

ACT Disability, Aged and Carer Advocacy Service Inc

2009-2010

ANNUAL REPORT

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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:	Greg Tannahill	
Treasurer:	Gary Leckie	
Public Officer:	Pam Boyer	Resigned 28 July 2009
	Pam Graudenz	Appointed 28 July 2009
Other members:	Joan Costanzo	
	Dominic Cookman	Appointed 30 March 2010
	Katja Mikhailovich	Resigned 27 April 2010
	David Lovegrove	Resigned 30 June 2009

ADACAS' STAFF

Advocacy Program

Andrea Simmons		Manager
Andrea Gray	(from August 2009)	Individual Advocacy Coordinator
Ben Davies	(from March 2010)	NDAP
Fiona Navilly		NACAP
Heather Stewart	(to March 2010)	NDAP/NACAP
Ivette Gonzalez		Mental Health/NDAP
Judy Power		HACC
Kate Barker	(from April 2010)	NACAP
Kerry Holdsworth	(to April 2010)	(on LWOP)
Malcolm Parker		HACC
Sandra Russet-Silk		NDAP/IDEAS/Mental Health

Administration

Sharon Pfeifer		Office Manager
Gloria Navilly	(from Feb 2010)	Admin. Assistant

Clinical Supervision Consultants

Janice Wickerson
Trish Walsh
Jennifer Hume
Lydia Stanhope

IT Consultant

Brehima Dembele (CHCSS)

Database Consultant

Rohan Mitchell 1024 Pty Ltd

Pro Bono Legal Advisors

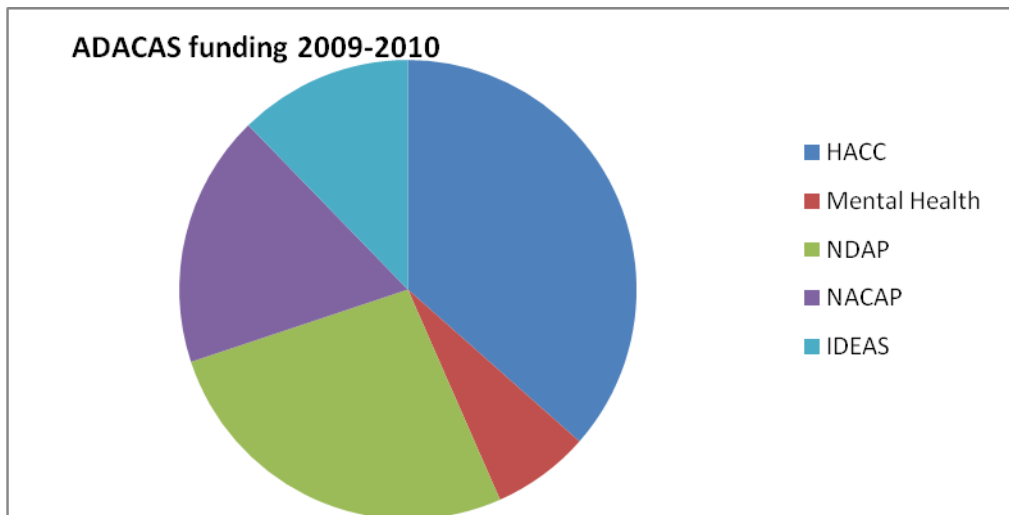
Blake Dawson

ADACAS FUNDING

In 2009-10 ADACAS received funding from five different funding programs:

ACT Government and Commonwealth Government	Home and Community Care Program	36.5%
Commonwealth Government	National Disability Advocacy Program	26.5%
	National Aged Care Advocacy Program	17.8%
ACT Government	Mental Health Consumer Advocacy Program	12.3%
IDEAS NSW	Disability Advocacy Brokerage Program	6.9%

Allocation of funds by program



Acknowledgements

“ADACAS is part of the Australian Network of Disability Advocacy Services funded by the Australian Government.”

“ADACAS is jointly funded by the Australian Government and the Australian Capital Territory Government under the HACC Program.”

“National Aged Care Advocacy Program—An Australian Government Initiative.”

“IDEAS Disability Advocacy Brokerage Program”

“Mental Health Consumer Advocacy Program – ACT Health”

CHAIRPERSONS REPORT

This will be my ninth and last report as Chairperson of ADACAS. After nine years it is time for new ideas and new leadership. I feel that I leave the Chair's role with ADACAS in a strong position to continue its work as the ACT's primary individual advocacy agency for people with a disability, older people and those who care for them.

In all of those 9 years ADACAS has had but two managers. They were Colynne Gates and more recently Andrea Simmons. Both gave exemplary service to ADACAS and enhanced ADACAS's standing within the community that we serve. Colynne and Andrea gave of their time and energy way in excess of the remuneration that ADACAS was able to provide to them. My previous reports highlight many of the issues that they have championed but I would like to record my appreciation for their patience and perseverance in dealing with me as Chair. I have learnt much about how to enrich and nurture community organisations that are so dependent on the quality of individual members of staff and manager's in particular to continue. ADACAS has now been in existence for more than 20 years and looks to have a bright future.

Looking back over that time a constant theme for me has been the fact that Governments, even while acknowledging the need for strong individual advocacy bodies, have never embraced ADACAS as a key partner in the delivery of effective services to the ACT community. The current Federal Government made much of its *National Compact with the Third Sector*. That document, much as its predecessor made by the ACT Government, has proved to be a bitter disappointment in the lack of commitment by funding agencies to implement its key aspirations.

To pick just a few of the key promises by the Federal Government from the Compact, it says we will:

- *Reduce red tape and streamline reporting*
- *Simplify and improve consistency of financial arrangements including across state and federal jurisdictions;*
- *Act to improve paid and unpaid workforce issues.*

ADACAS now receives funds from five different government funding sources across the ACT, NSW and the Commonwealth. All of these programs have different requirements for reporting and accountability. Only 2 of these programs provide funding on a better than year to year basis. In this respect we have gone backwards as at least when I started with ADACAS the majority of our agreements were for ongoing funding.

Funders have given very scant consideration to workforce development issues leaving this issue entirely up to the organisations they fund. I can only urge those we deal with to be much more concerned with the outcomes of the funding Governments provide rather than solely focussed on compliance with ever more onerous funding agreements.

Rereading my previous reports reveals another theme which is that we have been constantly plagued by reviews and inquiries into advocacy programs in almost every year that I have been with ADACAS. There is currently uncertainty with virtually all of our key funding programs. It is time that Government accepted that ADACAS is a key partner to them in the provision of services not a mendicant receiving the largesse of the powerful. It is very difficult for us to strategically plan for our future in this environment.

That we have managed to retain committed people in the face of this uncertainty is a constant source of amazement to me. As a public servant myself I can attest to the fact that there would be wholesale industrial anarchy if our pay and conditions were subject to such insecurity.

Notwithstanding these difficulties ADACAS continues to grow its staff numbers in the light of increased demand and some additional funding from a range of sources. We now have some nine staff which is a very significant increase on the numbers that we had in 2002 when I first took up this role. We have recently been able to expand our services to those with mental illness who remain amongst the most marginalised of our clients.

During the past 12 months Andrea has assisted the Board of management to complete a review and revision of almost all of the policies that underpin the way ADACAS operates. This has been a major task and a very much overdue one. These policies have equipped ADACAS to have a much better governance structure and to have much more open and equitable processes for dealing with the many issues that confront the organisation from conflict of interest issues to the way we deal with complaints. The process was at times laborious but critical and I wish to thank all of the members of the Board and to all of the staff who provided their views to Andrea on relevant drafts for their assistance in this endeavour.

A development that Andrea has been a key driver of is the Disability Advocacy Network Australia Limited (DANA). DANA acts as the peak representative body for disability advocacy groups across Australia. It has provided organisations like ADACAS with a much more powerful national voice in its dealings particularly with the Commonwealth Government. A national voice that is uniquely focussed on disability advocacy is critical to the growth of our agencies and in times of tight budgets is critical to our very survival.

Andrea agreed to take a full time position with DANA from as soon as we can find a replacement for her in ADACAS. Given her background and skills she is clearly a very good choice for this work and will undoubtedly take DANA's work to a new level. Andrea will be sorely missed by us all in ADACAS and on behalf of all of the Board of Management I think her for all of her work with us but we are hopeful of an even more fruitful partnership with DANA with Andrea there.

I remain very proud of all of the work that has occurred in the 9 years I have been Chair, some of our systemic work has been a particular highlight. Things that come to mind amongst many include our work on the Gallop Inquiry into Disability Services, the Senate Inquiry into Aged Care, the Review of the Disability Advocacy Program, the Narrabundah Long Stay Caravan Park saga, our work with the former residents of the Macquarie Hostel, our ongoing battle with the Federal Government for a fair and open complaints system for aged care residents and our work highlighting the plight of young people in nursing homes.

Fundamentally though ADACAS is and I hope will always remain primarily committed to being an individual advocacy agency standing beside those who are the most vulnerable and advocating fearlessly for their choice.

I am sure that ADACAS will remain a strong voice for those we serve for many years to come.

MANAGER'S REPORT

This year ADACAS has continued to focus on providing individual advocacy of the highest quality to those in the greatest need. We have also sought to further target our work for people already receiving ADACAS advocacy to those issues impacting most on their quality of life. Despite this we continue, through lack of resources, to be forced to turn away many people with significant issues who are seeking advocacy for the first time. This has been a driving factor in work we have undertaken to seek further resourcing for ADACAS. It has also been a driver for extensive work at the national level in collaboration with other advocacy agencies to raise awareness of the importance of independent advocacy in protecting the rights of very vulnerable people and in assisting them to direct the circumstances of their lives.

The past year has seen governments at both state and national levels showing a greater interest in independent advocacy as a means by which to empower people to influence services and systems to respond to their needs and aspirations. This has not yet translated into greater funding for advocacy support for individuals or on a system level. It must do so if the most vulnerable of older people and people with disabilities are to gain from recent government policy developments directed at individualising services and improving social inclusion. Many people who need services to assist them in their daily lives will also need independent advocacy support to effectively engage with these services and with the general systems and services provided to the community as a whole.

Currently access to advocacy across the country is something of a lottery depending on where you live and how many others are in competition for the same support. The ACT government, relative to other States, is a poor provider of advocacy support directed specifically to the needs of people with disability. Disability ACT provides no funds for individual advocacy, leadership development or consumer advocacy development and very limited funding for systemic advocacy. We are pleased that the ACT government has begun conversations with us on this issue. Hopefully the coming year will see some action taken to address this major gap.

ADACAS Policy and Process:

Considerable work in the past 12 months has been undertaken to improve the ADACAS governance and risk management policies and processes. A consultant was employed to work with the ADACAS Committee of Management to assist in identifying areas for improvement and these are being steadily addressed.

Operations policy has continued to be refined in response to recommendations arising from our HACC and NDAP audits and we are over time becoming more sophisticated and strategic in the collection and use of information through the ADACAS database. It is becoming a key management and advocacy resource in addition to fulfilling its original purpose of facilitating accountability to the ADACAS funders.

National Engagement:

In the past year ADACAS made significant submissions to government reviews of the Aged Care Accreditation Agency, the Department of Health and Ageing Complaints Investigation Scheme and the National Human Rights Consultation. Each of these submissions emphasised, amongst other things, the importance of providing consumers with the necessary support and appropriate mechanisms to contribute to service and system development on an individual and group basis. ADACAS has also been a significant contributor to the development of

Ministerial briefing material directed to promoting the capacities of NACAP funded agencies and the vital importance of advocacy to the well-being of frail older people.

ADACAS has continued in 2009-10 to be a key supporter and facilitator of work done by the Disability Advocacy Network Australia (DANA) to promote the value of independent advocacy, to negotiate more appropriate administrative arrangements for the National Disability Advocacy Program and to assist advocacy organisations to work together on matters of common interest. The very successful third National Disability Advocacy Conference was held in Canberra and ADACAS played a major role in assisting DANA with the administrative and programming arrangements for the Conference.

ACT Advocacy

A key piece of work undertaken during the year was to seek to persuade the ACT Human Rights Commission and the ACT Auditor –General to undertake a substantial review of the accommodation services provided by Disability ACT. In particular we have argued that such a review is necessary to determine whether Disability ACT is making progress both towards meeting the reform targets set for it by the ACT government and community in 2004 and towards progressively realising the terms of the Convention on the Rights of People with Disabilities, ratified in 2008 by the Australian Government. We are pleased to report that as a result the ACT Auditor General has included the proposed review in her forward planning.

ADACAS has also made submissions to the 5 year review of the ACT Human Rights Act, to the review of the ACT Mental Health (Treatment and Care) Act and to the ACT Budget process identifying in particular the legislative, regulatory and funding changes required to make a difference to the lived experience of ACT frail older people and very vulnerable people with disabilities. Presentations along similar lines have been made to ACT Legislative Assembly Committee processes investigating the ACT Budget and looking at issues associated with respite care.

The advocacy that ADACAS undertakes for individuals gives us a unique picture of the way the policies and practices of government and the community services impact on the lives of very vulnerable people with disabilities and frail older people. We work hard to ensure that this picture is passed on to the relevant ACT systemic advocacy organisations and government policy makers and funders. Over the course of the year we have worked co-operatively with a wide variety of organisations for this purpose, particularly the Health Care Consumers Association, the Mental Health Community Coalition, the Mental Health Consumer Network, PWD ACT, Advocacy for Inclusion, ACT Shelter and ACTCOSS. We have also taken the opportunity to meet on a regular basis with the Executive Director of Disability ACT, the Aged Care Standards and Accreditation Agency, the Director of Housing ACT and the ACT Human Rights Commission to pursue issues affecting significant numbers of people we advocate for.

For the Future:

Disability advocacy in this country is at a key point in its development. It has the possibility now of being recognised as one of the vital components of support necessary to assist very vulnerable people to thrive and take control of their lives or it can again lapse into the relative obscurity afforded it over the past 20 years. I am leaving ADACAS to work with Disability Advocacy Network Australia towards ensuring the availability of high quality independent, advocacy to every person with a disability who want s it regardless of their age or disability type. Effective individual, systemic and specialist advocacy is key to a desperately needed cultural shift towards a community that is welcoming and supportive of difference and that values the unique humanity and contribution of every individual. I hope I can through DANA

contribute to the creation of this cultural shift by working to build and strengthen the advocacy effort nationwide.

I leave ADACAS with a sincere desire not to lose contact with the extraordinary people who make up the ADACAS Committee and staff. Each has given of themselves to this work above and beyond the norm and each has directly or indirectly made a positive and significant contribution to the well-being and life experiences of a great many others. Each has also supported and sustained me in my role as Manager. I have felt blessed indeed to work with people who have so enriched my life with their encouragement, wisdom, energy, and enthusiasm. I leave sure in the knowledge that ADACAS will continue to grow and flourish with the current good balance of old hands and new blood to sustain it.

In particular I would like to pay tribute to the person who has been Chair of ADACAS for the entirety of my period as Manager. Kym Duggan has brought his considerable knowledge and skills to bear in his role as Chair of the Committee of Management for a period of 9 years. He has ably led the organisation through times of upheaval, challenge and change and throughout he has remained focused on and committed to the ADACAS core business of protecting and defending the rights and interests of vulnerable people. Thankyou Kym for the support and guidance you have provided to me as Manager and for the security and authority your continuing leadership has given to ADACAS.

In my new role as Chief Executive Officer at DANA I look forward to continuing to work with ADACAS to create a community in which people with disabilities are valued and included, their fundamental needs are met and their human rights respected.

SERVICES AND SYSTEMS REPORT

ADACAS works alongside some of the most vulnerable people in the Canberra community to, amongst other things, establish eligibility for government and community services and to resolve problems which arise in relation to those services.

In our work with and on behalf of our clients we are confronted by issues that have a systemic basis and require a systemic response. In this part of our Annual Report we seek to identify these issues.

How much enough?

Every day ordinary Australians lose the right to choose where they will live; with whom they will live; how they spend their money; when and where they can travel; when and what they will eat; when they go to bed and get up; when they shower and get dressed; what they watch on television and what music they listen to. Thousands of Australians live like this every day, institutionalised in nursing homes, restricted in their houses without adequate care and support, trying to fit their lives into the rules, data bases and resources of community organisations that lack sufficient government funding to appropriately support them.

Tribunals charged with making binding, life-changing decisions for people, grapple with questions of best interest versus human rights. They sift through expert opinion, the views of advocates, family and carers to decide if the bewildered person in front of them has the capacity to keep making decisions about their life.

Faced with reports from clinicians that focus on deficits in functioning, both mental and physical, tribunals must establish a person's overall decision-making capacity. Advocates see it differently. For an advocate, working to assist the maintenance of dignity and respect, the question is turned around. How much capacity do they have? How much is enough? This way of thinking shifts the focus away from a person's lost capacities and allows all concerned to focus on what they can still do and support them to do it.

For example an elderly person is starting to forget and misplace things and is not attending to their diet and personal needs as they used to. Perhaps they are also having some difficulty managing their bills. A person previously appointed by them as Power of Attorney may feel responsible and decide that their relative or friend can no longer live alone in their own home but needs residential care, perhaps even secure-dementia care. A challenge to this decision may well end up with the ACT Civil and Administrative Tribunal making a decision about the elderly person's overall functional and cognitive capacity. However, this person still has capacity to express their wishes and secondly, to be involved in deciding upon appropriate informal and formal community support and what assistance they require to manage their affairs and by whom. All too often ADACAS witness this right being removed from people by blanket decisions about capacity.

In addition, applications to the Tribunal may be made relying on reports produced in hospital where a person is recovering from a stroke, for example, or where delirium is present. By focusing on capacity rather than incapacity, the hospital may be alerted to the need to delay an assessment or to routinely repeat the assessment as the patient progresses.

Agencies making application to Tribunals often state that they are doing so do so in consideration of their duty of care to their client. For a care agency, however, there is considerable scope for conflict of interest. In making an application for the appointment of a guardian for a client they can be significantly influenced by convenience and protection for the organisation itself. Such a situation arises when a person's actions and demeanour are considered to be "out of step" with the agency and the agency has difficulty providing the requisite care. ADACAS witnesses blame being placed on the care recipient's cognitive capacity, with the commentary that they are not making "reasonable" decisions. Appointment of an alternative decision maker is then considered by the agency to be an appropriate form of management rather than attending to what may in fact be deficiencies in communication and service provision.

We continue to encourage service providers and government to examine the impact of their policies and processes on those who seek their assistance. It is necessary to promote a culture in which the needs and rights of the person seeking assistance are attended to in a timely fashion with care, respect and understanding. Additionally, there is an obligation that this is conducted in regard to rights of the person under the United Nations Convention on the Rights of People with Disabilities to which Australia is a signatory.

Housing ACT

People with specific housing needs, despite having been accorded a high priority by Housing ACT can wait for years for appropriate housing to be provided. In situations where significant safety issues for the person are also involved this is an untenable situation. The level of documentary evidence that is required to prove that a person is in need of a Housing ACT transfer is still onerous and time consuming, and stretches the services that are required to produce support letters. The process does not appear to have changed since 2009. A more streamlined process would benefit the vulnerable person, the supporting services and the system as a whole.

In addition, the process is not transparent. A client provides an application to Housing ACT with supporting documentation but is not in turn provided with a copy of the Housing Officer's subsequent report. A decision as to which allocation list a person is placed on, is taken by a panel without immediate access to the supporting documentary evidence but based on the report compiled by the Housing Officer.

This year delays in Housing ACT conducting an interview have blown out from one or two weeks to six to eight weeks. There is still usually another two to three weeks delay before the applicant gets a formal letter advising Housing's decision. All up, it usually adds more than two months delay to the placement on an allocation list, be it standard, high needs or priority. The waiting time for an allocation, even after being placed on any list, is lengthy. This is of particular concern when the vulnerability of some people is taken into account.

Disability Services

Those in need of support arising from their disability continue to experience significant difficulty in accessing and maintaining the level and quality of the support they require. This is particularly an issue for people whose care needs suddenly increase; for those with a newly acquired disability or for those whose disabilities have both a physical and psychological component.

In this context, ADACAS witnesses school leavers receiving very minimal support hours which directly impacts on the maintenance of skills and independence gained while at school; a family member having to give up work to care for a school leaver, placing the family under financial and emotional strain and still having to wait many months for respite to be organised, despite eligibility; ageing carers having to fight/wait to get adequate ISP funding for their ageing family member with disability.

The process for acquiring support diminishes the person by requiring a focus on the level of impairment of the person and on the level of desperation of their family unit. It pits people with disability against each other in an effort to show the greatest need in order to compete for scarce resources. It leaves many people living lives of quiet desperation, without the care, food, equipment, medication, physical or emotional support they need to live an ordinary life.

Mental Health Services

Appropriate accommodation continues to be a major issue for people with mental health issues. Housing ACT's consideration of a client's mental health needs in the allocation process has improved however there is a significant scarcity of properties that are suitable and/or appropriate for their needs. It is difficult to describe the needs of a group of diverse people, however, generally we find ourselves advocating for:

- Self standing properties i.e. those that provide privacy, peace and quiet not found in areas where there is high density housing and town houses
- Easy access to the mental health support team
- Accommodation close to a person's support network

Early intervention for people with a mental illness is difficult to obtain when needed. It has been the experience of some of our clients that when they have the need for Mental Health ACT's specialist intervention, it has not available and their mental health has deteriorated to the point that they have required a period of hospitalisation. The availability of telephone counselling services is not a replacement for face to face interventions.

Consumers seeking to manage their mental illness encounter many barriers to accessing appropriate short term respite:

- The forms are long and complex
- Assistance through the application process is not offered
- Some consumers feel disempowered and patronized by the requirement to have a specialist fill out the application
- Programs in Canberra rarely have vacancies, so are unable to respond effectively to crises situations
- It is a requirement to have a Mental Health Case Manager in order to receive the services of Mental Health ACT

Aged Care

Residents of Aged Care facilities and those people in receipt of Commonwealth aged care packages continued to be required to adjust their lives and routines to fit the form the service provider offers. They are expected to be passive recipients and are not expected to direct and control the shape of their lives. A generalised impression received on entering residential aged care facilities is that there is not a great deal going on to genuinely enhance residents' quality of life. It is common to see residents sitting silently in corridors and common areas or in their

room. The lived experience of residents simply does not rise to the potential inherent in the Charter of Residents Rights and Responsibilities or the Aged Care Standards despite the Accreditation processes.

As in the past, it remains the common experience of residents that:

- The facilities give priority to efficient functioning over the quality of life and well-being of the residents
- There are too few staff with too much work and too little time to really take individual preferences into account and treat people respectfully
- Management does not provide a culture of support for genuine individual care and respect

Periodically ADACAS is asked for assistance by families who are distressed by their relative's dire condition of health upon arrival at hospital, having been transferred by ambulance from a residential facility. The family questions how it can be that their relative has been allowed to deteriorate to this degree before an ambulance was called.

There appears to be an alarming "grey area" in the process of taking the decision to call an ambulance which, in part, seems to be a result of service interaction between the emergency department, the residential aged care facility and the ambulance service. ADACAS has been told that, unlike the "person on the street" who can call an ambulance in any emergency, care facilities, because they are staffed by medical professionals, are required by emergency departments to "tick a box" to say that a doctor has approved the transfer. In this context, the protocols for triggering the ambulance call, which also include the resident's advance care directive, seem to be both vague and complex. The resident or the family are entitled to call an ambulance themselves at any time, but not knowing the greater context of the dilemma, defer to the knowledge of the trained staff to advise them of the necessity. It is into this "grey area" that frail, elderly patients slide, with life threatening consequences.

ADACAS strongly recommends firstly, that communication and interaction between the services is addressed to clarify the processes and triggers for ambulance transfer to emergency departments, and secondly, that the issue of communication between families and care facilities is addressed so that the facilities are fully informed of the resident's and family's advanced wishes and families are made aware of limitations that exist and of their position in relation to the system.

Child, Youth and Family Support, Care and Protection

We have witnessed a failure by Care and Protection to appropriately maintain family relationships for the young people in their care even when restorative processes are recommended by experts. This puts the young people at risk of losing contact with family members who have the potential to be present in their lives long after the service system has withdrawn.

Additionally, we have observed a lack of sensitivity to the communication needs of people living with disability and/or mental illness. This is particularly the case for those who, as a result of an acquired brain injury (particularly frontal lobe), post traumatic stress disorder or other impairment, are unable to manage the stresses of the situation they find themselves in. As a result of failure to maintain appropriate and meaningful communication with all parties, ADACAS has witnessed a breakdown in the processes employed by Care and Protection to assess and make decisions in regard to the appropriate care and protection of the child.

This is of particular relevance given sections of the *Children and Young People Act (2008)ACT* which relate to ensuring understanding by family and others of decision, process and rights, and the prioritisation of support of the family unit in meeting the care and protection needs of the child.

ADACAS advocates are commonly involved in attempting to engage with Care and Protection to build appropriate supports for children and their parents. We have often been met with a reluctance to share information or involve the advocate or other organisations in providing support to either the parents or the child. This has occurred even when advocates or other community organisations have been listed on the declared care team of the child.

There is a rising concern that the rehabilitative and therapeutic aspects of the Act have been overtaken by the protective principles that it also incorporates. Addressing the breakdown in support and communication between families, supporting organisations and Care and Protection would begin to redress this imbalance. It would also foster a greater and more considered level of protection for the child.

HACC Services

People eligible to receive services under the HACC Program commonly require services from more than one provider. Navigating the system to get the right combination of services and supports can be a complex matter and there simply are not the case co-ordination services available to perform this function for all potential HACC clients.

Of considerable concern is the number of people and families that are required to survive for extended periods of time with insufficient support. This situation leads to stress and anguish for all concerned. It is often accompanied by social withdrawal of the person needing support and their family due to the pressures of providing the necessary care and this is almost inevitably followed by a premature call for institutionalization of the supported person.

We have also seen a number of situations in which a service provider has sought to reduce the level of service a person receives, not because the person's care needs have diminished but because the service is short of funds. These poor management decisions commonly end up being reversed but in the interim create serious disturbance in the lives of already vulnerable people.

Community Health

ADACAS has serious concerns about how very vulnerable people in need of home based ongoing medical care are being treated and sometimes neglected by nursing staff. In particular we are concerned about:

- Service withdrawal without any certainty of the immediate availability of another service to fill the gap
- Threats being made to withdraw vital nursing services if patients do not comply with service demands
- Poor quality care
- Inaccurate record keeping
- Poor complaints handling processes and an unwillingness to comply with conciliated agreements
- Serious under resourcing of the Link Team

OVERVIEW

The Reports and Tables that follow discuss, in some depth the work of ADACAS over the last year in each of our Programs. This section provides a brief overview of the organisation's activities.

Individual Advocacy

In 2009-10 ADACAS provided individual advocacy to 282 people involved in 383 cases. This can be broken down as follows:

Program	Cases
Disability	65
Aged Care	75
HACC	165
Mental Health	53
IDEAS	25

Community Education

The ADACAS education program is focused on improving knowledge and understanding within the community about the rights and interests of people who are ageing or who have disability and on letting people know about advocacy and the work that ADACAS does. In all, over the course of the year ADACAS has addressed 413 people in 26 presentations. The education program involves visits to Aged Care Homes, disability and carer services, retirement villages and community care provider organisations. We make presentations to groups of consumers, family members, service agency staff and students in CIT and university courses. We also address professional groups, government employees and other community organisations. A breakdown of the education sessions conducted and information provided can be found in the attached Statistical Summary.

Information

Another important aspect of ADACAS work is responding to enquiries from members of the public. This year ADACAS spent 280 hours responding to a total of 323 enquiries. Further details about the enquiries are contained in the attached Statistical Summary.

ADACAS STATISTICAL SUMMARY

ADVOCACY SUMMARY

The following figures give an indication of the work performance of ADACAS over the past year.

Individual advocacy:	
advocacy hours	5,075
total numbers of people assisted	298
total cases	383
new cases	216
closed cases	222
outcome achieved	75.67%
satisfied with ADACAS performance, per issue closed	86.48%
cases not resolved	54
Systemic advocacy:	
advocacy hours	667 hours
total issues	24
Telephone enquiries:	
numbers of enquiries	323
time spent	280 hours

ADACAS provided advocacy for 52 people from other cultures, and there were 8 people of Aboriginal background who received advocacy this year.

ADACAS' website received 5,483 hits during the year.

HOME AND COMMUNITY CARE PROGRAM

Information is recorded on each advocacy case and enquiry dealt with by ADACAS.
The following provides information on the number and types of issues responded to this year.

Individual Advocacy

Client numbers 118

Cases:

Cases continuing into period	72
New cases	90
Closed cases	77
Cases continuing out of period	85

HACC Service Related Issues

Alleged breach duty of care	7
Access to Services	24
Assessment	8
HACC fees	1
Complaints Handling	8
Culturally Inappropriate	2
Lack of Consultation	14
Case Management	13
Case Coordination	10
Service hours insufficient/unsuitable	23
Service unavailable	21
Service refused	9
Service reduced/fear of reduction	6
Service withdrawn/fear of withdrawal	13
Privacy/confidentiality	3
Staff issues	10
Other service related matter	41

Other Issues

Abuse	12
Carer Support	1
Equipment	3
Family/personal relationships	2
Guardianship	4
Health	6
Housing	13
Income security	2
Legal	8
Trusteeship/EPAs	3
Other	5

Systemic Advocacy

ADACAS spent 211 hours working on 9 systemic issues. Some of the issues worked on include:

Human rights for people with disability and frail older people
Housing issues for people with a disability
Legislative Assembly Committee inquiry into respite care services

Information & Referral

ADACAS responded to 101 enquiries this year. The total time spent in responding to enquiries and providing information was 125 hours.

NATIONAL DISABILITY ADVOCACY PROGRAM

Information is recorded on each advocacy case and enquiry dealt with by ADACAS.
The following provides information on the number and types of issues responded to this year.

Individual Advocacy

Client numbers	51
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Cases continuing into period	46
New cases	19
Closed cases	44
Cases continuing out of period	21

Issues

Abuse	5
Aids/Equipment	1
Accommodation	19
Discrimination	6
Education	1
Employment	1
Health	4
Legal Issues	5
Physical Access	1
Services	13
Other	2

Systemic Advocacy

ADACAS spent 226 hours on 19 systemic issues this year. Some of the issues worked on include:

- Reform of the National Disability Advocacy Program
- Reform of Disability ACT services
- Human Rights for People with Disability
- Funding and Administration of Advocacy
- Review of the ACT Mental Health (Treatment and Care) Act

Information

ADACAS responded to 104 enquiries this year. The total time spent in responding to the enquiries was 67 hours.

NATIONAL AGED CARE ADVOCACY PROGRAM

Information is recorded on each advocacy case and enquiry dealt with by ADACAS.
The following provides information on the number and types of issues responded to this year.

Individual Advocacy

Client numbers 58

Cases:

Cases continuing into period	26
New cases	48
Closed cases	49
Cases continuing out of period	25

Issues

Abuse	17
Accommodation	18
Discrimination/Human Rights	2
Equipment and Aids	2
Financial	13
Health	24
Legal	5
Recreation	5
Services	14
Transport	3
Vulnerable/Isolated	14
Other	7

Information

Enquiries

ADACAS responded to 45 enquiries this year. The total time spent in responding to the enquiries was 41 hours.

Formal Education

10 formal education sessions were given across 26 Residential Aged Care Facilities during the year:

Participants

Consumers	63
Carers	3
Industry staff	27
Other individuals & students	1

Total 94

Regular Visits

ADACAS carried out 12 visits to 12 Nursing Homes and Hostels during the year.

MENTAL HEALTH CONSUMER ADVOCACY PROGRAM

Information is recorded on each advocacy case and enquiry dealt with by ADACAS.
The following provides information on the number and types of issues responded to this year.

Individual Advocacy

Client numbers 46

Cases:

New cases	43
Cases continuing in to period	10
Closed cases	35
Cases continuing out of period	18

Issues:

Abuse	- Financial	2
	- Physical	1
	- Emotional	1
Accommodation	- Homelessness	9
	- Security	2
	- Support	3
	- Suitability	4
Children	- Support	1
Discrimination/Human Rights		1
Employment		1
Financial		5
Health		4
Legal Services	- Mental Health Tribunal	1
	- Protection Order	1
	- Access	7
	- Policy	1
	- Quality	6

Information & Referral

ADACAS responded to 73 enquiries this year. The total time spent in responding to enquiries and providing information was 47 hours.

IDEAS NSW - DISABILITY ADVOCACY BROKERAGE PROGRAM

The following provides information on the number and type of issues responded to this year.

Individual Advocacy

Client numbers	25
----------------	----

Cases:

Cases continuing into period	10
New cases	16
Closed cases	17
Cases continuing out of period	9

Issues

Abuse – Financial	1
Abuse – Physical	1
Abuse – Emotional	1
Abuse – Sexual	1
Abuse – Neglect	1
Accommodation – Homelessness	2
Accommodation – Security	1
Accommodation – Maintenance	2
Accommodation – Suitability	3
Children – Education	3
Children – Support	1
Equipment/Aids	1
Financial	1
Health	2
Legal	2
Service – Gaps	1
Service – Access	3
Service – Quality	2
Transport	1
Other	1

During 2009-2010 ADACAS delivered 26 advocacy education sessions to 413 people.

The organisations receiving presentations were:

Canberra Institute of Technology
Mental health ACT
University of Canberra
Illawarra Retirement Trust
ACT Housing
Kirra Aged Day Care
Chinese Social Group
Brian Hennessy Rehabilitation Centre
Centacare Seniors
Psychiatric Services Unit
Adria Village
Carey Gardens
Kankinya Nursing Home
Jindalee Nursing Home
Southern Cross Campbell
St Nicholas Home
Mirinjani Nursing Home
Goodwin Ainslie
Kangara Waters

ADACAS also conducted a stall at: Disability Support Services Expo
Seniors Expo
Canberra Retirement & Lifestyle Expo
Post School Options Expo

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

(ADACAS)

Financial Report

For The Year Ended 30 June 2010

ADACAS

CONTENTS

Committee's Report

Profit & Loss Account

Change in Equity Statement

Balance Sheet

Cash Flow Statement

Notes to and forming part of the Financial Statements

Committee's Declaration

Audit Report to Members

**ADACAS
Committee's Report
For the year ended 30 June, 2010**

Your committee members submit the financial accounts of the ACT Disability, Aged and Carer Advocacy Service Inc. (ADACAS) for the financial year ended 30 June, 2010.

Committee Members

The name of each person who has been a committee member during the year ended 30 June 2010 and to the date of this report are:

Kym Duggan	Chairperson	
Gary Leckie	Treasurer	
Greg Tannahill	Secretary	
Joan Costanzo	Committee Member	
Pamela Graudenz	Public Officer	Appointed 28 July 2009
Dominic Cookman	Committee Member	Appointed 30 March 2010
Pam Boyer	Public Officer	Resigned 28 July 2009
David Lovegrove	Committee Member	Resigned 30 June 2009
Katja Mikhailovich	Committee Member	Resigned 27 April 2010

Principal Activities

The principal activities of the association during the financial year were: promoting and protecting the rights of people with disabilities, of people who are ageing, and of those who care for them.

Significant Changes

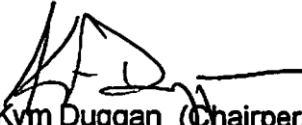
No significant change in the nature of these activities occurred during the year.

Operating Result

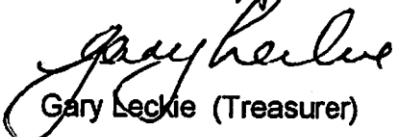
The surplus (deficit) amounted to:

Year ended 30 June, 2010	Year ended 30 June, 2009
\$13,720.77	\$11,996.62

Signed in accordance with a resolution of the Members of the Committee:


Kym Duggan (Chairperson)

5/10/10


Gary Leckie (Treasurer)

5/10/10

ADACAS
Income & Expenditure Statement
For the year ended 30 June, 2010

	2010 \$	2009 \$
Income		
National Disability Advocacy Program	166,530.00	163,122.00
Home & Community Care	229,018.00	222,024.00
National Aged Care Advocacy Program	112,189.95	109,882.42
Mental Health Consumer Advocacy	77,363.00	12,500.00
DHCS Elder Abuse	0.00	90,000.00
DANA administration	12,776.77	0.00
DHCS IT Purchase	0.00	7,343.00
FaHCSIA Capacity Building	0.00	10,000.00
Interest received	3,433.21	5,765.68
Membership income	31.85	50.05
Donations	100.00	65.00
Wkrs Comp. Reimbursement	0.00	11,379.20
IDEAS Inc brokerage	42,987.49	13,587.53
Advocacy for Inclusion	0.00	3,768.73
Sundry income	0.00	362.40
Contribution for Motor Vehicles	11,506.97	0.00
Total Income	655,937.24	649,931.01
Expenses		
Advertising & promotion	1,160.09	3,881.61
AGM expenses	316.10	562.79
Audit fees	1,500.00	1,400.00
Bank fees	414.52	272.03
Computer/Internet	654.00	2,529.94
Conference registration	4,933.20	3,409.09
Equipment purchase	3,564.22	11,733.65
Equipment consumables	3,080.77	3,557.37
Insurance	14,630.69	12,262.41
Journals/Subscriptions	704.23	1,086.48
Memberships	936.36	2,081.94
Meeting Costs	496.02	444.32
Motor Vehicle expenses	22,918.63	17,395.42
Office supplies/stationery	3,556.49	4,359.50
Postage	768.72	689.74
Prof fees/Governance	4,900.00	4,230.00
Rent	28,551.12	20,061.31
Repairs & maintenance	642.78	773.25
Salaries & Staff Benefits	442,582.17	461,500.24
Staff development	8,414.14	5,363.00
Staff Support/Supervision	5,250.36	6,400.00
Superannuation	34,519.51	34,147.16
System Development	2,795.00	4,010.00
System Monitoring	12,000.00	4,794.54
Telephone	8,196.19	9,152.16
Travel & Mileage	6,821.48	16,570.62
Volunteer Expenses	515.22	523.47
Total Expenses	614,822.01	633,192.04
Operating surplus	41,115.23	16,738.97

**Income & Expenditure Statement
For the year ended 30 June, 2010**

	2010	2009
	\$	\$
Operating surplus	41,115.23	16,738.97
Other items		
Profit on sale of assets	1,020.58	757.45
Leave Accruals (movement)	(11,781.05)	9,000.34
Depreciation - motor vehicles	(14,971.51)	(11,947.37)
Depreciation – equip.+fittings	(1,662.48)	(2,552.77)
Net operating surplus/deficit for year	13,720.77	11,966.62

ADACAS
Change in Equity Statement
For the year ended 30 June 2010

	\$
Association's funds - 1 July 2008	63,443.69
Surplus (loss) for year 2009	<u>11,996.62</u>
Balance 30 June 2009	75,440.31
Surplus (loss) for year 2010	<u>13,720.77</u>
Association's funds at 30 June 2010	<u>89,161.08</u>

ADACAS
Balance Sheet as at 30 June 2010

	Note	2010 \$	2009 \$
Current Assets			
Cash and cash equivalents	2	110,561.79	89,857.77
Trade and other receivables	3	14,662.08	0.0
Total current assets		<u>125,223.87</u>	<u>89,857.77</u>
Non-Current Assets			
Property, plant and equipment	4	64,115.83	65,626.42
Total non-current assets		<u>64,115.83</u>	<u>65,626.42</u>
Total assets		<u>189,339.70</u>	<u>155,484.19</u>
Current Liabilities			
Trade and other payables	5	22,484.97	14,131.28
Provisions	6	55,564.74	47,425.79
Total current liabilities		<u>78,049.71</u>	<u>61,557.07</u>
Non-Current Liabilities			
Provisions	6	22,128.91	18,486.81
Total non-current liabilities		<u>22,128.91</u>	<u>18,486.81</u>
Total liabilities		<u>100,178.62</u>	<u>80,043.88</u>
Net Assets		<u>89,161.08</u>	<u>75,440.31</u>
Members' Funds			
Accumulated surplus		<u>89,161.08</u>	<u>75,440.31</u>
Total Members Funds		<u>89,161.08</u>	<u>75,440.31</u>

ADACAS
Cash Flow Statement
For the year ended 30 June 2010

	Note	2010 \$	2009 \$
Cash Flow from Operating Activities			
Operating Income		652,504.03	544,147.33
Interest Income		3,433.21	5,765.68
Payments to suppliers and employees		(621,130.40)	(656,840.39)
Net cash provided by Operating Activities	7	<u>34,806.84</u>	<u>(106,927.38)</u>
Cash flow from Investing Activities			
Receipt from sale of asset		6,500.00	16,500.00
Acquisition of equipment & vehicle		(20,602.82)	(35,267.54)
Net cash provided by (used in) investing activities		<u>(14,102.82)</u>	<u>(18,767.54)</u>
Net increase /(decrease) in cash held		20,704.02	(125,694.92)
Cash at beginning of financial year		89,857.77	215,552.69
Cash at end of financial year	2	<u><u>110,561.79</u></u>	<u><u>89,857.77</u></u>

ADACAS
Notes to and forming part of the Financial Statements
For the year ended 30 June, 2010

Note 1 - Statement of Accounting Policies

These financial statements are a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act. The Committee has determined that the association is not a reporting identity and therefore there is no requirement to apply Accounting Standards and other mandatory professional requirements in the preparation and presentation of these statements.

The statements have been prepared in accordance with the requirements of the Associations Incorporation Act, and the following accounting principles.

Incorporation

ACT Disability, Aged and Carer Advocacy Service Inc is an association incorporated under the *Association's Incorporation Act 1991*.

Income Tax

The Association is a non-profit organisation and is exempt from paying income tax in accordance with Section 50-5 of the *Income Tax Assessment Act 1997*.

Historical Cost Accounting

The accounts have been prepared on an accruals basis and are based on historical costs and do not take into account changing money values nor current values of non current assets. The accounting policies are consistent with the previous period unless otherwise stated.

Depreciation

The depreciable amount of all fixed assets are depreciated on a diminishing value basis over the useful lives of the assets to the association commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Computers	40%
Phone System	18%
Motor Vehicles	22.5%
Evaporative Cooler	20%

Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense.

Employee Benefits

Provision is made for the liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year, together with any entitlements arising from wages and salaries, annual leave and long service leave that will be settled after one year, have been measured at their nominal amount.

ADACAS
Notes to and forming part of the Financial Statements
For the year ended 30 June 2010

	2010	2009
Note 2 - Cash	\$	\$
Cash at bank	15,374.64	19,772.81
Short term deposits	94,987.15	69,884.96
Petty Cash	200.00	200.00
	<u>110,561.79</u>	<u>89,857.77</u>
Note 3 – Trade and Other Receivables		
Sundry receivable	14,662.08	0.00
	<u>14,662.08</u>	<u>0.00</u>
Note 4 - Property, Plant and Equipment		
Equipment & Fittings		
At cost	24,025.27	24,025.27
Less: Accumulated depreciation	(20,165.46)	(18,502.98)
	<u>3,859.81</u>	<u>5,522.29</u>
Motor vehicles		
At cost	88,886.69	83,015.17
Less: Accumulated depreciation	(28,630.67)	(22,911.04)
	<u>60,256.02</u>	<u>60,104.13</u>
Total Property, Plant and Equipment	<u>64,115.83</u>	<u>65,626.42</u>

ADACAS
Notes to and forming part of the Financial Statements
For the year ended 30 June 2010

	2010	2009
Note 5 – Trade and other payables	\$	\$
Trade payables	750.00	0.00
Grants received in advance	0.00	0.00
GST and PAYG payables	18,580.98	14,131.28
Other payables	3,153.99	0.00
	<u>22,484.97</u>	<u>14,131.28</u>
Note 6 - Provisions		
Current		
Employee entitlements – annual leave	55,564.74	47,425.79
	<u>55,564.74</u>	<u>47,425.79</u>
Non Current		
Employee entitlements – long service leave	22,128.91	18,486.81
	<u>22,128.91</u>	<u>18,486.81</u>
Note 7 – Cash flow information		
Reconciliation of Operating Surplus (Loss) with Cash Flow from Operations		
Operating surplus (loss)	13,720.77	11,996.62
Add/subtract Non Cash Items		
Depreciation	16,633.99	14,500.14
Provision for Staff Leave Entitlements	11,781.05	(9,000.34)
Gain on sale of asset	(1,020.58)	(757.45)
Operating Surplus adjusted for non-cash items	<u>41,115.23</u>	<u>16,738.97</u>
Movement in Current Assets and Liabilities		
Decrease/(increase) in Sundry Debtors	(14,662.08)	7,415.96
(Decrease)/increase in Creditors	8,353.69	(131,082.31)
Net Cash from Operations	<u>34,806.84</u>	<u>(106,927.38)</u>

ADACAS
Committee's Declaration
For the year ended 30 June, 2010


The Committee have determined that the association is not a reporting entity.

The Committee have determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the accounts.

In the opinion of the Committee the accompanying accounts:

1. present fairly the financial position of ADACAS as at 30 June, 2010 and the results and cash flow for the year ended on that date in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements.
2. at the date of this statement, there are reasonable grounds to believe that the association will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:


Kym Duggan (Chairperson)

5/10/10


Gary Leckie (Treasurer)

5/10/10

HOUSTON & HANNA
CHARTERED ACCOUNTANT

K D Hanna FCA (Principal)

Telephone: (02) 6249 8515
(02) 6248 8175
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Canberra ACT 2601
Suite 15, George Turner Offices
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email: kim@khanna.com.au

**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
ACT DISABILITY, AGED AND CARER ADVOCACY SERVICE INCORPORATED
FOR THE YEAR ENDED 30 JUNE 2010.**

Scope.

I have audited the attached financial statements of the ACT Disability, Aged and Carer Advocacy Service Incorporated (The Association) for the year ended 30 June, 2010. The Committee is responsible for the preparation and presentation of the financial statements and the information they contain. I have conducted an independent audit of these financial statements in order to express an opinion on them to the members of the Association.

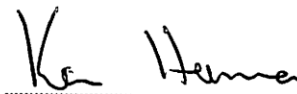
My audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material misstatement. The procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with Australian Accounting Standards and Statutory requirements so as to present a view which is consistent with our understanding of the Association's position and the results of its operations.

The audit opinion in this report has been formed on the above basis.

Audit Opinion.

In my opinion,

- (a) the financial statements of the Association are properly drawn up:
 - (i) So as to give a true and fair view of matters required by subsection 72(2) of the Associations Incorporation Act 1991 to be dealt with in the financial statements
 - (ii) in accordance with the provisions of the Associations Incorporation Act 1991; and
 - (iii) in accordance with proper accounting standards, being Applicable Accounting Standards;
- (b) I have obtained all the information and explanations required;
- (c) Proper accounting records have been kept by the Association as required by the Act; and
- (d) The audit was conducted in accordance with the rules of the ACT Disability, Aged and Carer Advocacy Service Incorporated.



.....
Kim Hanna FCA
Registered Company Auditor

Date.....10/10/10.....