

# Office of Public Guardian Annual Report 2004-05

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## **1. Introduction**

The Office of the Public Guardian takes its legislative authority from the *Guardianship and Administration Act 1995*. The Act was proclaimed and came into operation on 1 September 1997.

The main functions of the Office include:

### **Advocacy and Representation**

- The Public Guardian promotes, speaks for and protects the rights and interests of persons with a disability;
- deals with service providers on behalf of persons with a disability; and
- represents persons with a disability before the Guardianship and Administration Board (the Board).

### **Investigation**

- The Public Guardian investigates, reports and makes recommendations to the Minister on any matter relating to the operation of the Act;
- investigates complaints and allegations about the actions of a guardian or an administrator or someone acting under a power of attorney; and
- investigates any matter referred by the Board.

### **Guardianship**

- The Public Guardian acts as guardian or administrator when so appointed by the Board ensuring as much personal autonomy and respect for the wishes of the represented person as possible.

### **Systemic Issues**

- The Public Guardian fosters the provision of services and facilities for persons with a disability;
- supports the establishment of organisations which support persons with a disability; and
- encourages the development of advocacy and education.

### **Information**

The Public Guardian:

- disseminates information concerning the functions of the Public Guardian, the Board, and the operation of the Act; and
- gives advice on the Act and alternatives to the Act.

## **2. How are the Public Guardian and the Guardianship and Administration Board different?**

The Public Guardian and the Guardianship and Administration Board are separate entities, with distinct roles and functions.

The Guardianship and Administration Board is the entity that makes decisions about the need for a guardian or administrator to be appointed. It can require the Public Guardian to conduct investigations and report back to the Board, and provide legal authority for the Public Guardian to enter premises where a person with a disability is in danger.

The Public Guardian provides advocacy services on both an individual and systemic basis, acts as guardian when appointed by the Board, conducts investigations, mediates problems, and makes decisions for clients in accordance with the principles outlined in the Act. It can seek direction from the Board about any matter. It is not a service provider, but rather works with service providers to ensure that the needs and wishes of persons with disabilities are being met.

Because guardianship involves removing existing legal rights from a person with a disability, the Public Guardian has a role to play to ensure that guardianship is used as a last resort. The Public Guardian often plays a role in trying to mediate or resolve problems prior to a Board hearing so that, if possible, there is no longer a need for guardianship. If the Public Guardian is appointed as a person's guardian, and there is no longer a need for guardianship, the Public Guardian has a responsibility to apply to the Board to revoke the guardianship order.

## **3. Determining what is in the “best interests” of a person under guardianship**

The guardian must act:

- in consultation with that person, taking into account, as far as possible, his or her wishes; and
- as an advocate for that person; and
- in such a way as to encourage that person to participate as much as possible in the life of the community; and
- in such a way as to encourage and assist that person to become capable of caring for himself or herself and of making reasonable judgements relating to his or her person; and
- in such a way as to protect that person from neglect, abuse or exploitation.

## **4. Who are the Public Guardian and staff?**

### **Public Guardian**

Lisa Warner was appointed as Public Guardian on 1 September 1997. She completed degrees in Arts and Sciences and Law, having studied in Canada, France, and Australia. She has worked as an Ombudsman at the University of Saskatchewan, Canada, the Canadian Human Rights Directorate, Ottawa. She was admitted as a Barrister and Solicitor in Western Australia in 1990, worked in private legal practice in Western Australia, and managed litigation and legislation at the Health Department of Western Australia.

### **Deputy Public Guardian**

Margaret Colville was appointed as Deputy Public Guardian in June 1998. Margaret was a member of the Guardianship and Administration Board since 1988, and has been involved with the Down Syndrome Association, “The Towers Incorporated”, the Australian Association of Special Education, and Colony 47. Margaret was named as a Member of the Order of Australia in 2002 in recognition of her contribution to the lives of people with disabilities.

### **Guardian - North/North West**

Kevin Preece joined the office of the Public Guardian in November 2000 as Guardian North/North West. Kevin had a long and successful career in the Statutory Trustee industry holding the position of General Manager of Tasmanian Trustees Limited for a period of 23 years until September, 2000. He is a member of the Australian Institute of Company Directors, a Director of the Tasmanian Community Fund and has roles on a number of private company boards. Kevin is a Past President of the Rotary Club of South Launceston and was awarded a Paul Harris Fellowship for service to Rotary and his community.

### **Guardian – North/North West**

Kylie Hillier commenced working with the Office of the Public Guardian in May 2005. Kylie’s experiences include project management with a business simulation company and a dot-com auction house in London. Her commitment to social justice has led to several years experience working in disability support in Ireland and in advocacy in both the Disability sector as the Willow Court Advocate at New Norfolk and in Aged Care across Northern Tasmania. Kylie integrates her role as a Guardian with other rewarding challenges such as helping her husband build their house, being mum to her baby daughter, belonging to an amateur theatre company and dreaming of her next travel destination.

## **5. Office Location**

The Public Guardian is located on Level 3, 15 Murray Street, Hobart and is contactable on (03) 6233 7608. Other staff work from their respective homes.

## **6. Major Program Achievements**

### **Advocacy, Investigation and Representation**

From July 2004 to June 2005, the Public Guardian acted as an advocate or provided advice, information and assistance and responded to over 3100 telephone queries during business hours and 1040 telephone calls after hours and on weekends, representing 4240 calls. This represents a staggering increase in the number of telephone queries, up significantly from a total of 296 calls in 2001.

The Public Guardian continues to receive increasing numbers of cases for mediation, information, and advice, and continues to play an active role in trying to resolve issues without the need for Board hearings or the possible imposition of more restrictive solutions.

### **Guardianship and Administration**

From July 2004 to June 2005, the Guardianship and Administration Board made 99 new appointments of the Public Guardian as guardian, plus renewed 5 existing orders, plus made one administration order appointing the Public Guardian, for a total of 105 orders. For 65 of these clients an emergency order was made, valid for 28 days. There were 53 appointments made in previous years that continued on, making a total of 158 guardianship and administration orders. This represents a 395% increase in case volume over the past three years, an increase from 40 to 158 cases.

On 30 June 2005 the number of open cases was 88.

### **Information and Community Education**

Because of increasing workload pressure, the Public Guardian had to reduce the number of information and community education sessions throughout the year, and was compelled to choose mostly bigger seminars and conferences with more participants. The Public Guardian gave 22 presentations to more than 800 people on aspects of the Act, the Board, and the role of the Public Guardian to groups and agencies throughout the State, as well as providing telephone advice to a large number of individuals and service providers.

In 2004-2005, the Office continued a public awareness campaign to ensure that Enduring Guardianship is a concept more widely known within the community. Over the course of the past years, over 2000 Tasmanians have registered their appointment of Enduring Guardian. The Office will continue to ensure that the new Enduring Guardian kit continues to be widely available, and has distributed information and brochures to doctor's surgeries and hospitals.

The Public Guardian's website was completely revamped in 2004-05 in line with the Department of Justice process to upgrade all associated websites.

## **7. Systemic Issues**

Due to the increasing nature of the Public Guardian's case load, there has been less scope for involvement in systemic issues throughout the 2004-05 year, but there have been some major initiatives.

### **Enduring Guardianship**

There are many people in Tasmania who are interested in the concept of making what used to be called a "living will". Many of us, at some stage in our lives, lose the capacity to make decisions because of accident, illness or some other event. If this happens, then decisions still need to be made, about important issues like what kind of medical treatment we will have or where we might best be cared for.

The idea of a "living will" has now been replaced by a concept called Enduring Guardianship. It is now possible for people to appoint a person or persons of their choosing to make decisions that are right for them. These decisions could include decisions about where to live, what health care to receive, and what other personal services could be received.

Appointing an Enduring Guardian is just as important as making a will, or appointing a Power of Attorney. Indeed, many people believe that because they have appointed a Power of Attorney that their personal needs will be met. But a Power of Attorney only gives the Attorney the power to deal with financial matters, not lifestyle and medical matters.

Many people have spouses and ex-spouses, relatives, friends, and some may have children and step-children from different partners. When it comes time to make a decision about what is best for the person who has lost the capacity to make appropriate decisions for themselves, there is sometimes conflict between carers. Appointing an Enduring Guardian means that a principal decision-maker is appointed who is willing to act in the best interests of the person with a disability. It is a clear and unambiguous decision, made in advance, which may lessen family conflicts and enable the rights of the person with a disability to be protected.

The Office of the Public Guardian initiated a campaign to promote the rights of Tasmanians to appoint an Enduring Guardian while they have capacity. It encourages people to appoint a person of their choosing, who understands and respects their values and wishes, and acts with their best interest at heart. It enables people to give their Enduring Guardian instructions about decisions that the Enduring Guardian must carry out, so long as those decisions are lawful, clearly expressed and practically possible to carry out.

If people do not feel comfortable appointing friends or family members as their Enduring Guardian, then the Public Guardian is also available to be appointed. The Public Guardian is also available to meet with and assist people with the paperwork involved in appointing an Enduring Guardian.

The process of appointing an Enduring Guardian is simple, free, and confidential. All Tasmanians who are 18 years of age and over need to consider their futures, and to think about what kind of decisions they want for themselves, and to appoint an Enduring Guardian. This way, they will ensure that someone they know and trust will be able to speak for them in the event they become unable.

The Public Guardian travelled throughout Tasmania, hosting community forums in a variety of settings. Newspaper ads were taken out, and via news and radio interviews, a few thousand information kits were distributed from the Office of the Public Guardian and the Guardianship and Administration Board to people interested in appointing an Enduring Guardian.

In the coming year, the campaign will continue in order to further inform Tasmanians and encourage them to appoint an Enduring Guardian.

## **Respecting Patient Choices Program**

### **History**

In the US, a Patient Self Determination Act 1990 legislated that all people entering hospitals must be asked about advance planning and whether or not they wanted it.

A \$28 million project from 1992-1994 in US took place evaluated the initial legislation. Only 21% of patients in the study completed Advance Directives, and of 5% of patients who gave instructions, treating doctors overturned 1/3. Only 12% of those completing an Advance Directive even discussed it with their doctor. Although it was mandated by law, the failure of this project was attributed to lack of communication between patients and physicians, not ensuring that patient's wishes documented in easy-to-find place (like medical record), attempts to intervene at times of medical crisis, and not addressing the cultural resistance to having these discussions common to both doctors and patients.

Most patients (85%) die after chronic illness, not sudden event. Up to 50% of these are not in a position to make their own decisions when near death. Problems occur when patients cannot be consulted, lines of communication break down, and families get upset.

One program stood out in its promotion of patient rights. Respecting Patient Choices was developed in Wisconsin, 1993, and was recently recognised as "best practice" by US National Coalition on Health Care and the Institute for Health Care Improvement. This program trains targeted nursing and allied health staff and selected volunteers to facilitate patient understanding of advance care planning.

The success of program is attributed to shifting the focus away from the completion of legal documents to facilitating discussion about patient's values and preferences. It was initially introduced to select groups in hospital in order to establish staff support and then extended to rest of hospital and community.

The aims of program were to : initiate conversations with adults about future medical care, assist individuals with advance care planning, make sure plans are clear and available, and appropriately follow plans.

The success of the program was attributed to using advance request forms to catalyse discussion, educating medical and key staff about program and placing a plastic “green sleeve” containing the Advance Directive in the patient’s medical records, which ensures it can always be easily found.

When a structured interview was used with patients with metastatic cancer, 95% of the patients rated the discussion as meaningful; 52% said it improved communication with either their families or their doctor, 38% said it helped them emotionally, 30% said it helped them identify resources, 18% felt better that someone cared, and 13% said it helped them set goals.

85% of patients who died in hospital had completed an Advance Directive form (increased from 15% pre-program), 96% of the forms were in green sleeve (increased from 4% pre-program), in 98% of time patients wishes were followed (including a 100% compliance with wishes to not have CPR or be PEG fed), and there was an improved perception of the quality of care in an independent study.

Deceased patients with an Advance Directive form were 7 times less likely to die in hospital. Deceased patients without an Advance Directive form were 1.3 times more likely to have been hospitalised in the last 6 months of life and during the last 6 months of life to have cost a median of \$2000 more in hospital services.

The Respecting Patient Choice program was brought to Australia by Victoria’s largest public hospital, the Austin. The Austin has 750 inpatient beds, and significant numbers of patients over 65 (20%). A survey in November 2001 showed only 9.5% of inpatients had ever completed an advance care plan and of these only 55% were currently active.

A project steering committee was established and reference group of stakeholders established to monitor the implementation of Respecting Patient Choice in Australia (including the Public Advocate, Council on the Aging, Division of General Practice, National Institute for Clinical Studies, and relevant divisions of the hospital and patient representatives). Consumer input was obtained through focus groups with aged care consumers and consumers with life-threatening/terminal illnesses (who were also represented on the Steering Committee. Appropriate local documents were developed.

The Wisconsin team came to Melbourne to conduct training program at Austin for 30 staff (including nurses, chaplains, social workers and doctors) about how to educate patients about advance care planning. The course provided a program and materials. These trainers were then certified by the Wisconsin team to deliver the program in house.

Advance planning was piloted in 5 patient groups with the agreement of the relevant divisions: oncology/haematology; cardiology in-patients over 70 with unstable angina, heart failure or acute myocardial infarction; aged care ward patients (including rehab and placement wards); vascular and thoracic patients over 65; and renal dialysis patients (including transplantation patients). Further adaptation of model was made to the Australian setting and a further 90 people were trained.

The first evaluation of the program took place after 6 months. 47.4% of identified patients were exposed to the program and of these 68.3% wanted to document a request about future health care. Since the evaluation period, 49% of those patients died. Of these, 73.5% had a documented expression of interest in their medical record (compared to 8% pre-program). 78% of all patients requested no life prolonging measures if they could not interact meaningfully with loved ones in the future. Of all the medical records reviewed, 95% of patient wishes have been respected (including no CPR, ventilation, ICU admission, tube feeding, antibiotics etc).

The study empowered patients to recognise their ability to make informed decisions now (i.e. “I want no further chemo.” “I want no further ventilation.”)

The program does not increase anxiety if introduced sensitively. Patients are asked about goals and values in their lives and are reassured they will be cared for fully. Improvement in physical symptoms of depression, increase in patients’ belief that health professionals care more, better preparation for death, lessening of burden on loved ones (eg decrease in family stress about withdrawing treatment).

Of those who did not participate in the program, more intervention was carried out (ICU admission, tracheotomy, CPR).

The program has now expanded to 16 hostels and nursing homes in catchment area. Initial preliminary stats show that when advance care planning is done, 89% request no life-prolonging treatment (67% have requested no CPR; 27% have requested CPR only if they have a reasonable prospect of recovery). Of 35 initial patients, 7 have now died, and all have died in the nursing home. All of their wishes have been met.

\$1.4 million was made available from Commonwealth Government to roll this program out into the community. The Royal Hobart Hospital, with support from executive and key clinicians, has now obtained funding to implement this program. The Public Guardian is working closely with the Royal Hobart Hospital’s Medico-Legal Advisor to adapt the program’s documentation for Tasmania (Advance care plan, green sleeve process). The Public Guardian is chairing the Ethico-Legal Subcommittee and is involved in other steering committees of the project. The Public Guardian is also closely liaising with the Division of General Practice and Directors of Nursing and other hospitals around Tasmania.

## **Young People in Nursing Homes**

The Public Guardian continues to be concerned about the issue of young people in nursing homes. In 2003, there were 158 people in nursing homes in Tasmania under the age of 65 and 22 of these people are under 50. Of the 158 young people, 77 were located in the South, 41 in the North, and 40 in the Northwest. There are still younger people in acute beds waiting for some form of appropriate accommodation and the numbers are increasing. Consequently, the system is still as clogged up as was reported last year.

Many of these young people are placed in nursing homes because of degenerative neurological diseases such as multiple sclerosis, Parkinson’s disease, motor neurone

disease, Huntington's Disease, and acquired brain injury. Sometimes young people end up because of mosquito bites causing encephalitis, a severe asthma attack or a stroke.

There are many reasons why it is important to draw attention to the current accommodation and support options for younger people. Increasing numbers of younger people who need high levels of care and who cannot be cared for in the community either by families or other carers and support workers are being accommodated in aged care nursing homes.

If the only accommodation found is a nursing home, this has many dramatic results for the young person. Many people remain in a vegetative state for a considerable period of time. Hospitals tend to move young people straight to nursing homes once they have survived the acute phase of illness. But step down wards and slow recovery units would be more appropriate options. If young people have any prospect of a better life on discharge from hospital, a nursing home is not the place to provide it. They have limited support to make their own decisions and limited choices in their day-to-day activities. They may be living with limited space, as bedrooms in nursing homes are small, and lounge rooms are usually shared. There is little space for hobbies or having friends or family to stay. Young people need to have the space for developing and maintaining relationships, including intimate ones.

Nursing home residents are ineligible for special equipment through Commonwealth schemes, and cannot access specialist rehabilitation outpatient programs. Special exercise programs are important for young people if they are to retain mobility, cope with their emotions, and sleep well. Rehabilitation services need to be available.

### **Options for change**

There has to be a solution to this problem. Other options have been found elsewhere, and we can achieve a better result in Tasmania.

It is essential that the Commonwealth and State governments, along with consumers, carers and advocates, work together to find solutions. Options need to be considered, such as a specialist unit or home for younger people who need high level care, individualised packages for younger people living with their families or in the community, and a group of units for younger people who need hostel or a low level of nursing care. Other creative approaches might be to establish cottages or wings attached to aged care facilities in such a way that both Commonwealth and State funding can be available.

Work continues on this issue with the formation of a national lobby group, an internet discussion group, and regular on-line meetings. The national group has attracted some excellent media coverage focussing on the specific stories of young people who live in nursing homes and their special needs.

### **People with mental illness**

The number of people with significant mental health problems that are not being adequately addressed remains far too high.

There are many shortcomings in the system. When a person has a dual diagnosis (eg mental illness and intellectual disability), there are invariably differences of opinion about what is the primary disability and which agency is to take responsibility for that person.

There are a considerable number of people with major mental health problems who cannot access suitable long-term accommodation. Many people do not receive adequate support in the community and a range of accommodation options need to be better funded and more available.

Accommodation options for people with mental illness are in critically short supply, and we are often appointed to make decisions for people without any realistic options. The accommodation crisis needs to be addressed urgently for this client group.

As well, communication strategies need to be set up which will benefit clients. All too often, clients are discharged from hospital without the hospital notifying appropriate support agencies, or indeed sometimes without notifying the client's family or decision-maker about the discharge.

## **People with Disabilities and the Police**

The Public Guardian continues working with the police, including providing training on:

- the rights and special needs of people with disabilities;
- support available from Disability Services and the statutory role of the Public Guardian and the Guardianship and Administration Board; and
- positive, proactive and co-operative strategies for cases involving people with special needs.

The Public Guardian has participated in a wide variety of training programs for both recruits and more senior officers. Over the past eight years, the Public Guardian has given seminars to a broad cross-section of all police officers in Tasmania, both at the Police Academy in Rokeby and also at individual police stations. There has been an excellent response to these seminars from the police, enabling better policing services to be provided to people with disabilities throughout the State. This Office now receives many referrals from police throughout the State, and enjoys an excellent ongoing relationship with police.

## **Persons with Dual/Multiple Disabilities**

Clients with both mental health and intellectual disabilities as well as sometimes also other drug and alcohol addictions face difficulties in being transferred from service to service, and not having all of the relevant service providers communicating effectively in order to meet their needs.

Many of the problems affecting clients with dual or multiple disabilities and addictions arise from difficulties with the initial assessment process, inadequate communication between services, unwillingness of one service to accept full

responsibility or to work effectively with the other service, and different levels of communication and co-operation throughout the State.

This continues to be an ongoing issue, requiring careful consideration.

## **Sexuality Issues**

The Public Guardian continues to take an interest in the right to sexual expression of people with disabilities.

The Public Guardian believes that people with disabilities have the same human rights as all other members of society, including the right to access to information and education on contraception, reproduction, sexuality and sexual health and to privacy in their sexual lives.

The Public Guardian commends the excellent work carried out by Family Planning in the education and counselling they provide to people with Disabilities, and commends Disability Services for the implementation of their Sexuality and Access to Sex Worker guidelines.

The Public Guardian has continued to participate in the Sexuality and Disability Reference Group, which has as its purpose the monitoring of sexuality issues in relation to people with disabilities within Tasmania, and looks forward to continued involvement with this group in the coming year.

## **8. Community Education**

The Public Guardian committed significant resources to ongoing educational work during 2004-2005. The focus of community education was to provide information on the role of the Public Guardian, consent to medical and dental treatment provisions for persons with a disability who cannot consent for themselves, enduring powers of attorney, and enduring guardianship.

The Public Guardian has presented 22 training sessions to date throughout the State in 2004-2005. These sessions have been addressed to a wide variety of groups, including:

- older persons support groups;
- people with disabilities;
- disability service providers;
- church groups;
- community service groups;
- parents and families of people with disabilities;
- tertiary institutions;
- health care services;
- College of General Practitioners

- Community nurses groups and
- the Police.

Over 800 people have attended these sessions.

The aim of community education is to improve the knowledge of people with disabilities and their families and carers, along with service providers and the general public to ensure that appropriate substitute decision-making is in place for all people with decision-making disabilities.

Also, encouraging people - while they have capacity - to appoint an Enduring Power of Attorney to make financial decisions or to appoint an Enduring Guardian to make lifestyle and medical decisions is important. Such steps taken by individuals will give them much greater control over their most private decisions. It will also ultimately reduce the number of cases that would otherwise be referred to the Guardianship and Administration Board. This will ultimately result in less intrusion into people's lives and less demand on taxpayer funded services.

Community education sessions are adapted to meet the needs of each group. Written information and fact-sheets are also available for participants.

The needs of people in rural and remote areas were met by educational sessions throughout the State.

## **9. Investigations, Mediations, and Advocacy**

The Guardianship and Administration Board may refer any suitable matter to the Public Guardian to investigate. This tends to occur in circumstances where there are concerns or allegations of neglect, exploitation or abuse of a person with a decision-making disability.

Cases of have included:

- emotional abuse;
- health care disputes;
- mediation between carers, family members and service providers;
- physical neglect;
- self-neglect;
- psychological abuse;
- sexual abuse;
- accommodation;
- employment issues;
- contact with family members; and
- other lifestyle issues.

The Public Guardian will look at issues prior to the matter coming to hearing before the Board, collect further information that may assist in substantiating or disproving the concern raised, or provide advocacy or mediation in a particular matter.

## **10. Guardianship**

The Office of the Public Guardian is responsible for providing guardianship services when the appointment of a Guardian is necessary, and there is no one else suitable or available to take on this role.

### **Medical Decisions**

The Public Guardian is frequently called on by medical practitioners, social workers, case managers and other health or support workers to give advice about when it is necessary to have a guardian appointed to give consent to medical procedures.

The Guardianship and Administration Act clearly spells out the circumstances in which consent must be obtained. A comprehensive fact sheet is available which summarises the Act's relevant provisions, and this is available from both the Board and the Public Guardian's office. Additionally, the Public Guardian is happy to discuss complex cases with interested parties and provide advice about the legislation.

When circumstances warrant, the Public Guardian will seek an emergency order of the Board.

### **Other Lifestyle Decisions**

The Public Guardian is also appointed to make decisions regarding accommodation, contact with family members, work situations, restraint orders, child custody matters and any other lifestyle matters as determined by the Guardianship and Administration Board.

## **11. The Future**

The Office of the Public Guardian has provided emergency 24-hour assistance throughout the State over the past year with only limited resources. Given that the Office is comprised of only one full-time person and three part-time people, this has been at times a challenging exercise. A nearly 400% increase in caseload over 3 years with just a 15% increase in resources is unsustainable. The Public Guardian is committed to ensuring that high service levels and responses and urgent intervention continues as quickly as possible for persons with disabilities throughout the State. Clients require emergency assistance not just during ordinary working hours and the Public Guardian is committed to providing this service wherever possible, but it is certainly a goal of the office that at least one full-time staff member be employed in the North/North West to better meet the needs of that client group.

The Public Guardian's resources are stretched beyond capacity, and if we are to meet the needs of our clients, we will require increased resources in the coming financial year.

## 12. Financial Statement 2004-05

	Budget	Actual Expend	Variation
<b>EMPLOYEE RELATED</b>			
Salaries	152,421	169,651	(17,230)
Work Comp Ins		246	(246)
Payroll Tax	10,174	11,570	(1396)
Fringe Benefits Tax	800	3,072	(2,272)
Superannuation	13,948	16,766	(2,818)
Training	3,750	1,593	2157
<b>Total Employee Related</b>	<b>181,093</b>	<b>202,898</b>	<b>(21,805)</b>
<b>NON-EMPLOYEE RELATED</b>			
<b>TRAVEL AND TRANSPORT</b>			
Travel	17,500	14,410	3,090
Vehicle leases and Care Hire	6,500	3,932	2,568
Vehicle other	2,690	3,208	(518)
<b>ADVERTISING / PROMOTION</b>			
Advertising	10,000	5,762	4,238
Promotional Material	4,000	3,500	500
Printing	4,800	1,941	2,859
<b>COMMUNICATIONS</b>			
Telephone	7,200	7,081	119
Other		29	(29)
<b>ACCOMMODATION</b>			
Office Rental	7,800	7,524	276
Other		51	(51)
<b>INFORMATION TECHNOLOGY</b>			
Op leases	6,000	6,918	(918)
Office equip under \$5000	3,600	3,260	340
Software licences	650	650	(650)
<b>OTHER EXPENSES</b>			
Other admin		315	(315)
Office requisites	2,200	1,115	1,085
Miscellaneous	1,435	559	876
<b>Total Non Employee Expenses</b>	<b>73,725</b>	<b>60,265</b>	<b>13,460</b>
<b>TOTAL</b>	<b>254,818</b>	<b>263,163</b>	<b>(8,345)</b>

### **13. Conclusion**

I would like to express appreciation for the co-operation and support I have received from both individuals and agencies. Their assistance has enabled me to mediate problems more effectively, and has greatly enhanced my ability carry out my responsibilities under the legislation.

I would like to acknowledge the work of Margaret Colville, Kevin Preece, and Kylie Hillier who have made an excellent contribution to this Office.

I would also like to thank Anita Smith, current President of the Guardianship and Administration Board, Board members throughout the State, and the outstanding staff of the Guardianship and Administration Board for all their support during the past year. I also thank Dale Webster, Registrar of the GAB, for his assistance with the web page development.

I also appreciate the information, assistance and co-operation that I have received from various agencies such as Disability Services, Family Planning, non-government support agencies, Mental Health Services, hospitals, the Public Trustee and the Police.

I appreciate the opportunity to serve the community in this way, and I look forward to the coming year and the next challenges that lie ahead.

Lisa Warner

**PUBLIC GUARDIAN**

**October 2005**