



The Partners of Veterans Association of Australia Inc.

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Committee Secretary
Senate Community Affairs References Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600

Email to: community.affairs.sen@aph.gov.au

Dear Sir/Madam,

The Partners of Veterans Association of Australia Inc. (P.V.A.) welcomes the opportunity to make a submission to the Senate Community Affairs Reference Committee inquiry into planning options and services for people ageing with a Disability and their Carers.

As a Key Stakeholder in the area of caring for a person with disabilities, The Partners of Veterans Association of Australia Inc. has a special interest in the outcomes of this Senate Committee inquiry.

A vast majority of partners of veterans in this country are also the designated Carer of their Veteran!

Many partners of veterans have also been, and remain, carers of elderly parents, often a parent being a veteran from WW2.

Veterans from WW2, Korea, Malay Borneo, Vietnam and subsequent conflicts through to Iraq and Afghanistan, are more than likely to have disabilities due to their service to their country, and our association holds real concerns that as partners and carers there are adequate services available that will be of benefit and assist them in their caring role.

Through our organisation we have received complaints on the welfare of our Veteran community and their families. The Department of Veterans' Affairs (DVA) provides an excellent range of programs to support the veteran who is assessed as Low Care, to remain in their own home, but when the client's needs increase they are often put on a Community Aged Care (CAPS) program. Once the client signs on to CAPS they start to realise that the services are not as comprehensive as they were previously.

Hospitalisation In times of Emergencies

In an ideal world everyone who ages would like to be cared for in their own home.

Sometimes sudden illnesses will prevent this and it is in a crisis situation that carers need the most support. Our association has had complaints from Carers living in rural and remote areas who have accompanied their seriously ill veteran to hospital in an ambulance and then been left to their own devices to find their way home. There needs to be more support for carers living in rural areas in this situation either with accommodation being offered or transportation back to their home.

Aged Care Facilities

Once the client is unable to stay in their own home, they are assessed to enter a residential Aged Care facility. From our experience facilities vary in many ways. They can be excellent, through to a very basic standard of care. The ratio of staff to clients in these facilities varies and well qualified experienced staff is thin on the ground. Clients can be left in soiled clothing for long periods of time, feeding becomes an issue, especially when you have inexperienced staff looking after clients with health issues such as mental health/dementia. For many of these clients there may be little contact with family and friends who can act as a safety net when things go wrong.

When an aged care facility provides an excellent service the demand is high and occupancy is stable. If the facility is providing a good standard of care it could be because it is charging higher fees to provide extra services, but for people who have been on a pension for many years the option of entering a facility of this type is usually limited, if not nigh impossible. Veterans fall into this category. In particular, many Vietnam Veterans have been unemployed because of ill health and their partner has given up work to stay home and support them. Because of this burden the partner is also at risk of falling ill with very little backup support. The plight of the carer is of particular concern to The Partners of Veterans Association and Ex-service Organisations (ESO's) generally, because without them there would be many more veterans entering Aged Care Facilities.

Experience shows that once an older veteran goes into care they can very easily become invisible to the wider population. Unless the family or manager makes it their business to tell nursing staff who is a veteran, or the individual nursing staff finds time to read their history, these clients just blend into the crowd. It is important that veterans receive visits from their ESO group; but once again this won't happen unless the clients, or the immediate family, notify them of their location. Often their families don't know much about the veteran's war experiences and as they age, friends with similar experiences die and friendly visits decrease. Because of the privacy act ESO's, unless advised by family, are unable to contact these veterans directly.

Elder Abuse in Aged Facilities

It is well known that there are laws concerning elder abuse and thankfully a lot of facilities are managed correctly but this issue still exists today. More checks need to be made and better education must be provided to stop this behaviour. The employment of more nursing staff to support the residents is essential and the ratio of nurse/clients needs to be improved. Currently two staff members can be left in charge of 42 residents. This is a huge load when one person does medication and the other delivers the evening meal. Supporting residents into bed, dealing with a resident who becomes ill, clearing up after the evening meal, and making sure everyone is comfortable, means that these two people often work for six hours without a break. They endeavour to have everything completed for the next two staff members to come on for the next shift. It only takes one emergency to send a situation like this into chaos.

Elder Abuse in the Home

Elder abuse is also an issue for clients who chose to remain in their own home. Unfortunately too often we hear of widows and veterans who are being controlled by their adult children, relatives or carer, and they have lost the ability to function in the wider community. This abuse is often

financial and intimidation has a lasting effect. A good network of veteran/family support would help to stamp out these situations but they need to be funded with trained people coordinating a safety program. The D.V.A. Day Clubs helps with this issue but it does not reach everyone, and we need to communicate with more people who are kept in their homes under difficult circumstances.

Young Veterans in Aged Facilities

Facilities are not set up to cope with the culture of younger veterans. For example they would be out of place with the older resident who likes a quite lifestyle and simpler food. Currently very few facilities have internet available for residents, and activities would need to be varied to engage the younger client. More often than not a younger veteran will be kept out of care by their spouse or parent if at all possible, but support for these younger veterans, and their carer, is relied upon from family and friends.

Respite for Carers who care for a seriously/terminally ill Veterans

Legislation at the moment allows that 196 hours of respite is available for those who are designated as a Carer and caring for the person in their own home. In many cases this may be adequate, but there are cases where it falls far short. When a veteran being cared for is assessed as High Care by the CAT Team there is the option to place the person into an aged care facility. When the veteran is quite young or the partner/parent/carer chooses to keep their veteran in the home, a Case Officer should be allocated to the Carer to monitor the situation.

In these cases 196 hours of respite is totally inadequate and needs to be increased. Legislation should be changed to reflect this in these special circumstances.

More Accountability from the Department of Health and Aging (DoHA) for Funding for veterans in Aged Care Facilities

DVA allocates extremely large sums of money from their budget to DoHA for veterans in aged care facilities, and the accountability of these funds appears to be a hit and miss affair. Services available to the veteran at home are much better than would appear to be available to a veteran in an aged care facility

To sum up:

1. Aged Care needs increased funding for more trained staff to support the existing Aged Care workforce. This will provide a better client /staff ratio and improve nursing care and the safety of the resident.
2. The old system of hospital volunteer "Pink Ladies" (with free training) could be re-introduced in Aged care facilities
3. Carers at home need more support:

The \$106 per fortnight carers allowance is a pittance considering the carer has given up their career to support their partner and keep veterans out of the Aged Care system. This is a direct saving to the government. Free courses need to be available for carers through ESO or Community groups to assist them as much as possible e.g. First Aid.

Respite needs to be increased for those Carers in Special Circumstance Cases.

4. There needs to be more trained people to work in the CAT team when veterans are in crisis and better support for the carer in crisis or when they need respite.

5. The reporting process to enable ESO groups to locate and support veterans needs to be improved.
6. The reporting process for elder abuse needs to be closely monitored to ensure that this illegal behaviour is stamped out.

I sincerely hope that the Senate Committee finds the suggestions in this submission to be sensible and fiscally viable as the population in the veteran and community ages. Leaps and bounds in medical research has provided an extended age span with a good quality of life to those over 75 years of age, but there has to be measures put in place to assure that our quality of life continues as we age even more.

Yours faithfully

Narelle Bromhead
President