

update

Issue 64 • Winter 2013 •
Delivering on the promise of
more choice & control

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Choice & control

By Susan Helyar, Director, ACT Council of Social Service Inc. (ACTCOSS)

July 2013 sees the launch of the hard fought for national disability insurance scheme, to be implemented through DisabilityCare Australia. The fight for this new investment in and transformed approach to services and support has been founded on the concept of increased choice and control by people living with disabilities.

ACTCOSS invited our members to reflect on this concept and provide articles on the challenges and opportunities it presents. Contributors include authors who work in disability advocacy, family support and substance use services. They have shared with us the approaches being used to bring the experience and aspirations of people who access services to the centre of service planning, delivery and policy advocacy. They have also suggested some tools and approaches that will assist people and organisations to work differently.

One essential skill shines through in each of the articles—the need to

be able listen hard, listen well and listen effectively.

Good listening skills will set us on the right track to overcoming the challenges our authors have identified in delivering on the promise of more choice and control by consumers and carers in the decisions and actions that impact on their lives. These challenges are huge—patronising attitudes, stigma and deficit framed assumptions about people's lives—but can be overcome if we have the courage to admit they exist and the commitment to adopt different attitudes and behaviours.

The articles in this newsletter also highlight the critical flip-side of good listening—plenty of opportunities and resources to support people to develop and express their expectations and hopes, to be part of decision-making processes and to shift the focus of people used to being in control.

I hope you find the articles both information and provocative.

ACTCOSS newflash

The ACT Legal Assistance Forum is holding a symposium at the National Library of Australia on 28 August 2013 to discuss how legal and non-legal services can better connect and collaborate in meeting the legal needs of disadvantaged and vulnerable people.

Find out more:
www.legalaidact.org.au

Being heard

Advocacy & decision support

By Fiona May and Jillian Thomson, ACT Disability, Aged and Carer Advocacy Service (ADACAS)

At their heart, choice and control are about empowerment. They are about devolving the power to make decisions about a life, to the person whose life it is. Choice isn't about scrambled eggs versus fried eggs, and control isn't about who holds the TV remote. Choice and control are concepts which are fundamental to individual dignity, to the right of individuals to live a life that they want to live and the opportunity for every person to have better life chances.

If DisabilityCare Australia fails to deliver genuine choice and control into the hands, hearts and minds of people with disability then it will fail to achieve its purpose, regardless of how much money is in the fund.

There are people living with disability who are restless at the starting gate, they already know what they will do once they have control over the choices in their life and they are eager to begin. For others, the introduction of DisabilityCare means less. It means less, in part, because they know less, they have not yet grasped the opportunity that it presents. Some people in this group may never fully grasp it, others will, with more time, more attention, and more support. It is our role, as a sector, to do all that we can to provide every person with disability, with as much support as they need, to enable them to make the most of the opportunity that DisabilityCare represents.

A central pillar of advocacy is understanding that even people with limited capacity still have the ability and the right to express views on the decisions that impact their life. Ideally, a person's expressed wish should always be central to a decision made about their life. We recognise that an individual's decision making ability may be impaired or ignored due to age, disability or mental illness. The onus is on us therefore to provide as much support as they need, to have as much say as possible, in the decisions that affect their lives even when full decision making ability is not present.

Advocacy means 'to be called to stand beside' and that is what we do at ADACAS. We stand and support a person to get a satisfactory outcome that enhances their rights and dignity. Advocacy has a connotation of change, challenging what is unfair, unjust and wrong. An advocate is always partisan for their client. Advocacy needs to be independent of all service provision so that there can be no conflict of interest between the clients wishes and the service. The control over advocacy rests with the individual, not with the advocate, and the choices that are made during advocacy are the individual's choices, not the advocate's. Many people will need advocacy, either professional or from family/friends, to enhance their rights to access DisabilityCare and achieve better life chances as a result.

As advocates we also stand beside groups of people who do not otherwise have the opportunity to have their voice heard on matters that are important to them. The development of DisabilityCare is one such occasion. ADACAS ensured that the voice of people for whom the scheme is being designed, but who are otherwise missing from its development, was heard. People who are very isolated or marginalised because of their complex needs, their intellectual disability, their mental illness or their vulnerability do not commonly have a voice in the national policy arena. As part of the Senate Inquiry into the NDIS legislation, ADACAS brought the voice of 12 of these individuals to the policy makers. The 12 'Having Their Say' stories can be found on the ADACAS website, www.adacas.org.au.

Advocacy is also about empowerment. We have recognised that many people with disability have little or no experience making decisions, yet decision making is a skill that can be learned at any age. Not all people will develop the capacity to make all decisions in their life, but with support and practice many people will be able to make many more decisions than they do now.

It is now globally recognised that individuals with impaired decision making ability may need support to make decisions about their care, and their life. Supported decision

making (SDM) as a concept is enshrined in the United Nations Convention on the Rights of People with Disabilities (UNCRPD); however, it is only recently that it has come into focus in Australia. ADACAS' work in supported decision making has been two-fold. We have undertaken research into how supported decision making might assist individuals to exercise choice and control. We have also developed a web-based tool that can be used by anyone to learn more about decision making, identify what they are looking for in a decision supporter, to move step by step through the process of making real decisions and then use the evidence of that process to assert their right to make the decisions that affect their lives. Go to www.support-my-decision.org.au to access the tool.

Decision support needs to happen at many levels. Just as decision making capacity falls on a continuum, from people with

full capacity through to people with little recognised capacity, support for decisions must also fall on a parallel continuum such that support increases where capacity is reduced. ADACAS has begun work along the full length of the decision support continuum. Our aim is to achieve cultural change such that any person living with disability is recognised as having a right and a voice in the decisions that affect their lives. To do this we have been working with families, with service providers, with systems such as the Aged Care Assistance Team, and with individuals to assist them to maximise the decision making rights of people with disabilities. ADACAS is continuing to explore options to expand our supported decision making work. DisabilityCare of itself does not have a mechanism that will facilitate the cultural change necessary to create more autonomous decision making practices. Without

decision support activity, existing service system based values and behaviours may be perpetuated under the new scheme, resulting in little change to choice and control for people with disabilities.

There is no single decision support solution. Formal SDM agreements, the web-based decision tool, training in enabling decisions for service providers, peer led family development, access to advocacy, review of Guardianship legislation; all of these, and more, are elements of a response to the UNCRPD. They are also essential elements for realising the potential of DisabilityCare in the lives of individuals. They are elements that must be vigorously actioned if people with disability are going to be truly heard, and exercise genuine choice and control, in their own lives.

ACT Disability, Aged and Carer Advocacy Service (ADACAS):
www.adacas.org.au

www.support-my-decision.org.au

Learn about decision making and decision support.

Online tool to help you to make decisions.

In control, my choice

Supporting people with disabilities towards control & choice

By Christina Ryan, General Manager, Advocacy for Inclusion

Imagine your life without control. Someone else has decided where and with whom you'll live, what job you have, even what you'll have for dinner tonight.

You've never learned about making decisions for yourself and you don't have the skills to make more than a simple decision—tea or coffee? Opportunities to make decisions are rare because those around you make them for you—they're busy, the system doesn't

let them, they DON'T BELIEVE you can...

After forty-odd years of getting what you're given someone asks if you've heard about the NDIS. 'The what????!' you say. Suddenly the disability support you have will no longer be provided unless you pay for it with this money you've been given. People tell you that you can decide to do something new if you want; you can organise your own life.

You really aren't that happy with your life the way it is but you haven't got a clue what to do next!

This is the story for many people with disabilities who will become recipients of the NDIS.

These people are also the consumers and students of Advocacy for Inclusion. For many the concept of 'control and choice' is completely foreign. They have never been given the opportunity to develop the skills of independence: self-advocacy, decision making, or goal setting.

Yet, the NDIS expects people with disabilities to set goals, make decisions about what services and supports they want, and then tell everyone about it. The NDIS supports self-determination, but people who have never experienced it cannot be expected to develop it overnight to suit the timing of the NDIS.

People with cognitive and/or communication barriers need substantial support to prepare for the NDIS. Most specifically they need to be trained in setting goals, making decisions, and then self-advocating about those decisions and goals.

Paternalistic attitudes among the community perpetuate the belief that people with disabilities

are passive and cannot be the drivers of their own lives. Many members of the community, including people working in the disability sector, hold the misconception that people with significant disabilities cannot have self-determination. This includes their closest family, carers and support workers. Some people with disabilities are surrounded by 'doubters', who directly discourage and block a person's ability to make their own choices.

People with disabilities approach Advocacy for Inclusion because they have never been able to choose where they live, who they live with, what activities they do during the day, what employment they undertake (if any), and even what food they eat. Some do not even realise that they can have a choice in these things. People with disabilities ask us, 'Do I have the same rights as other people?' They can see that their lives are different but have come to believe that since the segregation, exclusion, boredom and demeaning treatment surrounding them is accepted by others, it must be accepted by them.

While there has been substantial commitment by governments for training, restructuring and workforce development for disability services in the lead up to the NDIS; there has not been a similar level of commitment to prepare people with disabilities to make choices and be in control. Potential NDIS recipients are not being supported to prepare for control and choice—rather there seems an assumption that others will continue to anticipate their needs, organise their activities and look after them.

People with disabilities need preparation to identify and assert their wishes and to have control and choice over their supports and their life. This must be recognised as of equal importance in the transition to the NDIS as the commitment to prepare service providers.

The NDIS is in danger of failing many of the very people it is designed to support. If people with disabilities are not driving the NDIS then nothing will change, it will simply be the same system with more resources. This is exactly what the Productivity Commission warned against, and exactly what people with disabilities and their supporters want to avoid.

Advocacy for Inclusion:
www.advocacyforinclusion.org

advocacy for inclusion

Are you confident that your colleagues and consumers with disabilities feel heard and are able to contribute equally?

Advocacy for Inclusion delivers training in:

Self-Advocacy for people with disabilities.

Supporting Self Advocacy

- For community workers
- For parents / carers / families
- For educators
- For anyone who has people with disabilities in their lives

Inclusion and Awareness – Understanding the lives and rights of people with disabilities, also available as a specialist workshop for women's services.

Training is available in house or in open workshops. Call 6257 4005 or see our website for more details: www.advocacyforinclusion.org

improving life for people with disabilities

Never underestimate the power of a skip bin

By Kate Cvetanovski, Executive Director, Community Services, Northside Community Service

In recent months, I have been involved in a number of projects and workshops taking a co-design approach to community programs. Co-design involves the valued input and advice of the person or families central to the support on offer. It is exciting and heartening to work alongside government agencies with the genuine desire and good will to want to improve a fragmented system. But in some instances both the sector and the government continue to select the advice or information which fits the current capacity of the system, and not that which actually fits the capacity of the family.

Consumer directed care (CDC) is coming, and the accountability shields that have been used for so long to excuse inaction and siloed practice will not be acceptable to the consumer. Nothing motivates reflective practice and collaboration quite so much as the image of a client taking their funding and walking away from your service.

People accessing support from both government and non-government agencies are usually already past a crisis point when they are actually desperate enough to ask for help. They want an immediate response when they ask for support, rather than a case worker or manager concentrating first on the causes of their problem. Where necessary this can be done in a later follow-up rather than having their circumstances analysed in the initial meeting and measured against what a 'normal family' would have been able to do.

As much as we would like to think that support services are there in the time of crisis, it is usually months or even years of crisis point living and holding the threads of the household together before people finally concede that they need external help. When they finally reach out the system punishes them for doing so. Upon asking for assistance the families are straightaway labeled 'at risk'. While we quickly offer them a suite of assistance, this seldom includes the particular support they really needed in the first place.

Service facilitation, case coordination, network coordination:- these are all catchphrases of a system too complicated for even the workers to navigate, let alone the families. We may have been able to justify the need for this in our thesis-sized funding tenders, but try getting a family to purchase it with their package and you may find out the true value they see in 'coordinating their issues'.

The single most requested item by our clients over the past three years has been a skip bin. They believe that if they had access to the skip they would have been able to sustain the tenancy, resolve neighbourhood conflict, get kids to school and avoid debt. Whilst such a resolution is unlikely, surely having the capacity as a worker to provide practical support would have kick started a family's trust in the system? They would know that things actually got done and left the door open for future contact to address deeper, long-term problems.

More often than not, we let people in to the service system and shut the door behind them, forever bound to a system which demands that they increase their family capacity and their 'living skills'. We constantly underestimate the survival qualities possessed and utilised by families living in poverty.

In fact, most families are very skilled in survival, problem solving and yes—budgeting. Just ask some of the parents keeping the families together and fed on \$35 a day! We could all take some advice on how to redirect budgets as frugally to the frontline as some of these families constantly manage to do. Just imagine what they can design for themselves when allocated their own funding package.

I would imagine that they would design a human services system that does not bind them close once they touch it. Rather the temporary authority to resolve an immediate crisis and then let them back away and retain the power of running their own family. Control and choice is handed back and they have the confidence and trust to return if they need support again.

With the move to consumer directed care in both the disability and aged care sectors, organisations will need to change their models to be responsive and innovative in their service delivery. Clients are becoming consumers. Choice in an open market means that we will have a definitive answer from our 'consumers' about what they need from us and how long they want us involved for. The real question for us is, 'Are we ready to hear what they have to say?'

Northside Community Service:
www.northside.asn.au



Citizen Advocacy Project

By Admir Meko, Disability Project Officer (Research), ACTCOSS

The introduction of DisabilityCare (formerly National Disability Insurance Scheme—NDIS) aims to offer greater control and choice to people living with disabilities in accessing financial and additional supports, as well as enacting primary decision making control over the process. The overarching legislative principle is to provide a fairer approach to funding disability care and support for people who are eligible to access the NDIS scheme. In order to ensure an adequate planning process for the launch of the scheme, people living with disabilities, their families and their carers have been invited to identify the best ways to administer supports required by the person with disability.

The Australian Capital Territory is one of the several launch sites for the first stage of this scheme, which will commence in July 2014. Disability ACT has supported a number of community information sessions as part of the preparations for the launch next year. In addition, advocacy is considered as an important mechanism that will facilitate future engagement of

stakeholders, since the scheme rests on people living with disability and their carers, and they will play a major role in driving the decision making process.

The ACT Council of Social Service is undertaking a research project that explores the feasibility of a citizen advocacy program in the ACT. The citizen advocacy model is a social tool that was developed in response to parental concerns and issues surrounding the care of their children who had disabilities, once they were no longer able to provide support. Its definition suggests that, 'Citizen Advocacy happens when a valued and competent citizen who is unpaid and independent, with the support of an independent Citizen Advocacy office, represents the interests of a person who has a disability as if those interests were her or his own.'¹ It tries to enhance linkages that should exist in a caring community for people living with disability.

The Citizen Advocacy Project is a scoping study that investigates the efficacy of such an advocacy model overall, and more specifically in the current context of the need for advocacy

support in the ACT. In addition to a review of literature and experience from other Citizen Advocacy programs in Australia, the project is engaging with a number of stakeholders in the ACT. This consultation process is conducted through several qualitative research activities. The findings will be reflected in the final report which will be published shortly.

For further information on this project, please contact Admir Meko:
Ph: 02 6202 7208
Email: admir.meko@actcoss.org.au

1 Hindle, H, *Citizen Advocacy*, Australian Disability Review, 1993 (2), pp.29-34, cited in Pearson, J, *Research of the Models of Advocacy Funded under the National Disability Advocacy Program: Appendices to the Final Report*, Department of Families, Housing, Community Services and Indigenous Affairs, 2009, <http://www.fahcsia.gov.au/sites/default/files/documents/05_2012/rmaf_finalreport.pdf>.

Health & human rights

Consumer participation in the ACT alcohol, tobacco & other drug sector

By Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), & Alcohol Tobacco and Other Drug Association ACT (ATODA)

Consumer participation has helped to address the stigma that so many illicit drug users experience in treatment setting... Drug users are people: your son, your daughter, your mother, your father, your brother or sister or lover or friend. They deserve the same compassion and the same opportunities to heal themselves as everyone else.

CAHMA

The ACT alcohol, tobacco and other drug (ATOD) sector leads Australia in many areas such as opioid maintenance therapy, needle and syringe programs, drug diversion and opioid overdose prevention and management. The sector is committed to ongoing quality improvement, evidence-informed practice, the service consumers, and the colleagues they work with. The sector is seeking to develop a Consumer Participation Framework that will provide a framework for service consumer involvement in a range of service and policy processes. While in its early days of development, there are a number of examples where consumer participation is already working effectively across the sector. Perhaps the most notable of these initiatives is the activities of CAHMA, Canberra's peer-based drug users organisation.

As a peer-based organisation, CAHMA has first-hand knowledge and understanding of the issues experienced by illicit drug users and the difficulties faced by people seeking treatment for drug use-related health problems. CAHMA's work is strongly focused on harm reduction. They believe that in spite of being illegal and constantly stigmatised as being antisocial and immoral, people will continue to use illicit drugs, some of them via injection. The purpose of harm reduction is to educate people who use drugs illicitly to do so in a fashion that minimises the risk of harm.

Peer-based ACT overdose prevention and management

CAHMA is leading a program that delivers training in overdose prevention and management that includes the provision of prescribed naloxone to people who are at risk of overdose from heroin or other opioids. Naloxone (a.k.a Narcan) is a drug that acts as an antidote for opioid overdose. This important harm reduction program was launched in early 2012 in the ACT, and was the first of its type in Australia. So far the overdose management training has been a resounding success with well over 100 trainees completing the two-and-a-half hour course and positive outcomes being reported by participants. Moreover, in early 2013, CAHMA began delivering overdose management training to inmates of the Alexander Maconochie Centre (another innovation of the program).

One of the most important aspects of the overdose management training is the fact that it is peer-delivered. Peer education delivered by drug user organisations has been demonstrated to be effective, efficient and deliver information relevant to current drug use trends. The CAHMA staff who facilitate the overdose management course have extensive first-hand experience with managing overdose victims and keeping them alive until the ambulance arrives—often in very difficult and scary circumstances. The experience of the peer trainers gives the course content credibility, and has supported the program to target and reach people that need it most. Since the establishment and resounding success of the ACT's naloxone program, other jurisdictions in Australia have taken steps to implement similar overdose management strategies.

In addition to providing information, safety and education programs for illicit drug users, CAHMA also provides advocacy for illicit drug users—one of the most universally stigmatised demographics in the Australian population. This advocacy takes place

both on an individual ad-hoc basis and at committee level. CAHMA holds posts on numerous of steering and consultation committees for drug and blood-borne virus treatment programs at a local level.

Pharmacotherapy Advocacy and Action Team (PHAAT)

One of the most successful outcomes that CAHMA has achieved in the area of advocacy has come through the establishment of the Pharmacotherapy Advocacy and Action Team (PHAAT). Pharmacotherapy refers to drug dependence treatments that involve the provision of a substitute drug that has similar effects to the patient's drug of dependence. Methadone and buprenorphine are the best known and most effective pharmacotherapies provided to people who are dependent on heroin, morphine, oxycodone and other opioid analgesics. Through the agency of PHAAT, CAHMA and The Connection (Canberra's peer-based Aboriginal and/or Torres Strait Islander drug user organisation) have secured three places on the Opioid Treatment Advisory Committee (OTAC), the government-run committee that oversees the policies and procedures of Canberra's pharmacotherapy program. A further two places on OTAC are filled by consumer representatives. Historically, significant challenges exist in ensuring drug treatment consumers are invited and supported to engage in policy processes. However, the consumer representation on OTAC has delivered outcomes that have made pharmacotherapy a more attractive option for people seeking help for drug dependence in Canberra. Methadone and buprenorphine dosing fees, which are charged by pharmacies and are not covered by the Pharmaceutical Benefits Scheme (PBS), can cost the patient as much as \$200 per

month in some states—a tall order for someone who is dependent on Centrelink benefits. In Canberra, this cost has been maintained at \$15 a week largely through consistent lobbying from consumer representatives. Other achievements include: the cessation of mandatory supervised urinalysis; improved risk management practices to ensure consumers receive their daily dose; and improved wrap-around services. Perhaps, the most important achievement of PHAAT and the consumer representatives on OTAC, however, has been an improvement in culture and the building of bridges between provider and consumer, making Canberra's pharmacotherapy program more user-friendly.

Consumer participation has helped to address the stigma that so many illicit drug users experience. The ACT ATOD sector recognises that building an effective health care system requires genuine collaboration between consumers, carers and staff. The work of CAHMA provides a solid example of how beneficial consumer participation in health services is and provides a strong foundation on which to build future initiatives.

For more information on CAHMA visit www.cahma.org.au.

For more information on consumer participation in the ACT ATOD sector, or to obtain a list of references from this article, please contact info@atoda.org.au.



Consultancy Services for ACT Community Organisations

Need advice or assistance with running your organisation?

ACTCOSS provides one-on-one consultancy services to help community organisations become stronger and more sustainable.

ACTCOSS can help your organisation with:

- Human resources
- Strategic planning
- Change management
- Service evaluation & improvement

- Consumer engagement & participation
- Accountability & funding
- Policy & procedure development
- Incorporation & its responsibilities
- Governance
- Quality standards

For more information please call ACTCOSS on 02 6202 7200 or email us at actcoss@actcoss.org.au

ACT Budget overview

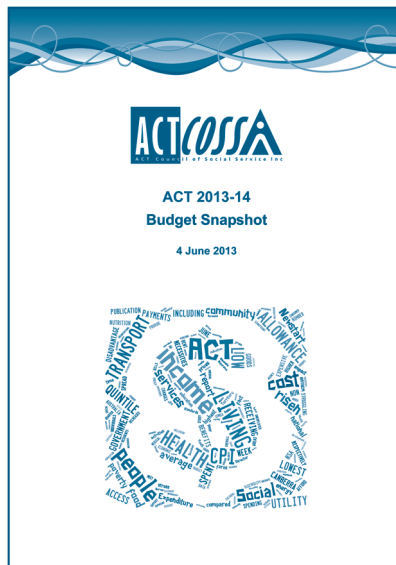
By Nadia Osman, Policy and Development Officer, ACTCOSS

On 4 June 2013 the ACT Government released the 2013-14 ACT Budget. As in previous years, ACTCOSS attended 'lock-up' and then analysed the Budget, presenting its views at a post-Budget forum held on 6 June with around 100 community members in attendance.

ACTCOSS' analysis of the 2013-14 Budget was that overall it was fairly modest, reflecting the current tight fiscal environment. The ACT Government has used the revenue generated and saved during more prosperous years to invest in economic and social infrastructure to support prosperity and engagement through a contraction of Federal Government spending.

This Budget saw some investment in health, education and disability infrastructure and services. Funding of the Common Ground affordable housing and support program was welcomed. The measures to address costs of living, including stamp duty concessions, reduced levies on insurance payments and increased support for utilities bills were also welcomed. The additional support in DisabilityCare for post-school options over the coming year is a positive example of how the ACT Government has enacted measures above and beyond the Commonwealth DisabilityCare agreement and is a welcome initiative for young people with disability transitioning from school.

However, many of the new initiatives in this year's Budget have been funded only for



design/planning and not for construction; have only been invested in for the coming two years; and/or have not included any extra resourcing for staffing.

In addition, some of these projects have been funded via savings in the same portfolio, or as one community member put it, 'robbing Peter to pay Paul'. This was particularly noticeable in the cuts and new investments in support services to children and families. For example, while there was substantial funding provided for new infrastructure for the Canberra College Cares program (to support young parents continue at school), the cuts in the Child and Family Centres will mean a reduction in staff numbers that will have a negative impact on families who access the centres, and will limit growth in access for other eligible families.

Of particular concern to ACTCOSS was the indexation rate set for funding agreements to support pay raises for staff covered by the

Fair Work Australia Award Equal Remuneration Order. Although funding was allocated in this Budget to support pay raises for staff, the indexation rate matches the expected inflation rate, thus only covering the increased cost of operating expenses such as rent, petrol and insurance. This means there will be very little room to increase wages for staff already earning above the Equal Remuneration Order rates.

One issue which has clearly stood out in recent years' Budgets is that it is vital that community sector organisations have input into the Budget process so that better investment decisions can be made to address disadvantage and social injustice. At the ACTCOSS post-Budget forum ACT Treasurer Andrew Barr noted the Budget process begins long before submissions are traditionally due in February. He encouraged community advocates to provide their input from September to November so these views can inform early Budget priority setting by government.

ACTCOSS will be developing its own submission to the 2014-15 Budget in September of this year, and will work collaboratively with other organisations that decide to do the same.

For the full version of ACTCOSS' analysis of the Budget, *ACT 2013-14 Budget Snapshot*, visit the ACTCOSS website, at www.actcoss.org.au.

What's ACTCOSS been up to?

Since the Autumn newsletter, we have been promoting justice, equity, social inclusion and reconciliation in the ACT by...

Running seminars & forums

- Managing Through Change, with Jobs Australia - July 2013
- The Effects of Racism in the Workplace - June 2013
- Reconciliation Action Plan Information Session - June 2013
- Aboriginal Culture, History & Heritage Training - June 2013
- Raising the Standard - June 2013
- Post-Budget briefings for Associate Members and ACT peak bodies - June 2013
- ACT Post-Budget Forum for the Community Sector - June 2013
- Trans-forming Service Delivery - May 2013
- HACC Executive Forum - May 2013
- Riding the Boundaries - April 2013

Producing publications

- Submission on *Letters of Offer to Non-Government Providers of Housing and Homelessness Support Services*
- Submission on *The Human Rights Audit of Conditions of Detention of Women at the Alexander Maconochie Centre*
- *ACT 2013-14 Budget Snapshot*

Other activities & events

- Participated in the Sorry Day Bridge Walk - May 2013

Visit www.actcoss.org.au for publications, upcoming seminars, and other news.



Reconciliation Week competition

ACTCOSS ran a Reconciliation Week competition for community organisations to win a hamper of Reconciliation resources by answering the question, 'What does Reconciliation mean to your workplace?' **Congratulations to Woden Community Service** for their winning paragraph:

Reconciliation starts with acknowledgment and understanding of the custodianship of Aboriginal and Torres Strait Islander peoples in this country and the injustices that have happened. For Woden Community Service (WCS), reconciliation has involved starting to look at things differently, exploring new paths, meeting new friends, celebrating the cultures of Australia's First Peoples. As a service, WCS is seeking to work together with Aboriginal and Torres Strait Islander people so that we can provide respectful and appropriate services, which contribute to healing and addressing disadvantage. The process of creating a Reconciliation Action Plan has been a journey which has been both difficult and enjoyable - we've learnt a lot and thank all those who have contributed as we looked at what is reconciliation and how we can help create it.

Read the rest of the entries: www.actcoss.org.au/news/2013-reconciliation-week-comp-results.html



Save the date: Tuesday 19 November 2013
ACTCOSS 50th Birthday Celebrations
More information coming soon!

ACTCOSS staff introductions & farewell

Introductions...



Wendy Prowse
Strategic Project Manager

Wendy joined ACTCOSS in April 2013 and feels privileged to be working for an organisation that provides a voice for people living with disadvantage and inequality

and that supports organisations and staff who work so tirelessly to assist them. Wendy has spent the majority of her career working in the not-for-profit sector, predominantly in the health and aged care sectors. Over the last few years she has held senior management roles in community services and has a background in strategic planning, corporate governance, business development, marketing and strategic HR with a special interest in organisational culture and social innovation. Wendy is a dedicated community citizen, volunteering time to work on four not-for-profit boards and associated committees. Wendy has tertiary qualifications in Business Management and a Diploma in Project Management.



Julia Gilchrist
Disability Project Officer

Julia has loved diving head-first into her work at ACTCOSS as part of the team since May 2013.

Originally from Sydney, Julia graduated in 2006 from UTS with a BA Communications with Hons (Social Inquiry). In Sydney, she worked for Australian Hearing, St Vincent de Paul Society and Newtown Neighbourhood Centre as a publications, PR and strategic planning professional. She was also a long-term volunteer with

The Shepherd Centre and the AIDS Council of NSW (ACON). Julia moved to Canberra in 2011 to work for the ACT Deafness Resource Centre and the National Museum of Australia before joining ACTCOSS.

Julia is currently a Council member of the ACT Ministerial Advisory Council for Women and a board member of Women with Disabilities ACT.

Admir Meko
Disability Project Officer (Research)

ACTCOSS has enjoyed working with Admir Meko over the past few months. Admir came to us following projects with Families ACT and the Youth Coalition, to complete a short project looking at the need for and feasibility of a citizen advocacy program in Canberra. Admir has brought research and program development expertise to our team, and worked hard to engage with disability advocates in Canberra. A report on the findings from Admir's research will be published shortly.

Farewell...



Kiki Korpinen
Deputy Director

Kiki brought enormous skill and knowledge to her work as Deputy Director of the ACTCOSS staff team and in the sector, and has been a strategic, generous and warm

leader of both people and our advocacy agenda. She is greatly missed by all of us. We are very pleased she will be working close by as the Deputy Director at the Winnunga Nimmityjah Aboriginal Health Service, and we have already found opportunities for us to continue to work together in her new role.

Congratulations Cookie!

ACT Aboriginal and Torres Strait Islander Community Sector Worker of the Year

The 2013 NAIDOC Week ACT Aboriginal and Torres Strait Islander Community Sector Worker was awarded to Clyde 'Cookie' Chatfield. Cookie was nominated by his team at the ACT Medicare Local, for his role in planning and delivering *Winanggay*, the Allied Health Cultural Awareness Workshop. *Winanggay* has been approved by the Royal Australian College of General Practitioners for accruing professional development points. His training and support for General Practices has increased Aboriginal and Torres Strait Islander access to this critical part of the health system. Cookie is a team player, always approachable and willing to share his knowledge. Cookie is renowned for his kindness, care, compassion, commitment, enthusiasm humanity and great story telling. ACTCOSS was proud to acknowledge Cookie's achievements and the positive outcomes he has generated.

Next issue:

Update Issue 65, Spring 2013 edition

Housing & Homelessness

Members are welcome to contribute articles on the theme.

Copy deadline: 9 September 2013

Space is limited! To guarantee your spot, let Suzanne know as soon as possible.

Email: suzanne.richardson@actcoss.org.au
Ph: 02 6202 7235

Issue 65 will be distributed in October 2013.

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Size/Type	Member	Non-member
1/4 page	\$30	\$90
1/2 page	\$60	\$150
Full page	\$100	\$225
Flyer insert	\$70	\$100

Dates for your diary

ACTCOSS training

Thu 25 Jul 2013
Recruitment & Retention
of Aboriginal & Torres
Strait Islander workers

Fri 16 Aug 2013
Reconciliation Action
Plan Development
Workshop

Thu 25 Jul 2013
The Effects of Racism in
the Workplace

Events & activities

7-14 Jul 2013
NAIDOC Week

Sep-Nov 2013
ACT 2014-15 Budget
submissions due

13-19 Oct 2013
Anti-Poverty Week

For more information on ACTCOSS training and events, please call us on 02 6202 7200, email actcoss@actcoss.org.au, or visit us at our website:

www.actcoss.org.au



The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for people living with low incomes or disadvantage, and not-for-profit community organisations in the Australian Capital Territory.

ACTCOSS acknowledges Canberra has been built on the land of the Ngunnawal people. We pay respects to their Elders and recognise the strength and resilience of Aboriginal and Torres Strait Islander peoples. We celebrate Aboriginal and Torres Strait Islander cultures and ongoing contribution to the ACT community.

ACTCOSS

Address: Weston Community Hub,
1/6 Gritten St, Weston ACT 2611
Phone: 02 6202 7200
Fax: 02 6288 0070
Email: actcoss@actcoss.org.au
Web: www.actcoss.org.au

ACTCOSS welcomes feedback. Please visit the 'Contact' page on our website for our feedback form, or contact us using the details above.

ACTCOSS staff

Director
Susan Helyar

**Strategic Project
Manager**
Wendy Prowse

Office Coordinator
Lisa Wells

**Gulanga Program
Sector Development
Officers**
Julie Butler
Keith Brandy

**Policy & Development
Officers**
Adele Williams
Nadia Osman

**Disability Project
Officers**
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Admir Meko

**Communications &
Membership Officer**
Suzanne Richardson

Update is a quarterly newsletter that provides an opportunity for issues relevant to ACTCOSS' membership to be discussed and for information to be shared. Views expressed are those of individual authors and do not necessarily reflect the policy views of ACTCOSS.