

Annual General Meeting –28<sup>th</sup> October 2011

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# ANNUAL REPORT

July 2010 – June 2011

**Speaking Up For You Inc.**

The logo for Speaking Up For You Inc. (SUFY) features the letters 'SUFY' in a bold, black, sans-serif font. The letters are outlined in white and have a slight 3D effect, appearing to float above the surface.

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# 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

Tuesday 3<sup>rd</sup> November 2010

### 1. Welcome:

The meeting was opened at 5:30pm. Madonna Nicoll welcomed everyone to the AGM and thanked staff and members for attending, and for their support of SUFY.

### 2. Present:

Karen Swift, David Swift, John O'Shea, Sharon O'Shea, Sue Austin, David Bell, Carer, Josey McMahon, Neal Lakshman, Di Toohey, Benita Bierzynski, Craig Johnston, Maureen Fordyce, Kathy Kendall, Ronnie Swallow, Carer, Madonna Nicoll, Noel Pyle, Doreen Pyle, Dave Haxton, Lester McGregor, Donna Wilson, Trevor Maxwell, Mrs Maxwell, Gail Phillips, Allan McRoberts, Michael Cook, Kelli Noone Deborah Bryzak, Michael Hodge, Ida Pushkey, Rebecca Bradshaw, Bobby Noone, Bronwyn Moloney, Mark Sessarago, June Arthy, Peter McMeakin, Jen Barrkman, Lisa Bridle, Josh Michael Hodge, Anne Hodge, Jock and Helen Thwaites.

### 3. Apologies:

Claire Brolan, Mary Kenny, John Gibney, Kevin Cocks, Jan Dyke, Annette Justin, Tammy Noone

### 4. Proxies:

There were no proxies.

### 5. Previous Minutes:

Willie Prince read previous minutes of the AGM held on 23 September 2009 and moved that the minutes and the whole of the Annual Report be adopted.

**Moved: Willie Prince**

**Seconded: Craig Johnston**

***Carried***

**6. President's report:**

Madonna Nicoll as presented her Report as recorded in the Annual Report and moved that the whole of the Annual Report be adopted

**Moved: Madonna Nicoll**

**Seconded: Noel Pyle**

***CARRIED***

**7. Treasurer's Report:**

Noel Pyle read the Treasurer's report as recorded in the Annual Report and moved that it be accepted.

**Moved: Noel Pyle**

**Seconded: David Swift**

***CARRIED***

**8. Appointment of the auditor for 2010/2011**

Madonna Nicoll proposed that Haywards Chartered Accountants be appointed auditors for 2010/2011.

**Moved: Madonna Nicoll**

**Seconded: David Swift**

***CARRIED***

**10. Vote of Thanks and Returning Officer:**

Madonna Nicoll handed over chairing the meeting to the Returning officer, Maureen Fordyce. Maureen Fordyce declared all positions of the management committee vacant and identified that six nominations had been received. It was proposed that the Management Committee remain at six for the coming year.

**Moved: Madonna Nicoll**

**Seconded: David Swift**

***CARRIED***

**11. Elections:**

Maureen Fordyce identified that only one nomination for each position had been received. As there was only one nomination for each position, no voting was necessary. Maureen identified that all nominations were received by the closing date.

Maureen then read through each nomination for each position and the first and second nominators. Maureen then declared Madonna Nichols as President, David Swift as Vice

President, Willie Prince as Secretary, Noel Pyle as Treasurer and David Haxton and Terry Fisher as general committee members.

<b>Position</b>	<b>Nominee</b>	<b>Proposer</b>	<b>Secunder</b>	<b>Date of receipt of nomination</b>
President	Madonna Nicoll	David Haxton	Noel Pyle	22.10.10
Vice President	David Swift	Willie Prince	Francis Vicary	22.10.10
Secretary	Willie Prince	Francis Vicary	Terry Fisher	22.10.10
Treasurer	Noel Pyle	David Swift	Terry Fisher	22.10.10
Committee Member	David Haxton	Madonna Nicoll	Noel Pyle	22.10.10
Committee Member	Terry Fisher	David Haxton	Noel Pyle	22.10.10

**12. General Business:**

There was no general business

**13. The meeting closed at 6:00 pm**

A gift of thanks was given to Francis Vicary and to the committee for all of their support. Madonna thanked all for coming and asked guests and members to join in refreshments.

**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 2010/2011

- 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 would like to welcome you all to SUFY's 2011 AGM. Tonight I would like to recognise and celebrate with you SUFY's 20 years as an Incorporated Organisation. I feel privileged to be working on the committee of such an invaluable resource for people with disabilities whose fundamental needs are not being met. Over the past 12 months we have faced many challenges as a community and an organisation. At the start of 2011 the Brisbane floods devastated many homes and businesses and while SUFY were not flooded, operations had to cease due to flooded roads and loss of power in the area. However, it gave us the opportunity to review our response in an emergency.

This year we also celebrated the Productivity Commission's report on the Disability Care and Support system which recommended a National Disability Insurance Scheme to fund the support of people in the event of disability. The proposed benefit of such a scheme would be its long-term assurance of support and the introduction of support when it is needed. Additionally, the assessment process would be national to ensure that access is consistent across the country and that the funding is portable throughout Australia.

As reported last year the Department of Communities, Disability and Community Care Services was introducing the new disability service system Growing Stronger on July 1 of this year. SUFY have continued to review the implementation of this service model and to provide the Department with feedback conveyed to SUFY from people applying to access disability support services. SUFY will continue to monitor how people are affected by the new service system in the future and communicate issues to the Department as feedback.

SUFY also continues to develop an understanding of human rights principles prescribed by the Convention on the Rights of Persons with Disability. The stories presented within this report demonstrate how human rights principles are applied to the situations of people our advocates work with. Over the last few years we have witnessed an increase in the number of phone calls that SUFY receives to provide advocacy. While the need for advocacy has been increasing SUFY still operates with one coordinator who does part-time advocacy, two full-time advocates, a part-time advocacy resource worker and a part-time advocate in the Moreton Bay region. I am constantly inspired by the successful advocacy that evolves from the work of the advocates of such a small organisation.

In recent times the Fair Work regulation decision to increase staff wages was met with satisfaction of the recognition of the many community workers who are not paid appropriately for the work they do. While this decision was welcomed by the committee we also had to recognise the difficulties of paying the staff properly within the boundaries of our funding. This provided the committee with a new challenge of lobbying government to increase our funding to meet our legal obligations. Unfortunately for our staff the decision was repealed by the government due to the impact that wage rises would have on many non-government organisations, yet the wage rise issue will be addressed in the future. The committee of SUFY intend to monitor this situation and address the issue of the funding shortfall when we have further information on proposed wage rises. SUFY will continue to operate at its current level into 2012. The committee of SUFY are committed to ensuring our legal obligations to staff and that we continue to provide independent individual social advocacy focusing on the fundamental needs of the people we work while remaining principled, effective, accountable and sustainable.

I would like to thank the members, allies and friends of SUFY for their continued support of the work that we do. I would also like to thank the committee for their commitment, support and time, your skills and knowledge are an invaluable resource to the organisation and I look forward to having the opportunity of working with each of you in the future. Finally, I would like to thank the staff of SUFY for their ongoing commitment to the people SUFY work with and to the operations of SUFY, without such dedicated staff the work of SUFY would not be as principled and effective. I look forward to seeing the work of SUFY in the year ahead. Thank you again for taking an interest in the work that SUFY does.

Madonna Nicoll

**President**

## **SUFY'S WORK 2009-2010**

**This report reflects the work of the management committee and staff from 1 July 2010 until 30 June 2011.**

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

## **Statistics**

**SUFY provided individual advocacy to 136 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 553 issues throughout the year.**

**Of these, SUFY was able to fully resolve 219 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 2010 until 30 June 2011, SUFY undertook advocacy for 136 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
- Forced co-tenancy
- Lack of recognition, fulfilment or protection of human rights
- Impact of block funding and institutionalised practices
- Impact for people who are involved with the Disability Services Forensic Unit

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**

“Current disability support arrangements are inequitable, underfunded, fragmented, and inefficient and give people with a disability little choice. They provide no certainty that people will be able to access appropriate supports when needed. While some governments have performed much better than others, and there are pockets of success, overall, no disability support arrangements in any jurisdiction are working well in all of the areas where change is required. The current arrangements cannot be called a genuine ‘system’ in which different elements work together to achieve desired outcomes.”

Productivity Commission Inquiry Report Volume 1 Disability Care and Support No. 54, 31 July 2011

**Extract from 7.30 Report August 12, 2011 21:03:00**

*“JESSICA van VONDEREN: COAG also meets next week: on the agenda a new national disability insurance scheme. It's designed to cover all Australians in the event of a significant disability and provide quality, long-term care and support. But it'll be expensive. The productivity commission estimates an extra six and a half billion dollars a year. The prime minister's called on the states to cooperate. So how will Queensland respond? I spoke earlier with the disabilities minister Curtis Pitt.*

*JESSICA van VONDEREN: Minister, the Productivity Commission has found the current disability support system is underfunded, unfair, fragmented and inefficient. How was it allowed to get like that?*

*CURTIS PITT, DISABILITIES MINISTER: Well I guess what we've seen is over many years there's been very many different policy approaches taken to the provision of disability services in this country. I can certainly say that our government in Queensland has worked very very hard since 1998 to I guess play catch up in terms of disability services funding. We have started from a very low base. **We still have a lot of work to do and that is the pictures across the country. So the Productivity Commission is right in its description and that's why we're having this very important discussion.**”*

*Queensland Disability Minister Curtis Pitt ABC7.30 report. August 12, 2011*

In 2005 Disability Services Queensland (DSQ) asked people with a disability, family members, carers and service providers to get involved in the Smart State? A consultation on improving disability services in Queensland under the guise of a process call **“Have Your Say”** was instigated by DSQ.

There were many criticisms about this consultation as there was minimal involvement from people with a disability and the sector felt that decisions regarding the proposed reforms to Disability Services had already been made prior to the consultation taking place.

One of the questions put to people attending these consultations was in relation to **proposed needs assessment and reassessment improvements**. It was proposed in this document that:

- **qualified staff from Disability Services undertake a person-to –person assessment of individuals eligible for funding**
- **Once a person’s needs had been identified a ranking would be applied to the available funding to determine which people would be matched to an available service.**
- A register of application would be set up by Disability Services.

While 49% of responses supported these proposed changes **50% did not support the proposed changes**. With these findings from the consultation it is difficult to determine where Disability Services obtained their mandate to implement this single entry point into disability services given the **Disability Services Act 2006 clearly states that people with a disability “participate actively in decisions affecting their lives including the development of disability policies, programs and services”**.

The results of the **“Have Your Say”** consultation process have been implemented under “Growing Stronger” which reportedly helps people with a disability and their families to access the support and services they need.

The Growing Stronger reforms include a person to person assessment that is carried out by a Disability Service assessor. The assessment contains an ICAP assessment, this assessment tool was first developed in 1986 and measures behavioural, functional limitations, adaptive behaviours and problem behaviours. It also incorporates a questionnaire that supposedly measures the role of carers in providing support.

SUFY advocates have attended several assessments that have been undertaken by Disability Services and the following is an account of the experience that people with a disability and families have encountered.

Initially most people were pleased that they had been given the opportunity to be assessed. They believed an assessment would result in Disability Services understanding their support requirement and once this was realised support would be forthcoming.

Some individuals were told that they would have to wait to be assessed due to the heavy work load that the assessors had encountered. This resulted in some people waiting up to 3 months to undergo an assessment.

### **Jack's Assessment**

The assessment process for Jack was held at a Disability Services regional office. Jack has an acquired brain Injury and uses a wheel chair for mobility. During the assessment Jack had to leave the room on 3 occasions to go to the toilet. Jack's wife was required to assist Jack with personal care each time this occurred. Jack found the questions he was asked throughout the assessment demeaning and continually wanted to explain what he could do rather than what he could not. Jack and his wife disagreed on some questions. One of these questions was about cooking simple food such as eggs. Jack sees himself as a good cook and previous to his accident cooked all the meals that the family ate. Jack still participated in cooking by directing his wife when cooking a meal. Jack's wife said that he could not physically perform the cooking task and consequently was rated 0 by the assessor.

Half way through the assessment Jack requested a cup of coffee and was told that there were no facilities to make coffee and that he would need to go down stairs to the café. Jack's wife assisted Jack to go down the lift and found a café where Jack brought a coffee. The coffee was served in a take way container that Jack could not grasp and the drink spilt over his trousers.

When Jack returned Jack's wife was given a list of questions to answer that were related to her "Caring Role". Examples of these questions are as follows: ***"Caring for Jack has made my life miserable, My health has gotten worse since caring for Jack, I feel trapped by my caring role, Since caring for Jack sometimes I hate the way my life has turned out."***

By the end of the process both Jack and his wife looked distraught, Jack's pants were wet from his spilt coffee and Jack's wife was attempting to push Jack's manual wheel chair to the car park. Jack turned to his wife and asked "Do you wish I was dead"?

## **Outcome of the Assessment**

Following the assessment Jack and his family were told that they did not qualify for specialist disability support. Not agreeing with this decision Jack and his wife decided to make their story public and an article was published in the Courier Mail. Subsequently Disability Services agreed to have Jack reassessed by a private occupational therapist and from this report a decision was made that Jack receive 28 hours of support a week. Jack continues to live with his wife and children and since receiving support Jack's relationship with his wife and children has continued to grow as he can now actively contribute to the household.

## **Mary's Assessment**

Mary was not present during her ICAP assessment as Mary had to attend a previous appointment and Disability services did not think it was necessary for Mary to attend. Mary's mother found some of the questions difficult to answer but answered them to the best of her ability. One of the questions asked related to Mary's ability to feed herself. ***"Can Mary eat solid food with a spoon with little spilling"*** Mary's mother explained that Mary can eat solid food with a spoon if you cut up the food, place the spoon in Mary's hand and then assist her with the final stages of the meal.

When the assessor started asking Mary's mother the questions relating to the "carer's role" she objected and refused to answer these questions as she felt uncomfortable talking about her daughter as though she was the cause of any problems with in the family.

Mary's advocate requested a copy of the ICAP assessment; this was at first refused as it was believed by the assessment team that the advocate would not understand the assessment. After further consultation an agreement was reached that the advocate could attend a meeting with the Assessment Team and they would explain the assessment to the advocate.

Mary's score was level 3-31 extensive personal care and /or constant supervision. Mary was already receiving \$9,000.00 of support for the year this amounts to less than one hour of support a day. This funding was increased to \$13,000.00 a year following the assessment, but reduced back to \$9,000.00 after 6 months. It is not possible to employ a person to work less than a 2 hour shift, consequently the funding was of little assistance to Mary.

Mary's mother then organised an OT assessment as she could not understand why the ICAP assessment recommendations from the Disability Service Access team did not suggest any significant changes to Mary's support. The OT's report recommended that Mary needed 24 hour care and support and could not be left alone at any time. It also stated that Mary was at high risk of entering a residential aged care facility given all of her support was provided by her mother and this would result in burn out.

### **Paul's Assessment**

Paul has multiple disability including an Acquired Brain Injury, amputation of his arm, ossification in his hip and knee joints and uses a wheel chair for mobility. Paul lives in an institution.

The assessment made no account of the environmental issues that were impacting on Paul's functional ability.

### **Examples**

A question was asked ***"can you use the telephone?"*** Paul could use the telephone, however as there were no accessible phones available for his use in the institution the answer was "no".

Another question was related to social skills and asks if the person offers help to others, for example holds a door open for others or picks up an object dropped by someone else. As Paul uses a wheel chair that he cannot independently push, and has his arm amputated it is impossible for him to perform these tasks. **Consequently Paul was again rated 0.** This has nothing to do with his social or communication skills but his physical limitations.

Another question was ***"Can you cross the road independently?"*** Paul has good road sense and knows how to safely cross the road, however because he has not been provided an electric wheel chair he had to answer no. When his electric chair arrived 2 weeks later he would have been able to answer yes.

Paul overall score was 4-40-49. Regular personal care and/or close supervision. The outcome for Paul was positive as he received 65 hours of support plus sleep over. Paul had now moved into his own unit with some informal support from his family. Paul's family were not asked to answer the questions relating to the carer support.

## Conclusion

It is obvious that the ICAP assessment tool has many limitations as it is based on a medical model of disability. The **medical model of disability** locates the “problem” of disability within the individual and secondly it sees the causes of this problem as stemming from the functional limitations or psychological losses which are assumed to arise from the disability. The **social model of disability** rejects this theory of disability and suggests that it is not individual limitations which are the cause of the problem but society’s failure to provide appropriate services and support.

## Support Linker

The role of the Support Linker is to:

- **Develop a personalised plan of support to ensure the support needed is matched to the available services.**
- **Utilise and strengthen informal supports and main stream supports that currently could provide a level of service to meet the persons need**
- **Choose service providers with available inventory capacity to provide selected services according to the person’s assessed and priorities need, if funding is available**
- **Choose a location where the person wishes to receive a service**
- **Choose the available funding type**
- **Work with a service broker to select and manage selected services.**

Disability Services had adopted the language and vocabulary of ‘Person Centeredness’ however what we see is the needs and preferences of other stakeholders being gradually substituted for those of the person’ interests and being misrepresented as being only those of the person.

An example being the Supports Linker develops the plan of support to ensure the support is matched to the available resources. The person with a disability does not have access to the plan and the plan is developed to fit the existing service vacancies. The plan is owned by Disability Services.

**Authentic person centred planning puts the person with the disability at the centre of the planning, it is the person with a disability who owns the plan. It is their interests, identity, culture and aspirations which will guide what they want in life.**

The support linker is to

- **Choose service providers with available inventory capacity to provide selected services according to the person's assessed and priorities need, if funding is available**

People cannot develop individualised lifestyles while living in group or congregate settings. For organisations to move away from systems-driven services to supports that are person centred there needs to be a shift in the organisations' strategic direction including a change in culture, leadership, organisational structure and the design of supports so that they align with the values of person centred approaches.

One sure way to preserve rather than diminish the dominance of group models of support is to continue to fund them. This is what occurs when vacancies created by people leaving such settings are 'back filled'.

**What we are left with is a system that places people with a disability in a situation where they have to all their important life decisions to bureaucrats who tell them what services they can access, who will provide the services.**

**These services will then determine where you live, with whom you live and what activities you partake in. In some cases individuals have very limited funding so that they not only share their home and funding with the cotenants but every aspect of their life including; going on holidays, social outings, shopping, going for a walk.**

### **John's Story**

John moved from a nursing home into a 3 bed room co tenancy. John did not have an opportunity to develop a relationship with the cotenant prior to moving into the house. He met the first co-tenant on one occasion after moving into the house. John does not know who the third cotenant will be.

John has found that he had nothing in common with the person he had been consigned to live with but what is most frustrating to John is that he has no funding for community access. This means that if John wants to go to the movies, shopping, out to dinner or anywhere else the cotenant must accompany him.

This is extremely frustrating as on several occasions John and his cotenant have been travelling in the taxi to go to an event and the cotenant has expressed a wish to go back home. John has been placed in a situation where he has to return home. John cannot

imagine what it will be like when the 3rd cotenant moves into the house and he has to rely on all three people agreeing to go out together. If they cannot reach agreement John will be unable to leave his home and access the community.

John has a neurological condition that results in loss of physical abilities, short term memory loss and mood swings, apathy and aggression. These effects of his disability along with the difficulties and frustrations he has living in this environment has resulted in John voicing his frustration and this has been interpreted as verbal abuse by his workers. This in turn had resulted in John being served a Notice of Breach which places him at risk of being evicted from his home and consequently losing his support.

### **Ann's Story**

Ann has lived in an institution all of her life and is now provided with the opportunity to move in a house in the community. Her move is the result of a closure of a ward within the institution not because of a belief that people with a disability have a right to live and be included in the community.

Ann's support network, including Ann's advocate, family, and friends has developed a Person Centred Plan for Ann. They have met with Disability Services and informed them about the plan and what Ann would like to achieve in her life.

A service provider was identified and has made a commitment to adhere to the plan including a clear focus on achieving genuine social inclusion and community participation. Ann has not yet moved into her two bed room home and already Disability Services is making demands that Ann's funding be reduced over a 9 month period and that this could be achieved by having a cotenant move into her home or finding informal supports.

Ann's Person Centred Plan stipulates that Ann should live in a home of her own with an Individual Funding package so that as Ann's needs change the funding package can more easily change to better meet her needs

**Case management** is a part of the new growing stronger regime. Along with intake officers, assessors and support linker, case managers are part of the new suit of DS workers that are meant to assist people with a disability to get the services that they need to live a good life in the community where their human rights are protected. Unfortunately, they do not do this.

DS publications states that:

*The case management service is designed to support people with a disability to achieve their goals and develop strategies that assist them in optimising their community participation and support networks.*

In SUFY's experience the new case managers do not really understand the person or have appropriate values structure to help them achieve their goals. Persons that we advocate for want to live where they choose, with people they want be with, be with family and friends and have a choice about the services that they receive. DS case manager values can only reflect the DS system as this is required by Public Service code of conduct. DS options are vacancies in group homes, respite services with groups of other disabled people, HACC services that are not suitable or personalised and perhaps some limited individualised supports.

If, when developing goals for a person, DS case manager developed a truly person centred plan, as outlined by Michael Kendrick, they would:

- **Not focus on a pre existing building and try to use it.**
  - **A better place to start is with as few “givens” as possible so that the people involved can be free to imagine the future unburdened by unnecessary and inhibiting constraints.**
- **Not plan based on the monies available.**
  - **A better approach would be to disregard costs until it is clear what the person's fundamental needs are. Just because funds are not available doesn't mean that the need is not fundamental.**
- **Not start with a service or service model in mind.**
  - **Models should evolve from the person. Otherwise you are fitting a person into a service.**
- **Not develop a service model without the person.**
  - **Decisions should at least be jointly made with the person or family, friend or guardian**
- **Not routinely presume that professional's ideas are the only ones that are worthwhile.**
- **Not expect people to be articulate about their needs and wants**

*DS case managers routinely make all of the above mistakes when planning because this is all the DS system provides for.*

*Citation: Kendrick, Michael J., The Potential Role of Questionable Assumptions In Personal Planning Processes, The International Social Role Valorisation Journal,*

DS sees the role of the case manager as:

*Case managers will typically work alongside an individual/family to: facilitate supports, services, planning and goal setting enhance mainstream and informal support opportunities provide opportunities for the individual/family to enhance their capacity to manage their own situation and supports work with individuals/families to develop coping and problem solving strategies respond to changing needs.*

It should be noted that the case managers from DS only “facilitate supports”. This doesn’t mean that they get them for you from DS. All other options are foisted on the individual before they are offered individualised supports funded by DS.

❖ **SUFY advocated for a man with a brain injury who could not bath or feed himself.**

First the HACC nurses were rolled out. When this did not work he was offered mobile attended care.

When this failed he was offered some individualised supports that met his needs.

The case managers seem not too concerned about the consequence of trialling clearly inadequate services for the person and the harm that this does to them.

In SUFY’s experience, it appears that the role of the DS case manager is like a real-estate salesperson who wants to sell the cruddy properties first regardless of their unsuitability. This is not the case manager’s fault as this is what the senior managers direct them to do: “Make individualised funding the last resort”.

Also part of the case manager’s role is to enhance the informal support opportunities. In practice this is generally an opportunity for the case manager to locate family members and to invite them to takeover from paid supports so that paid support can be reduced. This misunderstands the role of any informal supports which are by their nature irregular and cannot be relied upon to be there at the same time every day.

It is questionable as to why a 50 year old man should have to rely on his 70 year old mother to bathe and dress him every day merely so that DS can save money.

DS state that case management is accessed in the following way:

***“Accessing case management: The new case management service will be represented in the Services Catalogue and accessed based on the assessed need and relative priority of the individual. The following may indicate a need for case management services: social or geographical isolation high levels of family stress breakdown of support arrangements.***

***Referral to case management: An assessor’s decision to recommend the case management service will be based on each individual’s specific situation.”***

The above is in fact extremely vague and no further information is available from DS regarding case management criteria. For example when the new system came into force, people who had had intensive case management under the old system often did not qualify for case management under the new system.

- ❖ ***This included a man with a severe mental illness who was quite unstable, never left his home and was at risk of eviction. No case management under Growing Stronger***
  
- ❖ ***. A woman who had been recently homeless and hoarded rubbish in her home. Many challenges in support provision existed for her and she had rejected a number of HACC services. Sorry no case management under Growing Stronger. No reason was given.***
  
- ❖ ***Another man lived in a health department institution only because DS would not provide support and therefore Housing Services would not provide a home. DS stated that there was nothing a case manager could do for this man under Growing Stronger***
  
- ❖ ***. Another person lived in a locked institution and the mental health tribunal stated that he could live in the community with adequate support and housing. Unfortunately DS declined to provide a case manger after an assessment under Growing Stronger.***

DS state that social or geographical isolation, high levels of family stress and breakdown of support arrangements may indicate a need for case management apparently they are not in themselves enough. Referral to case management depends on “each individual’s specific situation” under Growing Stronger.

At the end of the day, provision of a case manager is not a right and DS must feel that you are worthy of receiving one. In fact homelessness, institutionalisation, social isolation or lacks of support have been shown not to be enough to get a person a case manager. This logic is hard for SUFY to fathom and people with a disability require consistent criteria that are easily understood for when they can access a case manager under Growing Stronger.

## 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 is unable to advocate for all the people with a disability who request advocacy. In such cases SUFY may assist family members or other persons about how they can achieve a good life for the individual. In such instances SUFY provides information about other advocacy organisations or groups and information in relation to the issue that may assist them. We also provide strategies that may aid the individual to achieve their goals.

In some situations SUFY assists families or significant persons in the life of an individual 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

- ***Legislative conditions that services and Disability Services must comply with***
- ***How bureaucratic obstacles can be overcome***

- ***Disability Services workers they should contact in their region***
- ***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 service providers when deciding whether to use them***
- ***How to respond to correspondence***
- ***The United Nations Convention of the Rights for People with a Disability***
- ***Public Housing eligibility and options***

At certain times SUFY may become directly involved in the advocacy by writing letters, attending meetings or by making calls on the person's behalf. This involvement may increase or decrease depending on the issues and the experience of the concerned person.

At present SUFY assists a mother to advocate for her daughter Jane. Jane is a young woman who has recently moved out of home and resides in a Department of Communities - Housing and Homelessness Services property with another young person.

Jane's mother first contacted SUFY in August last year to request some advocacy support in relation to an ongoing issue she and her daughter were having with Housing in relation to her daughter's tenancy. After gaining a good understanding of the issue the advocacy worker was able to provide her with some strategies which assisted her in obtaining a positive outcome.

A couple of months later Jane's mother contacted SUFY again in relation to another issue with housing. Once again after gaining an understanding of the situation appropriate strategies was provided to Jane's mother. The advocacy worker assisted Jane's mother with a letter to the manager of the local Housing Service Centre.

It was only recently that once again Jane's mother contacted SUFY to speak with the advocate. This time the issue was in relation to how one of the service providers her daughter accesses collects and stores Jane's personal information. She also had concerns about the service provider not acknowledging her authority as informal decision maker for her daughter. In this situation the advocate was able to provide information in relation to the Guardianship and Administration Act 2000 and the Disability Services Standards. This provided Jane's mother with the necessary information to continue to advocate on her daughter's behalf.

## 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:

- Member of Community Safeguards Coalition
- Restricted Practices Forum
  - Preparing and supporting 2 people to present their story on how Restrictive Practices affects their lives
- ASSID conference
  - Supported 2 families who talked about moving from group settings to individual responses for their family member
- Wasted Lives campaign
- Positive Futures Consultation
- Meaningful Participation Group
- Growing Stronger
  - Met with the Growing stronger team to express concern about the Assessment Process
- Meeting with allies and other advocacy groups to bring their attention to concerns about Growing Stronger
- Blue Skies
- Advocacy Interagency meeting

- Voiced concerns about people with disability and the health system
- DSQ forum about accommodation and complex and high support needs
- Meeting with community agencies
  - **Qld Carers**
  - **Caxton Legal Service**
  - **QPILCH**
  - **QAI**
  - **QDN**
  - **CRU**
  - **QPPD**
  - **SCCA**
  - **Kalpana**
  - **Kyabra**
  - **Anti Discrimination Commission**
- Meeting with media representatives
- Attended the QOSS Budget Breakfast
- Politicians
  - Senator Sue Boyce
  - Minister for Disability Services Hon Curtis Pitt
  - Andrew Crisps MP shadow minister for Disability Services
- Visited the Disability Forensic Unit at Wacol
  - Met with Dr Jeffrey Chan

# 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.

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

- Participation in the Combined Advocacy Groups Queensland (CAGQ) Conference
- Teleconferences CAGQ
- Jacana
- Reflection Meetings involving Management and Staff discussing advocacy practice
- Participation in the Disability Advocacy Network Australia - DANA and the National Disability Strategy

- Information about SUFY website, and information booklets
- Attendance at Disability Hate Crimes presentation by Mark Sherry in Sydney
- Answering numerous enquiries over the phone about advocacy and the work of SUFY

#### **Presentations**

- **NEXTT Health**
- **QAILS**
- **Forensic Unit**
  
- Providing information to people who use SWARA about what SUFY does
- Participating in the Moreton Bay Disability Network
- Attending AGMs of other advocacy groups in Brisbane

# 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 six management committee members elected at the AGM in 2010 to oversee the work of SUFY for the financial year 2010/2011.

### Management Committee

<b>President</b>	Madonna Nicoll
<b>Vice President</b>	David Swift
<b>Secretary</b>	Willie Prince
<b>Treasurer</b>	Noel Pyle
<b>Committee</b>	David Haxton, Terry Fisher
Observer	Paul Batten

### Staff

<b>Coordinator/advocacy worker</b> (full time)	Dianne Toohey
<b>Advocacy worker</b> (full time)	Benita Bierzynski
<b>Advocacy worker</b> (full time)	Neal Lakshman
<b>Advocacy worker Moreton Region</b> (part-time)	Kathy Kendell
<b>Advocacy resource worker</b> (part-time)	Mary Kenny
<b>Assistant to Advocacy Resource Worker</b> (part time)	Michelle O'Flynn

## **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.

## **2. 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 performance against the Strategic Direction document for 2010 – 2015 in April 2011
- SUFY identifies the necessary skills needed in recruiting new management committee members
- SUFY management committee members attended training courses and workshops including the following:
  - Restrictive Practices Forum
  - CAGQ conference and training re Human Rights -“Are Human Rights Enough?”
  - Blue Skies forum

- SUFY ensured that it met all reporting requirements of both funding bodies.
- Sent out Annual Reports 2009/2010 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 2010/2010. 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
  - Successful re-accreditation under the DSQA standards

## **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;

### **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 2009/2010 and includes a Register of Policies. SUFY's Continuous Improvement Register is kept up-to-date.
- 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. External professional supervision is available if required.
- Staff appraisals were conducted.
- Financial Reports were presented at Management Committee meetings.

## **TREASURER'S REPORT SPEAKING UP FOR YOU INC.**

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 for leave requirements – annual leave, sick leave and long service leave - are fully covered with sufficient funds available.

The financial statements for 2010/2011 show limited contingency funds and an operating deficit. This highlights the need to obtain more recurrent funding to support the service, and in particular, to increase salaries for staff. 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 1<sup>st</sup> July, 2010 to 30<sup>th</sup> June, 2011 be accepted by the Annual General Meeting.

**Noel Pyle**  
**Treasurer**