



**2021-22**  
**Annual Report**



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26 October 2022

The Honourable Shannon Fentiman MP  
Attorney-General and Minister for Justice  
Minister for Women  
Minister for the Prevention of Domestic and Family Violence  
1 William Street  
BRISBANE QLD 4000

Dear Attorney-General,

I am pleased to present the Annual Report 2021-22 for the Office of the Public Guardian.

This report is made in accordance with the requirements in section 126 of the *Public Guardian Act 2014* and provides information on the performance of the Public Guardian's functions during 2021-22.

Under section 127 of the *Public Guardian Act*, the Office of the Public Guardian is not considered to be a statutory body for the purposes of the *Statutory Bodies Financial Arrangements Act 1982* or the *Financial Accountability Act 2009*. Therefore, the Public Guardian is not required to comply with the Annual Report Requirements for Queensland Government agencies. These requirements were used to guide the creation of this Annual Report.

Yours sincerely,



Shayna Smith  
Public Guardian

# Acknowledgements

## Acknowledgement of country

Our head office is located on Ann Street in Brisbane, on the land of the Turrbal and Yuggera people. We acknowledge and pay our respects to their Elders, past, present and emerging and further extend this respect to all Aboriginal and Torres Strait Islander Elders throughout Queensland.

We acknowledge the Traditional Custodians throughout all of Queensland of the lands on which we leave a footprint. We recognise you, the Aboriginal and Torres Strait Islander Nations and your peoples' continuing connection to the land, sea and water ways and acknowledge your ongoing contribution in caring for Country since time immemorial. We acknowledge your Dreamtime stories and your ancient and recent history of struggles, your strength of perseverance towards overcoming adversities and your resolve towards maintaining survival of the oldest living cultures on Earth.

We extend and pay our respects to all Aboriginal and Torres Strait Islander people reading this report. We stand with you united as one nation of people, recognised in our diversity and acceptance of each other, moving forward in the spirit of reconciliation.

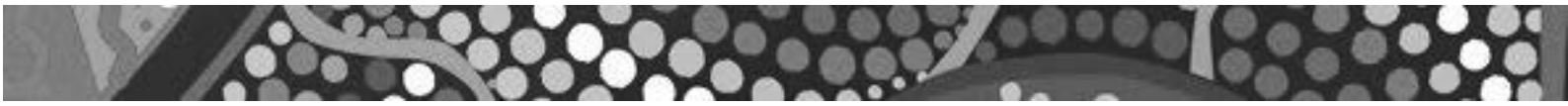
## Acknowledgement of lived experience

We acknowledge the lived experience of our clients, whose rights and interests we strive to promote and protect. We thank them and their support networks for engaging with us while we work to achieve the best possible outcomes for the people we serve. We also acknowledge the lived experience and expertise of our staff who directly support adults with impaired decision-making capacity and vulnerable children and young people in either a professional or private capacity.



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# Public Guardian's message

It gives me great pleasure to present the Annual Report for the Office of the Public Guardian (OPG) for 2021-22.

In reflecting on the year that was, I can only describe it as one of tremendous change. No one could have predicted that the environment in which we live, work, and deliver services would still be evolving so rapidly. As Public Guardian, I have been in the unique position of observing not only the ever-evolving landscape in which OPG delivers services, but also first-hand how our agency has moved through that change. Navigating the unknown requires the best of us – it encourages us to stretch ourselves and sharpen our focus on what matters most. For OPG, what has always mattered most is raising the voices of our clients. Our purpose – to protect and promote their human rights – remained the constant amongst the uncertainty. That purpose brought out the very best in us.

As the pages of this report will attest, OPG was able to navigate change because of the dedication of our people. Despite fluctuations in community transmission of COVID-19, changes in public health restrictions and multiple extreme weather events, the staff of OPG kept the children, young people and adults we support front and centre throughout. We had an equally committed group behind the scenes, advocating at the strategic level through policy submissions or community engagement and providing the corporate support that kept our frontline services running. Delivering these services in such times is not an easy task, yet our staff rose to every challenge with resilience and optimism. Our office is all the better for it.

Of course, the challenges we faced did impact our resourcing and service delivery at times and subsequently on our overall service delivery targets for 2021-22. All the same, the magnitude of what was achieved cannot be overstated. I'm proud to share a snapshot of some of our biggest achievements in 2021-22, which have built the foundation for the direction we will take in 2022-23.

## **Looking inward to excel outwards: our continuous improvement growth journey**

In periods of external uncertainty and change, looking inward with the focus and intent on what we, as an agency, can do to solve service delivery challenges has led to an ambitious agenda of internal continuous improvement initiatives. 2021-22 saw a continued increase in demand for our services across the board. We therefore invested in additional frontline staff across the guardianship, investigations, community visiting and child advocacy functions. We also partnered with several hospital and health services to establish or continue dedicated hospital-based guardians, providing vital pre-hearing advocacy and decision-making support for people who are patients in hospital.

Our Community Visiting Service Delivery Design Project moved into its implementation phase mid-financial year. This significant operational reform agenda ensures our visiting priority and frequency is more closely aligned to our legislative mandate. Rather than trying to be all things to all people, instead we are thinking critically about our functions to target our finite resources to the areas of greatest risk and need. It is also equipping our community visitors with practical tools and training.

Providing culturally safe workplaces and services to First Nations clients is one of our priorities, and I'm especially proud of our progress in building our cultural capability. The inaugural OPG Murri Yarning Circle provides invaluable knowledge and advice to facilitate culturally safe workspaces and advocates for culturally safe services. We also targeted guardianship services through an identified First Nations position. We established a First Nations Community of Practice within Community Visiting and Advocacy, with a focus on practice innovation to deliver culturally appropriate visiting services to First Nations communities.

Our office strengthened our incoming complaints management system by implementing the recommendations of the Queensland Audit Office Report 14: 2020–21 *Responding to complaints from adults with impaired decision-making capacity*. These measures have been designed to improve the accessibility of our complaints process for adults with impaired decision-making capacity, and better incorporate feedback into our ways of working. We also demonstrated our commitment to child and adult safeguarding by not only implementing the National Principles for Child Safe Organisations, but also extending their application to all our clients. This included the development of a framework, Statement of Commitment, and a comprehensive suite of resources and training for staff so that these fundamental principles are part of our everyday practice.

Sometimes a dose of honest, self-evaluation is an effective motivator for change. By tuning in to our internal workings and delivering these reforms, we created opportunities to improve our outward service delivery mindset. We are firm on our objectives - to positively impact both the agency and the people we serve – and we have a better understanding of how to do it.

### **Looking forward: connecting our past with our future**

Our agenda of internal reform has set the scene for a renewed strategy to maximise the impact of our work on our clients' lives. The *OPG Business Plan 2022-23* sets out our way forward. We have committed to initiatives designed to support successful advocacy, strong client engagement and positive outcomes for those we deliver services to. To support this, we will again invest in additional frontline staff across Queensland and complete a major IT project to integrate our client management systems. We will also model the workforce of the future; this will include optimising service capability by developing a future-focused workforce strategy, enhancing diversity and inclusion through a Diversity and Inclusion Action Plan, and working closely with the First Nations Community of Practice to increase recruitment of First Nations staff.

We anticipate the increase in demand for our services will continue in 2022-23. Our service delivery environment is complex, influenced by growth in the guardianship, child protection and justice systems. More broadly, factors such as an ageing population, increased prevalence of mental health conditions and dementia, increased awareness of elder abuse, and changes to the National Disability Insurance Scheme (NDIS) and aged care systems will contribute to this sustained, upward trend. There is much on the horizon, and we will need to be agile as new challenges and priorities emerge.

While the world around us continues to shift, it is our chance to challenge the negative narratives that often disempower our clients – whether it is the narrative that people with impairments can't

make decisions, are not able to parent, or are unreliable witnesses; or the narrative that children and young people involved with the youth justice system are all ‘thugs’ who aren’t worthy of early intervention and diversionary investment. Far too often, assumptions and misconceptions dominate how our clients are represented by society and the media, which leaves them unseen and unheard. We are committed to playing our part in re-writing that story. We are in the privileged position of seeing first-hand how our community is enriched when we empower the most vulnerable.

**To my valued staff**

In my foreword last year, I remarked on how OPG’s staff were the best advocates I have had the pleasure to work with and I continue to be inspired by them every day. I would like to sincerely thank all our staff for the contribution they made over the last twelve months, in what were at times difficult circumstances. Protecting and promoting rights and interests against a challenging public discourse is not easy. Our staff went over and above to ensure our clients received the support they deserve, so whether you are on the frontline or supporting those who are, what you do matters - thank you.





# The Office of the Public Guardian

The *Public Guardian Act 2014* establishes the independent position of the Public Guardian and the OPG. OPG supports the undertaking of the Public Guardian's functions which are not subject to the direction of the Attorney-General and Minister for Justice.

The *Public Guardian Act* and *Guardianship and Administration Act 2000* provide for OPG's legislative functions, obligations and powers. The *Powers of Attorney Act 1998* enables adults to appoint substitute decision-makers under an advance health directive or an enduring power of attorney.

*We promote and protect the rights and interests of some of the most vulnerable and disadvantaged Queenslanders – adults with impaired decision-making capacity and children and young people in out-of-home care or staying at a visitable site.*

We promote and protect the rights and interests of adults with impaired decision-making capacity through our guardianship, investigations and adult community visiting and advocacy services by:

- making decisions relating to legal, personal and health care matters where appointed by the Queensland Civil and Administrative Tribunal (QCAT)
- investigating allegations that an adult with impaired decision-making capacity has been, or is being neglected, exploited or abused, or has inappropriate or inadequate decision-making arrangements in place
- independently monitoring visitable sites and identifying, escalating and resolving complaints by or on behalf of adults with impaired decision-making capacity staying at those sites (see page 26 for more information about visitable sites).

We also provide individual advocacy that gives an independent voice to children and young people. This is achieved through:

- person-centred advocacy for children and young people in the child protection system, which elevates the voice and participation of children and young people in decisions that affect them
- child community visiting, which monitors and advocates for the rights of children and young people in the child protection system or staying at a visitable site (see page 28 for more information about visitable sites).

When providing services and performing functions in relation to adults with impaired decision-making capacity, we uphold the general principles and the health care principles outlined in the *Guardianship and Administration Act*. In terms of children and young people their best interests are paramount. We uphold the principles relating to children and young people in the *Public Guardian Act* and the standards of care and charter of rights under the *Child Protection Act 1999*.

We strive to empower our clients and advocate for their rights and interests. For adults with impaired decision-making capacity, we advocate for their rights and to have appropriate access to services and autonomy within a structured decision-making and human rights framework. For children and young people, we advocate for their rights, access to services and where appropriate, their independence and choice. We strive to ensure their views and wishes are considered when decisions are made that impact them.

We are committed to promoting the cultural safety and wellbeing of children, young people and adults with impaired decision-making capacity from Aboriginal and Torres Strait Islander and culturally and/or linguistically diverse backgrounds. More detail about how we are further developing cultural capability is available on page 45.

We have robust policies and procedures to ensure all allegations and safety concerns raised with our office are treated seriously. This includes concerns raised by our staff, our stakeholders, our clients, their family members or support networks. There is zero tolerance of abuse – to our clients and to our staff. Our comprehensive Child and Adult Safeguarding framework embeds this commitment across all of our services and offices.

# Our Strategic Plan

## Our ambition

A strong, accountable, human rights focussed Queensland where OPG gives a voice to the voiceless through staff who feel empowered to do so.

## Our objective

Our objective is to empower our clients and advocate for their human rights.

Organisational goals	We will achieve this by
To optimise and build a strong and resilient workforce	<ul style="list-style-type: none"><li>Giving staff better tools to do their job</li><li>Supporting staff to have tough conversations</li><li>Building a more strategic, flexible executive team</li></ul>
To deliver successful advocacy that achieves positive human rights outcomes for our clients	<ul style="list-style-type: none"><li>Developing strong relationships of accountability with those who we oversee and work with</li><li>Developing stronger relationships with our clients</li><li>Embedding human rights in all we do</li></ul>
To work better as 'one organisation'	<ul style="list-style-type: none"><li>Better integrating our functions and reducing siloed activity</li><li>Streamlining processes and consistency in practice</li></ul>
To educate others on what we do, and how we can help	<ul style="list-style-type: none"><li>Promoting our role and its independence through every conversation we have</li><li>Identifying opportunities to maximise reach about what we do with the people that matter</li><li>Strategically targeting our community education and media</li></ul>

# Our operating environment over the past year

We operate in a complex environment influenced by a range of factors that impact our operations and service delivery. In 2021-22 these included environmental factors such as the COVID-19 pandemic, a severe weather event and flooding in Southeast Queensland and systemic and societal factors that continue to drive demand for our services. Through all these environments, we continued to look for new ways to deliver our services and improve our practices. We never lost sight of our unwavering focus on advocating for rights and interests of our clients.

## COVID-19

In 2021-22 there were fluctuating public COVID-19 health restrictions, a major vaccination rollout and periods of community lockdown. These impacted our staffing levels and some aspects of service delivery; however, we continued to look for alternative ways to engage with our clients when we were restricted from physically being with them. We continued to provide COVID-19 vaccination consents for adults for whom we were appointed to make health care decisions and provide vaccination consents as the Statutory Health Attorney of last resort.

## Demand for our services is growing

We continued to observe growing demand for our services because of the growth in the guardianship, justice and child protection systems, and increased complexity in systems such as the NDIS and aged care. Growing demand for our services means we constantly reflect on how we respond so we can achieve our organisational goals, advocate for our clients' rights and interests and ultimately empower our clients.

*Systemic pressures, demographic trends and societal challenges continue to increase the demand for our services.*

### Child protection system

The number of children and young people in care in Queensland has continued to increase, which directly affects demand for our community visitor and child advocacy services. As this trend continues, we will need to continue to carefully apply our visiting criteria to ensure that we maintain high quality service delivery and support for the children and young people who need it most.

### Health system

Due to the ongoing demand for acute care, Queensland's public health system is under pressure to discharge patients as soon as they are medically ready. Adults with impaired decision-making capacity who are medically ready for discharge may experience challenges in obtaining adequate NDIS and aged care funding and planning. This can result in applications to QCAT seeking the appointment of the Public Guardian for that accommodation and/or service provision decisions.

## **National Disability Insurance Scheme**

It was initially anticipated the growth in demand for our services due to the NDIS would be short-term, but this growth has continued. The initial roll-out of the NDIS saw increased numbers of new appointments of the Public Guardian; however, the demand then changed from being driven by growth in new guardianship appointments to growth in the number of continued guardianship orders (i.e. where the Public Guardian is re-appointed to continue being the guardian for an adult).

Adults with impaired decision-making capacity can face challenges navigating the complex NDIS planning process if they do not have advocacy or decision-making support. If these adults do not have funding for independent disability advocates to provide this support, NDIS providers and planners have sought the appointment of the Public Guardian to endorse and activate NDIS plans and agreements.

The NDIS model of regular plan reviews has led to an increase in long-term public guardianship appointments. This is on the basis that a guardian is required to recommence planning, plan endorsement, support provider engagement and endorsement of service plans for each iteration of the NDIS participant's plan. Participants may also change support providers during the period of the plan and seek plan reviews in a shorter timeframe. This leads to longer term guardianship appointments, more reappointments and fewer revocations of appointments.

The NDIS has also had a significant impact on demand for our community visiting services. The definition of a 'visitable site' for adult visiting was amended to align with relevant NDIS classes of supports, resulting in significant growth in the number of visitable sites.

## **Queensland's ageing population**

With an ageing population comes increased prevalence of age-related conditions such as dementia, which can impair a person's decision-making capacity. A diagnosis of dementia does not automatically mean a person's decision-making is impaired, but it does suggest that this may occur in the future. This may lead to an increase in QCAT applications for public guardianship appointments.

Associated with our ageing population is the unfortunate existence of ageism and the poor treatment, exploitation, neglect and abuse of older people within our community. As our population ages, there will also be an increasing prevalence of ageing carers who may not be able to continue to provide care and support for their family member with disability. These situations are expected to continue to drive demand for our investigations, guardianship and community visiting services.

## **Health-related conditions**

A number of health conditions can impair a person's ability to make decisions, including mental illness, dementia, stroke and brain injury. The prevalence of these conditions is increasing, and while some people who experience these health conditions may never experience difficulty making their own decisions or managing their affairs, others may require decision-making support (temporarily or permanently). The Public Guardian is likely to be appointed to act as the guardian of last resort for a proportion of these people.

## **Client complexity**

Factors that influence the complexity of our clients' situations include presence of mental illness or multiple disabilities, interaction with the child protection and/or justice systems, and complex health issues. Where an adult client is engaging with multiple service systems, our staff need to become familiar with the complex history and circumstances relating to each system and make decisions, for and with the client, with respect to each system.

Family dysfunction and conflict involving adults receiving our guardianship services is also a significant contributor to client complexity. These situations require increased engagement to keep all family members informed about decision-making processes and to navigate conflict within the families and between families and others, such as service providers. These situations can involve significant time, negotiation skill and relationship management by the guardian with the client and their family to support positive outcomes for our clients.



# Our operating environment in the coming year

In addition to the expected continued growth in demand for our services, we anticipate that several national and state strategic reforms may impact us in the coming year. We are actively involved with many of these reforms and will continue to advocate for our client's rights and interests to be considered and upheld when service and system changes are being shaped and delivered.

## Restrictive practices in aged care

The regulation of restrictive practices in residential aged care under the *Aged Care Act 1997* and the *Quality of Care Principles 2014* (the Principles) may present policy and operational challenges for our guardianship services as it would require the rapid operationalisation of new functions relating to the consent of restrictive practices for clients residing in aged care.

We will continue to monitor the implementation of these Commonwealth reforms and any subsequent impacts on guardianship appointments made by QCAT relating to restrictive practices in residential aged care.

## National community visiting scheme

The Joint Standing Committee on the NDIS tabled a report about the NDIS Quality and Safeguards Commission in November 2021. The Committee made 30 recommendations, including that *'the Australian Government revisit its 2018 review into community visitor schemes and explore amendments to the National Disability Insurance Scheme Act 2013 to establish a national community visitor scheme to be overseen by the NDIS Quality and Safeguards Commission'* (recommendation 6).

We have long advocated for the establishment of a national community visitor program to provide individual advocacy and oversight as part of the safeguarding framework for people with disability. Our community visitor service has proven valuable within the NDIS complaints system, most notably in relation to monitoring, advocating for issue resolution, and supporting adults with impaired decision-making capacity to exercise their rights. People with disability in every state and territory are entitled to the same advocacy by community visitors to ensure effective monitoring and support to exercise their rights. We await the Australian Government's response to the Committee's report and the potential reforms to the national policy landscape that may result.

## Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

In May and June 2022, the Public Guardian participated in two Royal Commission roundtables that explored issues impacting the autonomy of people with disability and proposals for reform in the areas of supported decision-making and guardianship. The roundtable discussions will inform the Royal Commission's public hearings about people's lived experience of violence, abuse, neglect and exploitation associated with substituted decision making.

The recommendations of the Royal Commission have the potential to fundamentally shape the way in which we support adults with impaired decision-making capacity. We will adapt and innovate as changes to existing systems occur and we remain committed to our core ambition and objectives, including empowering adults with impaired decision-making capacity and promoting their rights and autonomy.

## Queensland restrictive practice authorisation review

The Queensland Government is conducting a review of Queensland's positive behaviour support and restrictive practices authorisation framework. The review seeks to improve the alignment of Queensland's framework with the NDIS and the draft principles for nationally consistent authorisation processes (developed by the NDIS Quality and Safeguards Commission). The scope of the review is limited to the use of restrictive practices in NDIS and certain disability service settings but proposes to expand the authorisation framework to include all NDIS participants.

As the Public Guardian has a range of functions in relation to authorisation of restrictive practices in Queensland, the outcomes of the review will directly impact on our operations. We will continue to advocate for a model that simplifies the system and ensures independent decision-making within a robust safeguarding framework. We will actively participate in future consultations, and when necessary, prepare for any organisational changes resulting from the review.

## Adult safeguarding

At the time of writing this report, the Public Advocate published the *Adult Safeguarding in Queensland: Volume 1. Identifying the gaps* report. The report was based on the Australian Law Reform Commission's report entitled *Elder Abuse – A National Legal Response*. The Public Advocate's report discussed the Australian Law Reform Commission's recommendations about adult safeguarding and the expansion of elder abuse safeguarding and support responses to be broader safeguarding responses for 'at-risk adults'.

We await the Public Advocate's second volume of the *Adult Safeguarding in Queensland* report, which is expected to include reform recommendations based on the proposals of the Australian Law Reform Commission. The Commission's proposals included expanding the remit of public guardians to include at-risk adults and establishing a new adult safeguarding statutory body. We will monitor and participate in discussion as it progresses, with a view to achieving the most appropriate safeguarding and support responses for vulnerable adults.

## Supporting young people in out of home care to transition to adulthood

We welcome the announcement made in June 2022 by the Queensland Government that it will fund support for young people in out of home care to transition to adulthood. Funding and support for these young people will be extended until they are 21 years old. We will work collaboratively with relevant stakeholders to strengthen transition to adulthood supports and consider the impact of any system changes on our services.



## Public sector reforms

At the time of writing this report, the Queensland Government introduced the Public Sector Bill 2022 to the Queensland Parliament to advance the legislative recommendations of the *A fair and responsive public service for all: Independent review of Queensland's state employment laws* report. We will consider and respond to any impacts on our staff including the employment arrangements of our casual community visitors who are appointed under the *Public Guardian Act*.



# Service Delivery Statements

We contributed to the Department of Justice and Attorney-General (DJAG) service delivery statements through the following service delivery standards:

**Table 1: Service Delivery Standards 2021-22**

Service standards	2021-22 Target	2021-22 Actual
Percentage of community visitor (adult) sites visited in accordance with the designated visiting schedule	90%	63.1%
Percentage of community visitors (child) sites visited in accordance with the designated visiting schedule	90%	69.9%
Percentage of vulnerable children in visitable homes visited by community visitors (child) in accordance with the designated visiting schedules	80%	70.7%
Percentage of guardianship decisions made in consultation with the client / interested persons	95%	98%
Percentage of investigations closed within 9 months from commencement for clients aged 65 years or over	80%	43.9%

As outlined earlier, external factors impacted our ability to meet the increased demand for services. In particular, the work of our community visitors was affected by the ongoing COVID-19 pandemic, which impacted staffing levels and the ability to access and conduct visits in particular settings at various times throughout the year and the number of sites and homes needing to be visited significantly increased.

That is why 2021-22 was a year of significant reform for our community visiting service. In response to these challenges, we modernised our operating model by implementing the Service Delivery Design Project. The achievement of our community visiting service delivery statement targets was consequently impacted as the prioritisation and frequency of visits was refocused to ensure that our community visiting services are in line with our legislative requirements. The service delivery practice changes and revised visiting frequencies impacted on our ability to maintain a consistent methodology to calculate our performance against the service delivery targets throughout the financial year (see page 17 for more information about the Service Delivery Design Project).

The full benefits of the Service Delivery Design Project – particularly matching our visiting priorities and frequency with our legislative mandate – are expected to be realised in 2022-23. This means we will be able to report on our performance more accurately and we anticipate an improvement across all measures in the coming year.

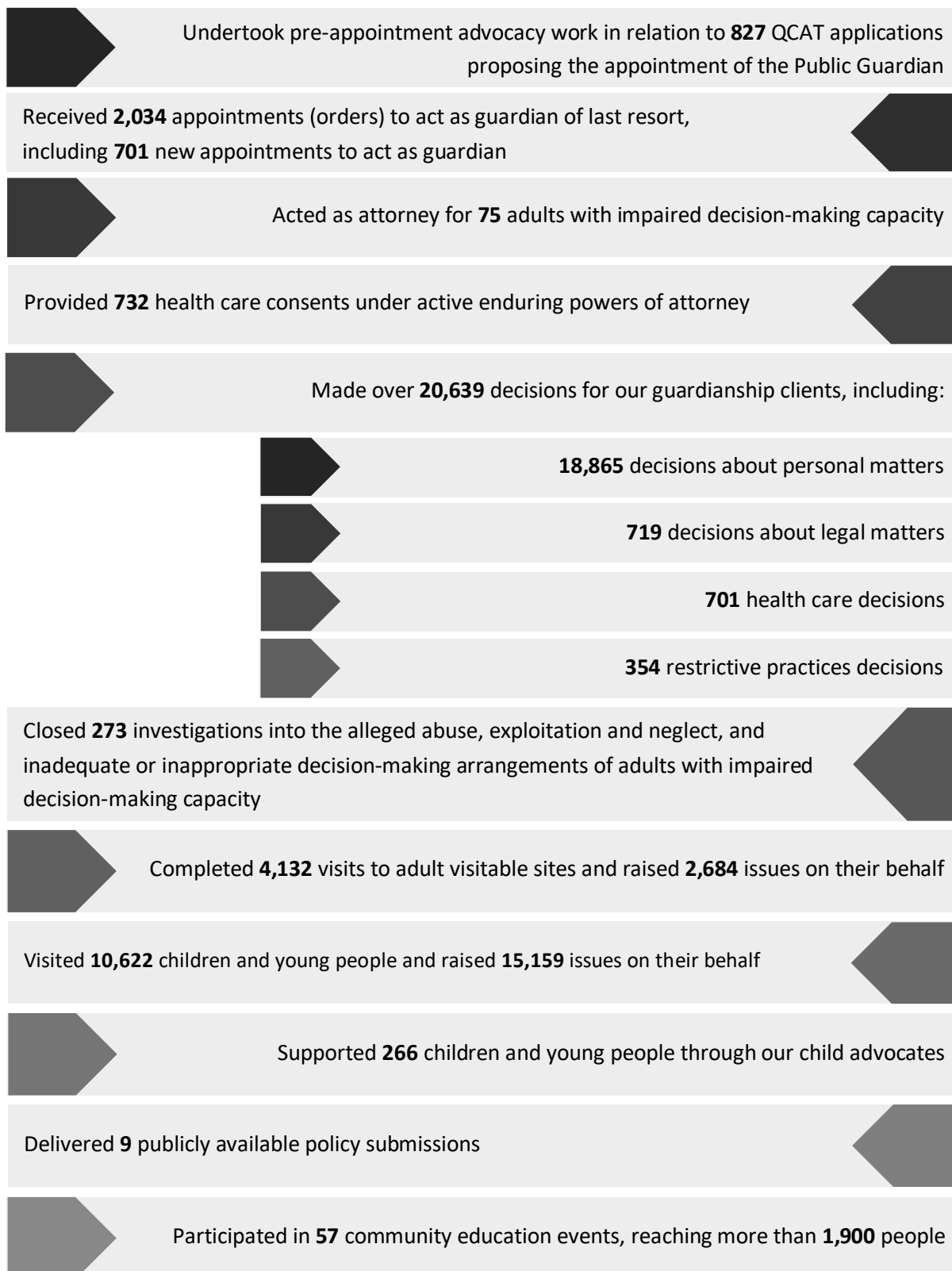
While a high proportion of new investigations for people over the age of 65 were closed within the target timeframe, the large number of complex legacy investigations that were already ongoing for longer than 9 months, negatively impacted on the performance reporting of this measure. This was compounded by some investigations taking longer to complete due to factors outside of our influence, such as delays by third parties providing necessary information to inform the investigation. We also anticipate improvement across this measure in the coming year as a result of our targeted initiatives to close long investigations, enhanced intake and referral processes prior to opening an investigation, and the recruitment of additional investigators.



# Our achievements

Despite facing a range of external challenges this year, we improved our practice and quality of service, advanced our organisational goals and influenced positive outcomes for our clients.

In 2021-22 we:



# Looking inward to excel outwards: improving our operations and practice

Our functions extend across a myriad of complex service systems. As a result, in 2021-22 there continued to be a range of external challenges from which we harnessed new opportunities for our service delivery. The *OPG Business Plan 2021-22* focused our work over the year, with the initiatives all contributing to our organisational goals outlined in the *OPG Strategic Plan 2019-2024*.

## **Child and adult safeguarding**

Supporting and strengthening our safeguarding culture is a key priority and we are committed to promoting the safety and wellbeing of our clients. In support of this, we released our Child and Adult Safeguarding Framework in July 2021. The framework outlined our commitment to the safety and wellbeing of the people we support, highlighted our obligations and provided guidance on relevant strategies and processes.

We continued to implement the National Principles for Child Safe Organisations by focusing on strengthening our culture and commitment to child safety and wellbeing. We did this in a holistic way by ensuring that our safeguarding framework, information and resources were inclusive of adults with impaired decision-making capacity.

A new internal mandatory training module *National Principles for Child and Adult Safe Organisations* will be launched in the second half of 2022. It will introduce our staff to the National Principles for Child Safe Organisations and highlight how the principles have been extended to apply to all the children and adults we support.

## **Strengthening our incoming complaints management system**

In March 2022 we finalised a significant program of work to strengthen our complaints management system. This work was guided by the Queensland Audit Office's report *Responding to complaints from people with impaired capacity* report. Our response to the report recommendations included:

- new internal policies, practice directions, resources, templates and tools
- a new secure online form for people to lodge complaints online
- a new complaints coordinator to improve the coordination and efficiency around responding to complaints
- all staff completing specialist complaints management training, with managers completing additional training about their obligations.

We are committed to building a positive environment that encourages feedback and complaints through an effective complaints management system that is easy to use, transparent, fair and timely. Now the project is complete, we are in a stronger position to use the feedback to inform continuous long-term improvement of our complaints management system.

## Service Delivery Design Project

In 2021-22 we undertook a significant operational reform to modernise our community visiting service and, in turn, to deliver on a number of our organisational goals.

*We are working to make sure the service:*

- *achieves its legislative mandate*
- *is fiscally responsible*
- *is client focussed*
- *reflects best practice*
- *champions human rights*
- *is flexible, innovative and adaptable.*

To accomplish these objectives, we delivered a range of initiatives which included:

- revising the prioritisation and frequency of child and adult visiting by community visitors to align with our functions and responsibilities under the *Public Guardian Act*. Focusing our visiting delivers successful advocacy that achieves positive human rights outcomes for our clients
- improving our client-focused practice guidance and governance frameworks to ensure referral pathways and formal complaints are progressed effectively for all the adults, children and young people we visit. This developed strong relationships of accountability with those who we oversee and work with
- establishing communities of practice to involve community visitors in the practice development required to support the performance of their statutory functions and to proactively share information. This optimises and builds a strong and resilient workforce and helps us to work better as 'one' organisation.

Over the coming year, we will experience even more of the benefits of the Service Delivery Design Project which will ultimately lead to improved outcomes for our clients.

# Guardianship

A guardian's role is to support an adult with decision-making about personal and/or health care matters when QCAT has determined the adult has impaired decision-making capacity. QCAT can appoint the Public Guardian in the following circumstances:

- as guardian of last resort, where there is a need for personal and/or health care decisions to be made and that the adult's needs and interests would not be adequately met without an appointment
- for seeking help and making representations about the use of restrictive practices for an adult who is the subject of a containment and seclusion approval under Chapter 5B of the *Guardianship and Administration Act*
- following the suspension of an attorney's powers
- by the Supreme Court.

A declaration of impaired decision-making capacity by QCAT does not imply an adult cannot meaningfully contribute to decisions about their lives. We therefore consult with our guardianship clients, support them to participate in the decision-making process and consider their views and wishes to the greatest practicable extent.

We provided decision-making support to 4,043 adults with impaired decision-making capacity in 2021-22. This included adults for whom the Public Guardian was appointed by QCAT and adults for whom we acted as attorney under an enduring power of attorney.

*The demand for our guardianship service continued to increase in 2021-22 with the number of QCAT orders appointing the Public Guardian to act as the guardian of last resort reaching a new high.*

In 2021-22 we received 2,034 appointments (orders) to act as guardian of last resort. These included:

- 701 new appointments to act as guardian
- 1,333 re-appointment orders to continue acting as guardian
- 287 interim guardianship appointments (60% of these were followed by a longer-term order appointing the Public Guardian).

Of the guardianship orders we received, approximately two-thirds (65%) related to service provision matters and half (49%) related to accommodation matters. Health care matters were included in 17% of orders, restrictive practice matters were included in 8% of orders, legal matters were included in 7% of orders and contact issues were included in 5% of orders.

*Two thirds of the adults for whom we were appointed as guardian were registered NDIS participants.*

The demand for our guardianship services has been driven in part by the number of re-appointments of the Public Guardian, which is when QCAT extends the period for which the Public Guardian is appointed to act as the guardian of last resort. More of our guardianship clients are having their orders extended by QCAT because of the ongoing decision-making demands of the NDIS.

## Decision-making under an enduring document

Queensland's guardianship framework enables people to plan their decision-making arrangements and set up arrangements that can be implemented in the future should their decision-making capacity become impaired. In Queensland, this can be done via an advance health directive or enduring power of attorney. People can nominate the Public Guardian to be their future decision-maker via these documents if there is no one else available to provide this support.

We acted as an attorney for 75 adults in 2021-22 and held 2,364 inactive enduring power of attorney documents as at 30 June 2022. An inactive enduring power of attorney is one that has been created but has not been activated because the person is still able to make their own decisions.

## Pre-appointment advocacy

We continued to undertake pre-appointment advocacy as part of our efforts to promote and protect the rights of vulnerable adults. This work aimed to ensure that the Public Guardian was only appointed as a decision-maker of last resort. We provided information and education before and during QCAT hearings where it was proposed the Public Guardian be appointed as an adult's decision-maker. We advocated for less-restrictive approaches to be considered by the tribunal, such as having the adult's existing support network support the adult to make their own decisions or be their informal decision-maker. We also provided submissions to QCAT about the need for a proposed guardianship appointment when an interim (urgent) guardianship appointment of the Public Guardian was sought.

In 2021-22 we undertook pre-appointment advocacy work in relation to 827 QCAT applications proposing the appointment of the Public Guardian. Almost two-thirds (62%) of the hearings relating to these applications were attended in-person by our staff, and for the remaining 38% we provided written submissions.

Of the 509 QCAT hearings we attended in person, the Public Guardian was ultimately appointed in 56% of these matters. This demonstrates the significant value our pre-appointment advocacy provides, particularly in cases where an adult's decision-making can be supported in a way that is less restrictive of their rights.



Of the hearings that didn't result in the Public Guardian being appointed:

- 42% resulted in the application being dismissed
- 25% resulted in the hearing being adjourned
- 18% resulted in a member of the adult's family being appointed (rather than OPG)
- 9% resulted in the tribunal issuing directions
- 5% resulted in the application for guardianship being withdrawn after we provided education about what we can and cannot do when appointed as guardian
- 1% resulted in decisions about the guardianship application being withheld.

The need for accommodation and service provision decisions underpinned many QCAT applications seeking the appointment of the Public Guardian. Of the 827 QCAT applications for which we undertook pre-appointment advocacy, 35% related to service provision decisions relating to the NDIS for adults aged under 65 years and 24% related to accommodation decisions for adults aged over 65 years.

In addition to these advocacy activities, we provided interim comments on 101 QCAT applications at the request of the tribunal. We also provided separate advocacy for 37 adults to address issues that arose from the QCAT hearings in which we participated.

## Decision-making about health care

Health care providers are obliged to obtain informed consent to carry out health care for adults with impaired decision-making capacity. The Public Guardian can consent to health care matters when appointed by QCAT to make health care decisions, when appointed as attorney under an active enduring power of attorney, or as the Statutory Health Attorney of last resort under the *Powers of Attorney Act* when there is no other appropriate adult available.

In 2021-22 we provided 732 health care consents (50% of health care consents) while acting as the Statutory Health Attorney of last resort and 701 health care consents (48% of health care consents) for guardianship clients. We provided 37 health care consents (3% of health care consents) under an enduring power of attorney and 3 consents for forensic examinations.

In 2021-22, we actioned:



In 2021-22 we continued to partner with Queensland Health to embed our guardians within some hospital and health services. These guardians provided advice and information about the guardianship system and the role of our guardians. They also worked closely with medical and health professionals on potential guardianship matters to ensure efficient pathways for patient discharge and that the hospital and health services only make QCAT applications seeking the appointment of the Public Guardian as a last resort.

We can make health care decisions about withholding and withdrawing life-sustaining measures, if the commencement or continuation of the measure is inconsistent with good medical practice and relevant legislative requirements and human rights considerations are met. In 2020-21 we consented to 76 requests to withhold and/or withdraw life-sustaining measures.

Consent for special health care for adults with impaired decision-making capacity can only be authorised by QCAT. Special health care matters include removal of tissue for donation, sterilisation, termination of pregnancy and special medical research or experimental health care. QCAT may appoint the Public Guardian to represent the adult's views, wishes and best interests as part of its deliberations about special health care matters. In 2021-22 the Public Guardian was appointed by QCAT to be a representative in 8 matters.

## Decision-making about restrictive practices

Some adults who live with an intellectual or cognitive disability may exhibit behaviours that, on occasion, can place themselves or others at risk of harm. In some circumstances, restrictive practices are used to manage the risk of harm.

We make decisions and advocate in relation to restrictive practices when the Public Guardian:

- is appointed by QCAT as a decision-maker for restrictive practices (general or respite) used by a disability service provider for an adult receiving NDIS funding
- has been asked to consider an application for a short-term approval for the use of containment and/or seclusion, and other associated restrictive practices by a service provider in relation to an adult receiving funding through the NDIS
- is appointed to seek help and make representations about restrictive practices for an adult subject to containment and/or seclusion approved by QCAT
- is an active party to all restrictive practices proceedings that occur in QCAT
- is appointed by QCAT under an advanced appointment for a person who is at least 17 ½ years old and who may be subject to the use of restrictive practices prior to turning 18 years old. Decision-making authority does not commence until the person turns 18 years of age; however, the Public Guardian can make representations on their behalf under this appointment.

*Restrictive practices are a significant infringement on a person's human rights. We are committed to the reduction and elimination of restrictive practices across all service sectors, including disability, aged care and health.*

The number of guardianship clients with a restrictive practice appointment continued to increase in 2021-22. As at June 2022, 376 guardianship clients had an appointment for restrictive practices. This included clients for whom we authorised the use of restrictive practices, where:

- QCAT approved the use of containment and/or seclusion and other restrictive practices
- the client was subject to a short-term approval by the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships.

In 2021-22 we made 354 restrictive practice decisions as guardian for restrictive practices. We also received 32 applications for short-term approvals for the use of restrictive practices.

## Decision-making about legal matters

Some adults with impaired decision-making capacity may not have a full understanding of the justice system or their legal rights, and can experience difficulty in locating and engaging with appropriate legal support. QCAT can appoint the Public Guardian to make decisions in legal matters, not relating to property or finance that affect an adult with impaired decision-making capacity.

Our guardians advocate for clients in legal processes as a critical safeguard to ensure their legal rights are not adversely impacted because of their disability or impairment. We do this by:

- supporting the adult to engage appropriate legal representation
- safeguarding the adult's right to give their views about decisions they wish to be made
- ensuring the adult's legal representative understands the adult's disability or impairment
- giving the adult's legal representative information about the adult's circumstances to support the resolution of a legal matter supporting the adult to understand what is happening with their legal matter (to the greatest extent possible)
- making decisions about the conduct of proceedings that the adult would make if they had decision-making capacity
- providing instructions to legal representatives through a supported decision-making framework.

In 2021-22 QCAT made 1,125 new orders for the appointment of the Public Guardian for decisions that included legal matters. The increased demand for legal decision-making is consistent with the overall growth in guardianship appointments and clients. Our guardianship clients often have several legal matters pending which may include criminal matters, mental health, domestic and family violence, immigration, child protection or family law. As at 30 June 2022 we had 235 guardianship clients who collectively had 488 separate ongoing legal matters.

In 2021-22 we made 719 decisions relating to legal matters for guardianship clients. Around half (52%) of these decisions related to criminal matters, 11% related to child protection issues and 8% related to domestic and family violence issues.

We closed 153 legal matters for 151 guardianship clients in 2021-22. Around 40% of our active legal matters were internally assessed as being highly complex.

# Investigations

People with impaired decision-making capacity are among the most vulnerable members of society. The Public Guardian has the power to investigate allegations of abuse, exploitation and neglect, and inadequate or inappropriate decision-making arrangements, as they relate to adults with impaired decision-making capacity.

The Public Guardian's investigation powers under the *Public Guardian Act* include:

- requiring people to produce financial records and accounts
- accessing any relevant information, such as medical files
- cross examining witnesses
- issuing a written notice ordering a person who is non-cooperative to attend OPG offices at a stated time and place, give information, answer questions and produce documents
- applying for an entry and removal warrant to remove an adult at immediate risk of harm
- suspending all or part of an attorney's power.

*We take protective action on behalf of the adult with impaired decision-making capacity where their health and/or welfare is at immediate risk of harm.*

When a power of attorney is suspended for personal and/or health care decisions, the Public Guardian is automatically appointed as attorney for personal and/or health decisions for up to three months. When a power of attorney is suspended for financial decisions, the Public Trustee of Queensland is automatically appointed as attorney for financial decisions for up to three months.

The Public Guardian does not replace the role of the Queensland Police Service in relation to domestic and family violence or suspected criminal behaviour. We will often refer issues to the police, who determine whether criminal charges should be laid.

In 2021-22 we opened 147 investigations and closed 273 investigations. We had 247 active investigations as at 30 June 2022.

We opened fewer investigations in 2021-22 after introducing new thresholds to accept requests for investigations. We also used more external referral pathways to address situations where the alleged abuse was of a nature where it could be resolved through a more timely and less intensive approach than an OPG investigation, such as mediation or advocacy. These changes have enabled us to focus our resources where they are most needed and allowed us to finalise some of our long-standing investigations.

Many of the requests for investigations in 2021-22 related to allegations of suspected abuse, exploitation or neglect of older adults. Community awareness of elder abuse is increasing, and we conducted stakeholder engagement sessions on the topic throughout the year to raise awareness.

The ongoing COVID-19 pandemic has also exacerbated the prevalence of environments where elder abuse can occur, including financial difficulty or loss of employment, increased isolation of older adults, and emotional or psychological distress of caregivers. It is anticipated that a continued increase in the public profile of elder abuse will continue increase demand for our investigations service.

*In 2021-22 we opened 91 investigations relating to people aged 65 years or older. These investigations accounted for 62% of the investigations we opened.*

Thirty-three percent (33%) of the investigations that we opened in 2021-22 were initiated by requests from service providers. Table 2 sets out the various sources of requests for investigations.

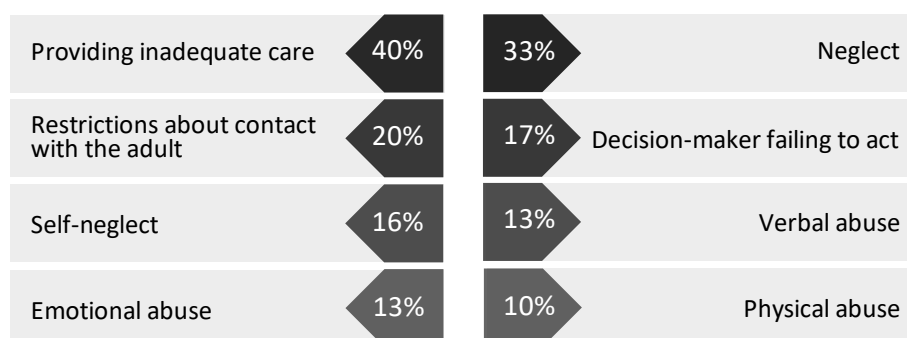
**Table 2: Source of investigation requests in 2021-22**

Source of request for investigation	Percent
Service provider	33
Family member	22
Member of the public	18
OPG (e.g. community visitor, guardian)	3
Solicitor	1
Other	23
<b>Total</b>	<b>100</b>

Base: Investigations opened in 2021-22.

The overall profile of the decision-makers being investigated remained the same in 2021-22. Attorneys were the most common type of decision-maker to be investigated, accounting for 44% of the investigations opened in 2021-22. Informal decision-makers accounted for 21% of opened investigations, followed by private guardians (8%) and administrators (5%).

Many of our investigations involved allegations of multiple forms of abuse. Like last financial year, financial abuse was the most common type of abuse investigated and was a factor in 76% of the investigations that were closed in 2021-22. Other common forms of allegations included:



In 2021-22, 19% of the investigations we closed resulted in a referral to an external agency and 16% resulted in a third party making an application to become a guardian and/or administrator. One in ten investigations (10%) resulted in the allegation not being substantiated.

The complexity of investigations – particularly those into alleged financial abuse – increased, along with the time taken to finalise investigations. Of the investigations we closed in 2021-22, 23% were closed in less than 6 months, 33% were closed within 6 to 12 months and 43% took longer than 12 months to close.

Over the past year, we implemented changes to the investigations intake and assessment process to ensure we are directing our finite resources to investigating issues of highest risk. This included:

- a revaluation of the thresholds around acceptance of a request for an investigation
- the creation of a specialist financial investigations team
- a backlog project to finalise investigations that had been open for more than a year
- referring people to an advocacy or mediation service when declining a request for an investigation (when appropriate)
- training and developing investigations staff to support their decision-making and consideration of the risk factors associated with individual investigations.

These changes have helped to focus the effective use of our resources, work through a backlog of investigations, progress assessments of investigation requests more effectively and enabled investigations to be allocated to senior staff more efficiently. The benefits of these efforts will be further realised in the coming year.

In 2021-22 we continued stakeholder engagement and education about investigating allegations of abuse, exploitation, neglect, and inadequate or inappropriate decision-making arrangements related to adults with impaired decision-making capacity. This is discussed in the ‘Community education’ section of this report (see page 37). An important outcome of this work has been receiving fewer requests for investigations that fall outside of our scope which would divert critical resources away from areas within our scope.

# Community visiting and advocacy

Community visitors are appointed by the Public Guardian under the *Public Guardian Act*, which provides them with a level of independence from government when performing specific visiting functions under the Act. Community visitors will generally:

- visit a visitable location, inspect information, inquire into the appropriateness of accommodation, services and supports for a person, and provide a person with support and information to exercise their rights and to have a say in decisions made about them
- educate the children, young people and adults visited about their rights and ensure they have access to adequate information about their rights
- report on observations and information obtained during a visit
- identify issues or complaints affecting the rights and interests of children, young people and adults
- refer matters to another agency to advocate for an individual's rights and interests where these are not being met
- monitor to ensure matters referred and complaints are resolved in a timely manner.

## Visiting and advocacy for adults

Community visitors perform inquiry and complaints functions in relation to adult visitable sites. The inquiry functions relate to the adequacy and accessibility of information available to adults about their rights and complaint mechanisms and the appropriateness and standard of the services they need. The complaints functions relate to inquiring into and seeking to resolve complaints and making referrals including to external agencies, such as the NDIS Quality and Safeguards Commission, where appropriate.

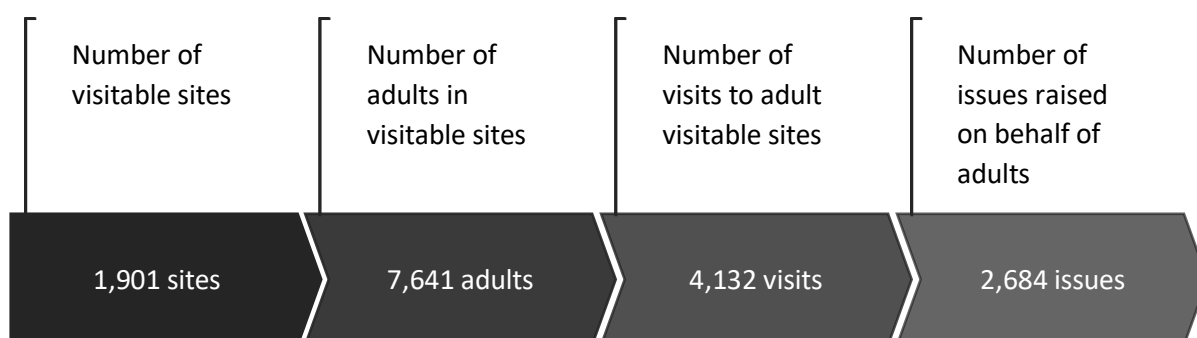
A 'visitable site' is defined in the *Public Guardian Act* as a place, other than a private dwelling, where an adult or adults with an impairment, or impaired decision-making capacity, lives. This includes:

- authorised mental health services (AMHSs)
- the Forensic Disability Service
- premises where a funded adult participant lives and receives services or supports that are paid for wholly or partly from funding under the NDIS:
  - Provided under the participant's NDIS plan
  - Provided by a registered NDIS provider that is registered under section 73E of the *National Disability Insurance Scheme Act* to provide a relevant class of supports
  - are within the relevant class of supports.
- a place prescribed by regulation, which includes:
  - a residential service with level 3 accreditation
  - live-in facilities that are funded or delivered by Queensland Health or the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships.

The Service Delivery Design Project’s modernised approach to prioritisation and frequency of visits means that community visits now occur annually for NDIS-funded visitable sites where there are no restrictive practices in use, and six-monthly for all other adult visitable sites. This is because we consider whether visitable sites are regulated by, or have oversight from, other agencies. For example, the NDIS Quality and Safeguards Commission is the primary agency responsible for regulating quality and safeguards for visitable sites where NDIS-funded services are provided.

We may increase the prioritisation or visiting frequency for particular sites when significant concerns are raised by an external party or agency, or where there are ongoing issues raised by a community visitor on behalf of an adult from a previous visit which require further visits to resolve. Community visits can also be requested by adults in visitable sites or by other interested persons.

In 2021-22 most visitable sites were NDIS-related (1,526 sites), with smaller proportions being level 3 supported accommodation services (295 sites), AMHSs (80 sites) and the Forensic Disability Service. The increase in the number of adult visitable sites and the number of adults residing in visitable sites across Queensland continued to grow over the past year. This growth is consistent with the reported growth in Supported Disability Accommodation and the NDIS. In 2022-23 we will review the legislative definition of an adult visitable site in relation to the NDIS to consider whether it requires recalibration, so it only captures those sites where the services delivered may pose specific or higher risks to individuals.



Operationalising the reforms from the Service Delivery Design Project resulted in a decrease in the number of overall visits conducted by community visitors in the past year. However, the number of issues we raised on behalf of adults in adult visitable sites only slightly decreased. This reflects our increased focus on targeted and purposeful visiting. Community visits were interrupted in 2021-22 by the ongoing COVID-19 pandemic which temporarily impacted our staffing levels and the ability to conduct visits in vulnerable settings.

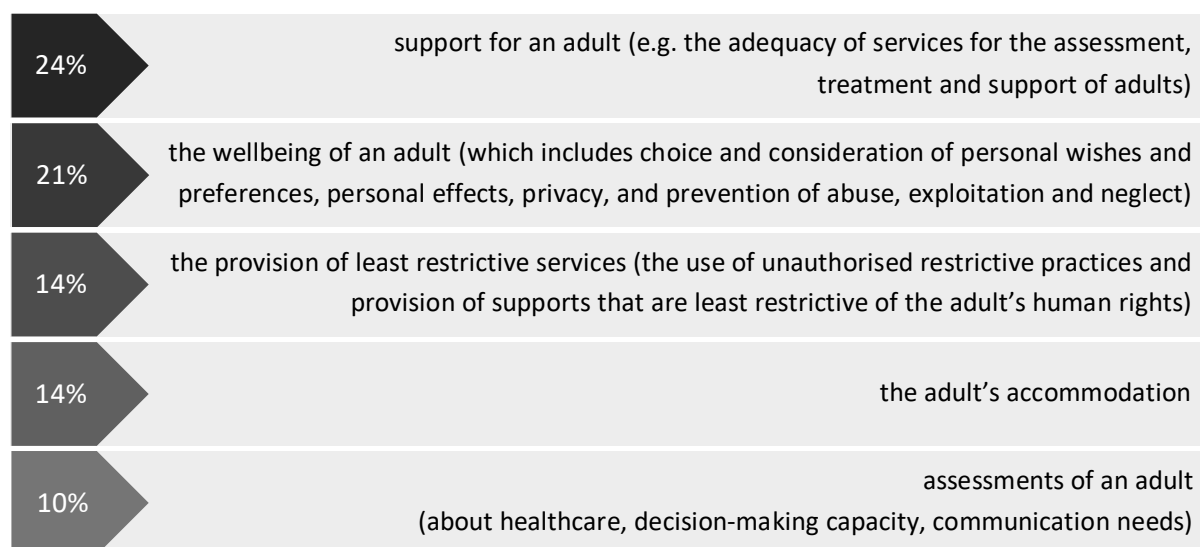
An adult with impaired decision-making capacity, or a person acting on their behalf, can request a visit from a community visitor at any time. This is an important safeguarding mechanism and we work with service providers to ensure they understand their obligations in response to a request for a visit from a community visitor.



In 2021-22 community visitors conducted:

- 312 visits at the request of an adult residing at a visitable site or a person acting on the adult's behalf
- 265 visits at the request of QCAT
- 2 visits outside of normal visiting hours.

In 2021-22 community visitors most commonly raised the following types of issues at visitable sites:



### Authorised mental health services and the Forensic Disability Service

Community visitors visit AMHSs and initiate purposeful inquiries about the services being provided to adults detained at these sites. Where appropriate, they also advocate on the adults' behalf to resolve issues. In 2021-22 we conducted 255 visits across 80 AMHSs, raising 354 issues on behalf of adults. Community visitors also raised 32 issues in relation to the Forensic Disability Service.

## Visiting and advocacy for children and young people

For children and young people, community visitors inspect and report on the appropriateness of accommodation in visitable homes (e.g. kinship and foster care) and visitable sites (e.g. residential care facilities, youth detention centres, AMHSs and disability services) and advocate for their access to information, their rights and access to the services they need.

A visitable site for a child, can be:

- a residential facility where the child is staying
- a detention centre where the child is staying
- an adult corrective services facility where the child is staying (e.g. a police watchhouse)
- an AMHS where the child is staying
- a place where respite services are provided to a child NDIS participant.

Additionally, a visitable home for a child or young person can be a foster home with general or kinship carers if a child is in the custody or guardianship of the Department of Children, Youth Justice and Multicultural Affairs under the *Child Protection Act*.

As at 30 June 2022, there were 9,803 children and young people in Queensland eligible to be visited by community visitors. The continued growth in the number of children and young people eligible to be visited is attributed to the increased number of children and young people entering, remaining in, and returning to the child protection system.

The Service Delivery Design Project’s modernised model of community visiting to children and young people better aligns our service with our legislated responsibility to ‘must regularly visit’ children and young people at visitable sites and ‘may’ visit children and young people at visitable homes. This ensures our community visitors are the independent ‘eyes and ears’ on the ground, regularly visiting the most vulnerable children and young people.



Note: The number of children and young people visited in 2021-22 is higher than the number of eligible children as at 30 June 2022 because the number of visitable children fluctuates during the year.

Akin to last year, a large majority of the children and young people who were eligible for our community visits were staying at a visitable home or residential facility. The proportion of visits to these types of sites reflected where most visitable children and young people resided (Table 3). We anticipate that the profile of community visits to children and young people will look different in 2022-23 after a full year of community visiting operating under the new prioritisation model.

**Table 3: Location of visits to children and young people in 2021-22**

Location	Percent of visits to children and young people
Visitable home	63
Visitable site – residential facility	25
Visitable site – youth detention	7
Visitable site – externally supported site such as a youth homeless shelter	4
<b>Total</b>	<b>100</b>

Base: Children and young people who were visited in 2021-22.

Note: Table includes locations where the percentage could be rounded to 1 or higher.

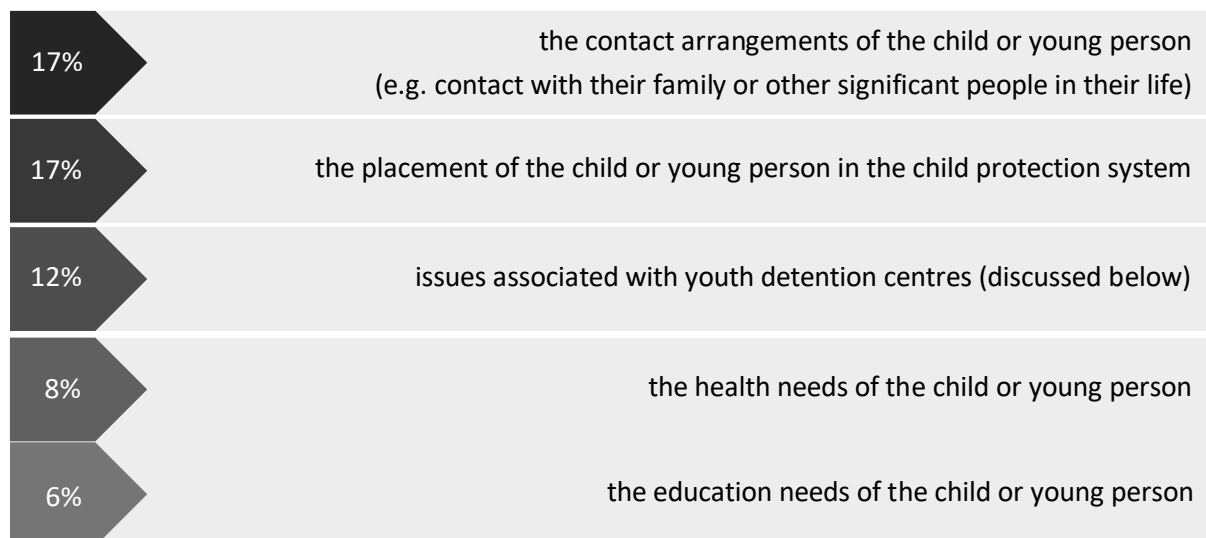
*In 2021-22 we raised 15,519 issues on behalf of children and young people and closed 15,510 issues.*

The number of issues raised and closed by community visitors on behalf of children and young people in 2021-22 was slightly lower than in 2020-21, but this reflects the fewer number of visits conducted in 2021-22. System and service changes, along with refinement and discernment in visiting processes contributed to a reduction in the number of issues raised. This included the changes in visiting frequency, a change in issue classification and practice guidance around the recording of issues. However, quantity doesn't necessarily reflect quality.

Accordingly, the Service Delivery Design Project included the development of practice guidance to ensure community visitors are supported to identify issues, escalate issues to decision makers and service providers and refer to stakeholders who can assist children and young people.

Concerns of children and young people with the key service systems providing services to them or making decisions about their lives continued to underpin the issues raised by community visitors in 2021-22.

The main types of issues raised were:



### **Authorised Mental Health Services**

Under the *Mental Health Act 2016*, Queensland Health must notify us when a child or young person is admitted to a high-security mental health unit, or an inpatient mental health unit of an authorised mental health service other than a child and adolescent unit (i.e. an AMHS for adults). In 2020-21 we received 179 notifications from Queensland Health.

Community visitors typically met with children and young people admitted to an adult AMHS within 72 hours of being notified by the AMHS.

When visiting a child, community visitors can:

- inquire into the appropriateness and responsiveness of the delivery of services in relation to their care, treatment, control, and recovery
- request information or records in relation to the child or young person, to help better understand the delivery of services and their treatment while staying at an adult AMHS.

In 2021-22 community visitors made 110 visits to children and young people in AMHSs. Just over half (55%) of these visits were to children and young people in adolescent and child AMHSs. The remaining 45% of visits were to children and young people admitted to adult AMHSs.

In 2021-22 community visitors raised 42 issues in 2021-22 on behalf of children and young people in AMHSs. Approximately 60% of these related to the health needs of the child or young person and 26% related to the placement of the child or young person. More specifically, the issues often raised by community visitors related to the:

- use of a restrictive practice (i.e. seclusion, physical restraint)
- child or young person being placed in an adult unit, including high dependency adult units
- use of electroconvulsive treatment
- referral of the child or young person to an Independent Patient Rights Advisor.

### **Youth justice**

Children and young people in youth detention and police watchhouses can experience multiple vulnerabilities, including mental health issues or behavioural disorders (diagnosed or suspected), substance use, disengagement from education or employment, issues with stable and suitable accommodation and disability (diagnosed or suspected). This is within the context of a considerable number of children and young people also being subject to dual orders (i.e. subject to a Youth Justice Order and a Child Protection Order) and the overrepresentation of Aboriginal and Torres Strait Islander children and young people.

In promoting and protecting the rights and interests of children and young people, community visitors continued to undertake community education about their role, maintain and further stakeholder relationships and referral pathways, and identify and scope key issues requiring targeted advocacy. In 2021-22 community visitors' targeted advocacy focussed on:

- systemic issues such as prolonged stays, staff shortages and the high percentage of children and young people on remand
- linkages with oversight bodies for identified issues of a systemic nature
- progressing matters relating to the responsible care of children and young people
- working collaboratively with child advocates through referrals, including requests for complementary youth justice advocacy.

In 2021-22 we developed, reviewed and updated the internal practice guidance for community visitors who visited children and young people involved with the youth justice system. This ensured community visitors focussed on understanding the rights framework that defines children and young people's rights and interests within the youth justice system, and how those rights are considered within other relevant legislative frameworks.

## Youth Detention Centres

Community visitors are unable to visit every child and young person detained in a youth detention centre because Queensland's three centres hold a large proportion of children and young people who are remanded for brief periods, and who are sentenced to detention orders. The duration of each community visit is longer compared to other visitable locations. This is due to the volume of children and young people located at Youth Detention Centres along with visiting procedures, which are themselves impacted by Youth Detention Centre schedules, health directives and security considerations.

In response, we have a mixed model of prioritisation and frequency of visits to children and young people in Youth Detention Centres based on the following priorities – children and young people:

- who are held on remand for longer than four weeks
- under the age of 14 who are held longer than two weeks
- known to be at high risk of self-harm and suicide
- requesting to see a community visitor and/or identified by a stakeholder as needing a visit
- identified to be vulnerable in a detention centre (e.g. being pregnant, having a disability or mental health diagnosis, speaking English as a second language, having a culturally diverse background or being Aboriginal and/or Torres Strait Islander)
- on dual orders (i.e. Youth Justice Order and Child Protection Order)
- who would like to make a complaint
- who have been sentenced and are due for release within three months
- who have spent time in a Queensland watchhouse.

In 2021-22 community visitors raised 1,659 issues on behalf of children and young people in Youth Detention Centres. These issues were often about:

- reintegration planning to the community, in particular the appropriate, supported and safe accommodation options upon a child's release from detention
- access to services including cultural, therapeutic, education/vocational and disability support
- improving the living conditions of the accommodated children and young people.

## Police watchhouses

Queensland watchhouses, some of which are geographically isolated, sometimes detain children and young people who are unable to be immediately transported to, or accommodated in, a youth detention centre. Most children and young people remain in a watchhouse for one to two nights, but some stays may be more prolonged, often depending on the capacity of the youth detention centres.

In response, we prioritise visits to children and young people who are:

- detained in a watchhouse for more than four consecutive days
- under the age of 14 years and held longer than overnight
- known to OPG to be at high risk of self-harm and suicide
- requesting to see a community visitor and/or identified as being in need of a visit

- identified as being particularly vulnerable in a watchhouse (e.g. pregnant young people, children and young people with a disability/mental health diagnosis, speaking English as a second language, having a culturally diverse background or being Aboriginal and/or Torres Strait Islander).

In 2021-22 community visitors raised 727 issues on behalf of children and young people held in Queensland watchhouses. These issues were often about:

- children and young people aged over 14 years being detained in a watchhouse for more than 4 days
- children and young people aged under 14 years being detained in watchhouse custody overnight
- issues about identifying suitable accommodation for when the child or young person is released from the watchhouse

*A police watchhouse environment is not conducive to the safety and psychological wellbeing of children.*

We have long-standing concerns about the prolonged stays of children and young people in watchhouses. In 2021-22 our community visitors concentrated their efforts on advocating for the rights of children and young people in watchhouses with the goal of reducing the prevalence of prolonged stays.

In 2021-22 community visitors raised 30 individual complaints on behalf of children and young people who experienced prolonged stays in watchhouses. Community visitors also identified 256 instances of children and young people experiencing prolonged stays in watchhouses over a 6 month period. This included instances where young people were detained in watchhouses for up to two weeks.

Our work identified that the most significant factor contributing to the delay in transferring children and young people from watchhouses was the limited capacity of Queensland's Youth Detention Centres.

The Public Guardian raised this issue with the Queensland Human Rights Commissioner and Principal Commissioner of the Queensland Family and Child Commission and discussed how OPG's individual advocacy can support their systemic enquiries, investigations and advocacy. In partnership, the range of oversight bodies will continue to influence change to address the underlying issues of youth crime and reduce the prevalence of prolonged stays in watchhouses.

# Child advocates

Our child advocates advocate for decision-makers to consider the child or young person's views and wishes and to uphold their rights and interests in accordance with relevant legislation, policies and procedures. Child advocates often advocate in court and tribunal proceedings.

*Child advocates provide independent advocacy to support individual children and young people's participation in decision-making that affects them.*

Under the *Public Guardian Act*, we provide child advocacy to a 'relevant child'. A 'relevant child' is a child or young person who is subject to a care agreement or order under the *Child Protection Act* (such as an assessment order, custody order or Child Protection Order), or an intervention with parental agreement, or an application for a Child Protection Order.

Advocacy undertaken by child advocates includes supporting a child or young person to:

- seek review of decisions about their education, including decisions to exclude, suspend or refuse to enrol them
- transition to adulthood, particularly their right to information and participation in decision-making about their future
- participate in QCAT proceedings where there is an application seeking the appointment of a guardian or administrator
- participate in child protection proceedings about them
- seek or participate in the review of a decision before QCAT, for example a review of a contact and/or placement decision.

Child advocates also provide complementary youth justice advocacy for relevant children involved in the youth justice system. They are not a direct legal representative for a child or young person but assist youth justice defence lawyers and the court to understand underlying issues impacting on the child or young person's criminalisation, such as involvement in the child protection system, experience of trauma and decision-making capacity issues.

A child advocate may become involved after a person makes a referral seeking advocacy assistance, such as one of our community visitors, a government department such as the Department of Children, Youth Justice and Multicultural Affairs, a non-government agency, or the child or young person themselves. The number of referrals we received continued to increase in 2021-22; we received 511 referrals, of which 39% originated internally (such as from a community visitor) and 61% from external agencies.

In 2021-22 child advocates supported 266 children and young people, of which 39% were Aboriginal or Torres Strait Islander children and young people.

The number of annual contacts that child advocates have with children and young people continued to increase this year, with 2,781 contacts made in 2021-22. Table 4 shows the types of contacts made by child advocates in 2021-22.

**Table 4: Child advocate contacts in 2021-22**

Type of contact	Percent
Court appearances, including hearings, mentions and Magistrate meetings	31
Visit – via alternative technology (e.g. video or telephone call)	27
Visit – in person	17
Stakeholder meetings	6
Tribunal hearings, conferences and mentions	6
Family group meetings	6
Court-ordered conferences	3
<b>Total</b>	<b>100</b>

Base: Number of contacts made by child advocates.



# Strategic policy

In addition to advocating for the individual rights and interests of our clients, we voice their experiences by contributing to discussion about the policy, legislative and service reforms that impact them. We do this by speaking about, and making submissions on, public and internal government matters which may impact our clients and our responsibilities.

In 2021-22 we continued to work closely with the Queensland and Australian Governments and key external stakeholders on policy and legislative issues impacting our clients. We delivered our actions under the *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023*. We advocated for the minimum age of criminal responsibility to be raised from 10 to 14 years in our submission about the *Criminal Law (Raising the Age of Responsibility) Amendment Bill 2021* to the Queensland Parliament in September 2021.

On 16 November 2021 the Australian and New Zealand Children's Commissioners and Guardians issued a joint statement advocating for the minimum age of criminal responsibility in all Australian states and territories should be 14 years. This would align legislation with the recommendations of the United Nations Committee on the Rights of the Child and the international benchmark. The Commissioners and Guardians highlighted the urgent need to better protect children and young people and the importance of system-wide reform in addition to legislative changes.

We delivered 9 publicly available submissions in 2021-22. The details of these submissions are presented in Appendix 1. We also actively contributed to Queensland and Australian Government consultations and provided feedback on matters affecting our clients. Appendix 2 provides the details of our contributions to matters in the public domain.

In addition, we continued to participate in a range of working and advisory groups to represent the views and experiences of our clients and office to effect positive change. These groups also provided an opportunity to discuss current and emerging issues with a view to identifying strategies and actions to help address issues.

# Community education

We are committed to educating the public about human rights, the guardianship system, our services, and how people can plan for their future in case they may be unable to make decisions about their life at some time. This includes educating government and non-government agencies, service providers and the public by conducting education sessions, attending exhibitions and community events, and presenting to educational institutions, health services and supported accommodation providers.

In 2021-22 our staff participated in 57 community education events across Queensland, with an estimated combined total audience of over 1,900 people. Presentations were mostly in the child sector (stakeholders who have a role supporting children and young people), followed by the health, mental health and disability sectors. Several planned events were cancelled due to the COVID-19 pandemic, but in many instances, we facilitated interactive online events.

We also engaged extensively with hospital and health services in 2021-22. We provided social workers and other medical and allied health professionals with information on human rights, medical and health care decision making issues for patients with impaired decision-making capacity, the guardianship and administration system, and guidance on when to request an OPG investigation into allegations of abuse, neglect or exploitation.

Through our pre-appointment advocacy (discussed on page 19), we identified agencies and service providers who submit large numbers of QCAT applications seeking the appointment of the Public Guardian. We worked with them to identify where less restrictive approaches might be more appropriate in the circumstances. Education sessions were offered to those organisations to help them better understand human rights and our role and functions. Similarly, our work with family and friends of adults with impaired decision-making capacity where a guardianship application has been made has supported their increased knowledge and understanding of the guardianship system.

We increased our engagement with financial institutions, focusing on financial and elder abuse, with a focus on abuse prevention strategies, awareness of abuse 'red flags' and understanding the parameters of our investigation service to support effective referral pathways.

In February 2022 the Public Guardian participated in a panel discussion about adult safeguarding at the 7<sup>th</sup> National Elder Abuse Conference. The Public Guardian highlighted the office's adult safeguarding functions and Queensland's unique legislation which provides the Public Guardian with a range of protective powers to safeguard vulnerable adults (see page 23 for more information).

In June 2022 the Acting Public Guardian presented at a webinar focussed on strengthening responses to the abuse of older Queenslanders. The webinar coincided with World Elder Abuse Awareness Day and was part of a broader project delivering education to the Gold Coast Elder Abuse Panel. It is hoped that this work, which was undertaken by OPG, ADA Law and the Elder Abuse Prevention Unit, will be expanded to other elder abuse panels across Queensland.

We published a video on our website to educate the community about our investigations service. The video explained the types of suspected abuse that we investigate, when we can and cannot investigate, the investigations process and how to request an investigation. As noted on page 25, our continued engagement and education resulted in fewer requests for investigations outside of our remit.



# Our governance

## Risk management

We have a statutory responsibility to ensure appropriate risk management and risk mitigation strategies. Our risk management approach promotes accountability through good governance and ethical decision-making. This is embedded into our culture, governance and accountability arrangements, planning, reporting, records management and improvement processes.

Our risk management framework helps identify, assess and prioritise risks and risk treatments to minimise our vulnerability to internal and external influences. Risks can be strategic or operational risks, depending on the level at which the risk is likely to affect the office's ability to achieve its objectives.

## Business continuity

Our Business Continuity Plans ensure the rapid, efficient and cost-effective continuity of the delivery of critical services. In the event of a natural disaster or other crisis, it is critical that we are able to ensure continued service delivery, staff and client safety and quick restoration of critical services.

When business as usual is interrupted due to a disaster or crisis event, our Business Continuity Plan outlines steps to:

- manage the immediate impacts of a business interruption
- deliver critical services to the community before full-service resumes
- resume business to pre-incident capacity, where possible.

We activated our business continuity plan as needed in 2021-22, for example when we were impacted by public health directions regarding the COVID-19 pandemic.

## Information systems and record keeping

We are committed to meeting record keeping responsibilities under the *Public Records Act 2002* and other policies and standards applicable to Queensland public sector agencies. We also comply with the Queensland State Archives General Retention and Disposal Schedule, which authorises the disposal of common and administrative records.

*We are committed to managing our records effectively and meeting our record keeping obligations.*

Our staff are trained in:

- creating and capturing records
- finding, using and sharing records
- storing and securing records
- keeping, archiving and destroying records.

We use DJAG's electronic record management system to manage electronic and physical documents. In 2020-21 we developed and rolled out a training package for staff which included step-by-step guides for the general and advanced use of our records management system and short 'how to' videos.

In 2021 we implemented an enhanced phone system which immediately achieved a range of benefits and efficiencies, including:

- improved and more efficient delivery of internal corporate services
- the ability to send information and website links to callers via SMS
- the ability to more easily change recorded on-hold messages, and for less cost
- the ability to record and permanently save certain telephone calls within the telephone system
- an improved information dashboard for our Central Intake and Referral team
- the ability to restrict callers to only leaving one call back request at a time.

### **Child Sector Enhancement Project**

The Child Sector Enhancement project merges our two core client management systems, Jigsaw (children and young people data) and Resolve (adult data), into one data management system.

On 9 July 2020 the Queensland Treasurer announced the application of new pandemic-related savings measures, including a freeze on some Information Technology projects. In late 2021 approval was granted by the Queensland Government Customer and Digital Group to complete this project. The Child Sector Enhancement Project Board met for the first time in May 2022.

# Our people

## Our values

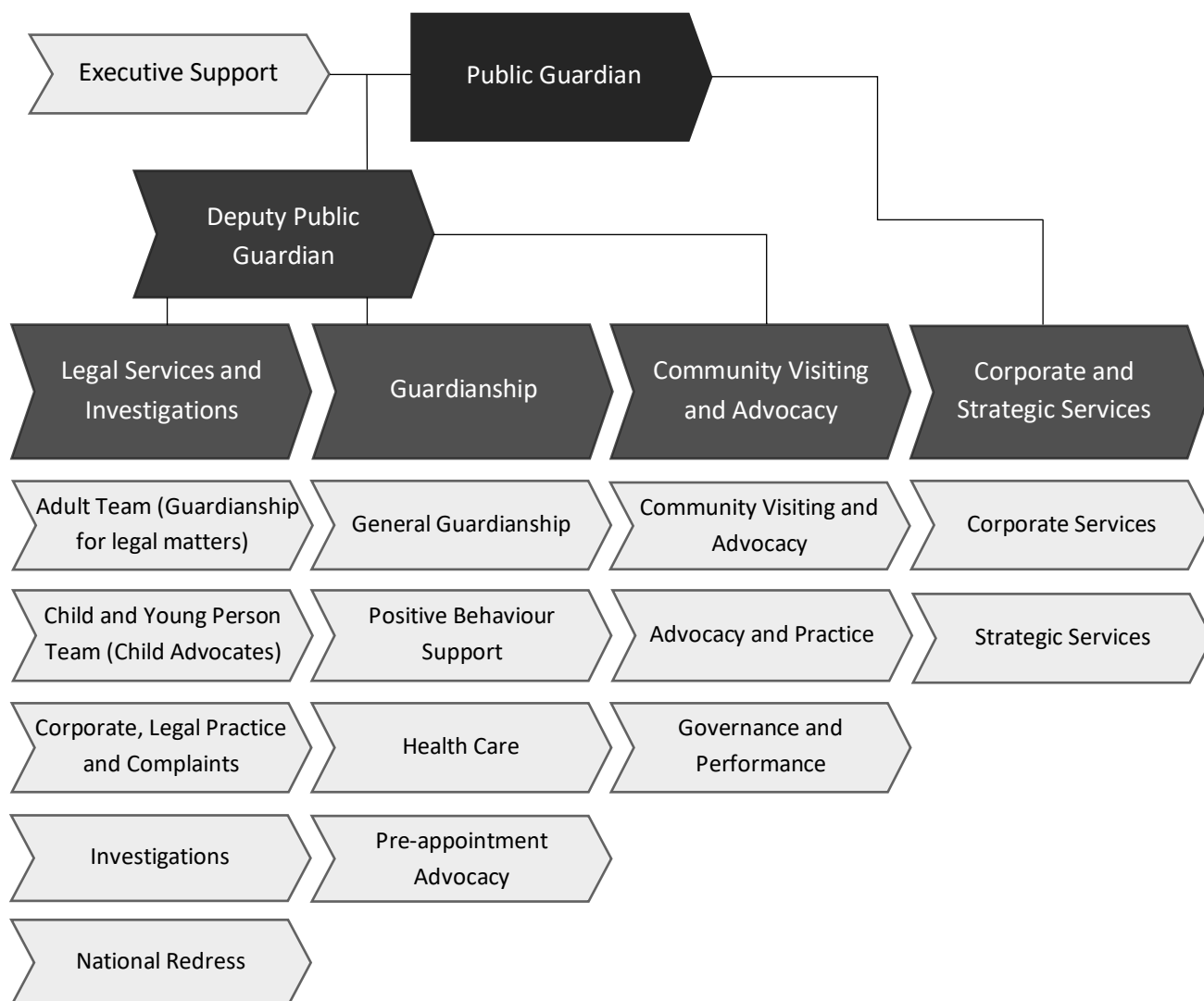
We have five core values which reflect our vision and objectives and shape our organisational culture and behaviours.



## Our leadership

Position	Name
Public Guardian	Shayna Smith Lisa Pritchard (6 June 2022 - 1 July 2022)
Deputy Public Guardian	Lisa Pritchard
Director Guardianship	Amelia Barker
A/Director Community Visiting and Advocacy	Catherine Moynihan
A/Director Legal Services and Investigations	Michelle Emeleus (1 July 2021 - 29 April 2022) Samantha Shipman (30 April 2022- 30 June 2022)
A/Director Corporate and Strategic Services	Robyn Farley-Sutton

## Our structure



## Our staff

The majority of our staff are employed under the *Public Service Act 2008* with community visitors employed under the *Public Guardian Act*. Our organisational structure was based on a core establishment of 281.8 full time equivalent positions. We employed 323 people as at 30 June 2022.

### Staff safety, health and wellbeing

We are committed to our staff's safety, health and wellbeing. All staff have a responsibility to ensure OPG is a safe place to work.

In 2021-22 we continued with existing and implemented new initiatives to help provide a safe and supportive workplace, including:

- reiterating the Public Guardian's statement of commitment to supporting staff experiencing domestic and family violence
- publishing domestic and family violence information and supporting resources on OPG's intranet
- ensuring staff completed mandatory training on how to recognise and respond to staff experiencing domestic and family violence
- mandatory training in managing vicarious trauma and mental health first aid for all frontline staff
- representing our office on DJAG's White Ribbon Accreditation working group
- a structured and planned return to work process for any staff undergoing workplace rehabilitation
- bespoke trauma debriefing and wellbeing services to frontline staff
- responding quickly to workplace health and safety issues raised
- representing our office on DJAG's Workplace Health and Safety committees.

### **COVID-19 safe workplace**

We provide essential services to the community and continued to provide these when COVID-19 public health restrictions were in place in 2021-22. This presented challenges in providing safe and effective services to our clients as well as keeping our staff, clients and stakeholders safe.

*We are committed to providing a healthy and safe workplace for staff and the community while continuing to deliver essential services.*

To mitigate risk to our staff and clients, our Mandatory Vaccination Requirements Policy was implemented in March 2022 following extensive consultation with our staff. The policy identified the positions that are required to be fully vaccinated against COVID-19 and outlined evidence and record keeping requirements. The policy also supported staff to meet the requirements of the policy, such as flexible work arrangements for staff to attend medical or vaccination appointments.

Most of our staff worked from home during periods of community lockdown in 2021-22. We invested in the necessary equipment and licences to enable staff to access our systems and support during these periods. Communication with staff was a priority and our managers regularly checked on individuals and teams. Our staff received regular communication about COVID-19 safety measures, including mask wearing requirements, social distancing and the importance of personal hygiene.

Tools were made available to support staff with flexible work arrangements. This included information about ergonomic workspaces, how to access IT systems, and mental health tips.



## **Flexible working arrangements**

To help our staff achieve and maintain an appropriate balance between their work and life we continued to offer flexible working arrangements such as accrued time, purchased leave, part-time arrangements and working from home arrangements. Flexible work arrangements were accessed by a significantly greater proportion of staff over the past 12 months. Staff continue to make use of compressed hours and working from home options.

## **Employee Assistance Program**

As part of our commitment to a vision of healthy people working in safe and supportive environments, staff continued to have free access to Benestar's Employee Assistance Program. Benestar focuses on individual wellbeing and workforce wellness. It offers an online health and wellbeing portal called BeneHub that provides access to information and articles, self-assessment tools, videos and podcasts, online counselling and support, a range of financial literacy and learning modules, and many more tools and resources.

## **Psychological support and trauma debriefing**

We continued to offer staff psychological support and trauma debriefing as part of a preventative, holistic and proactive approach to staff wellbeing. Through this initiative, staff were supported to identify and manage the psychological risks of occupation-based vicarious trauma. The initiative provides staff with an opportunity to discuss and reflect on their client-related experiences with a clinician and understand vicarious trauma, self-care and resilience.

The program was reviewed in early 2021-22 to ensure the program was providing effective support and resulting in benefits for staff. Subsequent changes to the counselling and trauma debriefing services were made in November 2021.

Since November 2021 our psychological support and trauma debriefing has been comprised of:

- Group-based support – facilitated team discussions to better understand the strengths, weaknesses and common reactions to pressure of individual team members. This aims to enable staff to share experiences and resources, provide support for one another, normalise responses and reactions, and develop shared self-care plans and work practices.
- Trauma debriefing and support – individual psychological support for staff experiencing or affected by work-related trauma, whether vicarious or otherwise. Acute psychological support is offered to staff when required.

## **Workforce planning**

Workforce planning is an ongoing activity within our office. Our workforce planning processes involve the analysis of its workforce and determining the steps that need to be taken to meet our current and future staffing needs. They also involve making decisions about the most efficient and cost-effective ways to attract and retain high performing staff.

## **Our workforce strategy**

In 2022-23 we will invest in our workforce by consulting with our stakeholders about our future needs to develop a Workforce Strategy and Action Plan. This will ensure we have the people and skills required for a client-focused, resilient, engaged workforce in an evolving service-delivery landscape.

## **Leadership competencies**

The Queensland Government's Leadership competencies for Queensland describes what highly effective, everyday leadership looks like in the public sector. In simple, action-oriented language, it provides a common understanding of the foundations for success across all public sector roles. In

2021-22 we ensured that all position descriptions incorporated the Leadership Competencies for Queensland.

## **Learning and development**

Our Learning and Development Framework continued to support the ongoing professional development and growth of staff. It is based on a recognition that:

- 70% of learning is experiential (action learning) – through daily tasks, challenges and practice
- 20% of learning is social (relationship learning) – with and through other people (e.g. peer interaction between team members)
- 10% of learning is formal (educative learning) – through structured training courses and programs.

Benefits of this approach include an emphasis on learning in the context of the workplace, increased focus on collaboration, agility in responding to change, an increase in the availability and frequency of learning opportunities, and harnessing flexibility and synergy.

## **Diverse and responsive workplaces and services**

We respect and support diversity and equity in the workplace and the importance of reflecting the community we serve. We continue to work with staff to ensure they interact respectfully and competently with people from all cultural backgrounds, and approximately 90% of staff have participated in Cultural Awareness training. We are an Equal Employment Opportunity employer that aims to employ a workforce that is representative of our community.

In the coming year we will develop a workforce Diversity and Inclusion Action Plan to further enhance diversity and inclusion across our services and workforce.

*We are committed to providing culturally safe and appropriate services.*

The OPG Murri Yarning Circle comprises of staff who identify as being Aboriginal and Torres Strait Islander. The Murri Yarning Circle works to promote and facilitate a culturally safe workspace for all Aboriginal and Torres Strait Islander employees and to advocate for culturally safe services for our Aboriginal and Torres Strait Islander clients.

Some of the achievements of the Murri Yarning Circle in 2021-22 included:

- emails to staff on dates significant to First Nations Peoples
- representing OPG at community events on days of cultural significance
- delivering an Acknowledgement of Country at the OPG Staff Excellence Awards
- delivering targeted guardianship services to First Nations clients through an identified First Nations guardianship position
- working closely with the Community Visiting and Advocacy First Nations Community of Practice
- improving culturally aware and safe services for First Nations children, young people and adults
- providing advice on culturally appropriate language
- purchasing Jarjum dolls to support our engagement with Indigenous young people.

Foundational work to establish the Community Visiting and Advocacy First Nations Community of Practice was undertaken in 2021-22. The upcoming priorities for this group include improving practice guidance for staff visiting discrete communities and processes for the recruitment and retention of Aboriginal and Torres Strait Islander staff.

### **Conduct and ethics**

We are committed to maintaining a positive organisational culture that values and promotes ethical leadership and strong ethical decision-making. Our staff are required to make ethical decisions, be accountable for their actions and demonstrate integrity.

Our staff abide by the Code of Conduct for the Queensland Public Service. The ethics principles and values contained in the Code of Conduct are incorporated into our policies and procedures as well as employee Expectations Agreements. All new employees undertake ethics and Code of Conduct training as part of their induction. Existing employees are also required to undertake Code of Conduct refresher training annually.

# Our financial performance

OPG is not a statutory body for the purposes of the Statutory Bodies *Financial Arrangements Act 1982* or the *Financial Accountability Act 2009*.

Funding for the office is appropriated from the Queensland Government as part of the appropriation for DJAG, with the Director-General of DJAG being the accountable officer pursuant to the *Financial Accountability Act*. In addition to the DJAG appropriation, the Public Trustee of Queensland provides an annual grant towards our operating costs, in accordance with section 63A of the *Public Trustee Act 1978*.

Financial details about our operations and reporting can be found in the DJAG Annual Report 2021-22. The information below is an overview of our financial performance in 2021-22.

**Table 5: Income from continuing operations**

Source of income	\$'000
DJAG appropriation	33,913
Public Trustee of Queensland grant	1,234
<b>Total income from continuing operations</b>	<b>35,147</b>

**Table 6: Expenditure from continuing operations**

Type of expenditure	\$'000
Employee expenses	31,044
Supplies and services	3,934
Depreciation and amortisation	167
Other expenses	3
<b>Total expenditure from continuing operations</b>	<b>35,149</b>

**Table 7: Expenditure by service area**

Type of expenditure	\$'000
Community visiting and advocacy services	11,847
Guardianship services	10,192
Corporate and strategic services	8,200
Legal/investigations services	4,911
<b>Total</b>	<b>35,149</b>

# Glossary

AMHS	Authorised Mental Health Service
DJAG	Department of Justice and Attorney-General
NDIS	National Disability Insurance Scheme
OPG	Office of the Public Guardian
QCAT	Queensland Civil and Administrative Tribunal



# Appendix 1 – Public submissions

Subject	Submitted to
Public Consultation Paper – National Register of Enduring Powers of Attorney (July 2021)	Commonwealth Attorney-General's Department
Discussion Paper 1 – Options for legislating against coercive control and the creation of a standalone domestic violence offence (July 2021)	Women's Safety and Justice Taskforce
Voluntary Assisted Dying Bill 2021 (July 2021)	Health and Environment Committee
Child Protection Reform and Other Legislation Amendment Bill 2021 (October 2021)	Community Support and Services Committee
Inspector of Detention Services Bill 2021 (November 2021)	Legal Affairs and Safety Committee
Criminal Law (Raising the Age of Responsibility) Amendment Bill 2021 (November 2021)	Community Support and Services Committee
Inquiry into the opportunities to improve mental health outcomes for Queenslanders (February 2022)	Mental Health Select Committee
Discussion paper – Review of Queensland's Anti-Discrimination Act 1991 (February 2022)	Queensland Human Rights Commission
Discussion paper 3 – Women and girls' experiences across the criminal justice system as victims-survivors of sexual violence and also as accused persons and offenders (April 2022)	Women's Safety and Justice Taskforce

# Appendix 2 – Contributions to reform

Subject	Submitted to
Performance of the Queensland Family and Child Commission of its functions	ACIL Allen Independent Review
Open letter on banning the use of spit hoods and mechanical restraint chairs on children	Australian and New Zealand Children's Commissioners and Guardians
Update on Legislative processes	Child Protection Reform Amendment Bill 2021
Data sharing arrangements between the National Disability Insurance Agency and Australian State and Territory agencies	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
Disability Service Plan 2021-22 progress update	Department of Justice and Attorney-General
Domestic and family violence consultation	Department of Justice and Attorney-General
Implementation of recommendations from the Public Advocate report, Preserving the financial futures of vulnerable Queenslanders: A review of Public Trustee fees, charges and practices	Department of Justice and Attorney-General
Implementation of the Australian Law Reform Commission report, Elder Abuse—A National Legal Response (ALRC Report 131)	Department of Justice and Attorney-General
Implementation Plan to support the National Plan to Respond to the Abuse of Older Australians 2019-2023 progress update	Department of Justice and Attorney-General
Update on Legislative processes	Forensic Disability Regulation 2022
Update on Legislative processes	Guardianship and Administration Regulation 2022
Update on Legislative processes	Health and Other Legislation Amendment Bill 2021
Update on Legislative processes	Inspector of Detention Services Bill 2021
Update on Legislative processes	Public Sector Bill 2022
Development of reforms to the Queensland restrictive practices authorisation framework	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

Subject	Submitted to
Development of a National Disability Insurance Scheme Assurance Framework for Queensland	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
Development of the National Disability Advocacy Framework 2022-2025	Department of Social Services
Queensland Legal Assistance Strategy	Grant Thornton consultation for the Department of Justice and Attorney-General
Statement of Choices form review	Office of Advance Care Planning
Development of a Queensland Palliative and End-of-Life Care Strategy	Queensland Health
Consultation regarding the proposed national register of enduring powers of attorney and the review of Queensland restrictive practices authorisation framework	Queensland Law Society
Consultation regarding the Women's Safety and Justice Taskforce Discussion paper 3 – Women and girls' experiences across the criminal justice system as victims-survivors of sexual violence and also as accused persons and offenders	Queensland Law Society, Queensland Family and Child Commission and Queensland Human Rights Commission
Reform options paper – Improving the regulation of restrictive practices in Queensland: a way forward	Public Advocate
Fees and charges review	Public Trustee of Queensland



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