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The Secretary  
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## Inquiry into Older People and the Law

The ACCT (Aged Care Crisis Team) welcomes the opportunity to respond to the House of Representatives Standing Committee on Legal and Constitutional Affairs Inquiry into Older People and the Law.

The ACCT is an independent group of Australian citizens. Members of our group are engaged with the aged-care sector in a variety of ways – as health professionals, as consumers of services and as volunteers.

Our website, [www.agedcarecrisis.com](http://www.agedcarecrisis.com), provides ready access to information and issues relating to the care of frail, older people. Its purpose is to support/inform older people, their family members and carers as they traverse an exceedingly complex system of care.

[www.agedcarecrisis.com](http://www.agedcarecrisis.com) has a growing user base. We receive a high level of response on a range of issues affecting the lives of older people. Sadly, most web page correspondents, and those who follow up with personal contact, indicate that fear of retribution prevents them from using the established procedures when things go wrong. And often, those who **have** attempted to use the current system to acquire justice for themselves, or a family member, have not had their issues resolved.

Frail, older people are generally unable to speak for themselves and require protection from those who seek to exploit them. The ACCT notes the prevalence of deep-seated ageism within our community. We also note the increased reliance on the private-for-profit sector to provide residential care and believe there is an urgent need to protect frail, aged people from the vagaries of market forces. We therefore welcome this Inquiry and look forward to the strengthening of relevant legislation which will protect vulnerable individuals against abuse, neglect and exploitation.

The ACCT draws attention to the special needs of frail aged people in residential care who have much difficulty in accessing legal services and who often just do not know where to go when they perceive injustice. Very often they have few resources and health issues make participation in the legal system extremely fraught.

The private use of phones and computers is often denied them. There is a potential conflict of interest when legal practitioners (those whom they can access) also represent family members. The ACCT urges the introduction of specialised legal services for older people – where the needs of this vulnerable cohort of people can be adequately met. In particular, we note that older persons who feel that they are victims of abuse have great difficulty in having their concerns heard by authorities and complaint handling bodies as well as by legal advisors.

Frail, older people who live in residential accommodation face special legal issues. For instance, the contractual and financial arrangements associated with Commonwealth aged-care facilities are complex and confusing. They are usually entered into when a family is under considerable trauma or stress.

Feedback to [www.agedcarecrisis.com](http://www.agedcarecrisis.com) indicates that, in some instances, there is considerable delay in the return of bond money to families. Again, we urge the ready availability of specialised services to assist with this area.

Finally, the ACCT notes that older people who are perceived to have cognitive impairment are the only group of people who can be placed in locked facilities, against their will, **without any procedures for appeal**. Clearly, people must be kept safe but we are aware of several instances where the basic human right, not to be kept locked away without due process, has been disregarded. We can think of no other group of people where this situation would be regarded as acceptable.

The ACCT congratulates the House of Representatives Standing Committee on Legal and Constitutional Affairs for undertaking this Inquiry and looks forward to learning the results of these deliberations.

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## Submission

House of Representatives Standing Committee on Legal and Constitutional Affairs

Inquiry into Older people and the law

### Terms of Reference

To investigate and report on the adequacy of current legislative regimes in addressing the legal needs of older Australians in the following specific areas:

- Fraud;
- Financial abuse;
- General and enduring 'power of attorney' provisions;
- Family agreements;
- Barriers to older Australians accessing legal services; and
- Discrimination.

In conducting this inquiry the Committee will also consider the relevant experience of overseas jurisdictions. In these terms of reference the definition of 'older' is that of the Australian Institute of Health and Welfare, which defines 'older' as 65 years and over.

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web: <http://www.aph.gov.au/house/committee/laca/olderpeople/index.htm>

# 1 Fraud; Financial Abuse

**“Some rob you with a gun, some with a fountain pen.”**

*Woody Guthrie*

ACCT receives reports and complaints of instances where alleged fraud or financial abuse has or may arise in institutionalised aged-care settings.

Specific areas of concern that have been identified or alleged by families and staff, include the following, but are not limited to:

- Unrelated people (eg, carer, staff or providers) who deliberately obtain access and control over resident's financial affairs, or real estate, to obtain financial benefits
- Alternative decision makers; (power of attorney) – take advantage by misappropriating funds; transfer of properties;
- Inappropriately or unlawfully, imposing charges or levies on residents for services where those services would ordinarily be provided for under the daily care fee.
- Falsified documentation of medical records

## Example Case 1.

"...A family friend periodically visits an aged care facility in Melbourne. He checks on and cares for 2 resident ladies there, who are his relatives. While there, he found out about a rather difficult-to-get-along-with resident. She had no friends and had been befriended by the office secretary. That female resident died and her will was found to be a very recent will which had been made with the secretary's help. The secretary inherited 1/3 of the lady's money!

This kind of blatant stealing is astounding and despicable. But this is told not so much to raise our anger as to highlight an area where aged care facilities need correction. They must have each resident's finances and will completely protected and this information unavailable to staff..."

## Example Case 2.

In February 2000, a staff member was dismissed from a nursing home for the alleged theft of money from the nursing home and from residents. This person was subsequently charged and tried. In June 2005 the trial resulted in a hung jury. In February a retrial was held and she was found guilty. She is currently in custody awaiting sentence soon. The amount she was charged with was in excess of \$100,000.

My concerns are that this case has taken 6 years to be resolved, that there has been no public interest - meaning that resident's families who were wronged and were helpful in sorting out the resulting mess have not heard that there has been a trial and an outcome. This does not provide closure for these families. The staff, including myself, who were witnesses in this case have suffered significant stress over the previous 6 years and would like to see this person named in public.

We have also been defamed by the accused person causing further distress. This case is clearly a form of financial elder abuse, both to the residents and to their families. After all, if a young footballer runs away from a booze bus, he receives 5 pages of coverage in one daily paper and is on national news. Where are our priorities?

### Example Case 3.

My mother-in-law has been living in a hostel for about four years. Up until recently - she has been managing her own accounts etc, but is now finding it a bit much so I am now helping out. When we received her last pharmacy account, I noticed the pharmacy had charged a fee for packaging - now, as I work in aged care - I know that any fees for packaging must be met by the aged care facility.

Fortunately she still had all of her accounts from when she was admitted to the hostel (good old mum!!). I went through them & found that she had about \$400 in fees applied to her account by the pharmacy over that time.

Initially they told me that they were doing the correct thing (they are a very large company in another state – we are based in Victoria). I advised them that the Residential Care Manual<sup>1</sup> (clearly stated that what i said was correct. After many months of toing and froing, they admitted they were in the wrong and have repaid the outstanding fees.

Sadly -I wonder how many other aged-care facilities and pharmacies are taking money from the client in this manner.

A note of interest! When I first contacted the Department of Health & Ageing to confirm what I thought was correct - the advisor (I spoke to) supported the pharmacies information, until I directed her to the Residential Care Manual (Chapter 12)!!! What hope - if even our ruling departments are misinforming our public!!

### Example Case 4.

"...After my father's death, upon reviewing the documentation from the nursing home (sent to me by the **ACCRS** [**Aged Care Complaints Resolution Scheme**], I was astounded to discover that some of the documentation supplied by the nursing home to the **ACCRS** appeared to have been 'altered'. Additionally, the documentation provided by the nursing facility to the **ACCRS** was full of inaccuracies, yet the **ACCRS** failed to identify these inaccuracies.

For example, an audit of the nursing home documentation revealed many inaccuracies, including:

- missing documentation;
- over prescribing of drugs (which were never consumed by my father), yet we were charged for those drugs;
- a photocopy of a document signed by the General Practitioner and the Charge Nurse, which I had never seen before, also supposedly containing my signature on it;
- drugs were (apparently) prescribed on the doctors day off;
- on another occasion, my father was transferred to hospital, and further medication and pharmaceutical items were also charged to his account during that time;

No adjustment was ever made to the pharmacy account, presumably indicating that no drugs were returned to the pharmacy.

Although my father has since passed away (*he begged me not to send him back to "that place" whilst recovering in hospital*), I feel it is my duty as his daughter, to try and discover the truth, and to afford my father some type of justice. My background is of a Registered Nurse (University Lecturer) which was useful in identifying the extent of anomalies. *What if I had no training or knowledge at all?*

To try to address the anomalies connected to my father's care, I am now in the process of:

- Reporting the Charge Nurse to the Nurses' Board for care issues, as well as document forgery;
- Reporting the Doctor to the Medical Practitioner's Board for over-medication, over-prescribing and possible Medicare fraud;
- Contacting the Ombudsman regarding how the initial complaint to the Aged Care Complaints Resolution Scheme was handled.

I was and am, stunned at the amount of apparent cover-up and the lengths the nursing home provider went to protect their own interests, rather than the interests of my father."

**How does the legal system purport to protect people like my father?**

<sup>1</sup>  [Residential Care Manual Chapter 12 pgs 12:17 \(2.4 Treatments and Procedures\) and 12:29 \(3.10 Medications\)](#)

## Recommendations

1. There should be some ruling or legislation prohibiting a person/s employed by or commercially connected with the facility or the provider obtaining financial benefit from a resident.
2. If a tribunal dealing with an application by a provider to exclude family member or takeover responsibility of residents health or financial affairs, then there should be a requirement that an independent person be appointed rather than or ahead of the provider, so as to avoid a conflict arising.
3. Resident care records should be captured electronically in the form of an EDMS<sup>2</sup> (electronic document management system) together with standard electronic tracking of care records. That way, any care notes, dietary requirements, medications, etc., could be captured and recorded in "real-time" for each resident and then easily referenced. This would go some way in eradicating anomalies that currently occur with documentation in aged-care.<sup>3</sup>
4. Public and accessible information and education for resident's families and consumers.

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<sup>2</sup> To ensure data consistency throughout aged-care facilities, a centralised data repository could be developed and subsidised by government and/or providers. This would ensure that data capture is consistent and accurate, and provide more consistency for staff who work within the industry.

<sup>3</sup> Other benefits would also mean that staff have a consistent and up-to-date access to all resident care records. The system would also be an efficient way of capturing other data, for example, capable of recording resident's complaints data – again, ensuring that the complaint was recorded in "real-time" – rather than relying on a paper trail that may go unrecorded, or "lost".

## 2 Barriers to older Australians accessing legal services

Barriers facing older people in accessing legal services are:

- Technical barriers (inability to access computer or phone)
- Potential conflict of interests when legal practitioners are appointed or influenced by family members
- Cost of legal services are prohibitive
- Complexity (in relation to legislation leading to confusion and uncertainty as to rights and remedies)
- Geographic limitations (may not have means to travel)
- Availability, physical and intellectual incapacity (if they are wheelchair bound and/or unable to speak or communicate, or reside in a nursing home)
- Timeliness of court proceedings prohibits or discourages action, where expeditious solutions or outcomes are essential, particularly where the health and well-being of an aged resident is an issue.
- Unjust restrictions on legal rights to claim compensation for loss or damage caused by intentional or unintentional conduct.

### Example Case 1.

An aged and disabled resident of a nursing home had been placed on a medication regime which caused a rapid deterioration of the resident's condition - to the point where they required hospitalisation.

The resident's daughter had lodged complaints with the facility, and also with the appropriate complaints resolution body regarding the medication and its detrimental effects, and had been ignored – until it was too late, and too much damage had been caused, and the resident subsequently died.

### Example Case 2.

**Title:** Assault Charge  
**Source:** Northside Chronicle  
**Date:** 17 May 2006

**A former nurse at Brighton's Eventide Nursing Home is to stand trial in July charged with assaulting a resident.**

David Hughes-Fischer, 52, was charged with assault causing grievous bodily harm last year after a 2004 incident involving George Hadgkiss, but the trial has repeatedly been adjourned.

Mr Hadgkiss has since died.

Daughter Tina Houldsworth said the Director of Public Prosecutions had considered closing the case after the death of her father.

A Department of Justice spokeswoman said she could not comment on the case, but said there were difficulties when complainants died.

One of the most critical issues facing older Australians is their ability to conveniently and easily obtain to legal services. For many, the problem may be as simple as having an impairment or disability that makes it virtually impossible to seek out and travel to the offices of a legal provider. Generally, private legal firms are unlikely to make home or site visits unless the legal issue is significant. Community Legal Centres (CLC's) do not usually have the resources to offer more than an advice service which again, requires the person to access the centre.

Older Australians with a strong social or family network will commonly have considerable assistance in obtaining legal services whereas those with minimal or no networks may find the barriers too great to overcome and will not be able to avail themselves of redress in times of need. The most “at risk” group that fall into this latter category are those living in aged care facilities and those who may be isolated in home care arrangements. This group are virtually prisoners of their infirmity and may not have an emotional or cognitive awareness that would motivate them to take action to protect their legal rights or interests

Generalist practitioners or firms who could offer a “one stop shop” and deal with all nature of enquiries and legal problems might once have conveniently provided legal services to the elderly in the community. Such practices are fast disappearing as specialisation takes hold and this makes it more and more complicated for a consumer to identify and access a provider with appropriate skills to deal with the particular legal problem.

A further problem concerns the growing complexity of the laws in the areas affecting older Australians. Federal and State laws abound and cover almost every facet of life, from: accommodation, living arrangements, estate planning and management, financial affairs, medical treatment, and these are only a few such areas. In almost every area the laws are complicated and detailed and would require skilled legal competence in the event of a dispute or legal problem arising.

For these reasons, it is imperative that older Australians are able to readily and conveniently able to access affordable legal services. In this respect community awareness through education and appropriately targeted information campaigns may raise understanding of issues and might present an opportunity for those in the legal services arena to be involved by making themselves more available out in the market place.

Another issue, perhaps a more concerning one, is that relating to the suitability of existing legal systems to provide swift and effective legal remedies. Many older Australians will face situations in which they need quick and effective decision making or dispensation of justice in times of dispute.

The clearest example of this might occur when a resident of an aged care facility is being improperly treated, fed or medicated. In this situation time is of the essence for a concerned family member intervening on behalf of the resident. If the health and well being of the resident is being compromised, speedy action is needed to prevent further deterioration (or death). At present, the avenues of redress are limited and the courts and tribunals are ill-equipped to deal quickly and cheaply with such an issue.

While there are legislative regimes in place to regulate the delivery and operation of aged care services and facilities, little regard has been had for the need to provide convenient and quickly accessible avenues for redressing grievances.

Older Australians have rights and entitlements like every citizen however, because there are so many impediments to the enforcement of those rights and entitlements they are often ignored or subsequent events overtake them.

While there are legal remedies available they are not suited to delivering cheap and effective justice. What is required is some form of dispute resolution body that can be accessed quickly by older Australians or their carers. Disputes may take many forms and could include disputes over financial matters such as fraud or undue influence and pressure, living arrangements, physical or emotional abuse and inappropriate conduct generally. Such a dispute resolution body needs to be accessible by lay persons and should not solely be the preserve of legal practitioners. To be effective such a system needs also to be cheap.



Another very significant barrier facing older Australians concerns the inadequacy of existing laws and procedures in circumstances where an older person has suffered loss and damage as a consequence of suffering physical and/or psychological injury. Older people are in the most vulnerable stage of their lives and are often totally dependant on the provision of good and proper care free from duress and inappropriate conduct. They are less able to protect themselves, less able to avoid or avert injury through accident and less able to defend or insist upon their rights.

In 2002/2003, States and Territories around Australia introduced changes to the common law covering actions where compensation is claimed for loss and damage caused by negligent or unintentional conduct. These changes were introduced largely in response to a perception in the public arena, fostered by massive insurance premium increases, that there was an insurance crisis. That there was a cyclical hardening only of the insurance market is now well accepted and a high level of profitability has returned to that market. However, elderly persons injured through the fault or carelessness of others still remain effectively precluded from obtaining just compensation in all but the most serious of cases which involve significant long term injuries.

The common law system has for centuries provided a means through which a person injured in negligent circumstances can be compensated for the pain and suffering they endure and the adverse impact such injuries have on their enjoyment of life. As an intended and appropriate corollary it has also imposed a financial penalty (usually covered by liability insurance) on the wrong doer or negligent party in the form of the damages they must pay the injured victim. Such a penalty has the beneficial consequence of forcing the wrong doer to re-assess the way in which they conduct themselves or their business so as to avoid similar accidents or injuries in the future. In this way the common law has always worked as a deterrent to persistently careless conduct or behaviour.

In the wake of the legal changes introduced in 2002/2003, there is little effective motivation or incentive for organisations, facilities, businesses or indeed, individuals to rigorously practice risk management so as to avoid litigation which may arise from careless/negligent behaviour or conduct. If their conduct causes injury, there is no longer the threat of legal action being brought against them in any but the most serious cases.

These changes will cause a subtle but detrimental change in conduct and a shift in attitudes about responsibility that will have adverse consequences for older Australians.

More significant still is the fact that these changes have made it virtually impossible for older Australians to seek redress and compensation in circumstances where they have become a victim of another's wrong doing.

Injury to the elderly can create an enormous burden not just on the individual but also on their family and wider community through the public health system. The quality of their life can be dramatically affected in ways from which they may never recover.

**Despite this, they are denied the right to be fairly compensated and have consequently lost the right to improve their life in a material sense.**

A close examination is needed of how these changes to the Tort regimes of this country have unfairly impacted on older Australians. An impartial assessment is needed as to whether there ought to be a softening of those changes and a rolling back of the more unjust effects so as to permit compensation to be paid when appropriate and to influence the community to exercise care in their activities so as to prevent injuries occurring.

## Recommendations

5. Creation of an easily accessible decision making tribunal that could hear and deal with a range of legal issues for older people (particularly within institutional care), and the outcomes delivered in a timely and expeditious manner
6. Legal information that is clear and readily accessible — preferably through face-to-face contact
7. Legal practitioners who provide explanations in simple terms, are friendly, courteous, inexpensive, expert in dealing with older people and do not require the older person to exercise a lot of 'self-help'.
8. Changes to the Tort laws to ameliorate some of the harsh and unjust effects resulting from the legislative changes at State level in 2002/2003.

## 3 Suggested Legal Reforms

The ACCT believes that reform of the following legislation is critical.

### 3.1 Aged Care Act 1997

The ACCT urges that the Commonwealth *Aged Care Act of 1997* be reviewed and reformed as a matter of some urgency. We note that since the introduction of this Act there has been a substantial increase in private-for-profit residential care. We are strongly of the view that frail, aged Australians must not be left to the vagaries of market forces.

- The enforcement of the standards of care enunciated in this Act are below acceptable community standards
- Whilst the majority of aged-care providers are doing their best to provide quality of care, there is a proportion who are going to spend as little as they possibly can on care so that they can maximise their profits. Frail older people across Australia are being put at risk because aged-care proprietors are not required to adhere to mandated staff/resident ratios.<sup>4</sup> The *Aged Care Act* should be amended to require minimum levels of staffing.
- Failure to comply with the set standards carries no penalty other than accumulation of penalty points and, on rare occasions, sanctions<sup>5</sup>.
- Clear definition of federal and state jurisdiction matters with regards to quality of care complaints. (In some cases, alternative "classifications" of staff has resulted in a decline to properly investigate serious matters, due to disagreements between state and federal jurisdictions)
- Provision for proprietors to be accountable for how funding is spent and how much funding they spend on care, and that the disclosure of how monies are spent in aged-care facilities should not be conditional, but be open and transparent for consumers, and not be conditions based.

<sup>4</sup> Prior to the introduction of the act, a fixed percentage of funding received by owners of aged care facilities was dedicated to care, and had to be spent on care, including the salaries of nursing staff. Funding could not be diverted to non-care staff, to capital maintenance or to profit. This requirement was removed under the 1997 act. One effect of the changes has been an exodus of experienced nurses from private nursing homes, because the effective deregulation of nursing home funding has led to lower wages for professional carers. This, in turn, has led to inadequate staffing levels, and what is commonly described and known as an "inappropriate skill mix in many facilities".

<sup>5</sup> Sanctions - when applied, simply mean that the provider is not allowed to receive monies for any *new* residents in the facility – they still manage to maintain full entitlements for existing residents. Being that bed shortages are quite rare, this is hardly seen as a deterrent.

## 3.2 Whistleblower Legislation

The ACCT urges that attention be given to providing protection to staff who report the abuse/neglect of frail older people. Most of the care of older people occurs behind closed doors - thus abuse/neglect too often goes unreported. We are aware of too many aged-care workers with integrity who have lost their employment after reporting incidents of abuse.

One of the primary deficiencies in Australian whistleblower legislation is that laws and institutions differ from state to state. They add to the confusion for the general public about what procedures and protections are available.

The Minister for Ageing earlier this year, recently announced the introduction of "compulsory" reporting of elder abuse – which requires proprietors and managers to report incidents of suspected abuse. Feedback to ACCT from staff indicates a high level of staff fear retribution of reporting incidents to their employers.

Another problem is that there are many subtle ways for employers to undermine employees without providing clear-cut evidence of reprisals. Rumours and isolation are two of the most common responses encountered by whistleblowers but are virtually impossible to document. Petty harassment is also potent. It might mean such minor things such as changing work rosters, removing a carer from their familiar environment, slowness in processing claims, barriers accessing everyday information needed to do their job efficiently, difficult job reassignments, or requests for excessive documentation.

Another problem with Whistleblower legislation is that they typically pit a lone employee against a powerful organisation. The organisation can pay for expensive legal advice and has little to lose by making the case as protracted as possible. Individuals in the organisation have little at stake; indeed, many of them may have moved on in the years it takes for a case to run its course. On the other side, the whistleblower is often alone in pursuing the case, sometimes without any income and seldom with dedicated backing from an organisation.

Whistleblower legislation is now under the microscope following the release of an **Issues Paper: Public Interest Disclosure Legislation in Australia: Towards the Next Generation**<sup>6</sup>. regarding "Whistleblower protection laws need national revision".

- Consistency between all state and federal legislative regimes.
- In rural areas, jobs are not easy to come by and unfortunately many things go unreported.
- Australia has an unsatisfactory level of whistle blower protection in both the public and private sectors, including insufficient anonymity for whistleblowers.
- Better protection for legitimate whistleblowers.

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<sup>6</sup> 2 November 2006: A coherent, national approach to the revision of whistleblower protection laws needs to be considered by Australian governments, according to a new issues paper released today by the Commonwealth Ombudsman, NSW Ombudsman and Queensland Ombudsman.

 [Public Interest Disclosure Legislation in Australia: Towards the Next Generation – An Issues Paper](#)














## 4 Appendix: References
















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1.  [Fraudster 'still runs aged care home'](#) [The Australian - 28 November 2006]  
"...FEDERAL police have raided a Queensland nursing home over claims it is being illegally operated by a woman jailed in 1999 for defrauding taxpayers..."
2.  [Family anger on death finding](#) [12 November 2006]  
"...THE family of an elderly grandmother who died after an "incident" in a Melbourne nursing home has questioned a coroner's findings that her death was an accident..."
3.  [Nurse keeps patient's fortune](#) [The Sunday Mail - 29 October 2006]  
"...A FAMILY is calling for a nurse to be struck off after she inherited hundreds of thousands of dollars from the family's elderly uncle. The nurse is being investigated by the Queensland Nursing Council after inheriting money and property from 74-year-old Jimmy Paidley, whom she met in her job at a nursing home..."
4.  [Tas coroner delivers findings into woman's death](#) [ABC News - 15 August 2006]  
"...Coroner Chandler also found that poor medical records led to her being misdiagnosed, and medical staff failed to check the details of her history and of the drug orders. ...."
5.  [Good Will hunting: how to avoid trouble](#) [The Australian - 29 July 2006]  
"...Mistakes in wills can cause costly problems for your family and your estate..."
6.  [Thief who ripped off aged jailed](#) [West Australian - 18 March 2006]  
"...A charity worker will spend the next eight months in jail after being convicted of stealing more than \$100,000 from the frail and elderly residents of a Bentley nursing home..."
7.  [Leading chemist accused of fraud](#) [The Australian - 30 December 2005]  
"...The biggest rort is alleged to have taken place through the supply of medications by the four pharmacies to nursing homes around Brisbane..."
8.  [Scandal of the elderly who go hungry](#) [The Age - 4 December 2005]  
"...Earlier this year, the family of Moe resident Eileen Walker, 89, told Coroner Frank Jones that poor food had contributed to the death of their relative. Mrs Walker, thin and wasted, according to a doctor who examined her, dropped from a size 14 to size 6 during her stay in a nursing home..."
9.  ['Phone trick' by thieving carer](#) [Post Newspapers - 14 May 2005]  
"...allegedly used a false contact to slip through an aged-care agency's employment checks while she was being investigated for stealing from an elderly war veteran...In 2003, Buzolic (45) stole \$401,000 from Arthur Gledhill (82), while working for Carealot Home Health services..."
10.  [Veteran conned out of \\$170,000](#) [The Sunday Mail - 13 March 2005]  
"...A YOUNG woman has been accused of swindling \$170,000 from a 91-year-old war veteran and spending the lot in two months. Fraud squad police are investigating the alleged theft from a World War II Digger by his carer at an RSL home..."
11.  [Granny care case delay](#) [Herald Sun - 12 November 2004]  
"...Allegations of residents starving and of unacceptable standards of hygiene and cleanliness at the lodge were to be examined during the inquest. Ms Walker fell from a size 14 to a size 6 while there..."
12.  [\\$20,000 stolen from patient](#) [Port Macquarie News - 1 November 2004]  
"...A 78-year-old dementia sufferer had more than \$20,000 stolen by his nursing home carer, police will allege in Port Macquarie Local Court..."
13.  [A daughter's quest for justice](#) [The Age - 26 June 2004]  
"...Val Wilkinson says the rights of the aged are still unprotected three years after a fatal attack on her mother by another nursing home patient. By David Rood..."

14.  [Carer jailed in wake of gran theft verdict](#) [Sunshine Coast Daily – 1 June 2004]  
"...A CARER who repeatedly robbed the wheelchairbound widow she was supposed to be looking after so she could feed her poker machine addiction has been jailed..."
15.  [The legal needs of older people in NSW](#) [Law and Justice Foundation of NSW, Sydney], 2004
16.  [The Law Report \(Radio National\): Elderly People and the Law](#), 2 September 2003  
Frail parents often transfer their property to their children on the understanding that they'll be cared for in exchange. But are these so-called Family Agreements a practical idea or a possible legal minefield? Also a look at the potential pitfalls surrounding Powers of Attorney. [June 2002 – Senate Community Affairs Committee]
17.  [Reform Issue 81 Spring 2002: "Older People and the Law"](#) (Australian Law Reform Commission)  
"...One of the motivations for designating 'elder law' as the theme for this issue of Reform was to see if this area might throw up some issues that would serve as the basis for a future inquiry. As the various authors in this edition explain so well, the challenges of an aging population may test Australian governments, laws and institutions (social, legal and economic)..."
18.  **Speech:** ["Laws and Lawyers: Should we be doing more for elders?"](#)  
[David Walsh, Legal Practitioner, ACT, Former Chairman ACT Law Society Committee on Elder Law]
19.  **Speech:** ["Institutional Abuse in Residential Care Facilities: Criminal and Civil Considerations"](#)  
[Simon Harrison, Partner, Nicol Robinson Halletts Lawyers]
20.  [Nursing home accused of offering bed for assets](#) [ABC Radio – AM: Transcript]  
"...Prime Minister John Howard has been embarrassed by allegations raised in parliament that he was present at the opening of a nursing home wing allegedly partly financed by the sale of a resident's home. A contract was tabled in parliament allegedly detailing the guarantee of a bed provided in exchange for the elderly man's home..."
21.  [Coroner urges overhaul of death reports](#) [The Age – 20 August 2005]  
"Deaths are under-reported to the coroner, particularly in the hospital and nursing home areas," Mr Johnstone says in his submission, obtained by The Age.
22.  [Public Interest Disclosure Legislation in Australia: Towards the Next Generation An Issues Paper](#)  
 [Media Release: 2 Nov 2006–Whistleblower protection laws need national revision: new issues paper](#)
23.  [Whistleblowers, and governments, need more protection](#) [Dr David Solomon - University of Qld]
24.  [Queensland Public Hospitals Commission of Inquiry](#) [Final Report]
25.  [Govt puts conditions on aged care funding](#) [ABC PM - 17 February, 2005]