

Submission
No 68

**INQUIRY INTO INQUIRY INTO ELDER ABUSE IN NEW
SOUTH WALES**

Name: Ms June Neilson

Date received: 16/11/2015

Partially Confidential

Submission: Enquiry into Elder Abuse

Capacity: * Submission made as a private citizen

Organisation: N/A

Contact Position: Senior/Retired Primary School Principal/

Working as an Advocate for

Your Title: Mrs

Your First Name: June

Your Surname: NEILSON

How did you find out about this enquiry? Media coverage about the inquiry

SUBMISSION:

Contents:

- Title Page 1
- 7 Matters that need to be addressed through
the Inquiry into Elder Abuse 2
- CASE Study Part 1 & 22-9
- Case Study/Information re Threat of Suicide9
- Report of Workshop held at Library about
Wills, Power of Attorney & Enduring Guardianship9-10
- Suggestion re Helping People to Understand.....11-12
- Summary12

I have identified the following seven matters that need to be addressed through education and legislation to assist in preventing Senior Abuse. For 12 months I have worked as an Advocate for my very independent, _____ who suffered Senior Abuse when he almost sold his farm at great financial disadvantage to himself and great financial advantage of the proposed buyers.

These matters are numbered and further information/ case studies are included.

1. Lawyers are currently not adequately trained to decide that a client is “of sound mind” and/or “capable of making decisions about changing Wills, Power of Attorney and Enduring Guardianship” or is “declining in cognitive ability” in a brief interview. National Standards need to be set to ensure that Legal decisions regarding a person’s mental capacity meet medical standards, with ACAT and Neurological Assessments being considered with the persons’ medical records.
2. Lawyers who are in concerned about the cognitive ability of any client should be required to refer the client to a specially formed local medical team that includes ACAT and GP and other personnel, recognised for this purpose, who would be able to access medical records for this client.
3. A National Register of Wills, Power of Attorney and Enduring Guardianship needs to be set up and could be linked to My Gov Health so that if necessary, medical diagnosis and client’s medical information can be accessed.
4. Community , family members, legal and medical officers need to be educated that when an elder person suddenly changes a document that they made some years before, whilst in good mental health, they may have been manipulated by a family member or a helpful “friend’
5. A public education program is needed help every community member to better understand Alzheimer’s/Dementia and particularly Frontal Lobe Dementia and the difficulties of diagnosis.
6. People who work in the field of Aged Care, in residential care or whilst undertaking home visits, should be required to sign a document stating that they will not manipulate or take advantage of clients
7. Suicide prevention could include education about the current quality residential care that is now available. I have heard elder people say” I would rather kill myself than go into a Nursing Home.” People need to understand that if they are ever amongst the small number of seniors who need to enter residential care, care nowadays is of a high quality and cannot be compared to the poor quality that was available some years ago. Examples of this good care needs to be advertised through article/photos in the media.