Policy Compendium

August 2008

National Policy Office
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COTA Over 50s – Council on the Ageing

COTA Over 50s–Council on the Ageing is the national peak seniors’ body, whose member organisations work with 500,000 older people living in Australia.

Its members are eight State and Territory-based entities–Councils on the Ageing in NSW, Victoria, Tasmania, Western Australia, South Australia, ACT, Queensland and the Northern Territory plus the national ARPA Over 50s Association.

COTA Over 50s has a focus on national policy issues from the perspective of older people as citizens/consumers.

Its prime objective is to promote, improve and protect the circumstances and wellbeing of older people in Australia, of which there are over 6 million, not just its members, and particularly the vulnerable and disadvantaged. Its work draws on views of today’s seniors and on concerns for future generations of Australians.
Policy Principles

Members of COTA Over 50s adhere to five main policy principles:

1 – Maximise the economic, social and political participation of older Australians and challenge ageism
   COTA Over 50s supports policies and programs that encourage and facilitate the inclusion of seniors in all aspects of Australian life.

2 – Promote positive views of ageing, reject ageism and challenge negative stereotypes
   COTA Over 50s supports initiatives that recognise the capacities and contributions of seniors and actively combat ageism. COTA Over 50s believes that the impact of ageism, based on negative age stereotypes, restricts the participation of older people in all aspects of Australian life. This has adverse effects on the community and on older people.

3 – Promote interdependence and consciousness across generations
   COTA Over 50s promotes policies that meet the specific requirements of seniors whilst taking account of the needs of the entire community for sound economic and social development. Senior Australians share an interest in long-term policies that serve the welfare of all Australians.

4 – Redress disadvantage and discrimination
   COTA Over 50s believes that all people have the right to dignity, to security, to access high quality services, and to equality in participation in the community regardless of their income, status, background, location or any other social or economic factor. COTA Over 50s recognises that seniors are a diverse group with differing backgrounds and social, economic and health status and advocates strongly for those who are most vulnerable and disadvantaged.

5 – Protect and extend services and programs that are used and valued by older people living in Australia
   COTA Over 50s develops policies and provides advice on maintaining and improving services and programs that seniors use and value. These include primary health care, hospitals, pharmaceuticals, employment services, utilities, public transport, residential care, housing and community care. It will seek to ensure that there is an adequate ‘safety net’ of services and income support, which all seniors can access according to fair and equitable criteria in order to maintain a reasonable quality of life.
Introduction

COTA Over 50s believes that social policy for older people is policy that meets the needs of a mainstream group. Currently older people constitute 15% of the Australian population. By mid-century people over 65 will number about one-third of our community.

To build social policy for the needs of older people, it is fundamental to assert that older people are citizens with the same rights and responsibilities as any group in society. Older people are no less or more worthy than any other group.

Nevertheless, ageist attitudes in the community mean that older people are perceived to be less deserving or, alternatively, are incapacitated and in need of protection. Ageism is discrimination based on age, and especially prejudice against the elderly. In this context, ageism is the inability or refusal to recognise the rights, needs, dignity or value of people in an older age group. More widely, ageism also denotes the devaluation of various traits of character or intelligence as ‘typical’ of the members of the older age group.

Ageism is endemic in our society. It is experienced by older people in the forms of speech by which they are addressed, in the media where negative and ageist stereotypes are promulgated, and in the health system where health professionals tend to give older people and their illnesses a lower priority. Ageism is also apparent in access to employment, in the attitudes of employers to older workers, in access to appropriate training and professional development and in general, in the undervaluing of the skills, experience and wisdom of older people.

Older people, like all people, are entitled to those services which are relevant to their physical, social, mental and spiritual needs and which contribute to their quality of life and general wellbeing. In our view, ageist attitudes impact negatively on not only the kinds of services which are available to older people, but also on the ways in which services are delivered. Are older people getting the services they need? How appropriate are these services, and do they provide flexibility to meet individual differences?

This compendium advances five major arenas of policy concern:

1. Participation, social inclusion and contribution of older people
   This includes:
   - Employment and workforce—mature workforce, transition to retirement, aged care workforce, discrimination in provision of training, professional development, legal protection, insurance
   - Education and lifelong learning, community participation—carers, civic, sport and cultural participation, volunteering
   - Grandparenting—raising children, financial, legal and social costs, support.
2. **Housing, neighbourhood and transportation**
   This includes:
   - **Housing**—home ownership, public and social housing policy, rental housing, universal design standards independent living
   - **Access to services and facilities**—location, recreation, shopping, health and other services
   - **Transportation**—affordable, accessible, public transport, Senior’s Card Travel Concessions

3. **Health and care**
   This includes:
   - **Health costs and funding**—funding, bulk billing, insurance incentives and affordability, Seniors’ Health Card, Medicare Universal Health System
   - **Dental health care**—affordability, access, prevention, waiting lists, subsidies
   - **Person centred delivery of health services**—preventative health care, aged care workforce, community and residential based care, and acute sector care, mental health care, hearing, palliative care and pharmaceuticals, allied health services

4. **Legal, financial and consumer matters**
   This includes:
   - **Age discrimination and human rights**—lack of uniform legislation, low enforceability, elder abuse, mandatory reporting, intervention programs
   - **Legal**—crime and safety, guardianship
   - **Financial matters**—investment, banking and credit provision
   - **Consumer matters**—essential services and telecommunication services—technologies, contracts, supply, pricing, affordability, service and design standards, facility upgrades
   - **Dissemination of and access to information**—communications strategy, diverse media and outlets, equitable access, take-up and effective use by seniors, reducing financial penalties for alternative access methods

5. **Income and assets**
   This includes:
   - **Income**—retirement incomes, superannuation and pensions, taxation and income support system, safety nets, impact of interrupted work histories, pension bonus schemes
   - **Assets**—treatment of investments and asset liquidation

Matters specific to Ageism, Indigenous and culturally diverse communities, and to regional, rural and remote communities are addressed across the five arenas. Recommendations for action on public policy are listed within each of these arenas.

This Compendium is supported by a **Strategic Operational Plan** and a **Policy Action Plan**.

-August 2008-
ARENA 1 – PARTICIPATION, INCLUSION AND CONTRIBUTION OF OLDER PEOPLE

Overview

Older people participate in and contribute to our community, irrespective of whether they have ‘retired’, i.e. left paid employment. The quality of life experienced by older people is closely related to their ongoing participation in the communities in which they live and their capacity to contribute to those communities. Similarly, their wellbeing and health is related to the perceptions they have of themselves as active participants and contributors.

Social, economic and cultural factors frequently result in the social exclusion of sections of our communities and can take many forms. Researchers have identified social exclusion along a number of dimensions, including:

- **Impoverishment**—being poor in terms of both low income and deprivation.
- **Labour market exclusion**—identified using a number of labour market indicators, including living in a jobless household. Other dimensions related to economic and production exclusion include long term sick or disabled, or in early retirement, as well as restricted access to economic resources.
- **Service exclusion**—lack of adequate access to key services when needed, and includes public transport, play facilities and youth clubs and basic services inside the home.
- **Exclusion from social relations**—covering non-participation in common activities, the quality of social networks, support available in times of crisis, disengagement from political and civic activity, and confinement resulting from fear of crime, disability and other factors.

Initiatives to enhance social inclusion amongst older people need to take account of the specific ways social exclusion impacts on older people.

The capacity of older people to contribute to and participate in the life of their communities, as workers, as volunteers, as carers and in the myriad of other roles they play is significantly affected by the ageist assumptions about their worth. Indeed, the term ‘retirement’ itself indicates a view that a person no longer in paid employment has removed themselves from the community. Such a context, which is not experienced in all cultures, significantly affects the capacity of older people to participate in and contribute to their communities, and thus affects their wellbeing and health. Removal of the barriers to participation that ageist attitudes create will significantly increase the quality of life of older people in our community.

Support, encouragement and the provision of diverse opportunities is critical for older people who wish to participate in the work force and the wider community. Some forms of contribution by older people require specific support. For instance, older people who take on caring roles for grandchildren, for people with disabilities, or for their own ageing relatives, require assistance if they are to fulfil those roles adequately and without injury to themselves.
Social Inclusion

Social Inclusion has emerged internationally as a key theme in current social and political policy agendas, to address disadvantage and the complex factors that interact to socially exclude a range of groups. Social Inclusion approaches, taking a life course approach, recognise that problems build up over years across several aspects of people’s lives. There is a strong emphasis on geographic location and community disadvantage. Social inclusion of older people needs to include action to address causes of exclusion in later life as well as the impacts of life-long exclusion.

The current Australian Government has introduced a number of social inclusion initiatives starting with the appointment of a Minister for Social Inclusion and an Australian Social Inclusion Board. Indications are that the Australian Government’s social inclusion agenda focuses primarily on children and young people, young families, homeless, unemployed, people with disabilities, and Indigenous Australians. While this platform aims to enable all Australians to participate fully in Australian life, encompassing economic, social, psychological and political spheres, older people are absent from current agendas on social inclusion.

The following conditions and drivers that might cause exclusion in later life must be considered in any development of social inclusion policy and responses:

- **Age-related characteristics**–the way in which older people are disproportionately affected by certain kinds of losses or restriction relating to income, health or reduced social ties. Such changes may take place across the life course but they are likely to feature more prominently in later life due to retirement, the impact of the onset of chronic disabling conditions, and increased needs as people adjust to living alone.

- **Cumulative disadvantage**–birth cohorts becoming more unequal over time due to limited educational and work opportunities, and the long term impacts in terms of reduced income in older age, or limited awareness about how to access health and support services.

- **Community characteristics**–the way in which older people who may have strong attachments to their neighbourhoods may also be vulnerable to changes associated with population turnover, economic decline and feelings of insecurity.

- **Age-based discrimination**–the impact of ageism within economic and social policies, contributing to various forms of social exclusion in old age.

Recommendations

COTA Over 50s recommends that the Australian Government:
1. Ensure the inclusion of older people in processes, strategies and initiatives to develop policy and responses to social exclusion, including the planned Social Inclusion Board.
Employment and Workforce

It is important that there be opportunities for people to change the nature and extent of their work force participation. Options include moving from full-time to part-time work or moving to a different type of occupation. Assistance provided to mature age people should be appropriate to their experience and maturity. Commonwealth social security policy is predicated on notions of self-reliance and mutual obligation. At the same time, the increased deregulation of the labour market means it is harder to get and keep a job with reasonable pay and conditions, especially for marginalised groups such as older workers.

There has also been a low take-up of the scheme for those who delay taking a pension for up to 5 years and remain in the workforce. COTA Over 50s supports an employment policy that encourages mature age people to work under flexible arrangements, enabling them to change the nature and extent of their labour force participation. Options should include moving from full-time to part-time work, or to a different type of occupation. In addition, COTA Over 50s notes that most workers’ compensation legislation does not cover workers once they reach the age of 65.

Recommendations

COTA Over 50s recommends that the Australian Government:

1. Develop a fully funded, integrated and targeted employment policy and strategy for mature age workers that includes:
   1.1 a life cycle approach to education and training preventing erosion of skills throughout working life.
   1.2 access to relevant training and support services for unemployed and underemployed people, especially those over 45 years. This includes a focus on a retraining component in areas of skill shortages, and living allowances during training for those with low formal qualifications.
   1.3 activities aimed at diminishing age discrimination in the workforce.
2. Fund information and referral services, including career advice centres, specifically to meet the needs of workers and potential workers aged 45 and over.
3. Develop a specialist focus on mature age workers in the Job Network and support specialist employment services for mature age workers.
4. Amend the Safety, Rehabilitation and Compensation Act 1988 to enable all Commonwealth government employees, irrespective of their age, to be eligible for weekly compensation payments due to injury.
5. Update all legislation to remove all age discrimination references relating to the coverage of older workers under workers’ compensation.
6. Give priority, as part of the COAG process that the Commonwealth Government initiated, to take urgent action to ensure that older workers who choose to continue working past the usual retirement age are covered by relevant workers compensation legislation.
ARENA 1 – PARTICIPATION, INCLUSION AND CONTRIBUTION OF OLDER PEOPLE

Employment and Workforce

Legal Protection of Workers with Family and Carer Responsibilities

The Human Rights and Equal Opportunity Commission (HREOC) has released the report *It’s About Time: Women, Men, Work and Family* (2007) which contains a number of recommendations that aim to provide work conditions that allow people to care for family members while remaining in the workforce. These include caring for older relatives by younger family members, and older workers caring for their own ageing parents or grandchildren, or both.

**Recommendations**

COTA Over 50s recommends that the *Australian Government*:

1. Implement the recommendations from the HREOC 2007 report *It’s About Time: Women, Men, Work and Family* that pertain to the ongoing capacity of older workers to remain in the workforce, i.e. enact a federal Family Responsibilities and Carers’ Rights Act to provide protection from discrimination for employees with family and carer responsibilities and a right to request flexible work arrangements. [Recommendation 4]

2. Fund HREOC to establish a Family Responsibilities and Carers’ Rights Unit to promote the principles of the new legislation, undertake educational and promotional activities, and contribute to policy and legislation development in the area of family responsibilities discrimination and carers’ rights. [Recommendation 5]

3. Ensure that the Family Responsibilities and Carers’ Rights Act includes a right for workers with family and carer responsibilities to request flexible work arrangements with a corresponding duty on employers to reasonably consider these requests. Refusal to reasonably consider a request for flexible work arrangements could then be the subject of a complaint to HREOC. [Recommendation 6]

4. Establish a national working hours framework which promotes flexibility and encourages workplaces to limit long hours of work. In developing this framework, The Australian Government should consider the following:
   4.1 a program to address long and unpredictable working hours
   4.2 a program to encourage workplace level negotiations about working arrangements
   4.3 incentives to employers to offer flexible working arrangements which reflect employee needs across the life cycle
   4.4 initiatives aimed at changing the organisation of work so that it better meets the needs of employees with family and carer responsibilities [Recommendation 7]
   4.5 Australian Fair Pay and Conditions Standard:
      a. that the Personal/Carers Leave Standard be increased from 10 days to 20 days per annum with 10 days to be non-accumulative
      b. that the Australian Government consider introducing a new 12 month Carer’s Leave Standard to be made available to employees who need to attend to the care of a seriously or terminally ill dependent. Like the Parental Leave Standard, the new Standard should be job protected and available to employees who have 12 months continuous service. [Recommendation 15]

5. Ensure that HREOC develop Employer and Employee Guidelines in relation to workers with family and carer responsibilities, setting out rights and responsibilities, including specific focus on small business. [Recommendation 16]
Employment and Workforce

**Legal Protection of Workers with Family and Carer Responsibilities**

6. Ensure that HREOC, in consultation with the Office of Workplace Services, is funded to develop comprehensive new resources and a major public awareness campaign focused on employers’ and employees’ rights and responsibilities under the new Family Responsibilities and Carers’ Rights Act. [Recommendation 17]

7. Ensure that the ACCI/BCA National Work and Family Awards include new categories on father-friendly and carer-friendly workplaces in order to showcase best practices in the workplace for supporting working fathers and working carers. [Recommendation 18]

8. Fund a national multi-media community awareness campaign about workers with family/carere responsibilities, including the diversity of workers and families and with a targeted component for men with family/carer responsibilities. [Recommendation 22]

9. Ensure that the Productivity Commission undertakes an inquiry into the feasibility of establishing a superannuation-like framework whereby unpaid work of carers can be recognised by the Australian Government. [Recommendation 32]

COTA Over 50s recommends that the *State and Territory governments* in cooperation with the *Australian Government*:

10. Develop state specific internet based resources, modelled on the *NSW Government’s Working Carers Support Gateway*, in addition to an advisory service linked to existing infrastructure to inform working carers about their rights and provide greater information about support services and entitlements. [Recommendation 41]

To resolve key longstanding issues faced by women in the workforce, COTA Over 50s also recommends that the *Australian Government*:

11. Implement strategies for increasing labour market participation, and consequentially the retirement income of women including:
   11.1 Provision of paid maternity leave, and payment of superannuation guarantee contributions during absence from the workforce,
   11.2 Provision of adequate childcare facilities at an affordable cost,
   11.3 Encouragement of family friendly workplace practices.
ARENA 1 – PARTICIPATION, INCLUSION AND CONTRIBUTION OF OLDER PEOPLE

**Education and Lifelong/Lifewide Learning**

There is increasing evidence that adult learning has positive health effects in older Australians and helps maintain Australia’s competitive advantage in an increasingly competitive world. Education enriches our culture and helps people achieve their potential as citizens, empowering individuals to develop constructive responses and assisting in maintaining social cohesion. The effectiveness of lifelong/lifewide learning is enhanced when learners have economic security, good health, aids and equipment if required, and access to well-equipped and well-resourced facilities, e.g. Centres of Adult Education, University of the Third Age, neighbourhood houses, libraries and community learning centres.

**Recommendations**

COTA Over 50s recommends that the Australian Government:
1. Implement a policy framework for adult learning as recommended by Adult Learning Australia,
2. Develop an explicit policy of education for older adults,
3. Extend community and internet based learning options,
4. Reduce barriers to existing education and training opportunities for older adults such as costs, time and location,
5. Provide incentives for the education and training of older adults in the workplace,
6. Foster the development of learning methodologies for older adults.
Community Participation
Information Provision & Communication Technologies

Access to accurate and timely information is empowering, so access to affordable communications technology is critical for full economic, social and educational participation. Affordable telephone services, a lifeline for seniors, are particularly critical for security, social interaction, access to health and other services, job searching, independence and daily activities. As the universal service provider, Telstra has an obligation to ensure that standard telephone services are accessible to all people in Australia on an equitable basis. Many seniors are also disadvantaged by lack of Internet access. It is estimated that around 60% of retirees do not have a home connection.

To accommodate a diversity of languages spoken, literacy and education levels, and preferences of seniors, multiple strategies are required when disseminating information and designing communication technologies and strategies. When providing detailed information to seniors, the most effective strategy is face-to-face consultation in conjunction with take-away material. Hard copy published information is less available for cost reasons, and web-based information alone is inadequate to meet the information needs of seniors. Moreover, accessing the information can be difficult, time consuming and costly. Telephone information services may also be used effectively when they are provided in an appropriate language and allow for personal interaction and questioning.

Recommendations

COTA Over 50s recommends that the Australian Government:
1. Ensure that information it provides is distributed in a range of media and made available through a diverse range of outlets.
2. Follow best practice in providing and disseminating information, promoting services and presenting written material as outlined in Seniors in Cyberspace (1999).
3. Ensure that rural and remote communities have equitable access to information technology and services and maintain universal service obligations for telecommunications providers.
4. Ensure that line rental and call charges are affordable for pensioners and people on low incomes.
5. Fund, sponsor and partner the development of practical, innovative community education and access programs to assist take-up and effective use of electronic services. Programs should include those with a specific focus on seniors, on mature age workers and community organisations.
6. Address all service and design standards to ensure that the technology environment is based on a universal life cycle perspective.
7. Ensure that under the Universal Service Obligation the definition of ‘standard telephone service’ is widened to ‘standard telecommunications service’. Consider expanding the definition of ‘standard telecommunications services’ to include features such as call-waiting, facsimile and modem usage, and digital connections.
8. Ensure that the Universal Service Obligation for digital data access is upgraded to include higher data access rates.
9. Address the telecommunications needs of consumers in aged care facilities and other institutions, and group accommodation such as caravan parks and rooming houses. Residential aged care providers should be required to install telecommunications cabling in each resident's room and be allocated funds to upgrade existing facilities for this purpose.

10. Through its Broadband Advisory Group, develop and implement an effective communications strategy for providing accessible information to consumers, community and small business organisations.

11. Develop and implement a strategy to meet the telecommunications needs of consumers in aged care facilities and other accommodation such as supported residential settings, caravan parks and rooming houses.

COTA Over 50s recommends that the providers of online and e-commerce services:

12. Involve users with a range of capabilities and limitations in testing all new products and equipment before installation.

13. Provide alternative methods of access without financial penalty for those unable or unwilling to access them electronically.

COTA Over 50s recommends that State and Local Governments:

14. Ensure that all building codes specify that all new dwellings must be connected to the phone network.
ARENA 1 – PARTICIPATION, INCLUSION AND CONTRIBUTION OF OLDER PEOPLE

Community Participation

Volunteering

In 2000, both the volunteer rate and median hours were slightly higher for older men (except for median hours in the oldest age group—over 75 years). Currently, around 350,000 seniors actively volunteer in organisations and groups each year. Welfare and community organisations attract the highest levels of volunteering among seniors (51%), comprising almost half the hours devoted to these organisations (42%). Seniors are also more likely than younger people to be involved in religious organisations (23% of volunteers aged 65 and over), health organisations (12%), and arts/culture groups (6%). Recent ABS figures support the value of volunteering to the community, for example, the 510,100 hours annual contribution of women over 65 equates to $10,202,000 at a rate of only $20 per hour. Many seniors can ill-afford out-of-pocket costs associated with their volunteering, e.g. petrol and transportation to and from volunteering sites.

Recommendations

COTA Over 50s recommends that the Australian Government:

1. Promote and support the payment of legitimate out-of-pocket expenses for community volunteers.
ARENA 1 – PARTICIPATION, INCLUSION AND CONTRIBUTION OF OLDER PEOPLE

Grandparenting

Some grandparents take on the role of raising their grandchildren. According to the Australian Bureau of Statistics, across all people aged 65 and over, five percent spent a considerable amount of time, an average of 11 hours per week, on childcare activities. Often this was informal care of grandchildren. The average time spent on childcare activities was half an hour a week, reflecting the fact that few older people are the primary carers of young children. Grandparents provided care in almost 70% of households that received informal care for a child aged eleven and under.

When grandparents take on the primary care role for raising grandchildren, they frequently suffer considerable strain as they cope with often-traumatised children and their own grief and loss, and anger. The reasons may include the fact that the children’s parents can no longer care for them, e.g. through death, ill health or drug or alcohol abuse. It can occur at a time when these grandparents still have other children at home or maybe they are enjoying freedom from family responsibilities, success at work or a well-earned retirement. They suddenly face major upheaval and considerable extra costs associated with raising children, especially financial, legal and social costs, with little or no outside support.

Recommendations

COTA Over 50s recommends that the Australian Government:
1. Fund and support a national Grand-parenting Association and state and territory based related associations.
Indigenous and Culturally and Linguistically Diverse Communities

Older people from indigenous and culturally and linguistically diverse communities may experience particular barriers to participation. The response to this is in part the responsibility of the mainstream community through mechanisms such as cultural sensitivity programs, language learning and a willingness to actively engage with minority group members, especially in decision-making relevant to their situations and in supporting their community leaders. Nonetheless, the impact of ageist attitudes to older minority group members may be compounded by racism, by lack of English language skills, and by mainstream misunderstanding of different cultural mores.

Thus, older people from both mainstream and minority groups require targeted policies to enable them to contribute to and participate in the wider community.

Recommendations

COTA Over 50s recommends that the Australian Government:
1. Develop a National Strategy for Indigenous Ageing that focuses on the particular needs and aspirations of Indigenous seniors.
2. Implement strategies to increase the social connectedness and health of Indigenous people.
3. Implement an effective national Indigenous health and aged care policy to ensure equitable access to mainstream and Indigenous specific health and aged care services.
ARENA 2 – HOUSING, NEIGHBOURHOOD AND TRANSPORTATION

Overview

Home and neighbourhood are, for older people, the places from which they continue to live their lives and to be part of their communities. None of us wish to give up our independence. But the design and infrastructure of our cities and towns, and the manner in which services are provided in those settings, inhibit people’s ability to be independent if their mobility becomes limited, if they do not have access to private cars, if they are not able to maintain or pay for their own housing, and if they do not have access to the services and facilities that provide their physical, emotional, spiritual and cultural needs.
Housing

The vast majority of seniors wish to age in place, remaining in their homes and chosen social environment. Within the 80 percent of older people who own their own homes, there is a hierarchy of need for housing assistance. While many home owners have experienced considerable capital growth, some have experienced relatively lower growth in value, particularly in outer suburban and many rural areas. The highest level of need occurs among those who have insecure tenure and older people in private rental accommodation. Public housing, which has been the best solution for many older people with limited means since the 1950s has, as a result of limited government investment, become an option available only to people in crisis.

The bulk of our housing stock is designed for able bodied people with children who go to work and to school. As a result, housing appropriate for older people is the type of housing that is in demand and commands prices that reflect its shortage as a commodity. Planning and development systems, while theoretically allowing for greater provision of smaller housing on more compact parcels of land, have not in practice allowed for subdivision that can keep older people in their own homes or at least have options in their own locality. Compounding this, our systems of housing tenures, and the financial products that enable people to finance and afford accommodation, are largely designed on assumptions of rising incomes and a limited number of pathways through housing types, not for patterns of fixed and limited incomes accompanying varying need as people age.

Design standards and assistive technologies (AT) exist for the development of housing that is appropriate for people of all ages and physical capacities. These standards provide for features such as wide doorways, accessible bathrooms and kitchens, and the elimination of steps and difficult locks and door handles. Assistive technologies include products or services designed to enable independence for disabled and older people. The term encompasses the wide range of aids and equipment from high tech wheelchairs and telecare systems to bath hoists and walking sticks. AT can reduce pressure on scarce staff and, more importantly, increase choice and control for both older people and their carers. It can also increase the dignity of older people and reduce their fear of being a burden. AT is relatively inexpensive compared with the equivalent cost of care staff and the evidence base for its effectiveness is strong and growing.

These standards and technologies are utilised in very few new or upgraded dwellings, including those being purpose built for use by older people. Whilst home modification, maintenance and gardening assistance are provided through a range of programs, the emphasis of such assistance is for people who are already in need of high levels of care rather than preventative support that enables people to remain well and live independently with minimal support and care.

1 FAST (Foundation for Assistive Technology), Public access to information on assistive technology www.fastuk.org/atforumactivities/informationavailability.php
ARENA 2 – HOUSING, NEIGHBOURHOOD AND TRANSPORTATION

Housing

In order to access both appropriate housing and the physical facilities and services needed, older people are often forced to leave those parts of our community that have been anchor points in their lives; the family home, cultural and spiritual communities, friends and colleagues. Even for those who can afford housing designed for their needs, the options are largely restricted to living with other older people; for example, in retirement villages or independent living units that are segmented from the community as a whole. Furthermore, much ‘purpose built’ housing for older people does not meet Australian standards for people with declining and limited mobility.

COTA Over 50s policy in the arena of neighbourhood design, housing and infrastructure provision is aimed at ensuring that the anchor points in older people’s lives are well established and maintained, and that access is provided to services and facilities that allow people to live as independent citizens in our communities. Provision of housing assistance for older people who are at risk of homelessness and/or those who are renting privately is a significant issue.

Recommendations

COTA Over 50s recommends that the Australian Government:

Public/Social Housing

1. Re-establish a public housing policy, and through the Budget allocate funds to the Commonwealth State Housing Agreements to increase public housing stock and upgrade existing stock.
2. Enable seniors on the full age pension in private rental accommodation to access good quality community and public housing.
3. Ensure that all publicly owned housing stock occupied by seniors meets an acceptable standard of ‘seniors friendly’ design.
4. Ensure that there is an adequate stock of public and community housing to meet the needs of seniors.

Home Ownership

5. Fund an educational program to assist seniors to become fully aware of the pitfalls, costs and often limited benefits of Home Equity Conversion (reverse mortgages).
6. Investigate ways to assist seniors unable to relocate for financial reasons to do so when they need to move to access health and other aged care services.
7. Expand home modification and other schemes that assist seniors to remain independent.
8. Amend the Building Code of Australia to incorporate Universal Design Principles in housing construction.
Transportation

Many seniors rely on public transportation and community transportation for participation in the social and economic life of the community as well as for access to essential services. Most outer urban areas and rural areas are poorly served with public transport. There are few services and little integration between various modes of transport. Driving a private car is not an option for many. Lack of Australia wide travel concessions is a major disincentive to interstate travel by seniors.

Our transportation systems are largely provided to cater for those who travel to work and school. For example, a National Aged Care Alliance Position Paper, Transport and Access to Health Care Services for Older Australians (May 2007) documents the limited capacity of existing transportation options to get people to the health care services. Lack of access to shopping facilities and services such as banking and utility providers are other well documented inhibitors to our ongoing independence as we age.

The use of private cars predominates in infrastructure provision. Those people, including older people, who are at home during the day, live in a network of largely empty roads that inhibit contact and interaction with others living in the area. People without private cars are faced with infrequent transportation services that operate on routes that are unlikely to go to the services and facilities needed, and unlikely to take older people to friends and relatives. Furthermore public transportation is designed for highly ambulatory, well balanced and agile people. In an address to the COTA Over 50s Forum on Poverty (May 2007) Professor Graeme Hugo, University of Adelaide, advised that it is also the case that older people, along with single parents, are the groups in our community most isolated from bus stops and train stations.

Recommendations

COTA Over 50s recommends that the Australian Government:
1. Provide accessible, affordable, appropriate and better integrated public transportation.
2. Invest in upgrading and expanding all public transportation services, particularly rail services, for travel within and between regional centres and for travel within and between outer urban areas, while keeping fares at easily affordable rates.
3. Consider the specific transportation requirements of older people in rural and regional Australia.
4. Provide uniform national Seniors’ Card Travel Concessions.
5. Include transport in the Australian Healthcare agreements to ensure access to healthcare services in all settings.
OVERVIEW

The world health organisation's (WHO) definition of health—health is ‘a state of total wellbeing, not just the absence of sickness. Health is everything about our lives—physical, emotional, spiritual, political, economic, social and financial’.

HEALTHY AGEING

Healthy Ageing involves the three components of health, participation and security. It requires inclusive communities that foster and value the participation of all people, ‘age friendly’ environments, and positive attitudes and behaviours that prevent disease and promote well-being. There is a strong correlation between socio-economic status, wellbeing and health status across all age groups, no less for seniors. Underemployment and unemployment also result in a lack of wellbeing and deteriorating health status.

To effectively meet the needs of seniors, health services should have the capacity to provide a diverse array of flexible supports and care that are responsive to individual need, underpinned by the principles of healthy ageing. Empowering individuals by adopting a healthy ageing paradigm supports the efficiency and sensitivity of health services by:

- reducing demand
- enhancing accountability and diversity
- ensuring that the recipient’s needs for independence, participation, care, self-fulfilment and dignity are acknowledged by service providers.

Healthy Ageing for Indigenous people must be given high priority. Aboriginal Australians and Torres Strait Islanders have a shorter life expectancy than other Australians with many dying from preventable diseases. Available evidence from the Australian Institute of Health and Welfare (AIHW) suggests that Indigenous seniors continue to suffer a greater burden of ill health than other Australians. They experience lower incomes than the non-Indigenous population, higher rates of unemployment, poorer educational outcomes and lower rates of home ownership—all of which impact upon health and wellbeing.

Recommendations

COTA Over 50s recommends that the Australian Government:

1. Dedicate a fixed proportion of the health budget to health promotion measures.
2. Extend the seven National Health Priority Areas—which are all disease or injury categories—to address other causes of the burden of disease, such as the major risk factors and socio-economic disadvantage.
3. Adopt a life course approach to health maintenance, which focuses on the prevention of non-communicable diseases.
4. Implement a comprehensive program for Active Ageing to decrease risk factors and increase protective factors for chronic disease and functional decline.
Health Costs and Funding

Seniors need more government assistance with the costs of and access to healthcare. All Australians should have access to high quality, affordable healthcare, medication and pharmaceuticals.

Funding imperatives can distort access to hospital care. Private hospitals may accept the most profitable patients while public hospitals shorten hospital stays. Less than one third of acute care beds in Australia are in the private system. So public hospitals take on most of the acute care, which is more expensive to provide. A network of integrated health services should have the capacity to provide a diverse array of flexible supports and care that are responsive to individual need and underpinned by the principles of healthy ageing.

Medicare and Private Health Insurance

Medicare underpins Australia’s health system. The government encourages seniors to maintain a private health insurance policy and offers them a higher rebate. Access to bulk billing went through a period of decline during the last ten years, and has not yet returned to the 80% enjoyed in 1996-97. Lack of access to bulk billing creates serious hardship for low-income people with complex and chronic conditions.

Recommendations

COTA Over 50s that the Australian Government:
1. Maintain the Medicare universal health system.
2. Preserve and encourage bulk billing and continue incentives for seniors to maintain health insurance.
3. Increase public hospital funding to ensure access, and base the funding on service need.
4. Use tax revenue to improve critical health and social services.
5. Continue Lifetime Health Cover—a sound structural way of encouraging people to take up private health insurance.
6. Ensure that seniors, and people with health care cards, have access to bulk billing GP services throughout Australia
Integrated Health Services

An efficient and effective health system should provide a network of integrated health services. Patients still need to meet stringent criteria to be able to access important areas of treatment such as physiotherapy, podiatry, chiropractic and psychology, and access to dietary services. Patients need to be part of an Enhanced Primary Care Plan with their G.P. who can then refer them to an allied health professional. Where only some of these services are covered, seniors on low incomes and who have only basic levels of health insurance often cannot afford to access these services. This is a particular problem if they cannot afford to take out ‘extras’ cover in private health insurance. The incidence of chronic conditions and the need for such services is recognised to be highest amongst those seniors least able to afford such an expense. Lack of access to such services can mean an increase in the use of pharmaceuticals. This is a false economy if underlying conditions remain untreated and are allowed to deteriorate until they require more expensive and radical treatments.

Coordinated Care trials 1997-2003 explored whether multi-disciplinary care planning and service co-ordination leads to improved health and wellbeing for people with chronic health conditions or complex care needs. New Medicare rebate items to fund doctors’ participation in Health Care Assessments, Care Planning and Consultation have also been introduced but do not seem to have systemically enhanced co-ordination of care as desired. In comparison, successful, multi-disciplinary primary health care co-ordinating mechanisms have ready acceptance in the UK & USA.

Recommendations

COTA Over 50s recommends that the Australian Government:

1. Empower individuals by adoption of a healthy ageing paradigm will support the efficiency and sensitivity of health services by:
   1.1 reducing demand
   1.2 enhancing accountability and diversity
   1.3 ensuring that the recipient’s needs for independence, participation, care, self-fulfilment and dignity are acknowledged by service providers.
2. Increase seniors’ access to allied health services through the extension of Medicare Items and the extension of coordinated care and multipurpose services.
3. Implement co-ordinated care practices throughout the health system, including:
   3.1 individualised care planning
   3.2 a more organised approach to prevention, early intervention and treatment
   3.3 pooling of funds
   3.4 linking of medical services with community services.
4. Fund an extension of the successful components of the Co-ordinated Care Trials and the Enhanced Primary Care projects.
ARENA 3 – HEALTH AND CARE

Integrated Health Services

Hearing Services

The Commonwealth Hearing Services Program provides hearing assessment, hearing rehabilitation and selection and fitting of hearing aids, free of charge to eligible people.

Recommendations

COTA Over 50s recommends that the Australian Government:
1. Provide rebates through Medicare for hearing assessments conducted by an audiologist without a referral from a general practitioner.
3. Provide pensioners with the same entitlements offered to veterans.

COTA Over 50s recommends that Private Health Funds:
4. Cover hearing assessments, hearing devices and audiologists’ rehabilitation services.
Integrated Health Services

Palliative Care

Commonwealth, State and Territory governments, palliative care service providers and community based organisations collaborated in developing a *National Framework for Palliative Care Service Development* (2000) under the Australian Health Care Agreements. There is a large unmet need for palliative care in public hospitals, in aged care facilities and in the community and a shortage of palliative care nurses.

**Recommendations**

COTA Over 50s recommends that *Governments and service providers*:

1. Increase provision of high quality palliative care so that it is available for all people with terminal illnesses.
2. Ensure that palliative care is available at home, in residential aged care or in hospices.
ARENA 3 – HEALTH AND CARE

Integrated Health Services

*Mental Health*

Mental Health is recognised by the World Health Organisation (WHO) as crucial to the overall wellbeing of individuals, societies and countries. Mental Health and Dementia have gained recognition as National Health Priorities. Many seniors suffer from depression and mental illness, often misdiagnosed as old age or dementia. Under the Mental Health Strategy there is a specific plan for young people, but no comprehensive plan for older people.

**Recommendations**

COTA Over 50s recommends that the *Australian Government*:
1. Develop and fund a national mental health strategy for seniors.
ARENA 3 – HEALTH AND CARE

Integrated Health Services

**Aids and Equipment**

Affordable aids and equipment are vital to ensure quality of life and continuing independence for seniors with disabilities or chronic conditions. Lack of appropriate aids and equipment can lead to increased disability and illness, e.g. falls, injuries to carers. State based schemes such as Program of Aids for Disabled People are systemically under-funded and there are long waiting lists for assistance.

**Recommendations**

COTA Over 50s recommends that the *Australian Government*:
1. Provide means tested financial assistance to disabled seniors for purchase of aids such as walking frames, chairs and wheelchairs.
2. Provide free of charge, hypodermic syringes with medically prescribed injectable drugs.
3. Ensure that private health funds cover the costs of aids for long-term medical conditions such as support stockings and gloves.
Integrated Health Services

**Pharmaceuticals**

The Pharmaceutical Benefits Scheme (PBS) that provides access to affordable education is a critical part of the health care system. Currently, the PBS is threatened by funding pressures, and inappropriate listing and de-listing of drugs. Education is an important mechanism for restraining inappropriate growth in PBS expenditure.

**Recommendations**

COTA Over 50s recommends that the *Australian Government*:
1. Provide funds for better and increased drugs education for doctors, consumers and pharmacists to restrain inappropriate growth in PBS expenditure.
2. Expand the Quality Use of Medicines program.
3. Close loopholes in the Medicines Australia Code of Practice and enforce strict controls on the direct and indirect advertising and selling of pharmaceuticals.
4. Ensure stronger price negotiation with pharmaceutical companies, particularly where sales exceed estimates.
5. Provide greater transparency for the reasons for de-listing drugs from the PBS.
6. Provide a consumer impact statement prior to delisting any PBS drug.
Integrated Health Services

Convalescence and Discharge

Barriers to effective hospital discharge planning represent a complex problem with the current Australian health system. Many seniors need convalescent care and support after episodes of acute care. Lack of appropriate sub-acute facilities, e.g. rehabilitation and convalescent care, may result in delayed discharge, placement in an inappropriate setting or a return home without necessary support services. Funding imperatives encourage acute hospitals to discharge many seniors before they are fully recovered. Post discharge community care services are often inadequate and poorly planned. General Practitioners are not an integral part of most discharge planning.

Extensive protocols and procedures in place in most Australian hospitals for discharge planning. Poor implementation has resulted in equally poor patient outcomes. Discharge planning should include establishing referral pathways and linkages to services in the community which patients can access immediately following their discharge. Otherwise, seniors being discharged find that no services are available to meet their needs. Readmission can occur as a result. Models of discharge planning should be developed, implemented and monitored to improve the quality of care available to seniors after discharge from acute care.

Lack of post discharge, convalescent care services commonly results in:
- primary preventative community care services taking on the role of post discharge care. This diverts resources from low care clients who may need these resources to maintain their independence.
- increasing rates of post-discharge readmissions to hospital.
- increasing rates of premature/inappropriate admissions to permanent residential aged care.

Recommendations

COTA Over 50s recommends that the Australian Government:
1. Develop, implement and monitor in conjunction with the States/Territories, a national framework for discharge planning and provision of post acute and convalescent services or facilities, including those in the community.
2. Increase funding to States/Territories to help overcome the problems of early discharge and provide more convalescent care of older patients.

COTA Over 50s recommends that State and Federal Governments:
3. Ensure that adequate support services in discharge, post-acute, convalescence and rehabilitation back-up acute hospital service facilities are provided.
Integrated Health Services

**Aged Community Care**

Government funding and intervention in the development, monitoring and delivery of aged care is essential in ensuring an aged care system which meets the needs and promotes the dignity, respect and rights of older people. The attributes of such a system include:

**Quality**

Quality aged care incorporates the following components:
- high level and appropriate health care and service to meet the needs and interests of older people,
- person centred care that focuses on dignity and respect for the older person,
- environments and facilities that are of high standard and ensure the safety and needs of the older person are met,
- adequately funded care that appropriately meets levels of need through the development, implementation, monitoring and review of standards of care delivered by a trained and qualified workforce.

**Equity**

Aged care should be planned to ensure that the ageing population is adequately provided for. This includes specific groups and geographical areas:
- people on low incomes,
- people in regional and remote areas,
- Culturally and Linguistically Diverse (CALD) communities,
- Indigenous communities.

**Access**

Aged care should be available to older people in a timely and appropriate manner, incorporating adequate and streamlined:
- assessment processes,
- Aged Care Assessment Team (ACAT) resourcing and availability,
- processes to access care of choice, including appropriate information.

**Sustainability**

Funding and models of aged care should ensure the long-term viability and development of high quality services, and accommodation where required, including:
- capital funding models,
- operational subsidies.
ARENA 3 – HEALTH AND CARE

Integrated Health Services

Aged Community Care

Participation

Aged care should maximise autonomy, independence and participation of older people incorporating:
- decision making,
- an active service model that is health and ability promoting,
- the interests and individual needs of the older person,
- working in partnership with family and friends of the service user, where appropriate,
- publicly funded advocacy services.

Recommendations

COTA Over 50s recommends that the Australian Government:
1. Increase the residual assets limit from 2½ times the annual single age pension to five times the age pension.
2. Ensure funding for care meets real costs.
3. Ensure adequate Commonwealth funding that provides quality accommodation, where required, without undue burden on residents.
4. Ensure equitable caps are placed on the amount that providers can charge for accommodation bonds.
5. Develop and resource effective strategies to provide education and information programs to increase consumer knowledge, understanding and involvement in the accreditation process.
6. Provide adequate funding for language services and culturally inclusive and appropriate care, including accredited interpreters for care planning.
7. Maintain a well-structured and well-funded research program to cover all aspects of aged care. Funding should be a fixed proportion of the aged care budget.
8. Continue a workforce planning and training strategy to ensure the availability of appropriately trained staff for the aged and community care sector, and incentives for nursing staff to work in the sector to ensure quality outcomes for older people.
9. Provide funding to increase consumer education, protection and engagement in health and aged care decision-making.
10. Reform the present Complaints Resolution Scheme for Aged Care to provide remedies as described in Principles.
11. Increase the number of community aged care packages to 35 per 1000 people aged 70+ and funding to ensure these packages can meet the range of care needs.
12. Determine the quantum of funding required to adequately meet the need for HACC services and provide that amount to HACC service providers.
Community Care

An Active Service Model Approach

The ‘Active Service Model’ is based on the premise that clients requiring in-home support services, such as those provided through Home and Community Care programs, have the potential to improve their capacity and make gains in their wellbeing.

There is growing interest in this approach to provision of community care in other states and countries, some of which is based on the imperative to manage demand and reduce costs. This is variously referred to as a ‘restorative’, ‘wellbeing’ or ‘enablement’ approach.

Within the framework of Healthy Ageing and a service system that displays the above characteristics, COTA /Over 50s endorses an Active Service Model approach in community care based on the following principles:

- **Person-centred and Goal focussed**—the provision of support and care should be driven by the goals of the older person, and aim to achieve the outcomes they desire, with the older person in control of decision-making and planning.
- **Informed decision-making**—the older person should be provided with information and support to maximise their choice through the identification and access to the services and outcomes they desire.
- **Client focussed outcomes**—aiming to enable the older person to achieve levels of independence and well-being, rather than service system outcomes such as demand management.
- **Promoting independence**—should be seen as fluid and multi-faceted, reflecting personal circumstances, values and preferences, as well as changes over the ageing process. Recognition should be given to the significance of social context and relationships, and the value placed on inter-dependence, mutual help and reciprocal relationships, as well as the desire ‘not to be a burden’.
- **Connected to community**—Community care services should be linked with the diverse range of community networks and services, and aim to assist the older person to remain connected to their local community, as well as their support and social networks.
- **Ability promoting**—Community care services should build on older people’s abilities and recognize their resilience and capacities, rather than provide ‘interventions’ to overcome difficulties and transitions. Principles underpinning this approach should include:
  1. Helping people ‘to do’ rather than ‘doing to or for’ people
  2. Aiming to build capacities and resources across the life course as well as in older age
  3. Recognition of the priorities of the older person, and enabling them to continue with what is important to them, or facilitating the process of adaptation to and compensation for what cannot be done or done easily.
- **Flexible and responsive**—HACC services need to recognise the diverse needs and interests of older people requiring support and have the capacity to provide flexible responses to meet these needs.
- **Commitment to training of staff**—staff should be appropriately trained to enable them to work with older people to maximise their independence, and achieve their goals, and to reduce stereotyping and ageist attitudes.
ARENA 3 – HEALTH AND CARE

Community Care
An Active Service Model Approach

- **On-going assessment**—a key component of the implementation an active service model. Assessment for ongoing support and care cannot be defined by a one-off assessment, but requires review and re-assessment of the changing needs and requirements of the older person.

**Recommendations**

COTA Over 50s recommends that the *Australian and State Governments*:
1. Adopt the Active Service Model principles in future Commonwealth-State HACC Agreements.
Dental Health Services

Dental health care is a national health issue and is a fundamental necessity for an individual’s healthy ageing. The state-funded programs have not filled the gap left by the federal program, which was abolished in 1996. Many seniors are now missing out on dental care with public dental hospitals and clinics either not accepting any new cases or reporting waiting lists of well over 12 months. Low-income people receive no Commonwealth-funded assistance to maintain their oral health. The financial and health costs of poor and neglected oral health are well documented.


COTA Over 50s is closely monitoring the progress of the parliamentary response.

Recommendations

COTA Over 50s recommends that the Australian Government:

1. Develop and fund a national dental and oral health plan, specifically for older Australians, both in the community and in aged care facilities. The national plan should:
   1.1 Focus on preventative dental services.
   1.2 Ensure that treatment is appropriate and timely.
   1.3 Enable the public dental service to contract private dentists or services.
   1.4 Ensure that people in rural and remote areas have access to public dental services.
   1.5 Ensure that people with special needs including those in residential aged care have access to public dental services.
   1.6 Be funded through Medicare or an alternative comprehensive program.

2. Provide catch-up funding to clear the back-log of waiting lists for state public dental health services.

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Caring Responsibilities

The amount of care and support provided for older people by family members, including those who are themselves old, is more than that provided by the formal aged care sector. Indigenous older people, and people whose children are ill and/or have alcohol and other drug addictions, are particularly likely to have high levels of responsibility for care of their grandchildren. Many of the people providing this care are of workforce age and their care responsibilities reduce their capacity to provide for themselves in later years.


Recommendations

COTA Over 50s recommends that the *Australian Government*:

1. Implement the Recommendations from the HREOC report *It’s About Time: Women, Men, Work and Family* (2007) that pertain to provision of care for and by older people:
   1.1 That the Australian Bureau of Statistics be funded to develop a set of questions on experiences of child care, elder care and care for people with disability for distribution either in appropriate regular national surveys of households, or a new specialist survey, in order to collect comparable data on the range of informal and formal care provided within Australia. *[Recommendation 2]*
   1.2 That the Australian Government extend the Superannuation Co-contribution Scheme to individuals who are not in the paid workforce because of caring responsibilities including caring for dependent adults or young children. An individual is to be eligible for government funded co-contribution if he or she is:
      a. eligible for Carer Payment
      b. eligible for Parenting Payment; or
      c. in receipt of Carer Allowance in addition to another Government income support payment for people of working age such as Disability Support Pensions/Newstart/Austudy/Abstudy. *[Recommendation 31]*
   1.3 That the Productivity Commission undertake an inquiry into the feasibility of establishing a superannuation-like framework whereby unpaid work of carers can be recognised by the Australian Government. *[Recommendation 32]*
ARENA 4 – LEGAL, FINANCIAL AND CONSUMER MATTERS

Overview

Abuse of an older person is any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse may be:

- physical
- sexual
- financial
- psychological
- social and/or
- neglectful behaviour.

Abuse of older people has been well documented and:

- can happen to anyone regardless of gender, where you live, cultural or religious background or income,
- is a breach of a person’s rights. Some of these breaches may be criminal or civil offences, whilst others contravene legislation such as those governing Aged Care, Guardianship and Powers of Attorney, and
- can be complex due to the relationships involved, the possibility of more than one form of abuse occurring at the same time, or more than one alleged abuser.

Older Australians would benefit from stronger consumer protection. People on low and fixed incomes, including many older people, have expenditure patterns that deviate significantly from Consumer Price Index (CPI). This average measure provides a view of cost shifts across a defined set of expenditure items rather than identifying costs that relate to sub-sets of the population. Since 1990, there has been a further growth in inequality due to changes in the cost burdens placed by various good and services. It has been estimated that for some groups of pensioners, costs may have increased by 15 points more than is reflected in the CPI over a 15 year period. These increased cost pressures have disproportionately impacted upon the vulnerable and disadvantaged within our community.

COTA Over 50s has responded to the Productivity Commission’s draft report on Australia’s consumer policy framework, and will monitor its progress.
Legal

Age Discrimination

There is a low level of uniformity, enforceability and enforcement of Federal and State age discrimination legislation across Australia, and there is no designated Commissioner responsible for Age Discrimination. Examples of age discrimination which can lead to age abuse include:

- The lack of uniformity of state legislation on age discrimination which means that individuals may be treated very differently in law, depending on where they live. The Federal Workplace Relations Act 1996 prohibits age discrimination in termination of employment. The large number and the nature of some exemptions undermine the effectiveness of the Act. There is a provision for exemption on the grounds of ‘cannot meet the inherent requirements of the particular employment because of age’. This has a substantial impact in the workplace, and in the ability of older people to achieve a strong level of social inclusion and community participation.

- Under the Safety, Rehabilitation and Compensation Act (1988), a worker is no longer entitled to weekly compensation payments for incapacity to work due to injury if the injury occurred after their 64th birthday. Furthermore, workers who were injured before they turned 64 are not entitled to incapacity to work payments after their 65th birthday. Similar discriminatory restrictions apply to workers aged 63 and over.

- There is a lack of uniformity of Powers of Attorney across Australia, with widely differing requirements for signing, registration and execution of Powers of Attorney. An Enduring Power of Attorney created in one State is not automatically valid in every other State. The Standing Committee and Attorneys General are working towards implementation of uniform legislation on Enduring Powers of Attorney. The House of Representatives supported this initiative and made a recommendation for establishing a national register of Enduring Powers of Attorney, as well as recommending a nationally consistent approach to the assessment of capacity. The Australian Government should continue to exert pressure to have a national scheme for Powers of Attorney.

- After the age of 70 years, women no longer receive reminder letters for their mammograms from Breast Screen. These letters are only sent to women over 50 because younger women have denser breast tissue which often prevents accurate diagnosis. Younger women can access BreastScreen for a free mammogram if there are concerns.

- There appears to be age discrimination in assessing suitability for medical rehabilitation services, specifically for stroke and cardiac patients.

There are a large number of ‘blanket’ exemptions for other pieces of legislation.

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3 Extracted from Federalism Marches On, Aged Care Briefing, Lynch Meyer, October 2007,
Age Discrimination

Recommendations

COTA Over 50s recommends that the Australian Government:

**Abuse of Older People**
1. Promote greater focus on elder abuse research and implementation of projects related to the reduction of abuse.
2. Establish a standardised definition of elder abuse and mandatory-reporting requirements that are uniform and effective.
3. More accurately record and assess the causes of elder abuse and measurement of frequency.
4. Develop prevention, treatment and intervention programs that respond in an effective and efficient manner to cases of elder abuse.

**General**
5. Develop and implement an education campaign to ensure and support the implementation of the Age Discrimination Act in the community.
6. Evaluate and review the implementation of the Age Discrimination Act with a report to Parliament within five years of its enactment.
7. Amend other federal laws which embody discriminatory provisions, following a review of all Commonwealth legislation.
8. Ensure that complainants under the Commonwealth Age Discrimination Act are not prevented from taking cases forward due to cost or other barriers.

**Health**
9. BreastScreen send reminder letters for breast cancer screening to women irrespective of the fact they are over 70 years of age.
10. Rehabilitation services be equally available to all patients who could benefit from them, regardless of age.
Financial

A major area of concern is that of financial abuse. This is the illegal or improper use or mismanagement of a person’s money, property or resources. Examples of financial abuse include:

- forging or forcing an older person’s signature
- abusing joint signatory authority
- misusing ATMs and credit cards
- cashing an older person’s cheque or pension without permission or authorization
- getting an older person to sign or change a will, deed, contract or power of attorney through deception, coercion or undue influence.

COTA Over 50s provided evidence to the parliamentary inquiry into the adequacy of legal protection for older people against various forms of financial abuse. The recommendations of the parliamentary committee’s report have been examined, and COTA Over 50s will continue to press for their implementation by government.

Recommendations

COTA Over 50s recommends that the Australian Government:
1. Fund transition to retirement programs to provide information and advice on income needs and lifestyle expectations in retirement and to provide assistance in moving away from full time paid employment.
2. Improve access to independent financial advice.
3. Provide for national regulation of mortgage brokers.
4. Improve advertising regulations.
Overview

Many older Australians including single pensioners live in poverty, even after a long and fully productive working life. COTA Over 50s supports a retirement income policy that establishes and maintains an adequate, secure and equitable standard of living for retired persons. It should guarantee adequacy, fairness and stability in retirement income sources for all Australians, and ensure safety nets are maintained. Priority should be given to assisting seniors on the lowest incomes and to those who do not own their own homes, particularly women and those who cannot realise the benefits of the Superannuation Guarantee Scheme.

Tax reform should be of social and economic benefit to Australia. COTA Over 50s believes the government should maintain the progressive taxation system in which high-income earners are taxed at higher rates than low income earners, and close any loopholes which render it ineffective. Taxation should provide governments with sufficient revenue for necessary social services over the long term. No seniors in the low to middle income groups should be worse off under any tax reform proposals.

The three pillars retirement income policy relies on a combination of age pensions, superannuation and private savings. Only once current compulsory superannuation policies reach maturity (2030) will a majority of the population of older people have the opportunity to experience the full benefits of significant measures introduced over the last two decades.

There is an inherent inconsistency in applying the same assets test to people in their 50’s as applies to a 25 year old unemployed person, given that people accumulate assets for retirement. The average duration of unemployment for mature age people is two years, placing them at high risk in regard to depletion of assets. Once the asset base of an older person is depleted, opportunities for building it up again are severely limited by lack of employment or new income generating opportunities. Younger people do not face these issues to the same extent. Protection of assets for retirement should be a primary goal of a retirement income policy.

Divorce and separation can also lead to financial disadvantage over long periods, especially for women.
Employment and Income

The Age Pension and Income Requirements

Current income security arrangements are inadequate and are causing distress to a growing number of older Australians. The Commonwealth age pension was devised a century ago for a different social context. A person cannot live long-term on this income stream. A significant increase in the single Commonwealth aged pension is justified.

There are significant income inequalities amongst seniors. Whilst people over 65 head up households owning almost half the deposits in the nation's financial institutions, 48% of retired people are among the poorest 30% of Australians. Around 33% of people aged 50-64 rely on some form of social security income and 46% do not have paid employment.

Most retired Australian seniors are on a low income. Seventy-five percent of the eligible population receive the age pensions as their principal source of income. Current community standards for the level of retirement income necessary to secure a modest lifestyle are around $350 for singles and $500 for a couple, whilst the age pension is around $260 per single and $440 per couple. Two do not live as cheaply as one, therefore the overheads associated with housing and utility costs bear disproportionately on single people.

The retirement income industry advises that single people require 70% of the income received by couples to achieve the same standard of living but the single age pension is only 60% of the couple rate. There are strong indications that this is not adequate. Not surprisingly, single retirees had the lowest average household incomes. The median household disposable income for single retired men and women in the 2002-03 financial year was around $13000, suggesting that a high proportion rely solely on the age pension for their income.

It is also clear that the mean and median incomes of single men are higher than those of single women, both before and after retirement. Single male retirees have an average disposable income $2000 higher than single female retirees.
ARENA 5 – INCOME AND ASSETS

Employment and Income

The Age Pension and Income Requirements

Recommendations

COTA Over 50s recommends that the Australian Government:

1. Ensure that the retirement income of all seniors enables them to fully participate in society and enjoy a lifestyle in accordance with contemporary Australian standards.
2. Introduce measures to ensure that the combination of age pension, superannuation and income from private savings is sufficient to guarantee at least a modest lifestyle for all retired people.
3. Improve the retirement income of senior Australians.
4. Increase the single age pension to at least two thirds of the pension rate for couples.
5. Monitor the financial security of all Australians and review the adequacy of the age pension against relevant benchmarks.
6. Establish an Earnings Credit Scheme for people on social security payments.
7. Revise the Pension Bonus Scheme to provide stronger incentives for people to remain in or resume employment.
8. Ensure the current unindexed income limits for the Commonwealth Seniors Health Card remain unchanged until 2010, and then that they are reviewed.
9. Review, as a matter of urgency, the adequacy of the aged pension and provide an immediate interim payment of $1000 per annum to continue until the review outcomes are implemented.
Employment and Income

**Superannuation**

Current cohorts of older people and those approaching retirement have not had the benefits of the Superannuation Guarantee, the benefits of which will not be fully realised until 2032. Unless contributions are mandatory employer contributions, i.e. under an award, a superannuation fund cannot accept contributions for a member who is aged 75 or older. From 1 July 2007, superannuation income is tax-free for people over 60 years of age.

Experiences of life are not gender neutral, and the negative effects of interrupted work histories are, and will continue to be, particularly pronounced amongst women. One of the main reasons why it is more difficult for women, particularly single women, to reach the income levels required to have a comfortable lifestyle in retirement is the ‘superannuation gap.’ Men are able to accumulate much higher superannuation balances than women.

The reasons for this difference in superannuation savings have been identified in several studies:

- Prior to the introduction of compulsory superannuation, women were more likely to be in jobs where their employer did not contribute to a superannuation fund on their behalf.
- Even with the introduction of compulsory superannuation, women receive less because contributions are usually based on a percentage of total salary and, on average, men’s earnings are higher than women’s earnings, and more women than men work in low-paying occupations.
- Women are more likely to work part-time and to experience periods of career interruption because of caring responsibilities (caring for young children, elderly relatives etc). Broken work patterns mean that women are not in the paid workforce for long enough periods to accumulate sufficient superannuation savings.
- Even when women re-enter the workforce later in life, their superannuation contributions accumulate far less interest than people who have had an unbroken career path.

Irrespective of gender, people with responsibilities for caring for older relations, and grandparents with responsibilities for grandchildren are often limited in their capacity to be in the workforce, and therefore to contribute to superannuation.
Employment and Income

Superannuation

Recommendations

COTA Over 50s recommends that the Australian Government:

1. Simplify the superannuation system and increase community education about superannuation in general.

2. Remove upper age limit on those wishing to contribute to superannuation so that older Australians have the opportunity to contribute within defined limits to superannuation.

   3.1 That the Australian Government extend the Superannuation Co-contribution Scheme to individuals who are not in the paid workforce because of caring responsibilities, including caring for dependent adults or young children. An individual is to be eligible for government funded co-contribution if he or she is:
      a. eligible for Carer Payment
      b. eligible for Parenting Payment; or
      c. in receipt of Carer Allowance in addition to another Government income support payment for people of working age such as Disability Support Pensions/Newstart/Austudy/Abstudy. [Recommendation 31]

4. That the Productivity Commission undertake an inquiry into the feasibility of establishing a superannuation-like framework whereby unpaid work of carers can be recognised by the Australian Government. [Recommendation 32]
Employment and Income

Newstart Allowance

Newstart Allowance assumes short-term reliance and is set at a lower rate than age pensions. Newstart does not attract the same fringe benefits as the age pension, and it has a much stricter income test.

Recommendations

COTA Over 50s recommends that the Australian Government:
1. Increase the Newstart Allowance for mature-age, unemployed people to more realistically reflect the likely duration of unemployment. The current level of a pension payment would be appropriate. The income test for this payment should also be lifted to the same as that for the age pension.
ARENA 5 – INCOME AND ASSETS

Employment and Income

*Grandparents Primary Carer Allowance*

Grandparent carers, especially pensioners, can ill-afford the additional financial burden associated with raising their grandchildren. The Council of Australian Governments (COAG) is considering initiatives to provide financial support, similar to that received by foster parents, to kinship carers, including grandparents.

**Recommendations**

COTA Over 50s recommends that the *Australian Government*:
1. Extend eligibility for foster parent payments to grandparents raising grandchildren, and fund the additional costs.