



ACT Disability, Aged and Carer Advocacy Service

Annual Report

2011-12

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ADACAS MISSION STATEMENT

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



ADACAS refreshed its brand with a new logo, website, and premises in early 2012

Contents

ADACAS' People.....	2
Chairperson's Report.....	3
CEO Report	4
ADACAS at a Glance.....	6
Home and Community Care Advocacy.....	8
Community Mental Health Program	12
National Disability Advocacy Program	15
IDEAS	17
National Aged Care Advocacy Program.....	19
Systemic Advocacy Report	24
ADACAS Financial Report 2011-12	27

ADACAS' People

ADACAS Management Committee

Chairperson:	Stephen Still	continuing
Secretary:	Greg Tannahill	to August 2011
	Joan Costanzo	to January 2011
	Pam Graudenz	continuing
Treasurer:	Gary Leckie	continuing
Public Officer:	Pam Graudenz	continuing
Other members:	Dominic Cookman	continuing
	Coleen Box	from September 2011
	Penelope Davie	from September 2011
	Kym Duggan	to August 2011

ADACAS Staff

Fiona May	(from August 2011)	Advocacy Program
Michael Woodhead	(to July 2011)	CEO
Sonia Di Mezza	(from January 2012)	CEO
Andrea Gray	(to October 2011)	Coordinator
Ben Davies		Coordinator
Ivette Gonzalez		NDAP
Fiona Navilly	(to July 2012)	Mental Health/NDAP
Kerry Holdsworth	(to February 2012)	NACAP
Jane Harriss		NACAP
Jillian Thompson	(from October 2011)	NACAP
Judy Power		HACC
Liza Venus	(from October 2011)	HACC
Malcolm Parker		HACC
Wendy Cory	(from April 2011)	HACC
Katrina Rea	(from March 2012)	HACC
Deshawn Wattanatassi	(from August 2011)	policy research
Sharon Pfeifer	(to August 2011)	Office Manager
Kirsten Wade		Office Manager
Kristy Capper	(from April 2012)	Admin Assistant
		Admin. Assistant

Clinical Supervision Consultants

Elizabeth Done
 Fiona Hall
 Align Corp P/L
 Wilma Davidson
 Veritas Alliance Pty Ltd
 Ilona Nichterlein
 Lydia Stanhope
 Janice Wickerson
 Trish Walsh

IT Consultant

Brehima Dembele (Support4IT)

Database Consultant

Rohan Mitchell (1024 Pty Ltd)

Pro Bono Legal Advisors

Ashurst

Chairperson's Report

It is with great pleasure that I write my second Chair's report for ADACAS. In browsing the pages of the Annual Report, it is again apparent how crucial skilled and passionate advocacy can be to ensuring people with disabilities and older people live their lives with dignity, respect, and to their greatest potential. I think readers will find the numerous Case Studies provided particularly instructive as to the adversity faced by many members of our community and the difference that advocacy can make.

It is with a certain sense of déjà vu that I note that once again ADACAS had a new Chief Executive Officer this year. Fiona May began as CEO in August and has made a dynamic contribution. Fiona took the initiative to update ADACAS' logo, website, office location, and many internal processes, and established strong relationships with both the Committee and the staff. The CEO Report provides more detail of these and other achievements.

Fiona is ably supported by the staff of ADACAS. The Committee has profited over the last year from regular staff representation at Committee meetings. Staff reports on current issues faced by the people we advocate for have provided the Committee with a clear understanding of the issues that are arising on the ground. The Committee has been particularly impressed with the dedication that all of our staff bring to their work.

2011-12 has been a busy time for the ADACAS Committee of Management, most significantly involving a thorough revision of the ADACAS Constitution. The new Constitution will better reflect the substantial growth of ADACAS since its inception and the more sophisticated relationship between the Committee and the Chief Executive Officer that has developed over time. Special thanks must go to Joan Costanzo for her dedication to this task. I also thank the Committee as a whole for giving up weekends and evenings, and Ashurst for expert advice on the draft document.

The ADACAS Committee of Management continues to enjoy a healthy diversity of experience, skills and backgrounds. In addition to Committee members drawn from the general community, each of the groups for whom we advocate is represented by at least one person with lived experience. This year I note the departure of two longstanding Committee members with equal regret and gratitude. Kym Duggan resigned from the Committee in August 2011. Kym was a member of the Committee from 2001, 9 years of that period as Chair, and over the years made an unrivalled contribution to ADACAS. His experience and judgement will be sorely missed. Joan Costanzo was farewelled by the Committee in January. Joan has served on the Committee since 2009 and could be relied upon to approach any problem with enthusiasm, optimism, and empathy. I would like to take this opportunity to thank both Kym and Joan for their contributions to ADACAS and wish them well for their future endeavours.

As you will see from this Annual Report, ADACAS continues to thrive. We look forward to the next year confident that we have the right people, systems and resources to address any challenges and opportunities that may arise.

Stephen Still
Chair, ADACAS Committee of Management

CEO Report

It is with great pleasure that I prepare my first annual report as the CEO of ADACAS. I joined ADACAS in August 2011 and thank Michael Woodhead for sharing with me much of his wisdom during a comprehensive handover. In addition the ADACAS staff and Committee have made me feel welcome and given me significant support as I developed a deeper understanding of the advocacy role and the work of ADACAS in our community.

Advocacy fulfils a role within our community which cannot be replaced. It is not mediation, negotiation or an information service. The fundamental role of advocacy of giving a voice to the most vulnerable and marginalised people of our community must not be lost. As we move into significant periods of reform, in the disability sector with the introduction of the NDIS and personalised funding, in the aged care sector with the proposed reforms, and with the proposed introduction of a new *Mental Health (Treatment and Care) Act*, it is crucial that vulnerable people, particularly those who are not able to speak up for themselves, are able to access advocacy support to have their voices heard.

Over the year we had a particular focus on addressing key organisational issues which will put us in a good position to continue to be a voice for our clients in the years ahead. After many years, we have refreshed the image of ADACAS. Our new logo gives ADACAS a more modern image and includes a graphic that suggests 'standing beside', as advocates are so often called upon to do. In addition we undertook to develop a much needed new website for ADACAS, which provides more detailed information than before and is capable of being updated quickly and easily. We thank Ingenious Software for working with us on this project and for taking over the hosting of our new web presence. In addition the Committee established a sub-committee to review our IT infrastructure and service. I would like to thank Mr Neil Muller and Mr Michael Still for volunteering their time and technical expertise to the work of this sub-committee which undertook a competitive tender for IT services leading to a new provider being selected to begin working with us in the new financial year.

We took the opportunity to launch both the new website and our new premises at an event during April. The decision to move ADACAS to larger and more accessible premises was timely. We are now occupying ground floor office space in the Canberra Technology Park and the staff have settled into a more spacious, modern and professional work environment. As a result of our move we are easier to find and anecdotal evidence suggests that we receive more drop in visits from clients and prospective clients than previously. Our new office environment is enhanced by the very generous loan of artworks by Joan Costanzo; thank you Joan.

There have been some staff changes over the year. We had a very smooth transition to a new Business Manager in early August and successfully recruited two new advocates to the team in October 2011. We said farewell to Sharon Pfeiffer, Andrea Gray, Kerry Holdsworth and Fiona Navilly during the year; we thank them for their valuable contributions to ADACAS and wish each of them well with their new pursuits. In January we welcomed a new advocacy coordinator and filled a temporary policy role in May 2012.

One of the early tasks of my time here was to focus on a review of the foundational documents of ADACAS. The Committee had already flagged the need to review the ADACAS Constitution and I thank them for the considerable extra work that members put in to complete a major revision of the Constitution. In addition to their work thanks go to the pro bono legal staff at Ashurst who provided us with comprehensive, detailed feedback on our draft document ensuring that it both

meets legislative requirements and is also drafted to serve ADACAS well into the future. We are pleased to have a new Constitution to present to our members at the 2012 ADACAS Annual General Meeting. Building on the Constitution a number of other foundational documents were also revised or developed during the year, ensuring that our policy framework is both robust and refreshed for the year ahead.

As I look back on my first year with ADACAS the thing that stands out to me is the professionalism, wisdom and dedication of the staff. It was one of the first things that I became aware of and I continue to be impressed with the individual advocates' compassion, commitment and energy for their clients. As a team they are generous in their support of each other and diligent in pursuing professional development that will support their role, either through training opportunities or the individual clinical supervision they receive to support their work. My thanks go to the numerous clinical supervisors who worked with ADACAS staff over the year.

Advocacy can be challenging, our clients sometimes face seemingly insurmountable dilemmas within multiple facets of their lives. Walking that journey with them as an advocate requires patience, respect, persistence, commitment and resilience, attributes which the staff of ADACAS demonstrate daily. On behalf of our many clients, I thank them for their vigorous, professional advocacy.

This Annual Report looks a little different from the reports of the past few years. In preparing it we have sought to present a broad picture of ADACAS work over the year. Rather than include numerous tables of raw data to quantify our work, we have used a combination of case studies and analysis of the major issues in our work under each Funding Program. We have highlighted key issues that affect our client groups and any trends or concerns that arise from the data we collect. Where possible, you will find discussion of our systemic work co-located with analysis of our individual work for each client group. Some issues extend across all of our clients and you will find these discussed separately in a brief systemic report. I hope that you find the new format assists with understanding the important work that ADACAS undertakes in the Canberra community.

Fiona May
Chief Executive Officer

ADACAS at a Glance

Individual Advocacy	
total number of advocacy hours	8,255
total number of people assisted	351
total cases	441
new cases	256
cases continuing from 2010-11	185
closed cases	223

Inquiries	
total number of inquiries	227

We are often able to support people to self advocate through the advice we provide to enquirers. In addition to client work, ADACAS assisted with 227 inquiries.

During 2011-12 ADACAS provided 351 clients with 8255 hours of advocacy on 441 issues. This represents a continuation of the steady increase in advocacy that ADACAS has experienced over the past few years (Figure 1.0). The issues which we advocate about inform our systemic advocacy work and provide an indication of the matters that most affect the quality of life of the most vulnerable members of the Canberra community. The two most significant issues continue to be matters to do with accommodation and the quality of and access to services. (Figure 1.1)

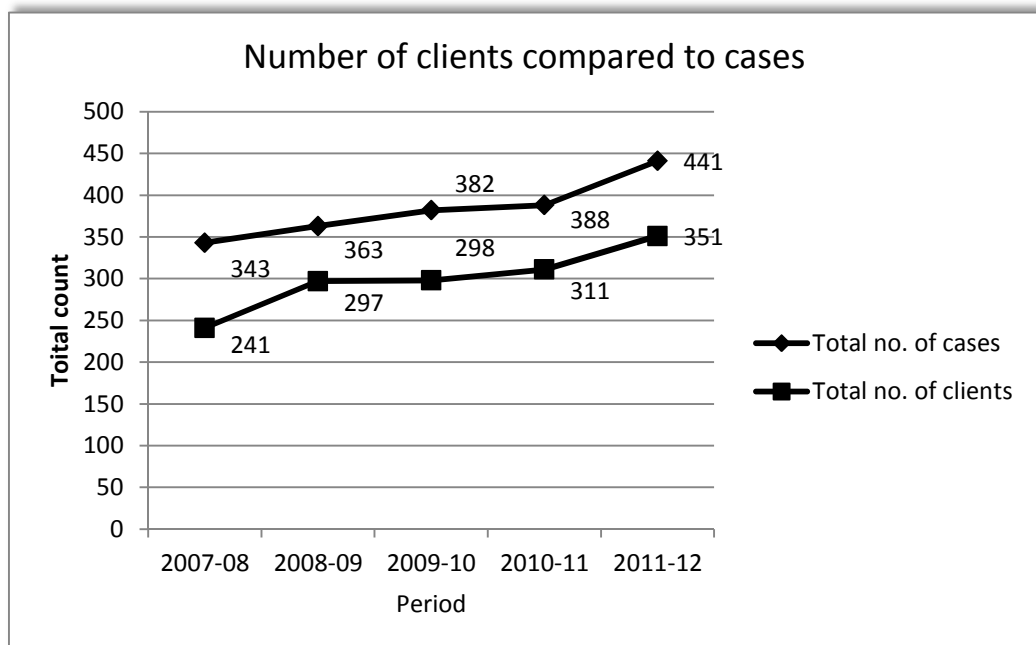


Figure 1.0

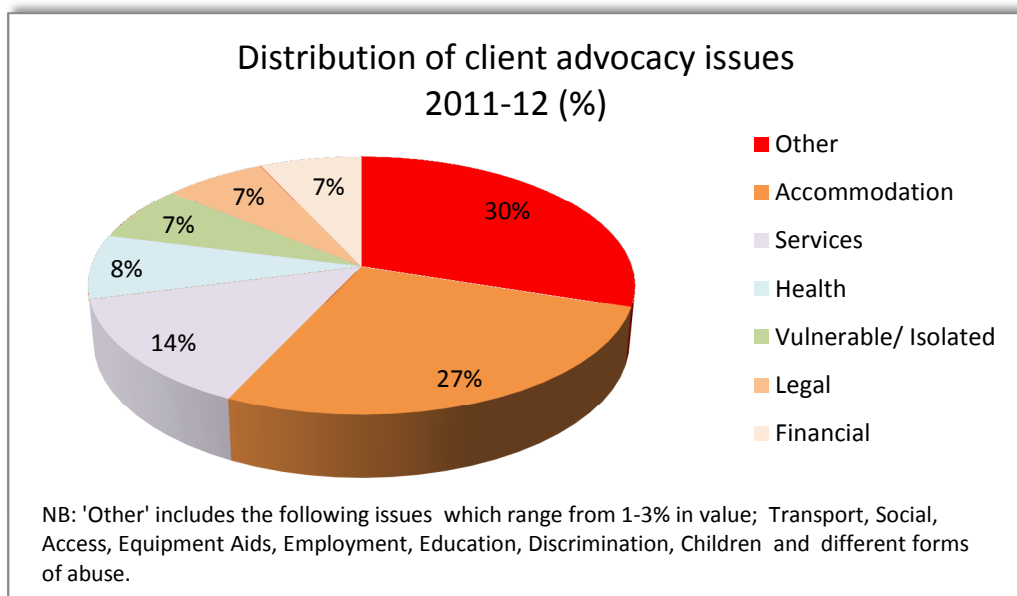


Figure 1.1

Funding Received

ADACAS is jointly funded by the Australian Government and the Australian Capital Territory Government under the HACC Program.

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

National Aged Care Advocacy Program—An Australian Government Initiative.

Mental Health Consumer Advocacy Program – ACT Health.

IDEAS Disability Advocacy Brokerage Program.

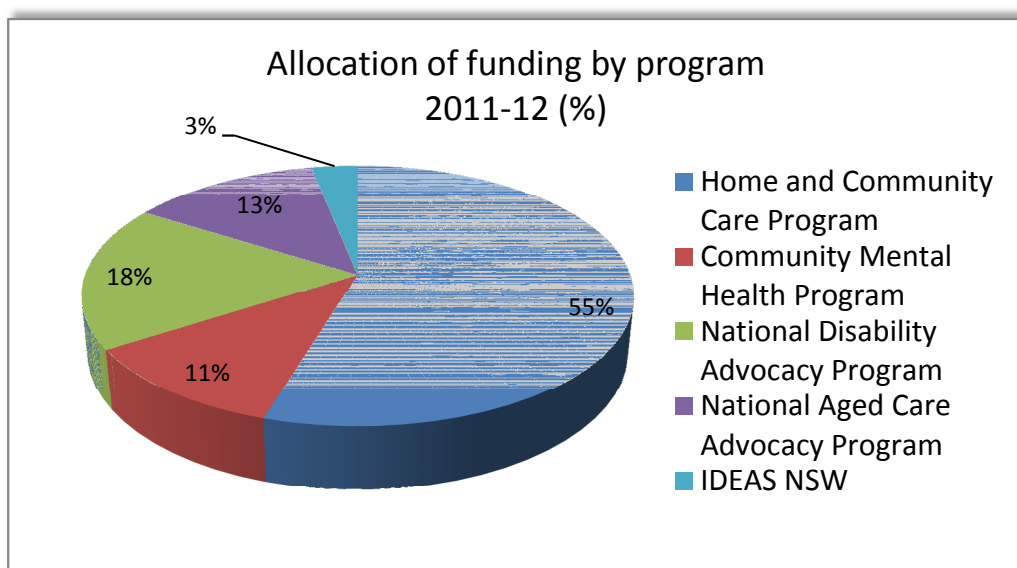


Figure 1.2

Home and Community Care Advocacy

Total number of clients (HACC)	177
Total number of cases (HACC)	226

As a result of the increased advocacy we have been able to provide using HACC growth funding, we were able to operate for a significant part of the year without applying Priority of Access, which restricts intake to only the most urgent issues. We have also been able to undertake education and awareness activities, including participation in a number of information expos for the Canberra community.

The data for the year (Figure 1.3) shows that there has been a significant increase in the number of advocacy issues that we have worked on. This increase is greater than the increase in the number of people that we supported. It shows that people who are seeking advocacy are living with increasing complexity as they grapple with numerous issues in their lives.

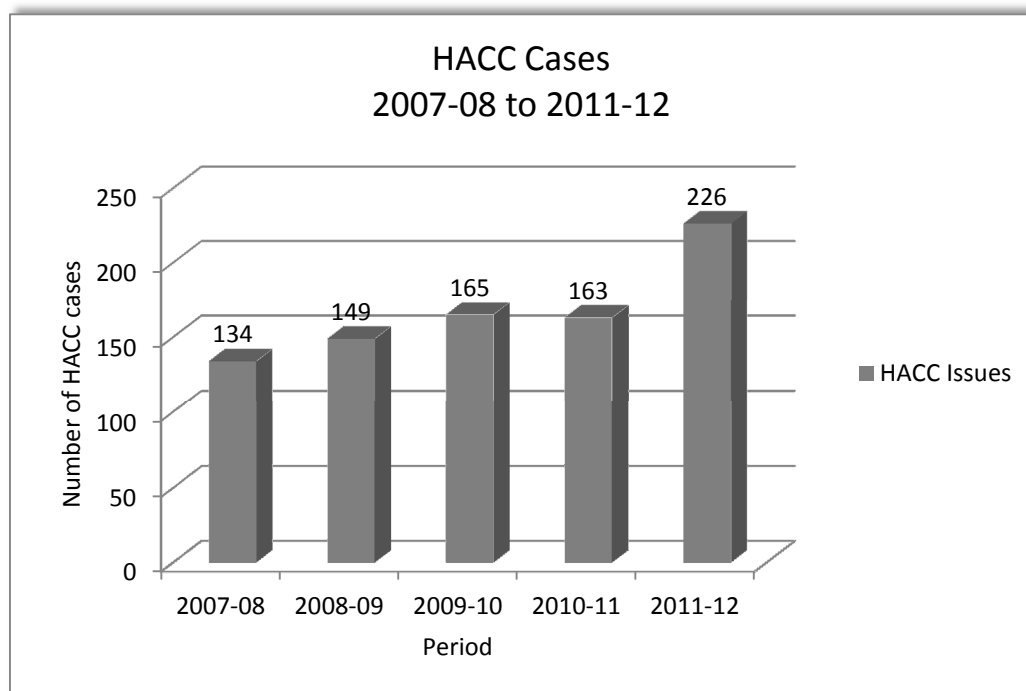


Figure 1.3

During October 2011 ADACAS underwent an on-site audit of our service against the Community Care Common Standards. The audit included an anonymous survey of clients, auditing of client files, review of ADACAS policy and procedure and interviews with staff and Committee members. Consistent with previous audits, ADACAS was assessed as being fully compliant with all 18 of the standards which is a testament to the high standard of service provided by ADACAS to its clients.

During the year ADACAS worked with the Commonwealth and ACT HACC funding bodies to formalise a transition to new funding arrangements for HACC services from July 2012. We are pleased that HACC funded advocacy services for both younger and older Canberrans will continue

to be available and that we have successfully negotiated the inclusion of some systemic advocacy work under both contracts.

ADACAS remains concerned about the future of HACC funded services. Many of our clients rely on HACC services to sustain their independence and community inclusion activities and there continues to be some uncertainty about longer term HACC service with the introduction of the National Disability Insurance Scheme (NDIS). While services and supports for those people with disabilities who qualify for Tier 3 support under the NDIS will be assured by the NDIS, there are many people with mild to moderate disabilities who rely on block funded services to enable them to live ordinary lives. Without these services their quality of life would suffer, they may not be able to sustain employment or other activities and they will be placed at increased risk of further marginalisation and vulnerability. While the NDIS represents a new and positive era for people with severe disabilities this must not come at a cost to people with mild to moderate disability who also rely on and have a right to access services within our community.

During the year we noted an increase in clients seeking support with workplace issues. The matters related to employment for people with mental health issues, autism spectrum disorder and intellectual disability. We advocated for several individuals who work as supported employees for a local Australian Disability Enterprise (ADE) at risk of losing their jobs due to inappropriate behaviour. While ADACAS agrees that inappropriate behaviour is not suitable in the workplace, the approach of the ADE to supporting these clients did not focus on how it could support the individual to address and change their behaviour and maintain their employment. Clients and their families were frustrated that broad policy statements about planning and supports for individuals do not translate into the implementation of practical behaviour management strategies in the workplace. The employer failed to identify and address the causes of problem behaviours and did not develop the clients' skills in responding differently to the triggers which result in problem behaviours. The advocate worked with clients and their families to seek a fair and just response from the ADE to the workplace issues that takes into account the special needs of those in supported employment.

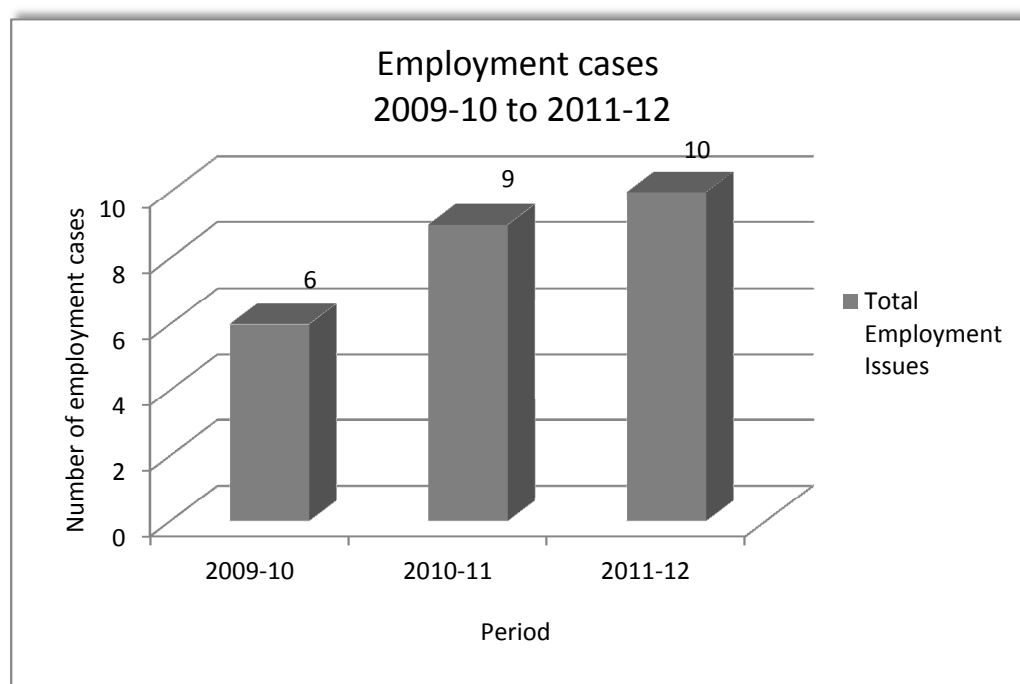


Figure 1.4

We have begun to monitor the incidence of people seeking advocacy for care and protection matters. The right to family is a human right that should be available to all people, including those with disability. Rather than removing children from their natural parents, support may be needed to ensure that people with disability, particularly intellectual disability, are able to successfully parent and exercise their right to family life. We have had a number of cases during the year where people with disabilities were at risk of having their child removed, or were seeking more access to children that have been removed. We are concerned that there is a trend developing in relation to care and protection and disability and will be monitoring this over the year ahead.

The quality of service provision also remains a major advocacy issue for ADACAS clients, both those with disability and older persons who receive care to enable them to stay in their own homes, with the key concerns being the consistency, quality and timeliness of care. Many of ADACAS older clients have been distressed by frequent turnover in their carers, by carers not turning up when they are supposed to, and by the lack of training and support provided to community care workers. In many instances, carers do not have a basic Home and Community Care or Aged Care Certificate before they are sent into peoples' homes – rather their initial training may consist of a few short 'buddy shifts' as they gain their qualifications while on the job. This is of major concern for the quality of care provided to vulnerable older people and for the quality of working life for carers who have to respond to complex human issues with inadequate preparation.

ADACAS advocates found during the year that many service providers continue to have trouble attracting and retaining good quality care staff. The relatively low pay and often challenging conditions for aged care workers remains a significant barrier and severely affects the care provided to the older members of our community. Given the Federal Government's policy emphasis on helping people to stay in their own homes, without a concerted effort to address this fundamental issue, the problems will only increase.

Case Study: Assistance to stay at home

Richard and Margaret are in their nineties and live at home. In his younger years Richard worked as a highly successful professional and Margaret supported him and the family by working at home. In his words Richard was used to "being in control of his life." Although they are still physically mobile, as they get older they are both finding it increasingly difficult to cope with life. They find it hard to move around, their health is deteriorating steadily, and they find it problematic to maintain their home. They start investigating and visiting a number of retirement villages and aged care facilities, with a view to seeing if they would like to move into a village or facility. On one of their visits they pick up an ADACAS pamphlet and make contact with ADACAS, requesting advocacy assistance.

The ADACAS advocate goes to visit Richard and Margaret in their home. In their discussions the advocate comes to understand that although they are both finding it difficult to remain living in their home they are not fully prepared to make the move to an aged care facility or a retirement village. They would prefer to explore options that can help them to remain living at home for as long as possible, while simultaneously making it easier for them to do so. Richard explains to the advocate that he is finding life difficult and complicated, and finds it hard to deal with the paperwork and different services that he currently receives courtesy of the Department of Veteran Affairs.

The advocate proposes that perhaps if they were to receive the services of a case manager life might become less complicated, easier to deal with and more enjoyable. The couple agree that this might make their life easier. Richard further explains that he is confused by some medical paperwork. He has been charged for a medical service for which he believes he should not have been charged.

The advocate and Richard sit down and formulate a letter, complaining to the relevant agency about the fee. Eventually the director of the agency responds to the letter, agreeing with the complaint and to waive payment of the fee. The director further apologises that the charge was levied in the first place. On another occasion the advocate is able to follow up on another medical bill and clarify for Richard that the bill was paid. This information puts Richard's mind at ease as he was worried that a bill had not been paid.

The advocate sits with Richard and Margaret and supports them as they undergo an Aged Care Assessment Team (ACAT) assessment, conducted by an assessor from the Department of Health. The purpose of the assessment is to assess the level of assistance that the couple require, i.e. whether they need to live in an aged care facility, temporary respite or services that they can access while living at home. The advocate mentions to the assessor Richard's desire for a case manager, which she notes.

The assessment is subsequently received by Richard and Margaret. They are deemed to be eligible for a number of additional services that can support them to continue lives at home. A community organisation contacts them and arranges a meeting. A case manager, Ellen, is allocated to their case. She takes over managing the services they are currently receiving and what they require in the future.

Richard and Margaret discuss with their advocate the way forward. They are happy with the current situation but recognise that the day may come when they will require additional assistance. In order to be able to experience what living in an aged care facility may be like the advocate discusses with them the option of trying respite, so that they can both get some temporary rest and assistance when they need it while simultaneously experiencing what living permanently in an aged care facility is like. They will try the respite option sometime in the future. But for now they know that with the support and assistance that they are currently enjoying, they can continue to enjoy living in their home.

Community Mental Health Program

Total number of clients (CMHP)	53
Total number of cases (CMHP)	61

We continued to provide advocacy to people with mental illness during the year. 53 clients were assisted for a range of issues. Again accommodation issues emerge as a significant cause for concern for people with mental health issues. We also worked with clients who were subject to processes in the ACT Administrative Appeals Tribunal.

An issue of concern for clients during the year was eligibility for services due to co-morbidity with other disabilities or how well/unwell they were. Some mental health services have a high entry bar – that is a person must be experiencing significant crisis to be eligible while other services target people with milder mental health issues and will not accept a person with moderate or more complex issues. During the year we worked with clients who fell between the gaps of these two service models, i.e. clients who were considered too well and to have access to sufficient supports (the opinion of the service provider not the client) and were therefore not supported by the ACT Mental Health Clinics, but were considered too complex to receive support under some community programs. In essence this leaves clients without the support that they needed to prevent an escalation or crisis in their mental health including suicidal ideation and behaviours. When a person with mental health concerns is demonstrating sufficient insight to be aware that they need additional help and are asking for it, being repeatedly turned away undermines the recovery model of service for mental health issues and puts individuals at risk.

Case Study – Falling through the service gaps

Harry is an independent and very well organised person. However he experiences on-going difficulties accessing the services he needs. Having an acquired brain injury and various mental health issues has led to Harry being unable to access services he needs. When he is dealing with difficult situations Harry is known to escalate to thoughts of suicide and needs an appropriate response to manage his anxiety disorder. As a result, case management from disability services is unavailable as they say they are not trained to support Harry's mental health needs or a "crisis" and therefore cannot offer their service. Harry developed a suicide prevention plan for staff but the service remained adamant that they could not support him. When Harry approached ACT Mental Health Services, they explained he was too well and had accessed other professional help, therefore the service would not offer him clinical case management. This left Harry without clinical case management. Harry sought advocacy support to help him negotiate with service providers and to access appropriate services as he has difficulty comprehending and retaining new information. The advocate has been able to assist Harry by taking in all the information at a meeting, then relaying back to him in a way that helps him to understand. Harry has also appreciated having someone to talk with and discuss strategies and options. The involvement of an advocate has assisted in communication with services, particularly when Harry is distressed or anxious.

Accommodation presents many challenges for people experiencing mental health issues, from maintaining a tenancy, to accessing appropriate social housing or homelessness services that meet their needs. A particular issue is congregate housing. People with mental health issues often need more privacy and personal space than others. They may be unable to trust others and feel unsafe if required to live too closely to other people. They may be badly affected by noise and require a quiet setting to ensure that their environment does not contribute to them becoming unwell. These are needs which are common to many people with mental health issues but they are needs which the social housing and homelessness sectors are rarely able to meet. People with mental health issues may resort to homelessness because their housing setting is making them unwell or because the only options that homelessness services can offer involves living with others. When we have approached First Point on behalf of clients with mental health issues or intellectual disability ADACAS has been advised that there are no homelessness services that will be able to meet the individual's needs.

Advocates have worked with clients to ensure that Housing ACT and other services fully understand the individual needs of clients and provide housing options that meet those needs. Unfortunately as the year ends, we are still working with numerous clients who are couch surfing, or sleeping in cars because there are no suitable housing options available to them.

Case Study - Mental health and eviction

Josh is a man who experiences psychosis. He was living in a Housing ACT property for eight years. During 2011-12 Josh became increasingly unwell and his psychosis led him to behave in ways which were of concern to his landlord. Josh was not sectioned and subject to treatment under an order until after eviction proceedings had begun in the ACAT. The issues raised as grounds for eviction were based on actions that Josh took while experiencing psychosis. If the mental health team, ACT Health and Josh's housing manager had acted much sooner, and in a manner that was sensitive to the fact that the issues of concern were related to his mental health, much could have been done to avoid the escalation of issues that led to a decision to evict. Housing ACT considers itself to be a human service provider. As such its relationship with clients must go beyond the traditional landlord compliance and sanction approach. This case demonstrates that Housing ACT has not successfully made the transition to being a human service provider, focussing on quality services that meet the needs of individuals.

The process of eviction, happening as it did during a period of gradual recovery for Josh, resulted in significant harm to Josh's recovery and quality of life. An element of the problem is that tenancy legislation in the ACT is not equipped to deal with psychiatric disability. Either the legislation needs to at least consider this specifically, or Housing ACT needs to consider whether it's appropriate to use this legislation in these circumstances.

ADACAS participates in a number of community mental health sector networks. We have contributed to the development of the new Mental Health Treatment and Care Act through participation in working groups. The introduction of supported decision making into the new legislation heralds a new era in the implementation of the UN Convention on Rights of People with Disabilities and is an exciting opportunity for people with mental health issues and people with disabilities. The challenge now will be to ensure that genuine supported decision making can be available to individuals. This is a piece of work that is discussed in more detail in the systemic report.



ADACAS held a 'hat day' in support of Mental Health Research, staff made donations and participated in an afternoon tea.



ADACAS staff at the Every Australian Counts Rally, Canberra May 2012

National Disability Advocacy Program

Total number of clients (NDAP)	49
Total number of cases (NDAP)	52

Advocacy for people with disabilities is provided with support from the National Disability Advocacy Program and the Home and Community Care program. We supported 49 clients through our NDAP funding during the year. The issues that we advocated about most frequently for these clients were accommodation (17%) and support services (12%). These two issues have consistently been the most frequent issues every year for the past five years and represent around 30% of the work we do for these clients. People with disabilities face enormous challenges finding and sustaining accommodation that is suitable for their needs. Not only in supported accommodation settings – when this is the setting they rely on, but also in independent housing. It is almost impossible for a person with disabilities to find private rental accommodation that is accessible for them, despite the changes to building codes which require more accessible properties to be built. In addition, social housing options are also limited. We worked with a number of people over the year who struggled to find housing or to maintain the housing that they had and this continues to be an issue of significant concern. We also advocated on this issue systemically and more information about that work can be found in the systemic report.

Another element of our systemic work related to accommodation focusses on how people with disabilities will be cared for in the event that their 'natural supports' breakdown. Natural supports are those provided by family members and friends in the community and do not include supports provided by paid services. From time to time these supports become unavailable for a number of reasons: elderly carers who are no longer able to care for their disabled offspring; friction within families that leads to relationship breakdown; exhaustion and ill-health brought about by the caring role; and a myriad of other factors. Currently if a person can no longer be cared for by natural supports they become long term residents in a respite facility. Depending on the complexity of the issues involved, it can take many months or more to put in place a sustainable long term solution to their care. This impacts not only on the individual but also on others who are seeking to access already limited respite solutions. ADACAS participated in some planning work with the ACT Government around what else could be put in place for these situations and what preventative options could be made available that might enable some natural supports to be sustained and avoid breakdown. Clearly, more needs to be available to enable individuals and families to sustain caring roles. ADACAS remains hopeful that the vision of the NDIS becomes a reality, enabling people to live the lives they choose in the community.

Case Study – Intellectual disability and homelessness

ADACAS supported a young woman to escape from an abusive housing situation. She was renting from a private landlord who was abusing her in a number of ways and placing her health at serious risk. First Point stated that because of her disability she was too vulnerable to access crisis accommodation services. She had no option other than crisis accommodation and was therefore required to continue living in a very unsafe situation. Her advocate worked with Disability ACT and Housing ACT to find a solution to the impasse.

Support services are crucial for people with disabilities to sustain ordinary lives. Those supports may range from intensive daily support through to occasional respite but in every time this issue is raised with us it relates to the issue of access to and quality of the services provided. Canberra is a small community and we should therefore be able to provide responsive, tailored services to individuals. On the other hand, our small size may restrict the diversity of service options available to individuals. While the National Disability Standards provide a benchmark for service quality we commonly advocate for people to receive a service that is tailored to their individual needs and responsive to changes in their circumstances.

Case Study – Intellectual impairment and independence

Brad is currently living in a fully supervised supported group home which is not equipped to meet his needs for a meaningful life engaged with his community. His intellectual impairments are significant; however he also has a great deal of potential to live a more independent lifestyle that is more integrated into the ACT community. He has fluctuating capacity as a result of multiple disabilities combined with mental health issues which make his support needs unpredictable. Brad therefore remains in the too hard basket for many services including supported employment like Koomarri and Lead along with head leased properties that would usually be available from places like Capital Community Housing. Instead Brad wanders the streets during the day and night, with no meaningful or valorised interactions with his community. It is likely he will never fit a conventional service model and ultimately would need funding that matches his unique circumstances and particularly his unpredictable and inconsistent support needs while supporting him towards his goal of as much independence as possible. ADACAS has worked with Brad to begin planning for the kind of life he wants to lead and to engage him with supports that he will need to take that journey. With the introduction of the NDIS and suitable supports we are hopeful that Brad will eventually lead a more fulfilling life of his own choosing.

ADACAS has been engaging strongly in the development of the National Disability Insurance Scheme in the ACT. There are fundamental issues that need to be faced if people with disabilities are to attain the level of choice and control over their lives that they seek. As the development work progresses ADACAS, along with other advocacy organisations, consistently brings the voice of some of the most vulnerable people into the conversation; people who, through their disability, isolation and vulnerability, are unable to speak up for themselves. We are alert to the risk that processes, systems and risk management will become barriers to the right of people with disabilities to build a life for themselves that they can control. The NDIS will ultimately fail if bureaucratic systems and risk aversion become more important than enabling people to have the freedom to live ordinary lives.

IDEAS

Total number of clients (IDEAS)	14
Total number of cases (IDEAS)	14

ADACAS continues to work in partnership with the Information on Disability and Education Awareness Services (IDEAS) in NSW. Through our partnership, residents with a disability in the Canberra region of NSW, who require advocacy support, are able to obtain the service of an ADACAS Advocate.

During the year ADACAS assisted 14 clients from regional NSW including residents of Cooma, Goulburn, Queanbeyan and the South Coast. After receiving a referral from IDEAS these clients are considered as part of ADACAS normal intake and assessment processes. Wherever possible we arrange to meet with the client in their setting as part of the advocacy work but will also do significant amounts of work over the telephone. This year we participated in a NSW tribunal via video link and anticipate that these technologies will play an increasing role in years to come.

For people with disabilities living in smaller regional communities, access to appropriate services can be difficult. Services are not always available and can be managed from a head office in a major centre which impacts upon communication and personalised service delivery. ADACAS works with individuals, their family members and service providers to support them to have their needs met.

Interestingly, in comparison with local cases, the two most common issues for our IDEAS clients are accommodation and education (as opposed to services).

Case Study – cross border issues

We received a referral from IDEAS for Matt a school aged boy with multiple disabilities. As he moved to high school, Matt's parents consulted with his health providers and investigated a number of schools to make an informed choice about which school would best meet his needs. Matt and his family live in Queanbeyan but the best school for Matt was one located in the ACT. This school is able to support his medical needs while at school as well as provide him with an education curriculum tailored to his needs. Further, the school is fully wheelchair accessible and Matt is able to access all areas including the playground. The parents applied for transport assistance so that Matt could get to and from school each day. However the NSW government would not support him going to the ACT for his education because it did not meet their guidelines of "closest and most appropriate school". Before seeking advocacy support Matt's parents had already appealed this decision without success. They had also approached their local member of parliament and various NSW and ACT Ministers in an attempt to resolve the matter. Transporting Matt was having an impact on their ability to continue in their current employment. An ADACAS advocate worked with Matt's parents to compile comprehensive evidence of why the ACT school was the closest most appropriate school and why the local school was unable to meet his needs, including support documentation from medical and other services. The evidence was provided as an appeal to the Department of Education in NSW and was also sent to the NSW Cross Border Commissioner. The family was very pleased to receive the decision from the

Department that transport would now be approved. The Cross Border Commissioner also contacted ADACAS and indicated that he would be pursuing the issue with the Department as a systemic issue so that in the future families would not face the same barriers. In this case, the outcome of our advocacy work has achieved more than just an outcome for Matt and his parents but may also assist other families to access the most appropriate educational setting for their children.

National Aged Care Advocacy Program

Total number of clients (NACAP)	58
Total number of cases (NACAP)	88

Advocacy for older persons is provided under the NACAP program and the HACC program. During the year the need for ADACAS' advocacy services for older people unfortunately remained significant. ADACAS advocates were called upon to deal with a wide spectrum of issues, including quality of care, elder abuse, difficulties coping with bureaucracy, social isolation, housing, and guardianship matters. More information about advocacy for older persons under the HACC program can be found in the HACC section of this report.

Over the past three years financial issues have consistently presented as the most common matter that we advocate for under the NACAP program. These represent 20 - 25 % of the work we do for older people in residential settings. The next most frequently presenting issues are Accommodation (around 18% each year) and Health (just slightly less at 17% annually).

ADACAS staff focusing on aged care clients continued to regularly visit each aged care facility currently located in the ACT, three times a year. The purpose of the visits is to ensure that outreach to the most vulnerable members of society, urgently in need of advocacy support, are effectively reached and accordingly assisted. During those visits a large number of issues were revealed and the advocates worked tirelessly in an effort to ensure that their clients' fundamental human rights were properly respected and upheld by the staff at the residential aged care facilities where they resided. The issues which were worked upon on behalf of clients living in aged care facilities largely focussed on quality of care issues including for example, lack of appropriately trained staff; inadequate pain management of residents; poor standards of nutrition; inadequate continence management; disrespect for the privacy and dignity of residents; insecurity of tenure; poor infection control; and poor standards of hygiene. Unfortunately, fear of retribution was also a common issue, with many clients expressing concern that they may be 'punished' if they complain about their care or seek to enforce their rights. All of these issues constitute direct contraventions of the Aged Care Accreditation Standards. The Standards form the basis upon which advocates were able to communicate and act upon clients' concerns with the staff and management of the various facilities, in an effort to seek resolution of those issues.

ADACAS believes that many of the issues raised by clients in residential aged care result directly from the lack of appropriate trained care staff. There is currently no prescribed number of carers per resident, and ADACAS clients in residential aged care (particularly in high care areas) often raise concerns that there aren't enough staff to provide the level of care required by people with often complex physical and emotional needs. This lack of appropriate resourcing has a significant impact on residents' dignity, health and wellbeing. As just one example, people with mobility issues who need assistance to get to the toilet are often unable to get that assistance and as a result are effectively 'forced' to become incontinent.

Social isolation also remained a concern for many of our clients who lack familial and friendship networks in the community. During visits to the various aged care facilities advocates have observed residents sitting alone, apparently not communicating with anyone for the entire day with the exception of staff performing their duties. One means whereby advocates have been able to increase social interaction is by connecting clients with the Red Cross Community Visitors Scheme. The Scheme is a source of trained volunteers who regularly visit older people at risk of

social isolation. Advocates have been able to connect their clients with the scheme, with considerable success.

Case Study: Social isolation

Helen is an elderly woman who lives in an aged care facility. She uses a wheelchair and cannot move around by herself without someone assisting her. She is highly educated. In her younger years, she experienced a rich and interesting life, having lived and worked overseas. Her current support network in Canberra is virtually non-existent, and she does not have any family or friends who come and visit her. Given her mobility issues and the fact that she does not have anyone to take her out she is confined to the aged care facility where she lives.

Helen tells the staff at the facility that she does not want to use the doctor who regularly treats the residents at the facility but would prefer to use a doctor of her own choosing, working at a nearby medical centre. The manager of the facility refuses to accommodate her request, saying that Helen would not be able to get around by herself in her wheelchair if she were to leave the facility to visit the medical centre. Helen and the manager conflict and matters come to a head when the facility applies for guardianship over Helen from the ACT Civil and Administrative Tribunal.

The Tribunal considers the matter and refuses to grant guardianship to the facility over Helen. Helen is referred to ADACAS for advocacy support.

The ADACAS advocate goes to meet Helen, who requests her assistance. After much discussion with Helen the advocate is able to properly understand the issue that Helen would like to resolve. Helen does not simply want to go to the medical centre. She would like to go on outings on a regular basis. She is bored in the facility and although she participates in the various activities that are on offer, she would also like the option to go out and enjoy herself. The advocate understands that what lies at the core of Helen's request is to decrease her social isolation and improve her enjoyment of her life. She gives Helen a copy of the Charter of Resident's Rights and Responsibilities and explains what her rights are. When Helen has an argument with the manager in the future she tells the manager that she is aware of her rights and shows her a copy of the Charter.

The advocate approaches the manager of the facility. The manager says to the advocate that she will not permit Helen to leave the facility by herself in her wheelchair. The advocate understands that what is pivotal to Helen being able to leave the facility is to find someone who can accompany her.

The advocate makes contact with the Red Cross Community Visitor Scheme, which has the objective of tackling the issue of social isolation experienced by older persons. The advocate carefully completes the application form requesting a volunteer, to ensure that the staff at the scheme understands Helen's circumstances, and are accordingly able to locate a volunteer who has a similar background to Helen and would get along well with Helen.

The Red Cross finds a young woman, Cindy, who they believe would get along well with Helen. Cindy is outgoing and well-educated. Before Cindy is able to take Helen outside the facility, for insurance purposes, she is required to undertake wheelchair

training. The facility arranges for Cindy to take part in the training along with its other staff. Cindy takes Helen out for their first outing. They have lunch at a lovely Italian restaurant and then later on do some much needed clothes shopping.

Helen tells the advocate that she likes Cindy very much, gets along well with her, enjoyed her outing and is looking forward to many more. In the future she would like to obtain a copy of the local cinema guide and go and see a movie with Cindy. All expenses related to the outings are borne by Helen, who believes that “this is only right”.

Helen feels more socially connected and happy with her life. In her words, “it is only one day a week but the outings make the world of difference”.

During the year it was further noticed by advocates that there are a large number of culturally and linguistically diverse (CALD) residents living in the aged care facilities. Older persons from CALD backgrounds (country of birth) comprise 20% of Australians aged over 65 (ABS Census 2011). The challenges faced by CALD clients are great, including the significant risk of social isolation when residents are unable to communicate with facility staff in their language or where staff are unable to understand the cultural viewpoints of the residents. Such factors are compounded when clients have Alzheimer’s or other conditions, exacerbating communication between the resident with staff and other residents even further. Where possible advocates were able to use both linguistic and multi-cultural skills in an effort to improve communication with the client and consequently collaborate with the client to resolve their issues. In particular some clients have valued the contribution of bilingual ADACAS staff that have been able to communicate with them in their language of choice.

In January 2012 the Aged Care Standards and Accreditation Agency made a finding of serious risk for residents at the Anglicare Ginninderra Gardens Nursing Home. The facility was found to be non-compliant of 25 of the 44 accreditation standards as contained in the Aged Care Accreditation Standards. Advocates attended meetings with the Anglicare CEO and staff, providing outreach to residents, carers and family members who required advocacy support and assistance during this difficult period. Advocates continue to play a supportive advocacy role as Anglicare has now made plans to rebuild parts of the nursing home and consequently temporarily relocate residents.

During the year the outreach was enhanced by the joint decision of the team to conduct training sessions for carers and staff related to the various facilities and students in educational settings, so that they are able to gain a greater realisation of what advocacy is about and how advocacy can assist residents. Advocates further enhanced the outreach of the organisation by attending residents’ meetings. Our work in this area will grow, as we seek to ensure that older people in residential facilities are aware of their right to advocacy.

Outreach and awareness of our work was further enhanced by ADACAS’ involvement in the 2012 COTA Seniors Week Expo where a stall was manned by ADACAS staff, brochures distributed and staff members were on hand to answer any queries or provide information regarding the assistance that could be provided to older people by ADACAS.

The aged care team experienced significant change with the ADACAS Coordinator Sonia Di Mezza taking on the role of the leader of the team. We were sad to see two highly experienced advocates in the aged care sector, Fiona Navilly and Kerry Holdsworth, leave the team during the year and we wish them well in the future.

Finally, a spike in referrals during 2011-12 related to financial abuse of older people prompted ADACAS to undertake some research into the frequency and nature of the financial abuse of this group of Australians.

Case Study – financial abuse of older persons

Marina is an eighty year old woman from a European background. She came to Australia with her husband in the early 1950s and they prospered. Marina worked in the business and was a driving force behind its success. When her husband died Marina was left reasonably financially secure and owned her own house in an expensive part of Canberra. Marina has a daughter living abroad and a son living in Canberra. Marina has no cognitive impairment and manages her own affairs; however in late 2011 Marina had a bad fall and broke her leg and her arm resulting in long stays in hospital. Marina's son has four daughters who are now getting too old to share bedrooms and was looking to up size his house and move to a "better" area but needed additional finance to purchase such a property.

Marina's recovery period was going to be long but she started to progress well physically. Being in hospital with the only visitors being her son and occasionally daughter in law and grandchildren she became isolated and started to lose confidence in her ability to live alone. When her son made her an offer to live with them, sell her house and invest in their new property under a granny flat arrangement with Centrelink, it seemed tempting. Marina had been groomed by her son over a long period of time to believe she could not manage living alone any longer. A property was found by her son with a flat attached, Marina was taken from hospital to look at the flat and returned to the hospital all within the space of a few hours. She had no opportunity to discuss a major financial decision or the suitability of the property with an independent person. Based on promises of the support the family would give her and her now complete loss of confidence in her ability to care for herself Marina agreed and invested in the son's new property.

The arrangement was doomed from the start, the promised care and support never eventuated and the flat could not have been more unsuitable. By the time ADACAS became involved Marina was locked in to the Centrelink granny flat arrangement for five years and a large sum of money was paid to the son to secure the granny flat interest. Centrelink applies a deprivation rule if the granny flat arrangement is terminated before five years has elapsed unless the reasons for leaving could not have been foreseen at the time of entering into the agreement.

The ADACAS advocate was able to support Marina and help her establish a new independent living arrangement. It could so easily have been a disaster for this client locked into isolation and despair for the last years of her life. This case highlights the hidden nature of financial abuse of older persons.

In the case study above it appears no laws were broken and no legal remedies were available. In any event it is our experience that a parent is generally not going to opt to commence litigation against their own children. The threat of fracturing what may already be a tenuous relationship is too great. For the older person the contact and relationship, however damaging or infrequent has value and may be the only contact they have in the last years of their life.

In a report from the Advocacy and Rights Centre based on research undertaken by Monash University for the State Trustee's Office in Victoria Slater and Gordon Lawyers note *"that a formal*

theft occurred when an Enduring Power of Attorney was used as a licence to steal, and informal theft where money was taken or stolen from property or accounts. Most remedies are through civil litigation a smaller proportion are criminal.”

The State Trustees of Victoria have given a name to this type of financial abuse they call it “*early distribution of estate*”. The report goes on to note the sense of entitlement that adult children have in relation to their ageing parent’s estate, using rationale along the lines of ‘it’s my money eventually and mum doesn’t need it anymore’. They found the primary abusers were adult children with sons being the most likely to abuse. These findings appear to be consistent with ADACAS’ experience.

With the aging of our population more and more individuals will find themselves at risk of financial abuse in the years ahead. Much needs to be done to understand the frequency, costs, legal implications and other social implications of hidden financial abuse, and to put in place strategies to keep people safe, from changes to Guardianship and powers of attorney practices, through to supported decision making, encouraging advance directives so that older persons are supported to retain as much independence as possible as they age, and education strategies that alert the community to the rights of older persons. As the year ends it is clear that many players need to participate in that work but from an advocate’s position it is work that needs to be done to protect frail older persons from the risk of abuse.

Systemic Advocacy Report

In addition to the systemic issues discussed in the program reports, ADACAS undertook some systemic work that addressed broader issues in our community and is relevant to all of our client groups. Of particular importance was our work around social housing and our work on supported decision making.

Social Housing

ADACAS provided a comprehensive submission to the legislative assembly inquiry into the Provision of Social Housing. On behalf of members of ACTDAN, the ACT Disability Advocacy Network, ADACAS prepared a submission that focussed on the key concerns that clients raise with us regarding their experience of Housing ACT and provision of accessible housing in the ACT. ADACAS also presented before the hearings of the inquiry and provided some media comment on the issues.

Across all of our advocacy work the theme of appropriate accessible, available housing is almost always present. Clients face lengthy delays, bewildering complex paperwork and poor communication from Housing as they attempt to navigate the housing system in Canberra. The report of the Inquiry recommended a raft of changes to practice within Housing ACT to address these and other concerns. We have seen an increase of 16% in the number of issues relating to housing that we worked with over the year.

During the year ADACAS worked to build its relationship with Housing ACT. We now meet quarterly with the executive of Housing and use these meetings to discuss both systemic and individual client concerns. Housing has been responsive to the issues raised and we have worked together constructively to address some complex matters for clients.

We have seen a significant shift in access to housing for older persons, as a result of the investment in older persons housing over the past few years. Some older clients that were in need of suitable housing for their needs were allocated properties within short timeframes, which has addressed significant health and wellbeing issues that they faced.

From time to time ADACAS is asked for advocacy support to move residents out of Residential Aged Care facilities and into independent living. Often people are moved into residential aged care facilities because their family or support network is unaware of Community Support Packages or community services that can assist and support them to remain living independently.

Case Study – Older person retaining independence

Following a serious illness Janet, with the assistance of family members, packed up her house interstate and moved to Canberra with her dog. She wanted to be nearer to her children. Janet moved in with one of her adult children and their family as it was believed she was no longer able to manage at home independently. Sadly this didn't work out and our client was placed into respite in a residential aged care facility.

This was when Janet asked ADACAS to become involved as she was very unhappy in care and believed she could manage with minimal assistance. Janet was also missing

the companionship of her dog. Janet had already been assessed by the Aged Care Assessment Team (ACAT) and had been classified as Low Care.

With the assistance of an advocate who was able to support and follow up Janet's housing application, she moved into a brand new Older Persons Unit less than three months after our first meeting with her. We have been able to set up Janet with the appropriate support services and she is enjoying independent living as well as being reunited with her much loved dog.

Unfortunately the situation for people with disabilities is not as hopeful. ADACAS continues to be deeply concerned about the lack of timely access to housing for people with disabilities. Even after working to assist clients through the complex housing assessment process and clients are placed on the high needs or priority housing list, they are unable to be housed in a timely way. Some clients have been able to access homelessness services but others are sleeping in cars or couch surfing because these services are either full or unable to meet their needs, particularly those whose disability makes them vulnerable in group housing settings. The impact of the uncertainty of looming homelessness upon clients' wellbeing cannot be disregarded and the ACT Government needs to urgently address the crisis in access to housing for people with disabilities. While some of that uncertainty stems from a lack of available housing options, some also stems from deficiencies in communication from Housing to clients. Clients report that they hear nothing from Housing for long periods of time or they receive letters or calls that confuse them and add to their distress. In one instance a client escaping domestic violence, who had already applied for priority housing, received a letter stating that she would have to begin the housing application process again from the beginning, which conflicted with advice that she and her advocate had received previously. Fortunately, through advocacy, she has since been appropriately housed.

Supported Decision Making

During 2012 ADACAS has actively worked to forward the practice of Supported Decision-Making (SDM) in the ACT. Supported Decision-Making is a global movement recognising the agency of people with disability as decision makers in their own lives. Above all SDM upholds the personhood of people with disability by insisting on their right to personal autonomy and legal equality. It emerges from the United Nations Convention on the Rights of Persons with Disability (UNCRPD), and marks the shift from perceiving people with disability as passive and in need of protection, to active citizens. It calls on the states to recognise the legal equality and capacity of people with a disability to provide as much support as is necessary for them to exercise their capacity through decision support. Toward this end the UNCRPD also calls for the dismantling of current substitutive decision making regimes, such as guardianship.

During the year, the ACT established a cross disciplinary working group, representing stakeholders with an interest in SDM from Disability ACT, ACT Health, The Public Advocate, Mental Health Community Coalition, ACTCOSS, ADACAS and Advocacy for Inclusion. ADACAS was able to employ a part time policy officer to undertake our systemic work in this area.

ADACAS' work on SDM is building on two key existing pieces of work. In the past capacity has been cast in an oppositional 'have' or 'have not' framework. The Victorian Law Reform Commission's (VLRC) review of Guardianship, (2012), however, repositions capacity on a continuum, with capacity at one end, incapacity at the other with a broad spectrum of ability in between. Within this model support for decision-making also exists on a spectrum, is decision specific and includes SDM and assisted decision making.

While the VLRC's report looks at legislative change, the South Australian Supported Decision Making Trial provides the most detailed exploration of how formal decision support might look in practice. In April the working group organised for the project co-coordinator, Cher Nicholson, to run a series of workshops in the ACT. While the South Australian Project was disability specific, the workshops involved people from Mental Health, Aged Care and Disability. ADACAS strongly promoted the relevance and potential application for SDM across all three of our client groups. The three workshops, along with two public forums were well attended, reflecting the broad level of public interest in the project.

Workshop participants heard how the SA SDM project trialled SDM in a formal framework using Supported Decision Making Agreements. At the crux of the project is the presumption that everyone has capacity and that only as much support as is needed should be given to exercise that capacity. The project nurtured people, in a freely given relationship, to provide support for participants (people with a disability wishing to make more decisions for themselves) to exercise their right to decide. Support is personalised to each participant and includes support for people to make an 'unpopular' decision and learn from less successful outcomes. Crucially participants heard that at the centre of the relationship and indeed the project framework is a written agreement with both participant and supporter as signatories. Execution of the agreement, along with coaching and capacity development, is overseen by a monitor who plays an important oversight role.

Each workshop then held a free ranging discussion of the issues relevant to supported decision making for each client group which highlighted differing needs and levels of understanding for the concept. Ideas and attitudes expressed at the workshops identified a range of key themes for further research. In a disability context SDM is about fulfilling unrecognised capacity. However a mental health framework will need to explore issues relating to fluctuating capacity, while for older persons issues relating to declining capacity will be relevant.

Recognising that many of our clients, as with many vulnerable people are socially isolated, future work by ADACAS will explore frameworks for introducing supporters into an SDM relationship where a participant is unable to identify a known trusted person for the role. This may include modified citizens' advocacy frameworks, micro-boards and circles of support. How a SDM agreement might be recognised, for example, by banks and health care providers, will shape how formal or organic an ACT framework will be.

Guardianship and future planning mechanisms were discussed across all three sectors. In the disability sector workshops SDM was seen as a potential tool for increasing autonomy and reducing, or displacing guardianship. However in mental health, the potential of SDM, being decision specific, to run as an alternative to, and in conjunction with a guardianship order, was seen to be beneficial. SDM and the new Mental Health Act will need attention. In Aged Care the relationship between SDM and Enduring Powers of Attorney will need further exploration, as will community attitudes underpinning increasing numbers of older people subject to guardianship. Questions as to how a framework for SDM might operate under increasingly protectionist legislation and increasing guardianship numbers was raised for further attention.

At the end of the year we were pleased to be provided with a small amount of research funding by Disability ACT to enable us to continue the project during 2011-12. ADACAS also has a number of grant applications pending which, if successful will allow us to further work in this important area.

ADACAS Financial Report 2011-12

Committee 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

Committee's Declaration

Audit Report to Members

Committee Members

ACT Disability, Aged and Carer Advocacy Service Incorporated

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 2012.

Committee Members

The name of each person who has been a committee member during the year ended 30 June 2012 and to the date of this report are:

Stephen Still	Chair
Gary Leckle	Treasurer
Joan Costanzo	Secretary - App't October 2011
Greg Tannahill	Resigned as Secretary - August 2011
Dominic Cookman	Committee member
Colleen Box	Committee member - App't September 2011
Penelope Davie	Committee member - App't September 2011
Kym Duggan	Resigned from Committee - August 2011
Pamela Graudenz	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 aging, and of those who care for them.

Significant Changes


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

Operating Result

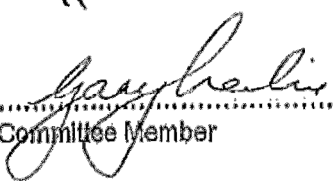
The surplus (deficit) amounted to:

Year ended 30-Jun-11	Year ended 30-Jun-12
\$31,209	\$39,527

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


.....
Committee Member

Date... 26/10/12


.....
Committee Member

Date... 29/10/12

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

STATEMENT OF COMPREHENSIVE INCOME

2011 \$	For the year ended 30 June 2012	2012 \$
	Income	
171,140	National Disability Advocacy Program	173,707
310,157	Home & Community Care (net of c/f amount)	529,211
120,797	National Aged Care Advocacy Program	126,926
104,916	Mental Health Consumer Advocacy	108,483
-	Disability ACT Grant	2,285
1,434	DANA Administration	-
3,723	Interest received	8,505
44	Membership income/donations	297
26,991	IDEAS Inc brokerage	30,694
12,200	Contribution for motor vehicles	17,127
-	Other Income	25
<u>751,402</u>	Total Income	<u>997,260</u>
	Expenses	
11,087	Advertising and promotion	5,930
4,103	AGM, meetings & conferences	10,082
1,650	Audit fees	1,950
14,586	Depreciation	27,880
5,814	Equipment purchases & maintenance	20,640
16,705	Insurance	13,277
31,986	Motor Vehicle, travel & mileage	29,352
-	Moving Cost	20,080
4,557	Office supplies/stationary & general expenses	10,782
2,570	Prof fees/governance/memberships	3,470
28,735	Rent	32,306
532,912	Salaries & staff benefits	658,405
20,553	Staff development/support supervision	25,493
(21,715)	Staff leave provisions	8,960
38,935	Superannuation	51,030
18,550	System monitoring & development	27,873
9,166	Telephone/computer and internet	10,223
<u>720,193</u>	Total Expenses	<u>957,733</u>
<u>31,209</u>	Net Surplus/Deficit for the Year	<u>39,527</u>

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

CHANGE IN EQUITY STATEMENT

For the year ended 30 June 2012

	Note	
Balance as at 30 June 2010		89,161
Surplus (loss) for year 2011		<u>31,209</u>
Balance as at 30 June 2011		120,370
Surplus (loss) for year 2012		39,527
Prior year adjustment	9	(9,841)
Balance as at 30 June 2012		<u><u>150,056</u></u>

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

STATEMENT OF FINANCIAL POSITION

As at the 30 June 2012

2011		Note	2012
	Current Assets		
207,605	Cash and cash equivalents	2	176,338
2,395	Trade and other receivables	3	17,464
<u>210,000</u>	Total current assets		<u>193,802</u>
	Non-Current Assets		
<u>103,731</u>	Property, plant and equipment	4	<u>93,747</u>
<u>103,731</u>	Total non-current assets		<u>93,747</u>
<u>313,731</u>	Total assets		<u>287,549</u>
	Current Liabilities		
24,174	Trade and other payables	5	57,554
40,123	Provisions	6	44,992
<u>113,209</u>	Unexpended Grants c/f	7	<u>15,000</u>
<u>177,506</u>	Total current liabilities		<u>117,546</u>
	Non-Current Liabilities		
<u>15,855</u>	Provisions	6	<u>19,947</u>
<u>15,855</u>	Total non-current liabilities		<u>19,947</u>
<u>193,361</u>	Total liabilities		<u>137,493</u>
<u>120,370</u>	Net Assets		<u>150,056</u>
	Members' Funds		
120,370	Accumulated surplus		150,056
<u>120,370</u>	Total Members Funds		<u>150,056</u>

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

CASH FLOW STATEMENT
For the year ended 30 June 2012

2011 \$		Note	2012 \$
	Cash Flow from Operating Activities		
838,156	Operating Income		988,755
3,723	Interest Income		8,505
(691,653)	Payments to suppliers and employees		(1,002,056)
<u>150,226</u>	Net cash provided by Operating Activities	8	<u>(4,796)</u>
	Cash flow from Investing Activities		
6,500	Receipt from sale of asset		2,531
(59,682)	Acquisition of equipment & vehicle		(29,002)
<u>(53,182)</u>	Net cash provided by (used in) investing activities		<u>(26,471)</u>
<u>97,044</u>	Net decrease in cash held		<u>(31,267)</u>
<u>110,561</u>	Cash at beginning of financial year		<u>207,605</u>
<u>207,605</u>	Cash at end of financial year	2	<u>176,338</u>

ACT DISABILITY, AGED AND CARERS ADVOCACY SERVICE INCORPORATED

**Notes to and forming part of the Financial Statements
For the year ended 30 June 2012**

Note 1 - Statement of Accounting Policies

These financial statements are a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act. The Committee has determined that the association is not a reporting identity and therefore there is no requirement to apply Accounting Standards and other mandatory professional requirements in the preparation and presentation of these statements.

The statements have been prepared in accordance with the requirements of the Associations Incorporation Act, and the following accounting principles.

Incorporation

ACT Disability, Aged and Carer Advocacy Service Inc is an association incorporated under the *Association's Incorporation Act 1991*.

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*.

Historical Cost Accounting

The accounts have been prepared on an accruals basis and are based on historical costs and do not take into account changing money values nor current values of non current assets. The accounting policies are consistent with the previous period unless otherwise stated.

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	18%
Motor Vehicles	22.5%
Evaporative Cooler	20%

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 CARERS ADVOCACY SERVICE INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS For the year ended 30 June 2012

2011 \$		2012 \$
	Note 2- Cash	
131,074	Cash at bank	176,138
76,331	Short term deposits	-
200	Petty cash	200
<u>207,605</u>		<u>176,338</u>
	Note 3- Trade and Other Receivables	
-	Prepaid Expense	11,487
<u>2,395</u>	Sundry receivable	<u>5,977</u>
<u>2,395</u>		<u>17,464</u>
	Note 4- Property, Plant and Equipment	
	Equipment & Fittings	
40,880	At cost	57,396
<u>(23,068)</u>	Less: Accumulated depreciation	<u>(22,610)</u>
<u>17,812</u>		<u>34,786</u>
	Motor vehicles	
114,855	At cost	114,855
<u>(28,936)</u>	Less: Accumulated depreciation	<u>(55,894)</u>
<u>85,919</u>		<u>58,961</u>
<u>103,731</u>	Total Property, Plant and Equipment	<u>93,747</u>
	Note 5- Trade and other payables	
-	Business Credit Cards (CBA)	2,780
7,294	Trade payables and Accruals	37,097
16,840	GST and PAYG payables	14,921
-	Provision for Grant repayment	2,715
40	Other payables	41
<u>24,174</u>		<u>57,554</u>
	Note 6- Provisions	
	Current	
40,123	Employee entitlements – annual leave	44,992
<u>40,123</u>		<u>44,992</u>
	Non Current	
15,855	Employee entitlements – long service leave	19,947
<u>15,855</u>		<u>19,947</u>

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

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2012**

2011 \$		2012 \$
	Note 7- Unexpended grants	
7,000	- Department of Health & Ageing- NDAP	15,000
	- Department of Families, Housing, Community Services and Indigenous Affairs- HACC	-
<u>106,209</u>		<u>-</u>
<u>113,209</u>		<u>15,000</u>
	Note 8- Cash flow information	
	Reconciliation of Operating Surplus (Loss) with Cash Flow from Operations	
31,209	Operating surplus (loss)	39,527
	Add/subtract Non Cash Items	
14,586	Depreciation	27,880
(21,715)	Provision for staff leave entitlements	8,980
(1,019)	Loss on sale of asset	(1,266)
<u>23,061</u>	Operating Surplus adjusted for non-cash items	<u>75,101</u>
	Movement in Current Assets and Liabilities	
12,267	Decrease/(increase) in Sundry Debtors	(3,581)
-	Decrease/(increase) in Prepaid Expense	(11,487)
1,689	(Decrease)/increase in Creditors	33,380
<u>113,209</u>	(Decrease)/increase in Unexpended grants	<u>(98,209)</u>
<u>150,226</u>	Net Cash from Operations	<u>(4,796)</u>

Note 9- Prior year adjustment

During the year a review of ACT Disability, Aged and Carer Advocacy Service Inc's fixed asset register was completed. This review highlighted some anomalies in depreciation calculations which have been rectified and disclosed as prior year adjustments in these financial statements.

ACT Disability, Aged and Carer Advocacy Service
Committee's Declaration
For the year ended 30 June 2012

The Committee have determined that the association is not a reporting entity.

The Committee have determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the accounts.

In the opinion of the Committee the accompanying accounts:

1. Present fairly the financial position of ADACAS as at 30 June 2012 and the results and cash flow for the year ended on that date.
2. At the date of this report there are reasonable grounds to believe that the association will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:



.....
Committee Member

26/10/12



.....
Committee Member

29/10/12



**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF ACT Disability,
Aged and Carer Advocacy
Service Incorporated
ABN: 15 750 251 576**



**Chartered
Accountant**

PRINCIPAL : Phillip W Miller CA

Unit 2 / 35 Curtin Place
PO Box 281
Curtin ACT 2605

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F : (02) 6282 4711
E : pwm@mcsaccounting.com.au
W: www.mcsaudit.com.au

Report on the Financial Report

I have audited the accompanying financial report, being a special purpose financial report, ACT Disability, Aged and Carer Advocacy Service Incorporated of, which comprises the balance sheet as at 30 June 2012, and the income statement, a summary of the significant accounting policies, other explanatory notes and the statement by members of the committee.

Committee's Responsibility for the Financial Report

The committee of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Act 1991 and are appropriate to meet the needs of the members. The committee's responsibility also includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance 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 entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

Liability limited by a scheme approved under Professional Standards Legislation

ABN: 67 089 734 761

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting obligations under the Associations Incorporation Act 1991. I disclaim and assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

Independence

In conducting my audit, I have complied with the independence requirements of Australian professional ethical pronouncements.

Auditors Opinion

In my opinion, the financial report of ACT Disability, Aged and Carer Advocacy Service Incorporated presents fairly, in all material respects the financial position of ACT Disability, Aged and Carer Advocacy Service Incorporated as of 30 June 2012 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the Associations Incorporation Act 1991.

Name of Firm: MCS Audit Pty Ltd
Chartered Accountants

Name of director:


Phillip W Miller CA

Address: Unit 2 / 35 Curtin Place, Curtin ACT 2605

Dated: 23rd October 2012

