

**ACT Disability, Aged and Carer Advocacy Service**

# **Annual Report**

## **2013-14**

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](mailto:adacas@adacas.org.au)  
Web: [www.adacas.org.au](http://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*



Minister Joy Burch launches the Official Visitor Self Advocacy Kit developed by ADACAS.

## Contents

ADACAS's People .....	4
Chairperson's Report.....	5
CEO Report .....	6
ADACAS at a Glance.....	10
Advocacy for People with Disability .....	12
Community Mental Health Program .....	17
IDEAS .....	20
Advocacy for Older Persons .....	22
Supported Decision Making .....	26
ADACAS Financial Report 2013-14 .....	27

## ADACAS's People

### ADACAS Board

	Meetings attended
<b>Chairperson:</b>	
Stephen Still	9/10
<b>Treasurer:</b>	
Kim Stewart	4/10
<b>Public Officer:</b>	
Coleen Box	7/10
<b>Other members:</b>	
Pam Graudenz	10/10
Dominic Cookman	8/10
Sean Fitzgerald	6/10
Alana Fraser	7/10
Diana Nasr	5/7
(from October 2013)	

### ADACAS Staff

#### CEO/ Secretary:

Fiona May

#### Disability/Mental Health Programs:

Ivette Gonzalez (except Aug 13 to Feb 14)  
Ben Davies  
Liza Venus (to May 14)  
Jillian Thompson (to November 13)  
Malcolm Parker (to October 13)  
John Sands (August 13 – February 14)  
Lauren O'Brien (from December 13)  
Michele Peruzzi (from July 13)  
Roger Munson (from May 14)

#### Older Persons Programs:

Sonia Di Mezza (Coordinator)  
Jane Harriss  
Gwendoline Davies  
Judy Power (to February 14)  
Karl Schaffarczyk (from January 14)

#### Projects:

Katrina Rea  
John Sands (June 14)  
Fiona Navily (Nov 13 – June 14)

#### Administration:

Deshawn Wattanatassi  
Kristy Capper

#### Clinical Supervision Consultants

Elizabeth Done  
Fiona Hall  
Wilma Davidson  
Tamarisk Jakobson  
Veritas Alliance Pty Ltd  
Ilona Nichterlein  
Patrick McEvoy  
Kandie Allen-Kelly

#### IT Consultant

Sennell Pty Ltd

#### Database Consultant

Rohan Mitchell (1024 Pty Ltd)

#### Project Partners

Julia Farr Purple Orange  
ImagineMore  
NIMIC Productions  
Jenni Savigny  
PhotoAccess

## Chairperson's Report

Stephen Still

2013-14 has been another successful year for ADACAS. ADACAS made significant progress towards implementing our three year strategic plan, including continuing success in pursuing our innovative work in supported decision making. Of particular importance has been our reflection on and planning for the pervasive changes coming to the disability sector through the National Disability Insurance Scheme.

The NDIS is a once-in-a-generation reform that will go some way towards implementing the objectives of the Convention on the Rights of Persons with Disabilities of respect, empowerment and equality for people with disabilities. However, the NDIS also brings a range of challenges to the sector, from which advocacy is not immune. ADACAS has identified a number of key areas where we can improve readiness and we are working actively to develop solutions. We have been successful in securing funding to help with this, and we are increasingly well placed to operate within the new environment.

ADACAS' strength and readiness for the NDIS were recognized when we were awarded Commonwealth funding to support people with disability seeking external merits review of decisions during the NDIS trial in the ACT, commencing in July 2014. We were also successful in obtaining funding to undertake a digital story-telling project, the fruits of which will be presented at the ADACAS 2014 Annual General Meeting.

Another demonstration of ADACAS' strength was the very positive assessment we received following our audit for compliance

with the National Disability Advocacy Standards in January 2014. The audit involved a site visit by the auditor, and interviews with ADACAS clients.

During the year, the Information Technology subcommittee of the Board was dissolved. The work of the subcommittee over the past two years has revolutionized ADACAS IT, and has resulted in a significantly higher quality and more stable environment. I would like to thank Michael Still and Neil Muller for their invaluable work over this period.

The Board welcomed two new members during the year: Diana Nasr, and Kym Duggan. Diana was a founder of the Special Education Advocacy Group and brings significant experience in advocacy and knowledge of the experience of children with disabilities and their carers in the ACT. Kym is a former Board member and Chair of ADACAS, and has extensive experience in Commonwealth public administration, disability rights, and advocacy. They have both brought valuable insights to the Board.

ADACAS' continuing success is founded upon the hard work, dedication and values of the staff of ADACAS, and the CEO Fiona May. I would like to take this opportunity to thank them once again for the crucial services they provide for the Canberra community. Without them, ADACAS could not be the success it is.

*"We had a fabulous experience with ADACAS and are very grateful for the opportunity."*

## CEO Report

Fiona May

As I reflect on the 2013 -14 year I am once again struck by just how much ADACAS has been involved in, in addition to responding to increasing individual clients. I want to begin by thanking the staff and Board of ADACAS who have worked very hard throughout the year to continue to provide high quality advocacy to our clients, as well as contribute to our many other projects and activities.

We have undertaken a number of specialist projects during the year which have contributed to raising awareness of issues facing our client groups, to our systemic advocacy or to our understanding and knowledge of important issues such as supported decision making. This last project, is discussed in more depth elsewhere in this report, so here I will focus on the other project work during the year.

ADACAS has had an increased focus on Culturally and Linguistically Diverse communities during the year including through participation in a Mental Health in Multicultural Australia working group, preparation of the ADACAS information brochure in 8 languages, and presenting at a CALDWays conference. We have also been able to provide individual advocacy to a number of clients in their original language because of the language skills of some members of our team.

ADACAS was awarded the tender to develop resources for people primarily with intellectual disability, their families and carers around the role of the new Disability Official Visitor scheme which was established in Canberra during the year. Our approach sought to develop resources which were easily accessible and could be used in the person's own home rather than group based

learning. We developed 3 videos and accompanying resources (some in easy english) which explain the role of the official visitor, the rights of people with disability, and how people can speak up for themselves. We were very pleased to be able to cast all on screen roles with people who identify as having a disability and thank them for their fantastic work. Fiona Navilly (project officer) and Nimic Productions deserve special mention for their commitment to delivering an outstanding product. The resources can be found at [http://www.communityservices.act.gov.au/disability\\_act/Official-Visitor-Disability-Services](http://www.communityservices.act.gov.au/disability_act/Official-Visitor-Disability-Services)

We contracted Deloitte Access Economics to undertake a piece of work with us to devise a better framework for measuring the outcomes of advocacy. As advocacy is about being heard and enabling a client to fully participate in a process (regardless of outcome) it is difficult to effectively measure the success of advocacy. Deloitte have provided us with a robust new approach which we are now in the process of implementing. I also presented the findings of the work at the Disability Advocacy Network Australia conference in Brisbane in November 2013 and received very positive feedback from other advocacy services who also see the benefit of being able to effectively report on what we do as advocates. We thank the ACT Sector Development Fund for support to undertake this important work.

In the lead up to the NDIS launch in the ACT, ADACAS won a tender to undertake capacity building workshops with people with disability and their families. We partnered with SA group JFA Purple Orange and local



family advocates ImagineMore to deliver 21 workshops over 7 months. The workshops were very well received by participants and we have a waiting list for additional workshops should funding become available.

We participated in a number of systemic advocacy projects including contributing to the development of the NDIS in the ACT, submissions to the Australian Law Reform Advisory Council's capacity inquiry, a matter of law before the ACAT, and development of a new strategy for out of home care services in the ACT. We also advocated strongly for a review of ACT Guardianship laws and I am pleased to advise that this work has been successful with the Attorney General agreeing to begin a process of review with a referral to the ACT Law Advisory Council.

During the year I was appointed to the Ministerial Advisory Council on Ageing. It advises the Minister on priorities for ageing in the Territory, implementation of the WHO Age Friendly City and oversight of the government's strategy on ageing. While the Commonwealth government has taken over responsibility for funding of direct services for those over 65, there is much that the ACT government can still do to ensure that older persons are included and well served in the ACT community. I have been able to bring the perspectives of our clients, who generally are more frail and more isolated, to the work of the Council.

Also on matters related to older persons, ADACAS continued to contribute to the Older Persons Advocacy Network (OPAN) including representing advocacy organisations on the National Aged Care Alliance working group reviewing the HACC service group that includes advocacy. This important work will inform governments ongoing funding of advocacy for older persons.

Feedback from workshop participants:

*"This is really impressive and valuable group of workshops. It has addressed many issues I have been struggling with for years, and helped me to feel supported in decisions I have made and directions I have taken, even when this has meant challenging current systems."*

*"Exciting workshop. Very lively and interesting! Enjoyed it."*

*"Finally a practical approach that can be tailored to individuals and assists in defining, selecting, planning and implementing a good life that looks and is based on peoples abilities (capital) instead of globally defined deficits."*

*"The course over 7 weeks was very enlightening. It forced me to look at my own thinking on things, and re-evaluate my approach to approaching service organisations for help. Many thanks."*

*"Excellent series of workshops that highlighted a positive way to frame a possible good life for my daughter, thanks."*

*"The best part of the workshop was the discussion of the high road and low road. Thanks for getting this series of workshops out to the community."*

*Thank you. The ideas presented and discussed are turning my thinking upside down – which is good."*

*I believe the workshops have been the acquiring of much needed and appreciated knowledge. I would like more workshops which would increase my knowledge base so I can enhance both my family and my disabled son's quality of life."*

There have been a number of staffing changes at ADACAS during the year. Most notable of these was the retirement of Judy Power, after 13 years as an advocate with us and a long and notable career in the community sector in the ACT. Judy moves into a well deserved retirement and we wish her much joy. Other staffing changes are noted on page 2. ADACAS was also able to offer a work experience placement to a young woman with disability who had been unable to find work experience with other employers. We were delighted to have her with us and she demonstrated her capability in various office and admin functions during her time with us.

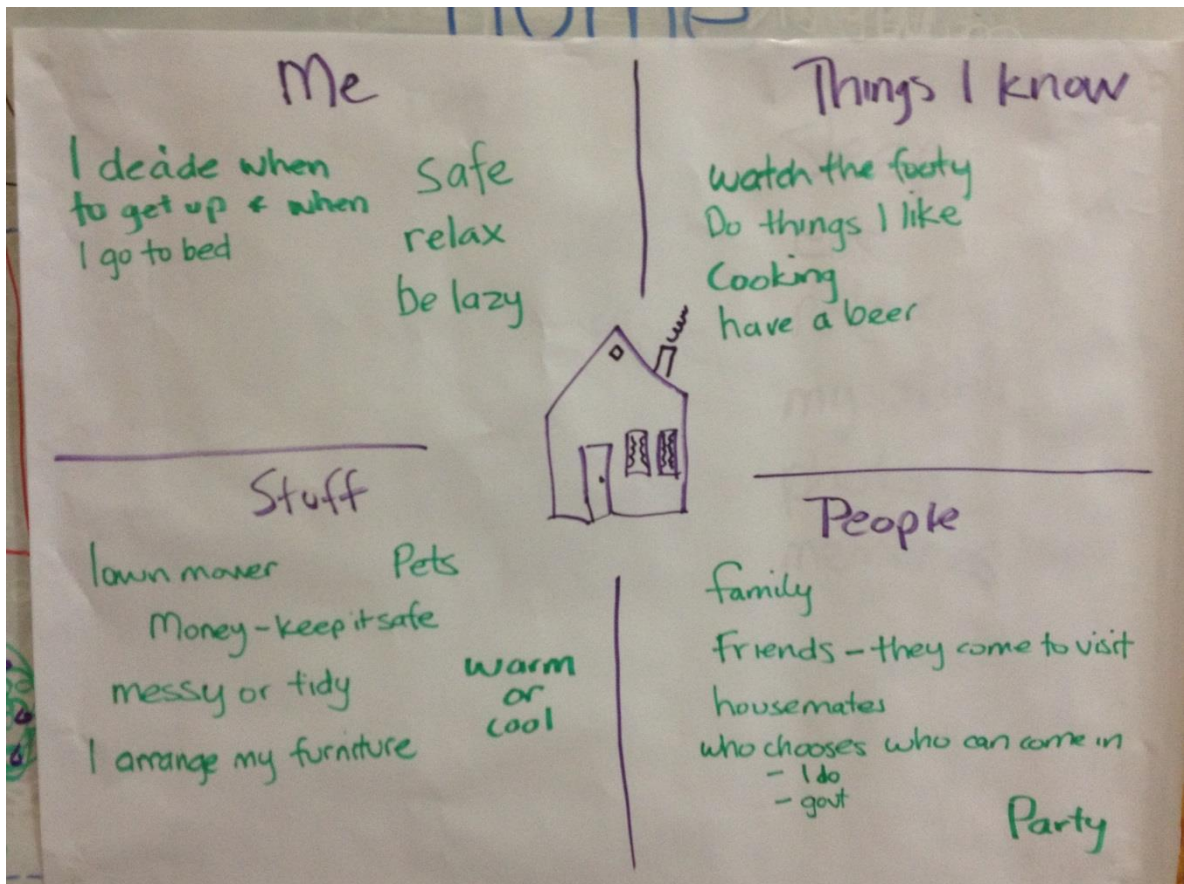
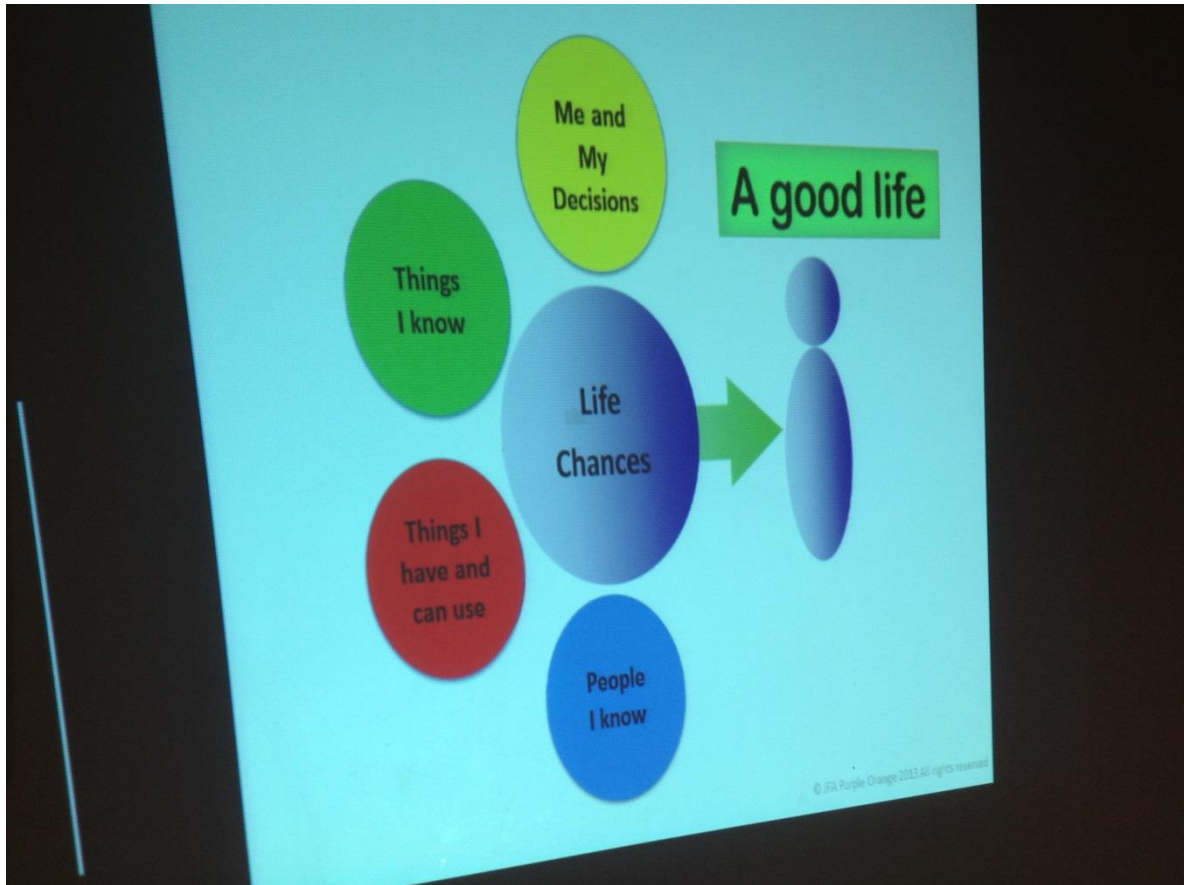
Finally we undertook a project this year with a grant from Arts ACT, which enabled some of our clients to tell their story using the medium of digital story telling. On the theme of 'Being Heard' project participants worked with Jenni Savigny and artists from PhotoAccess to develop stories of their lives

and their experience of advocacy. We are launching the DVD at our 2014 Annual General Meeting and look forward to celebrating with the film makers. This annual report seeks to carry on the theme of Being Heard. Rather than focusing in depth on the numerous systemic issues and themes which arose in each of our areas of individual advocacy this year, this report highlights individual advocacy case studies, and the important difference which Being Heard makes for our clients. Names and some details have been changed to protect the privacy of our clients.

*"Our advocate helped us feel very confident and knowledgeable, and it was very empowering to know we had the support of an experienced, respectful, intelligent and knowledgeable team behind us."*



Some participants in Capacity Building workshops





## ADACAS at a Glance

Individual Advocacy	
total number of advocacy hours	9,368
total number of people assisted	374
total cases	437
new cases	194
cases continuing from 2011-12	243
closed cases	225

Inquiries	
total number of inquiries	164

During 2012-13 ADACAS provided 374 clients with more than nine thousand hours of advocacy on over four hundred issues (Figure 1.0). Once again it has been a busy year for the ADACAS team.

The data shows a slight decrease in the number of hours of advocacy which is explained by a higher than usual staff turnover during the year reducing our capacity to take new cases. The total number of clients assisted has however risen slightly. As our funding is for issues based advocacy, we commonly find that we are working on a number of issues for a single client. Sometimes these additional issues are distinct and can clearly be identified as a separate issue. Frequently however, clients present with complex issues comprising a number of inter-related concerns which may seem distinct but are in-fact closely interwoven with their other issues, so the data doesn't tell the whole story about the work we have done. Accessing full Centrelink entitlements for instance can be the key that can unlock access to housing, thus resolving a vulnerability to abuse. As we have commented previously, the complexity of issues which advocates are dealing with has increased over the years. Many of the stories in this report highlight the complexity and interconnectedness of the issues which our clients face.

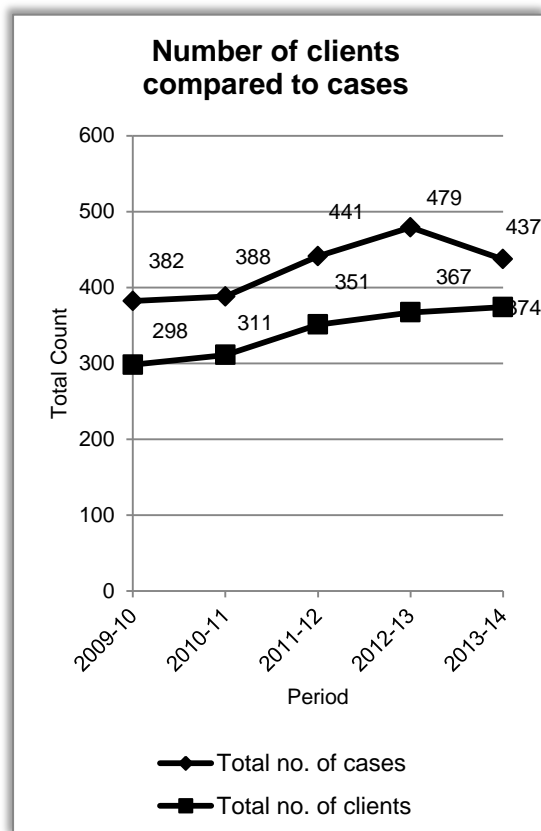


Figure 1.0

*"I would not be happily installed in my new home, stress free, if it was not for the help and effort put in by my advocate."*

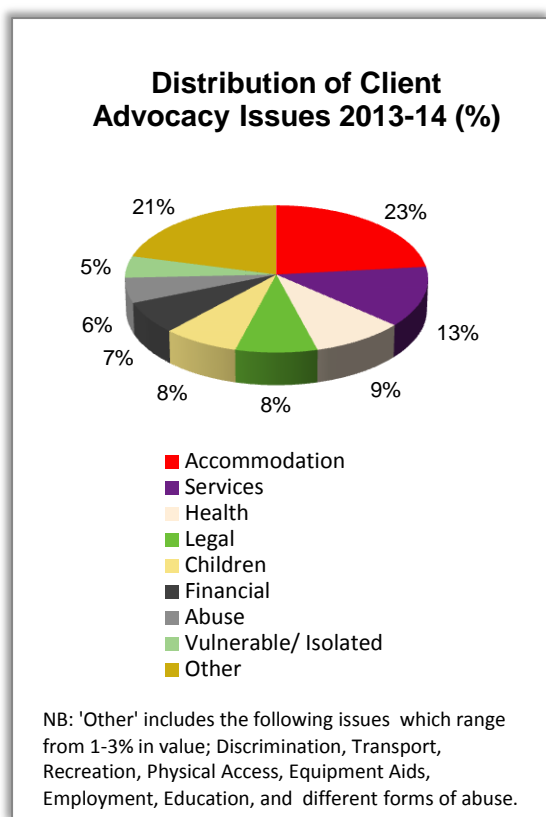


Figure 1.1

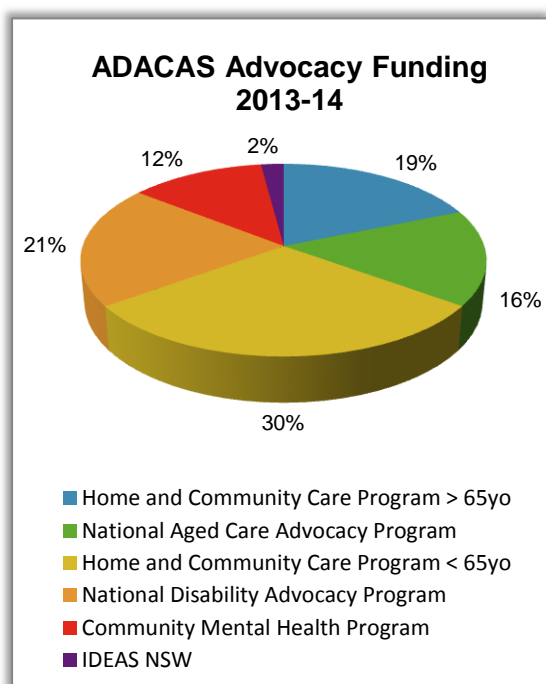


Figure 1.2

Once again accommodation and services are the two most frequent issues that we advocate about (Figure 1.1) although their proportion of our overall work has decreased slightly on the previous year (combined total of 40% in 2012-13 and 36% this year). There have been small shifts in the proportion of other issues including an increase in work on health matters and a decrease in issues on vulnerable and isolated matters – although, as described above, these often feature as one of the complexities of other issues and may therefore not be identified as a primary issue.

### Funding Received

Home and Community Care Program for Younger People – provided with the assistance of the ACT Government

Home and Community Care Program for Older People – 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—an Australian Government Initiative.

Mental Health Consumer Advocacy Program – ACT Health.

IDEAS Disability Advocacy Brokerage Program.

In addition we did significant additional project work representing \$250,648 of growth funding:

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

Official Visitors Scheme project for the Provision of Self Advocacy Awareness Training

Funded by the Community Services Directorate through Disability ACT

Supported Decision Making Project –psychosocial disability and cultural change

Funded by the Community Services Directorate through the ACT NDIS Taskforce

Digital Story Telling Project.

Funded by the Community Services Directorate through the ACT Arts Fund

HACC Older Person's Support & Development funding.

Funded by Commonwealth HACC Program-  
Department of Social Services

## Advocacy for People with Disability

Total number of clients (HACC YP)	127
Total number of cases (HACC YP)	159
Total number of clients (NDAP)	53
Total number of cases (NDAP)	59

All advocacy for people with disability is undertaken by our disability advocacy team. Advocates carry a mixed case load including clients funded under either the National Disability Advocacy Program or the HACC Younger Persons program. Advocates in this team also undertake work with people with psychosocial disability and mental health issues, some of which is funded by the Community Mental Health Program.

In addition to individual advocacy work, the team participated in a range of expos and fora in preparation for the introduction of the NDIS in the ACT and provided training in advocacy to a number of student groups.

Our systemic advocacy work focused around the development of the NDIS, care and protection issues, employment conditions for people with disability, guardianship and capacity, and review of anti-discrimination laws.

*"It was all good, it was all fair and did for me what was humanly possible, ie writing letters, expressing my needs, making calls on my behalf and also visiting when required. Thanks again."*

### Margaret – Upholding the Rights of People with a Disability

Margaret, a 45 year old woman with a disability, approached ADACAS seeking accommodation for her and her partner Shane (who also lives with disability). Margaret and Shane lived in a furnished granny flat at the rear of their landlord's house. The flat didn't give them the privacy they wanted and had problems with insufficient heating and damp. As tenants they had signed but had not been given a copy of the residential information outlining tenants' rights, they never received an inspection report, the bond that they paid was not lodged with the Department of Fair Trading and their electricity consumption was written on a piece of paper and given to them rather than being based on a separate meter reading.

Being unhappy with their living circumstances the couple applied to Housing ACT to access public housing. As they were already housed and there were long waiting lists the reality was that they would probably have to wait many years before they were allocated a suitable property. They had been unable to find more suitable accommodation on the private market as their incomes were low and they were not perceived as attractive tenants by agents.

The advocate worked with Margaret and Shane to find a real estate agent and landlord who was sympathetic to their situation and willing to provide them with an opportunity to rent a suitable property. With the help of their advocate the couple arranged for automatic deductions to be

taken from their disability pension, thereby ensuring that their rent would be paid regularly. They are currently living in their new accommodation and both the landlord and property manager are pleased with how they are looking after the property and continuing to pay rent on a timely basis.

The advocate also assisted the couple to ensure that they correctly vacated the property they had left.

People with disabilities often find it difficult to rent in the private market because of perceptions that others hold about them and lack of affordability in Canberra. Through advocacy Margaret and Shane's voices were heard and they were able to participate more equally in the rental market.

The case also gave us the opportunity to provide some education to landlords and property managers regarding the rights of people with disabilities as tenants.

## Care and Protection

In the last two years ADACAS has witnessed a significant increase in referrals for young women with a mild intellectual disability or mental illness who have come to the attention of Child Protection Services (CPS). A report from the Office of the Public Advocate in Victoria expresses concern about the impact on the child, parents and community. The report opens with these comments:

*"You cannot solve a problem using the same level of thinking that created it. You have to rise above it to the next level".*

*"Dr Martin Luther King Jnr. Quoted this statement by Albert Einstein in relation to civil rights in America. It is as relevant to the removal of children from parents with*

*disabilities in Australia today as it was to civil rights for African-Americans in the USA in the 1950s and 1960s. Australia's current legislation and policy disproportionately takes children away from their parents when their parent has a disability. This is doing great harm to children and parents and to the social fabric of the Australian community. A change of thinking and policy direction is essential."* (Whatever happened to the village? The removal of children from parents with disability. Report 1. OPA Vic December 2013).

The experience at ADACAS supports the concerns raised by the Office of the Public Advocate. Support for these young women in the assessment phase is focused more on assessment rather than providing meaningful support with the objective of keeping the family together.

### Sue – Removal of Children from Parents with an Intellectual Disability

Sue is a 35 year old woman who has an acquired brain injury from a car accident. Notwithstanding her injury she is able to function independently and is only mildly affected by her injury. Sue has five children from different fathers some of whom subjected Sue and her children to domestic violence. Despite these challenges Sue did not receive any community support and eventually left her last partner to live alone with her children.

Sue first came to the attention of CPS when her teenage son became violent. The CPS officer became concerned about the effect that this would have on Sue's five year old daughter Claire. Claire was placed in foster care and Sue was given a number of orders by CPS. In an effort to have Claire returned to her Sue complied with all of the orders including finding another place for her vulnerable and disturbed son to live, even

though he wanted to continue living with her and Sue was reluctant for him to move. After her son left the house CPS returned Claire to Sue for contact visits at home and unsupervised.

Sue became concerned when Claire told her that she would rather take her bath at Sue's house than at the foster carer's house. When Sue raised her concern with CPS she was accused of coaching her daughter to say such things for her own benefit. On another occasion while they were watching television together Claire asked her mother whether any other person would get into bed with them. When Sue raised this concern with CPS she was once again accused of coaching her daughter. One day Claire told her foster carer that her Mummy had thrown a purse at her. CPS were informed and the police investigated the incident but no charges were laid. Sue denied doing this, pointing out that Claire often called all of her foster carers "Mummy".

A meeting was arranged by CPS to discuss these matters further with Sue. Sue and her advocate attended the meeting. During the meeting the CPS Officer informed Sue that Claire has been sexually assaulted by her foster carer and that she had been transferred to another placement. Sue was understandably shocked and angry at the news.

The case highlights a number of concerns that clients who interface with CPS often face. Sue's restoration order was overturned when she was accused of hitting her daughter, despite not being charged with the offence and no evidence being provided. In contrast, when her daughter was sexually assaulted in care, Sue was unable to obtain any information about the matter including whether or not the alleged perpetrator was charged with the offence; what legal rights

Claire had; and whether an independent investigation was ever carried out by the Director General who has parental control over Claire.

The inequity in access to justice for both Claire and Sue is stark. ADACAS continues to help Sue to deal with the myriad of issues in relation to her being able to communicate and work effectively with CPS.

*"I was in a dreadful situation and things had to happen in a hurry. I am absolutely sure that the whole business would not have been resolved without your help. I found you to be caring and most of all competent."*

#### Megan – Support for Clients Interacting with CPS

Megan is a young woman with an intellectual disability and hearing impairment. She has a young six year old son, Damian, and is a single mother. Megan and Damian lived with her mother but the relationship was tumultuous, often erupting in arguing and disagreements.

The relationship between Megan and her mother deteriorated to such an extent that one day her mother refused to allow Megan to continue living in the house, forcing her to seek shelter in a shed which was located in the backyard. Megan had no other housing options available to her and was forced to suffer bitterly cold nights alone, sleeping in the shed while Damian and other family members lived in the main house.

Megan's mother contacted CPS, claiming that Megan was an unfit mother and demanded guardianship of Damian. A referral was made to ADACAS to provide Megan with the advocacy support she needed to navigate through this situation.



The most urgent need was to engage others to support Megan to obtain suitable safe housing and the advocate worked closely with them to ensure this happened as quickly as possible.

In an attempt to improve communication and to create a working relationship between Megan and her mother ADACAS organised for the family to participate in mediation sessions with Relationships Australia. Communication between Megan and her family had often been complicated by Megan's hearing impairment. The advocate arranged for Megan's hearing aids to be upgraded with the support of Hearing Australia, which has substantially improved communication for Megan.

Megan has access visits with Damian and has worked hard to ensure that she remains an active presence in his life. She continues to work with ADACAS to ensure that she has access to her son and an acceptable standard of living.

#### Sarah – Access to justice

Sarah, 29, is living with an intellectual disability. After a long battle in the magistrate's court, final orders were made for parental responsibility for her child Sam to be given to the Director General until the age of 18.

While the child was initially placed with Sarah's mother- Polly, Polly was unable to provide care until the age of 18 and so Sam was placed in the care of another foster carer near his first birthday. As Sam's grandparent and as the primary parent for the first year of Sam's life, Polly hoped to have a continued role in Sam's life and this was specifically agreed to in the orders made by the magistrate.

The child was removed from Sarah's care at birth and as such there was no history of abuse or neglect- the principle argument for removal was that Sarah's capacity to parent was impaired because of her intellectual disability. Sarah was willing to consent to the orders, acknowledging that she needed more support than she could get in the current disability support system to build her parenting capacity and provide the best care for her child.

Following this Sarah and her lawyer argued that the contact provisions of no more than 4 times per year that were proposed in the order should be significantly increased. After all, Sarah was a victim of a poor support system rather than an intentionally neglectful parent. Sarah had insight into the risk of neglect she was exposing Sam to if she were to parent Sam without significantly greater support than was available.

Sarah's lawyer unsuccessfully argued for an increased number of contacts with Sam per year for Sarah and Polly. An expert report from a psychologist was submitted by the legal representative of the Director General who justified the low number of contacts as a necessity to allow Sam to form attachment with his new foster carers and as such both Sarah and Polly were subject to the reduced contact provisions.

The expert report however, related to attachment issues for children who are removed into care later in life rather than a situation involving bi-weekly supervised contacts such as Sarah had had with Sam since birth. The report did not appear to consider the unique nature of Sam's attachment to Sarah, in her limited parenting role, and the likely reduced impact on attachment for Sam of continuing higher frequency of contact with his birth parent. Because no funds were available to attain a

report to counter that tendered by the Director General's team, the significant flaws in the argument made by the expert report went uncontested.

Time passed and the period recommended in the expert report for attachment with the foster carers to form elapsed. Contacts were proposed that required Polly to meet with Sam under supervised contact provisions despite her having done nothing that justified the need for such restrictions. The low frequency of contacts for Sarah was also maintained despite the report showing no clear justification as to how this was in the best interests of the child after attachment was formed with Sam's new foster parents.

The Children and Young People's Act (2008) was applied to Sarah and Polly in the same manner as it would be applied to a parent who was deliberately neglectful or abusive, and who lacked insight into the impact they were having on their child. The Legal system and the policies and practices of CPS were

both completely inflexible and unsympathetic to the fact that the only reason Sarah could not maintain parental responsibility for her child was the lack of funding for support services that could easily resolve issues with the impairments to her parenting capacity. Similarly Polly as a highly competent parent and grandparent was left with the same strictures with no justifications as to how this was in the best interests of Sam. Despite the considerable work of Sarah's advocate and her legal aid lawyer, Sarah was unable to access justice on the same basis as others and continues to experience barriers to parenting which are not justified.

CPS cases are very resource intensive, requiring many, many hours of advocacy time. As the final CPS story involving a person with mental illness shows (see page 19), on rare occasions, the outcomes are positive ones.



**ADACAS at an Expo**

## Community Mental Health Program

Total number of clients (CMHP)	63
Total number of cases (CMHP)	69

ADACAS continues to provide advocacy to people in the Canberra community who are living with mental health concerns. Our priority is to support people who are the subject of ACAT hearings with regard to their treatment and care. In addition we support people with mental health issues with a range of other advocacy issues relating to their accommodation, mental health care and services, access to justice, human rights and care and protection.

As part of our work we regularly visit the Adult Mental Health Unit to ensure that residents are aware of their right to an advocate and assist with matters as they arise. Our regular visits enable us to monitor quality issues, including interactions between staff and clients and provide feedback to the health system with a view to improving practices which touch the life of our clients.

Again, the most frequent advocacy issues facing clients with mental health issues are accommodation and access to services.

### George – Mental Health Tribunal

George called ADACAS because he no longer wanted to be under a Mental Health Order and wanted us to help him achieve this goal. George mentioned that he had been on an order for the last three years and every time that he went to the tribunal for his order to be reviewed, the case manager allocated to George, gave different reasons why he needed to remain on an order. By his own

admission George acknowledged that at times he had stopped his medication and has been unwell, and on other occasions there had been a change in case managers or psychiatrists and they had been unable to recommend that the order be removed.

ADACAS began working with George collecting information about his mental health and his community participation. Working with George, we found out that he had several friends and a community worker that he sees regularly. We also found out that he had been working with a volunteer group for 5 weeks and whilst he needed a lot support to do it, he was working three hours a fortnight. ADACAS attended one appointment with his psychiatrist and another with his case manager and together we discussed a way forward and the possibility of having the order removed. Unfortunately the psychiatrist left the service and did not write a report but the case manager was able to print out the doctor's notes and presented them to the Mental Health Tribunal.

At the time of the Mental Health Tribunal hearing, ADACAS and George had been working together for three months. George was not doing very well as he had recently become homeless and was having problems sleeping. George attended the hearing with one good supportive friend, his community worker and his advocate and presented his case to the tribunal. The tribunal members acknowledged all his good work and praised him for his efforts. However, because his case manager could not recommend at the time that they allow the order to lapse, the tribunal members agreed to only renew the order for another three months.

George accepted the outcome of the hearing and said that he felt that the tribunal

members really listened to him and that they were fair. George mentioned that it was the first time that he felt properly prepared and had personally contributed to the tribunal's deliberations.

#### Svetlana – Providing Advocacy for People with Mental Health Issues from Culturally and Linguistically Diverse Backgrounds

Svetlana immigrated to Australia with her husband over twenty four years ago from a European country. Faced with the inevitable stresses that face many immigrants her husband became frustrated with his situation, turning his anger towards Svetlana. Over a twenty year period Svetlana was subjected to domestic violence from her husband. She was regularly beaten and kept socially isolated. As a consequence Svetlana didn't learn to speak English or make any friends. She spent long hours by herself with only the family dog and her young children to keep her company.

Svetlana tolerated this situation for over twenty years until one beating when her husband injured her arm. Svetlana decided that she would do something about it. She asked her teenage son to telephone the police and take her to the local police station, where she filed a complaint. The case was brought to court but was unsuccessful due to a lack of evidence to support her case.

Unable to stand the situation any longer Svetlana asked for help and was put in contact with a Legal Aid lawyer, who was able to assist with a divorce. As Svetlana was socially isolated, had never worked and was financially destitute she had no choice but to continue to live in the house with her abusive ex-husband. The situation became intolerable and Svetlana fell into a deeper depression.

Svetlana was put in contact with an ADACAS advocate who spoke her language and who was able to communicate with her.

Recognising that she suffered from long term depression the advocate organised for Svetlana to receive counselling from a psychologist who also spoke Svetlana's language. Svetlana suffered from a myriad of health problems but was unable to communicate effectively with her local doctor. Her advocate accompanied her on her medical visits and supported her so that she could express her concerns to her doctor and receive the proper medical treatment that she deserved. As she was not eating properly the advocate worked with her doctor to obtain a referral to a dietician, who was able to guide Svetlana in developing healthy eating habits.

The advocate was also able to ensure Svetlana's voice was heard during the mediation process with her husband, so that she could receive her share of the assets that had accumulated during the course of the marriage.

Svetlana was unable to properly deal with her depression while living in the same house as her abuser. The advocate supported Svetlana to get priority public housing and was eventually able to help her to secure accommodation in an elder person's unit and live independently. The advocate also put Svetlana in contact with a volunteer home tutoring program so that she could develop her English speaking skills. With her new found confidence Svetlana began attending a local church and made friends there. She found a voluntary job in a charity shop, helping to sort through the clothes stock. Her new friends and colleagues have provided Svetlana with the support, friendship and social connectivity that she needed.

The road for Svetlana is a long one but her mental health has markedly improved as she begins her new life living independently and free from abuse.

#### Cindy – Restoration of her Children

Cindy approached ADACAS a year ago after CPS removed her four children from her care due to unsuitable living conditions and because Cindy suffered from an anxiety disorder. Cindy was made to sign a voluntary care agreement for two months agreeing that she would attempt to address certain issues prior to having her children restored to her. Cindy was devastated when her children were taken away from her and uncertain as to what would happen in the future. Her mental health issues and lack of support made it difficult for Cindy to engage effectively with CPS.

Cindy's advocate supported her by attending the CPS home visits, helping Cindy to express her concerns and to ask questions. During the meeting the advocate asked questions regarding what CPS wanted Cindy to do; helped Cindy to understand what was happening; and devised a plan to help her to address the outstanding issues. One of CPS's concerns was that Cindy would often become overwhelmed by her situation and lacked the insight to understand how her actions were adversely affecting her children.

After two months CPS remained dissatisfied with Cindy's progress and requested that she sign another voluntary care agreement for four months. The advocate supported Cindy through this process by ensuring CPS explain to Cindy what she was signing and supporting her to seek independent legal advice. During the 4 month orders the advocate helped her to engage a cleaning service to provide domestic assistance, and supported her to continue to engage with

counselling services as well as improving communication between Cindy and CPS.

Cindy's anxiety was also putting her housing at risk as she was not able to manage the housing inspection processes. The advocate was able to liaise with housing and arrange for an inspection when the advocate could be present, resulting in the inspection taking place. As a result Housing ACT withdrew their application to take the matter to the tribunal.

After four months had passed CPS took the matter to court, seeking interim orders. The advocate supported Cindy to access Legal Aid, attend appointments and supported her during court hearings. The case was adjourned on a number of occasions. Cindy continued to engage with the cleaning service every week and attend the counselling sessions. Close to the final court date CPS conducted an assessment on Cindy's progress and decided to seek the implementation of a restoration plan.

Two months after the restoration plan commenced the advocate attended a meeting with Cindy and CPS. She was provided with information during the meeting as to the reasons why her children had been removed. Cindy acknowledged how she had contributed to having her children taken away. One month later as Cindy continued to meet all of CPS's requirements and full parental responsibility was restored to her although the restoration team would continue to supervise her for the duration of the plan.

With the help of ADACAS Cindy was able to gain insight into why she had her children removed and the impact it may have had on them, fulfil the requirements of CPS and communicate with them effectively. As a result, her full parenting responsibility of her children has been restored.

## IDEAS

Total number of clients (IDEAS)	8
Total number of cases (IDEAS)	10

ADACAS continues its long and effective partnership with the Information on Disability and Education Awareness Service (IDEAS) in NSW. During the year we supported a small number of clients in the region of NSW around Canberra. Through their access to individual advocacy these clients were supported to overcome significant issues in their lives.

As with our ACT work, services and accommodation issues are also the most common concerns of our IDEAS clients. ADACAS again noted the increased difficulty which people living in smaller regional centres face in accessing the supports and services they need. It can be difficult for clients to resolve service issues when the service's head office is located a significant distance away.

ADACAS participates in the NSW Disability Advocacy Network, which meets bi-monthly in Sydney. Participation in NDAN has also enabled us to both learn from and contribute to understanding of the NDIS development in the two jurisdictions.

*"I want to express my family's gratitude for the advocacy you gave my brother Scott. He lived with MS in an aged care facility. Your advocate was Scott's voice, his legs and his hands. She defended him when he could no-longer defend himself, elevating his anxiety and fear."*

### Diana – Disability discrimination in the workplace

In August 2012 IDEAS contacted ADACAS about a client in regional NSW who needed an advocate. The client, Diana, has an acquired brain injury and had been through a long process of rehabilitation to the point that she was assessed as ready to return to work and created a return-to-work plan with her treating team. Diana is a qualified nurse and gained employment as a nurse at a local hospital. She worked numerous shifts at the hospital without any complaints being raised about her work. Suddenly however, she was suspended and her ongoing employment was questioned. Diana sought to resolve the issues directly with her employer but was blocked at every turn and referred to her state's professional body.

This was the beginning of a very long and stressful process for Diana as she sought to be reinstated and allowed to work. She was required to undergo numerous additional medical assessments and present her case to her employer and professional body. Diana's advocate supported her to navigate the lengthy and complex process and stood up for her in the face of numerous closed doors. There was a pervasive assumption that because she has an ABI she is not able to function as a nurse which was not based on evidence of her actual work capacity.

Eventually the advocate accompanied Diana to Sydney to appear before the Nursing Council. Diana and her advocate presented her case to the Council and some restrictions on her eligibility to work were lifted. At this time the council indicated that they anticipated this would enable Diana to

return to work while the last assessment was being completed. However, her employer continued to dismiss any efforts made and said they could not allow Diana to work in any capacity while restrictions were placed on her. She was required to undertake a further neuro-psych assessment which she passed with flying colours and with this new evidence was again able to seek clearance to work.

Finally in February 2014 Diana was told she was able to practice again as a registered nurse without restriction. The Council thanked her for her approach to the processes and the exemplary preparation which she and her advocate had undertaken, noting that they wished more people had the

same approach. While the outcome was favourable the lengthy process and being unable to work in her chosen profession impacted Diana's income, affected her health (mental and physical) and added stress to her natural relationships, including her husband.

Sadly Diana continued to face discrimination by her local hospital and has sought help from the Union with this ongoing issue. She has decided to look for work with a more understanding employer and would like to use her experience as a demonstration to others of the discrimination which people with disability face in gaining and sustaining employment.



**ADACAS at an Expo**



## Advocacy for Older Persons

Total number of clients (NACAP)	51
Total number of cases (NACAP)	64
Total number of clients (HACC OP)	72
Total number of cases (HACC OP)	92

The older persons team provides advocacy under both our HACC Older Persons funding and our National Aged Care Advocacy Program funding. The team advocated for 123 people involving 156 issues during the year. Combining this work into a single team has strengthened our ability to provide advocacy to older people and to draw on this individual work to contribute to systemic issues. In addition to individual advocacy we provide education and information to aged care recipients and providers about advocacy and the rights of older people.

We continued to take an active role in older persons issues across Canberra during the year, including participating in a number of fora and conferences. ADACAS is now represented by our CEO on the Ministerial Advisory Council on Ageing and this enables us to bring the voice of Canberra's most vulnerable older people to high level policy development.

We continue to strengthen our connections with other older persons advocacy services around Australia as part of the Older Persons Advocacy Network (OPAN) and contribute to policy development at the national level.

### Lily and Robert – Conflict between Rights and Duty of Care

ADACAS assisted a couple to fight an application for guardianship sought by a health care provider. The Health professional had made numerous recommendations including one which would have seen Lily effectively become a prisoner in her own home, unable to move freely within her community as she always had. It would have also put severe constraints on how her husband Robert (her Enduring Power of Attorney) lived his life. When the couple decided against doing this, the professional made an application for guardianship.

The recommendation was based on a series of 'what ifs' – what if Lily is attacked when she went for a walk, what if Lily fell over, what if Lily got lost. The service provider's solution was to stop Lily from going anywhere without Robert – depriving her of her independence and what little freedom she had left – rather than putting in place measures to minimise any risks while still enabling her to enjoy her independence.

ADACAS supported Lily and Robert throughout the guardianship process, which sought to overturn Robert's Enduring Power of Attorney. The health service provider's application to the guardianship tribunal was rejected and Lily and Robert continue to make decisions together about how to mitigate risks to Lily's health while maintaining her independence – Lily has not been attacked while walking in her community, she has not fallen over, and she has not become lost.

At the end of the financial year, ADACAS was also assisting Lily and Robert in making a



complaint to the Health Services Commissioner about the health service provider's actions.

This case highlights a conflict which exists between the perceived duty-of-care obligations which service providers have to their clients, and the concept of dignity of risk, which is the right of all individuals to exercise choice over the level of risk they are prepared to accept.

#### Peggy – Consumer Rights in Aged Care

The issue of how consumer rights can easily be eroded in aged care settings was the focus of an issue ADACAS assisted a client with during the year.

Due to her increasing health concerns Peggy made the difficult decision to move from her independent living unit into a residential aged care facility. Despite having lived in the unit for some years and having had an end-of-lease clean done on leaving, Peggy was charged a significant sum for the cost of installing new carpet throughout the unit.

There was nothing in Peggy's contract indicating that on vacating the unit she would be responsible for replacing the carpet. Peggy contacted ADACAS to assist her to negotiate with the village manager over the purported debt as the stress of the situation was exacerbating her health concerns and she felt unable to stand up for her rights without support.

In deciding that Peggy was responsible for this cost, the village manager had determined that the marks on the carpet from the use of a mobility aid were 'beyond fair wear and tear' and that potential new lessees wanted the carpet replaced.

ADACAS disputed these claims, arguing that the use of a mobility aid in a residence designed specifically for older people should

be construed as the 'ordinary day-to-day use of the residence by the tenant'. ADACAS also argued that just because a potential new tenant wanted new carpet, it did not mean that the previous tenant should pay for it.

Several pleas to the village manager to overturn the ruling were refused and ADACAS assisted Peggy to take the matter to the ACT Civil and Administrative Tribunal, which found in Peggy's favour. The village manager had to refund Peggy the entire amount that she had been charged.

Worryingly, during the Tribunal Hearing the village manager indicated that they had been levying such charges for a number of years 'without complaint' from residents. This is of concern to ADACAS, as we believe that such a practice is taking advantage of vulnerable elderly people who may not understand their consumer rights, or be in the position to stand up for them.

ADACAS is not a legal service and during its advocacy for Peggy sought advice from both the Office of Regulatory Services and the ACT Law Society to confirm its understanding of the contract. Both agreed with ADACAS's position. ADACAS advised the Office of Regulatory Services of the outcome of the Tribunal Hearing, which has provided an important precedent for similar cases.

#### Katharina – Ageing in Place

Leonhard approached ADACAS for assistance. He told us that a few years ago Katharina— his wife — had moved into residential aged care due to her advanced dementia. When Katharina originally moved in, Leonhard ensured that the care facility was one which provided "ageing in place" — support to remain in the same residential environment as long as possible without the stress of changing living arrangements.

The manager of the facility approached Leonhard to move his wife into a high care unit where Katharina could be provided with a higher level of care. Leonhard observed that the move was more for the convenience of the facility rather than based on a need for Katharina to have more care.

Leonhard felt that despite his wife's condition, she was happy in an environment which she was used to, and the existing facility was comfortable for her. Leonhard did not want to jeopardise these comforts which Katharina was used to.

Further, the facility attempted to push this issue during the Christmas holiday period, and suggested that Katharina's safety was at stake if Leonhard did not consent to his wife being moved.

ADACAS was able to support Leonhard to attend a meeting where Leonhard, the manager of the facility, and Katharina's doctor were able to consider the options available in caring for Katharina. The doctor confirmed that there was no medical reason for Katharina to be moved. The facility was able to air their concerns, and was able to inform Leonhard of the consequences of his decisions.

ADACAS assisted Leonhard to be informed of his wife's rights, his rights as the decision-maker for his wife, and his own rights.

Leonhard was then able to consider all the information, and confidently made his decision that his wife was to continue to age in place. He informed the facility that Katharina was not to be moved. Katharina still lives in the part of the facility she knows.

#### Dr Bains – Participating in decision making

Dr Josephine Bains is a 90 year old lady who had previously worked as an academic and agriculturalist (her doctorate is in

agriculture). She is passionate about music, science, and the environment, and enjoys attending community lectures and events. She has some close friends, however no family (her husband died a number of years ago, and they did not have children). She is also relatively frail and lives by herself. After a fall recently at her home, she was admitted to hospital. As she started to improve the hospital wanted to work out what would happen next and initially proposed that she move to residential aged care. With support from her advocate, Dr Bains advised that she really wanted to return home, but that she did not feel well enough to do so immediately.

The hospital staff then suggested that she participate in two or three months of rehabilitation, at an out of hospital facility. Dr Bains was very uncertain about entering rehabilitation. She had not participated in a rehabilitation program before – and it would also mean being away from home for a long period of time. At the same time though, Dr Bains was also conscious that she wanted to continue living in her home as long as possible, and that a period of rehabilitation (and the regular exercise) might allow her to live at home for a longer time.

Due to time pressures, hospital staff were initially rushing Dr Bains to make a decision – and when her first reaction wasn't enthusiastic, had assumed that she wouldn't agree to rehabilitation, so were pressuring her to leave the hospital, and go home. In reality - Dr Bains was considering their recommendation about rehabilitation – however needed further information about the program involved, and the implications in order to make her decision.

With support from an advocate, Dr Bains requested the information that she required from hospital and rehabilitation program

staff, and eventually received all the information she needed. Given time to consider, she made the decision to enter temporarily into the rehabilitation program. Dr Bains completed her rehabilitation program very successfully, and was able to return to living and enjoying her life at home.

#### Rosa – End of Life Wishes

Rosa was a 94 year old Italian woman living in an aged care facility. She was widowed and had outlived many of her friends and relatives, and thus was very socially isolated. As she grew older she developed dementia and found it difficult to communicate with unfamiliar people. She was also visually impaired. Rosa got an infection and was admitted to hospital. She struggled to get well and the medical treating team realised that Rosa was dying. The manager of the aged care facility where Rosa lived and the Public Advocate who held guardianship over Rosa's affairs contacted ADACAS for advocacy support. As a consequence of her dementia Rosa was no longer communicating in English only in Italian. Rosa had previously worked with an Italian speaking advocate from ADACAS who had helped her with her financial affairs. The manager and the Public Advocate wanted ADACAS to support Rosa so that they could know and act upon her end of life wishes. There were no known relatives.

Due to the working relationship they had shared in the past, Rosa recognised the advocate and was able to communicate with her. Rosa told the advocate that she did not want to be forcibly revived by the hospital medical team in the event that her health deteriorated further. She said that she wanted to return to her home at the facility. The advocate communicated this to the medical staff and the manager so that she was brought home to die and not left alone

in the hospital amongst people she was unfamiliar with. Management advised the advocate that a nominated funeral company was unable to accept her body when Rosa died as they did not have an authorization to do so. The advocate obtained the required authorisation and also learned that she was Catholic. She was able to organise a Catholic priest to administer the Last Rites to Rosa and the priest also agreed to conduct the funeral service after her demise. After Rosa's transfer home the advocate requested that a palliative care team become involved to ensure that her last days would be both peaceful and restful.

With Rosa's permission the advocate checked some documents in her room and located her will. She also discovered the contact details for some relatives in Italy. The advocate was able to contact the relatives to inform them that Rosa was dying. The relatives were very grateful as they had lost contact with Rosa over the years and were unable to speak English to the reception staff at the facility to stay informed about her. The relatives were keen for the advocate to pass on messages of support to Rosa.

Rosa eventually passed away tranquilly and at peace. Without the support of an advocate Rosa may have died alone in a hospital amongst people she did not know, being subjected to unwanted medical interventions, without her closest relatives ever knowing what had happened to her. With advocacy Rosa was able to have her last wishes known and respected; her cultural and religious beliefs were upheld; and her will was passed on to the Public Advocate and Public Trustee so that its terms could be carried out with respect to her ashes and the inheritance of her estate by her relatives. Advocacy made a meaningful difference by ensuring that Rosa was treated with respect and dignity in her final days.

## Supported Decision Making

Supported Decision Making (SDM) work at ADACAS this year has been both diverse and innovative. ADACAS developed new depth in our understanding of SDM through two projects for people with psychosocial and intellectual disability, along with those who share their lives. The Supported Decision Making and Cultural Change project was funded through the NDIS Sector Readiness Program fund. Building on recommendations from previous work ADACAS was keen to explore options for decision support for those who are isolated. This included exploring introduced, freely given support and giving professional decision support. Running parallel to this project, with funding from Disability ACT, ADACAS undertook SDM training with staff working in the home of two decision makers. These two projects provided opportunity to explore the role of support staff and service providers in supporting decisions. They highlighted the real importance of building the capacity of the community as a whole to engage in SDM, as both decision makers and decision supporters.

Through these projects ADACAS has supported a range of decisions, including decisions about restrictive practices, parenting, work and pets. The theme of unrecognised capacity resonates through this work, as does the value of decision support in ensuring that voices of decision makers are respected and heard. With support, each of the decision makers engaged in decisions that others assumed they lacked capacity to make. David, a decision maker in the Cultural Change project, was enabled to meaningfully engage in decisions about his health care. With decision support he was able to achieve treatment, and an outcome that ensured he

is able to live the life he wants to live. It is an outcome vastly different to that which would have come from the decision others proposed. Additionally, David was able to model his capacity to health workers, who recognised the degree to which their own values and assumptions had shaped their responses to David and his care.

Community wide capacity building has underpinned ADACAS work SDM across the year. Kate Rea, the SDM Project Coordinator has developed training for decision supporters, which we began to deliver in the last quarter. This includes training staff from the NSW Office of the Public Guardian, who have adopted SDM principles, developed by ADACAS, in their work. She has run various SDM workshops for managers, coordinators and support staff at Disability ACT, and the Shopfront. Together with Fiona May they developed and facilitated two Community Conversations, and have given papers at a diverse range of conferences including, Valid, DANA, the National Supported Decision Making Network and the Mental Health Community Coalition Conference.

ADACAS has also made a number of systemic responses to SDM. We have contributed to the Australian Law Reform Commissions Capacity Inquiry, and advocated for the review of the ACT Guardianship and Management of Property ACT. We continue to make submissions into a matter of law relating capacity at the ACT Administrative Tribunal and create opportunities to advocate for the place SDM within the NDIS.

In 2014-15 ADACAS aims to continue to build the capacity of our community, in the ACT and beyond, to engage in SDM through training and cultural change

## **ADACAS Financial Report 2013-14**

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

*"I am very happy with the ADACAS service, particularly my advocate who was full of understanding and always willing to help. We achieved all outcomes we wanted, thank you."*

## 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 2014.

#### Committee Members

The name of each person who has been a committee member during the year ended 30 June 2014 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 - App't October 2013
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-13	Year ended 30-Jun-14
\$ 25,475	\$ 73,664

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

  
.....  
Committee Member

Date. 23.10.14 .....

  
.....  
Committee Member

Date. 23/10/14 .....

**ACT DISABILITY, AGED AND CARER  
ADVOCACY SERVICE INCORPORATED**  
**ABN 15 750 251 576**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**For the year ended 30 June 2014**

2013		2014
\$		\$
	<b>Income</b>	
198,998	National Disability Advocacy Program	190,515
25,000	Disability ACT (SDM Grant)	188,006
434,002	Home & Community Care (net of c/f amount)	498,480
122,301	National Aged Care Advocacy Program	149,696
111,626	Mental Health Consumer Advocacy	114,809
18,000	Disability ACT Grant	3,273
90,200	National Disability Insurance Scheme	-
300	DANA Administration	-
10,058	Interest received	10,515
86	Membership income/donations	573
36,132	IDEAS Inc brokerage	19,328
20,640	Contribution for motor vehicles	19,507
-	Comm Serv Dir Arts ACT	13,483
3,691	Profit on Disposal of Assets	5,080
6	Other Income	18,637
<u>1,071,040</u>	<b>Total Income</b>	<u>1,231,902</u>
	<b>Expenses</b>	
3,432	Advertising and promotion	34,877
11,838	AGM, meetings & conferences	18,926
1,800	Audit fees	1,870
-	Consultant Fees	70,000
28,319	Depreciation	26,813
11,215	Equipment purchases & maintenance	9,224
7,488	Insurance	12,273
1,676	Loss on Diposal of Assets	3,179
38,719	Motor Vehicle, travel & mileage	36,808
11,519	Office supplies/stationary & general expenses	19,997
3,008	Prof fees/governance/memberships	4,036
40,647	Rent	43,149
733,521	Salaries & staff benefits	739,856
25,017	Staff development/support supervision	22,983
(10,927)	Staff leave provisions	7,610
58,935	Superannuation	67,332
56,091	System monitoring & development	13,315
10,493	Telephone/computer and internet	25,990
12,774	Planning Day	-
<u>1,045,565</u>	<b>Total Expenses</b>	<u>1,158,238</u>
<u><b>25,475</b></u>	<b>Net Surplus/Deficit for the Year</b>	<u><b>73,664</b></u>

**ACT DISABILITY, AGED AND CARERS  
ADVOCACY SERVICE INCORPORATED**  
**ABN 15 750 251 576**  
**CHANGE IN EQUITY STATEMENT**  
**For the year ended 30 June 2014**

	<b>Note</b>
Balance as at 30 June 2012	150,056
Surplus (loss) for year 2013	25,475
Prior year adjustment	1,442
Balance as at 30 June 2013	176,973
Surplus (loss) for year 2014	73,664
Prior year adjustment	(170)
<b>Balance as at 30 June 2014</b>	<u><u>250,467</u></u>



**ACT DISABILITY, AGED AND CARERS  
ADVOCACY SERVICE INCORPORATED**  
**ABN 15 750 251 576**  
**STATEMENT OF FINANCIAL POSITION**  
**As at the 30 June 2014**

2013		Note	2014
	<b>Current Assets</b>		
189,419	Cash and cash equivalents	2	292,402
47,210	Trade and other receivables	3	29,690
<u>236,629</u>	Total current assets		<u>322,092</u>
	<b>Non-Current Assets</b>		
103,262	Property, plant and equipment	4	91,577
<u>103,262</u>	Total non-current assets		<u>91,577</u>
<u>339,891</u>	Total assets		<u>413,669</u>
	<b>Current Liabilities</b>		
68,906	Trade and other payables	5	98,980
44,091	Provisions	6	51,614
40,000	Unexpended Grants c/f	7	9,158
<u>152,997</u>	Total current liabilities		<u>159,752</u>
	<b>Non-Current Liabilities</b>		
9,921	Provisions	6	3,450
<u>9,921</u>	Total non-current liabilities		<u>3,450</u>
<u>162,918</u>	Total liabilities		<u>163,202</u>
<u>176,973</u>	<b>Net Assets</b>		<u>250,467</u>
	<b>Members' Funds</b>		
176,973	Accumulated surplus		250,467
<u>176,973</u>	<b>Total Members Funds</b>		<u>250,467</u>

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

**ABN 15 750 251 576**

**CASH FLOW STATEMENT**

**For the year ended 30 June 2014**

2013 \$		Note	2014 \$
	<b>Cash Flow from Operating Activities</b>		
1,163,340	Operating Income		1,547,124
10,058	Interest Income		10,515
<u>(1,124,499)</u>	Payments to suppliers and employees		<u>(1,441,258)</u>
<u>48,899</u>	<b>Net cash provided by Operating Activities</b>	<b>8</b>	<u>116,381</u>
	<b>Cash flow from Investing Activities</b>		
7,600	Receipt from sale of asset		13,600
<u>(43,418)</u>	Acquisition of equipment & vehicle		<u>(26,998)</u>
<u>(35,818)</u>	Net cash provided by (used in) investing activities		<u>(13,398)</u>
<u>13,081</u>	Net increase/(decrease) in cash held		<u>102,983</u>
<u>176,338</u>	Cash at beginning of financial year		<u>189,419</u>
<u>189,419</u>	<b>Cash at end of financial year</b>	<b>2</b>	<u>292,402</u>

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

ABN 15 750 251 576

Notes to and forming part of the Financial Statements  
For the year ended 30 June 2014

---

**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	20%
Motor Vehicles	22.5%
Air conditioning	20%

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

**ABN 15 750 251 576**

**Notes to and forming part of the Financial Statements  
For the year ended 30 June 2014**

---

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**

**ABN 15 750 251 576**

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**

**For the year ended 30 June 2014**

2013 \$		2014 \$
	<b>Note 2- Cash</b>	
189,219	Cash at bank	292,202
200	Petty cash	200
<u>189,419</u>		<u>292,402</u>
	<b>Note 3- Trade and Other Receivables</b>	
24,349	Prepaid expense	16,512
9,097	Sundry receivable	9,210
10,192	Accrued revenue	-
3,572	Bond	3,968
<u>47,210</u>		<u>29,690</u>
	<b>Note 4- Property, Plant and Equipment</b>	
	<b>Equipment &amp; Fittings</b>	
51,956	At cost	48,569
(25,626)	Less: Accumulated depreciation	(25,729)
<u>26,330</u>		<u>22,840</u>
	<b>Motor vehicles</b>	
136,116	At cost	116,961
(59,184)	Less: Accumulated depreciation	(48,224)
<u>76,932</u>		<u>68,737</u>
<u>103,262</u>	<b>Total Property, Plant and Equipment</b>	<u>91,577</u>
	<b>Note 5- Trade and other payables</b>	
-	Business Credit Cards (CBA)	873
48,793	Trade payables and Accruals	76,997
20,113	GST and PAYG payables	21,110
<u>68,906</u>		<u>98,980</u>
	<b>Note 6- Provisions</b>	
	<b>Current</b>	
44,091	Employee entitlements – annual leave	51,614
<u>44,091</u>		<u>51,614</u>
	<b>Non Current</b>	
9,921	Employee entitlements – long service leave	3,450
<u>9,921</u>		<u>3,450</u>

**ACT DISABILITY, AGED AND CARERS  
ADVOCACY SERVICE INCORPORATED**  
**ABN 15 750 251 576**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2014**

2013		2014
\$		\$
	<b>Note 7- Unexpended grants</b>	
-	- Official Visit	-
40,000	- ACT Health- HACC	-
-	- NDAP	-
-	- NDIS Task F SDM	-
-	- NDIS Capacity	2,794
-	- Arts Act	6,364
<u>40,000</u>		<u>9,158</u>
	<b>Note 8- Cash flow information</b>	
	<b>Reconciliation of Operating Surplus (Loss) with Cash Flow from Operations</b>	
25,475	Operating surplus (loss)	73,664
1,442	Prior Year Adjustment	(170)
-	Prior Year Accumulated Depreciation Write Back	170
	<b>Add/subtract Non Cash Items</b>	
28,319	Depreciation	26,813
(10,927)	Provision for staff leave entitlements	1,053
1,676	Loss on sale of assets	3,179
(3,691)	Profit on sale of assets	(5,080)
<u>42,294</u>	Operating Surplus adjusted for non-cash items	<u>99,629</u>
	<b>Movement in Current Assets and Liabilities</b>	
(3,120)	Decrease/(increase) in Sundry debtors	(112)
(13,765)	Decrease/(increase) in Accrued revenue and bond	9,795
(12,862)	Decrease/(increase) in Prepaid expense	7,837
11,352	(Decrease)/increase in Creditors	30,074
25,000	(Decrease)/increase in Unexpended grants	(30,842)
<u>48,899</u>	<b>Net Cash from Operations</b>	<u>116,381</u>



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

**Committee's Declaration  
For the year ended 30 June 2014**

---

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, 2014 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

  
.....  
Committee Member



**Chartered  
Accountant**

Unit 2, 2 Napier Close, Deakin ACT 2600  
PO Box 105 Deakin West ACT 2600

P: 02 6260 3588 F: 02 6281 7708

E: [admin@mcsaccounting.com.au](mailto:admin@mcsaccounting.com.au)

W: [www.mcsaudit.com.au](http://www.mcsaudit.com.au)

ASIC Authorised Audit Company No. 408893

**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, being a special purpose financial report, ACT Disability, Aged and Carer Advocacy Service Incorporated of, which comprises the balance sheet as at 30 June 2014, 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.

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

Liability limited by a scheme approved under Professional Standards Legislation ABN: 67 089 734 761



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**

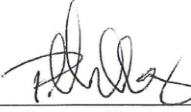
In conducting my audit, I have complied with the independence requirements of Australian professional ethical pronouncements.

### **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 2014 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 / 2 Napier Close, Deakin ACT 2600

Dated:

26 September 2014