A.o.a. 62./6/08 Submission No. 42 (Ing into better support for carers)

Alan

5 June 2008

The Secretary Standing Committee on Family, Community, Housing and Youth

Dear Secretary

I wish to make a submission to the Inquiry into Better Support for Carers.

My views spring from involvement in the Older Carer Group as a result of the onset of a chronic condition viz stroke of my wife in 2000. I have been the Principal Carer for the eight years since then. The areas which I would like to cover are listed below:

Older Carers – 80/85 years and over bracket

The Carer role is made more difficult with increasing years in the Older Age bracket due to the age-related degenerative health of the Carer. What can be done to provide relief to the Carer who has an ongoing commitment?

Respite Care

To give one example of access to Respite. Recently I required surgery which took me out of the caring role as I became the person who needed caring which of course could not be provided by the person being cared for. I needed therefore to arrange for my wife to be admitted into Respite Care at 'Burrangiri', a Salvation Army establishment in the suburb of Rivettt A.C.T. during the period of my hospitalisation. As a Gold Card Veteran of World War II, while I have an entitlement to Respite Care benefits, that entitlement DOES NOT extend to the spouse. The Respite Care for my spouse which is Means Tested required a payment of \$76.00 per day.

Consideration might be given to extending the Respite Care to cover the Gold Card Holder and Spouse on an equal benefit arrangement.

Showering Assistance

It is the general practice of the Helping Organisations to provide showering assistance three times a week under a supplemented scheme. In situations of incontinence 3 days can become an inadequate time frame.

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Consideration might be given to extending this service to 4 times a week, in situations where deterioration in health and mobility become a problem. Otherwise this becomes an additional burden on the Carer.

Day Activity

Access to Day Activity facilities is important to relieve the Carer of more full-time support.

Consideration might be given to extending and promoting Day Activity Programs on an Area basis which is very much dependent on transport.

Transport

There is a need for more adequate Transport arrangements for the Aged Care villages and Older Australians generally. Most villages seem to have a small bus to service aged persons' needs. With the increase in the cost of fuel and the question of restricting the issue of a Driver's Licence to older drivers, especially above the 85 age group, the provision of transport becomes a priority community issue.

Although the NRMA recently mounted a successful campaign in support of older drivers to retain their driving licences, the time must come when older drivers must face up to the situation of handing in their licences on health and increasing cost grounds.

What is the answer to this situation? The essential needs of Older Drivers are – shopping, medical and paramedical appointments and dental appointments, as well as recreational outings.

Older Drivers have a need for transport. Public Transport with its concessional arrangements for pensioners is not really the answer. The need is for Community Transport, specially geared to this growing market.

Consideration might be given to the implementation of a new policy of Community Buses or Area Buses (on a contractual arrangement) to service Older Australians and their Residential Villages, rather than a small bus for each separate institution. The latter practice is inefficient as it caters for perhaps only 5% or less of residents in an expanding market.

The introduction of Community Buses for Older Australians could be the subject of a Pilot Scheme to test its practicability.

Social Problems

There is an expectation by the Caree that the Carer should be available most of the time to perform the Carer Role. The Carer is thus affected by a loss of freedom to live a normal life, as 'caring' requires a 24 hour 7 day commitment. This is a most difficult problem to address. It can be relieved to a small degree by Personal Care Support to enable the Carer

to take a 'break'. These 'time-out' periods are important for the Carer's wellbeing and learning how to deal with the stress of continuous caring.

Consideration might be given to increasing the funding of the Carer Organisations, such as Carers A.C.T., to enable special and extended programs of a social nature to be put in place.

Communication

Effective communication by the Helping Organisations and Carer Bodies is important. For instance, Home Help Service A.C.T Inc recently invited Carers to a light luncheon to explain what services are available and to meet with staff. It was very effective communication.

Consideration might be given to providing funds to these organisations on a 'once per year' basis for such a purpose.

Thank you for taking my views into consideration as part of the Committee's Inquiry.

Yours sincerely

Alan

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