

# CORRECTED VERSION

## LAW REFORM COMMITTEE

### Inquiry into powers of attorney

Melbourne — 30 March 2010

#### Members

Mr C. Brooks	Mrs J. Kronberg
Mr R. Clark	Mr J. Scheffer
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#### Witnesses

Ms J. Michael, Royal District Nursing Service;

Ms E. Wakim, Victorian Arabic Social Services;

Ms R. Draper, New Hope Foundation;

Ms M. Lau, Deputy Chair, Ethnic Communities' Council of Victoria and

Mr R. Barnett, Director, Ethnic Communities' Council of Victoria;

Ms E. Poludniak, Spectrum Migrant Resource Centre and

Ms N. Edwards, Spectrum Migrant Resource Centre;

Mr S. Kumar, President, Northern Region Indian Seniors Association of Victoria;

Ms E. Ignys, Action on Disability in Ethnic Communities;

Mr M. Asuncion, Vice-Chair, Filipino Community Council of Victoria and

Ms V. Landrito-Balanon, Community Aged-Care Packages Case Manager, Filipino Community Council of Victoria; and

Ms P. Hearn, Australian Greek Welfare Society.

**The CHAIR** — Could I first of all welcome you and thank you all very much for coming along this afternoon and giving up your time to share some of your experiences and knowledge with the Committee in its inquiry into powers of attorney. I would like to thank the Ethnic Communities' Council and Ross for their work in joining us in putting together this forum. Their work is greatly appreciated. We have to report to the government. We have to complete our report and table that in the Parliament and then there are recommendations in the report to the government. We have to complete that by 31 August this year.

In relation to housekeeping, we are going to go through until 4 o'clock. The hearing will be recorded by Hansard and you will be sent a transcript of that afterwards so that you can check that what you said and what you heard was right, and then we need you to send that back to us a little bit later. We will open by going around the table and asking you to give your name and then the organisation that you come from, if you come from an organisation, and to speak very briefly about the work that your organisation does. This is quite a complicated activity because we want to record what everybody says and we want to know who has said what. I think without further ado, we will begin with you, Mr Kumar.

**Mr KUMAR** — My name is Santosh Kumar, and I am from Northern Region Indian Seniors Association of Victoria, and by profession I am a retired professor of mathematics.

**The CHAIR** — Could you tell us very quickly about the association and what it is focusing on?

**Mr KUMAR** — Northern Region Indian Seniors Association is a seniors association which meets very frequently and discusses points of interest to the seniors, and in that connection I suppose we got this.

**The CHAIR** — Of course. Thank you very much.

**Ms HEARN** — I am Poppy Hearn. I am a senior social worker representing Australian Greek Welfare Society. Australian Greek Welfare Society is the umbrella organisation working with the Greek community in Melbourne to assist them with programs and services. I am here today because we have a large ethnic aged population, and guardianship, enduring power of attorneys and those legal issues come up for our organisation regularly, and we have a number of things that we would like to present today for consideration for your report, so that is why I am here today.

**The CHAIR** — Thank you very much.

**Ms WAKIM** — My name is Eva Wakim. I work for the Victorian Arabic Social Services. VASS is an umbrella organisation across the state for all Arabic-speaking background people, which includes the Assyrian and the Chaldean, and covers various programs. I am the manager of the aged-care programs, which total seven, but we also cover family services and youth services, and we have a lot of issues with our elderly. The expectation or assumption of who is going to be automatically their next of kin is quite different from what it is here to where they have come from, and we are having a lot of elder abuse issues and issues that we need to address and bring to your attention as well.

**Ms LANDRITO-BALANON** — Apologies for my voice. I am Virginia Balanon. I am from the Filipino Community Council of Victoria Inc. I am currently the CACP (community aged care packages) case manager in one of our aged-care services. I just started the job, but I think it will benefit a lot to know about the enduring power of attorney as we come across some of these increasingly in our community with the elderly Filipinos trying to access the services, so it would be good to hear from the experiences of other communities and organisations also.

**Mr ASUNCION** — I am Manuel Asuncion. I belong to the same association as Virginia Balanon, the Filipino Community Council of Victoria, the umbrella body of all the Filipino communities in the whole of Victoria. We are doing services, as Virginia said, with the ageing, with the elderly group, as well as community activities such as the youth, employment and all that sort of thing. Our chairperson is on holiday at the moment and I am acting as a deputy at this time, so I will benefit very much, I hope, from this meeting.

**Ms DRAPER** — I am Rosemarie Draper from the New Hope Foundation. I am based at their Mornington office and work in the aged services area. I must apologise because of running a bit late.

**The CHAIR** — You are fine. What we are doing is just going round as a quick introduction, and you just happened to arrive at exactly the right time when we were up to you and you sat in exactly the right seat. So if you could tell us in two or three lines what your organisation does.

**Ms DRAPER** — It is a migrant and refugee organisation. We have different sections. I work in aged services, but we also have a settlement team that works with newly arrived migrants and refugees.

**Ms LAU** — My name is Marion Lau, and I am the current Deputy Chair of the Ethnic Communities' Council of Victoria. I am a past chair, and I also chair the Council's aged-care policy committee. For those who do not know, and I hope there are not many of you, Ethnic Communities' Council of Victoria advocates for access and equity in ethnic aged care. We currently have 190 members. We did make a submission to the Law Reform Committee in August 2009, so it should be on our website for those who want to see what we have put in. We are very appreciative of the Law Reform Committee for the opportunity to arrange this forum and to give a voice to all our stakeholders. I think I will leave it there because my colleague here also is from ECCV, so he will carry on.

**The CHAIR** — I omitted before to thank you for your submission as well.

**Ms LAU** — That is all right. I am very easily missed.

**Mr BARNETT** — I am Ross Barnett. I am the Director of the Ethnic Communities' Council of Victoria. Marion has already briefed you on the Council, so I will not go into detail other than to say how pleased we were to have the opportunity to work with the Committee and to bring this group together, and our intention is to give all of you the opportunity to talk about the issues as you find them on the ground.

**Ms IGNYS** — I am Elizabeth Ignys, and I represent Action on Disability within Ethnic Communities that works with people with a disability and carers from a non-English-speaking background. I manage the advocacy unit at ADEC, which actually stands for advocacy, ethnicity, community and disability. We have a number of programs, including mental health programs, an access and equity educational unit, and activities and social support for carers and people with a disability.

**The CHAIR** — Thank you. You also sent a submission, so thank you very much for that.

**Ms MICHAEL** — I am from the Royal District Nursing Service. My organisation has already sent in two written submissions and has already appeared in front of this inquiry. My role at RDNS is cultural liaison coordinator; I am also a member of the Ethnic Communities' Council of Victoria aged-care committee. I think my role here today is about expanding on what the Royal District Nursing Service has already said and giving you a little bit more detail about our CALD communities, but also to provide you with a different perspective, which is basically a mainstream health provider perspective on CALD issues.

**Ms POLUDNIAK** — I am Eve Poludniak. I am from Spectrum Migrant Resource Centre; specifically my role with the organisation is to manage, or to be one of the coordinators for, a respite for older carers project. Quite a lot of our clients are ageing carers for people with disabilities. I think I echo similar perspectives to those represented by ECCV and organisations that are peers to ours.

**The CHAIR** — And we have got Naderah Edwards, who has just arrived, too.

**Ms EDWARDS** — Sorry.

**The CHAIR** — No, not at all.

**Ms EDWARDS** — I also work for the Spectrum Migrant Resource Centre. We have many services. I work with the aged and disability services. I look after the Northern Federation of Ethnic Senior Citizens Clubs. We have one of our club presidents here as well. Unfortunately one of our other members, Angela, could not come today. Angela had a personal experience with powers of attorney, and also she was concerned about herself giving powers of attorney. My other role is looking after the housing for the elderly and looking after their care.

**The CHAIR** — Thank you very much for that. what we are particularly interested in of course is your experience of the communities with which you are in touch. This has been a gap in our evidence, and Kerryn, Kerry and the Ethnic Communities' Council of Victoria have organised this to assist us with getting information

that we otherwise have difficulty in obtaining. That is why it is really important to us. Perhaps by way of opening in a general way, what would your sense be of the experience and understanding of the people in the communities with which you are in touch of power-of-attorney documents and how that whole process works? Is it not well known, as we suspect, or well known? Who would like to start?

**Ms WAKIM** — My experience at VASS when we have had sessions with the elderly on senior rights and information on power on attorney is that the assumption back where they came from overseas is that it is automatically the next of kin, there is no need to put it in a will, and the elderly person's son will automatically take everything and divvy it up between the children. The woman basically has nothing; it is the husband's and it may be passed to the sons. It was quite interesting for them to hear and understand that, and that they can make choices and they can appoint their daughter. That was very interesting for them; it was a totally new concept that in Australia they need to take the step of putting someone as power of attorney when they come to a state where they possibly cannot make decisions. As well as their will, they can appoint whoever they wish.

**The CHAIR** — So they met that with great interest, but that was when you put this idea before them in a forum. How well has the system they are familiar with worked for them?

**Ms WAKIM** — We have a directory of legal advisers who speak Arabic, and we have given them the names of the various solicitors and lawyers who they can contact who speak their language, and they can get advice. Some of our staff have basically helped them to prepare a will, if they wish, and with how they should do it. It has worked for them, but it has also caused conflict within the family when they have made decisions that certain members of the family assumed they had the right to and the elderly person decided, 'No, you do not have the right to, I choose to do something'.

**The CHAIR** — When those problems occur with culture conflict, how are those issues resolved?

**Ms WAKIM** — They are resolved by first us trying to have a meeting with the elderly people themselves and giving them their rights in Australia, particularly Victoria — that is, what they can do. We empower them, and we provide staff who can support them in making those decisions. The next step is that sometimes we need to play the role of a mediator or consult and have a family meeting so they are all aware of what their parents have decided and what their rights are. We often do have conflicts between the siblings — the children — and like I mentioned before, there have been a lot of cases of elder abuse where we find out too late that the house has already been put in a son's name.

**The CHAIR** — Other comments? We will go to Poppy and then to Rosemarie.

**Ms HEARN** — You were before me, Rosemarie.

**The CHAIR** — That is what I like to see — a meeting take control. Excellent.

**Ms DRAPER** — I agree with practically everything that Eva said. What I would like to point out is that there really is a lack of knowledge generally in the community, certainly with a lot of people from culturally and linguistically diverse backgrounds, about the whole issue of powers of attorney and the different types of powers of attorney. Certainly I find that even with workers. I recently gave a presentation to the other age services workers at New Hope Foundation, and there was only one who even realised that there were different ones: financial, medical treatment and enduring guardian. Just as a general community thing, there is a real lack of knowledge about what they are.

**The CHAIR** — There is a general lack. What are the highs and lows in that? Are there some groups that are particularly isolated from it and others that are more engaged?

**Ms DRAPER** — I would not break that down into cultural backgrounds. I certainly think that people who perhaps have slightly more money and would therefore think about using a solicitor would have more access to and understanding of that because of the legal advice. But I am also finding that even when they have gone to a solicitor, because of the recent changes they are not even told about things like enduring guardianship. Even getting professional advice there are still barriers.

**Ms HEARN** — I have a lot to say. We are going to be preparing a formal response, but I have made some notes here, and I am happy to leave them with you. I guess I agree with what Rosemarie said and what Eva said,

but I just want to add a few things. I am coming back from many years working as a public servant and now I am in the community. Working in aged care and in the hospital setting and now coming into the community, I think the issue in terms of enduring power of attorney is that the information is difficult to access. I am not saying this is just for ethnic communities; I have worked with ethnic communities and the Anglo-Celtic community. If it is difficult for the Anglo Celtic-communities, I can imagine the double disadvantage that people from CALD communities have. That is my first point.

The next point that I am going to make is that there is a lack of knowledge, there is a lack of understanding, but I also believe, and this is evidence based, that there is a very strong correlation between elder abuse and a lack of understanding in terms of enduring powers of attorney in general. I say that because the Australian Greek Welfare Society has conducted a number of seminars outlining elder abuse and what that means for them and all these sorts of issues. From our feedback, a lot of these people have indicated that they have no idea what their rights are as older people. We have done a lot of work with Seniors Rights Victoria. With the Ethnic Communities' Council we will be running a series of forums over the next few months to educate mainstream service providers. I am sure Ross will be able to elaborate more on that in terms of what to do when you are confronted with somebody who is a victim of elder abuse.

Having said what I have said, I believe the more established communities that have been here a lot longer than the new arrivals are more vulnerable because of assets — they have acquired a lot of assets. I would like a dollar for every time that we have had inquiries from an elderly person saying, 'My son has got my money' or 'My son is trying to sell my house; what am I going to do?'. A lot of times what happens is that these people sign legal documents trusting their children, as most parents would trust their children, and then they realise they have signed a document that they should not have. I will give you a prime example. Only last week a lady rang one of our duty workers to say that she had got up that morning and there was a 'for sale' sign on her house. That was very difficult for us; we ended up ringing Seniors Rights Victoria and getting one of the duty solicitors to give her advice. But by the time they hit us it is too late. When they have signed a legally binding document and they do not have any cognitive deficits there is very little you can do, unless the solicitor can prove that they have been coerced into signing a document.

In a nutshell, many members of the community are saying they would like to have more information and a better understanding of what their rights are as older people who live in this country, because they do not know. I think if people have that information — and that is another story about how you get that information to them. If people were more aware of how to obtain that information — information is power; when they have got power they are able to make an informed decision as to whether they should sign that document that their son just gave them. They might say, 'Wait a minute; I am just going to take this to a solicitor. I just want to hear what the solicitor says about it'. But many of them trust, and when there is trust there is the possibility of exploitation.

**Ms MICHAEL** — You asked a question around highs and lows and the possibility of some groups experiencing more disadvantage in this area than other groups. I think a couple have already been mentioned. Rosemarie mentioned those socially disadvantaged people with lower incomes and the inequity of access to information through the justice system. Poppy mentioned cognitive impairment. When my organisation submitted last year it spoke about the fact that we have 34 000 clients and 30 per cent of them have dementia or some form of cognitive impairment. This is anticipated to grow with our ageing population. I think they are two groups: the socially disadvantaged, and those with dementia or cognitive impairment. The third one is those who are illiterate or have very low literacy levels or low levels of education limiting access to any information that is out there. Those three subgroups and their special needs need to be addressed. Then again, if you are from a non-English-speaking background and you are socially disadvantaged with cognitive impairment and your carer is illiterate, the need is much greater as the disadvantage is much greater.

**The CHAIR** — Is there further comment on that?

**Ms LANDRITO-BALANON** — I encountered one instance that triggered me. The sister of my client has a power of attorney. From talking to the client and the sister, it seems that it is not only about abuse of the signatory themselves but also abuse of the power of attorney entrusted to the person with the power because they can substitute this as they can make decisions on behalf of the person. This is actually where the conflict starts, and sometimes you are torn between trying to uphold the independence and the freedom of choice of the client and the power of the attorney, the power of that legal document.

I agree that it is a culture, it is automatic that it is the next of kin, it is informal that you can actually sign and decide on my behalf. You can actually make choices, or you can talk to them instead of the client. That is the problem that I see in terms of the community as they interact with the elderly clients. It is not only the lack of awareness by the clients, it is also the lack of the scope of the power that is given to you by the family, the relatives or the nominated next of kin. How much power is entrusted to you, and in the case of conflicts, how do you actually act or respond to it?

You do not just take away the right of the person because of that legal document. Sometimes there is also misinterpretation about that, as I actually observed in one instance that I am having a dilemma in dealing with at the moment.

**The CHAIR** — Okay, we will go to Eve.

**Ms POLUDNIAK** — I want to add that maybe following on from what you said, Virginia, beyond the conflict there is also a lot of fear for our families. When you have a carer for a person with a disability, looking at issues of future planning, there is not only the issue of having to explain that guardianship is important but to say what is different, what is a will, what are powers of attorney and there are three different sorts, who do you appoint and all of these things. They could say, ‘I do not know if I have anyone, won’t it just happen and then it will go across to one of the family members?’.

There is a lot of fear because not only is it about planning for all the legal considerations in relation to what happens when either the carer becomes incapacitated or passes away, but also there is a lot of fear about what happens to the services that have been in place, what happens to housing. So many things become an issue that suddenly my clients’ eyes just glaze over and there is so much fear about it that we just change the topic. This is part of what happens. I do not know if that is a similar experience for others.

**The CHAIR** — All right. Yes, Poppy.

**Ms HEARN** — I think a lot of people misunderstand what powers of attorney are because an enduring power of attorney can be revoked at any time, and I think a lot of our older people do not understand that. If they have signed today that their son or their daughter has the right to make decisions, they can still revoke that at any time. I do not think they are aware of that, and that is the first thing. A lot of people also assume things, and I will give you a personal example.

About two years ago I took my mum to see a colleague of mine who is a geriatrician, and I asked him to do a cognition test because she wanted to give me enduring power of attorney for medical and financial. I got Wong to do it for me because I did not want to be challenged if I ever needed to use it. I have never exercised my right to make decisions on behalf of my mum because she has got the cognition to make those decisions.

I think what we are finding is that a lot of people who are given an enduring power of attorney by their parents think that they can activate that straightaway. Even though mum and dad have got the cognition to make their decisions, these people assume that responsibility, and this is where I believe people can be taken advantage of, hence the selling of the house or their assets dwindling away.

I believe what we need to do is — the processes are not hard — just look at a really cost-effective strategy that is going to help and make it as simple as possible to help these people to understand A, B, C, D and this is all they need to do. I do not think it is hard. I have been in and out of the guardianship list for years representing clients because of cognition and families challenging estates and all that sort of stuff. I think that is a waste of time. I am not saying the guardianship list is a waste of time. You need a formal process to make those sort of decisions, but what I am saying is that a lot of this formality of going to court and things like that can be avoided if people are much better informed about the processes involved, and I hope that this review will be able to address that, to just simplify it a little bit more.

At the moment we have got problems like understanding the information and the systems are really difficult. It is difficult for human service providers unless you work in it day in and day out. Do not look at me — I have been doing it for years so I know it like the back of my hand — but a lot of human service providers do not come into contact with EPOAs or people presenting with these sort of issues, and they do not understand the system, so how would you expect a person from a CALD community who does not have the language, does not

have the knowledge or understanding to pick up something that people who do speak the language can pick up but they cannot.

There is a lot of work that needs to be done, but I am optimistic it can be achieved as long as we simplify the processes but also have a system where they do have legal rights and an understanding of what those rights are.

**The CHAIR** — Good, we will have a couple more comments because we need to move on to other issues.

**Ms EDWARDS** — I also see a different clientele. These people have no-one. They are elderly, they are by themselves, either because they have no family to start with or they have family that have deserted them and have neglected them, so they have left their family and now they are just totally by themselves. They are also very worried about if something happens to them, who is going to look after them or what will happen. Would they have to go back to their children where they have been the subject of abuse or what would happen to them? There is that part of the community as well.

**The CHAIR** — Thank you for that, and we have one more comment over here from Elizabeth.

**Ms IGNYS** — I would like to go back to the issue of information provision and how information is provided to the communities from CALD backgrounds. One of the issues for our constituency is that these are legal documents written in a difficult language; difficult to understand even for a person who speaks English well. Frequently the translations that come to us are not correct translations of concepts; as Eva mentioned before, many of the concepts are totally alien to some cultures. The concepts/terms if they are to be understood must be culturally sensitive and have to be applied in the context of the community/cultural group. That would be one of the issues. Also, quite a number of our clients are illiterate, so even if the information comes to them in written format, they are not going to be able to understand it. Maybe there could be other ways to provide this information, perhaps in audiovisual formats.

Another problem that our clients encounter is related to guardians legally appointed by the courts. As mentioned previously, within collective families — it takes a village to raise a child — there is more than one person involved in the whole process. Sometimes due to various circumstances and reasons a guardian is appointed from, let us say, the Office of the Public Advocate or Judge and Papaleo and this creates a huge conflict within the family. Many of our clients do not understand how someone totally unrelated to them is suddenly given the authority to make decisions on behalf of the member/s of the family.

Again, perhaps what is needed within the court system is a kind of mediation, middle-way approach to communities. If there is a situation where a guardian has to be appointed for whatever reasons, there has to be an understanding of why this is happening, what the options are and how to go about it. It is a very threatening process. Courts are threatening for all of us, especially if they deal with our personal matters. Losing control over your life and your family brings up feelings of distrust and reinforces fear of the authorities.

**Mr BROOKS** — I wanted to come back to the point you raised first. It goes to something that has been discussed by just about everybody today — that is, the need for more information and a better understanding amongst communities on these powers of attorney. I suppose I am looking for more concrete examples of how you think that information could be delivered. How can it be rolled out? What is the format? What do you think is the most effective way for that sort of information to get across?

**Ms LAU** — I would like to respond to that, because from the question you asked it appears you are looking for one answer. There is not one answer. We are not homogenous. We all come from very different cultures. That is why the term ‘diverse community’ includes the word ‘diverse’. You need to assess the situation individually per community group. Even within a community, and I am talking about my own community, in terms of the Chinese community, and Johan would know, if you were going to a presentation event for a group, it would not be appropriate to do the same event for another group. We have people coming from all around the world who may 20 or 30 generations ago have had the same ancestors. But now they have come from different parts of the world. They so happen to migrate to Australia together.

Another case in point was when I was managing the director of nursing at the Sir Moses Montefiore Jewish Home for the aged Jewish community. I had clients or residents coming from 26 countries who spoke 35 languages but they were bound by religion. They were all of the Jewish faith, and that is why they all gathered together. Many of them do not speak English, and they do not talk to each other. I need to clarify that.

Having said that, there are a number of ways we can reach them, bearing in mind some of the comments that have already been made. The generation we are looking at are people who may not have the opportunity to have an education. I have a strong view — I think my colleagues around the table know me — that we are advocating for those from non-English-speaking backgrounds. I need to stress that: these people are from non-English-speaking backgrounds. Having said that, we have also indicated, and Elizabeth made this point, that some of the legal documents are very foreign to people from non-English speaking backgrounds. We need to have not only simple language English but we should have simple language in multiple languages if we are needing to send them out a written form. That is one way we can reach some of our clients.

The other obvious way is audio. A lot of us can understand through ethnic radio. We can understand a number of languages. Throwing a little bit of whatever you call it into the pool, many of us speak different dialects. You cannot just say that because you are Chinese the spoken languages are Cantonese or Mandarin, because there are another 26 other dialects. Fortunately for us most people if they are literate will speak Mandarin or Cantonese. Those other things you have to take into consideration. I know I am throwing this open and making it very complicated, but it does not have to be, because we are fortunate in Victoria that we have many ethnic-specific organisations. You are in touch with them, and that is where we started with being in touch with the Ethnic Communities' Council of Victoria. We hope given we have 190-odd members that somehow or another you are able to reach the majority of those communities in those languages. That is the other media.

Then there is visual media. I know we do not use SBS very much, but if governments are able to use visual media to promote things like drink driving, smoking and all of that, this is another opportunity for them to be able to use that. We also have Channel 31 where there are community languages, and there are other different community stations which you could use. The other audio station you could use is radio 3ZZZ which was a trial of the Ethnic Communities' Council of Victoria. You can use all of that. For those who are fortunate to be literate and able to read newspapers, the ethnic written media is also a good way.

We are here to promote Ethnic Communities' Council of Victoria. We are also a very good vehicle for all government departments and any organisations on any issues that affect any member of the community whether they are migrants or local people. We are a good facilitator for you. Do not hesitate to contact us and we will organise forums and events for you to pass on the message.

**Ms IGNYS** — What we mean, and I hope you agree with me, is that we do not need simple language, in terms of childlike language. What we mean is accessible language and culturally sensitive. When you come up with a vignette, you will be able to explain through a situation how to deal with perhaps a matter the person might come across in their life.

**The CHAIR** — I understand you do not want a word-for-word translation, because what we are dealing with is not just language. We are dealing with language in the context of cultural backgrounds.

**Ms IGNYS** — Absolutely.

**The CHAIR** — So what makes sense to somebody often makes more sense if they can understand it in relationship to what they know. Right, in your experience when you talk to people that come to you with an issue that may relate to this specific thing with powers of attorney or it might slightly relate to something else, what is the best way of communicating that? Do you draw back into the culture that you both share originally and describe it in those terms? Maybe Rosemarie, you want to do it since you were the next on the list or you can add it in.

**Ms DRAPER** — Although that was not really what I was going to say

**The CHAIR** — No, say what you want to say, but I will throw that in.

**Ms DRAPER** — In terms of my origins I was born in Burma. In terms of the newly arrived Burmese communities, it would be very difficult to explain these concepts to them. But with a lot of people, what I was going to say was the other strategy is — I mean Marion mentioned it needs to be multifaceted — one thing I would really advocate for is a DVD where there are case scenarios acted out, because I think people understand things if they are told in a storyline. That actually helps the understanding of the concept.

Even doing powers of attorney with my parents was so complicated. Even though I know all about it, when I actually sat down and did the practical thing in doing the documents — they are different; one document needs to have a statutory sort of witness and others do not — it was just a nightmare. I can remember thinking why is it not just one form with all the different powers of attorney so that you can tick the ones you want to assign to different people? It was just crazy.

**The CHAIR** — But on that, if I can just come back to you, one issue is the way the documents are. Let us say they are not organised properly which we can all agree with. That is not an ethnic thing; that is just the documents that have grown with a particular history. They are what they are for some reason. But there is an issue like the notion of a person acting with an individual agency as distinct from a person acting in a familial agency — that is, you know, in a familial context. That is kind of a bridge and behind it is a whole history of two cultures and different ways of thinking. How do you talk about that?

**Ms DRAPER** — When I was discussing it with my family there were other people there who are not so familiar with it. My parents understood the concepts; others did not. Again, I used familiar sorts of stories and case scenarios like back in Burma-type of thinking, and said, ‘Do you remember when that happened? In Australia that could be prevented if you did this’. It is on that sort of level.

**Ms HEARN** — I am sorry. Can I just draw on my experience as an ex-public servant many centuries ago?

**The CHAIR** — I do not know. It is risky stuff.

**Ms HEARN** — I am not going to make an apology for that! When I was working at the then Ethnic Affairs during the social justice times many moons ago I was responsible for working with ethnic communities. My responsibility was the housing portfolio. I was thinking, ‘Okay, how am I going to work with the department of housing for it to make sure that ethnic communities can avail themselves of the diverse housing opportunities available, including public housing, private rental and you name it’. What I did was I worked very closely, not only with the department, but also with the different ethnic community organisations. We went to Co.As.It, the Australian Greek Welfare Association and Chinese associations. As Marion said, in every community the information strategies you employ differs a little bit because some communities may prefer radio and whatever.

When we did the translations, when we got them translated, we actually went back to that ethnic community organisation and said to them, ‘Look, we’ve prepared this document. Would you read it and make sure that this document is culturally and linguistically appropriate for your community?’, just to avoid mistakes and stuff like that. We always relied on the ethnic community that represented the needs of that community as our consultants, basically. We were doing a job for government. We had to make sure we had to do X, Y and Z, but for us to do our job adequately we relied heavily on consultations with those community organisations.

The Ethnic Communities’ Council was around in those days. I did not have a lot to do with them. I think that was more the senior people. It worked because we consulted with them; we actually got them to tell us. It is a bit like a ministerial adviser telling the minister, ‘These are the sorts of things that the community needs’. You are not just going to go out there and do it. You need to get some advice and feedback from the community as to what is going to work and what is not going to work. One of the recommendations I am going to be making is that whatever strategies are employed, it really needs to be done in consultation with that community organisation.

**Ms MICHAEL** — I agree with Poppy. The challenge for a mainstream health organisation such as the Royal District Nursing Service, where our clients originate from 147 countries and speak 105 different languages, is that issue of not only equity of access to information but also the quality of information that is available to them. We work with a couple of approaches. The first one is that we look at diversity within diversity. Within every cultural group there is diversity. There is diversity in literacy levels, there is diversity in educational levels and then there is diversity in learning styles. They are adult learning principles: how do people take on information and learn information?

With each piece of information we always start with a written document. We write all documents in English now at grade 4 to grade 6 English language literacy level. We have what is called ‘translation standards’ at the Royal District Nursing Service. That is now a registered trademark within Australia. There is a set of 10 standards and community consultations; it is one of those standards. We apply the standards to the written translation. From there we then look at the diversity within that cultural group and look at what types of

information on what media that information needs to be presented in. For instance, with a Macedonian diabetes education package, when we consulted with Macedonian welfare, we found that 24 per cent of that, over 100 people, were illiterate, so we had to develop not only written material at grade 4 to grade 6, we then had flip charts for people who look more at pictures and look at very short messages.

Then we had short plays and audio recordings for people who like to learn through listening. There are people who like to learn through listening, people who like to learn through reading and people who like to look at more visuals. In that way the nurse is then able to go in, assess the learning style and present the information in the appropriate format to that individual.

**Mr FOLEY** — I think it was Eva at the start who referred to a whole series of informal arrangements that people bring from many different backgrounds. Just as I am sure there is a diversity of different formal arrangements, I am going to guess there is an infinite variety of informal arrangements that people bring to how these issues are dealt with. In dealing with all the positives of trying to create a human rights framework of empowering people to make these decisions appropriately in the context of the Australian circumstance and the Victorian circumstance, is there anything in the informal arrangements for different cultural communities or within different communities that make those informal arrangements valuable and something that you would not want to lose whilst going about delivering the broader goals of empowering people to make appropriate decisions and that kind of thing? What works in informal arrangements that we would not lose by going formal?

**Ms WAKIM** — What really works — and I do not like to pigeonhole, because in our community, as you may be aware, there are 22 different Arabic-speaking countries, and world events play a big role. It is like a bombshell at the moment, so you have to be careful. Even within the same family there are divisions, whether it is political, religious or whatever. Unfortunately, coming to Australia, with many recent migrants we have got from Iraq there is a lot of mistrust. We have got to rely on what they know best.

**Mr FOLEY** — When you say ‘mistrust’, is it ‘The government wants you to do this, therefore it is bad’, because they do not trust the government?

**Ms WAKIM** — Yes, we have just set up a group. Even to get them to register their names and details and next of kin, they do not want to give it to us, because they will be tracked down. One of the ladies basically stood up and said, ‘No, the government will be tracking down where I am going and what I am doing. I do not want to give them any information’. We had to work around and register her as an anonymous member and estimate the rest of the information. You are dealing with that.

Back to your question ‘What does work?’, we need to remember what they see as secure and they trust, and build on that. If they do trust, they may sometimes trust someone from their village. It is no-one they knew well, but it is the first person who opened their home to them here. You have got no choice. You have got to build on what they consider as something that they trust or is culturally acceptable. Even though I might perceive it and look at it and think, ‘No, that is totally inappropriate. That person is abusing them financially, for example, giving them the wrong advice’. It is a difficult journey for the workers, because they can slam the door in your face at any time, and you cannot force it open, basically.

You have to work out where they are coming from, who they trust here, and how we can work with them — empowering them without getting them to turn against each other or putting off a family member as being abusive. We do not use the word ‘abusive’. We say, ‘There is another way that you can be helped. You can appoint someone else in case an accident or something happens to this person. Have you considered someone else to do it?’. It is a very tactful and difficult way to navigate through it.

Word of mouth is so powerful sometimes. We just have to be very sensitive and careful what we say to them and how we work with their own understanding until they emerge in maybe another 5 to 10 years, and their children grow and know their rights. At this stage, for a lot of them it is like they are blindfolded, and any hand that is extended to them, they will trust it blindly with anything. That is where we see a lot of the abuse. That is where it becomes difficult, because if you cut that contact there is the fear of knowing absolutely no-one. It is like domestic violence; they would rather stay within that environment because that person may have taken them to the first shop where they bought ingredients they are familiar with or spoke their language.

I am sorry; I do not know whether that really does answer your question, but I am just trying to say sometimes they are the difficulties we are seeing. It is the informal way of working around, to navigate the system with

them without losing them along the way. You just need to be sensitive of where they are at, who they trust and how you can work together with them without them isolating you. Often we have had situations where, if we have said something that sounded a bit harsh or against a person they see as almost God, the door is slammed and they will not open it again.

**Mr FOLEY** — To hone that down to the power-of-attorney issue, which —

**Ms WAKIM** — That is what we are here for.

**Mr FOLEY** — That is what we are here to talk about. This is a broader question not just to Eva but to anyone: are there particular community approaches or are there generalised approaches, allowing for the sensitivity that was spoken about that we need to be particularly mindful of when it comes to our final report, with the informal aspects that might well work?

**Ms WAKIM** — Information sessions work by word of mouth, but we have often found that if you hold information sessions, they will not discuss it in front of other group members. It is the phone call or the little discussion at the car — they follow you and say, ‘This is what happened’ — so I do not know exactly.

**Mr FOLEY** — Accessibility.

**Ms WAKIM** — Yes.

**Ms MICHAEL** — I was just going to say that from my experience I think the role and the choice of the informal advocate is really important, whether that be a family member, a neighbour, a religious leader, whoever it may be. It is sometimes the only choice people will accept without feeling they are being imposed on by the system.

Can there be some sort of an interface between the informal advocate and the structure that is imposed on the individual so that we are out meeting them halfway? We find that a lot of people list informal advocates on RDNS consent forms, and that is quite acceptable.

**The CHAIR** — Do other people want to comment?

**Ms LAU** — There is another structured informal setting that might work, and this works well in the problem gambling situation. The information is given to groups that are organised and already meet for social activities and information session activities. The concept of power of attorney can be explained to them generally so that no-one and no particular person is pointed out. As Eva says, once you pass on the information you may or may not get some generalised questions at the end of the session. I found that out. The ECCV was part of the government’s program to educate the community on problem gambling, and this could be another good issue.

We have been out and we have spoken to people. We have had people, local advocates, using their own language to translate whatever we were telling them and sharing that with the group. People were very appreciative of that, especially of having one of their own members translating so that they know the information is real and reasonable and not exaggerated. There is a saying that the way to a person’s heart is through their stomach, so we supply morning or afternoon tea or lunch or whatever. It is very informal. It gives people the opportunity, having listened to the information, to mingle informally, have a cup of tea and a sandwich together. We might go into a little corner or somebody will come out and say, ‘We just cannot talk to you here. Is there some way we can get some more information?’. We give them our phone numbers and addresses. This has worked very well.

The information I have been given regarding that particular program is that it was very well run, received very well and very successful to the point where people are now coming out and saying, ‘My father, my son, my daughter, my neighbour or somebody else, how can we get them to come?’. They will not come if you ask them but if it is a general information session, they will come. That is the informal way of doing that, and it is also culturally appropriate because you are meeting them in their setting. You are imparting general information and making no judgement. You are saying, ‘This is what we are doing and this is new legislation we are putting in to help and assist the community’. Again, this is done in a general information session so we are not finger-pointing.

**Ms POLUDNIAK** — In regard to families where there is a person with a disability — and if I understand what you are asking, Martin, it is about what informal arrangements might be in place that are worth preserving.

**Mr FOLEY** — Yes.

**Ms POLUDNIAK** — I do not quite know if this is answering your question because there is a lot of variety in the people who are caring, but a lot of the systems that are already in place for that person with a disability are working really well, so they may have services in place. That is a really important thing to preserve when you are looking at powers of attorney. Whoever gets appointed might not be aware of all of these things and there may be systems or services they are linked into that are useful to try and maintain because that tends to be the continual link when there tends to be some dissent in the family and perhaps who is appointed to all of those roles.

**The CHAIR** — It actually follows on from that point about finding people in the community who are trusted; I think one of you mentioned religious leaders, for example. There is also the issue of medical practitioners. In one of the other forums we have had people have talked about the important role that doctors can play in assessing whether a person may be losing capacity or some area like that, or whether they might be under stress. How do you think that would work?

**Ms IGNYS** — That is what I wanted to talk about. That is another way of disseminating the information by educating medical professionals, educating people who are close to the community. It might be a medical practitioner, it could be a dentist, it could be a counsellor, it could be someone who is close to the family and knows the family well. It is another way of making sure that perhaps aged-care assessment teams also have that information in hand, and they can also assess the situation because they will know best what is happening within the family unit and who needs that particular support. It is pretty much isolating and looking for people who are close to the families.

**The CHAIR** — I know this is one of those huge generalisations but I am going to ask it anyway and then you can break it up. In terms of engagement, let us say new arrivals or not so new arrivals with the medical profession, does that go more smoothly than engagements — for example, I think Martin mentioned engagements with government?

**Ms IGNYS** — Absolutely.

**The CHAIR** — People are generally more trusting of the Australian medical system than they are of that. What about legal practitioners? Is that a bit different?

**Ms HEARN** — Can I comment on the legal?

**The CHAIR** — Okay. The other bit I will throw in now and then you can just talk about the other things. What about schools? A lot of older people might have to deal with their grandchildren and the school — different avenues like that.

**Ms HEARN** — In my dealings with the legal profession — and I make no apologies even though I am married to one — particularly with Greek lawyers, a lot of Greeks go there because they speak Greek even though those lawyers do not necessarily have an understanding or a good explanation of different processes, particularly enduring powers of attorney. We receive complaints and you question them and say, ‘Why did you go to this solicitor?’ and they reply, ‘Because he was Greek’. I say, ‘You do not go to a solicitor because they are Greek, you go to them because they will represent your needs based on other people’s experiences or whatever’.

**The CHAIR** — But you have to understand them in the first place.

**Ms HEARN** — Yes, you do. I am not here to question the legal fraternity — I have my concerns anyway. That is not what we are here for. I have worked on ACAS and if there were any social issues — dementia and all that sort of stuff — the social workers would pick up those ACAS cases, so were able to do those assessments and then if we felt the person was borderline, we would meet with the family unit. But we also had cross-cultural training so we were aware of the different cultures within those different communities and we knew that the Greeks are different to the more Asian communities or new arrivals.

The approach we took was to meet with the family first, explain the processes, give them an understanding of what is going to happen. We would tell them, ‘We are going to go to the guardianship list because mum has dementia but you have a right as a family member to act on her behalf. The government does not always appoint a legal guardian or administrator. A member of the family can do it’. The family would sit down and work through the legalities of all of that and say, ‘Who has the time to do this, this and this?’. I know it is not an enduring power of attorney but the next step is if a person has dementia and they have not appointed anybody and they cannot make decisions it has to go to the guardianship list; we all know that. Then it is either going to go to a guardian appointed by the state or a family member is going to assume financial responsibility and, I guess, medical responsibility for that person’s care. In a nutshell what I am saying is that is about effective consultation.

In community organisations, and I cannot speak for all ethnic organisations but I know what happens within the Greek community, look highly at leaders. They take leadership as, ‘Yes, that is gospel. We are going to listen to what that person says’. You might want to try that sort of a strategy as well — particularly religious leaders. People within Muslim communities look up to the imams — is that what they call them; they are religious leaders? They take notice of those sorts of people. So if you can engage those sorts of leaders — I do not know, but that is what I have seen over the years, and I am not saying it is going to work for every ethnic community. Going back to what Marion said, I mean, there is diversity and diversity. If you can engage some of those leaders to come on board with you, that might be another effective way of getting that information across.

**Ms WAKIM** — Yes, you have opened up a can of worms. In a nutshell we have to remember that leaders are human, and they have a vested interest, and I do not need to go any further than that. I have concerns where some leaders may not act in the interests of the individual and, without naming anything or anyone or any organisation, I think we need to be very careful. It is good to pass information to the leaders to be distributed. They are a great source to distribute the information. I have concerns with a lot of illiterate people and people who came from villages where the local imam or priest — basically it was automatic, back to what I said in the beginning, that they made decisions. They consulted them for marriage, for selling of property, for everything, where in Australia they do not have to do that and we do not want to take them back there if we can help it. They are individuals in Australia and have rights and they do not need to be connected to any community or religious leader to make any decisions that are not answerable to them from that background.

**The CHAIR** — But you are comfortable with the medical practitioners and dentists and — —

**Ms WAKIM** — They tell you they trust the medical practitioner, but I find the GPs, in response, do not take steps. They just listen, so they are not active. They will hear. They will be the first ones who will access information about everything about their family and their stress. They will give them some sort of prescription — I worked in a medical clinic — for antidepressants et cetera, rather than address the issue that is happening there.

**The CHAIR** — Before we move to Ross, what I am getting at is given that we are saying that we need to disperse information — —

**Ms WAKIM** — I think they are a great source of information. To the religious leaders, yes.

**The CHAIR** — So information dissemination, more broadly, but the question inside that of where advice should come from, we should be a lot more careful about?

**Ms WAKIM** — Yes.

**Mr BARNETT** — I wanted to address that point you have just made really that whilst there is a difference of opinion about the value of leaders and the sort of example perhaps that they accept and their trustworthiness, I think that varies across communities, the same as it does in broader society. There is also quite a lot of evidence of exploitation, if that is not too strong a word, by certain professionals within communities. Just because they are from the same community does not mean that they have to be in a position or want to help. They can certainly take advantage of people, and we have lots of examples of that across a whole range of different spheres.

Getting to GPs, I do believe that GPs still enjoy a high degree of credibility in a community, and they are seen to be a source of information, and they are trusted to a large degree. However, as Eva said, our experience is that

they have a particular role to play and they are focused on that as GPs. They do not have a lot of time, and in terms of trying to engage them to do anything other than that initial consultation and diagnosis, treatment et cetera it is impossible.

**Ms EDWARDS** — I very much agree with what Ross and Eva said. Also, for example, we have senior citizen clubs. There are lots of different communities, so lots of people access those clubs. With my program, for example, I resource these clubs with lots of information about community services, so that is how they get information. Also they have social support groups, so again they get lots of information through that, but I also know that working with people in their housing circumstances, a lot of them do not access anything like that. They do not go to clubs, particularly men — they do not usually want to go to any social clubs; they are less likely to go to those clubs or go to the community. So there are those people who are not getting the information at times that they need, and to actually reach them is the challenge.

Again with community organisations such as ours, you see different people, but GPs have even more credibility or have access to them because they are there at the point that they have those problems. I am sure there are other organisations that are community based that can give people information. There are so many different ways of giving information that we can reach people, but they are not forgotten, but some people they just do not know even where to go, where to start to get that information.

**The CHAIR** — Thank you.

**Mr KUMAR** — I was hearing all the time that there are a lot of assumptions that we know about power of attorney, and there are many who do not know. I am one of them who does not understand fully the various aspects of what can be done, what is the implication of that, and I believe that language will not be the problem for me unless it comes in any original language, unless it is a law language which I cannot understand. If it is in plain English, I will make out of it whatever it says so even such documents will help, and these community leaders like myself will take it to the community, at least informing them what exists.

It is like when we engage a financial planner — be careful. What care can we take with a financial planner? They have vested interests, it is 100 per cent, almost known. The question is that you try and talk to two people and you make a decision or you believe that he is representing the Commonwealth Bank, whereas a larger organisation might be better, but who knows if it is better. So in a similar way there is a little bit of uncertainty always, but we have these legal things which are essential in the life of everybody in simpler form so that people can understand and then raise the issue with respect to their community or their background, and there will be many people who will have no problem. It does not matter what background they come from, they will understand what is being said.

**The CHAIR** — Thank you.

**Mr ASUNCION** — I believe that one of the best ways of disseminating information is through community organisations because they have more people, like the Filipino associations here. We have about 98 organisations here in Victoria, and I think maybe through the doctors, the lawyers and other professionals in our community it is far-fetched because they are so ensconced with their own profession and they sell them, or actually they do not go with the community because they are so busy with their profession, so that is what I believe.

**The CHAIR** — That is a very interesting point. You would say that the collection of your organisations, taken collectively, would have the most powerful reach into the community? You would all agree?

**Ms DRAPER** — Yes.

**The CHAIR** — Are you all being self-serving? That was uncharitable of me.

**Mr BARNETT** — If I could just add, if you would not mind, there is a whole group of people who perhaps are likely to have contact with older people at the point when they may need some information.

**The CHAIR** — Which is what we were kind of driving at through this question.

**Mr BARNETT** — With local government, of course, delivering HACC services. There is quite a lot of work being done to try to make sure that there are links between those service providers and various ethnic

community organisations, which can only provide a degree of service; they are not funded to meet all the needs of all the members of their community. It is very much about mainstreaming now. It is really about the links between local government and, as an example, the Filipino community, so that together they can get some understanding around the cultural needs of those communities and deliver the information when it is needed. We cannot take on board a lot of information, particularly fairly complex information, just because someone delivers it to us; most of it will go over our head. We need to get that information when the time comes that we need it. We have all discovered that at various times.

**Ms DRAPER** — I suppose what I am wanting to say builds on what other people have already said, and it is not self-serving. I do very much believe it is the ethno-specific and multicultural organisations that do have the credibility and the reach with many people from CALD backgrounds. But I also think many of us do not actually know very much about powers of attorney anyway. I think it would have to be a multilevel approach to it. What I said right at the beginning is that what we also need to do is provide clear information to the people who work in those organisations so that they can provide that information. I also think it is really important that there is somewhere else that the workers, whether they work in a planned activity group or whatever, can then refer to if issues arise that they do not have the expertise to deal with. I do not know where that expertise can come from. It may be Seniors Rights Victoria that could take that role on because they are already doing the community education about elder abuse. It could go in tandem with that. But we need to develop some sort of bridge between the workers at the more grassroots level and somewhere they can then refer complex issues that arise out of those information sessions, so it can be followed up more appropriately.

**Ms IGNYS** — I agree. I also want to mention some other vehicles for information dissemination. Centrelink could be one of them as it is highly underutilised. Centrelink is a place where people in crisis situations come to. Maybe training could be provided to Centrelink staff so workers on duty are able to identify crisis situations and appropriately refer people to either social workers at Centrelink or other organisations that can address the issues we are discussing today. AMES, the organisation that provides 500 hours of language classes, deals with people of all ages and different cultures. AMES could be a vehicle for information provision about the Australian customs and laws. Then there are also hospitals. Patients in difficult situations, including health-related financial difficulties, are discharged from hospitals with the so-called ‘discharge plan’. Guardianship and administration issues, if identified by hospital staff, may be incorporated into the plan. Community financial counsellors could also become good vehicles for information provision.

**Mr BROOKS** — The council’s submission to the Committee highlights the difficulty of assessing the principal’s capacity in small communities where the principal may know the interpreter or be reluctant to provide personal information. Other evidence we have received has suggested that some cognitive tests might be influenced by language or culture, and we have had discussion of that today. It might not be appropriate. The question is: what particular issues arise when assessing the capacity of members from CALD communities to create a power-of-attorney document, and are there any particular safeguards which we should be looking at in relation to capacity assessments for people from CALD communities?

**Ms HEARN** — Can I answer that? When you are dealing with the new arrivals in the smaller communities sometimes there is a lack of trust with an interpreter to get that information across because the community is small. We know that the interpreters are professionals and they are not going to go out and talk about the issues of this particular family. That could be a barrier. I do not know about the larger communities. I really do not have an answer; I am sure somebody else does though. With smaller communities I know that getting that information across and utilising, say, an interpreter to do it may not work very well because of a trust thing; because it is a small community they just assume that everybody knows one another and they are all going to talk about that particular situation.

**Ms MICHAEL** — Screening for cognitive impairment is a big challenge not just for district nurses but for other health professionals such as ACAS teams and GPs as well. At the moment the tool that is being used is the mini-mental state examination. In the RDNS submission we did present that that tool itself is not appropriate for CALD people and does require a level of education. I regularly get calls from nurses, saying, ‘How do I assess the cognition of this 85-year-old Arabic-speaking woman from Lebanon who has no literacy in Arabic?’.

I sit on the federal minister’s dementia advisory group, and there is a project under the National Dementia Initiative that basically identifies screening and diagnostic tools for cognitive impairment that are suitable to the Australian context. The website has just gone up. Within that they do recommend the mini-mental state

examination version 3, but they also recommend a new tool called the RUDAS — the Rowland Universal Dementia Assessment Scale. That has been developed in Sydney for the Australian context and does not require a level of education and English language literacy. There have been a number of studies, and it is close to being validated for use within the Australian context. There is also a tool called the KICA, which is appropriate for our indigenous populations. It has been trialled in the rural areas but now they are trialling it in the urban areas as well.

If we are to look at providing or requiring good evidence of cognitive impairment, especially at that very early stage — and that is where we are missing the CALD people at the moment; we are getting them at crisis point with severe dementia, but we want to get them at that early stage, so that they are able to make those informed decisions and choices about power of attorney or whatever it may be — we need to be within the health system using these appropriate tools. Like I said, this website with reference to these new tools has just gone up. I am happy to provide you with a link; I will probably think of the name as time goes on.

**The CHAIR** — That is okay. Thank you.

**Ms LAU** — I think I need to go, because I have got a bit distracted. I will pass it on to somebody else.

**The CHAIR** — Other comments on that matter?

**Ms WAKIM** — Can I just make a quick comment? I have been involved with a lot of our clients referred to by ACAS and then onto an assessment. It is very difficult for a person to see whether they have got dementia at their first assessment. They tend to not be picked up initially, because it is one-to-one and they can respond one-to-one. I think it is really important to consider the carers and other family members that are involved, because they are the ones that are observing the behaviour change of the person, such as they use a key constantly, they know it, and all of a sudden they are putting it upside down. They are little things that they know they could do with absolutely no problem before, and all of a sudden they are stuck. Consultation with the carers and members of the family to be involved is important. Again, it can be open for abuse. I mean I have got my antennas up for abuse everywhere now.

I think it is important to consider though the carers' perspective. I know I am backtracking, but when you said about the GPs, I think it is fantastic that the GPs, actually in all cases, are the first ones to know about it, but they do not take the steps. Often I have heard about a lot of family members who go to the GPs reporting about their parents and wanting the GP to follow up, but they do not. It is really important that carers play a vital role, because they are observing. They are the only ones that can notice the small changes that are happening rather than what Jaklina just said when you get them right at the end of the stage and it is too late to do power of attorney. It is too late to do a lot of things by then. I do not know how that fits in, but I think just to bring into perspective other family members that live with them and if they have any views on behaviour they need to be considered when they are assessing.

**The CHAIR** — Any further comments on that last matter?

**Ms MICHAEL** — It is called the Dementia Outcomes Measurement Suite, so it is called the DOMS project, and it is under the National Dementia Initiative.

**The CHAIR** — You got there in the end with flying colours. We are out of time. On behalf of the Committee, could I thank each and every one of you very sincerely for giving up your time, coming here and sharing what has been a very valuable amount of information and insights into a matter, as I said at the outset, that we really did not have a lot of information on. We are having some afternoon tea brought in. I know you all have very busy lives and you have to go out and live them, but we would very much appreciate if you would just stop for a few minutes and have a cup of tea with us so we can just thank you in the proper way. You will be sent copies of the transcript.

**Committee adjourned.**