Submission No. 1112

(Inq into better support for carers)

ADC 29/7/08

30 June 2008

Committee Secretary Inquiry into Better Support for Carers. House of Representatives Standing Committee on Family. PO Box 6021 Parliament House CANBERRA ACT 2600

Dear Secretary,

I wish to make a submission to the House of Representatives Standing Committee on Family, Community, Housing and Youth's Inquiry into Better Support for Carers.

I am submitting to the Inquiry because:

- I believe there is a great diversity in the roles and responsibility of Carers and that Society including Government tends to treat them as a homogenous group.
- 2. While successive Governments have verbally recognised the contribution Carers make to Society this recognition is reflected with "one-off" bonuses only which, may be withdrawn at any time.
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The lack of Residential Respite facilities for High Care patients which make it extremely difficult, not to mention expensive, to for Carers to take a break from their day to day duties.

As a senior carer (69 years old) I have been Caring for my severely disabled wife for more than 8 years. My wife experienced a series of CVA's (strokes) that left here unable to speak or walk and doubly incontinent. She requires 24-hour supervision and is confined to a wheelchair. She is rated by ACASS as needing "High Level Care". She receives an Age Pension and I receive a Carers Allowance and Carers Payment. Financially we are struggling as we still have the remnants of a mortgage due to the need to purchase a motor vehicle that provided easier ingress and exit as well as space to carry the wheelchair. We also needed to make modifications to our home for wheelchair access and showering facilities.

If I were a professional carer employed by a Care Service Provider my salary would be around \$20.00 / hr for a 40 hr week.

For seven days per week a normal day for me starts at 7.00 am and ends at 9.30 pm including weekends and public holidays. My carers allowance is \$50.30 per week or around 50 cents per hour this is further reduced by having to pay for \$16.25 for 6 hours respite per week. After paying for respite I receive around 33 cents per hour.

Furthermore as a normal Age Pensioner (and as part of a couple) I would be permitted to be paid for work to a maximum of \$55 per week which I could do in a couple of hours casual work as a handyman/cleaner. As a full time Carer this opportunity is not available to me.

There are Carers and there are Carers. I know a woman who receives the same Carers Allowance as I do for the part time care of her elderly but only slightly disabled mother. In the entire history of my working life I have never worked the hours or had the responsibility that I have now. I am nurse, housekeeper, driver, secretary, accountant, and personal liaison all rolled into one. Changing soiled nappies, showering, dressing, cooking and feeding are part of every day.

My point is that all Carers are not the same and, as there is an assessment of the disabled (ACASS) there should an assessment of the Carer and the Carers Allowance should reflect the effort and responsibility involved.

Carers are constantly reminded, by Counsellors and Carers Groups, that they must find time for themselves to protect their physical and psychological wellbeing. I try to take 2 weeks vacation each year with my son. Finding High Care Respite locally can be extremely difficult. The majority of Nursing Homes offer only Low Level Care. Many others offer Respite on a casual basis.

When a person is placed in respite you must nominate a medical doctor to be called if required. For obvious reasons this would be their normal doctor but if the nursing home is outside the doctors area it could result in the patient, in an emergency, being attended by a medical professional who knows nothing of their medical history.

All Nursing Homes with high care facilities should be required by law to provide High Level respite placements. Patients suffer enough separation fears without having to be placed in homes distant from their local area where they are outside the reach of visitors or their own Doctor.

William