

# **ANNUAL REPORT**

**2002 - 2003**

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

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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:	Kym Duggan
Secretary:	Judy Phillips (to November 2002) Susan Robertson (from November 2002)
Treasurer:	Phillip Gleeson
Public Officer:	Marguerite Castello

### Other members

Pat Daniels  
Sara Rizzi  
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)	Kerry McKell (from November 2002)
Advocate (part time)	Joan Suckling

### Advocacy for people with disability

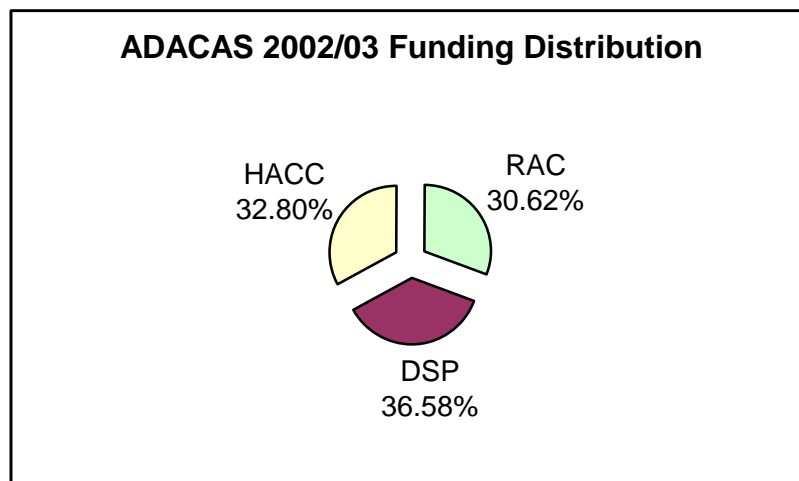
Coordinator/Advocate	Sandra Russet-Silk
Advocate (part-time)	Jaymmie Midegs

## ADACAS FUNDING

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

ACT Government:	Health and Community Care Program (32.80 %)
Commonwealth Government:	Department of Health and Ageing (30.62 %) Department of Family and Community Services (36.58 %)

Table 1 Allocation of funds by program



## **CHAIRPERSON'S REPORT**

2002-2003 has been a period of achievement coupled with frustration and uncertainty for ADACAS. We had certainly hoped that this year we could get back to concentrate upon our core business of representing the rights and interests of aged persons and people with a disability free from what have appeared to be ceaseless reviews and reports in these areas. It was not to be. Colynne Gates outlines in the Managers Report the extent of the reviews and reports that once again deflected our work. We can only appeal to Government, especially the ACT Government to at least pause to implement some of these reports and reviews before embarking upon any new ones.

Let me make it clear the people we represent are reviewed and evaluated out. Its time for Government to deliver on the enormous effort that both the aged care and disability sectors have put into these never ending reviews. There has been some reform particularly in relation to disability programs and there is the promise of more changes but those reforms have yet to bear fruit in terms of better services for people with a disability. We can only hope that next year will see more implementation and less evaluation.

There are two systemic issues that I really wish to highlight in my report.

### **Younger People in Nursing Homes**

The first is the issue that we as a Board in consultation with the staff of ADACAS have decided to put special effort into, to try and achieve real change. That is the totally unacceptable situation of younger people in nursing homes. This year there were no major initiatives from either the ACT or Commonwealth Governments to put an end to the basic denial of the fundamental right of these young people to live as full and active a life in the community as the rest of us take for granted.

It is simply a denial of basic human rights that this is allowed to continue. In the ACT we have a Government apparently so committed to human rights that it is embarking on the radical step of developing a Bill of Rights for the ACT. This is a step that ADACAS wholeheartedly endorses.

It is however, easy to make headlines about such changes to the law but the proof of a Government's commitment to human rights must be measured against the way that it treats some of its most vulnerable citizens. By effectively forcing young people to live out their lives in nursing homes the Government clearly indicates that it puts a much lesser value on the rights of these young people than it does to the rest of the community.

We have raised this issue repeatedly with Governments, both Territory and Commonwealth, and we fervently hope that the call from the National Alliance for the Human Rights and Equal Opportunity Commission to investigate this issue will bear fruit and give national attention to this critical issue.

### **Review of Community Advocacy and Statutory Oversight Bodies**

The second issue that I wish to concentrate on is the Review of Community Advocacy and Statutory Oversight Bodies. This review apparently stemmed from some quite

cursory examination of this issue by Mike Reid in his report on the ACT health system. The views expressed by Reid were not within the original terms of reference of his review but were nevertheless thought sufficient by Government to prompt this review. Our complaint is that this review is very much covering ground that was canvassed in the Gallop Inquiry.

ADACAS approached this review with a great deal of scepticism and concerns about what might be the real agenda of the Government in again inquiring into these issues so soon after Gallop. There was minimal consultation with community based advocacy groups during the establishment phase, and despite many requests no representatives from the community based sector were on the management committee of the review. This is despite the fact that all Departmental heads, with oversight bodies or funding responsibility for community advocacy, were members of this committee. Why is it that Government fails to see that Departmental heads have just the same potential for conflict of interest as the community sector?

Notwithstanding our misgivings ADACAS has cooperated fully with the consultants undertaking the review. I need to make clear that our dealings with these consultants have been wholly positive. Their understanding of the importance of a vigorous and properly resourced community based advocacy sector giving real choice to clients was refreshing and reassuring. In our discussions with the consultants and in our submissions ADACAS raised a number of issues that we believe need to be dealt with by this review.

In our submission ADACAS again reiterated that in terms of health care complaints we believe that there 5 basic attributes of an effective system. They are that the system must be:

- independent;
- accessible to all, particularly those with some form of disability;
- well resourced;
- timely; and
- determinative.

We made the same submission to the Gallop inquiry two years ago (through ACTCOSS).

Our view is that the current system with all of its statutory oversight bodies including the ACT Health Care Complaints Commissioner, the Office of the Community Advocate and the ACT Human Rights Office, does not provide (for very different reasons in each case) these fundamental basics for the people that we represent.

In terms of the other area that the review is considering and that is the community advocacy sector of which ADACAS is such a part, then our submission has outlined the fundamental need for community based advocacy services to operate in addition to effective statutory oversight bodies.

We await with great interest and much greater optimism the outcomes of this review.

## **Social Role Valorisation or a Rights based approach**

I had the pleasure of representing ADACAS at the 4<sup>th</sup> National Health Care Complaints Conference, held in Canberra in March 2003. While I raised on behalf of ADACAS a range of issues relating to the role of an advocate and our difficulties with the health care complaints system in the ACT, I also raised an issue that we as an organisation are still grappling with. In my presentation I put the debate as follows:

“I have to indicate that I have been up to now an unreconstructed rights based proponent. But our dialogue with bodies such as the Office of the Community Advocate and a continuing debate within the advocacy movement about problems with a pure rights based approach has lead ADACAS to reassess its approach to advocacy. There is a vigorous and continuing debate in the advocacy community about what is another approach that has come to be called by the somewhat ambiguous title of ‘social role valorisation’. What that concept does is to indicate that an over emphasis on a persons rights as opposed to other means to achieve an appropriate outcome may lead to rejection and hostility against the person for whom we are advocating.

This is not the place for a full-blown debate about this issue and ADACAS will never adopt a best interests model per se. But it is appropriate for me to indicate that like other agencies grappling with the impact of the Gallop Report our approach to advocacy is currently evolving. There is recognition within ADACAS and more broadly within the non-government advocacy sector that a debate must be had as to whether a strict adherence to a rights based model leads to the best outcomes for our clients. It is a debate that has not yet concluded.

The outcome of such a debate will significantly impact on the type of role that an advocate is likely to play in a whole range of areas but in particular in relation to an approach to supporting a person through a complaints process. A strict adherence to a rights based approach may lead to an outcome that does not assist the client to achieve their overall goals in living a more fulfilling life.’

We may never entirely resolve this debate but it is vital that an organisation such as ours continues to openly discuss such fundamental issues. After all, dealing with these issues is why ADACAS is in existence today. I look forward to continuing this debate in the coming year.

## **Our Dedicated and Nationally Recognised Staff**

ADACAS is fundamentally based upon the efforts of our apparently untiring staff. To Colynne, Sandra, Michael, Jaymmie, Joan, Linda and Kerry we owe our thanks for a wonderful task again very well done. Colynne’s report sets out in detail the extent of the efforts of our staff again this year.

This was, however, a very special year for us with some major external recognition of the lifelong contribution of one of our staff to advocacy for people with disability, who are ageing., and the rights of the disadvantaged. Sandra Russet-Silk was awarded a Centenary Medal in recognition of her outstanding contribution for many years in this difficult and often thankless area.

While our staff do not seek out such recognition it is always encouraging when the quality of a contribution such as Sandra's is rewarded. Congratulations and well done.

An issue in relation to our staff that the Board is acutely aware of is the growing demands on staff from the expanding demands from our client group. Staff burnout is a real issue for ADACAS and we have made a commitment to do what we can within our limited resources to support our staff in the complex and difficult work they do.

I thank the other members of the Board for their untiring help and assistance in the past year and I encourage anyone with an interest in the work that ADACAS does to seriously think about joining the Board. We have had stability now for about 3 years in terms of Board membership and it will very soon be time for a change.

I wish us all well for the upcoming year.

Kym Duggan  
Chair.



# MANAGER'S REPORT

## Overview

This year has been yet another busy one for ADACAS, as the data later in my report indicate. The year, we hoped, would be one in which work would “get back to normal” after the Gallop Inquiry. This was not to be.

From a systemic advocacy perspective:

- there were reports into various aspects of ACT Mental Health Services released throughout the year;
- the second round of accreditation for aged care institutions commenced;
- ADACAS increased our activity around the appalling situation of younger people living in aged care facilities; and
- the issue of retribution in aged care institutions was also included in our systemic work

Administratively:

- the ACT Government progressed with the implementation of the Home and Community Care Standards, which ADACAS is obliged to acquit notwithstanding their inapplicability to advocacy;
- the ACT Government also initiated consultations of funding reform; and
- announced a Review of Community Advocacy and Statutory Oversight Bodies with the intention of recommending if and how a “rationalisation” of the sector could occur;
- there continued to be changes to data collection and reporting requirements from our funders, which in turn required (unfunded) changes to our ageing computer systems;
- the review of the ADACAS policy manual was completed, at least this time round!
- we sorted out some of the “teething” problems in our new offices!

From an individual advocacy perspective, the lack of adequate resources to respond to demand, especially from people with disability, continues to be of major concern. Issues of abuse and lack of respect for a person's rights generally continue to dominate our work with, unfortunately, very little perceptible improvement in services for people with disability. As indicated elsewhere in my report, the fear of retribution in aged care institutions continues to impact on our capacity to resolve issues in the institutions. Consumers of ACT Mental Health Services continue to report staff shortages, lack of access to case management, issues with the wards at the Canberra Hospital, problems accessing the Crisis Team, lack of adequate consultation with them about their support, and the use of the criminal justice system as alternate approaches to mental health services and support! Community based mental health services continue to struggle with a lack of adequate resources, the bulk of funds being consumed by the Government provider, thus providing consumers with limited choice.

However, probably the most significant issue has been the re-focus of the HACC advocacy program from June 2003 onto service quality issues of existing consumers

of HACC services. This will effectively result in a significant part of the ACT population who previously had accessed ADACAS, no longer able to receive advocacy support. People now excluded are primarily older people, who may have a disability but are not accessing HACC services who, for example;

- are in a domestic violence situation, but not yet willing to contact domestic violence support services;
- are living in supported accommodation, retirement villages etc;
- are ACT Housing tenants with debt, repairs, accessibility, and other issues;
- have pension or other financial issues, eg debt;
- have issues with neighbours;
- have issues with decision making/competence, guardianship, financial management, powers of attorney etc.

ADACAS does not agree with this direction, the consequence of which in only 3 weeks to 30<sup>th</sup> June 2003 saw at least 8 people refused access to ADACAS. We believe they would have been eligible under the National HACC Guidelines, and should have been able to receive advocacy support. ADACAS is monitoring the situation pending the report from the Review into Community Advocacy and Statutory Oversight Bodies.

Finally, everyone at ADACAS, and many other people in the community, was delighted to learn that Sandra Russet-Silk, Coordinator of the Advocacy Program for People with Disability, was awarded the Centenary Medal for services as an advocate. Sandra has worked for ADACAS for over 8 years, and before that for various disability services in the ACT. Over 40 of Sandra's family and friends, people with disability, and staff from Government and community services celebrated her achievement with ADACAS staff and committee. Congratulations, Sandra!

## **Staffing**

In November 2002 Ms Kerry McKell joined ADACAS. Kerry works part-time as an advocate for people in residential aged care and is a welcome addition to the team. She has qualifications in nursing, and has an interest in the quality of care provided in aged care institutions as well as the degree to which the institutions acknowledge and protect the rights of the people who live in them. Other than this addition, staffing was constant during the year.

## **Operations**

The early part of the year was spent settling into our new offices in the Canberra Technology Park, at Watson. Our computer system proved unreliable, and early in 2003 the Committee authorised a review of our IT requirements. As we heavily dependent on volunteer systems consultant, Bill Barker of Kymcall Pty Ltd, for most of our IT support, the project will not be completed until 2003-2004 financial year. Thanks to Bill for his ongoing support of ADACAS, and also to Alex from the Academy of Interactive Entertainment, and the guys from Bazookie Games who stepped in with some urgent repairs and advice when Bill was unavailable!

## **Data summary**

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

This year, there has been a small increase in the number of people provided with advocacy, and hours of advocacy, and a small decrease in the number of issues responded to, when compared to last year.

In 2002 - 2003 ADACAS provided individual advocacy to 273 people, compared with 246 people in 2001-2002. ADACAS continued to provide advocacy for 95 people, accepting 178 new people in the year, compared to 152 new people in 2001-2002. We have assisted people with 688 issues this year and provided 3954.75 hours of advocacy support. In 2000-2001 the corresponding figures were 695 issues and 3925.5 hours of advocacy.

ADACAS was unable to offer advocacy to 108 people this year, the majority of whom, 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 20 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, (2 transport and one in relation to elder abuse). A major systemic issue is younger people in aged care institutions, which is affected by policies and practices across all three of ADACAS funding bodies, (Commonwealth Residential Aged Care, HACC and Disability Services, and ACT Government Disability Services and HACC). 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 472.5 hours on systemic advocacy matters. The most time consuming matter was the issue of younger people in aged care, where 216.25 hours were spent by ADACAS staff in liaison with ACT Government Ministers and Departmental staff, community service providers, peak bodies, inter-state allies and people with disability and their families. In addition, ADACAS continues to support a number of people in aged care who wish to leave, and others who have been successfully returned to the community of their choice with appropriate supports.

The second highest time consuming matter was, as for last year, an aged care facility where there were, and still are, serious concerns about retribution against people who make complaints about the facility, and the general abusive behaviour of the senior staff. ADACAS has provided 57 hours of systemic advocacy this year, including the lodging of a formal systemic complaint. Shortly after the complaint was lodged, the facility received 3 years accreditation from the Aged Care Standards and Accreditation Agency, ACSA. ADACAS continues to receive complaints from residents and their families about their fears and concerns. ADACAS' concerns about the validity of the ACSA process continue.

In total, therefore ADACAS has, this year, provided 4427.25 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 an increase on the reported advocacy hours for the previous year (4184.75 hours).

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 342 enquiries this year, a small decrease from last year.

## **Finances and related matters**

The full financial statements for ADACAS are at Attachment C.

Repeated applications for one-off project funds from the Commonwealth Government, (Department of Family and Community Services) and the ACT Government, (Disability ACT) have not been successful. We have submitted an application to the ACT Government, Home and Community Care Program, for additional recurrent funding. However received a small increase from the Commonwealth Department of Health and Ageing, for increased advocacy for people receiving support through that department's community based aged care funding options. All three Programs provided some additional funds (between 1% and 2% of the grant) to meet increased costs.

ADACAS received recurrent funding of \$319, 830, including \$118,697 from the Commonwealth Disability Services Program, (DSP); \$99,144 from the Commonwealth's Residential Aged Care Program, (RAC); and \$101,989 from the ACT Government administered Home and Community Care Program, (HACC). The respective figures for the previous year, 2001-2002, were \$92,917 (RAC); \$98,540 (HACC); and \$115,106 (DSP); for a total of \$306,563.

## **Review of Community Advocacy and Statutory Oversight Bodies**

The ACT Government announced that it would conduct a review of advocacy and complaints agencies last financial year. The tender was eventually advertised in early 2003, with the successful tender announced in May. The review commenced immediately and is due to report in September 2003, with the Government tabling legislative amendments in December.

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.

There were consultations with the community and consumer groups on the terms of reference for the Review, but the subsequent changes to the draft terms of reference did not adequately or accurately reflect community opinion. The Government did not include any consumer or community representatives on either the tender selection panel or on the steering committee for the Review, in spite of strong lobbying from both sectors for this to occur.

The terms of reference for the Review were again amended after the call for tenders, but were still more appropriate for statutory oversight bodies, (for example the Human Rights Office, the Community Advocate, and the Community and Health Services Complaints Commissioner) than for community based advocacy agencies. However, as amended, the terms of reference did include examining the need for and appropriateness of existing standards for community advocacy. This gave ADACAS the opportunity to comment on this in our submission, as well as other things we consider important for the delivery of effective advocacy.

In addition to making a submission to the Review, the ADACAS Management Committee and staff met with the Review Team. We also attended a number of other consultations undertaken by the Review Team, and contacted many of the people for whom we provide advocacy, providing them with information on the Review, and when and where consultations were being held. In addition, we mailed a copy of the Review's questionnaire to those people we knew had had experience of the Statutory Oversight Bodies.

Our submission to the Review will be available on our website, <http://members.ozemail.com.au/~adacas>. The "Foundations for Effective Advocacy" paper provided to the Review is attached at the end of this Annual Report. (Attachment D)

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

The optimism of last years Annual Report with respect to streamlining of data collection and reporting across our three funding bodies has been virtually extinguished! After over a year of negotiations with our three funding bodies to improve the compatibility of data collection across the Programs, we have now made the decision to separate data collection, analysis and reporting between Residential Aged Care and the "community" based Programs of DSP and HACC. However, depending on the outcome from the Review of Community Advocacy etc, it may be necessary to also separate HACC reporting from DSP.

The Home and Community Care (HACC) Minimum Data Set, (MDS) continues to be problematic. Primarily the data collected is of little or no relevance to Government for accountability or planning purposes as far as advocacy is concerned, and is enormously time consuming. ADACAS continues to discuss our concerns about the integrity and usefulness of the data with ACT HACC officials, but again the optimism in last year's Annual Report that these issues would be resolved to our satisfaction appears to have been misplaced.

On a more positive note, as a result of these meetings to streamline administration, there have been some minor outcomes including the adoption by HACC of the DSP reporting format, although it is in addition to that which they require, not in place of

it. There has also been agreement that 2 of the quarterly meetings held between ADACAS and RAC will also be attended by DSP and HACC Departmental staff. This will provide the opportunity to identify areas for improved efficiency, as well as identify systemic, cross-government/program issues.

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 has been posted onto the ADACAS website <http://members.ozemail.com.au/~adacas>.

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. One was in respect of medications from a person living in an aged care institution, and the second was about ineffective advocacy connected with issues about ACT Housing and ACT Mental Health Services, and ACT Complaint bodies. The first has been investigated, and some changes to ADACAS procedures have been implemented as a result of the outcomes of the complaint. The second complaint is still under investigation by the ADACAS Management Committee.

Unfortunately, the two complaints against ADACAS lodged nearly two years ago with the Community and Health Services Complaints Commissioner have still not been resolved.

### **ADACAS Acquittal of Standards**

Each year ADACAS is required to acquit 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 is now also required to acquit a third set of standards developed specifically for advocacy.

Consumer feedback has been very positive, with the main concern being insufficient staff to respond to all requests for advocacy. Also, there was a call for ADACAS to be available 24 hours a day, 7 days a week, (current hours are 9am to 5pm Monday to Friday). Finally, there were some concerns about people getting the answering machine when they rang ADACAS.

As mentioned elsewhere in this report, applications for additional funds have been declined by both the ACT Government (HACC and Disability ACT), and by the Commonwealth Disability Services Program.

### **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.

### **Underlying systemic issues**

Every human service area with which ADACAS is involved, (Aged Care, Disability Services, Mental Health), is undergoing some form of reform.

The Macquarie Dictionary defines “reform” as follows:

- The improvement or amendment of what is wrong, corrupt etc.
- To restore to a former and better state, improve by:
  - alteration
  - substitution
  - abolition
  - etc
- To put an end to abuses, disorders etc.
- To abandon evil conduct or error

The purpose of reform in the context of aged care, and services for people with disability, mental illness or psychiatric disability, ADACAS would suggest, is to enable the ongoing provision of supportive environments within which people made vulnerable through age or disability, can flourish. We wonder whether the people living in aged care institutions, or ACT group homes, or those still living at home, but with basic minimal support, are actually thriving, or are they just surviving?

The recent edition of Interaction, (Volume 16 Issue 4 2003), contains an article: “Conceptualising a Coherent Funding Model to Support School Communities to Build Inclusive Capacities” by Darrell Wills and Paul Cain. Whilst the article is clearly discussing schooling systems, and different models for resourcing schools with respect to students with disability, the arguments presented by the authors can be applied to the wider community systems, and how they enable or inhibit inclusion of people with disability.

The article notes the tendency to identify the problems or challenges of inclusion as being the child (with disability) and therefore that the change needed is within the

child. The authors argue that the source of the problem lies rather in the capacities of the systems to accommodate all children.

We could ask the same question of many of our society's "generic" systems, eg housing, transport, health, legal systems, as well as those developed specifically to meet the support needs of older people with dementia, people with intellectual disability, and people with mental illness, psychiatric disability or mental dysfunction. For example, it is still the experience of ADACAS advocates that many services and their staff regard the reason for the "problems" with service delivery being vested in the people with disability, mental illness, or who are ageing, not in their own, (or the systems' capacity) to respond flexibly and accommodate the person, or indeed, all people.

The article goes on to state:

"Meeting the complex task of responding to the rhetorical challenges of moving from a society that has adapted to diversity by creating systemic structures that segregate, to a society that can actually adapt with working policies on the ground, ***means having new structures that work in coherency with the new direction.***"  
(emphasis by ADACAS)

This supports the Minister's commitment that the Vision and Values Statement developed by the DRG should become policy and practice across the whole of the ACT Government, and that one of the roles of Disability ACT is to ensure this happens. However it does not explain how ACT Housing could recommend, and the Minister approve a \$1.1 million capital grant for a mini-institution to house 10 people with disability. ADACAS regards this approval as being at odds with the direction of the Vision and Values statement, and questions the Government's commitment to, and/or understanding of it.

Another general issue of concern for ADACAS in relation to people with disability and those who are ageing, is the replacement, of roles that are valued by society with those connected with being a consumer of services. This is compounded by the increasing pressure on people who receive services to actively participate in these "consumer roles", which seems to come from an expectation by Government and service providers that people who use the services will participate.

These consumer roles are often associated with standards monitoring, as all services are now required as part of their funding contracts to obtain "consumer feedback". Other consumer roles include Government consultations, advisory committees etc., (however, rarely are the resources and time made available for people to participate and contribute in an informed manner).

In our everyday lives we have the option of being involved in quality questionnaires, for example when staying in a motel, and often might ignore the invitation unless something is glaringly unacceptable. We also have lots of other things to do, and have to make choices between competing demands on our time! But people who receive services often have lots of spare time, and when combined with expectations that they should participate and respond, willingly contribute to these processes. In the 6 months from end of May to November 2003, ADACAS will have mailed out questionnaires to the people for whom and with whom we advocate on at least 3



separate occasions. In addition some of them have been invited to attend forums to discuss ADACAS, advocacy, unmet needs, the future of some services, the policy on Carers, Disability Reforms, Mental Health reforms, etc etc.

ADACAS is very appreciative of the time and effort many of the people for whom we provide advocacy have given to these events. However, we look forward to the day when they, and the thousands of people who receive services, are too busy with "other things" to be involved in these "consumer roles"!

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

### Disability Reforms:

After the Gallop Inquiry, this was to be the year when reform was to start in earnest. And there has been a lot of activity.

- The Disability Reform Group, (DRG), has presented the ACT community with a raft of papers intended to guide reform, culminating in the Vision and Values Statement.
- The Government has adopted most of the DRG's recommendations, all-be-it with some crucial exceptions: for example in connection with the proposed Disability Commissioner, and increased resources for advocacy.
- The Department has been re-structured and re-named, and people from inter-state and overseas have been recruited into the three, upgraded senior positions.
- The new Disability Advisory Committee has been appointed and has commenced meetings.

Previous Annual Reports, (2001 and 2002) raised concerns about the reforms being largely within the bureaucracy, with little or no obvious improvement for people with disability and their families. So, has all this activity resulted in improvement in the lives of people with disability?

Gallop's findings overall were that the Disability Program provided inadequate service quality to ensure the safety and well being of its clients. Within Disability Programs, since the Gallop Inquiry, there has been a significant change in personnel, especially in senior positions, including upgrading of positions, and a large amount of funding provided to employ risk managers, purchase computer systems to identify systemic issues, undertake risk audits, etc.

However, two years on, we still receive calls from people with disability, and concerned families about:

- incorrect medication, sometimes requiring hospitalisation;
- shifting the problem, ie the tendency to move someone to another group home, leaving their fundamental support needs unidentified and un-addressed;
- assault by other people with disability; and
- injury caused to people by careless actions by workers, eg whilst lifting.

All of these concerns were raised by ADACAS at the Inquiry.

On the positive side, ADACAS advocates have noticed increased willingness on the part of middle management to be more transparent, for example when serious issues arise, but staff still say that they cannot guarantee “it” (assault, incorrect medication, injury etc) will not happen again.

Is this good enough?

Whilst it is clear that there needed to be major reform within the bureaucracy, the following questions need to be asked:

- have the changes in the bureaucracy brought about reform? (Our assessment is “not yet”.); and most importantly,
- ***When will things improve for people with disability?***

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

This year saw the release of two major reports into different aspects of the operations of Mental Health Services, (MHS):

- Ken Patterson’s Review of Mental Health Services for Consumers in the ACT who are at risk of harm to themselves or others, (The Risk Report); and
- The Report into the design and functionality of the PSU.

There were 58 recommendations in the Risk Report, intended to respond to concerns and issues that had been identified in the report about:

- consumer and carer participation in relation to assessments and treatment plans;
- the operation of the Crisis and Assessment Team;
- the staffing and design of the Psychiatric Secure Unit;
- the resourcing of Regional Teams;
- the supply of supported accommodation;
- the physical health of people with a mental illness; and
- services for homeless people, children and older people.

The Chief Minister, Jon Stanhope acknowledged that there were many improvements to be made. His speech to the Legislative Assembly on release of the Risk Report included the following, revealing comment:

“There is a risk associated with releasing this report....that, if the community, consumers and carers are concerned about the quality of mental health services, they will use them only reluctantly. The last thing anybody wishes to do is deter people needing help from seeking it.”

The Report on the design and operations of the PSU, on the other hand, confirmed what had been common knowledge to most people involved with the unit, either as consumers or staff: that the re-design contained serious flaws and that, as a result, the unit was not operating effectively, efficiently, or safely.

The Government’s response to both reports was predictable: the establishment of project teams within Government to implement the Government’s response to the

recommendations, and a commitment to consult. Consumers have advised us of short time frames for response, and inadequate opportunity or resources to enable their participation in and contribution to the process to be informed and effective.

“On the ground”, ADACAS advocates continue to support people with mental illness/psychiatric disability/psychological disorder/mental dysfunction who have, or who are at risk of having, their rights violated. Each year we receive more and more referrals of people with personality disorders, (currently, about 35% of the people with disability receiving advocacy have been diagnosed with a personality disorder), many of whom are caught up in the criminal justice system. Some of them are enmeshed in the Management Assessment Panel process, which from our experience does not usually have a positive outcome for them.

It is interesting to note that the Risk Report included observations from the Civic Mental Health Team that they did not have the resources to work with people with personality disorders. Certainly ADACAS’ experience is that they do not receive the services they need, and that for many, “safety” is a cell in the Belconnen Remand Centre. ADACAS is also aware that staff in Police, Ambulance, Corrective Services and ACT Housing are experiencing frustration at the inadequate service provided by ACT MHS to people with personality disorders resulting in “mental dysfunction”.

Some of the people for whom ADACAS provides advocacy, we know to have been charged with criminal offences in order to provide them with a secure environment (BRC) in order to monitor them, and keep them safe from self-harming behaviours. This strategy has been adopted by the Police and others after repeated attempts to admit the person to hospital have been refused by ACT MHS staff. In some situations suicide attempts have resulted in increased disability, including physical disability, and significant deterioration in the person’s mental function.

As reported in last year’s Annual Report, 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 consequence for people who are already disadvantaged and marginalised by society, accessing services which segregate them from society, and congregate them together with others like them, is their increased isolation, devaluation and marginalisation. This in turn exposes them to increased risk of abuse and negligent treatment.

### Younger people with disability in aged care institutions

ADACAS has continued to participate in the National Alliance around this appalling policy impasse. This year, ADACAS resourced a small group including people with disability, ACT and Commonwealth public servants, peak bodies and service providers to raise awareness of this matter. A Position Statement was developed by the group and presented to Bill Wood, Minister for Disability, Housing and Community Services.

Unfortunately, no progress has been made within the ACT on this matter. ADACAS is concerned that, given the recent policy and funding decisions to increase institutional housing options for people with disability and their families, (on the basis of offering them a “choice”), solutions will be developed which are not coherent with the DRG’s Vision and Values Statement, or the Position Statement, accepted by the Minister.

On a more positive note, the National Alliance' Conference, held in Melbourne in June, resolved to request HREOC to hold an Inquiry into the issue. In addition, there was a widely held view at the Conference that the solutions developed to meet the support needs of people in, or at risk of admission to, an aged care institution, should be community based, and most importantly, person-centred. This approach would rule out the development of special purpose nursing homes, or "special wings" attached to aged care institutions.

ADACAS has always opposed the development of institutional options. Indeed, we challenge the ACT Government to demonstrate leadership, to publicly adopt the Position Statement developed by the group, and to state unequivocally, that institutions, of any shape or size, are not acceptable models of accommodation and support for people with disability of any age, type or degree of disability.

### **Systemic issues affecting older people**

Many of the issues discussed in last years Annual Report about aged care institutions remain of concern. These are:

- Quality of care;
- Inadequacies in the consultative processes used by the Agency; and
- Fear of, and actual retribution, intimidation and payback.

Whilst there has been some improvement in recent years due largely to the accreditation process and the Complaints Resolution Scheme, the quality and level of access to basic rights is still below what most people would accept for themselves in their own homes. For example, there are still large numbers of shared rooms where people do not get to choose with whom they will share a bedroom; people have no role in staff selection and in particular do not get to select who will provide them with at times very intimate care.

Also 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 at least maintained. ADACAS has several issues with some homes which had been identified a number of years ago, and according to the Agency and the home, rectified. Sadly the same issues of concern are re-surfacing.

There are many reports of increases in staff rostered on during Accreditation visits, improvement in the quality and amount of food in days leading up to the visit, flowers, attention to internal climate control, cleanliness, response to calls for assistance etc. All of these serve to present a good "first impression", but the test of an effective accreditation system is that it can see beneath the veneer, and accurately assess the quality of service provided, against appropriate and adequate benchmarks.

It is of great concern to ADACAS that homes where retribution against residents and their families is a regular occurrence continue to receive the maximum 3 years standard level accreditation. (Homes may apply for a longer period than 3 years in connection with applications for higher levels of accreditation status eg merit.) In one instance, a home was accredited for 3 years, even though ADACAS had lodged a

formal complaint about retribution, and this was known to the Agency at the time of accreditation. ADACAS has identified 9 homes (out of 23 in the ACT) where retribution, (mainly psychological abuse, but there have been some reports of physical abuse in the form of neglect) has been reported by residents or their families. In last year's Annual Report it was noted that there were 7 homes where retribution was known to have occurred; so the incidence of retribution in ACT aged care homes is increasing.

ADACAS has raised this with officers of the Department of Health and Ageing in the local ACT office, from whom we have received a significant level of support. We have also raised it with officers in National Office. The general response is that residents and their families should make formal complaints so that action can be taken. ADACAS believes that this is unacceptable.

It is not appropriate that people who are regularly exposed to abuse from staff and management of aged care institutions should be held responsible for the inadequacies of the systems the Government has put in place to protect them, and ensure they receive appropriate care. It is an accepted community standard that consumers of services are not accountable, or responsible, for the quality of goods and/or services they receive. The provider is, and where Government has the primary funding role, and requires homes to meet certain standards to receive that funding, then the Government is also accountable and responsible.

There is another critical area where "community standards" do not apply to people with disability or who are ageing. ADACAS' experience of complaints about intimidation and retribution in aged care institutions is that the allegation of harassment has to be proven before action is taken. This means that, not only does it have to be proven that the alleged interaction between the staff member and resident as described by the resident took place, but the frame of mind of the staff member needs also to be proven. That is: did they intend to intimidate or harass the resident?

The accepted community standard is that where someone feels they have been harassed, then they have been, and the community (or in some cases, the law) requires that action be taken to stop the harassment. Why does this community standard not apply in aged care institutions? Or for that matter, why does it not apply generally in community services? It seems that this is yet another example of the "problem" being cited in the person, not in the staff or the service.

Some of the forms of retribution experienced by residents and their families include:

- 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: 30 minutes is regularly reported; 90 minutes in one case;
- not being allowed to sit with friends at the lunch table;
- being the last to be served meals, and the meal being cold.

Clearly this is unacceptable.

## **Conclusion**

As for last year, this one has also been a very busy, difficult, and at times rewarding year for the staff at ADACAS. It has been one of uncertainty, especially in relation to the Review of Community Advocacy and Statutory Oversight bodies, and exactly what “rationalisation” might be recommended by them.

We have welcomed a new colleague and we have celebrated Sandra’s award. 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 another demanding year for us all.

In closing, I would like to quote some words from the speech given by our Chief Minister at the 2003 Labor Party Conference. He quoted Hugh Mackay as follows:

“The dream of village life is powerful ... it springs from our herd instincts: a deep-seated desire to belong to social networks that nurture us and help us define ourselves... Out of this sense of needing each other - of being dependent upon each other - we create the climate of mutual obligation that prevents a society from descending into chaos. We thrive when we connect”

and ask him, *when will the reforms in disability services, aged care services, and mental health services, deliver “connection” for the people they serve?*

Colynne Gates  
Manager

## ADACAS STATISTICAL SUMMARY

### ADVOCACY

#### Summary

In 2002 - 2003 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 at the same rate as for last year. ADACAS was able to provide advocacy to 178 new people this year, compared to 152 people last year. However we were unable to provide advocacy for 108 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>2002-2003</b>	<b>2001-2002</b>
<b>Individual advocacy:</b>		
• <b>advocacy hours</b>	• 3954.75	• 3925.5
• <b>total numbers of people assisted</b>	• 273	• 246
• <b>total issues</b>	• 688	• 695
• <b>new issues</b>	• 482	• 456
• <b>issues closed</b>	• 483	• 479
• <b>outcome achieved</b>	• 409 (84.7%)	• 431 (90%)
• <b>satisfied with ADACAS performance, per issue closed</b>	• 464 (96%)	• 454 (94.8%)
• <b>people unable to be assisted</b>	• 108	• 109
<b>Systemic advocacy:</b>		
• <b>advocacy hours</b>	• 472.5	• 259.25
• <b>total issues</b>	• 43	• 64
• <b>issues closed</b>	• 7	• 1
• <b>new issues</b>	• 29	• 20
<b>Enquiries:</b>		
• <b>numbers of enquiries</b>	• 342	• 395
• <b>time spent</b>	• 254.75 hrs	• 268 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; and
- level of satisfaction with ADACAS performance.

However the numbers of issues is slightly reduced, as is the level of successful outcome achieved. Comment is made on the latter indicator below.

Of the 273 people receiving advocacy this year:

- 113 were people with disability and their carers;
- 124 were older people and their carers who are clients of the Commonwealth's Residential Aged Care Program, including 2 people with disability and 4 people in receipt of Community Aged Care Packages; and
- 36 were older people living in the community and their carers.

ADACAS has increased the representation in our client group of people from other cultures, with 47 people receiving advocacy. Unfortunately, no-one of Indigenous background sought advocacy this year. In addition, 27 people with dementia were provided with advocacy, also an increase over last year.

Table 2

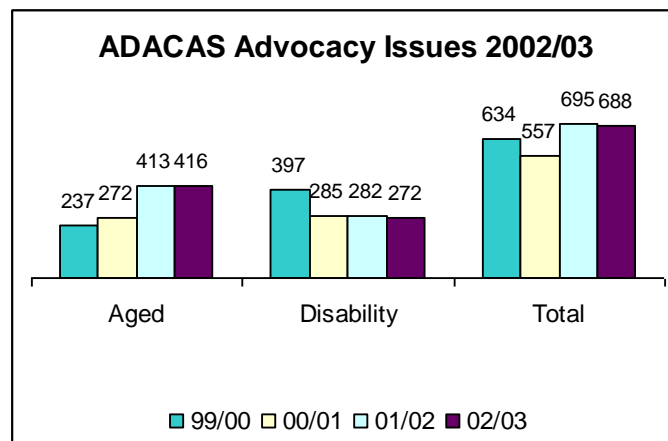
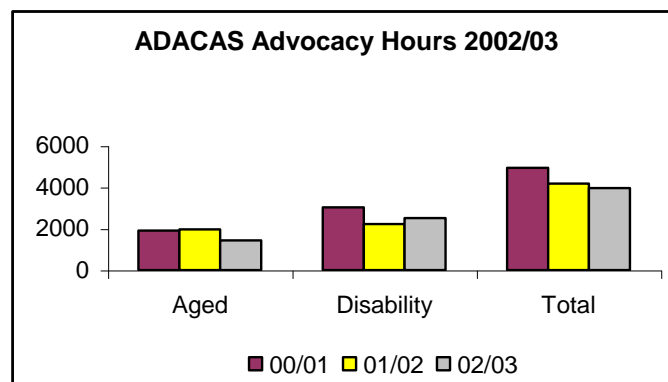


Table 3





## **Advocacy for people with disability**

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). 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. This year ADACAS increased her hours to 4 full days a week, on a temporary basis, and I am please to report that the Committee has continued this arrangement for 2003-2004. However this increase cannot be made permanent, or the position returned to its full-time status, unless ADACAS grant levels are increased in real terms.

### **Individual advocacy**

Of the 113 people with a disability, and their carers, seeking individual advocacy this year:

- 56 were people with a psychiatric disability;
- 3 people had autism;
- 1 person had an acquired brain injury;
- 23 people had an intellectual disability;
- 17 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 family-carers of someone with disability, (6 were family-carers of someone with intellectual disability, 2 of someone with autism and 1 of someone with a neurological disability) .

ADACAS provided 2513 hours of advocacy for people with a disability and their family-carers, the majority of which (1193 hours) was used informing people of their rights, identifying advocacy strategies, and supporting people through the advocacy process. There were 1261.25 hours of formal representation by ADACAS on behalf of the people for whom we were advocating, a significant increase over last year’s figure of 812.75 hrs.

### **Systemic advocacy**

ADACAS responded to 5 systemic matters that affect people with disability. The main issue was in respect of younger people in aged care, where ADACAS has provided 216.25 hours of advocacy, (joint DSP/HACC/RAC). There are continuing issues with Mental Health Services, (46.25 hrs), including one in relation to the redevelopment of Ainslie Village, (23 hrs: joint HACC/DSP). Finally there was a systemic issue in respect of the HREOC inquiry into taxis and scooters, (4 hrs: joint HACC/DSP).

## **Advocacy for people who are ageing**

The Advocacy Program for People who are Ageing is staffed with a full-time Coordinator and 1 part-time advocate (12 hours a week) 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. Funds are provided by the Commonwealth Residential Aged Care Program in respect of people receiving Commonwealth funded services, mostly in aged care institutions, 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 160 people including:

- 61 people living in a high care facility, (nursing home), 2 younger people with disability, 1 person in respite, and 2 family-carers;
- 53 people who are living in a low care facility, (hostel) and 1 family-carer;
- 4 people receiving a Community Aged Care Packages; and
- 32 older people living in the community, and 4 family-carers of an older person living in the community.

ADACAS has provided 777 hours of advocacy support to older people and younger people with disability living in an aged care facility, and 136.5 hours for carers of someone living in an aged care facility: a total of 913.5 hours this year. ADACAS has provided 528.25 hours of advocacy for older people living in the community and their carers.

### **Systemic advocacy**

ADACAS has provided 373.75 hours of systemic advocacy in respect of issues affecting older people in the ACT. This is included 143.5 hours of advocacy in respect of 13 aged care institutions, including nine separate cases of systemic retribution against residents and their families who raise concerns about their care. In addition to the joint systemic issues discussed above (Systemic issues affecting people with disability), there was also a systemic issues in respect of respite care, and a local/ACT one paralleling the HREOC issue of taxis and scooters.

## 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>35</b>	<b>1</b>	<b>29</b>	<b>5</b>
<b>2. Level of care</b>	113	31	68	14
• access to specialised services;	• 37	• 21	• 9	• 7
• medication issues, excluding restraint;	• 9	• 2	• 6	• 1
• assessment; and	• 5	• 3	• 2	• 0
• inadequate service response to emotional needs of people.	• 7	• 1	• 5	• 1
<b>3. Consumer rights</b>	191	65	111	15
• abuse by service provider staff,	• 39	• 11	• 27	• 1
• lack of choice and decision making,	• 41	• 11	• 28	• 2
• inadequate internal complaints mechanism.	• 40	• 25	• 14	• 1
<b>4. Environment</b>	47	1	34	12
• safety	• 6	• 1	• 4	• 1
• catering	• 11	• 0	• 11	• 0
• equipment	• 7	• 0	• 3	• 4
<b>5. Quality Assurance</b>	<b>8</b>	<b>0</b>	<b>3</b>	<b>5</b>
<b>6. Alternate decision making</b>	23	1	10	12
• guardianship	• 7	• 0	• 4	• 3
• powers of attorney	• 7	• 0	• 2	• 5
<b>7. Care options</b>	<b>13</b>	<b>7</b>	<b>1</b>	<b>5</b>
<b>8. Financial issues</b>	48	24	10	14
• debt	• 9	• 2	• 4	• 3
• pension	• 19	• 8	• 4	• 7
• other	• 20	• 14	• 2	• 4

<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>9. Health system interaction</b>	32	22	0	10
<b>10. Regulation</b>	1	0	0	1
<b>11. Significant others</b> • abuse	42 • 22	27 • 13	9 • 6	6 • 3
<b>12. Legal</b> • criminal; • civil; • Family Court; • Children’s Court.	57 • 19 • 21 • 8 • 2	33 • 14 • 7 • 5 • 2	4 • 1 • 3 • 0 • 0	20 • 4 • 11 • 3 • 0
<b>13. Education</b>	1	1	0	0
<b>14. Transport</b>	8	5	2	1
<b>15. Employment</b>	12	12	0	0
<b>16. Accommodation</b> • safety; • homelessness; • eligibility; and • disputes	54 • 8 • 10 • 8 • 7	40 • 5 • 8 • 3 • 7	2 • 0 • 0 • 2 • 0	12 • 3 • 2 • 3 • 0
<b>17. Other</b>	3	2	0	1
<b>TOTAL</b>	<b>688</b>	<b>272</b>	<b>283</b>	<b>133</b>

## **Results**

As mentioned above, there has been a reduction on the “outcome achieved” indicator this year. Since October 2002 ADACAS has been recording an issue of “consumer rights/abuse” when a person living in an aged care institution, or their family, has reported to us a significant issue about the quality of care they have been receiving, but advocacy is not authorised by them, or the advocacy strategy is significantly compromised, due to fear of retribution. This decision has resulted in a significant reduction in “outcome achieved” for the agency over all. However when this statistical indicator is compared across client group, see below, then it becomes apparent that fear of retribution is significantly interfering in the reporting of and resolution of quality of care issues in aged care institutions.

**Table 4: Outcome achieved by client group**

	<b>People with disability</b>	<b>Older people living in the community</b>	<b>Older people living in aged care institutions</b>	<b>Total</b>
Total issues closed	168	114	201	483
<b>Outcome achieved</b>	167	101	141	409
<b>%</b>	99.4%	88.6%	70.1%	84.7%

People’s satisfaction rate with the advocacy they received from ADACAS has increased from 94.8% last year to 96.1% this year. Possibly reflecting the outcome achieved data, 98.8% 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 92% and 99.1% respectively.

# INFORMATION

Of the 342 enquiries ADACAS responded to this year:

- 57 were from, or on behalf of, older people in institutions;
- 75 were from, or on behalf of, older people in the community; and
- 210 were from, or on behalf of people with a disability.

The total time spent in responding to the 342 enquiries was 254.75 hours. The number of calls received is again lower than the previous year.

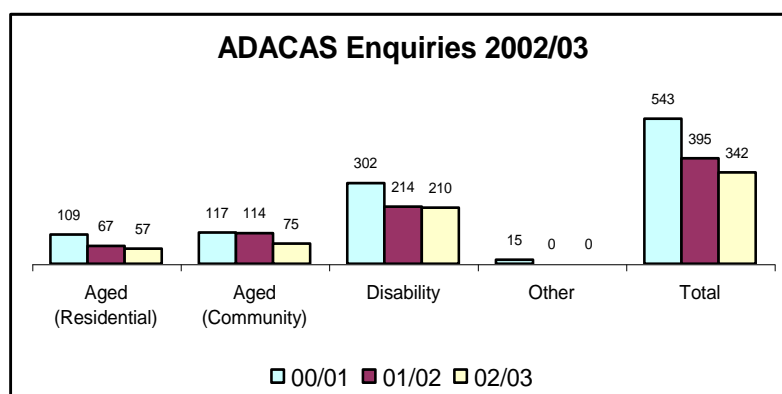
The focus group for the assessment against the National Disability Services Standards indicated some concern by callers using the ADACAS answering machine. Understandably, they prefer to speak to a “real person”. There were also concerns that we did not operate 24 hours a day, 7 days a week, also probably linked to the use of the answering machine. Regretfully due to staff cuts there may be times during the week when there is no-one in the office, or there is only one person in the office to respond to several phone lines. Some calls will then transfer through to the answering machine. ADACAS staff have also noted a large number of callers using the answering machine hang up without leaving a message.

ADACAS is not a crisis service. We are not funded to operate 24 hours a day, 7 days a week; there are services and statutory bodies which are funded to have this role. Neither do we operate a model of advocacy that can respond to urgent crisis intervention, although on occasions we have, when we have the resources and it is likely that the person is going to require and is seeking longer term advocacy in several areas of their life.

As a result of this feedback, ADACAS will be developing a brochure to be provided to all people who receive advocacy, explaining this, and providing alternate emergency contact details.

The most common issue raised by enquirers was accommodation, (55), including 16 from people who were homeless. There were 41 issues about consumer rights, (12 from people enquiring about their rights in respect of staff abuse) and 37 on level of care, where there were several calls (15) for information on access to specialised services. There were 15 calls from people experiencing abuse from a family member.

Table 5



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

The number of people unable to access ADACAS due to inadequate resources was similar to last year, at 108 people. This year however, the numbers of people with disability unsuccessfully seeking ADACAS assistance has risen significantly to 84 of the 108. This rise has been offset by a decrease in the numbers of people in aged care institutions unable to be provided with advocacy (from 18 last year to 2 this year) and a similar reduction in numbers of older people in the community (from 33 last year to 22 this year) who were unable to access ADACAS,

Table 6

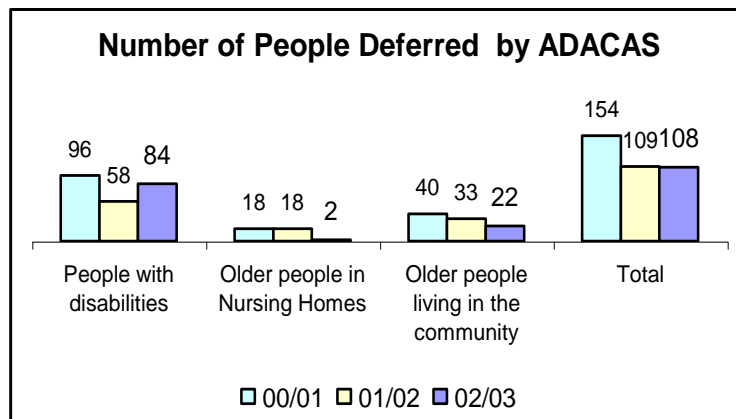
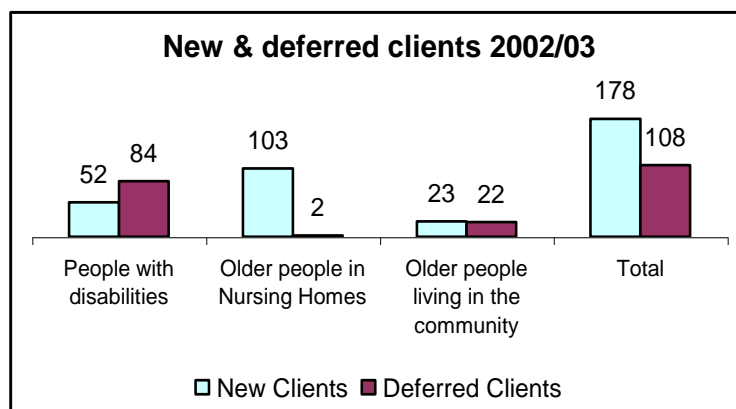


Table 7



# **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 2771 people attended 150 different activities, including 1330 residents and their family-carers and 601 staff of aged care facilities; 431 people with disability in community and educational establishments, 249 staff of community based agencies, and 39 Government staff. Total time spent in these activities was 486.5 hours, including preparation.

## **STAFF TRAINING AND OTHER ACTIVITIES**

The focus for staff training this year has again 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. A selection of staff training activities undertaken this year includes:

- Community Resource Unit Conference;
- SRV and PASSING
- Indigenous Disability and Aged Care Conference
- Dialectical Behaviour Therapy
- Issues of Late Life seminar
- Suicide Intervention Training
- Cross Cultural Training
- Effective use of data
- Staff Management
- Advocacy skills development: Rights based and best interests advocacy
- Person Centred Approaches

### **Other activities**

There were 7 meetings with our funding bodies 2 of which were joint meetings of all 3. There were 3 additional meetings with the ACT Office of the Department of Health and Ageing and an additional meeting with HACC staff. Two meetings of the HACC/DSG network and/or forum were attended by the ADACAS Manager and staff, and there were 9 meetings of the ACT Disability Advocacy Network.

ADACAS has also attended:

- 4 meetings with the Aged Care Standards and Accreditation Agency;



- 9 teleconferences with the other members of the Aged Care Advocacy Agency Network, (NAN)
- 2 meetings of the NAN with staff from the National Aged Care Advocacy Program National Office;
- advocacy workshop funded by the Commonwealth and held in Hobart.

Other meetings attended by ADACAS include:

- ACTCOSS;
- ACROD;
- Alzheimer's Association
- Aged Care Access and Equity group;
- Aged Care Indigenous Network;
- Disability Reform Group
- FEMAG, (Review of Community Advocacy etc)
- Mental Health Foundation
- Older Person's Mental Health Service;
- Carers Association;
- COTA;
- Kerrie Tucker, Roslyn Dundas, Bill Wood, Simon Corbell
- Rainbow Room
- Xavier Family Support

**ATTACHMENT B**

**COMMUNITY EDUCATION ACTIVITIES**  
**2002 – 2003**

<b>ORGANISATION</b>	<b>NUMBER OF ACTIVITIES</b>
<b>Residential Aged Care Program:</b>	
Amity at Aranda	8
Baptist Flexicare	2
Brindabella Gardens Hostel	3
Brindabella Gardens Nursing Home	4
Carey Gardens	2
Croatian Village	2
Eabrai Lodge	4
Ginninderra Gardens Hostel	3
Ginninderra Gardens Nursing Home	7
Goodwin, Ainslie	3
Goodwin, Ainslie Residents Committee	1
Goodwin, Farrer	4
Goodwin, Farrer Residents Committee	1
Goodwin, Farrer – Staff	1
Goodwin, Monash	1
Goodwin, Monash – Staff	1
Jindalee	8
Kalparrin	7
Kankinya	4
Mirinjani, Hostel	1
Mirinjani Nursing Home	4
Mirinjani CACP	1
Morling Lodge	6
Morshead	3
Mountain View	1
Ngunnawal Comm Care CACP	1
Ozanam	3
St Andrews Village	5
St Nicholas' Home for the Aged	4
Villagio Sant' Antonio	2

<b>ORGANISATION</b>	<b>NUMBER OF ACTIVITIES</b>
Cont.	
<b>Other activity:</b>	
ACAT	1
Canberra College	2
Cut Cloth	2
EZI iron	7
Healthcall	6
Hyson Green	1
Pack 'n' Post	5
Respite Care	2
RSPCA	1
Students, UC ,CIT, ANU	9
TAS	1
TRAHCS, Cert III and IV	12
VYNE	1
Work Places	3
<b>TOTAL:</b>	<b>150</b>

**FINANCIAL STATEMENTS**