

# **ANNUAL REPORT**

**2001 - 2002**

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

**Suite 207, Block C  
Canberra Technology Park  
Phillip Avenue  
WATSON ACT 2602**

**PO Box 144  
DICKSON ACT 2602**

**Phone (02) 6242 5060**

**Fax (02) 6242 5063**

**TTY (02) 6242 5065**

**[adacas@ozemail.com.au](mailto:adacas@ozemail.com.au)**

**<http://members.ozemail.com.au/~adacas>**

**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:	Kym Duggan
Secretary:	Judy Phillips
Treasurer:	Phillip Gleeson
Public Officer:	Marguerite Castello

### **Other members**

Pat Daniels  
Sara Rizzi  
Susan Robertson  
Barbara Chevalier

## **ADACAS' STAFF**

### **Management and Administration**

Manager (part time)	Colynne Gates
Office Administration (part time)	Linda Janssen

### **Advocacy for older people**

Coordinator/Advocate	Michael Woodhead
Advocate (part-time)	Judy Power (to January 2002)
Advocate (part time)	Joan Suckling

### **Advocacy for people with disability**

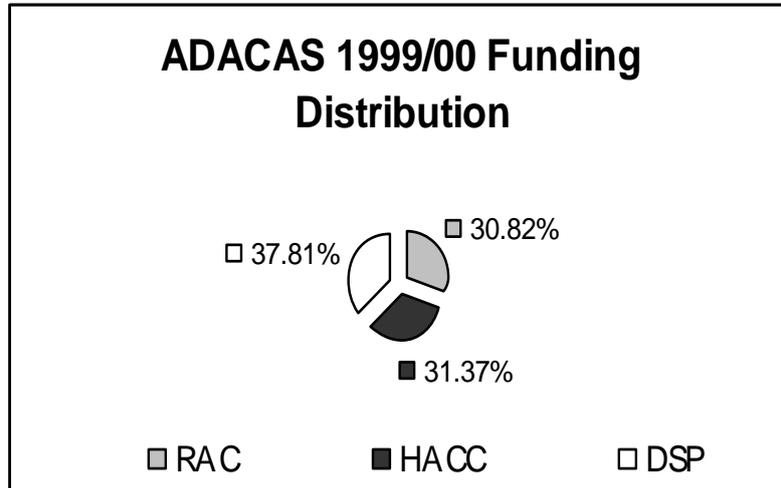
Coordinator/Advocate	Sandra Russet-Silk
Advocate (part-time)	Jaymmie Midegs
Advocate (part-time)	Melissa Johns (on maternity leave from October 2001)

## ADACAS FUNDING

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

ACT Government:	Health and Community Care Program (33.11%)
Commonwealth Government:	Department of Health and Ageing (29.55%) Department of Family and Community Services (37.34%)

Table 1 Allocation of funds by program



## CHAIRPERSON'S REPORT

This is my first full year as a member of the Board of ADACAS and as Chairperson. It has been a year full of revelations and major challenges but most of all it has been a year that has reinforced for me the value of the advocacy provided by this agency. The end of the Gallop Inquiry into Disability Services and then the release of the Report with its sweeping recommendations dominated the first half of the year.

I am strongly of the view that ADACAS involvement in the Inquiry was crucial to the outcomes achieved in those recommendations. All of the staff of the Service contributed in some way throughout the Inquiry and these efforts were critical in terms of highlighting the concerns and issues of our clients. Much of this work was done in addition to their normal work. Our alliance with ACTCOSS and the other members of the group representing people with a disability was, I think, a blueprint for further joint activity to assist in bringing forward the concerns and interests of our clients.

There was considerable criticism of the ADACAS involvement in the Inquiry but the results speak for themselves. This is the biggest reform in disability services for many years. Our clients have a key stake in these reforms, for us not to be involved would have been an abdication of our role in representing their interests.

The formation of the Disability Reform Group to work with the Government to facilitate a response to the Report was a welcome initiative and it was very pleasing to see that Phillip Gleeson, a member of the ADACAS Board, was chosen as part of that group. The sense of partnership with government that this group has engendered gives us renewed hope for the future of services in the ACT.

There has also been the review of mental health services, the report of which should be out soon and now the announcement of draft terms of reference for a review of complaints mechanisms and advocacy. ADACAS remains concerned about the direction of this review and will watch its progress with interest. ADACAS position is that because of the ineffectiveness of the Health Complaints Commissioner and the effective protection given to special services by section 27 of the Discrimination Act, the ACT has a seriously inadequate complaints mechanism.

Urgent reform is necessary to give that system real teeth. ADACAS renews its call to the Stanhope Government to do what it tried to do in Opposition, that is to amend section 27 of the Discrimination Act so that it can no longer be used as a shield by Government service providers. The fact that no such amendment has yet been made puts a real question over the Government's bona fides in relation to effective accountability for such agencies.

The second half of this year saw us re-focus on our core business of individual rights based advocacy. There is a wide spread lack of understanding of the place and intrinsic worth of rights based advocacy particularly in areas of the ACT public service. Much of that service remains wedded to the concept that the only appropriate advocacy is best interests advocacy with those best interests being determined by those doing the advocacy, often based on the advice of members of the medical professions, rather than by people with a disability or aged persons themselves.

ADACAS reaffirms its commitment to individual rights based advocacy in circumstances where the rights of all aged persons or people with a disability are properly represented. We believe this is nothing less than a fundamental human right that the rest of the community takes for granted.

ADACAS most precious resource is our staff. They have again provided excellent service in what has been a very difficult year. To Colynne, Sandra, Michael, Jaymmie, Joan and Linda we say a big thank you for a job well done. There have been a number of challenges that have come our way in relation to keeping quality staff in organisations such as ours. One of the biggest of those challenges has been the new SACS award that has the potential to seriously impact on the award conditions of senior staff. A challenge for the whole sector will be how best to respond to this challenge and still keep those staff upon which our organisations rely.

I take this opportunity to thank the rest of the Board of ADACAS, Marguerite, Judy, Phillip, Sara, Pat, Susan and Barbara for their assistance this year. Being a rights based advocacy organisation is never an easy task, next year will be just as big a challenge as this year, but we remain committed to the fundamental principles that fashioned the formation of ADACAS some 13 years ago.

# **MANAGER'S REPORT**

## **Introduction**

This year has been a momentous one for people with disability and their families living in the ACT. It commenced with the final stages of the Inquiry into Disability Services, (the Gallop Inquiry), through the release of the Gallop Report in December and the establishment of the Disability Reform Group, and concluded with the Reid Review and the establishment of the new Department of Disability, Housing and Community Services. There was also the announcement of a review into Mental Health Services, and a likely review of advocacy, consumer complaints and watchdog agencies. As I write this report, the Government has tabled its response to the Gallop recommendations in the Legislative Assembly. The draft terms of reference for the review of advocacy and complaints mechanisms, the expected outcome of which is likely to be a "rationalisation" of consumer protection/complaints mechanisms, have also been released for public comment.

Throughout the year, staff have continued to provide advocacy for as many people as possible, and again the amount of individual advocacy provided by ADACAS has increased when compared to the previous year.

ADACAS staff and Management Committee have continued the internal review of ADACAS, which has resulted in recent changes to the Complaints policy, the adoption of an interim policy on best interests advocacy, and the development of a draft policy on the role of families and guardians in the ADACAS advocacy process (which will be released for community feedback by December 2002). The review is not completed, and is now likely to include consideration of the results of the Government's Review of advocacy, complaints and watch-dog agencies.

## **Staffing**

In October 2001 Ms Beby Bros, who had worked for ADACAS for five years, retired. Beby maintained the IT systems at ADACAS. The same month, Ms Melissa Johns left on maternity leave. Neither Beby nor Melissa were replaced due to lack of resources. In January 2002, ADACAS said farewell to Ms Judy Power, who also decided to retire from the workforce. Judy took an interest in the plight of younger people living in aged care homes, which led to the Younger People In Nursing Homes project, (YPINH), discussed later. Beby, Melissa and Judy are all sadly missed and we wish them all the best in their (different) retirements from the work force!

## **Operations**

The major change for ADACAS this year was a relocation from Downer to Watson. We had planned on a move when we found suitable premises at reasonable cost because our offices at Downer were not ideal from a privacy and confidentiality perspective. However, our landlord, also wanted to reclaim the offices we occupied for their own use, and therefore we had to move sooner than we would have liked.

Finding office space at a reasonable cost, and that was accessible for people with physical disability proved a challenge. ADACAS had hoped to rent space owned by the ACT Department of Education, but unfortunately the offices were not fully accessible and the Department would not meet the cost of modifications. We negotiated a lease at the Canberra Technology Park, and moved in late April. The move proved expensive, and we are grateful to the ACT Department of Health and Community Care who provided a specific grant of \$5,000 to assist with the costs of moving.

There was a slight delay in moving into the offices as the construction work was not fully completed. This meant that ADACAS staff worked from home for a week, and in addition communication with the people for whom we provide advocacy was interrupted for a short time due to problems with phone lines.

However, the new offices are much roomier, and provide us with confidential interview rooms, which were not available at Downer. There is space for a couple of additional workers, should we be successful in bids for additional resources in the future. The costs are higher than we were paying for accommodation in Downer, and therefore other recurrent expenditure has had to be cut. In addition, whilst the building is technically accessible, we have experienced difficulties in access after hours. Our lease expires in April 2004, and we will be reviewing our options at that time.

The new referral intake process introduced late last year has proven to be very successful, and will be retained.

## **Data summary**

Full data in respect of individual and systemic advocacy can be found at Attachment A.

This year, there has been an increase in the number of people, issues and hours of advocacy, when compared to last year.

In 2001-2002 ADACAS provided individual advocacy to 246 people, compared with 197 people in 2000-2001. ADACAS continued to provide advocacy for 94 people, accepting 152 new people in the year, compared to 120 new people in 2002-2001. We have assisted people with 695 issues this year and provided 3925.5 hours of advocacy support. In 2000-2001 the corresponding figures were 557 issues and 3725.50 hours of advocacy.

Again, ADACAS was unable to offer advocacy to many people who sought our assistance, though less than in previous years. We have been unable to provide advocacy to 109 people this year, the majority of whom, (58), as for last year, were people with disability. In this situation, ADACAS refers to other advocacy agencies in the ACT where possible. For others there may be other agencies that can assist them with resolving the issue, though are not able to provide the person with advocacy during the resolution process. This can significantly disadvantage the person during negotiations as often there is a “power imbalance” between the parties, putting the person for whom we were unable to provide advocacy in a weaker position.

In respect of systemic advocacy, ADACAS worked on 19 separate matters. Of these, 12 were related to the residential aged care sector including specific aged care facilities and 3 others were related to issues affecting older people living in the community. The remainder were in relation to issues affecting people with disability and those who access the mental health sector. In all, ADACAS spent a further 259.25 hours on systemic advocacy matters. However, the most time consuming matter was still the Inquiry into Disability Services, where 77 hours were spent by ADACAS staff supporting people with disability and their families. The second highest time consuming matter was in respect of an aged care facility. Forty-six and a half hours of advocacy support were provided where there were, and still are, serious concerns about retribution against people who make complaints about the facility.

In total, therefore ADACAS has, this year, provided 4184.75 hours of advocacy support to people with disability, people who are ageing, and their unpaid/family carers in respect of individual and systemic advocacy matters. This is a decrease on the reported advocacy hours for the previous year (4652.25 hours), and is due entirely to the “winding down” of the Gallop Inquiry.

In addition to the provision of advocacy, ADACAS also responds to telephone queries, providing advice on people’s rights and information on services etc. ADACAS responded to 395 enquiries this year, less than last year.

### **Finances and related matters**

The full financial statements for ADACAS are at Attachment C.

ADACAS received recurrent funding of \$306,563, including \$115,106 from the Commonwealth Disability Services Program, \$92,917 from the Commonwealth’s Residential Aged Care Program, and \$98,540 from the ACT Government’s Home and Community Care Program.

I am pleased to advise that the Commonwealth Disability Services Program, DSP, confirmed a \$4,000 recurrent increase to our grant and we also received a one-off grant of a similar amount. The Commonwealth Department of Health and Ageing has also approved an increase of \$10,000 over two financial years (2000-2001 and 2001-2002). Unfortunately the increase came too late and was insufficient to continue the employment of Ms Power. The position will be advertised in September 2002 for 12 hours a week.

Finally, in addition to the one-off grant to assist with the relocation of the ADACAS, the ACT Government also provided ADACAS with one-off grant to assist with the implementation of the second stage of the SACS award. This has been converted to a recurrent grant for 2002-2003.

Confirmation of the DSP and HACC grants, (which came late in the 2001-2002 financial year), has enabled a small increase in staffing for the Advocacy Program for people with Disability from July 2002. In addition, an education project will be undertaken by ADACAS in 2002-2003 providing information on rights and advocacy for older people living in the community.

ADACAS applied for funding from the ACT Government to provide additional advocacy for people with a mental illness/psychiatric disability. This was declined, pending the results of the review of mental health services.

### **Review of the Residential Aged Care Advocacy Services Strategic Plan**

The strategic plan for the Residential Aged Care Advocacy Services Program expired in June 2002. ADACAS, with the other 8 advocacy agencies, worked with the Department of Health and Ageing to develop a new strategic plan, which should be adopted by December 2002.

### **Other Reviews**

There have been no further developments in respect of implementation of the Recommendations of the Commonwealth's Review of the National Disability Advocacy Program.

As mentioned above, the ACT Government is about to conduct a review of advocacy, complaints and "watch-dog" agencies. The origins of this review were:

- the ACT Government's response to the recommendations of the Gallop Inquiry Report including a recommendation that additional resources be made available for community based advocacy, which the Government has not accepted.
- the announcement that the ACT Government will establish a Disability Commissioner, and the need to look at the interaction between the roles of the new position and the existing protection, quality assurance and complaints mechanisms; and finally,
- the Reid Report, which recommended a "rationalisation" of the community advocacy and "watch-dog" agencies/functions.

Clearly this review will have a significant impact on ADACAS, as well as the other 3 community based advocacy agencies in the ACT. It is expected that a significant amount of resources will need to be committed by ADACAS to this review in order to protect, and hopefully improve, the position of community based advocacy for people with disability and older people in the ACT.

ADACAS' submissions will raise those issues which we see as negatively impacting on strong, independent advocacy. This not only includes resources, but most importantly how and from where funding is provided. Whilst ADACAS will argue for the continued, and increased provision of funding for advocacy, we will also argue for more independence from the funding body.

Currently, ADACAS is funded by the same Departments that fund the community based services we may be advocating within and, in the case of the ACT Government, also provides direct services through ACT Community Care. Clearly there is a possibility that an advocacy agency may avoid direct action in response to a Departmental/Government policy or action which breaches the rights of, for example, people with disability, for fear of the consequences eg to their funding. ADACAS will argue for some distance and independence between the funding source of advocacy and funding and/or provision of services.

### **Data collection, analysis and reporting**

The problems with the implementation of the Home and Community Care (HACC) Minimum Data Set, (MDS) continue. Primarily the data collected is of little or no relevance to Government for accountability or planning purposes as far as advocacy is concerned. ADACAS continues to discuss our concerns about the integrity and usefulness of the data with HACC officials, and we are optimistic of some resolution in the next financial year.

On a more positive note, ADACAS has been meeting with all three funding bodies since June 2002 to discuss how data, reporting and accountability can be streamlined so that ADACAS does not have to respond to the three funders in different ways. There have been several outcomes including the adoption by HACC of the DSP reporting format, and a reduction in meetings between ADACAS and each funder. There have also been some significant developments in respect of standards for advocacy, which are reported below.

The Committee and staff of ADACAS would like to extend their appreciation to staff of the ACT offices of the Commonwealth Departments of Family and Community Services, and Health and Ageing for their cooperation and support of this work.

### **Complaints against ADACAS**

ADACAS complaints policy and process has been reviewed and the new policy will be posted onto the ADACAS website in the near future.

As for previous years, the level of satisfaction with our work from people for whom we have provided advocacy remains generally high. Also, as before, most complaints come from other people involved in the advocacy rather than the person for whom we advocated. 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.

This year we have registered two complaints from people for whom we have provided advocacy. Both were in respect of us being unable to achieve the outcome they sought from ACT Housing. Neither has, to date, been put in writing.

In the last Annual Report I noted that ADACAS had received complaints from people about whom ADACAS gave evidence at the Gallop Inquiry. Those complaints have been resolved. However, in this financial year, ADACAS has received two more complaints from people criticised by Gallop in his report.

The complaints are not about the evidence ADACAS gave at the Inquiry about them, but in relation to people for whom ADACAS has provided advocacy. It should be noted that the people who received the advocacy are entirely satisfied with the advocacy they have received.

These complaints have been made in writing to all of our funding bodies, and are now being investigated by the Community and Health Services Complaints Commissioner. Both are, as yet, unresolved.

### **ADACAS Acquittal of Standards**

In 2001-2002 ADACAS was required to acquit both the National Disability Services Standards, (NDSS), and the Home and Community Care Standards, (HACC standards). In addition, as a result of discussions on the Residential Aged Care Advocacy Services Program, ADACAS will be required to acquit a third set of standards developed specifically for advocacy.

Neither the NDSS nor the HACC standards were developed for advocacy, (they were developed for services), and need to be significantly “interpreted” in order for us to be able to report our performance against them. Further, how ADACAS interprets the NDSS has not been fully discussed and agreed with the Commonwealth. Similarly, ADACAS and the HACC project staff were not able to reach an agreement on the HACC standards instrument before we were required to acquit it.

After discussions with all three funding bodies, both Commonwealth funders, (DSP and Residential Aged Care) have agreed to allow ADACAS to use the new advocacy standards. We have asked the ACT Government HACC officers if we could also use the advocacy standards in lieu of the HACC standards in future years.

In respect of acquittal of the three standards instruments, ADACAS performed highly with only partial non-compliance. The areas for improvement related to changes to the complaints policy, (now implemented) and improvements in how information is provided.

ADACAS has decided to develop a booklet for all people who receive advocacy, effectively a "Charter". It is expected that the booklet will be available by January 2003.

### **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 usually 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 is well placed to provide feedback to Government directly, or indirectly through ACTCOSS and other fora, in respect of policy initiatives etc, as they might affect people with disability or those people who are ageing.

### **Systemic issues affecting people with disability**

#### **The Gallop Inquiry into services for people with disability:**

The long awaited report was made available in December 2001. Justice Gallop has accepted much of the evidence presented by ADACAS staff and those witnesses who ADACAS supported at the Inquiry, and presented under the auspices of ACTCOSS. His findings and recommendations have been widely publicised, and need not be revisited in this report.

As mentioned by the Chairperson in his report, ADACAS welcomed the establishment of the Disability reform group, (DRG), and thanks Phillip Gleeson who, amongst other commitments, is the ADACAS Treasurer, for his involvement on the DRG. ADACAS looks forward to the implementation of the Government's response to his recommendations and a continued role for the DRG.

However, ADACAS' interest and involvement will not stop with the release of the Government's response. ADACAS is concerned that, as for previous reviews of disability services, the agreed actions will be forgotten with the passage of time. ADACAS will monitor the Government's response and will seek to hold them accountable for their actions.

However, a statement from last years Annual Report is worth repeating:

“One concern ADACAS has is the possibility that his recommendations, or the Government's interpretation of his recommendations, will further bureaucratise service provision, alienating people with disability and their families.”

It is to be hoped that indeed this does not occur, and that the system becomes more flexible, and responsive to the needs of people with disability and their families.

Change is never easy to experience. Already we are seeing lines drawn between those people who seem not to want change, and those who do. This is not unlike the mid-90's when the Disability Program made a decision to close the John Knight and Bruce Hostels, when some families were concerned about the move and what might happen to their sons and daughters, and others were equally concerned at what they saw as an inadequate model of support. We are now seeing some families concerned at the possible loss of the group homes model, and others keen to explore new options.

Whilst some families are adamant that they are receiving a quality service from Disability Program, Gallop's findings overall were that the Program provides inadequate service quality to ensure the safety and well being of its clients. (Gallop Report: Findings, no 22, page 18). It is unfortunately very clear therefore, that unless the proposed reforms are implemented successfully, even those currently satisfied families cannot guarantee that their son or daughter will continue to receive a quality service.

Last year's Annual report made the following statement, in respect of evidence presented by Michael Kendrick and Tony Shaddock:

“The common thread in all these activities was the flexible manner in which the service systems responded to people with disability and their families and their needs. The key to many was informality and a minimum level of bureaucracy that ensured quality and accountability. However, of critical importance to these programs was the shared vision of, and a commitment to, a good life for people with disability: *and a practice that moves the rhetoric out of the pages of policy manuals into reality for people with disability.*”

The information made available by the Disability Reform Group, DRG, reinforces this view. If the Disability Program comprehensively adopts this approach, there is no reason why people with disability could not choose to share housing and even support with other people with disability.

The key factors are choice, the responsiveness of the service to people's changing needs and aspirations, and the degree to which people with disability (and their families) are able to make such decisions about how they choose to live their life.

Copies of all ACTCOSS submissions and the ADACAS submission are available from ADACAS. In addition, ADACAS maintains a complete copy of the transcript at the office for people to read.

### Services for people with a psychiatric disability/mental illness:

ADACAS has not received any information from the working group established by Mental Health Services to look at treatment options for people with personality disorder.

There continues to be an emphasis on institutional service models for people with psychiatric disability. This year has seen the opening of the “secure care unit” with mixed success, continued changes in the operations of Hennessy House, and the establishment of the Rainbow Room.

The information coming from the DRG indicates the need for flexibility, especially as needs and responses to the environment become less predictable. Clearly, the capacity of institutional models to be sufficiently flexible enough to adequately respond to the unpredictable reactions of someone with mental illness to the stressors in their environment is doubtful.

ADACAS is also concerned about the segregation and congregation of people with psychiatric disability that institutional models promote. In our opinion and experience, the long term consequences for disadvantaged and marginalised people accessing such services are increased isolation, devaluation and further marginalisation of people. This in turn exposes them to increased risk of abuse and negligent treatment.

### Review of Mental Health Services

Following a significant number of attempted and unfortunately, some successful suicides, the Government announced a (limited) review of Mental Health Services to be undertaken by Ken Patterson, Community and Health Services Complaints Commissioner. ADACAS provided Mr Patterson with a submission, copies of which are available from ADACAS on request.

It is to be hoped that some positive changes come about as a result of this review.

However, ADACAS believes that a more comprehensive review of Mental Health Services is needed at this time. The review could examine the future role of MHS vis a vis the management of the psychiatric wards at The Canberra and Calvary Hospitals. In addition the review should also examine, in the context of the Gallop Inquiry, Disability Reforms, and the establishment of the new Department of Disability Housing and Community Services, the development of an appropriate vision statement in respect of the lives of people with psychiatric disability/ mental illness, and the role of community based support services that need to be available for the achievement of this vision. ADACAS believes that the proposed review would be a logical extension of the Gallop Inquiry and the implementation of the National Mental Health Strategy.

The review should be conducted with the full participation of people with mental illness/ psychiatric disability, their families, and allies. The terms of reference should direct the review to seek out best practice ways of meeting the complex needs of people with mental illness/ psychiatric disability that enable the rhetoric of the Mental Health Standards to become reality in service provision across community and government services.

## Younger people with disability in aged care homes

ADACAS has for some time been concerned about the quality of life of younger people with disability living in aged care homes. Two years ago ADACAS collected data on the numbers of younger people, (under 65 with a non-age related disability) and found that there were 23 people in ACT aged care homes. A more recent study has revealed that there are now 41 people in ACT aged care homes; almost double that of two years ago.

As a result the ADACAS Committee has agreed to fund a short term project to form a coalition of people interested in bringing about change for younger people living in aged care facilities, and those for whom no other viable options exist at this time. Again, the Gallop Inquiry, the DRG deliberations and the response of the ACT Government to the Gallop recommendations will form the cornerstone of the project outcomes.

## Systemic issues affecting older people

### Quality of care

ADACAS remains concerned, as mentioned in previous years, about the quality of care in aged care institutions. The reasons may be due to insufficient funding from the Commonwealth, profit taking by providers, insufficient numbers of adequately trained staff, or the inadequacies of the Accreditation system. Whatever the reasons, whilst there has been some improvement in recent years, the quality and level of access to basic rights is still below what most people would accept for themselves in their own homes.

In addition, of great concern to ADACAS is the apparent inability of some homes to maintain improvements. The Aged Care Standards and Accreditation Agency, (the Agency), when monitoring a home's performance against the Aged Care Standards, requires all homes to develop a plan for continuous quality improvement, a cornerstone of which is that gains in quality are maintained.

Two years ago, ADACAS was involved in a series of systemic advocacy actions in respect of some homes in the ACT. Significant improvements were made by these homes in response to concerted action by the Department and the Aged Care Standards and Accreditation Agency. It is disappointing that serious issues regarding quality of care within at least one of these homes are again being reported to ADACAS.

### Inadequacies in the consultative processes used by the Agency

As reported in our Annual Report for last year:

“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.”

This is still the case in the ACT, however the Agency has announced an increased focus on obtaining quality feedback from consumers of aged care services for this and future years, and this news is welcomed.

### Retribution, intimidation and payback

One of the reasons why the Agency's consumer feedback is not accurate is because of the fear of retribution of people who live in aged care homes and their family carers. ADACAS has had reports of fear of retribution from people living in all of the ACT Residential Aged Care homes. However, the nature of congregate living gives rise to an automatic fear of retribution for many people if they speak out about concerns they have about the quality of care being provided to them.

Of great concern to ADACAS was the fact that people living in 7 of the 23 homes in the ACT have reported direct retribution (as opposed to fear of retribution) when they have complained. The retribution reported to ADACAS has included:

- being told, or suggested, to find somewhere else to live;
- not having buzzers answered;
- being embarrassed and even humiliated, in front of other people;
- being called a "dobber";
- being left on the toilet for long period of time, over 30 minutes in one case reported to ADACAS;
- not being allowed to sit with friends at the lunch table;
- being the last to be served meals, the meals being smaller and cold.

Clearly this is not acceptable. If the experience of ADACAS is duplicated nationally, then staff in at least 35 % of the aged care homes in Australia engage in retribution against people who complain. This is clearly a significant credibility issue both for the Department and the Agency.

### Financial Abuse

As reported regularly in our Annual report, financial abuse is the most common form of elder abuse reported to ADACAS. Often financial abuse is a pre-cursor to physical abuse.

In recent weeks ADACAS has learned that the ACT Government will make a formal response to the Report Into Elder Abuse. ADACAS welcomes this initiative, and looks forward to some significant improvement in the area of elder abuse and in particular abuse of powers of attorney.

### Conclusion

This year has been a very busy, difficult, and at times rewarding year for the staff at ADACAS. It has also been one of change. Three valued colleagues have moved on to new phases in their lives, and their contribution to the work of the agency is sadly missed. We have moved offices: which has presented us with opportunities, and challenges.

There have been opportunities to improve the quality of life for people with disability and older people that we have been able to respond to, and others that we have regretfully had to let go because of insufficient resources to respond.

I would like to record my appreciation of the extraordinary energy and commitment demonstrated by ADACAS staff this year, and my thanks to the Committee of Management for their support in what has been a demanding year for us all.

Colynne Gates  
Manager

## ATTACHMENT A

### ADACAS STATISTICAL SUMMARY

#### ADVOCACY

##### Summary

In 2001 - 2002 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 but to a lesser degree than in previous years. ADACAS was able to provide advocacy to 152 new people this year, compared to 120 people last year. However we were unable to provide advocacy for 109 people who, where possible, were referred to other advocacy agencies.

Following is a brief table comparing the agency's work performance for this year and last year.

	<b>2001-2002</b>	<b>2000-2001</b>
<b>Individual advocacy:</b>		
• <b>advocacy hours</b>	• 3925.5	• 3725.50
• <b>total numbers of people assisted</b>	• 246	• 197
• <b>total issues</b>	• 695	• 557
• <b>new issues</b>	• 456	• 384
• <b>issues closed</b>	• 479	• 315
• <b>outcome achieved</b>	• 431	• 278
• <b>satisfied with ADACAS performance, per issue closed</b>	• 454	• 287
• <b>people unable to be assisted</b>	• 109	• 154
<b>Systemic advocacy:</b>		
• <b>advocacy hours</b>	• 259.25	• 1210.75
• <b>total issues</b>	• 64	• 69
• <b>issues closed</b>	• 1	• 11
• <b>new issues</b>	• 20	• 54
<b>Enquiries:</b>		
• <b>numbers of enquiries</b>	• 395	• 543
• <b>time spent</b>	• 268 hrs	• 218.5 hrs

The data indicates an increase in most indicators of activity this year compared with last year, including:

- the amount of individual advocacy provided,
- the numbers of people assisted;
- the numbers of issues dealt with;
- outcomes achieved;
- level of satisfaction with ADACAS performance.

However the numbers of enquiries received is reduced, although the amount of time taken to respond to the enquiries has increased. The total amount of systemic advocacy has reduced significantly compared to last year: a result of the decreased involvement with the Gallop Inquiry.

Of the 246 people receiving advocacy this year:

- 108 were people with disability and their carers;
- 106 were older people and their carers who are clients of the Commonwealth's Residential Aged Care Program, including 3 people with disability; and
- 32 were older people living in the community and their carers.

ADACAS has continued to maintain representation in our client group of people from other cultures, with 31 people receiving advocacy. Unfortunately, no-one of Indigenous background sought advocacy this year. In addition, 10 people with dementia were provided with advocacy.

### **Individual advocacy for people with disability**

Table 2



Individual and systemic advocacy for people with a disability is funded by both the Commonwealth, (Department of Family and Community Services) and ACT Governments, (Home and Community Care Program, Department of Health and Community Care).

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 one part-time worker (25 hours per week) specifically to provide advocacy for people with a psychiatric disability. The second part-time worker, who provided 20 hours of advocacy a week for people with disability, left on maternity leave in October 2001 and was not replaced.

### Individual advocacy

Of the 108 people with a disability, and their carers, seeking individual advocacy this year:

- 54 were people with a psychiatric disability;
- 3 people had autism;
- 2 were people with acquired brain injury;
- 18 people had an intellectual disability;
- 18 people had a physical disability;
- 1 person had a vision impairment and another was “deafblind”;
- 2 people had a neurological disability; and
- 9 people were carers of someone with disability.

ADACAS provided 2110.5 hours of advocacy for people with a disability and their carers, the majority of which (1230.25 hours) was used informing people of their rights, identifying advocacy strategies, and supporting people through the advocacy process. There were 812.75 hours of formal representation by ADACAS on behalf of the people for whom we were advocating.

### Systemic advocacy

ADACAS provided 111.5 hours of advocacy in respect of 3 systemic matters, (the Gallop Inquiry, and two in respect of Mental Health Services: institutional issues and community issues).

### Advocacy for people who are ageing

The Advocacy Program for People who are Ageing is staffed with a full-time Coordinator working primarily in respect of aged care homes, and 1 part-time staff person (15 hours a week) working on behalf of older people in the community. The part-time advocate working within the residential aged care system retired in January 2002, and was not replaced.

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

### Individual advocacy

This year, ADACAS provided advocacy to 138 people including:

- 47 people living in a high care facility, (nursing home), and 6 family carers;
- 47 people who are living in a low care facility, (hostel) and 2 family carers;
- 1 person a Community Aged Care Package;
- 27 older people living in the community, and 5 family carers of an older person living in the community; and
- 3 younger people with disability living in an aged care facility.

ADACAS has provided 1187.25 hours of advocacy support to older people and younger people with disability living in an aged care facility, and 31 hours for carers of someone living in an aged care facility. This is a total of 1218.25 hours this year, a significant increase over the 803.75 hours provided last year. ADACAS has provided 596.75 hours of advocacy for older people living in the community and their carers, a reduction of 152.25 hours compared to last year. The reduction in this aspect of ADACAS activity was due to personal leave taken by the advocate and the inability of ADACAS to replace her due to resource constraints.

### Systemic advocacy

Finally, ADACAS has provided 147.75 hours of advocacy in respect of 15 systemic issues in the aged care sector; 11 relating to specific aged care homes and 4 relating to HACC or generic issues.

Table 4

Table 5

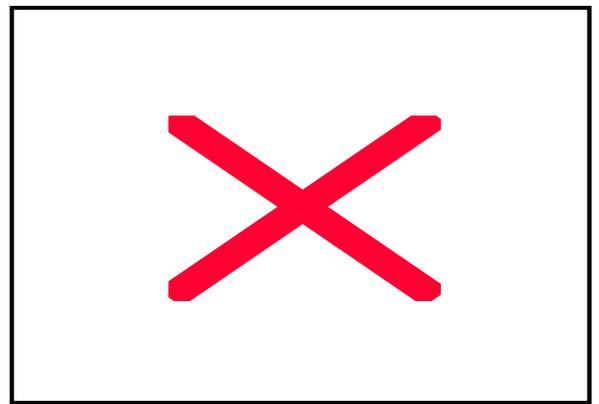


Table 6

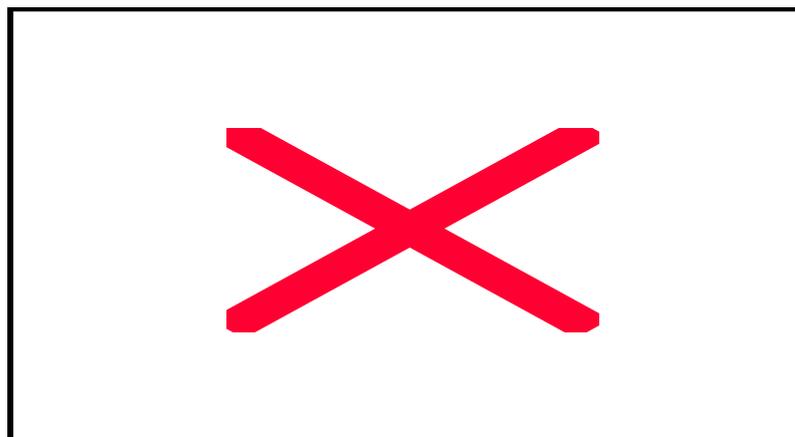
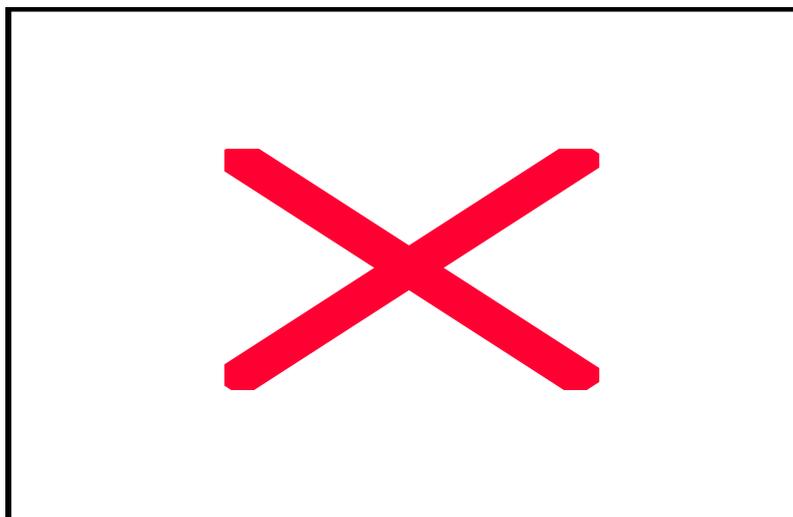


Table 7



### 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 family carer, and whether they are living in the community, or in an institution.

### Issues responded to by ADACAS

The following table indicates the prevalence of issues responded to by ADACAS in respect of each group of people for whom we provide advocacy.

<b>Issue types</b>	<b>All people</b>	<b>Carers of, and people with disability</b>	<b>Carers of, and older people in aged care homes</b>	<b>Carers of, and older people living in the community</b>
<b>1. Administration and fair trading</b>	<b>27</b>	<b>1</b>	<b>23</b>	<b>3</b>
<b>2. Level of care</b>	<b>128</b>	<b>25</b>	<b>82</b>	<b>21</b>
• access to specialised services;	• 37	• 16	• 11	• 10
• medication issues, excluding restraint;	• 13	• 0	• 13	• 0
• assessment; and	• 11	• 3	• 6	• 2
• inadequate service response to emotional needs of people.	• 10	• 0	• 9	• 1

<b>Issue types</b>	<b>All people</b>	<b>Carers of, and people with disability</b>	<b>Carers of, and older people in aged care homes</b>	<b>Carers of, and older people living in the community</b>
<b>3. Consumer rights</b>	<b>150</b>	<b>49</b>	<b>91</b>	<b>10</b>
• abuse by service provider staff,	• 25	• 7	• 18	• 0
• lack of choice and decision making,	• 32	• 13	• 18	• 1
• inadequate internal complaints mechanisms,	• 33	• 19	• 13	• 1
<b>4. Environment</b>	<b>56</b>	<b>10</b>	<b>36</b>	<b>10</b>
• safety	• 9	• 5	• 3	• 1
• catering	• 7	• 0	• 7	• 0
• equipment	• 9	• 0	• 3	• 6
<b>5. Quality Assurance</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>2</b>
<b>6. Alternate decision making</b>	<b>28</b>	<b>7</b>	<b>17</b>	<b>4</b>
• guardianship	• 9	• 3	• 5	• 1
• powers of attorney	• 11	• 0	• 9	• 2
<b>7. Care options</b>	<b>15</b>	<b>9</b>	<b>6</b>	<b>0</b>
<b>8. Financial issues</b>	<b>53</b>	<b>28</b>	<b>15</b>	<b>10</b>
• debt	• 16	• 8	• 5	• 3
• pension	• 15	• 10	• 3	• 2
• other	• 22	• 10	• 7	• 5
<b>9. Health system interaction</b>	<b>28</b>	<b>22</b>	<b>1</b>	<b>5</b>
<b>10. Regulation</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>11. Significant others</b>	<b>48</b>	<b>26</b>	<b>11</b>	<b>11</b>
• abuse	• 33	• 15	• 8	• 10
<b>12. Legal</b>	<b>65</b>	<b>43</b>	<b>10</b>	<b>12</b>
• criminal;	• 18	• 12	• 2	• 4
• civil;	• 21	• 12	• 8	• 1
• Family Court;	• 10	• 5	• 0	• 5
• Children's Court.	• 5	• 5	• 0	• 0
<b>13. Education</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>14. Transport</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>2</b>
<b>15. Employment</b>	<b>15</b>	<b>15</b>	<b>0</b>	<b>0</b>
<b>16. Accommodation</b>	<b>68</b>	<b>41</b>	<b>3</b>	<b>24</b>
• safety;	• 15	• 8	• 1	• 6
• homelessness;	• 10	• 8	• 1	• 1
• eligibility; and	• 10	• 2	• 0	• 8
• disputes	• 10	• 9	• 0	• 1
<b>17. Other</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>

<b>TOTAL</b>	<b>695</b>	<b>282</b>	<b>298</b>	<b>115</b>
--------------	------------	------------	------------	------------

## **Results**

Of the 479 issues dealt with and closed by ADACAS, 431 achieved the desired outcome, (90%), which is a slight improvement on 2000-2001, (up from 88.25%).

Advocacy for people with disability was most successful at 98%. A significant improvement over last year's 83%. Success rates for advocacy for people in aged care homes was 82%, and for older people living in the community, 94%.

People's satisfaction rate with the advocacy they received from ADACAS has increased from 91.1% last year to 94.8% this year. Possibly reflecting the outcome achieved data, 99.4% of the people with disability provided with advocacy this year were pleased with ADACAS' performance. Corresponding figures for older people living in aged care homes or in the community are 94.6% and 85.3% respectively.

## **INFORMATION**

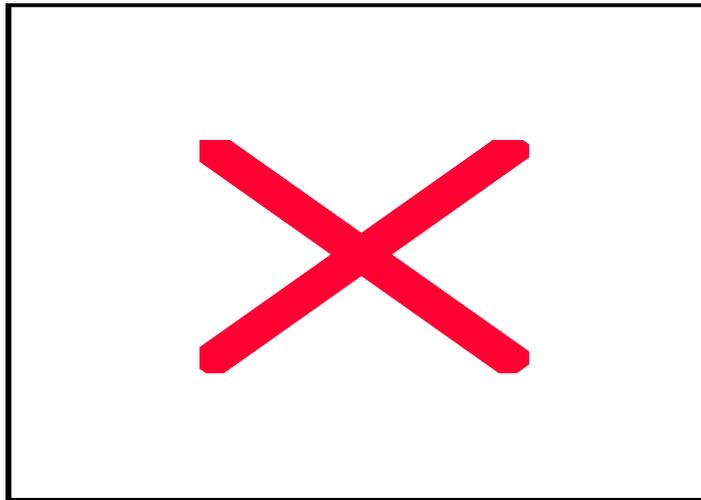
Of the 395 enquiries ADACAS responded to this year:

- 67 were from, or on behalf of, older people in institutions;
- 114 were from, or on behalf of, older people in the community; and
- 214 were from, or on behalf of people with a disability.

The total time spent in responding to the 395 enquiries was 268 hours, slightly longer than last year for less inquiries. This is a similar trend to last year, demonstrating that the complexity of information calls is increasing.

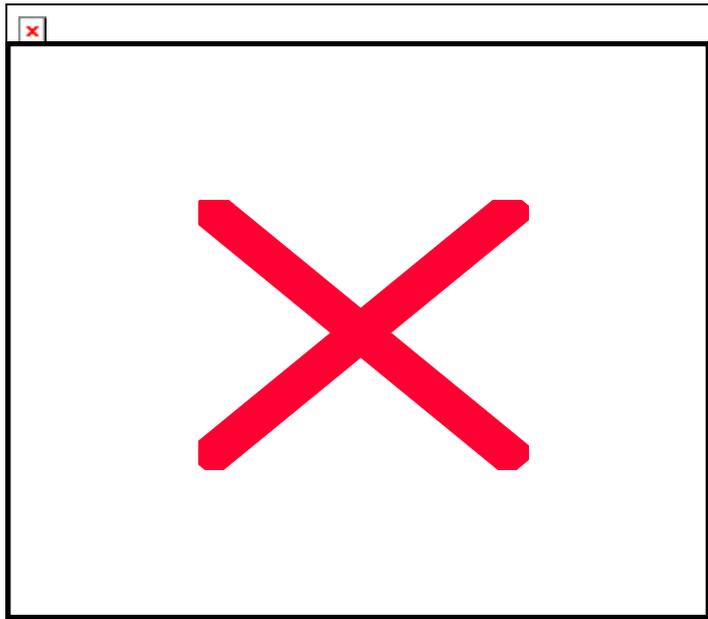
The most common issue raised by enquirers was consumer rights, (51), followed by 49 enquiries about level of care. There 22 enquiries about financial matters, and about issues with significant others including 16 about abuse from a family member.

Table 3



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

The number of people unable to access ADACAS due to inadequate resources has reduced for the second year in a row. Whilst the trend is pleasing, the fact that 109 people seeking an advocate could not be assisted by us and had to be referred elsewhere is of concern. This year the numbers of people with disability referred elsewhere (eg to People First, and Advocacy ACTION where relevant) is only slightly more than the numbers of older people not able to access ADACAS, (58 and 51 respectively). This is not only due to a reduction in the numbers of people with disability being referred elsewhere, but unfortunately it is also due to an increase in the number of older people we have been unable to assist. Unfortunately, there are no other advocacy agencies for older people in the ACT, and options for them to access advocacy support if ADACAS is unable to assist them are minimal. This year ADACAS was unable to assist 33 older people living in the community and 18 people living in aged care homes.



## **COMMUNITY EDUCATION AND INFORMATION**

A table showing all ADACAS education activities is at Attachment B. ADACAS has continued its program of community education and information this year. 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.

A total of 2452 people attended these activities, including 1540 residents and their family-carers and 470 staff of aged care facilities; 95 people with disability and 61 staff of community based agencies. Total time spent in these activities was 347.5 hours, including preparation.

## **STAFF TRAINING AND OTHER ACTIVITIES**

The focus for staff training this year has been on improving our understanding of alternatives to group home models of accommodation support, as well as administrative areas eg data base. There has also been a focus on standards.

### **Other activities**

There were 7 meetings with our funding bodies, including 2 meetings with staff from the ACT Department of Health, Housing and Community Care; 2 with staff of Department of Family and Community Services; and 4 with staff from the Department of Health and Aged Care. Three meetings of the HACC/DSG network and/or forum were attended by the ADACAS Manager and staff, and there were 3 meetings of the ACT Disability Advocacy Network.

ADACAS held 4 meetings with the Aged Care Standards and Accreditation Agency; and there were 6 teleconferences with the other members of the Aged Care Advocacy Agency Network, (NAN) as well as two meetings of the NAN with staff from the Residential Aged Care Program National Office.

Other meetings attended by ADACAS include:

- ACTCOSS;
- ACROD;
- ACT Housing;
- Client Guardian Forum;
- DIMA;
- Dept of Education;
- Karabar Community Health Centre;
- Mental Health Foundation
- Rotary;
- Victims of Crime
- Legal Aid;
- Transitional Accommodation Service;
- MACAN;

- Family Planning;
- Womens' Legal Centre;
- Welfare Rights and Legal Centre
- Carers Association;
- COTA;
- Winnunga Aboriginal Health Service;
- Labour Party Aged Care Forum;
- Commonwealth Government Aged Care Strategy consultations;
- ACT Democrats re Elder Abuse;
- ACT Government re response to Report on Elder Abuse.

There were 19 meetings with local and national Disability Advocacy Networks, and 11 meetings with Mental Health Consumer groups, service providers and peak bodies.

ATTACHMENT B

**COMMUNITY EDUCATION ACTIVITIES**  
**2001 – 2002**

<b>ORGANISATION</b>	<b>NUMBER OF ACTIVITIES</b>
<b>Residential Aged Care Program:</b>	
Brindabella Gardens Hostel	5
Brindabella Gardens Nursing Home	5
Canberra Nursing Home	10
Carey Gardens	4
Croatian Village	3
Eabrai Lodge	3
Ginninderra Gardens Hostel,	2
Ginninderra Gardens Nursing Home	6
Ginninderra Gardens CACP	1
Goodwin, Ainslie	1
Goodwin, Farrer	4
Goodwin, Monash	3
Goodwin CACP	1
Jindalee	6
Kalparrin	5
Kankinya	3
Mirinjani, Hostel	2
Mirinjani Nursing Home	4
Morling Lodge	4
Mountain View	3
Ozanam	6
Morshead Home	2
St Andrews Village	6
St Nicholas' Home for the Aged	5
Villagio Sant' Antonio	4

<b>ORGANISATION</b>	<b>NUMBER OF ACTIVITIES</b>
Cont.	
<b>Other activity:</b>	
ACT Housing	1
Canberra College	1
EZI iron	2
Family Planning	1
Hyson Green	1
NSW Consumer Training and Support	1
Pack 'n' Post	3
Sharing Places	2
Students, UC ,CIT	4
TRAHCS, Cert III and IV	8
Workways	1
<b>TOTAL:</b>	<b>123</b>

**FINANCIAL STATEMENTS**