

Guardianship trends in Victoria 1988 - 2008

December 2009

Contact: John Chesterman
Manager, Policy and Education
John.Chesterman@justice.vic.gov.au

Written by: Liz Dearn
Policy and Research Officer
Liz.Dearn@justice.vic.gov.au

There has been an exponential growth in the number of guardianship cases managed by OPA in the twenty years since the statutory role of guardianship was introduced. Guardianship accompanied deinstitutionalisation in the late 1980s and so many early guardianship cases were for people with intellectual disabilities who were moving to community living. While there have been large increases in recent years in overall numbers of older peoples who are subject to guardianship and administration orders, as a proportion of the whole client group, this paper shows that the increases have not been as significant as expected.

Background

Prior to the 1980's, civil commitment laws allowed for people with intellectual disabilities to be committed to institutions on the certification of one medical practitioner. The laws applied equally to people with intellectual disabilities as to people with mental health issues and there was little differentiation between the needs of the two groups in policy and legislation. Victoria commenced the task of re-examining its civil commitment laws in the early 1980s in response to developments in international rights law and the introduction of anti-discrimination legislation across Australia.¹

The Cocks Committee was established in 1980 to formulate proposals for legislation to deal with the protection of intellectually handicapped persons and the preservation of their rights.² The Rimmer Committee was established in 1983 to make recommendations on legislation to replace the *Mental Health Act 1959*.³

The Cocks Committee recommended that an Office of the Public Advocate (OPA) be established to act 'as a guardian of last resort and an advocate for developmentally disabled people' and that a Guardianship Tribunal be established 'with power to appoint limited and plenary guardians and/or estate administrators for those developmentally disabled persons who are in need of guardianship or estate administration'.⁴ Civil commitment laws were prescribed within the *Mental Health Act 1986* and the *Intellectually Disabled Persons' Services Act 1986*.

The *Guardianship and Administration Board Act 1986* provided for a Public Advocate, who was required to 'exercise guardianship for those persons who are the subject of an order and for whom there is no other person willing and suitable to be appointed'.⁵ While the intention of the Cocks Committee was to address the 'protection of intellectually handicapped persons', the final guardianship and administration legislation was directed at people with an intellectual impairment, a mental illness, brain damage, a physical disability and senility.

OPA's statutory role of guardianship is complemented by two other key roles, investigation and advocacy, the intention of which is to ensure that less restrictive options to guardianship are explored. The role of investigator is to 'investigate any complaint or allegation that a person is under inappropriate guardianship or is being exploited or abused or in need of guardianship'.⁶

¹ Cocks, E 1982 *Report of the Minister's Committee on Rights and Protective Legislation for Intellectually Handicapped Persons*, Melbourne.

² Cocks, 1982.

³ Rimmer, J 1984 *Report of the Committee on a Legislative Framework for Services to Intellectually Disabled Persons*, Melbourne.

⁴ Cocks, 1982, p10.

⁵ OPA Annual Report 1987/88, p59.

⁶ *Guardianship and Administration Act 1986* S16(h)

Advocacy is less clearly defined by the Act but is incorporated under the powers and duties of the Public Advocate, which are to seek assistance from any government department or service provider, make representations on behalf of a person with a disability or investigate any allegation or complaint in relation to exploitation or abuse.⁷ The key objective of the advocacy program was defined by OPA in 1987/88 as ‘to seek a solution with and for people with disabilities to their particular problems or needs so as to ensure their rights and dignity’.⁸

The three positions of guardian, investigator and advocate were distinct functional roles at OPA up until 2000/01 when they were merged in an attempt to more effectively manage service demands. This paper will document data trends associated with guardianship, investigation and advocacy for the twenty year period between 1987/88 and 2007/08 using information obtained from OPA annual reports as the main data source.

This is the first of two papers based on an overview of twenty years of OPA annual reports. The second paper will provide an analysis of these trends in the context of policy and cultural change and OPA’s response to the demand for guardianship.

Guardianship trends

There has been an exponential growth in the number of guardianship cases managed by OPA in the twenty years since the statutory role of guardianship was introduced. The total number of guardianship cases managed by OPA increased from 225 in 1987/88 to 1383 in 2007/08. Increases in the number of new cases taken on by the program combined with the number of cases carried over per year has had a compound effect on total number of cases managed by OPA (table 1).

	1987/ 1988	1989/ 1990	1991/ 1992	1993/ 1994	1995/ 1996	1997/ 1998	1999/ 2000	2001/ 2002	2003/ 2004	2005/ 2006	2007/ 2008
New cases for year	225	282 (66%)	285 (53%)	331 (58%)	391 (53%)	424 (54%)	436 (50%)	450 (57%)	571 (53%)	577 (50%)	656 (47%)
Carried from previous year	n/a	145 (34%)	254 (47%)	242 (42%)	352 (47%)	362 (46%)	440 (50%)	342 (43%)	506 (47%)	568 (50%)	727 (53%)
Total cases	225 (100%)	427 (100%)	539 (100%)	573 (100%)	743 (100%)	786 (100%)	876 (100%)	792 (100%)	1077 (100%)	1145 (100%)	1383 (100%)

Table 1. Total number of statutory guardianship (OPA staff and community guardians) cases managed for the year (new cases and carried over cases)

(Source: OPA Annual Reports 1987/88 to 2007/08)

The total number of new guardianship orders made by VCAT per year increased from 442 orders in 1987/88 to 970 orders in 2007/08 (figure 1).

⁷ *Guardianship and Administration Act* 1986 S16

⁸ OPA Annual Report 1987/88, p10

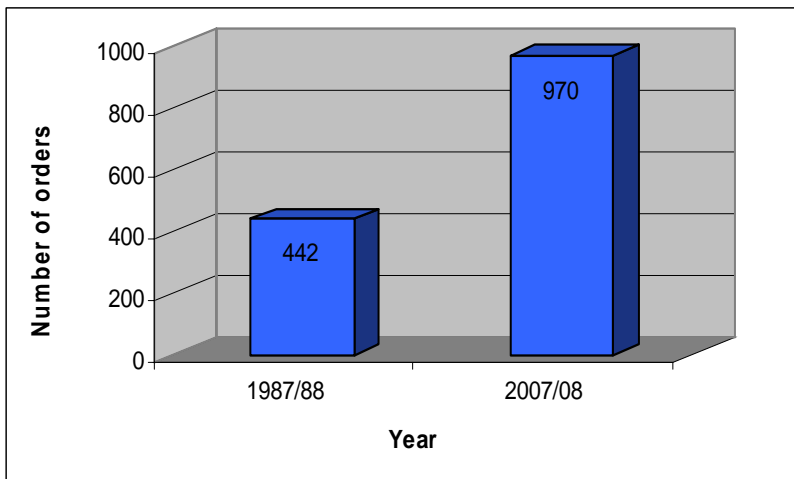


Figure 1. Total new guardianship orders made by Board/VCAT 1987/88 and 2007/08
(Source: OPA Annual Reports 1987/88 and 2007/08)

Appointments are made to OPA guardians, private guardians and others. The number of new guardianship orders received by OPA per year increased from 225 in 1987/88 to 656 in 2007/08 (table 2).

	1987/ 1988	1989/ 1990	1991/ 1992	1993/ 1994	1995/ 1996	1997/ 1998	1999/ 2000	2001/ 2002	2003/ 2004	2005/ 2006	2007/ 2008
New general orders	158 (70%)	282 (91%)	285 (75%)	331 (80%)	391 (80%)	372 (88%)	389 (89%)	397 (88%)	No data	507 (88%)	592 (90%)
New temp orders	67 (30%)	28 (9%)	95 (25%)	82 (20%)	95 (20%)	52 (12%)	47 (11%)	53 (12%)	No data	70 (12%)	62 (10%)
Total orders	225	310	380	413	486	424	436	450	571	577	656

Table 2. New Guardianship orders received by OPA 1987/88-2007/08
(Source: OPA Annual Reports 1987/88 to 2007/08)

The percentage of Board/VCAT appointments to private guardians declined from a high of 47% in 1987/88 to a low of 21% in 2001/02. In an attempt to manage the trend, OPA established the private guardianship program in 1999 and by 2007/08, the percentage of private guardianship appointments had increased to 32% (figure 2). This was still well below the OPA target of 40%.⁹

⁹ OPA Annual Report 2003/04

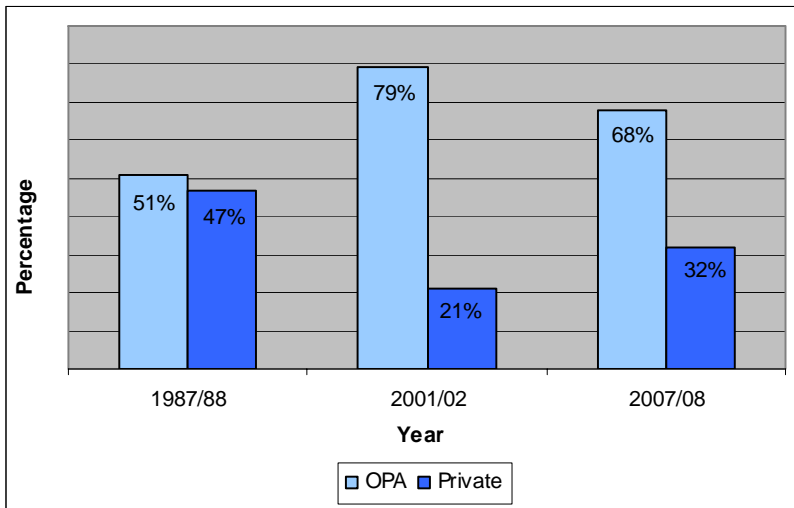


Figure 2. Guardianship orders made by Board/VCAT to OPA vs private guardians
(Source: OPA Annual Reports 1987/88 to 2007/08)

There has been a gradual shift in the balance between new guardianship cases and cases carried over from the previous year as a proportion of the annual guardianship caseload carried by OPA. Since 2001/02, a larger proportion of cases have been carried over and a slightly smaller proportion of new cases have been taken on (figure 3).

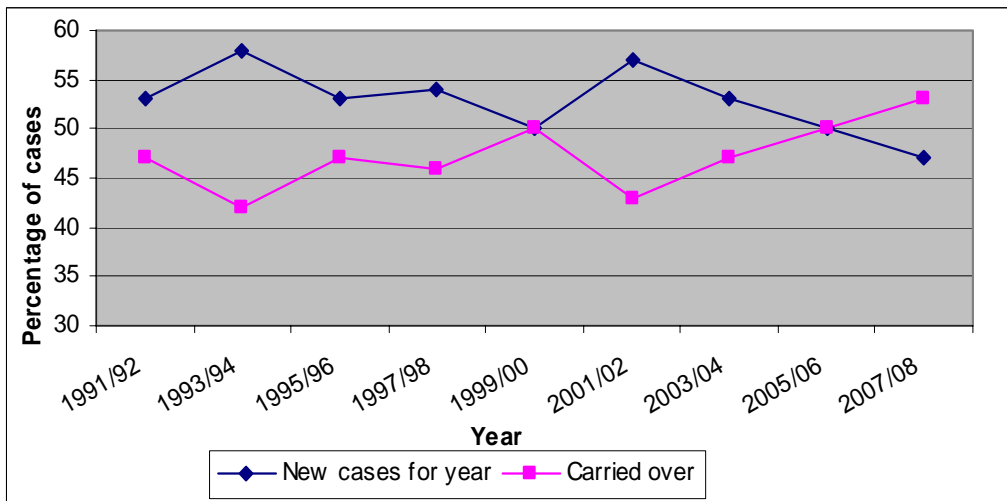


Figure 3. Guardianship - services provided
(Source: OPA Annual Reports 1991/92 to 2007/08)

There has been a slight decrease in the percentage of cases being finalised per annum since 2003/04. This may be indicative of cases being more complex and people remaining under guardianship for a greater length of time. It may also relate to demand management, showing that it is taking longer for cases to be picked up or to be reviewed by VCAT (figure 4).

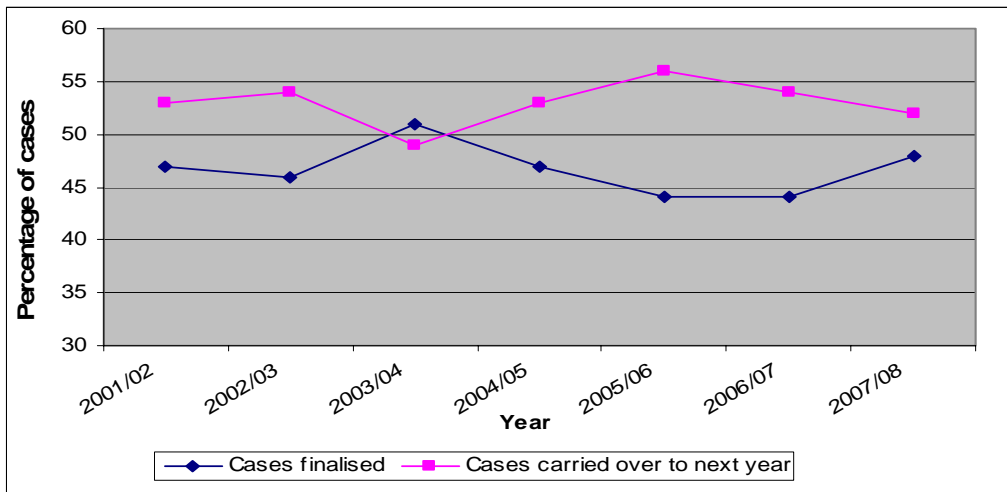


Figure 4. Guardianship – cases finalised

(Source: OPA Annual Reports 2001/02 to 2007/08)

One of OPA’s key objectives in the area of guardianship, was ‘to provide guardianship of last resort to up to 25 represented persons at any one time per guardian/advocate’.¹⁰ Due to significant demands on the program, average case loads have always been much higher. In 1988/89, the average case load for each guardian/advocate was reported as being 50. In 1989/90, the caseload for was reduced to 29 cases per guardian due to employment of new staff but in the 1990/91 financial year, caseloads were reported as being up to 37.5 per guardian and then in 1995/96, increasing to 42 per guardian.

Between 1987/88 and 1988/89, the position of advocate/guardian was a combined role. From 1989/90 until 2000/01, the positions of guardian, advocate and investigator were separate roles. In 2001/02, as part of a major internal restructure, the three roles were integrated. A large funding increase from \$4.5 million to \$6.5 in 2004/05¹¹ enabled the appointment of ten additional advocate/guardians and by 2006/06 there were a total of 36 positions (table 3). Note, that up until 1995/96, OPA employed more advocates than guardians or investigators.

ROLE	1987/1988	1989/1990	1991/1992	1993/1994	1995/1996	1997/1998	1999/2000	2001/2002	2004/2005	2005/2006	2007/2008
Advocate/guardian	2	/	/	/	/	/	/	20	23	23	34
Guardian	/	6	6	6	7	8	9				
Advocate	7	6	10	10	5	6	5				
Investigator	0	2	4	4	3	5	4				
Total	9	14	20	20	15	19	18	20	24	36	38

Table 3. Number of advocate/guardians/investigators 1987/88-2007/08 (n/b figures are an approximation of numbers of full-time staff calculated on what information was available on full-time vs part-time staff) (n/b figures for 04/05 used as 03/04 not available).

(Source: OPA Annual Reports 1987/88 to 2007/08)

¹⁰ OPA Annual Report 1987/88, p65.

¹¹ OPA Annual Review 2005/06.

Advocacy and investigation trends

Advocacy

In contrast to the increases in guardianship numbers seen in the previous section, there has been a decline in advocacy numbers over the twenty years since OPA was established. Figure 5 shows numbers of new advocacy cases between 1988/89 and 2007/08. Fluctuations in the number of advocacy cases reported in the first ten years can be explained with reference to staffing levels, the focus of deinstitutionalisation and changes in the way data was reported.¹² The graph should be read in conjunction with table 4 ‘Advocacy Milestones’ on page 8.

In the first ten years, OPA provided advocacy in the context of deinstitutionalisation or where systemic issues were identified through guardianship. Advocacy was undertaken for residents of the Caloola Training Centre, Janefield and Kinsbury Training Centres as well as for residents of Aradale Hospital. Three advocates worked full-time with residents of Caloola and advocacy was provided for 60 residents of Janefield and Kinsbury centres. Advocacy was also provided for 68 residents at Bethany Special Accommodation House, residents at the St Kilda Special Accommodation House, for thirty-five residents on an elderly person’s public housing estate and patients at St Ives Nursing Home in East Melbourne.

There was an increase in OPA’s individual advocacy in 1992/93 following the employment of six psychiatric advocates as a result of an inquiry into Lakeside Hospital Ballarat. This was followed by a decline in the number of individual advocacy clients with a mental illness in 1993/94 from 359 to 183, due to de-funding of the program.

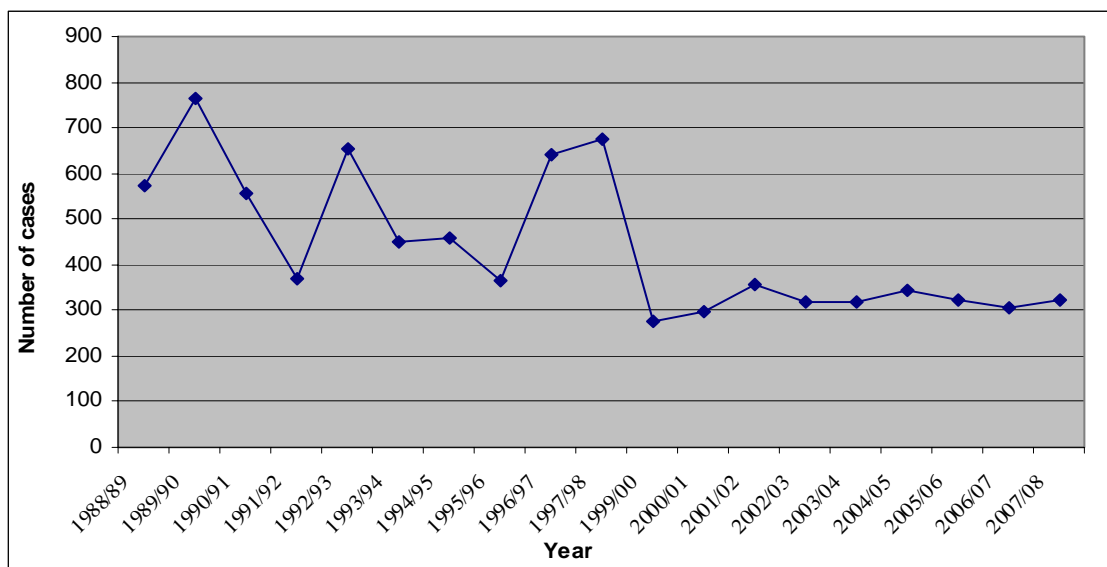


Figure 5. New OPA advocacy cases 1988/89-2007/08 (n/b there was no data for 1998/99).
(Source: OPA Annual Reports 1988/89 to 2007/08)

In 1996/97, the number of advocacy cases nearly doubled and this trend continued into 1997/98. This was due to an increase in advocates as well as the introduction of short-term advocacy. Short-term or ‘fast track’ advocacy incorporated the telephone advice service, Independent Third Person Program and After Hours Investigations for Temporary Orders.

¹² Advocacy and investigation (for the GAB/VCAT) figures were reported together in many annual reports and the concept of short-term advocacy was introduced in 1996/97, leading to an increased number of types of advocacy being reported. Data for individual advocacy, systemic advocacy and investigations has not always been disaggregated.

Short-term advocacy figures are included in this chart for the years 1996/97 and 1997/98 only (as they were not able to be disaggregated from the individual advocacy data).

There were significant pieces of advocacy in relation to the closure of institutions throughout the second ten years of guardianship. Advocacy was undertaken for residents of Pleasant Creek Training Centre and the Kinsbury, Janefield and Plenty Training centres between 1999/00 and 2007/08 as well as with residents at Harper Street Community Residential Service and the Arthur Preston Residential Service. Between 2000/01 and 2007/08, OPA was involved in advocacy for residents of Kew Residential Services.

There has been a gradual reduction in the number of individual advocacy cases since 2001/02 when the advocate/guardian/investigation roles were integrated as a result of the increasing pressure of statutory responsibilities on the work of the organisation. Prior to the integration of the roles, it was noted that demands on guardianship were having a disproportionate impact on advocacy resources and that the organisation would need to ensure that the 'advocacy program is not overwhelmed by the demand of statutory responsibilities.'¹³

However, a drop of 41% in the number of new individual advocacy cases opened for the year was reported in 2002/03. This was seen as a consequence of the increasing demand for guardianship and investigations which was managed by 'reallocating resources away from investigations and client advocacy.'¹⁴ It was stated as 'disturbing that the Office could not provide advocacy in some serious matters of alleged abuse and neglect'¹⁵ as the case below illustrates:

Diminishing opportunities to provide advocacy

'OPA was asked to provide advocacy support for an intellectually disabled man who was living independently with his brother. It was alleged that the brother was not taking adequate care of him, that conditions at home were squalid and that there were some risks in him continuing to live there, including a fire risk. The Office did not have the capacity to allocate an advocate and advised the referring agency to continue to monitor and attempt intervention. Unfortunately there was a fire at the house and the brothers had to be relocated. The referral agency again asked for advocacy support at this time and again the Office, because of resource pressure, could not provide advocacy support.'¹⁶

OPA remains aware of the need to maintain a strong advocacy component to its work and is committed to doing this within the constraints of limited resources.

Investigations

The purpose of the pre-hearing investigations conducted by OPA for VCAT is to collect evidence to ensure that 'full, unbiased and accurate evidence' about the need for guardianship or administration is available to the Board and to explore options to resolve situations in a less restrictive way.¹⁷ The total number of applications referred to OPA for pre-investigation annually has fluctuated - from a low of 242 in 1993/94 to a high of 741 in 1999/00 (including emergency investigations).¹⁸

¹³ OPA Annual Report 2001/02, p17

¹⁴ OPA Annual Report 2002/03, p4

¹⁵ OPA Annual Report 2002/03, p18

¹⁶ OPA Annual Report 2002/03, p18.

¹⁷ OPA Annual Report 1995/96, p23.

¹⁸ OPA Annual Report 1993/94 and OPA Annual Report 1999/00.

In 1995/96, OPA developed a proposal, which was taken up by VCAT, to investigate all urgent applications to the board for the temporary appointment of guardians and administrators.¹⁹ The Public Advocate wanted to ensure that all avenues for less restrictive options were explored for applications coming to VCAT, before the hearing. Urgent investigations commenced in 1996/97 and in 1997/98 it was reported that, 'the proportion of investigations and reports prepared for the Board by OPA (has) increased from 9% to 25% of all originating applications.'²⁰ Overall, there was an average of 159 urgent investigations per year between the years 1996/97 and 2006/07, placing additional pressure on advocate/guardians.²¹

Demographic trends and deinstitutionalisation

In 1985, around 3,000 people lived in training centres for people with intellectual disabilities and 200 in newly developed community residential units. Ten years later, in 1995, only 1,350 people lived in training centres and another 2,175 lived in community residential units. A similar deinstitutionalisation process occurred in the psychiatric sector. In 1956, there were 5,400 psychiatric hospital beds. In 1986 there were 3,673 psychiatric hospital beds and by 1993, there were 2,420 beds.²²

In the first ten years after the establishment of OPA, reflecting this rapid period of deinstitutionalisation, the greatest area of demand for services was for people with an intellectual disability or a mental illness. As the population ages there is an expectation of a higher prevalence of dementia due to the strong relationship between dementia and ageing.²³ As guardianship is one means of meeting the substitute-decision making needs of people with dementia, the ageing population is seen as having implications for future demands on guardianship.

Concerns have been expressed in OPA annual reports since the 1990s about the large numbers of potential guardianship orders anticipated for people with dementia. It was reported in 2003/04, that in the four years to 2006, the number of Victorians aged over 80 years was expected to increase by 19.1%, directly increasing the need for guardianship services.²⁴ It has been reported that there is a trend towards OPA services now increasingly being provided for an ageing population with dementia. These assumptions will be explored in the next section.

Note on data used

There are limitations to the age and disability data reported in OPA annual reports. For the first ten years of the program, guardianship, advocacy and investigation figures were reported together as 'client figures' and there was no capacity to disaggregate data. In the later years of the program, annual reports provide some statistical data on guardianship clients but the data is not reliable because the system had difficulties calculating multiple entries for people with more than one disability. As such, data in OPA annual reports is not comparable for the whole period 1987/88 to 2007/08.

¹⁹ OPA Annual Report 1997/98.

²⁰ OPA Annual Report 1997/98, p1.

²¹ OPA Annual Reports 1996/97 to 2006/07.

²² Various reports, cited in OPA Annual Report 1995/1996, p4-5.

²³ Australian Institute for Health and Welfare (2007) *Dementia in Australia*: National data analysis and development. ACT.

²⁴ OPA Annual Report 2003/04, p4.

Because of the limitations of annual report data, an inquiry was made of the OPA Resolve database in October 2009 and information on new guardianship orders was extracted. Data was only available for the period 1999/00 to 2008/09 but is reliable for age and disability. A request for data was also made to VCAT and information attained for the years 1987/88 to 2007/08. However, data is for guardianship and administration orders as a whole and only reliable for age.

In summary, three data sources will be used:

- OPA Resolve data for age and disability - new guardianship orders 1999/00-2008/09.
- VCAT data for age - guardianship and administration orders 1987/88-2007/08.
- OPA annual report data for disability - 'OPA clients' 1987/88-1993/94

Age

VCAT figures indicate that while there have been large increases in overall numbers of older guardianship and administration clients, as a proportion of the whole client group, increases have not been as significant as expected.

The proportion of new clients over 80 years of age increased from 26% to 32% in the ten years from 1987/88 to 1997/98 and from 32% to 35% in the ten years from 1997/98 to 2007/08. There was only a marginal increase in new clients in the 60+ age group over the whole twenty year period - from 63% in 1987/88 to 67% in 2007/08. Similarly, there was a relatively small increase in new clients in the 70+ age group over the twenty year period – from 50% in 1987/88 to 58% in 2007/08 (table 5).

Age group	1987/1988		1992/1993	1997/1998	2002/2003	2007/2008	
80 plus	489 (26%)	63%	626 (22%)	752 (32%)	816 (32%)	1090 (35%)	67%
70-80	460 (24%)		535 (19%)	480 (20%)	572 (22%)	699 (23%)	
60-70	249 (13%)		275 (8%)	261 (11%)	242 (9%)	290 (9%)	
50-60	168 (9%)		201 (7%)	195 (8%)	231 (9%)	256 (8%)	
40-50	129 (7%)		249 (9%)	188 (7%)	214 (8%)	250 (8%)	
30-40	137 (7%)		375 (13%)	171 (7%)	170 (7%)	192 (6%)	
20-30	149 (8%)		459 (16%)	233 (10%)	230 (9%)	213 (7%)	
<20	100 (5%)		92 (3%)	74 (3%)	71 (3%)	89 (3%)	
Total	1881		2812	2354	2546	3079	

Table 5. Age of new clients within guardianship and administration (including categories of new applications, review, reassessments, revocation of EPA) 1987/88-2007/08.

(Source: VCAT, 2009).

OPA (Resolve database) figures corroborate the VCAT figures. They indicate that the average percentage of new guardianship orders received for people between 71 and 90 years of age between 1999/00 and 2008/09 was fairly consistent. They comprised an average of 48.4% of new orders between 1999/00 and 2003/04 and 48.8% of new orders between 2004/05 and 2008/09 (figure 6).

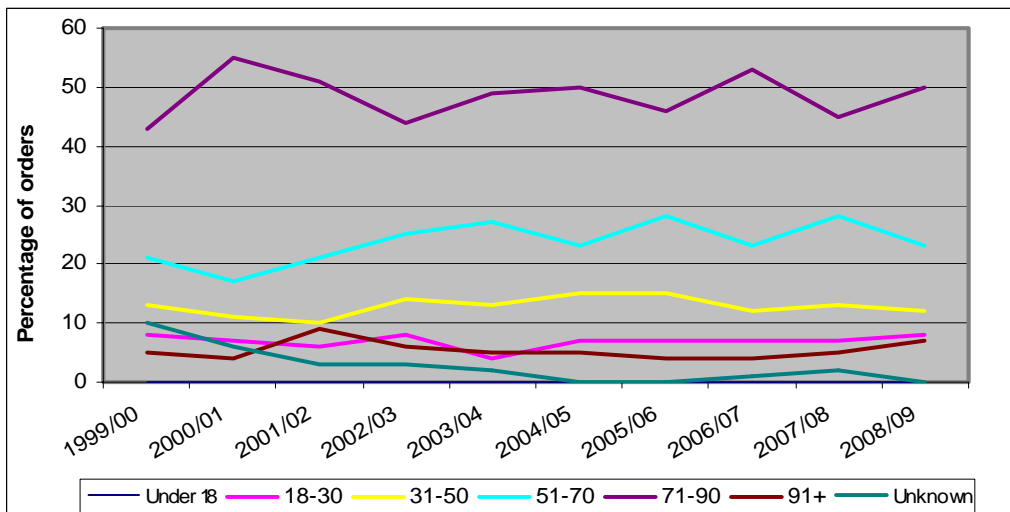


Figure 6. New guardianship orders - age trends 1999/00-2008/09
 (Source: OPA Resolve data base – figures extracted Oct 2009)

OPA (Resolve database) figures indicate that the average percentage of new guardianship orders received for people over 61 years as a whole slightly increased from an average of 65.2% of new orders between 1999/00 and 2003/04 to 68% of new orders between 2004/05 and 2008/09 (figure 7).

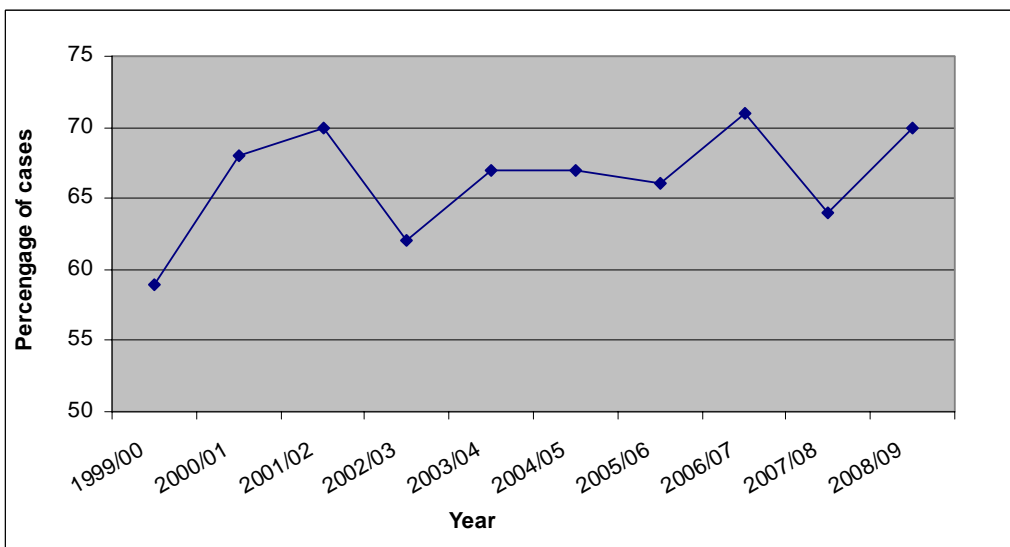


Figure 7. New guardianship orders - 61+ age group 1999/00-2008/09
 (Source: OPA Resolve database - figures extracted October 2009)

Disability

OPA annual report data indicates that the largest average proportion of OPA clients (advocacy/investigation/guardianship) between 1987/88 and 1993/94 had an intellectual disability (29%), followed by dementia (25%) and mental illness (22%) (figure 8).

The high and low points in figure 8 can be explained by fluctuations in the amount and type of advocacy undertaken across the period. For example, as explained in the section on advocacy, there was a sharp rise in the number of people with a mental illness provided with advocacy between 1991 and 1992 due to the employment of six psychiatric advocacy

workers. The graph shows that people with dementia have always comprised a significant proportion of the OPA client group.

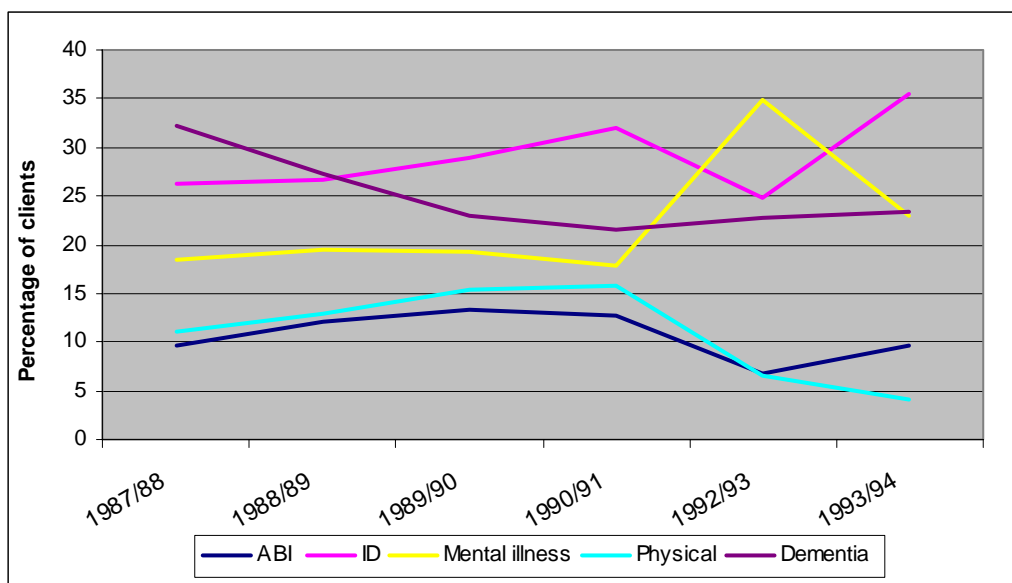


Figure 8. OPA clients x disability type 1987/88-1993/94

(Source: OPA Annual Reports 1987/88 to 1993/94)

It is not unreasonable to assume, given the rate of deinstitutionalisation and the degree of OPA’s involvement, that early guardianship work focussed on clients with an intellectual disability or a mental illness. Although this data is not available to confirm this, the following case study illustrates how this may have occurred.

Guardianship for Willsmere resident

Geoffrey T. has been a resident in Willsmere Psychiatric Hospital for 20 years. With the decommissioning of this hospital, Geoffrey was one of a number of applications for guardianship for whom the Public Advocate was appointed the guardian.

Originally the hospital had decided to move Geoffrey to a remote country hospital where he had no friends. However, at the hearing for his guardianship application he mentioned two old friends whom he had not seen for 20 years. The guardian was able to locate these friends and arrange a reunion.

The guardian also intervened in the hospital’s decision and enabled him to move to a suburban hospital which was near his old mates. His social life is now bubbling and it is likely that before too long he may leave the institution to live in the community, with his friends, full-time.²⁵

OPA (Resolve database) figures indicate that an average of 33% of new guardianship orders between 1999/00 to 2008/09 received by OPA were for people with dementia. The proportion of orders received for people with dementia between 2001/02 and 2008/09 has fluctuated between 30% and 35% (figure 9).

²⁵ OPA Annual Report 1987/88.

Between 1999/00 and 2008/09, an average of 10% of new guardianship orders were for people with an intellectual disability and 10.5% were for people with a mental illness. There was a slight increase in the proportion of guardianship orders for people with an acquired brain injury in this period (figure 9).

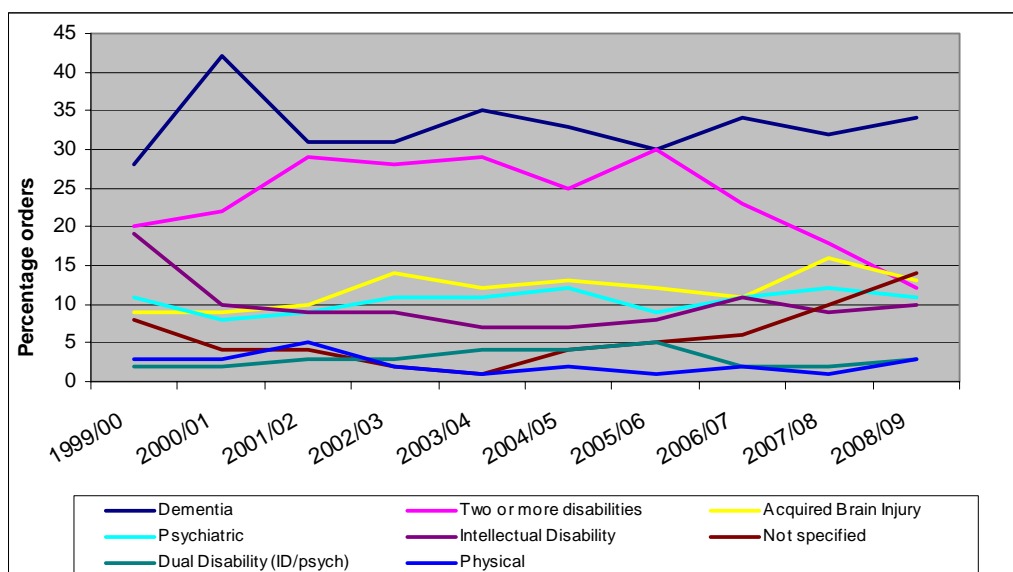


Figure 9. New guardianship orders x disability 1999/00-2008/09

(Source: OPA Resolve database - figures extracted October 2009)

Conclusion

There has been an exponential growth in the number of guardianship cases managed by OPA in the twenty years since the statutory role of guardianship was introduced. There has been a growth in the number of statutory guardians in comparison to private guardians and an increasing tendency for a higher proportion of OPA guardianship cases to be carried over compared to the proportion of new cases taken on. The latter has had a compound effect on the number of guardianship cases managed, with OPA carrying an annual number of 1383 cases in 2007/08 compared to 225 in 1987/88.

New age data available from VCAT and OPA suggests that while there have been large increases in overall numbers of older guardianship and administration clients, as a proportion of the whole client group, increases have not been as significant as expected. For example, the proportion of new clients over 80 years of age increased from 26% to 32% in the ten years from 1987/88 to 1997/98 and from 32% to 35% in the ten years from 1997/98 to 2007/08. There was only a marginal increase in new clients in the 60+ age group over the whole twenty year period - from 63% in 1987/88 to 67% in 2007/08.

Shortcomings in available data mean that it is not possible to provide an analysis of trends in relation to disability types for people on guardianship for the twenty year period. As such, this paper is limited to the following observations: The proportion of orders received for people with dementia between 2001/02 and 2008/09 fluctuated between 30% and 35%. Between 1999/00 and 2008/09, an average of 10% of new guardianship orders were for people with an intellectual disability and 10.5% were for people with a mental illness.

The disability trends data above contrasts with figures for the first ten years of guardianship, where figures for clients with an intellectual disability and mental illness were higher (29% and 22% respectively). However, figures for the first ten years were for advocacy, investigation and guardianship and no disaggregation of OPA guardianship figures is possible. We look forward to attaining further VCAT data which will enable a more complete analysis of disability trends in relation to guardianship.

Advocacy Milestones 1988/89-2007/08 (source: OPA Annual Reports 1988/89 to 2007/08)

1988/ 1989	1989/ 1990	1990/ 1991	1991/ 1992	1992/ 1993	1993/ 1994	1994/ 1995	1995/ 1996	1996/ 1997	1997/ 1998
Commencement of investigations relating to violence at Caloola Training Centre .	Advocacy for 68 patients at Bethany Special Accommodation House . Advocacy for 35 elderly persons public housing estate residents.	Advocacy for patients at Yarra Park (St Ives) Nursing Home. Investigation of 15 residents from St Kilda Special Accommodation House .	Establishment of Psychiatric Advocacy Program (6 advocates) as a result of inquiry into Lakeside Hospital Ballarat . Three advocates working full time with Caloola Training Centre residents re closure. Advocacy for Aradale Hospital and Residential Institution residents.	Psychiatric Advocacy for Lakeside Hospital, Ballarat .	Loss of Psychiatric Advocacy positions (associated reduction from 359 to 183 cases).	Advocacy for Janefield and Kingsbury Training Centre residents (60 people).		Coroner's report on deaths by fire of Kew residents. Advocacy cases doubled due to an increase in advocates and an introduction of short-term advocacy.	Inquiry into Janefield and Kingsbury Training Centres . Relocation of 100 former residents to Plenty Residential Services . Advocacy for closure of Pleasant Creek Training Centre and advocacy for 35 clients.

1998/ 1999	1999/ 2000	2000/ 2001	2001/ 2002	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008
	Advocacy for 35 residents of Pleasant Creek Training Centre .	Announcement that Kew Residential Services will be redeveloped. Advocacy for 86 Kew residents. Integration of advocacy, investigation and guardianship roles.	Advocacy for 86 Kew residents. Advocacy for 12 Kingsbury Residential Service residents.	Advocacy of Janefield and Kingsbury residents (13 residents). Advocacy for a further 38 Kew residents (plus 86 from previous year). Advocacy for five men with ABIs at Harper Street CRU .	Still providing advocacy for 99 Kew residents.	Advocacy to 89 Kew residents.	Advocacy for 30 residents at the Arthur Preston Residential Service .	Advocacy to 58 Kew residents.	Advocacy to 36 Kew residents. Kew closed.