



QADA

annual report 2013-14

growing your

voice

vision

giving you a voice

mission

Our clients

To assist vulnerable people and communities, in particular older people, people with disabilities, and their carers, wherever they are throughout Queensland, through the provision of high quality advocacy support and representation.

Our community

To provide information and options to our clients that enable them to exercise their rights and responsibilities through informed decision-making.

Our organisation

To be a proactive organisation that influences service development and continuous quality improvement to better meet client needs.

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values

We value the rights and independence of the people we work with and support.

We respect the individual and community wellbeing and diversity of our clients.

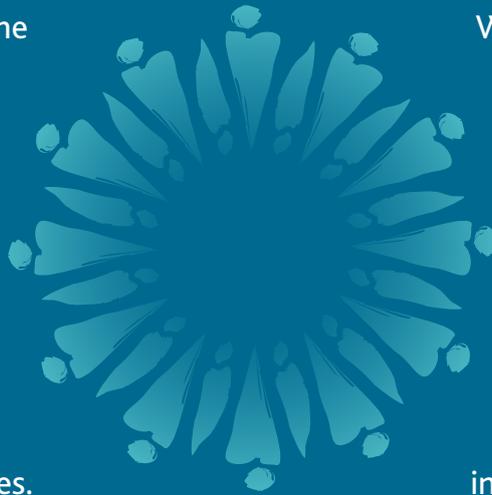
We are committed to improving quality to achieve best practice, transparency and accountability and to maximise the use of resources.

We work to remove barriers that stop people from participating in their community.

We value the commitment, knowledge and skills of our staff, volunteers and the broader community.

We engage the community to enhance our clients' capacity to make choices in their lives.

We value collaboration, partnerships and open communication to deliver the best outcomes and to progress the interests of clients at the individual and systemic levels.



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Who we are

QADA is an independent advocacy service that operates state-wide throughout Queensland with a head office in Brisbane and regional offices located in Cairns, Townsville, Rockhampton, Mackay, Hervey Bay, Toowoomba and the Gold Coast.

We are jointly funded by the Queensland and Australian governments to offer free, confidential and client directed advocacy support to people receiving aged care services, community care services and carers of recipients of these services.

We also provide support to assist adults whose decision-making capacity is being questioned, with guardianship and administration matters.

QADA makes submissions and contributes to aged care and disability sector reports to influence systemic change on the issues effecting our client group.

QADA was advised to me through (a transport service). I was in a very bad place – inconsolable-suicidal. Constant pain. High anxiety. If not for the referral to QADA and the quick response from QADA, I wouldn't be on the mend and now working with my "Partner in Recovery". Am feeling way better – non-suicidal; headaches and crying constantly has stopped. I thank you for all assistance given. I didn't know that QADA existed. Thank you so very much indeed.

QADA client

I found (the Advocate's) understanding and friendly manner very helpful. She encouraged me and supported me in recognising that my concerns were real ones.

QADA client

We thank QADA for coming to our aid so quickly and for giving us a voice so we could be heard.

QADA client

I would like to take this opportunity to sincerely thank you for your ongoing support of (the Client) and of our organisation. (The Client), like all our clients, is highly valued and we greatly appreciate your part in ensuring that we can continue to provide a service. I have found all dealings with you to be highly constructive and professional with fantastic outcomes all round and I look forward to working with you further.

Service Provider

Glossary of terms

ACAT Aged Care Assessment Team

CALD Culturally and Linguistically Diverse

CDC Consumer Directed Care

HACC Home and Community Care

LGBTI Lesbian, Gay, Bi-sexual, Transgender, Intersex

NACAP National Aged Care Advocacy Program

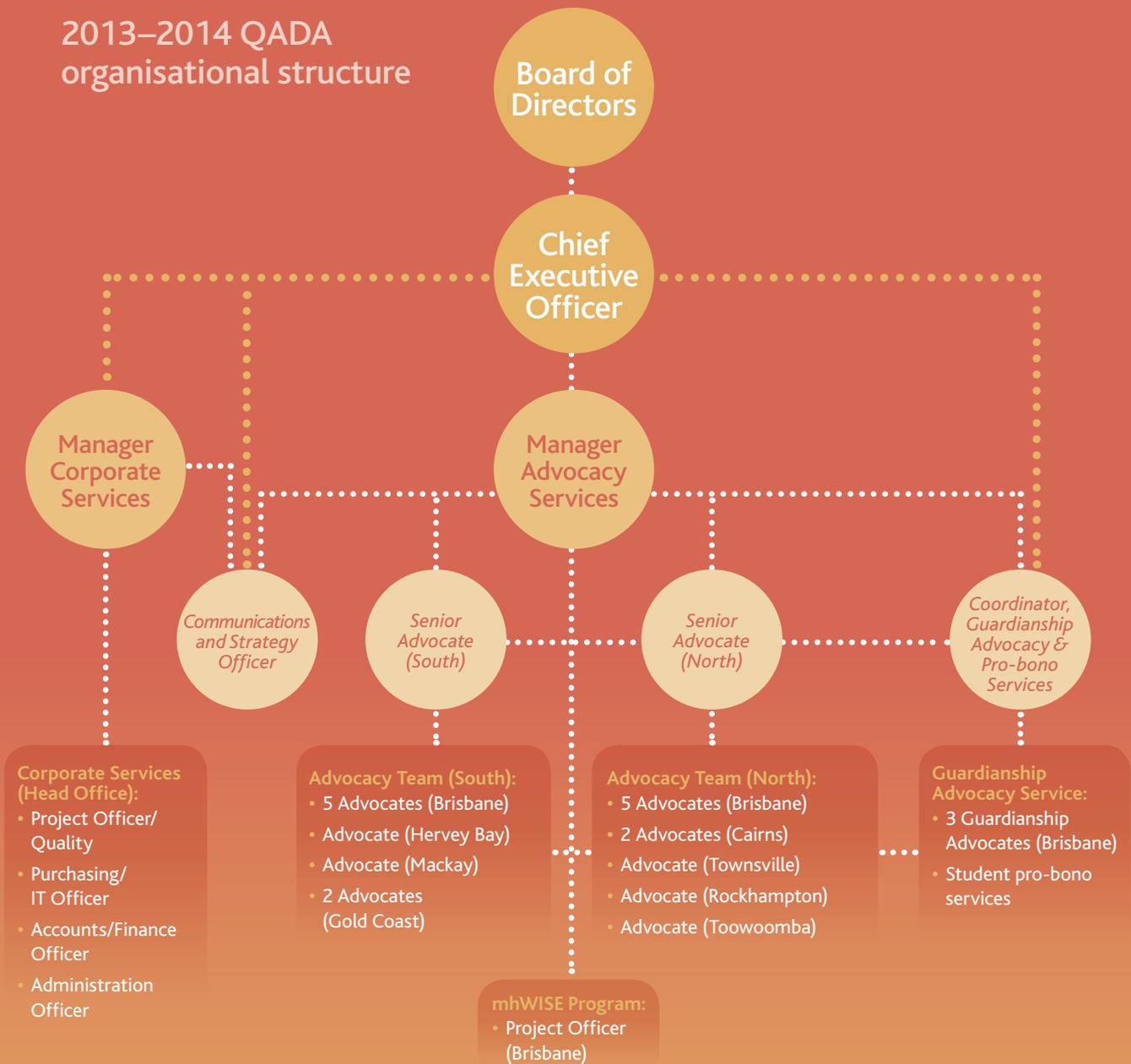
NAIDOC National Aboriginal & Islander Day Observance Committee

QCAT Queensland Civil and Administrative Tribunal

QCCS Queensland Community Care Services

Our organisation

2013–2014 QADA
organisational structure



The case study names and circumstances of our clients have been changed to protect the privacy of our clients, but are representative of cases managed this year.



Our achievements 2013-14

Strategic objective 1

Deliver excellence in consumer advocacy

Action plan 1.1

Advocating for people's rights to improve their quality of life and wellbeing

QADA exceeded the objective of 90% client satisfaction, achieving **99% satisfaction** and **100% of clients saying they would use QADA again!**

We provided information to 1,727 people, advocacy to 3,504 people and conducted 1,306 education sessions in the year reaching **18,147 individuals**.

Action plan 1.2

Proactive advocacy for social change

QADA contributed its experience and expertise through a number of formal submissions and participated in public inquiries to advocate for social change, including:

- Australian Government Department of Social Services – Key Directions for the Commonwealth Home Support Programme
- Office of the Public Advocate Submission – People with Disability in Long-Stay Health Care Facilities
- National Disability Services Policy Paper – Bridging the Ageing-Disability Interface – Options for Reform
- Australian Law Reform Commission Capacity and Commonwealth Laws
- Department of Justice and Attorney General – Regulation of Anti-Libidinal Medication, and
- Review of Meal Services Provided to Older People Under the Home and Community Care Program.

QADA provided strategic advice and feedback about ongoing client concerns and systemic issues to the Queensland Community Care Services (QCCS) program through participation in quarterly State-Wide Information and Education (SIET) Roundtable meetings; the Department of Social Services (formerly DOHA) through formal meetings; and the Aged Care Standards and Accreditation agency at stakeholder liaison meetings.

QADA contributed and participated in forums, networks, expos and reference groups throughout the state including:

- Disability Services Partnership Forum
- Medicare Local Forums (throughout the state)
- Metro North Hospital and Health Service Board Engagement Forum
- Cairns Positive Ageing Fair
- Leading Age Services Australia Queensland (LASA Q) regional meetings
- Gold Coast Multicultural Network
- Tablelands Regional Council Reference Group
- Cairns Region Multicultural Network
- Mackay Multicultural Agency Forum
- Ipswich and West Moreton Senior's Services Network
- Gold Coast Seniors Roundtable
- Futures Forum hosted by QCOSS
- Elder Abuse Prevention Unit Reference Group
- Consumer Directed Care Forum
- Elder Law Committee of the Elder Law Society, and
- Princess Alexandra Safety and Quality Committee.

QADA joined the LGBTI Action Group which has been hosted by Queensland Aids Council (previously Queensland Association for Healthy Communities). QADA attends quarterly meetings in the Sunshine Coast, Gold Coast, Brisbane, Cairns and Townsville regions.

Action plan 1.3

Sustain and grow quality advocacy for vulnerable people

Growing our Services

QADA was successful in gaining funding through the Department of Justice and Attorney General to continue to deliver the Guardianship Advocacy Service for another three years.

QADA is awaiting the outcome of other funding applications to grow services.

Developing our Staff

Our people are our greatest asset and QADA supported staff to enhance their capacity to provide quality advocacy to vulnerable people through development opportunities, including:

- Applied Suicide Intervention Skills Training (ASIST)
- Dementia Care and Sexual Expression Training
- Challenging Behaviours Training
- Aboriginal and Torres Strait Islander Mental Health First Aid Training
- Understanding and Meeting the Needs of Older Lesbian, Gay, Bi-Sexual, Transgender and Intersex (LGBTI) People Training
- Cultural Awareness Workshop
- Understanding Gender and Sexual Diversity Across Cultures Training
- Understanding and Managing Changing Behaviours in Elderly People Training
- Introduction to the Anti-Discrimination Act Training
- Work Effectively with Culturally Diverse Clients and Workers Training
- Access and Equity Workshop
- Cultural Competency Programme for Supervisors of Aboriginal People
- Advanced Grant Writing Seminar
- Indigenous Cultural Awareness Training
- Brain Injury Training, and
- Depression in Dementia Training.

Sharing our Expertise

QADA engages and influences improvement in the aged care and disability sector by presenting at relevant conferences.

QADA was on the panel at the Aged Care Standards and Accreditation Agency Better Practice Conference, presented at the 2013 Disability Advocacy Network Australia (DANA) conference on the topic of Advocating for Clients Living with Mental Illness, and also presented at a Brisbane North Medicare Local service provider's management forum titled 'A Focus on Consumers – Feedback and Advocacy'. In addition staff attended a range of conferences including:

- The Cultural Diversity in Ageing 2014 Conference – Shaping Inclusive Services Centre for Cultural Diversity in Ageing
- Seniors Legal and Social Support Conference
- Queensland Disability Conference
- Connecting Up Conference 2014
- 5th National Disability Advocacy Conference
- Queensland Community Legal Centres Conference
- Consumer Directed Care Conference
- Redefining the Road Map Conference
- Better Practice Conference
- Communities in Control Conference, and
- LASA Q Aged Care Conference.

Driving Continuous Improvement

QADA has always maintained a strong commitment towards upholding a quality framework. In recognising this commitment, QADA successfully achieved certification against International Organisation for Standardisation (ISO) standards in 2009 and has continued to successfully pass external annual audits for the past 5 years, including the most recent surveillance audit held 10-12 June 2014.

Retaining ISO 9001:2008 certification is an enormous accomplishment and recognition of QADA's commitment towards continually improving the services we deliver to our clients.

Strategic objective 2 Promote QADA's corporate brand

Action plan 2.1

Develop website and integrate social media

Enhancing our Website

We launched our new website in June 2013, and updated and enhanced the website throughout the year. We ran regular polls to gauge community views on issues such as access to services. In 2013/2014 we recorded **20,863 visits** to our website and **58,137 page views**. We received a Google Adwords Grant and through the resulting campaign we notched up **51,853 impressions** by visitors on the site.

Engaging through Social Media

On 20 February we launched our Facebook page. At 30 June we had **1,471 likes**, a total combined **weekly reach of 91,187**, and had **engaged 5,869 people**. Following this success we launched our LinkedIn business page to position QADA as a great employer.

Keeping our Stakeholders and Clients Informed

Our first electronic newsletter was distributed in April to **2,179 individuals and organisations**. These newsletters will continue to be produced and distributed bi-monthly.

Action plan 2.2

Launch new corporate brand

QADA's corporate brand was launched in June 2013 and we reviewed our resources in line with the new branding. During the year we distributed a total of 161,003 resources and promotional materials to support our clients and inform our community about our role and services.

Strategic objective 3 Build strategic alliances

Action plan 3.1

Develop ongoing strategic alliance analysis and engagement processes

Educating our Community

QADA is involved in two new community legal education programs. One for mental health consumers (and their carers) who are also subject to guardianship and administration orders with Queensland Advocacy Incorporated (QAI), and the other to produce a DVD in conjunction with Carers Queensland, Office of the Public Guardian and the Public Trustee, to educate the community about QCAT processes.

Exploring Cultural Capacity and Access to Services

QADA is also involved in the Diverse Connections Project, funded through a grant from North Brisbane Partners in Recovery. Diverse Connections explored cultural capacity and access to mental health services for clients from Culturally and Linguistically Diverse (CALD) backgrounds in the Caboolture and Redcliffe areas. The project report will be launched shortly by the Health and Wellness sub committee of the Collaborative Action and Response for a Multicultural Morten Bay (CARMM).

Strategic objective 4 Expand training business

Action plan 4.1

Develop formal business plan for expanding training business

Delivering our Business Plan

To sustain and grow QADA's services a formal business plan was developed through a consultation process and endorsed by the Board. This plan identified potential business expansion opportunities and will be considered further by QADA's Board of Directors in the new financial year.

Revamping our Guardianship Framework Workshops

To better meet the needs of our various client groups, QADA's Guardianship Framework Workshops were redeveloped into four types of training:

- Comprehensive Guardianship Framework Workshop for Staff
- Guardianship Framework Workshop for Staff
- Guardianship System Overview for the General Public, and
- Guardian and Administration Awareness for Residents of Aged Care or Community Clients.

Relaunching our mhWISE Older Persons' Mental Health Awareness Training

QADA re-launched the mhWISE workshops in partnership with the Australian College of Community Services. This involved the complete redevelopment of the original mhWISE training program into a more comprehensive awareness program in-line with client needs:

- mhWISE Community Care
- mhWISE Residential Care, and
- mhWISE Senior Staff in Residential and Community Care.

Action plan 3.2

Develop ongoing university alliance analysis and engagement process

Trialling the QADA and Burnie Brae Inter-Disciplinary Student Clinic

We were very excited to receive funding through James Cook University and Health Workforce Australia to trial and evaluate the Inter-Disciplinary Student Clinic.

The project is a collaboration between QADA and the Burnie Brae Centre and seeks to provide information, referral and support to people aged over 65 years, and people under 65 years living with a disability.

The project commenced in July 2013 through a Master of Social Work student placement, and was further developed by a human services student placement and social work volunteer. Our clinic doors will open on 4 August, 2014.

Continuing our Guardianship Pro-bono Service

QADA continued its collaboration with Queensland University of Technology and the University of Queensland to offer the guardianship pro-bono service. We were supported by two volunteers and eight students throughout the financial year, enabling QADA to reduce wait lists for access to support through our Guardianship Advocacy Service.

Chair/Acting CEO's report

It's been another successful year for QADA and we thank the Commonwealth and State governments for their continued support of our services to help older people and people with disabilities throughout Queensland. This financial assistance enabled us to provide advocacy support to 3,504 clients, assist 1,727 people with information, and reach 18,147 people through 1,306 education sessions in 2013-14.

Reaching vulnerable Queenslanders

This year we extended our advocacy reach by entering into a direct referral system with SupportLink. We now receive referrals from the police, emergency services and schools, enabling some of the most vulnerable and isolated people within our communities to access QADA's unique services.

Our Multicultural Advocate continued her involvement in networks and forums focused on the needs of people from Culturally and Linguistically Diverse (CALD) backgrounds. We participated in the Diverse Connections project, which explored cultural capacity and access to mental health services for CALD clients in Caboolture and Redcliffe. A report on the project will be released by CARM (Collaborative Action and Response for a Multicultural Moreton Bay) towards the end of September. Two new Aboriginal and Torres Strait Islander Advocates were appointed this year. The advocates, based in Brisbane and Cairns, developed networks in Aboriginal and Torres Strait Islander communities and were involved in outreach trips throughout the state, including QADA's first trip to Palm Island since 2009.

Expanding guardianship advocacy

Our Guardianship Advocacy Service continued to assist adults with impaired decision making capacity, thanks to the support of fourth and fifth year law students from Queensland University of Technology (QUT) and the University of Queensland (UQ) law schools. The success of this partnership has enabled QADA to help a greater number of adults to address issues relating to guardianship and administration. In addition, QADA received a grant from James Cook University to establish an inter-disciplinary student clinic in partnership with the Burnie Brae Centre on Brisbane's north side. This clinic for older people and people under 65 living with a disability is coordinated by a QADA advocate, who supervises QUT and UQ law and social work students to provide information, support and referral to a range of professional and social services.

Delivering more targeted education

In response to increased demand for our mhWISE and Guardianship Framework workshops, we redeveloped the workshops to cater to key audiences. The mhWISE training program, delivered in partnership with the Australian College of Community Services, was extended from one to three cost recovery programs:

- mhWISE Community Care
- mhWISE Residential Care, and
- mhWISE Senior Staff in residential and community care.

Our Guardianship Framework Workshops were redeveloped into four programs:

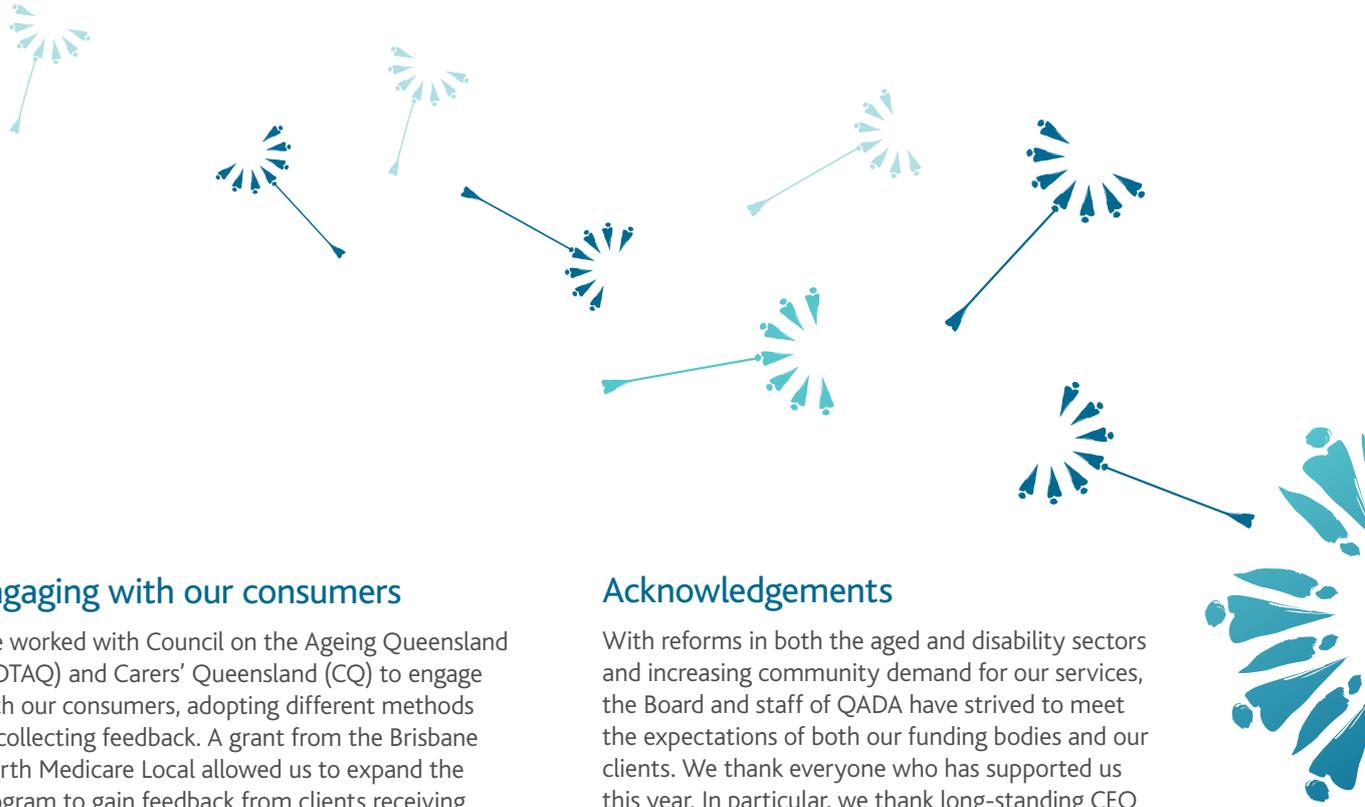
- Comprehensive Guardianship Framework Workshop for Staff
- Guardianship Framework Workshop for Staff
- Guardianship System Overview for the General Public, and
- Guardian and Administration Awareness for Residents of Aged Care or Community Clients.

Advocating at the systemic level

We provided specialist advice and input into a number of formal submissions this year and participated in public inquiries to advocate for social change, including:

- Australian Government Department of Social Services – Key Directions for the Commonwealth Home Support Programme
- Office of the Public Advocate Submission – People with Disability in Long-Stay Health Care Facilities
- National Disability Services Policy Paper – Bridging the Ageing-Disability Interface – Options for Reform, and
- Review of Meal Services Provided to Older People Under the Home and Community Care Program.

We also provided strategic advice and feedback to the Queensland Community Care Services program, the Department of Social Services, and the Aged Care Standards and Accreditation agency. We continued to participate in forums, networks, expos and reference groups throughout the state and joined the Lesbian Gay Bisexual Trans Intersex Action Group hosted by the Queensland AIDS Council.



Engaging with our consumers

We worked with Council on the Ageing Queensland (COTAQ) and Carers' Queensland (CQ) to engage with our consumers, adopting different methods of collecting feedback. A grant from the Brisbane North Medicare Local allowed us to expand the program to gain feedback from clients receiving Home and Community Care services from the consortium partners managed by the Medicare Local. Our consumer engagement activities were further expanded to include Health Consumers Queensland along with COTAQ and CQ through funding from the Partners in Recovery Brisbane North Medicare Local.

Following on from the launch of our new website in June 2013, QADA entered into online engagement initially through Facebook, and then LinkedIn. We developed and distributed our first ever bi-monthly electronic newsletter, commenced the development of a new DVD explaining our services, and enhanced our website to make it more user friendly.

Ensuring excellence in corporate governance

The Board of Directors focused on ensuring the Board had the right mix of skills and experience to position QADA as an integral part of the aged care and disability sectors. This involved the completion of an independent external Board evaluation and a proactive recruitment process to broaden the expertise available to the Board. The Board sought to strengthen the organisation's ability to explore business opportunities and alternative funding sources to ensure QADA's long term sustainability. New Board Director Glen Thomas was appointed in July 2014.

Acknowledgements

With reforms in both the aged and disability sectors and increasing community demand for our services, the Board and staff of QADA have strived to meet the expectations of both our funding bodies and our clients. We thank everyone who has supported us this year. In particular, we thank long-standing CEO Margaret Deane, who leaves the organisation after 11 years of loyal service. Margaret has made a very valuable contribution to QADA, seeing the organisation through times of significant change. A large part of QADA's success has been due to Margaret's leadership, with the strong support of our management team and employees. We thank Margaret for her commitment to giving vulnerable people a voice over many years and wish her all the best for her future endeavours.

Special thanks must go to our dedicated QADA team. Your professionalism and commitment to ensuring the continued growth of QADA's services makes us proud. It's a privilege to be part of your achievements in growing the voice of vulnerable older people, people living with a disability, and their carers.

We look forward to the year ahead.



Megan Fairweather
Chair



Kathy Chandler
Acting CEO

Board of Directors



Megan Fairweather

BA/LLB (Hons I)

Chair

Megan joined the QADA Board in 2011. A Senior Associate at Minter Ellison Lawyers with more than ten years of legal experience, Megan works in the area of health law including medico-legal litigation, coronial inquests and health professional regulatory and advisory work. She has a background in civil litigation, professional indemnity and public liability insurance claims.

In 2009, Megan was General Counsel at the Health Quality and Complaints Commission advising on large scale health investigations and health policy, as well as writing submissions for legislative change.

Before becoming a lawyer, Megan owned and operated a catering business in South Australia, and worked as a secretary and estimator at a mechanical engineering firm.



Jennifer Pouwer

B Occ Thy, GAICD

Deputy Chair

Jennifer joined the QADA Board in 2011. Jennifer commenced her career as an Occupational Therapist in hospital and community based settings and then transitioned into management and executive leadership positions in a number of health and community service sectors in the Commonwealth and Queensland governments. Her roles have always interfaced with the work of non government organisations and this has been complemented by her voluntary Board contributions and her membership of the Australian Institute of Company Directors. She is currently the Director of Services at the Mental Illness Fellowship of Queensland.

Jennifer previously worked for the Institute for Healthy Communities Australia Group – a not-for-profit organisation providing consultancy and review services.



David Hayes

PhD (Accounting), MA (Accounting), BEcon (Hons)

Treasurer

David joined the QADA Board in 2012. A Senior Lecturer (Accounting) at the University of Queensland's Business School, David has teaching responsibilities for MBA and post-graduate Management Accounting courses.

From 1975 through to 1985 David was a Tenured Professor – Faculty of Commerce and Business Administration, at the University of British Columbia, where he won several awards for both teaching and research, and taught a number of Executive Development Programs.

David previously held several senior positions in the Financial Services sector in Canada, including partnership and senior executive positions in the managed fund sector. He also served as CEO and Director of a diversified financial services firm, and acted as CFO and Director for a number of small public companies in the US and Canada.



Liz Kearins

Cert Journalism, DipBusStud, MPRIA, AFAIM

Secretary

Liz joined the QADA Board in 2012. She has extensive experience in public, private and not-for-profit sector community relations, communications, marketing, media and journalism. She has worked in her native New Zealand, as well as the United Kingdom and Australia.

Liz is currently the Manager of Corporate and Community Relations at Seqwater. She was previously an executive manager at Queensland's independent Health Quality and Complaints Commission, where she was responsible for engagement strategy, corporate communications, governance and reporting, complaint triage and clinical integrity.



Dan O'Sullivan

BBus (HA), MACHSM, JP(C.des)

Director

Dan joined the QADA Board in 2011.

Dan works in the Health Infrastructure Branch of Queensland Health.

Dan has more than 30 years experience in the Commonwealth Government, particularly in Aged Care. He also previously worked as Business Manager for Blue Care/Wesley Mission for 6½ years.



Brian Lenz

FAMI, FAIM, MAICD

Director

Brian joined the QADA Board in 2013.

An enterprising senior executive with consistent success in building, growing and improving the performance of companies in the private and not-for-profit sectors, Brian specialises in identifying and leveraging business opportunities to position companies for the next phase of growth. He has highly developed analytical, financial, risk management, change management and project management skills.

Brian has 23 years experience as a CEO, Chairman, Director and board member across a range of industries including health, aged care, community services, community corrections and retail.



Advocacy service report

The aged care and community care sector is undergoing reforms which will have a significant impact on QADA's client group in the coming years.

The trial of Consumer Directed Care (CDC) packages has been a welcome addition to the sector, as they allow consumers to take control and provide input into how their care should be provided. However, a number of issues have arisen with the implementation of these changes, largely due to inconsistencies across the sector as services interpret and apply the reforms to their delivery models. QADA has been heavily involved in ensuring care is responsive to client need, that flexibility is maintained and that services deliver fair and equitable support. The implementation of the Home Care Packages (Level 1-4), has replaced Community Aged Care, Extended Aged Care at Home and Extended Aged Care at Home Dementia packages to better meet the needs of clients. QADA has seen high demand for level 4 packages throughout the state. QADA foresees a continued role in advocating for consumers on an individual and systemic basis as reforms are rolled out across 2015 and the sector continues to change.

QADA has entered into a direct referral system with SupportLink to undertake referrals from the police, emergency services and schools. This has allowed QADA access to some of the most vulnerable and isolated people within our communities. The majority of people accessing our services in this way are older people, and younger people with disability who are at risk and requiring access to appropriate support and services. QADA has received a total of 294 referrals since the commencement of this system in October 2013.

In 2013-14 QADA continued its law student program in the guardianship advocacy team. During this time we had eight law students and two volunteers supporting the service. Having this extra assistance helped us advocate in the Queensland Civil and Administrative Tribunal (QCAT), where we assisted

clients on 195 occasions. The main issues included clients who were unhappy with their Enduring Power of Attorney, or their appointment of Guardian or Administrator. Sometimes clients reported feeling abused either verbally or financially. On many occasions QADA was able to support clients and improve their situation, either before QCAT, or in negotiation with agencies such as the Public Trustee Queensland or the Office of the Public Guardian.

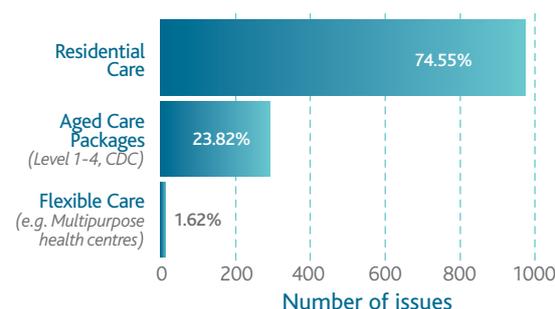
QADA continues to service some of our most remote communities by conducting outreach trips, this year visiting Normanton, Weipa, Mornington Island, Mt Isa, Winton, Charleville and Emerald. This has allowed QADA to connect with clients who are often isolated and in need of support which they cannot access, such as appropriate housing, allied health care and community aged care services.

In 2014, a consortium of members (Carers Qld, Council on the Ageing Queensland and QADA), were engaged by Metro North Brisbane Medicare Local (MNBML) to conduct independent consultations with clients of MNBML Home and Community Care (HACC) service providers. The aim of these consultations was to gather feedback about the transition of HACC services from Queensland Health to coordination by MNBML. In addition, these consultations focused on gathering feedback about service quality and any service gaps. Feedback gathered from these consultations will be reported and used to enhance and improve both current and future service delivery.

MNBML has also funded additional advocacy hours for QADA to conduct further advocacy support throughout the MNBML region. This has assisted QADA in meeting the demand for our services in relation to Home and Community Care issues.

	Service area		
	Information	Advocacy	Education
NACAP	366	1,289	502
HACC	390	1,159	308
QCCS	255	861	496
Guardianship	716	195	0
Total	1,727	3,504	1,306

Aged care service type issues



Emerging Issues

This financial year the main reported issues were in relation to domestic assistance complaints within Home and Community Care (HACC) and Queensland Community Care Services (QCCS). For most recipients of these services a basic clean which is offered under the two program areas does not meet consumer needs and many report that they also need a spring clean on top of their domestic assistance service in order to maintain their home. In addition, there continues to be long waiting lists for domestic assistance support for clients in all areas of the state.

Within regional and remote locations, transport continues to be in high demand for HACC recipients, with issues around accessing appropriate respite services that meet complex consumer needs of particular concern for QCCS clients.

Both HACC and QCCS clients have experienced greater reductions in services across all service types due to client needs increasing, and services unable to meet the growing need with what can be offered under the guidelines.

The majority of aged care issues were related to residential aged care, with 975 issues in this area. The main issues included the ability to take risks within residential care, such as the risk to go on outings outside of the facility and the risk to continue to use electric wheel chairs. Other issues that have been reported are complaints management and lack of appropriate activities offered to residents.

Another issue and significant concern for the aged care sector is the increasing number of older people fearful of retribution who have chosen not to proceed with advocacy support or to lodge a complaint. QADA is attempting to address this issue through our information sessions to educate consumers on their right to address issues and seek support to ensure retribution does not occur, and for service providers to ensure complaints mechanisms are user friendly and encouraged throughout the facility.

Home Care packages, Consumer Directed Care (CDC) packages and flexible care service issues include the transparency of entitlements within packages. CDC consumers have raised concerns that there is a lack of flexibility around using their funds to best meet their individual needs. This includes issues around purchasing mobility aids or negotiating the use of care hours as it suits the consumer.

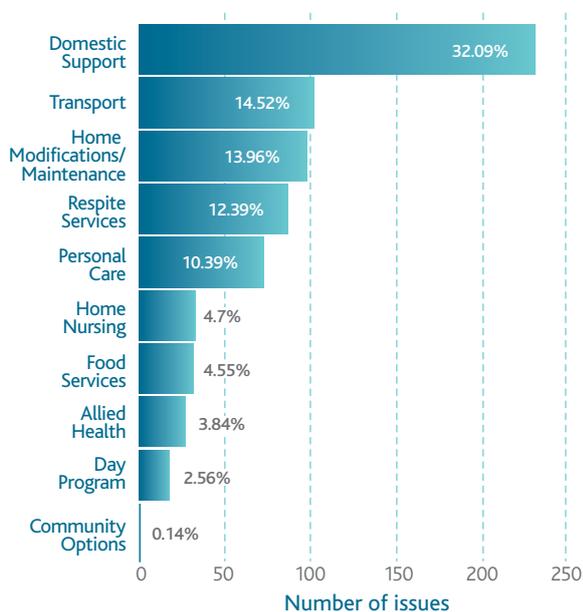
Another reported issue is that fees and charges applied to the services for administration costs vary considerably across the sector, and can have a significant impact on the funds available to the consumer, resulting in reduced services for many clients.

Finally, a high number of clients are being placed on long wait lists in order to receive Level 4 Home Care packages. In the interim a lot of consumers are accessing low level packages, which are unable to sufficiently meet their needs.

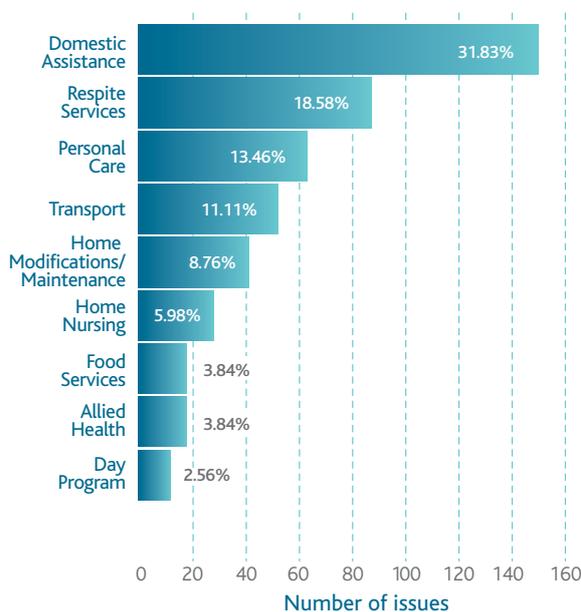


Rebecca
Manager, Advocacy Services

HACC service related issues



QCCS service related issues





growing state-wide support

Cairns

The clock is soon to click over into the start of my fourth year as a QADA advocate in Cairns.

During that time there has been a noticeable increase in the number of new referrals and cases in this area due in part at least to the work undertaken by all of the advocates working in Far North Queensland over recent years.

This increase has been particularly evident in the last 12 months and it seems that the education and promotional activity delivered over recent years has resulted in greater awareness of QADA and a greater willingness to engage us when information and support are required.

This year my colleague Barry and I delivered 87 information sessions in the region. We also participated in a broad range of expos and forums across the region such as Diversicare's *Feast of Cultures*, the *Positive Ageing Fair* held annually on the Cairns Esplanade, as well as a number of smaller events planned and staged by the group of agencies previously funded through the information and education funding stream of the HACC Program.

The Atherton Tablelands has been a particular focus for promotional activity in 2013-2014, with many sessions being delivered to clients/residents and staff in both larger and smaller centres in this region.

James

Cairns-based Advocate

Townsville

My name is Christine and I have worked for QADA for nearly three years. The geographical area for the Townsville office goes as far west as Mt Isa, up to Tully and down almost to Bowen.

Once a year I drive to Mt Isa calling into all the service providers in the small towns and I recently came back from a two-day trip targeting Cardwell and Tully.

We have formed a small group of information and education service providers who hold regular mini expos at different venues around Townsville, Charters Towers, Ayr and Ingham. This is working very well and getting the word out about our services that support older people and people with disabilities.

I have delivered 112 education sessions to clients and service providers in the area this year.

Christine

Townsville-based Advocate.

Pleasingly, the situation now exists where service providers are contacting QADA on behalf of the care recipient. Objectively, this is a sign that many service providers better understand the role and value of independent advocacy, have greater clarity about their professional boundaries as a care provider, have confidence in the advocacy process and trust QADA as a professional partner.

James, Cairns based Advocate

Residential Care

Julia* is an 82 year old woman living with dementia. Her symptoms and behaviours of dementia include loud screams, rapid bursts of random movement and anxious walking. Julia's 50 year old daughter, Trish, is her Enduring Power of Attorney, and was approached by the residential aged care facility about medically sedating Julia as her carers believed her anxious wandering, loud exclamations and rapid movement were a potential risk to her safety.

Trish was concerned that medically restraining her mother was not addressing the cause of the wandering behaviour, and was not what her mother would have wanted.

When meeting with Trish and Julia, I discussed Julia's life before and during her journey with dementia. Trish outlined that her mother had always been a healthy and active woman, enjoying tennis, jogging the boundaries of the family farm checking the fences, and participating in a women's athletics club. All her life Julia had suffered from cramping of her calves and would often 'walk the cramps out'. QADA provided a referral for Julia to the Dementia Behaviour Management Advisory Service (DBMAS) to assess and address Julia's behaviour.

DBMAS recommended the provision of a routine allowing Julia an increased level of physical activity and regular pain management to address the physical pain of ongoing cramps which Julia had been experiencing, but was unable to communicate to staff.

The residential aged care facility was not receptive to the suggestions that Julia be engaged in more vigorous activities during the day and provided with pain relief in the evening. QADA provided Trish and Julia with support in locating and transitioning Julia to a new residential facility which was able to engage her in a level of activity that Julia enjoyed and that met her needs.

Trish said that it was a joy to visit her mother, who now spends a lot of time wandering outside in the garden with a smile on her face and throwing balls. She also seems not to scream as often. Trish stated that she would have eventually consented to her mother being sedated, rather than try to go through the complex process of transitioning her mother to another facility, if it had not been for QADA's help.

Christopher
Brisbane-based Advocate

** Please note that the names and circumstances of our clients have been changed to protect the privacy of our clients.*

Hervey Bay

Hi. My name is Margo and I work part time as the Wide Bay Advocate for QADA.

I joined QADA in February 2006 after working in the aged care industry for many years.

I enjoy my role as an Advocate and the opportunity I am given to meet our community and support individuals and their families.

The geographical area for Wide Bay includes the Fraser Coast, Gympie, Bundaberg and the North and South Burnett regions.

As an Advocate my role is to provide information, education, and support for individuals who are receiving aged care and community services.

Each year I travel to the regional areas to offer information sessions for individuals receiving services, and aged care and community care staff, as well as the general community. These trips are an opportunity to promote our services and talk about issues of concern. This year I delivered 68 information sessions throughout the region.

Networking is also important in my role. Each year QADA has a stall at the Fraser Coast Seniors Expo. This is a fantastic opportunity for seniors to be informed about local services.

I am proud to work for QADA and be part of a great team which I believe provides a valuable service for our community.

Margo
Wide Bay-based Advocate

Gold Coast

My name is Lizzie and I have been working as an advocate with QADA in the Gold Coast office for more than four years. Before this, I completed a Bachelor of Social Science, worked in the aged care sector and other varied sectors, including marketing, hospitality and travel, and also spent some years doing volunteer work abroad.

The Gold Coast office covers an area from the New South Wales/Queensland border at Coolangatta up to Beenleigh in the north and out to Beaudesert in the west.

Our office keeps a steady pace with case work and intake, and in this period we delivered 93 education sessions to clients and service providers in the area.

Over the past year I have attended several Aged Care Community Forums held by Gold Coast Medicare Local and also several expos and events held by Commonwealth Respite and Carelink Centre. These events showcase information and services for seniors, include guest speakers, and provide opportunities for information sharing and networking, which are all important aspects of our role in our area.

We are well networked in our area and continue to grow QADA's services.

In addition, we attend regular Leading Age Services Australia Queensland (LASA Q) regional meetings, are part of the Gold Coast Multicultural Network, and keep in regular contact with our local community and residential care services.

Lizzie

Gold Coast-based Advocate

I'm Karen and I also work in the Gold Coast office. I have worked as an advocate with QADA since 2008. My background before joining QADA was as an assistant nurse and diversional therapist in aged care.

I represent QADA as a core panel member of the recently established Complex Needs Assessment Panel 65+. The panel was set up to assist people over 65 years of age that have complex needs (including mental health issues) and are at risk of "falling through the cracks". The panel takes a collaborative approach to support the client gain better access to services and continued support.

I have a particular interest in mental health issues with the aged and over the past year I have been fortunate to work with the mhWISE team in delivering workshops in various locations around Queensland.

I am also an active member of various HACC working groups, attend the Gold Coast HACC Lifestyle Services meeting, and also the HACC Information and Education Working Group on a regular basis. Lizzie and I alternate our attendance at the local expos, the Gold Coast Seniors Round Table meeting, LASA Q and HACC Forums.



Karen

Gold Coast-based Advocate

Advocacy support	3,504	Resources distributed	161,003
<i>National Aged Care Advocacy Program (NACAP)</i>	1,289	<i>Aboriginal and/or Torres Strait Islander</i>	11,595
<i>Home and Community Care (HACC)</i>	1,159	<i>Culturally and Linguistically Diverse</i>	9,655
<i>Queensland Community Care Services (QCCS)</i>	861	<i>All other materials</i>	139,753
<i>Guardianship advocacy</i>	195		

Toowoomba/Darling Downs

My name is Nilisa and I am the Toowoomba/Darling Downs advocate.

Before coming to QADA I worked as a Youth Worker for six years, where I learnt the significance of advocating for those who are disadvantaged and needed a voice to speak up for their rights and to express their wishes. I have Bachelor degrees in both primary education and community welfare and I am currently completing my final subject of my social work degree.

I cover a large area, from Toowoomba down to Texas, out to Miles and up to Cooyar.

I have made several trips out to the smaller towns to provide information and education sessions. These have included:

- Warwick in October
- Dalby in January
- Goondiwindi, Inglewood and Texas in February
- Miles, Chinchilla and Tara in April (with our Brisbane-based Aboriginal and Torres Strait Islander Advocate Melissa), and
- Jandowae in June.

Since starting with QADA in August 2013, I have delivered 93 education sessions to clients and service providers in the area.

I have also provided support and education in Gatton, Toogoolawah and Wondai.

I attended the Darling Downs/South West HACC forum twice in the last year. This has been useful in building networks and gaining important and relevant information about the changes to aged care and funding. I have also attended the Leading Aged Services Australia Queensland (LASA Q) regional meeting, where again I got to build my networks with residential care workers and gain invaluable knowledge about aged care.

I am a member of the Dementia Advisory Network, where workers from residential aged care, home care, government and community organisations come together to expand their knowledge of dementia and the resources available in the community. I am also a member of the Older Persons Interest Group, where local community and government organisations, aged care providers and those working in the aged care industry meet quarterly to discuss and share resources, events and relevant information.



Nilisa
Toowoomba-based Advocate



We engaged with staff at the annual NIMAC (Nurses in Management Aged Care) conference in Brisbane.

Mackay

My name is Roslyn and I have lived in the Mackay region all my life. I have worked in a variety of roles including a domestic cleaner at the local hospital, a specialised teacher's aide with Education Queensland, a local area coordinator with Disability Services, and now an advocate for QADA. I love the challenge of the position and the opportunity to speak to and assist a diverse range of people.

Based in Mackay, the region covers approximately 80,000 square kilometres extending down the coast to St Lawrence and up to the Whitsundays including Collinsville and Scottsville, and out West to Clermont and surrounding areas.

I have delivered 140 education sessions to clients and service providers in this year. I had the honour to participate in two regional trips to the Gulf with QADA's Cairns-based Aboriginal and Torres Strait Islander Advocate. This was an important opportunity as these small Gulf communities do not see advocates in person very often due to the incredible distance between the townships. We were well received and met with a variety of people and services ranging from HACC to community care and residential aged care facilities.

I participated as a guest speaker on elder abuse at two forums run by the Mackay/Townsville Medicare Local. I also spoke in Dysart for Elder Abuse Day at an event run by Hinterland Community Care. I participated in two community sessions for seniors, one in the Central Coalfields at Clermont and another in Bowen in the Whitsundays. These were held in recognition of a gap in public awareness of services available and seniors rights.

I was asked to speak to the coastal communities of Carmilla, Clareview, Koumala, St Lawrence, Illbilbie, Green Acres and Flaggy Rock as part of their community get together for seniors, hosted by Broadsound Coastal Care.



Roslyn
Mackay-based Advocate

Rockhampton

I began working with QADA in July 2013, coming from an aged care facility where I had been employed for 20 years.

The Rockhampton office covers Central Queensland, from Ogmoo in the North to Theodore in the South and Sapphire in the West.

During a regional trip in March, I was fortunate to meet many amazing, wonderful, and caring people. Some of whom work under very trying circumstances. I was surprised by the number of people who still live without power or running water. A service provider had installed a laundry with several washing machines in their office block to facilitate the washing of their clients' clothes. Transport can also be a problem in 'the bush', with clients who can no longer drive, experiencing difficulties getting into town to shop, keep appointments or visit spouses who have been admitted to a residential aged care facility. I found a very strong sense of community in the towns and residential aged care facilities. I wonder if perhaps this close relationship and knowing and caring about each other ensures better care services and fewer problems or complaints?

As an advocate, I have attended quarterly forums for HACC service providers, interagency networking meetings, special needs group meetings, and was part of the Rockhampton Primary Health Care Chapter initiated by the Medicare Local. This Chapter is a representative body of Primary Health Care organisations, providers and community members representing the interests of consumers, carers and service providers. I held stalls at expos and open days, and I am currently looking forward to seniors week where QADA will have information stands in Yeppoon and Wowan.

In total this year I delivered 71 education sessions to clients and service providers in the area.

Jo
Rockhampton-Based Advocate

CASE STUDY

Community under 65

Tracey* is a 45 year old women receiving domestic assistance through the Queensland Community Care program. Tracey contacted QADA as she feared that her service would be reduced because she was not always able to help with the domestic assistance tasks. Tracey said her service provider expected her to assist with making the bed, folding her sheets and cleaning the bathroom sink.

Tracey explained that she suffers from depression and severe anxiety. She explained that when she is feeling well she is happy and able to assist with the cleaning. However, there are days when she does not feel up to assisting with the domestic tasks, and on these days she said the workers make her feel inadequate by saying things such as “pull your socks up and get on with it”. Tracey said her service provider told her she risked losing her service if she didn’t start helping more. Tracey felt that the service provider was treating her differently and expecting more from her because her condition was not physical.

Tracey told me she often feels embarrassed and guilty about receiving services for free because physically she does appear to be high functioning. Tracey and I discussed how not all disabilities are visible, and I reminded Tracey that she had gone through a formal assessment process that had deemed her eligible to receive services.

Tracey said that she had been asked on occasions to clean the bathroom sink at the same time as one of the workers cleaned the bathtub. She told me that working in such a confined space with another person was very uncomfortable for her. When discussing with Tracey how she would like to progress her concerns, Tracey said she would not feel comfortable attending a meeting with the service provider, and asked that I discuss her concerns with the service provider over the phone.

I rang the service provider and raised Tracey’s concerns. I noted that there was nothing documented in Tracey’s care plan that indicated that her ability to assist was a condition of receiving the service. The service provider clarified that there was a general movement towards promoting the goal of independence but there was no set timeframe or cut off date for this goal. The service provider indicated that funding was limited and that they were not always able to complete all the tasks Tracey requested in the allocated time. It was suggested that Tracey prioritise the tasks that the service provider was to assist with. It was agreed that Tracey should not be pressured to assist with the domestic tasks if she did not feel well. It was suggested that Tracey clean the bathroom sink prior to the arrival of the domestic workers.

Tracey was pleased to know that she was not at risk of losing her service and reported that the workers were more respectful of her need for personal space and did not pressure her or make her feel guilty when she was feeling unwell.

Anna
Brisbane-based Advocate

** Please note that the names and circumstances of our clients have been changed to protect the privacy of our clients.*



growing diversity

Reaching our multicultural communities

My name is Carolyn and I have lived in Australia for 25 years. I have worked across a variety of roles, including Children and Young persons advocate for the Commission for Children and Young People and Child Guardian, disability support, contract management in the community capacity, and service quality and disability teams in the Department of Community Services.

I have worked for QADA for the past three years and I have been the Multicultural Advocate based in Brisbane for 18 months. My role is to provide information and education sessions to ethno specific community groups and service providers as well as supporting advocates from the regions when they are engaging with multicultural clients. I provide information about communication and cultural practices to assist the advocates to achieve positive outcomes for their clients.

As QADA's Multicultural Advocate I am involved in networks and forums that focus on the needs of community members from Culturally and Linguistically Diverse (CALD) backgrounds. Part of my role for the last six months has involved a community research project called Diverse Connections. This project was funded through a small grant from North Brisbane Partners in Recovery. Diverse Connections explored cultural capacity and access to mental health services for clients from CALD backgrounds in the Caboolture and Redcliffe areas. The report on the project will be launched by the Health and Wellness sub committee of the Collaborative Action and Response for a Multicultural Morten Bay (CARM) soon.

I attended a two-day multicultural conference in Melbourne in June and this strengthened networks and working relations between QADA and CALD specific organisations both interstate and in Queensland. The keynote speakers addressed issues of inclusion and access to support for the increasing number of post war migrants and the impacts on the delivery of community based services and residential aged care to meet these clients' needs.

For CALD community members the issue of accessing aged care services are complex and layered. QADA continues to assist consumers to access services that meet their cultural and general wellbeing needs. Some of the issues QADA has assisted clients to raise are the need for bi-lingual or bi-cultural staff, appropriate social inclusion and accessing assessments and care reviews. These issues are consistent with general advocacy work but can be more complex when layered with clients that return to their first language or return to traditional cultural practices due to dementia or grief and loss. Traditionally many cultures cared for aged family members at home but in Australian communities families are under increasing pressure from competing priorities, declining wellbeing of loved ones and not knowing what support they can access. Many families experience shame and a sense of failure when they are not able to care for their parents in the traditional way.

In the past year information and education sessions have been delivered to many ethno specific groups including Italian, Greek, Finnish, Dutch, Chinese and Islamic community groups and services.

Culturally and Linguistically Diverse

Maya* is a 79 year old Indonesian woman who speaks limited English. Her daughter, Putri*, called QADA with concerns about Maya's care.

I arranged a meeting with Maya, Putri, and an interpreter, at Maya's home. Maya explained that she was assessed to receive 1.5 hours' domestic assistance and 1 hour of social support each week. Maya said as the service doesn't have any Indonesian speaking workers, she had not been accessing the social support. She said that she would like to meet with the service provider, so I arranged a meeting.

At the meeting I stated that Maya had concerns about inconsistency with her domestic assistance support. Maya explained that some weeks the workers cleaned both her toilets, but other weeks they only cleaned one toilet. The service provider agreed that staff need to follow the care plan, which includes cleaning both toilets, and that this issue would be addressed with the workers.

The service provider said there were issues with workers arriving and Maya not being home. Maya said that sometimes she has doctor's appointments that she tries to arrange around her service, but this is difficult as she doesn't know what time the workers will be there. The service provider said that the workers would be there between 8.00am and 11.00am. Maya also said that, because she does not speak English well, she doesn't know how she can tell the service she will not be home. Maya explained that she can understand some English, if the workers talk slowly and clearly. The service provider wrote down the steps for Maya to use the telephone interpreter service so she can contact them,

and agreed to call Maya with an interpreter if they needed to talk to her.

I raised that Maya hadn't been using her social support. Maya explained that she did use it once, but the worker didn't speak Indonesian and they couldn't communicate. Maya felt very frustrated and discouraged by the inability to communicate with the worker and she felt that it was not worth having the social support if they could not talk while they were out.

The service provider said my call had prompted her to complete a staff audit to identify what bi-lingual staff they had, and to recruit more bi-lingual staff. She said that she had interviewed an Indonesian speaking worker the day before. Maya was very happy with this advice and said that she was prepared to wait a few weeks to access the new Indonesian worker.

A few weeks later I called Maya with an interpreter. She told me that the new Indonesian speaking worker had taken her shopping, and it was so good to be able to talk with her. Maya said that she still has the same domestic assistance workers, but they are now following her care plan, and she is happy. Maya said thanks to QADA, she now feels comfortable to contact the service with an interpreter.

Carolyn
Multicultural Advocate

** Please note that the names and circumstances of our clients have been changed to protect the privacy of our clients.*

I have had meetings with the Multicultural Development Association (MDA) to discuss how QADA can support the refugee and migrant community members that are requiring community and aged care services. MDA has noted that people that have had traumatic pre-migration experiences require community and aged care services at a younger age and also have more complex needs. The next step

QADA has had clients from Fijian, New Zealand, Greek, Italian, East German, Chinese, Bosnian, Hungarian, Greek, Sri Lankan, Vietnamese, Polish, Finish and Filipino backgrounds.

in working more closely with the emerging migrant and refugee communities will be to deliver advocacy information sessions to community groups and also to MDA staff in the coming months.

This year there were 573 culturally and linguistically diverse participants at our information sessions. Our presentations were translated into 29 languages to assist our advocates, with the support of an interpreter, to deliver information sessions to multicultural communities. This year we also added to our translated information cards, which are now available in 29 languages.

Carolyn
Multicultural Advocate

HACC over 65

Rosa*, an 86 year old woman receiving domestic assistance and social support through her local Home and Community Care (HACC) service, was referred to QADA as she required additional social support and assistance with her motorised scooter.

When I met Rosa in her home she explained that she had been feeling socially isolated since her good friend had moved interstate to be closer to family. Rosa shared that her friend still drove and they used to go out a few times a week and attended church together on Sundays. Rosa explained she had always been very socially active and having raised eight children she was used to being very busy. Rosa explained that recently she had been feeling lonely and now that she wasn't getting out as much as she found herself sleeping more during the day.

Rosa explained that in addition to her friend moving away, she had found it increasingly difficult to walk up the road to do her grocery shopping. Rosa enjoyed this weekly routine and felt extremely frustrated at this loss of independence. Rosa had bought a motorised scooter from her neighbour to try and maintain this weekly routine; however since injuring her arm, she was unable to reach the steering wheel. Rosa explained she had consequently been using her current social support hours to assist with her shopping. This compounded Rosa's frustrations, as she missed her independence and also missed out on using her social support hours for socialising.

After making contact with Rosa's service provider it was determined that Rosa was unable to access additional hours of support through HACC. I discussed with Rosa the option of completing a referral to the Aged Care Assessment Team (ACAT) so that she could access additional support hours every week through a Home Care

Package. Rosa decided to proceed with an Aged Care assessment and requested I support her through this process.

Rosa was deemed eligible for a level 2 Home Care Package and was consequently able to access additional hours of domestic assistance and social support each week. I also referred Rosa to a service that helped to modify her scooter so that she could reach the steering wheel confidently.

Rosa reported that she was extremely happy with the outcome as she is now receiving additional hours of support every week. Rosa felt that without advocacy support to guide her through the ACAT referral and assessment process, she wouldn't have had the confidence to proceed with the assessment. Rosa shared that she now felt confident to use her scooter, which gave her a renewed sense of independence. I was also able to connect Rosa with a free community service that provides transport on a volunteer basis. Rosa uses this service so that she can attend church every Sunday.



Nicky
Brisbane-based Advocate

** Please note that the names and circumstances of our clients have been changed to protect the privacy of our clients.*



Reaching our Indigenous communities

My name is Barry. I am the Aboriginal and Torres Strait Islander Advocate based in QADA's Cairns office.

My cultural background includes Australian South Sea Islander, Australian Aboriginal, with a mix of British. My grandmother's people were from Vanuatu and her parents were among those "blackbirded" from South Pacific Islands in the 1850s as labourers. My mother's father was an Aboriginal man whose clan group is from the Goreng Goreng people of the Gladstone region. My fathers' people were Australian born from British decent.

I have worked with or for Aboriginal and Torres Strait Islander community controlled organisations over the past 28 years in a broad range of areas including social welfare, Indigenous media, child protection, disability advocacy, primary health research, and more recently community health in a hospital setting.

I am pleased to work with the Aboriginal, Torres Strait Islander and Australian South Sea Islander community, representing, supporting and assisting our elders and people with a disability to educate, inform and advocate for their interests, in the challenges they face.

One of the first tasks upon starting in my role has been helping to revise and update the Indigenous presentations used for education sessions.

I presented and held stalls at various forums and expos including:

- Cairns, Cape York and Torres regional HACC forum in Cairns
- Tablelands regional HACC forum, and
- National Aboriginal and Islander Day Observance Committee (NAIDOC) event in Cairns.

I attended the Aged Care Roadshow in June, where the Department of Social Services presented the Aged Care Reforms to service providers from both residential aged care facilities and home and community care services.

I have been asked to assist the Guardianship Advocacy Service a few times to support clients at Queensland Civil and Administrative Tribunal (QCAT) hearings so that they are not alone.

I and the Brisbane-based Aboriginal and Torres Strait Islander Advocate, Melissa, completed an outreach advocacy trip to Palm Island. I was involved in promoting our visit through the Aboriginal media associations 4K1G in Townsville and on Bwgcorman radio station on Palm Island. Melissa outlines this trip in more detail below. I learnt something about my family history and connection to the Palm Island community during this visit. A photo display in a shop window revealed a picture of a long lost relative; the world really does seem to be getting smaller.

In the next financial year we have another outreach trip planned for Mornington Island in the Gulf of Carpentaria.

Barry
Cairns-based Aboriginal and Torres Strait Islander Advocate

NAIDOC Community Stall at Ipswich and Logan.



Hi, I'm Melissa, and I'm QADA's Aboriginal and Torres Strait Islander Advocate for the Southern Queensland region. I am based in the Brisbane office and I work with services across the southern end of Queensland, including west of Toowoomba, the Sunshine Coast, the Gold Coast, and up to Mackay.

I am a Wakka Wakka and Kubbi Kubbi woman, who was born in Brisbane. My mother is one of 12 children born and raised in Cherbourg, formally known as Barambah. My grandparents were actively involved within the community of Cherbourg and are mostly known for their role as running the boys' dormitory for 25 years. I also have a connection to the Koa Clan of North Queensland all the way up to the Atherton Tablelands on my Grandfather's side.

I have been privileged to work directly within Aboriginal and Torres Strait Islander communities for the past seven years in both government and community roles. I am passionate about community development and encourage participation on all levels in the hope of creating better access to services for my mob.

In April, I accompanied our Toowoomba advocate, Nilisa, on her yearly regional trip to Dalby, Miles and Chinchilla. Having only started with QADA in February, I was excited to travel out west to visit the people and services within those areas.

As Barry mentioned, we conducted a trip to Palm Island to engage the community and provide information on QADA's services. Services welcomed information on QADA and expressed the need for more support with Elders in the community. Overall, visiting Palm Island was a great experience and although several issues were raised, there were a lot of great things evolving. Home care workers from the local hospital announced that they have been successful in gaining funding to build a new respite centre over looking the seafront where clients can enjoy activities with the company of their friends. The Deputy Mayor also announced that they are working on setting up some residential accommodation for Elders and people with a disability so that they can stay on Palm Island and be close to family rather than having to move

to Townsville. During our visit to Palm Island, we established good relationships and moving forward I feel it's important to keep the communication lines open.

This year I was fortunate to participate in Indigenous specific training opportunities including the Acquired Brain Injury Outreach Service (ABIOS) Brain Injury Training, and Aboriginal and Torres Strait Islander Mental Health First Aid Training. I was also involved in the Greater Metro South Brisbane Medicare Local Healthy Communities Consultation Forum, and the Cultural Diversity in Ageing 2014 Conference: Shaping Inclusive Services Centre for Cultural Diversity in Ageing.

Some of the issues that have come out of the work Barry and I have done throughout this year include:

- Access to services
- Lack of knowledge on aged care reforms
- Unsure about the new 'gateway' system
- Cultural appropriateness of the assessment process
- Matters regarding Enduring Powers of Attorney, Public Trustee and Adult Guardian
- Support for carers, and
- Family abuse with Elders, both physical and financial.



Melissa
Brisbane-based Aboriginal and Torres Strait Islander Advocate

CASE STUDY

Aboriginal and/or Torres Strait Islander

I recently supported Bob*, an elderly Aboriginal man who lives in a housing commission home. Bob rang QADA and said that he had been assessed by the Aged Care Assessment Team (ACAT) as requiring two hours a week low care domestic assistance and social support.

Bob said he had issues with his service provider not advising him when they change his days. Bob said he usually gets a service on a Thursday but last week the worker came on a Friday. Bob said that he only knew about it changing because he called the service asking what they were planning to do on the Thursday and they told him it had been changed to the Friday. Bob said that he was also meant to get some social support, but he said sometimes they say they can do it, and sometimes they say they can't.

Bob was frustrated with his service provider so he used the services of a local lawyer to contact his service provider to find out why the service days had changed and query what he was allowed to get for his hours etc. He also asked the lawyer to find out about taxi vouchers that may be available.

Bob stated that the lawyer only did half of what he requested and then charged him \$500, instead of the quoted \$300. The lawyer sent a letter to Bob saying to call QADA next time he had issues.

Bob said he just wants his service provider to call him when they make changes to his days and let him know.

After visiting with Bob I arranged a meeting with his Case Manager. During the meeting all the issues were raised. It was also highlighted to the Case Manager

that the lack of communication had been upsetting to Bob and with no notification to the change in days Bob had missed important doctor's appointments.

I also explained to the Case Manager that trust is culturally important to Aboriginal people, particularly amongst our elders. I was able to educate the Case Manager on how to appropriately engage the client and advised that not getting back to clients can cause unnecessary anxiety and stress.

The Case Manager was thankful for the cultural information and said he would be mindful in the future when liaising with Bob. I encouraged the Case Manager to consider having the service undertake cultural awareness training so staff could effectively communicate with their Aboriginal and Torres Strait Islander clients.

All the issues were addressed and Bob said he was happy with the outcome.

Melissa

Brisbane-based Aboriginal and Torres Strait Islander Advocate

** Please note that the names and circumstances of our clients have been changed to protect the privacy of our clients.*

**Participants at education sessions**

694 identified as being Aboriginal and/or Torres Strait Islander

Contacts for advocacy and information

123 identified as being Aboriginal and/or Torres Strait Islander

443 identified as being from a CALD background

Consulting our consumers

QADA has always been committed to continually improving the services we deliver and we thought, "Who better to ask for suggestions than people who have used our services!"

So over the past 18 months, Renai and I have travelled across Queensland to talk to people who have used QADA's services and get their feedback. We have been fortunate enough to be able to speak to 42 clients across the state, including clients from Mapoon, Hopevale, Cairns, Mareeba, Mackay, Ogmoo, Townsville, Rockhampton, Gladstone, Hervey Bay, Maryborough, Gin Gin, Toowoomba, Sunshine Coast, Brisbane and the Gold Coast.

These extensive individual consultations focus on gathering feedback from clients about their experience with QADA's advocacy support, including:

- What worked well
- What didn't work so well
- How their experience could have been improved, and
- If advocacy support was a worthwhile experience.

QADA continues to consistently receive positive feedback from clients about the advocacy support service they experienced.

Clients also expressed that advocacy support definitely made a positive difference in their lives. Improvements were implemented as a result of information received from these consultations and future feedback received will be used to initiate improvements. We thank all of those who have and will participate in these consultations in making invaluable contributions towards enhancing QADA's services.



Renai
Brisbane-based WHSO,
Purchasing and IT Officer

Jessica
Brisbane-based
Project Officer

I was very happy. Everything was 10 out of 10! The Advocate was just wonderful! She is very dedicated, caring and kind. If the advocate was everyone's advocate then all issues would be resolved. She is just such a genuinely kind and caring person and everything is so much easier to handle now. Thank you so much!

QADA client

I would like to thank my advocate for the excellent attention he gave to me and my problems. His lovely, nice and gentle manner and his genuine concern for me as well as his knowledge made it a very smooth and pleasant experience for me. Thank you.

QADA client

Education sessions delivered

1,306

NACAP	502
HACC	308
QCCS	496

38% METROPOLITAN AREAS (498)

62% RURAL, REGIONAL AND REMOTE LOCATIONS (808)

Education sessions participants

18,147

CALD	573	Staff	7,348
Aboriginal, Torres Strait Islander, and/or Australian South Sea Islander	694	Clients, potential clients, and carers	8,390
LGBTI	159	CALD	573

Home and Community Care

Feedback from QADA clients

68 surveys sent out with 50 surveys returned from clients or followed up via phone call – 74% return rate.

	Yes
Overall were you satisfied with the way QADA assisted you?	98%
Privacy and confidentiality respected	100%
Knowledgeable advocate	100%
Resolved complaint	91%
Learning about rights	98%
Understand and assist to raise concerns	100%
Would use QADA again	100%

National Aged Care Advocacy Program

Feedback from QADA clients

111 surveys sent out with 67 surveys returned from clients or followed up via phone call – 60% return rate.

	Yes
Overall were you satisfied with the way QADA assisted you?	99%
Knowledgeable advocate	99%
Resolved complaint	97%
Learning about rights	94%
Understand and act according to wishes	94%
Would use QADA again	100%

Education sessions summary 2013

Education evaluation – National Aged Care Advocacy Program Staff

	Yes
Satisfied with the session	96%
Content useful/relevant	95%
Well presented	98%
Increased knowledge	92%
Understanding of role of QADA	95%

Education evaluation – excluding National Aged Care Advocacy Program Staff

Content		Understand	
Very useful	70%	Fully	81%
Useful	28%	Partly	15%
Not useful	0%	Not at all	0%
No response	1%	No response	4%
Level of detail		Presenter well prepared and engaged interest	
Very good	71%	Yes	93%
Good	26%	At times	6%
Inadequate	1%	No	0%
No response	3%	No response	1%

Overall Findings from Client Evaluations

99% of clients were satisfied with the way QADA assisted them

100% would use QADA again!

growing our staff



Aurelia

Brisbane-based
Administration Officer/ Receptionist

My name is Aurelia and I have been working with QADA as an Administration Officer/ Receptionist for three years.

After completing a Diploma in Human Resources Management with Southbank Institute of Technology in 2009, I volunteered for Amnesty International Australia in an administration / recruitment officer role. I also volunteered with the Maritime Museum and Seniors Computers Support.

I was born in Romania and moved to Australia in 2007 after spending a few years in New Zealand. I am passionate about helping people.

As a first point of contact for QADA, I always do my best to be positive, polite and helpful. I am really proud to work with and for such a wonderful organisation, dedicated to supporting people in need of resolving issues related to their service provision.

I am very pleased and grateful to work with such a great team.



Debbie

Brisbane-based
Advocate

Hi, I'm Deb. I have worked with QADA for 5 years.

I am a huge believer in QADA's work. I love being an Advocate. I remember as early as primary school advocating for fellow students, always sticking up for people's rights and for those vulnerable and unable to speak up for themselves.

I am extremely passionate about supporting those who feel for whatever reason they don't have a voice or a right to speak up. To experience first hand the difference QADA makes to people's lives is amazing.

2013-2014 has been a very exciting year, especially as QADA has taken full advantage of the new social media age. QADA is reaching so many more people now than it ever has. So many lives are being changed by our work.

Here's looking forward to 2015.

I worked at QADA in a three month volunteer placement while studying for my double Diploma in Counselling and Community Service Work. During this time I was shown what it really means to be working with an organisation that truly believes in social justice. I was very welcomed by all staff and management, with many kindly guiding me through the areas of which I had little knowledge. I learnt a great deal and working with QADA helped to make solid my belief about the value of advocating for those more vulnerable than ourselves. I can truly recommend QADA as an organisation that really cares and believes in advocating for those it represents.

Rene, student on placement with QADA





growing workforce capacity

mhWISE Older Persons' Mental Health Awareness Training

It's been an exciting year of transition for our mhWISE program, as QADA re-launched the mhWISE workshops in partnership with the Australian College of Community Services and established our first cost recovery service.

This has enabled us to meet a significant gap within the sector by enhancing workers' awareness of how to support older peoples' mental health and identify and work effectively with those at risk of mental health decline or who are experiencing mental illness.

We have redeveloped the original mhWISE training program into a comprehensive awareness program that is also inclusive of senior staff and residential care workers. The broader need for the program was evident from feedback we received through the original project, with more senior workers and those outside of the HACC sector seeking similar training. We were also prompted to extend mhWISE to include the residential care industry in response to alarming statistics showing that in Australia, 53% of residents in aged care may be suffering from depression. (*Depression in residential aged care 2008–2012. Australian Institute of Health and Welfare*).

The three new mhWISE one day older persons' mental health awareness training programs are:

- **mhWISE Community Care:** This training is for enrolled nurses, assistants in nursing, personal care, social support or home care workers, domestic support staff, disability workers and volunteers or similar working within the community.
- **mhWISE Residential Care:** This training is for enrolled nurses, assistants in nursing, personal care workers, domestic support staff, lifestyle activity officers, volunteers or similar working in residential aged care.

- **mhWISE Senior Staff in Residential and Community Care:** This training is for more experienced enrolled nurses, registered nurses, allied health workers, diversional therapists or those in similar roles who may not have mental health training.

Since September 2013 these workshops have been offered in Brisbane as public sessions that individuals can attend and also as in house training for organisations. We have also developed new training resources to ensure that the key training message of early identification translates into daily improved work practices for front line workers.

The new programs have been well received and mhWISE is growing a reputation for offering comprehensive programs that meet the needs of aged care and community care workers. Several large organisations have embraced the new mhWISE programs, purchasing a number of workshops for in-house staff training across their organisation. We have been thrilled with the feedback from these sessions. Training evaluations clearly demonstrate a marked increase in staff confidence to support older persons' mental health and to work effectively with those experiencing mental illness. For more information visit our mhWISE website at mhWISE.org.au

*I found the concepts very useful.
I have already used some of the ideas and I only
did the training a few days ago.*

Participant testimonial

Guardianship Framework Workshops

This year we continued to deliver our Guardianship Framework Workshop throughout the state. My colleague, Karen, and I delivered the workshop in 20 different locations including in Brisbane, Ipswich, the Gold Coast and Sunshine Coast as well as in Rockhampton, Emerald, Townsville, Mackay, Toowoomba, Mount Isa, Charleville, Roma, Bundaberg and Longreach.

In total, more than 400 people attended the workshops. Participants were from community legal centres, Queensland Health services, disability services, aged care facilities, disability and mental health advocacy organisations and Home and Community Care services.

During the workshops, we discussed:

- What it means for an adult to have capacity to make a particular decision
- Enduring Power of Attorneys
- Advanced Health Directives
- Statutory Health Attorneys
- The principles that underpin the guardianship framework
- The public bodies that make up the guardianship system (the Public Trustee, the Office of the Adult Guardian and the Office of the Public Advocate), and
- The Queensland Civil and Administrative Tribunal (QCAT).

The workshops concluded with a mock tribunal hearing in which participants took on roles including tribunal members; an adult with reduced capacity, and family

members seeking appointment as guardians and administrators.

We were very lucky that the Public Advocate of Queensland, Jodie Cook, attended a number of the workshops to speak directly about her role.

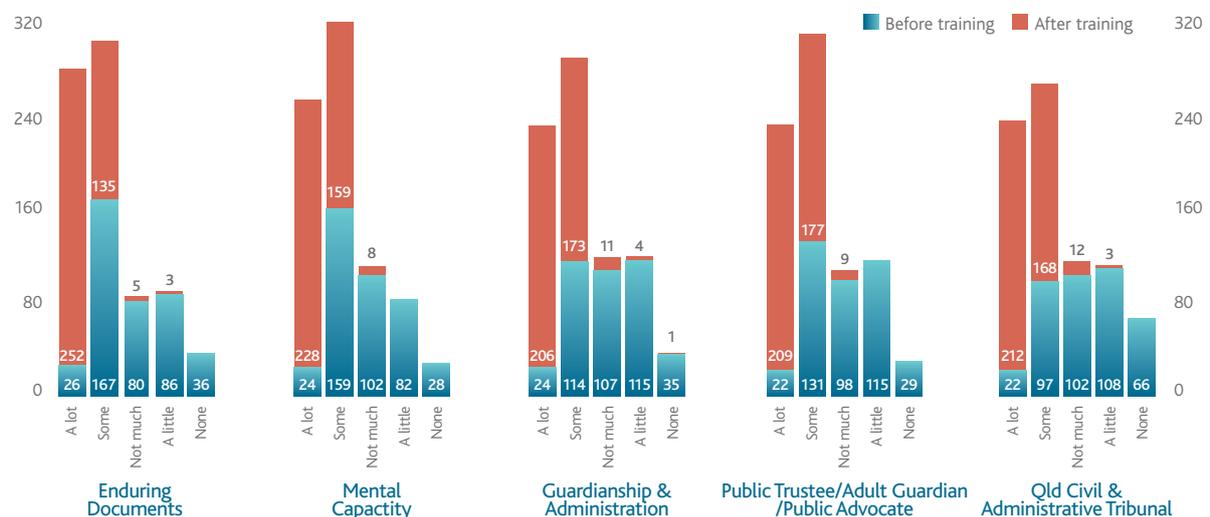
The feedback received from participants at the workshops was very positive. We were particularly pleased that, 10 to 12 weeks after the workshops, 89% of workshop participants said that they had used the information learnt at the workshop to provide information to clients about appropriate services, and 93% had shared the information that they had learnt with work colleagues. Some 94% of participants agreed that the workshop was useful and applicable to their current occupation and that they felt more confident in their own knowledge and provision of services after attending the workshop.

We would like to thank everyone who attended the workshops and Legal Aid Queensland for contributing funding towards their delivery in regional areas.



Kylie
Brisbane-based Guardianship Advocate

What did you learn at the Guardianship Framework Workshop?



CASE STUDY

Guardianship

As an advocate in the guardianship team at QADA, one of the highlights of my year was working with a client named Sally*. Sally dearly wanted to regain control of her finances. When she contacted QADA, a Queensland Civil and Administrative Tribunal (QCAT) hearing had already been held. QCAT had decided that Sally did not have the capacity to make financial decisions for herself and had put the Public Trustee in place to make these decisions. Sally was not happy that the Public Trustee was charging fees for this service or that they insisted on insuring her home.

I assisted Sally to prepare an application to QCAT, asking that they declare that she was capable of making all of her own financial decisions. Sally and I met about four times to talk about the application and to put together information to support the application. Sally completed the application form and I wrote to the Tribunal explaining the conversations that I had had with Sally, and the various ways in which she had been able to indicate that she understood the decisions that she had to make about her finances, and how to go about putting these decisions into action. One of the concerns of the Tribunal at the first hearing had been that Sally might have trouble staying on top of her bills. Sally showed me her bills and I made a copy of these. I put together a table showing that Sally had paid all of her bills and most of these had been paid on time.

About three months later, a QCAT hearing was held. I sat with Sally during the hearing. Sally explained to QCAT that she felt that she was able to make her own decisions about her finances. QCAT asked Sally about her financial situation and she answered the questions well. When needed, I stepped in to tell QCAT about conversations that Sally and I had had when preparing the QCAT application and the ways that she had been able to indicate that she understood her finances.

At the end of the hearing, QCAT decided that Sally was capable of making all of her own financial decisions. Sally was elated, and she thanked me and QCAT saying that she "felt like a human again." QCAT encouraged Sally to make an Enduring Power of Attorney (EPA) so that, if she was ever in a position where she did lose capacity to manage her finances, she had in place a decision-making arrangement that suited her.

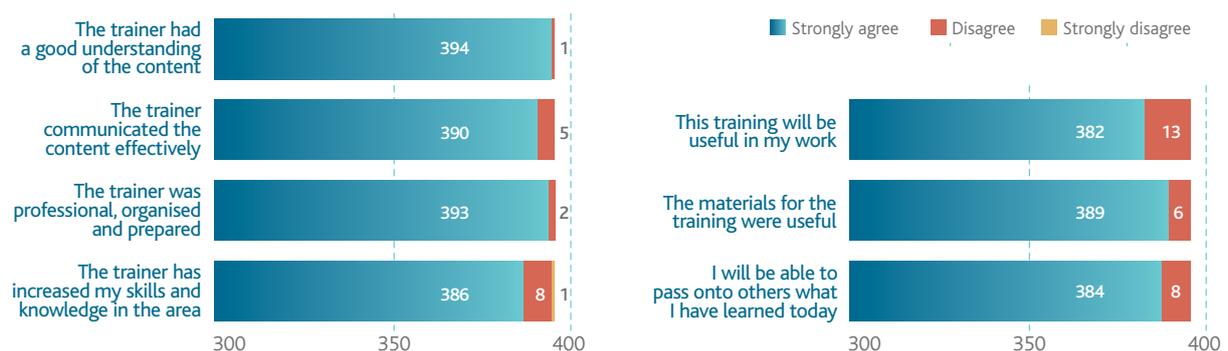
After the hearing, a QADA student volunteer helped Sally to arrange to see a solicitor at a Community Legal Centre. Sally thought very hard about who she would like to make decisions for her if she lost capacity in the future and what restrictions she would like to put in place on the decisions that could be made on her behalf. She and the QADA student volunteer attended the Community Legal Centre together and Sally captured all of her wishes in her EPA.

Sally was very happy to have been able to take control of her financial decisions as well as to have in place a decision-making arrangement for the future which reflected her preferences and priorities.

Kylie
Guardianship Advocate

* Please note that the names and circumstances of our clients have been changed to protect the privacy of our clients.

What did you think of Guardianship Framework Workshop?





growing our future

Guardianship Advocacy Service

The guardianship team had an extraordinarily busy year. We are staffed by 3 lawyers working part-time (which only make up one full-time equivalent). We were very ably and kindly supported by 2 volunteers and 8 students from both the Queensland University of Technology and the University of Queensland throughout the financial year.

Our team has assisted 195 clients in relation to Enduring Power of Attorney issues or guardianship and administration issues. The types of issues included people:

- Seeking a declaration of capacity
- Reviewing the appointment of their guardian or administrator, or
- Seeking to dismiss an initial application for someone else to manage their affairs.

Besides assisting people at the Queensland Civil and Administrative Tribunal (QCAT), we assist people to negotiate with their appointed decision-maker, such as the Office of the Public Guardian and Queensland Public Trustee, or family member.

We have also informed people on how to go about revoking their Enduring Power of Attorney, after checking with their doctor that they have capacity

to do so. Clients are then free to choose who they want to be their attorney in the event that they no longer have decision making capacity.

Often our clients find that the support QADA provides is invaluable as they try to present their issues, in an environment that is increasingly protective and ready to make sure that other people or government agencies are appointed to make decisions for them.

Besides our individual advocacy work, the Attorney General's department, both State and Commonwealth, approached QADA to provide submissions and individual assistance. We have welcomed this approach and have been pleased to be involved.

Also, we are participating in two new community legal education programs. One for mental health consumers (and their carers) who are also subject to guardianship and administration orders with Queensland Advocacy Incorporated (QAI), and the other to produce a DVD in conjunction with Carers Queensland, Office of the Public Guardian and the Public Trustee, to educate the community about QCAT processes.

Karen
Brisbane-based Guardianship Co-ordinator

The coming year provides us with continuing challenges. We are lucky to have had an influx of students for semester two, including four with the guardianship team.

Law and Social Work Support Service Project: Inter-Disciplinary Student Clinic

The Inter-Disciplinary Student Clinic project is a collaboration between QADA and the Burnie Brae Centre and seeks to provide information, referral and support to people aged over 65 years, and people under 65 years living with a disability.

The project commenced in July 2013 through a Master of Social Work student placement, and was further developed by a human services student placement and social work volunteer.

Older people can sometimes struggle to connect with appropriate services or information, especially when their concerns have a legal component. For this clientele in particular, technological barriers to finding information can exist, with limited access to online resources. The lack of targeted and accessible legal services for older people can make them vulnerable to abuse as they might be dependent on family or friends to help them find the right information (QCOSS, 2009).

To find out what types of concerns the members of the Burnie Brae Centre face in their lives, we conducted a survey and compiled a list of the most commonly reported concerns, which included: losing a loved one; accessing care (in home or in residential aged care); planning for the future; thinking about preparing an Advanced Health Directive, Enduring Power of Attorney, or a will; dealing with debts or scams; family relationships; and retiring.

The next step was to look for a way to provide free support to help with some of those reported issues. We were also interested in providing valuable clinical experience for our students. A partnership model between law and social work students emerged.

A lack of awareness of legal rights and low confidence in enforcing those rights were found in older people, and the law was often perceived as disempowering and ineffective (NSW Law Foundation, 2004).

We are excited about working with the local community on this innovative project, about connecting with clients and other community organisations to better support the needs of vulnerable people within our community.

Research has shown that this approach can be very effective in supporting clients with multi-dimensional issues, but also in helping students to become flexible, collaborative and effective practitioners.

We are very excited to have received funding through James Cook University and Health Workforce Australia to trial and evaluate the clinic between July and November 2014. We have already achieved a range of our project milestones, including recruiting a project officer, three social work students and two law students; developing promotional materials; networking with other local organisations; developing clinic and evaluation procedures; and completing the Student Orientation Program. Our clinic doors will open on 4 August 2014.

My social work student placement at QADA was professionally and personally very rewarding. I was able to gain a wealth of new knowledge and skills through direct practice when completing intake calls and consumer education, through observing the advocacy process, and by completing a community development project in partnership with the Burnie Brae Community Centre. Experiencing QADA's commitment to social justice, human rights and client-centred practice in all areas of their work was a great privilege and inspiration, and this commitment shines also through in their warm workplace culture and personal interactions. Thank you QADA for a wonderful learning experience!
Romana, student on placement with QADA

growing
awareness



 **1,471**
Facebook likes

 **20,863** + **58,137**
Website visits Page views

91,187 *total combined weekly reach on Facebook*

5,869 *people engaged through Facebook*

 **161,003** Resources distributed

2013-2014 was a very exciting year for QADA in awareness growing activities as we continued to identify new and innovative ways to reach our client group!

We enthusiastically moved into the world of social media. I was fortunate enough to have the opportunity to attend the Social Media Marketing Conference and Developing an Effective Digital Marketing Strategy training. After developing a digital media plan, on 20 February we launched our Facebook page. We saw this as an opportunity to reach more potential clients and their families throughout Queensland and share information of interest to our client group.

With our Facebook campaign proving so successful, we then launched our LinkedIn business page.

We developed our first electronic newsletter with the inaugural edition distributed in April to 2179 contacts. These newsletters will continue to be produced and distributed bi-monthly.

With the launch of our newly branded website in June 2013, we continued to update the website with news items and events. We also completed enhancements to our website:

- Added Rich Site Summary (RSS) news feed (to allows users to subscribe to our RSS feed which includes items updated on our news page and acts like a live updating bookmark for the website)
- Added sitemap (to help search engines find content on our site), and
- Made responsive changes (so the website is resized according to the device it is viewed on).

We ran regular polls on our website with:

- 76% of voters saying that either they, or someone they knew, were aged between 50-65 years and were having trouble accessing community care services
- 60% stating they or someone they knew had suffered retribution as a result of making a complaint about their aged care or community care service, and
- 80% of voters saying that they believed raising the retirement age was not a positive response to an ageing population.

We were fortunate to receive a Google Adwords Grant. This grant enabled us to have our ads appear on Google searches, increasing our exposure. Through this campaign we had 51,853 impressions (the number of people who have viewed our ads).

Evaluations from our information sessions showed people wanted more scenarios demonstrating QADA's advocacy services. So this year we worked to develop and produce a new DVD. The DVD is in the final stages of completion and will be rolled out in the new financial year. On completion of the DVD, we will start an awareness campaign incorporating the DVD scenarios into a suite of factsheets/posters.

With generous support from 1116 4BC and Magic 882, QADA commenced a radio campaign in May. In May and June, 33 people who contacted QADA identified as hearing about QADA through the radio campaign. The campaign will continue until May 2015.

We were invited by the Australian Government Department of Social Services Aged Care Complaints Scheme to write a blog for their website. This blog can be viewed on our website.

We also started a process to develop culturally appropriate illustrations to use in our Aboriginal and Torres Strait Islander PowerPoint presentations. These illustrations will complement QADA's current suite of resources and enhance our ability to reach Aboriginal and Torres Strait Islander clients and families in a culturally appropriate manner.

As we move into a new year, we will be looking 'outside the box' for innovative and cost effective ways to promote our services to potential clients throughout Queensland.



Sally
*Brisbane-based Communications
and Strategy Officer*

Financial snapshot

Financially 2013-2014 was a stable year for QADA. Overall, actual income for the year was \$2,847,686, up by \$138,596 from the previous year, which included substantial funding rollovers.

Funding from government has improved, largely due to the Department of Social Services' recognition of the increase in demand for the National Aged Care Program (NACAP), along with wage supplementation funding to assist with the Commonwealth Government's *Fair Work (Transitional Provisions & Consequential Amendments) Amendment Regulation 2012 (No. 2)* for the Home and Community Care (HACC) Program.

QADA has had significant growth in revenue for the organisation's cost recovery training programs, with actual income for the year being \$63,176, up by \$60,156 from the previous year. This growth is largely due to the demand for the highly regarded Guardianship workshops, and the joint partnership between QADA and the Australian College of Community Services, for the delivery of mhWISE training programs.

New non-government partnerships were established, with two-year funding agreements secured with Medicare Local Metro North Brisbane for the delivery of HACC advocacy support and client consultations. A collaborative partnership with the Burnie Brae Centre was also established for an Inter-Disciplinary Student Clinic, comprising social work and law students, to provide information, referral and support to people aged over 65 years, and people under 65 years living with a disability. QADA was successful in securing

funding through the James Cook University and Health Workforce Australia to trial and evaluate the clinic between July and November 2014.

Total expenditure for the year was \$2,892,242, an increase of \$148,712 from the previous year. This escalation in expenditure is predominantly the result of the continued investment in increased staff wages and associated direct service delivery costs, in order to meet the increasing client demand for QADA's services. Our staff are our greatest asset.

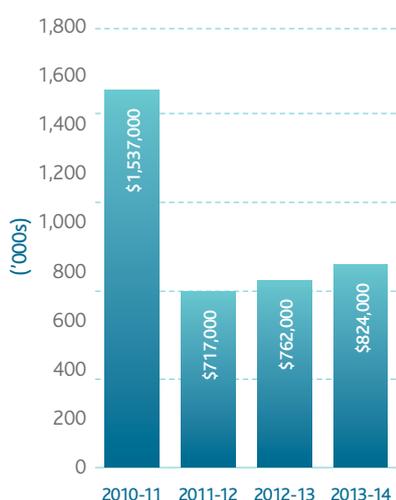
QADA's total cash position increased between years, with a closing cash balance of \$823,728 at the end of the financial year, up by \$61,844 from the previous year. The closing cash balance has been impacted by grants and funding received prior to year-end being reflected in the financial report as unexpended funds carried forward.

The financial challenge for QADA for 2014-2015 will be to secure future longer term revenue streams to support its programs. While we remain dependent upon ongoing receipt of government grants to ensure the continuation of our programs, our independent income streams are showing financial promise.



David Hayes
Treasurer

Cash at End of Financial Year



Sources of Income



Expenditures 2013–14

Staffing	75.45%
Communication	5.91%
Travel	5.67%
Premises/ accommodation	4.56%
Promotion	3.18%
Contracted services	3.15%
Equipment, furniture, IT, etc	1.49%
Other expenses	0.59%



QADA
giving you a voice

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QADA acknowledges the traditional custodians of this land and pays respect to elders, past and present.
QADA – Queensland Aged and Disability Advocacy Inc.