post Type



### Posts Total Engagement



Associate Professor Grant Davies on Radio Italiana.



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As a result of the pandemic, there has been a strong focus from the media about COVID-19 but the HCSCC still achieved solid results through media platforms, including:

- TV stories on the ABC and Channel 9;
- Regular radio segments with community radio stations, as well as a strong presence on commercial radio;
- Several written stories in newspapers and online publications about the work of the HCSCC.

The HCSCC remains focussed on strengthening its online and media presence.

# Events, Community Engagement and Training, Information Sessions and Education Pieces

## Events, Community Engagement and Training, Information Sessions

The HCSCC has a long history of attending public events to engage with South Australians about how we can help. Unfortunately, many events were cancelled because of the COVID-19 pandemic and therefore, the HCSCC could only attend two events – the Southern Region Nunga Tag Carnival and the Tauondi Aboriginal College Open Day.

The Commissioner attended – either in person or virtually – a variety of community sessions to provide information, education and training, including:

- the Research Centre for Palliative Care, Death, and Dying at Flinders University – Finders Seminar presentation about the importance of communication;
- the Ageing Well in CALD Communities Forum at the Lebanese Maronite Church Hall – information session about how Culturally and Linguistically Diverse community members can access HCSCC services;
- TAFE SA – presentation to Diploma of Counselling students about the Code of Conduct;
- Adelaide University – presentation to transition to internship program about the role of the HCSCC; and
- Safer Care Victoria – Giant Steps 2021 Forum – debate titled “When COVID came”.



Associate Professor Grant Davies at Giant Steps 2021 participating in the “When COVID came” debate.



The Tauondi Aboriginal College Open Day. Photos courtesy of facebook.com/Tauondi/



## Education Pieces

Associate Professor Grant Davies co-authored the following paper:

- Compassionate communities – What does this mean for roles such as a death doula in end-of-life care?

“There is much to consider in the informal caregiving space at the end of life. Conversations are required for coherent, coordinated care delivery in what has become a complex arena. There are those who are in paid positions, volunteers, those who are negotiating fees, as well as role overlap and role blurring.”

*Deb Rawlings, Grant Davies and Jennifer Tieman, Compassionate communities – What does this mean for roles such as a death doula in end-of-life care?, Public Health, Vol 194, May 2021, Pages 167-169.*





# Need to talk?



## Call

(08) 8226 8666 OR  
1800 232 007 (Country SA Landline)



## Teletypewriter (TTY)

133 677 OR  
1800 555 677 (Country SA Landline)



## Email

[info@hcscs.sa.gov.au](mailto:info@hcscs.sa.gov.au)



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## Opening Hours

Monday-Friday: 9am to 5pm  
Saturday / Sunday: Closed

