Office of the Public Advocate

Safeguarding the rights and interests of people with disability

2024 2025 Annual Report

Artist: Adrian Segon

Title: 'Adrian's Brother's Spider House'

This piece was drawn after Adrian spent a weekend at his brother's home. He was captivated by the amount of spiders and insects he experienced. If you look closely they are all through this drawing.

Adrian Segon (born 1977)

Adrian's images are representations of his inner thoughts and outer experiences. Where most of us use words to communicate Adrian uses his art.

He draws upon his private world producing images that captivate the viewer and invite us, the audience, to share with him. Patterning, intricate detail and his emotive use of colour produce a vibrancy that gives life to Adrian's beautiful works.

Adrian hasn't produced any art since the isolation of Covid times. He now spends his days at home with his cats.

About ArtGusto

This artwork is from ArtGusto, a working studio for disabled and neurodiverse artists working in the visual arts.

We are based in the Geelong CBD and offer opportunities for artists to practice their art autonomously. The group studio setting is inclusive, supportive and will encourage artists to try new ways of working and develop a wider understanding of compromise within a workspace. The day to day running of the studio is designed to build confidence, responsibility, and ownership for the artists, creating a workplace that fosters positive work practices.

Artists have access to qualified arts practitioners for one-to-one support.

ArtGusto encourages artists to further their arts practice, develop and increase participation in the wider arts and culture community. Artists work toward achieving their creative goals by sharing in collaborative community and commercial projects, exhibiting, and selling their work and expanding their community and professional connections.

www.artgusto.com.au

Contents

About the examples and stories
All names and some identifying features have been changed in the personal experiences used throughout this report.

Acknowledgement of Country
This report was written on the land of the Wurundjeri Woi Wurrung people of the Kulin Nation. We acknowledge and pay our respects to Aboriginal and Torres Strait Islander peoples and Traditional Custodians throughout Victoria, including Elders past and present. We also acknowledge the strength and resilience of all First Nations people whose social and emotional wellbeing continues to be negatively affected by discrimination, racism, child removal and other devastating ongoing effects of colonisation.

Content warning
Some people may find parts of this report that refer to abuse, violence, neglect and self-harm confronting or distressing. Please carefully consider your needs. You can contact Lifeline on 13 11 14 or lifeline.org.au for support.

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A message from the Acting Public Advocate

It has been my great honour to serve as the Acting Public Advocate following Dr Colleen Pearce's retirement in October 2024 after 17 years of exemplary service. In particular, I extend deep thanks to Dr Pearce for the path she paved in raising awareness among the Victorian community about the abuse, neglect and exploitation experienced by people with disability.

Dr Pearce illuminated the gaps in the current adult safeguarding laws and practices in Victoria, an area of concern I share with her and have sought to continue to highlight. In February 2025, State Coroner Judge John Cain published the findings from a coronial inquest into the tragic death of a Victorian with cognitive impairment following years of neglect by her relative. I welcomed Judge Cain's recommendations to the Victorian government that adult safeguarding legislation must be implemented as a priority, and that an appropriately resourced agency be empowered to coordinate the assessment, investigation and response to allegations of abuse, neglect and exploitation of at-risk adults. This reflects OPA's cornerstone recommendation in *Line of Sight: Refocussing Victoria's Adult Safeguarding Laws*, the need for which Dr Pearce continued to promote in the years following the report's 2023 publication. Noting some of the extreme circumstances of the individuals OPA works with, I resoundingly echo these calls.

Safeguarding

OPA has experienced a surge within some of its safeguarding programs. Volunteers in the Independent Third Person (ITP) program attended 5,388 police procedures and interviews last year, providing critical support to people believed to have cognitive impairments to understand their rights. This 10% rise in attendance continues a 5-year trend of consistently increasing demand. Ever conscious of the overrepresentation of Aboriginal people among OPA's clients and particularly those involved with the ITP program, I will continue to promote and support efforts to engage more Aboriginal people as volunteers, particularly in regional areas.

Advocacy related to residential rights protections for people with disability – determined through the Public Advocate's role within the *Residential Tenancies Act 1997* (Vic) (RTA)– has significantly increased, with the number of statutory notices received in 2024–25 almost doubling those registered in the previous year (95% increase). I remain concerned that this may not reflect the true scope of need, being aware of the significant time spent educating providers since changes to the RTA were introduced in July 2023. OPA continues to work with providers who are confused about the appropriate process for providing statutory notices to Consumer Affairs Victoria and the Public Advocate. Better education is essential for residents and providers in this key area of rights-protection.

Individual advocacy

In the last year OPA has advocated for the rights of individuals with disability in several matters made notable by collective action across organisations and the marginalisation of the individual at the centre. In September 2024 the High Court of Australia ruled that notices of visa cancellation are not valid when the recipient lacks legal capacity and ordered that the notice in the relevant matter be reissued to the individual's guardian. This is a significant victory for the rights of refugees and non-citizens in prison or detention who lack capacity and are subject to visa cancellation. I sincerely thank Victoria Legal Aid, who provided legal counsel, and Forensicare, for their role in bringing this case forward.

The Victorian Senior Practitioner brought to my attention a safeguarding matter related to unlawful detention, an area in which the Public Advocate's role is determined under the supervised treatment order (STO) provisions in the *Disability Act 2006* (Vic). As you will read about in the Individual Advocacy section *(page 30)*, for decades a person with an intellectual disability had been subject to restrictive practices which – following involvement by the Senior Practitioner and OPA – were ultimately considered by the Victorian Civil and Administrative Tribunal to constitute unlawful detention. With oversight from the Senior Practitioner and OPA, the service provider began reducing use of restrictive practices, and there has been a substantial improvement in the freedom the person now experiences compared to last year.

I am incredibly proud of the joint efforts made by all agencies involved in these matters, and the unwavering focus on pursuing human rights protections for these individuals.

Systemic advocacy

Foundations for change: OPA's engagement with Aboriginal people with disability was launched in September 2024 after detailed analysis and reflection on the experience of Aboriginal people involved with OPA's guardianship, investigation and ITP program. Each small act we make as an organisation to improve cultural competence and a sense of safety for Aboriginal people involved with OPA and within the Victorian community is important, and I have been very pleased to see the progress made to date on the next steps OPA committed to within this significant report. *(See page 39 for more details)*.

In June 2025, the report *Multiple appointments: examining stories of people involved with OPA over many years* was published, a data analysis report that shows strong evidence connecting an increase in younger people remaining under guardianship for longer and the roll-out of the National Disability Insurance Scheme (NDIS). *(See page 37 for more details)*. I look forward to exploring these indicative findings with colleagues at the Australian Guardianship and Administration Council to inform a basis for national advocacy.

Healthcare and rights promotion

Advocating for the rights of people with disability in healthcare settings goes hand in hand with OPA's education and advice-giving roles about making medical treatment decisions, and the expertise of lived experience continues to enrich OPA's advocacy and education within the broader Victorian community. OPA's Lived Experience Advisory Committee has been key to the success of the *Healthy Discussions* project, with committee members co-presenting at more than 75% of the 66 Healthy Discussions presentations made to current and future healthcare professionals this year. Committee members have also contributed to the development of OPA factsheets and have co-designed a course aimed at improving communication between health professionals and people with disability. This was developed alongside the Centre for Collaborative Practice at The University of Melbourne, and launched in August 2024.

Disability impacts people differently, and OPA's advocacy about rights in healthcare settings promotes the rights of people to make their own decisions with appropriate support when they can do so – a key concern of the Healthy Discussions project – and protects the right to receive appropriate access to treatment, especially important for people who cannot self-advocate and lack capacity to make their own decisions. I was moved by Mai's experience and the impact to her of missing critical follow-up appointments *(see page 24)*. Delayed access to assessment and treatment can mean losing the chance to access the least restrictive treatment alternative. More must be done to support the needs of patients with disability who lack decision-making capacity – especially people living in specialist disability accommodation – to be supported appropriately to receive medical investigation and treatment in a timely way.

The last piece in OPA's focus on healthcare settings is the Guardianship in Hospital team, who provide the crucial service of guardianship for patients aged over 65 who require decisions to help them leave hospital. Funded by the Department of Health, it prioritises efficient, quick decisions to support positive outcomes for patients and free up valuable hospital beds. The Guardianship in Hospital team also educates healthcare professionals by convening regular health network meetings, helping build understanding about will and preferences and the capacity of Victorians to make their own decisions.

Impact of NDIS

I have reflected over the past year on the impact of the NDIS on the lives of many Victorians. More than a decade ago, the then-Premier signed a bi-lateral agreement with the Prime Minister to bring the NDIS to Victoria. That agreement enshrines the *Charter of Human Rights and Responsibilities Act 2006* (Vic), and it remains unclear how this is guaranteed for Victorian participants. While responsibility for planning has transferred to the National Disability Insurance Agency (NDIA), the delineation of the provision of supports remains opaque for people whose lives cannot be neatly defined to a particular 'sector'; people who require support for housing but are reliant on NDIS support to demonstrate this need, or people whose lives are intertwined with justice, health or other service systems. A particular concern is the safeguarding of participants, where OPA is engaging in advocacy with the Victorian NDIS Community Advisory Council, the NDIS Quality and Safeguarding Commission and the NDIA.

Responding to the Victorian Auditor General Office audit

Alongside day-to-day operations OPA has continued to implement the actions recommended by the Victorian Auditor General's Office (VAGO) in its report of May 2024. Improving services is not just about satisfying clients or maintaining efficiency; it is an ethical imperative. I am pleased to advise that in May 2025 OPA was able to present its progress on recommended actions to VAGO and remains ahead of schedule for implementation.

Continuous improvement ensures that OPA maintains public trust in the execution of its statutory responsibilities and meets evolving expectations. OPA delivers essential services that are deeply tied to the dignity and wellbeing of individuals, and I appreciate the considered input of OPA's Lived Experience Advisory Committee into the development of OPA's new factsheets in response to VAGO's first recommendation. I commend the committee for being awarded the Victorian Public Service Enablers Award for Outstanding Achievement for an Initiative or Project in December 2024, for its work regarding casual Department of Justice and Community Services employees with a disability. *(See page 33 for more details).*

In closing

Transition in leadership comes with challenges and I acknowledge the steadfast commitment and efforts of OPA staff and volunteers. The functions of the Public Advocate cannot be achieved without dedicated staff generously sharing their knowledge and expertise to ensure that the voices of people with disability are heard and respected, so that we can bring to the fore and enliven the human rights of the people whose lives we engage with.

I am deeply grateful for the work of OPA staff and their support to me as I fulfil the duties of the Public Advocate and continue to seek a vision of a world in which people with disability live in a fair and inclusive society that respects and values the human rights and dignity of all people.

I sincerely thank OPA staff and volunteers who dedicate themselves each day to achieving better outcomes for the people we work with and for. It is a privilege to work with such compassionate and committed individuals.

Daniel Leighton
Acting Public Advocate

Farewell to Dr Colleen Pearce

In October 2024, the Office of the Public Advocate (OPA) farewelled Dr Colleen Pearce after 17 years of dedicated service as Victoria's Public Advocate.

As the first woman and first Aboriginal person to hold the role, Colleen brought courage, compassion, and a lifelong commitment to justice and human rights. A proud Yuin woman, she reshaped OPA's mission and practice, amplifying the voices of people with disability and challenging systemic abuse and neglect.

Colleen's leadership helped transform the disability landscape in Victoria. Through truth-telling, powerful storytelling, and strategic reform, she placed human rights at the centre of change – empowering people with disability in their everyday lives. Colleen was a driving force in shaping public understanding of violence, neglect, and systemic failure, co-hosting landmark forums and contributing significantly to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

At her farewell, former colleagues, community leaders, and sector partners came together to celebrate Colleen's legacy. They reflected on the important changes she helped achieve and acknowledged the hard-won progress made under her leadership – as well as her continued hope for improvements still to come.

We thank Colleen for her remarkable contribution, grounded in dignity, accountability, and hope.

1. Former Public Advocate Dr Colleen Pearce speaking at her farewell event.

2. Former Public Advocate Dr Colleen Pearce with colleague, event emcee and former Acting Public Advocate, Barbara Carter OAM.

3. The Honourable Lizzie Blandthorn, Minister for Disability, with former Public Advocate Dr Colleen Pearce.

4. Community leaders, sector partners and former colleagues came together to honour former Public Advocate Dr Colleen Pearce..

About the Office of the Public Advocate

The Public Advocate is a Victorian statutory officer appointed by the Governor in Council and answerable to the Victorian Parliament.

The Public Advocate is supported by around 110 staff who work at the Office of the Public Advocate (OPA) as part of the Victorian Public Service.

The functions, powers and duties of the Public Advocate are set out in sections 15 and 16 of the *Guardianship and Administration Act 2019* (Vic). They include:

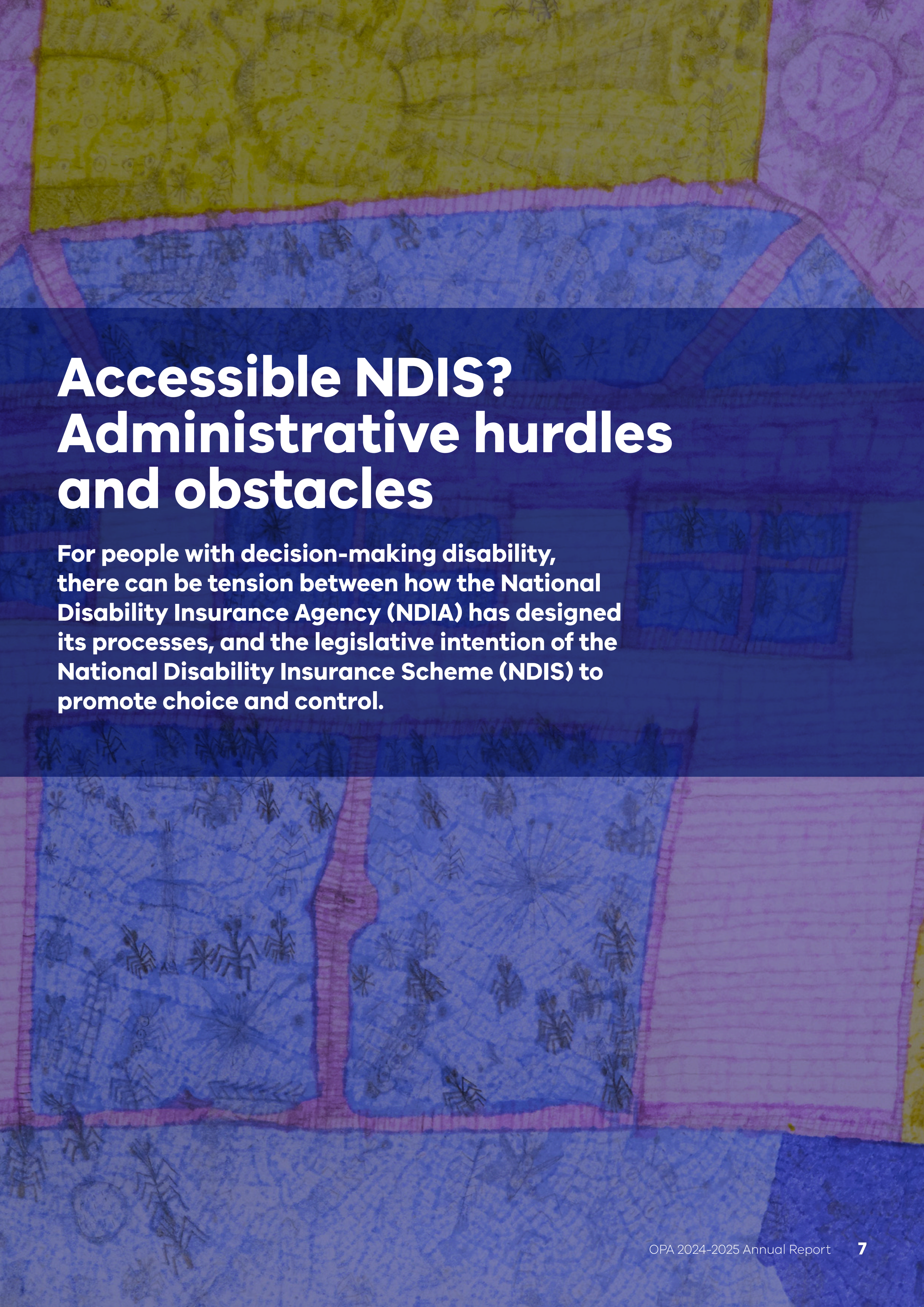
- promoting the human rights and interests of a person with disability
- advocating on a systemic or individual basis for persons with a disability
- providing information and advice about the Guardianship and Administration Act, the *Powers of Attorney Act 2014* (Vic) and the *Medical Treatment Planning and Decisions Act 2016* (Vic)
- investigating any complaint or allegation that a person is under inappropriate guardianship or is being exploited or abused or in need of guardianship.
- reporting to the Victorian Civil and Administrative Tribunal (VCAT) regarding the need for guardianship or administration
- being a guardian, if appointed by VCAT.

OPA raises awareness and understanding of legislation affecting individuals with disability or lacking decision-making capacity through various communication channels and effective media relations.

OPA's vision is a fair and inclusive society that respects and values the human rights and dignity of all people.

OPA's purpose is promoting the independence and human rights of people with disability and protecting people with disability from violence, abuse, neglect and exploitation.

OPA works to safeguard the rights and interests of people with disability. It operates independent of government and government services.



Accessible NDIS? Administrative hurdles and obstacles

For people with decision-making disability, there can be tension between how the National Disability Insurance Agency (NDIA) has designed its processes, and the legislative intention of the National Disability Insurance Scheme (NDIS) to promote choice and control.

Around Australia there are countless examples of the NDIS enabling people with disability to experience a smoother, shorter path to having their needs met. However, this is not always the case. Recent changes to NDIS processes threaten to increase rights-restriction for some people.

OPA has reported for many years on this issue, noting that it is people with decision-making disability – especially those in complex life circumstances – who are most impacted by these design flaws (for example, OPA's 2018 report *The Illusion of 'Choice and Control'*). Consequences observed at OPA include protracted waits for adequate services, participants being stalled in neglectful situations, and extended time spent subject to guardianship.

System design flaws

OPA is regularly contacted about NDIS administrative process hurdles stalling the implementation of services. This includes contact by supporters of NDIS participants previously under guardianship who now must consider reapplying for guardianship just to smooth the path to accessing necessary supports. This is not guardianship to address challenges with weighing up a decision – the decision may be clear, but there is an obstacle inherent in the NDIA and its systems preventing the decision from being executed.

The implementation of the PACE (Participant and Provider Customer Experience) computer system provides one example. Seeking to improve scheme engagement by providing streamlined processes and clearer information, the NDIA began a phased transition to this computer system in October 2023. People who access supported independent living, specialist disability accommodation (SDA) and behaviour support services must nominate within the PACE computer system who they have chosen to provide these services, and this nomination signals that the provider is approved and can receive payment for supports provided. Presently, the system directs that the only people allowed to complete the nomination are the participant, their nominee or their guardian. These system updates show a lack of understanding of the abilities and situations of the people accessing these supports.

OPA is particularly concerned for people receiving these services who have communication impairments, cognitive impairments and importantly, a lack of social networks or family who are willing and able to take on the role of nominee. Eligibility for SDA requires a participant to have either 'extreme functional impairment or very high support needs'. This must be considered alongside the people residing in SDA who have been dislocated from community and family and taken together, indicates that implementation of PACE has occurred without adequate reflection of the experience of people with disability.

As a result of design like this in the NDIS, people with decision-making disabilities are more likely to require the appointment of a guardian to work around the system, and may also need guardianship for longer, or at more frequent intervals throughout their lives. OPA notes that implementing PACE was a policy decision, not a legislative requirement, and is concerned that if it is not revised, it will be the cause of continuation of guardianship over multiple years for numerous OPA clients.

Consent hurdles evident in PACE are found elsewhere in NDIA systems. OPA's Advice Service is regularly contacted by support coordinators who query the NDIA's direction that a participant requires a guardian to progress an administrative process – like plan review requests due to change of situation. Matteo's experience is an example of NDIA-process obstacles that can lengthen the journey to obtaining the right support.

Matteo's Experience*

Matteo is a young man whose support coordinator emailed OPA's Advice Service, frustrated with guidance given to him and wanting to promote Matteo's rights. The NDIA advised the support coordinator to apply for guardianship for Matteo after encountering the following NDIA-instigated bureaucratic processes.

A Change of Situation form was submitted.
Matteo's NDIS plan needed review to meet allied health recommendations for support and strategies for his changing disability-related needs. Knowing that this form stipulates signature by the 'participant, plan nominee, court/appointed guardian or trustee,' the support coordinator included detailed evidence with the request to NDIA, including a letter from an independent advocate that explained while Matteo could not provide written or verbal consent, through his behaviours he can demonstrate his preferences and how he wished to exercise his choice.

The Change of Situation was declined.
The support coordinator was disappointed about this outcome, and felt the evidence was dismissed without consideration. He was deeply concerned that:

> 'in situations like this, participants like Matteo are being jeopardised by NDIA because of their disability and lack of supports ... NDIA's rigid policies are in breach of the guiding principles under the NDIS Act (17A(9)): *People with disability should be supported in all their dealings and communications with the Agency and the Commission so that their capacity to exercise choice and control is maximised in a way that is appropriate to their circumstances and cultural needs.'*
>
> Additionally, I explained to the NDIA that it is unacceptable for the NDIA to request guardianship applications be submitted for every participant like Matteo. Not only is this unfair on the participant that NDIA are endorsing the most restrictive option on their individual rights, but it is also a waste of time and resources for Support Coordinators, VCAT and Office of the Public Advocate. I feel it is inappropriate to request a guardianship application be submitted and to consider the utmost restriction on a person's will and preferences to meet NDIA's administrative requirements.'

A complaint was lodged with the NDIA by the support coordinator.

The complaint was closed without investigation.
The NDIA reportedly stated that under the *Privacy Act 1988* (Clth) they required Matteo's consent to discuss the situation with the support coordinator (the complainant), and no such consent was on file. In further discussions the NDIA suggested Matteo could provide his consent at the local NDIA office, and the support coordinator explained again that Matteo does not use verbal communication nor have capacity to provide consent. At this point the NDIA suggested they apply for guardianship, and an email seeking advice was sent to OPA's Advice Service.

The Advice Service agreed with the support coordinator that application for guardianship for this purpose is not acceptable, but the path forward was not clear. The Advice Service suggested attempting to get assistance from a Community Engagement and Inclusion officer within the NDIA Co-Design and Engagement Division.

** Names and specific details have been changed for privacy reasons..*

A less restrictive alternative to guardianship

OPA has other examples like Matteo's where a request for NDIS plan review did not initially progress due to the NDIA's insistence that a form be signed to initiate a review. Even when the NDIA has received supporting evidence about the risk to the participant and the reason change is needed, completion of a form by an authorising party has been an obstacle.

OPA notes that the change of situation form is not a proscribed form under the NDIS Act. Under section 48(4) of the NDIS Act, the NDIA has powers to conduct a review of the participant's plan at any time on the CEO's initiative. This power can be used to progress plan reassessments, appoint service providers, and for requests for equipment and other funding. If the NDIA is unwilling to use its powers to support a participant with decision-making disability, even when risks are known, this may have the effect of stymying the exercise of choice and control and create delays to a participant's access to reasonable and necessary supports.

The use of section 48(4) could be considered a less restrictive alternative to guardianship in some circumstances. Matteo's support coordinator was advised to apply for guardianship by the NDIA and OPA has heard of several similar reports through attendance at hearings in its duty liaison role and undertaking investigations referred by VCAT. OPA appreciates such referrals as they highlight that VCAT is looking first to less restrictive alternatives in line with the Guardianship and Administration Act. However, at times it appears these applications could be avoided if NDIA delegates acted on their own initiative (as section 48(4) allows) when receiving adequately evidenced requests for reviews. OPA notes that people awaiting outcomes of guardianship applications are also bearing the cost, as in some cases access to essential equipment has been stalled, and in others, support coordinators have refused to provide further service until the question about need for guardianship is resolved at hearing.

Reviews and appeals: drawn out and resource intensive

OPA guardians report decreasing success compared to previous years in submitting requests for internal review of reviewable decisions under section 100 of the NDIS Act. OPA's concern is for the equity of the system, particularly for how people with cognitive impairment who do not have a family or fixed address would be able to challenge an administrative decision.

When use of section 100 has been unsuccessful, significant resources are required to go through the Administrative Review Tribunal (ART) to appeal a decision. OPA experience with the ART is that these are drawn out, time-consuming, resource intensive processes. Firstly, to lodge an appeal with the ART, OPA guardianship orders must include authority under section 40 of the Guardianship and Administration Act to bring legal proceedings in the name of the represented person, and seeking this authority often requires application for reassessment of the order and a subsequent hearing at VCAT. When action is taken to bring a legal proceeding, the OPA legal unit provides significant support and guidance and the guardian undertakes extensive advocacy. While waiting to be heard people with disability are missing out.

The following outline of Barry's experience shows the marked difference between guardianship for people under 65 before and after the introduction of the NDIS. A decade ago, the guardian's decision-making was centred on resolving the issues Barry faced, and their advocacy throughout the 2 years focused on accessing appropriate supports to give effect to the decisions. In 2024, the guardian's decision-making was limited to commencing proceedings, while advocating for swift resolution of the drawn-out appeal and imploring services to stay engaged. With funding now available, reappointment of guardianship will mean over the next year, the central purpose of guardianship can again be working alongside Barry to decide on his services.

Barry's Experience*

Barry loves music and movies and spending time with family. Aged in his 50s, Barry has an intellectual disability and mental health diagnoses.

OPA first met Barry over 10 years ago, when a guardian was appointed with powers to make decisions about services and accommodation. At that time Barry had no supports outside his family.

Guardianship over a 2-year period involved:

- trialling the least restrictive alternatives, such as engaging in-home services
- review and assessment by behaviour specialists and psychiatrists, including periods of hospitalisation
- the guardian's decision that Barry needed to move from the family home
- Barry moving in and out of temporary accommodation
- negotiation of suitable services and long-term housing to meet Barry's preferences and needs, and
- Barry settling into his new home and the guardianship order being revoked soon after.

In 2024 an OPA guardian was again appointed to work alongside Barry as his circumstances had drastically changed. Now a NDIS participant, at Barry's last plan review his funding was significantly reduced and this was impacting his housing security. A request for internal review to appeal this decision was unsuccessful and application to the ART was made. The Public Advocate was appointed as guardian with authority to make access to service decisions, and to start and defend legal proceedings in relation to decisions about access to services.

Guardianship over the 12-month period involved:

- the guardian and Barry's legal representative attending several ART conferences at which agreement could not be reached – the initial offer made by NDIA would not meet Barry's needs.
- the guardian working closely with OPA's legal unit to prepare for each hearing
- waiting while time was given for more information to be obtained
- waiting while repeated extensions on deadlines were granted to the NDIA
- services supporting Barry reporting significant financial losses, due to insufficient funding levels
- the guardian negotiating with services who were seeking to withdraw from provision of support due to inadequate funding.

Ultimately, the ART matter was resolved with a new offer made prior to hearing that the guardian accepted on Barry's behalf. The guardianship order had been set to end after 12 months without further hearing, however, given the decisions still required, the guardian requested a hearing for the guardianship order to be reassessed and continued.

** Names and specific details have been changed for privacy reasons.*

Human rights impact

Last year's annual report reflection on the NDIS noted that 'each case involving a NDIS participant remains with OPA longer and requires more administrative resources than other guardianship matters.' More time under guardianship is at odds with the focus on decision-making rights of people with cognitive impairment within progressive national and state reforms. Seeking to understand the drivers for this growth, the Systemic Advocacy team conducted an analysis of data of the people whose guardianship orders continue at reassessment. OPA's report *Multiple Appointments: What is known about the people that remain subject to guardianship for years at a time?* was published in June 2025.

The analysis found that more than 80% of people who had been subject to at least 3 orders were aged 18–64. For people aged under 65 the rate at which orders were continued when reassessed has been at 50% since 2020, up from approximately 34% during 2010–16. The timing of this increase coincides with the roll-out of the NDIS in Victoria, and notably this change was not reflected among people over 65. These findings indicate that increased demand for guardianship has been driven by changes to the disability services sector brought about by the NDIS. While the research did not examine causation, the findings suggest that an independent substitute decision-maker has become more necessary under the NDIS than it was before.

The Multiple Appointments report has been shared with the Australian Guardianship and Administration Council (AGAC) and Australian Human Rights Commission. In the coming year OPA hopes to work alongside AGAC members to extend this analysis, creating a national picture to further its advocacy around system gaps – including NDIS design flaws – that impact on people with decision-making disability.

> **“This is not guardianship to address challenges with weighing up a decision – the decision may be clear, but there is an obstacle inherent in the NDIA and its systems preventing the decision from being executed”**

Enhancing opportunities for education and engagement

Informing the community about laws affecting people with disability or persons who may not have decision-making capacity is one of the legislated functions of the Public Advocate.

Throughout 2024–25, OPA has considered how best to reach Victoria's diverse community and updated the formats it uses to promote and facilitate informed public awareness and understanding about these laws.

Key education initiatives in 2024–25

Publication of a series of short videos that complement the *Can Your Adult Patient Consent?* written guides and publications. These bite-size tools have been welcomed by medical practitioners as an efficient way both to learn about the legislation and communicate the message with others in a treating team. This series is one example of the video communications being developed as OPA seeks to innovate, reach more people, and maximise its influence, in line with our Strategic Priorities.

A 3-module course developed collaboratively by the Healthy Discussions project, OPA's Lived Experience Advisory Committee and the University of Melbourne has been embedded in tertiary courses across Australia. It educates health practitioners about improving communication between health professionals and people with disability.

A 4-part webinar series about the Supported Discussions project focused on promoting less restrictive alternatives to guardianship to professionals in healthcare and disability roles.

> "In 8% of section 63 applications, the health practitioner had either been unaware that the definition of emergency treatment was broader than to 'save a person's life' or that provision of emergency treatment did not require this application...
>
> The short video on emergency treatment has been of great assistance helping the team provide information to health practitioners and the community in a readily-accessed and understood format."
>
> *OPA Senior Medical Treatment Officer*

In partnership with AGAC and funded through a grant from the Attorney-General's department, OPA has been leading a project to update the content and formats of *You Decide Who Decides*, a national resource explaining enduring power of attorney legislation.

Senior leaders from OPA's Advocacy and Adult Protection teams welcomed the opportunity to provide tailored education sessions to newly appointed VCAT members to support their understanding about the Guardianship and Administration Act, the work of OPA and its points of intersection with VCAT.

To partner with State Trustees Limited and VCAT in the delivery of metropolitan and regional health network roadshows. Targeting doctors, managers, social workers, allied health professionals and nurses, these events provide an opportunity to educate about the different roles each organisation contributes to supporting the rights of people with disability, and to explore the processes and practices of guardianship and administration.

In line with its 2024 report, *Foundations for change: OPA's engagement with Aboriginal people with disability* and cognisant that Aboriginal and Torres Strait Islander peoples have been overrepresented in the population under guardianship, OPA continues to seek ways to engage with Aboriginal and Torres Strait Islander community at community events, to build greater awareness about OPA's roles and the efforts being made to promote culturally appropriate advocacy support rather than guardianship whenever possible.

Education supporting advocacy

In its work with individuals throughout 2024–25, OPA has observed an increasing need to educate sector professionals about legislative requirements relating to rights and consent. This includes tenancy rights outlined in the Residential Tenancy Act 1997 (Vic) andthe Disability and Social Services Regulation Amendment Act 2023 (Vic), and consent for medical treatment or special medical procedures explained in the Guardianship and Administration Act and the Medical Treatment Decision Making Act. This need has been observed in guardianship, medical treatment decision-making, and safeguarding and individual advocacy (and is discussed in more detail within their program updates).

When advocating for an individual, OPA will occasionally find an opportunity arises to provide education to teams of professionals. This targeted education is likely to benefit the individual OPA client, and it is hoped that the understanding gained by professionals is sustained in future practice for the benefit of all other people with disability they work with. Antoinella's story is one example of the incidental education work that OPA regularly undertakes to promote the rights of people with decision-making disability, and develop the understanding of professionals in health, disability, aged care, housing and mental health sectors.

Antoinella's Experience*

An avid fan of Taylor Swift, Antoinella is aged in her mid-twenties and lives with her family outside a rural centre. She has an intellectual disability.

OPA's medical treatment decision team received a section 63 request for consent decision from a health service about a significant irreversible decision being proposed for Antoinella. On the basis of the documentation and initial conversations with the applicant, the medical treatment decision officer was concerned about several things, including:

- that judgments based on Antoinella's quality of life as a person with disability were overshadowing the health service's objectivity about the proposed treatment,
- that Antoinella's values and preferences may not be being taken into account, and
- most significantly, that the treating team had inadequate understanding about the legislative requirements for acquiring consent or medical treatment decisions when a person lacks decision-making capacity.

OPA spent significant time in discussions with the applicant, and it was determined that an application for guardianship was required, in part because there appeared to be additional personal matters requiring decision. VCAT appointed the Public Advocate.

While the allocated guardian advocated for Antoinella as they worked through the medical treatment and other personal matter decisions with her, the senior medical treatment officer visited the rural health service to provide general education on the medical consent requirements outlined in the Medical Treatment Planning and Decisions Act and the Guardianship and Administration Act. OPA was able to meet with a group of 20 medical practitioners, including members of Antoinella's multidisciplinary care team.

The medical practitioners showed genuine appreciation for this education and the support of OPA to help them embed their understanding of medical consent for people with disability.

** Names and specific details have been changed for privacy reasons.*

Focus on service innovation: supporting a culture of excellence

Service improvement is a way that OPA works purposefully towards its strategic priorities, extending on and learning from existing quality assurance practices, and responding to external recommendations.

OPA has placed a strong emphasis on service innovation this year. Large-scale practice changes have also been part of OPA's strategy to manage demand, with examples from recent years including the enhanced triage project and Guardianship in Hospital team.

It is essential that any changes to OPA's work systems support its purpose of promoting and protecting the rights of people with disability.

This section gives an overview of OPA-wide changes implemented in 2024–25, and throughout this report key service improvements within programs are highlighted.

Key actions

Service improvements aimed at better support for OPA's Aboriginal and Torres Strait Islander clients and workforce have been implemented throughout 2024–25. Progress on actions set in *Foundations for change* include:

- widespread engagement by staff in cultural competency training, and
- improvements to report-writing practices for guardians, to support their reflection on and advocacy to VCAT about the cultural considerations of Aboriginal people.

In accordance with *Line of sight: Refocussing Victoria's adult safeguarding laws and practices*, significant work has been undertaken on alignment of internal notifications processes to support safeguarding vulnerable people.

The Quality and Practice Improvement team now includes Practice Lead and Training Coordinator roles. Their work has been instrumental in supporting OPA's response to recommendations made by the Victorian Auditor-General's Office (VAGO).

In November 2024, OPA's Knowledge Management project commenced. Its planned outcomes will underpin much of OPA's future service innovation, both through improving the digital capabilities of all staff, and updating and streamlining storage of OPA's internal resources.

Work has continued on projects that improve quality of record-keeping and support more efficient practices across OPA. Visualisation applications that help staff understand and communicate about quality assurance requirements are now being widely used.

Drivers for change

Lessons of where and how to improve are drawn from a variety of sources. These include analysis of internal or external data, learning from the experiences of an individual, or from other opportunities for improvement.

Information obtained from OPA's stakeholders, including through complaints and feedback, remains a key source for systems and practice improvement. OPA regularly analyses data drawn from internal work processes to seek trends that signal the need to examine an internal practice or highlight the need for systemic advocacy. OPA has also drawn on the DJCS People Matter survey results to identify areas for improvement and plan and monitor actions arising from this.

The VAGO audit into guardianship and investigation services during 2023–24 has supported OPA to build on its existing quality assurance, identifying areas for improvement and opportunities. In May 2025, OPA reported to VAGO on its progress in meeting the agreed actions. To date, OPA has met or exceeded the deadlines for all actions and received favourable feedback regarding the work.

Data capture change – impact on future annual reports

While the core work has not altered, streamlining OPA's record-keeping processes will have an impact on the presentation of data in future annual reports. For some of OPA's services, the topics reported on and values in some categories will appear quite different. The planned changes are proposed to be introduced to the client management system in early 2025–26 and include:

Consolidating inquiry categories within the Advice Service

Our current Advice Service query types include a range of sub-categories that will be simplified. For example, queries about appointing or exercising authority as a financial attorney or medical treatment decision-maker will be recorded under one broad category that covers self-appointed decision-making instruments.

Changes to abuse categories

Across any of OPA's roles OPA staff can be informed about abuse, neglect and exploitation of people with disability. OPA's client management system has data capture fields that are distinct from its operational response to any allegations and has referred to this data within previous annual reports. These data capture fields have been reviewed and revised, and updated categories will be implemented in 2025–26. The revisions will be relevant for OPA's understanding of the financial abuse and family violence experiences of the people with disability we work with. One key change will be the creation of 2 financial exploitation categories, one for the historically prevalent exploitation of personal income and assets, and one for the increasingly relevant threat of exploitation of funding, explored in OPA's report Manipulation and Personal Autonomy.

Advice Service and investigations

Advice Service

OPA operates 2 advice lines. The main advice line provides general advice about matters including but not limited to enduring powers of attorney, disability advocacy and guardianship and administration. The second advice line supports health and allied health professionals with advice about medical decisions. Advice is delivered across phone, email and in-person response channels.

In 2024–25 there were 9,149 contacts with community members and stakeholders seeking advice, an increase of 12% on previous year. This included 1,726 contacts by email, representing 18.8% of all contacts, and 49 in-person advice discussions.

Table 1: Number of contacts made to Advice Service

	2024–25	2023–24	2022–23
Number	**9,149**	8,052	8,020
Percentage by email	**18.8%**	14.4%	14.4%

Relatives seeking advice formed the largest group of service users this year, with 3,223 contacts comprising 35.2% of contacts; for each of the last 5 years around one-third of advice given has been to relatives. Health services, community support services, people seeking advice about their own situation and NDIS support coordinators continue to be the other main groups contacting OPA for advice. Since 2021–22, as a proportion of all contacts made, contacts with NDIS support coordinators has increased annually. In 2024–25 NDIS support coordinators comprised 7.2% of all contacts.

Table 2: Top five groups seeking advice (2024-25)

Advice-seeker	Number	%
Family	3,223	35.2%
Health services	1,793	19.6%
Self	1,326	14.5%
Community support services	717	7.8%
NDIS Support Coordinators	660	7.2%

Table 3: Top five inquiry topics (2024-25)

Nature of inquiry	Number	% of all inquiries
Guardianship / administration	2,836	31.0
Other general inquiries	790	8.6
Existing authorities / instruments	674	7.4
Enduring Powers of Attorney (post 12/03/2018)	663	7.2
Existing authorities/instruments	643	7.0

Advice about guardianship and administration accounted for 30% of the issues raised by enquirers. In these matters OPA provides general advice about the application process and the legislative requirements for orders to be made, while considering the specific circumstances being raised by the caller. OPA must balance the tasks of rights promotion with providing information. The following story contrasts the single-person perspective available to Advice Service officers with the broader viewpoint available to Investigation officers in their information gathering, report preparation and attendance at hearing. It demonstrates how the work of OPA programs is complementary.

Service improvement

During the past year, the Advice Service implemented a new booking system for in-person visits, reducing impromptu attendance and assisting the team to effectively manage workload demands. It also implemented numerous updates to internal processes that have enabled faster response times, in turn shortening queues and email wait lists, and minimising duplicate emails from enquirers. The Advice Service have updated information for commonly requested advice on the OPA website.

Cathy's Experience*

OPA received numerous calls to its Advice Service from Cathy, the neighbour of 2 young adults with disability living with their mother and grandparent.

Cathy had observed physical abuse between the siblings and verbal abuse between all relatives. She also reported that it appeared the siblings were locked out of the house at times.

Cathy was concerned that the young adults had nothing to keep them busy. She did not believe any disability services were currently involved, and did not think the young adults socialised with anyone outside the home. Cathy had raised concerns about the fighting with the police, however, they were no longer responding. She had tried to speak with her neighbours about whether they needed some help, but this did not go well. Cathy contacted OPA to seek advice about making applications for guardianship for each young adult.

OPA explored with Cathy if there were any other less restrictive than the appointment of a guardian through which their concerns would be addressed. When it was clear the caller wanted to proceed with the application, OPA outlined what was required in the application. VCAT held a hearing for the applications, adjourned the proceedings and referred both matters to OPA to investigate the need for guardianship.

An OPA investigations officer obtained information that established that NDIS-funded services were involved and supporting the young adults. They established the nature of their disabilities were complex, that a behavioural support practitioner and other services were engaged to help all family members, and that the mother and grandparent were actively involved with the practitioners. The investigations officer explored whether all appropriate services had been engaged and reported to VCAT. Despite the challenging circumstances at home, VCAT found there was no need to appoint a guardian for either young adult at this time.

Following the hearing, Cathy indicated she had a better understanding of the family's situation and that services were being accessed to try to assist them all as much as possible.

** Names and specific details have been changed for privacy reasons.*

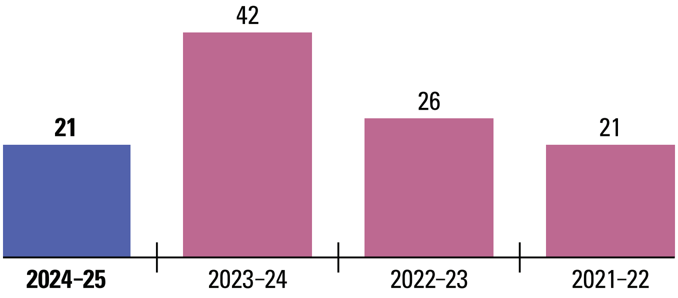
Investigations

The Public Advocate receives referrals from VCAT to investigate matters brought before them in the Guardianship List of the Human Rights Division. Referrals may relate to guardianship and administration, orders about powers of attorney, medical treatment planning and decision, and special medical procedures. These referrals are managed by a specialist investigation team who work across Victoria.

In performing the investigation function, OPA will meet with the proposed represented person, obtain relevant information, and prepare a report that forms part of the evidence VCAT uses to determine the matter. VCAT frequently requests information about the proposed represented person's will and preferences, and meeting with an OPA officer provides an opportunity to express this to an independent party outside of the hearing process. This can be crucial for promoting a proposed represented person's rights, especially when other people are perceived to be seeking to exert influence over them.

Over the last financial year, OPA received 280 investigation referrals from VCAT. This is a 10% reduction on the previous year. Twenty-one referrals for urgent investigations were made, returning to the levels seen in recent years after last year's anomalous 42 urgent order referrals.

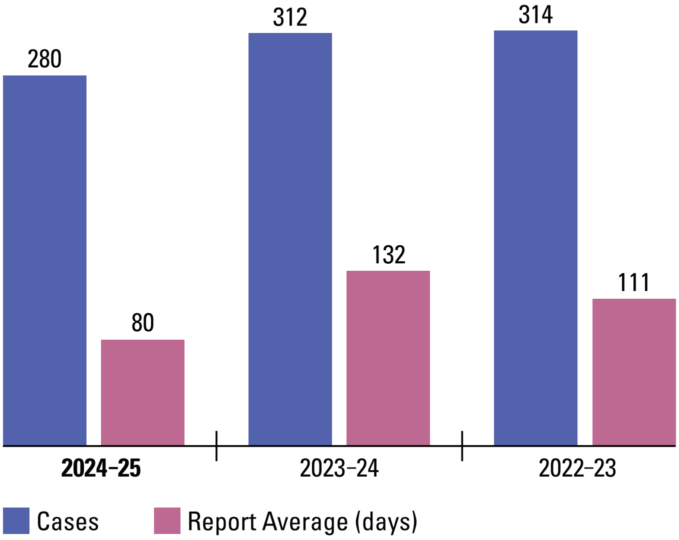
Figure 1: Urgent investigation referrals



A number of factors influence the volume of referrals sent to OPA from VCAT, all of which are outside the control of OPA as they relate to the circumstances of the application and the hearing process. These factors include the time-sensitivity of the issues, the extent to which the applicant has addressed the legislative criteria, whether the VCAT registry has identified missing information prior to the hearing, the views of parties at the hearing, and the extent to which the presiding member is satisfied they have the information required to make a decision. While the overall number of referrals reduced, the investigations team finalised 103 additional matters compared to last financial year (submitting 355 reports compared to 252 reports in 2023–24). This was attributed to improved reporting and compliance practices.

Over the last 12 months, the average time to allocate investigations to officers was 7 days, a significant improvement on the 2023–24 average of 28 days. The ability to more swiftly allocate matters has contributed to the 49% decrease in time taken to submit reports to VCAT. In 2024–25 the investigation team submitted reports in an average of 80 days, compared to the previous year's average of 132 days.

Figure 2: Investigation numbers (past 3 years)



There was a 43% increase in investigations relating to people aged 75 to 84 years compared to the previous year. Despite a slight decrease in the number of referrals for people aged over 85, overall the number of matters relating to possible breaches by financial attorneys has increased, being evident in 12% of referrals involving people aged over 75. This corresponds with the observed increase in VCAT referrals regarding people over 75 who have made multiple enduring powers of attorney appointing different family members as financial attorneys. Unfortunately, the referrals often include allegations that a financial attorney has used the funds for themselves in breach of their duties. In such referrals, investigation officers obtain and review financial records to help VCAT determine if a financial attorney has appropriately exercised their duties set out in the Powers of Attorney Act.

Jan's Experience*

Jan is a proud grandmother and values time with extended family more than anything else.

Aged in her eighties, Jan has suspected cognitive decline, is a widow and lives alone with some support from friends and relatives. Jan has extensive assets and income, but her experience with financial decision-making is limited as her husband had managed their finances.

VCAT made a referral to OPA to investigate an application seeking orders about powers of attorney. The applicant raised concerns about Jan recently appointing a financial attorney when she had been assessed as not having the capacity to make this decision. The investigator obtained and reviewed financial, property and legal information and identified several examples of Jan's assets and large cash sums being transferred into the name of a relative who was her financial attorney. This information was provided to VCAT to help with its decision on the application. OPA's investigation assisted in the process of protecting Jan's rights, safeguarding her money and assets so they could be used for benefit.

** Names and specific details have been changed for privacy reasons.*

Duty Liaison Officer

The investigation team fulfils the role of the Public Advocate's liaison with VCAT. The duty liaison officer occupies an office at VCAT and provides real time assistance to VCAT and community members who attend for hearings or with general advice enquiries. In 2024–25, OPA assisted with 127 VCAT liaison matters consisting of advising VCAT registry about applications (25), attending hearings (16) and providing child protection consultations (56).

Children leaving Child Protection

OPA has a role in advising Department of Families Fairness and Housing (DFFH) Child Protection about the suitability of proposed guardianship applications for young people with disability exiting their jurisdiction when they turn 18, and this is carried out by the duty liaison officer. The 56 consultations with child protection practitioners in 2024–25 represents an 80% increase from last financial year. VCAT do not list hearings about these matters until consultation with OPA has occurred to ensure that in each case, all less restrictive options have been explored by Child Protection and other involved parties.

Service improvement

The investigation team has implemented quality assurance measures to make sure expected timeframes are met for conveying information in person and in writing about their role, both to the person the application is about and their relatives and support network. A key focus of these changes is to help the proposed represented person feel consulted and understand that investigations are part of VCAT's inquisitorial – not adversarial – process.

Decision making

Medical treatment decisions

The Public Advocate has several functions within the Medical Treatment Planning and Decisions Act. OPA has a specialist team that responds to the requests for consent, notifications, and certificates received from health practitioners, and advises the Public Advocate about the need for applications to VCAT.

In 2024–25 there was a 16.5% increase in the number of medical treatment matters compared to the previous year. Seventy-eight per cent of matters were by medical practitioners, with dentists, ophthalmologists, nurses and other health practitioners also making applications.

Requests for medical consent decisions

Section 63 of the Medical Treatment Planning and Decisions Act authorises the Public Advocate to make significant treatment decisions when a person lacks decision making capacity, does not have an advance care directive, and has not appointed a medical treatment decision-maker. During 2024–25, in 60% of these requests the outcome was consent for significant treatment.

The less prevalent outcomes involve 42 patients (8%) for whom a medical treatment decision-maker was identified, 27 patients (5%) for whom treatment proposed was deemed to be covered by the emergency provisions, and 7 patients (1%) who regained capacity to make the decision.

Notifications and certificates

Section 62 notifications are made to the Public Advocate by a health practitioner when a person's medical treatment decision-maker refuses significant treatment, or the health practitioner believes the medical treatment decision-maker does not know and cannot infer the person's values and preferences. In 2024-25 the single notification for section 62 was withdrawn prior to investigation, which meant there was no cause for the Public Advocate to consider making a section 67 application to VCAT about unreasonable refusal of treatment.

Section 81 requires that a medical research practitioner sign a certificate outlining certain details when they have administered a medical research procedure and the person lacks decision-making capacity, and their medical treatment decision-maker cannot be identified or contacted. These certificates must be forwarded to the Public Advocate, and 3 certificates were received in 2024–25.

Table 4: Medical Treatment Planning and Decisions Act matters

Matters	2024-25	2023-24	2022-23
s.62 notifications	**1**	4	1
s.63 requests for a consent decision	**458**	399	374
Requests for extension of s.63 decisions	**39**	23	17
s.81 medical research certificates	**3**	4	5
Total	**501**	430	397

Service improvement

In 2024–25 OPA's Medical Treatment Decision team undertook a range of process and program improvements to assist its stakeholders better understand the human rights framework that underpins medical consent processes, including:

- Nine short videos
  - Emergency treatment and consent
  - The Public Advocate and medical treatment decisions
  - Advance Care Directives
  - Health Practitioners and medical treatment definitions
  - Palliative Care
  - Notifications to the Public Advocate
  - Special medical procedures
  - Decision making capacity
  - Medical treatment decision makers.
- A web-based tool that pairs with the existing *Can your adult patient consent?* printable flow chart. This resource is designed to assist the community to understand the steps for health practitioners to consider and follow when a person is unable to consent to medical treatment.
- A data visualisation project to support and assist with understanding the volume and status of applications made by health networks and health services. This project was designed to enable OPA to develop deeper insights into those health services and networks that show awareness of the Medical Treatment Planning and Decisions Act and OPA's role, as well as identify where there appear to be knowledge gaps. This will support future educational activities.

Mai's Experience*

Mai is aged in her 60s and has lived for many years in shared supported accommodation, funded through the NDIS. Her favourite thing to do is watch the local football team.

Mai has an intellectual disability, significant curvature of the spine and a range of medical conditions. In recent years, an issue with her kidneys had been identified through medical assessment. After the initial assessment, a request under section 63 seeking consent to remove one of Mai's kidneys was received by OPA's medical treatment decision team. The medical treatment decision officer initially made enquiries about the function of the remaining kidney, and revealed that this had not been assessed.

Further delving into the assessments supporting the recommended treatment, OPA discovered that:

- recommendations for further investigations were not carried out after the early assessments, and not followed up, likely resulting in worsening of her condition. Healthcare records refer to this as being 'lost to follow up.'
- the medical practitioners required for the surgery were not aware that Mai was scheduled for an additional surgical procedure at the same hospital. This siloed approach was inadequate given Mai's disability needs and specific circumstances and might have led to Mai needlessly undergoing 2 general anaesthetics.

Crucially, OPA learned that in the past year, Mai's only contact with medical practitioners had been via telehealth appointments. OPA visited Mai, so she had an opportunity to share her values and preferences in relation to the proposed medical treatments.

At this in-person meeting the OPA officer observed that Mai was hoist dependent, had no ability to reposition her body, and that her spine curvature meant she would not be able to lie flat in surgery. An anaesthesiologist's usual practice of meeting the patient on the day would not be adequate, as accommodations to provide the non-standard approach to anaesthesiology needed to be carefully considered by the team planning for surgery.

Ultimately, OPA's advocacy meant further critical assessments to inform the treating team were carried out, and the Hospital Disability Liaison Officer (DLO) was engaged. The DLO ensured the relevant medical practitioners worked together on determining the best treatment to recommend with all of Mai's needs in mind. A less restrictive alternative to one of the surgeries was identified.

** Names and specific details have been changed for privacy reasons.*

OPA notes that patients with disability being 'lost to follow up' often occurs in the context of an inconsistent workforce supporting people with disability to attend their medical appointments. If the person with disability is themselves a poor historian or is unable to communicate their medical history, a clear understanding of their circumstances can be missed within a disjointed health system. The key to accessing continuity in healthcare settings can be reliable and well-informed support and accommodation staff.

Statutory guardianship

The Guardianship and Administration Act establishes the powers and duties of the Public Advocate, and the first of these is to be a guardian, if appointed by VCAT (section 16(1)(a)), for a person with decision-making disability (represented person). A guardian has the power to make decisions for the person named in the order about personal matters such as where they live, the services they receive, and medical treatment. A guardian has a duty to advocate for the person and support them to participate in decision making. The Public Advocate delegates their authority to OPA's advocate guardians. Advocacy guardianship is OPA's largest area, with 6 teams comprised of team leaders, advocate guardians and guardianship support officers. The teams include an intake team, regional teams, NDIS team and Guardianship in Hospital.

OPA's Intake team triage matters received from VCAT and assess the represented person's situation based on risk, complexity and urgency of need for allocation. In 2024–25 it continued to prioritise understanding will and preference by meeting new represented persons within 3 weeks of receiving the order (whenever practicable) and liaised with all people involved until a matter could be allocated to a regional team.

The Department of Health continued to fund OPA for the Guardianship in Hospital (GIH) team in 2024–25. The program aims to facilitate timely decision-making and discharge planning for hospital patients. The eligibility for this program is now confined to people who:

- are over the age of 65 (previously there were no age limitations)
- have had a Victorian public health service employee apply for the appointment of a guardian
- are ready for discharge from a Victorian public hospital with limited complex decisions needed.

Incoming orders

This year guardianship matters have shown a 3% increase (26 orders) on last year although pleasingly there are 98 fewer matters than an all-time high 3 years ago. This year the 871 guardianship matters comprised 59% new applications and 41% reappointments (orders continued at reassessment), showing no marked change proportionally from last year (58% and 42%). In addition, there were 8 urgent guardianship matters.

The GIH team were responsible for 172 of the 879 new guardianship matters (19%).

The number of reappointment orders may be affected by delays at VCAT in scheduling hearings. OPA has been working with VCAT to reduce these delays and there has been improvement this year in the timeliness of reassessment hearings.

Table 5: Incoming guardianship orders

Matters	2024-25	2023-24	2022-23	2021-22	2020-21
Guardianship Orders	**871**	845	961	946	944
Urgent Guardianship Orders	**8**	6	16	26	20
Total	**879**	851	977	972	964

Guardianship numbers have been relatively stable over 2 years at a lower level (average of 865 matters) compared to 3–5 years ago (average of 958 matters), which OPA attributes to its updated practices that promote guardianship continuing only when there are no alternatives. OPA encourages less restrictive options to guardianship through the information and options it provides to the community, for example, to callers to its Advice Service, to the medical treatment decisions team if a person cannot make healthcare decisions, and in undertaking investigations about guardianship referred from VCAT. At least 30% of applications about guardianship and administration referred for investigation are diverted from guardianship. Another means of diversion from future guardianship is that whenever possible, OPA educates relatives and support teams about how to provide practicable and appropriate support to a represented person so that in future they can be supported to make their own decisions. When guardianship matters are being reassessed and there is a need for the order to continue, OPA ensures the Public Advocate is only appointed as a last resort by establishing that there is no other person willing and available to act.

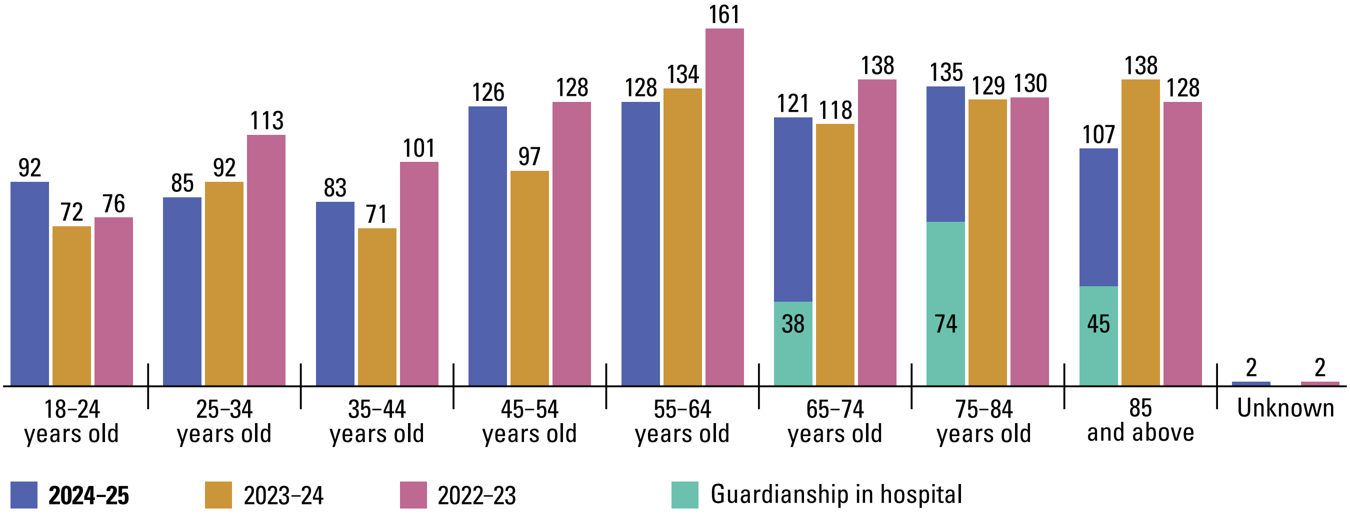
While guardianship orders are typically made for 12-month periods, OPA continues to work towards seeking early reassessment and revocation of orders whenever possible. Of the 879 new guardianship matters opened this year, 176 have been closed.

Changing age prevalence

Over the last 3 years the number of people under guardianship aged 55 to 74, and over 85, have reduced. In the same period there has been an increase in the numbers of people under guardianship aged 18 to 24, while those in the 34 to 54 cohort increased over last year. This continues the trend since the introduction of the NDIS towards a younger demographic requiring guardianship.

The GIH team works only with people aged 65 and over. Most patients supported through GIH were aged in their seventies and the oldest person was in their late nineties.

Figure 3: Age of people under guardianship



Guardians' decisions and actions

Decisions

There were 2,789 decisions made by guardians this year on behalf of represented persons. In addition, 294 decisions were made by represented persons with support from their guardians. Decisions about access to services accounted for 67% of all decisions, and 25% of decisions were about accommodation. Medical treatment decisions and access to persons decisions each accounted for 3%.

Decisions leading to discharge from hospital

The most common decisions made by the GIH team were accommodation decisions about where a person would live once discharged from hospital. Most people moved to residential aged care facilities, with other common discharge options being bed-based transitional care and returning home with additional supports. There is a significant cohort still in hospital at any time as the guardian seeks to locate an appropriate discharge opportunity.

Overall, the benefit of the GIH program is that people get the right level of care they need, sooner. It also results in acute and sub-acute beds being freed up for others in the Victorian community with greater need. While this is often considered in the context of minimising one lengthy admission, as Connie's experience illustrates, GIH involvement and decisions about appropriate community support can have a positive impact on freeing beds used over repeated hospitalisation.

Connie's Experience*

Connie is a retired health practitioner who adores the sprawling bush setting of her home, and her dog Pedro. Widowed during the past decade, Connie is aged in her eighties and has Alzheimer's disease.

An application for guardianship was made in 2024 by the health service with which Connie had been in frequent contact, calling ambulances and presenting at emergency departments regularly. Connie had been admitted to hospital and planning for discharge could not progress as she was refusing to take medications, was no longer able to cook or keep her home clean and tidy, and cancelled any services the health service engaged for her. Attempts made to support Connie to remain in her home had been unsuccessful due to her decision-making disability. Following the completion of an OPA investigation, VCAT appointed the Public Advocate as guardian with authority to make accommodation, medical and service decisions and this authority was delegated to a guardian in the Guardianship in Hospital team.

Connie had a clear will and preference to return home. The guardian liaised with Connie's administrator and determined it was feasible for her to self-fund private case management and sufficient services to last a reasonable duration. The guardian made a decision for Connie to return home with these supports. The case manager arranged the home to be cleaned and a roster of support workers, whose help Connie has accepted. They provide personal care, ensure she takes her medications and that Connie is safe in the kitchen, as well as support her to look after her beloved dog. As a precaution in case of changed circumstances (such as future refusal of supports at home), the guardian has given consent for My Aged Care to assess Connie's eligibility, and she now has approvals in place to attend residential respite or residential aged care should that be required. Undertaking this planning and the successful implementation of decisions will greatly decrease the chance of Connie using health and emergency service resources for social reasons in future.

** Names and specific details have been changed for privacy reasons.*

Actions taken to address complexity for NDIS participants

This year OPA continued to observe many instances of a person having inadequate NDIS funding to address their complex needs. Inadequate funding may result in supported independent living (SIL) providers being unable to continue providing support, which can create risks to the represented person of homelessness, social admission to hospital or serious harm or death due to risks associated with not receiving support.

In these matters guardians will seek to have a NDIS plan review, and if this is unsuccessful the guardian can escalate the issue via the enhanced pathway. OPA can also use the Critical Services Issues Response (CSIR) process to escalate requests within the NDIA if the represented person is at risk and the participant service guideline has not been met. This year OPA lodged 71 CSIR escalations, and in most cases the immediate risk was recognised and addressed by the outcome, for example, a new plan was approved.

Advocating for increased funding requires a large time investment from guardians who work with care team members to gather the evidence needed for either the request for review, escalation through other internal avenues, or to lodge an ART appeal – 13 appeals have been sought by guardians this year. Five of these were resolved however 8 remained on foot at the end of June. In addition, there were 2 applications that carried over from the last financial year, for a total of 10 matters at the ART as of 30 June 2025. Each appeal can involve many hours of work for guardians as they prepare the required documents and attend compulsory conferences or hearings. In addition, appeals involve a substantial commitment of resources from OPA's legal unit to support this important guardianship work aimed at obtaining the necessary NDIS funding for clients. *(See more on this in Accessible NDIS? section, page 7)*

Significant actions: seeking authority to comply with decisions

Section 45 of the Guardianship and Administration Act empowers VCAT to make orders for the represented person to comply with the guardian's decision. An example of a situation requiring this authority is when a person needs urgent medical assessment or treatment that the guardian has consented to, however, the person refuses to travel to hospital because they do not understand the consequences of their inaction or failure to have treatment. These orders generally include provisions that empower police, ambulance or other service providers to aid in the enforcement of a guardian's decision when there is no less restrictive means by which the decision can be implemented. The orders are limited to 42 days and must then be reassessed by VCAT.

OPA records a significant action when application for inclusion of section 45 authority is made. This year there were 20 orders made compared to 11 for the previous year. Of these, 12 required ambulance and/or police attendance while 3 required chemical restraint to give effect to the guardian's decision.

Service improvement

This year the guardianship program built on the success of the enhanced triage pilot, which commenced in August 2023, with additional process changes aimed at augmenting Intake's work responding to the needs of represented persons on the waitlist. The response project began its work in March 2025.

In response to VAGO's report, the guardianship program has invested significant time into the implementation of practice improvements. *(See more on this in Focus on Service Innovation section, page 16).*

Individual Advocacy

Compulsory Treatment in Detention

The Public Advocate, under the *Disability Act 2006*, has statutory safeguarding responsibilities for Victorians with intellectual disability currently subject to detention and compulsory treatment under a Supervised Treatment Order (STO).

STOs are civil orders authorising the detention of persons with intellectual disability for compulsory treatment. The purpose of compulsory treatment is to reduce the person's risk to the community and benefit the person subject to the STO by maximising their quality of life and increasing their opportunity for social participation.

The STO regime incorporates many protections and 'checks and balances,' including oversight by the Public Advocate, to make sure any restrictions on human rights are limited as much as possible for the person subject to the order.

OPA also provides advocacy for people with intellectual disability admitted to a residential treatment facility under a criminal, quasi-criminal, or post-sentence order for compulsory treatment. This advocacy extends to assisting people with referrals for legal representation as well as responding to concerns about their living conditions and the supports provided in these facilities.

In 2024–25 OPA opened and worked on 74 compulsory treatment matters. This figure includes applications for new STOs, changes and variations to existing STOs, review of treatment plans, revocations and expiry of STOs, and a range of other safeguarding and advocacy issues.

At the start of the financial year, 23 people were subject to an STO. Two people had their STOs revoked by VCAT as they no longer met the criteria for detention and compulsory treatment. One person's STO expired without an application to VCAT with both the Public Advocate and the Senior Practitioner being satisfied per their statutory functions that there was no longer a need to subject the person to an application for a new STO.

One person became subject to an STO for the first time this year, taking the total number of people subject to STOs at the end of 2024–25 to 21.

Accommodation issue

A major barrier to effective treatment and eligibility for a STO is the lack of available, suitable, or secure accommodation to support the implementation of the order and related treatment. This issue is further compounded by difficulties in obtaining adequate funding to support appropriate accommodation being secured. Unfortunately, this shortage comes at the expense of the individual. In some cases, the unavailability of appropriate housing leads to the person remaining incarcerated for lengthy periods, sometimes beyond that of the usual sentencing periods. This has significantly detrimental impacts on the person whose disability supports needs cannot be adequately provided for in the prison system which can result in reduced capacity, dysregulation and a deterioration in engagement. Such experience can also reduce their chances of successful rehabilitation in the future.

Even where accommodation is available, some properties are wholly unsuitable to promote and protect both the rights of the person and the community. This has resulted in the person being subject to further significant restrictions, such as them being confined solely to a specific area of their home due to the need for modifications or bespoke builds in order to support safe service delivery and engagement in treatment. The impact of this confinement is that the person is prevented from having enjoyment of everyday activities such as accessing their backyard. The additional restrictions impede the person's progress, resulting in them being subject to ongoing STOs, and a high level of restrictions, for a longer period of time.

Unlawful detention

Through this work, OPA identified 5 people with an intellectual disability who were subject to a significant level of restrictive practices likely amounting to 'detention'. This includes persons who were not allowed to leave their own residence (or room, in some cases) or, where they could leave, who required constant supervision when in the community. Under the Disability Act, such detention is only allowed through a compulsory treatment order (and in these cases, an STO). Without an STO, these persons did not have the same level of safeguarding protections and oversight as someone who was subject to an STO, a fundamental breach of their human rights.

In accordance with the statutory function under the Disability Act, where unlawful detention is identified, the Public Advocate can apply to VCAT for an order directing a disability or NDIS service provider to apply for an STO where required.

The Public Advocate is working with service providers to address these concerns and promote a rights-based approach to the compulsory treatment of individuals with intellectual disability.

In one case, a person with an intellectual disability had been subject to restrictive practices for over 30 years. These practices included constant supervision, and an alarm installed in their home alerting staff any time the person attempted to leave their residence. Over time, the restrictions were slightly reduced, for example, the alarm was only used at night, and in certain situations, staff supervised from a distance. However, these restrictions were authorised solely through a 'behaviour support plan', not through an STO, meaning there was less oversight of these measures.

The Victorian Senior Practitioner informed the OPA of this person's circumstances due to concerns they were being unlawfully detained. OPA and the Senior Practitioner's office raised the issue with the service provider and worked with them to apply to VCAT for an STO. VCAT determined that the person was in fact being detained, however was not eligible for an STO because they were not considered to pose a significant risk of serious harm to others. As a result, the restrictions, which effectively amounted to detention, were deemed unlawful and had to be reduced.

Following VCAT's decision, the service provider, with oversight from both the Senior Practitioner and OPA, began reducing these restrictions. The person now has significantly more freedom compared to their situation last year.

Residential advocacy matters

The Residential Tenancies Act (RTA) requires supported disability accommodation (SDA) providers to notify the Public Advocate about statutory notices relating to the residential rights of a person with disability. When these notices are received, OPA's Safeguarding and Individual Advocacy team undertakes a safeguarding review to determine whether:

- provider-issued notices are compliant with the RTA, and
- resident-issued notices are in line with the resident's will and preferences.

Where it is determined that advocacy is warranted or no other suitable avenue exists, OPA undertakes focussed advocacy on behalf of the resident with disability. Where there are issues with supported independent living (SIL) providers or service, the relevant parties are informed about submitting a complaint to the NDIS Quality and Safeguards Commission, speaking to Consumer Affairs Victoria or seeking legal advice.

Where notice is not expressly required under the RTA, requests for a safeguarding response for residents with disability can also be made directly to OPA by service providers, support coordinators and relatives. These are known as non-statutory notices and include those relating to threatened relocation/eviction of a resident (including specialist forensic disability accommodation residents).

Service improvement

To accommodate more detailed reporting and comparison over time on the issues impacting on residents' human rights, OPA has improved its capture of the types of advocacy and safeguarding actions within the client management system.

Notices received

The Public Advocate received 312 statutory notices this year, an increase of 95% on last year. These comprised 215 notices from residents stating their intention to vacate, 64 notices of temporary relocation, 31 notices to vacate, and 2 notices of withdrawal.

Over the last 4 reporting years the total number of notices has increased year on year, however, this is the first of these years in which increases have been recorded across all notice categories.

An additional 25 non-statutory notices were received by OPA.

Table 6: Residential Notices received

Notices type	2024-25	2023-24	2022-23	2021-22
Notices of resident's intention to vacate	**215**	101	41	8
Notices of temporary relocation	**64**	50	121	37
Notices to vacate	**31**	9	11	12
Total statutory notices	**312**	160	173	57
Non-statutory notices	**25**	23	13	36
Total notices	**337**	183	186	93

RTA amendments: SIL provider confusion about processes

On 1 July 2024 amendments to part 12A of the RTA came into effect. These include a revised definition of SDA that introduced new duties and obligations for disability accommodation providers, in particular, SIL providers who meet the broadened definition of SDA. Throughout the year, OPA observed a lack of understanding among providers about these new obligations and their corresponding administrative processes.

Under the RTA, Consumer Affairs Victoria and OPA must be notified by SDA providers when residential notices are issued, however, different processes are used depending on the issuer:

- provider-issued notices are lodged by SDA providers directly with Consumer Affairs Victoria and received by OPA through an automated process. This process applies to a notice of temporary relocation and notice to vacate.

whereas

- resident-issued notices require SDA providers to directly notify both Consumer Affairs Victoria and OPA. This process applies for a notice of intention to vacate or terminate.

At times providers contact only OPA about resident-issued notices (and are informed of the obligation to contact Consumer Affairs Victoria), and it is assumed that the reverse may also be true.

OPA spends considerable time explaining to providers their new obligations and processes to follow. OPA estimates this education occurs with approximately half of the providers they speak with. This suggests that the RTA changes are perceived as complex by some providers and are perhaps unknown to others. It indicates a need for Consumer Affairs Victoria to increase its targeted education on the implications for providers of Victoria's broadened SDA definition.

Ravi's Experience*

Ravi has lived for many years in a regional community in supported accommodation. As of 1 July 2024, Ravi's home is considered an SDA dwelling under the new broadened definition in the RTA, and his SIL provider is classified as an SDA provider.

Prior to OPA's involvement, the provider issued notices to evict Ravi. VCAT determined that the eviction notices were invalid as they did not comply with Part 12A of the RTA.

When Ravi refused to leave the property, the provider turned off his water and electricity. Ravi's support coordinator contacted OPA's Advice Service to raise concerns about this human rights breach and Ravi's safety, particularly as this was during summer, at a time of intense heat. The Advice Service referred the matter to OPA's Safeguarding and individual advocacy team, who:

- advised the support coordinator to apply to VCAT for an urgent order to have power and water turned back on
- referred Ravi's matter to Villamanta Legal Service for advocacy about the utilities and eviction issues. Villamanta Legal Service accepted the referral.
- explained to the provider that despite the NDIS being a nationally funded scheme, state-based legislation regarding residential rights must be followed.

To date, Ravi remains living in the same house. Despite engaging in legal proceedings, in which the changes were explained in detail, Ravi's provider did not demonstrate an understanding that within Victoria, their classification as an SDA provider brought different obligations.

** Names and specific details have been changed for privacy reasons.*

Ravi's experience highlights what OPA has observed more broadly about a lack of understanding of the new duties and obligations of SIL home providers who meet the new definition of SDA. Part 12A amendments were designed to address gaps in residential rights for residents living in specialist disability accommodation in Victoria, providing additional safeguards and protections against evictions and rent increases. Ravi's experience shows there is a risk of serious harm to residents with disability when providers do not understand their legal obligations.

Systemic Advocacy and Projects

Lived Experience Advisory Committee

OPA's Lived Experience Advisory Committee provides input into OPA projects, programs and systemic advocacy. The members of the committee, who are all experienced self-advocates with different disabilities, experiences and interests, meet monthly and are paid for their expertise.

OPA's Strategic Directions commit it to learning from lived experience, and to maximise its influence and impact by using the voice of lived experience to inform OPA's research and projects. The committee is especially active in OPA's ongoing promotion of the resources and key messages of the Supported Discussions project (2023–24). All committee members have been trained in public speaking so that they can present their personal stories for targeted audiences. Their presentations provide powerful learning impact for audiences.

The committee advises on issues such as accessibility, inclusion, and systemic barriers, drawing from lived experiences to ensure authentic and meaningful representation. For example, in Healthy Discussions presentations, members share their personal journeys of navigating health systems to educate health professionals and inform their understanding. These insights help shape the way that health professionals can be more effective, respectful, and inclusive when communicating with people with disability.

> **"What is important about the committee is having your voice heard and being respected and listened to."**

> **"Overall, I felt really respected, understood and listened to."**

> **"I think something that was quite a big eye opener for me was I've been calculating how many presentations I've done since July 2024"**

> **"I thought it was good that people who hadn't heard my story at OPA or heard about what we do... they want to work with people with disability"**

Key achievements

In December 2024, the committee was awarded the Victorian Public Service Enablers Award for Outstanding Achievement for an Initiative or Project. This was received for the work undertaken to embed systems in the Department of Justice and Community Services (DJCS) Human Resource and Payroll services regarding pay processes for casual DJCS employees with a disability. Now, committee members can independently access their payslips through their DJCS email accounts, whereas in the past, committee members had to depend on other staff to retrieve their payslips.

During 2024–25, 51 of the 66 Healthy Discussion presentations delivered were co-presented with a member of the committee.

In January 2025, members of the committee co-presented at the VALID *Having a Say* conference providing an opportunity to showcase their expertise and knowledge.

Hosting OPA's International Day of People with Disability 2024 event educating staff and encouraging engagement of the committee in research, development and feedback.

Reviewing the accessibility of OPA factsheets – *About your OPA guardian*, *When VCAT asks OPA to Investigate*, and *Feedback and Complaints*.

Inclusion Projects

Healthy Discussions

Now in its fifth year, *Healthy Discussions: Supporting People with Disability to Make and Communicate Health Decisions* seeks to enhance health practitioners' understanding of disability and improve their communication with people with disability. Central to this initiative are the voices and lived experiences of people with disability, which inform and guide the project's development. The project encourages health practitioners to use interpersonal approaches that are sensitive to the diverse and sometimes hidden communication needs within disability communities.

The project does this through:

- engagement with health professionals, self-advocates and people with disability
- engagement with students studying health-related disciplines
- ongoing promotion of a video (long and short versions) created as part of the project
- delivery of presentations showcasing the skills and abilities of people with lived experience of disability and thereby challenging misconceptions about their capabilities.

In addition to offering information and resources to health professionals and students, the project aims to promote a rights-based approach to healthcare decision-making. Everyone has the right to play an active role in making decisions about their own health and to receive the support they need to do so. Under the Medical Treatment, Planning and Decisions Act all adults are presumed to have the capacity to make healthcare decisions unless there is evidence to the contrary.

The project is led by staff in identified positions for people with disability and is funded by a Department of Social Services (DSS) Information, Linkages and Capacity Building: Mainstream Capacity Building Grant obtained in April 2020. The project receives guidance and contribution from OPA's Lived Experience Advisory Committee. In June 2025, OPA received a further extension to the grant and will continue the project until 30 June 2026.

For more information or to access resources, visit the Healthy Discussions Project page.

> **“When I get to go out and do presentations, I think it provides knowledge to health professionals in order to break down those barriers and create a workplace culture that is more inclusive of people with disability.”**

Healthy Discussions key achievements

A total of 66 Healthy Discussions presentations were delivered to 1,982 participants across various locations in Victoria and online. Attendees included people with disability, their families, carers, and health professionals.

Eighteen accessible presentations were developed and delivered, with a renewed focus on empowering people with disability. To support this direction, a project officer – appointed to a designated role for a person with lived experience of disability – was employed to lead this component. Their work focused on enabling people with intellectual and cognitive disability to actively participate in decisions about their own health.

The Healthy Discussions project has been showcased at a range of prominent forums, enhancing OPA's profile and strengthening the visibility and messaging of its inclusion projects. Events include:

- Australian Patient Advocacy Alliance Conference 2024, Parliament House, Canberra
- Australian Optometry Virtually Connected Conference 2025
- National Cervical Cancer Screening Conference 2024
- OPA's Volunteer Conference 2024
- VALID's Having a Say Conference 2025
- One-day workshop at the University of Melbourne, *#NavigatingHealth: Simplifying Complexity – Advancing Health 2030*, and
- the international online forum, *#Global Navigating Health*.

For the first time, in 2024–25 presentations were successfully delivered to health professionals and support groups across regional Victoria, targeting areas with limited education and awareness to ensure broader reach and equitable access to information.

A 3-module course has been co-designed with the Lived Experience Advisory Committee and the Centre for Collaborative Practice at the University of Melbourne. Launched in August 2024 and aimed at improving collaborative communication between health professionals and people with disability, the curriculum is delivered as an e-learning program with tailored placement and assessment components for entry-to-practice health students. The course is now also available internationally via an online platform. The content can be viewed through self-enrolling in the course Enrol in Healthy Discussion Program.

Promotion of the Healthy Discussions project via LinkedIn, OPA Updates, OPA Updates and Victorian Disability Liaison newsletters.

A major achievement stemming from the Healthy Discussions project has been the development of an article exploring and documenting the co-creation process of the *Healthy Discussions* interprofessional curriculum. This work was led by a collaborative team of academics and researchers from the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne, in partnership with OPA Healthy Discussions Project staff and the OPA's Lived Experience Advisory Committee. The article was collaboratively authored and published on the University of Melbourne Research website.

This research is among the few to examine the co-design of tertiary health professional training with people with disability. It highlights the value of inclusive curricula development and as a model for embedding lived experience in health education to drive systemic change.

When the voices of people with disability directly inform the education of health professionals, the health priorities and outcomes of people with disability are most effectively addressed.

Ongoing promotion of the Supported Discussions Project

OPA's Supported Discussion Project, funded by DSS, concluded on 30 June 2024. The project focused on diverting appropriate matters from guardianship by promoting less restrictive alternatives and emphasising that guardianship should be a last resort, preserving the rights and autonomy of people with disability.

Building on this work, in June 2025 OPA launched Guardianship as a Last Resort: Exploring Alternatives, a refreshed 4-part webinar series designed to empower people with disability to navigate guardianship and administration processes.

The series covers key topics including legislation and policy, insights from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission), and deidentified case studies. It also features a short video developed during the earlier phase of the project.

The series has already drawn strong interest, engaging 150 participants from across the sector, including NDIS support coordinators, healthcare professionals, and disability advocates.

For more information or to access resources, visit the Supported Discussions Project page.

Members of OPA's Lived Experience Advisory Committee with OPA staff

> “Lived experience and professional expertise were treated equally.”

Systemic advocacy

Systemic advocacy seeks to influence and change ‘systems’ such as those created through legislation, government policies, regulations, services, community attitudes and discourse. OPA’s systemic advocacy seeks to influence positive systemic changes to promote and protect the rights and interests of people with disability and mental illness, and to eliminate abuse, neglect and exploitation. OPA uses a human rights approach in its systemic advocacy that affirms the inherent worth of every individual. It holds that all people with disability have the right to enjoy equality of opportunity and to be fully included and effectively participate in society. This year, OPA delivered its evidence-based systemic advocacy in the form of 3 reports, 5 submissions and 3 public presentations.

Targeted manipulation: discussion paper and roundtable

Guardians must consider a person’s will and preferences when making decisions, but in the context of working with people who may be experiencing abuse, neglect and exploitation, manipulated preferences are not uncommon. When a manipulative individual becomes involved, a clearly stated preference may not necessarily reflect an authentic or autonomous choice. In 2024–25 OPA continued its exploration of the impacts of manipulative agents in the lives of people with disability.

When someone’s preferences are manipulated to benefit a third party, it is difficult for OPA and other safeguarding agencies to accurately identify their underlying will and preference and promote their human rights.

To facilitate discussion and promote sector-wide learning and awareness about good practice in these scenarios, OPA developed a discussion paper and hosted a roundtable event.

The paper combined OPA practice experience and academic thought-leadership on situational vulnerability. While manipulation has long been present in family violence contexts and, more broadly, in dysfunctional family dynamics, this paper:

- focuses specifically on examining the deliberate and targeted forms of manipulation NDIS-funded organisations and workers are using to exploit NDIS participants.
- details OPA’s observations that situational vulnerabilities for NDIS participants are exacerbated by current NDIS policies and practices.
- describes different forms of targeted manipulation that OPA has known to be used against people with disability under guardianship, including indoctrination, coercive control and targeted incentives or ‘bribes.’

The roundtable discussion focused on the safeguarding gaps exposed in situations of manipulated preferences, and possible rights-promoting responses. Hosted by Dr Colleen Pearce in September 2024, the event was attended by safeguarding bodies including the NDIS Quality and Safeguards Commission, State Trustees Limited, and the Acting NSW Ageing and Disability Commissioner, as well as service representatives, lawyers and academics.

The discussion paper *Manipulation and personal autonomy* was publicly released in September 2024.

Multiple guardianship appointments

OPA’s report *Multiple appointments: What is known about the people that remain subject to guardianship for years at a time?* is based on information about adult guardianship clients drawn from its client management system. The work builds on previous OPA research into the average duration of guardianship by applying a new methodology that allows comparisons between people who have been under a single guardianship order and people who experience multiple guardianship orders.

This is the first report published by an Australian public guardianship body on data about 'reappointments' – guardianship orders that are continued when reassessed, as distinct from initial guardianship orders. Number of appointments are used in this work as a proxy for length of time spent under guardianship; the more orders one has been subject to correlates with greater time spent under guardianship.

This report identified that:

- regardless of age group, people with intellectual disability and/or psychosocial disability are more likely to be subject to multiple guardianship orders than other people.
- people under 65 years are subject to reappointment at a higher rate than they were a decade ago: up from approximately 34% during 2010–16 to more than 50% since 2020.
- the number of younger people under guardianship also increased across this period.
- by way of comparison, the reappointment rate for people aged over 65 has remained between 20 and 26% across the entire study period.

Taken together, and considering the reappointment rate growth occurred when the NDIS was being implemented in Victoria, the findings strongly suggest that the introduction of NDIS and changes to the disability services sector have increased demand for guardianship. This is of particular concern to OPA given these findings defy the expectation that Australia move away from substitute decision-making towards supported decision-making, as embodied in the goals of the UNCRPD, the NDIS and Victoria's guardianship legislation.

Published in June 2025, OPA views the creation of state-based information as the first phase of analysis. OPA seeks to work with members of the Australian Guardianship and Administration Council to build a national picture as a basis for further advocacy.

The full report is available on the OPA website: Multiple appointments: What is known about the people that remain subject to guardianship for years at a time?

Foundations for change: OPA's engagement with Aboriginal people with disability

The publication and launch in September 2024 of *Foundations for change: OPA's engagement with Aboriginal People with disability*, was described as bittersweet by Dr Pearce, OPA's Public Advocate for 17 years and a proud Yuin woman.

The report is one step in the process of OPA's truth telling. It outlines recurring themes in the experiences of Aboriginal people with disability OPA works with and helps OPA better understand these experiences.

Foundations for change was prepared in a reform environment shaped by reports of the Disability Royal Commission, the NDIS Review and the Yoorrook Justice Commission.

OPA's data aligns with findings of the Disability Royal Commission in highlighting the over-representation of Aboriginal people with disability in child protection and criminal justice systems. It also points to the critical importance of access to appropriate housing for Aboriginal people with disability. As the Yoorrook Justice Commission has recognised, a home is a vital foundation for social and economic participation, good health, spiritual wellbeing and connection to Country and culture. For Aboriginal people with disability who OPA works with, appropriate housing must go hand in hand with appropriate support services.

In developing the report, OPA analysed data from the 2022–23 financial year and found that:

- 5% of all OPA guardianship clients in 2022–23 were Aboriginal people
- 89% of Aboriginal guardianship clients were NDIS participants (or were in the process of becoming a participant)
- Aboriginal guardianship clients were younger on average: 43% were aged under 30 years compared to 16% for all guardianship clients
- 88% of Aboriginal guardianship clients aged under 30 years had experienced past involvement of child protection in their lives
- Of Aboriginal guardianship clients, at least:
  - 22% had experienced contact with the criminal justice system
  - 21% had been affected by family violence
  - 32% had experienced primary homelessness (sleeping rough or in impoverished dwellings)
- 25% of alleged offenders supported by an Independent Third Person volunteer in 2022–23 were Aboriginal people.

In reflecting on the data, OPA identified 4 themes. These are the:

- the importance of culturally safe services
- the need for access to appropriate housing and services
- the need for strong advocacy
- the need for alternatives to guardianship.


Office of the Public Advocate

Foundations for change

OPA's engagement with Aboriginal people with disability

August 2024

Foundations for change launch event

In September 2024, OPA held a Yarning Circle for the launch of the report. Joining OPA for the launch and to share his moving story was Kyle Vander-Kuyp, a proud Worimi and Yuin man, Deputy Chair of Connecting Home, a former Olympian, and a Deputy Chef de Mission for Australia at the Paris Olympics who has worked extensively with the Stolen Generation. The launch was a powerful reminder that behind the data captured in *Foundations for change* are people's experiences, often raw and traumatic.

OPA shared the report with the Yoorrook Justice Commission. In a short video available on OPA's YouTube channel, Dr Pearce introduces the report *Introducing Foundations for change*.

The full report is available on the OPA website: *Foundations for change: OPA's engagement with Aboriginal people with disability*

Left to right: Deputy Chair of Connecting Home, former Olympian and Worimi and Yuin man, Kyle Van der Kuyp, with OPA's First Peoples Engagement officer, and former Public Advocate Dr Colleen Pearce at the launch of Foundations for change.

Progress on *Foundations for change* action plan

Building on steps already taken through OPA's Koori Inclusion Action Plans and initiatives led by OPA's First Peoples Engagement team, an action plan with OPA's next steps for service improvements and systemic advocacy work are set out within the report. Key achievements within 2024–25 that progressed the *Foundations for change* action plan include:

- A new prompt in relevant OPA report templates to ensure OPA provides VCAT with information about the Aboriginal and Torres Strait Islander status of represented persons. This aims to better enable VCAT to consider the impact of a guardianship order for an Aboriginal person (and relates to a recommendation of the Disability Royal Commission.)
- Yarning Circles for OPA staff with Synapse, Victoria Legal Aid and State Trustees Limited in relation to their programs and initiatives for Aboriginal clients. For example, staff learned about Synapse's Guddi Way Screen. This is a culturally developed tool to identify cognitive impairment in Aboriginal and Torres Strait Islander people and following a successful pilot in the Murri courts in Queensland, it has now rolled out in WA and NSW.
- National Reconciliation Week film screenings for OPA staff
- Koorie Heritage Trust cultural awareness training offered to staff and volunteers (50 places in 2024–25 building on 50 places in late 2023–24) with all sessions fully booked and strong attendance at the training
- Aboriginal and Torres Strait Islander Mental Health First Aid training undertaken by 11 OPA officers in 2024–25.

Advocating for parents with disability

In Victoria, parents with disability, particularly cognitive disability, have their children removed from their care at a rate many times greater than parents without these disabilities. OPA continues to advocate that parents with disability who have children involved in the child protection system are treated fairly, that their parental capacity is fairly assessed in accordance with best practice and that they are given appropriate assistance and services, attuned to their disability, to enable their family to live safely together and thrive.

OPA is part of a network of disability, peer support, family, legal, and Aboriginal advocacy organisations that pursue these aims and attends regular meetings within this network. OPA was also represented at the National Kinship, Permanent and Foster Care Conference in August 2024. The conference engaged policy makers, carers, researchers, advocates and practitioners in exploring a wide range of subjects relating to the well-being of children in care.

Key work for this year was the development of a staff guideline for advocating for parents with disability, developed in consultation with guardians who work closely with parents with disability. It aims to assist staff understand the child protection system and includes practice advice for guardians so they can assist parents make and participate in decisions in this area. OPA is currently considering the most effective way to make this information easily accessible to OPA officers.

> **The primary object of the Guardianship and Administration Act is to protect and promote the human rights and dignity of persons with a disability, having regard to the Convention on the Rights of Persons with Disabilities (CRPD) and recognising the need to support persons with a disability to make, participate in and implement decisions that affect their lives.**
>
> **Under Article 23 of the CRPD, Respect for Home and Family, no child shall be separated from their parents on the basis of either the child or one or both of their parents. In addition, states parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.**

Project to update the national resource *You Decide Who Decides*

OPA has been funded by the Australian Attorney-General's Department to update the guide *You Decide Who Decides: Making an enduring power for financial decisions*. This is a national resource developed in 2019 by OPA on behalf of the Australian Guardianship and Administration Council (AGAC).

In its 2024 report *Empowering futures: A national survey on the understanding and use of financial enduring power of attorney*, the Australian Human Rights Commission (AHRC) identified the need for the guide to be updated. The AHRC identified that an updated guide should be part of a suite of national education resources and help address low levels of awareness and understanding of enduring powers.

In funding the update, the Australian Attorney-General's Department recognised that the abuse and mistreatment of older people is a serious health, justice and social issue and that financial abuse, including the abuse of enduring powers of attorney documents, is a key concern. The Government's *National Plan to End the Abuse and Mistreatment of Older People 2024–2034* (Public consultation draft), includes priority actions to continue:

- to raise awareness about the importance of planning ahead for decision making in later years and rights and obligations in relation to enduring instruments
- efforts to achieve greater national consistency in enduring power of attorney laws (which are state-based laws).

The project relates directly to the first of these priority actions, and its objectives are to produce an updated guide and create 2 short videos including one video for a First Nations audience. OPA will work with a First Nations creative agency in developing the project resources. The project commenced in February 2025 and is due to be completed in the first half of 2025–26. OPA has worked closely with an advisory committee made up of representatives from AGAC member organisations throughout the project. The project's collaborative nature may provide a valuable foundation for upcoming conversations about national consistency in enduring power of attorney laws.

Submissions

In 2024–25 OPA made submissions to the following policy consultations and evaluations.

Australian National Audit Office audit on the NDIS Quality and Safeguards Commission's regulatory functions

OPA highlighted the Commission's safeguarding role, collaboration through referrals, and concerns about its complaint handling. While noting improvements since 2022, OPA called for better information sharing, clearer risk strategies, and reaffirmed its commitment to working with the Commission to protect people with disability.

Department of Social Services on Foundational Supports

OPA made a brief submission to the DSS' public consultation on general foundational supports. Foundational supports are those supports that sit outside the NDIS which will help all Australians with disability and their families to live better lives. OPA's submission focused on its position that supported decision-making should be included and funded as a foundational support. This is based on OPA's experience with people who need support with decision making, but do not have trusted friends and family to assist them and so require a funded and accessible decision-making service.

Australian Human Rights Commission financial elder abuse information survey

The AHRC Financial Elder Abuse Project aims to promote collaboration and impactful action to end the abuse and mistreatment of older people. In its survey responses OPA reiterated the recommendation outlined in its 2022 report *Line of Sight* – for adult safeguarding legislation in Victoria to establish a new adult safeguarding function, enabling an agency to receive and assess reports of abuse, neglect and exploitation of at-risk adults via a helpline; to undertake investigations; and to make and coordinate referrals to other agencies.

Department of Families, Fairness and Housing consultation on draft Specialist Disability Accommodation Tenancy Matching Policy

OPA supported the draft policy's focus on resident choice and decision-making rights. Key feedback included the need for clearer roles, transparency in tenant selection, and better inclusion of people with high support needs. OPA recommended strengthening the policy to ensure fair and inclusive housing access.

Independent evaluation of Department of Health's Hospital Disability Liaison Officer role

OPA highlighted the value of the Department of Health's Hospital Disability Liaison Officer program in improving healthcare access for people with disability.

Disability liaison officers in health services help coordinate care, support NDIS access, and advocate for patient rights – especially for those with decision-making disability.

However, OPA noted inconsistencies in disability liaison officer training, experience, and integration across services. It recommended standardisation, stronger organisational support, and continued funding beyond June 2026 to enhance the program's impact.

Service improvement

Throughout 2024–25 work has been undertaken on several updates that will enhance OPA's ability to access information about policy issues. These changes will be launched in OPA's client management system in early 2025–26, and include updated categories of abuse and neglect that relate more specifically to the types of abuse being seen, and improved records of OPA working alongside child protection agencies and foster carers in supporting and advocating for OPA clients, whether they are people with disability transitioning out of the child protection system, or parents with disability, or have experience of both.

Engagement with community

First Peoples Engagement team

OPA's First Peoples Engagement work involves reaching out to Aboriginal and Torres Strait Islander people in Victoria to share information about OPA's purpose and services, and to support OPA to advocate for and provide cultural support to its Aboriginal and Torres Strait Islander clients. Throughout 2024–25, the First People's Engagement team:

- worked closely with Victorian Aboriginal Legal Service, committed to working together to ensure the safety and wellbeing of Aboriginal and Torres Strait Islander people with a disability under guardianship
- hosted information tables at Aboriginal Community Controlled Organisations including Rumbalara in Shepparton, Bendigo District Aboriginal Cooperative, and Kirrae Health in Framlingham
- co-presented on Wills and Wishes with Loddon Campaspe Legal Services at Bendigo Tafe, and
- attended 6 Djirra Sister's Day Out workshops across the state.

Hosting an OPA information table at the Djirra events provided an opportunity to share with over 700 Aboriginal women and other organisations about the work OPA does to protect Aboriginal and Torres Strait Islander people with a disability from abuse, neglect and harm. OPA officers reflected that when speaking with mob at these events, the recurring themes are the need for more information about enduring power of attorney, medical decision making and the Independent Third Person program.

In 2024–25 OPA's First People's Engagement officer joined the Statewide Complex Needs Panel representing OPA from the Aboriginal and Torres Strait Islander perspective. To date they have participated on 2 panels.

Left to right: OPA's Rebecca Kelly with VCAT Koori team members, Kym Williams and Tracey Winmar, at Sister's Day Out in Orbost, March 2025.

Milestone day: first Koori VCAT hearing day held 4 June 2025

OPA's First Peoples Engagement team has been supporting the Koori VCAT team and others in advocating for the need for a Koori VCAT hearing day, and the first of these significant days was held on 4 June 2025. This day was dedicated solely to hearing administration matters for Aboriginal and Torres Strait Islander clients, and a similar day dedicated to guardianship matters is planned. Following these opening sessions, regular monthly Koori hearing days for guardianship and administration will be scheduled. The Koori VCAT team were instrumental in establishing these sessions, working with dedication for close to 4 years to see this vision realised, with input from the OPA First People's Engagement team and State Trustees Limited Koori Specialist team.

> **"The energy felt at VCAT on this milestone day was magical. It is the start of something incredibly positive for VCAT and their Aboriginal and Torres Strait Islander clients."**
>
> *OPA's First People Engagement officer*

Honouring Leadership

Jody Barney receives the Public Advocate's Award for 2024

Each year, OPA recognises a leader or organisation making a profound impact on the lives of people with disability or mental illness. In 2024, this honour was awarded to Jody Barney, a proud Birri-Gubba/Urangan Deaf woman whose work has reshaped how services engage with First Nations people with disability.

For OPA, this award is more than a recognition – it is a reflection of its commitment to championing culturally safe, inclusive, and rights-based advocacy. Jody's work exemplifies these values through her decades-long dedication to improving access and justice for Aboriginal and Torres Strait Islander people, particularly those who are Deaf or hard of hearing.

> *"Jody's contributions have changed the landscape of disability advocacy in Australia. Her leadership, courage, and dedication have created lasting impacts on the lives of First Nations people with disability. It is an honour to recognise her with this award." Dr Colleen Pearce AM*

Through her consultancy, cultural training, and national advocacy, Jody has provided vital insights to OPA, including expert advice on key resources such as *Foundations for Change* (2024) and *Walk with Me, Talk with Me* (2019), which guides best practice for OPA officers engaging with Aboriginal people with disability.

Jody's advocacy reveals the deep intersections of racism, ableism, and systemic discrimination – an area of critical focus for OPA in its efforts to improve service accessibility and equity.

> ***"Our priority of cultural knowledge and experience only continues to raise the importance of culturally informed and culturally ingrained services and the importance of authentic relationships with community,"*** said Jody.

Unable to attend the award ceremony due to her work supporting a Deaf Aboriginal person in the Northern Territory Supreme Court, long-time collaborator Dr Alexandra Devine accepted the award on her behalf. Jody had pre-recorded an acceptance speech and through its viewing her presence was powerfully felt. https://www.youtube.com/watch?v=Sxb1q6eUxpk

Jody shared her reflections with humility and purpose:

> ***"I feel very fortunate and grateful to accept the award of Public Advocate 2024. I hope that my work continues into the future.***
>
> ***I hope that this award not only looks good on the mantle but continues to hold me accountable and drives me to continue my work with allies and others to improve quality of life and quality of services for First Nations people with disability, not only Deaf and hard of hearing individuals.***
>
> ***I hope that everyone will join me on this journey to ensure that we have the opportunity to create something that is community led, community developed, community designed, in partnership with allies to improve the needs and quality of life for First Nations people with disability under guardianship."***

In presenting this award to Jody Barney, OPA proudly reaffirms its commitment to advocacy that is inclusive, informed, and grounded in lived experience. Her work continues to guide the sector toward more culturally responsive and just outcomes.

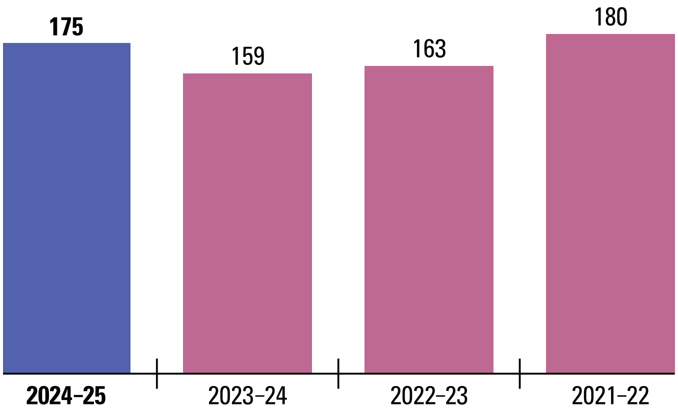
Jody Barney, recipent of the Public Advocate's Award for 2024

Community Education

OPA provides education in a range of formats on topics included guardianship and administration, powers of attorney, healthcare decision making and promotion of rights-promoting decision-making options.

In 2024–25 OPA delivered 175 community education sessions representing a slight increase on sessions delivered over the last 3 years. These sessions reached 5,136 community members. These included fortnightly online sessions run by Advice Service officers, information sessions run by the Healthy Discussions project and a variety of other sessions delivered by advocacy guardianship, medical treatment decisions and safeguarding and individual advocacy officers. Towards the end of 2025 OPA will once again work collaboratively with VCAT and State Trustees Limited to deliver statewide roadshows to major health networks.

Figure 4: Community Education sessions



Communications

The Guardianship and Administration Act tasks the Public Advocate with educating the public and building understanding through information sharing. This includes explaining how the Act works alongside other relevant legislation affecting people with disability or those who may not have decision-making capacity, clarifying what VCAT and the Public Advocate do, and informing people about disability services.

Website

OPA maintains a comprehensive online presence through its website, publicadvocate.vic.gov.au. The site hosts all OPA publications and provides tailored information for the community in a range of accessible formats to ensure inclusivity. It also features multiple contact options, including dedicated forms for community inquiries.

Table 7: Contacts through website

Contact Form	Views
General enquiries	1,807
Feedback and complaints	828

While there were 41,026 more new users compared to last year, engaged sessions on our website decreased overall by 4,087. Despite this, key pages remained consistently popular. Notably, the page detailing enduring power of attorney information saw strong performance, with over 3,800 additional views and 2,625 more engaged sessions. This means more people came across our website, but fewer people remained engaged in looking at our content.

Table 8: Pathway to website for engaged viewing sessions

How people found the OPA site	Engaged sessions 2024-25*	Engaged sessions 2023-24
Organic Search	**77,346**	74,623
Direct	**14,936**	21,658
Referral	**15,350**	15,468
Organic Social	**212**	182
Total	**107,844**	111,931

** The number of sessions that lasted longer than 10 seconds, or had a key event, or had 2 or more screen or page views.*

Table 9: Top ten page views 2024–25

Page	Views*	Users
Making a power of attorney	124,388	78,652
Home page	86,076	52,789
Appointing a medical treatment decision-maker	38,347	26,937
Guardianship and administration	24,478	14,698
Medical treatment	17,768	9,814
Enduring power of attorney	17,054	11,922
Making an advance care directive	14,462	10,154
General non-enduring power of attorney	12,939	8,828
Search	9,563	5,020
NDIS Deeds for participants with an OPA appointed guardian†	9,134	4,131
Your rights	8,202	

** The number of pageviews on a website and screenviews*

† These deeds include matters that are within the guardian's authority to agree to on behalf of NDIS participants for whom they are guardian.

OPA's resources

Table 10: Top ten resources downloaded from publicadvocate.vic.gov.au

Downloaded documents	Event count
Enduring power of attorney appointment form – short version	10,427
Take Control (June 2022)	6,265
General non enduring power of attorney appointment form for where appointing alternative attorney(s)	4,327
Advance care planning and substitute medical treatment decision making	4,087
Enduring power of attorney appointment form – long version	3,998
General non enduring power of attorney appointment form for where not appointing alternative attorney	2,850
Guardianship and administration: An introduction (brochure)	2,210
Guardianship and administration fact sheet	2,159
A medical treatment decision maker's guide	2,091
Is guardianship or administration needed? flowchart	2,038
You Decide Who Decides	1,433

There was a marked decrease in the number of OPA publications distributed by its distribution partner Victoria Legal Aid. *Take Control* remained the top requested resource for the third year in a row.

Table 11: Requests for OPA Publications

OPA titles requested	2024-25	2023-24
Take Control	**11,918**	20,525
Supported decision-making	**1,064**	2,119
Guardianship and administration	**919**	1,999
Abuse is not OK	**615**	963
Total	**14,516**	25,606

LinkedIn

OPA's LinkedIn channel provides a platform to share insights and highlight emerging themes from its work. It offers an alternative way for the community to engage with OPA's activities and allows OPA to discuss relevant topics beyond traditional media and formal publications. This year we gained over 300 new followers. The demographic breakdown of OPA's LinkedIn followers reveals a diverse professional audience:

- 10.9% identify as working in community and social services
- 9.4% are in legal professions.

Follow us at:
au.linkedin.com/company/office-of-the-public-advocate

Figure 5: LinkedIn engagement

- **32 Posts**
  - **13** Reposts
  - **25** Comments
  - **553** Reactions
  - **885** Clicks
  - **21,482** Impressions

OPA Updates

OPA Updates is a bi-monthly electronic newsletter that keeps stakeholders and community members informed about the latest policy developments, research, resources, and upcoming events. It highlights key activities of OPA, promotes information sessions and advocacy initiatives, and shares emerging issues affecting the sector.

Subscribe to OPA Updates at:
https://www.publicadvocate.vic.gov.au/the-public-advocate/in-the-news/our-news

In the past year:

- 6 newsletters were distributed to 1,505 subscribers
- On average over 22.1% of the distribution list clicked through one of the links included in each newsletter. This means over 300 people engaged with OPA material each time an update was sent out.

Media

The ongoing interest and collaboration from traditional media continues to be appreciated, and OPA is also enhancing its presence in alternative communication channels. This change in focus allows OPA to better engage with its audience through more targeted and accessible platforms, such as its website, LinkedIn, and the bi-monthly OPA Updates newsletter. This diversified approach aims to provide broader accessibility and more effective communication with stakeholders.

Volunteer programs

OPA draws on the contributions of close to 500 volunteers who support the delivery of its statutory functions through participation in one or more of the following programs: Independent Third Persons (ITP), Correction Independent Support Officers and Community Visitors.

The Community Visitors program is organised around 3 visit settings – disability accommodation, mental health units and supported residential services.

OPA's volunteer cohort reflects a broad demographic, with individuals representing a wide variety of backgrounds and life experiences. While their circumstances differ, all volunteers share a commitment to supporting people with disability and/or mental illness.

Volunteer involvement varies significantly, with some volunteers contributing regularly and others participating on a more flexible or occasional basis. All contributions help ensure broad coverage across different regions and times. Several volunteers contribute across multiple programs or Community Visitor streams, demonstrating flexibility in their roles. OPA acknowledges the essential role volunteers play in supporting its advocacy and oversight functions, and thanks them for their continued service.

Community Visitors Program

Community Visitors are appointed by the Governor in Council and are empowered to make unannounced visits to supported accommodation facilities across Victoria. Their role is to monitor and report on the services and quality of care provided to residents and patients. These appointments are made under three Acts of Parliament:

- *Disability Act 2006*
- *Mental Health and Wellbeing Act 2022*
- *Supported Residential Services (Community Visitors) Act 2010*.

In the 2024–25 financial year, OPA was supported by 329 appointed Community Visitors. Ninety trainee Community Visitor volunteers were supported throughout the year, with 38 successfully appointed as Community Visitors.

The data from the Community Visitors program is published in a Community Visitors Annual Report that is also tabled in parliament. These reports are available on the OPA website.

Independent Third Person program

OPA coordinates the ITP program, through which skilled volunteers (ITPs) are assigned to provide essential human rights support to alleged offenders, offenders, victims, and witnesses with cognitive disabilities, including intellectual disabilities, mental illness, and acquired brain injury. Victoria Police arrange for an ITP whenever they suspect a person involved in a police procedure may have a cognitive impairment.

ITPs are trained to assist individuals in understanding complex information, knowing and exercising their legal rights, and communicating effectively with authorities. They operate independently of police and do not offer legal advice.

Supporting record demand

During 2024–25, 96 ITPs supported a record 5,388 police procedures, marking a 10% increase from the previous year and the highest number in the program's history. This reflects a continuing and consistent increase in demand over the last 5 years.

Figure 6: Number of ITP attendances by year

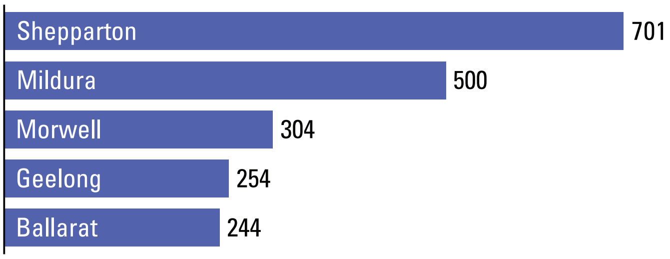
Overrepresentation of First Nations people

In 2024–25, 32% of people supported by an ITP volunteer identified as Aboriginal and/or Torres Strait Islander. Aboriginal and Torres Strait Islander peoples continue to be significantly overrepresented in the criminal justice system, and this is reflected in the ITP program's work. The actions being taken to strengthen cultural awareness among all OPA staff and volunteers will assist the ITP program to offer support that respects cultural identity, promotes dignity, and upholds the rights of Aboriginal and Torres Strait Islander people during their contact with police.

Locations and Access

ITPs provide support during police procedures at over 200 locations statewide, including police stations, prisons, hospitals, multidisciplinary centres, schools, and clients' homes. As in previous years, the highest demand for ITPs remained at large regional police stations.

Figure 7: Top five Police stations by ITP-attended procedures



Remote ITP attendance was introduced following the pandemic and remains an important safeguard when an in-person ITP is not available. While in-person attendance is preferred, remote attendance by ITPs helps ensure equal access to support for people with disability involved in interviews or procedures with Victoria Police, regardless of their location.

This year, remote attendance accounted for 1,829 interviews, or 34% of total interviews, a promising decrease from the previous financial year. This reduction reflects the success of targeted recruitment efforts in remote and key areas, helping to lessen the program's reliance on remote attendance.

Corrections Independent Support Officers

Corrections Independent Support Officers (CISOs) are experienced ITP volunteers who provide support to prisoners with an intellectual disability during General Manager's Disciplinary Hearings across all adult prisons in Victoria. CISOs help explain the hearing process and help prisoners to understand their rights and participate fully. It is the responsibility of the prison to arrange for a CISO to attend.

This year, 4 CISOs provided support to prisoners at 128 hearings across 6 prisons, an increase from last year and part of a steady rise in demand since 2020.

Table 12: Prisons attended by CISO volunteers

Prison	No. of hearings
Port Phillip Prison	91
Melbourne Assessment Prison	17
Metropolitan Remand Centre	15
Loddon Prison	3
Dame Phyllis Frost Centre	1
Ravenhall Correctional Centre	1

Volunteer support and recruitment

This year, OPA received over 500 web-based enquiries from individuals interested in volunteering with the Community Visitor and ITP programs. In addition to these formal expressions of interest, our current volunteers continue to be a vital recruitment channel, often referring friends and acquaintances based on their own positive experiences with OPA. Their advocacy and enthusiasm play a key role in sustaining and growing OPA's volunteer base.

In addition to the 90 Community Visitor trainees supported, 38 new ITPs were inducted to the ITP program.

Training

In 2024–25 OPA delivered 74 training sessions to volunteers. These sessions support capability building across the volunteer programs.

In the Community Visitors program, a progressive review of training modules has been carried out to ensure content remains current, relevant, and responsive to emerging needs. Resources have been developed to align with the Social Services Regulation Standards, supporting consistent practice and compliance across the sector. Community Visitor training was offered through a mix of Zoom and in-person formats, reaching a total of 166 participants.

ITP learning and development includes mandatory induction, practice and assessment, and update sessions. Building Cultural Competence training continued this year to support ITPs in their work with Aboriginal and Torres Strait Islander people. OPA has continued its partnership with the Victoria Police Academy annual training to ITPs on Video and Audio Recorded Evidence. OPA co-facilitates these sessions with trainers from Victoria Police and Centre Against Sexual Assault.

Service improvement

During the past year OPA established an online portal that enables volunteers to manage their own availability. This gives ITP volunteers more control and flexibility over their availability and reduces program administration and workload. Implementation of the portal is enhancing volunteer engagement and leading to more timely responses to requests for ITP attendance.

Volunteer profile

Alan has volunteered with the Community Visitor program since 2017. Prior to this, Alan worked for 20 years in the disability sector. Now retired, Alan's story sets out how volunteers can extend their involvement and support other volunteers.

"The majority of my working background focussed on disability accommodation services, hence my interest in becoming a community visitor. I incrementally worked up to become a panel secretary (now known as Lead Visitor) and have been a Disability Stream Regional Convenor in the Geelong and Colac catchment area since 2020. I view my dual roles within the CVP as extremely important, as I persist in raising matters of concern to advocate for better outcomes for residents in a practical approach. As a Regional Convenor, I am responsible for mentoring, advising and supporting fellow community visitors. This engenders a great sense of friendship and colleagueship. My role also requires having well developed connectedness and engagement with a number of disability based agencies within and across the sector."

Alan, Community Visitor program volunteer

2024 OPA Volunteer Conference: Celebrating Purpose and People

On 11 October 2024, over 160 OPA volunteers, staff and guests came together for the 2024 OPA Volunteer Conference, a day of recognition, learning and connection across our volunteer programs.

The event held special significance for OPA as it marked the final official public attendance by Dr Colleen Pearce. Dr Pearce was formally thanked for her service and leadership as chair of the Community Visitors Combined Board by board member Linda Peterson. Pat O'Donnell, volunteer with the ITP and CISO programs, extended gratitude to Dr Pearce on behalf of all volunteers.

The event's theme was 'Celebrating Purpose and People' and presenters spoke engagingly on a range of thought-provoking subjects. Keynote speaker, The Hon. Bill Shorten MP, then Minister for the NDIS, spoke of the future of the scheme and the value of community advocacy. Bronwen Write presented on behalf of Beyond Blue, speaking movingly about their lived experience of neurodiversity and depression, emphasising the importance of inclusive and empathetic practice.

Volunteers were also engaged in breakout presentations and events led by experts from:

- OPA's Healthy Discussions project
- OPA's systemic advocacy unit
- Eastern Centre Against Sexual Assault
- Independent Mental Health Advocacy
- Second Psychiatric Opinion Service
- Mental Health Tribunal
- Mental Health and Wellbeing Commission
- Social Services Regulator.

The conference was a meaningful celebration of the impact, dedication, and shared purpose that define OPA's volunteer community.

Left to right: Acting Public Advocate Daniel Leighton with former Public Advocate Dr Colleen Pearce and the Honourable Bill Shorten at the OPA Volunteer Conference.

Recognition of service

OPA commends Community Visitor Marion Blythman for her recognition by the City of Ballarat as Senior of the Year for 2024. For the past 17 years, Marion has volunteered as Regional Convener of OPA's Community Visitors Program for the disability settings in Ballarat and the surrounding areas. This role carries additional coordination responsibilities. Marion's team of 10 volunteers make regular visits to 57 homes for people with disability in the region. Many of the residents in these homes have no family or friends advocating for them and rely on other people to raise concerns or make complaints on their behalf.

> **"After I retired from teaching in the Special Education sector I was so lucky to find a volunteering job where I could continue to support people with a disability. As a Community Visitor in the Disability Stream I have had the privilege to enter the homes of many people who live in supported accommodation. My motto has always been to focus on what people with a disability can do and not what they can't. I am passionate about trying to ensure that the individual needs of all residents are met to the highest possible standard in an environment where they are treated with respect. Supported people should also be given every opportunity to enhance their lives and to develop new skills. My nomination was a great surprise and the award an even greater one."**

Marion Blythman, Community Visitors program Regional Convenor, receiving her City of Ballarat Senior of the Year award in November 2024.

ITP Awards

Nominated by ITPs who witness commendable conduct, these awards recognise stations at which Victoria Police officers consistently demonstrate professionalism, respect, and best practice.

Metropolitan Police Station Award
Sunshine Police Station was recognised for its strong support of the ITP role and its inclusive approach to working with people with disability.

Regional Police Station Award
Shepparton Police Station and its SOCIT unit were acknowledged for creating a safe and supportive environment for both ITPs and clients. The unit was praised for its understanding of how stressful interviews can be for clients, and for its professional and compassionate responses.

Public Advocate Police Awards

The Public Advocate Police Awards were co-hosted with Victoria Police on 3 December 2024, the International Day of People with Disability. The awards recognise members of Victoria Police who provide outstanding service to people with disability.

The Ben Bodna Award

The 2024 Ben Bodna Award for Exceptional Leadership in Support of People with Disabilities went to Acting Sergeant Timothy Schnepf for his commitment and resolve in pursuing an investigation into an accused taxi drivers' offences against numerous passengers with disability.

Acting Sergeant Schnepf's investigative work identified extensive evidence leading to numerous charges relating to offences committed while transporting vulnerable passengers. His dedication, thoroughness, and victim-centred approach exemplify the leadership and integrity this award seeks to honour.

The Public Advocate Award for Outstanding Police Service to People with Disability

Sergeant Alex Wallace has been a longstanding supporter of ITP volunteer training and assessment. His contribution has been instrumental in maintaining high standards for volunteers, helping ensure quality support for people with disability during police interviews. Sergeant Wallace's approachable and supportive manner has strengthened the partnership between OPA and Victoria Police.

Left to right: Acting Public Advocate Daniel Leighton, Sergeant Alex Wallace, Assistant Commissioner Lauren Callaway, Commander Jo Stafford.

Quality and Practice Improvement

Expansion of remit

Previously named Quality and Audit, in the past year the name Quality and Practice Improvement has been introduced to recognise the team's role in leading practice improvement. This change has been supported through expansion with 2 new roles working across OPA: a Practice Lead and a Learning and Development Coordinator. The Quality and Practice Improvement team is responsible for fostering a culture of innovation, continuous improvement and accountability at OPA through quality assurance and improvement processes. This is achieved through collation of feedback and an analysis of data, trends and themes.

Key achievements

Some of the following quality and practice innovations respond directly to the VAGO report, and all of them are designed to further OPA's goal of service excellence in the promotion of human rights of people with disability.

- Implementing a learning management system and establishing structured training pathways including, for example, the case conference committee.
- Revising the staff induction process to incorporate a training needs analysis and extensive updates to the delivery of induction modules, with a focus on ensuring consistent human rights training for all newly appointed guardians and investigators.
- Establishing a Practice Improvement group to co-design process changes and embed learnings from the VAGO performance audit.
- Redesigning client information fact sheets for distribution to people involved with guardianship or investigation.
- Improving investigation processes to support timely submission of VCAT reports. These developments include client management system updates, work instructions and expansion of data visualisation projects.
- Developing clearer guidance for allocating guardianship matters with consideration of staff capability.
- Improving standard operating procedures and guidance materials in response to themes from complaints data, staff feedback and evolving practice needs.

Learning and development

OPA is committed to continuous improvement and delivering high quality services to our clients. The Learning and Development Coordinator is supporting growth at the individual and organisational level to ensure OPA staff are equipped with the skills and knowledge they need to provide a high-quality service to the Victorian public. Learning and development opportunities in 2024–25 have included OPA-wide training on policy changes and how they impact staff roles, as well as targeted opportunities to develop individuals and teams given changing needs and varying experience levels.

Figure 7. Learning and Development opportunities

Training topics
New Leader workshop
Building Cultural Competency
Understanding Race and Racism
Supported Decision Making 4-part training
Writing Effective Case notes
Vicarious Trauma Awareness
Understanding the Public Advocate's delegations
Disability Awareness
Restrictive Practice & Substitute Decision Making in residential aged care
Regular development sessions
Advocacy and Adult Protection forums
First Nations community of practice
Case conferences
Issues forums

Leading practice

The Practice Lead role was implemented to provide thought leadership, coordination across OPA, and support to develop and embed high quality practices, standards and tools. In addition to elevating standards, they connect practice approaches to OPA values and organisational goals. Currently the work is primarily focused on implementing responses to the release of VAGO's audit recommendations and has also included other activities associated with promoting human rights and effective communication.

One key project being led by the Practice Lead is OPA's Knowledge Management project. This project commenced in November 2024 with several phases that continue throughout 2025–26. The project aims to improve OPA's digital capability and standardise practice.

Opportunities for improvement

OPA values all complaints and feedback, as it gives an additional perspective of its performance and can provide valuable prompts to review how OPA conducts its functions. This year, the scope of complaint matters has expanded to include Ombudsman enquiries, complaints referred back to the program for resolution, review of a guardian's decision and general feedback (and this definition has been applied retrospectively to previous years' data to allow for comparison). This year OPA received 175 instances of feedback or enquiries ('matters'), a 4% increase on the 169 matters received in 2023-24.

Complaints and feedback

Of the 175 matters received, 97 were complaints about a service or staff member, representing a 12% decrease in complaints compared to last year.

The most prevalent concern raised was communication/consultation, increasing by 3 matters this year to 39. This category captures issues such as poor response time to emails/calls, perceived inadequacy about frequency of updates, insufficient engagement with the person or their family, and lack of communication about decision making.

Issues about accommodation decisions and conduct had no marked change from last year, whereas there was an increase by 3 for issues relating to access to services (rising to 11 in 2024–25). Complaints about decisions and conduct about access to persons authority decreased from 18 last year to 7 this year. Given that there was a similar number of orders received with powers to make decisions about access to persons, OPA views this as an indication of improved service delivery that may relate to clearer communication with interested parties about processes and the scope of the role of the guardian.

OPA is pleased to note a significant decrease in the complaints received relating to delay (9 complaints compared to 22 last year), as this may relate to the efforts to reduce wait times within the guardianship program, such as the enhanced triage process coordinated by the intake team.

Table 13: Most common concerns

Issue type	2024-25	2023-24	2022-23
Communication/Consultation	**39**	36	28
Accommodation	**20**	20	21
Access to services	**11**	8	9
Conduct	**10**	11	18
Delay	**9**	22	14
Access to represented person	**7**	18	8

Of the 97 complaint matters, 19 were referred to the program for resolution – typically these were single-issue complaints, such as a single occurrence of a delay in communication.

Not all complaints progress to formal investigations, such as enquiries from the Victorian Ombudsman and general feedback (for example, about the OPA website). This approach fosters faster resolution and an improved mutual understanding of the issue.

Of the complaints that progressed to formal investigations, 4 were upheld, meaning they were found to be valid based on evidence, and 7 were partially upheld, meaning one but not all parts of a multi-issue complaint were upheld. Twenty-six were not upheld and 12 remain under investigation.

As a remedial action (or measure), 35 complaints resulted in an explanation or information being provided to the complainant including 10 instances where formal apologies were issued.

Table 14: Complaint outcomes

Complaint outcome	2024-25	2023-24	2022-23
Upheld	**4**	13	6
Partially upheld	**7**	10	8
Not upheld	**26**	21	50
Unable to determine	**3**	10	4
Withdrawn	**–**	4	8
Under investigation	**14**	21	1
Not applicable (informal complaints/enquiry/out of jurisdiction/compliment	**41**	29	33

Requests for review of guardian's decision

When a person disagrees with a decision of an OPA guardian, they may request a 'Statement of Reasons'. This statement explains the legislative requirements of the Guardianship and Administration Act or the *Charter of Human Rights and Responsibilities Act 2006* (Vic) and the guardian's considerations when making the decision. If a person remains dissatisfied, they may seek a review of the decision. Throughout the year, there were 4 requests for review of decision. The outcomes were that 2 resulted in an explanation and the decision was sustained, and 2 remain under review.

Victorian Ombudsman inquiries

The Victorian Ombudsman (VO) may conduct enquiries into an administrative action because of a complaint received, or receipt of a referred complaint or matter, or by their own motion. This year, enquiries from the VO numbered 5, consistent with last year. Following provision of additional information and explanation of the matters by OPA for their consideration, all enquiries were closed by the VO.

Compliments

Of the 175 matters recorded this year 43 were compliments, an increase of 96% from 22 received last year. The significant increase may in part be attributable to staff having increased awareness of the process for registering compliments. The compliments registered this year related to a range of OPA's functions and projects, with approximately half (21) associated with the Advocate Guardian program, 4 for the Advice and Response program and 2 for community education presenters.

OPA complaints to external agencies

When OPA holds significant concerns for a person with disability under guardianship or subject to investigation, the Public Advocate may take safeguarding action and make complaints to external agencies. These concerns may relate to the services the person receives, the quality and safety of those services and supports, instances of misconduct, or financial exploitation and abuse. In 2024–25, 14 complaints were made to external agencies including the NDIS Quality and Safeguards Commission and Victorian Disability Workers Commission – 4 more than the previous year.

Stefanie's Experience*

The Public Advocate has been appointed as Stefanie's guardian several times in the past decade, and the events outlined below – from the most recent period of guardianship – took place over multiple years.

Stefanie and her grandchild, Sam, have a very deep bond and have always lived together. Living in squalor in public housing for many of these years, they both have a long history of chronic and acute mental health issues, and Sam's behaviours of concern significantly impact Stefanie.

The guardian's first decisions were to seek access to the NDIS and engage services for Stefanie. The NDIS support team worked closely with Stefanie's mental health services, with the key objective of finding ways that supported her to achieve stability in her mental health.

Following a significant event in the home, the guardian made a decision for Stefanie to move to a supported residential service (SRS). Living with Sam was in keeping with Stefanie's will and preferences and Sam was supported by their NDIS care team to move there as well.

Several months after moving, Stefanie reported that she was sexually assaulted at the SRS and in the aftermath to this event, had an admission to a psychiatric unit lasting many months. The assault was reported to Victoria Police and OPA's Community Visitor Program, and the Public Advocate made a complaint to the NDIS Quality and Safeguards Commission.

After thorough consideration, the guardian made another accommodation decision: for Stefanie to no longer live with Sam, and to move to a different SRS. The guardian decided to override Stefanie's will and preference on the basis that she might experience serious harm to her mental health if her preferences were followed. Stefanie's care team were cautious yet supportive about the proposed change to the longstanding family dynamic, whereas Sam and Sam's team were opposed to it.

Months after Stefanie moved OPA received positive feedback about the guardian's decisions for Stefanie. Stefanie was now showing significant improvement in the stability of her mental health, as well as in her levels of participation and her engagement with others. Being removed from the impact of Sam's behaviours of concern was by far the biggest change, and visits together (with support from others) had been established.

OPA was acknowledged for the significant improvement to Stefanie's personal and social wellbeing, which was viewed as an unusual and remarkable success by all involved in her care including the psychiatrist, the support coordinator, behaviour support practitioner, and others in her NDIS care team and mental health services.

In 2025, VCAT revoked the guardianship order. At the reassessment hearing Stefanie thanked the guardian for all they had done over the 4 years, a lovely moment acknowledging the guardian's advocacy and commitment to the possibility that despite seemingly intractable challenges in her circumstances, Stefanie might find a way to flourish.

** Names and specific details have been changed for privacy reasons.*

Appendices

Appendix A: Compliance disclosure

OPA makes decisions and advocates for people with disability and has obligations and must comply with the following statutes:

- *Guardianship and Administration Act 2019*
- *Charter of Human Rights and Responsibilities Act 2006*
- *Medical Treatment Planning and Decisions Act 2016*
- *Mental Health and Wellbeing Act 2022*
- *Carers Recognition Act 2012*
- *Disability Act 2006*
- *Residential Tenancies Act 1997*
- *Severe Substance Dependence Treatment Act 2010*

Disclosure of improper conduct

The purpose of the *Public Interest Disclosures Act 2012* (Vic) is to encourage and facilitate the making of disclosures of improper conduct within public bodies and establish a system for matters to be investigated.

Information about making protected disclosures and OPA's role is provided on OPA's website.

Appendix B: Comparative workforce data

In addition to the Public Advocate, OPA's workforce data is as follows:

Table 15: Paid employees by gender, age range, and employment status at 30 June 2025

OPA employees by gender	
Gender	**Total**
Woman	88
Man	20
Self-described	1
Total	**109**

OPA employees by age range and employment status				
Age Range	**Ongoing**	**Fixed Term**	**Casual**	**Total**
Under 25		2		2
25–34	10	9		19
35–44	19	8	1	28
45–54	21	4		25
55–64	17	7	2	26
Over 64	6	1	2	9
Total	**73**	**31**	**5**	**109**

Table 16: Paid employees by classification and gender at 30 June 2025

OPA employees by VPS level and gender					Full Time Equivalent Employees			
Classification	**Man**	**Woman**	**Self-described**	**Total**	**Man**	**Woman**	**Self-described**	**Total**
VPSG2		4	1	5		4.00	1.00	5.00
VPSG3	2	6		8	1.51	4.32		5.83
VPSG4	3	13		16	2.80	11.50		14.30
VPSG5	11	58		69	10.33	54.60		64.93
VPSG6	3	6		9	3.00	6.00		9.00
Executives	1	1		2	1.00	1.00		2.00
Total	**20**	**88**	**1**	**109**	**18.64**	**81.42**	**1.00**	**101.06**

Appendix C: Financial report

Comprehensive Operating Statement	Note	**2025 $000's**	2024 $000's	2023 $000's	2022 $000's
Continuing Operations **Income from transactions**					
Output appropriations	1	**15,788**	15,376	15,013	14,959
Government Grants		**3,853**	3,580	3,679	3,578
Other Income					
Total Income from transactions		**19,641**	18,956	18,692	18,537
Expenses from transactions					
Employee expenses	2	**16,581**	15,447	14,217	16,222
Depreciation and amortisation		**64**	70	68	82
Interest expense		**4**	5	5	8
Supplies and services	3	**3,436**	3,651	3,401	2,323
Total expenses from transaction		**20,085**	19,173	17,691	18,635
Net Result from transactions (Net operating balance)	4	**-444**	-216	1,002	-98
Other economic flows included in net result					
Other gain/(loss) from other economic flows		**0**	0	-41	2
Total other economic flows included in net result					
Net Result		**-444**	-216	961	-96
Comprehensive result		**-444**	-216	961	-96

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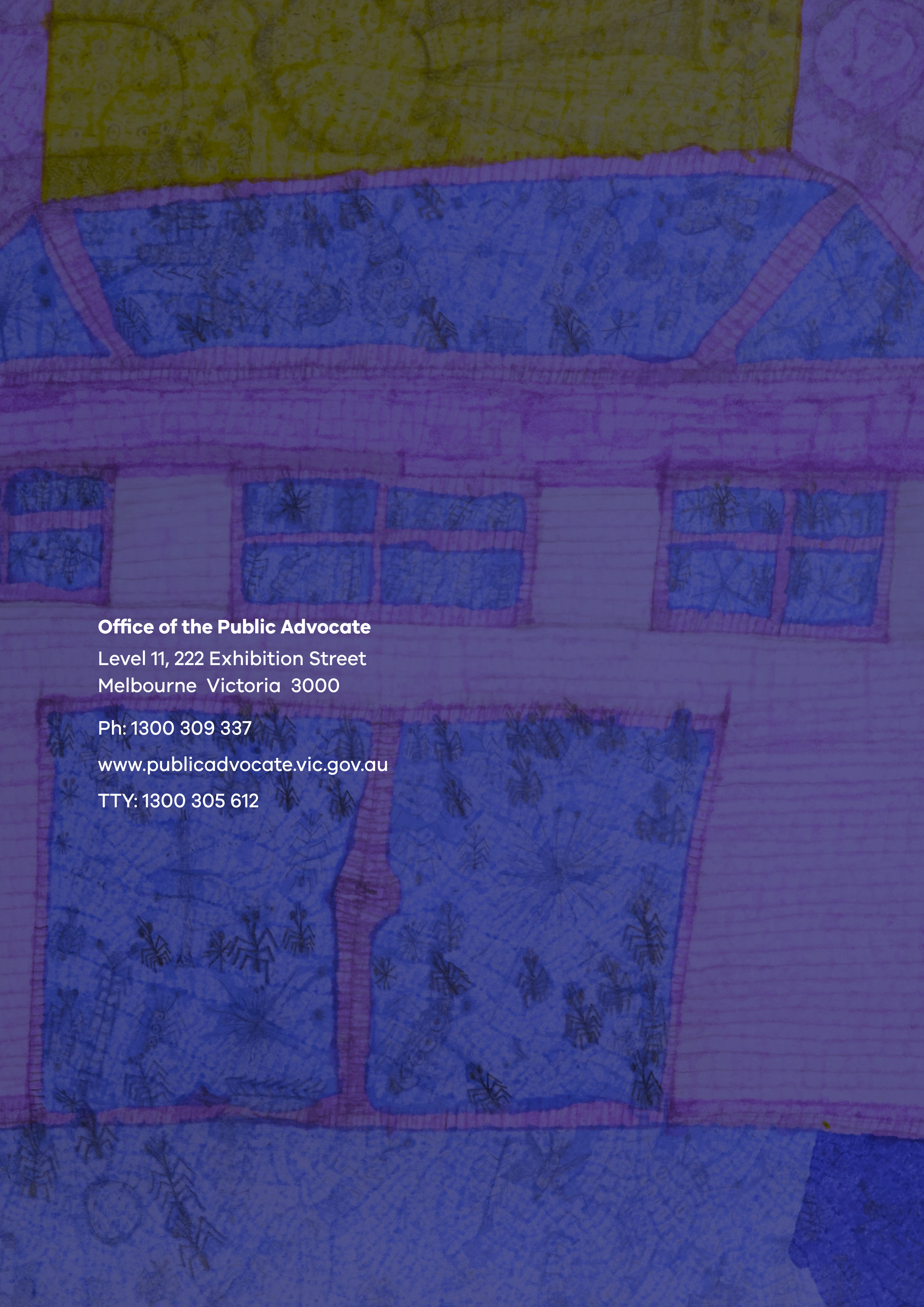
Note 1. The increase in output appropriation compared to FY23-24, is due to additional funding for incremental DFM Wage Indexation & one off Lump Sum Payment as per EBA 2024.

Note 2. Salary cost increases due to full workforce recovery since FY23-24 with reduced funding in BP3 Output Initiative and after Early Retirement Package Offer in FY22-23. Decrease in BP3 Output Initiative Funding affecting the required staff FTEs to maintain the same level of services that OPA commits to vulnerable Victorians.

Note 3. Despite of addressing 10 recommendations from VAGO audit in FY23-24, OPA manages to make some saving of $200k in the operating budget compared to FY23-24.

Note 4. Deficit of $444k reflects OPA overspend due to unavoidable costs in running OPA key programs – Safeguarding and Supporting Vulnerable Victorians without adequate funding as well as increased inflation costs.



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