



# ANNUAL REPORT

2001/2002

## CONTACT DETAILS

**PERTH**                    **Level 3 Kings Complex**  
**517 Hay Street**  
**Perth WA 6000**

**Phone**                    **(08) 9221 8599**  
**Facsimile**                **(08) 9221 8699**  
**email**                    [advocare@iinet.net.au](mailto:advocare@iinet.net.au)

**BUNBURY**                **PO Box 1096**  
**Bunbury WA 6231**  
**Phone and facsimile**    **(08) 9721 3344**  
**email**                    [advobun@geo.net.au](mailto:advobun@geo.net.au)

**Freecall number**        **1800 700 600**

**Web site address:** <http://www.iinet.net.au/~advocare>

Access for disabled people is available at both sites

### **BOARD MEMBERS 2001-2002**

Mr Harry Sorensen AO MBE	Independent Member (Chair)
Ms Catherine Crawford	Independent Member
Ms Sue Dunne	Country Women's Association
Ms Alma Fernihough	People with Disabilities
Ms Noreen Fynn	Carers Association of WA Inc.
Ms Lois Johnston	Council on the Ageing WA (Minutes)
Ms Nancy Pierce	Health Consumers Council

### **STAFF at 30 June 2002**

Maureen-Helen	Manager
Miriam Kelly	Advocate, North Metropolitan
Margaret Cowan-Guthrie	Advocate, Lower South Metropolitan
Michael Crowley	Advocate, East Metropolitan
Stephen Evans	Advocate, South Metropolitan
Krystal Holmes	Advocate, South West (Bunbury)
Bethany Faye	Project Officer, Abuse Prevention Program
Maureen Sellick	Advocate, Abuse Prevention Program
Megan Dunbar	Administrative Officer

## **ON-GOING FUNDING**

- **Commonwealth Department of Health and Ageing**

Advocare Inc. is funded under the User Rights provisions of the *Aged Care Act 1997*. The Department of Health and Ageing is responsible for funding of advocacy agencies each of the states and the Australian Capital and Northern Territories. Under this funding, Advocare's purpose is to provide education, information, support and, if necessary, representation, to residents in aged care facilities and recipients of Community Aged Care Packages (CACPs) to ensure that their rights and best interests are upheld. Advocacy is also available to assist relatives, families and other support persons acting on behalf of a resident or recipient of a CACP.

- **Health Department of Western Australia**

The State Government provides funding for advocacy, as part of the Home and Community Care (HACC) program, to ensure that people receiving community aged care services through the HACC program have information about their rights as consumers and support to pursue any complaints they may have about the services they receive.

## **PILOT PROGRAM**

In addition to the above funding, Advocare Inc. currently receives funding from the HACC program for a two-year pilot program for the prevention of elder abuse. This program was funded from 1 July 2001.

## **MODEL OF SERVICE DELIVERY**

Advocare uses an advocacy model based on human rights principles across all of its programs (residential care, HACC and the Abuse Prevention Project). According to the United Nations, older adults are entitled to expect, and to experience, the same rights as others. These rights include the following:

- The freedom to make their own choices and to take risks
- Safety and the right to live free from fear and intimidation
- Respect at all times, including the respect of their dignity and privacy
- Freedom of speech and association
- Support they may need.

## **PHILOSOPHY**

Unless proven otherwise, it is assumed that the clients of Advocare are capable of making the decisions that affect their lives. Advocates encourage clients to exercise their rights. We emphasise to clients that they are the best people to make decisions for themselves, regardless of their age.

Advocare does not collude with the widespread view that older adults in general are 'vulnerable' or 'in need of protection'. Instead, we work with and alongside our clients to ensure their rights are respected and to assist them to achieve the best possible outcomes when they have complaints about the services they are receiving.

Although advocacy frequently means involvement in situations of conflict, advocates endeavour to avoid confrontation whenever possible, and to respect the rights of everyone involved.

Advocacy is not neutral. It works on the side of the disadvantaged party. Advocates do not mediate, although they do sometimes negotiate outcomes for their clients.

When clients have decision-making disabilities that render them unable to decide what is in their best interests, Advocare works with their families or friends to resolve complaints. When there is no one to make decisions for the client or when there is conflict between relatives about what is in the best interests of the client, Advocare refers to the Office of the Public Advocate, or encourages the service provider to apply for the appointment of a substitute decision-maker (guardian).

## **CHAIRPERSON'S REPORT**

This has been another year in which Advocare Inc. has developed its capacity to provide information and advocacy assistance to its target group.

In the first half of the year, the Board and staff members participated in a planning day. This was the first step towards developing a five-year-plan for the future of Advocare. The Board adopted the final plan at its meeting in December. It is now in place as a broad blueprint that can be modified to meet future changing circumstances in aged care and the ageing population. The plan includes innovative ways to deliver advocacy assistance to potential clients across this vast State. In addition, several groups of people whose needs for advocacy are not currently being met were identified and the plan broadened to encompass them.

Advocare was pleased to receive growth funding from the Department of Health and Ageing in the second part of this financial year. This funding has enabled the agency to begin immediately to address matters of urgency identified in the planning process. In particular, there is now additional emphasis on the provision of advocacy to recipients of Community Aged Care Packages. The number of these Packages has increased dramatically over the past few years, but the distribution of information and provision of advocacy has not kept pace with the growth. This balance has now been restored with the employment of a part time advocate to focus on the needs of these people.

The additional funding has also made possible the extension of face-to-face advocacy provision for clients in Kalgoorlie and Albany. It is anticipated that this will be extended to Geraldton in the near future. An extensive survey undertaken by consultants into the adequacy of the availability of advocacy for residential aged care recipients in rural and remote areas across Australia identified gaps in the provision of advocacy. The consultants commended an innovative proposal from Advocare to employ suitable contractors in larger regional towns. This has been made possible through growth funding from DHA.

The Commonwealth Department of Health and Ageing and the Home and Community Care Program of the Health Department of Western Australia have an ongoing commitment to the provision of advocacy support to recipients of residential and community aged care services. I would like to thank them for their continuing support of Advocare.

My thanks to the members of the Board for the valued contributions they have made to the ongoing governance of Advocare.

On behalf of the Board, I would also like to thank the manager and staff for their continued commitment to the rights of older people and their willingness to apply themselves with skill, tenacity and respect to what are often complex and contentious issues.

**Harry Sorensen AO MBE**  
**Chairperson**

### **MANAGER'S THANKS**

The year 2001-2002 provided a number of challenges from a management point of view.

My thanks to Mr Harry Sorensen and to the Board for their generous and consistent support and encouragement during the year.

I would also like to thank my colleagues, who have continued to provide quality advocacy and education for our clients.

I am particularly grateful to Ms Megan Dunbar, Administrative Officer, for her skills and willing adaptation to new conditions, while providing support to the advocates and me.

Maureen-Helen  
**Manager**

## MAJOR ACHIEVEMENTS FOR 2001-2002

### 1. Development of an abuse prevention program

Advocare Inc. received \$95 000 from the Home and Community Care Program (HACC) of the Health Department of Western Australia. This is the first instalment of two-year funding for a pilot project to educate the public, including older adults, about elder abuse in the community and to provide advocacy assistance for those who are being abused, or who are at risk of abuse.

Although this project is not funded for the Residential Aged Care Advocacy Services Program, it has greatly increased the profile of Advocare among service providers. For example, 16 members of Aged Care Assessment Teams (ACATs) and other hospital social worker have attended education sessions; HACC coordinators and workers who also provide Community Aged Care Packages have also attended. The Abuse Prevention Program advocates have provided education sessions in three regional hospitals.

### 2. Development of a position paper on the use of restraints

Advocare Inc., with other agencies, was invited to submit a paper to, and to attend, a hearing of the Guardianship and Administration Board. The Board had before it an application for guardianship in relation to a resident who had been restrained in a low care facility, without adequate consultation. The case was referred to the Board at the instigation of the Aged Care Standards Agency, following a review visit to the facility.

Advocare submitted and spoke to a paper which strongly suggests that the application of restraint without due authorisation by a legal representative is an act of assault against the person. The Crown Law Department in Western Australia concurred with this opinion.

The Chairman of the Guardianship and Administration Board directed that interested parties should develop a set of guidelines for use in Western Australia. The Nurses Board of Western Australia undertook to manage this project, and Advocare has been represented at all subsequent meetings.

Advocare Inc.'s paper on restraint is available on the Advocare web site ([iinet.net.au/~advocare](http://iinet.net.au/~advocare))

### 3. Visits to rural and remote areas

The number of visits by advocates to rural and remote areas of the State were increased in this financial year. The number of visits is made possible because the costs are shared between the HACC funded and RACASP funded programs, allowing an increase and greater flexibility, both for travel and for back filling positions when advocates are out of the office for extended periods.

- **Kalgoorlie**  
One routine visit was undertaken, as well as two additional visits in response to threatened closure of the Kalgoorlie Nursing Home. The part played by Advocare was recognised by the Mayor of Kalgoorlie, who came to the office to thank the advocate for her work on behalf of residents, and the agency for its rapid response.
- **Albany**  
One routine visit was made to Albany and surrounding towns, including Mt. Barker, Denmark and Denbarker. Aged care facilities and Home and Community Care Services and Community Aged Care Package (CACP) providers were provided with education about the rights of residents and recipients of community aged care services. The advocate met the residents in aged care facilities and provided education sessions.
- **Great Southern**  
The advocate visited Kojonup and Katanning. Residents and workers in aged care facilities, He also addressed a meeting of HACC service providers from the whole Great Southern Region, most of whom provide CACPs.
- **Eastern Wheatbelt**  
Aged care service providers and residents in eight country towns attended education visits provided by the advocate.
- **Pilbara**  
The manager of Advocare addressed all HACC coordinators in the Pilbara, most of whom also provide CACPs in the remote areas of the region. She provided an education session for staff and residents in a nursing home and hostel in Port Hedland. She also attended a meeting of care recipients in Wickham, and visited a number of HACC recipients in their own homes.

#### **4. Provision of advocacy in rural and remote areas**

A plan has been developed to provide more timely and efficient advocacy assistance to residents in aged care facilities and recipients of CACPs in Kalgoorlie and Albany. With growth funding from the Department of Health and Ageing, this assistance will be delivered by contract advocates in Kalgoorlie and Albany. Contracts have been developed by a solicitor and it is expected they will be signed in the next week. Orientation, ongoing supervision and staff training will be provided from Perth. It was anticipated that Geraldton would also be included in this new initiative, but there has been some difficulty obtaining a suitable contractor because of the danger of conflict of interest with existing service.

#### **5. Community Aged Care Packages**

A plan is in place to better target recipients of CACPs. With growth funding from the Department of Health and Ageing an advocate will work .2 FTE to provide education for service providers and information for recipients of CACPs. New brochures have been developed specifically for this purpose.

## CONTRIBUTION OF ADVOCARE INC. TO RESOLUTION OF SYSTEMIC ISSUES

### 1. Nurses Board Restraints Committee

Advocare is represented on this committee to develop guidelines for nurses in relation to restraints.

### 2. 'Policy for discharge of in patients in care awaiting placement', Selby Lodge

Selby Lodge is a psychogeriatric assessment centre under the management of the State Health Department. The facility had developed a policy which undertook to return patients who could not be placed in suitable aged care facilities to the care of their families. The inability to place these patients arises because there are no beds available, or the behaviour of the client is such that no facility will accept them. As a result of the intervention by Advocare, the policy was modified.

### 3. State Aged Care Advisory Plan

Advocare contributed a submission to the above plan for the provision of improved services for the ageing population. The submission addressed the issues relating to the shortage of beds in aged care facilities; inadequate discharge planning; provision of short term 'rehabilitation' or 'convalescent' care following an acute episode that otherwise would lead to admission to an aged care facility; rationalising the community aged care services available (HACC, CACP and Veterans' Affairs Homecare), and the provision of more structured standards and accountability for community aged care.

### 4. Aged Care Services Australia

Advocare contributed to the discussion, via a written submission, to a paper developed to plan for the future of community aged care services, including CACPs.

### 5. State Homelessness Taskforce

The plight of people in so called 'care awaiting placement' beds was addressed in this submission. It is Advocare's position that people in these beds is that of secondary homelessness: they are in substandard accommodation (not policed by the *Aged Care Act 1997*); and the accommodation is of a temporary nature.

### 6. HACC brochures

HACC in Western Australia have developed a number of brochures to address a variety of concerns relating to HACC and CACP clients. Advocare was invited to have input into these.

## **7. Office of Seniors Interests research**

Advocare also contributed on the reference committee for research into the prevalence and incidence of elder abuse in the community and in aged care facilities.

## **8. Flexible care**

Advocare was represented on an advisory committee to discuss the provision of flexible care under the *Aged Care Act 1997*. This care is to be provided in rehabilitation centres, with ongoing CACPs and HACC services for a limited time when clients return home.

## **9. Taskforce on positive ageing**

The agency was invited to contribute to the work of this taskforce, in particular through the work it does in the area of elder abuse. Although the APP is funded by HACC, the issue is relevant for people living in aged care facilities and receiving Community Aged Care Packages.

## MAJOR SYSTEMIC ISSUES IDENTIFIED

The following major systemic issues were identified, not only from statistics, but from discussion with key stakeholders in the area of aged care.

1. Little or no improvement in the shortage of beds in residential aged care facilities (approximately 300 in Western Australia). This was identified and reported last year.
2. Provision of so called 'care-awaiting-placement' beds in facilities that are no longer used as aged care residential facilities because they are unlikely to meet the next round of accreditation requirements. These care-awaiting-placement beds are funded from the state health budget. They are not required to meet standards of aged care facilities. There has been no improvement in this area in this financial year. People occupying these beds are homeless under the definition of the national Homelessness Taskforce: they are in substandard, temporary accommodation.
3. Pressure on families to make urgent and painful decisions about long-term care of older people so that hospital beds can be freed up for acutely ill people. (No change from last year).
4. The use of chemical and physical restraints in aged care facilities without authorisation of a person with legal authority. Under common law, the restraint of any person without their consent is an assault, but in aged care facilities the practice is widespread. Doctors and nurses do not have the authority to restrain without consent. Where there is no person of legal standing (this does not mean a spouse) applications should be made to the Guardianship Board for the appointment of a guardian to make the decision on behalf of the resident.

While we recognise that in some cases it is necessary to restrain residents, we urge the Commonwealth Department of Health and Ageing to consider the legal aspects of this action.

5. Security of tenure is still a major problem (45 clients for Advocare this financial year). Many facilities appear unaware of the requirements of the *Aged Care Act 1997* in relation to security of tenure.
6. Provisions for administration of insulin in facilities where there is no registered nurse creates major problems for providers and clients. One major group of facilities tried to refuse to readmit a woman who was prescribed insulin while in hospital.

## ADVOCARE'S ABUSE PREVENTION PROGRAM

In December 2000 the Board of Advocare applied to Home and Community Care Services (HACC), Health Department of Western Australia for funding for a two-year Abuse Prevention Program (APP) pilot project. It was proposed that Advocare's APP would be aimed at addressing the problem of elder abuse and the target population would include clients, and potential clients, of Home and Community Care services in the Perth metropolitan area.

In June 2001 Advocare was advised by HACC that this project proposal had been successful and funding for the first year of Advocare's APP had been approved. (In February 2002 Advocare was advised that funding had been approved for the APP's second year.)

### **The Role of the APP**

The role of the APP is to *support older adults living in the community who are being abused, or who are at risk of being abused, by someone with whom they are in a relationship of trust, such as family and friends.* The objectives of the APP are:

- To provide information and advice regarding rights and responsibilities of specific target groups.
- To provide and support individual and group advocacy.
- To facilitate the establishment of an advocacy network support system.
- To influence policy development which will promote and protect the rights of older people.

Advocare's APP has largely been based on the design of the APP that is run by the Aged Rights Advocacy Service (ARAS) in South Australia. This decision was to a large degree based on knowledge about the success of ARAS's APP. By using that program as a model Advocare's APP was able to move swiftly and smoothly from the design stage to actually providing advocacy and education. This step was achieved within weeks of the employing the APP project officer (September, 2001).

Initially, because it was a new program, Advocare's APP was an unknown entity within the community and relevant fields. With this in mind the APP team (the Project Officer and one advocate .4FTE) planned, for the first year at least, to remain focused on objectives one and two; the provision of abuse prevention education and advocacy. Therefore, the primary task was to begin to inform older adults about the APP and also to promote awareness about this program to other people who may witness, suspect, or have confided to them, situations of elder abuse. It was anticipated that requests for advocacy support for older adults would begin to be made once knowledge about the existence, role and reputation of the APP began to disseminate throughout the community (including community aged care services).

It was from this starting point for the APP that the "Action Plan" for January 1, 2001 to June 30, 2002 was drawn up. This action plan included the following concrete aims:

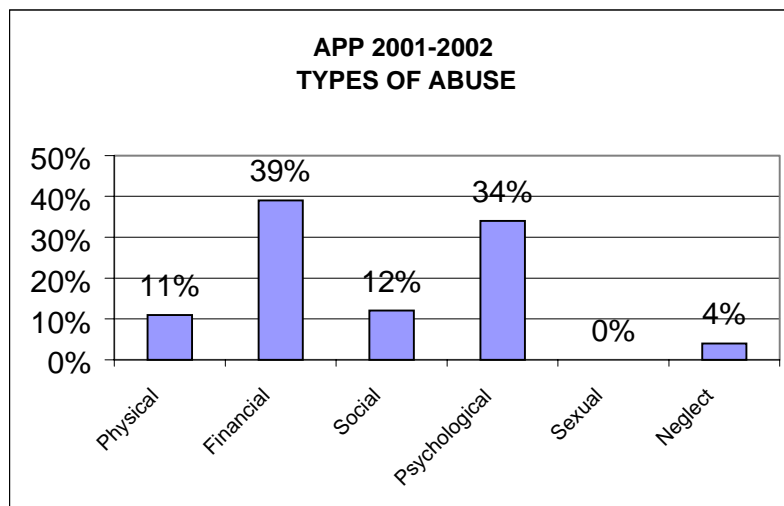
- **Aim 1:** By June 30 the APP aims to have 150 potential clients attend APP workshops or education sessions.
- **Aim 2:** By June 30 the APP aims to have had 400 community professionals, service workers and members of community groups attend APP workshops and education sessions.
- **Aim 3:** By June 30 the APP aims to have 60 clients.

### Achievement of the APP

By June 30, 2002 the APP had achieved beyond the above stated aims and provided abuse prevention education to 1019 individuals. Of these, and with regard to Aim 1, the APP provided education to 297 HACC clients (almost all were older adults) and 150 members of the general community; who were also, for the most part, older adults (totalling 447). Regarding Aim 2, education about elder abuse and the APP was delivered to 366 HACC staff, 35 tertiary students, 42 unpaid carers, and 129 other professionals and relevant individuals; including medical professionals, police and lawyers (a total of 572).

In relation to the APP’s third aim, by June 30 advocacy support had been provided to 98 clients. Statistical data from APP case records has revealed that 71 of the APP’s clients were female and 27 were male. With regard to the types of abuse experienced by APP clients, the most common included financial (39%) and psychological (34%). (It is important to note that in most cases of elder abuse more than one type of abuse was experienced by clients). (Refer Figure: 1.)

Figure 1: Types of Abuse



In the majority of cases the alleged perpetrator of abuse was male (58%) and in about 75% of APP cases the alleged perpetrator was a member of the older adults family (including son/daughters-in-law). Furthermore, in about half of the cases of elder abuse encountered by the APP the alleged perpetrator of abuse lived with the older adult. (Refer Figure: 2.) The most common factors that may have been influential to the APP clients’ experiences of abuse included family conflict (37%) and their having a physical dependence on the alleged perpetrator of abuse (23%). (Refer Figure: 3.)

Figure 2: Alleged Perpetrator of Abuse

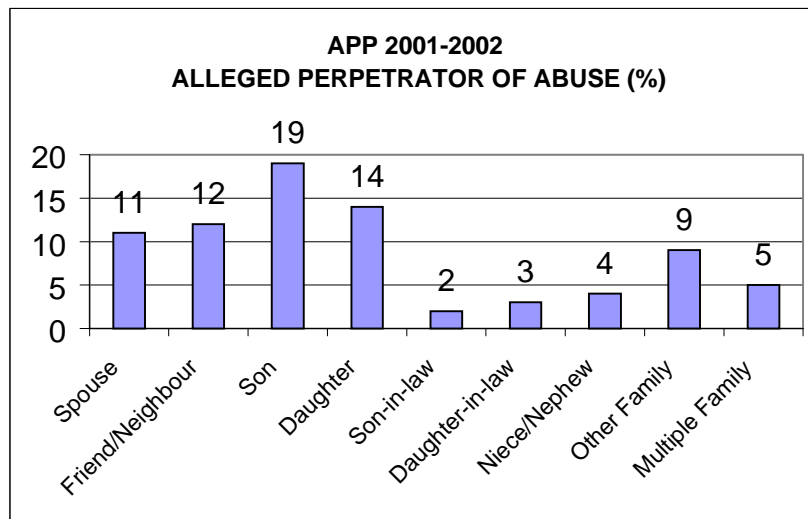
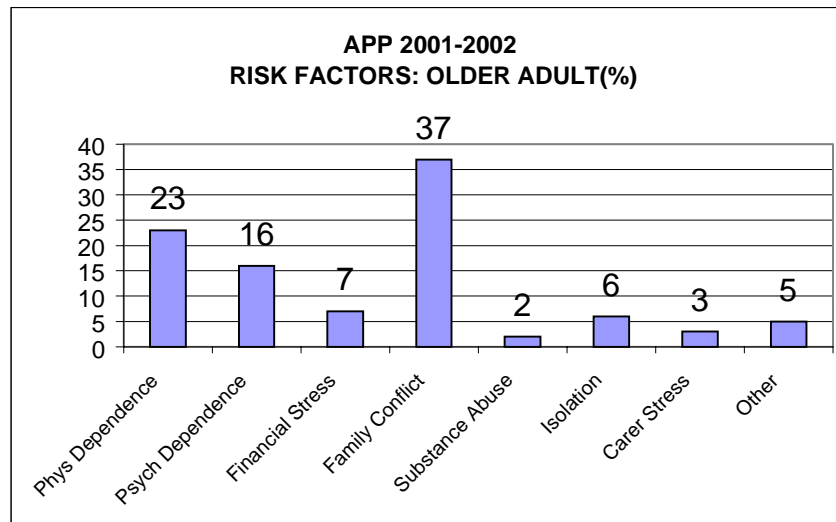


Figure 3: Risk Factors: Older adult



### Future Directions for the APP

From July 2002 to July 2003 (year two of the APP as a pilot project) staff will include the Project Officer (and advocate) and one other advocate (both positions FTE). During this time the APP will continue to expand and extend its contacts through a number of different forums. It is anticipated that a result will be an increased number of referrals in the next year and that the APP will assist at least 200 clients in the financial year 2002-03. It is also expected that in the financial year 2000-2003, 500 older adults will attend workshops sponsored by a diversity of groups including library information sessions and the University of the Third Age.

In order to increase the number of adults who have access to knowledge about the rights of older people, and about provision of assistance through the APP, several specific initiatives have also been planned for year two of this project. These include action research in the form of a telephone survey, an Elder Abuse Prevention

Seminar, and the video conferencing of around ten APP education sessions to rural and remote areas.

Furthermore, current networking with the Community Policing and the Fraud Squad indicates that the APP will be liaising more closely with the Police Service and APP education is being considered for inclusion in the education provided by the Western Australia Police Academy. It is also anticipated that during this time the APP will achieve journal publication, for example, in the Australian Association of Social Workers Journal.

Bethany Faye, PhD  
**Project Officer**

ADVOCARE INCORPORATED

GENERAL PURPOSE FINANCIAL STATEMENTS

FOR THE YEAR ENDED

30 JUNE 2002

ADVOCARE INCORPORATED

FINANCIAL STATEMENTS  
FOR THE YEAR ENDED  
30 JUNE 2002

INDEX

1	Auditor's Report
2	Statement by President
3	Statement of Financial Performance
4	Statement of Financial Position
5	Notes to and forming part of the accounts Notes 1-8













