

# OLDER WOMEN'S NETWORK

(AUSTRALIA)

Incorporated

**To: the House of Representatives Standing Committee on Ageing**

## **Submission to the Inquiry into Long-term Strategies to address the Ageing of the Australian Population over the next 40 Years**

The Older Women's Network (Australia) [OWN (A)] asserts that a definition of *aged* as 60+ (or even younger) is based on demographics prevailing early in the 1900s and is **not** pertinent today, as life expectancy has markedly increased since that time.

The following submission should be considered under the premise that

- life expectancy will continue to increase
- women will continue to outlive men
- women, on average, will continue to have an interrupted career pattern and will earn, on average, less than men throughout their employment—and will thus have less opportunity to provide for their retirement
- the birth rate will continue to decline or remain at less than replacement.

OWN (A) believes that an ageing population is not the 'problem' many commentators imply. The proportion of people in residential care remains at about 6%, and the need for extended services mainly occurs during the last few months of a person's life. Older people contribute much to society and their communities, and should be encouraged to continue do so. Their involvement has been shown to contribute to a positive attitude which helps them maintain their independence.

OWN (A) is concerned with the **quality of life** of older Australians and believes it is vital that strategies for ageing in the future should deal with this. Promotion of policies to encourage *positive ageing* is paramount.

We believe that older people, given support and opportunity, can do much to improve their own quality of life and thereby decrease the likelihood of becoming dependent in later life. Research shows that maintaining physical and mental wellbeing among older people decreases the risk of them becoming socially isolated and losing their independence. Retention of self esteem and self confidence enables people to live purposefully and constructively until they are well into their 80s or 90s.

OWN (A) asserts that, as part of a positive ageing strategy, we need to contribute to our own destinies. We want to work with others in decision making, **not** have them decide what we need or what they think is good for us.

The main issues addressed in this submission are:

- ✓ health
- ✓ aged care
- ✓ income support
- ✓ transport, and
- ✓ violence and abuse against older women.

Other issues of concern to us are listed in Appendix I. Our members discuss these issues at our Annual Conferences and our decisions are reported in our *Policies and Statements* document which is amended after each conference.

A list of our aims and objectives and our health charter can be found in Appendix II.

The UN principles for older people are listed in Appendix III.

Several of our publications is at Appendix IV.

I have summarised the main points of our arguments on issues of concern to us in the next three pages. Further detail is included in the following pages. Please note they are not necessarily listed in priority order.

Thank you for this opportunity to have input to your discussions.

Yours sincerely

Barbara Silverstone  
Convenor  
Older Women's Network (Australia)

## **Health**

The Older Women's Network (Sydney) has shown the efficacy and cost effectiveness of providing a stimulating environment in its *Wellness Centres*. We believe that federal government investment in similar facilities in other parts of Australia would save much expenditure on later health care. Prevention of disability is much to be preferred to treating it. Disability among older people is **not** inevitable.

*National health insurance* (Medicare) should give equal access and equity to all needed health services without discrimination on the basis of gender, socio-economic status or age. It should be recognised that delaying medical treatment may lead to a requirement for more complex, and expensive treatment.

*(Please see pp 6-7.)*

## **Aged care**

### ***Residential Aged Care***

Access to residential aged care facilities and aged care services must be guided by the principle of need, irrespective of income and assets.

### ***Aged care standards and accreditation agency***

The Aged Care Standards and Accreditation Agency should be required to regularly inform and consult older people, on issues such as standards, accreditation, self-assessment, auditing by qualified auditors, and complaints.

### ***Home and Community Care (HACC)***

OWN (A) calls for a continuing federal government role in the HACC program, to improve outcomes for consumers.

*(Please see pp 8-9.)*

## **Housing**

Older women should be a target group for planning and providing safe, secure and affordable housing for Australia's ageing population. Funding is required to encourage development of innovative, adaptable and affordable housing models (including community, cooperative and dual occupancy housing) and to assist with costs of adapting existing accommodation to cater for disabilities in both private and public housing.

The establishment of an approved deposit fund for the proceeds of house sales by older people could fund a housing company or trust to provide innovative housing for older people.

*(Please see page 10.)*

## **Income security**

### ***Social security priority***

OWN (A) opposes the introduction of a universal pension on the grounds of equity. Those on little or no income (eg age pensioners, sole parent pensioners, disability pension recipients, and

unemployed/ part-time and casual workers) should be given priority for income and benefits within the social security system.

We call for a review of social security regulations to ensure there is no reduction in a pension as a result of assessment under the combined income test for a couple.

*(Please see page 11.)*

## **Transport**

OWN (A) proposes that the federal government, in consultation with states and territories, develop, fund, and implement a national passenger transport policy to provide accessible and affordable public transport. The federal government should ensure that universal design concepts be adopted nation-wide so that all Australians can have access to public transport.

Lack of transport is a major factor contributing to social isolation and depression among older people.

*(Please see page 12.)*

## **Violence and abuse against older women**

OWN(A) recommends that the Commonwealth Department of Health and Aged Care and the Office of the Status of Women address the issues of violence against older women, including reporting, intervention, strategies and support.

*(Please see page 13.)*

## **Other issues**

### **Grandparents**

OWN (A) calls for recognition of the needs and rights of grandparents and also recognition of their contributions to their families and the community.

*(Please see page 14.)*

### **Carers**

OWN (A) asserts that providing care (for example for an ageing parent/sibling or disabled adult child) for 24 hours 7 days a week places an intolerable burden on their carers. The need for more respite care and financial support for carers is immediate and desperate.

*(Please see page 14.)*

### **Volunteers and unpaid work**

OWN (A) calls for adequate recognition of the value to the Australian economy of the unremunerated work of Australia's millions of volunteers, ie in the community and/or the family.

*(Please see page 14-15.)*

**Telecommunications**

OWN (A) asks that telecommunications legislation be enacted to ensure access to a telephone to all residential consumers, wherever they live in Australia.

*(Please see pages 15.)*

**Older women in rural areas**

OWN (A) calls on the federal government to provide better services and resources in rural areas in recognition of the special needs of older women there, due to their isolation and distance from towns and cities.

*(Please see page 16.)*

**Indigenous women and reconciliation**

OWN (A) urges the commonwealth government to support indigenous older women in their ongoing struggle to obtain recognition and equality and their rightful place in our society.

*(Please see page 16.)*

**Older women of non-English speaking backgrounds**

OWN (A) believes that women of non-English speaking backgrounds should be supported in combating racism, sexism and ageism and working for a better quality of life.

*(Please see page 16.)*

**Privacy of information**

OWN (A) requests the federal government to legislate for heavy penalties on people with access to sensitive personal information who use it for their own endeavours.

*(Please see page 16.)*

**Environment**

OWN (A) urges the federal government to ratify and implement the principles of the Kyoto Protocol on Climate Change; to establish environmental control on the use of disposable equipment in hospitals and similar institutions; to introduce a national public transport system; to initiate research on recycling water; to ban logging of native forests. We also strongly urge the federal government to support a worldwide ban on any nuclear testing, as well as banning uranium mining and establishing nuclear reactors/facilities in Australia.

*(Please see page 17.)*

## Health

OWN (A) [OWN (A)] believes that health is a state of physical, mental, social and emotional wellbeing which facilitates personal fulfilment and enjoyment of life. We believe that maintaining health can best be achieved through partnerships with health care professionals.

OWN (A) believes priority must be given to:

- ✓ *maintaining* health and *preventing* illness with an emphasis on ‘wellness’ rather than ‘illness’
- ✓ consultation with consumers/patients regarding any proposed changes in health care
- ✓ establishing step-down facilities to assist in rehabilitation following discharge from hospital to enable women to more easily re-establish self confidence and the ability to self-care in their own homes. Lack of confidence post-operatively can lead to increased dependence and/or readmission to hospital.
- ✓ sustaining quality of life for a longer living population—including provision of affordable preventative health services (eg dental, podiatry etc).

### *Physical fitness*

Maintaining physical fitness is an important goal for most older women. Many of us have, or can acquire, the skills and experience to do this for ourselves. Maintaining fitness delays the onset of illness and facilitates recovery from illness.

The Older Women’s Network in Sydney has successfully set up three *Wellness Centres*, **run by and for** older women in partnership with professional workers, with most of the funding coming from local government. *These centres have proved extremely cost effective and have achieved much in improving the health and self esteem of participants, as well as combating social isolation and reducing dependence on clinical or institutionally based services.*

We urge the federal government to support establishment of similar programs in other regions. They would be an excellent investment for government. They prove that peer research, peer support, peer education and peer management **attract** older women to wellness practices and create a comfortable partnership between providers and users. As well as helping older women overcome social isolation, and maintaining their own independence and mental and physical health, the centres enhance older women’s decision-making capacity and involvement in local communities.

*(A copy of the Bankstown Older Women’s Wellness Centre manual A picture of wellness, which provides a model for establishing these centres, is enclosed.)*

### *Medicare*

OWN (A) calls for:

- a) preserving and improving national health insurance (Medicare) to give equal access and equity to all needed health services without discrimination on the basis of gender, socio-economic status or age

- b) consumer involvement in research into, and monitoring of, possible detrimental effects of current or future changes to health policies and/or services at state or national level.

OWN (A) supports the Medicare Statement of Principles.

### ***Health insurance***

OWN (A) believes concessions, such as general tax rebates for private health insurance, should be redirected to allow cheaper health insurance for pensioners and people on low incomes. Inability to afford private health insurance may delay treatment and lead to complications or deterioration in health *requiring more complex and expensive treatment.*

### ***Medications***

OWN (A) considers it imperative that legislation ensure that all pharmaceuticals are dispensed to consumers with relevant literature giving clear instructions for their use and outlining details regarding side-effects and contra indications.

### ***Alternative therapies***

OWN (A) supports the implementation of some form of accreditation and standard for practitioners of alternative therapies to safeguard against malpractice and potentially dangerous practices.

### ***Training health professionals***

Training health and allied professionals, eg social workers, should include special studies into specific health and social issues affecting older women. Special presentations by older women (either personally or through videos) should be integrated into their lecture programs.

## **Aged care**

### ***Residential aged care***

OWN (A) believes that access to residential aged care facilities and aged care services must be guided by the principle of need, irrespective of income and assets. Aged care programs should be carefully monitored and steps taken to prevent any disadvantage in access, care or provision of services.

### ***Aged care standards and accreditation agency***

OWN (A) requests that the Aged Care Accreditation and Standards Agency regularly inform and consult older people, particularly older women (who are the majority of residents), on issues such as accreditation standards, self-assessment, and complaints.

The accreditation process must work in the interests of residents, their relatives, unpaid carers and the community. Annual reports and reviews of the care and services provided must be strictly adhered to, especially concerning standards for accreditation.

Internal and external complaints mechanisms should be easily accessible, understood and available to all residents and/or their representatives—procedures must be rigidly enforced. Complaints and comments about care, service or any other matter should be viewed as agents for change. The complaints mechanism must be independent of governments.

OWN(A) believes that:

- any proposal to devolve commonwealth government funding for aged care facilities must include a multilateral agreement with national consistency on standards and rights of residents
- residents or their representatives should have equal representation with industry and service-providers on any committee on aged care
- monies paid in accommodation bonds should be guaranteed 100 % by government
- standards of care for residents of aged care facilities should be maintained and improved with the following safeguards:
  - a) a mandatory and enforceable monitoring system
  - b) continuation of standard fees, currently set at 85 % of the age pension
  - c) complaints/grievance/advocacy mechanisms consistent with consumer involvement
  - d) enforcement of the law on residents' rights and written contracts/agreements between proprietors and residents of aged care facilities
  - e) commonwealth-wide standardised training to a *minimum* of Level III for staff involved in the care of older people
  - f) registered nurses and trained staff must be available to provide quality care 24 hours a day for all residents of aged care facilities
  - g) any committee formed to advise on, or discuss, a resident's care must include him/her, his/her representatives and/or unpaid carer(s)



- h) dementia-specific accommodation and services should be available to residents who have such a need.

OWN (A) urges the commonwealth government to 'cap' entrance fees to aged care facilities in all states, and recommends that a close watch be kept on demands from proprietors for 'donations' to building funds etc, and that such demands be declared unlawful.

### ***Home and Community Care***

OWN (A) urges the federal government to retain direct services (ie home care, nursing, etc), rather than forcing competitive tendering and contracting of wholly privatised services. HACC services should be accessible, affordable, of high quality and based on need. Standards should be uniform nationally.

Aged care packages and staying at home packages must have safeguards of quality management principles, standards and accountability.

We deplore the introduction of policies offering incentives for higher fees for services by adjusting the commonwealth HACC contribution to states if any cost of services is met by raising fees.

We also deplore the failure of the commonwealth and state governments to agree on higher levels of growth funding. Services are currently unable to meet the needs of a growing ageing population and people with disabilities, particularly in an emergency situation.

Funding for HACC and other community services must be increased to meet present and future needs of an expanding older population.

The outcomes of consumers who have been denied services, or had them withdrawn, because of priority being given only to the most severely disabled or frail elderly must be monitored. *The perceived 'lesser need' on which services are refused in many cases is clearly still vital to independent living.* Lack of provision of these services may lead to a requirement for more complex and expensive services.

Consumers (ie recipients/carers) must continue their involvement in planning and monitoring community services, especially where attempts are being made to eliminate duplication of services and assessment procedures, and to merge administration centres. Reduction in staff and costs must not result in contraction of services, or be at the expense of consumers.

There should be funding for:

- a) independent complaints and advocacy services including consumers, and those acting for them
- b) community education programs on how to access transitional stages to institutional care, community domiciliary services, respite care, rehabilitation programs
- c) continuation of preventative aspects of community care, such as community transport, day care centres and affordable, and quality meals on wheels programs
- d) subsidies for personal/home alarm systems to encourage and enable older people to remain in their own homes
- e) provision of quality palliative care for terminally ill people.

## **Housing**

Older women should be a target group for planning and providing safe, secure and affordable housing for Australia's ageing population. Apart from the fact that women make up the majority of older people, they are more likely to be living on their own and to experience a poorer standard of living due to limited financial circumstances.

OWN (A) calls for government support in the following areas:

- a) funding assistance to encourage development of innovative, adaptable and affordable housing models—including community, cooperative and dual occupancy housing—and to assist with costs of adapting existing accommodation to cater for disabilities in both private and public housing
- b) flexibility within funding programs to cater for innovations which do not fit into existing state and commonwealth grant guidelines
- c) research and dissemination of information about innovative housing models in Australia and overseas.

The commonwealth government, through the Department of Family Services, should allow older people a 12 month exemption from the effect of the Income and Assets Test. They would then have the opportunity to consult and seek independent financial advice. (For example, the commonwealth government could establish an approved deposit fund (such as government bonds) for the proceeds of house sales and other investment monies which would qualify for income or tax concessions. These funds could be used to fund a housing company or trust to provide innovative housing for older people.)

### ***Public housing***

OWN (A) believes that federal funding is necessary to provide public and community housing for older Australians. Rental assistance is insufficient in the prevailing high-cost rental market in which demand is increasing from all community sectors.

### ***Homelessness***

Homelessness of ever increasing proportions must be addressed by governments, and, in so doing, recognition must be given to the fact that older women are forming an increasing percentage of homeless people requiring appropriate solutions.

### ***Retirement villages***

The federal government should consider legislation similar to the NSW Retirement Village Act 1999. This greatly improved protection for residents in NSW by imposing full disclosure prior to entry—including identifying the standard of all resident-funded services; full accountability for all monies collected; no recurring cost increases without resident approval; and penalties for non-complying village operators.

## **Income security**

It is of great concern that recent statistics show that many women today still experience a broken employment history and, on average, earn less than men throughout their working lives.

### ***Social security priority***

OWN (A) argues that those on little or no income should be given priority for income and benefits within the social security system, such as:

- age pensioners, sole parent pensioners, disability pension recipients, and unemployed/ part-time and casual workers who currently do not have the opportunities available to full-time employees for self-provision for retirement, tax concessions and wage/tax deals
- setting the age pension at at least 35% of the average male weekly earnings
- regular monitoring of compensation for the Goods and Services Tax to ensure its adequacy to cover increases in the prices of goods and services.

OWN (A):

- a) opposes the introduction of a universal pension on the grounds of equity and the priority need to ensure an adequate age pension for the majority of aged pensioners (mainly women) who rely on it as their main or sole income
- b) claims that, on the basis of women's different workforce patterns and unequal opportunities for the majority of women to accumulate superannuation entitlements, the Age Pension eligibility age for women should be restored to 60 years
- c) believes that the proposed federal anti-discrimination legislation should enable women and men to retire at an age of their choice
- d) calls for the federal government's implementation of its declared commitment to alleviating poverty including an income test inquiry focussing on the adequacy of the base pension. (This was omitted from the terms of reference of the 1994 Income and Assets Test Review).

### ***Married pensioners***

OWN (A) calls for a review of social security regulations to ensure there is no reduction in a pension as a result of assessment under the combined income test for a couple. (This may discriminate in favour of one partner at the expense of the other. Many women are not compensated by their partners for any reduction in their pensions resulting from the combined income test.)

An assumption that the incomes of a married couple are equally shared ignores the different status and access to a spouse's resources by women who have not been consistently in the workforce or have had no (or an interrupted) opportunity for superannuation savings.

*(Copies of OWN (A) publications Difficult Decisions: Older women talk about money, life and retirement and The best of times, the worst of times—older women's retirement experience: messages for future older women are enclosed.)*

## **Transport**

Consultation shows that accessible and affordable transport is a major issue affecting the lives and well-being of all older people, and therefore needs to be dealt with as a matter of urgency.

OWN (A) proposes that:

- a) federal funding for state transport systems be restored to the 1982 level
- b) the federal government, in consultation with states and territories, develop, fund, and implement a national passenger transport policy. The broad goals for such a policy should be:
  - i) to provide passenger transport services that are convenient, reliable, safe, energy efficient, and environmentally responsible
  - ii) to ensure that passenger services are responsive to the needs of all consumers
  - iii) staffing to a level which ensures safety and security for all passengers.
- c) the Federal Accessible Transport Committee be urged to undertake a study on the effect of declining public transport in all states, particularly as it affects older people, people with disabilities, and people in rural areas
- d) public transport services should remain a public facility and all steps to privatisation or 'contracting out' should cease
- e) funded community transport services should be made available for older people. Many older people are unable to access medical services, shops or social events due to long distances not served by public transport or infrequent services.

### ***Design***

Public transport should be better designed to ensure accessibility for older people and people with disabilities, and should include installation of ramps and hydraulic lifts in vehicles and at pick up/set down points. Buses should clearly display destination names and numbers.

## Violence and abuse against older women

Violence against older women, who are more frequently abused than older men, is under-reported, and probably underestimated. It constitutes a hidden social problem. Violence is used to gain and maintain control over a person or a group. It takes a number of forms, falling broadly into five categories:

- i) physical assault
- ii) psychological, emotional and verbal abuse
- iii) sexual assault
- iv) financial or economic abuse
- v) social abuse.

Violence against older women may occur:

- a) in a woman's own home
- b) in public places, such as the street
- c) in institutions, such as nursing homes.

OWN (A) believes remedial and protective strategies should be developed

- a) to respond to, and provide for, the particular needs of older women—and involve older women in consultation
- b) to ensure the availability of specific crisis accommodation for older women, and
- c) to address income security issues.

OWN(A) recommends:

- a) that the Commonwealth Department of Health and Aged Care and the Office of the Status of Women address the issues of violence against older women, involving reporting, intervention, strategies and support
- b) that a special unit be set up within the police force to deal with violence or violation of older women's civil and legal rights
- c) that all police officers receive training to apply the law against violence so that perpetrators are arrested and brought to trial
- d) that older women be given the opportunity of telling their own stories of violence. By doing this, older women often gain the power and self confidence to live an independent life and may inspire others to do so.

*(One of our members, Dr Margaret Sargent, with Jane Mears, has conducted a project, Older Women speak up: violence in the home and has produced two reports as a result, one for older women and one for professionals.)*

## **Appendix I**

### **Other issues**

#### **Grandparents**

OWN (A) calls for the recognition of the needs and rights of grandparents and also recognition of their value and contributions to their families and the community.

OWN (A) asks that the Family Court take into account the relationship between grandparents and their grandchildren when making decisions about family breakups.

Some grandparents have taken on the role of primary carer (often as a custodian/ guardian) for their grandchildren, due to circumstances beyond their control. There is little, if any support, to meet the costs of caring for these children, nor to address the stress of raising a second family at an older age.

#### **Carers**

OWN (A) argues that providing care (for example for an ageing parent/sibling or disabled adult child) for 24 hours 7 days a week places an intolerable burden on their carers. The need for more respite care and financial support for carers is immediate and desperate.

The plight of carers must be addressed, including:

- a) financial help, according to need, to meet extra costs of caring for relatives, and
- b) compensation and/or treatment for disability incurred through caring duties
- c) more access to respite care (daily and residential).
- d) provision for the future care of disabled children following the death of an older parent-carer.

#### **Volunteers and unpaid work**

Older women perform a vast amount of volunteer/unpaid work through informal networks (eg in the community and/or the family).

OWN (A) calls for:

- a) adequate recognition of the cash value to the Australian economy of the unremunerated work of Australia's millions of volunteers to be taken into account when the government is assessing the growth of this country's GDP and is considering disbursements from the national accounts.
- b) improved status for older volunteers/unpaid workers in government, service provision agencies and professional circles
- c) recognition that many older women volunteers/unpaid workers have low incomes. There should be reimbursement of out-of-pocket expenses incurred in volunteering/doing unpaid work, consultative arrangements etc

## **Appendix I**

- d) governments to examine the role and contribution of volunteers/unpaid workers in informal networks in the family and community and through consumer organisations
- e) improved funding for organisations self-managed by volunteers/unpaid workers providing services and support for older women in the community and which develop innovative programs of partnerships between volunteers/ unpaid workers and health professionals
- f) monitoring the health and counselling needs of volunteers/unpaid workers who are caring for others; and looking at compensation and/or treatment of volunteers/unpaid workers for disabilities suffered in the course of caring duties

### **Telecommunications**

#### ***Deregulation***

In a deregulated telecommunications industry post 1997, in the interests of older women and other residential consumers, OWN (A) calls on the federal government to legislate for codes of practice in the industry to ensure that we maintain:

- a) emergency service numbers across the industry interlocked nationally, and emergency calls remain free
- b) untimed local calls
- c) adequate complaints handling procedures
- d) maintenance of levels of quality of service and end-to-end network performance standards
- e) right to privacy
- f) extensive and ongoing consultation with residential consumers
- g) access to, and affordable, telephone services for low income retired people, especially those who live alone.

#### ***Universal Service Obligation***

OWN (A) asks that telecommunications legislation be enacted to ensure access to a telephone to all residential consumers, wherever they live in Australia.

Many older Australians live alone without access to a home phone, or they may live in areas where the standard of service is low. This situation increases the risk of social isolation.

Recent advances in telecommunications should be accessible and affordable to low income older people, especially older women, who rely on the telephone to communicate with family, friends and services in their role as carers of the young, the disabled and the frail.

#### ***Telephones, nursing homes and residential care***

OWN (A) believes that telephone services in residential care buildings should be part of the infrastructure standards and should be easily accessible and affordable for all residents.

## **Appendix I**

### ***Emergency number***

OWN (A) requests that government reinstate the provision of the emergency triple 0 (000) number on at least a state basis, and *preferably a regional basis*. All too often calls are routed to a call centre in another state where the operator is not familiar with localities.

### **Older women in rural areas**

OWN (A) calls on the federal government to provide better services and resources in recognition of the special needs of older women in rural areas, due to their isolation and distance from cities and the facilities they offer.

There is a serious shortage of affordable, independent accommodation and a great need for assistance with home maintenance, access to health and other services, transport etc.

OWN (A) urges that beds and care in residential aged care facilities be provided in rural areas so older women will not have to go to an unfamiliar area (often long distances from their homes) if they need to enter residential care.

We support the priority areas nominated by rural women: access to services and facilities (especially health); access to information and support; better access to relevant education and training; information technology and telecommunication; farming; rural and regional development; financial security, business decline and survival; family; environment; roads and transport.

### **Indigenous women and reconciliation**

OWN (A) urges the commonwealth government to:

- a) support indigenous older women in their ongoing struggle to obtain recognition and equality and their rightful place in our society
- b) support indigenous older women in their struggles in their local communities
- c) recognise older women's efforts within their communities to achieve better health services, adequate housing and improved education and employment opportunities for members of those communities
- d) recognise the validity of the ancient tradition of 'women's business', the main custodians of this tradition being Aboriginal women elders.

### **Older women of non-English speaking backgrounds**

OWN (A) believes that women of non-English speaking backgrounds should be supported in combating racism, sexism and ageism and working for a better quality of life.

### **Privacy of information**

OWN (A) requests the federal government to legislate for heavy penalties on people with access to sensitive personal information who use it for their own endeavours. We are concerned that there are currently insufficient safeguards on moral and ethical grounds to protect people's privacy, especially in matters of health and finance.



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Measures must be taken to ensure that older people have the right to access personal information (such as that on our own health and wellbeing) and to be consulted on whether such information should be made available to others. (This is especially applicable to the introduction of any 'smart card'.)

### **Environment**

OWN (A):

- a) urges the federal government to indicate its willingness to cooperate with the principles of the Kyoto Protocol on Climate Change by ratifying and implementing it as soon as possible.
- b) urges that, in order to control pollution, there should be a national public transport system that is adequate, affordable and accessible
- c) requests the Minister for Health to establish environmental control Australia-wide on the use of disposable equipment in hospitals and similar institutions
- d) urges that government initiate research projects on recycling water for more efficient usage eg use of grey water; rainwater catchment; and management of sewage, other than by ocean outfall
- e) requests the government to ban logging in native forests, and support the use of plantation timbers.

### ***Nuclear industry***

OWN (A) strongly urges the federal government to support a worldwide ban on any nuclear testing.

OWN (A) is gravely concerned at any proliferation of the nuclear industry and the inherent risk to the ecology of our country and to our people, particularly:

- a) mining in all uranium mines, actual and proposed
- b) any attempt to entice the Australian Government into accepting nuclear waste for disposal in our country.

OWN (A) completely opposes the establishing nuclear reactors in Australia without making available all factual information on radiation levels and heeding local residents' concerns about health hazards.

# **OLDER WOMEN'S NETWORK**

(AUSTRALIA) Incorporated

## **AIMS**

**The Older Women's Network (Australia) is an organisation committed to promoting the rights, dignity and wellbeing of older women.**

## **OBJECTIVES**

The objectives of the Older Women's Network (Australia) are:

- a) to provide enrichment, mutual support and companionship/friendship amongst older women
- b) to enhance a positive image of older women
- c) to recognise and utilise existing skills of older women, and to assist older women to develop specific skills in research, advocacy, lobbying, networking and technology
- d) to help achieve for older women a presence and voice on any decision making, advisory or consultative bodies whenever matters affecting older women's lives are being debated
- e) to address issues of discrimination against older women
- f) to initiate/promote discussion and action about ageism, sexism, feminism and racism
- g) to provide a forum for older women who suffer disadvantage
- h) to provide and disseminate information for and about older women
- i) to promote appropriate policies and to lobby for legislative and other reforms on issues affecting the quality of life of all older women and to work for equity for all older women
- j) to achieve recognition of the work/contribution of older women to society
- k) to celebrate age and ageing
- l) to promote the right of older women to continue to participate in the workforce
- m) to promote the establishment of Older Women's Networks in all states and territories.

## **OLDER WOMEN'S NETWORK**

(AUSTRALIA) Incorporated

### **OLDER WOMEN'S HEALTH CHARTER**

Older women have the right of control over their health and wellbeing.

Health is a state of physical, mental, social and emotional wellbeing that facilitates personal fulfilment and enjoyment of life.

Older women insist on measures which both maintain good health whenever possible and provide us with the best of care when in poor health.

The maintenance of fitness is an important goal for most older women, and most of us have, or can acquire, the skills and experience to do this for ourselves.

If fitness is maintained, the onset of illness is delayed, and recovery from illness is quicker and easier.

Older women believe that all medical jargon can, and must, be explained in plain language.

Older women see themselves as partners with professionals in health care.

The Older Women's Network seeks the establishment of Wellness Centres to be run by and for older women in partnership with professional workers.

#### ***UN Principle for Older Persons:***

**Older people should have access to health care to help them to maintain or to regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.**

## Appendix III

### United Nations principles for older persons

On 16 December 1991 the United Nations General Assembly adopted resolution 46/91 containing the United Nations principles for Older Persons to add life to the years that have been added to life. Governments were encouraged to incorporate the principles into their national programs whenever possible.

#### *Independence*

Older persons should:

- have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help
- have the opportunity to work or to have access to other income-generating opportunities
- be able to participate in determining when and at what pace withdrawal from the labour force takes place
- have access to appropriate educational and training programs
- be able to live in environments that are safe and adaptable to personal preferences and changing capacities
- be able to reside at home for as long as possible.

#### *Participation*

Older persons should:

- remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being, and share their knowledge and skills with younger generations
- be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities
- be able to form movements or associations of older persons.

#### *Care*

Older persons should:

- benefit from family and community care and protection in accordance with each society's system of cultural values
- have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness
- have access to social and legal services to enhance their autonomy, protection and care
- be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment
- be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and

## **Appendix III**

privacy and for the right to make decisions about their care and the quality of their lives.

### ***Self-fulfilment***

Older persons should:

- be able to pursue opportunities for the full development of their potential
- have access to the educational, cultural, spiritual and recreational resources of society

### ***Dignity***

Older persons should:

- be able to live in dignity and security and be free of exploitation and physical or mental abuse
- be treated fairly regardless of age, gender, racial or ethnic background, disability or other status and be valued independently of their economic contribution.

## Appendix IV

### The Older Women's Network (Incorporated) and The Older Women's Network (Australia) (Incorporated)

#### Publications

*Challenging the Myths: Women and Ageing* Louise Anike. A conference paper delivered at the University of Western Sydney (Kingswood), Sept 1991

*The duty of care?* The outcome of a seminar on caring. March 1992

*Older Women, Feminism and Health:* Papers and recommendations of a conference held in Sydney, July 1992

*Wellbeing: for and by Older Women* The Older Women's Network Health Project 1993

*Older Women and the Family* 1994

*Information superhighway or user-friendly byway?* The telephone and older women. April 1994

*Older Women Free at Last: Government, doctors, feminists, family all behind the times!* A discussion paper by Margaret Sargent PhD

*Women and pensions* A paper by the Older Women's Network (Australia)

*Older Women Write* A collection of older women's writings

*Difficult Decisions: Older women talk about money, life and retirement* 1996

*What the figures show: Older Women in Australia* December 1997

*A Picture of Wellness: the Story of the Bankstown Older Women's Wellness Centre* (includes a manual on how to set up a Wellness Centre) 1997

*YOU can make a Difference* 1997 (Decision making skills project)

*The best of times, the worst of times—older women's retirement experience: messages for future older women* (Report for OSW project) 2000

*Creating supportive neighbourhoods and communities for older women* (Report for OSW project) 2001

*I'd like to help. . . .* (Report for OSW project) 2002

*Older Women's Network (Australia) Policies and Statements* Updated June 2002.

Various other papers and reports on issues of ageing.