

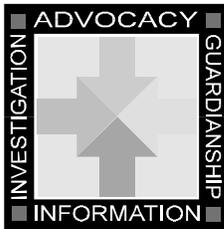
# **PUBLIC ADVOCATE'S**

## **ANNUAL REPORT**

**2000 - 2001**



**SEVENTH REPORT ON THE ACTIVITIES OF THE  
OFFICE OF THE PUBLIC ADVOCATE (OPA)**



Prepared by Angela Andary  
September 2001

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26 September 2001

The Honourable Dean Brown MP  
Minister for Human Services  
45 Pirie Street  
ADELAIDE SA 5000

Dear Minister

I have the honour to present to you the seventh Annual Report of the Public Advocate, as required by the provisions of Section 24 of the *Guardianship and Administration Act 1993*.

This report covers the period from 1 July 2000 to 30 June 2001.

Yours faithfully

John Harley  
PUBLIC ADVOCATE

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# *Public Advocate's report*

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I am pleased with the operations of the Office of Public Advocate during this year. My pleasure arises from the following factors:

- **The dedication and enthusiasm of my staff for their various tasks.** I have been fortunate to have had the services on short-term contracts of a number of people from diverse backgrounds. We have been enriched by their respective contributions and I hope they will now go back to their substantive positions with much greater knowledge of the role and function of my office. When I was appointed as Public Advocate, a number of people congratulated me but immediately thereafter asked, "What do you actually do?" By involving others in the Office's activities, I hope to remedy, in part, this lacuna in the public's knowledge.
- **The positive changes in the mental health system.** With Dr Margaret Tobin's appointment as Director of Mental Health Services in South Australia, we are at last seeing some systemic reform. There has previously been excellent work undertaken by mental health services in some areas but it has been patchy and depended mainly on the drive of particular officers within and in spite of the system. My office has been included in the oversight of these reforms which is enabling us to pursue our statutory functions of keeping under review all programs designed to meet the needs of mentally incapacitated persons and

to identify any areas of unmet needs or inappropriately met needs. The path of reform is not easy but we must embrace change for the betterment of the services even if the effect may be to the detriment of some individual service providers.

- **The acceptance by the Department of Human Resources that, in principle, the *Guardianship and Administration Act, 1993* should be amended to permit decision makers under section 59 of the Act to consent to palliative care without the need to apply to the Guardianship Board for a guardianship order to enable them to do so.** It must be a most upsetting process for grieving relatives to have to go through this quasi-judicial process at such a difficult time simply to enable them to consent to a medical procedure which is now an accepted norm in society. I look forward to the Government proceeding with this reform.

## **Resources**

The number of guardianships has increased markedly this year with 174 people currently subject to orders. There were 109 new appointments. We have coped with this number due to the temporary increase of one guardian for the 1999-2000 year. I presently have retained that position, although it is unfunded, in the hope that the continued need will eventually be recognised by the Department of Human Services during the current year.

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## **Advance Directives**

Later in this Report, the number of educational sessions we deliver on the subject of advance directives is recorded. It is a difficult task not made any easier by the complexity of the documentation.

There is an Enduring Power of Attorney under the *Powers of Attorney and Agency Act*, 1984 which Act is under the ministerial responsibility of the Attorney-General; an Enduring Power of Guardianship under the *Guardianship and Administration Act*, 1993 and a Medical Power of Attorney and an Anticipatory Direction both under the *Consent to Medical Treatment and Palliative Care Act*, 1995 and both of which Acts are under the Ministerial responsibility of the Minister for Human Services.

In my last Annual Report I drew attention to the ignorance of the community of advance directives and the fact that more promotion of them must be undertaken.

However, it is my opinion that such promotion will not succeed unless greater simplicity in the documentation is achieved. I do not advocate the use of a Medical Power of Attorney because of its limited application. A grantor is better advised to execute an Enduring Power of Guardianship, which includes the power to make medical decisions. At the very least the *Consent to Medical Treatment and Palliative Care Act* should be amended to delete the Medical Power of Attorney. It is superfluous.

The desirable course is to pass a new Act which incorporates the three Acts

resulting in one document called an Advance Directive with three schedules to cover the power of attorney, the power of guardianship and the anticipatory direction.

The other problem is that the book available to the public from Information SA explaining the function and method of execution of the power of guardianship is subject to copyright to the Department of Information and Administrative Services. Therefore people are required to buy the book and cannot copy the form which is included within the back cover. The Land Titles Office will refuse to register a Power of Attorney if it is on a copy of the form in breach of copyright.

However, the Department of Human Services distributes free a pamphlet and brochure on the *Consent to Medical Treatment and Palliative Care Act* together with copies of the Medical Power of Attorney and Anticipatory Direction.

Unless the government is prepared to tackle the issues of simplification of documentation, their ready availability to the public and adequate funding for promotion, we are wasting valuable resources on the promotion of the existing documentation to a confused populace.

## **Relatives of Protected Persons**

The resources of our organisation are limited. (I am not complaining, although I would like to do more to make my office more effective.) I try to ensure the best outcome that I can with these limited resources. It therefore

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angers me that on occasions I am appointed guardian of some people not because I can enhance their quality of life but because the family of the protected person is so dysfunctional and so embittered towards each other that my appointment is an attempt to mediate between the family factions.

Many years ago when I first began private practice, I did some matrimonial work. I stopped after about two years because I became appalled at the embittered and unreasoning attitude of the parties who eventually transferred their venom to their legal adviser if the outcome was other than a complete victory for them and a vindication of their position. Regrettably this same attitude is experienced by my office in many of our cases.

I resent my and my officers' time being wasted by such people when I know we could be better occupied advocating for someone to be provided with more appropriate services or the scores of other cases where we can make a difference for the betterment of our client.

### **Accommodation for Clients**

Every day we deal with the problem of trying to find suitable accommodation for a client, be they brain injured, mentally ill, intellectually disabled or suffering from neurological disease. Not only is there insufficient accommodation – that is acknowledged by everyone – but there is a grossly inadequate range of facilities for all of them. In each of my previous reports I have adverted to the absence of facilities for the violent

brain injured. Later in this report we deal with people with multiple disabilities. One only has to speak to the Intellectual Disabled Services Council to ascertain the pressing need they have to meet the requirements of their clients.

Regularly we deal with general hospitals who have acute beds occupied by people for sometimes months, long after they ceased to require acute care, simply because there is nowhere for the patient to be moved to.

This is a serious problem for all governments and their agencies. The governments pass the buck to each other and in the meantime the clients suffer. I heard the other day a Minister justified his inaction on the basis that the community is not concerned about this issue. The community would rather spend its dollars on football stadiums, art centres, business incentives and general health facilities than on the disabled.

It would seem that if this is the case we are members of a very sick society. However, I do not believe it is that unwell.

### **Systemic Issues**

Some of the matters of a systemic nature still requiring attention are:

- the lack of assistance and advocacy for mental health consumers at hearings before the Guardianship Board where applications are made for Community Treatment Orders and Continuing Detention Orders;

- 
- the need for more appropriate programs and the lack of residential and respite facilities for the intellectually disabled;
  - the quality and nature of care management programs for people subject to detention orders; and
  - the inadequate information and assistance provided to detained patients of their right to appeal against detention orders in Approved Treatment Centres.

John Harley  
PUBLIC ADVOCATE

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# *Role, structure, legislation*

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## **Legislative authority**

The Office of the Public Advocate (OPA) takes its legislative authority from the *Guardianship and Administration Act 1993* (GAA) and the *Mental Health Act 1993* (MHA).

The OPA is also bound to comply with legislation which relates to the management and accountability requirements of Government, including:

- *Equal Opportunity Act 1984*;
- *Occupational Health, Safety and Welfare Act 1986*;
- *Public Sector Management Act 1995*;
- *Sex Discrimination Act 1984*;
- *Workers Rehabilitation and Compensation Act 1986*.

## **Functions and objectives**

The OPA has a number of key legislative functions:

- to act as guardian of last resort when appointed by the Guardianship Board;
- to investigate matters where a person who has a mental incapacity is at risk of abuse, exploitation or neglect (including self neglect);
- to provide advice and information about the GAA and MHA in a variety of formats;

- to take an interest in the programs being offered to meet the needs of people with mental incapacity;
- to undertake systemic advocacy to identify and act on areas of unmet or inappropriately met needs of people with mental incapacity;
- to provide some individual advocacy services through our education, investigation and guardianship work, to speak for and negotiate on behalf of mentally incapacitated persons;
- to support and promote the interests of carers of people who have a mental incapacity;
- the Public Advocate can make recommendations to the Minister for legislative and operational change.

## **Relationship to other agencies**

The OPA is a unit of the Disability Services Office, within the Country and Disability Services Division of the SA Department of Human Services and, as such, fulfils its financial and performance accountability requirements under the Minister for Human Services annual reporting processes.

Under the *Guardianship and Administration Act 1993*, the Office of the Public Advocate is also required to submit an Annual Report on its operations to the responsible Minister.

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## Organisation

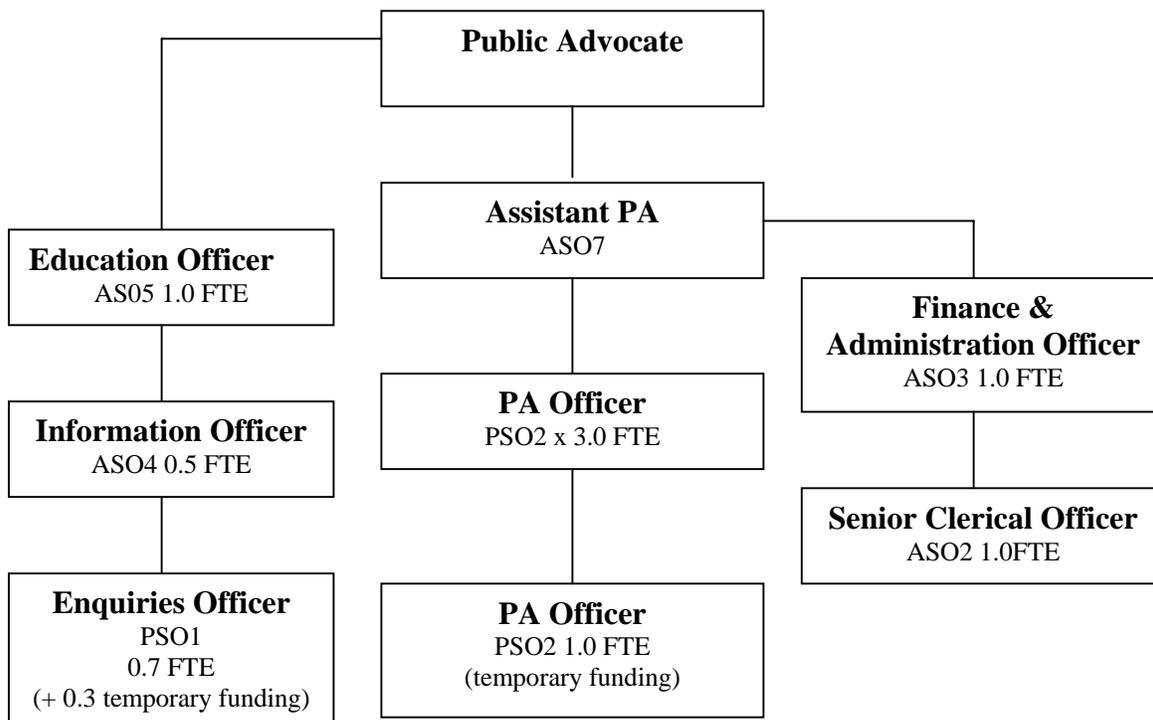
The Public Advocate is an independent statutory official.

The Public Advocate may raise with the Minister and the Attorney-General any concerns that he may have in relation to the performance of his functions under the *Guardianship and Administration Act 1993* or any other relevant Act

## Staffing

- The funded positions as at 30<sup>th</sup> June 2000 are reflected in the organisational chart below.
- Staff movements throughout the year are described in Appendix 1.
- Staffing as at 30 June 2000 is listed in Appendix 2
- Sick leave for staff employed during 2000/2001 is listed in Appendix 3.

### Organisational chart – Funded positions As at 30 June 2001



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# Mission and values

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## Our clients

The OPA has three main client groups:

- People with a mental incapacity;
- Family/carers and friends of people with a mental incapacity;
- Individuals and organisations with an interest in issues arising from mental incapacity.

## Mental incapacity

The *Guardianship and Administration Act, 1993* defines mental incapacity as:

*‘..the inability of a person to look after his or her own health, safety or welfare or to manage his or her own affairs, as a result of –*

- (a) *any damage to, or any illness, disorder, imperfect or delayed development, impairment or deterioration, of the brain or mind;*  
*or*
- (b) *any physical illness or condition that renders the person unable to communicate his or her intentions or wishes in any manner whatsoever.’*

## Mission

To fulfil our statutory responsibility to promote and protect the rights and interests of people with a mental incapacity through the provision of adult guardianship, information, individual and systemic advocacy, and investigation services.

## Vision

To enhance the quality of life whilst safeguarding the health and well being of those people in our community who are vulnerable to self-neglect, abuse or exploitation.

We will achieve this by:

- Working to increase the quality of adult guardianships across South Australia,
- Fostering strong partnerships with service providers and the community to enhance the lives and potential of the OPA’s clients.
- Identifying key areas of unmet, or inappropriately met, needs of mentally incapacitated persons and taking action for improvement.

## Values

The staff of the OPA is committed to the following values:

- The people, with whom we are involved, deserve to be treated with courtesy, dignity and respect.
- We will act with integrity and professionalism in all our dealings.
- We encourage and support creative, innovative thinking and ideas, including measured risk taking within an environment that values learning and dynamic problem solving.
- We work in partnership with others, to achieve the best possible outcomes for our clients.

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- We are accountable for our decisions and actions, and give particular attention to ethical and human rights principles, in accord with United Nations declarations and Australian Governments' standards.
  - We see our role as a privilege, and recognise the importance of a skilled and cohesive team in making a meaningful contribution to the welfare of those vulnerable people with a mental incapacity.

## Principles

In all aspects of its work with clients, the OPA is bound and guided by the principles contained in Section 5 of the *Guardianship and Administration Act 1993*. These are:

- Decisions made must reflect, as much as possible, what the wishes of the person would have been had he or she not become mentally incapacitated (to the extent that this can reasonably be determined).
- The present wishes of the person must be sought, if these can be ascertained.
- Where there are adequate existing informal arrangements for the treatment, management and care of the person, these should not be disturbed.
- Any decision or order made should be the least restrictive of the person's rights and personal autonomy whilst being consistent with his or her proper care and protection.

*Note: This is often called the substituted judgement principle which is philosophically different from the principle that promotes decision making for people in their best interests.*

*Note: This principle allows and encourages families, friends and/or community networks to take responsibility for the person's health and welfare without unnecessary government intervention.*

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## *Some 2000-2001 highlights*

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<p>OPA staff conducted two forums. The first, on <i>Sterilisation of Women with an Intellectual Disability</i>, attracted over 100 people. The second, entitled <i>End of Life Decisions and the role of a guardian</i>, held in May 2001, also attracted nearly 100 people.</p>	<p>OPA continued its commitment to providing more education sessions to country locations. In the year 2000/2001 OPA conducted a total of 14 sessions to 372 participants in various country regions. This figure represents a 500% increase from the last financial year.</p>	<p>OPA was appointed guardian for 109 people in this financial year. This represents a 286% increase from the last financial year. There are some trends, which could have contributed to this increase.</p>
<p>OPA, in conjunction with the Legal Services Commission, rewrote and launched the revised edition <i>Enduring Power of Attorney</i> kit.</p>	<p>A project officer was employed to conduct a consumer survey on the usefulness of OPA's written information.</p>	<p>The Public Advocate was involved in a coronial enquiry when police shot a young man, purported to have a mental illness.</p>
<p>The Department for Human Services provided extra funding so that OPA could take a more proactive approach to its Guardianships.</p>	<p>A dedicated Enquiry Officer position was established enabling a more effective response to public enquiries.</p>	<p>The new data base for case records and statistics was fully implemented.</p>



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## *Key outcomes*

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The Office of the Public Advocate has four key service areas. During 2000-2001, funding and reporting is according to these four key areas:

- **Advocacy**
  - **Guardianship**
    - **Investigation**
      - **Community education**

The following pages detail the objectives, resources and outcomes in each of these areas. The **Enquiry Service** is reported on separately, but is integral to all of OPA's work in the above outcome areas.



# Advocacy

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## *Coronial inquest*

### *Advocacy Issue*

The Public Advocate has been involved in a coronial inquiry into the shooting of a young man who was purported to have a mental illness. Issues that arose during the coronial inquest included; whether the mental health system had failed the deceased and whether the training of police to deal with the mentally ill was adequate.

The Public Advocate made certain recommendations in relation to this case. The recommendations have been made to the South Australian Police Force and to the Mental Health Services. A major recommendation was an amendment to Section 20 of the *Mental Health Act, 1993*. It has been suggested that this section be altered to say that community treatment orders made by the Guardianship Board can be made when a person's health **or** safety is at risk, as opposed to health **and** safety.

Since the inquest, negotiations and discussions have taken place with the South Australian Police force on training of police officers and with Mental Health Services on the suggested amendments to the legislation.

The OPA has a continuing commitment to attending future coronial inquests that relate to people in our client group.

*Responding to requests for assistance and support for persons with a mental incapacity and their carers at both an individual and systems level.*

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### **Objectives**

- To investigate community complaints or concerns that a person with a mental incapacity may be at risk of abuse, neglect or exploitation.
- To identify and promote the interests of people with a mental incapacity to Government and in forums and enquiries concerned with the development and implementation of public policy.
- To speak for and negotiate on behalf of mentally incapacitated persons.
- To support and promote the interests of carers of people with a mental incapacity.
- To make recommendations to the Minister for legislative and operational change.

### **Resources**

The Public Advocate personally undertook most systems advocacy work. However, advocacy is inherent in much of the work done by staff at the OPA and staff takes on various matters as they arise. The role of the guardians includes increasing amounts of advocacy and mediation as the complexity of guardianships made to the OPA increases.

### **Outcomes**

#### *Representation on external committees*

Staff of the OPA was active within the following external committees during 2000-2001:

- Magistrates Court Diversionary Program, including the committee to evaluate the effectiveness of this program;
- Alliance for the Prevention of Elder Abuse;
- Legal Committee of IDSC;
- State Council of the Australian Institute of Administrative Law;
- Chairman, IDSC Ethics Committee
- Australian Guardianship and Administration Committee
- Law Week Committee, (Country Sub-Committee);

- 
- Interagency working party comprising the Public Trustee, the Guardianship Board and the OPA.
  - Mental Health Privacy Committee;
  - Mental Impairment Implementation Reference Committee;
  - Implementation Working Group for the Detention of Patients under the *Mental Health Act, 1993*;
  - The Mental Health Implementation Reference Group;
  - Calvary Hospital Ethics Committee;
  - Deputy Chair, Public Sector Lawyer's Committee of the Law Society;
  - Amendments to the *Guardianship and Administration Act, 1993* working party.

### ***Submissions***

The OPA made submissions to:

- The Minister, the Honourable Robert Lawson on matters affecting people with a mental incapacity that have arisen out of certain Coronial inquests.
- The Attorney General on suggested changes to the *Guardianship and Administration Act, 1993* and the *Consent to Medical Treatment and Palliative Care Act, 1993* around Advance Directives;
- The Division of General Practitioners and the Australian Medical Association on the training of general practitioners in primary mental health

### ***Workshops conducted***

The workshops and training conducted personally by the Public Advocate have been;

- Training of police officers in the apprehension of people with a mental incapacity;
- Attendance at the Courts Consulting the Community Conference;
- Delivered a paper titled "Loaves and Fishes" at the Centenary Ethics Committee, Calvary Hospital, Mental Impairment and the Law.
- Principal speaker at a conference entitled "Mental Impairment and the Law" conducted by The Law Society of South Australia.
- Speaker at Judicial Conference organised by the Judicial Education Committee in South Australia.
- Conducted two ethics workshops for workers at IDSC Options.

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## *Clients with special/exceptional needs*

*Advocacy Issue*

In our last Annual Report we identified a group of people with whom existing services could not adequately deal. They usually had multiple problems and their diagnoses spanned the responsibilities of a number of agencies. Commonly, these people were either detained in mental health settings or in correctional service facilities. These young people have only known a life of containment and efforts to change these patterns of behaviour were thwarted.

The OPA felt that special arrangements would need to be made to effect changes in these people's lives and submissions were made to the Department of Human Services for funding. This group of people often needs highly supported accommodation options, specialised plans for reintegration into the community and ongoing support from a number of agencies, none of which was currently available in the community.

The Department of Human Services (DHS) has now categorised this group as having special or exceptional needs. These people may be either existing clients for whom we were appointed guardian in an effort to facilitate some outcomes, or be referred to OPA by agencies or the Courts. Once a person has been categorised as having special or exceptional needs, special funding may be made available or agencies brought together to facilitate outcomes for the client.

The OPA is currently working with the Department of Human Services to formulate a special or exceptional needs process aimed at meeting the requirements of this client group.



# Guardianship

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## *Limited accommodation options for clients of OPA*

### *Guardianship Issue*

There are a number of groups of clients that is of increasing concern to this Office. One group is older, generally with a dementing type of illness and aged associated physical illness or frailty. The closure of several nursing homes in the Adelaide metropolitan area in the last 12 months has reduced the availability of both low and high care beds.

Waiting periods for those needing this specific type of care have lengthened resulting in increased pressure within the general hospitals. Clients are then expected to accept the first offered bed vacancy that matches their assessed level of physical need. The range of services, care, activities, physical environment and actual location of the facility varies considerably, and the client is given little choice. This is of concern to the OPA, as the staff is committed to ensuring that the wishes of the client are respected. It is difficult to discharge our statutory responsibilities when rapid discharge is an imperative.

Another group that has particular accommodation needs is those with multiple disabilities. The disabilities can range from acquired brain damage, often compounded by mental health issues, drug and alcohol abuse or severe personality disorders. This group has diverse needs and there is little supervision and support available in the community to meet those needs. Supervised community homes have a limited ability to accept new residents with the result that several of our clients have been temporarily placed in facilities such as medical wards in psychiatric hospitals or in acute care wards in general hospitals. Nursing homes are not equipped to care for or cope with clients with challenging behaviours, especially when they are in the younger aged group.

*The provision of guardianship services when appointment of a guardian is considered necessary, and there is no-one else suitable or available to take on that role.*

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### **Objectives**

- To provide a quality adult guardianship service across South Australia,
- To ensure that, wherever possible, substitute decisions made by a guardian preserve the personal autonomy of that person.
- To ensure that Board orders are the least restrictive of the protected person's welfare and are relevant and necessary to the development and maintenance of their health and safety.

- There were 109 new appointments during this period.
- There were 50 revocation of Guardianship Orders
- There were 18 deaths
- In 3 cases, at a review, a guardian, other than OPA was appointed,
- As at 30 June 2000, the OPA was guardian for 174 people.

### ***Increasing number of guardianships***

The OPA is concerned at the increasing number of guardianships. As the graph indicates there has been a significant increase in the number of new appointments in the last financial year. An analysis of the new guardianships indicates that the average age of people under guardianship is 60.

The largest category of people for whom we are appointed guardian are those with a diagnosis of dementia and in the majority of cases we were appointed to make accommodation decisions.

The next largest group is those with a dual disability. The need for guardianship is often based on the complex needs of these individuals, which often cut across a number of agencies.

We have found that, in many cases, the agencies are at an impasse or the situation is so intractable that an

### **Resources**

Additional 'one off' funding from the Department for Human Services enabled the OPA to increase its guardianship staff from three to four people for a substantial part of the year.

### **Outcomes**

#### ***Guardian of Last Resort***

During 2000-2001, the OPA provided guardianship services on behalf of 245 people.

independent person, such as a guardian is needed to either advocate on behalf of the person for the required services, or act as a go between amongst the various agencies.

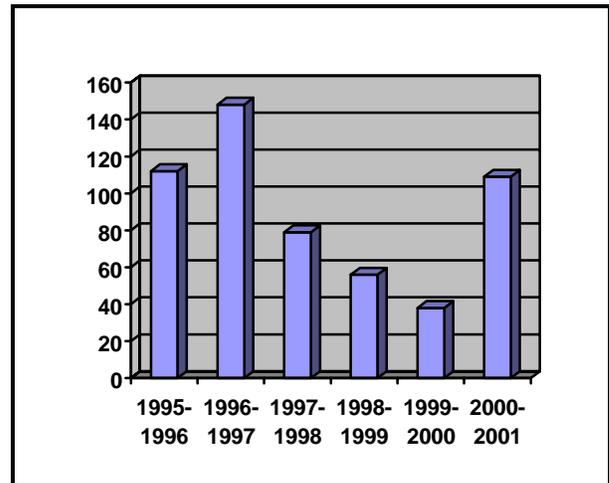
### **Guardian ad litem/Next friend**

The OPA has continued to provide a service to women whose children have been removed from their care as a result of the mothers' mental incapacity/inability to provide adequate care for her children. These mothers are deemed not able to effectively instruct a lawyer in court proceedings. The OPA is appointed either Guardian ad litem in the Youth Court or Next Friend in the Family Court to instruct the lawyer on the mother's behalf.

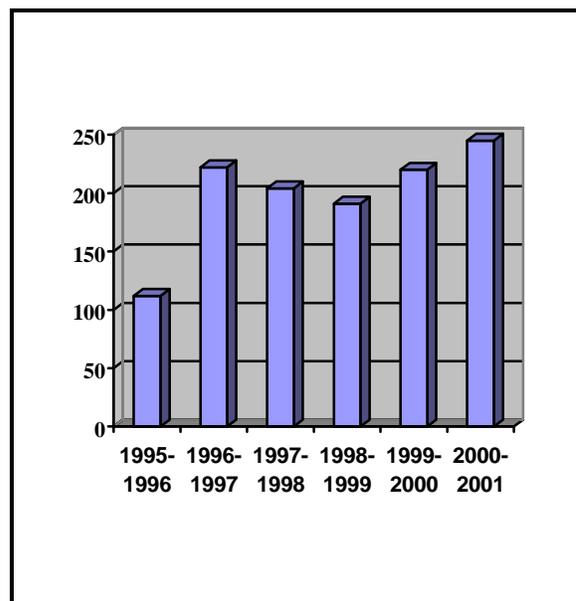
The OPA has advocated on behalf of seven women in the last financial year. Five of these women had a mental illness and one had an intellectual impairment.

In the other matter, the Public Advocate acted as 'Next Friend' for a young man in the Supreme Court over potential inheritance issues.

**Number of new guardianship appointments**



**Total number of guardianships**



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## *The use of section 32 powers for care and protection of young intellectually disabled persons*

The OPA has been appointed guardian for a number of intellectually disabled young men whose problems are complex. The primary purpose of these appointments seems to be the need to keep vulnerable individuals living in safe environments where they receive adequate supervision, support and often timely administration of medication.

Typically these young people have a history of running away from home, not working and not having regular day activities.

The pattern of homelessness, lack of planned meaningful activity and potential involvement in drug/alcohol use places them at considerable risk. When service providers have exhausted other avenues for a less risky lifestyle, applications are made to the Guardianship Board hoping to compel individuals to live in a particular residence. Suitable accommodation facilities for this group of people are scarce and rarely secure.

A section 32 order to compel residence in a hostel or boarding house is not ideal, as clients can leave the facility at will, often being repeatedly returned by police. No sanctions or penalties can be imposed if a client leaves the designated residence and this further adds to the difficulty in making enforcement powers useful. Where family dynamics are a contributing reason for the application, the ineffectiveness of the section 32 powers can serve to exacerbate rather than mediate these conflicts.

On a positive note, even when the order does not achieve its desired objective, clients frequently find more suitable alternatives for themselves. In being able to choose for themselves as opposed to being compelled, clients can learn important lessons in planning and organisation.



# Investigation

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## *OPA in the role of advocates and mediators prior to a hearing*

### *Investigation Issue*

Matters brought to the attention of the OPA and the Guardianship Board are frequently raised in times of crisis, when there are significant life changing events or as a result of an impasse between interested parties. In particular, conflict between family members, the person with the mental incapacity and service providers, can challenge the effectiveness of informal arrangements. Approaches to the Guardianship Board for the exercise of its powers can sometimes cement conflicts, particularly when the process and intent is not fully understood by participants.

Whilst OPA does not formally identify itself as a mediation service, it is well placed to provide an independent and 'rights focussed' approach to problem resolution. By mediating the differences and advocating for the wishes of the person, OPA is often able to achieve some or all of the following:

- Improved access to information, services and more effective working relationships;
- Resolution of issues and the preservation of informal arrangements without resorting to applications to the Board or the making of Board orders;
- Presentation of an agreed way forward for the Board's consideration, including formalising current informal arrangements to improve effectiveness when necessary; and
- Advocating for the appointment of an independent decision-maker and the making of particular orders to protect the wishes and interests of a person with a mental incapacity.

The need for mediation and advocacy are identified and dealt with through both the Enquiry Service and the Investigative function that OPA has under Section 21 of the *Guardianship and Administration Act*, 1993. In addition OPA can be requested to undertake these roles by the Guardianship Board under Section 28 of the Act. The latter requests have been declining over recent years.

*To investigate the circumstances of people referred to the Office of the Public Advocate by other services, the Guardianship Board and by members of the public and to initiate action as appropriate.*

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## Objectives

- To investigate and identify the circumstances and needs of people with a mental incapacity who are the subject of an application to the Guardianship Board and to ensure that their interests are represented at hearings before the Guardianship Board.
- To ensure that the appointment of a Guardian or Administrator is made only when there is no alternative solution to the presenting problem.
- To investigate matters where a person with a mental incapacity is at risk of abuse, exploitation or neglect (including self-neglect).

## Resources

There are no designated staff members who take on investigations as a separate function. This role is performed by all of the OPA'S professional staff. However, the OPA has strengthened its Enquiry Service and much of the short-term advocacy and investigation is undertaken through this service.

## Outcomes

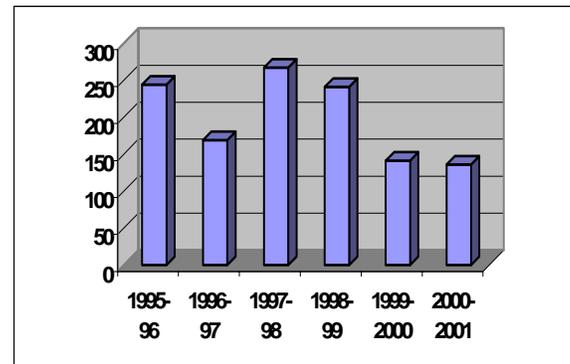
A total of **136** investigations were conducted in the last financial year. The following are the types of investigations undertaken by the Office:

- **Section 28 investigations.** These are investigations that are requested by the Guardianship Board under that section of the *Guardianship and Administration Act, 1993*. This means that a comprehensive report was prepared at the direction of the Guardianship Board to assist them in their decision making. **There were six investigations requested under Section 28.**
- **Section 21 investigations.** These are investigations that are undertaken at the discretion of the Office. They can include matters which relate to the *Guardianship and Administration Act, 1993* or the *Mental Health Act, 1993*. **There were 44 investigations under Section 21**
- **Pre-hearing screenings and investigations.** These are matters where an application has been made to the Guardianship Board and the office undertakes to make some preliminary screening investigations to determine the appropriateness of orders sought. **There were 67 investigations made prior to a Guardianship Board hearing.**

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- **Individual advocacy.** These are matters where the Office has taken up particular issues and advocates on behalf of a client. Some of the matters taken up on behalf of clients were concerns raised around detention under the *Mental Health Act, 1993*. **There were 12 matters of individual advocacy undertaken.**

Comparison of data over the years is difficult because of changing recording methods, definitions of investigation and enquiry and the introduction of a devoted Enquiry Service last year. However requests from the Board for section 28 investigations have declined over the recent years. The capacity of the Office to respond to these requests in a timely manner is a contributing factor.

**Total Number of Investigations**



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## ***Request for section 28 investigation where the Board queried its jurisdiction***

### *Case Example*

The Guardianship Board requested the OPA to investigate the circumstances of a 60-year-old man who resides in his own home alone. His physical independence was severely compromised by a major degenerative illness. He had been battling with various levels of disability for some years and was still at home chiefly because of his fierce independence and will power. He received twice-daily care visits and coordination and supports from the combined funding and efforts a number of agencies.

All service providers indicated high levels of difficulty in maintaining positive working relationships with this man. At times, he has refused access to a number of workers and others have requested to be relieved because of his difficult behaviour.

It was then decided that for occupational health and safety reasons, two direct care workers be present morning and night to meet the man's personal care requirements. This would require a doubling of funding by the two main agencies. Neither of the two main agencies was prepared to do this and so an application was lodged for the Guardianship Board to appoint a guardian to make lifestyle decisions.

The OPA visited the man concerned. He was openly hostile about the application, stating that he could make decisions about his own life.

There was medical evidence to suggest that this man, while he had a 'difficult' personality as well as significant physical disabilities, was able to make his own decisions. Extra funding was made available when the agencies realised that the Board may not have jurisdiction to hear this matter.

The application to the Board served as a mechanism for the various agencies to consider the alternatives for this man. It also served to illustrate that while the man was very reliant on external support to survive at home, he was clearly expressing his desires as to what should happen and he was acting as his own advocate.

The extra funding meant that support at home was now tenable. The OPA recommended that the application be withdrawn and the Board concurred with this.



# Community education

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## *Promoting the use of Advance Directives*

### *Education Issues*

The OPA has actively promoted the use of Advance Directives in this last financial year.

There are a number of Advance Directives available in this State that cover all aspects of a person's decision making, should they be unable to do so for themselves.

In an increasingly complex society the OPA has argued that Advance Directives take the 'guess work' away from relatives who may have to make these difficult decisions. These decisions often revolve around medical and treatment choices, choices as to where a person should live as well as difficult decisions around financial matters.

The OPA sees the use of Advance Directives as a way in which individuals can take greater control over their own lives. Most people execute a will, but many have not considered the importance of Advance Directives.

As part of the active promotion, the OPA attempted to reach a wider audience and advertised in magazines and local newspapers. There were also opportunities to work in partnership with other agencies during promotions, particularly where these promotions targeted those who were considering retirement planning. Many of the talks that OPA gave also focussed on Advance Directives.

*Empowering individuals, service providers and the community through the promotion of advance directives and the principles and practicalities of the legislation*

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• **Objectives**

- To facilitate and conduct education sessions and forums in both metropolitan and country locations on a diverse range of issues relating to mental incapacity and the law.
- To provide written responses to external agencies and individuals, where requests for the OPA's input on issues relating to mental incapacity are made.
- To actively participate in interagency forums and committees where the terms of reference meet the OPA's strategic directions.
- To provide regular updated online information on the OPA as well as written resources.
- To make selected pamphlets available in other languages.

**Resources**

A full time Education Officer and a half time Information Officer are employed to undertake the tasks associated with education. The Information Officer is on 12 months accouchement leave and will be returning on the 21 February, 2001. During her absence some of the funds were used to employ a project officer.

**Outcomes**

To fulfil our responsibilities in the provision of education and information, the OPA responds actively to requests from organisations and individuals and participates in a range of activities. For example, the OPA staff may participate in forums, conferences or workshops where advice and information is required on the legislation.

*Public forums*

The OPA ran two public information forums during the 2000/2001 period.

*Sterilisation and mental incapacity*

On the 22 November, 2000 over 100 people attended a forum held at Adelaide Central Mission, Pitt Street Adelaide, to hear speakers discuss the issue of sterilisation and mental incapacity. The speakers included Sue Brady from Queensland who has recently completed a PhD thesis on this topic as well as a medical practitioner, ethicist, and disability workers who have a special interest in the area of sexuality. While the forum was auspiced by the OPA, it was the result of a working party comprising, IDSC, Family Court, and Legal Services Commission. The OPA saw the forum as another example of a collaborative working relationship where the skills from various agencies were combined for a successful event.

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### ***End of Life decisions and the role of a guardian***

On Wednesday 16 May over 90 people attended a forum, again at Adelaide Central Mission Pitt Street, Adelaide entitled “End of Life Decisions and the role of a guardian”. The Public Advocate John Harley outlined the legislation and identified who can actually make these decisions. A representative from the Palliative Care Council also spoke and there were two case studies in which guardians outlined their roles in making end of life decisions.

### ***Education Sessions***

In total, 1581 individuals received advice and information in Education sessions conducted by the OPA. There are three main audience categories used by OPA and these are outlined below.

#### **Metropolitan service providers**

A total of 613 service providers attended the 42 education sessions provided in the metropolitan area. These numbers do not take into account the 200 people who attended the forums conducted during the year.

**Comparative data for metropolitan service providers**

Year	Sessions	Audience
1997-98	44	828
1998-99	52	1552
1999-2000	33	1440
2000-01	42	* 613

\* The trend has been to provide more specialised education sessions on specific issues for targeted audiences.

#### **Metropolitan Carers and Consumers**

These talks usually focus on Advance Directives and general guardianship and administration issues. In this financial year there was an increase in the number of talks to carers and consumers. This has coincided with the focus of the OPA on promoting Advance Directives. The OPA sees Advance Directives as an important mechanism for individuals to ensure that their wishes, should they lose capacity are known to those who either have to make the decision or provide care.

**Comparative data for metropolitan carers/consumers**

Year	Sessions	Audience
1997-98	39	934
1998-99	14	615
1999-2000	10	337
2000-01	19	596

#### **Country Participants**

Talks in country areas are generally presented to a mixed audience of service providers and carers/consumers, and usually cover both the guardianship and administration systems and mental health. There was an increase in talks given to country regions. Much of the increase is attributable to the work the Public Advocate has done in providing information and training to Justices of the Peace.

**Comparative data for County Areas**

Year	Sessions	Audience
1997-98	14	246
1998-99	5	173
1999-2000	3	75
2000-01	14	372

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## ***Publications***

### **Community pamphlets**

The OPA produces 16 coloured trifold pamphlets, which provide information about the GAA and MHA.

Community consultation aimed at collecting consumer information to rewrite the pamphlets and other written material commenced in February 2001. A project officer was employed through cost savings from the Information Officer position, which has been vacant since December, 2000. The project officer canvassed the opinions of a wide range of service providers, carers and consumers in order to gauge the effectiveness and appropriateness of our written material. While the written material provides a great deal of information, the general opinion was that the material could be simplified. Drafts of booklets on the *Guardianship and Administration Act, 1993* and *Mental Health Act, 1993* have been prepared. Simple fact sheets will also be prepared outlining the main issues from each piece of legislation. The office will be negotiating with the Department of Human Services over the printing of these new pamphlets and booklets.

### **Aged care information booklet**

The Aged Care Information booklet developed in 1999 has now been translated into three other languages, Greek, Italian and Vietnamese.

### **Enduring Power of Attorney, major revision and launch**

This OPA and Legal Services Commission revised the Enduring Power of Attorney kit. Major changes included the inclusion of a section

entitled "Safeguarding your Interests". This section details ways in which donors can protect their assets from potential abuses. The revised Enduring Power of Attorney kit also represents work done by the Alliance for the Prevention of Elder Abuse. This alliance comprises representatives from this Office, Public Trustee, the South Australian Police Force, Aged Rights Advocacy Service and the Legal Services Commission. This group has done much work to identify issues to prevent financial abuse, particularly for the elderly.

The Minister for Disability and Ageing, the Honourable, Robert Lawson launched the revised kit and at the same time highlighted the growing concern in the community over financial abuse.

### **Public Advocate Newsletter**

One edition of the Public Advocate Newsletter was produced January 2000. 1200 copies of the newsletter were printed and distributed, including approximately 850 posted directly to agencies and individuals on our mailing list.

### **2000-2001 Annual Report**

During the 1999-2000 period, the Annual Report was produced, printed and distributed. The OPA printed 1200 copies of the Annual Report, with 850 of these mailed out with the January 2000 newsletter.

### **Consultative Activities**

The OPA undertook 41 consultative activities in this financial year. This area of work comprises requests from external organisations and individuals,

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consultation and advocacy work relating to education. These activities draw on the expertise of the OPA staff in the areas of mental incapacity, mental illness, issues relating to consent and advance directives. Examples of education activities include:

- preparation of written material for inclusion in newsletters, directories and other external publications;
- contribution to written material by other agencies;
- consultation in policy development, particularly in areas of consent and mental incapacity or illness;
- radio and newspaper interviews.

**Total number of Consultative Activities**

<b>Year</b>	<b>Activities</b>
<b>1997-1998</b>	<b>78</b>
<b>1998-1999</b>	<b>81</b>
<b>1999-2000</b>	<b>65</b>
<b>2000-2001</b>	<b>41</b>

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## *Restraint as an issue*

*Education Issue*

The OPA featured an article on restraint in its January newsletter. The article generated many debates amongst service providers and the general community. Restraint, particularly in aged care facilities is a contentious issue and the OPA has taken the view that if restraint is a predictable ongoing requirement, then lawful authority to use it is required.

Restraint or restrictive practices is the term used to define a broad range of techniques specifically used in the management of a person's behaviour or for a person's day to day care. Restraint can be physical and it can be chemical. As a result of the interest generated, the OPA has undertaken to convene a meeting of people interested in this area. It is anticipated that this group will focus on the aged care sector and determine the legislation that covers this area, and then develop some strategies to ensure a consistent and co-ordinated approach to restraint. This activity will be reported on in next year's Annual Report.

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# Enquiry service

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## Resources

This year has seen the appointment of a dedicated Enquiry Officer who takes calls from 10.00 a.m. to 1.00 p.m. each day. While the call times are stipulated, urgent calls are always attended to outside of those hours. The position was initially filled on a .7 basis, but the complexity of calls and time taken to complete each call has led to the extension of the hours to full time.

## Outcomes

During the financial year, the OPA received 3229 enquiry calls.

Year	Total enquiries
1995-96	3570
1996-97	3229
1997-98	3539
1998-99	3744
1999-2000	3063
2000-2001	3229

The number of enquiry calls has risen since last year in all areas apart from Education/Information. This was a category used to screen calls relating to requests for education sessions. This is now handled entirely by the education officers. In addition, as in other areas of the OPA's work, the complexity of concerns and actions is increasing. The new computer system, CME (Client Management Engine) is also allowing the Office to calculate the time each call takes to complete. As the system was not in operation last year, it is hard to

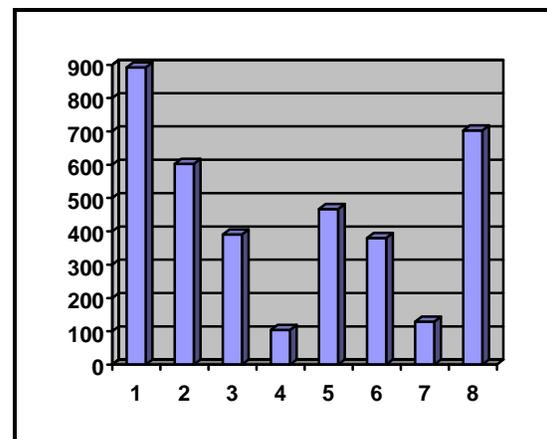
make comparisons based on hard data. However in this last financial year, each call took approximately 15 minutes to complete. The calls range from simple questions about Advance Directives to more complicated queries that require a significant amount of time to consider and answer. In addition, the Enquiry Officer is often the first point of contact for people needing urgent advice on whether or not Interim Orders are required from the Guardianship Board.

## Nature of enquiry calls

The nature of enquiries received by the OPA can be divided into nine main groupings:

1. potential administration issue: 892
2. potential guardianship issue: 603
3. advance directives: 391
4. Guardianship Board process: 104
5. information/education: 467
6. mental health issues: 380
7. consent to treatment issues: 129
8. other calls: 703 \*

Nature of enquiry calls 2000/2001

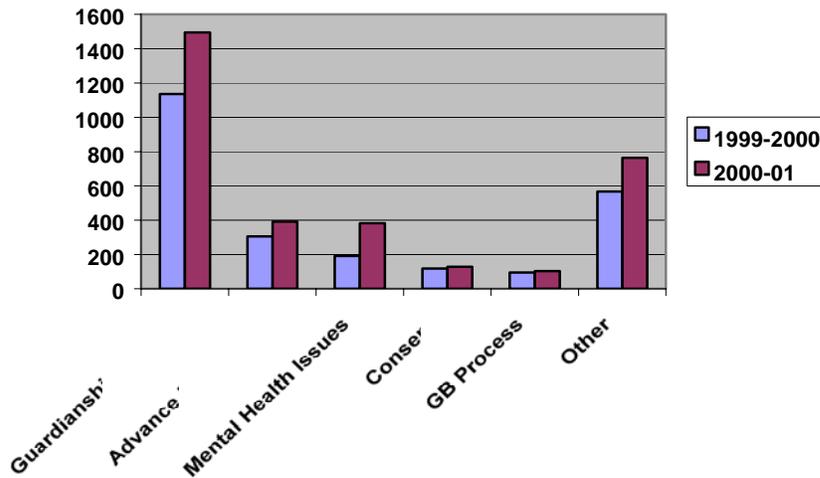


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\*A significant number of calls have been placed in the 'other' category. These calls can relate to family violence, family law matters, domestic violence, alleged financial abuse, and informal

arrangements. As the number in this category is significant, the OPA will be developing other categories so that the numbers can be captured more effectively.

**Trends in enquiries 1999-2000 / 2000-01**



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## *Some examples of enquiries*

### *Case Examples*

- A doctor telephoned the OPA regarding a detained patient with a serious mental illness. It was discovered, through a series of tests that the patient had an aggressive form of leukemia. The patient was refusing treatment. A compounding factor was that the treatment proposed required the cooperation of the patient. The doctor advised that the success rate of the treatment was marginal and that it was extremely unpleasant. The Enquiry Officer advised the doctor that as the man was a detained patient the *Mental Health Act, 1993*, he could be treated 'for his mental illness or any other illness'. (s18 *Mental Health Act, 1993*) The doctor said neither he nor his staff would be happy making this decision so the officer advised that an application be made to the Guardianship Board for the appointment of a guardian to make this difficult ethical and moral decision.
- A woman telephoned the OPA to say that her elderly father lives with her brother and that the brother had excluded the rest of the family from seeing him. The caller was also concerned that her brother was controlling and abusive towards the father. Further discussion established that the caller was not clear about her father's mental capacity. The Enquiry Officer advised the caller to ring the Aged Rights Advocacy Service to see if they could assist the elderly gentleman in regards to both his care and his finances. The Officer also suggested that the caller might consider contacting Domiciliary Care Services as they may be able to provide an assessment of the elderly gentleman's capacity to make his own decisions.
- A woman telephoned the OPA to say that her father, who was currently in hospital, had been recommended for nursing home care. The caller said that her father is refusing to go into a supported residential facility despite all evidence that this is required. The caller was the holder of an Enduring Power of Guardianship for the gentleman. The OPA advised that because there was a valid Enduring Power of Guardianship, then special powers could be obtained to enable the caller to go against her father's wishes and ensure he goes into nursing home care. By having the valid Enduring Power of Guardianship, this simplifies the Guardianship Board process as no special hearing is required, and it reassures families that they can make all necessary decisions.

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# *Administrative and human resources*

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## **Reviews and submissions on administrative functions**

- The OPA received additional one off funding from DHS in 2000/2001. A submission for permanent funding for an additional full-time PSO2 Guardianship/ Investigator and .3 fte extra funding to increase the Enquiries Officer to 1 fte was submitted in June.
- Budget performance improved this year enabling the previous year's deficit to be paid off.
- A review of administrative policies and work practices was undertaken providing a sound basis for the future operation of the Office.
- Negotiations have continued between the Department of Human Services (DHS) and the Australian Broadcasting Corporation (ABC) to move the OPA to the 7<sup>th</sup> floor of the building. Once finalised, this will provide expanded office space and a much needed physical separation of the OPA and the Guardianship Board.
- The OPA held a staff planning day in September 2000 as part of its performance review.

## **Strategic planning**

- This year's strategic plan was ambitious and whilst a number of achievements have occurred, some targets could not be met. The OPA intends to move towards a 3 year

planning cycle in order to develop a more appropriate performance framework for the future.

## *Account payment performance*

The OPA's policy is for all accounts to be paid within one week of receiving them. Accounts are processed by Intellectual Disability Services Council (IDSC) Finance Section. The OPA believes this system meets its policy objective approximately 90% of the time. Occasional delays appear to occur due to a backlog at IDSC.

## *Computing systems*

August 2000, the OPA introduced a database named Client Management Engine (CME). This is to control client and non-client files and correspondence. Like most new systems, it requires around 12 months to understand and identify any problems. To date, it has enabled ready retrieval of casenotes and supported a more efficient filing system. OPA is currently working on improving data retrieval to enhance statistical reporting.

## **Consultancies**

There were two consultancy services purchased by the OPA in the 2000-2001 financial year:

- Social Options (Moirra Deslandes) was paid a total of \$1,462 for a staff planning day and the facilitation of planning strategies.
- Interim Technology was paid \$21,016 for the implementation of the database CME and training staff.

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## **Equal opportunity**

The OPA promotes a workplace environment in which the *Equal Opportunity Act 1984* and the *Sex Discrimination Act 1984* are fully supported. The OPA adheres to the relevant policies and procedures of the SA Department of Human Services.

In particular, staff of the OPA is committed to providing a flexible work environment that takes into account family commitments. This includes providing opportunities for part time employment and job sharing.

## **Freedom of information**

The following information is published as a requirement of section 9 of the *Freedom of Information Act 1991*.

### *Structure and functions of the agency – (s9 (2)(a))*

A description of the structure and functions of the Office of the Public Advocate as required under s9 (2)(a) is set out elsewhere in this Annual Report.

### *Effect of agency's function on members of the public - (s9 (2)(b))*

The nature of the OPA's work leads to:

- involvement in family/care provider dynamics;
- consultation with government and non-government service providers;
- advice to the public about the provisions of the legislation;
- increased networks for people who have reduced mental capacity and their carers.

### *Arrangements for public participation in policy formulation - (s9 (2)(c))*

The public can participate in agency policy development through the enquiry service and through the provision of feedback and comment at public forums facilitated by the OPA and mentioned elsewhere in this report.

### *Descriptions of the kinds of documents held by the agency – (s9 (2)(d))*

- The OPA Annual Reports - 1994-95 to 1999-00.
- Files relating to investigation and the care of protected persons.
- Administrative files relating to the business operations of the OPA.
- A series of printed resources, including the OPA community pamphlets and information sheets explaining the various orders made by the Guardianship Board and other provisions of the Acts. A list of these brochures is available from the OPA.

### *Access arrangements, procedures, and points of contact - (s9 (2)(e) & (f))*

The OPA provides information on the FOI application process when contacted.

While FOI aims to provide access to the maximum amount of information possible, a number of exemptions are necessary to ensure that other people's privacy is not unduly invaded, for example documents that would lead to an unreasonable disclosure of another person's affairs.

### *Amending personal records*

Under FOI an individual may apply to have documents corrected if they are incomplete, incorrect, misleading or out of date.

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### *FOI requests 2000-01*

OPA received no requests under FOI this year.

*All FOI applications can be directed to the FOI Coordinator at:*  
Office of the Public Advocate  
Level 8, ABC Building  
85 North East Road  
Collinswood SA 5081

### **Occupational health and safety**

The OPA is committed to the policies and best practice principles of the SA Department of Human Services in relation to the occupational health and safety of the working environment.

The OPA and the Guardianship Board operate a joint OHS&W Committee. The Committee has undertaken several hazard site assessments this year. In contrast to last year, there were no incident reports or days lost due to work injury in this period.

### **Overseas travel**

During the 2000-2001 financial year there was no overseas travel by staff of the OPA.

### **Staff development and training**

Staff development expenditure reduced during 2000-2001 to \$3,347. This was in part in response to the previous year's budget overrun. However, staff managed an internal development program and attended a number of free seminars during this period.

The pursuit of professional development opportunities is encouraged with the minimum expectation that each staff member access one course/learning activity annually. Below is a list of some of the activities attended by staff:

- Forum on Indigenous People;
- DHS training of 3 staff for Crystal Report Writer;
- Cope course on Counselling Basics;
- NSCA OH&S course;
- University of South Australia workshop;
- Australian Red Cross First Aid Course;
- All Staff Training Consultants;
- Law Society, "Privacy Law" seminar;
- The Centre for Restorative Justice Conference;
- CISA (Get to the Point);
- Institute of Public Administration Australia;
- Life Journeys Conference;
- Palliative Care Forum.

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# *Financial report*

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The Office of the Public Advocate operates as part of the Country and Disability Services Division (CDS), a division of the SA Department of Human Services. The financial operations of the OPA are consolidated into and reported with the financial statements of the DSO and auditing occurs annually as part of the DSO audit process. OPA's financial performance is reported in the Department of Human Services Country and Disability Services Division Annual Report.

After due consideration of the requirements of Treasurer's Instruction 19 Relating to Financial Reporting, and Statement of Accounting Concepts (SAC) 1, *Definition of the Reporting Entity*, the OPA has determined that it is unlikely that there will be any users dependent on general purpose financial reports as a basis for decision making. The relationship with the OPA's sole financial stakeholder (the CDS) is such that it can command specific purpose reports.

Further, the OPA considers that the cost of providing detailed general purpose financial reports in accordance with generally accepted accounting principles far outweighs any benefit that may be derived by users.

Accordingly, as prescribed in SAC 1, there is no requirement to produce such reports.

This Annual Report has been prepared principally to satisfy the reporting requirements under section 24 of the *Guardianship and Administration Act 1993*. This provision carries no requirement to furnish financial information of any kind.

On this basis, full general purpose financial reports are not provided as part of this Annual Report. Appendix 4 provides a detailed expenditure report for 2000/01. A summary is provided below:

<b>Description</b>	<b>2000/2001 Actuals</b>	<b>2000/2001 Budget</b>	<b>Variation from Budget</b>
Salaries and Wages	595,272	644,087	-48,815
Administration Expenses	31,756	30,265	1,491
Building/Accommodation	70,388	66,600	3,788
Equipment/Vehicles	4,104	10,419	-6,315
Other Goods and Services	26,909	22,500	4,409
1999/2000 Budget Overrun	36,019		36,019
<b>Total</b>	<b>764,448</b>	<b>773,871</b>	<b>-9,423</b>

**Total GST Expenditure for 2000/2001 Financial Year** 16,719  
**Total Reimbursement for 2000/2001 Financial Year** 15,178

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## **Variations explanatory statement**

OPA ended the financial year under budget despite the requirement to deal with the previous financial year's overrun of \$36,019. This was achieved because of the additional funding provided by DHS, staff vacancy factors and delays in recharges for seconded staff. This will result in an expenditure carry over to 2001-2002.

Explanations for major expenditure variations are as follows:

- **Salaries and Wages underspending**  
Delays in filling the above positions, were the reasons for salaries and wages expending under budget.
- **Building and Accommodation**  
Increased telecommunications expenses have led to increase expenditure in this area.
- **Other Goods and Services**  
The Goods and Services budget has been insufficient to meet the administrative needs of the office.

The previous year's overrun has essentially been managed through savings on salaries and wages.

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## Staffing changes during 2000-2001

## Appendix 1

### **Assistant Public Advocate**

The position of Assistant Public Advocate was vacant for some time but has now been filled on a one-year contract by Ms Margaret Farr. Margaret commenced on 9 April 2001.

### **Public Advocate Officers**

Ms Cynthia Manners has been employed on a contractual basis with the Office since 20 November 2000.

Ms Suzanne Bull commenced work as a permanent employee at the OPA on 18 June 2001.

Gina Testa completed her contract as Enquiry and Revocation Officer with OPA on 29 December 2000.

Angela Clarke completed her Public Advocate Officer contract on 18 January 2001.

Patrine Baptist completed her contract as Public Advocate Officer 15 April 2001.

### **Education Officer**

Lisa Huber was seconded to DHS on 28 July 2000. Lisa was later appointed to a permanent position in Department of Human Services.

Angela Andary acted as Education Officer and was appointed permanently 22 January 2001.

### **Information Officer**

Ms Stephanie Lewis left for twelve months maternity leave on 6 February 2001. Ms Helen Wilde filled her position

for five months from 19 February to 13 July 2001.

### **Enquiry Officer**

Melissa Griffiths commenced at OPA 24 July 2000 and completed her contract as Enquiry Officer 23 January 2001.

Karen Carnegie commenced at OPA on a 2-year contract 19 February 2001 to February 2003.

### **Administrative staff**

Jenni Wright was seconded to the Duke of Edinburgh Awards in Australia from 15 May to 28 February 2002.

Donna Summers is in a temporary position in place of Jenni Wright.

### **Other staff**

The OPA was fortunate to have the services of several other staff working on temporary placements at the OPA during 2000-2001:

Mr John Collins commenced work on 4 March 2000 as an Administrative Projects Officer. John left OPA 9 March 2001.

Ron Bolzon was a supernumerary appointed to canvass the possibility of the OPA's education material being converted to other mediums. Ron completed his contract late June 2001.

**Staff Profile as at 30 June 2001**

**Appendix 2**

<b>Public Sector Management Act employees by stream, level, appointment type and gender, as at end of June 2001</b>									
<b>Stream</b>	<b>Ongoing</b>			<b>Contract</b>			<b>Total</b>		
	<b>M</b>	<b>F</b>	<b>Total</b>	<b>M</b>	<b>F</b>	<b>Total</b>	<b>M</b>	<b>F</b>	<b>Total</b>
<b>Admin</b>									
<b>ASO1</b>									
<b>ASO2</b>		1	1					1	1
<b>ASO3</b>	1		1				1		1
<b>ASO4</b>									
<b>ASO5</b>		1	1					1	1
<b>ASO6</b>									
<b>ASO7</b>									
<b>Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Professional</b>									
<b>PSO1</b>					1	1		1	1
<b>PSO2</b>		3	3		1	1		4	4
<b>Total</b>		<b>3</b>	<b>3</b>		<b>2</b>	<b>2</b>		<b>5</b>	<b>5</b>
<b>Other</b>				1		1	1		1
<b>Total</b>				<b>1</b>		<b>1</b>	<b>1</b>		<b>1</b>
<b>Total All Streams</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>7</b>	<b>9</b>

<b>OPA sick leave as at 30 June 2001</b>			
<b>Financial Year</b>	<b>Total Days Leave</b>	<b>FTE</b>	<b>Average Days Leave</b>
<b>2000 – 2001</b>	<b>39.9</b>	<b>* 8.7</b>	<b>4.6</b>
<b>1999 – 2000</b>	<b>34.5</b>	<b>10.16</b>	<b>3.4</b>

- \* The Assistant Public Advocate is a seconded position and therefore does not appear in the statistics. The ASO2 position is currently filled by an agency staff member and also does not appear in the statistics.

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## Detailed expenditure report

## Appendix 4

The following table provides a detailed breakdown of expenditures incurred in 2000/2001.

<b>Detailed Expenditure Report</b>			
<b>Salaries &amp; Wages</b>	Salaries	595,272	<b>595,272</b>
<b>Administration Expenses</b>	Postal	7,079	<b>31,756</b>
	Printing	10,907	
	Stationery	3,185	
	Advertising	1,833	
	Travel	5,405	
	Staff Development	3,347	
<b>Building/Accommodation</b>		49,720	<b>70,388</b>
	Cleaning	2,222	
	Electricity	1,648	
	Telecommunications	16,798	
<b>Equipment/Vehicles</b>	Computer Costs	860	<b>4,104</b>
	Equipment	-4,355	
	Motor Vehicles	7,599	
<b>Other Goods &amp; Services</b>		29,903	<b>26,903</b>
<b>Last Fin/Yr Overexpenditure</b>		36,019	<b>36,019</b>
<b>GST Expenditure</b>		16,719	<b>16,719</b>
<b>TOTAL</b>		<b>781,161</b>	<b>781,161</b>

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## *Glossary of terms*

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**Guardianship** is a way of legally appointing a substitute decision-maker for someone who cannot make all, or some, personal decisions due to reduced mental capacity. A Guardianship Order is made by the Guardianship Board and gives a person (the guardian) the authority to make decisions in health and/or lifestyle matters. Where it is necessary to appoint a guardian, and there is no family member or friend suitable or willing to be appointed, the Board will appoint the Public Advocate as guardian of last resort.

**Interested parties** refers to any person who has a personal or professional interest in the outcome of an application to the Guardianship Board.

**Mental incapacity** is defined in the *Guardianship and Administration Act 1993* as:

*'...the inability of a person to look after his or her own health, safety or welfare or to manage his or her own affairs, as a result of-*

*(a) any damage to, or any illness, disorder, imperfect or delayed development, impairment or deterioration, of the brain or mind; or*

*(b) any physical illness or condition that renders the person unable to communicate his or her intentions or wishes in any manner whatsoever.'*

**Protected person** is the person for whom a Board order has been made.

**Review** refers to the Guardianship Board's capacity to reassess a prior decision in the event that new information or a change in circumstances becomes evident.