



ACT Disability, Aged and Carer Advocacy Service

Annual Report

2014-15

ACT Disability, Aged and Carer Advocacy Service Inc.
ABN 15 750 251 576
Suite104, Block C, Canberra Technology Park, Phillip Ave, Watson
PO Box 144 Dickson ACT 2602
Ph: (02) 6242 5060 Fx: (02) 6242 5063 TTY: 133 677 (NRS)
Email: adacas@adacas.org.au
Web: www.adacas.org.au

ADACAS VISION

To assert, promote and protect the rights and responsibilities of people with disabilities, people who are older and people who are caregivers

ADACAS MISSION

We vigorously advocate for and with vulnerable people, who have a disability, are older, or their caregivers, so that they may exercise their rights as citizens, live valued and dignified lives in the community, and pursue their dreams.

GUIDING PRINCIPLES

Integrity: *Ethical practice and authenticity*

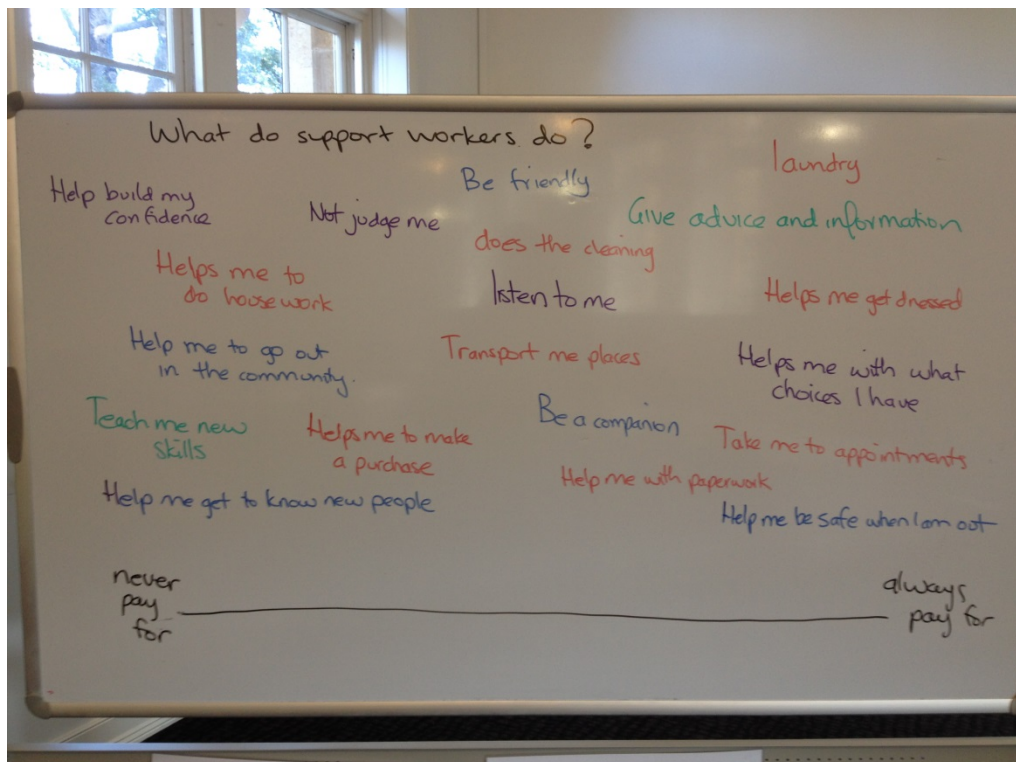
Social Justice: *All people have equal opportunity to create better life chances*

Pursuit of Excellence: *We understand what we do and why we do it, how we can improve*

Reflective Practice: *Introspection and learning from experience*



ADACAS attended many expos during the year to ensure that people with disability and their families were aware of the availability of advocacy should they need it with the NDIS reforms.



Working with participants and families to help them prepare for the NDIS through our capacity building workshops

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ADACAS's People

ADACAS Board

	Meetings attended
Chairperson:	
Stephen Still	8/9
Treasurer:	
Kim Stewart	5/9
Public Officer:	
Coleen Box	8/9
Other members:	
Pam Graudenz	8/9
Dominic Cookman	7/9
Sean Fitzgerald	3*/9
Alana Fraser	8/9
Diana Nasr	4/9
Kym Duggan	6/9

ADACAS Staff

CEO/ Secretary:

Fiona May

Disability/Mental Health Programs:

Ivette Gonzalez (Disability Manager)

Ben Davies (to Apr 15)

Jane Harriss (to Sep 14)

Roger Munson

Lauren O'Brien

Timothy O'Hare (from Sep 14)

Michelle Peruzzi

Hermannee Perry (from Aug 14)

Jeneatte Ruse (from Aug 14)

Older Persons Programs:

Sonia Di Mezza (Deputy CEO)

Gwendoline Davies

Karl Schaffarczyk

Projects:

Katrina Rea

Administration:

Deshawn Wattanatassi (Business Manager)

Kristy Capper

Clinical Supervision Consultants

Elizabeth Done

Fiona Hall

Tamarisk Jakobson

Patrick McEvoy

Colin Pitson

Kandie Allen-Kelly

IT Consultant

Sennell Pty Ltd

Database Consultant

Rohan Mitchell (1024 Pty Ltd)

Project Partners

Julia Farr Purple Orange

ImagineMore

* leave of absence granted

Chairperson's Report

Stephen Still

ADACAS finishes 2014-15 in a strong position to face the upcoming challenges presenting by adapting to the rapidly progressing roll out of the National Disability Insurance Scheme in the ACT.

As noted in Fiona's CEO report, at the end of 2014-15 we have completed our three-year strategic plan, which has supported ADACAS extending its activities into a range of areas, including supported decision-making, and provision of support for NDIS clients seeking merits review of decisions in the Administrative Appeals Tribunal. The success of the plan, and its utility in guiding our thought about new ways of doing business, illustrates how useful such planning processes can be when they focus on the practical issues facing an organisation, realistically assess the operational context, and chart an achievable way forward.

It is also pleasing that ADACAS continues to receive strong external audit reports, including for its governance structures and

policies, and that our financial position continues to be strong.

This year, Pamela Graudenz, the Board's longest-serving member, chose to stand down. Pam has been a tireless Board member, attending virtually all meetings over her tenure, and engaging enthusiastically in Board debates. Her deep knowledge of the residential aged care sector has been particularly missed, as has been her keen eye for detail and her understanding of the broader sectoral context.

I would once again like to thank my fellow Board members and all of the staff of ADACAS for the contribution they make to the success of the organisation. ADACAS' capacity to support some of the ACT's most vulnerable people depends on the hard work and dedication of these individuals, and they have once again acquitted themselves well.

"We had a fabulous experience with ADACAS and are very grateful for the opportunity. Our advocate helped us (especially me the mum) feel very confident and knowledgeable, and it was very empowering to know we had the support of and experienced, respectful, intelligent and knowledgeable team behind us. Thank you with the utmost sincerity."

CEO Report

Fiona May

This year saw the beginning of the ACT Trial of the NDIS and ADACAS has engaged closely, through our work with individual clients, as well as through ongoing projects that support people to prepare, and our involvement in systemic advocacy around the NDIS. Importantly, ADACAS was awarded the contract for providing External Merits Review Support to people who are seeking to appeal decisions of the National Disability Insurance Agency. More detail about this work is provided later in this report. While challenging, scary and at times overwhelming for some clients, we have seen some terrific outcomes for people who have entered the scheme and are now able to access better support to pursue full and satisfying lives. Advocates are continuing to work closely with people to prepare for, enter and then implement their NDIS plans.

Funding for our successful capacity building workshops was extended this year, enabling us to continue to offer workshops in partnership with JFA Purple Orange and Imagine more. We continue to get very positive feedback from participants about the value they gain through the workshops.

I was appointed as a Deputy Chairperson of the Disability Advocacy Network of Australia (DANA) during the year which has enabled me to participate more fully in national systemic issues regarding disability and disability advocacy. It is rewarding to collaborate with other advocacy services to both learn from their experience and share our own strengths with others. Our annual audit against the National Disability Advocacy Standards again demonstrated the high quality service that we continue to provide and I'd like to congratulate all

ADACAS staff for their ongoing work that contributes to this good outcome.

We have also been busy in Older Persons advocacy and providing input to older persons issues through our involvement in a number of different fora and working groups. More detail can be found in the Older Persons section of this report. We have contributed strongly to a number of important systemic issues and inquiries during the year including a number of presentations at hearings of Parliamentary committees. While we don't receive much funding for systemic advocacy our ability to participate in these processes enables us to bring the genuine voice of our clients to the policy process and ensures that the issues of the most isolated and vulnerable of our citizens are not forgotten by policy makers.

This financial year brings to a close our 2012 – 2015 strategic plan and we are pleased to be able to report we have achieved each of the key strategies that we set for ourselves in the plan. A mix of internally focused and growth focused strategies, this plan has brought ADACAS a period of sustained growth and consolidation. The process of preparing our 2015-18 strategic plan is well advanced and contains a vision for an exciting future for ADACAS.

We are very pleased that after three years of work, we will have some medium term funding for Supported Decision Making in the new year. ADACAS was awarded funding for SDM Link and Learn, a project which seeks to provide education and awareness raising for supported decision making as well as support a number of individuals to use SDM in their lives. We will be working with people with disability, people living with mental health issues, families, and

professionals that interact with these people, to ensure that across Canberra, more people know about SDM and are skilled to enable people to be more active in the decisions that affect their lives.

We farewelled a couple of experienced advocates during the year and welcomed some new members of the team. We also restructured our disability programs to provide clearer supervision lines and Ivette Gonzales moved into the role of Disability Manager alongside her External Merits review role.

ADACAS continues to take the wellbeing of our staff seriously, recognising the impact

that being an advocate can have on each of us. To this end, we had a few juggling lessons during the year – juggling is a great left brain:right brain activity, requires complete mindfulness and is great for a laugh!

We look back on another productive, busy and rewarding year at ADACAS and look forward to a new year which promises to be just as busy, filled with new challenges and opportunities for the organisation, our staff and our clients.



Workplace wellbeing in action.

ADACAS at a Glance

Individual Advocacy	
total number of advocacy hours	11,139
total number of people assisted	426
total cases	521
new cases	309
cases continuing from 2013-14	212
closed cases	263

Inquiries	
total number of inquiries	212

As the data shows (Figure 1.0 and above), ADACAS has again increased the number of clients (14% increase), number of issues (19% increase) and number of hours of advocacy (19% increase) provided.

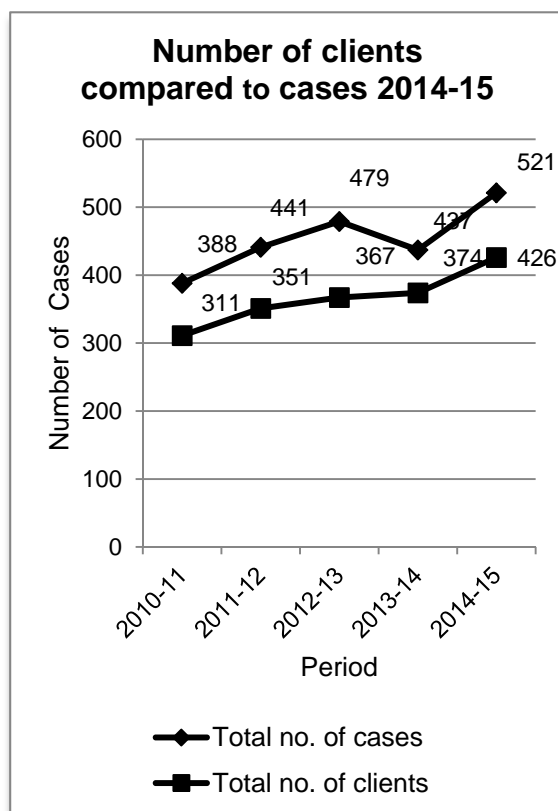


Figure 1.0

While Figure 1.0 shows a steeper increase in client numbers relative to last year, the five year trend appears consistent. We over delivered on outputs for all of our advocacy contracts this year, a testament to the hard work and dedication of our team.

Anticipating the increase in demand for advocacy across the year, ADACAS also used its own funds to ensure additional advocacy was available to clients during the year.

While this may not be sustainable in the long term the year's data certainly demonstrates the need for increased advocacy for vulnerable people.

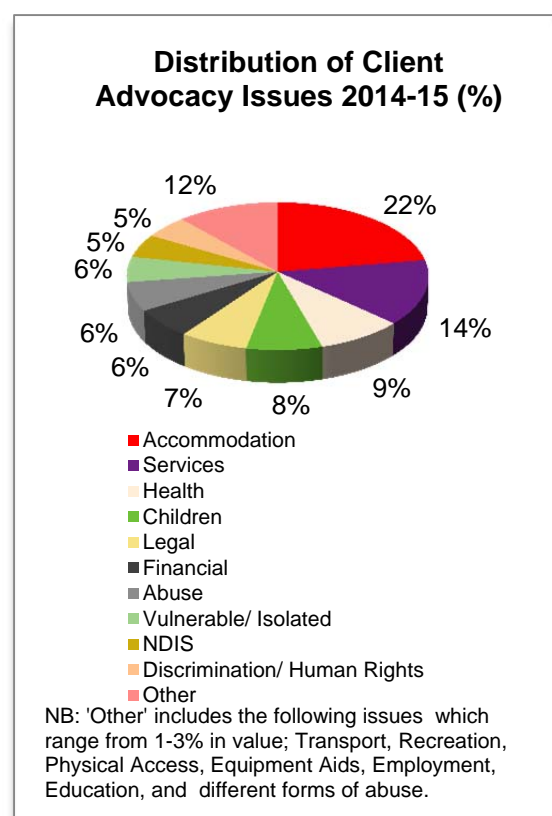


Figure 1.1

The complexity of our case work continues to rise along with steady demand for advocacy support. Consistent with past years, advocacy on accommodation and service issues remain major components of our work. It will be interesting to see if this remains the case as NDIS changes the service delivery landscape. The NDIS shows in Figure 1.1 as one of the 10 most frequent advocacy issues during the year for the first time. While NDIS work is important and we seek to prioritise it, our data shows that advocacy across a range of issues is still required – regardless of the changes the NDIS brings.

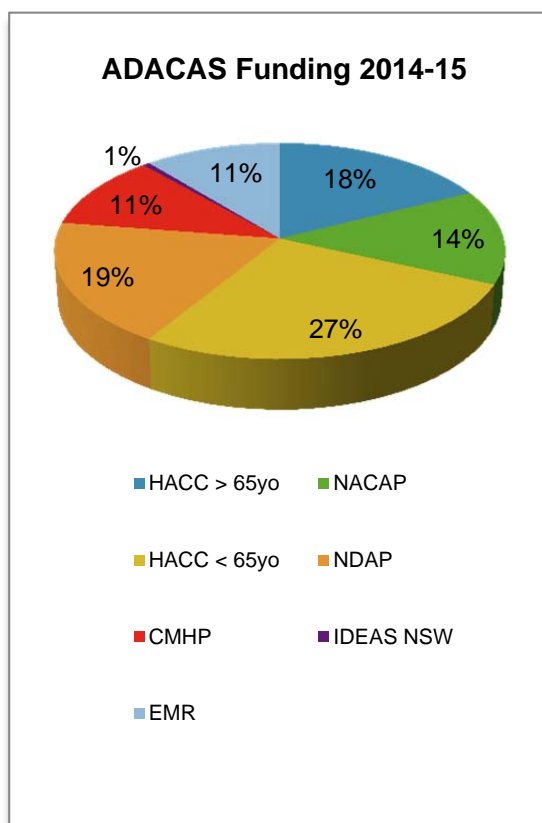


Figure 1.2

“Great reduction of stress, lowered blood pressure and a much appreciated improvement to my daily living. Thank you!”

Funding Received

ADACAS has continued to have ongoing funding across its advocacy funding streams, with the addition of funding for External Merits review which adjusts funding proportions (Figure 1.2) slightly on previous years. All advocacy funding programs are under review however which may change the landscape significantly from 2016-17.

Home and Community Care Program for Younger People (HACC < 65yo) – provided with the assistance of the ACT Government

Home and Community Care Program for Older People (HACC > 65yo) - this service is supported by funding from the Australian Government under the Commonwealth HACC Program

ADACAS is part of the Australian network of disability advocacy services funded by the Australian Government.

National Aged Care Advocacy Program (NACAP) – an Australian Government Initiative.

Mental Health Consumer Advocacy Program (CMHP) – ACT Health.

External Merits Review Support Program (EMR) – An Australian Government Initiative

IDEAS Disability Advocacy Brokerage Program (IDEAS NSW).

In addition to our ongoing programs, we undertook \$145,584 in project work, comprising an extension to our Capacity Building workshop training, significant training in supported decision making, and a range of smaller contracts for consultations, facilitation, and easy English.

National Disability Insurance Scheme Capacity Building Project – Build capacity for people with disability funded by the Community Services Directorate through the ACT NDIS Taskforce

“I would be happy to recommend ADACAS to those that need their assistance. A very professional organisation.”

Client Feedback

ADACAS has revised our processes for obtaining client feedback and measuring the outcomes of advocacy. Based on a report by Deloitte Access Economics advising us on how we can gather better evidence of the impact that advocacy has for clients. 2014-15 is the first full year of data from the new process

ADACAS now undertakes an initial survey with new clients before advocacy commences, and when an advocacy matter ends, we ask the same questions again. Analyzing this before and after data gives us a clearer picture of the impact of individual advocacy for our clients. We ask new clients to rate the following statements on a scale from Strongly Agree to Strongly Disagree:

Clients respond to the same questions, against the same scale when advocacy ends. The data shows that across all 7 questions clients are very much more likely to agree with the statement once advocacy ends, which indicates that advocacy:

- Helps clients to achieve their desired goals
- Supports clients to make decisions
- Helps clients to be respected by others in their lives
- Confirms for clients that they have rights
- Helps clients to access services they need
- Improves the quality of services and supports received
- And enables clients to increase their interaction and participation in the community.

In addition, when advocacy ends we ask clients to provide us with feedback on our service. The results for the year show that overall clients who respond to the survey are very happy with the service they receive.

ADACAS will continue to collect data before and after providing advocacy so that we can build on this picture of the impact that advocacy has for our clients.

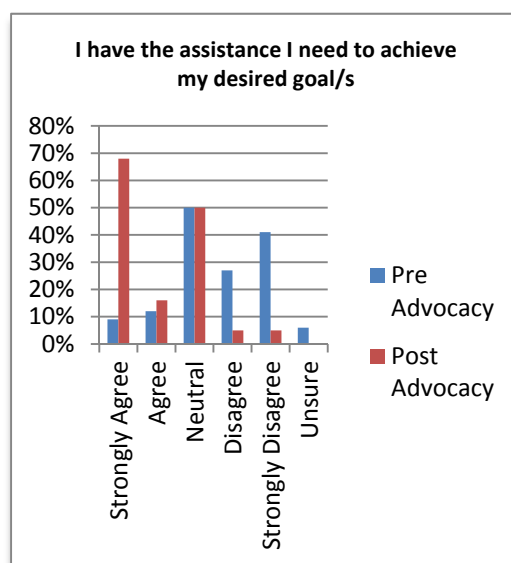
Clients also provided qualitative feedback. Comments can be seen throughout this annual report and include:

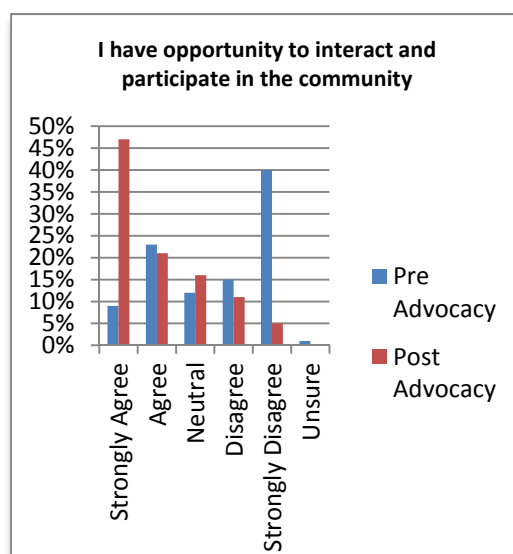
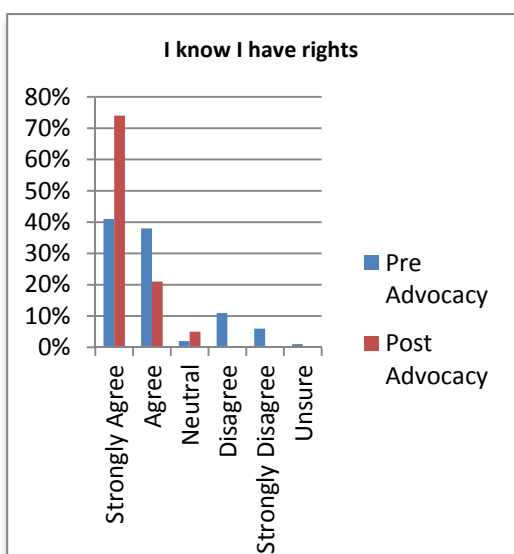
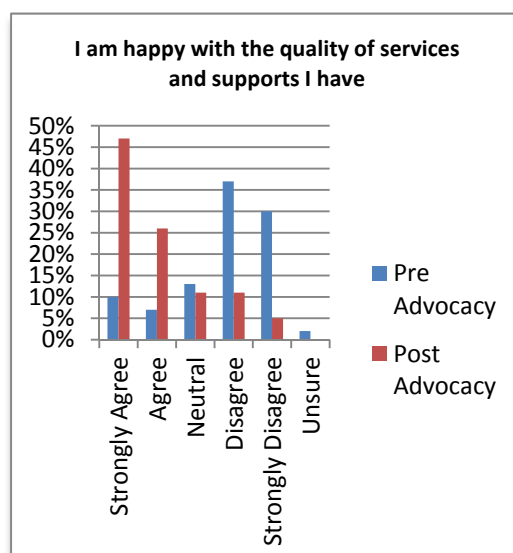
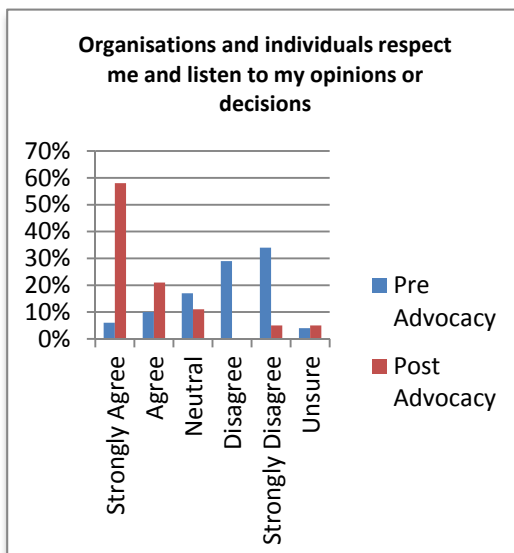
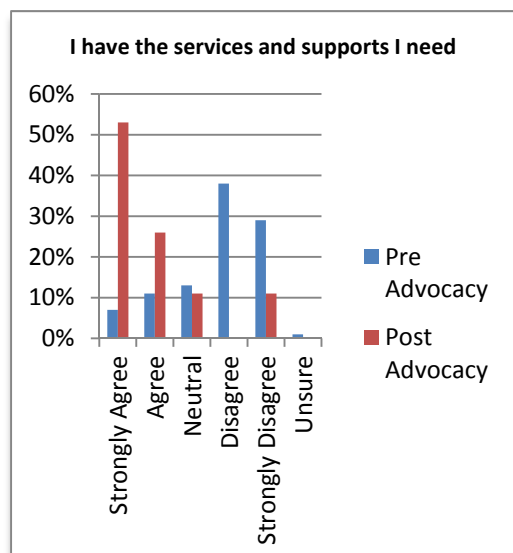
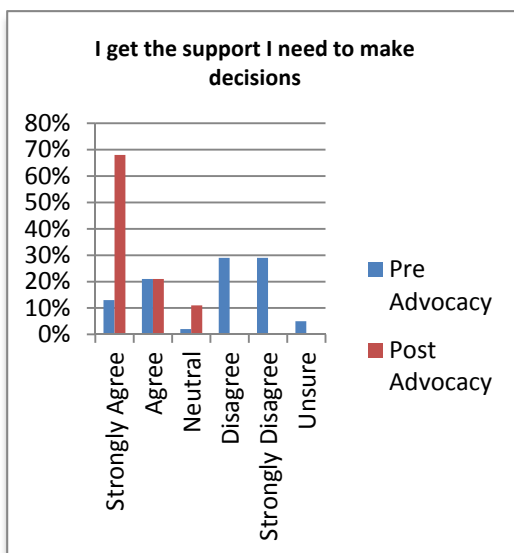
My advocate “was fantastic, her presence made a big difference. She is a good mentor, helps me not lose my temper.”

My advocate “was amazing. I cannot speak highly enough of her or how appreciative I am for her support and guidance and advocacy at a very emotional and challenging time in my life.”

“I was in despair the day I rang for help and you gave me the time over the phone and then took our situation to a meeting and from then on I felt heard and cared for. So very very grateful.”

“I have nothing but praise for the advocates efficiency and the way this very polite lady handled the whole matter.”





Human Rights and Advocacy

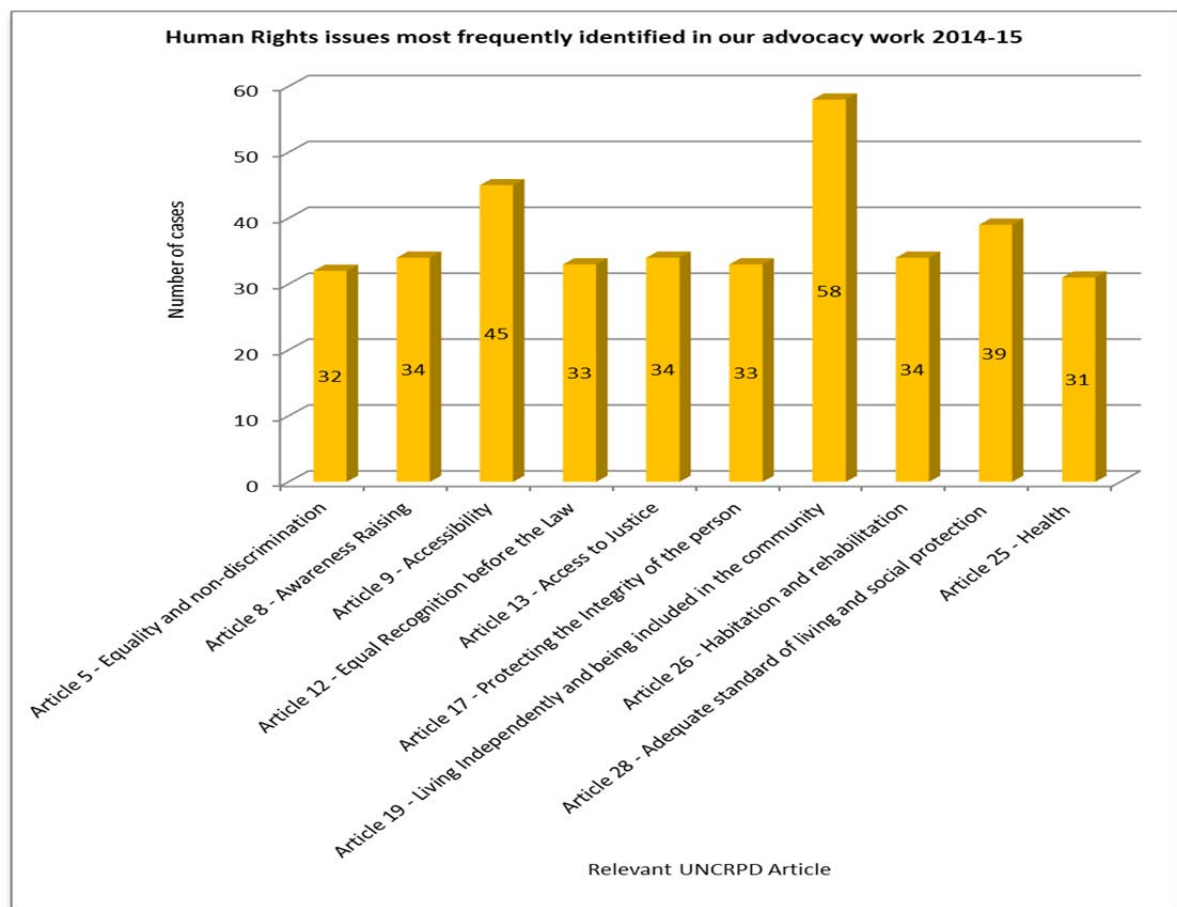


Figure 1.3

For the first time we have begun to collect data on the human rights issues which we identify as relevant to the advocacy issues we work on. It demonstrates the diversity of our work and the ongoing importance of the availability of free professional advocacy to people with disability and frail older people. The articles of the United Nations Convention on the Rights of People with Disability (the UNCRPD) which are most frequently relevant to our case load are identified in Figure 1.3. It shows consistency with our other data analysis in that access to accommodation and services are the most

frequent topics of our advocacy work, Article 19 Independent Living and inclusion in community is the most frequently identified UN article. Other key articles for our work are Article 28 Adequate Standard of Living and social protection and Article 9 Accessibility. Following these a wide suite of articles have been identified as relevant to our case work which highlights the diversity of need which independent advocacy is addressing. We will continue to refine our data collection and analysis processes for the relationship between the UNCRPD and our work over the coming year.

Advocacy for People with Disability

Total Number of clients (HACC YP)	144
Total Number of cases (HACC YP)	174
Total Number of clients (NDAP)	58
Total Number of cases (NDAP)	70
Total Number of clients (IDEAS)	6
Total Number of cases (IDEAS)	8
Total Disability Advocacy clients	208
Total Disability Advocacy cases	252

Our team of advocates successfully managed a high level of demand over the year by creating a measured response and preparing ahead for the high demand. ADACAS provided individual advocacy to 58 people under the NDAP program. Of the 58 cases 26 were ongoing cases and 32 were new under this program. Under the HACC program we were able to support an additional 144 people.

Our work to provide advocacy to people in the Capital region of NSW was a very small part of our activity over the year. We continue to support a small number of clients with independent advocacy funded by IDEAS NSW.

The team were busy with the usual range of issues for which people with disability need advocacy. In addition the team provided information and advocacy around NDIS issues. The Canberra trial site has now completed its first year. Here it is rolling everyone with a disability into the scheme unlike trials in other jurisdictions that have targeted selected groups of their population. As a result, ADACAS' advocates have been very busy as we have tried to provide advocacy, support, information and warm referrals to many of our existing clients as well as new clients that approached us seeking assistance.

Advocates have assisted clients to prepare access requests and evidence of disability forms. These tasks can be very onerous and

time consuming as people do not normally have the evidence necessary to present to the NDIA. We also provide self-advocacy support or representation at the initial meeting with the planner. If the person has gone through the process already and they are dissatisfied with their plan, we have assisted them to request internal reviews. Once our clients have a plan, it has been necessary to refer them to Coordinators of Support to assist them implement their plan. However, signing service agreements has been a particular concern as there is a lack of systemic oversight in this area.

This year again we had a high number of people with an intellectual disability experiencing problems with Care and Protection Services. One of our success stories in this area is that through our contribution to the development of the new ACT Out of Home Care Strategy the Directorate has included and strategy regarding advocacy for parents with a disability. We look forward to working collaboratively with the Red Cross who has been given the contract to provide advocacy to birth parents.

Once again ADACAS has participated in the National Disability Advocacy Standards audit and we have received a very positive report from the auditors.

We were also busy providing input to a range of different policy and review processes through our systemic advocacy funding. Highlights include providing submissions and presenting at hearings for a number of Parliamentary Inquiries including the Inquiry into the NDIS and Inquiry into Younger Persons in Nursing Homes. We continue to strive to provide input to these processes because we recognise that without independent advocacy services, the voices of our client groups would be absent from policy development.

Case Study

Cindy – Care and Protection

Cindy's three children were removed from her home by Care and Protection on the grounds of having unsuitable living conditions and her mental health issues. She sought advocacy support from ADACAS. The advocate supported Cindy by attending home visits conducted by Care and Protection with her, helping her to express her concerns during the visits and ask questions. The advocate found out what Care and Protection needed Cindy to do in order to have her children returned to her and helped Cindy to devise a plan so that she could address the issues. Cindy became overwhelmed with the situation and was unable to understand how her own actions were affecting her children.

After two months Care and Protection requested Cindy to sign another voluntary care agreement for four months. The advocate helped Cindy to engage the services of a lawyer, to arrange for her house to be cleaned via a clean-up service, connect with a counselling service and continue communicating with Care and Protection in a productive and positive way. The advocate further supported Cindy to attend a Housing ACT inspection. Consequently Care and Protection withdrew their application to bring the matter of the care of the children to court.

After four months when Cindy had not yet completed the list of tasks on her Care and Protection action plan, her case was listed for court action for interim orders. The matter was adjourned on a number of occasions. ADACAS continued to assist Cindy with communicating with Care and Protection and ensuring that the house was cleaned properly. Closer to the court date an assessment was conducted by Care and Protection and the decision was taken to institute a restoration plan so that Cindy could eventually be reunited with her children. With the help of advocacy support from ADACAS Cindy eventually had her three children returned to her.

Katy – Creative Solutions

Katy lives in a public housing unit. She lives with mobility issues and purchases a scooter to help her get around. Katy is informed by Housing ACT that the property where she lives cannot be modified to accommodate her scooter and that she will need to apply for a housing transfer in order to live in a place where she can keep her scooter. She is placed on the High Needs list but does not really want to move as she is happy in her home, yet feels that she has no choice. Her unit has a storage room, which she cannot access as it has steps leading to it. Katy seeks advocacy support from ADACAS to help her resolve this problem. The advocate explores storing the scooter in the common room at the complex but is informed by the Housing ACT manager that this is not an option. One day while visiting Katy, the advocate notices that some of the storage rooms in the complex do not have steps and realises that a swap of storage rooms with another tenant may solve Katy's problem. Katy and the advocate engage in door knocking to find a tenant who may be willing to swap storage rooms and also send letters explaining the situation, until they locate a tenant who is willing to swap. Katy is very happy and decides that she no longer wants to transfer to another housing property. She now has access to her scooter, an appropriate place to store it, and is content living in her home. The advocacy achieved an additional outcome for Katy as she is now getting to know some neighbours and feels less isolated.

My advocate "was great! He was able to listen to my concerns and reassure me without any judgment and was very discerning during a very difficult time. He was able to ask the right questions for clarification. He reassured me all the way and his encouragement made the whole process so much less stressful."

External Merits Review Support

To have been awarded this contract was a recognition of our hard work and professionalism in the field of advocacy. We invested considerable effort in ensuring that our EMR officer and other advocates have an extensive understanding of the NDIS its rules, processes and practices. This has been challenging at times as these are changing all the time as it is expected from a nascent scheme that it is in its trial stage. This year we provided support to two families that made the commitment to challenge a decision made by the NDIA at the Administrative Appeals Tribunal. Our two cases were represented by Legal Aid through the CAP funding provided by the Department of Social Services.

Part of our EMR role is to provide information and education sessions on how to have a decision/s by the NDIA reviewed. To this effect, ADACAS has presented ten information sessions to service providers, mental health consumers, carers and people with a disability and held stalls at two Expos. We also placed advertisement in The Canberra Times and participated in the NDS booklet.

In reflection, the bulk of our work has become to assist potential participants and participants avoid the AAT process by using self-advocacy as a tool to achieve their goals. The rationale is very simple: to divert the matter from a resource intensive process, in relation to time and money for everyone involved whilst at the same time provide our clients with the necessary tools to advocate for themselves.

The following EMR case study was selected not due to its complexity but as example of a recurrent situation that many people in our community experience.

Case Study

Cristian – Accessing the NDIS

Cristian was referred to us from a community agency that provided his HACC services. They were concerned that Cristian did not understand the changes to the system as English was his second language and he did not have others that could assist him with the transition. The referring agency was also concerned that the current levels of supports were not adequately meeting Cristian's needs. ADACAS allocated the External Merit Review Support Officer to provide information to the potential participant. The first part of the work was to communicate with him using his native language by using the National Interpreting Services available for free to charitable agencies. It required many hours of one on one sessions working through the NDIS workbook to familiarise Cristian with the new language and to explore his views, wishes and dreams in his life. Once these were identified the EMR officer wrote to his medical team to fill in the Evidence of Disability Form. Unfortunately, the specialist, podiatrist and the GP were not able to provide the necessary information for the NDIA to make a decision. ADACAS had a conversation with the NDIA decision maker and it was agreed that it would be unfair for Cristian not to enter the scheme because his medical team was failing to support him. Therefore, it was agreed that ADACAS would collect assessments from community service providers that have done their own assessment in order to provide their service. ADACAS collected and provided the information to the NDIA and Cristian was able to enter into the scheme. The process was long and onerous as not everyone knew their roles in the new NDIS system. Cristian entered the scheme and also sought support from ADACAS with the planning process. He is now happy with the level of support he receives under his new plan

Community Mental Health Program

Total Number of clients (CMHP)	72
Total Number of cases (CMHP)	79

Support for people living with mental health issues continues to be a significant part of ADACAS work. A proportion of our work with these clients is supported by funding from the Community Mental Health Program. This year we provided advocacy to 75 mental health consumers under this funding. ADACAS again had a significant number of cases with mental health consumers involved with care and protection services. These cases are complex and resource intensive and at critical times, cases need to be allocated a significant number of hours and advocates need to delegate their other work to colleagues as a conscious strategy to cope with the workload.

Our visits to the Adult Mental Health Unit have continued. ADACAS' advocates visited the unit 20 times this year. We worked collaboratively with the unit's activity nurse and they hosted our attendance at the consumer's morning meeting for only half of the year as we were informed in December that the unit had discontinued the meetings.

"I am extremely grateful and very appreciative of the wonderful work and time ADACAS did for my father in regard to the matter. I was seeking help and advice for without your help I wouldn't have achieved the outcome I needed. Your help, advice, time and a care to listen to allowed my father more time in his home."

Case Study

Natasha – Support with Treatment Decisions

Natasha approached ADACAS for assistance with talking to her psychiatrist about changing her medication. Natasha explained that the current medication was not working for her and was causing unwanted side effects which impacted on daily functioning, and the process of having her child restored back to her care. Natasha had put in numerous support letters from different service providers to have the current medication changed, but was getting nowhere and the current psychiatrist had her placed on a 6 month Psychiatric Treatment Order. Natasha requested a different psychiatrist and ADACAS assisted her in attending appointments with the new psychiatrist to discuss changing or reducing the dose of medications. The new psychiatrist discussed a plan with Natasha to reduce and change the medication, and was willing to work with her towards this goal. ADACAS also supported Natasha with Care and Protection who agreed to full restoration after being satisfied with Natasha's progress and her ability to fully function at contact visits.

As a result Natasha was able to function better, and her child was restored back to her care, the Psychiatric Treatment Order order has finished and a new order has not been made. Every appointment Natasha has been to the psychiatrist has been happy with her progress, and is continuing to work toward her goal of reducing her medication.

Advocacy for Older Persons

Total Number of clients (HACC OP)	89
Total Number of cases (HACC OP)	125
Total Number of clients (NACAP)	46
Total Number of cases (NACAP)	54
Total Older Persons Clients	135
Total Older Persons Cases	179

This past year has been a challenging one as advocates continued to represent older people in the ACT to have their voices heard so that they could access the services they need as well as their fundamental human rights. Older clients often fail to have their voices articulated due to deteriorating health, cognitive impairment and social isolation. Prior to the introduction of Consumer Directed Care on 1 July 2015 some of our clients began to feel pressure from their service providers as they were informed that they would be required to top up their packages with money from their own pockets in order to be able to continue receiving the level of care that they both deserved and needed. ADACAS advocates were there to help them navigate through the process and ensure that they were able to continue living at home for as long as possible, where that was the client's preference.

Other areas of concern related to the paucity of hospital beds and the pressure that is placed by hospitals on older people who are admitted to either heal quickly or to move to an aged care facility. There are many instances where older people are admitted to hospital following the onset of illness or a fall. As a consequence of their advanced age, older people often require more time than other patients before they are fully recovered and are able to return home. The lack of hospital beds as a result of insufficient

government funding means that hospital staff often put pressure on the older patient to vacate the bed, even if this means premature and unwanted entry into an aged care facility. ADACAS advocates have worked hard throughout the year to advocate on behalf of a number of older persons and ensure that they are able to spend the necessary time they need to recover in hospital and subsequently, where possible, return to their place of residence.

ADACAS has worked on a number of systemic issues in the aged care space with a view to influencing change. Some of our activities have included involvement by an advocate in the ACT Government's Older Persons' Assembly; representation by the CEO on the Ministerial Advisory Council on Aging; working with the Elder Abuse Prevention Working Group with a view to implementing strategies and activities to raise awareness of the issue of elder abuse and how it can be combatted; assisting in the creation and distribution of a brochure containing information and contact points on the issue of elder abuse; providing feedback to various governmental policy groups on the development of the aged care reforms.

Advocates in the aged care team provided training to staff and residents of residential aged care facilities, students of the Certificate in Aged Care, and carers providing support to older people living at home about advocacy, the rights of older people and elder abuse issues with a view to raising awareness about the issues that impact on the lives of the older person as well as creating networks and contact points for people to be able to access advocacy support from ADACAS.

Funding of advocacy for older persons is under review with a possible merger of advocacy in the HACC Older Persons program and the National Aged Care Program. How this funding will look in the future remains unclear but ADACAS will continue to advocate for funding in the ACT to ensure that older people are able to access advocacy support as they need it. During the next 12 months we will be working closely with advocacy services funded in other jurisdictions (other members of the Older Persons Advocacy Network) to ensure the review outcomes meet the needs of our clients. The Aged Care Team will continue to work in the upcoming year to ensure that older people are able to access the services they require as the aged care reforms continue to be rolled out.

Case Studies

Peter – The Right to Decide where to Live.

ADACAS makes regular presentations to residents of residential aged care facilities concerning their rights. Peter approached ADACAS after one of these presentations. He told us that he had been placed in the nursing hostel after spending some time in hospital. He explained that he had been informed by family that he had ‘cognitive decline’, and that he was not involved in the decision to move into the hostel instead of going home. Peter said that he wanted to tend to his rose garden, and to live in the house he had built with his wife. Aged in his 90s, Peter had completed an Enduring Power of Attorney (EPoA) in favour of a family member – so that they could assist him with his affairs should there be a time when he couldn’t manage on his own. It was this document they were using to put him into aged care.

ADACAS assisted Peter to understand his rights – while the EPoA was valid, there was

no medical evidence of any decline in Peter’s ability to make decisions. Peter still had the right to choose where to live, and what level of support he would receive. The advocate assisted Peter to consider what services he would like in his home, and assisted Peter to engage with those supports. Peter moved home again, and from there was able to return to tending to his roses, and living with the memory of his wife.

Alison – Consumer Directed Care

Alison suffered a stroke in her fifties. She was 67 when she approached ADACAS for advocacy support. She lives at home but requires care to help her shower and get dressed in the morning, prepare meals, clean and help her to get into her bed at night as she is used a wheelchair to get around. Prior to Consumer Directed Care (CDC) being introduced on 1 July 2015, Alison is informed by her service provider that after the introduction of Consumer Directed Care her fees for a Level 4 package will require her to contribute an additional \$2,200 per month. Alison lives on a pension and is unable to afford this and thus risks being forced to live in a residential aged care facility, which is not an option she wishes to pursue. She lodges a complaint with the Aged Care Complaint Scheme and commences communicating with a representative from a taskforce set up by the Minister to deal with issues relating to transitional problems relating to the introduction of CDC.

ADACAS supports Alison so that she is able to articulate her concerns to the various stakeholders. As the year ends Alison continues to work with her advocate and the system to resolve the gap in services created by the move to CDC. This is likely to be a theme of our work over the next year.

Supported Decision Making

This year has seen a shift in the focus of ADACAS supported decision making work. Working directly with individuals and their supporters to engage in SDM has been overtaken by more systemic focus on how SDM might become more accessible and sustainable in the ACT and beyond.

The Mental Health Foundation commissioned a paper on supported decision making, NDIS and psychosocial disability. This highlighted the need for greater understanding about the specificity of SDM practise for people with psychosocial disability. The paper will be available through the ADACAs web site in the near future.

Training has also had a focus on supporting systemic change. ACT Health, Mental Health Justice Health Drug and Alcohol have contracted ADACAS to provide SDM training in preparation for amendments for the *Mental Health (Treatment and Care) Act* to come into effect in March 2015. The Act reflects major international changes recognising that an individual's decision making capacity is tied to the supports given. This training remains ongoing. Training continues to represent a significant portion of SDM work.

ADACAS hosted the National Supported Decision Making Network in a world café style conversation exploring the future for SDM in Australia. Over 40 people attended, creating a shared vision and dynamic plan for the future. The diversity of participants, including advocates, policy makers, academics, lawyers, judges, guardians, clinicians, support workers and consumers reflects the increasing awareness of SDM and the depth of consideration to how obligations under the CRPD will be fulfilled. Key themes emerging included the need to resolve issues of risk and duty of care, how

SDM is defined, measured and practiced, sustainability, access and community wide capacity building. It was agreed that a national framework, applicable across the jurisdictions would be established. ADACAS has ongoing input into the framework. We thank Deloitte for sponsoring the workshop.

Following on from our work to encourage the ACT to review Guardianship Law, the ACT Law Reform Advisory Council was commissioned to undertake an inquiry into guardianship and decision making for adults with disability. ADACAS participated extensively including creating an easy English version of the response booklet, supporting our clients to make submissions, and making our own submission.

Improving access to information using easy English work has been central to our SDM work. ADACAS has completed fee for service easy English translation for a range of clients who seek to do the same. This has included Sexual Health & Family Planning ACT, Advocacy Tasmania, and Disability ACT.

"Thank you very much for the caring support I was given by your organisation. I believe that without your support I would not have been transferred at all. Thank you also for my court support ADACAS is without doubt a much needed support service for people in need."

ADACAS Financial Report 2014-15

Board Report

Statement of Comprehensive Income

Change in Equity Statement

Statement of Financial Position

Cash Flow Statement

Notes to and forming part of the Financial Statements

Board's Declaration

Audit Report to Members

"Thank you for the clear, strong, courteous advocacy. It supported my living in this village. It was your knowledge of my rights and the strength of support, and the ongoing-ness of the support that brought an improvement."

Committee Members

ACT Disability, Aged and Carer Advocacy Service Incorporated ABN 15 750 251 576

Your committee members submit the financial accounts of the ACT Disability, Aged and Carer Advocacy Service Inc. (ADACAS) for the financial year ended 30 June 2015.

Committee Members

The name of each person who has been a committee member during the year ended 30 June 2015 and to the date of this report are:

Stephen Still	Chairperson
Kim Stewart	Treasurer
Dominic Cookman	Committee member
Pamela Graudenz	Committee member
Sean Fitzgerald	Committee member
Alana Fraser	Committee member
Diana Nasr	Committee member
Kym Duggan	Committee member - App't October 2014
Coleen Box	Public officer

Principal Activities

The principal activities of the association during the financial year were: promoting and protecting the rights of people with disabilities, of people who are ageing, and of those who care for them.

Significant Changes

No significant change in the nature of these activities occurred during the year.

Operating Result

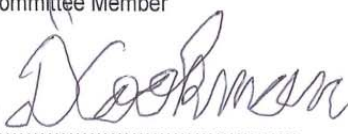
The surplus (deficit) amounted to:

Year ended 30-Jun-15	Year ended 30-Jun-14
\$ 12,643	\$ 73,664

Signed in accordance with a resolution of the Members of the Committee:


.....
Committee Member

Date 23/10/15


.....
Committee Member

Date 23/10/15

**ACT DISABILITY, AGED AND CARER
ADVOCACY SERVICE INCORPORATED**
ABN 15 750 251 576
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2015

	2015	2014
	\$	\$
Income		
National Disability Advocacy Program	199,672	190,515
Disability ACT (SDM Grant)	103,669	188,006
Home & Community Care (net of c/f amount)	479,145	498,480
National Aged Care Advocacy Program	152,391	149,696
Mental Health Consumer Advocacy	118,951	114,809
Disability ACT Grant	1,091	3,273
External Merits Review and Development	118,000	-
Interest received	10,280	10,515
Membership income/donations	559	573
IDEAS Inc brokerage	5,833	19,328
Contribution for motor vehicles	20,448	19,507
Comm Serv Dir Arts ACT	6,365	13,483
Profit on Disposal of Assets	425	5,080
Other ADACAS Income	52,701	18,637
Total Income	<u>1,269,530</u>	<u>1,231,902</u>
Expenses		
Advertising and promotion	7,251	34,877
AGM, meetings & conferences	6,477	18,926
Audit fees	2,000	1,870
Consultant Fees	41,221	70,000
Depreciation	22,846	26,813
Equipment purchases & maintenance	8,666	9,224
Insurance	12,424	12,273
Loss on Diposal of Assets	750	3,179
Motor Vehicle, travel & mileage	52,524	36,808
Office supplies/stationery & general expenses	15,211	19,997
Prof fees/governance/memberships	4,096	4,036
Rent	46,545	43,149
Salaries & staff benefits	858,965	739,856
Staff development/support supervision	29,216	22,983
Staff leave provisions	30,205	7,610
Superannuation	80,126	67,332
System monitoring & development	17,227	13,315
Telephone/computer and internet	21,137	25,990
Total Expenses	<u>1,256,887</u>	<u>1,158,238</u>
Net Surplus/Deficit for the Year	<u>12,643</u>	<u>73,664</u>

**ACT DISABILITY, AGED AND CARER
ADVOCACY SERVICE INCORPORATED**
ABN 15 750 251 576
CHANGE IN EQUITY STATEMENT
For the year ended 30 June 2015

	Note
Balance as at 30 June 2013	176,973
Surplus (loss) for year 2014	73,664
Prior year adjustment	(170)
Balance as at 30 June 2014	250,467
Surplus (loss) for year 2015	12,643
Prior year adjustment	(291)
Balance as at 30 June 2015	<u>262,819</u>

**ACT DISABILITY, AGED AND CARER
ADVOCACY SERVICE INCORPORATED**
ABN 15 750 251 576
STATEMENT OF FINANCIAL POSITION
As at the 30 June 2015

	Note	2015	2014
Current Assets			
Cash and cash equivalents	2	271,372	292,402
Trade and other receivables	3	54,326	29,690
Total current assets		<u>325,698</u>	<u>322,092</u>
Non-Current Assets			
Property, plant and equipment	4	65,546	91,577
Leasehold Improvements	4	7,245	-
Total non-current assets		<u>72,791</u>	<u>91,577</u>
Total assets		<u>398,489</u>	<u>413,669</u>
Current Liabilities			
Trade and other payables	5	51,516	98,980
Provisions	6	68,305	51,614
Unexpended Grants c/f	7	12,320	9,158
Total current liabilities		<u>132,141</u>	<u>159,752</u>
Non-Current Liabilities			
Provisions	6	3,529	3,450
Total non-current liabilities		<u>3,529</u>	<u>3,450</u>
Total liabilities		<u>135,670</u>	<u>163,202</u>
Net Assets		<u>262,819</u>	<u>250,467</u>
Members' Funds			
Accumulated surplus		262,819	250,467
Total Members Funds		<u>262,819</u>	<u>250,467</u>

**ACT DISABILITY, AGED AND CARER
ADVOCACY SERVICE INCORPORATED**
ABN 15 750 251 576
CASH FLOW STATEMENT
For the year ended 30 June 2015

	Note	2015 \$	2014 \$
Cash Flow from Operating Activities			
Operating Income		1,377,142	1,547,124
Interest Income		10,280	10,515
Payments to suppliers and employees		(1,404,068)	(1,441,258)
Net cash provided by Operating Activities	8	<u>(16,646)</u>	<u>116,381</u>
Cash flow from Investing Activities			
Receipt from sale of asset		7,500	13,600
Acquisition of equipment & vehicle		(11,884)	(26,998)
Net cash provided by (used in) investing activities		<u>(4,384)</u>	<u>(13,398)</u>
Net increase/(decrease) in cash held		<u>(21,030)</u>	<u>102,983</u>
Cash at beginning of financial year		<u>292,402</u>	<u>189,419</u>
Cash at end of financial year	2	<u><u>271,372</u></u>	<u><u>292,402</u></u>

**ACT DISABILITY, AGED AND CARER
ADVOCACY SERVICE INCORPORATED**

ABN 15 750 251 576

Notes to and forming part of the Financial Statements
For the year ended 30 June 2015

Note 1 - Statement of Accounting Policies

This financial report covers ACT Disability, Aged and Carer Advocacy Service Incorporated as an individual entity. ACT Disability, Aged and Carer Advocacy Service Incorporated is an association incorporated in the Australian Capital Territory under the Australian Charities and Not-for-profits Commission Act 2012.

Basis of Preparation

The financial report is a special purpose financial report that has been prepared in order to satisfy the reporting requirements of the Australian Charities and Not-for-profits Commission Act 2012. The Committee has determined that the association is not a reporting entity.

The financial report has been prepared on an accruals basis, is based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

Income Tax

The Association is a non-profit organisation and is exempt from paying income tax in accordance with Section 50-5 of the *Income Tax Assessment Act 1997*.

Depreciation

The depreciable amount of all fixed assets are depreciated on a diminishing value basis over the useful lives of the assets to the association commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Computers	40%
Phone System	20%
Motor Vehicles	22.5%
Air conditioning	20%

**ACT DISABILITY, AGED AND CARER
ADVOCACY SERVICE INCORPORATED**

ABN 15 750 251 576

**Notes to and forming part of the Financial Statements
For the year ended 30 June 2015**

Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense.

Employee Benefits

Provision is made for the liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year, together with any entitlements arising from wages and salaries, annual leave and long service leave that will be settled after one year, have been measured at their nominal amount.

**ACT DISABILITY, AGED AND CARER
ADVOCACY SERVICE INCORPORATED**
ABN 15 750 251 576

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2015

	2015 \$	2014 \$
Note 2- Cash		
Cash at bank	271,296	292,202
Petty cash	75	200
	<u>271,372</u>	<u>292,402</u>
Note 3- Trade and Other Receivables		
Prepaid expense	30,403	16,512
Sundry receivable	19,221	9,210
Bond	4,702	3,968
	<u>54,326</u>	<u>29,690</u>
Note 4- Property, Plant and Equipment		
Equipment & Fittings		
At cost	48,390	48,569
Less: Accumulated depreciation	<u>(30,333)</u>	<u>(25,729)</u>
	<u>18,057</u>	<u>22,840</u>
Motor vehicles		
At cost	96,358	116,961
Less: Accumulated depreciation	<u>(48,869)</u>	<u>(48,224)</u>
	<u>47,489</u>	<u>68,737</u>
Total Property, Plant and Equipment	<u>65,546</u>	<u>91,577</u>
Leasehold Improvement	7,300	-
At cost	<u>(55)</u>	<u>-</u>
Less: Accumulated depreciation	<u>7,245</u>	<u>-</u>
Note 5- Trade and other payables		
Business Credit Cards (CBA)	-	873
Trade payables and Accruals	30,591	76,997
GST and PAYG payables	20,926	21,110
	<u>51,517</u>	<u>98,980</u>
Note 6- Provisions		
Current		
Employee entitlements – annual leave	68,305	51,614
	<u>68,305</u>	<u>51,614</u>
Non Current		
Employee entitlements – long service leave	3,529	3,450
	<u>3,529</u>	<u>3,450</u>

**ACT DISABILITY, AGED AND CARER
ADVOCACY SERVICE INCORPORATED**
ABN 15 750 251 576

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2015

	2015 \$	2014 \$
Note 7- Unexpended grants		
- ACT Health- HACC	12,320	-
- NDIS	-	2,794
- Arts Act	-	6,364
	<u>12,320</u>	<u>9,158</u>
 Note 8- Cash flow information		
Reconciliation of Operating Surplus (Loss) with Cash Flow from Operations		
Operating surplus (loss)	12,643	73,664
Prior Year Adjustment	(291)	(170)
Prior Year Accumulated Depreciation Write Back	-	170
 Add/subtract Non Cash Items		
Depreciation	22,846	26,813
Provision for staff leave entitlements	16,768	1,053
Loss on sale of assets	750	3,179
Profit on sale of assets	(426)	(5,080)
Operating Surplus adjusted for non-cash items	<u>52,290</u>	<u>99,629</u>
 Movement in Current Assets and Liabilities		
Decrease/(increase) in Sundry debtors	(10,010)	(112)
Decrease/(increase) in Accrued revenue and bond	(734)	9,795
Decrease/(increase) in Prepaid expense	(13,891)	7,837
(Decrease)/increase in Creditors	(47,463)	30,074
(Decrease)/increase in Unexpended grants	3,161	(30,842)
Net Cash from Operations	<u>(16,646)</u>	<u>116,381</u>

ACT DISABILITY, AGED AND CARER ADVOCACY SERVICE INCORPORATED

ABN 15 750 251 576

RESPONSIBLE PERSONS' DECLARATION

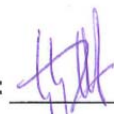
- PER SECTION 60.15 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION REGULATION 2013

The responsible persons declare that in the responsible persons' opinion:

- (a) there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- (b) the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Committee Member:



Name STEPHEN STILL

Committee Member:



Name

Dated this 22nd day of October 2015



CHARTERED ACCOUNTANTS
AUSTRALIA • NEW ZEALAND

Principal Phillip W Miller CA
Address Unit 1/37 Geils Court, Deakin ACT 2600
PO Box 105, Deakin West ACT 2600
Suite 1.3, 33 Hibberson Street
Gungahlin ACT 2912
Phone (02) 6215 7600
Fax (02) 6281 7708
Web www.mcsaudit.com.au
ASIC Authorised Audit Company No. 408893

**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES
AND NOT FOR PROFITS COMMISSION ACT 2012
TO DIRECTORS OF ACT DISABILITY, AGED AND
CARER ADVOCACY SERVICE INCORPORATED
ABN 15 750 251 576**

As lead auditor for the audit of ACT Disability, Aged and Carer Advocacy Service Incorporated for the year ended 30 June 2015, I declare that to the best of my knowledge and belief, there have been:

- i. no contraventions of the auditor independence requirements of the Australian Charities and Not for Profits Commission Act 2012 in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.

MCS Audit Pty Ltd

Phillip W Miller CA
Director

Dated in Canberra on: 26 October 2015



CHARTERED ACCOUNTANTS
AUSTRALIA • NEW ZEALAND

Principal Phillip W Miller CA
Address Unit 1/37 Geils Court, Deakin ACT 2600
PO Box 105, Deakin West ACT 2600
Suite 1.3, 33 Highberson Street
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INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF ACT DISABILITY, AGED AND
CARER ADVOCACY SERVICE INCORPORATED
ABN 15 750 251 576

Report on the Financial Report

I have audited the accompanying financial report of ACT Disability, Aged and Carer Advocacy Service Incorporated, which comprises the statement of financial position as at 30 June 2015, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the responsible entities' declaration.

Responsible Entities' Responsibility for the Financial Report

The responsible entities of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as the responsible entities determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the responsible entities' preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates

made by the responsible entities, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion the financial report of ACT Disability, Aged and Carer Advocacy Service Incorporated has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2015 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

MCS Audit Pty Ltd



Phillip W Miller CA

Director

Date: 26 October 2015