

From:
To: [Community Affairs Committee \(SEN\)](#)
Subject: submission to cabinet inquiry
Date: Monday, 11 March 2013 5:49:25 PM

Draft copy

Dear comity

I am keen to express my opinion on the treatment of those suffering with Dementia. I understand that all facilities will tell you that there is no problem in this area or care in general as it is in their best interest that no one looks too closely into the facilities.

10 years ago I completed a certificate in alzheimer's and dementia competency so I thought that I should work in this area given that I was now 'qualified'. Imagine my surprise when I got to volunteer at ADARDS for three weeks no pay just to see if I was suited to caring for demented patients.

At the end of those three weeks I went to Allan Bester and said "if you don't know my suitability by now you never will" Allen said your first paid shift will be on Monday.

As I walked away Allen said I'll give you a bit of advice if you listen you'll go alright "just remember you're in their home". I came home and put my book learned certificate at the bottom of my resume.

I then started work in dementia specific built ADARDS for 9 years and 4 months. Before what was once a world renowned facility that attracted care organisations from Japan that wanted to have the facility duplicated in their country and have their staff trained in the 'ADARDS Way' and I believe Canada as well took this idea back to their Country. Became everything that John Tooth was desperate to avoid just another nursing home incorporating phsyc, Problem Behaviour Dementia and general elderly, housed together, didn't work for the Behavioural Problem Specific demtntias

The State and the Country of its birth turned their back on the concept for the sake of funding. Care for the demented patient is vastly different from aged care. And yet in training for a certificate it is a minimal part of training. Funding changes made it more attractive for all nursing homes to have their own dementia wing yet there are no dementia specific facilities in our state and no dementia specific training.

I implore this Committee to be more than a PAPER TIGER and to speak to people that want to be heard on this subject. I have been lucky enough to work with a vast amount of people that were excellent carers for problem and wandering dementias, Sadly, when the facility fell short of funding it was taken over and the new owners soon eradicated 38 dedicated staff and replaced them with government subsidy employees For a lot of these staff English is a second language. So you now have a demented resident that is being asked to do something that they don't remember by someone that speaks pgeon English. Can you see any problem there? Dementia care is not regimented care it is care that is suited to the situation it is not about your rules and time constrictions it has to be twenty four hour care. If the resident is hungry at 2am then you make them something to eat at 2am if they are wet change them and if they don't want to sleep talk to them watch telly with them entertain them. I would be very very pleased to meet with the committee with

some of our group concentrating on the care framework for those with Dementia, or one of your representatives to further enlighten you on the ADARDS way of care and tell you honestly the difference between what was and what is the care of demented residents now hoping to talk to you soon

Kind regards

Glen Oldham (personal care assistant)