

46. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Full name [REDACTED]

Question 1

Question 2

Question 3

My father has Dementia; I have been fighting for three years to protect his rights while trying to get him the best care possible.

He has been victim of theft by deception, coerced into revoking my EPOA while the other EPOA holder knew he had cognitive impairment PAS score #10 moderate. The other EPOA funded an overseas holiday, gifted herself and her family over \$4500 and earning in one year, cannot or will not account for \$9000 in extra expenses (not including Aged Care Fee, bills etc) when she first took over his accounts, has failed to get him the medical attention and facilities / amenities and services he needs. He has been neglected by the nursing home and his medical EPOA. In 2012 he was also admitted to [REDACTED] hospital for malnutrition and dehydration under the care of his medical EPOA. He was admitted into Aged Care shortly after.

Multiple emails to the home and his EPOA have failed to improve his care. Both home manager and EPOA ignored my repeated requests for simple safety measures to be put in place such as alarm pressure pads on his chair to alert staff when he tried to stand, ignored repeated requests to have motion sensors fixed in his room, it took 4 months to get a (proper) more suitable, safer chair for him to sit in and sleep in. It was only after falls and injuries that the home and medical EPOA finally acted. On [REDACTED] after being non responsive for 8 hours he was admitted to [REDACTED] hospital suffering from malnutrition, dehydration, a urinary infection and a blood infection while under the care of the home and his EPOA. I requested he was placed in palliative care (refer to Victorian Gov booklet , A guide to palliative care.) but he was returned to his room at aged care on a drip and not getting the attention I felt he needed, I.E food and drink, supervision, he couldn't use the buzzer or call out if he needed to and his door was closed on occasion. His EPOA sent an email to me; quote," *Dad will not be started on palliative care till he refused food or fluid for 48 hrs and is assessed by the doctor*". Note; on July 1 it only took some 16 hours before he became severely dehydrated resulting in hospital admission. Email evidence available upon request.

I have had a little success with VCAT the only restriction put in place was that the financial EPOA, the same person as medical has to lodge an ABA (Accounts by Administrator) each year, her EPAO was eventually revoked and she was appointed administrator and a copy of the ABA has to send me, BUT numerous errors on the ABA's have been pointed out to VCAT and not acted on.

Organisations such as VCAT, OPA, Aged care commissioner, Seniors rights, The nursing homes head office and many others including the police have been of little help, ALL of them referring enquires back to the medical EPOA who insisted my dad was getting the care he needed . The nursing home would not even discuss safety issues or answer emails of my concerns from me even though they have a duty of care to do so, all of my concerns were referred back to the EPOA for final decision.

Medical EPOA holds the power; the problem is the EPOA is the perpetrator in this case. A social worker at the hospital where dad is currently located indicated she had concerns but sided with the EPOA's decision and will not help me. His EPOA insisted our father was returned to the very place that put him in hospital. The hospital social worker said she must follow the wishes of the EPOA even though they may not agree, surely this can't be right. Unfortunately no one is willing to take a stand, every one is very sympathetic but as soon as you mention EPOA they say sorry they have no authority to help and advise you to go to VCAT; If VCAT had ruled correctly in 2014, viewed evidence correctly and followed the VCAT act, Guardian and Administration act, my father would not be suffering malnutrition and dehydration.

The police will not act as they say it's a family matter and out of their jurisdiction and recommend VCAT or Supreme Court.

No one is accountable.

My father was placed back at the aged care home. I filed a complaint with the age care commissioner who spoke to the EPOA. The EPOA stated she did not want the investigation to continue and that's where it ends. Disturbing enough the homes story of events has changed and a letter has been produces by a hospital doctor exonerating the home; strangely this letter is not on an official hospital letter head but just on a piece of paper with the doctors name crossed out and re written. The commissioner was asked to look into this but appears did not and has admitted they rely heavily on the EPOA's word . Question? Why does the EPOA state they do not want the investigation to continue?; If you were innocent you would welcome an investigation to see if anything can be done to improved quality of life for the elder.

I received a call from the home manager stating my father had been placed on morphine and he would not last long. As per the EPOA and my agreement visiting for my father was 9-3pm for the EPOA and myself 3pm onwards. I was told by the home manager at the request of the EPOA that I could not visit until after 3.30pm. When I showed my concern of not seeing my father till then the home manager stated that the Medical POA had the right to stop me visiting. I called ██████████ Commissioner of aged care, she then called the home manager and informed her that the Medical POA did not have authority to stop my visits. The Medical EPOA and I came to an agreement when she realized my father could pass away at any time.

I know of an instance recently where an elderly women was admitted to ██████████ hospital from a local aged care home with dehydration septicaemia and gangrene of one leg.

Doctors must be able to report this abuse to authorities and offenders held accountable but to the best of my knowledge this did not happen.

Question 4

Research into Aged Care homes is a must, training of nurses, staff etc. Comparing homes with qualified nurses compared to homes without. Research into Medical POA's involvement of Elder Abuse is also needed. The gaps in evidence are where organisations fighting Elder Abuse RE Commissioner of Aged Care do not thoroughly follow up concerns from family and friends or they discontinue investigations at the request of the Medical POA. My case for example, how can my evidence be processed properly if my concern is not investigated and put a stop to by the Medical POA? If there is no investigation then there is no evidence on file. If Aged Care Facilities or Carers are notified of an investigation or complaint, this gives the abuser an advantage to cover up the abuse or change documents or medical reports as I suspect happened in my case. Photos I produced to Commissioner of Aged Care showed clear signs of abuse but the Medical POA would not allow them to investigate so this evidence in my opinion was excused or ignored, another gap.

Question 5

If an elder person's accounts or Centrelink are accessed by an EPOA it would be wise that the accounts were flagged that an EPOA is now in place. The (banks) organisations legal team could be aware of any large transactions that are made and reported; also they could be aware of any abnormalities and alert the appropriate authorities. This could also be done by a bank teller for example.

Prior to an EPOA being granted access to an account or CentreLink they should be made to present a medical certificate stating the elder person no longer has capacity and they will be acting on their behalf or a doctors certificate stating that the donor has given authority to access their financial accounts for a nominated time. While I do realise this is a very difficult area in terms of capacity for the elder person to come to terms with but preventive steps must be put in place at this early stage.

Serious penalties are a must for breaches of misusing Elder People's bank accounts as EPOA or other.

Question 6

Refer Q5

Question 7

Elderly peoples bills payments could be nominated to be direct debited for rent/mortgage payments, food vouchers could be given as part payment instead of lump sums and billing companies could direct debit payments for utilities etc. This could at least protect the elderly living arrangements and living conditions.

Question 8

Question 9

Social workers could visit elderly people applying for a pension and therefore determine their needs and cognitive state of mind. This is where protection could be put in place RE question 7. Making sure the needs of the elderly person are being met, this could be a good time to discuss Medical and financial EPOA.

Question 10

Question 11

My Father is a resident of a well known nursing home chain and has just been admitted to [REDACTED] hospital suffering from malnutrition, dehydration, urinary and blood infection, and at the time of writing has now become sepsis as a result.

While home records may show dad had been receiving three meals a day he clearly has not been eating them. I have evidence that shows dad wore more than he ate, he needed to be fed by an assistant and clearly this did not happen. Numerous emails of concern to the EPOA were bitterly dismissed, the latest email only a week before his admission where I voiced concerns of distended stomach, abdomen pain and being incorrectly placed in his day chair causing discomfort to his back. I also spoke to nursing staff with my concerns but I was ignored. In an email to his EPOA I requested for dad to wear a bid to prevent his clothes from becoming soiled, three hours after lunch he still had food stains all down his front, indicating to me he was attempting to feed himself unsuccessfully. Emails to the home manager were ignored and not replied to. Emails I sent contained concerns of safety, general care and hygiene while dispensing medicine re: medication blister packs pills were often popped into hand or pills were placed into cup cake wrappers then placed into a crushing bowl the powder placed in a cup, problem was often the cup cake wrappers would break into the crushing bowl and not cleaned out allowing cross contamination of medication.

Around mid 2014 my father had a fall in the home, he was on the floor with a broken hip for 4 hours, home blames ambulance, I was not notified until the next day. His surgeon told me he would walk again with the correct amount of physio. Since the fall dad had little to no physio as the home could not keep a permanent physio therapist in place; his EPOA claims he has been in a nappy since this as he would now need a lift machine to go to the toilet. Prior to his fall he was using the toilet on his own and not in a nappy. Since the fall he has been forced to mess himself in a nappy.

Quote's from EPOA email *"dad wears a nappy pad. He has had one since he broke his hip. And he rarely uses the toilet!!!! This would require the hoist every time he needed to go.* The hoist is irrelevant if he needs to go the nurses should take him every time he needs to go and the EPOA should be enforcing this and not force him to go in a nappy. It's disturbingly sad and degrading for dad to have to knowingly mess himself.

In one instance where I found my father in the lounge area sitting in his own mess with a urine puddle on the floor while home staff were laughing at an article in a take 5 magazine. Resident are frequently ignored when calling for help, especially for the toilet.

On multiple occasions I have found my father incorrectly placed in his day chair with foot rests not in place, resulting in dad's legs hanging in the air with end of the chair digging into his legs cutting off circulation to his feet that were cold, purple and swollen.

He used to be placed in a wheel chair that was totally unsuitable, it was a major trip / fall hazard and I have found him asleep in this chair all slumped over when I awoke him he was in a lot of pain due to being hunched over all while home staff walked on

by oblivious.

This chair also had spikes to hold Velcro straps on the wobbly foot rest that dug into dad's feet.

Unfortunately in my experience it seems once a resident loses their faculties the level of care drops. No cognitive ability means no complaints.

I am also suspicious that home records have been altered or written incorrectly. The nurses would report one story to me and when I asked for my concerns to be answered the EPOA would either be told something different or she herself would ignore my concern. It would be nice if somehow once records are entered in to the home data base they could not be altered or covered up as they were with the drowning case in NSW that was only solved by a home staff member coming forward.

My father has also been placed next to an open window on a winter's day in his chair wearing only a singlet and track pants or inappropriately dressed for weather conditions, fighting to pull his own clothes off due to over heating or asking me for a blanket because he was cold . A nurse told me they had asked his EPOA to provide suitable clothes for him but I had to purchase them myself.

Factual, including photographic Evidence can be provided upon request.

Question 12

Question 13

Families should be more involved in elderly loved ones care and not just their Medical POA. Family members need a say even if they don't out number Medical POA and should have a voice in their loved ones care. Remembering Medical POA are for making medical decisions only and not in control of living arrangements and financial care

Question 14

In my experience the aged care facility works on meeting profit based? Targets rather than quality of care; much the same as a truck driver is paid by the load, so he rushes to meet his target while endangering road users when he speeds. Safeguards could be improved by educating care staff about the signs of elder abuse and a care line could be dedicated for nursing staff etc to report concerns of residents, these calls could be anonymous to protect themselves and their jobs. Every room in Aged Care should have safety signs in place, as in care information, what are elderly rights and organisation numbers to call for information or to report a concern or complaint.

Question 15

In my experience aged care facilities will only deal with the EPOA when care concerns are raised and while I understand that it is hard for the home to deal with all parties they have a duty of care to act when concerns about general care and well being are raised. It took 4 months for me to get the chair my father needed because the home would only communicate to the EPOA. The home and the EPOA were not prepared to listen and refused dad his chair so he spent up to 8 hours a

day in an uncomfortable chair and slept slumped over, continual plea's were ignored until even after a VCAT hearing that did not help, as once again the EPOA was asked " are you happy with the homes care", to which the EPOA said yes, case closed. It was only when I told the home I was going public he had his chair within a week. Home's and EPOA's need to be held accountable to act when concerns are raised. Other issues were motion sensors for bed; repair of the motion sensor, seat alarm on his chair for when he tried to stand; a body pillow in his bed restricting his movements; being poorly dressed; torn stained clothes. All ignored by the home and EPOA for months, only after repeated requests for action and a fall resulting in a black eye was something done.

In my fathers home there is a big problem of the care workers not being able to understand English; a lot of elderly slur their words and can be difficult to understand but talking to them and being patient they are understood; I have overheard conversations where home staff members got it wrong, one instance the staff were prepared the leave a resident calling for the toilet.

The training for aged care needs to include the proper understanding of the English language.

Question 16

Question 17

All staff in Aged Care should have it made clear to them they have a duty of care to report any concerns for residents and that ignoring these issues or covering up for the facility could result in loss of employment or penalties. If a family member shows concerns for a resident the head office of the facility should do an investigation and follow this up with a written response to ALL families members.

Question 18

All the aged care complaint organisations that I have contacted for help and advice all say the EPOA cannot act in the way she does and is abusing her EPOA position, the organisations are very sympathetic towards my father but when I ask them to help they state they are obligated to contact the EPOA and discuss my concerns with them and sadly that's where it ends, in my case the EPOA is the problem and is the source of the abuse; If the EPOA tells these organisation all is fine then they take no further action; Aged care commissioner, Public advocate, Elder rights, Seniors rights and others said they will only act / help if the elder personally contacts them, I told them my father is over 90 years old with dementia and does not have the capacity to use a phone or to communicate with them therefore I am his voice; they said sorry we are unable to help he has to call us. What is the point of having an organisation that cannot act unless the abused person contacts them. If the abused person has dementia they need a protector a voice for them. Result is my father is still being neglected by the home and his EPOA. If I reported the abuse of a child to children services they would be right on to it.

This policy needs to change; it appears the EPOA is untouchable and organisations rely too heavily on their word. My father's EPOA knows this and has no remorse or compassion and by her actions is teaching her family and others that there are no consequences for her elder abuse. Is it because the organisations are too busy or is it they know they have no power to control or remove an abusive EPOA? VCAT ignored the many breaches of the EPOA referring to the Guardian and Admin act and

admitted in court that the members are very reluctant to remove EPOA's and place in State Trustee Administrators due to the costs involved. Sadly my father paid the ultimate cost.

The policy that organisations will only act if the abused elder contacts them directly is ridiculous and must be changed; many elders cant or are unable to contact these groups for numerous reasons, when my father had early signs of dementia my father's EPOA refused to install a land line phone in his room but gave him a mobile that he could not use, had little or no credit and my families numbers were continually deleted the only number in the phone was hers. Elderly need someone to voice concerns for them, often they are too scared due to bullying and threats but if organisation won't help unless the elder calls then the abuse continues

Question 19

Question 20

The advocacies should be given the power to over ride EPOA decisions of the care of the elderly. Elder rights should be able to investigate ANY concern for an elderly person, they should be able to do this without the carers or medical POA's approval. All concerns for an elderly person should be followed up and the elderly person should have a visit from a social workers or simllar. The advocates should encourage the person reporting the concern to take notes and photos of their concerns. To collect any proof they can.

Question 21

The EPOA has far too many powers if they are the ones carrying out the abuse; Organisation will not investigate further once the EPOA has been contacted and insists that the elder person is cared for appropriately.

Laws need to be changed to make an EPOA more accountable and not above investigation from services. I was told by VCAT that an EPOA using a represented persons account overseas on holiday, coercing the revocation of a joint EPOA and the changing of his Will while knowing the elder has dementia, selling the elders personal items to themselves, obtaining almost \$5000 in gifts and earning for a year, cant / wont account for \$9000 in the first year of control by the EPOA, Lying to a J.P and on stat dec's, refusing equipment and services the elder needs, was not serious enough to remove the EPOA from power; so the abuse continues. Any abuse not matter how small must not be tolerated and penalties should reflect that. I have proof of all of the above mentioned EPOA breaches and can provide them on request.

Question 22

Question 23

Question 24

In 2009 my father had an ACAS assessment performed to see if he qualified for home service, my sister was asked to sign the report re dad's confusion and mild cognitive impairment. My father and I were never informed of his condition, nor was my father given the choice to take medication for his condition. In 2012 he had another ACAS performed prior to entering an aged care home, my sister, now acting as his EPOA was again asked to sign due to his cognitive issue. Dad was moved to another aged care home in Feb 2013 and upon admission was checked out by the

home resident doctor, She reported, no capacity PAS=10. My sister later sent this Doctors report to VCAT as a reason why my father could not attend a hearing, so it's clear she knew dad did not have capacity from 2009. These reports were kept from me until I managed to acquire them late in 2013. In August 2013 my sister (dad's EPOA) accessed my dad's account from Bali while on holiday and withdrew over \$4000 and \$3000 just prior to leaving, a total of just over \$7000. At this time as I was joint financial EPOA, I went to the bank to see if dad had the funds to return to his own home with full time care. At this point Westpac alerted me to transactions in Bali. Westpac legal dept removed my sister (dad's EPOA) from being a signatory and cancelled his ATM cards due to misusing his account. Upon return my sister attempted to obtain a restraining order on me and took my father to the local police station fully aware of his diminished capacity and had him revoke my EPOA. The J.P that revoked my EPOA was later asked by me how capacity was determined he said he asked dad a few question with my sister present, PROBLEM RIGHT THERE. The JP later agreed he made a mistake and wrote an affidavit to prove my sister had lied about events that she presented him with. This is where it all started; if the J.P had requested some form of capacity certificate the revocation would not have happened. The J.P's told me he only gets about 30 seconds to determine capacity, he got it wrong and it should not have been done with my sister present. I feel the J.P was also pressured as she told him I was on holiday in NSW using my father's account and needed to be stopped now (false of course), so the J.P granted the revocation. The J.P also wrote an Affidavit regarding a stat dec my sister wrote for my father where she had added an extra line saying " I gave permission for my daughter to use my card in Bali". My sister later admitted to squeezing the line in. J.P states this line was added post his signature as he would have initialled the line had it been done at the police station. At a hearing VCAT ignored the evidence for the above and refused the submission of both the affidavits and a letter from Westpac that stated the signatory was removed and card cancelled as the account was not used in the account holder's best interest. Why did VCAT refuse this evidence?

Prior to any revocation or granting of an EPOA capacity must be determined correctly and thoroughly, elderly must be interviewed away from any other persons; if this had been done back in 2013 my father would not have suffered and continue to suffer under an abusive EPOA. In a VCAT hearing a few months later the member interviewed dad privately, when asked who he wanted to handle his account dad said " I'd prefer [REDACTED] me [REDACTED] did it but there again its useless" the member ignored this. The member also asked him if he remembered revoking my EPOA and my father answered "no". Obtained from court audio transcript. Why did VCAT ignore my father?

Revocation should not be carried out by busy J.P's but by a solicitor and in private.

All evidence to my claims including ACAS and affidavits and bank statements are available upon request.

Question 25

Also Reffer to Q24.

After Westpac removed my father's EPOA as a third party and cancelled her card she then closed the account. PROBLEM, I don't know if dad was present but in any case he did not have capacity. Westpac removed dads EPOA as a signatory as the EPOA did not act in the account holders best interest while in Bali, but then allowed her to

close his account upon return, this is not right, how can it be done if she was removed, coercion, harassment, bullying of the elder to make him do it? This was done to hide accounts from me but thankfully VCAT later gave me viewing access via the lodgement of an ABA (accounts by administrator).

The bank removed a signatory from an account and then later let the signature close the account. This is why accounts and all branches need to be flagged when an EPOA is active. The banks need to investigate when strange transaction occurs on such an account; they already do this for credit cards. Elder accounts with a flag to show account is being accessed by an EPOA should not be able to be closed unless there is extenuating circumstances and should be approved by an organisation such as VCAT as this would help prevent fraud and hidden accounts.

Question 26

Yes refer to Q25, Quote; *This is why accounts and all branches need to be flagged when an EPOA is active on the accounts and for the banks to investigate when strange transaction occurs on such an account, they already do this for credit cards. Elder accounts with a flag to show account is being accessed by an EPOA should not be able to be closed unless there is extenuating circumstances and should be approved by an organisation such as VCAT as this would help prevent fraud and hidden accounts.*

The EPOA should also be required to present some sort of certificate from a doctor or solicitor stating that the EPOA will now be acting on behalf of the account holder and not just the EPOA; this is a must prior to the EPOA being granted access to online line banking privilege's of the accounts or before opening an account. Maybe some sort of Australia wide data base of registered EPOA holders; trace-ability is required.

Question 27

I have been told by a number of Police stations and individuals that police are unable to help as it's a family issue and therefore by law is not a Police matter; even when I explained the elder abuse and thefts, bullying and intimidation, revocation of EPOA, fraud, etc, they said they were unable to help and suggested VCAT. If it is far too difficult for a family member to get help for elders then what hope does the elder have; as noted by the Seniors rights, they will only act if the elder contacts them, sadly most are unable to for various reasons such as dementia or being scared. I think that there is a lack of information for the elderly on who they can contact. I have not seen any brochures/posters on Elder abuse help lines in my father's Aged Care facility. More brochures/posters need to be put in place, Doctors surgeries, Banks, community centres, bowls clubs, RSL's, pharmacies anywhere the Elderly gather. These brochures could be sent with pension cards in the mail.

Question 28

Police are usually the first port of call for advice and information. Many elders may not be aware of other organisations. The law or ruling that Police can't or won't intervene in family matters of this nature is ludicrous and must be changed. Unfortunately my father's EPOA is well aware that Police won't intervene and has taken full advantage of the situation.

Theft, Fraud, Deception, Abuse, Bullying, Intimidation ETC is not tolerated and is investigated by Police outside of the family; It should not be any different when it is a family member committing the offence. THIS LAW / RULE MUST CHANGE. Police and or authorities need to be given the power to react and where possible charge offenders. It is my understanding little or nothing is done to the perpetrators' unless someone has the finances to take the case to the Supreme Court.

It also has become apparent to me that elder abuse has a sliding scale and that theft involving only a few hundred dollars at a time is deemed insignificant by all organisations but this small amount soon adds up and eats into the elder's savings. Theft is abuse no matter how big or small it is. E.G The State trustees in Victoria only require receipts for purchases over \$1000 to be listed on the ABA's (accounts by administrators) to verify a withdrawal so as you can see it is not hard to fiddle the books as has been done in my fathers case.

Question 29

Refer to the above answers.

My father's whole case is proof of a decision maker committing Elder Abuse.

In my case my fathers EPOA coerced my father into revoking my side of the EPOA while she was aware he suffered cognitive impairment; funded an overseas holiday \$7000, began to sell dads house items to herself, denied services, medical treatment for dementia and items he needed for his comfort and wellbeing, refused a landline phone to be installed in the aged care home, gave him a cheap small mobile he could not use and had my number continually deleted from it, he was being dressed in torn stained clothes, giving her family members gifts and self earnings of around \$4500 in one year with \$9000 unaccounted for in a previous year. EPOA refused to purchase a chair suitable to his needs instead left him in an uncomfortable chair that resulted in falls trying to get out of it, refused pressure alarm pads for his chair to alert staff when he tried to get up, dressed him in torn stained clothes. It was only when I started to buy his clothes was something done. Note; the Office of the Public Advocate refused to acknowledge all these issues when brought to their attention. I felt the Public Advocates Office was biased as my sister had told them I was violent, abusive and threatening towards her, my mother and my father but not once produced evidence. In fact Public Advocate ██████████ followed up on the EPOA's complaint regarding my alleged violence and abuse with the home and found it to be an unjustifiable claim with no evidence or record of any such event.

██████████ I have just received a phone call from the home stating my father is now on morphine as its getting close. The EPOA is now restricting my visitation access during my fathers final hours and the home is backing her all the way; the aged care commissioner is trying to make the EPOA and the home see reason, waiting on a call back. The commissioner managed to get the EPAO to allow me to visit dad for half hour this morning. Thanks ██████████. This behaviour by the EPOA and the home is disgusting why does the home allow the EPOA to restrict access. This is above and beyond a medical EPOA's rights.

As in Q27 Laws need to be change to allow police to take action. Authorities such as social workers, homes and hospital staff, etc need to be educated on what the rights of a medical EPOA are and how far they extend; in all the advice and information I

have been given a medical EPOA is for medical issues only and is not for general well being, denying safety issues presented to the home or restriction of services needed or especial denying and refusing / restricting others from helping the elderly person. The EPOA holds all the power and the holder appears to be virtually untouchable in the eyes of VCAT, Office of public advocate, hospital social workers, Seniors rights and many others, even the Aged Care Commissioner who have all called the EPOA; If the EPOA says all is well then its virtually case closed. I got the impression from the Aged Care Commissioner that while they would like to go further they were bound by the laws regarding EPOA. The EPOA being above the law or beyond reproach must be changed and the EPOA must be held accountable and or removed. If EPOA's know they will be accountable for neglect and thefts and abuse etc it might be enough of a deterrent; at the moment there is no deterrent and my father's EPOA knows it so hence the abuse continues to this day.

Question 30

Yes there should be a register of sorts. It should also be a requirement that prior to exercising their powers the EPOA attend information session's to point out the requirement and there legal obligation to the represented person and the penalties for breaches of the rules. Many well meaning EPOA may run into trouble purely by not knowing their obligations and what is required of them or who to turn to for help; these sessions may also make a potential perpetrator think twice.

A simple booklet attached to all EPOA forms regarding all your obligations, guidelines, rights and laws regarding EPOA positions could be an easy way to inform EPOA'S on their new appointed position. Also placing penalties and making EPOA'S aware of these penalties could be a deterrent for mistreating an EPOA power.

VCAT do run information sessions for newly appointed administrators but it is not mandatory and only a small percentage attends according to VCAT. Unfortunately these sessions are very brief but do cover the basics and who to contact for help; I am unaware if such a session exists for medical EPOA .

Question 31

No; not with the current legal and reporting frame work. Currently as mentioned, abusive EPOA's appear to be untouchable by VCAT and others so why give them more power. On the other hand those attempting to do the right thing under the current system already have all the powers to protect elders.

All that aside decision makers such as VCAT must follow legislative acts and make their ruling reflect these acts and not allow their personal opinion to bias the outcome as they did with my case. VCAT has allowed the abuse of my father to continue.

Question 32

Refer to questions 29,30,31

Question 33

In my case the public advocate was asked by VCAT to investigate my case; the O.P.A sided with the abusive EPOA while ignoring factual and proven evidence of

elder abuse, EG medical reports, a letter from Westpac stating the EPOA used my father's account in a way that was not in his best interest, I.E on and overseas trip; this resulted in the EPOA being removed as signatory and the card cancelled. The EPOA then had my father open another account with the EPOA as signatory in another bank knowing 100% my father did not have capacity to do so. The public advocate also ignored 2 affidavits from a J.P stating the EPOA had lied, they also ignored photographic and physical evidence of torn, stained clothes. My father's account details were also left in the hands of his ex wife of over 30yrs , while I still had joint EPOA. The O.P.A also ignored countless emails of the EPOA ignoring my concerns for my father's care and photographic evidence of neglect by the home and the EPOA. The same O.P.A representative also admitted to me VCAT would be reluctant to remove an EPOA due to costs of placing an administrator and that the amounts my sister had taken from my father were of a small amount therefore not a concern for VCAT to act.

So to answer this question I would have to say ONLY if they ruled on FACT and ONLY if it is of an unbiased nature. I requested a meeting with the O.P.A to present evidence to support my claim but they would not reply to emails or phone calls; finally I got a response stating a meeting was not required as a decision had been made. I manage to persuade them to meet and made an appointment to visit with the O.P.A to present my evidence in person but they refused to acknowledge or accept it. VCAT ruled accordingly due to lack of evidence.

Question 34

Absolutely, as mentioned earlier Police are unable to help with the elderly involving family EPOA abuse issues. If they were I most likely would never have heard about the ALRC and this paper because they would have acted and possibly stopped the abuse of my father.

Authorities and services need to have the power to look beyond the EPOA's word, to be able to investigate and act accordingly when abuse is reported.

Question 35

Health professionals have a duty of care therefore should be responsible to report any concerns of Elder Abuse as they would report their concerns of child abuse. Health professionals should be able to ask for an elderly person's medical reports and records from Aged Care Facilities if they are caring or treating an elderly person. Any bruising or medical issues should be explained by the manager of the Aged Care Facility or medical POA. Health professional medical reports should be available to VCAT, Public Advocates office, Elder rights and Commissioner Of Aged Care and NOT be restricted by the EPOA.

Question 36

See Q37.

Question 37

Social workers at hospital should be educated in the signs of elder abuse. They should speak to all family members and not just the medical POA before coming to a decision. Social workers should have the authority to investigate concerns of elder

abuse and need to report any concerns as they would Child abuse and authority to override the EPOA's decision to halt investigations if they feel the elder abuse is real.

Question 38

Hospital staff were disgusted in the state that my father was admitted in; I voiced my concerns of his care at the home and by his EPOA and requested a meeting with doctors and the hospital social worker. The doctors were sympathetic but would not help me protect dad as the EPOA had stepped in. The Social worker would not meet with me stating there was no point as the EPOA had already made the decision to send dad back to his previous Aged Care Home. EPOA has too much power in this case.

██████████ hospital was presented with a clear case of elder abuse and like all other organisations bowed down to the EPOA. This must stop and the authorities' must step in as children services would if this was a child, there should not be any deference between the young and the old.

Hospitals must report elder abuse! Isn't the doctors first oath " do no harm", they have sent my father back into harm's way at the hands of the home and his abusive EPOA. I fear the hospital doctors cover for the Aged Care doctors I would like to propose that an independent trained doctor in Elder Abuse granted access ALL reported cases to be able to investigate and report findings to the Commissioner Of Aged Care so the commissioner can act.

Question 39

Yes I went to VCAT with clear breaches of the Guardian Administration and VCAT act's and thought that VCAT would uphold these act's as they are legislative documents, BUT as I was told by VCAT the members use these acts as a guide lines and rule on their own personal views. I had substantial, factual proof of financial abuse including revocation of my power of attorney while my father did not have capacity. A medical report from the home doctor was sent to VCAT as proof of this non capacity, This report was sent by the other party in an attempt to prevent my father from attending the hearing, VCAT granted the other parties request based on the report but refused to acknowledge this report when it came to EPOA revocation, funding O.S holidays, gift giving, selling items to self, remuneration for services rendered, refusing services dad needed, closing bank accounts and opening others, lying to J.P's and on stat dec's etc, etc. Affidavits from J.P submitted to VCAT but ignored. VCAT can't have it both ways.

VCAT must up hold legislative act's, this may require more legal training etc by members, we as the public read these act to see if we have a valid case and base our cases around the sections of these acts. After all what is the point of having all the ACT's passed by parliament if VCAT will not uphold them, it is misleading and a complete waste of time. In my case the many hundreds of hours spent trying to help protect my father through the " recommended" VCAT system would have been better spent else ware.

There should be rules, laws that are in place for EPOA's not just guidelines. This way EPOA are accountable for breaking the law and not just bending a guideline.

I also think any breaches of EPOA guidelines / laws should be accountable by fines

and VCAT should have the authority to enforce these fines. This way if an EPOA tries to take advantage of their role and are fined it may deter them to continue to abuse their power again. The EPOA could keep their position but be aware there are consequences if they break the EPOA guidelines.

VCAT must uphold these legislative acts.

Question 40

Question 41

Question 42

I feel specific offences need to apply where other offences don't adequately cover the crime of elder abuse; offenders of these offences must be held accountable and must not be allowed to hide behind EPOA privileges. There should not be any discrimination between the young, general population or the elderly in the sense of being able to get protection for them by going to police or other services; but perpetrator's against our most vulnerable must not be tolerated.

Perpetrators need to be held accountable. E.G if I went to the Police and notified that a family member was abusing a child children services would investigate and take action. I approached various Police stations regarding financial fraud and deception of an elderly family member and they all gave the same response; as it's a family matter they have no jurisdiction and suggested VCAT, and the loop continues. This is ridiculous as crimes committed by a family member must not be exempt from the law. Police must be able to respond to elder abuse whether it be financial physical or mental. I know of an instance recently where an elderly women was admitted to ██████████ hospital from a local aged care home with dehydration septicaemia and gangrene of one leg; sadly she passed away. Doctors and hospitals must be able to report abuse to authorities to hold offenders accountable but to the best of my knowledge this did not happen. Currently it seems that if the EPOA does not want a complaint lodged then it does not happen ? In my case the abuse has continued for four years with little help from VCAT . Why has it continued? The EPOA knows little or nothing will be done by services such as the commissioner of aged care and VCAT because when services call the EPOA the EPOA says all is well and they do not want any further action, so the services close the case effectively giving the EPOA the green light to continue and this has to stop.

Question 43

No I don't think they do. Abusive EPOA's can and do currently hide behind their privilege and services have told me that it is very hard for them to act unless the elder is in immediate danger. In other words at present there seems to be an acceptable level of abuse before authorities act or respond; this is wrong. My father suffered in a totally unsuitable chair for 4 months causing him discomfort and pain. Even after I reported this to Elder Abuse line, Commissioner of Aged Care, public advocates office and VCAT, no one bothered to respond in a manner that helped my father. My only hope was to threaten going to the media. The home hid behind the EPOA and the EPOA hid behind the home ; the EPOA did not want to spend the money. EPOA is beneficiary on my fathers will.

Abuse, theft, no matter how big or small should not be tolerated; I have been told by various authorities that the crimes my father's EPOA has committed financially is not large enough. \$7000 on O.S trip (paid back once I found out) \$9000 in un

explained deductions for first year under EPOA control, \$4500 in gifts and self earnings.

I feel if the response to the current system was adequate then I would not writing this. I get the opinion that when these laws were passed many years ago they never envisaged that elder abuse would ever get to where it has and that people would never treat our elderly with such contempt and especially not expect a family member to commit such atrocities.

Question 44

In my opinion no, I am unaware there are any protection orders for our Elderly. I failed to see any protection for my father, I was the only voice and the only protection he had although VCAT, Public Advocates Office, Commissioner of Aged Care all new of my concerns and had proof of his abuse, not one of these organizations bothered to visit him. My father was appointed a guardian via Public Advocates Office; in the 12 months she was appointed she visited my father once. I told her many times of my concerns and all she did was call his Medical POA and the Aged Care Facility. At this stage my father could have communicated his unhappiness to her as he did to me but she never bothered to visit him. Again all concerns should be followed up by a visit to the elderly person, these visits could scare the abusers into properly caring for our elderly but the facilities, abusers know the chances of being caught are very minimal so they take the chance and the abuse continues.

Question 45

I feel Doctors, hospitals, family members, police, seniors rights, the public advocates aged care workers, neighbours, friends, family and health services etc should and have duty to be able to report suspected cases of elder abuse as they would if children were involved. Under the current system and laws I do not know! I have reported my case to everyone I can think of and no one is able to help due to the power the EPOA has although I have had limited success with VCAT and the aged care commissioner.

Question 46

See response to 27 and 28. As said previously police are unable to act as it's a family matter I was told. Even when I told the my father was bullied and coerced into signing and EPOA revocation. Until this loophole is eliminated it is very very hard to get help as everyone relies on the EPOA doing the right thing. Police must be given the power to respond to elder abuse, and report elder abuse, a social worker be put in place as in child abuse.

Question 47

Currently it is my experience victim services and help organisations such as seniors right Victoria will only help or act if the elder person contacts them directly; this is a major problem as in my case my father was unable to due to dementia , so I was the only voice he had but these services would not or could not act on my complaint. This loop hole must change. Most elderly either can't complain due to cognitive issues or are too scared due to harassment or bullying, they are vulnerable and need someone to act and protect them, they need someone to be their voice and

service need to be able to respond to call for help by people representing the elder.

As mentioned earlier VCAT and the public advocate must be forced to follow legislative act's and not allow a perpetrator to hide behind the powers of an EPOA or administrators placement. I have a written explanation on a VCAT member's decision on why he dismissed a concern of mine, he in so many words admits he believed the administrators "story" regardless of the fact she had breached administrators legislation.

Question 48

As mentioned earlier Police must be given the power to act and perpetrators must be held accountable and brought to justice just the same as if a child or any other person was involved. There needs to be more deterrents and transparency in the systems and organisation. In my experience people are not deterred by VCAT as it's a tribunal and penalties are rarely applied; but if police become involved people are aware that they may be prosecuted for abuse and therefore may think twice. My father EPOA was well aware of this so the abuse continued; I have no doubt if police intervened the situation would have been a lot different for my father. Police need the power to act. VCAT must follow the act's otherwise what is the point of legislative documents. Offenders need to be held accountable.

Question 49

Question 50

Civil penalties must be applied as they would in any other crime as a deterrent to commit Elder Abuse.

Strict penalties must be applied to holders of EPOA's, administrators or anybody that abuse their privileges.

But first laws have to change to prevent abusers from hiding behind the EPOA; then and only then will systems and services be able to bring the perpetrators to justice.

Other comments?

I would like to dedicate this submission to my dear father who sadly passed while completing this submission on [REDACTED].

Dad wanted to live at home as long as possible with home help and eventually get 24/7 care, he had sufficient funds to allow for this for a few years before he would have had to downsize his house to pay for the costs or re finance to loan against his house.

In 2009 dad had an ACAS (aged care assessment) carried out by [REDACTED] to see if he qualified for assistance, he did and received assistance from cleaners, transport arrangements etc. Unfortunately for dad this ACAS report showed signs of cognitive impairment and dad medical EPOA was asked to sign as dad was unable to do so due to confusion. The results of this report were kept from dad and family members. Dad was the sort of person that would try anything and read up on ways to improve his heart and general health and would have tried medication for cognitive impairment had he / or myself been made aware of his condition. The EPOA refused to release or discuss dad's medical condition with family members and looking back

now I know why.

Dads Will was changed in [REDACTED] after being advised by EPOA and EX wife of 30 years (not a friend); his EPOA was listed as executor. His EPOA knew of his capacity issues when she signed the above mentioned ACAS 2 years prior.

In [REDACTED] Dad was admitted to hospital suffering dehydration and malnutrition under the care of his EPOA, sadly at this stage I was working over sea's a lot and was unable to keep an eye on dad and still had a fair amount of trust dads EPOA was looking after him. Dad was discharge from hospital to rehab and then the EPOA forced dad into an aged care home against his wishes. At this time another ACAS report was done and again the EPOA was asked to sign due to cognitive issues and again report kept from family. Dad was mobile and regularly walking up the road and back but had trouble with home duties and required assistance but the EPOA refused to provide or entertain the idea instead insisted he remained in the home where he suffered severe depression and started to go downhill. I used to take dad out when I could but it wasn't enough.

Fast forward to [REDACTED] dad transferred to another home, and was assessed for capacity, report reads PAS=10 , no capacity. Dads EPOA later sent this to VCAT in the form of a doctor's letter so it proves she was aware of his decline from 2009 [REDACTED].

[REDACTED] the EPOA funded an O.S holiday with dads account; Westpac notified me and Westpac legal dept cancelled the card and removed the EPOA from the account stating the account was not used in the account holders best interest. Upon return from holiday the EPOA attempted to obtain a restraining order against me and took dad to the local police station where the following occurred; Had my financial EPOA revoked; wrote a stat dec and then later squeezed an extra line in stating she had permission to use account O.S. Signing J.P stated in a affidavit the extra line appeared to be added after signing or he would have initialled the line. Revocation and stat decs were written by the EPOA.

Since this time to present the EPOA cant or wont account for \$9000 for first year under her control; over \$4500 in gifts and earnings in one year; selling dads personal items to herself . Denying dads cognitive issue she denied him medication that could have helped him; refused to purchase a chair the he desperately needed for his comfort, the home refused to allow me to source and purchase the chair as it had to be initiated by the EPOA, eventually the chair was purchased after being persuaded. Dad was being dressed in torn stain clothes that I replaced when I found them. Many other issues listed above in the submission .

I would like to propose Rogers law : Abusive holders of an EPOA and appointed administrators shall be held accountable for their action and penalties will be applied.

I feel all this could have been prevented if the first VCAT member [REDACTED] had not ignored evidence or been biased , he should have abided by the legislations and not by incriminating false evidence my sister submitted.

Once the grieving for dad has passed and probate is finalised my wife and I intend to actively assist any way we can to prevent elder abuse from continuing and would be willing to share our story with the ALRC and submit any evidence required to

uphold this submission and would be willing to travel to Sydney to assist in any way possible with the commission review.

I would like to thank the following ;

The Hon George Brandis, for standing up and giving our elderly a much needed voice

Susan Ryan , for notifying us about the reform,

Family and friends for support and finally my wife that has dedicated countless hours over the last four years to help me help my father and had often sacrificed time with her own parents to help my father. It's been a tough fight but she stood by me every step of the way; [REDACTED].

Please contact me if your require any further information or for any evidence you may need of my father's Elder Abuse,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]