

AOC 14/7/08

Submission No. 726

(Inq into better support for carers)

25 June 2008

Committee Secretary
Standing Committee on Family, Community, Housing and Youth
P O Box 6021
House of Representatives
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 my wife's sole carer. She suffers from dementia – as far as I know, this is vascular dementia, rather than Alzheimer's disease. She had a stroke in January 1993, and another in September 1996. The 1993 stroke was not crippling, but since the event of 1996 took place, she has become gradually more and more incapacitated. On three occasions I have had ACAT teams from Fremantle Hospital visit our residence, which is an independent living unit in a retirement village. The finding of the most recent of those visits was that "Mrs [redacted] is approved for high level respite and permanent residential care and for a D. EACH (Extended Aged Care in the Home) package."

I have applied for her to be admitted to permanent residential care in the Frank Prendergast Home in Success, but have been told that they have no vacancies.

I get one hour's assistance each day from support staff employed by Southern Cross Care (WA) Inc, in accordance with the EACH package. This means that my wife's daily showering is taken care of. Also I get six hours respite each week, in the Respite Centre (Success House) in this Retirement Village, which means that for one meal each week someone else is responsible for feeding my wife. For the rest of the time, I am responsible for all shopping and meal preparation, for supervising my wife as she uses the toilet, for caring for her clothes, and all other aspects of domestic care. My wife suffers from incontinence problems.

I think there ought to be one step between the two provisions that now exist – an EACH package (such as my wife now enjoys) on the one hand, and permanently living in a residential care facility on the other. There ought to be persons (I will call them assistant carers) employed by the relevant State or Commonwealth authority, or more likely by a caring service

organisation (such as Southern Cross) with funding support from government, and these people should be charged with responsibility for giving relief to the full-time carer on a regular basis. Each day, for instance, possibly for five days each week, the assistant carer would take over responsibility, perhaps for five, six or seven hours, from the major carer.. There would be a need for the primary carer to meet some of the costs of employing these assistant carers –at present, for the EACH package; I pay \$46 per week. I would expect to pay much more under the scheme I suggest.

I stress the fact that the costs to the Commonwealth government per patient of running a residential facility are high. I do not believe that the scheme I have in mind would be as costly. But the scheme I outline would have many more significant humanitarian and psychological advantages over the nursing home solution. Dementia patients know very well what a nursing home is for – being sent to one means, simply, that they are being sent there to die. The scheme I have in mind would permit demented patients the dignity of living longer in their own homes, and would mean that the caring partner could at least delay suffering the wrenching psychological trauma caused by having to commit their loved one to an institution.

My wife and I have been married for fifty-six years. We do not want to be separated. We think the House of Representatives Committee should look very closely at the solution I suggest. I am prepared to enlarge upon the scheme I have in mind and to give evidence in person.

Yours sincerely

A handwritten signature in cursive script that reads "Robert".

ROBERT