ANNUAL REPORT

1999 - 2000

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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 (to September 1999) Juliette Ford (from September 1999)
Secretary:	Maurice Sexton (to September 1999) Ann Procter (from September 1999)
Treasurer:	Margaret Crawford (to September 1999) Phillip Gleeson (from September 1999)
Public Officer:	Maurice Sexton (to September 1999) Marguerite Castello (from September 1999)

Client Representatives

People with a disability:	Pat Daniels
People who are ageing:	Jack Jones (to September 1999)
Carers:	Lynn Russell (to September 1999) Marguerite Castello (from Sept. 1999) Maureen Maloney (Nov '99 to Feb 2000)

ADACAS' STAFF

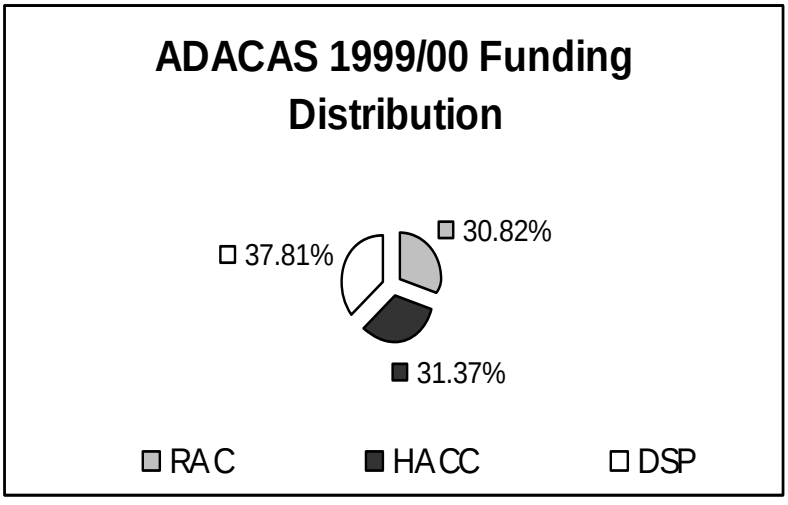
Manager	Colynne Gates
Advocate (Aged)	Judy Phillips
Advocate (Aged)	Joan Suckling (part-time)
Advocate (Disability)	Sandra Russet-Silk
Advocate (Psychiatric Disability)	Michael Woodhead
Work Places' Project staff	Joanne Milton (Consumer Training and Support Officer: to Sept. 1999)
Office Administration	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 (31.37%)
Commonwealth Government:	Department of Health and Aged Care (30.82%)
	Department of Family and Community Services (37.81%)

Table 1 Allocation of funds by program



CHAIRPERSON'S REPORT

Achieved last year by members and staff of ADACAS was the Mission Statement. An important document setting out the guiding principles of operation of this organisation. To restate:

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.

The Mission Statement is the touchstone of this Report. I will report on the last twelve months of operation of ADACAS, its challenges and achievements under the guiding umbrella of the Mission Statement.

However an evaluation of ADACAS' performance over the last twelve months vis-a-vis its Mission Statement cannot and should not be conducted in a vacuum. One of the prime challenges over the last twelve months and beyond and for the foreseeable future, has been trying to maintain the same level of personalised advocacy focusing upon the integrity of the individual whilst at the same time devoting resources to areas where systemic change is urgently required. This is all in a funding environment which is constantly 'squeezed', the demands for reporting ever increasing and the level and methodology of funding is uncertain. This has been exacerbated this last year with the introduction of the GST and with continued uncertainty concerning proposed changes to the FBT rules. Strategising and preparing and committing to long-term projects is compromised by this continued uncertainty.

During recent times ADACAS has been fortunate to enjoy quite exceptional stability in its staffing arrangements. The emotional impact of the harsh reality of many of the issues ADACAS staff confront both from the operational side and in their day to day client work, has been ameliorated by their incredible professionalism, commitment and arguably, most importantly, in my observation and the observation of the Committee, that they care about their clients. In this regard I congratulate and thank all staff on behalf of the Committee for what they have achieved this year trying to give our clients the opportunity to *'live valued and dignified lives in the community, and to pursue their dreams'*.

It continues to be a challenge for the Committee to find ways of organising the work loads such that the staff do not become emotionally exhausted by their work.

At this point it is timely for me to acknowledge particularly the work of Judy Phillips who left ADACAS a short time ago. Judy was employed at ADACAS for nearly eight years, the last three-four years as our advocate for people who are ageing. She has been an untiring staff member giving more and more of herself to her portfolio which in the last twelve months with the deadline of January 2001 for accreditation of aged care facilities fast approaching, has escalated in its demands. Thankyou for your efforts. She leaves us however in one capacity and joins us in another. Judy is now a welcome new member to the Committee. Her knowledge and expertise together with her critical analysis of the role of advocacy in this arena is welcomed.

The loss of Judy as a staff member has given the Committee the opportunity to revisit the current staffing arrangements with a view to managing our overheads. This has caused a revision of the formal employment conditions of all staff which is currently being undertaken.

The parlous state of many Aged Care facilities attracted publicity on both a national and local level this last year. This is partially due to the accreditation process referred to above. One of the concerns of ADACAS is that some institutions in the ACT were given positive initial assessments notwithstanding ADACAS had received information which raised issues regarding quality of care. This is still being addressed. The dilemma which confronted ADACAS this year in the area of aged care provides a clear example of the difficulties a community based organisation faces trying to balance the needs of individual clients versus systemic advocacy.

Up until most recently ADACAS has continued to be a vital support of residents in Aged Care facilities in the organisation of the Residents Committees at these facilities. The Committee was forced to make a very difficult decision to withdraw ADACAS' formal involvement from these Committees, so that resources could be more focused upon systemic advocacy to address the issues that had been raised in the media. This was achieved due to the hard work of all members of staff however at some cost to individual clients who, notwithstanding efforts made by the Committee and staff to lessen the impact of the decision upon individuals, felt abandoned.

If Government is committed to Residents in Aged Care facilities having a right to a dignified life, then it must recognise that no matter how competent and caring the manager of the facility may be, the perception of residents, one of the most vulnerable groups in society, will always be one of dependency upon that person or institution and therefore will always be fearful of being seen to 'complain'. Organisations such as ADACAS must be properly funded so that the dignity of individuals is not compromised.

This no less applies to the plight of people with intellectual and physical disabilities dependent upon government funding or services. During the last twelve months the increasing complexity of the cases requiring advocacy has, in an environment where there has been a reduction of funding and services, caused there to be a greater demand upon our staff. Deinstitutionalisation in reality has not evolved to anything near its original goal.

A pertinent example of the increase of demand upon our service directly caused by the reduction of Government funding of community organisations is the closure of the legal service arm of CARE in the ACT. The Consumer Credit Legal Service in the ACT provided an invaluable effective accessible free legal service on issues of consumer credit to the ACT and region. Its environment was friendly and non-threatening. Our clients felt comfortable being referred there for assistance. The referral was a valuable one worthwhile for our client. Its inexplicable closure due to funding issues, notwithstanding the valuable work it achieved, was very disappointing.

On the financial front, the Committee is pleased to report that for the fiscal year 2000-2001, we have a projected budget which is likely to break even. There have been a number of financial matters which the Committee has had to address this year. With the introduction of the GST, all funding contracts have been renegotiated. We did receive increases in funding to offset the impact of GST, and some 'one off' grants have been received for other purposes. We have applied for and been granted our ABN number, and we have also received endorsement as an Income Tax Exempt Charity, and as a Deductable Gift Recipient. Finally, Advocacy Action is now no longer auspiced by ADACAS.

The continued debate in the Senate regarding FBT and charitable organisations with no decision yet being made has caused continued financial uncertainty which has not assisted the organisation in planning for the next year.

Finally I would like to acknowledge the work of Colynne Gates and thank her for her assistance to the Committee over the time I have been a member. The preparation of all the papers for each meeting is time consuming as well as time spent at the Committee meetings.

In conclusion, when I refer back to our Mission Statement, the quest continues. ADACAS over the last twelve months has continued unabated its advocacy role for *and with* vulnerable people. The challenge to do that in an effective and uncompromising way remains.

Juliette Ford

MANAGER'S REPORT

This year has been one of modest achievements, and one where we focussed on consolidation, following the financially difficult months preceding the 1999 Annual General Meeting.

This Annual Report covers the year ending 30 June 2000. However, some times events occur in the first few weeks of the following year that warrant inclusion in the previous year's report. This is one of those occasions.

It was with great regret that, in July, the Management Committee accepted Judy Phillips' resignation. Judy left ADACAS to take up a new position working with the Department of Veterans' Affairs.

It is hard to express the feelings of the staff, and Committee, when the news of Judy's departure was received. Judy was the longest serving staff member, and had worked tirelessly to protect and defend the rights of people with disability, and those who are ageing. Judy worked for ADACAS for over seven years, 3 as an advocate for people with disability, and 4 as an advocate for people who are ageing. In that time, Judy won the admiration and respect of her colleagues in advocacy, people working in service provision, and, most importantly, of the people for whom she provided advocacy. She will be missed by us all, and we wish her success and happiness in her new career.

However, there are two silver linings to this cloud! First of all, Judy has applied to become a member of the Management Committee, and we look forward to her continued involvement with ADACAS. Secondly, her leaving presented ADACAS with the opportunity to restructure operations and increase resources to advocacy. Michael Woodhead transferred into Judy's position, and we were able to recruit new staff to provide advocacy.

I am delighted to welcome three new people onto the ADACAS staff, all of whom bring with them a strong commitment to human rights and social justice.

Ms Judy Power will be working with Michael providing advocacy for people living in aged care facilities. Judy is well known to many people in the ACT, as the person who established CARE Financial Services, as well as being a previous Manager of The Smith Family. We all look forward to working with Judy and learning from her extensive experience in working with disadvantaged people.

Jaymmie Midegs and Melissa Johns will be working as advocates for people with disability. Jaymmie will work solely for people with a psychiatric disability, whilst Melissa will work across all disability advocacy issues.

Jaymmie has considerable experience in providing direct support to people with a psychiatric disability, whilst Melissa is concluding university studies including completing her thesis on the forced sterilisation of women with intellectual disability. Melissa also has experience in working with people with disability. Jaymmie and Melissa impressed the selection panel with their enthusiasm and energy, and we look forward to this being channelled into achieving positive advocacy outcomes for people with disability.

DATA SUMMARY

Full data for the year can be found at Attachment A. It shows that we have provided advocacy to 244 people this year. 133 of them were new clients, in spite of being closed to new referrals for a significant part of the year. We have assisted people with 634 issues this year and provided 3544.75 hours of advocacy support.

For the second year in a row, ADACAS was unable to offer advocacy to many people who sought our assistance. We have refused advocacy to 137 people this year, the majority of whom, (114 people), as last year, were people with disability. More information on this is provided later in the report.

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 657 enquiries this year, the same as for 1998-1999.

FUNDING AND RELATED MATTERS

The full audited statements can be found at Attachment D.

Difficulties continued to be experienced by ADACAS because of a shortfall in the budget due to the implementation of the Social and Community Services, (SACS), award. The Commonwealth Department of Health and Aged Care, and the ACT Department of Health and Community Care provided increased funding to offset these increases.

However, the Commonwealth Department of Family and Community Services, (which provides over 70% of the funding for advocacy for people with a disability, and 37% of our overall funding,) was unwilling to assist with these increased costs. It should be noted that the Department did provide additional funding to meet increased costs arising out of the implementation of the SACS award to services funded under its Supported Accommodation Assistance Program.

ADACAS has still not received a satisfactory explanation as to why advocacy to protect people with disability from abuse and negligent treatment should receive such second rate attention and funding.

Recurrent grant

Applications to all funding bodies for increases in recurrent funds were unsuccessful. In addition, an application for additional funds to create two part-time consumer advocates for people with psychiatric disability made to the ACT government, was also declined. This means that ADACAS has again, received no real growth in funding from our three funding programs.

Operational costs have increased over time. This is in spite of savings made by ADACAS in some administration costs. Indexation increases, although small, assist the agency to maintain its level of operations. Without it, operations would eventually need to be reduced because of these increased operating costs eg in the cost of rent, electricity, 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. The ACT government provided indexation funding through the Home and Community Care, (HACC), Program.

Applications for special project funds

ADACAS made two applications for one-off grants, to the Commonwealth Government.

The first, sought from the Residential Aged Care Program, was to employ additional staffing to respond to the demand arising from the publicity in the ACT given to the quality of care issues in nursing homes. ADACAS applied for one-off funding for a pilot project to provide support to residents of the Commonwealth funded aged care facilities to enable their informed participation in the accreditation and quality assurance processes.

In the last weeks of the financial year, the Department of Health and Aged Care did provide us with an additional $2171 to meet increased demand. Whilst this was insufficient to enable ADACAS to pilot the project it was, never-the-less, well received.

The second grant was sought from the Department of Family and Community Services. This was in response to the predicted workload pressures arising from a recent decision in the Federal Court in respect of previous decisions in the Discrimination and Administrative Appeals Tribunals.

This was refused for two reasons. The first was that the Commonwealth believed the ACT government, through the Department of Health and Community Care, should provide the funding. They held this opinion even though ADACAS had pointed out the inappropriateness of seeking funding from the ACT Government for this purpose. (The ACT Government is the respondent in all of the cases currently before the Tribunal, and for many the respondent is the ACT Department of Health and Community Care. For them to provide funding would have been a conflict of interest which could have jeopardised the quality of our advocacy.)

The second reason given was that we should prioritise our resources appropriately. This is a strange response. The Department is more than aware that for most of the last two years we have had to decline more applications for advocacy from people with disability than we have been able to accept, because of insufficient finances. In order for ADACAS to accept the new clients arising from the decision in the Federal Court, we would have had to withdraw advocacy from current clients before their advocacy issues had been addressed.

STAFFING

Because of the funding situation, there were some reductions in staff working hours. ADACAS attempted to minimise the effect on advocacy, by reducing the Manager's hours by one day a week, and limiting the reduction in full-time advocacy staff hours to only 5%.

ADACAS altered its staffing arrangements in response to the increased accountability requirements of our funders. The advocacy workers within the aged care advocacy program now work with either older people and their carers living in the community, or residents of aged care facilities and their carers. This has created some inflexibility, but enables ADACAS to accurately identify workload demands and funding shortages.

There have been other changes arising through the resignation of Ms Phillips, which have been mentioned earlier in my report.

REVIEWS OF, AND STRATEGIC PLANNING FOR, ADVOCACY

The review of advocacy that was being conducted within the Commonwealth Disability Services Program, and the Strategic Planning Project within the Residential Aged Care Program, have both concluded, and moved into the implementation phase. The ACT Government has flagged that it will be commencing a review of advocacy in this financial year.

The recommendations from the Commonwealth reports focus attention on data, accountability and standards. ADACAS has actively participated in discussions on these topics as we believe that it is important that advocacy organisations, indeed all agencies that receive taxpayers' funds, should be accountable. Our comments on data collection, analysis and reporting have been well received, and it seems that we now have an acknowledgment from Government that data and standards used in service provision are not directly relevant to advocacy.

COMPLAINTS AGAINST ADACAS

ADACAS has a complaints policy and process, and is pleased to receive feedback on our work. Client satisfaction with our work is generally high, and, usually, complaints come from people against whom we have been advocating. This is sometimes because they do not understand what we do, but unfortunately, on some occasions, complaints are lodged in an attempt to prevent us from doing our job.

This year has been no different. We have not received any complaints from clients. However, we have received complaints over the phone from some people against whom we have been advocating. However, only one of these progressed to a written complaint, which after discussion with the complainant, was withdrawn.

SYSTEMIC ADVOCACY ISSUES

ADACAS is primarily an agency providing advocacy for individuals. However, where it is considered appropriate, ADACAS also undertakes systemic advocacy work. When this occurs, the advocacy is always as a result of individual advocacy work, and seeks to resolve deeper underlying issues which have the capacity to affect a large number of people.

Whilst not strictly systemic advocacy, ADACAS also provides feedback to Government in respect of policy initiatives etc, as they might affect people with disability or those people who are ageing. For example, ADACAS provided a submission and evidence in respect of the proposed budget to the ACT Legislative Assembly's Standing Committee on Health and Community Care. ADACAS has also been involved in changes to mental health legislation, including new directions, eg the Official Visitor, and consumer consultants.

Some of the systemic issues ADACAS has been involved in this year are detailed below.

Systemic issues affecting people with disability

ACT Community Care – Disability Programs: ADACAS has had a significant number of individual clients this year who have concerns about the quality of care they have received from Disability Programs.

A consistent matter has been the numbers of casual staff, and the consequences for residents and their families. ADACAS knows that Disability Programs is aware of this, and has been working at reducing the numbers of casual staff, and the negative impact this has on residents.

Another matter allied both to Disability Programs and the Office of the Community Advocate is the involvement of the Community Advocate on the Placement Committee for Disability Programs. ADACAS concurs with the views of other advocacy organisations on this matter, and believes that this is a conflict of interest. In at least one case this year, ADACAS has not been able to use the services of the OCA, because the matter was related to forced transfer of a person between group houses which the Placement Committee had recommended and approved.

Mental Health Services: There are a number of issues that concern ADACAS about mental health services in general, and the government provider, Mental Health Services, MHS, in particular.

ADACAS has some concerns about the improper use of applications for a Mental Health Treatment Order. We understand that threats of applications for an order are used to cajole people who have voluntarily admitted themselves to Canberra Hospital, to remain longer than they would prefer. Similarly threats, and actual applications to the Tribunal are used in other situations to persuade people into, or dissuade people from taking their preferred course of action.

The problems with access to the Crisis Team continue, in particular being put "on hold" when ringing the Triage. Clearly, this must be most distressing for people seeking advice, support and intervention when a crisis has occurred.

There are emerging issues in connection with the proposed secure care facility, and its location at Hennessy House. Yet again, MHS appear to be moving people into the community, (in order to vacate premises so the construction can begin,) without adequate consultation and information, opportunities to explore options, access to independent advocacy support, and required levels of community support. Basically, a repeat of the appalling process MHS followed when Watson Hostel was closed.

ADACAS has concerns about the lack of options for people with personality disorder, and in particular, borderline personality disorder.

Medicare does not cover expenses for treatment by Psychologists, and their fees are usually beyond the reach of many people in receipt of income support. There are few, if any psychologists experienced in this area, who are able to provide the extensive counselling required free of charge, which leaves people with no option but to use MHS.

MHS has adopted an approach to treatment of people with personality disorder with which their clients with severe disorder find difficulty in complying. As a result, the relationship between MHS and the client breaks down, and no treatment is received. The nature of personality disorder is that, for many people, breaches of the law by them result in imprisonment.

As a consequence, jail populations have significant proportions of people with psychological disorders, with little or no access to counselling and treatment. The client's experience of jail has a tendency to exacerbate the disorder, (as it provides more evidence for the client that they are being unjustly treated), which in turn results in more serious offences being committed. And the cycle continues.

ADACAS recognises that there are no simple solutions to this dilemma. Never-the-less, it is quite clear that custodial sentences are no substitute for appropriate therapeutic counselling by experienced and supportive Psychologists. People with personality disorders have a right to have their needs recognised and responded to appropriately.

Another issue of concern to ADACAS, possibly indirectly related to the previous issue, is the high case-loads of MHS staff. This is an issue with which ADACAS has some sympathy, in fact the lack of resources for ADACAS and MHS makes scheduling meetings, and maintaining communication channels between ADACAS, the client, MHS staff and those from other service providers very difficult.

Whether due to lack of resources and consequent time constraints, or whether for other "policy" reasons, ADACAS is also concerned about the lack of information given to clients of MHS about their diagnosis. This includes information on treatment options, effects of drugs, and the rights of the individual in respect of treatment, medication etc.

ADACAS has concerns about the possible construction of a Clubhouse. We believe that there are a number of questions to be asked, and issues to be discussed about this model of service.

In particular, ADACAS is concerned about the segregation and congregation of people with psychiatric disability that this model promotes. The experience of decades tells us that the long term consequences for disadvantaged and marginalised people accessing such services are increased isolation, devaluation and marginalisation of people.

ADACAS has increasing concerns about the role, resourcing and support of consumer representatives, advocates and consultants. In addition the increasing efforts of governments to fund consumer advocates and "consumer consultants" linked to service providers. An application by ADACAS for funds to employ and evaluate consumer advocacy was not successful. Our concerns relate to the obvious conflict of interest advocates and consultants are in when they are working within a system which they themselves use as consumers from time to time.

ADACAS has already become aware of pressure being placed on staff employed in these roles, and some are experiencing a deterioration on their health as a result of the pressures they are working in, and a lack of appropriate, independent support.

ADACAS has some concerns in relation to private psychiatrists. These matters include a lack of continuity of care when a person is involuntarily detained. Also of some concern is what appears to be a tendency for them to accept clients with less serious mental health conditions, leaving these people with no option but to use MHS.

ACT Housing: The tendency for ACT Housing to group people with psychiatric disability together in medium density complexes continues to occur. ADACAS is aware of one development where 5 of the 6 tenants in a stair well have a psychiatric disability. Clearly, this is not a good idea for tenants with disability, or for their neighbours.

Systemic issues affecting older people living in aged care institutions

Quality of care: ADACAS participated in the publicity this year surrounding the standard of care provided in aged care institutions. It was a decision that was taken reluctantly. An adversarial stance is never adopted unless and until all other avenues have been tried and proven unsuccessful.

As mentioned earlier, ADACAS had sought additional resources to implement a project to educate and inform residents and their relatives about the new accreditation process and their rights to quality care. We had hoped that this project would provide the opportunity for residents to discuss the quality of care they were receiving, and to develop a document that could be used by the facility in the accreditation process. Such a process would have provided the opportunity to provide positive feedback on the good aspects of the facility, whilst at the same time providing the opportunity for the facility to demonstrate its commitment to continuous quality improvement through acting on the suggestions for improvement.

Unfortunately the funds were not provided, and with all other avenues of complaint proving unsuccessful for some residents and relatives, ADACAS had no option but to lodge formal complaints about two facilities in the ACT. On receipt of the complaints the Department of Health and Aged Care decided to refer both facilities to the Aged Care Standards and Accreditation Agency, (the Agency), for an audit.

We organised for relatives to meet at the ADACAS' offices with staff from the Agency, during the audit visit. This gave the relatives the opportunity to air their views about the quality of care the resident was receiving, as well as impart some of their own experiences to the Agency staff.

The relatives felt the meetings went very well, and we noted that almost all of the issues raised by the relatives during their meeting with the Agency staff were confirmed in the Audit Reports on both facilities.

ADACAS is in a fortunate position in that we visit every nursing home and hostel in the ACT 4 or 5 times a year, and have been doing so for 9 or 10 years. It is obvious some facilities do provide a good standard of care, and others work hard at improving what they are doing. However, a few proprietors are either unaware of the true standard of care provided in their facilities, or are more interested in profits.

Negative reports from the Agency often come as a surprise, and in many cases cause significant concern and distress to residents and relatives. However, if goodwill is present, the facility can learn from this experience, and improve the quality of care it is providing to residents.

ADACAS is not convinced that the Agency processes used at the moment are delivering informed feedback on the true quality of care in the facilities. At the core of the new standards and accreditation process is the need for a change of attitude of the staff, management and owner, (or board of management) towards residents and their relatives.

The standards reviewed by the Agency are necessarily objective in nature. ADACAS' experience has been that many facilities may be able to meet the accreditation requirements, yet fundamentally, the culture of the facility has not changed from earlier years.

In such cases, the quality of life for residents will leave much to be desired, and yet without external advocacy support, (or alternatively staff willing to take action,) these living conditions will rarely be exposed. This is especially the case where there is retribution, and intimidation of residents and relatives. Evidence of this is unlikely to be found during Agency visits.

The fear of retribution is common in institutions, unfortunately in some facilities, with good reason. ADACAS believes that the institutional environments of the aged care facilities will automatically work against open feedback to Agency staff during audit and accreditation visits. This will occur even in those facilities which work hard at providing good quality care, and fostering an open, positive attitude to complaints. It is imperative therefore that the Agency recognise this, and a method be found of enabling informed feedback to be provided to the Agency during visits. Residents and relatives should feel able and safe to disclose critical information to the Agency. In our opinion, this is not the case at present.

ADACAS will continue to raise the need for the Agency to secure informed feedback from residents and relatives. We believe this is best facilitated through the provision of information and education to residents and relatives by an agency which is independent to that being accredited.

<u>Financial Abuse:</u> Financial abuse is the most common form of elder abuse reported to ADACAS, although all too often physical abuse is also present. ADACAS has become increasingly concerned at the increase in financial abuse of older people, and in particular, the abuse of powers of attorney.

There seems to be a lack of, or rather an ineffectiveness of the controls over powers of attorney. Whilst there are controls in place, it seems that they are rarely used. As a result ADACAS has received several referrals from people who allege misuse of the power of attorney.

It is not uncommon for ADACAS to find that the person has signed a power of attorney without knowing it, and that funds have been lost from an account without the person's knowledge. There are controls that require people acting on a power of attorney to account for all funds, and to only spend the funds for the advantage of the older person. However, the high incidence of this kind of abuse leads us to believe that these controls are insufficiently policed.

ADACAS quite commonly sees older people who have invested the funds from the sale of their own home into their son or daughter's house, or business, and have moved in with them. Later on the family seeks to have mum or dad admitted to a nursing home, with the older person's financial assets remaining in the control of the family.

Perhaps the older person has changed their mind and wishes to purchase a house and live independently from their son or daughter, but there is no easy way they can have their funds returned, other than through the courts, which many older people are reluctant to do. Older people are often reluctant to take action against their son or daughter, even in cases of physical abuse.

Systemic issues affecting all of ADACAS target groups

Casual staff employed through nursing agencies: ADACAS met with the Community and Health Services Complaints Commissioner to discuss our concerns on the apparent lack of controls in place in respect of nursing agencies contracting staff to ACT disability and aged care services. The urgency of this matter was highlighted following the sexual assault of a resident in a nursing home. A nursing agency had contracted the employee to the nursing home, even though he had a previous criminal record for similar offences.

The ACT Government has included a clause in its funding contracts requiring police checks for staff working with children, but other vulnerable client groups are not afforded the same protections.

ADACAS will be continuing this matter into the next financial year.

ACT Housing: A matter which occurred towards the end of the year concerns a number of tenants being served with arrears notices. Common themes seem to be that all of these tenants had histories of meeting their rental

payments on time; all of them had their rent deducted by Centrelink; and most of the arrears were small amounts, usually less than $50.

As this matter is one which is wider than the ADACAS mandate, we will be asking the Welfare Rights and Legal Service to investigate this. Clearly, many people who are tenants of ACT Housing, (but not eligible for ADACAS advocacy), could be affected by what looks to be a computer error, or a problem with Centrelink/ACT Housing communications.

Lack of resources for legal matters: ADACAS is concerned at the shrinking pool of resources for legal matters. This year has seen the defunding of CARE Consumer Credit Legal Service, and a reduction in funding to the Womens' Legal Centre. Access to Legal Aid funding is always tightly controlled, as their resources are insufficient to meet demand.

More recently, access to legal advice and representation in respect of discrimination matters is difficult to access. The Welfare Rights and Legal Centre, which manages the Disability Discrimination Legal Service, continues to receive funding, but it is insufficient to meet demand.

Finally, of course, whilst it is not strictly a legal service, advocacy funding has been fixed at current levels for many years, with many people being denied access to support to assist in the protection of their rights.

ADACAS appreciates the invaluable assistance, including representation, that some firms, and individual solicitors and barristers have provided ADACAS, and our clients in the past year.

ATTACHMENT A

ADACAS STATISTICAL SUMMARY

ADVOCACY

The data reveals slight decreases in most indicators of organisational activity. This was due to a number of factors. In 1999 - 2000 ADACAS continued to restrict access to people seeking advocacy because of the high workloads of staff and insufficient resources to meet the demand. This situation continued for most of the financial year.

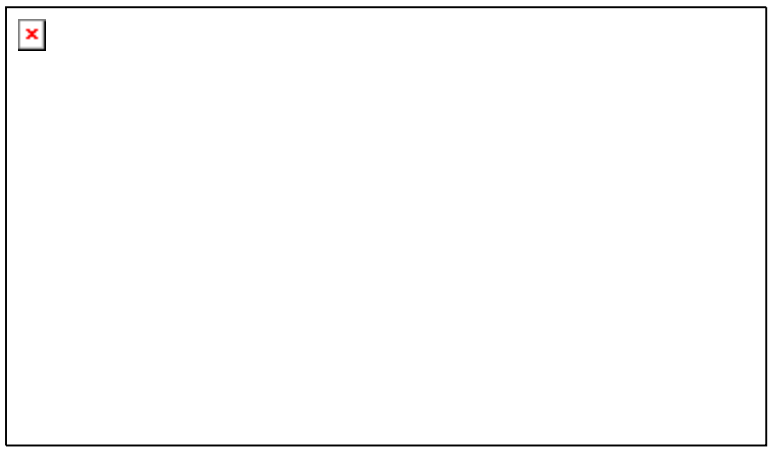
Secondly, as noted in previous reports, the issues raised by clients are increasing in complexity, and many clients have several issues, frequently interlinked. This results in people remaining clients for longer periods, with longer time being required to resolve the issues. This is clearly indicated in the statistics, in that the number of clients and issues reduced this year, but the amount of advocacy provided them, in real terms, marginally increased.

In the year ending 30 June 2000, ADACAS provided 3544.75 hours of advocacy support, compared with 3793.75 hours in the previous year, a reduction of 249 hours. However, staff working hours have been reduced overall by the equivalent of 35% of one position, or 692 hours per year. When this is taken into account, ADACAS has, for the 3rd year in a row, improved its efficiency.

This year, ADACAS provided advocacy to 244 people with 634 issues, compared to 313 people with 714 issues last year. The time spent was distributed as follows:

- information provision: 36.25 hours (1.02%)
- Education and support: 1802.5 hours (50.85%)
- Representation: 1706 hours (48.13%)

Table 2



Of the 244 clients:

- 135 were people with disability and their carers, including
    - 52 people with a psychiatric disability;
    - 72 people with other disabilities including 7 people with acquired brain injury and 5 people who are or were, resident in a Commonwealth funded nursing home;
    - 11 carers of people with a disability;
- 1 systemic advocacy matter for people with disability;
- 64 older people and their carers who are clients of the Commonwealth's Residential Aged Care Program, including
    - 17 people who are residents in a high care facility, (nursing home), and 8 carers;
    - 31 people who are residents of a low care facility, (hostel), and 4 carers;
    - 2 people who are receiving Community Aged Care Packages, and 2 carers.
- 41 older people living in the community; and
- 3 carers of older people living in the community.

ADACAS has continued to maintain representation in our client group of indigenous people, and people from other cultures. Of the total client group in 1999-2000:

- 5 people were of Aboriginal or Torres Strait Islander descent, (2.05%);
- 36 people were from a non-English speaking background, (14.75%).

In addition,

- 7 people were diagnosed with dementia, (7.7% of aged clients).

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, although this was significantly reduced this year, because of the 20% reduction in her hours.

Of the 135 people with a disability, and their carers, seeking advocacy this year, -

- 26 were people with an intellectual disability
- 52 were people with a psychiatric disability;
- 39 were people with a physical disability;
- 7 people had acquired a brain injury.

Of these people, 5 were, or still are, resident in a nursing home.

In addition,

- 7 people were carers of someone with an intellectual disability;
- 2 people were carers of someone with psychiatric disability; and
- 2 were carers of someone with a physical disability.

ADACAS has provided 2553.75 hours of advocacy for people with a disability and their carers. (This figure does not include 34.5 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.)

Advocacy for people who are ageing

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, although as mentioned above this has reduced significantly following a reduction in her hours.

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 113 people who sought ADACAS assistance:

- 17 were people living in a high care facility (nursing home);
- 31 were people living in a low care facility, (hostel);
- 2 were people living in the community, but funded by the Commonwealth's Community Aged Care Package scheme;
- 41 were people living in the community;

and

- 8 were carers of someone in a high care facility;
- 4 were carers of someone in a low care facility;
- 3 were carers of someone living in the community; and
- 2 were carers of someone living in the community, but funded by the Commonwealth's Community Aged Care Package scheme.

Five were, or still are, resident in a nursing home.

ADACAS has provided 980.75 hours of advocacy support to older people and their carers, and younger people with disability who were, or still are living in an aged care facility.

Table 4

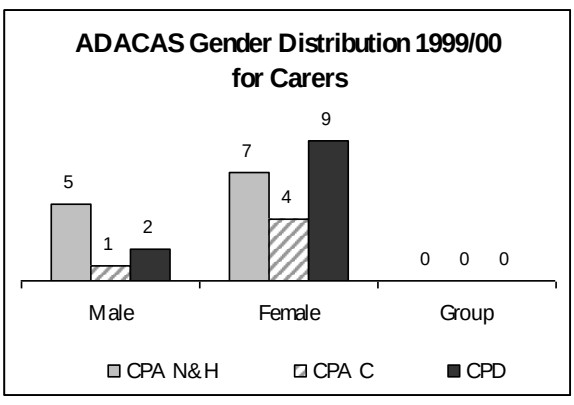


Table 6

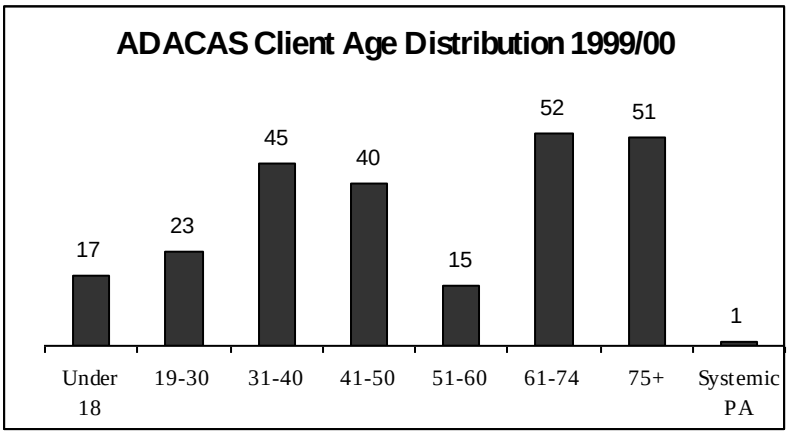
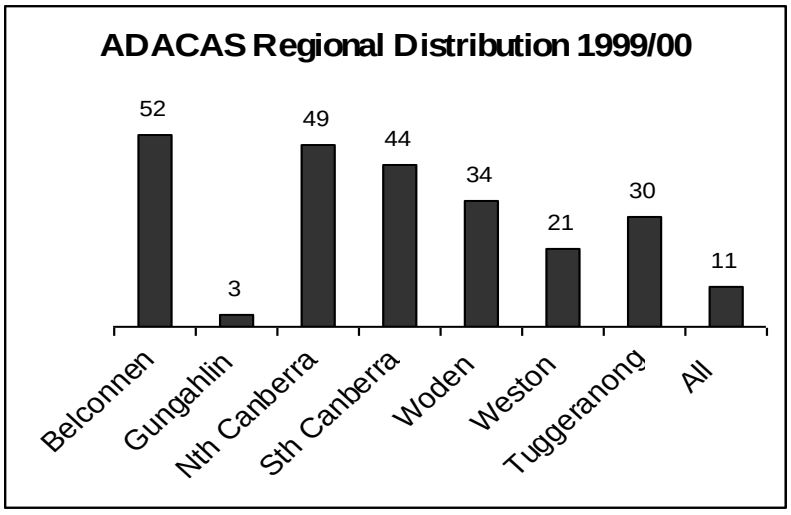


Table 7



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 also 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 1999-2000.

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, (52). This includes availability of suitable housing and appropriate support to live in the community.

The next most common issue was health, (48). This result primarily reflects the advocacy provided to people with a psychiatric disability, with access to appropriate health care an important issue for them. Abuse was the third most common matter dealt with by ADACAS, with 45 people being assisted to resolve matters around physical and/or sexual assault, financial and psychological abuse. Legal issues were the fourth most common issue dealt with for people with a disability, (41). This group includes involvement with the criminal justice system, but excludes guardianship (recorded separately), and domestic violence/restraining orders etc., which is recorded under "abuse".

The fifth most common matter is the quality of service received largely from disability specific providers particularly around rights and standards, (40), followed by financial matters, (29). It is interesting to note that this pattern of incidence of issues is very similar to the pattern identified in the two previous years.

However one significant difference is the alarming increase in the incidence of abuse and violence. The actual numbers of abuse cases has increased by 29%.

This raises again the importance of the Minister for Health and Community Care releasing the DSAC report into Abuse of People with Disability. The report has been with the Minister for several months, and ADACAS can see no reason for the delay in its release.

Issues for people who are ageing

The most frequently raised issue for people in aged care institutions was, yet again, health, (28 issues). It continues to be of great concern to ADACAS that the poor 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, and that the Government, and the Aged Care Standards and Accreditation Agency place a strong emphasis on the quality of the health care provided in aged care institutions.

Security of accommodation and homelike environment were the next most common issues raised, (18). Other issues most frequently raised by people living in aged care institutions were financial matters (8), legal issues, (7), social independence and freedom of choice, (both with 6), and guardianship matters, and abuse and violence, both with 5 issues each.

For older people living in the community, the most common issue raised was finance (26), with accommodation matters second (21). Legal issues were third with 17 issues. Health is the next most common issue, (14) followed by community options and choices, (9).

This is virtually the same order as last year, with community options and choices replacing fees, as the fifth common issue raised by our clients.

Results

Of the 450 issues dealt with and closed by ADACAS, 393 or 87.3%, achieved the preferred outcome. The "successful outcome" rate has deteriorated when compared to last year, (down from 90.8%). This probably reflects the complexity of the issues confronting our clients this year, but we cannot ignore a decreasing tolerance of people who are "different from the norm".

Advocacy for people living in aged care institutions was more successful, with 93.4% of matters achieving the client's desired outcome. The outcome rate for older people in the community, and for people with disability was lower than the average, at about 86%. This is a reversal of the results for last year, and it is worth asking whether the level of successful outcomes has improved because of the Accreditation process.

Clients' satisfaction rate with the advocacy they received from ADACAS has reduced from 96.5% last year, to 91.7% in 1999-2000. Older people in the community had the highest rate of satisfaction with ADACAS advocacy, at 95.8%. Older people in aged care institutions recorded a 93.4% satisfaction rate, and people with disability recorded an 89.8% satisfaction rate.

The satisfaction rate remains high, although slightly lower than previous years. Some of the dissatisfaction could be attributed to the drop in successful outcome. Never-the-less, ADACAS will monitor this factor in 2000-2001, and seek feedback from those clients who express dissatisfaction with our advocacy.

INFORMATION

ADACAS responded to 657 enquiries this year. This is the same as last year.

Of the 657 enquiries:

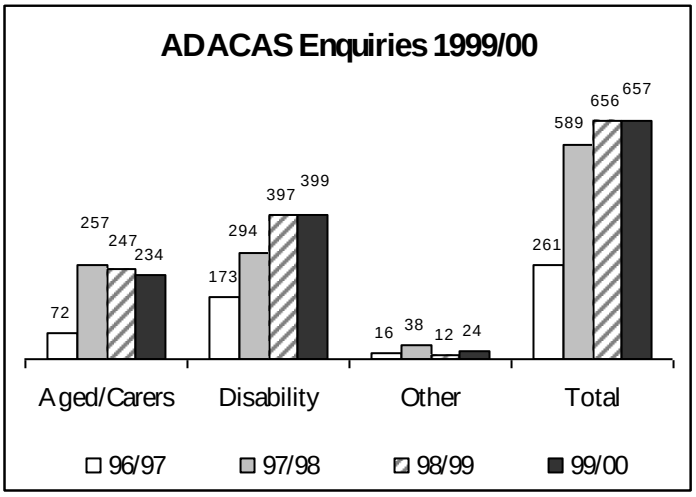
- 86 were from, or on behalf of, older people in institutions;
- 148 were from, or on behalf of, older people in the community; and
- 399 were from, or on behalf of people with a disability.

There were increases in the numbers of enquiries from people with disability, and older people living in the community, when compared to 1998-1999. Twenty-four were general enquiries, not related to ADACAS' client group. The total time spent in responding to the 657 enquiries was 220.5 hours, a small increase over last year.

The most common issue raised by enquirers was appropriate, affordable housing and responsive accommodation support, (97). This included 23% of all enquiries from older people in or seeking admission to an aged care facility. This was followed closely by legal matters, (77).

Health issues were also frequently raised, (75), and financial matters was also common, (68). There were 57 enquiries concerning abuse, 36 enquiries, all from people with disability, about rights and standards, and 24 enquiries from people with disability in respect of transport.

Table 3



PEOPLE TO WHOM WE WERE UNABLE TO PROVIDE ADVOCACY, (DEFERRALS)

(NB: We have reason to believe the following data under-represents the true incidence of this matter, as a number of referring agencies have commented that they have not referred many people to ADACAS, because they knew we were not accepting new clients.)

Of the 657 people who made enquiries, 137 were people seeking advocacy in respect of 139 issues who ADACAS deferred due to insufficient resources. Of these 137 deferrals, 114, (or 82.5%) were in respect of a person with disability, including 77 people with a psychiatric disability. Of the remainder, 2 were in respect of people living in Commonwealth funded aged care facilities, and 21 were in respect of older people living in the community.

As for 1998-1999, the largest numbers of people denied access to ADACAS were people with a psychiatric disability representing 56% of all deferrals. In 1999-2000, the most common issues in percentage terms raised by them, and to which ADACAS could not respond, were:

- legal matters: 13%
- appropriate, affordable, housing, and responsive accommodation support: 13%
- abuse: 10%
- health: 10%
- financial matters: 8%

Most concerning is that 4% of callers required advocacy support because of job insecurity and other employment related matters.

Employment is important because paid employment, (not employment in a sheltered workshop), provides wages, the lack or loss of which has a devastating effect on all people, but especially people with a psychiatric disability.

Financial matters consistently rate highly in ADACAS' overall work, and it is obvious that loss of a job, and the wages it provides, places people with a psychiatric disability at increased risk of:

- losing their home;
- relationship/marital/family breakdown;
- a deterioration in their health through inadequate nutrition; and
- inability to purchase medication;
- inability to meet other expenses, eg phone, electricity etc;
- inappropriate, even illegal, drug use;
- decreased self esteem; leading to
- depression, even suicide;
- abuse and assault; and/or
- being caught up in the criminal justice system.

All of these factors lead inevitably to:

- decreased chances of re-employment,
- increased vulnerability, and inability to cope with life generally, leading to
- a decrease in their mental health status, and
- increased dependency on mental and general health, and community based services,

- increased dependency on government income support, welfare support and charity,
- increased marginalisation and stigma,
- increased exposure to violations of their human rights, and, ultimately,
- increased need for advocacy, legal supports and protections.

Additional resources for advocacy are urgently needed to respond to these and other such matters, *whilst they are still manageable*.

Continuing to ignore this unmet demand is clearly false economy of the highest order.

For people with other forms of disability, the issues to which we were unable to respond were widely spread, with no clear issue type dominating. The most common issue raised was legal matters, 4%. Education also figured prominently, with 2.5% of deferred clients seeking assistance with education issues. Most of these requests related to lack of education options for children with autism. Also on 2.5% were matters about appropriate, affordable, housing, and responsive accommodation support, and financial matters.

Because of the institutional nature of aged care facilities, ADACAS tries to respond in some way to requests for advocacy from residents. The 2 people who we were unable to provide advocacy were requesting assistance with matters that were not related to the quality of acre they were receiving.

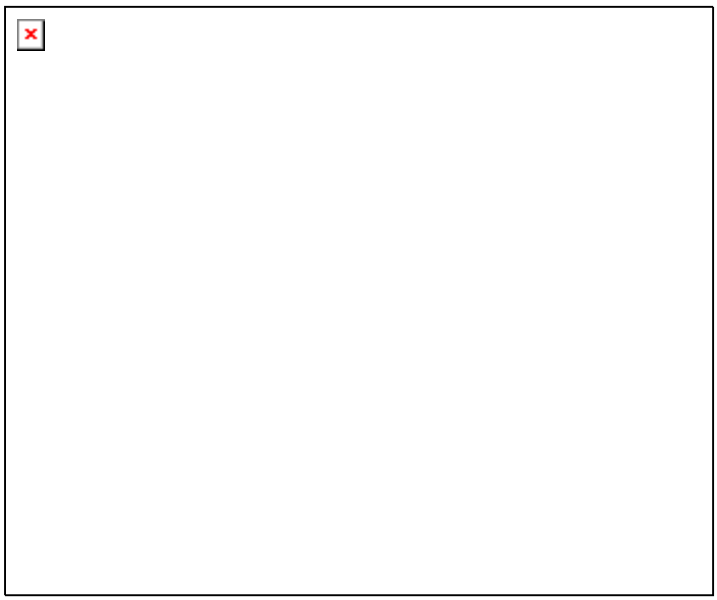
The most common issues raised by older people living in the community, and to which ADACAS could not respond, were:

- appropriate, affordable, housing, and responsive accommodation support: 32%
- abuse: 25%
- financial matters: 18%

Other matters included health, and rights and standards.

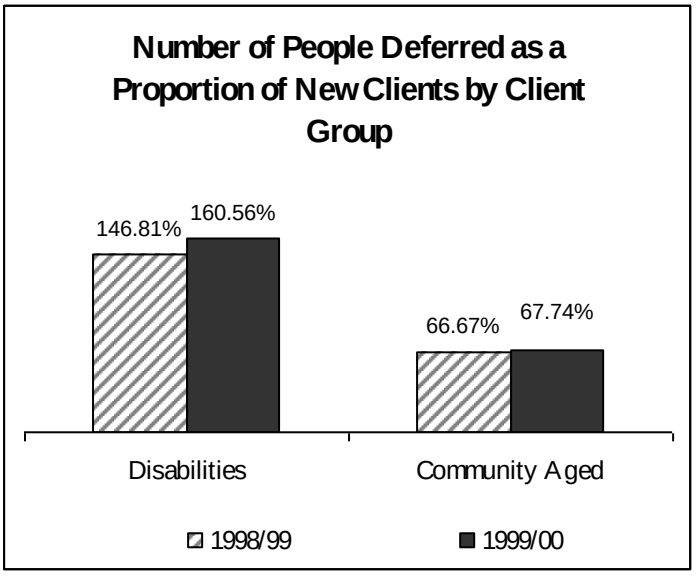
The following tables are a comparison of the rate of deferrals for 1999-2000 compared with the previous year.

Table 1 shows the numbers of people deferred, by client group, as a proportion of the total numbers of new clients accepted by ADACAS for the 2 years.



This table clearly shows that, for people with disability, and older people living in the community, the rate of deferrals is increasing.

Table 2 shows the numbers of people with disabilities, and older people in the community who were deferred, as a proportion of new clients accepted in the respective client group. This table gives an indication of the increase in resources needed by ADACAS to meet the demand.



As can be seen from Table 2, for every 2 new people with disability we accept, we turn another 3 people away, and as for Table 1, this table demonstrates the demand is increasing.

ADACAS needs at least a 150% increase in advocates for people with disability to meet the current demand.

For every 3 older people in the community ADACAS accepts as clients, we turn another 2 people away.

ADACAS needs to increase its advocates for older people in the community by at least 67%.

COMMUNITY EDUCATION AND INFORMATION

ADACAS has continued its program of community education and information this year. However, the pressure on the advocacy workload has again caused the agency to closely examine these activities for their effectiveness. In particular, ADACAS reluctantly decided to cease providing support to Aged Care Residents' Committees.

The purpose of ADACAS Education Program is 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 177 education activities in 1999-2000. These included 163 in respect of people who are ageing, 13 in respect of people with a disability and 1 activity in respect of ADACAS in general. The majority of the activities were general information sessions about ADACAS, rights and responsibilities, and advocacy, (164). 125 used prepared education kits, but 52 required the development of a special education program.

There were 39 education and information activities on the rights of people with disability, or people who are ageing. Eight events were skills development activities for participants, and carers and staff of aged care facilities or community based agencies usually attend these activities.

Of the 163 activities in respect of older people, 57 were regular visits to higher care facilities (nursing homes), and 88 to lower care facilities, (hostels). There were 12 activities delivered as part of formal vocational training of aged care workers, and 6 were with other agencies.

A total of 2752 people attended these activities, including 2105 residents and 483 staff of aged care facilities; 67 carers of older people; and 24 staff of community based agencies. Total time spent in these activities was 424.25 hours, including preparation.

There were 234 people who attended these 13 education activities in the Disability Education Program. There were 88 people with disability and 39 staff from community based support agencies attending these activities. In addition, 15 staff, and 11 people with disabilities living in community based residential facilities attended sessions. A total of 51¼ 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.

STAFF TRAINING AND OTHER ACTIVITIES

Staff training, and other activities that are not advocacy or community education activities, are also recorded. In 1999-2000, ADACAS staff spent 1079 hours involved in 254 events.

Staff training events this year were:

- Complaints Processes in NSW;
- FBT and GST training;
- Strategic Planning;
- Advocacy Principles, with John Armstrong;
- The Eden Alternative, meeting with Dr Bill Thomas;
- Depression in the Elderly;
- Living with Psychotic illness;
- Social Role Valorisation Theory workshop;
- Relieving workplace stress;
- Mental Health Standards Accreditation Process;
- Forum on the proposed Welfare Reforms;
- University of Canberra: Self Determination;

There were 18 meetings with our funding bodies, including 5 meetings with staff from the ACT Department of Health and Community Care; 4 with staff of Department of Family and Community Services; and 9 with staff from the Department of Health and Aged Care.

ADACAS held 4 meetings with the Aged Care Standards and Accreditation Agency; and there were 4 meetings, teleconferences and conferences with the other members of the Aged Care Advocacy Agency Network, (NAN). There were 8 other meetings etc attended in relation to older people, including:

- Aged Cottage Homes in Adelaide (this was arranged in conjunction with a conference in Adelaide funded by the Department of Health and Aged Care.);
- 7 meetings in respect of a project to raise awareness of Elder Abuse in the ACT.

There were 11 meetings with local and national Disability Advocacy Networks, and 16 meetings with Mental Health Consumer groups, service providers and peak bodies.

Of the 1079¾ hours spent on these activities, 376¼ hours were connected with systemic issues affecting ADACAS client groups as follows:

- 82¼ hours were related to the HACC Program and clients;
- 98¼ hours were related to the Disability Services Program and clients; and
- 195¾ hours were related to the Residential Aged Care Program, and its clients.

The remaining time was spent in administrative meeting associated with the running of ADACAS, including team meetings; intake meetings; committee meetings; meetings with the auditor; meetings in respect of Advocacy ACTion and the Work Places Project (which ceased in August 1999); Disability Services Standards monitoring; and staff supervision and support.

ATTACHMENT B

ISSUES RAISED THIS YEAR

Tables 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.	48 in the community 6 in institutions	28	14
Safety, incl for people in institutions, restraint, fire safety, security.	4 in the community	1	10
Finance	29 in the community 1 in institutions	13	26
Legal	41 in the community 7 in institutions	7	17
Benefits/Pensions	12 in the community	0	8
Fees/Donations	0 in the community	4	1
Guardianship	9 in the community 1 in institutions	5	7

Abuse/Harassment/ Violence	45 in the community 4 in institutions	5	8
Rights/Standards , incl for people in institutions, agreements and contracts	40	1	2
Service delivery, incl for people in institutions, assessment process	7 in the community	0	7
Access, physical	0 in the community	N/a	1
Privacy, dignity	2 in institutions	3	N/a
Access, eligibility	8 in the community	N/a	4
Freedom of choice	7 in institutions	6	N/a
Education/Information	18	0	1
Accommodation, incl for people in institutions, homelike environment, security of accommodation	52 in the community 4 in institutions	18	21
Transport	4 in the community	N/a	0
Social independence for people in institutions, incl visitors, management of own finances, freedom of movement, cultural issues, community access.	2 in institutions	6	0
Community options and choices, , incl for people in institutions, variety of experiences, activities.	17 in the community 1 in institutions	3	9
Service quality for people living in the community	16	N/a	1
Employment	8	0	0
Other	4 in the community	0	0

ATTACHMENT C

COMMUNITY EDUCATION ACTIVITIES 1999-2000

ORGANISATION	NUMBER OF ACTIVITIES
Residential Aged Care Program:	
Brindabella Gardens Hostel, Nursing Home, and Residents' and Relatives Committee	14
Canberra Nursing Home	10
Carey Gardens	6
Croatian Village	5
Eabrai Lodge	4
Ginninderra Gardens Hostel, Nursing Home	11
Goodwin, Ainslie	13
Goodwin, Farrer	7
Goodwin, Monash	4
Jindalee	7
Kalparrin	11
Mirinjani, Hostel and Nursing Home	10
Morling Lodge	6
Mountain View	6
Ozanam	4
Sir Leslie Morshead	9
St Andrews Village	6
St Nicholas' Home for the Aged	5
Villagio Sant' Antonio	3
CRS, Complaints Officer	3

ORGANISATION Cont.	**NUMBER OF ACTIVITIES**
Other activity:	
Burrangiri Centre	1
Carers' Association	2
CIT Cert III in Aged Care	2
Hennessy House	1
Koomarri	1
Living with Hearing Loss	1
MS Society	1
Pack n Post	4
St Benedict's Parish, Narrabundah	1
Students, (CIT, UC and TRAHCS)	4
TRAHCS, Cert III and IV in Aged Care, Community Care, and Disability Studies	13
VYNE	1
Workways	1
TOTAL:	177

ATTACHMENT D

FINANCIAL STATEMENTS