

Submission No. 1032

(Inq into better support for carers)

AOC 28/7/08

To

Better Support for Carers Parliamentary Enquiry.

I am writing re personal and professional experience as a carer and medical professional and also with vicarions of clients and fellow carers.

The following areas need reform:

With the advent of a large windfall of hundreds of thousands of dollars and loss of the family home, ^(as bond for an aged care facility) and poorly resourced Aged Care Personnel, has come a culture where the carer and caree have become de-personalised, stood over aggressively and simply a means of a large amount of revenue. Not all aged care assessment units have the client's interest as top priority.

- ACAU Teams with cultures of aggressiveness, "no correspondence to be entered into", derogatory attitude towards carers and family and other agenda.



- ACAT Teams with members on the Guardianship Tribunal, threatening family with same and undue influence experienced in such hearings.
- Lack of High Care in home packages, forcing people into residential care and again reinforcing the "Previous Resource" culture, disempowering carers
- No Carer representative on Guardianship Tribunal
- Lack of understanding of Carers role, extensive nature of same by ACAT Teams, Guardianship Tribunal & other bodies
- I would refer to the recent survey by Carers NSW re the appalling state of mental and physical health of carers generally
- Over-conservative culture of Guardianship Tribunal acknowledged by carers and legal and medical professionals - please check with representative bodies
- Lack of access & representation disallowed of carers to legal representation and advice. CAT can disallow, legal aid not allowed, Law Access, TRAS and Legal Aid hard to access, often just get a paralegal opinion.
- Lack of respect for and tendency to override private legal opinion & financial opinion and private arrangements between carers & carees, and tendency to place financial matters under the OPC without due consideration.

- Lack of ability to change ^(3/4) from ACHAT or psychiatric services in local area even where there has been a clear adverse event or negative findings, leaving families trapped.
- Tendency of G/T to place monies and decision making with OPC, Public Guardian at a hint of family conflict
- G/T overriding prior legal orders by courts, eg Family Court.
- There has been a long cry in NSW for a Royal Commission into the G.T., ~~there~~ also needs to be one into the whole Aged Care provision area including ACHAT teams and so called "Hereditary" Nursing Homes.
- Older people being pushed into nursing homes on pretext of better care, more social connection, when they are poorly mobile and great distance from a communal toilet, essentially no phone access, i.e. no phone by the bed as standard and a crackly cordless phone, one for say 30 residents, always engaged and which a deaf person can't hear from. Ensuite toilets need to be standard. Depriving people of phone access is social isolation.
- Carers NSW is Government Funded and therefore, hard to give independent advice
- Difficulty for Carers to access Centrelink Benefits of any kind, especially if they are in business, as lack of understanding by Centrelink of nature of business. One does not always have a monthly ingoing and outgoing statement.

- these may be done quarterly ^(2/4) or yearly
- Lack of counselling services to Carers.
 Lifetime counsellors often ill-informed
 Can wait 2 weeks for counselling from Carers NSW
 and not anonymous.
- G.T. can make orders to make carers and carers
 accessible to others who have previously placed
 them at risk.
- Aggressive and demeaning processes
- Essentially no avenue of appeal of decisions for
 G.T. decisions - only an in-house appeal
 which is useless.
- Appeal to Supreme Court only on very limited
 grounds and expensive for carers
- As above, the Guardianship laws need total review
 as they lock people into adverse decisions.
- Carers generally feel disempowered and ~~often~~ often
 maligned by services/bodies, with lack of understanding
 of what carers go through.
- Bodies need to be aware of family members, ^{and others} causing
 much trouble in order to expedite worse care for
 a disabled person, leading to say a hastened demise.
 Monetary interests can be a motive
- Constant breaches of confidentiality between agencies
 despite undertakings not to do so.

