

ADACAS

ACT Disability, Aged and Carer Advocacy Service Inc.

ANNUAL REPORT 2010-2011

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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	Resigned from Chair 19 Oct 2010 Resigned from board 29/08/11 Appointed 19 October 2010
Secretary:	Stephen Still	(continuing)
Treasurer:	Greg Tannahill	(continuing)
Public Officer:	Gary Leckie	(continuing)
Other members:	Pam Graudenz	(continuing)
	Joan Costanzo	(continuing)
	Dominic Cookman	(continuing)

ADACAS' STAFF

Advocacy Program

Andrea Simmons	(to January 2011)	Manager
Michael Woodhead	(from January 2011)	Manager
Andrea Gray		Individual Advocacy Coordinator
Ben Davies		NDAP
Fiona Navilly		NACAP
Ivette Gonzalez		Mental Health/NDAP
Jane Harriss	(from April 2011)	HACC
Judy Power		HACC
Kate Barker	(to February 2011)	NACAP
Kerry Holdsworth	(from Feb 2011)	NACAP
Malcolm Parker		HACC
Sandra Russet-Silk	(to January 2011)	NDAP/IDEAS/Mental Health
Wendy Cory	(from April 2011)	HACC

Administration

Sharon Pfeifer		Office Manager
Kirsten Wade	(from April 2011)	Admin. Assistant

Clinical Supervision Consultants

Janice Wickerson
Trish Walsh
Jennifer Hume
Lydia Stanhope
Elizabeth Done

IT Consultant

Brehima Dembele (CHCSS)

Database Consultant

Rohan Mitchell 1024 Pty Ltd

Pro Bono Legal Advisors

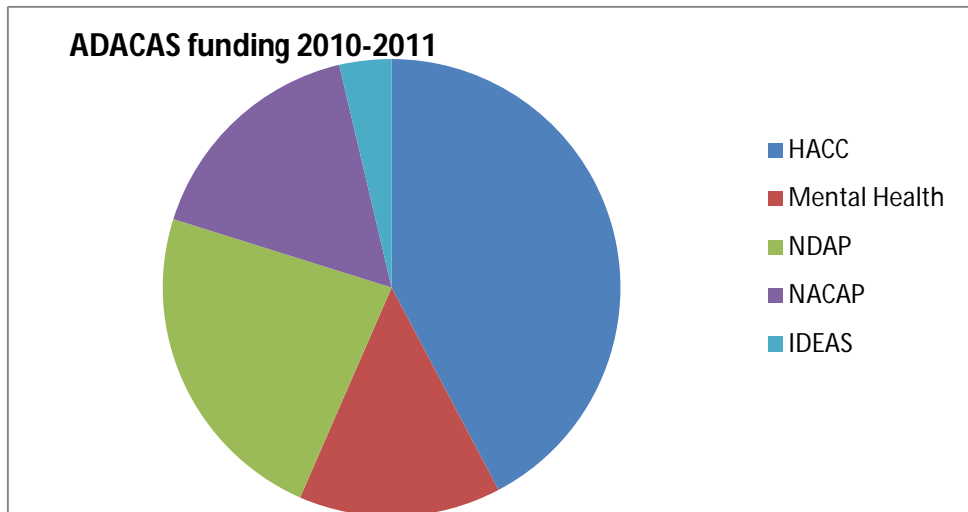
Blake Dawson

ADACAS FUNDING

In 2010-11 ADACAS received funding from five different funding programs:

ACT Government and Commonwealth Government	Home and Community Care Program	42.3%
Commonwealth Government	National Disability Advocacy Program	23.3%
	National Aged Care Advocacy Program	16.4%
ACT Government	Mental Health Consumer Advocacy Program	14.3%
IDEAS NSW	Disability Advocacy Brokerage Program	3.7%

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

It is with considerable pleasure that I present my first Chair's report for the ADACAS Annual Report 2010–11. This has been my first year as a member and Chair of the ADACAS Committee of Management. I have been consistently impressed with the results that our advocates are able to achieve for Canberra's most vulnerable people. My conversations with the CEOs, other Committee members, and staff have taught me much about the daily challenges faced by the groups we serve and have reinforced my belief in the crucial work that ADACAS does in the community.

Michael Woodhead's CEO report aptly summarises the breadth of the work undertaken by ADACAS in 2010–11. This ranged from our core work in individual advocacy for people with a disability and people who are ageing, to systemic input to important inquiries affecting our clients groups such as the Aged Care Standards and the Productivity Commission inquiry into the National Disability Insurance Scheme. Michael's report also highlights the continuing issues in service providers which require our advocates to support vulnerable people to achieve decent and human-rights compliant outcomes. Evidence of a surveillance culture and one-size-fits-all culture in aged care facilities is a good example of why individual advocacy remains a crucial element in balancing power relationships between service providers and their clients.

2010-2011 was a year of change for ADACAS. Andrea Simmons ended her lengthy and successful tenure as Manager to take up the opportunity of advancing advocacy Australia-wide at the Disability Advocacy Network of Australia. Her quiet competence and focus on achieving results for our clients served ADACAS well over the past five years. After a lengthy recruitment process, Michael Woodhead was appointed to the newly-renamed Chief Executive Officer position. Michael brought significant experience of advocacy and corporate knowledge of ADACAS to the role. It is with regret that the Committee accepted his resignation to allow him to take up an opportunity with the Office of the Ombudsman of Samoa.

The year leaves ADACAS in a sound financial position and with good staffing levels. However, ADACAS continues to face challenges. These include the need to apply a strict triage system to new cases due to resource limitations, the difficulty of attracting and retaining staff in a competitive labour market with the unattractive wages available in the community sector, and the continuing struggle to ensure that the requirements of our funding agencies do not compromise our ability to achieve the best results for our clients.

An example of the latter is the change in policy of one funding agency to require numerical targets for service over the year. Reporting requirements of this kind do not adequately capture the potential range of complexity attached to different cases. It is our strongly held view that funding policies should not be designed in a way that encourages advocacy services to focus on easy cases in order to satisfy arbitrarily imposed reporting requirements. We will continue to resist such changes where they are introduced.

At the Committee of Management level, this year's most significant development has been the reintroduction of staff representation at Committee meetings. This measure is designed to develop trust and lines of communication between staff and the Committee members, and to help Committee members develop a deeper understanding of the day-to-day work of ADACAS. Early signs are promising that this will lead to a more open dialogue between ADACAS staff, management and the Committee. During 2011, we also began a review of

the ADACAS Constitution, which has not been substantially revised since ADACAS was incorporated 20 years ago. This review is ongoing, and we hope will allow the Constitution to be revised to better reflect the changing nature of ADACAS as an organisation and to provide flexibility to cope with future opportunities and challenges.

I would like to thank a number of people for the invaluable support they have provided over the last year. In particular, Michael Woodhead's empathy, integrity and commitment were an inspiration through some challenging periods and a steep learning curve. I would also like to thank the other Committee of Management members, particularly the outgoing Chair, Kym Duggan, for their patience and good humour. However, the biggest thanks must go to the dedicated staff of ADACAS. Without them, ADACAS could not do its crucial work for Canberra's most vulnerable — and Canberra would be very much the worse for it.

Stephen Still

CHIEF EXECUTIVE OFFICER'S (CEO) REPORT

Sadly, my return to ADACAS as CEO lasted just six months (January – July 2011). I was offered the position as advisor to the Office of the Ombudsman of Samoa, an opportunity that was too good to pass up. I previously completed two short term placement in Samoa and this is an opportunity to significantly influence the Office and the Samoan Public Service and to promote the right of the Samoan people to complain about the administrative actions of Government. I write this report from Apia, Samoa.

My departure added to what was a disjointed 2010-2011 for ADACAS. Andrea Simmons resigned in July 2010 after five years as Manager to take up the position as CEO of the Disability Advocacy Network of Australia (DANA). Andrea graciously agreed to stay on as Manager on contract until a new manager could be appointed. However, initial recruitment attempts were unsuccessful and the Advocacy Coordinator, Andrea Gray, acted in the position up until my appointment in January 2011. The fact that it took six months, a change in position title to Chief Executive Officer and a significant increase in salary and conditions indicates the unrealistically low wages paid to most workers in the community sector. Many community agencies in the ACT report difficulties in recruiting staff, particularly experienced staff who may earn 20% or more extra a year to work in the Public Service or the private sector.

This was also reflected in the effort required to fill two new advocacy positions funded under the HACC program. ADACAS received a significant increase in funding for advocates but it took six months and three recruitment rounds before we were successful. At least one worthy candidate went elsewhere because of better pay.

Why are we here?

The majority of my time as CEO was spent on focusing on our role as advocates for very vulnerable people. In an environment where the need for advocacy greatly exceeds the capacity of an advocacy organisation, it is ever so easy for advocates and agencies to lose focus and to see services as an easier solution to meeting the needs of a vulnerable person. This danger is ever present for ADACAS because advocates are constantly being called upon to advocate for people with traumatising issues; a result of constantly being forced to operate under priority of access. This is exacerbated by Government funding providers that are trying to impose new reporting requirements or funding conditions that force advocacy agencies to quantify advocacy. This approach can lead to advocacy agencies cherry picking clients with easier issues to advocate about or advocates burning out. It is short sighted and has shown to be a failure for community based services.

Advocacy is not about access to services or numbers of clients or outcomes. A danger of this approach can be that a person becomes a professional service user where his/her primary relationships are with people who are paid to be there. Overwhelmingly, people have to fit the model of service rather than the service fitting the individual. Advocacy should be about assisting a vulnerable person to achieve a good life, an ordinary life, embedded in the community.

In 2002 ADACAS and others developed a position statement, *Permission to Shine Statement*, which focused on the issue of younger people in residential aged care. The statement was underpinned by high-level principles that are relevant to the needs of most vulnerable persons if they are to achieve a good life. The main principles included:

- Unique supports – there is no model or preconceived notion of the best life pathways for a vulnerable person

- Empowerment and self-determination – a vulnerable person has the right to self-determination; he/she will determine his/her own life pathway(s)
- Ever-changing lives – the life of a vulnerable person is typically dynamic and fluid, not static; to this end an array of different pathways may be accessed at any point in time
- Equity of opportunity – people have different types and levels of emotional support, strengths of personal support networks, needs and supports due to the nature of their disability, etc. and different types and levels of resources will be needed over time
- Right relationships – it is important to honour the natural relationship between a vulnerable person and those who are closest to them. Paid relationships are not a substitute for natural relationships.

ADACAS needs to regularly revisit its vision 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. ADACAS, along with advocacy services nationally, recognizes the dearth of advocacy specific training options for staff. Values based programs such as Social Role Valorization and PASSING are relevant and in addition, refocusing days with the assistance of leading experts like John Armstrong can help ADACAS develop an advocacy model that is coherent with its vision.

Advocacy is also under threat from within advocacy circles. In the aged care sector the Government appears to be pushing advocacy agencies towards negotiation and mediation roles and some agencies appear to accept this. The recent National Aged Care Advocacy Program (NACAP) highlighted these roles and even conducted a session on negotiation skills. Even the title, NACAP 2011 Conference is a threat to the independence of advocacy. NACAP is the Government program that funds aged care advocacy agencies yet the conference was organized by advocacy agencies. We are independent NACAP-funded agencies not NACAP agencies.

Another threat is the use of the term ‘advocacy service’ to describe advocacy agencies. Advocacy is not a service. The repeated use of this language undermines the need for advocacy to be independent of service delivery to people with a disability or people who are ageing and is confusing both for them and to the clarity of that separation and independence. Advocacy is distinct from human service delivery, such as services that provide accommodation, accommodation support or community access. Advocates advocate against or to service providers. The strong relationship between the advocate and the client is unique because of the advice, defence and protection that advocacy provides. The consensus of opinion among disability advocacy agencies, in Australia and overseas, and some aged care advocacy agencies is that advocacy is not a service. Many agencies clearly articulate this as a basic principle of advocacy.

ADACAS’s name is historical and includes the words ‘service’ and ‘carer’. I strongly recommend that ADACAS cease to use the word ‘service’ in its name and to remove the word ‘carer’ as we do not provide advocacy for carers. One solution is that ADACAS is kept as a stand-alone word, not an acronym.

ADACAS Policy and Process

I worked closely with staff and the Committee to develop a staff representation policy to ensure open and transparent communication between staff and the Committee members and to foster an understanding of our shared vision. The staff grievance policy and procedure is also under review.

Guardianship and Advocacy

ADACAS has regularly encountered issues where guardians have denied advocates access to the person for whom they are guardian. Various standards guarantee the right to an advocate of a person's choice, as does the relevant aged care legislation. We are facing situations where the Public Guardian and lawyers are questioning ADACAS's involvement. To do so for people in residential aged care is clearly in breach of the aged care legislation. For the Public Guardian to deny access in some cases is of concern and its policy on this matter needs to be clarified.

National engagement

ADACAS made significant submissions to government reviews and inquiries. These included the review of the Aged Care Standards, the Productivity Commission Care for Older Australians inquiry and the proposed changes to the Aged Care Complaints Scheme. ADACAS also contributed to DANA's submission to the Productivity Commission inquiry on the National Disability Insurance Scheme.

While each submission stressed the role of advocacy and the fact that funding is pegged well below demand, the focus of ADACAS's submissions was on the situations faced by our client groups and the consequences of any possible changes. For instance, no matter what changes are made to improve the Aged Care Complaint Investigation Scheme, it still remains inaccessible and irrelevant to the most vulnerable people in aged care facilities, those in high care, without a phone and who are not in regular contact with family and friends.

ADACAS is also an active participant in the national aged care advocacy network, the NSW Disability Advocacy Network and a member of DANA. ADACAS strongly support DANA's role nationally.

ACT engagement

ADACAS made a submission on the draft Charter of Rights for Mental Health Consumers and noted that while a charter is welcome it is not a substitute for good quality service provision that is person-centred, community-focused and separates accommodation from support.

ADACAS is an active member of the ACT Disability Advocacy Network and worked cooperatively with a number of organisations including, Advocacy for Inclusion, Women with Disability, People with Disability, the ACT Mental Health Consumer Network (ACTMHCN) and ACTCOSS. ADACAS contracted the ACTMHCN to provide self-advocacy training for mental health consumers and sought its advice and feedback on our performance.

ADACAS met regularly with Disability ACT and recently began regular meeting with the Community Care Program to discuss systemic issues as they are identified.

Human Rights Commission

ADACAS recognises the role of the Human Rights Commission is playing in disability matters in the ACT and welcomes the improved relationship we have with Commission. We will continue to cooperate and liaise with the Commission on matters that affect our shared client groups. We look forward to the Commission's support in the envisaged audit of Disability ACT accommodation services.

Thank you

I would like to thank the following people, all of whom made my role at ADACAS easier: Andrea Simmons for the briefings on the management role and I wish her well in her role as CEO of DANA; Andrea Gray for standing in as acting manager in difficult circumstances and guiding me at reporting time; the Management Committee, especially, the Chair, Stephen Still, for standing beside me and trusting me in very difficult circumstances; Sharon Pfeifer, for guiding me through the many reporting and financial requirements and Kirsten Wade for supporting Sharon. The advocates, who bear the brunt of the day to day work of ADACAS I give heartfelt thanks – Andrea Gray, Fiona Navilly, Kerry Holdsworth, Malcolm Parker, Ivette Gonzales, Ben Davies, Kate Barker, Jane Harriss, Wendy Cory, Judy Power and Sandra Russet-Silk. Keep the passion and maintain the focus. Lastly, I would like to thank our clients. Kate and Sharon have moved on and I wish them luck in the future.

Michael Woodhead

SERVICES AND SYSTEMS REPORT

Disability

Disability ACT has taken a significant step backwards from the recommendations of the Gallop Enquiry by its move from individual support packages (ISP) to block funding for some of its clients. ISPs focus on the particular characteristics and needs of individuals and provide for person centred care while block funding shares funding amongst the persons living in a group home. Disability ACT advised ADACAS that this was done for budgetary reasons and it appears that Disability ACT has been deliberately pushing against ISPs and portable funding. By doing this Disability ACT has stalled any progress towards realising the terms of the Convention on the Rights of People with Disabilities, ratified in 2008 by the Australian Government, and the reform targets set by the ACT Government and the community in 2004. ADACAS looks forward to the proposed review of Disability ACT accommodation services by the ACT Auditor General. We anticipate that this review will take a broad human rights perspective, reflecting the Convention.

More broadly, ADACAS is aware of a range of systemic issues regarding Disability ACT. These include:

- ISPs – applying for an ISP is a drawn out process characterised by a lack of transparency and where applicants with advocates or who approach politicians appear to have a greater chance of success
- Staffing – while the scheduling team appears to be working well, not enough permanent staff are rostered on, resulting in high use of casual staff who may be under-trained and inexperienced
- Handovers – shift handovers are not always occurring or are ineffective leading to failures of structured regimes within group homes
- Chemical restraint – ADACAS and other ACT advocacy agencies have concerns about the level of use of chemical restraints used on Disability ACT clients
- Levels of risk – ACT advocacy agencies are concerned about an elevated level of risk and question Disability ACT's ability to keep people safe.

In 2010-11 Disability ACT transferred the management of a group home complex to ABLE Australia. We were advised that ABLE accepted a contract on the provision that it was block funded. It is obvious that Disability ACT failed to properly inform the residents and guardians and their advocates of the implications of a change in management. We have been advised

that management was transferred to ABLE prematurely, that case files did not turn up for some time and that ABLE staff and casual staff were not fully trained and briefed about the particular needs and characteristics of the residents. This led to significant dysfunction and trauma to the residents and their guardians. At the end of 2010-11 this issue had yet to be fully resolved. However, it is clear that the transfer took place without a coherent transfer process or communication strategy.

Case study

The family of a young man with a disability attended all relevant meetings to look at and find full-time options for the young man when he left school. He was provided with eight hours of service a week, after receiving full time activities at school. The young man displayed aggressive behaviours which had not previously occurred and one family member had to give up work to become a full-time carer. This placed great financial and emotional stress to the family.

The family contacted ADACAS for support as they felt they were not being heard by Disability ACT. They wanted assistance in obtaining suitable funding to provide the young man with relevant day options which would allow him to maintain and grow new skills and increase his independence. ADACAS and the family discussed the need for an urgent increase in funding with Disability ACT. The family were told to lodge a Registration of Interest but they declined as they lodged one two months earlier.

ADACAS continued to bring the families situation to the attention of Disability ACT, the Minister, Joy Burch, the Minister's advisor, the Greens and the Liberals. ADACAS continued to follow up with Disability ACT.

Four months after ADACAS first contacted Disability ACT, it assured the family that additional funding would be investigated. Nine months after the initial contact with Disability ACT the family received a letter informing them of an increase in funding. Two months later the young man started receiving an appropriate level of service.

During the 11 months process, the family were severely financially disadvantaged and the family suffered emotional stress by having to fight for adequate funding. The young man lost a year of full time community options and the growth that this would have provided.

Aged care

As reported in the 2009-10 annual report, people in residential aged care or in receipt of Commonwealth aged care packages continue to be required to adjust their lives and routines to fit in with the support or care the service provider offers. They are expected to be passive recipients and are not expected to direct or control the shape of their lives. ADACAS advocates visit all residential aged care facilities in the ACT on a regular basis. It is obvious that these facilities are largely places where people survive rather than places where they can thrive. With some exceptions, it is common to see people sitting or lying in corridors, in common areas or in their rooms with little to do. Advocates in the ACT and in other states and territories report that there has been little improvement in the last five years and that, indeed, in some cases aged care has regressed.

ADACAS is receiving fewer reports about problems with care but there are known and potential reasons for this. We have no evidence that it is because care has improved. Overall, a lack of staff and ability to employ and retain staff that are trained and have a caring nature are a perennial problem in the aged care industry, including for community based services. ADACAS does recognise the skills and caring nature of the large majority of staff caring for older people in aged care facilities and in their homes. The need to manage risk is another

area where rights of people are sublimated to others and can intersect with staffing issues and the person's loss of family and friends through age, disability, isolation etc.

ADACAS has witnessed, and clients have reported, a significant level of control and surveillance in a number of aged care facilities. Despite the legislated right of advocates to enter facilities unimpeded, some managers monitor and follow advocates when they are visiting clients. This includes walking into the room of the client when the advocate is present and questioning a client following an advocate's visit. Facilities are institutions and, by their very nature, exercise power over sometimes the most minute details of the lives and deaths of their residents. While some of this is necessary, ADACAS clients have reported and ADACAS has witnessed incidents of the following:

- Constant and pervasive monitoring of residents
- Intimidation and retribution
- Lack of respect for privacy
- Excessive control of movement within and outside of facility
- Loss of social amenity and connections to community
- Control by inaction and dismissing a person's preferences
- Negligence and a lack of concern for safety, including the removal of call bells at night
- Lack of cultural sensitivity – 'if one person has one, everyone will want one'.

Many of the most vulnerable people receiving aged care are denied their rights to 'maintain control over, and to continue making decisions about ...financial affairs and possessions' (Charter of Residents' Rights and Responsibilities). Our experience and advice from aged care (including HACC) providers indicate that people are prevented from making decisions which the controlling party (relative, friend, lawyer, guardian, Power of Attorney etc.) consider unwise or unsafe. This is a failure to understand or accept the concept of dignity of risk. Just because a person is frail or has a level of cognitive disability, etc. does not mean that they should be denied activities which entail some risk.

It is difficult to know the motivations of the persons denying this right. Sometimes this is 'good' reasons but over-control is benevolent abuse. Nevertheless, the denial means that the elderly person may have to make a decision about exerting his/her rights with the real potential that they will lose contact with family and perhaps the only person they have to take them out from a facility or their home and perform small jobs for them. It is ADACAS's view that there needs to be more education around the issue of such rights and the real intent and limitation of powers of attorney and guardianship.

Home and Community Care (HACC)

In October 2010 ADACAS was fortunate to receive additional funding under the HACC program. Unfortunately, because of the tight employment market and the low wages that workers in the community sector are paid, it took three recruitment rounds before we found suitable advocates. ADACAS continues to receive more requests for advocacy than it can meet.

HACC services, generally, are becoming more skilled at providing person-centred care but most have a long way to go. As stated earlier, most people using HACC services continue to have to meet the model of care. Part of the problem is that people are largely assessed on what they cannot do, their deficits, rather than on their individual characteristics. A more holistic assessment, looking at a person's individual characteristics together with person-centred and portable funding would greatly enhance the possibility of high quality care. This care should supplement the natural supports (family, friends, club, church, neighbours, etc.) a person has rather than replace them.

It remains to be seen whether the recommendations of the Productivity Commission's inquiries will lead to real change with a focus on the holistic needs of individual people.

Housing ACT

ADACAS would be the first to say that it has come across some good stories where Housing ACT has done a great job for individual residents. However, ADACAS has been asked to advocate for people when Housing ACT has chosen to remain inactive, sometimes causing significant damage to their lives. All too often vulnerable people in housing complexes are subjected to noisy and abusive behaviour by other tenants. On some occasions this has included assault and other criminal behaviours. The following case study illustrates this point.

Case study

A person of pension age lived in a complex not specifically for older people. A neighbour was noisy and abusive and had noisy friends visiting until the early hours. It was believed that the neighbour was also using chemical products in the manufacturing process which left the neighbours with severe skin irritations. Another neighbour, who was also abusive to our client, damaged their car, and was prosecuted by police and convicted. When ADACAS raised concerns about the client, it was found that Housing ACT had been aware of many of these issues. A previous resident of the complex had written a support letter for our client confirming the ongoing noise and complaints going back years. Despite this and other clear evidence of ongoing abuse, it took over 12 months for our client to receive a positive outcome.

Early intervention by Housing ACT could alleviate some of the conflict and clear distress suffered by very vulnerable people. The failure to do so causes cost shifting and the shifting of responsibility to support people, community agencies and advocates. ADACAS has great concerns for those very vulnerable people who have few or no supports. Unfortunately, it is often the most vulnerable and abused people who do not have the necessary support networks or advocates to provide the necessary support letters to prove need when seeking a transfer or housing.

Housing ACT wrongly distinguishes between homeless and homelessness. It is ADACAS's experiences that Housing ACT views a homeless person is not homeless if, for example, they are sleeping on a settee in their mother's one bedroom flat, even if the person has been forced to do so for many months.

Common Ground

Early this year the campaign for a Common Ground project was launched in the ACT. The project consists of a building providing high quality flats for genuinely homeless people with a roughly equal number of people on low incomes. Support services will be available on site and may include counselling, meals, classes on cooking, gardening, etc. plus a concierge service. The presenters at the carefully controlled launch were at pains to stress that the building/model was not an institution. Unfortunately, the building/model fits at least two definitions of an institution. These are:

- A place of residence where people are grouped because of a particular characteristic – in this case, people who are homeless and people on low incomes
- A place of residence when supports are combined with the accommodation

Common Ground will, undoubtedly, produce some positive outcomes:

- Homeless people will be housed in high quality accommodation
- Some will move on to jobs, their own accommodation, etc.
- Many will pick up living skills, etc.
- Some the underlying causes of homelessness may be addressed, and so on.

However, the cost has to be considered. The mix of residents is unnatural, two marginalised groups are living in an institution, isolated from the richness and diversity of the open community. The building will be identified and its residents stigmatised. Already, negative letters have been written to the media. Residents risk becoming institutionalised. The colocation of supports and accommodation creates a 'safe environment' that some residents may not readily wish to leave. In fact, two vulnerable groups are being sheltered from the general community. Numerous studies of true inclusion show that grouping people by their negative characteristics further isolates them.

All the positive outcomes noted above can be achieved by a properly resourced and dedicated program to people living in good quality accommodation spread throughout the community. A better option would be to purchase quality flats throughout Canberra and to properly resource generic community organisations to provide the necessary supports.

ADACAS and other organisations need to respond to the upcoming feasibility study and oppose the creation of another institution in Canberra.

Care and Protection

Serious problems with Care and Protection were highlighted in the 2009-2010 Annual Report, particularly its failure to appropriately maintain family relationships for the young people and children in their care even when restorative processes are recommended by experts or when regular contact is ordered by the courts. The interactions between ADACAS clients and Care and Protection in 2010-2011 indicate that little has changed. The following de-identified case study illustrates this issue. The circumstances have been altered to protect the identity of the people involved.

Case study

Ms A has a mental illness. Her child was put into the care of Care and Protection when she was put under a treatment order. The court ordered that Ms A have regular access to her child. Care and Protection allowed her to have monthly supervised access for two hours. Attempts by Ms A to gain for more frequent access were in vain, leading her to an exacerbation of her illness and for her to state that she would harm herself and her child. It is clear that two hours supervised access once a month is not regular access. Despite the involvement of an ADACAS advocate, the matter remains unresolved.

Mental Health

The main focus of ADACAS's mental health advocacy is on the most vulnerable people, those who face being detained against their will because they are deemed to be a danger to themselves or to others. An ADACAS advocate regularly visits the psychiatric ward at the Canberra Hospital and supports people at the Mental Health Tribunal.

However, ADACAS is often encountering clients with significant issues that, if not resolved, can lead to a significant exacerbation of their mental illness, often leading to hospitalisation, eviction or contact with the criminal justice system. These issues, which are often interrelated,

include verbal and physical abuse, domestic violence, inappropriate housing (private and public), and problems with Care and Protection and criminal justice issues.

People with a mental illness face increased difficulties when dealing with many life situations that are already confronting and frightening. ADACAS is constantly implementing the priority of access policy for people with a mental health issue.

Mental health providers, both public and community, continue to provide accommodation that is tied to the support a person receives. That is, a person's accommodation is only available to them while they receive the support or are part of a program. If they choose to leave or their treatment is finalised they are forced to find alternative accommodation, usually with the assistance of the service provider. Given the overwhelming evidence about the importance of long-term, stable and appropriate accommodation in maintaining mental health, greater steps are needed to separate out housing from support so that a person maintains a tenancy after treatment is finalised.

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 2010-11 ADACAS provided individual advocacy to 311 people involved in 388 cases. This can be broken down as follows:

Program	Cases
Disability	73
Aged Care	83
HACC	163
Mental Health	49
IDEAS	20

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 approximately 1,787 people in 24 presentations. The education program involves visits to Aged Care Homes, disability and carer services, retirement villages, community care provider organisations and in attending exhibitions. 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 210 hours responding to a total of 390 enquiries. This small decrease in enquiry hours in comparison to the 2009-2010 financial year can be offset by the increase in actual individual advocacy hours performed over the year. 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	8,194
total number of people assisted	311
total cases	388
new cases	229
closed cases	203
outcome achieved	65.27%
satisfied with ADACAS performance, per issue closed	91.88%
cases not resolved	51
Systemic advocacy:	
advocacy hours	392 hours
total issues	73
Telephone enquiries:	
numbers of enquiries	225
time spent	171 hours

ADACAS provided advocacy for 46 people from other cultures, and there were 9 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	115
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Cases:

Cases continuing into period	85
New cases	79
Closed cases	88
Cases continuing out of period	76

HACC Service Related Issues

Alleged breach duty of care	3
Access to Services	8
Assessment	4
HACC fees	1
Complaints Handling	5
Lack of Consultation	5
Case Management	3
Case Coordination	4
Service hours insufficient/unsuitable	5
Service unavailable	4
Service refused	3
Service reduced/fear of reduction	2
Service withdrawn/fear of withdrawal	3
Privacy/confidentiality	2
Staff issues	4
Other service related matter	15

Other Issues

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

Systemic Advocacy

ADACAS spent 18 hours working on 7 systemic issues. Some of the issues worked on include:

HACC Program
Aged ACT Policy
Elder Abuse Networking
Aged Care access to ACTESS

Information & Referral

ADACAS responded to 70 enquiries this year. The total time spent in responding to enquiries and providing information was 49 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 63

Cases continuing into period 24

New cases 49

Closed cases 37

Cases continuing out of period 36

Issues

Abuse - Neglect 3

- Emotional 5

- Physical 5

- Financial 3

Accommodation- Suitability 14

- Maintenance 3

- Support 5

- Security 8

- Homelessness 7

Carer Support 1

Children - Support 2

- Care/Protection 3

Discrimination/Human Rights 9

Education 1

Employment 3

Equipment/Aids 3

Family 1

Financial 4

Health 11

Legal - Mental Health Tribunal 5

- Guardianship 2

- Criminal 1

- Protection Order 1

- Other 1

Services - Quality 12

- Reduction/Withdrawal 8

- Policy 7

- Access 15

- Gaps 6

Transport 3

Vulnerable/Isolated 3

Other 3

Systemic Advocacy

ADACAS spent 17 hours on 7 systemic issues this year. This significant decrease is primarily due to the frequent changes in management throughout the year. Some of the issues worked on include:

Access to ACTESS
Centrelink access issues
Aged ACT policy

Information

ADACAS responded to 72 enquiries this year. The total time spent in responding to the enquiries was 48 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 69

Cases:

Cases continuing into period	23
New cases	60
Closed cases	41
Cases continuing out of period	42

Issues

Abuse	- Neglect	4
	- Sexual	1
	- Emotional	9
	- Physical	1
	- Financial	10
Accommodation-	Suitability	13
	- Maintenance	1
	- Support	2
	- Security	4
Discrimination		2
Equipment/Aids		3
Financial		15
Health		11
Legal	- Family Court	1
	- Guardianship	4
	- Other	1
Recreation; social or family		5
Services	- Quality	9
	- Policy	1
	- Access	4
	- Gaps	6
Transport		3
Vulnerable/ Isolated		15
Other		6

Information

Enquiries

ADACAS responded to 70 enquiries this year. The total time spent in responding to the enquiries was 55 hours.

Formal Education

7 formal education sessions were given across 2 different Residential Aged Care Facilities during the year:

Participants

Consumers	63
Carers	15
Industry staff	54
Other individuals & students	5

Total 137

Regular Visits

ADACAS carried out 61 visits to 7 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 44

Cases:

New cases	29
Cases continuing in to period	20
Closed cases	24
Cases continuing out of period	25

Issues:

Abuse	- Financial	1
Accommodation	- Homelessness	9
	- Maintenance	2
	- Security	5
	- Support	2
	- Suitability	6
Children	- Support	2
	- Care & Protection	2
Discrimination/Human Rights		2
Employment		1
Financial		7
Health		1
Legal Services	- Mental Health Tribunal	7
	- Protection Order	2
	- Family Court	2
	- Guardianship	2
	- Other	2
Services	- Quality	4
	- Policy	1
	- Access	1
	- Gaps	1
Vulnerable/ Isolated		1
Other		2

Information & Referral

ADACAS responded to 20 enquiries this year. The total time spent in responding to enquiries and providing information was 15 hours.

The following is an excerpt of an e-mail addressed to ADACAS from Dalane Drexler, Executive Officer at ACT Mental Health Consumer Network

The ACT Mental Health Consumer Network (the Network) is now in the second year of Advocacy and Representation Training (ART). The ART course was designed to support consumers to enhance their skills of self-advocacy and to have a forum in which to practice and extend on those skills. ART is presented in two parts, Self-Advocacy and Consumer Advocacy. During 2010-11 there were 41 participants of Self-Advocacy, and 10 consumers who continued on to complete Consumer Advocacy.

ADACAS has played a fundamental role in the success of the ART course and their support has helped the Network to enhance the knowledge and skills of consumers about how to be a strong self-advocate, stimulate interest and action to address the systemic issues affecting people with mental illness, and inspiring consumers to think about the recovery principles in their life.

The Mental Health Consumer Network would like to again thank ADACAS for their continued support of the ART program. We look forward to the continued success of the course and their presence at the end of year graduation ceremony where we will present all participants with a certificate of completion. This will be a wonderful event that will take place on Monday, 28th of November in the Griffin Centre.

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 20

Cases:

Cases continuing into period 9

New cases 13

Closed cases 13

Cases continuing out of period 9

Issues

Abuse - Physical 1

- Sexual 1

- Neglect 1

Accommodation - Homelessness 3

- Maintenance 1

- Suitability 4

Children – Education 2

Equipment/Aids 1

Discrimination 1

Financial 2

Health 1

Service - Gaps 1

- Access 1

- Quality 2

Transport 1

Other 2

During 2010-2011 ADACAS delivered 24 advocacy education sessions to 1,787 people.

The organisations receiving presentations were:

Canberra Institute of Technology
Calvery Retirement Community
Disability Services Australia
Goodwin Community Services: Northside
Goodwin Community Services: Southside
Goodwin Village Ainslie
Kalparrin Aged Residence
Kangara Waters
Ngunnawal Ass. Community Care
St Andrews Village
St Nicholas

ADACAS also conducted a stall at: Seniors Expo
Canberra Retirement and Lifestyle Expo
Post School Options Expo Queanbeyan
Young Carers Information Market Day

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

(ADACAS)

Financial Report

For The Year Ended 30 June 2011

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, 2011**

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, 2011.

Committee Members

The name of each person who has been a committee member during the year ended 30 June 2011 and to the date of this report are:

Stephen Still	Chairperson	Appointed 19/10/10
Kym Duggan	Chairperson	Resigned as Chair 19/10/10 Resigned from Committee 29/8/10
Gary Leckie	Treasurer	
Greg Tannahill	Secretary	
Joan Costanzo	Committee Member	
Pamela Graudenz	Public Officer	
Dominic Cookman	Committee Member	

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, 2011
\$13,720	\$31,209

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

.....
Committee Member

Date.....

.....
Committee Member

Date.....

ADACAS
Income & Expenditure Statement
For the year ended 30 June, 2011

	2011	2010
	\$	\$
Income		
National Disability Advocacy Program	171,140.00	166,530.00
Home & Community Care	310,157.33	229,018.00
National Aged Care Advocacy Program	120,797.39	112,189.95
Mental Health Consumer Advocacy	104,916.00	77,363.00
DHCS Elder Abuse	0.00	0.00
DANA administration	1,433.75	12,776.77
DHCS IT Purchase	0.00	0.00
FaHCSIA Capacity Building	0.00	0.00
Interest received	3,723.22	3,433.21
Membership income	29.12	31.85
Donations	15.00	100.00
Wkrs Comp. Reimbursement	0.00	0.00
IDEAS Inc brokerage	26,991.18	42,987.49
Advocacy for Inclusion	0.00	0.00
Sundry income	0.00	0.00
Contribution for Motor Vehicles	12,200.00	11,506.97
Total Income	751,402.99	655,937.24
Expenses		
Advertising & promotion	11,086.74	1,160.09
AGM expenses	336.91	316.10
Audit fees	1,650.00	1,500.00
Bank fees	585.43	414.52
Computer/Internet	839.46	654.00
Conference registration	975.74	4,933.20
Equipment purchase	16,422.29	3,564.22
Equipment consumables	1,989.45	3,080.77
Insurance	16,230.10	14,630.69
Journals/Subscriptions	866.85	704.23
Memberships	2,569.80	936.36
Meeting Costs	317.71	496.02
Motor Vehicle expenses	22,689.30	22,918.63
Office supplies/stationery	3,231.96	3,556.49
Postage	740.82	768.72
Prof fees/Governance	0.00	4,900.00
Rent	28,735.37	28,551.12
Repairs & maintenance	196.17	642.78
Salaries & Staff Benefits	532,911.99	442,582.17
Staff development	6,530.37	8,414.14
Staff Support/Supervision	13,156.00	5,250.36
Superannuation	38,935.47	34,519.51
System Development	4,520.00	2,795.00
System Monitoring	18,550.00	12,000.00
Telephone	8,325.84	8,196.19
Travel & Mileage	11,786.67	6,821.48
Volunteer Expenses	474.44	515.22
Total Expenses	722,922.07	614,822.01
Operating surplus	28,480.92	41,115.23

ADACAS
Income & Expenditure Statement
For the year ended 30 June, 2011

	2011 \$	2010 \$
Operating surplus	50,195.73	41,115.23
Other items		
Profit on sale of assets	1,018.52	1,020.58
Vehicle Replacement	(41,478.18)	
Transfer to Asset Accounts	57,773.27	
Leave Accruals (movement)	(21,714.81)	(11,781.05)
Depreciation - motor vehicles	(11,682.61)	(14,971.51)
Depreciation – equip.+fittings	(2,903.17)	(1,662.48)
Net operating surplus/deficit for year	<u>31,208.75</u>	<u>13,720.77</u>

ADACAS
Change in Equity Statement
For the year ended 30 June 2011

	\$
Association's funds at 30 June 2009	75,440.31
Surplus (loss) for year 2010	<u>13,720.77</u>
Association's funds at 30 June 2010	89,161.08
Surplus (loss) for year 2011	<u>31,208.75</u>
Balance as at 30 June 2011	<u>120,369.83</u>

ADACAS
Balance Sheet as at 30 June 2011

	Note	2011	2010
		\$	\$
Current Assets			
Cash and cash equivalents	2	207,405.54	110,561.79
Trade and other receivables	3	2,394.69	14,662.08
Total current assets		<u>209,800.23</u>	<u>125,223.87</u>
Non-Current Assets			
Property, plant and equipment	4	103,730.93	64,115.83
Total non-current assets		<u>103,730.93</u>	<u>64,115.83</u>
Total assets		<u>313,731.16</u>	<u>189,339.70</u>
Current Liabilities			
Trade and other payables	5	24,173.82	22,484.97
Provisions	6	40,123.46	55,564.74
Unexpended Grants c/f		113,208.67	
Total current liabilities		<u>177,505.95</u>	<u>78,049.71</u>
Non-Current Liabilities			
Provisions	6	15,855.38	22,128.91
Total non-current liabilities		<u>15,855.38</u>	<u>22,128.91</u>
Total liabilities		<u>193,361.33</u>	<u>100,178.62</u>
Net Assets		<u>120,369.83</u>	<u>89,161.08</u>
Members' Funds			
Accumulated surplus		<u>120,369.83</u>	<u>89,161.08</u>
Total Members Funds		<u>120,369.83</u>	<u>89,161.08</u>

ADACAS
Cash Flow Statement
For the year ended 30 June 2011

	Note	2011 \$	2010 \$
Cash Flow from Operating Activities			
Operating Income		838,156.09	652,504.03
Interest Income		3,723.22	3,433.21
Payments to suppliers and employees		(691,653.28)	(621,130.40)
Net cash provided by Operating Activities	7	<u>150,226.03</u>	<u>34,806.84</u>
Cash flow from Investing Activities			
Receipt from sale of asset		6,500.00	6,500.00
Acquisition of equipment & vehicle		(59,682.28)	(20,602.82)
Net cash provided by (used in) investing activities		<u>(53,182.28)</u>	<u>(14,102.82)</u>
Net increase /(decrease) in cash held		97,043.75	20,704.02
Cash at beginning of financial year		110,561.79	89,857.77
Cash at end of financial year	2	<u><u>207,605.54</u></u>	<u><u>110,561.79</u></u>

ADACAS
Notes to and forming part of the Financial Statements
For the year ended 30 June, 2011

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 2011

	2011	2010
Note 2 - Cash	\$	\$
Cash at bank	131,074.31	15,374.64
Short term deposits	76,331.23	94,987.15
Petty Cash	200.00	200.00
	<u>207,605.54</u>	<u>110,561.79</u>
 Note 3 – Trade and Other Receivables		
Sundry receivable	2,394.69	14,662.08
	<u>2,394.69</u>	<u>14,662.08</u>
 Note 4 - Property, Plant and Equipment		
Equipment & Fittings		
At cost	40,880.26	24,025.27
Less: Accumulated depreciation	(23,068.63)	(20,165.46)
	<u>17,811.63</u>	<u>3,859.81</u>
 Motor vehicles		
At cost	114,854.97	88,886.69
Less: Accumulated depreciation	(28,935.67)	(28,630.67)
	<u>85,919.30</u>	<u>60,256.02</u>
 Total Property, Plant and Equipment	<u>103,730.93</u>	<u>64,115.83</u>
 Note 5 – Trade and other payables		
Trade payables	1,500.00	750.00
Grants received in advance	0.00	0.00
GST and PAYG payables	16,839.38	18,580.98
Other payables	5,834.44	3,153.99
	<u>24,173.82</u>	<u>22,484.97</u>

ADACAS
Notes to and forming part of the Financial Statements
For the year ended 30 June 2011

	2011	2010
Note 6 - Provisions		
Current		
Employee entitlements – annual leave	40,123.46	55,564.74
	<u>40,123.46</u>	<u>55,564.74</u>
Non Current		
Employee entitlements – long service leave	15,855.38	22,128.91
	<u>15,855.38</u>	<u>22,128.91</u>
Note 7 – Unexpended grants		
Dept. Health & Ageing-(NDAP)	7,000.00	-
Dept. Families, Housing, Com (HACC)	106,208.67	-
	<u>113,208.67</u>	<u>-</u>
Note 8 – Cash flow information		
Reconciliation of Operating Surplus (Loss) with Cash Flow from Operations		
Operating surplus (loss)	31,208.75	13,720.77
Add/subtract Non Cash Items		
Depreciation	14,585.78	16,633.99
Provision for Staff Leave Entitlements	(21,714.81)	11,781.05
Gain on sale of asset	(1,018.52)	(1,020.58)
Operating Surplus adjusted for non-cash items	<u>23,061.20</u>	<u>41,115.23</u>
Movement in Current Assets and Liabilities		
Decrease/(increase) in Sundry Debtors	12,267.39	(14,662.08)
(Decrease)/increase in Creditors	1,685.85	8,353.69
	<u>113,208.67</u>	<u>-</u>
Net Cash from Operations	<u>150,223.11</u>	<u>34,806.84</u>

**ACT DISABILITY, AGED && CARERS
ADVOCACY SERVICES INCORP**

**Committee's Declaration
For the year ended 30 June 2011**

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, 2011 and the results and cash flow for the year ended on that date.
2. at the date of this Report 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:


.....
Committee Member


.....
Committee Member

27/9/11

HOUSTON & HANNA
CHARTERED ACCOUNTANT

K D Hanna FCA (Principal)

Telephone: (02) 6249 8515
(02) 6248 8175
Facsimile: (02) 6249 6792

Suite 15, George Turner Offices
11 McKay Gardens, Turner ACT
GPO Box 810, Canberra ACT 2601

email: kim@khanna.com.au

Tuesday, September 27, 2011

The Treasurer
ACT Disability, Aged and Carer
Advocacy Services Incorporated.
Po Box 144
Dickson ACT 2602

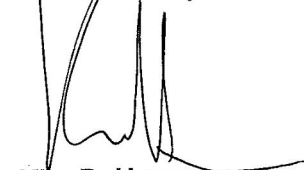
Dear Treasurer,

Please find enclosed draft accounts for the association for the year ending 30 June 2011, for the committee's perusal.

If approved, could you please have two committee members sign where indicated and return the accounts to this office for the auditor's signature. We will provide you with complete bound accounts in the due course.

If you have any queries regarding the accounts, please do not hesitate to contact the writer.

Yours faithfully



Kim D. Hanna
Registered Company
Auditor

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