

AOC 18/7/08

Submission No. 923

(Inq into better support for carers)

Robert H

02/07/08

Committee Secretary  
Inquiry into Better Support for Carers  
House of Reps Standing Committee on Family,  
Community, Housing and Youth  
PO Box 6021 Parliament House  
Canberra

Dear Secretary

I am making this submission to the House of Representative Inquiry because:-

I have been a part time carer of my wife since 1969 when she had severe depression which was alleviated by ECT and medication until 2002

.She has since been diagnosed and treated for Parkinson's disease, depression, anxiety and now dementia as well. My objective after 5-6 years of caring fulltime is to look after her at home as long as I can manage, however I turn 80 this year.

I am a foundation member of the Uniting Care Men's Carer Group, Elgin St Centre Hawthorn Vic. This group led by Social Worker Mark (an excellent facilitator) has been an outstanding success with consistent attendance and growth.

This success is the result of a frank exchange of the experiences of the members, professional visiting speakers and a close association with the other local services.

Often better solutions than the essential one to one approach to professionals are obtained by integrating the advice from group members i.e. by increased communication amongst the Carers group laity.

However the success of the Group means it has almost doubled from about 8 members since it was initiated about 3 years ago.

The consensus is that the open communication and atmosphere of confidentiality may be lost if the group it gets any larger.

I also note that three of our members have lost their wives and it would be inhumane to not accept their attendance. Care of the bereaved by extending the caring role is an issue.

**Request 1. That there is a need for more Groups such as ours for men, and that the number of males who are carers should be investigated and groups financed. I suspect that as the life span of males catches up with that of females the percentage of male carers is increasing. Also can the caring role be extended in some way to help the bereaved as part of the increase in numbers of groups.**

**INCREASED FUNDING FOR MORE MALE CARER'S GROUPS IS NEEDED**

One of the problems for carers, is that organised ancillary carers eg. Family and community carers can rarely be obtained on an ad hoc basis when a carer has a "short notice" chance or need to get respite for an hour or even a day and particularly an evening. Costs insurance etc are prohibitive at present.

**Request 2**, Even though this is a very difficult situation to manage it should be addressed. Taxi fares, car mileage, insurance, recompense and the management of an acceptable pool of such "sitters" all come to mind as obstacles to be overcome. **A MODEL AND APPROPRIATE FUNDING For AD HOC CARING IS NEEDED.**

The maze as the health and caring system is so frequently called needs much attention. In my case this has been solved by the Carers group but it places a big time load on facilitators and harassed carers. One simple change would be to spell out by footnote the meaning of acronyms , or after their first use. Much time is wasted by the query "what does ACAS, CAPS etc mean".

**REQUEST 3** CAN MORE OR SOME YES/NO/GO MODELS BE USED TO HELP PEOPLE THROUGH THE MAZE. THEY NEED TO BE FOR SELF FUNDED AND PENSIONED CARERS. THEY MAY HAVE TO BE BROKEN DOWN FURTHER FOR FINANCIAL, LEGAL NEEDS, ETC.

(I note in passing that I got less than appropriate help from several agencies as soon as I mentioned the words self funded in my early days of negotiating the maze. The carers Group solved this)

Thank you for the opportunity to contribute to this enquiry.

Yours sincerely

  
Bob