



Acknowledgment of country

ADACAS acknowledges the Traditional Owners of the land on which we live and work, the Ngunnawal people. We pay our respects to their Elders, past, present and emerging as well as the Elders from other Aboriginal and Torres Strait Islander communities.

ADACAS acknowledges the diversity of people and communities in Australia including those from LGBTIQ+ background, culturally and linguistically diverse (CALD) communities and those with lived experience of disability and mental illness.



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About ADACAS

The A.C.T. Disability, Aged and Carer Advocacy Service (ADACAS), is an independent, not-for-profit, advocacy organisation providing support to people with disabilities, older people, people experiencing mental ill-health and their carers. ADACAS provides free individual advocacy, information and support in the ACT and some regions of NSW.

Vision

Our vision is to live in a community in which everyone may exercise their rights and responsibilities, lead lives of value and dignity, and pursue their dreams.

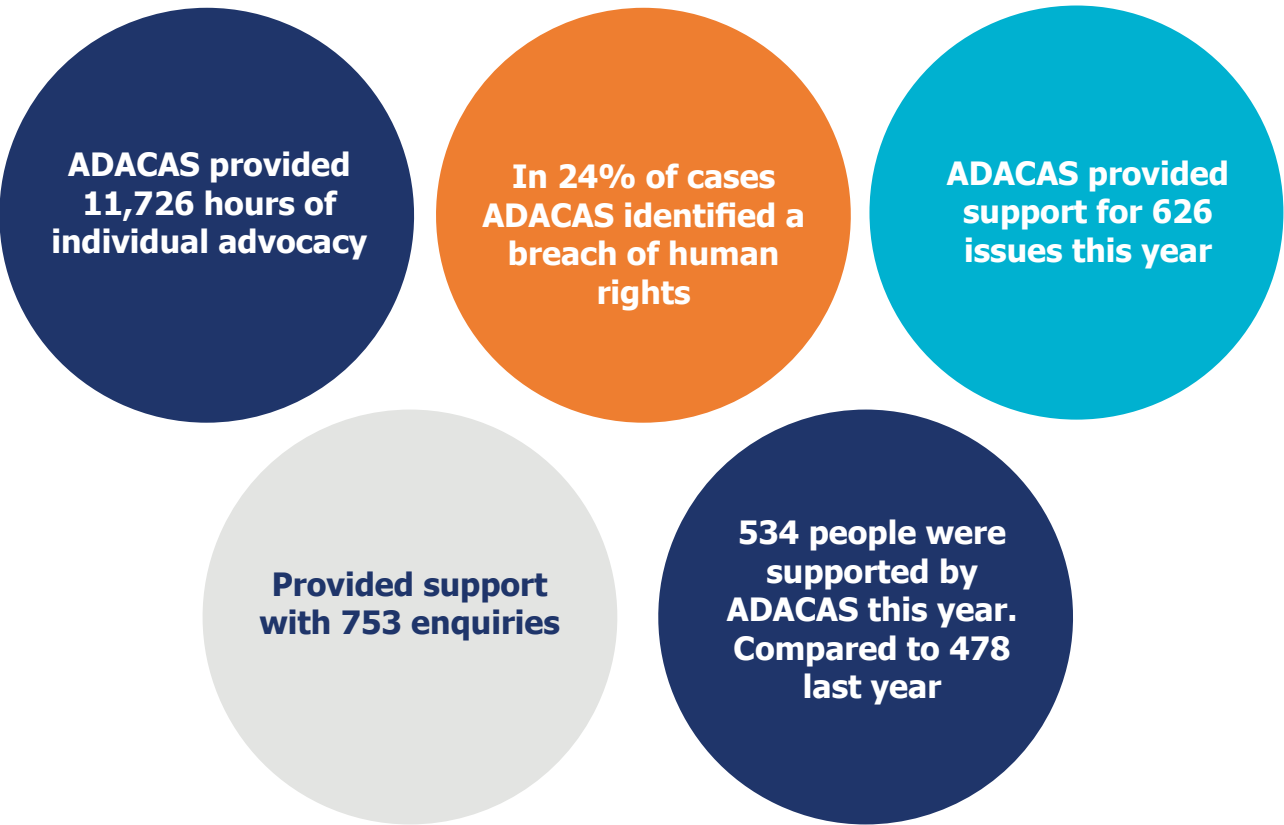
Mission

Our mission is to assert, promote and protect the rights and responsibilities of people with disability, people with mental health illness or conditions, older people and their carers.

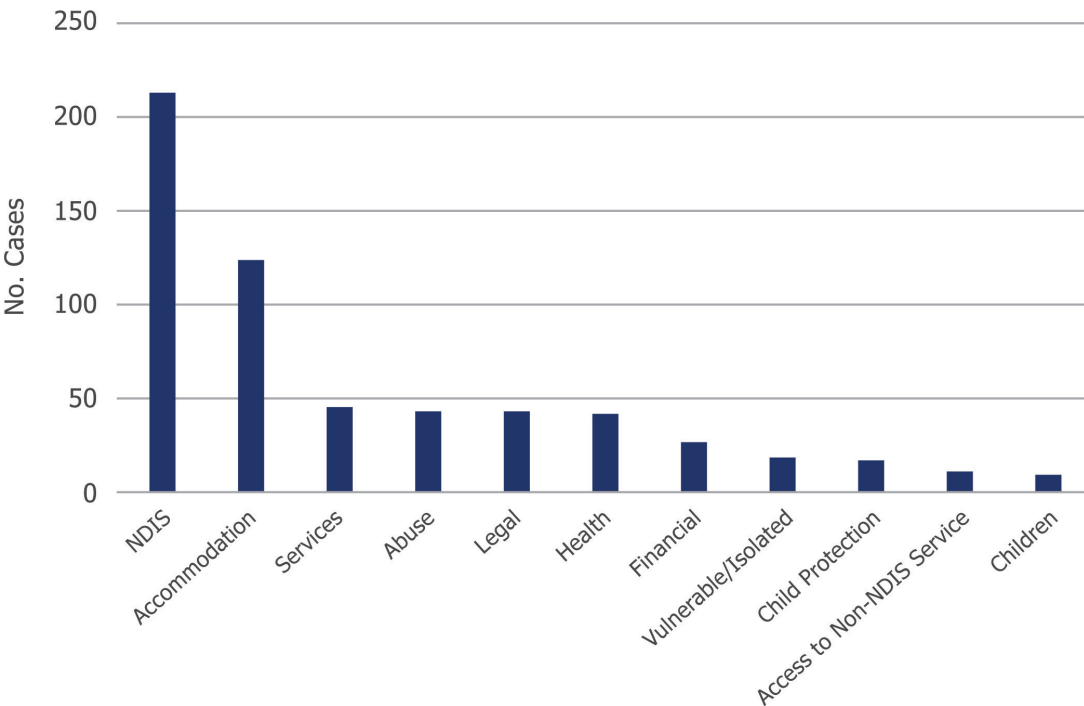
Guiding Principles

- 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, why we do it and how we can improve.
- Reflective Practice:** thoughtful consideration and learning from experience.

STATISTICS AT A GLANCE



The Biggest Issues that ADACAS Provided Support With



Chairperson's Report

2018-19 has been a year of consolidation, and evolution for ADACAS, as well as continuing success, as noted in the CEO's Report.

There have been a number of significant changes at ADACAS, not least of which has been the movement of Chief Executive Officer, Fiona May, to a new role at the beginning of the financial year, as noted in last year's Annual Report. After a highly competitive selection process, the Board was pleased to appoint Michael Bleasdale as the new CEO. Michael has brought a wealth of knowledge of the disability sector to ADACAS, as well as a deep intellectual appreciation for the debates surrounding human rights and empowerment of people with disabilities. With a thoughtful and fresh perspective on the organisation, Michael has ably led work on development and early implementation of a new 3 year strategic plan for ADACAS, implemented a new management structure, and continued to build on our relationships with government and advocacy organisations.

In the interim period before Michael's commencement, ADACAS was ably led by Sonia Di Mezza. I would like to thank her for her hard work over this period and her important role in facilitating a smooth transition in a time of uncertainty for our workers.

Over the course of the last year there have been a number of changes to the composition of the Board. Greg Mahony joined the Board, bringing significant academic and lived experience as a carer to our deliberations. More sadly, John Sands, Coleen Box, and Cassandra Webeck stepped down from the Board. I would like to take the opportunity to thank each of them for their contributions to

Board discussions over the years that they have been on the Board.

Continuing the theme of critical self-examination and evolution, the Board has established a sub-committee, led by Alana Fraser, to review ADACAS' constitution to ensure that it remains best practice and well adapted to ADACAS' current needs. The subcommittee will provide advice to the Board in the 2019-20 financial year to place ADACAS in a strong governance position for the years ahead.

Finally, I would again like to thank ADACAS' dedicated workers. Individual advocacy is a rewarding, but often difficult and stressful, profession. The diligence and application of our advocates makes a tangible impact to the everyday lives of people with disabilities, older people, and carers in the ACT. The support provided by the corporate support team is critical to setting the conditions for the success of our advocates and should also be recognised.

Stephen Still
Chair, ADACAS

CEO's Report

This year has been one of significant change at ADACAS, driven by the circumstances we are facing and addressing in our community, and by our own need to function as an effective support to the clients we serve. At the time of writing I will have been at ADACAS for just over a year, and I would like to begin this report by expressing my strong gratitude and admiration for the skills and commitment my staff demonstrate in their daily work. I am continually reminded of their professionalism, and their capacity to seek and embrace change when it is geared toward delivering high quality support and achieving improvements in the lives of the clients we support. And I would like to acknowledge the hard work of our Board of Management, who give their time generously and voluntarily, and to the Chair Stephen Still who has led ADACAS for over 8 years and overseen its development to a significant contributor to the community sector in the ACT.

This year's annual report marks a shift from previous years, and reflects the changes that have occurred at ADACAS over the past twelve months. Change has come in the form of some growth in the delivery of services and support, and in a significant restructure of the organisation to support that growth. Modest growth in our existing Advocacy contracts has enabled us to employ more Advocates, which in turn has allowed us to continue to keep up with the urgent demands for our services without the need for a waiting list. In March 2019 we were informed by the Department of Social Services that we had been chosen to deliver Redress Support services to people with disability, initially in the ACT and eventually in the south coast of NSW, for the next three years. Whilst this work builds on ADACAS' existing skills in working with people



with disability it is qualitatively different to Advocacy, and complements the work that we have been doing to assist people in the Royal Commission into Aged Care Quality and Safety, and work we will be doing to support people who wish to tell their stories in the Royal Commission into Violence, Abuse, Neglect and Exploitation of people with disabilities.

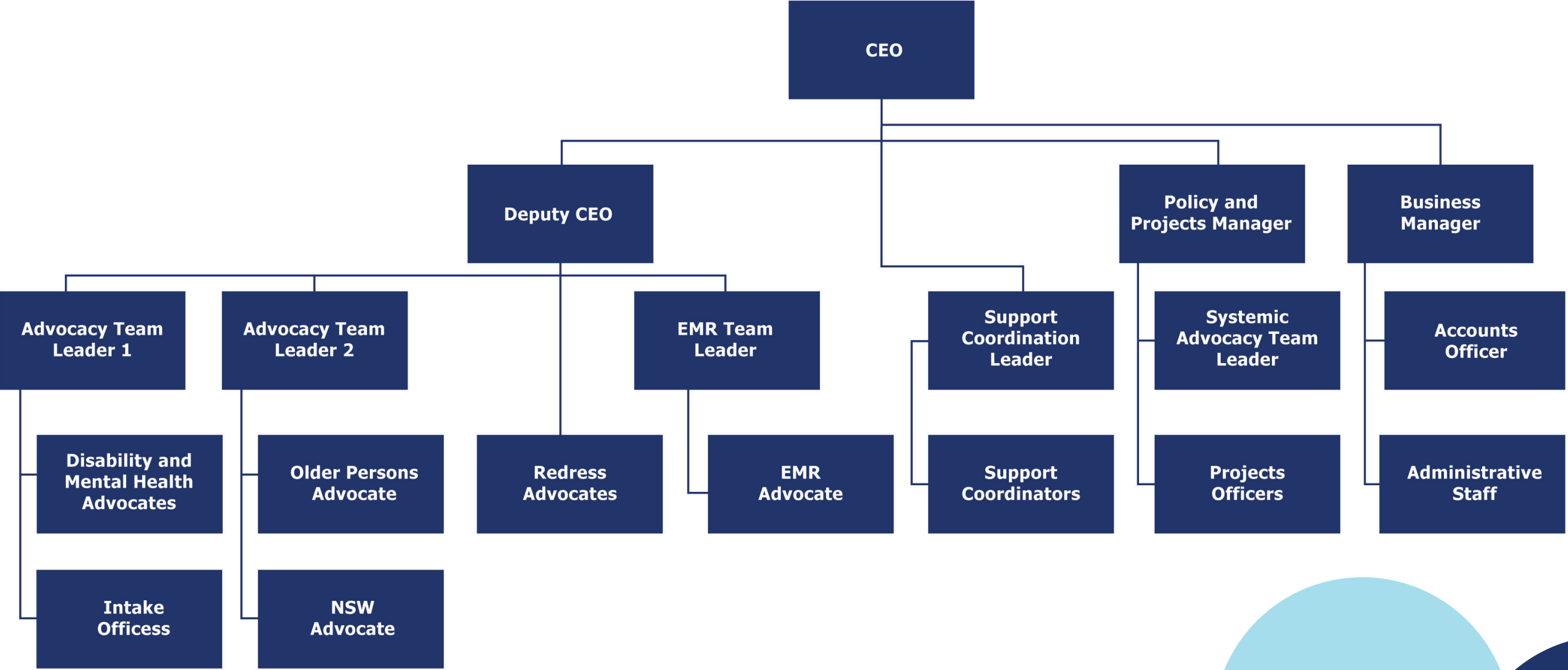
To support this growth in staffing, and to ensure that staff are enabled to provide quality support to our clients, a restructure was undertaken early in 2019 which saw the creation of six new Team Leader positions. The Team Leaders provide oversight over contracts, areas of practice speciality, and crucial management supervision of our frontline staff. Introducing changes such as this can take time to bed down and get used to, and so it is testament to the adaptability of staff at all levels that this restructure has been implemented quickly and with apparent success. I am confident that the new structure gives us the potential for much greater oversight of quality and support for our staff, and the capacity to build and improve our services into the future.

This year has also been significant for the development of a new three-year strategic plan, which will take ADACAS past its thirtieth birthday, to the end of June 2022. Developed with extensive consultation of the ADACAS Board and staff, the 2019-2022 Strategic Plan sets out an ambitious agenda for our organisation's continued development, identifying not only our goals in the delivery of individual and systemic advocacy and the resources and governance structure required to support these, but also how ADACAS will partner with the community sector and government to ensure the ACT continues to work toward being inclusive of all members of the community.

This brings me to my final acknowledgements for the year, my thanks to our colleagues in the disability advocacy and community sectors, with whom we meet regularly and collaborate on individual and systemic matters, and also to the officers within government departments with whom we work to deliver justice for our clients. ADACAS remains fiercely partisan to our clients, but works best in collaboration to identify and address the endemic causes of disadvantage and discrimination within our community. And thank you too to our clients, from whom we learn daily and to whom we make a commitment to involve more closely in our planning and our positions into the future.

Michael Bleasdale
CEO

ORGANISATIONAL STRUCTURE



Strategic Plan 2019-2022

Preamble: The 2019-2022 ADACAS Strategic Plan represents a blueprint for how the organisation will address the challenges of the next three years, and how it will look when it celebrates its 30th Anniversary in 2021.

1: Continue to adapt and respond to the changing needs of our clients to achieve excellence in service delivery.

ADACAS will:

1. Increase advocacy and support for people from diverse backgrounds and identities
2. Consolidate the support we provide in southern NSW
3. Increase scope of service to meet the growing and diverse needs of clients
4. Develop a succession plan to ensure continuation of high-quality service and staff capabilities.

2: Take a leading role to achieve social justice for vulnerable groups in the areas we serve.

ADACAS will:

1. Contribute to the development and execution of the ACT Disability Justice Strategy
2. Take a lead role in making contributions to the Royal Commission and provide support to people who wish to make a submission
3. Have a framework for communicating with the community about our work and the systemic advocacy campaigns to which we contribute

4. Develop procedure for effectively and safely using individual stories to influence systemic change

3: Work with community and government to make the ACT more inclusive and responsive to diversity.

ADACAS will:

1. Amplify the voices of our clients through contributing to ACT Government and other advisory roles
2. Collaborate with peak organisations, networks and other groups to address areas of need for vulnerable people
3. Collaborate with universities to share expertise on advocacy and supported decision making with students and the community
4. Develop co-design framework for future resource development and systemic advocacy campaigns

4: Continually improve and consolidate ADACAS' core resources and management to support its future operations

ADACAS will:

1. Develop and implement quality management systems to enable demonstration of compliance with quality standards
2. Develop internal systems to measure and support high quality individual support
3. Develop strategy to recruit and retain highly skilled and knowledgeable employees

4. Secure funding from streams other than government and project grants
5. Improve website and social media use to communicate our services and messages with the community

5: Review ADACAS' corporate structure to support growth and provide safeguards against future challenges

ADACAS will:

1. Revise constitution
2. Develop succession plan to ensure continuity of governance
3. Review corporate structure to ensure consumer voice is addressed in governance and strategic management
4. Clarify role of members
5. Maintain a reserve of funds to enable ADACAS to continue core work if it experiences loss of revenue.



Senator Jordon Steele-John, ADACAS CEO Michael Bleasdale and disability advocates at announcement of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

Meet the Team at ADACAS

ADACAS Board

Chair

Stephen Still (continuing)

Treasurer:

Andrew Cameron (continuing)

Public Officer:

Coleen Box (resigned as at 25 Oct '18)

Other members:

Cassandra Webeck (resigned as at 12 Feb '19)

Dominic Cookman (continuing)

Kym Duggan (continuing)

Alana Fraser (continuing)

John Sands (resigned as at 25 Oct '18)

Margot Harker (continuing)

Gregory Mahony (Board member as at 18 June 2019 board meeting)

ADACAS Staff

Michael Bleasdale (CEO from September 2018)

Sonia Di Mezza (Deputy CEO/ Acting CEO July – September 2018)

Arava Klein -South Coast Advocate (From December 2018)

Caitlin Yazidjoglou – Advocate/ Support Coordinator (Until March 2018)

Caitlin Wann (Until July 2018)

Claire Mackay – Disability Advocate (From November 2018)

Esther Chelimo – Royal Commission Advocate (From September 2019)

Genevieve Carey – Support Coordinator/ Advocate (From August 2018)

Grieg Chapman – Team Leader/Support Coordinator/Advocate

Gwen Davies – Team Leader/Aged Care Advocate

Jane Ogbah – Advocate (Until December 2018)

Jen Fisher – Support Coordinator/ Advocate (From April 2019)

Jodie Fisher – Aged Care Advocate (From June 2019)

Josemaria Martinez – Support Coordinator/ Advocate (From June 2019)

Kandice Senturias – Intake Officer (From

Katie Bulenda – Team Leader/Disability Advocate

Kristy Capper – Intake Team Leader (Until February 2019)

Madeleine Rowland – External Merits Review Advocate (From December 2019)

Michelle Peruzzi – Mental Health and Redress Advocate

Pauline Willenberg- Aged Care Advocate (Until January 2019)

Roger Munson – Aged Care Advocate

Sara Stanley – Team Leader External Merits Review and Advocate

Sarah Berry – Redress Advocate and Support Coordinator (From June 2019)

Administration

Deshawn Wattanatassi (Business Operations Manager)

Christianne Clementine – Receptionist/ Administration officer

Daniel Loh – Admin and Accounts Officer

Tina Ryan – Receptionist/Administration Officer

Policy and Projects

Helen Connolly – Manager Projects, Policy and Research

Lauren O'Brien – Systemic Advocacy Team Leader

Ivette Gonzalez – Project Coordinator Supported Decision Making

Barbara Fisher – Project Officer (Until July 2019)

Sarah Sowry – Project Officer

Damien Venner – Project Officer (From June 2019)

Clinical Supervision Consultants

Elizabeth Done

Tamarisk Jakobs

Kandie Allen-Kelly

Jacqui McCabe-Austin

IT Consultant

OPC IT (Sennell Pty Ltd)

Database Consultant

Rohan Mitchell (1024 Pty Ltd)



Board member Margot Harker with Minister Ken Wyatt



KEY ADVOCACY ISSUES

ADVOCACY RELATED TO THE NDIS

ADACAS is involved in a range of advocacy work and has been receiving a significant amount of requests for assistance in applying for the NDIS, internal reviews of applications as well as NDIS appeals work.

ADACAS provided support with 62 NDIS External Merit Reviews

33% of the issues ADACAS provided support with this year were around the NDIS

Access

ADACAS supports individuals who would like to apply for the NDIS by assisting them to complete their application form as well as giving information about the types of supporting evidence they will need to back up their claim for funding under the scheme. The criteria for the NDIS are very stringent, and it is really important to use precise language together with the supporting evidence that can promote the eligibility of clients and demonstrate how the NDIS will positively benefit them. Having operated for several years within the NDIS ADACAS advocates know that applications need to be presented in ways that will be readily understood by staff at the National Disability Insurance Agency (NDIA) and will give applicants the best possible chance of being accepted onto the scheme.

Internal Reviews

If an individual is unhappy with a decision made by the NDIA they are entitled to

apply for a review of the decision. A request for internal review of a decision must be made within three months of receiving notice of the decision from the NDIA. The client will be required to submit a completed internal review form, outlining why the decision is being appealed. ADACAS advocates can help clients both understand and participate in the appeals process. Without this support, the client is at risk of not providing adequate information articulating why the review is being sought and thus may risk losing the appeal. The majority of ADACAS's internal review work centres around clients who have denied access and are seeking a review of this decision. This process involves considering the reasons for the decision as well as working with the client to articulate clear reasons as to why the decision should be reviewed. Proving the permanency of the condition and the significance of its functional impact on the individual's life are often the reasons for access being declined. Internal reviews can also relate to accessing the most suitable level of support for the client. Long delays in obtaining a decision relating to their case mean that providing advocacy to support the client throughout this process is very important.

Administrative Appeals Tribunal (AAT) Appeals

During the year ADACAS' external merits review work has increased in volume and intensity as more people seek to challenge decisions made by the NDIA. Within this process ADACAS provides advocacy support for clients who wish to appeal NDIS internal review decisions. This is a space where there is a lot of inter-agency collaboration as ADACAS engages in regular meetings with other

NDIS appeals advocacy agencies across other jurisdictions and works together with Legal Aid to seek the best possible outcome for our clients. Despite being a less formal environment than a courtroom, the AAT and the appeals process can nonetheless be complicated to navigate and confronting for people with disability, and in turn highly distressing. Some of the challenges that our clients face include being able to understand and communicate within a legal system that can seem intrusive and confusing; being able to communicate effectively with lawyers and personnel working within the legal system; and not feeling that their voice is heard. The Advocate's role is often to assist in managing the impact of this in addition to seeking a substantive outcome for clients.

We have a close working relationship with the ACT Legal Aid Commission on these cases, with Legal Aid lawyers and ADACAS Advocates working together with the client to provide the support that they need. During the year ADACAS, Legal Aid and Advocacy for Inclusion (AFI) signed a Memorandum of Understanding which set out the different roles each take when assisting people with disability in appeals processes, and how the parties will work together for the client. The vast majority of AAT cases are settled at conciliation rather than at hearing stage, which is preferable given that hearings tend to be a more formal legal environment. We have had some clients during the year opt to drop out of the process, either because they believe that their cases have a low chance of success or sometimes because the stress of the process is too difficult for them. There are a few cases which have reach the stage of a tribunal hearing, which results in a judgement being published.

Case study:

ADACAS has developed a partnership with the NDIA, whom we meet with fortnightly to take individual advocacy issues relating to the NDIS, which are urgent and need to be fast-tracked. We work closely with our contact at the NDIA to ensure that our clients' voices are heard and try to ease the frustration and miscommunication of the scheme, which so many of our clients experience.

Supported Decision Making and the NDIS

The Decision Support Pilot Project (DSPP) was designed by the Department of Social Services to reach and support people who need to engage with the NDIA and due to an apparent lack of useful supports and/or because they have limited decision making supports in place are unable to benefit from participation in the NDIS or cannot implement their plan. ADACAS has been funded until June 2020 to provide decision support to enable people to better engage with and access the NDIS. We have used our network model of SDM to identify the gaps and build capacity for those experiencing barriers to accessing or participating in the scheme.



ADVOCACY RELATED TO HEALTH

Access to health through the ACT Health system remains a challenge for many ADACAS clients. It can be difficult to have a client's wishes and preferences articulated and understood by health professionals; and for clients to be able to access the medical supports that they may need and want.

ADACAS has been involved in a number of individual client issues in relation to the ACT health system. In addition ADACAS participated by invitation from ACT Health in a workshop to identify pathways that could assist in discharging older patients from the Canberra Hospital into appropriate aged care options or back to home. This is an area when a number of the recurring themes of ADACAS' work, including strongly promoting the will and preference of the older person, come to the fore, as often substitute decision-making mechanisms such as Enduring Powers of Attorney (EPoAs) are invoked.

ADACAS provided support and amplified the voice of our client at 11 psychiatric treatment order tribunal hearings.

ADACAS participated in 29 outreach events with mental health services.

Hospitals

We continue to provide support to people who seek it in their interaction with health services. The challenges and issues for client often arise around discharge planning and the conflict between pressures on services and individual client needs. ADACAS works to ensure our clients rights are considered in the process by all the hospital processes. We advocate support equitable treatment of people with disability and mental ill health in times of particular challenge for them to ensure their values, will and preference are foremost.

Supported Decision Making in Health

This year the 'Respect Know Act' project continued to explore how health care systems can respect the rights of all people, know how to respond to situations where rights are not upheld and act in a way that supports decision making rights. forumheld at the ACT Legislative Assembly and attended by over 70 people from the ACT community including those with lived experience of disability and mental ill health, health professionals, advocates, service providers, and ACT Health and ACT government representatives. The forum focussed on "duty of care", "dignity of risk" and informed consent" This year there was also significant growth in interest from universities and mainstream health organisations, with ADACAS being invited to present for the Australian Association of Social Workers and at Grand Rounds at Calvary Hospital. ADACAS continues to be recognised for our expertise in SDM and our innovative approaches towards positive change.

ADVOCACY RELATED TO HOUSING

Access to appropriate housing continues to be a key issue for clients of ADACAS. The housing issues which ADACAS works on are broad in nature, ranging from assisting people who are homeless to helping people with disability, older people and those with mental illness exercise their right to a safe place to live. Many of our clients are tenants of Housing ACT and require assistance with issues such as maintenance, transfers and home modifications.

ADACAS also work with people who live with hoarding behaviours offering them support in engaging with services and accessing support. ADACAS works with younger people living in nursing homes around housing, health care, community access and other supports. ADACAS has advocated strongly over time for the rights of people who have lived in hospital on a long-term basis and partnered with people in many services to achieve innovative solutions.

ADACAS has become increasingly involved in the systemic work that is needed to address the chronic shortage of housing in the ACT which is suitable for people with mobility impairment and also for those who may require support and assistance to maintain successful tenancies. In March 2019 ADACAS was involved with Rights and Inclusion Australia in hosting a housing forum at the ACT Legislative Assembly. This event was attended by over 30 people from a range of ACT advocacy and peak disability organisations, as well as by ACTCOSS and Shelter ACT and a number of ACT Government departments, and was addressed by the Minister for Disability the Hon Rachel Stephen-Smith. ADACAS also made submission

to the Australian Building Codes Board's consultation paper on accessible housing options towards potentially altering the National Construction Code (NCC) to mandate accessible features into all new housing. Given the importance of this issue as a starting point to making much more housing suitable for people with disability and older people, ADACAS remains very much involved in pressing for this change to the NCC through our independent advocacy and also through our membership of the Australian Network on Universal Housing Design (ANUHD)

Alex's House

In 2016 the Canberra Hospital reached out to ADACAS to help three patients find appropriate accommodation. These clients had been living in hospital for up to a year, as their disability and health care needs could not be met in the community. We worked closely with ACT Health Services, the NDIA and Housing ACT to explore accommodation and care options in the community. There were significant barriers to overcome in this process, as there were no existing specialist disability accommodation services in the ACT that would make the necessary home modifications or could provide the level of care required. Our clients also faced attitudinal barriers and a lack of understanding from the local community and the different services involved. This was exemplified by the suggestion that the clients should consider entering share house arrangements with local university students.

Using advocacy-based support coordination ADACAS worked tirelessly to find organisations willing to support this project. Disability Housing Solutions (DHS) agreed to invest in and manage the build project and National Community Care

(NCC) agreed to provide the individual care and 24 hour support. After extensive advocacy from ADACAS and the other champions of the project, the NDIA and ACT Health agreed to jointly fund ongoing support costs for the clients.

There were further delays to the project due to a lack of community acceptance and understanding of the intent of the project. Over a year after receiving funding, building finally commenced in April 2019. While waiting for this milestone however, four potential residents passed away. In memory for one of the individuals who passed away, the house will be called 'Alex's House'.

Alex's House is due to be completed by the end of 2019. The house will enable four people to live in community and receive 24 hour care that meets their health and disability support needs. This outcome would not have been possible without the dedication and perseverance from our ADACAS advocate Grieg Chapman. We would also like to acknowledge the commitment and innovation from the following people who were essential in making this idea become a reality:

Susie Hines – Social Worker from the Canberra Hospital

Greg Dallas- Disability Housing Solutions

CJ Gardner – Contracted Builder

National Community Care



MAY 2016
The Canberra Hospital approached ADACAS find appropriate accommodation for Long Stay Patients

JANUARY 2017
Begin discussions with NDIA around housing opportunities and support requirements for participants

MARCH 2017
Greg Dalla from Disability Housing Solutions expresses interest in building specialised disability accommodation for the participants

MAY 2017
DHS presents project proposal to NDIS, ACT Health and Housing ACT National Community Care come on board as the service provider

LATE 2017
Two blocks of land purchased for build. Downer and Sterling

EARLY 2018
NDIS and ACT Health agree to co fund ongoing support

2018
Series of roadblocks and challenges with getting Development Approval for both sites. Downer site sold as barriers too significant to overcome

APRIL 2019
Build begins for Sterling site

END OF 2019
Expected completion

ADVOCACY RELATING TO JUSTICE

Disability, Disability Advocacy and Access to Justice

People with disability interact with the justice system in the areas of civil and criminal matters, just like anyone else might do. For example, civil matters can include issues relating to housing or tenancy disputes, it could relate to addressing discrimination in an education or employment environment, dealing with child protection and in the new world of the National Disability Insurance Scheme a person with disabilities can surprisingly find themselves in a formal legal process when they challenge a decision the Agency has made about them without first requesting their opinion or input.

Examples of when and how a person with disability may come into contact with the criminal system is either as a victim, witness or offender. The justice system can often struggle to respond appropriately and competently to support the person with disabilities to access justice.

Barriers to accessing justice for a person with disability can be the type of language that is used by the solicitor, the protocols and etiquette that must be followed when in tribunal or court, the phone calls from lawyers seeking instructions from the client, the assessments by social workers and specialists, the copious emails in small font, and the daily micro aggressions of ingrained prejudice. These can all present barriers to accessing justice and yet it can also look as vital and as straightforward as being able to access the building.

Access to justice is a fundamental human right and a cornerstone of our democracy. The government systems try to ensure

effective access to justice for people with disability by training their staff, such as the police, the lawyers, the admin staff, magistrates and prison officers. Unfortunately, this is not always effective and this is the gap where the benefits of disability advocacy become apparent.

Where there is an issue of access to justice involved, a disability advocate is able to provide a complex and responsive scaffold of support for the person with disability to help them remain included, informed, engaged and safe throughout the process, regardless of the outcome.

To support our work in the access to justice space, ADACAS has entered into an internship agreement with the University of Canberra. Students studying law and justice are able to enter an internship and do some work at ADACAS, with a view to acquiring a greater understanding of legal justice issues that affect people with disability. At the completion of the internship the work they do counts towards the completion of a subject in their degree. One intern came on board during the year and her contribution to ADACAS' work was greatly appreciated.

ADACAS also took on a pro bono lawyer Olga McKinney-Smith from Proximity Lawyers, who provided our organisation with much valued legal support during her secondment at ADACAS. We would like to take this opportunity to thank Proximity Lawyers for this secondment.

Conner's Story: Access to Justice

As a young person living with an intellectual disability, Conner, requires help to understand consequences and manage his impulsivity. Conner was facing criminal charges that had the possibility of becoming a custodial sentence and he needed support to make sense of the justice system and the charges.

ADACAS worked with Conner as 'translator' of the difficult and complex information found throughout his interaction with the court system and helped Connor to process the information in a way that he was able to understand it. Conner also allowed us to translate his experience in a meaningful way to his Solicitor, which improved their understanding of Conner's disability and the impact it had on the alleged criminal behaviours. ADACAS helped improve the support the Solicitor provided by helping them know what support Conner needed to help him understand what was happening to him and why, and assisted the Solicitor adjust their language to better communicate with Conner.

Throughout the discussions and assessments Conner became restless and anxious. ADACAS provided emotional support to Conner as well as sitting beside him, listening to and allowing him to ask questions, and giving him the time to process the information in a way he could understand. A judgement was made in Conner's favour and through advocacy, Conner was able to fully participate in the justice system in an equitable way.

Kuna's Story

Kuna experienced a recent onset of memory impairment and sought support to attend an appointment with legal advisors to prepare a will. Using a supported decision making model Kuna identified the decisions to be made and the supports needed to map, reflect and record the decisions required to prepare a will. He went through dispensations and details with the legal advisor in great detail referring to notes made and occasionally checking strategies for remembering with supports present. The legal advisor was confident all questions had been answered to enable preparation

of the will but finished with a need to seek a written medical opinion that Kuna had capacity with reference to his stated memory impairment. The support of advocacy allowed for clarification that memory impairment does not equate with decision making impairment and that the clear reasoning and declaration of decisions on this matter were made in line with the lived experience of Kuna's values, will and preferences and evidenced by past decisions.

ADVOCACY RELATED TO CHILDREN AND FAMILIES

Providing advocacy support for parents that are engaged with Child and Youth Protection Services (CYPS) due to their concerns that the parents are either unwilling or unable to care for their child or soon to be born baby can be very intensive, both on a time and emotional level. ADACAS engaged with 18 such parents over the last 12 months, the majority of whom had either an intellectual disability or mental ill health.

Unfortunately, there is often an assumption that parents with intellectual disability, physical disability or mental ill health cannot parent to an acceptable level. However, peer reviewed literature demonstrates that there is no correlation between IQ and parenting ability. Additionally, parents with mental ill health that have the right informal supports around them along with an advance agreement or advanced consent directive that details how children will be cared for when a parent has an episode of mental ill health can successfully parent their children.

CYPS has recognised that the growing number of children in care in Australia is unsustainable and that many children entering care have poor life outcomes.

As a consequence, the primary focus of their operational framework is to keep as many children in their birth families as is possible by strengthening high-risk families with a comprehensive suite of service options that help them meet the needs of their children. One such option is ADACAS advocacy.

CYPS have increasingly referred families they are working with to ADACAS in the last 12 months as we demonstrate the value of advocacy in this space. We have successfully advocated on the families' behalf to CYPS and consequently kept five families together (two newborn babies and three older children), or in the cases where this was not possible, have facilitated better understanding of the situation for the parents and have negotiated improved contact arrangements with their children. We did so by working extremely carefully with the parents, CYPS, lawyers, and various other service providers, while simultaneously ensuring that the voice of the parents was heard in the process. This ensured the safety of the children, that the parents understood the concerns, and that their voices were heard by CYPS.

Advocacy in this situation required staff members to apply specialist developmental and disability knowledge, mentoring skills, and strong rights-based advocacy ability. This support occurred in the parents' home, at hospital, in external case conferences and at court. We have had some notable wins keeping two newborn babies and three older children with their families when the expectation at the outset from CYPS was that this would not be possible. Our advocacy in this space has been persistent and supportive for our clients. One such de-identified case is summarised below.

Elise's Story

CYPS requested that ADACAS advocate for Elise, a pregnant mother who had an acquired brain injury and a personality disorder. CYPS were concerned that Elise may not have the ability to care for her newborn child due to episodic mental ill health, especially since she had lost contact with her direct family and the father of the baby was refusing to acknowledge the child. The advocate identified that Elise had good parenting ability but lacked informal supports. Attempts to re-engage her direct family were unsuccessful, however Elise engaged with all prenatal support services and, with the advocate's assistance, wrote an advance care plan to address any potential gaps in support once baby was born. The advocate was able to help Elise have a voice in highlighting where her capabilities lay and where she might need support. Elise gave birth to a healthy baby and consistently demonstrated good parenting to CYPS. Mother and child went home and as it turns out this baby drew Elise's family back together. As a consequence of the advocacy CYPS eventually accepted that Elise had the ability to parent. The family is flourishing and CYPS have closed the case.

Supported Decision Making with young people

Together with Advocacy for Inclusion (AFI), ADACAS was funded by the ACT Office for Disability to SDM in the community. Together with AFI we developed a workshop to deliver to people in the community. ADACAS worked with the Public Trustee and Guardian, ACT Civil and Administrative Tribunal and Education to raise awareness and understanding of supported decision making and alternatives to guardianship for young people. We also ran workshops with young people with disability at Woden to talk

24.5% of people that ADACAS supported were aged 65 or over.

ADACAS provided 96 training sessions about the Rights of Older People

ADACAS provided 42 training sessions about the Rights of Older People

ADVOCACY RELATED TO OLDER PEOPLE AND THE ABUSE OF OLDER PEOPLE

"If it wasn't for ADACAS and the support we have been given, we would never have got this far".

Advocacy for Older People

Advocacy ensures people, particularly those who are most vulnerable in society, are able to have their voices heard on issues that are important to them, to defend and safeguard their rights, and to have their views and wishes upheld when decisions are being made about their lives,

health, accommodation and wellbeing. Our work with older people includes the following activities:

- We provide education on resident's rights within nursing homes.
- Outreach to independent living complexes
- Attend and support at tribunals for enduring power of attorney and guardianship matters
- Attend and support at Psychiatric Treatment Orders (PTO) hearings, especially for elderly clients who are suffering mental ill health
- Support and work with clients who are homeless, work closely with Housing ACT to find suitable accommodation or transfer locations due to difficult situations.
- Currently working on a program called the Navigator Trial identifying elderly people who are not receiving aged care services and helping them to register on My Aged Care so that they are able to access those services
- Working closely with clients from a culturally and linguistically diverse (CALD) and indigenous backgrounds, ensuring they are supported and, where necessary, able to access the support of an interpreter

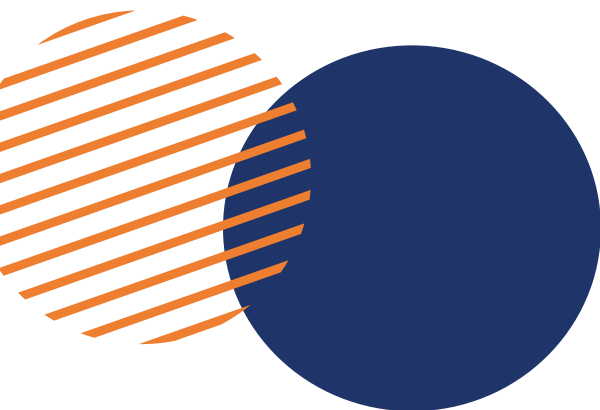
ADACAS is part of the Older Persons Advocacy Network (OPAN), a national network of advocacy organisations that provide advocacy to older people and their families, to help them access aged care services and have their rights respected. ADACAS frequently meets with OPAN members, to collaborate and develop agreed upon standards of practice in the provision of advocacy to clients throughout Australia.

ADACAS furthermore supported clients to provide submissions into the Royal Commission into Aged Care Quality and Safety. The Royal Commission was instigated by the Australian government during the year, as a response to the anger expressed by the Australian public in relation to the abuses that were coming to light in relation to the aged care system. The Royal Commission provides an opportunity for older people, their family and carers to voice the challenges that they are facing in their interactions with the aged care system. It can be daunting and difficult for a vulnerable older person to be able to express themselves at a Royal Commission. ADACAS advocates have played an important role in helping the client to express themselves, record what they want to say and then submit their opinions to the Royal Commission.





ADACAS Staff attending a World Elder Abuse Day expo to provide outreach to the community



Deputy CEO Sonia Di Mezza presenting in March 2019 at the Australian Administrative and Guardianship Conference on the topic Elder Abuse from the CALD Perspective

Abuse of Older People

Abuse of Older People is any act occurring within a relationship where there is an implication of trust, which results in harm to an older person.

The incidents of Abuse of Older People are being reported more frequently than ever before. ADACAS has supported many older people who are looking for someone to listen to them and to understand what it is like to suffer abuse from a family member, friend or carer. Many suffer in silence until they get the confidence and courage to speak up about their suffering.

In the past it was a taboo subject, which was kept in the family and in many cultures it was a shameful thing to discuss in public. However, this situation of stigma

is slowly changing and we are working towards bringing it out in the open, with the intent to assist older people to speak out without fear of feeling shame or facing retribution.

As advocates we have supported many elderly people to tell their story of the type of abuse they have experienced or are experiencing, including financial, emotional, physical, isolation, restrictive practice and neglect.

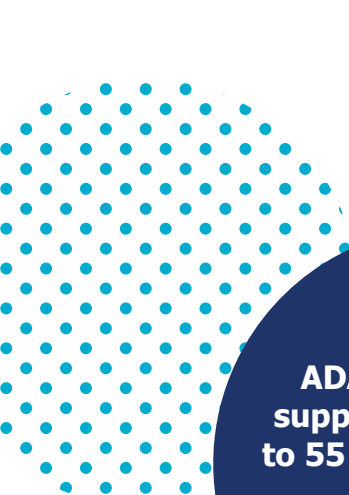
Older people can be devalued in society, resulting in the abuse of the older person. Our work focuses on changing that perception through our education sessions as well as upholding the human rights of older people through our advocacy support.

Sach's Story

Sach is an older woman, who had a long standing guardianship order under which a family member was responsible for decisions about health and accommodation. After an occasion where Sach became unwell, a regimen of medication management was instituted by the service providers to which the guardian consented. This regimen became increasingly intrusive for Sach including checking cupboards and refrigerator for food quality and limited access to other activities to be available for scheduled medication visits. Sach became increasingly frustrated and attempted to communicate a wish for change to the service providers without success. Eventually, Sach sought advocacy support to alter the situation. She demonstrated increasing independence in administering her own medication, attended a course to gain a better understanding of her condition and its impact on her health and had no further episodes of serious ill health related to that condition. A

proposal was made to gradually reduce the supervisory visits and a discussion facilitated by advocates with service providers and guardian to institute a change in line with Sach's preference. Concerns were expressed in response to risk, as demonstrated on the initiating occasion. The service providers maintained that the existing procedure was the only way to deliver support. The guardian consented and the process remained in place. Sach felt no consideration had been made of her preference, the value she place on independently setting her daily timetable or the efforts she made to demonstrate her willingness to maintain a regular and supervised procedure without the intrusive support she had been receiving. The guardian acted in what he believed was the best interests of Sach. Sach did not want to fracture the important and supportive relationship with family but remained very frustrated and distressed. The only recourse to change was to make an application for review of the order, a process which was daunting and anxiety provoking to Sach and, in her view, carried risk that other supports would thereby be removed by family or providers. The discriminatory assumptions exercised in an ongoing way and based on single historical event would be seen as unacceptable if applied to anyone who had not had their capacity questioned.

"Thanks so much for being there yesterday – couldn't have done it without you...as you make me feel safe"



ADACAS provided support coordination to 55 people this year. This equalled 2052 hours.

Supported Decision Making as a tool to mitigate the risk of abuse for older people

ADACAS was funded by OPAN to explore how supported decision making and individual advocacy can be used together to support older people at risk of or experiencing abuse. Advocacy organisations within OPAN used the Strengths Based Network Activation Model© and ADACAS resources to support older people to participate in decisions about their lives. This project also saw the development of the 'Decision Support Toolkit' App as a resource for decision supporters which was launched at the Rock the Boat Conference in July 2019. ADACAS has been further funded by the ACT Government to explore SDM as a tool for mitigating the risk of abuse through the provision of education sessions and direct support to older people and their supporters in our community. Project staff have participated in forums, panels and events raising awareness and developing responses to this issue.

SUPPORT COORDINATION

'The capacity building support to implement all supports in an NDIS participants plan, including informal, mainstream, community and funded supports'.

Support coordination is an NDIS funded support that is designed to support participants to make the most of their NDIS funds. Once a plan has been approved, participants work with Support Coordinators to determine how their funds will be best spent and to connect with providers.

In early 2016 ADACAS began implementing the logistics of providing Support Coordination in the ACT. This is viewed as an offshoot to ongoing advocacy, and to provide a service of support with a foundation of advocacy at its core. Since this time ADACAS has slowly increased its delivery of Support Coordination based on the referrals that come in via our intake process, with a large proportion of participants being referred to us by the ACT Public Trustee and Guardian, ACT Health and the NDIS itself. Over this period of time we have begun to hone a style of Support Coordination that suited the people they referred, usually complex and needing access to specialised services.

ADACAS is careful to ensure the distinction is made between our Advocacy and our Support Coordination, and we are developing protocols and guidelines that will clearly identify when it is appropriate for us to deliver Support Coordination to clients who have previously been in receipt of Advocacy from ADACAS. These will be published soon on the ADACAS website.

During the 2018-2019 financial year ADACAS Support Coordination provided

support to 55 NDIS participants. This number continues to rise as referrals come in for ADACAS' brand of advocacy-informed Support Coordination. ADACAS has strengthened our capacity to delivery Support Coordination through the development of a team structure, headed by Team Leader Grieg Chapman, and supported through Support Coordinator/ Advocates, who specialise in the delivery of support to people in the disability service system.

Advocating within the NDIS space has become increasingly difficult of late as the agency has tightened their processes around consent. However, the agency has not communicated what they require in a clear manner to either their staff, participants in the scheme, plan nominees or external organisations that engage regularly with the NDIA. This has resulted in varying requirements to exchange information depending on who you speak to within the NDIA. ADACAS advocates have often been unable to get information from the NDIA call centre or by presenting at an NDIA office as the NDIA believes we do not have express consent to exchange information regarding our clients. The disability team leader, Katie Bulenda, is now working as part of a working group with the NDIS to resolve these consent issues.

The NDIA also decided that support coordinators should not be present at annual planning reviews as they perceived this as a conflict of interest. This can be highly problematic for some of our clients as they are highly vulnerable, have few informal supports and find it difficult to communicate their needs in these stringent, demanding meetings. ADACAS support coordinators stood firm and continue to support vulnerable clients in annual reviews when they have expressly

requested this as part of their support coordination package. In these cases we are very clear with the NDIA that we are not there to represent our own interests, only the clients.

Florence's* Story

'The capacity building support to implement all supports in an NDIS participants plan, including informal, mainstream, community and funded supports'.

ADACAS Support Coordination team are currently supporting a 50-year old woman, Florence, living with Degenerative Spinal Disorder and Borderline Personality Disorder. Both her conditions present difficulties in support especially maintaining regularity in providers. In the past four months alone five service providers have withdrawn their support in the last 4 months, due to the complexity her conditions and her living circumstances present.

ADACAS has made an application for Florence to be eligible for the Complex Support Needs Pathway, which is proving difficult to access. Her NDIS plan requires funding in therapies that is conducive to Florence's needs to enable opportunities to reach the stated goals.

As an example of the difficulty due to the unavailability of general supports and the necessity to access a social housing appointment, seven hours were taken up by ADACAS coordination to achieve an outcome. Included in the support are the combative personality changes that vary from pure anger to someone affected by an opioid.

In the end Florence was put on a priority social housing transfer list. Ordinarily this would have been put in the too

hard basket by many other support coordination services, let alone a single support worker, and her goal never achieved.

"Thanks for your support...I could not have done all that talking without knowing you were there... Thank you for your care and concern, you gave me great courage".

REDRESS SCHEME

ADACAS were one of five services in Australia to be granted specialist funding to take on the role of Redress Support Service in February 2019. ADACAS have been engaged by the Commonwealth Department of Social Services to focus on supporting people with disability to access The National Redress Scheme. The National Redress Scheme was created in response to the Royal Commission into Institutional Responses to Child Sexual Abuse. This role is of significant bearing given the prevalence of sexual abuse experienced by people with disability and the importance of raising awareness within the community. Our objective is to provide the resources so that people are able to be supported from a trauma informed approach to apply for redress if they meet the criteria required by the scheme.

In June 2019, Deputy CEO, Sonia Di Mezza and Redress Advocates Michelle Peruzzi and Sarah Berry travelled to Melbourne to attend the first of the annual Redress Support Services Community of Practice. As a newly recruited service, this was an opportunity for us to learn from other services already working with people to access redress about some of the challenges in the delivery of the scheme and complexities around eligibility such as for those who have received a serious criminal conviction, experienced abuse

under the supervision of an institution that has not opted into the scheme or is defunct, or have already received prior payments through other Victims of Crime schemes. We also considered the possibility that for some applying to the National Redress Scheme is outweighed by the likelihood of a better outcome through engaging in civil litigation, whereby a person might prefer to engage a private lawyer and litigate against an institution through the civil court system. The Department of Social Services also delivered individual training to the newly formed ADACAS Redress Team during June that provided a foundation for the commencement of the role of Redress Support Service.

ADACAS have commenced our community information sessions and education phase as a strategy to raise awareness around the support that we can offer in accessing the scheme in a way that allows service providers to identify clients who may benefit from information about the support that ADACAS can provide in the application process.

The Redress Team have commenced working directly with clients who have been referred to ADACAS for Redress Support. For us the process involves working with the client directly from a trauma informed approach to ensure that they have the relevant information about applying for the scheme and support to gain legal advice through contact with free legal advice service, Knowmore. Upon establishing that the client has the information and supports to make a decision about whether to apply, we then go through the application process including completing a statement of abuse and an impact statement, ensuring that the client has access to supports and referring where necessary to services



that can provide counselling, financial advice and further legal advice around each individual case. At the time of writing support has commenced for some individuals and we are continuing to raise awareness through various networks and education sessions for services within the community sector.

ADVOCACY IN NSW

NDAP is provided to support people who live in NSW, particularly in the Shoalhaven and Eurobodalla Hinterland regions of the South Coast of NSW. In December 2018 an advocate, Arava Klein, was recruited to be the advocate in the south coast area of NSW. Similar to advocacy in ACT, advocacy in NSW adheres to the same ADACAS values: supporting and advocating for people living with physical and psychosocial disabilities, people over 65 years old and their carers, paid and unpaid. As in the ACT, ADACAS assists people with a disability in NSW to have their voice and opinion heard across a range of issues including services, education, justice, health, employment, transport and their rights. We may help individuals to understand the NDIS, support in meetings with the NDIA as well as provide support for an appeal of an NDIS decision.

A major part of this year has been spent becoming familiar with the area and

also promoting ADACAS to people in NSW. There was, and still is, a need to learn more about the region, its people, networks and services. The advocacy work requires a thorough and ongoing research, participating in networking forums and meetings with the services around the area.

The challenges in NSW are slightly different to the challenges in ACT; the south coast area of NSW is less resourced per capita. People have fewer opportunities to receive government funding, many live in isolation and are usually less familiar with the resources around them. Some of the challenges lie around the difference in procedures and policies and even around different terminology between the state and the territory. For example, given the distances some interactions with clients necessarily take place by telephone rather than via in person meetings.

The role of the Advocate requires frequent trips to NSW, networking with services, meeting with clients and promoting the services ADACAS provides. In the last nine months since Arava started, she has participated in networking forums, met with service representatives and visited clients, mainly in Bateman's Bay and the Nowra area. She works with people over email, telephone, skype and face to face.



ADACAS staff on a trip to meet with disability and community services on the South Coast of NSW.

SYSTEMIC ADVOCACY

Whilst individual advocacy, achieving outcomes with and for individual clients, is ADACAS' priority area of focus, in systemic advocacy we seek to influence broader policy and service outcomes to improve the lives of more people with disability, more people who experience mental ill health, more people who are older, and more carers than we would otherwise be able to assist via direct individual advocacy work.

ADACAS has been involved in systemic advocacy over many years and we prioritise our systemic advocacy efforts to focus on topics with the greatest impacts for the populations with which we work. Some of our systemic work occurs via formal submissions or consultations (formal or informal). Some of it involves direct work together with or lobbying of ministers, Federal or ACT government, statutory organisations, community organisations, or businesses. We also work together with colleagues from other organisations to press for change.

Some ADACAS submissions and consultations between 1 July 2018 and 30 June 2019 include:

- Accessible Housing Options (by the Australian Building Codes Board) - submission
- Review of the Mental Health Act 2015 (ACT Legislation) - submission
- Productivity Commission Inquiry into the role of mental health in the Australian economy and the best ways to support and improve national mental wellbeing - submission
- Maximising the participation of the person in guardianship proceedings –Guidelines for Australian tribunals – submission

Wrote and collaborated on over 20 submissions

- National Disability Strategy (2020-2030) consultations
- NDIS Annual Pricing Review – submission
- etc
- Supported School Transport and the NDIS - submission
- Healthy Prisons Review - submission
- Review of Child Protection Decision-Making in the ACT – submission and consultation

Maintenance of networks (and broadening our sphere of influence) is vital to systemic advocacy. Some networks that ADACAS staff participated in between 1 July 2018-30 June 2019 include:

- ACT Senior Practitioners Working Group (the Senior Practitioners' focus: reducing the use of restraints and seclusion across education, disability and in the care and protection of children)
- Disability Justice Network
- Mental Health Community Coalition (MHCC) Executive Officer Meetings
- Older Persons Advocacy Network (OPAN) meetings (meetings with

representatives from advocacy agencies across Australia)

- ACT Elder Abuse Prevention Network
- Regular meetings with staff from the Integrated Service Response Program staff from the Office for Disability, Carers ACT and Advocacy for Inclusion
- NDIS Appeals teleconferences (and meetings with Legal Aid)
- Regular meetings with the National Disability Insurance Agency with regards to individual advocacy matters of concern.

The ADACAS CEO, Deputy CEO and Manager Projects/Policy each take lead roles in different aspects of ADACAS' systemic advocacy. From April 2019, ADACAS also created a Systemic Advocacy Team Leader role, to further assist our efforts.

ADACAS seeks to be mindful of the escalating impacts of bias/prejudice that people with disability and/or mental ill health and/or carer status from the following populations all too often face: Aboriginal and Torres Strait Islander people, people from the LGBTQI communities, people from Culturally and Linguistically Diverse (CALD) backgrounds, people who are homeless etc, and to advocate for changes accordingly.

ADACAS is happy to hear from individuals or organisations about systemic advocacy topics, or to contribute information for ADACAS' systemic advocacy. Please contact us at: adacas@adacas.org.au or call on 6242 5060 and ask to speak with the Systemic Advocacy Team Leader.

We envisage that the coming year there will be an especial and continued focus on the Royal Commission into Aged Care Quality and Safety, and the Royal

Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. If you would like more information or a copy of our submissions please contact us.

EVENTS/TRAININGS/ CONFERENCES AT A GLANCE

Forum

On 23 November 2018 the Projects and Research team hosted a forum at the ACT Legislative Assembly to explore supported decision making in healthcare. This was part of the Respect Know Act project, an NDIA funded ILC jurisdictional grant exploring supported decision making in health for persons with disabilities, mental ill health or neurodegenerative condition. The forum was attended by over 70 people from the ACT community including those with lived experience of disability and mental ill health, health professionals, advocates, service providers, and ACT Health and ACT government representatives. We focussed on the phrases "duty of care", "dignity of risk" and informed consent" to explore barriers and opportunities to equitable access to health care services.



Key Recommendations from Forum attendees:

1. Develop co-designed resources for use by professionals (health and others), community members and individuals requiring supported decision making
2. Have an expert based within hospitals and health services to provide advice and support to health staff and community members about supported decision making and assist with supported decision making in time poor environments
3. Develop training and opportunities for education about supported decision making and how it may work within the healthcare system for health professionals
4. Develop policies and procedures within ACT Health Services relating to supported decision making
5. Develop a supported decision making community of practice and expand beyond health space

In the financial year 2018 - 2019, ADACAS staff attended over 600 hours of training sessions, conferences and webinars to maintain and improve their skills. Many had ADACAS staff providing their expertise and knowledge to others, a sample of which is discussed below.

October 2018 the Cognitive Decline Partnership Centre research team convened a forum aimed at generating consensus recommendations relating to the incorporation of supported decision-making in the National Plan on elder abuse. This day-long forum was independently facilitated, and involved 36 key stakeholders from a range of backgrounds and perspectives. ADACAS staff member, Ivette Gonzalez, presented on our Supported Decision Making project

and Individual Advocacy as Tools to support Older People experiencing Elder Abuse.

ADACAS participated at the Health, Justice and Ageing Symposium presented by Health Justice Australia, Law Health Justice Research Centre, Faculty of Law, University of Technology Sydney and the Older Persons Advocacy Network.

Caitlin Yazidjoglou presented at the National NDIS and Mental Health Forum in Melbourne in November 2018, as well as running an NDIS Appeals Training session in August 2018 in Canberra that was attended by NDIS participants as well as members of other organisations working with participants in August 2018.

The ADACAS Supported Decision Making team hosted a forum in November 2018, Supported Decision Making in Healthcare, introduced by Minister Meegan Fitzharris at the Legislative Assembly. The preparation for the November 2019 forum is well underway.

Deputy CEO Sonia Di Mezza, Helen Connolly, Gwen Davies, Caitlin Yazidioglou presented in March 2019 at the Australian Administrative and Guardianship Conference on a range of issues informed by ADACAS clients and work.

On June 16 CEO Michael Bleasdale was interviewed about abuse against older persons and the significance of World Elder Abuse Day on Canberra's 2xxFM by Jayanti Gupta.

"We can't thank you enough for all your help and support. Everything you did was much appreciated".



AWARDS and RECOGNITION

ACT Chief Ministers' Inclusion Awards- WINNER EXCELLENCE IN SUPPORT HELEN CONNOLLY

Helen is the Manager Policy and Projects at the ACT Disability, Aged and Carer Service (ADACAS). Her team works alongside disability advocacy groups to inform people on how they can take control of decisions integral to their lives. She has helped pioneer the 'Strengths Based Network Activation Model' of Supported Decision Making, which has helped to place people with disability and other vulnerable people at the centre of the decisions which impact their daily lives. Her work at ADACAS is just one of many accomplishments in supporting the community. She has had a direct impact on the lives of many who have benefited from her empowering support to take more control over their choices.



ADACAS staff and board members with Helen at the Chief Minister's Inclusion Awards awards ceremony in December 2018

Nominations

ACT Chief Minister's Inclusion Awards- ADACAS Nominated for Excellence in Championing Human Rights. This award recognizes outstanding individuals, businesses and organizations that have demonstrated commitment to encourage, welcome and support people with disability in the workplace, business and community.

ACT Multicultural Champion of the Year- Sonia Di Mezza Nominated - ACT Multicultural Awards. This award acknowledged individuals who make tremendous contribution to the ACT community through their work across the spectrum of Multicultural activities in our community.

Pro Bono Australia's Impact 25 Awards- Helen Connolly, Manager of Policy and Supported Decision Making, Caitlin Yazidjoglou and Sara Stanley, Advocates Nominated. Impact 25 is one of the accolades that recognizes the most

influential people in Australia’s social sector.

In June 2019 CEO Michael Bleasdale was appointed to the ACT Disability Reference Group.

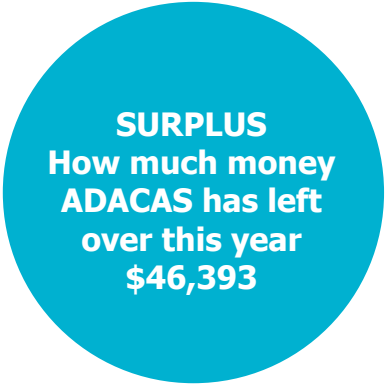
“It has also been cup filling to come across folks like yourself who genuinely want the best for the people you support, who understand that real advocacy is not about foot stomping and squeaky wheels but rather mentoring and quiet guidance, and who understand the very challenges of handing over control to someone else, when we ourselves lack so very much control in our lives”.



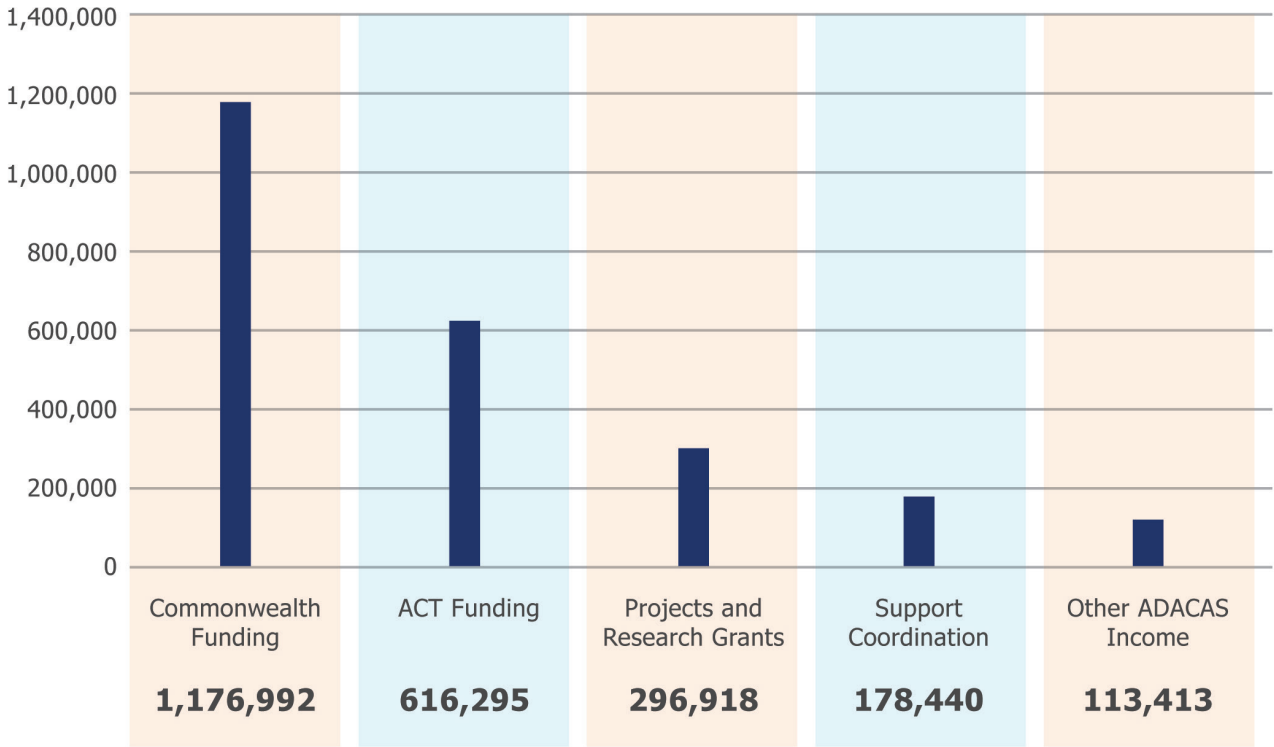
Deputy CEO Sonia Di Mezza at the 2018 Multicultural Summit

Financial Summary

To view our complete financial Statement please visit the ADACAS website.
<http://www.adacas.org.au/about-adacas/corporate-information/>



ADACAS Revenue Contributions



ADACAS Expenses

