



Royal Commission
into Aged Care Quality and Safety

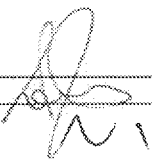

Statement of Donald Geoffrey Laity

Name: Donald Geoffrey Laity
Date of birth: [REDACTED] 1942
Address: Known to the Royal Commission
Date: 23rd July, 2019

1. This statement made by me accurately sets out the evidence that I am prepared to give to the Royal Commission into Aged Care Quality and Safety (Royal Commission). This statement is true and correct to the best of my knowledge and belief.
2. The views I express in this statement are my own knowledge, except when they are based on information I have received. Where I rely on information, I believe that information to be true.
3. Where direct speech is referred to in this statement, it is provided in words, or words to the effect of those, which to the best of my recollection, were used at the time.
4. This statement describes my personal experience as a carer for my wife's mother. It also describes my experience as a member of the Steering Group of The Carers Hub in Mildura. I am not authorised to speak for Carers Victoria. To the extent my evidence relates to Carers Victoria, I express my personal view.

Background



5. My name is Donald (Don) Geoffrey Laity and I am 76 years old. I live in Mildura, Victoria with my wife Sherilyn Laity.
6. Before I retired, I was a piano-tuner. I volunteer for the Carers Hub in Mildura, run by Carers Victoria.
7. From December 2000 to March 2007, Sherilyn and I were carers for Sherilyn's mother Aileen Pryor, who had Alzheimer's. Aileen died on 13th July 2007.
8. Before Aileen got ill, we also supported her in caring for Sherilyn's father, Francis (Frank) Donald Pryor. He had heart problems and diabetes, so it involved taking him down to Melbourne for surgery, rehab in Horsham, and treatment in Ballarat. That was going on for a number of years before Aileen became ill.
9. Before my mother died in 1995 we also had a couple of years looking after my mother.
10. Overall, Sherilyn and I were probably carers for 20 years. Having had some experience with caring, I am very keen to support others in the same situation.

Signature		Witness	
-----------	---	---------	---

STATEMENT OF DONALD GEOFFREY LAITY CONTINUED

Caring for Aileen

11. Aileen grew up in Ballarat. Aileen and Frank owned a Milk Bar/Mixed business in Minyip for almost 30 years. Minyip is halfway between Horsham and Donald, and is a town of about 350 people.
12. With having a shop in Minyip, there weren't too many people that Aileen didn't know. Aileen was a quiet, patient and hard-working lady. Shop work, seven days each week and family commitments occupied Aileen's time. Frank had a fox terrier called Rambo, and when Frank passed away, walking the dog became Aileen's pastime. She would take Rambo for his walk around town every evening. This was important to her, and she would run into people she knew watering their gardens while she walked.
13. Aileen was also a very private person and she didn't socialise a lot, which was a reason why later on when we were caring for Aileen, Sherilyn and I wanted her to stay in a family situation. We thought that a nursing home would be uncomfortable for her as it wasn't what she was used to.
14. I attach two photographs of Aileen to this statement [RCD.9999.0127.0002 and RCD.9999.0127.0003]. These photographs were taken in Minyip, in the 1980s.
15. In December 2000, Aileen was diagnosed with Alzheimer's. Sherilyn was able to care for Aileen in her own home for two years. Aileen lived around the corner (400 meters) from Sherilyn and I in Minyip. So Sherilyn would check on her a number of times a day to make sure she was O.K. and hadn't left taps on or gas burning.
16. After about two years, in around 2002, Aileen was not able to be left on her own so we moved her into our place. She lived with us for four and a half years.
17. Sherilyn was able to manage caring for Aileen by herself for the first couple of years.
18. In the later stage, Sherilyn couldn't manage the duties of caring for Aileen by herself. In the last 12-18 months, around 2006, I stayed at home to help with the caring. As Aileen's Alzheimer's progressed, it was solid work and it amounted to general nursing.
19. Being a self-employed piano tuner gave me a lot of freedom which was very handy at that time because I was the "boss". Before I retired, I had been working as a piano-tuner for just over 50 years. Before Frank passed away, I was working most of the time. As most of my work was in private homes, I would go away regularly for periods varying from a few days to several weeks to tune pianos. It was a full-time job and involved a lot of travelling. When I began helping with the caring for Aileen, I had to give up work because I couldn't travel anymore. I did it by choice so it wasn't something that was forced on me – Sherilyn and I were both in full agreement that we wanted Aileen to stay in the family environment for as long as she could, so we did what we had to do to achieve this. It certainly affected our income for a good 18 months, but that was part of the deal. Sherilyn was on a carer's pension which helped.
20. With the caring, I was more involved with the heavy lifting. Sherilyn looked after washing and bathing and that sort of thing. Aileen wasn't immobile at that stage, she was still ambulatory. Eventually, however, she became immobile.

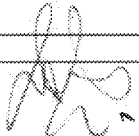

Signature		Witness	
-----------	---	---------	---

STATEMENT OF DONALD GEOFFREY LAITY CONTINUED

21. We had an aged care package for her from the Australian Government, which was useful for respite, but that's all it was useful for. I had to do all of the book work for getting the package, and Aileen probably had three assessments all up as her level of care increased and she had to be reassessed for a higher package. The biggest problem with the package was that any domestic support like cleaning and laundry was restricted to areas only used by Aileen. There was no point in getting vacuuming support because they would simply vacuum her room and the hallway - the areas she used. They were also only permitted to wash Aileen's laundry. They would put her clothes through and we would have to do ours later. It was ridiculous. I think that if you are going to do something, it's easier to do the whole lot at the same time, and that is what we did.
22. In the later stages, when Aileen couldn't come with us, we had a carer from the Shire of Yarriambiack who would come and keep her company while we were away shopping in Horsham, which would be a 100km round trip. It was an all day job, so it was a matter of someone sitting with Aileen while we went, which was usually fortnightly.

Respite



23. The only value that Sherilyn and I got out of the aged care services package from the Australian Government for Aileen was respite.
24. During 1995 and 1996, Sherilyn and I had lodged Aileen for several longer stays of about week at [REDACTED]. This was a large communal nursing home with long passages. Sherilyn and I found that there was a lack of company and stimulation, and Aileen became bored, isolated and disoriented there. This was evident in her behaviour and subsequent drop in cognitive response.
25. After that facility, Barkuma House was a god-send. Every six weeks, Sherilyn and I used to take Aileen to Barkuma House in Horsham. It was a brilliant effort there; it was fantastic. It is staffed by staff from the Base Hospital and is a three bedroom house, situated at the rear of the Hospital site. Horsham is 50km from Minyip. We found out about Barkuma House through the Alzheimer's group at the Base Hospital. The Alzheimer's group was attended by the hospital staff who were well aware of Aileen's condition and she was offered respite at Barkuma House that way.
26. Sherilyn and I used Barkuma House for weekend stays for Aileen. We took her there between 3pm and 5pm on a Friday and picked her up before 10am on a Monday. This gave my wife and I a full weekend of respite. Sometimes Sherilyn and a girlfriend could have a trip to Daylesford, Bright, or even the Grampians, and have a simple relax and recharge. It was wonderful, and certainly saved our sanity.
27. Barkuma only took four residents at a time and could be described as cottage respite. There was a male nurse on overnight, and he had a female assistant over the day, so there were virtually two carers for four residents. It was much more concentrated as far as company and attention was concerned and the small number of residents meant staff had the time to spend with Aileen and do activities with her. She would have the same regular carers that she was used to, and the continuity of familiar faces was important. Frequently the other people Aileen was with at Barkuma House were the same residents

Signature		Witness	
-----------	---	---------	---

STATEMENT OF DONALD GEOFFREY LAITY CONTINUED

as her last stay so this was familiar for her too. The staff would take the residents for drives, and keep them occupied with games. It was also a house so it was a familiar situation, and I found that Aileen accepted more readily going from a house to a house, instead of from a house to an institution. It was terrific; the carers were really good and Aileen really looked forward to her "holiday" in Barkuma.

28. I would be delighted to see more Barkuma Houses starting around the state because I really believe it was the answer as far as Sherilyn and I were concerned. It allowed us to keep caring for Aileen at home with less personal stress and wear and tear than would otherwise have been possible. To my knowledge, Mildura doesn't have anything similar – I wish it did.
29. One thing we found with Aileen was that her love for animals was a great benefit when we were looking after her. We had a little Chihuahua that she used to enjoy nursing, so if she became rattled or confused, we would sit her in her recliner chair with the Chihuahua and she would sit there all day chatting with the dog.
30. Of course, we couldn't take the Chihuahua to Barkuma House, or any of the facilities. We had a toy Chihuahua of the same colour and it suited the same purpose. It would have been a positive move if respite facilities had a policy for support animals. I believe that animals have an incredibly calming effect on a lot of people and I know that some facilities have relaxed these restrictions a little since that time.
31. We had a regular standing booking at Barkuma House every six weeks, and whenever they had a free spot, they would give us a ring to tell us and we would grab that too. This didn't happen very often because those extra stays were dependant on their waiting list.
32. Aileen was on a DVA Gold Card, so between her pension, the gold card, and the package, they covered the cost of the respite. The DVA allocation and the package funding would run out, but her war widow's pension would have covered the rest so it was always covered.
33. Getting the DVA Gold Card was a pain in the neck – it was worth the effort to do, but it was difficult. Frank had applied for a war pension some time before, but the process was difficult and when his first application was rejected, he said he'd rather survive on his own money. When he died, it was a lot harder to get the benefit for Aileen and we had to jump through all sorts of hoops. However, it gave her a solid pension, and helped to cover her respite. Without the DVA backing, it would have been a fair bit harder to get Aileen into respite because the aged care package wouldn't have covered it by a long chalk. It would have used up a lot of her pension. By living with Sherilyn and I, her pension wasn't whittled away like it would have been in a nursing home and we were able to use this to top up her respite costs.
34. We would have been in real problem without the DVA backing - that would have really put the cat amongst the canaries. With the extra support through DVA, we survived okay.
35. It was heavy going, and you had to sleep with one eye open. You were always on call, and it was constant. It wasn't easy going, but there wasn't much that others could do for

Signature		Witness	
-----------	---	---------	---

STATEMENT OF DONALD GEOFFREY LAITY CONTINUED

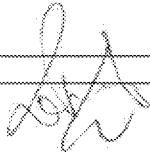

us without our putting Aileen into a nursing home full time, and that's not what we wanted to do.

Isolation

36. Living in a regional area probably made being a carer harder because of the isolation. One thing Sherilyn and I learnt quickly was that there was a huge stigma with mental illness.
37. Aileen and her husband Frank had their shop in town so everyone in the district knew them. It was amazing how many didn't know Aileen once she got Alzheimer's.
38. It's socially isolating. You soon got the "message", and how you break that stigma down, I don't know. One day, Sherilyn and I took Aileen down in a wheelchair to the Minyip Agricultural Society show. One of the people who used to call into the shop and have a coffee out the back with Aileen – they were close friends – saw her at the show and promptly walked away; didn't even say "Hello". I hope Aileen wasn't "with it" enough to notice what happened that day, but Sherilyn and I certainly noticed it.
39. That sort of thing doesn't give you a feeling of acceptance. It was disappointing. I have been pushing hard ever since to try and impress on people that it's unnecessary. It's not necessary to react that way to people with mental illness. They are not "mad", they are just ill.
40. There is also a lack of knowledge and understanding of physical distance, particularly in my experience by Melbourne hospitals and treatment places in suburbia. They seem to think that Victoria ends in the suburbs of Melbourne. When Sherilyn and I were helping to care for Aileen's husband Frank, we received a call at midday one day from a hospital in Melbourne. They said that there was a bed available and asked if Frank could be available in the hospital at 2pm that day. There is no way that it would be possible to pack and drive 350km to Melbourne in two hours. We have come across this attitude a number of times. Places like Minyip and Mildura are not suburbs of Melbourne. When we explained this to the hospital, they asked if we could be there with Frank by 10am the next day and this was achievable, but it is difficult to make people understand about these distances. This is a common problem for people living in rural areas.

Support groups

41. There was a dementia support group which was operated through Wimmera Health Care Group/Wimmera Base Hospital. A lady from Alzheimer's Australia who covered Horsham and Wimmera used to run carers support groups monthly as a regular thing. Sherilyn and I used to go over to that – we would take Aileen with us and would have our time together with all the others who were in the same situation. It would be an afternoon - afternoon tea was provided, and there was quite a bit of education and instruction on how to manage caring for people with Alzheimer's. It was an educational thing as well as a social thing and it was very helpful. You would pick up tips, and it was a jolly good set up.

Signature		Witness	
-----------	---	---------	---

STATEMENT OF DONALD GEOFFREY LAITY CONTINUED

42. Face-to-face support was an important part of feeling connected. I think that there are two things that carers need, and they are both important. One is respite, because you need the break away and to have time to de-stress, even if it's only half an hour for a coffee down the street. The other is the peer support group – interaction with others who share the same lifestyle, walk the same road. In peer support groups, you can share ideas and tips, receive comfort from the understanding that you're not alone – you need that positive reinforcement.

Residential aged care

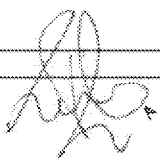

43. In March 2007, Aileen went into the [REDACTED] nursing home/hospital for about ten days. She had a UTI and at that stage, she had no exercise or walking for ten days. I understood that the claim at that particular facility was that if a person was unable to get up themselves, then staff weren't allowed to get her up under the union regulations.
44. While she walked in to the facility, she never walked again. She had lost her coordination by the time the ten days was up. That's when she became immobile.
45. When Sherilyn and I found out that Aileen wasn't getting the proper stimulation at the [REDACTED] facility, we transferred her to the Donald nursing home. She couldn't walk, so she couldn't come back home. The Donald nursing home was a 70km round trip away from our home, so Sherilyn and I used to go over every day and feed her lunch and tea, and keep her company. The staff there tried to restore ambulation, but it was done and dusted. She was there for the last four months of her life.

Recovery for carers

46. One thing that needs to be considered is the recovery time that carers need after their caring role finishes. The impact is something that doesn't stop with the passing of the person being cared for. It took Sherilyn 18 months to two years to get her strength back and get back on track after her mother died because she was so exhausted. Even now, twelve years later, her sleep patterns are still changed. I think that the impact on the carer when a caring role ends is something that is often overlooked.

The Carers Hub

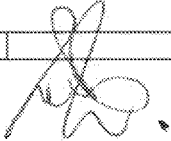

47. In 1993, I got involved with Carers Victoria while I was caring for Aileen's husband. When I moved to Mildura in 2016, I got involved with the Carers Hub. I am on the steering group for the Carers Hub which is operated by Carers Victoria. I am also involved in the Sunraysia Care and Support Group which is operated by our own separate committee.
48. The Carers Hub is located in the Mildura city centre and is an information and referral centre open to every kind of carer. The Carers Hub was originally set up to be a pilot program following the launch of the Carers Blueprint in 2016. Carers Victoria conducted some public enquiries up here about where the holes in services were and how people were handling the health situation in Mildura. From that, there seemed to be an awful lot of ignorance about what services were available, like MRIs, cancer treatments and

Signature		Witness	
-----------	---	---------	---

STATEMENT OF DONALD GEOFFREY LAITY CONTINUED

support groups. The general public weren't aware of what was available and thought that services were not available when they actually were.

49. The Carers Hub was initially set up as an information centre for carers to learn about what was available in the area. From there, it became a meeting centre for carer groups. The lady who works there, Bonney Dietrich, has been able to organise speakers, so now it has also become an education centre. It's grown a lot as the needs were found and consequentially it has developed into a fairly important venue in our community.
50. In 2017, the Carers Hub started as an experimental two year project, and is the only office of Carers Victoria outside of Melbourne. The carers group in Mildura had originally been meeting in the Bendigo Health rooms as they organise a lot of respite here and have state funding for this. It got to the point where the carers group didn't fit in there anymore so they had to move out to a larger venue. Bendigo Health paid the rent on the new Carers Hub building and Carers Victoria pays the wages for Bonney Dietrich who works there. It is now more permanent because we have seen that it works. However, this permanency is totally dependent on future funding.
51. I am on the steering committee for the Carers Blueprint. I came onto the committee about 18 months ago because they wanted additional carers to sit on it. We also have representatives from the Shires of Wentworth and Mildura, representatives from Ramsey Health and Diabetes Australia, two facilitators from the carers support group, and Bonney Dietrich. Annie Hayward, from Carers Victoria, acts as the Chair during meetings. It was a committee decision for the Carers Hub to be staffed one day a week instead of two from 1st July, 2019, because there was no money for this anymore. The state government gave us an extra \$20,000 for the running of the Carers Hub in June of this year when they saw that we couldn't stay open. At the moment, we are hoping that we might get a windfall from the state or federal budgets, and we also apply for small bread-and-butter grants, but this is the problem – we're wasting time chasing money when we should be doing what we're here to do.
52. There is something like 7,500 carers in this region, extending from Robinvale to the South Australian Border, and south as far as Ouyen, and including the towns of Wentworth to Gol Gol in New South Wales. Approximately 3,000 people go through the Carers Hub every year.
53. The people who use the Carers Hub include a mix of carers from all parts of the Mallee and the neighbouring towns across the river in NSW. We have a mix of nationalities, including Sudanese refugees, indigenous, and Pacific Island communities as well as the historic Italian and Turkish families within our community. People also come to the Carers Hub from a broader catchment than just Mildura. We refer them to local facilities because if someone comes in from Robinvale, they are unlikely to know all of the services available in Mildura.
54. I am very concerned about the longevity of the Carers Hub because I know how important it is. The Carers Hub only has two funding streams, and one stream has already gone as of 30th June 2019 when our funding for rent ended from Bendigo Health. They were no longer able to fund us because of their funding cut-backs as a part

Signature		Witness	
-----------	---	---------	---

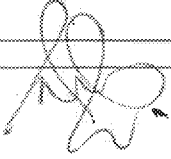

STATEMENT OF DONALD GEOFFREY LAITY CONTINUED

of the NDIS restructure. The Carers Hub's current only funding comes from Carers Victoria. This funding now covers the building rental, the part-time salary of one employee, plus office overheads. Applying for grants is limited when those involved are time-poor because of 24/7 caring responsibilities. Hence, our reliance on State or Federal Government funding through Carers Victoria. Without ongoing funding, the Carers Hub will cease to operate.

55. The Carers Hub averages about 30 people a day coming through. Their visit may be for as little as a cup of coffee and a ten minute "time out" break, or for one of the carer group meetings held at the "Hub", or for one of the education sessions that are held. These can be on "Caring for Carers" to craft sessions, or learning to cope with smart phones/computers. It also serves as a source of information to new-comers to the area as to what medical, and support services are available, and conducts information sessions on the NDIS. In an area where there is such isolation – not just geographical but also social, with a lack of facilities and opportunities to socialise in the area, I believe that the Carers Hub is necessary for connection with others who share common responsibilities and lifestyles. Carers' needs are unique.
56. Carers also need education for coping with stress and everyday life, and the Carers Hub has introduced this through guest speakers sourced both locally, and through Carers Victoria in Melbourne.
57. In my experience, carers need information, but they also need social interaction. It can be a very isolating thing to be a carer. I'm concerned with the increase in putting services like face-to-face counselling and peer support "online", when regional carers need human interaction. I have seen that My Aged Care is also a problem because 80% of the Carers Hub membership either don't have computers or don't have the skills to use them. When carers need support, they need it immediately. The Carers Hub has been called on to assist people to access My Aged Care

Expanding the Carers Hub

58. An area of growth for the Carers Hub could be in helping carers fill out forms and applications, like Centrelink. The Carers Hub could also help to organise travel schemes, e.g. facilitating access to the Victorian Patient Transport Assistance Scheme (VPTAS).
59. If funding was available, we could extend our services in the form of an 'outreach'. It would be possible to have regular 'pop-up' Hubs in places like Red Cliffs, Merbein, Irymple, Wentworth, Gol Gol and Buronga, and even servicing centres as far afield as Robinvale and Ouyen. The potential and need is certainly there. We tried this idea in Red Cliffs and Irymple very successfully early in the two year history of the "Hub", and it proved very successful in reaching people who were unable to get to the office in Mildura.
60. To expand pop-up or temporary "Hubs" into these areas we would need vacant shopfront access for a few days at a time, but more particularly, funding to continue, and to employ at least one staff member.

Signature		Witness	
-----------	---	---------	---

STATEMENT OF DONALD GEOFFREY LAITY CONTINUED

- 61. It would also be nice to extend the Carers Hub opening hours to five days a week. Currently the Carers Hub operates only one day a week, during the day, due to funding restraints. There is a need for the Carers Hub, and I'm amazed by how much it is called on. An emergency phone number is available for "after hour" calls which go directly to Carers Victoria in Melbourne.
- 62. Obviously, the whole thing revolves around funding. The office needs guaranteed reliable, on-going funding so we can concentrate on our core "business", which is, of course, caring for carers. Sponsorship would only be a short term benefit, and very time consuming chasing grant money. It needs to be Government funded, and realistically, the cost to the budget would be minimal.

Signed: _____ *[Signature]*
 Date: 23rd July 2019
 Witness: *[Signature]*
 Date: 23rd July 2019

Signature	<i>[Signature]</i>	Witness	<i>[Signature]</i>
-----------	--------------------	---------	--------------------

Page 9 of 9