

ANNUAL REPORT

July 2009 – June 2010

Speaking Up For You Inc.

SUFY

The Precinct - Unit F2 First Floor
12 Browning Street
West End Qld 4101

(PO Box 5649)
Telephone: (07) 3255 1244
Facsimile: (07) 3255 1266
E-mail: sufy@sufy.org.au

CONTENTS

| | |
|-------------------------|----------|
| • Agenda | Page 3 |
| • Minutes | Page 4 |
| • Mission Statement | Page 7 |
| • Goals for 2009/2010 | Page 7 |
| • President's Report | Page 8 |
| • SUFY's Work 2009/2010 | Page 10 |
| ➤ Goal 1 | Page 11 |
| ➤ Goal 2 | Page 34 |
| ➤ Goal 3 | Page 37 |
| ➤ Goal 4 | Page 38 |
| ➤ Goal 5 | Page 40 |
| • Treasurer's Report | Page 45 |
| • Auditor's Report | Attached |

AGENDA

1. Welcome
2. Present
3. Apologies
4. Proxies
5. Previous Minutes
6. President's Report
7. Treasurer's Report
8. Report on the work of SUFY
9. Election of the committee for 2010/2011
10. Appointment of the auditor for 2010/2011
11. General business:
12. Meeting close

MINUTES

Minutes of Annual General Meeting Wednesday 23th September 2009

1. Welcome: The Meeting was opened at 3.15 p.m. David Swift welcomed everyone to the AGM, and thanked staff and members for attending, and for their support of SUFY.

2. Present:

| | | |
|----------------------------|-----------------------|------------------------|
| Ted Jones, | Maria Walsh, | Ida Pushkey, |
| Sharyn Pacey, | Doreen Pyle, | Maureen Fordyce, |
| Benita Bierzynski (staff), | Sue Austin, | Cheryl Horner, |
| David Bell, | Noel Pyle, | Laurie Barram, |
| Deborah Bryzak, | Lester MacGregor, | Bobby Noone, |
| Craig Johnstone, | John O'Shea, | Russell Schloss, |
| Alex Robinson, | Sharon O'Shea, | Mark Sessarago, |
| Karin Swift, | Mary Kenny, | Dianne Haxton, Rebecca |
| David Swift, | Mark Blythman, | Bradshaw (QAI), |
| Kelli Noone, | Robyn O'Hare (Staff), | Neal Lakshman (Staff), |
| Mekita Vanderheyde, | Dave Haxton, | Di Toohey (Staff) |
| | | (33) |

3. Apologies:

| | |
|--------------------|--------------------------------------|
| Peter Eldridge | Anna Bligh |
| Kevin Cocks | Peter Robinson, |
| Willie Prince | Gustav Gebels |
| Francis Vicary | Patricia Wilson |
| Shirley Muirhead | E. McIntosh on behalf of Terri Lloyd |
| Lillian Iles | E. McIntosh |
| Kate & Faye Coffey | Trevor Maxwell |
| Jim Gibney | (18) |
| Robert Campbell | Lists read by Robyn O'Hare |

4. Proxies: Nil.

5. Previous Minutes: Madonna Nicoll read the Minutes of the AGM held 26th September 2008 and moved that they be accepted. David Swift seconded.
CARRIED.

6. President's Report: David Swift, as President, presented his Report as recorded in the Annual Report and moved that the whole of the Annual Report be adopted. Noel Pyle seconded. *CARRIED.*

7. Treasurer's Report: Noel Pyle read the Treasurer's Report as recorded in the Annual Report and moved that it be accepted. Seconded by Alex Robinson.
CARRIED.

8. Appointment of the auditor for 2009/2010

Noel proposed that Haywards, Chartered Accountants be appointed auditors for 2009/2010. The motion to appoint the new auditor was seconded by David Swift.
CARRIED.

9. Report on the work of SUFY:

Dianne Toohey spoke about the work of SUFY, and suggested that members read the Annual Report, which contains written reports which all staff contribute towards. David Swift moved that the Coordinator's Report be accepted. Alex Robinson seconded. *CARRIED.*

10. Vote of Thanks and Returning Officer:

David Swift handed over chairing the meeting to the Returning Officer, Mary Kenny. Mary identified that six nominations had been received, and proposed that the number of people on the Management Committee be set at six for the coming year. Maureen Fordyce seconded. *CARRIED.*

11. Elections:

Mary Kenny informed the members that the tradition at SUFY has been to have a committee of 7. The outgoing committee was a committee of 7, but with the resignation of Alex Robinson from the Committee, a casual vacancy was declared, to be filled when an appropriate person becomes available. David Swift moved that the committee remains at 7 and Madonna Nicoll seconded this. *CARRIED*

Mary declared all positions vacant and read through the nominations. All nominations were received by the closing date of 17th September 2009. As there was only one nomination for each position, no voting was necessary. Mary read through each position and then declared Madonna Nicoll as President, David Swift as Vice President, Willie Prince as Secretary, Noel Pyle as Treasurer and David Haxton and Francis Vicary as committee members.

| POSITION | NOMINEE | NOMINATED BY: | SECONDED BY: |
|--------------------------|--------------------------------|--------------------------------|-------------------------------|
| President | Madonna Nicoll | Noel Pyle | Deborah Bryzak |
| Vice President | David Swift | Kevin Cocks | Deborah Bryzak |
| Secretary | Willie Prince | Karin Swift | Noel Pyle |
| Treasurer | Noel Pyle | Francis Vicary | David Swift |
| Committee Members | Francis Vicary David Haxton | David Haxton Madonna Nicoll | David Swift Deborah Bryzak |

Mary handed the chair to the incoming President Madonna Nicoll.

12. General Business:

- Mary reported that Citizens' Advocacy of South West Brisbane has been wound up. Their car has been donated to SUFY for use by the Moreton Regional Advocacy Worker, Kathy Kendell. Mary invited members to that organisation's Special General Meeting on 13th October 2009.
- Ted Jones wished the new committee well and commented on the suitability of the venue.

13. The meeting closed at 3.45p.m..

Signature of Secretary:.....

Signature of President:.....

MISSION STATEMENT

Speaking Up For You Inc. protects and defends vulnerable people with disability through individual advocacy to address injustices and make a positive and sustainable difference to their lives.

GOALS FOR 2009/2010

- 1. To provide individual advocacy on behalf of vulnerable people with disability whose fundamental needs are not met;**
- 2. To assist some people to advocate on behalf of a vulnerable person with disability;**
- 3. To inform and influence allies and others to bring about systemic change to advance our individual advocacy efforts;**
- 4. To promote the understanding and development of advocacy within SUFY and in the wider community;**
- 5. To operate a principled, effective, accountable and sustainable social advocacy organisation.**

PRESIDENT'S REPORT

I'd like to welcome everyone to the 2010 Annual General Meeting of Speaking up for You Inc. I would like to take the time to thank the membership for their continued support of the mission and goals of SUFY. I continue to be amazed by the dedication and hard work of our coordinator, advocates and advocacy resource worker and as a representative of the committee would like to thank them for their tireless efforts. I would also like to thank the rest of the committee for their dedication and support during this past year. The work of each staff and committee member provide an important contribution to the work of SUFY.

As always, this Annual Report reflects the complex issues experienced by the people that SUFY work with. There continues to be a considerable demand for individual advocacy and this seems to be reflected not only in the Brisbane region but in our Moreton Bay region. You will note that these issues are multidimensional and more often than not the issues intersect. Two such issues are housing and support. Individual choice is continually constrained when people require support when applying for housing and when the only option available may be a shared tenancy arrangement. The stories reflected in this report will outline the varied issues and the need to negotiate multiple systems when doing advocacy.

This year a National Disability Insurance Scheme was proposed in Parliament signalling a wave of expectation in the disability community. In July SUFY presented a paper to the productivity commission hearing outlining what a national disability insurance scheme should look like for individuals with disabilities. There was a clear message from the hearing that people wanted more flexible, individualised support approaches to be available. Sufy have also taken part in the Department of Communities Growing Stronger forums to understand and influence the new disability support reforms. In the future, SUFY will continue to monitor how these reforms will affect people with disabilities.

SUFY remains a member of the Disability Advocacy Network Australia to safeguard advocacy in Australia. SUFY continues to inform and influence allies through their involvement with the Community Safeguards Coalition. We are able to provide the coalition with information about the types of issues that SUFY encounter in their work and campaign for change as a collective with the coalition. This year SUFY supported and attended a restrictive practices forum hosted by QAI and facilitated by Phillip French. The intent of the forum was to view the legislation according to the Convention on the Rights of Persons with Disability. This day was extremely successful and enjoyed by all. Following this forum, SUFY then took part in the annual Combined Advocacy Groups of Queensland forum. Since many of the advocacy groups have adopted a framework based on the Convention on the Rights of Persons with Disability the forum provided us an opportunity to look at the Convention and the advocacy work that is conducted. It also gave all of the groups an opportunity to network and review advocacy principles.

SUFY has also been successful in the quality systems audits conducted by both State and Federal funding bodies. Mary Kenny has worked tirelessly to provide SUFY with a system that facilitates continuous improvement for the quality system. However, we continue our work with the intention of improving the lives of the people that approach us for advocacy. Based on this principle we always aim to improve our practice in ways that will affect positive change for the people that we work with. The committee attend Reflections meetings to understand the issues the advocate's confront in their work. We are fortunate to have a committee composed of people with disability and family members of people with disabilities. While each member of the committee has their own strengths, our strength also resides in the values and cohesion that we have as a committee.

This year we said goodbye to Robyn O'Hare who was the Advocacy Resource Worker for the past three years. Mary Kenny has been filling this position in a temporary capacity and has been an invaluable resource. I would like to thank Di, Neal, Benita, Kathy and Mary for their ongoing dedication and hard work. I look forward to seeing the work of SUFY continue in the coming year.

Madonna Nicoll

President

SUFY'S WORK 2009-2010

This report reflects the work of the management committee and staff from 1 July 2009 until 30 June 2010.

During this time SUFY had five goals which directed the work undertaken by the Staff and Management Committee.

Statistics

SUFY provided individual advocacy to 135 individuals over the past year. 60 individuals were carried over from the previous year and SUFY commenced advocating for 75 new individuals this year.

The majority of the 135 individuals SUFY advocated for had several issues for which they required advocacy.

This meant that SUFY provided advocacy on some 374 issues throughout the year.

Of these, SUFY was able to fully resolve 100 issues.

Some individuals require long-term advocacy and a commitment over a number of years.

SUFY has managed to fully or partially resolve many of these issues, but many individuals have ongoing issues which require advocacy.

Goal 1

To provide individual advocacy on behalf of vulnerable people with disability whose fundamental needs are not met.

Objectives

- 1.1 Identify vulnerable people with a disability who SUFY will advocate for.
- 1.2 Build a relationship with the person and an understanding of the situation.
- 1.3 Take action to meet the person's most urgent needs.
- 1.4 Develop a plan which details an appropriate advocacy response.
- 1.5 Take action to promote, protect and defend the person's interests and well being
- 1.6 Reflect upon the process and outcomes of the advocacy effort

Goal 1 is about SUFY's individual advocacy work over the last year. From 1 July 2009 until 30 June 2010, SUFY undertook advocacy for 135 people about a number of different issues which included:

- Abuse/neglect
- Accommodation
- Discrimination or rights
- Equipment
- Financial matters
- Health
- Independent living support
- Legal issues
- Recreational, social or family issues
- Service gaps, access, policy, reduction in service or complaints
- Vulnerability/isolation

SUFY advocates for people who are over 16 years of age and whose fundamental needs are not being met.

This is when the person is:

- in physical danger
- subject to restrictive practices
- homeless or in danger of becoming homeless
- living in inappropriate housing eg. young people in an aged care nursing home.
- being abused or neglected
- living in poverty
- at risk of suicide
- at risk of being made more vulnerable and isolated from the community
- in danger of making very poor decisions that impact on their fundamental needs
- at risk of losing long term and/or significant relationships
- seen as so different, challenging or menacing and therefore not belonging:
 - In wider society
 - In local community
 - In a family

SUFY's Advocacy

An example of someone who has had an issue partially resolved may be someone whose health was being seriously neglected and who required support and housing. SUFY's advocacy may ensure the person's health issues are addressed immediately and that the person is listed for priority housing. SUFY's advocacy may result in the provision of emergency support for the person. However it will often take long-term advocacy to obtain an individual support package from Disability Services Queensland for the person. Much of SUFY's advocacy is long-term in nature and involves a commitment over several years.

To give the members of SUFY an indication of the advocacy we have been involved in over the year and an understanding of the vulnerability of those we advocate for, we have described some of the issues that people face below.

Crisis Intervention does not Work

Social Services Agencies first entered Mary's life when, as a young child, she was removed from her biological parents. The circumstances prompting her removal began her long record of sexual, physical and emotional abuse. She was placed with a foster family and has remained in various forms of care and institutions to this day. Mary is now in her mid-thirties.

Mary later presented with symptoms consistent with Prader-Willi Syndrome (PWS). This rare and complex genetic disorder leads to a debilitating and often life threatening series of illnesses. It is characterised by an inability to self-regulate impulse behaviour and poor emotional control. Its primary manifestation is a powerful craving for food and consequent insatiable appetite. Specifically, this genetic malfunction acts to limit the development of the brain centres that regulate appetite and indicate satiety. Consequently, all issues relating to food, from its availability to attempts to withhold it, will trigger an emotional and often aggressive response.

Additional symptoms of PWS that impact on Mary's life include intellectual disability, learning difficulties and behavioural problems. Mary's thought patterns are rigid, her behaviour often obstinate and she will have tantrums when frustrated, disrupted

from her routine or reprimanded. Attempts to deny her invariably result in outbursts of swearing and physical aggression.

Physically, the consequences of this syndrome are profound. Mary is morbidly obese, she has diabetes and emphysema, her muscles are weak and her skin is sensitive.

Mary needs 24 hour per day care. When left unsupported she will roam the streets creating a public nuisance or, at worst, she will behave self-destructively, often harming herself. Her impulses exert such a powerful influence on her life that she has been labelled a “problem case” exhibiting “challenging behaviours”. Even though her behaviour can appear wilful or aggressive it cannot be regarded as deliberate but as stemming directly from her PWS.

Despite a strong lobby directed at Government Agencies for more than ten years, Mary has never been considered a great enough risk to attract the funding to support her in single occupancy accommodation with one-on-one 24 hour care. Indeed, support for Mary has oscillated between neglect and increasing levels of restrictive practices in institutions or shared accommodation.

Since leaving her foster family, Mary has been placed in respite facilities, group homes, locked facilities and co-tenancy accommodation. She has been left unsupported or been provided with minimal support. She has lived in two homes that were destroyed by fire. She has been placed in a secure environment with a mentally ill co-tenant who taught Mary how to break windows and cut herself. She has been placed in a co-tenancy arrangement with a co tenant who physically abused her. She has been sexually assaulted.

Currently, Mary lives in a shared housing arrangement. She does not like her co-tenant, she has been subjected to physical assaults and she is chemically restrained to maintain her compliance and to prevent her from leaving the house.

To resolve this situation, Mary faced the prospect of being held in a locked facility for an unspecified period of time while the Specialist Response Service (SRS) develops a positive behavioural support plan. During the implementation of this plan, Mary possibly would have been chemically restrained and isolated until the anticipated alteration to Mary’s behaviour was achieved. When the new behaviour patterns were established she could then expect to return to her prior

accommodation, now made safe and lockable. Mary's original foster family and other members of her informal support network are opposed to these measures.

Despite the difficulties and discontinuities in Mary's life, she has managed to build a relationship with her foster mother that has endured for over thirty years. With decades of experience, Mary's foster family understand the care she needs and how to best respond to her behavioural patterns. They believe that many of Mary's issues are exacerbated by a service system that has little understanding of her condition, of how to care for her and how to interact positively with her. They also believe that the still unaddressed issues of sexual, physical and emotional abuse play an ongoing role in determining Mary's behaviour. Both Mary and her foster family question the need for the restrictive and coercive practises Mary would endure while undergoing behaviour counselling, especially when the most likely outcome is simply a return to her former home and existence. Of course counselling may benefit Mary but equally beneficial would be the support of a skilled and compassionate care worker in a stable and secure home environment, free from the restrictions currently being imposed on her.

The Prader-Willi Syndrome Association has compiled a simple set of guidelines to assist carers in their interactions with clients like Mary. Mary must have routine in her life. She needs a structured day without surprises or shocks. Any aggressive attitudes, confrontational approaches, indeed, all conflict with Mary should be avoided. However, it seems clear that Mary has rarely received the benefit of this kind of informed care. Similarly, the advice and experience of Mary's foster family seems to have gone unnoticed.

To date, the cost to the community and to the Social Service Agencies responsible for her care is virtually incalculable. In the past five months alone 31 meetings have been called to discuss aspects of Mary's care or in response to incidents involving Mary. Meetings have been attended by representatives from SRS, Queensland Housing, Disability Services, her service provider and the police, by mental health experts, psychologists, general practitioners, advocacy agencies and her foster family. The issues raised in these meetings include court appearances to face charges of public nuisance, incidents of self harm, a physical assault by a co-tenant, restrictive practises, possible placement in a locked facility, poor care service, psychological assessments and housing options.

To these hidden costs and fees we should add the already substantial amounts spent over Mary's 30 year relationship with Social Services Agencies. Although the exact figure may never be known and it would be morally dubious to place a value on Mary's quality of life, at some point we are entitled to know if these costs can be justified by any significant improvement in Mary's health and level of care. There is a strong case that Mary has gained little or no benefit and that a considerable component of the funding has been wasted on administering and discussing her case rather than actually providing care.

There is no cure for PWS. However, early diagnosis followed up by a consistently managed treatment and care plan can mitigate some of the more extreme consequences of this syndrome. The Social Service Agencies responsible for Mary's support have had over 30 years to diagnose, treat and care for Mary. Their failure to do so has cost Mary control of all areas of her life and has casually violated her most basic human rights.

There has been no improvement in Mary's circumstances or health. Rather, her years under care have witnessed a decline in her condition and health, a withering of whatever potential she may have had and the erosion of any opportunities to create and experience meaning in her life.

Disability Services recently made a decision to provide 24 hour funding to Mary so that she could live on her own. Mary's behaviour has improved, the doors to her home are not locked and Mary rarely leaves the house. Mary's family have reported that Mary is losing weight and that her life has improved dramatically.

Robbed of Ordinary Life Experiences

Middle Adulthood, Erickson's Developmental Stage for individuals aged 35-65 years, is identified as a time where we continue to build our lives focusing on our career, family and contributing to the community. If we take the time to reflect upon our lives at this stage most would see a life full of personal opportunities, successes and achievements. These may include getting an education, establishing a career, travel, developing a meaningful relationship, having children and building a home to name just a few.

This however is not the case for all individuals.

Dwayne is a middle aged man with an intellectual disability who SUFY has been working with over the past couple of years. He does not have nor has he ever had a mental health diagnosis however he has spent the last 30 years locked in a mental health facility, predominantly in the medium secure unit. He came to live at this facility when he was a teenager because Disability Services identified at the time that they could no longer support him. Whilst he has resided in this mental health facility Dwayne has been placed on two forensic orders which is still current. Since Dwayne has resided in the mental health facility Disability Services, the lead agency and government department for disability, has provided no support or funding to Dwayne. Only in the past 2 years has a worker from Disability Services become involved to provide case management.

A mental health facility, which operates on a medical model that presumes individuals are afflicted with an illness that can be treated and cured with medical intervention is an unsuitable and inappropriate living environment for an individual who has an intellectual disability, such as Dwayne. Dwayne does not require nor benefit from the medical rehabilitation and recovery model that is implemented at the mental health facility. It does not provide the positive, individualised and person centred support that Dwayne requires leaving him with no quality or meaningful life. The workers, who come from a mental health background, do not have the knowledge or expertise to support Dwayne to reach his full potential with many of them having destructive attitudes and preconceived ideas about Dwayne and what his life should be like. This has meant that Dwayne has been robbed of ordinary life experiences and opportunities therefore he has had very little achievements or successes that he can reflect upon.

In 2006 the Hon W.J. Carter Q.C. reported in Challenging Behaviour and Disability a Targeted Response that:

“that persons with intellectual disability should not be encompassed by the provisions of the Mental Health Act for the involuntary treatment of the mentally ill”.

Justice Carter is not alone in this opinion and in his report he provides comments from President Barry Thomas of the Mental Health Tribunal who states:

“the referral of an intellectual disabled person into the mental health system brings with it all the inherent problems of inappropriate living arrangements and service delivery, departmental conflict over roles and responsibilities, and poor outcomes for the individual including vulnerability, institutionalisation, stigma and skills atrophy.”

Comments from Justice Holmes, formerly of the Mental Health Court, are also included. She says

“it is a problem commonly encountered by this Court that a forensic order is an inappropriate mechanism for supervision of somebody charged with offences such as these. It is really an order designed to manage somebody with a medical problem not behavioural problems that might be associated with retardation.”

Justice Carter concluded that the present situation was unsuitable and a positive and proactive strategy was an urgent requirement.

This was a catalyst for the development of a new model of service delivery and legislation that would better protect the human rights of this marginalised group of Queenslanders, which Dwayne is a part of. Disability Services responded by working towards having the capacity to accommodate and support those individuals with an intellectual disability on a forensic order. As part of this response Disability Services recently developed the Draft Disability Forensic Bill 2010.

The Draft Bill was a replica, in language, form and effect, of the Mental Health Act, an Act which is based on the medical model of intervention. Years of practice and research has shown that this model of intervention is inappropriate and ineffective when working with individuals who have an intellectual disability. The Bill fundamentally leaves out Positive Behaviour Support, the internationally accepted proactive and effective way of supporting individuals with an intellectual disability who display challenging behaviours and the multidisciplinary assessment required as part of this support. Justice Carter was so convinced by this method of support for people with an intellectual disability that he recommended that the assessment

process and the development of a Positive Behaviour Support Plan be the centre piece of any reform.

However the draft Bill does not reflect this. It seems the need to not only rehouse these individuals but to also remove them from a culture and service delivery model that is unsuitable to their needs was not addressed.

The Bill does not provide for a realistic exit from incarceration for those individuals within the Forensic Disability Service. It seems what it does provide is indefinite incarceration for these individuals with no real prospect of transition back to life in the community.

We now await the outcome of the consultation process to see if Disability Services will take some leadership and develop a Disability Forensic Services Bill that ensures the human rights of individuals with an intellectual disability, such as Dwayne. To make certain that these individuals' lives are no longer wasted, their health and wellbeing neglected, and their freedom and opportunities compromised and that they are no longer inappropriately incarcerated in mental health facilities and deprived of opportunities to enjoy ordinary life experiences.

For the past 30 years Dwayne has been forgotten by the system. His needs have been overlooked, disregarded or neglected and during this time nearly half of Dwayne's life slipped by wasted. SUFY thought the Disability Forensic Service was meant to address this and change individual situations like Dwayne's yet the draft Bill left us questioning this. What an injustice and outrage it would be if in another 30 years Dwayne reflects upon his life and what he sees is no ordinary life experiences, no opportunities, no successes, no achievements.

When will Co-tenancy no longer be seen as an Option

While the choice of accommodation is rarely an option for people with a disability, there is growing support for the view that the nature of an individual's living arrangement is critically important to their health and wellbeing. Despite the focus on government policies, protocols and funding ceilings in health debates, the role of

service agencies is still the provision of a level of care commensurate with all the needs of the client. These needs include suitable housing arrangements. The point here is that accommodation, indeed the entire domestic environment of the client, is a health and wellbeing issue.

James has a moderate intellectual disability and a psychiatric condition. He has a substantial history of verbal abuse, threatening behaviour, property destruction and physical aggression. Because of these conditions and his history, James needs 24 hour support.

James has spent the last thirty years living in institutions or supported accommodation. To date he has been placed in 14 different residential situations. As a young teenager James entered his first institution. He spent the majority of his young adult years confined to the infamous Challinor House. From 2005 to the present James has been moved through a succession of short term, shared and supported living arrangements.

In the majority of these arrangements James was required to share his accommodation and support with a co-tenant/s. Ultimately each of these shared arrangements broke down with James' challenging behaviours being contributing factor. While not always at fault, James' contribution to the volatility of the relationship was always significant.

Until recently James was in a shared duplex unit owned by Disability Services. Both James and his co-tenant exhibited challenging behaviours. After numerous serious incidents, one involving James' being assaulted, the co-tenant was relocated. James currently lives alone in the unit.

Whatever reasoning lay behind housing two equally challenging personalities, in a shared facility, it must be seen as contributing to a heightened atmosphere of tension and hostility and the subsequent breakdown of the arrangement. Although Disability Services acknowledge that James' behaviour is muted and more compliant when he lives alone, there is no plan to continue James' sole occupancy of the unit or to relocate him to single resident accommodation.

Disability Services has recently completed a vacancy management profile on James so that another co-tenant can be found to share the unit. Authorisation has been given for the implementation of restrictive practices into James' support.

These restrictions could be used in an effort to stabilise any future co-tenancy relationships. There is little doubt that this conforms to the policy of Disability Services. Whether this is warranted or useful is questionable. James' history amply demonstrates that his challenging behaviour escalates when he is compelled into a co-tenancy arrangement. So if James is returned to a co-tenancy arrangement, the viability of the relationship with his future co-tenant will most likely rely on the continued application of restrictive practices on him.

James has no choice.

Because James accommodation and support are funded on the basis of one support worker to care for the needs of two individuals, it is doubtful if James will continue to live alone. Disability Services policy has a funding ceiling that does not allow for an individual to receive support in single tenant accommodation if they require 24 hour support. However we need to ask ourselves what long term improvement can James' expect from being restrained in order to live in a co-tenancy situation, which historically has contributed to the problem in the first place. This is no solution at all and certainly not one which has James' best interests foremost in mind.

The living environment James currently lives in is equally as bleak. The furniture and fixtures of his unit are few, strictly functional and securely bolted down. The seatless toilet and bathroom mirror are made of stainless steel. The television is covered by a protective Perspex screen. Cutlery and any breakable items are kept locked in the kitchen. There are security grills on all windows and security doors fitted to all exits which are kept locked at all times. Because the property is surrounded by a 1.6 metre high fence, James has access to the patio and yard. Not unreasonably, James refers to his unit as a jail.

The instability of his past co-tenancy arrangements coupled with the charmless domestic environment has continued to play a destructive role in James life. The inflexible policies which continue to direct resources to these living arrangements provide no benefit to James. Indeed they contribute significantly to a worsening of his symptoms.

The costs of caring for James for over 30 years, although substantial, will probably never be known. To these should be added the hidden costs spent on call-outs to

emergency response teams, the constant attempts to match James with a compatible co-tenant and damage to property. There is no justification for these additional costs while James' issues remain unresolved and his wellbeing continues to decline. We can argue that this additional cost burden is the price the community pays for compelling James to live in a co-tenancy arrangement which accords with Disability Services policy but fails to deliver any improvement in James's health and wellbeing.

James needs the stability of 24 hour support in his own single accommodation; without constant relocation and changes of tenant. How will it profit James or the community if he continues to be incarcerated in his current inhospitable environment? James will continue to live hopefully unaware that his life has been stripped of choice, meaning and hope.

To be surrounded by some level of comfort, to feel secure in your own home, to have access to the ideas and objects which stimulate, entertain and enrich our lives are common and generally available goals. The commonplace features of the domestic environments that we create help us to define ourselves and shape and secure our lives. James would benefit from the opportunity to contribute to his own life.

The Rise and Rise of Institutional Care

As advocates for Speaking Up For You we are often asked to advocate for people with a disability who reside in institutions of different types in Brisbane and The Moreton region. We are sometimes asked by families and sometimes by Health workers. We have never been requested to advocate for such persons by Disability and Community Care Services. We are not sure why that is the case.

People with a disability still find themselves living in institutions. This is despite a Disability Services Act with updated Human Rights provisions, a UN Convention on the Rights of Persons with Disabilities, a 10 year plan for Supporting Queenslanders with Disability that purports to implement these rights, and large increases in allocated funding by government to facilitate people with a disability to live in the community.

This presentation will talk briefly about how these people, residing in institutions live, what we see and what they and their families say to us. Their perspective is generally ignored as it is not professionalised or assessment based. Their requests for community living are marginalised as being reasonable but impractical given the government budgetary constraints.

Institutional settings involve a culture or way of doing things as much as a bricks and mortar arrangement where large numbers of people with a disability live. This culture is largely medical / psychological in orientation where the emphasis is on treating / healing the individual (or at least claiming that you do) rather than accepting the person and facilitating a plan for the person to live a good life in the community.

The persons living in institutions to whom we refer generally have an impaired capacity for decision making or sometimes have degenerative neurological conditions with no impaired capacity.

40 plus bed Health facilities

People living in such environments have little choice or control over their lives. Gina, who lives in such a facility, sleeps in a hospital bed (she has no functional need for one). She has no choice over what she eats. She has lived in a hospital for more than 8 years. She doesn't want to live there but she has no choice.

One of our advocates had lunch with Gina at a Café. She needed no assistance to eat. When we saw her next at the institution she was wearing a bib as it was the mealtime (at 4.30pm mind you) as the nurses thought this necessary. Gina may leave the hospital maybe once a fortnight in a bus with other patients. This is the extent of her community engagement.

When we ask Gina what she does each day she says "nothing". Gina is forty years old. Before she entered this institution Gina was a wife, a mother and had a good

job. All those things have fallen away thanks to a society that does not consider it their problem. Surely a wasted life.

This institution receives funding from Disability and Community Care Services Queensland.

13 + bed Institution

This institution is much newer with tasteful independent units. However the land lord is the block funded service provider and this creates inherent tension between clients and services. SUFY advocated for Kenji at this institution. Kenji felt unsafe as all staff including gardeners and maintenance workers could enter his suite as long as they knocked. Kenji felt he could be evicted if the institution felt that his support needs could not be met. There was a clause to this effect in his lease with the service provider. This made him anxious and afraid to report to the service what his needs were. Kenji's request that he be supported to attend his son's graduation was denied because the service couldn't complete a risk assessment in time. (Kenji did not have impaired capacity for decision making) Disability and Community Care Services Queensland block fund this institution. Kenji was not able to change his service or where he lived.

3 person Institution

Shirley lives with three other people who share the same disability that she does. It seems that people with the same disability often have to live together. Whilst Shirley has her own room, bathroom and courtyard she must eat and recreate with 2 other people with challenging behaviour. She has been hit and had faeces thrown at her numerous times. Shirley has no violent behaviours. The lounge room is bare of objects as the other clients may break them. Shirley is locked in. As Shirley needs support to access the community Shirley seldom leaves the house. She finds her room the safest place to hide. Again the service provider is her landlord and they only give Shirley a 6 month lease. This service provider wants Shirley to leave because she complains to Disability Services but she has nowhere to go and no support to live anywhere else. Friends that come to visit her are often not allowed to

access the house. Every six months Shirley's lease expires. Her future is uncertain. The State Government paid for the building of this institution and it is now owned by the support service. Outside the house another 4 people with a disability live in self-contained units. This reflects the approach that people with similar disabilities should rightly congregate together in society. Disability and Community Care Services Queensland fund the accommodation supports in this institution.

The experience of persons with a disability in large residential institutions in Queensland seems to be similar to persons with disabilities living in institutions in developing countries in other parts of the world.

In 2002, The Association for Help to the Mentally Handicapped in the Czech Republic reported that

“Despite the positive changes in residential institutions, many of the services are located in poor-quality and overcrowded buildings where the system of communal living arrangements offers little privacy. In many cases clients live in unsatisfactory conditions. Only less than 20% of the buildings are new (built in the last ten years). The recent buildings provide modern furnishing comparable to European standards, but most of them are old (from the 19th and 20th centuries). According to data from the National Association of Institutions, bedrooms have more than one bed and nearly 50% have from three to five beds each. Most bedrooms have six to ten beds. Lastly, the geographical isolation of the institutions breaks the clients' family and social networks.”

And in Croatia Human Rights Watch reported

“Senada H. agreed to move into an institution at the age of 23 because her family could no longer take care of her. She could not live on her own without help, and there was no support available to her outside of an institution. At the institution, individuality was discouraged and privacy was scarce – residents

could not choose what to eat, where to go, or even when to go to bed. There was only one bathroom for 20 people, both women and men.”

Whilst we are not stating that institutions in Queensland are the same as institutions in Eastern Europe and the Balkans the same themes are apparent in the resident's lives.

While Australia ranks 10 on the IMF list of average incomes The Czech Republic and Croatia rank 36 and 47 respectively. It would seem that many of the benefits and advantages of living in a wealthy first world country are not enjoyed by our citizens who live in large residential institutions.

A number of times we have arranged for person with a disability to meet with an officer of Disability Services to explain why there is no support for them to live in the community. The person is informed by the DS officer that there are a limited amount of funds available and that there are a large number of persons requiring support. DS state that they must prioritise these funds for the people in the greatest need. Unfortunately the DS funds often cannot be stretched to assist people in institutions to leave them.

Families and people with a disability often state to us that they are aware of some of the priorities of the Department of Communities which include:

In the 2010-11 \$100 million towards for the redevelopment of the jointly funded Gold Coast Stadium at Carrara.

In 2007 4.6 Million for 16 all ability playgrounds

In 2010-11 860 Million on employee expenses (non grant). (Total Communities including DS)

They understand that these projects must be higher priorities than getting them or their children out of institutions.

SUFY has advocated for numerous persons who resided in institutions and now reside in the community. This is achieved when they secure adequate support and public housing that allows them to live where and with whom they want. This is quite difficult in Queensland due to the restrictions placed on people with a disability by the policies and practices of the State Government. Such policy restrictions include the promotion of vacancy management, little choice of support services, no individual funding for cotenants, reliance on block funded arrangements and support services that own the buildings where a person must live. Exiting from institutions is also limited because persons with disabilities without supports are excluded from being allocated public housing.

Nevertheless, when a person manages to untangle themselves from the institutional octopus they find that a good life in the community is attainable and realistic.

Rita who had an acquired brain injury had lived in a hospital for a number of years. She now lives in the community and receives support from a government funded support service. She likes to have family gatherings and enjoys the privacy of having her own room. Rita and her father shop together locally where they choose what foods they like to eat.

Amanda lived in a 40 person institution where her dependence on pain killers went untreated. Bored and with little hope she would amuse herself by gee-ing up the other patients until they upset the nursing staff. Now she is living in the community in her own unit with adequate supports, she has beaten her substance dependence and has returned to university studies.

Experiences of People Under the Adult Guardian.

Queensland guardianship laws authorize the appointment of the Adult Guardian as a last resort when there is no family or friends to make decisions on behalf of persons deemed incapable of making decisions for themselves, in order to protect their rights and interests, by making decisions in specified areas.

It seems that despite the guardianship laws, decision making is not transparent and there is no one who takes responsibility for the decisions that are not in the best interest of the person. Consequently the guardianship laws do not protect some people from further harm.

Example A

The parents of a person with acquired brain injury have been strongly advocating for their son and have developed an agreement between themselves to substantially share the care of their son with his current service provider. This arrangement has been approved by Queensland Civil & Administrative Tribunal (QCAT).

The Adult Guardian has the decision making power over the person's accommodation, services and visitation-contact by his family. This has resulted in repeated heartache for the person and the family, as visitation arrangements through the Adult Guardian often meant long delays for visitation approvals, restrictions and red tape. This also resulted in the cost of the person's care skyrocketing to around \$260,000 a year, severely depleting his compensation package.

SUFY was concerned that the Adult Guardian issued a statement following its decision effectively saying that in time this man may be removed from his own home with the proceeds used from the sale of his home for his care in a nursing home.

An earlier attempt by the person's father to secure services of a speech pathologist triggered an email from the Adult Guardian stating the Adult Guardian must first approve the speech pathologist, despite the parents having the role of Statutory Health Attorney. And again it seems there was confusion in the Public Trustee as well, about what statutory health attorneys can decide on for medical aids, or the choice of occupational therapist or physiotherapist.

Four months ago SUFY filed an application with Disability Services for a disability funding package for this person, to help preserve his current finances. However Disability Services cannot process this application for such funding. The reason as

explained by the Adult Guardian in their correspondence to SUFY is the Adult Guardian determines whether or not this application for disability funding should be submitted to Disability Services. To date there has not been approval given by the Adult Guardian for this application to proceed. In the meantime this father provides over 100 hours of care during his week and the mother nearly 80 hours during her week, both fearful if their son's compensation money runs out he will lose his own home and end up in a nursing home.

The role of the Adult Guardian is different from SUFY's role as an the advocate in that the Adult Guardian is a legal substitute decision maker, while the SUFY can only try to influence these decisions. The laws require the guardian to take account of the views and wishes of the adult and consider the views of the adult's supportive network, such as carers, family and friends; to act honestly and with reasonable diligence to protect the adult's interests; and to make decisions that least restrict the adult's rights.

The practicality of this may be challenged by the sheer volume of cases which the Adult Guardian has to consider. Therefore it is important that the SUFY work closely with the Adult Guardian to achieve the best possible outcome, for the person involved.

An additional challenge to the effectiveness of the Adult Guardian is the discontinuity that can occur when delegates change. In some cases this can occur as often as weekly further compromising the best interests of the person. Reading written records are only part of the story in understanding the needs in a person's life and do not afford delegates the opportunity to form a complete picture.

Example B

The delegate of the Adult Guardian confirmed her decision to return a young man home to a foster family that loved and raised him for 13 years, only to have that decision unexpectedly reversed when a new delegate took over. As well, visitation from his foster family and other friends was prevented to ensure the person would be able to adjust to institutional living. The delegate either ignored or did not know that the person repeatedly asked for his foster family and continues to do so, two

years later. He remains institutionalized, remote from the support of his foster family and friends.

These decisions were made by different delegates who had not even met the person or the parties involved. The effect on the person's life and the foster family has been significant. It is difficult to rationalize such decisions made by the Adult Guardian and there are no avenues for SUFY or the foster family to discuss and understand why the Adult Guardian has made the decision to continue to institutionalise this person.

The only agency with jurisdiction to investigate allegations of poor decision making which can lead to neglect and abuse by the Adult Guardian is the Office of the Adult Guardian itself. This is a clear conflict of interest.

SUFY wants to see that the previous work done by the Office of Adult Guardian to develop to a **memorandum of understanding** with the funded advocacy groups in Queensland is continued.

In this discussion, the following key issues were identified:

- a) **Standing**- permission to advocate on behalf of a client
- b) **Access** by advocates to clients
- c) Clarity around the **different roles**, mandates, frameworks under which guardians and advocates work
- d) **Communication** protocols
- e) Access to **information**/confidentiality
- f) **Involvement** of an advocate in the decision-making process
- g) Professional **conduct** of guardians and advocates
- h) **Education** and **skill development** issues

Recognition of the role of advocates in the lives of people with disability is an essential safeguard to ensure that the person's fundamental needs are met and that decision making by the AG is informed by considering the views of those parties who are clearly acting in the best interests of the person.

Occupational Health and Safety Safety for Whom?

It is with growing concern that Speaking Up For You Inc (SUFY) has witnessed a growing trend that Occupational Health a Safety Laws tend to over ride disability rights legislation. This has resulted from an imbalance in the framing and administration of occupational health and safety laws which has resulted in the disregard of the fundamental human rights of people with a disability.

Joan is a middle aged woman who has intellectual disability and sometimes responds in a way that had resulted in her being labelled as a person who has challenging behaviours. As a consequence Joan has been placed in a locked facility and is subjected to periods of seclusion when it is determined that her behaviour poses a risk to the staff that provides her support.

It was recently established that Joan becomes upset when she is placed in seclusion and will target the worker who was responsible for secluding her. As a way of protecting the staff person a decision was made that Joan should remain in seclusion until the staff person who placed her in the locked environment was no longer on duty. Staff in this facility work 12 hour shifts so those in authority made a decision that Joan could be placed in seclusion for up to 13 hours to ensure that the staff person responsible for placing Joan in seclusion was no longer on duty.

The employer of this facility has a duty to take all reasonable practicable measures to ensure that the workplace is safe; however, workers' rights should exist concurrently with the Human Rights of the person they serve in the human service contexts. In Joan's case the least restrictive approach could have been considered. If Joan was required to be placed in seclusion the worker who was responsible for this could have been moved to another support arrangement. There could have been a change in the number hours worked in each shift and there could have been information provided in an accessible format so that Joan has an understanding of the legislation that authorised her to be placed in seclusion, the purpose of her Positive Support Pan and what action would lead to her seclusion.

It could be argued that occupational health and safety requirements could never justify treatment of a person with a disability that amounts to torture or to cruel; inhuman or degrading treatment or punishment. The Human Rights Committee notes that the prohibition on torture and cruel, inhuman and degrading treatment may include prolonged solitary confinement. To place someone in seclusion for up to 13 hours so that the worker could finish her shift without considering the alternative arrangements as discussed above would come under this article.

This is one of the many examples where agencies demonstrate a lack of specialist expertise and judgment that is necessary for the reasonable application of occupational health and safety principles in the human service context.

Occupational Health and Safety and the impact on fundamental Human Rights

Over the last year individuals have reported to SUFY that their lives have been interrupted by the insistence by services that certain things cannot happen without a considerable amount of intervention from outside experts. This is resulting in their lives being put on hold until everything about them is risk assessed.

Examples are as follows;

- A 40 year old man who has been riding his bike for years is not allowed to go for a bike ride or go for a swim in the local pool before a risk assessment is completed by the service.
- A woman with a physical disability had her home assessed to make sure it met the Occupational Health and safety requirements. She is not able to open her rubbish tin so did not have a lid on it. The bin is emptied very day, however after her audit she is now required to have a lid on the bin and she can no longer use it.
- A young man is not able to have a sun screen applied unless he has a doctor's letter to say this is okay.

- A person who uses a wheel chair is told that the service will not support her in the community without taking a shoulder bag with rubber gloves, plastic sheet, vomit dish to include but a few items. In the 12 years she had been supported in the community none of these items have been needed.
- A woman is told she has to move the furniture in her home to make way for an ambulance trolley (just in case she may need to call an ambulance at some time in her life).
- A person with a physical disability was told she required two workers to assist her when staff use a hoist. This resulted in her having to use all of her support hours in the morning and evening and she was left without support during the day which placed her at a far greater risk. Another service provider did a risk assessment and found they did not need two staff to provide support while the hoist was being used.
- A person requested a generic pain killer as he had a head ache and was told he would need a doctor's prescription.
- A person is not allowed to take herbal or alternative medications unless they are in her Webster pack.

Goal 2

To assist some people to advocate on behalf of a vulnerable person with disability.

Objectives

- 2.1 Provide limited information, referral and strategies for people in dire situations who SUFY does not have the capacity to support.
- 2.2 Identify a small number of concerned family or significant others who SUFY will assist in their advocacy effort on behalf of a vulnerable person.
- 2.3 Build a relationship and an understanding of the person's situation with the concerned person.
- 2.4 Develop an advocacy plan on behalf of the person with disability in conjunction with the concerned person.
- 2.5 Support their advocacy effort and reflect on its process and outcomes.

Examples of SUFY's Work under Goal 2

Due to limited resources SUFY cannot advocate for all the people with a disability that seeks its advocacy. In such cases SUFY may assist family members or other persons about how they can achieve a good life for the person. In such instances SUFY provides information about other advocacy organisations or groups that may assist them. We also provide strategies that may assist the person to achieve their goals.

In some situations SUFY assists families or significant persons in the life of a person with a disability to advocate on their behalf on a day to day basis. SUFY does this by providing insight about how the disability service system works, what policy applies and what practical problems they will find. This is done by gaining a deep knowledge of the vulnerable person's life from the concerned person then determining what needs to be done.

Day to day contact, interaction and monitoring of the vulnerable person is conducted by the concerned person. This is part of the relationship that they have

with the vulnerable person with a disability. SUFY assists by providing advice to the concerned person about matters such as:

- *how bureaucratic obstacles can be overcome*
- *what types and levels of support are provided to other persons in the same situation*
- *what models of support exist in the community*
- *the questions to ask services when deciding whether to use them*
- *legislative conditions that services and Disability Services must comply with*
- *Disability Services workers they should contact in the region*
- *how letters should be responded to*
- *the human rights of people with a disability*
- *public housing eligibility*
- *public housing options*

At certain times the concerned person will request that SUFY become directly involved in the advocacy by writing letters, attending meetings with the services or DS or making calls on their behalf. This involvement may increase or decrease depending on the issues and the experience of the concerned person.

At present SUFY advocates for a women with a brain injury who has lived in a group home for a number of years. This women's mother faced great difficulties with the service provider and with the quality of care. She approached SUFY asking that we advocate for her daughter to help her to exit the group home into another arrangement. SUFY's role was mainly to assist the mother who would email SUFY on a weekly basis about the women's progress. SUFY provided advice about obtaining documents from the service provider.

Later SUFY advised on how to access public housing. Finally SUFY attended meetings with DS regarding access to funding and what service would be obtained. Over a period of about a year SUFY assisted the mother to get a house and support service that was suitable to the women's needs and in which she was happier.

SUFY advocated for another person called Clare. Clare lived in a large Queensland Health residential institution with 45 other people. After living there for 18 months Clare's father Peter became very frustrated with the level of care for his daughter. He was also frustrated because Clare had no way of exiting the institution and living in the community. SUFY started advocating for Clare whilst Peter visited his daughter daily and knew what was going on with her life. SUFY was able to advise

Peter on what funding programs he should apply for and who to contact. SUFY went with Peter to the case meetings and raised points of concern about the Clare's care. When Peter applied to become The Legal Guardian, SUFY attended as Clare's advocate and recommended Peter to be the Guardian and suggested what matters Peter should be appointed for.

Goal 3

To inform and influence allies and others to bring about systemic change to advance our individual advocacy efforts.

Objectives

- 3.1 Identify priority areas where systemic change is needed to make our individual advocacy more effective.
- 3.2 Bring priority areas to the attention of groups and individuals who can work to bring about systemic change.
- 3.3 Manage the tensions created by this role on our work with individuals.

Over the past 12 months, SUFY staff developed and maintained an extensive network of professional relationships with strategic people in government and non-government organisations who are able to provide reliable and relevant information. SUFY is grateful to its powerful allies, whose support and promotion of our work enhances our advocacy efforts.

For example:

- Strategic plan-Restrictive Practices and CRPD
- Productivity Commission Submission
- DANA conference
- National Disability Strategy
- Community Safeguards Coalition
- Combined Advocacy Groups
- Provided stories of experience of individuals for Shadow Report Case
- Consumer Health Rights Commission Focus Group
- Blue Skies Launch
- South west Brisbane Citizen Advocacy Donation of car
- SUFY supported families and individuals through the Bribie Island Court Case

Goal 4

To promote the understanding and development of advocacy within SUFY and in the wider community.

Objectives

- 4.1 Provide opportunities for people to learn about social advocacy and the work of SUFY.
- 4.2 Support the development of advocacy in Queensland.
- 4.3 Support the building of a strong social advocacy movement in Queensland.

SUFY strives to do advocacy work that is based on the following principles:

1. Advocacy strives to be:
 - independent
 - autonomous
 - on the side of the disadvantaged party.
2. Advocacy focuses on people's fundamental human needs and/or rights and interests.
3. Advocacy strives to minimise conflict of interest.
4. Advocacy is about striving for justice.
5. Advocacy is about striving for equity.
6. Advocacy must remain loyal and accountable to the disadvantaged party, even over the long term.
7. Advocacy is distinct from service delivery.
8. All SUFY's actions strive to promote a positive image of people with disability.
9. SUFY's advocacy efforts will vigorously pursue full participation and integration of people with disabilities into the community and where adequate resources are not available, SUFY will act in the best interest of the individual in the short term.

Over the past 12 months work that has been undertaken to meet these objectives include:

- Provided information to Disability Services and Service Coordinators about the nature and role of social advocacy
- Informed the Youth Affairs Network about SUFY and social advocacy principles
- Provided information sessions to QUT students
- Attended information sessions held with Alina and WWILD to provide information about SUFY
- Provided information to people who use SWARA about what SUFY does
- Provided SUFY information booklets to people enquiring about SUFY's advocacy
- Participated in CRU workshops
- Participated in the Moreton Bay Disability Network
- Attended AGMs of other advocacy groups in Brisbane including the Citizen Advocacy South West Brisbane Association Inc final general meeting
- Participated in planning for regional Combined Advocacy Groups (Qld) conference; meeting with QAI and Sunshine Coast Citizen Advocacy to bring together advocacy groups in Queensland
- Engaged a story writer to honour the experiences of people with disability so that these stories can be used in our Annual Report and in the Shadow Report on the Convention on the Rights of People with Disability

Goal 5

To operate a principled, effective, accountable and sustainable social advocacy organisation.

Objectives

- 5.1 Develop a dedicated, competent management committee to govern the organisation.
- 5.2 Develop dedicated, competent staff to do the work of the organisation.
- 5.3 Foster good relationships between committee and staff, and with the wider membership and community.
- 5.4 Encourage continuous improvement of the organisation's work.
- 5.5 Maintain organisational strength and coherency over time.
- 5.6 To be an efficient and effective organisation, compliant with the requirements of being an incorporated, public funded body.

1. Management Committee and Staff

There were seven management committee members elected at the AGM in 2009 to oversee the work of SUFY for the financial year 2009/2010.

Management Committee

| | |
|-----------------------|---|
| President | Madonna Nicoll |
| Vice President | David Swift |
| Secretary | Willie Prince |
| Treasurer | Noel Pyle |
| Committee | David Haxton, Francis Vicary Terry Fisher |

Staff

| | |
|---|-------------------|
| Coordinator/advocacy worker (full time) | Dianne Toohey |
| Advocacy worker (full time) | Benita Bierzynski |
| Advocacy worker (full time) | Neal Lakshman |
| Advocacy resource worker (part-time) | Robyn O'Hare |
| Advocacy worker Moreton Region (part-time) | Kathy Kendell |

2. Responsibilities

The Coordinator had overall responsibility for the work of the SUFY office (Goal 5). Her role included individual advocacy (Goal 1) and she had primary responsibility for Goals 2, 3 and 4. The advocacy worker's primary role was individual advocacy (Goal 1), while the advocacy resource worker was responsible for the day to day running of the office (Goal 5) and doing individual advocacy (Goal 1) when required.

3. Accountability

SUFY believes that practices which enhance accountability are a strong safeguard for the people for whom we provide advocacy. SUFY endeavoured to improve and put into practice policies and procedures that ensure our accountability to:

- people for whom we advocate
- SUFY members and friends
- other advocacy groups
- funding bodies
- community

Management Committee

Accountability procedures include:

- Conducted six management committee business meetings, one Annual General Meeting and two Reflections meeting.
- Minutes are kept of all management committee meetings.
- Induction of the new Management Committee occurred in 2010 to provide orientation to SUFY and education about the roles and responsibilities accepted at the Annual General Meeting.
- The committee and staff reviewed and revised the Strategic Plan and developed a Strategic Direction document for 2010 – 2015 in April 2010
- SUFY appointed six members for the management committee from the broad membership base and another person was appointed to the committee at a later date. This person brings a broad legal experience
- .

- SUFY's AGM was well attended by 33 members of SUFY.
- SUFY identifies the necessary skills needed in recruiting new management committee members
- SUFY management committee members attended training courses and workshops including the following:
 - DSQ's Education workshop on amendments to Disability Services Act 2006 with respect to Restrictive Practices legislation,
 - Victorian Advocacy League for Individuals with Disability's Annual Conference,
 - QAI's Seminar *Implementing and Monitoring the Convention on the Rights of Persons with Disabilities*,
 - Safeguards Summit presented by CRU,
 - FAHCSIA's consultation on the National Disability Strategy
- SUFY ensured that it met all reporting requirements of both funding bodies.
- Sent out Annual Reports 2008/2009 to over 150 members and contacts on SUFY's mailing list to inform them of the activities of the organisation. The SUFY Annual Report was also sent to people requesting information about SUFY during 2008/2009. This report was available in written form and on CD.
- Successful and ongoing Quality development:- SUFY is committed to ongoing continuous improvement and achievement of accreditation under the Disability Services Quality Standards and Federal Advocacy Standards.
 - FaHCSIA self assessment
 - QA Audit Dec 2009 ongoing accreditation
- Committee members and Staff attended the following training:
 - Walking the Burning Bridge – Lawful Decision Making with Ms Karen Williams
 - Evidence of Good Practice in Disability Services – Dr Julie Beadle Brown, Centre of Excellence for Behaviour Support
 - Anti-Discrimination Workshop with QPPD
 - Social Role Valorisation training with Values in Action

Staff

Accountability procedures include:

FUNDING BODIES

SUFY completed the following:

1. Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)

- Annual Australian Government Disability Services Census;
- Australian Government Disability Program Information Collection service outlet form in relation to our Funding Agreement Schedule;
- Quarterly Service Performance reports;
- Self Assessment Report;
- Disability Services Census 2010.

2. Disability Services Queensland

- Quarterly CSTDA National Minimum Data Sets;
- Quarterly Financial reports;
- Annual Service Performance Report;
- Annual Financial Report;
- A Quality Assurance Audit Review was conducted by DSQ and SUFY's operations were again found to be satisfactory.

3. Other accountabilities

- Written staff reports are provided to Management Committee.
- Regular meetings are held between the Coordinator, the President, Secretary and Treasurer.
- SUFY's Policy Review Committee continues to review policies and practices, which are then approved by the Management Committee. The Policy and Procedures Manual was revamped during 1009/2010 and includes a Register of Policies. SUFY's Continuous Improvement Register is kept up-to-date.
- SUFY has reviewed and revised the Strategic Directions and Operation Plan to 2010 - 2015
- SUFY remained a participant in the consultation process held by FaHCSIA in relation to the review of the National Advocacy Program and wrote a submission.
- SUFY collected data from phone calls and requests re our advocacy work.
- SUFY undertook a financial audit.
- Staff attended regular staff meetings and Minutes of these meetings are recorded.
- Staff attended supervision sessions with the Co-ordinator as well as external professional supervision.
- Staff appraisals were conducted.
- Financial Reports were presented at Management Committee meetings.
- Attended AGMs of Values in Action, Gold Coast Advocacy, QPPD, QDN and CRU and QAI.

TREASURER'S REPORT SPEAKING UP FOR YOU INC.

I am pleased to confirm SUFY's current financial situation is stable and viable within the funding provided by the State and Federal governments. All aspects of the financial control of Sufy are conducted in accordance with legislation covering financial governance of incorporated associations and SUFY's policies.

I am able to report that all SUFY's monetary obligations are met as and when required. SUFY's financial obligations to staff are fully covered with sufficient funds for leave requirements. The financial statements for 2009/2010 show limited contingency funds and highlight the need to obtain more funding to support and expand the service. SUFY maintains a standard of excellence – with very limited funding - in providing advocacy for people with a disability.

I recommend that the audited Financial Statements for the financial year 1st July, 2009 to 30th June, 2010 be accepted by the Annual General Meeting.

Noel Pyle
Treasurer.