ANNUAL REPORT

1998 – 1999

ACT Disability, Aged and Carer Advocacy Service
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ADACAS
MISSION STATEMENT

To vigorously advocate for and with

vulnerable people, who have a disability

or who may be aged,

so that they may exercise their rights as citizens,

live valued and dignified lives in the community,

and pursue their dreams.

(Amended and Adopted February 1999)

ADACAS' MANAGEMENT COMMITTEE

Community Representatives	
Chairperson:	Helen Watchirs
Secretary:	Gabriel Savas AM (to May 1999) Maurice Sexton (June 1999)
Treasurer:	Ann Procter (to October 1998) Margaret Crawford (from October 1998)
Public Officer:	Gabriel Savas AM (to May 1999) Maurice Sexton (June 1999)
Client Representatives	
People with a disability:	Phillip Gleeson Pat Daniels
People who are ageing:	Jack Jones Maurice Sexton (to June 1999)
Carers:	Ann Procter (from October 1998) Lynn Russell

ADACAS' STAFF

Manager	Colynne Gates
Advocate (Aged)	Judy Phillips
Advocate (Aged)	Joan Suckling (part-time)
Advocate (Disability)	Sandra Russet-Silk
Advocate (Psychiatric Disability)	Michael Woodhead
Work Places' Project staff	Joanne Milton (Consumer Training and Support Officer)
Office Administration	Linda Janssen (part-time) Beatrix Bros (part-time)

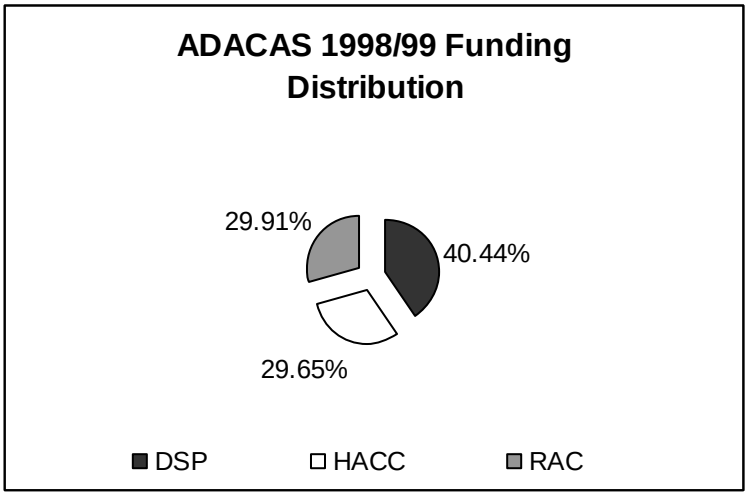
ADACAS FUNDING

ADACAS is funded by two levels of government, through three programs:

ACT Government:	Health and Community Care Program (29.65%)
Commonwealth Government:	Department of Health and Aged Care (29.91%)
	Department of Family and Community Services (40.44%)

NB: Commonwealth Departments are as at 30 June 1999. Proportions of funding as at 1 July 1998. (See comments in Manager's report re SACS award.)

Table 1 Allocation of funds by program



CHAIRPERSON'S REPORT

This is the year of ADACAS' 10th Annual General Meeting and a good cause for a pre-millennium celebration. On behalf of fellow Committee members and staff I would like to thank Maurice Sexton for his valuable contribution to ADACAS since its inception. He served as Chairperson for a number of years and recently stepped in again for a final time in June 1999 when I was overseas. His good nature and humour, as well as practical common sense made him a delight to have on the Committee and he will be sorely missed. We wish he and his wife, Mary, a happy, fruitful and well-deserved retirement.

I regret that I will not be continuing as Chairperson in the next reporting year, due to other commitments. It has been an eventful twelve months, and as I said last year, I continue to be impressed by the commitment and dedication of ADACAS staff and Committee members. Unfortunately a number of members will also not be renominating, and I would like to thank them for the time they have expended in numerous and often difficult meetings. On their behalf I would like to wish ADACAS well in continuing in the future to meet its vital objectives, as reflected in our new Mission Statement.

One of the principle difficulties over the past year has been the incremental implementation of the salary re-classifications made under the Social and Community Services Award, (SACS) two years ago. The impending full implementation of the award from October 1999 adds to the shortfall in funding caused by these significant salary increases. Some relief was brought by supplementation from our funders, except for the Commonwealth Disability Service Program. This refusal is particularly alarming, given the enormous demand for advocacy by people with a disability.

This funding crisis forced the Committee to review earlier decisions made about job classifications, but decided that these could not be changed while current staff remain in their jobs, without causing considerable disruption to the agency. However, the Committee will review each staff position as it becomes vacant, in order to bring the salary costs within our budget. In the meantime, the Committee has spent much time in debating other options to assist us to operate within our budget. All options for cutting costs entail cuts to salary, as the agency has already reduced other costs to a minimum.

The Committee will marginally reduce the hours of advocacy staff, and reduce the Manager's hours from 5 to 4 days per week. The Committee unanimously agreed that **there will be no reduction in advocacy for clients.** It is expected that this will draw the budget back into reasonable shape by June 2000, when the Committee will review the success of these measures. Already some savings have been made by reductions in time and fees spent on staff training.

Work on this difficult issue is still being negotiated as of June 1999, and I hope that with good will on the part of both staff and the Committee, some satisfactory and fair resolution will be forthcoming soon.

There have been several external developments that have also impacted on ADACAS' work. One has been Welfare Rights and Legal Centre's cuts to its paralegal staff, which has increased demand for advocacy. The review of the specialist legal services set up under the *Disability Discrimination Act 1992* was highlighted last year, and its results are still awaited. This impacts on the ability of people with a disability to have their discrimination matters dealt with, because of the need to have legal representation in the ACT since responsibility for final decision-making was moved to the court system. The concern is that assistance may only be available in the future for cases of national and/or wider ACT significance, which would be too restrictive for people with real grievances that need to be addressed.

The report of the Review of the Commonwealth Disability Advocacy Program has been released, and it differed little from the earlier draft report. As noted in the rest of ADACAS' Annual Report, the recommendations were contrary to the submission made by the community. Of particular concern is the reduction in systemic advocacy, and the impact on individual advocacy is yet to be seen. The ACT government also plans to review advocacy in the next financial year, as noted in its Strategic Plan for Disability Services. It is important that this review not proceed on the basis that advocacy is merely a part of the quality assurance/standards framework or services complaint mechanisms.

Advocacy is of course part of a much larger process of supporting vulnerable people to exercise their rights and live valued and dignified lives in the community. Service delivery funded by government is only one strategy to achieve this end, rather than an end in itself.

The role of advocacy agencies in providing education has been recognised in the recently and successfully completed strategic planning process by the Commonwealth Department of Health and Aged Care for the Residential Aged Care Advocacy Service Program (RACASP). Although this review was largely a positive experience for ADACAS, its impact on our operations is yet to be seen.

The need to introduce priority of access from August 1998 and then to decline referrals from March 1999, for the first time in ADACAS' history, was a major concern to Committee members and staff, and were not decisions that were taken lightly. Although ADACAS was able to provide advocacy for 313 people this year, the unmet needs of the 173 people refused access was a constant reminder of our limited capacity to respond to the community.

It demonstrates the increased demand on ADACAS by people, who have a disability or are aged, that is not likely to decrease in the short-term. The lack of real increases in resources had forced us to critically examine what ADACAS does, for whom and how. It is a challenge that has not yet been fully met and I hope that the coming year will provide more opportunities to attempt to answer this widespread need to do more with less.

One of the highlights of the year has been the Legislative Assembly's Standing Committee on Urban Services enquiry into restricted taxi, (Multicab), plates which was initiated in September 1998. ADACAS provided support to a number of people who were interviewed by the Committee, as well as making our own submission on the matter. In the report, which was released in August 1999, many of the comments made by ADACAS were noted, and the Committee endorsed a number of our recommendations. I would like to congratulate the ADACAS staff, and our clients, on their success. Let us hope the recommendations are implemented.

This matter was originally an individual advocacy issue raised by someone with a disability, and it was not the first time ADACAS had been approached by people raising concerns about the Multicab taxis. However, the outcome will impact on people with a disability and older people who use wheelchairs, and is a good example of how individual advocacy work can have a systemic, and cost effective, impact.

It is imperative that ADACAS develops a deeper common understanding of its purpose and role, a process that was started in the planning meeting held in November 1998. Because of the nature of a community based Committee, with voluntary members, changes occurred this financial year and more work will be need to be done with incoming members. The one point I would like to be kept uppermost in the minds of decision makers, whether government or non-government, is that vulnerable populations are the least able to cushion the effects of cutting corners.

Helen Watchirs

ADACAS' MANAGER'S REPORT

This is the ninth annual report for ADACAS. 1998-1999 has been a year of achievements, but also a year where staff and Committee members alike have come to appreciate, even more, the vulnerability of our clients, and our limited capacity to respond. For the first time in ADACAS' 9 years of operation we have had to close our books to new clients, initially in August by restricting access to only those people who met the priority of access criteria, and then in March having to close access altogether for all referrals. We have refused advocacy to 173 people this year, 138 of them being people with disability.

Data summary

Full data for the year can be found at Attachment A. It shows that we have provided advocacy to 313 people this year. 174 of them were new clients, in spite of being closed to new referrals other than those meeting our priority of access criteria, for most of the year. We have assisted people with 714 issues this year and provided just under 3800 hours of advocacy support. All these figures are lower than last year, largely due to the restriction in access, and an increase in staff leave.

Even with the decrease in actual client and issue numbers when compared to 1997-1998, it is clear from this data that, when the numbers of people refused access is taken into account, demand has increased significantly again this year; in the order of 31%. Even with this year's slight decrease in some indicators, ADACAS is still operating at a level 31% above 1996-1997 in respect of delivered advocacy hours. (The lower figures in 1996-97 were largely due to 2 new [replacement] staff.)

In addition to the provision of advocacy, ADACAS also responds to telephone queries, providing advice on rights matters and information on services etc. ADACAS responded to 656 enquiries this year, an increase of 11.4% over 1997-1998.

Funding and related matters

The financial situation for ADACAS has deteriorated significantly this financial year, and comments in response to this, in addition to those below, can be found in the Chairperson's Report. The full audited statements can be found at Attachment D.

Recurrent grant

ADACAS has again received no real growth in funding from our three funding programs. Indexation increases, although small, assist the agency to maintain its level of operations. Without it, operations would eventually need to be reduced because of increased operating costs eg in the cost of rent, electricity, communications etc.

The Commonwealth Government has never provided indexation increases for the grant from the Residential Aged Care Program, and the increase provided by the Disability Services Program was virtually negated through grant reductions for efficiency dividends.

However, the largest financial burden for the agency this year has been the implementation of the Social and Community Services award, SACS. The ACT Government has provided the additional costs sought by ADACAS, and eventually so did the Residential Aged Care Program. However, the Commonwealth's Disability Services Program has not provided supplementation to assist with the additional costs of the implementation of the award within ADACAS.

This is in spite of repeated requests by ADACAS, and representations on our behalf by Senator Margaret Reid and ACTCOSS.

Without increases in the grant we receive from Commonwealth's Disability Services Program to meet increased salary costs arising from the introduction of the SACS award, it is inevitable that operations at ADACAS will be effected. However, ADACAS' Committee and staff are committed to maintaining advocacy activity at current levels.

Applications for special project funds

ADACAS received 2 one-off grants from the ACT government. The first was to develop and deliver two advocacy skills training events for carers of people with disability and carers of people who are ageing. The project was developed in cooperation with CIT Skills for Carers and Welfare Rights and Legal Centre, and ADACAS would like to express its appreciation for the contributions and support provided by Karen Noble and Dr Chris Bell.

The second grant is to be used to employ someone to assist the residents of the Canberra's Own Options Of Living (COOOL) house at Fisher in exploring the concept of self determination in respect of their support and living arrangements. This project has arisen from the recommendations in the report of the review of the COOOL project by Tony Shaddock.

ADACAS applied for one-off funding for a pilot project to provide support to residents of the Commonwealth funded aged care facilities to maximise their participation in the accreditation and quality assurance processes. The project has not been funded at this time.

Reviews of advocacy

As one review concludes, so another commences, it seems.

At long last the Commonwealth Government released its report on the Review of the Commonwealth Disability Advocacy Program. The recommendations will be implemented over the coming years, and clearly if they are to be implemented in full, there will a reduction in the numbers of systemic advocacy agencies nationally. The impact on Advocacy ACTion is yet to be seen, as is the full impact on agencies providing individual advocacy.

The recommendation to provide funds for advocacy development is welcomed. However, if no additional funds are provided for advocacy, then these funds must come from the current allocations to existing advocacy agencies.

As ADACAS pointed out in the consultations on the Review, the Commonwealth Government's funding for advocacy is less than $19 a year, or the cost of one pizza dinner per year, for each person on the Disability Support Pension. These funds are to be used to "protect [people with disability] from abuse, discrimination and negligent treatment" (Objectives of the Commonwealth Disability Advocacy Program).

The ADACAS' Manager spent some time working with other members of the Australian Advocacy Network, in developing responses to the various draft reports and recommendations, and promulgating these through the community. We were able to demonstrate that the draft recommendations bore no resemblance to the submissions the review committee received, and the views of the community, which they had sought, were to a large extent, ignored in the draft report. It is with some

disappointment therefore, that we note some of the original, discredited recommendations, are to be implemented.

Strategic Planning Process; Residential Aged Care Advocacy Services Program

The Commonwealth Department of Health and Aged Care undertook a strategic planning project for the Residential Aged Care Advocacy Services Program, RACASP. The project is now completed, and the RACASP has a revised strategic plan and Program Guidelines. Whilst the project was resource-intensive, it has delivered positive results for ADACAS. This process was instrumental in persuading the Department of the urgency of our funding situation, which ultimately resulted in provision of SACS supplementation funding.

Proposed review of Advocacy: ACT Government

In the recently published Strategic Plan for Disability Services, the ACT government has noted that it intends to review advocacy in 1999-2000. ADACAS will participate to the fullest extent possible.

An observation arising from reviews of advocacy

There appears to be a common thread that has run through both the Commonwealth Disability Advocacy Review and the RACASP strategic planning project, and may be a factor in the proposed ACT government review of advocacy. That is, the tendency for governments to see advocacy as a strategy in a quality assurance/standards framework and/or complaints mechanism. This opinion seems to be firmly held in respect of individual advocacy, which, to a less discerning eye, appears to be largely concerned with supporting clients of services who have problems with the support they receive, (or on occasions, don't receive).

While there is obviously a role for advocates in supporting vulnerable, marginalised people to articulate their needs and seek to have them properly addressed, we should not lose sight of the bigger picture. Which is that:

- services are no substitute for a valued role and life in the person's own community;
- services are a strategy to achieving a valued role and life, not an end in themselves;

- governments have significant powers and influence to improve the quality of the services they provide directly, or purchase on a client's behalf, and should use these powers and influence, thus relieving the pressure on advocacy to fulfil this role;
- the data on unmet need in respect of people with a disability and those people who are ageing, indicates that there are many more people eligible for services but not receiving them, than there are in receipt of a service. To focus advocacy resources on the small proportion of people already receiving support, at the exclusion of the majority without any support or services, is clearly not equitable, or just.

Complaints against ADACAS

ADACAS has a complaints policy and process, and is pleased to receive feedback on our work. Usually, complaints come from people against whom we have been advocating, either because they do not understand what we do, but also on some occasions, in an attempt to prevent us from doing our job.

This year has been no different. We have received one complaint from a client which was found to be unsubstantiated. However, prominent people in various agencies have challenged the integrity of ADACAS staff and 4 complaints have been lodged.

These complaints have been investigated by the ADACAS Manager and Management Committee, and were found to be unsubstantiated. It was concluded that, by and large, they were based on people not checking facts or, more alarmingly, not understanding client confidentiality. In most cases these complaints have been resolved on an "agree to disagree" basis, but to our knowledge, none has been referred to the Community and Health Services Complaints Commissioner for investigation and resolution.

Two of the complaints involved what we considered to be a breach of client confidentiality, and we conferred with the Community and Health Services Complaints Commissioner on these matters. The Commissioner has agreed to release guidelines on the importance of protecting client confidentiality in all circumstances, including staff training and community education events. In both these matters, apologies have not been offered to the client in respect of the breach of their confidentiality, or to ADACAS staff, who we affirm acted appropriately in preventing further breaches.

Individual staff reports

Advocacy for people who are aged.

Judy Phillips has been an advocate with ADACAS for nearly 7 years, the last 3 as advocate for people who are ageing. Judy has a BA with a major in Psychology, and is currently enrolled in a Graduate Diploma, Psychology. Her report follows.

Well it has been another interesting and challenging year at ADACAS!

We continue to have serious concerns about the level of abuse that is being reported by older people. In particular, financial abuse seems to be a frequent experience of members of the older community. In response to these concerns we ran a joint forum with the Domestic Violence Crisis Service on the 28th June this year. The purpose of the forum was to try and gauge the extent of the problem in Canberra and to highlight the current gaps in the provision of services to older people with respect to this issue. It is proposed to present a report to government on the findings of this forum.

We were successful earlier this year in gaining some HACC slippage funds to run advocacy training for carers. In a joint project with CIT Skills for Carers and the Welfare Rights and Legal Centre we ran two advocacy training workshops for carers: one for carers of an older person and one for carers of a person with a disability. The feedback from these workshops was positive and we believe that it would be valuable to offer more advocacy training workshops for carers, if we can secure funds to do so. Carers are often faced with being in the role of advocate; with information and training they could face the task with more confidence.

The training package we developed for the carer sessions has been successfully adapted to also run advocacy training sessions for paid carers who are undergoing certificate courses with TRACHS.

Residential Care

The Aged Care Standards Agency is up and running and all the aged care facilities are preparing for accreditation, which they must achieve by January 2001.

To be accredited each facility will need to demonstrate its ability to meet all the standards under four general headings:

Standard 1: Management Systems, Staffing and Organisational Development.
Standard 2: Health and Personal Care
Standard 3: Resident Lifestyle
Standard 4: Physical Environment and Safe Systems

In the transition period up to full accreditation of each facility, the Agency has a monitoring function and undertakes assessment visits to monitor the performance of each aged care facility against the Residential Care Standards 2, 3 and 4 as above.

A number of facilities have already undergone an assessment visit. We feel seriously concerned to see that facilities have been passed on these standards when we have been made aware by residents and family members of problems with the quality of care. For the accreditation process to be a true assessment, efforts need to be made to gather meaningful and realistic input from residents and their families. This is often a difficult task and one that requires a considered and thorough approach.

Joan Suckling and I continue to visit each aged care facility on a regular visit program to inform residents of their rights and to make them aware that they have advocacy support if they so wish. We also assist a number of the Residents' Committees from these facilities. An active Residents' Committee can be an important forum for residents to be able to raise issues or complaints for discussion with their peers. It also means that issues can be raised by a group of residents rather than by one individual resident. This is important because some residents either lack the confidence to raise issues or are afraid of retribution should they complain.

The demand on ADACAS continues to grow and we are faced with an ongoing challenge about how to best meet this demand. Having said that I count myself very fortunate to have shared in the lives of the people I meet.

Advocacy for people with a psychiatric disability

Michael Woodhead has held the position of Advocacy Worker for people with a psychiatric disability for four and a half years.

He has a background in education, community development and social justice, and tertiary qualifications in management. His report follows.

1998-1999 has been quite a difficult year. Whilst the number of clients (80) and issues (210) have dropped a little, the complexity of the issues has markedly increased. This meant that from August until 1 March clients were only accepted if they had a serious issue. My books were closed from 1 March until 30 June. I accepted one client with a very serious issue in this period. Unfortunately ADACAS had to refuse advocacy to over 90 people with a psychiatric disability. Every effort was made to deal with the person's issue over the phone and/or to refer to another agency.

Issues were largely in the following areas: Legal (38 issues - excluding Domestic Violence and Restraining Orders), Accommodation (38 issues), Health (31 issues – including Mental Health Tribunal matters), Abuse and Violence (36 issues – including Domestic Violence and Restraining Orders), Rights (16 issues) and Financial (15 Issues). Issues at Canberra Hospital and Hennessy House included Freedom of Choice/Rights (9 issues) and Abuse/Harassment (3 issues).

The deinstitutionalisation of Watson Hostel continues to have ramifications for the treatment of ex-residents, some of whom have yet to be appropriately accommodated. Several still feel under pressure from Mental Health Services staff. The whole process was flawed and seriously breached the human rights of the former Watson residents through, for example:

- not involving residents in decisions which would have a profound effect on them,
- harassment of residents by some staff,
- the lack of an appropriate grievance procedure,
- the lack of an effective communication strategy,
- the failure to adequately prepare residents for the move.

On 2 December I took the opportunity of addressing a public meeting organised by the Mental Health Council to raise ADACAS' concerns about the process.

1998-1999 also saw the issue of client confidentially come to the fore. It is clear that some agencies have few qualms about revealing confidential information without a client's permission.

Major systemic issues include:

- continued discrimination against people with a psychiatric disability in employment, housing – both public and private, generic agencies, etc.
- the discrimination against people with a psychiatric disability by the Centrelink Work Assessment Tool
- high levels of people with a psychiatric disability in high-density public housing and the lack of appropriate housing
- the proposed changes to ACT Housing
- lack of appropriate complaints/grievance procedures in government and non-government agencies
- the issue of mental illness and consequent life-long poverty
- lack of adequate resourcing of consumer groups
- lack of adequate resources for Disability Discrimination Legal Service
- the range of alternative treatments not covered by Medicare, including psychologists, psychotherapists, etc.
- lack of private psychiatrists willing to bulk-bill clients on low incomes
- lack of continuity of care when hospitalised if own psychiatrist does not visit Canberra Hospital
- heavy emphasis on medication, including chemical restraint
- heavy work loads of community-based mental health workers
- continuing issues surrounding assault, sexual assault, etc. of people with a psychiatric disability and a perceived lack of credibility
- the inability of many services to separate support programs from housing
- the cuts to Legal Aid funding
- the increasing tendency for people to be caught up inappropriately in the criminal justice system, due to lack of suitable, responsive mental health treatment strategies.

A number of positives need to be mentioned:

- the imminent appointment of two consumer consultants to Mental Health Services
- the slow but steadily increasing commitment to consumer consultation by Mental Health Services
- the closure of a Mental Health institution – Watson Hostel
- the growth of the ACT Consumer Network

- the openness of consumers and their willingness to work with agencies
- the growing willingness of agencies to work with consumers in policy development
- the greater emphasis on community care
- the value of Welfare Rights and Legal Service in assisting people with a psychiatric disability on a wide range of issues
- the professionalism of Legal Aid staff in assisting people with a psychiatric disability
- the willingness of some barristers to represent people with a psychiatric disability caught up in the criminal justice system, without charge.

Advocacy for people with disability

Sandra Russet-Silk has been an advocate for people with disability for three years. Sandra has experience in direct support work for people with disability, and has also worked with survivors of sexual assault and abuse. She has qualifications in Disability Studies and Human Resource Management. Her report follows.

I have worked on a total of 168 issues this year and these are very varied. Housing is by far the biggest issue closely followed by rights and standards and health. In the time that I have worked with ADACAS I have had the opportunity to identify some of the systemic issues that flow on from the individual advocacy that I provide for people with disability. I have outlined two of these issues below.

Appropriate responses for children with autism, especially in education and support, has not improved over the past year. There is a great impact on all members of the family with an autistic child. Other children often don't get as much attention from a parent who is often overwhelmed with the needs of their child with autism and are struggling to get services for their child and the family. There is a lack of expert knowledge about autism in the Canberra region and families have to access this knowledge from Sydney. The issues for children are ongoing, and change as the child gets older.

Through my provision of individual advocacy with a number of families these issues have been brought to the attention of some of Canberra's politician's who have taken up the cause in the Legislative Assembly.

Another systemic issue that is taking up a good deal of individual advocacy time is the Department of Family Services' approach to parents with intellectual disability. I have worked with a number of families this year. Families often consist of a single parent and children. For the parent with intellectual disability, having a child taken from them by Family Services is the beginning of a highly traumatic and stressful time in the family's life.

Parents with intellectual disability often find themselves in the position of having to combat stereotypical attitudes about their competency as parents. They are usually directed to attend courses on parenting and child rearing, such courses rarely being tailored to meet the needs of people with intellectual disability. It is not unexpected therefore to find that, despite their attendance at these courses, very rarely is the child returned to the home.

Parents with intellectual disability are frequently involved with the legal system in the Family and Children's Courts. This is stressful, confusing and frightening for people with disability.

ADACAS recognises the importance of protecting the rights of the most vulnerable person, and in many cases this will be the child. However, that does not mean that the rights of parents with intellectual disabilities can be ignored, and neither does it mean that in all circumstances people with intellectual disability cannot be effective parents.

These matters are very complex, and cannot be adequately discussed in this forum. It is clear however, that in the past 20 years, people with disability have achieved in many areas of life previously believed by society at large to be impossible. It is time that the ACT community examined these matters and developed and resourced strategies to enable parents with intellectual disability to exercise their rights, and responsibilities, as parents where that is possible. There is an urgent need for effective parenting courses for parents with intellectual disability, as well as skilled support workers able to assist them to develop and exercise their parenting skills to the benefit of the child and themselves.

I look forward to continuing to work for ADACAS as the Advocate for working with people with disability.

ATTACHMENT A

ADACAS STATISTICAL SUMMARY

Part I – Advocacy

The data reveals slight decreases in most indicators of organisational activity. This was due to a number of factors. In August 1998 ADACAS was forced to restrict access to most people seeking advocacy because of the high workloads of staff. This situation continued for the remainder of the financial year.

Secondly, as noted in last year's report, the issues raised by clients are increasing in complexity, and many clients have several issues, frequently interlinked. This results in people remaining clients for longer periods, with longer time being required to resolve the issues.

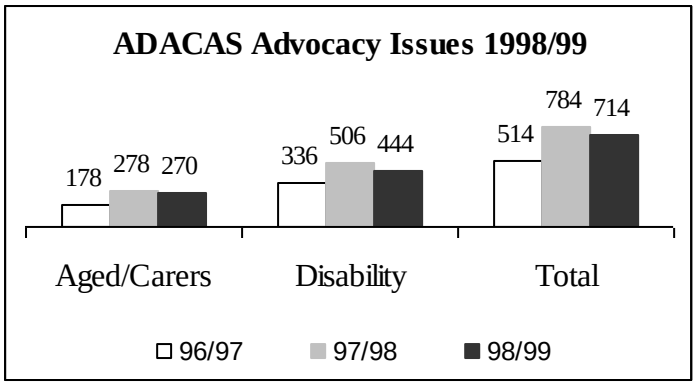
Finally, there was an unusually high amount of sick leave this year, with no financial capacity to fill the vacated positions. This situation has continued into the 1999-2000 financial year, but should reduce in the second half of the financial year. Approximately 400 hours of staff time was lost this year due to these two unforseen incidents, in addition to the usual use of sick leave.

In spite of the small reduction in some indicators, ADACAS is still performing at rates approximately 31% to 39% above 1996-97 levels.

In the year ending 30 June 1999, ADACAS provided 3793.75 hours of advocacy support to 313 people in respect of 714 issues. The time spent was distributed as follows:

- information provision: 32.5 hours (0.86%)
- Education and support: 2041.25 hours (53.8%)
- Representation: 1720 hours (45.34%)

Table 2



Of the 313 clients:

- 74 were people with a psychiatric disability;
- 89 were people with other disabilities including 11 people with acquired brain injury and 6 people who are or were, resident in a Commonwealth funded nursing home;
- 110 were people who are ageing;
- 18 were carers of people with a disability; and
- 22 were carers of people who are ageing.

and:

- 8 people were of Aboriginal or Torres Strait Islander descent, (2.6%);
- 52 people were from a non-English speaking background, (16.6%);
- 9 people were diagnosed with dementia, (6.8% of aged clients).

ADACAS responded to 656 enquiries in the year. This is a 11.4% increase on last financial year.

Of the 656 enquiries:

- 119 were from, or on behalf of, older people in institutions;
- 128 were from, or on behalf of, older people in the community; and
- 397 were from, or on behalf of people with a disability.

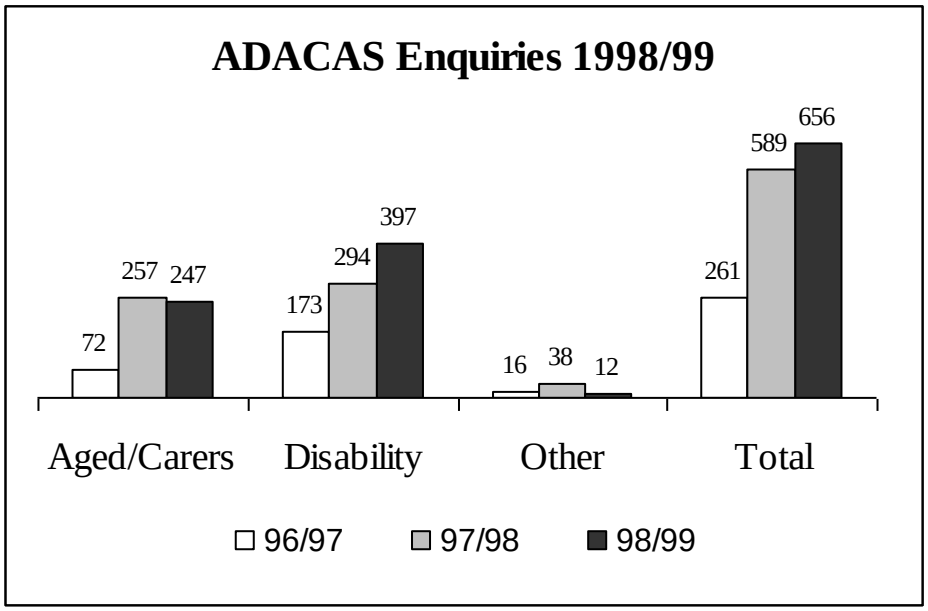
Twelve were general enquiries, not related to ADACAS' client group.

Of the 656 enquiries, 173 were people seeking advocacy in respect of 193 issues, and were deferred due to insufficient resources. Of these 173 deferrals, 138 were in respect of a person with disability, 13 were in respect of people living in Commonwealth funded nursing homes, and 22 were in respect of older people living in the community.

The total time spent in responding to the 656 enquiries was 217¾ hours.

The most common issue raised by enquirers was accommodation, (110), followed closely by legal, (103).

Table 3



Advocacy for people with a disability

Advocacy for people with a disability is funded by both the Commonwealth, (Disability Services Program) and ACT Governments, (Home and Community Care Program). The funding from the ACT Government also enables carers of people with a disability to access ADACAS, and people with disability in nursing homes are funded by the Commonwealth Residential Aged Care Program.

ADACAS employs a full-time worker specifically to provide advocacy for people with a psychiatric disability. ADACAS employs one other full-time worker, and some advocacy is undertaken by the Manager.

Of the 181 people with a disability, and their carers, seeking advocacy this year, -

- 28 were people with an intellectual disability
- 74 were people with a psychiatric disability;
- 48 were people with a physical disability;
- 13 people had acquired a brain injury.

Of the 163 people with disability, 6 were, or still are, resident in a nursing home.

In addition, of the 181 clients,

- 9 were carers of someone with an intellectual disability;
- 5 were carers of someone with psychiatric disability;
- 3 were carers of someone with a physical disability; and
- 1 was a carer of someone with acquired brain injury.

ADACAS has provided 2725.50 hours of advocacy for people with a disability and their carers. (This figure does not include 160.75 hours of advocacy for people with a disability who were, or still are, resident in a nursing home. This advocacy is funded by the Commonwealth's Residential Aged Care Program, and has been included in the data for people who are ageing, detailed below.)

Of the 656 enquiries received this year, 397 were in respect of people with a disability.

<u>Advocacy for people who are ageing</u>

ADACAS employs one full-time and one part-time (15 hours per week) worker to provide advocacy for older people and their carers. Some advocacy is also provided by the Manager.

Funds are provided by the Commonwealth Residential Aged Care Program in respect of people living in aged care facilities (formerly nursing homes and hostels), and by the ACT Government, Home and Community Care Program, in respect of older people and their carers living in the community.

Of the 132 people who sought ADACAS assistance:

- 27 were people living in a high care facility (nursing home);
- 47 were people living in a low care facility, (hostel);
- 36 were people living in the community;

and

- 9 were carers of someone in a higher care facility;
- 13 were carers of someone in the community.

ADACAS has provided 1068.25 hours of advocacy support to older people and their carers. This includes 160.75 hours of advocacy for people with a disability who were, or still are resident in a nursing home.

Of the 656 enquiries responded to by ADACAS, 119 were in respect of older people in aged care facilities, and 128 were in respect of an older person living in the community.

Table 4

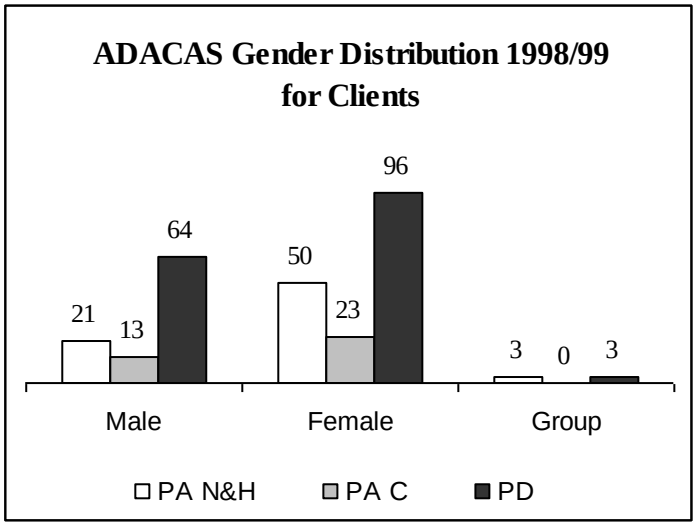


Table 5

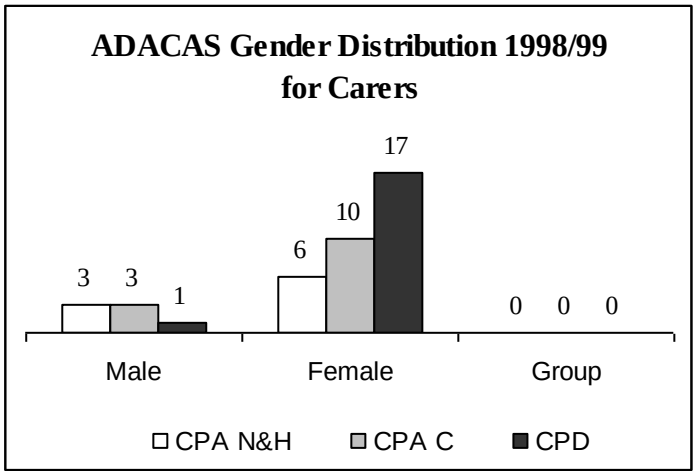


Table 6

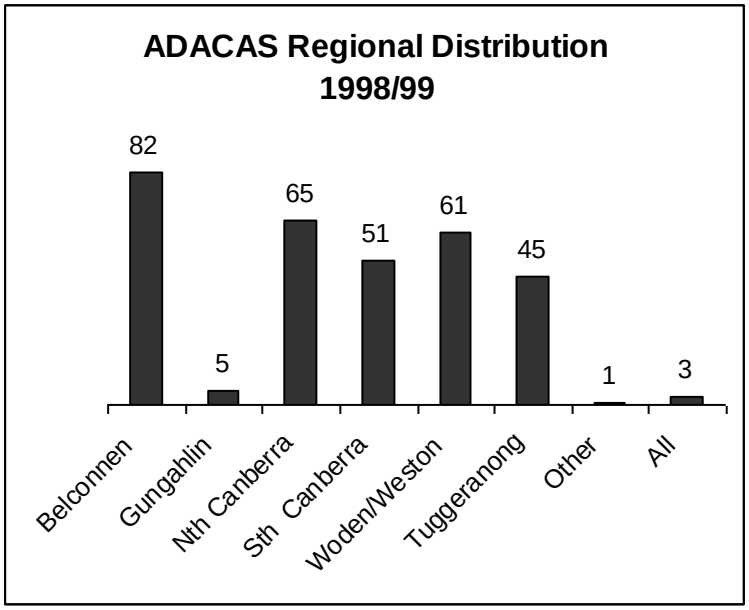
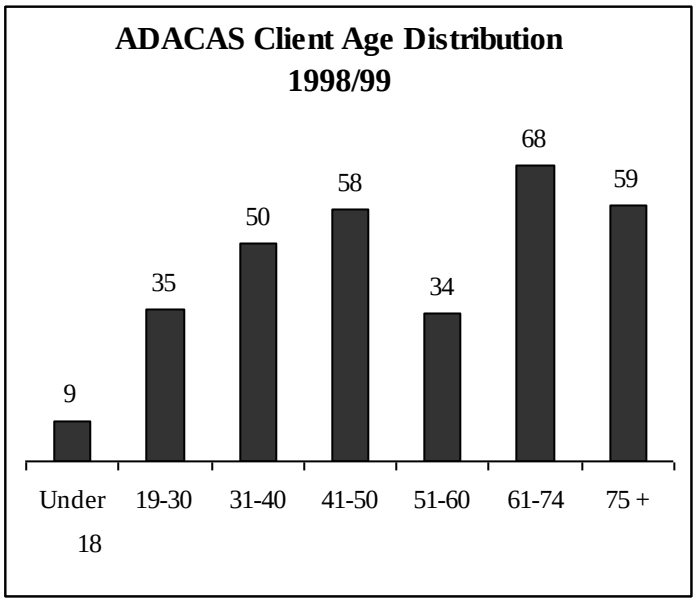


Table 7



Issues raised

Information is recorded on each advocacy issue and enquiry dealt with by ADACAS. This recording details whether the person has disability or is ageing, or a carer, and whether they are living in the community, or in an institution.

ADACAS maintains a coding system for issues raised, and this enables us to analyse the advocacy provided, and report on types of issues that are most prevalent for ADACAS clients.

Attachment B is a table showing all issues dealt with by ADACAS in 1998-1999.

Issues for people with a disability

The data shows that the most commonly presented issue for people with disability was the availability of appropriate accommodation options, (73). This includes availability of suitable housing and appropriate support to live in the community.

The next most common issue was health, (56). This result primarily reflects the advocacy provided to people with a psychiatric disability, with access to appropriate health care an important issue for them. Legal issues were the third most common issue dealt with for people with a disability, (51). This group includes involvement with the criminal justice system, but excludes guardianship and domestic violence/restraining orders etc.

The fourth most common matter is the quality of service received largely from disability specific providers, (43), followed by abuse and violence, (35), and finance, (29). It is interesting to note that this pattern of incidence of issues is identical to that reported in 1997-98.

Issues for people who are ageing.

The most frequently raised issue for people in aged care institutions was health, (38), followed closely by security of accommodation and homelike environment, (34). It is a reversal of the result for 1997-98, and it is of concern to ADACAS that the quality of the health care provided in these institutions continues to maintain such a high prominence in our work. This is especially so when one understands that aged care institutions are predominantly regarded as "health" services.

Other issues most frequently raised by people living in aged care institutions were finance, (22), social independence, (20), and legal, (17).

For older people living in the community, the most common issue raised was finance (23), with accommodation matters next, (11 issues).

Legal and abuse are the next most common issues (10 each), closely followed by health, (9), and fees, (8).

Results

Of the 490 issues dealt with and closed by ADACAS, 445 or 90.8%, achieved the preferred outcome. The "successful outcome" rate has improved when compared to 1997-98, (up from 89%). Advocacy for people with disability achieved a higher than average result, (92.9%). The results for older people were mixed: 88.2% for people in institutions, and 92.3% for older people living in the community. Clearly, you are more likely to succeed in resolving your advocacy matter to your satisfaction if you live in the community, than if you live in an institution.

Clients' satisfaction rate with the advocacy they received from ADACAS has remained steady at 96.5% this year, when compared to 1997-98. Again, more people with a disability were satisfied with their result, (97.4%). The satisfaction rating for older people was mixed: 94.7% for people in institutions, and 100% for older people living in the community.

Part II - Community Education and information

ADACAS has continued its program of community education and information this year. However, the pressure on the advocacy workload caused the agency to re-examine its education program for effectiveness, and some planned activities were not undertaken. The Program's goals are to improve knowledge and understanding about the rights of people who are ageing, or who have disability, and to assist people to understand about advocacy and ADACAS.

There were 225 education activities in 1998-99. These included 204 in respect of people who are ageing, 17 in respect of people with a disability and 4 general activities in respect of ADACAS in general. The majority of the activities were general information sessions about ADACAS and advocacy, (110).

There were 82 education and information activities on the rights of people with disability, or people who are ageing, and 27 events were skills development activities for participants.
Primarily carers and staff of aged care facilities or community based agencies attend these activities.

Of the 204 activities in respect of older people, 86 were regular visits to higher care facilities (nursing homes), and 97 to lower care facilities, (hostels). There were 9 activities delivered as part of formal vocational training of aged care workers, 2 activities with other community based agencies, and 10 were with other agencies, eg National Audit Office in respect of audits of the Home and Community Care Program and Department of Veterans' Affairs.

A total of 4341 people attended these activities, including 3259 residents and 550 staff of aged care facilities; 177 carers of older people; and 62 staff of community based agencies. Total time spent in these activities was 637¼ hours, including preparation.

There were 17 education and information activities in respect of the rights of, and advocacy for people with disability. There were 234 people who attended these activities, including 139 people with disability, 39 staff of disability support agencies, and 20 people living in community based residential facilities. A total of 56½ hours was spent on these activities, including preparation.

A complete list of organisations involved in the education and information program, including the number of activities conducted with that organisation, is at attachment C.

ATTACHMENT B

Table of types of issues

The following table provides information on the types of issues raised by carers of, and people with disability, people living in aged care facilities, and older people living in the community.

Issue type	People with disability	People in aged care facilities	Older people in community
Health, incl for people in institutions, pain management; nutrition, continence.	56 in the community 5 in institutions	33	9
Safety, incl for people in institutions, restraint, fire safety, security.	5 in the community	3	5
Finance	30 in the community 3 in institutions	20	24
Legal	51 in the community 8 in institutions	10	10
Benefits/Pensions	16 in the community	2	7
Fees/donations	2 in the community	6	9
Guardianship	11 in the community	8	5
Abuse/harassment/ Violence	35 in the community 3 in institutions	2	11
Rights/standards , incl for people in institutions**,** agreements and contracts	43	2	1

Service delivery, incl for people in institutions, assessment process	12	0	6
Access, physical	1 in the community	N/a	0
Privacy, dignity	1 in institutions	6	N/a
Access, eligibility	10 in the community	N/a	0
Freedom of choice	12 in institutions	10	N/a
Education, information	14	2	0
Accommodation, incl for people in institutions, homelike environment, security of accommodation	73 in the community 6 in institutions	24	14
Transport	5 in the community	N/a	1
Social independence for people in institutions, incl visitors, management of own finances, freedom of movement, cultural issues, community access.	4 in institutions	17	1
Community options and choices, , incl for people in institutions, variety of experiences, activities	13	9	6
Service quality for people living in the community	17	N/a	4
Employment	5	1	0
Other	3 in the community	0	2

ATTACHMENT C

COMMUNITY EDUCATION AND INFORMATION PROGRAM

The following lists all the organisations involved in ADACAS' community education and information program in 1998-99, including the number of times activities were held with that organisation.

Name of Organisation	No. of Visits
ADACAS, Planning Forum	1
Australian Catholic Uni – Social Work Course	1
Brindabella Gardens	3
Brindabella Gardens Hostel	3
Brindabella Gardens Nursing Home	12
Burrangiri	4
Burrangiri Day Centre	3
Canberra College	1
Canberra Nursing Home	15
Carers Association: Carer Support Group Chinese	1
Carey Gardens	7
Case Management Consultancy	1
CIT Disability Students	1
CIT Southside: Age Case Students	1
Comcare Clients Action Group	2
Croatian Village	6
Disability Program	1
Domestic Violence Crisis Service	2
DVCS - Elder Abuse Forum	2
Eabrai Lodge	6
EZI IRON	1
Gaudeamus	1
Ginninderra Gardens	4
Ginninderra Gardens Hostel	3
Ginninderra Gardens Nursing Home	6
Goodwin – Ainslie	11
Goodwin – Farrer	5
Hennessy House (Psychiatric Hostel)	1
Heyson Green Private Psychiatric Hospital	1
Individual	1
Jindalee	9
Jindalee Nursing Home	8

Kalparrin	8
Kalparrin Hostel	1
Kankinya	7
Kankinya Nursing Home	1
Life Line	1
Masonic Widows Group	1
Mirinjani	4
Mirinjani Hostel	2
Mirinjani Nursing Home	5
Morling Lodge	9
Mountain View	7
National Audit Office	3
Ozanam	5
Pack & Post	3
RAC Consultancy	1
Resident Committee Forum	4
Signadou College	1
Sir Leslie Morsehead War Veterans Home	12
St Andrews Village	7
St Nicholas Home for the Aged	5
Student	2
TRACHS	2
University of Canberra Advocacy Unit	1
Upper Jindalee Nursing Home	1
Villagio	6
Women's Health Centre	1
Workways	1

ATTACHMENT D

FINANCIAL STATEMENTS