

ELDER ABUSE? WHAT'S THAT WHEN IT'S AT HOME?

EXPERIENCES OF ELDER ABUSE IN THE ACT

DRAFT REPORT

Authored by:

Suzana Leonardi

ELDER ABUSE: SHARED STORIES

For this paper, we've collected stories and perspectives from organisations and from individuals who've come into contact with elder abuse situations (or been abused themselves).

The organisational perspectives come from interviews conducted during May and June 2015 by COTA's volunteer researcher, Suzana Leonardi. The individual stories are taken (de-identified and with permission) from individuals who contacted COTA ACT to share their experiences, either directly or through COTA ACT's online survey. Some stories haven't been shared because the people who provided them asked us not to do so.

Organisations' Perspectives

Suzana interviewed five organisations about their perspective on elder abuse in the ACT. The organisations interviewed were Care Inc, the ACT Civil and Administrative Tribunal, Carers ACT, the ACT Human Rights Commission, and ADACAS. To guide discussion, each organisation was asked the following questions:

- What kinds of elder abuse situation does your organisation commonly come in contact with?
- Can you recall a particular case (without mentioning names or details which might identify anyone) that you have dealt with? Is this an extreme example or a "usual" example of what you are regularly faced with? Can you give an example of the sort/s of cases that you are faced with every day??
- What was the situation? What was the outcome?
- What do you think would have helped to prevent this from happening, or helped to support the victim better?

What follows is a summary of the discussion.

Care Inc.

Role: Care Inc. is a community organisation set up to ensure low income consumers are treated fairly and have support to overcome debt.

What's typical?

Financial abuse mainly, for instance,

- internet banking withdrawals without the consent of the client
- client pressured to handing over pension money
- client pressured to gifting assets for no consideration
- client expected to look after grandchildren full time without payment
- misuse of power of attorney
- client given child pin for ATM for a specific purpose and the money has been misappropriated

An example

An older lady with a multitude of health problems lives with her adult daughter in her own home. Her daughter has mental health issues and often pressures her mum to give her money. The mother has given a significant amount of money in part under pressure to the daughter and this has affected her Centrelink entitlements. The mother also now does not have enough money to meet daily expenses. The mother relies on the daughter for company and care needs. The mother does not want to take action against the daughter. This would be a standard kind of scenario.

What happened?

The older person did not want take any action against the daughter, so work was done to ensure her entitlements were not affected.

What would have helped?

- Better external supports in place so the mother did not rely on the daughter for her care needs – package of care, better community connections, nursing staff visiting the client.
- Better supports to deal with the daughter's mental health issues and collaboration with the family around her needs.
- Better awareness about the financial and legal implications of giving money away and the risks associated with doing that.
- Improved financial literacy resources for older women and supports in place for older women to pay bills, budgeting, etc.

ACT Civil and Administrative Tribunal

Role: To support the delivery of justice by the Territory's law courts and tribunal.

What's typical?

ACAT encounters elder abuse infrequently, but the most common type of abuse they see is financial, usually related to guardianship and management of property. Only one case in the last 6 years case involved physical abuse.

An example

Abuse usually involves an older person who is unable to control their finances, who is vulnerable. The cases come to ACAT usually as a result of an application by the residential care facility asking the tribunal to revoke the enduring power of attorney or remove a financial manager who has been managing the finances of the older person, and replace him/her with the public trustee as financial manager. This usually occurs in circumstances the residential care facility says fees haven't been paid for the services offered to the older person.

Cases usually arise in one of two ways: organizations reach the tribunal because payment for the services offered to the older person has not been made, or the family contact the tribunal because it comes to their attention that the bills of the older person have not been paid or the older person apparently does not have financial resources for basic necessities.

After an application by either the family or the organization, the tribunal holds a hearing and tries to obtain information from the existing attorney or financial manager, asking him/her to explain and account for what they have done with the money. In some cases the tribunal has established that the attorney/financial manager has spent the money for his/her own benefit. As an example of this, a woman's son, who was her attorney, had misappropriated 1 million dollars of her money and the older person mother fell into in debt with her residential care provider.

What happened?

Usually when the tribunal can prove that the attorney or financial manager had the intention of misusing the older person's money, the tribunal makes an order to remove the attorney/financial manager and appoint a public trustee to become the older person's financial manager. The tribunal does not have the power to make the attorney/ financial manager give back the money, but it can direct the attorney/financial manager to pay it back. They can only do this if the person is still in the role of attorney/ financial manager: once the tribunal removes them from this role, the tribunal is unable to direct them. In this case, usually it is the new attorney/financial manager's role to make a complaint to the police and to press charges on behalf of the older person. If it is the public trustee who becomes the older person's financial manager, he/she can start a civil court action to recover the

trust. But usually, by the time cases come to the tribunal, the person who has misused the money is already gone.

Sometimes the tribunal can't prove 'intentional' misuse. To get evidence, they can subpoena the person to produce documents, ask the person to come to the tribunal if they do not supply the documents and they can as a last measure issue a warrant of arrest in case none of this works. There have been a few cases in which the tribunal was unable to obtain sufficient documents/ information to confidently work out what has happened, although it was obvious that the attorney has not done the right thing.

In some cases where money appears to have been misused, it is not intentional. For instance, in one case, a care facility made an application because fees were not being paid. However it turned out that the older person had had a stroke and his brother was his attorney. Although the older person appeared to have a substantial fund of money, the brother explained that after the stroke the care facility offered a package of services that did not cover several of the services that older person needed (massage, physiotherapy, hydrotherapy), so the brother paid for those services in addition to regular fees as requested by the older person. He also paid for minor operations and other health-related services. Because of these expenses, the older person's money was used up and he ended up in debt. This impacted on the financial situation with the care facility. The brother tried to renegotiate with the facility, but ended up paying his older brother's debt.

What would have helped?

Misuse of power of attorney could have been prevented earlier or stopped if there was more accountability for the exercise of the power of attorney – for instance, a requirement that the attorney should submit a statement every 12 months to an authority for examination/audit. There is no legal requirement for people with power of attorney to report and account for what they have been doing with the older person's funds. This is probably because they are appointed by the principal, the older person themselves, so it is assumed that the older person trusts the person with power of attorney to manage his/her affairs.

When a person loses his capacity to make decisions in his life, the tribunal appoints a decision maker, consisting of a guardian for social and health matters, and a financial manager for financial affairs. Only the financial manager is required to account for his actions by law. . If managers do not submit information periodically, the public trustee follows up and subpoena them to produce documents and to attend a hearing.

One case involved physical harm. The older person had dementia and her primary carer was her son, who had mental illness and drug problems. As he was unable to take care of himself let alone his mother, he did not attend to her needs, including meals. She was unable to take part in her normal activities, the house was in a 'horrible' condition, and the son refused home-based services for his mother. Ultimately she developed a urine infection and collapsed outside her house: she was taken to hospital and health professionals became aware of her condition. They

asked the police to investigate this case and the son's inability to care for his mother was recognised.

In a similar case an older person caring for a spouse became unwell and started to neglect both himself/herself and the spouse. There was no intention of causing harm. The police investigated this case, but did not prosecute since the problem was due to mental health of the carer. In this sort of case, it is hard to intervene, as the 'victim' and the carer are interdependent.

Probably the best approach would be for the community (neighbours, service providers) to be alert to the possibility of a situation like this developing, and provide assistance at a community/service level. In cases of financial abuse, financial institutions need to be alert to transactions that do not 'look right'. It is hard to legislate for these issues; it is more a matter of educating the community and institutions.

Carers ACT

Role: To campaign with and for carers to advocate for the systemic support they need, and to provide services to support carers needs and the needs of the people they care for.

What's typical?

Although Carers ACT do not have cases of abuse 'on file' there are instances where staff have a gut feeling that 'things are not right'. For example, in some cases Carers become aware that an older person is being left alone for too long. They also recognise that caregivers who take care of an older person 24/7 can sometimes run out of patience, and unintentionally make the older person feel like a burden.

An example

In one case, an older person was being taken care by a family member and they noticed that there were instances in which the older person was left alone for quite some time. Neighbours had not seen the caregiver for a while. Carers also come across cases where there seems to be abuse by an agency worker (for a home care service). This is usually related to the fact that the worker does not have the skills and sensitivity required for this type of work. For example, they may handle the older person harshly, hurting their skin. This is sometimes due to inadequate training, but can also be due to workers who are employed for a short period and motivated mainly by the money rather than an interest in aged care service. In some cases, the worker does not provide the necessary help or uses their time in the older person house on private business, such as making phone calls. In these situations, it's stressful for the family to come home and realize that their older family member hasn't received the assistance they need (and have paid for) – for instance they may not have eaten a meal, or been taken out of the house as contracted.

What happened?

In the example where the older person was left alone for much too long, Carers ACT are not in a position to prove that this occurred. The bottom line is that the role of 'caregiver' was too much for the family member responsible for the older person, and he/she needed help. For instance, the caregiver had to go out of town and there was confusion about who was responsible for the older person during that period, and where (in which respite facility) that person was staying. Carers spent half a day locating the older person to make sure everything was alright. They have provided support to the caregiver, including advising him/her on services that could help, providing respite care, counselling, and suggesting that the older person should go into aged care where they can be better cared for. However, the caregiver did not do this, and there is nothing further that Carers can do (they did make a regular call to the older person at home for some time, but once the caregiver was referred to services, it became the responsibility of the service provider).

However, this type of situation is not common. Usually Carers see the opposite. Most caregivers are very dedicated, and often they are the ones bullied by the older person, who can be abusive. This situation can lead to abuse by caregivers, who can get exhausted and retaliate towards the care recipient. Carers do not come directly in contact with these situations but they do receive anecdotal feedback – for instance when the caregivers mention a difficult situation, or when agency staff write to voice a concern about the older person's home situation.

What would have helped?

Carers ACT's contact is with the family members who take care of the older person at home, helping family caregiver to support the older person adequately, or who hire an agency worker to support the older person.

When a person becomes a caregiver, she/he does not necessarily recognise the demands of their role. When the caregiver realises that he/she is burnt out, exhausted, sleep deprived and can't cope with his/her situation, he/she may visit the GP with the older person to ask for advice. If the GP could provide advice and resources to the caregiver at that point (for instance where to go for help, what kinds of issues and feelings to expect), it could be very helpful in preventing abuse.

There is also a need for better training for care agency support workers, and a 'buddy' system to support them. For instance, when an agency worker is trained to go to people's houses to provide home support, that worker may not be supported by a senior staff member who goes with them to explain how things are done. If training is usually done in an office, and the worker has not worked with older people previously, the worker may not have the right skills to provide quality home support. In contrast, if Carers ACT send someone to an older person's house to provide a service, they will arrange for the worker to meet the older person before they begin work. This helps the older person know and become comfortable with the worker. It's also an opportunity for the worker to explain the service and for the older person to communicate their wishes and concerns.

Usually abuse is due to caregiver burn out, and to inadequate training and knowledge on the part of agency workers. For instance, young people may not be aware how fragile an older person's body can be, or that he/she is unable to move: this sometimes leads to impatience and abuse. In addition, older people are not necessarily 'appealing' to look after, and it can be very hard to take care of them. Finally, older people can feel very demeaned by the need for help to do the most basic things, such as wiping themselves in the bathroom, so it can be very hard for them as well to accept the 'care recipient' role gracefully.

ACT Human Rights Commission

Role: The role of the ACT Human Rights Commission is to resolve complaints and promote rights, including to provide an independent, fair and accessible process for resolving individual complaints; promote service improvement; promote the human rights and welfare of people; and foster understanding of particular legislation.

What's typical?

In 2012, the Human Rights Commission (HRC) started to gather statistics separating the services provided to the older person from those provided in relation to health issues. As a consequence, before 2012 it is harder to identify cases of elder abuse and statistics related to this.

The HRC has four main areas of concern in relation to elder abuse:

- Allegations of assault in aged care facilities;
- Financial abuse;
- General communication problems between older person and aged care facilities and retirement villages;
- Health issues.

Cases of sexual and physical assault are rare. For instance, in 2004/2005 there was one complaint about sexual assault in a nursing home, which was referred to the police. The most common problems they come across are disputes between residents and aged care facilities, usually related to health problems.

An example

In assault cases, the Commission would usually refer those cases to the police and (depending on the problem) to health care services. However, by the time the Commission receives a complaint, the staff member that caused the abuse has often left the facility that the complaint originated in. It is therefore a major concern to keep track of staff who are the subject of abuse complaints, in order to avoid future cases.

The "Working with vulnerable people check" process helps to ensure abusive staff are not re-hired. Usually the HRC will inform the Office of Regulatory Services that a particular staff member has committed abuse for their information, so that ORS can

take this information into account when someone applies for a WWVP card. The HRC staff member interviewed only recalls one case of physical abuse in a facility raised with the Commission.

The HRC has dealt with cases where the older person complains of feeling abused, bullied and threatened in relation to their contract or lease of a unit in an aged care facility. This type of case is referred to the Fair Trade Commission.

The HRC also deals with **general communication problems** between the older person and an aged care facility, which may be related to noise or issues with neighbours or other residents. The older person typically approaches the HRC after they have informed the facility management and no action has been taken. The HRC then helps to negotiate with the facility and to find an appropriate solution.

In relation to health issues, this type of case is usually about the failure of an aged care facility to recognise the deteriorating condition of the older person's health. For instance, an ambulance may not be called on time, leaving an older person with a serious bedsore. The HRC first investigates the case to see what caused the problem. It tries to identify if the facility has followed its protocols, if they have adequate staff, and if staff are adequately trained to deal with this kind of issue. The role of the HRC is to help to negotiate a solution to the problem, with the goal of avoiding future similar cases.

When a complaint is made against an aged care facility funded by the Commonwealth, the HRC refers the case to the Aged Care Complaint Scheme, as this type of complaint is their responsibility.

What happened?

A nurse noticed a patient with a bad bedsore and she felt compelled to make a complaint. It was evident that the problem has been there for a while. The Commission sought to investigate the problem by asking: 1) what happened in the aged care facility that allowed the patient's health to deteriorate to this point 2) had the nurses involved on the patient's care met the standards of care for that patient and 3) had the facility appointed staff to identify cases like that. After identifying the problem, the Commission worked out with the facility what the latter can do to avoid future cases. The aim is to find the gap in the system and fix it.

Some complaints relate to hospitals discharging older patients to an aged care facilities without the patient seeing a GP first. This is usually due to the fact that it is hard to access the GP. The HRC's priority is to ensure that the patient's health is assessed appropriately and that he/she is referred to a GP.

In general, the health problems the HRC comes in contact with are related to the general maintenance of the health of the older person. The concern here is to ensure that the decline of health is picked up on time and that it is dealt with appropriately.

Financial issues - when an older person buys a unit in a retirement village, he/she is told that they will receive a certain amount back when they sell it. But when the scheme

changes the older person is not helped through the process, so they do not understand what has happened and may end up finding themselves in a worse financial situation. In this case, the HRC refers the case to the Fair Trade Commission.

What would have helped?

The "Working with vulnerable people check" service has already helped to improve the system by preventing abusers from 'bouncing' from one facility to the next.

Usually complaints are from nurses, staff, friends and adult children, rather than from the older person him/herself. It is a concern that many cases go unrecognised. Older people in facilities do not have enough support mechanisms to complain and, as they are dependent on the facility, they're also reluctant to sour their relationship with the facility. Providing better mechanisms and support for older people in RACFs to make complaints without suffering adverse consequences would be of help.

The Act Human Rights Commission also looks at systemic issues. So, if they receive an individual complaint that they deem to have a substantial impact on the victim's life or that they consider to be a public interest issue, they do not just investigate the facility that caused the problem, they also look at several other facilities to see if the same problem is present everywhere. For instance, when they are looking at whether an aged care facility has policies to treat the patients and whether the policies meet the national standards of care, if there is a problem there that they deem important, they will not only look at that specific facility but also at other facilities to see if they are meeting the national standards.

ACT Disability, Aged and Carer Advocacy Service (ADACAS)

Role: to assert, promote and protect the rights and responsibilities of people with disabilities, people who are older and their carers, through the provision of advocacy services.

What's typical?

Financial abuse is the most common type of abuse ADACAS comes in contact with. Usually the person has the enduring power of attorney or guardianship and uses the older person's fund for his/her own interest. This is more frequent when the older person has some kind of cognitive impairment.

ADACAS also deal with complaints in relation to nursing homes, in relation to how people are treated in these facilities. Cases can range from sexual abuse by a caregiver to verbal abuse or concerns about not being assisted properly or having their rights respected. This is quite common.

ADACAS usually gives the victim advocacy support, and also refers to services such

as legal aid, the Canberra Community Law Centre and other contact points.

In the case of sexual abuse in the nursing home, ADACAS helped the older person to launch a complaint to the Aged Care Complaint Scheme. However, the abusive staff member had already left the job and disappeared. The police helped to investigate, but it was hard to prosecute the abuser because of lack of evidence (the police did not believe they had a case). Older people are often not considered reliable witnesses. This difficulty is even more common for older people with dementia.

Usually when an older person is vulnerable, isolated and has some kind of cognitive impairment, they may think of the abuser as a friend and give them access to their assets and funds. To add to that, it can be hard to detect because the older person usually does not know this situation constitutes abuse and they want to keep the social connection and 'friend'. So often a family member, rather than the older person themselves, are the ones to report the concern to ADACAS. For this reason, ADACAS suspects that there may be more abuse happening than just the cases that they deal with.

An example

'Lily' was diagnosed with various health problems. Although she continued to live in her own home and went to work each day, she suffered from some mental health issues, eventually resulting in being admitted to hospital. Her good friend Mary ensured that she was cared for and was able to access the appropriate medical support that she needed.

Over the years Lily's mental health continued to deteriorate until she was eventually diagnosed with early onset dementia. One day she suffered from an episode that resulted in her admittance, once again, to hospital. The situation was so critical that her doctors did not expect Lily to make it through the night. The staff at the hospital contacted Mary as Lily did not have any other family who could support her. They requested that Lily sign an Enduring Power of Attorney (EPOA) so that Mary could be empowered to make all decisions on Lily's behalf while she was in hospital.

Once Lily was discharged from hospital the hospital staff encouraged her to move into an aged care facility so that Lily could receive the support that she needed. Around the time of Lily's admittance into the aged care facility a work friend advised Lily to appoint her son Clive as her EPOA, so that she could ensure that her welfare and finances were being taken care of when she moved into the aged care facility. Lily signed the EPOA without anyone realising that the EPOA appointing Mary was still active.

Initially Clive visited Lily regularly, often bringing clothes and toiletries that he had purchased for Lily. These visits eventually ceased altogether. As the years went by Lily's dementia grew worse. When her pharmaceutical bills went unpaid the management of the aged care facility attempted to contact Clive, without success.

The staff of the nursing home telephoned Mary, who was a frequent visitor, explaining that they were unable to contact Clive and that Lily's pharmaceutical bills were not being paid. They further advised Mary to contact ADACAS for advocacy support.

An advocate visited Mary and Lily, to understand the problem. The advocate subsequently telephoned the bank which held Lily's bank account and was able to confirm that money was regularly being withdrawn, although no money was being spent on meeting Lily's needs. It was furthermore confirmed that the pharmaceutical bill was in arrears and that no effort was being made by Clive to ensure that this bill was paid.

It was evident that the current EPOA held by Clive needed to be revoked. The advocate supported an application being made to the ACT Civil and Administrative Tribunal (ACAT) to revoke the EPOA held by Clive and to ensure that Mary was able to support Lily to manage her affairs.

The advocate prepared the supporting documents for the hearing, including statements from Lily's doctor advising that Lily had already been diagnosed with dementia before signing the EPOA appointing Clive. Considering these circumstances, it was clear that the EPOA appointing Clive was invalid.

The advocate attended the Tribunal hearing with Lily, who felt very nervous. Clive did not attend the hearing but was interviewed by the Tribunal member by teleconference call. Clive admitted that for the past six years he had been spending Lily's money for his own personal use and that he had even given some of her money to his housemate. A few days before the hearing he had written a cheque from his mother's account to pay for his car registration.

On the basis of the evidence before her the member revoked the EPOA held by Clive, stating that the case constituted a clear case of financial abuse of an older person. As it was a civil matter the member clarified that she was unable to proceed with considering the criminal ramifications of Clive's actions.

Mary was once again granted EPOA of the management of Lily's financial affairs. Upon further investigation it was discovered that Lily had no money left in her bank account as Clive had spent it all.

What happened?

In Lily's case, the guardianship was stopped, but too late, since by then the 'guardian' had taken all the money.

Not every victim wants to prosecute their abuser because they are usually family members or people close to them. Older people are afraid of losing the relationship with the abuser. It is hard to get convictions in this area.

What would have helped?

- Better accounting mechanisms for individuals who hold enduring power of attorney. They should be made to properly account for how they use the older person's assets, and for what they are spending.
- In relation to sexual abuse, it is difficult to obtain 'reliable' evidence if the older person has some kind of mental impairment or dementia. The legal system has to decide if these cases are worth pursuing, if the witness is going to stand up while being cross examined, and if there is a chance to win these cases. The legal system needs to adapt to be able to deal with these victims who have dementia/ disability by better supporting them to give evidence in the court system and to communicate in this system.
- There should also be more supervision and oversight of caregivers in the nursing homes so that this kind of abuse does not take place.
- Finally, older people should be educated to what abuse is, what is acceptable and what is not. Older people don't always know and the lack of information makes them more susceptible to abuse.

Individual Experiences

COTA ACT asked people to share their stories either directly (by phoning COTA ACT or writing or emailing the Policy Manager) or by contributing to an online survey. It was emphasised that people could choose to tell their stories anonymously and that in any case all stories would be de-identified before being included in this report. People were also given an option to tell their story but not to have it included in any public report, and some people chose this option.

In the introduction to the online survey, and also in our flyers or promotion for the research, we encouraged people who are experiencing current abuse to contact APRIL, the Abuse Prevention and Referral and Information Line.

The aim of the research was to collect a minimum of ten detailed responses, and this was achieved.

A side-effect of the research (which would probably have been greater if the research had been widely promoted) was that a number of people contacted COTA in relation to abuse situations, and were referred to APRIL. This suggests that raising awareness of the topic actually helped some people seek support for their situation, who otherwise may not have known where to go.

Story 1

A friend of my parents who had no children was totally ignored by her nieces and nephews until she had a stroke. One nephew then visited every couple of months and generally went away with a large (several thousand dollars) each time.

I was managing her affairs at this time and she told me he was having financial difficulties. There was nothing I could do. When she died he didn't come to her funeral but wanted her estate wound up quickly so he could get his inheritance.

What might have helped? More awareness early on but really it is very difficult to protect a person from themselves and their feelings of obligation even if those feelings are founded on nothing more than a desire for love or loneliness.

Story 2

An elderly woman friend has a son (unemployed) living interstate. Recently the woman has been in and out of hospital, and is very frail. Her son hasn't come to visit or care for her, but rings her with regular requests for money, which she says are to do with his gambling habits. She goes off to the bank and complies, mainly out of guilt it seems.

What might have helped? Not much. Perhaps if this elderly woman was more aware that this is abuse, and felt able to put her foot down to her son. Perhaps some relationship counselling, or at any rate support from someone who understands the attachment she feels to the son, but can also help her see a way out of providing ongoing support to him. He is in his fifties! (Also) More awareness in the community about what abuse of older people is, and how to protect yourself against it (and) direct support to you (or the abuse victim) such as a social worker or community worker

Story 3

An old man in an aged care facility who I was visiting as a volunteer told me his son said he had to sell his house and move into the facility the son chose, or he wouldn't continue to visit him. Needless to say the old man sold his house, which he'd enjoyed living in. The son should have known what he was doing was undue pressure. Where the old man had used to live, he'd played golf and been quite involved and respected in his community. In the aged care facility he really only had his son, who didn't visit frequently as far as I could see.

What might have helped? More awareness in the community about what abuse of older people is, and how to protect yourself against it

Story 4

My mother was told to rewrite her will and pay for it within weeks of updating her will as daughter was not happy with it. Hid bank and will so others can't see expense paid for many other expenses as well.

What might have helped? Enforceable protection such financial guardian that can't be changed by the offender. PoA (Power of Attorney) doesn't work as will say they have to be PoAp.

What might have helped? Direct support to you (or the abuse victim) such as a social worker or community worker

Story 5

A family of 2, the father in his 70's, his son in his 50's are sharing a home. Father receives a healthy fortnightly superannuation pension. Son receives a Disability Support Pension. Son is spending father's money week in and week out, Family at a point where they are facing eviction from their rental property because of son's mismanagement of his father's money

What might have helped? A change in the law, more support from police.

Story 6

A 92 yr old resident at (a local aged care facility) was locked outside in garden on cold, rainy, windy night. Found to be 'missing' in the morning, and suffering shock and hypothermia, subsequent stroke, and death. Obviously no regular bed checked made during night. This was not the first time a resident was locked outside at night! I fear for my relative also in this dementia unit.

Police were called as this incident resulted in a death. The resident was sent to hospital when found. Staff/management tried to cover incident up. However families of other residents in the unit are aware of incident (as they regularly communicate with each other) and worry for their family member.

What might have helped? Prevent this type of incident in the first place by ensuring regular checks are made on all residents during the night, security monitors of halls, exits, resident rooms. Properly trained staff, adequate number of staff on overnight duty, RN (registered nurse) on duty at all times in the building. More control or regulation of private aged care facilities, trained staff, security measures and monitors

Story 7

I recently lost my wife. In the period immediately after her death, I found that my daughter had got her mother (who suffered from dementia) to re-write her will leaving all her property to her (rather than to me). This was sorted out with the help of the Public Advocate's office, but was very difficult for me because of my feelings at the time (grief and loss).

My daughter also took her mother's jewellery, which in the normal course of things would have been distributed with her siblings and grandchildren, she said to 'stop you selling it on the internet'. My daughter unfortunately suffers from mental health issues and has been previously convicted of a finance-related crime – but still she's my daughter and I love her.

What might have helped? I think there should be counselling or a social worker available to help recently bereaved people, or at least ask if they need help.

Story 8

My husband used to like to go out to restaurants on his own to eat, and he particularly liked Chinese food. When he was going to (this particular restaurant), he met a Chinese waitress who came over to talk to him, and they got to know each other quite well. She was very friendly and warm to him, and he believed that he was converting her to Christianity (he was a member of a church) and that she was very interested in that.

As time went on this woman (whom I met also) asked for money for a number of things, such as her brother's scholarship, a son's operation, etc. My husband was happy to give her this money as he felt she really needed it and also he wanted to be generous in accordance with his beliefs. It added up in the end to a lot of money.

Eventually, after several years, one of my children got to know that this was going on and asked questions about it. They identified it as a scam and we didn't give the woman any more money. However my husband, who's now passed away, always believed in her and didn't believe that we did the right thing in confronting her.

What might have helped? If we had been more aware of this kind of thing, perhaps this wouldn't have happened. Also, we did tell our daughter early on, but she had other things on her mind and didn't pay much attention at the time. If that hadn't been the case, perhaps this woman's activities would have been exposed earlier.