

ANNUAL REPORT

2003 - 2004

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

Chairperson:	Kym Duggan
Secretary:	Judy Phillips (to November 2003) Susan Robertson (from November 2003)
Treasurer:	Phillip Gleeson
Public Officer:	Marguerite Castello
Other members:	Pat Daniels Judy Phillips (to March 2004) Judy Sykes (from December 2004??) Melissa Johns (from December 2004??)

ADACAS' STAFF

Management and Administration

Manager (p/time)	Colynne Gates
Office Manager (p/time)	Linda Janssen
Administration Assistant (p/time)	Sara Rizzi (November 2003-June 2004)

Advocacy for older people

Coordinator/Advocate	Michael Woodhead
Advocate (p/time)	Kerry Holdsworth
Advocate (p/time)	Joan Suckling (to February 2004)
Advocate (p/time)	Judy Power (from February 2004???)

Advocacy for people with disability

Coordinator/Advocate	Sandra Russet-Silk
Advocate	Jaymmie Midegs
Advocate (p/time)	Belinda Barnard (from February 2004???)

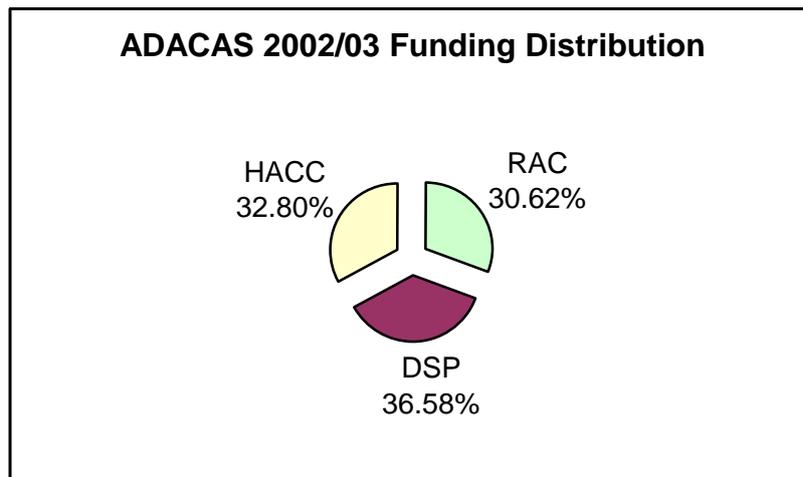
ADACAS FUNDING

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

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

NB: Funding proportions are “full year effect”, post HACC funding increase.

Table 1 Allocation of funds by program



CHAIRPERSON'S REPORT

MANAGER'S REPORT

Overview

This year has been a very challenging one for ADACAS, and one of mixed fortunes. On the positive side, we received a substantial increase in our funding under our Home and Community Care Program contract administered by the ACT Government, and the Report on the Review of Statutory Oversight and Community Advocacy was very promising, picking up many of ADACAS recommendations on strengthening community based advocacy.

However staffing issues have impacted on ADACAS operations this year, with the agency experiencing its first Workers' Compensation claims for work-related stress. In addition ADACAS has lost a longstanding worker, and three other staff will be leaving ADACAS within the first part of 2004-2005 financial year. We have also lost some longstanding Committee members this year, and others will be leaving the Committee at the 2004 Annual General Meeting.

With respect to advocacy:

- ADACAS continues to receive requests for advocacy from people living in the ACT Government's disability group houses, with many of the issues so prevalent in "pre-Gallop" days still occurring, eg using transfer between houses as a solution to "domestic violence", mismanagement of medication resulting in hospitalisation, allegations of sexual assault, allegations of theft;
- Similarly, issues with ACT Mental Health Services have continued, and reached crisis point during the year.
 - Various reviews were conducted, concluded and reported.
 - There were reports of the suicide of several people being treated in the Psychiatric Services Unit, (PSU).
 - Staff of the PSU threatened strike action;
 - People with personality disorder were still "treated" via the criminal justice system;
 - As a result, Canberra is to build another institution for people with mental illness, although in ADACAS' opinion the case for one is not proven, given the disarray, even dysfunction, of acute and community based mental health services.
- the second round of accreditation for aged care institutions was concluded with several homes where ADACAS had evidence of retribution against residents and their families receiving the full, standard 3 years accreditation;
- the issue of retribution in aged care institutions was formally reported to the Minister for Ageing, Mrs Julie Bishop, after repeated attempts to elicit a response from the Department were unsuccessful, eg a national strategy; and
- ADACAS increased our activity around the appalling situation of younger people living in aged care facilities by employing an advocate specifically to assist those at risk of premature and inappropriate institutionalisation.

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. The increased funding from HACC, though welcome, has not aided the situation, as most people seeking access to ADACAS are not HACC eligible, (eg they live in supported accommodation, or the solution to the person's issues, which are serious enough to often result in the person seeking to be admitted to an aged care home, do not lie in a HACC service response, eg safety, debt etc).

Staffing

ADACAS has been fortunate to have a very stable workforce. At the start of the 2003-4 year, there were 5 people who had been employed for 8 years or longer. However this year has seen the start of some significant staff changes at ADACAS. After a decade with us, Mrs Joan Suckling retired from ADACAS. Joan first worked with ADACAS on a project to develop advocacy for people with an acquired brain injury. Becoming a permanent employee in 1995 (????), Joan provided advocacy for older people living in aged care homes, and also those living in the community. Her contribution to ADACAS has been greatly appreciated by all the staff and Committee, and we wish her every success in her new career.

As a result of the HACC grant, and Mrs Suckling's decision to leave ADACAS, we were in a position to recruit new workers in both the Disability and Older Person's Advocacy Teams. Ms Belinda Barnard joined ADACAS in March and provides advocacy for younger people with disability at risk of being placed in a nursing home. Belinda hails from the Commonwealth Attorney Generals' Department, and is a qualified Human Rights lawyer. The ADACAS team is very pleased to have Belinda with us, especially for the human rights and legal experience and perspective she brings.

We were also delighted to be able to welcome back Judy Power to the ADACAS team. Judy worked for ADACAS on a fixed term contract some two years ago, but unfortunately we were not able to secure recurrent funding at the time to continue her employment. Judy has taken over Mrs Suckling's place in the advocacy team for older people, providing advocacy for older people living in the community.

Finally, ADACAS was able to employ Ms Sara Rizzi for a short time in 2003-4. Sara assisted Linda with data entry and enquiries.

As mentioned above, two staff lodged Workers' Compensation claims with respect to work-related stress. One claim was disallowed, the other accepted. ADACAS has reviewed its procedures and will embark on a more in-depth review of the organisational structure before December 2004.

Operations

As a result of the additional HACC funding, ADACAS was able to review our IT requirements, replacing some computers and upgrading software, including installing broadband internet connection with our own domain name, and intra-net. This has made communications within the office more efficient, as well as enabling people to email their advocate directly.

Staff have also been able to increase research efforts, which in turn has provided a boost to the options and scope of the advocacy we provide.

We are heavily dependent on our volunteer systems consultant, Bill Barker of Kymcall Pty Ltd, for most of our IT support, and our thanks again this year to Bill for his ongoing support of ADACAS.

We have continued to overhaul our policy and procedure manual, adding a formal policy on institutions, and refining, clarifying several others.

Data summary

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

This year has seen yet another massive increase in ADACAS' workload which cannot be sustained. When compared to 2002-3, there has been a:

- 17% increase in the number of people provided with advocacy,
- 30% increase in the number of hours of advocacy,
- 23% increase in the number of issues responded to, and
- 15% increase in enquiries.

In 2003 - 2004 ADACAS provided individual advocacy to 320 people, compared with 273 people in 2002-2003, accepting 236 new people in the year, compared to 178 new people in 2002-2003. We have assisted people with 864 (??) issues this year and provided 5152.25 hours of advocacy support. In 2002-2003 the corresponding figures were 688 issues and 3954.75 hours of advocacy for individuals.

ADACAS was unable to offer advocacy to 178 people this year, the majority of whom (127), as for last year, were people with disability. In this situation, ADACAS refers to other advocacy agencies in the ACT where possible.

ADACAS worked on 15 systemic advocacy matters, all but three of them related to specific aged care facilities. The remaining three matters were elder abuse, retribution in aged care, and younger people with disability in aged care institutions.

In all, ADACAS spent a further 221.25 hours on systemic advocacy matters. The most time consuming matter was the issue of retribution in aged care, which is discussed in greater detail later in this report. A further 38.5 hours was used in response to younger people in aged care. ADACAS also continues to provide individual advocacy for a number of people in aged care institutions who wish to leave.

In total, therefore ADACAS has, this year, provided 5373.5 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, an increase of 21% for the previous year.

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 392 enquiries this year, a 15% increase over last year.

Finances and related matters

The full financial statements for ADACAS are at Attachment C.

ADACAS has continued to make applications for funding and ADACAS was successful in obtaining a significant recurrent increase to our HACC grant. Applications for funding to respond to significant demand from people with disability, especially with a psychiatric disability, were however repeatedly refused. All three Programs provided some additional funds (about 2% of the grant) to meet increased costs.

ADACAS received recurrent funding of \$<??>, including \$<??> from the Commonwealth Disability Services Program, (DSP); \$<??> from the Commonwealth's Residential Aged Care Program, (RAC); and \$<??> from the ACT Government administered Home and Community Care Program, (HACC).

The funds are administered via contracts, one of which (DSP) has been "rolled-over" each year, and is generally regarded as "ongoing". The HACC and RAC contract however are provided via fixed-term contracts, both of which are due for review and hopefully, renegotiation in June 2005.

Review of Community Advocacy and Statutory Oversight Bodies, (The FEMAG Review)

The ACT Government released the FEMAG Review Report for comment during the year, (but its response to the Report's recommendations were not released until 2004-5). ADACAS supported the bulk of the Report's recommendations, many of which with respect to advocacy mirrored ADACAS' submission to the Review. Indeed, had the Government adopted FEMAG's recommendations with respect to advocacy in its entirety, the ACT would have been at the leading edge of (formal, paid) advocacy practice in Australia. Unfortunately, this was not to be the case, however FEMAG's recommendations with respect to the functions of the Disability Commissioner were largely upheld by the Government.

All of ADACAS applications for increased funding for people with disability made in recent years were declined on the basis that the FEMAG Report had not yet been released and/or responded to. ADACAS fervently hopes that future applications will now be more favourably considered, especially in view of the large numbers of people with disability seeking, but unable to access ADACAS advocacy.

Complaints against ADACAS

ADACAS complaints policy and process has been reviewed again this year, and the new policy has been posted onto the ADACAS website www.adacas.org.au .

As for previous years, the level of satisfaction with our work from people for whom we have provided advocacy remains high. This year we have received one complaint from a person for whom we provided advocacy as we were unable to achieve the outcome they sought. The advocacy was reviewed by an independent consultant, who found the advocate's practice was of a high standard.

This year, ADACAS has not received any complaints from service providers, or from people for whom the advocacy was provided, other than the person mentioned above. However, there are still two outstanding complaints made against ADACAS to the Community and Health Services Complaints Commissioner. (However, these have been closed in the 2004-5 financial year.)

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). Periodically ADACAS' performance against both these sets of standards is audited, which occurred for ADACAS in 2003-4. ADACAS received a high achievement rating against the HACC standards, and was found to be non-compliant in a couple of supporting standards with respect to written policies under the National Disability Standards. These have now been addressed.

Both audit processes require independent verification of customer satisfaction with ADACAS advocacy. Customer feedback has again been very positive, with the main concern being insufficient staff to respond to all requests for advocacy. Again, there were calls 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 to provide advocacy for people with disability, other than from the HACC program, have been declined.

Systemic advocacy issues

ADACAS is primarily an agency providing advocacy for individuals. However, where it is considered appropriate, ADACAS also undertakes systemic advocacy. 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.

Last years Annual Report discussed reform, which was defined (Macquarie Dictionary) as:

- 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

Based on the referrals to ADACAS, the “reforms” underway in Disability ACT and ACT Mental Health have not been successful, retribution against residents of aged care homes, and their families, continues unchecked, and younger people with disability are still being admitted to ACT aged care institutions at an alarming rate.

In last year’s report we asked if people were thriving, or just surviving. Now we feel obliged to ask, “are people surviving?” Sadly, last year, many consumers of the ACT Government’s Mental Health Services did not. Some residents of group homes survived more by luck than the consistent application of high quality accommodation support. For example, on one occasion Ambulance drivers called to take one resident to hospital, took a second one as well because they thought he looked very unwell. The hospital finally discovered that in fact the men had been receiving each others medication for 3 days.

Systemic issues affecting people with disability

ADACAS systemic work has been the same as for last year:

- Disability reforms;
- ACT Mental Health Services; and
- Younger people in aged care institutions.

* *Disability reforms*

Not-with-standing the very positive rhetoric in policy documents and other publications from Disability ACT this year, it is hard to see any improvement in the lives of people with disability living in group houses operated by the Government, even though the outcome from the Gallop Inquiry promised so much. Indeed, it would seem that for many their quality of life has deteriorated. ADACAS gave a commitment to monitor the implementation of the Gallop reforms and respond if the reforms were not effective. As a result of a lack of progress with the reforms ADACAS will be renewing its systems advocacy strategy in 2004-5.

* *ACT Mental Health Services*

In 2003-4 we saw increased speculation on the “need” for a new institution for people with a mental illness and/or dysfunction. ADACAS produced a paper in response to this debate, which is reproduced at the end of this Report, (Attachment <?>). In the lead up to the 2004 ACT election, both major parties have supported the establishment of a new forensic mental health unit. However, as the Government is unable to staff the existing institutions, ADACAS is unsure how this new facility will be staffed.

However, recent developments, (in 2004-5 year) are even more sinister. The Legislative Assembly has passed amendments to legislation now making it possible to “imprison” people with personality disorder, effectively indefinitely. This is a complete reversal of Mental Health policy based on “best practice”, which had until recently, upheld that institutional care was not appropriate for people with a mental dysfunction arising from a personality disorder.

Amendments to Community Care Orders now enable someone to be locked up in the “secure” care unit, reviewed every 6 months, until they are deemed safe to be released into the community. However, the debate in the Assembly, (Week 8 Hansard [3 August] page 3299-3306) clearly indicates that the expectation is that many people will be detained for several months, possibly years.

ADACAS has referred the amendment to the Human Rights and Equal Opportunities Commission.

* *Younger people in aged care*

Whilst ADACAS has continued to advocate for a number of younger people in aged care, there has been no progress on this issue from a policy perspective, this year. Recently published data from the Australian Institute of Health and Welfare has revealed that there were another 19 younger people admitted to ACT aged care institutions in 2002-3, bringing to 52 the numbers of people under the age of 65 in the ACT’s aged care institutions, as of 30th June 2003.

There has been no leadership shown by either the ACT Government or the Commonwealth Government to address this issue, and nationally the only response appears to be the option of group homes; an option we here in the ACT know only too well to be fundamentally flawed, and based on service models which are over a quarter of a century old.

ADACAS opposes the development of institutional options as long term housing, treatment and/or support options for all people, irrespective of their age or type or degree of disability. We challenge the ACT Government to demonstrate leadership in this area, and to state unequivocally that institutions, of any shape or size, are not acceptable models of accommodation and support for younger people with any type or degree of disability.

* *Systemic issues affecting older people*

Many of the issues discussed in previous Annual Reports 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.

There have been some improvement in recent years, however 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.

Last years Annual Report raised the issue of homes where retribution against residents and their families is a regular occurrence, receiving 3 years accreditation. We gave an example of a home which was accredited for 3 years a few weeks after serious complaints regarding retribution against residents and relatives were investigated by the Complaints Resolution Scheme. Whilst the issue of retribution was a concern, more alarming were the issues of poor quality care which were effectively “masked” due to the high level of fear, and consequent reluctance by residents and their families, to complain.

ADACAS continued to work with residents and their families to address the retribution, which largely took the form of serious psychological abuse of residents and their families. Eventually the Department of Health and Ageing, the Complaints Resolution Scheme and the Aged Care Standards and Accreditation Agency became involved, and ADACAS’ allegations of retribution and serious breaches of the Aged Care Standards have now been confirmed. The home is now required to respond to these concerns.

The Commonwealth Government funds advocacy agencies in each state and territory, which work together to identify and respond to systemic issues in aged care. Retribution was one matter which has been identified by the National Aged Care Advocacy Network, (the NAN), and it has been raised with the Department for several years now, unfortunately without any response. The NAN regarded the issue of retribution, and lack of response by the Department, to be so serious, that it decided to develop a paper to raise the matter directly with the Minister. ADACAS had carriage of writing the paper, in consultation with all NAN members, and it was forwarded to the Minister in June 2004.

ADACAS was very disappointed with the manner in which the paper was received, especially by the Department, even though, in his 2003-4 Annual Report, the Commissioner for Complaints had also identified retribution, and fear of it, to be a factor in the effectiveness of the Aged Care Complaints Resolution Scheme. A number of NAN agencies were contacted by Departmental staff, though not ADACAS, which was surprising, given we wrote the paper and forwarded it onto the Minister. We are given to understand the issue of ongoing funding after June 2005 was raised by Departmental staff during these conversations and, as a result, the NAN agreed not to distribute the paper until after the Commonwealth election in October 2004.

ADACAS will continue to work on the issue of retribution in aged care in 2004-5, and indeed in years to come. However, what should not be lost sight of, is that the level of fear of, and actual retribution experienced by people living in aged care homes and their families, is *masking an accurate assessment of the actual quality of aged care provided in some homes*, irrespective of the level of accreditation achieved by the industry here in the ACT, and possibly nationally.

ADACAS calls on the Commonwealth Government to immediately refer the matter of fear of and actual retribution in aged care to the Australian Institute of Criminology, in order that they may investigate the incidence, nature and effects of retribution, and identify ways to eliminate it from aged care homes.

Only when fear of retribution is eliminated from aged care can the community have confidence in the accreditation system.

It is not appropriate that residents should be subjected to this abuse, especially when by the Commissioner's own admission, the Complaints Resolution Scheme appears unable to effectively respond to complaints about the quality of care in aged care institutions.

Conclusion

This year has again been very busy and, at times, difficult. It has been very rewarding, especially with respect to the increased HACC funding and the FEMAG Review Report: and disappointing, for example the response to the Retribution paper, the stalling of Disability ACT reforms, and the issues for consumers of ACT Mental Health services.

We have again been unable to respond to all calls for advocacy, especially from people with disability, and opportunities to improve the quality of life for people with disability and older people have, as a result, been lost.

Organisationally, we welcomed a number of new colleagues, and farewelled one, and the departures continue into 2004-5 financial year, with Jaymmie Midegs leaving to take up a position in community based mental health services. Sadly, also, one of our new recruits will leave ADACAS in the near future for personal reasons, although Belinda will be seeking to join our Management Committee. This will also be my last Annual Report as I have decided to leave ADACAS at the end of 2004.

I would like to record my appreciation of the extraordinary energy and commitment demonstrated by ADACAS staff in the almost 8 years that I have been involved with ADACAS. They are, without doubt, a group of the most dedicated, professional and "conscious" people it has ever been my privilege to work with.

My thanks too, to the members of the Management Committee, and especially our chairperson, Kym Duggan. His courage in withstanding attempts to silence our voice has been exceptional, and an outstanding example of leadership.

The ADACAS Committee and staff have worked hard over the last few years to understand and align our advocacy practice with internationally recognised advocacy principles. We have become more conscious of the vital importance of maximising our independence, minimising internal and external conflicts of interest, and focusing on the fundamental needs of the people seeking advocacy from us.

Specifically, we have thought about the outcomes we have obtained for people from our advocacy, especially for those people living in institutions. As Andrew McCallum wrote in Access Magazine, (Sept/Oct 2003, review of "From Rights to Management" by Terry Carney and Gaby Ramia):

“It also highlights the pitfalls of where advocacy revolves around an agenda set by others where even wins only result in changes to a flawed system and a further entrenching of structural inequities.”

and we have questioned our part in the continued institutionalisation of people, especially those who are ageing or who have mental illness or psychiatric disability. This discussion has resulted in the development of the ADACAS Policy on Institutions, which I hope will provide support for and direction to our work in the future.

Advocacy is often misunderstood by many people, which is not surprising, given the myriad of views on what advocacy is, or should be, that permeate our community! However, ADACAS has tried to become “clearer” about advocacy, and to provide a consistent message about who we are, what we do, for whom, and why. And we have tried to make our advocacy actions coherent with that message. This work is not finished, probably never will be, but I believe that it has strengthened ADACAS’ advocacy, and our reputation as a high quality advocacy program.

Finally, and most importantly, my “thank you” to all the people who are ageing or who have disability who have allowed me to provide them with advocacy or in some other way be connected with their life. It is not possible in the pages of this report to fully describe the impact they have had on my life, and my understanding of how our society responds to what we perceive as “difference”, and most importantly how we react to that. Their courage and perseverance in challenging us all to turn our rhetoric into reality, and be coherent in our actions, fills me with admiration for them, and has kept me focused on how to get, and be clearer about what is, a ‘good life’.

Colynne Gates
Manager

ADACAS STATISTICAL SUMMARY

ADVOCACY

Summary

2003 - 2004 saw a significant increase in individual advocacy workload across the board, and the number of people we deferred due to lack of resources. There was a decrease in the amount of systemic advocacy provided this year.

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

	2002-2003	2003-2004
Individual advocacy:		
• advocacy hours	• 3954.75	• 5152.25
• total numbers of people assisted	• 273	• 320
• total issues	• 688	• 846 ??
• new issues	• 482	• 639 ??
• issues closed	• 483	• 624 ??
• outcome achieved	• 409 (84.7%)	• 512 (82%)
• satisfied with ADACAS performance, per issue closed	• 464 (96%)	• 598 (96%)
• people unable to be assisted	• 108	• 178
Systemic advocacy:		
• advocacy hours	• 472.5	• 221.25
• total issues	• 43	• 15
• issues closed	• 7	• 1
• new issues	• 29	• 4
Enquiries:		
• numbers of enquiries	• 342	• 392
• time spent	• 254.75 hrs	• 328.5 hrs

The data indicates another significant 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
- the numbers of issues responded to.

Of the 320 people receiving advocacy this year:

- 105 were people with disability and their carers;
- 177 were older people and their carers who are clients of the Commonwealth's Residential Aged Care Program, including 4 people with disability and 5 people in receipt of Community based packages, (CACP and EACH); and
- 38 were older people living in the community and their carers.

ADACAS provided advocacy for 47 people from other cultures, and there were 2 people of Aboriginal background who received advocacy this year. In addition, 24 people with dementia, or carers of someone with dementia, were provided with advocacy.

Table 2

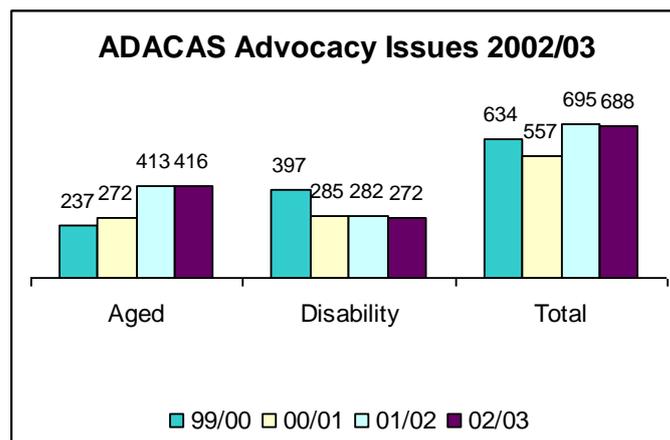
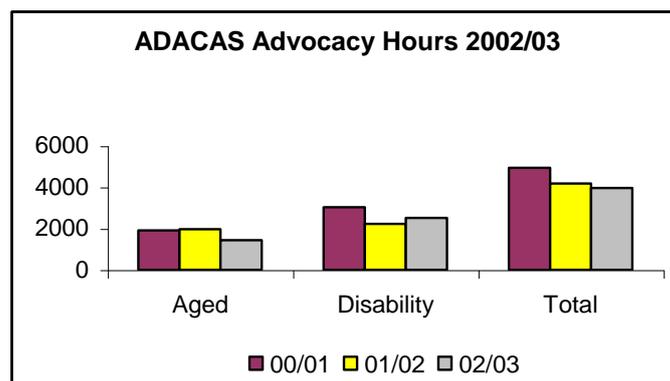


Table 3



Advocacy for people with disability

Individual advocacy

Of the 105 people with a disability seeking individual advocacy this year:

- 57 were people with a psychiatric disability;
- 6 people had autism;
- 4 person had an acquired brain injury;

- 20 people had an intellectual disability;
- 15 people had a physical disability;
- 2 people had a neurological disability; and
- 1 person had Attention deficit disorder.

ADACAS provided 3339.75 hours of advocacy for people with a disability the majority of which (1827.25 hours) was formal representation by ADACAS on behalf of the people for whom we were advocating. There were 1419.5 hours used to inform people of their rights, identifying advocacy strategies, and supporting people through the advocacy process.

Systemic advocacy

ADACAS major systemic advocacy on behalf of people with disability was with respect to those in aged care institutions. ADACAS has provided 38.5 hours of advocacy on behalf of younger people in aged care. ADACAS also worked on issues in mental health particularly around the debate on the need for more mental health institutions.

Advocacy for people who are ageing

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 182.75 hours of systemic advocacy in respect of issues affecting older people in the ACT. This is included 121.5 hours of advocacy in respect of 12 aged care institutions, including ten separate cases of systemic retribution against residents and their families who raise concerns about their care. In addition there was another 60.25 hours on a national response to retribution in aged care, and 1 hour responding to the ACT Government's initiatives on elder abuse.

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 provides information on the number and types of issues responded to this year. However, not all the sub-categories are included below.

Issue Types	All people	Carers of, and people with disability	Carers of, and people in aged care homes	Carers of, and older people living in the community
1. Administration and fair trading	40	1	37	2
2. Level of care	199	46	132	21
• access to specialised services;	• 34	• 14	• 12	• 8
• continence;	• 12	• 0	• 12	• 0
• hydration/nutrition	• 14	• 2	• 11	• 1
• inadequate service response to emotional needs of people;	• 14	• 3	• 10	• 1
• assessment;	• 16	• 8	• 4	• 4
• falls;	• 11	• 0	• 8	• 3
• specialised care and services.	• 13	• 8	• 4	• 2
3. Consumer rights	219	50	155	14
• abuse by service provider staff,	• 54	• 9	• 42	• 3
• lack of choice and decision making,	• 49	• 11	• 38	• 1
• inadequate internal complaints mechanism;	• 29	• 13	• 14	• 2
• Privacy/dignity;	• 17	• 2	• 13	• 2
• Independence.	• 11	• 1	• 7	• 3
4. Environment	62	6	47	9
• catering	• 15	• 0	• 14	• 1
• theft	• 10	• 1	• 9	• 0
• equipment	• 6	• 0	• 6	• 0
• repairs and maintenance	• 5	• 0	• 2	• 3
• cleaning	• 9	• 3	• 6	• 0

Issue Types	All people	Carers of, and people with disability	Carers of, and people in aged care homes	Carers of, and older people living in the community
5. Quality Assurance	5	1	3	1
6. Alternate decision making	22	7	15	0
• Guardianship	• 7	• 4	• 3	• 0
• Financial management	• 6	• 1	• 5	• 0
• Powers of attorney	• 7	• 0	• 7	• 0
7. Care options	9	2	3	4
8. Financial issues	42	17	17	8
• debt	• 15	• 6	• 8	• 1
• pension	• 13	• 4	• 3	• 6
• other	• 14	• 6	• 6	• 2
9. Health system interaction	31	27	0	4
• MHS	• 16	• 16	• 0	• 1
10. Regulation	0	0	0	0
11. Significant others	37	23	9	5
• abuse	• 21	• 14	• 6	• 1
12. Legal	79	58	2	19
• criminal;	• 49	• 36	• 0	• 13
• civil;	• 13	• 7	• 2	• 4
• Family Court;	• 2	• 2	• 0	• 0
• Children's Court.	• 2	• 2	• 0	• 0
13. Education	8	8	0	0
14. Transport	7	3	4	0
15. Employment	12	12	0	0
16. Accommodation	69	52	5	12
• safety;	• 14	• 9	• 1	• 4
• homelessness;	• 12	• 12	• 0	• 0
• repairs and maintenance;	• 8	• 5	• 1	• 2
• disputes	• 15	• 13	• 0	• 2
17. Other	5	2	1	2
TOTAL	846	315	430	101

Results

As mentioned above, there has been another small 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; and
- after discussion with the person and their family, ADACAS forms the opinion the fear is based on their lived experience or observation of how others in the home have been treated when making a complaint.

This decision has resulted in a significant reduction in “outcome achieved” for this client group, and the agency overall since we implemented this approach two years ago. It is very apparent that fear of retribution is significantly interfering in the reporting of and resolution of quality of care issues in aged care institutions as reported to ADACAS. Of concern also is how this affects accreditation and activities of the Complaints Resolution Scheme.

In other areas, there has been an increase in outcome achieved for older people living in the community, and a small decrease in outcome achieved for people with disability, when compared to last year. This last result is due in part to the high level of advocacy provided for people with mental illness in the criminal justice system, and the tendency for people to be found guilty of offences, usually assault related etc.

Table 4: Outcome achieved by client group

	People with disability	Older people living in the community	People living in aged care institutions	Total
Total issues closed	172	91	361	624
Outcome achieved	167	85	260	512
%	97.1%	93.4%	70.1%	82.1%
Satisfied with ADACAS	166	91	341	598
%	96.5%	100%	94.5%	95.8%

People’s satisfaction rate with the advocacy they received from ADACAS has remained steady at just under 96% this year. Interestingly, although the outcome achieved for people living in aged care was only 70%, the satisfaction rating with ADACAS performance was 94.5%. Corresponding figures for older people living in the community and people with disability are 100% and 96.5% respectively.

INFORMATION

Of the 392 enquiries ADACAS responded to this year:

- 63 were from, or on behalf of, people in aged care institutions;
- 103 were from, or on behalf of, older people in the community; and
- 226 were from, or on behalf of people with a disability.

The total time spent in responding to the 392 enquiries was 328.5 hours. The number of calls received is 14% higher than the previous year.

The focus group for the assessment against the National Disability Services Standards again 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 there will 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.

ADACAS is continuing to work on strategies to respond to this matter.

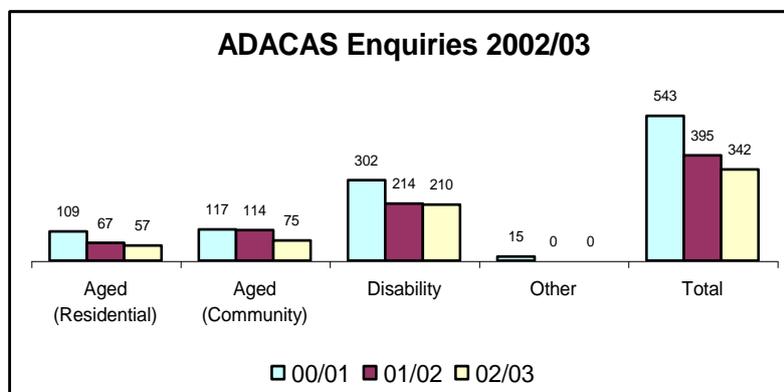
This year there was a distinct difference in the types of issues raised with enquirers from ADACAS 3 client groups. However calls on access to specialised services was ranked highly for all 3 groups.

The most common issue raised by *people with disability* was accommodation, (37), including 14 with respect to disputes, and 7 from people who were homeless. There were 25 enquiries about legal issues, 21 enquires about the health system, especially mental health services, and 18 enquiries about consumer rights, (including 2 from people enquiring about their rights in respect of staff abuse). There were 15 enquiries from people with disability related to issues about level of care on level of care, with several calls (7) for information on access to specialised services. There were 5 calls from people experiencing abuse from a family member.

For *people in aged care*, the most calls were about consumer rights, (17) with 4 relating to alleged abuse by staff. Level of care came second, (13) with access to specialised services receiving the most calls, (4). Administration and fair trading was next with 12 enquiries, with fees and charges receiving the most calls, (5).

For *older people living in the community*, accommodation and level of care both received 11 enquires, with access to specialised services again being an issue, (7 calls). There was one enquiry about alleged abuse by staff, 6 relating to alleged abuse by family members and 4 about family disputes. There were 7 calls relating to finance issues, including 6 with respect to pensions.

Table 5



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

The number of people unable to access ADACAS was much higher than last year, 178 compared to 108 people last year. This year, as last, the majority were people with disability, 127, and we were unable to assist them due to lack of resources. There were 39 older people in the community who sought ADACAS advocacy who we were unable to assist. However lack of resources was not the reason for this, but a re-focus on eligibility for advocacy funded under the Home and Community Care program.

The result is that many older people who would have been eligible for ADACAS advocacy in previous years were not eligible. The types of issues about which ADACAS is now unable to assist include domestic violence and elder abuse, financial issues, and housing. This is of concern to ADACAS as there are no other alternative independent agencies providing individual advocacy for older people in the ACT. ADACAS continues to lobby the Department and Minister for a change in approach, so far without success.

There has also been an increase in the numbers of people we were unable to assist in aged care institutions, (from 2 last year to 12 this year).

Table 6 below provides a comparison over the last 3 (or 4??) years of the numbers of people who sought but were unable to receive ADACAS advocacy, usually due to lack of resources. Table 7 on the other hand compares the numbers of people unable to access ADACAS with the numbers of people we were able to accept in this financial year. The table indicates that ADACAS requires at least a 50% increase in resources to be able to respond to demand. The demand is higher from people with disability.

Table 6

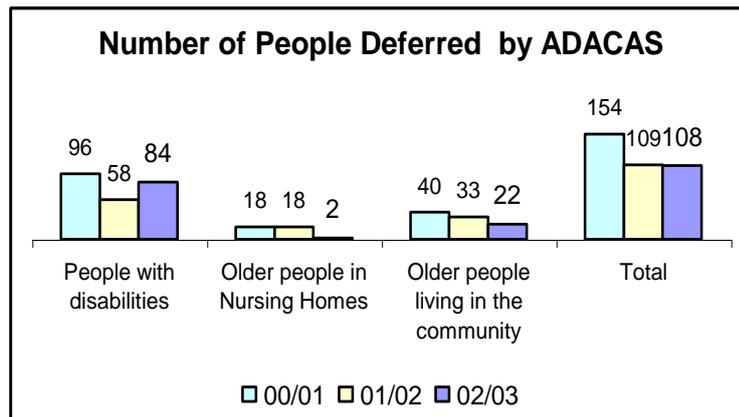
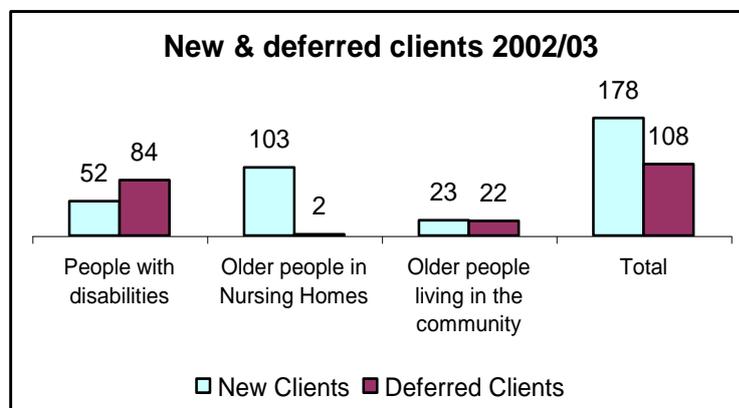


Table 7



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 3118 people attended 157 different activities, including 2181 residents and their family-carers and 616 staff of aged care facilities; 306 people with disability and their family carers in community and educational establishments, 164 staff of community based agencies, and 7 Government staff. Total time spent in these activities was 501.25 hours, including preparation.

In particular, ADACAS, in partnership with the Aged Care Standards and Accreditation Agency, (the Agency), and the Commonwealth Department of Health and Ageing, sponsored a forum for residents of aged care homes and their families. The forum focused on the accreditation process, and the opportunities available for residents and their families to have input to the accreditation process. Participants found the forum very useful, and seized the opportunity to raise issues about fear of and actual retribution in aged care, as well as specific concerns about low quality care. The Agency gave an undertaking to follow up on the issues raised.

STAFF TRAINING AND OTHER ACTIVITIES

ADACAS staff have attended 247 meetings, training and similar events this year, requiring 1376.50 hours of attendance. There were:

- 156 meetings;
- 12 consultancies;
- 44 staff training events;
- 15 network meetings;
- 5 talks/lectures; and
- 3 launches;

Staff training

The focus for staff training this year, as usual, has been on improving our understanding of the processes of societal devaluation and the impact on people with disability and those who are ageing. ADACAS requires all staff to regularly undergo Social Role Valorization training, (SRV), and a PASSING workshop if possible. (PASSING is a practical workshop based on SRV theory.)

Other training activities this year have included:

- Aged and Community Services Australia, Community Care Coalition conference;
- National Community Development Conference;

- Working with people with disabilities;
- Financial Management;
- Strategic planning tools seminar;
- Facilitation seminar;
- Elder abuse workshop;
- Capacity to decide seminar;
- Ethics in a day;
- Investigating sexual assault seminar;
- Disability Services Standards 5 and 12 training;
- HACC Standards training;
- Community Living Conference;
- The meaning of intellectual disability and support options;
- Privacy Act;
- Cross Cultural Training;
- Wrestling Wicked Problems;
- Issues of Later Life;
- Law Support Workshop;

Other activities

ADACAS attended 7 meetings with our funding bodies, 2 of which were joint meetings of all 3. There were 2 additional meetings with the ACT Office of the Department of Health and Ageing. Two meetings of the HACC/DSG network and/or forum were attended by the ADACAS staff, and there were 4 meetings of the ACT Disability Advocacy Network. ADACAS staff attended 4 meetings on multicultural matters.

ADACAS has also attended:

- 6 meetings with the Aged Care Standards and Accreditation Agency;
- 7 teleconferences with the other members of the Aged Care Advocacy Agency Network, (NAN) , and
- A NAN Managers meeting in Melbourne, (funded by the Commonwealth).

Other meetings attended by ADACAS include:

- ACTCOSS;
- ACROD;
- Alzheimer's Association
- Disability ACT re reforms
- FEMAG, (Review of Community Advocacy etc)
- Mental Health Consumer Network
- Carers Association;
- COTA;
- Older Person's Mental Health Service;
- Xavier Family Support
- NSW Government re advocacy development
- Legislation reform working Group
- A radio interview for One Way FM;
- Shelter re homelessness strategy;
- Radio National Talkback re Younger People in Aged Care;

- Rainbow;
- Queensland Advocacy Incorporated;
- Queensland Aged and Disability Advocacy Inc;
- Speaking Up For You, (SUFY);
- TAS Housing;
- Sharing Places;
- Community Options;
- Community Connections;
- National relay Service;
- Calvary Hospital social workers;
- Abbeyfield.

ATTACHMENT B

COMMUNITY EDUCATION ACTIVITIES

2003- 2004

ORGANISATION	NUMBER OF ACTIVITIES
Residential Aged Care Program:	
Amity at Aranda	10
Brindabella Gardens Hostel	6
Brindabella Gardens Hostel Residents' Committee	1
Brindabella Gardens Nursing Home	5
Carey Gardens	4
Croatian Village	3
Croatian Village Residents' Committee	1
Eabrai Lodge	3
Ginninderra Gardens Hostel	4
Ginninderra Gardens Residents' Committee	2
Ginninderra Gardens Nursing Home	7
Ginninderra Gardens NH Residents' Committee	2
Goodwin, Ainslie	3
Goodwin, Ainslie Staff	1
Goodwin, Farrer	2
Goodwin, Farrer Residents Committee	1
Goodwin, Monash	4
Goodwin, Monash Residents' Committee	1
Jindalee	8
Kalparrin	5
Kalparrin Residents' and Relatives' Committee	1
Kankinya	3
Kankinya Relatives' meeting	1
Mirinjani, Hostel	4
Mirinjani Nursing Home	4
Morling Lodge	7
Morshead	4
Morshead Residents' Committee	1
Morshead Staff	1
Mountain View	6
Mountain View Residents' Committee	2
Ozanam	3

Residential Aged Care Program cont:	
St Andrews Village	4
St Andrews Village Residents' Committee	1
St Andrews Village Relatives' Group	1
St Andrews Village Family Support Group	1
St Andrews Village Staff	1
St Nicholas' Home for the Aged	5
Villagio Sant' Antonio	3
TOTAL	126

ORGANISATION	NUMBER OF ACTIVITIES
Other activity:	
Calvary A&E	1
Canberra College	2
CIT	2
EZI iron	3
Healthcall	1
Gates Solicitors and Barristers	1
Pack 'n' Post	4
Mental Health Services, Belconnen	1
Queanbeyan TAFE	1
Rainbow	1
TRAHCS	4
University of Canberra	4
Work Ways	1
Work Places	5
TOTAL:	31

FINANCIAL STATEMENTS